



DBHDS Update: DOJ Settlement Agreement & STEP-VA

Presentation to the Joint HHR Oversight
Committee

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Presentation Topics

- US Department of Justice (DOJ) Settlement Agreement
- STEP-VA
- DBHDS Organizational Report

DOJ SETTLEMENT AGREEMENT

U.S. Department of Justice Investigation

- **2008:** DOJ started investigating Central Virginia Training Center (CVTC) pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA).
- **2010:** DOJ expanded to cover all five training centers and community-based services, Virginia's compliance with the Americans with Disabilities Act (ADA) and the U.S. Supreme Court *Olmstead* ruling.

Finding 1

Virginia does not provide services in the most integrated and appropriate setting

Finding 2

Virginia is not developing a sufficient quantity of community services

Finding 3

Virginia has a flawed discharge process at training centers

- **March 2011:** Virginia began negotiations with DOJ to reach a settlement to avoid a costly and lengthy legal battle.
- **January 26, 2012:** Virginia and DOJ reached a settlement agreement that was court-approved on August 23, 2012.
- Agreement is slated to conclude, with judicial approval, June 2021

Settlement Agreement Target Population

Individuals with intellectual and developmental disabilities (ID/DD) who meet any of the following:

- Currently reside at any of the training centers;
- Meet the criteria for the Intellectual Disability (ID) waiver or Developmental Disability (DD) waiver or wait lists; or,
- Currently reside in a nursing home or Intermediate Care Facility (ICF).

Four Main Areas of the Settlement Agreement

Serving individuals with DD in the **most integrated setting** and building quality community-based alternatives for individuals, particularly individuals with complex needs

Quality and risk management system, including monitoring and evaluating services, and implementing quality improvement processes at an individual, provider, and state-wide level

Transitions from training centers/enhancement of community services

Supporting independent housing and employment options for individuals with DD

Timeline

- Per the Agreement, the Commonwealth must demonstrate compliance with all provisions no later than June 30, 2020, and for each provision, compliance is then maintained for a period of not less than 12 months.
- The Agreement contemplated to conclude no later than June 30, 2021.

3/12/2019 Court Order

- Court hearing to determine provisions met, and established the basis for negotiations between the parties “to establish in precise, measurable terms what the Commonwealth must do to comply with each remaining provision of the decree”.
- The Court intends to use the “outcome measures” as the measuring stick to determine if the Commonwealth has met its duties for the remaining provisions.

Status

- Met approximately 65% of provisions to date
- **Section III (Integrated Settings)**
 - Investment in HCBS waivers – to date
 - Investment in independent housing – to date
 - Crisis – 50%
 - Day and Vocational -75%
 - Case Management – 50%
 - CRC and RST – 63%
- **Section IV (Training Center Discharge & Planning)**
 - Overall 85% and will be in compliance if Section III in compliance
- **Section V (Risk/Quality Management)**
 - Overall 20%
- Started with **54** provisions counting sub-parts considered to still be in **non-compliance**. Agreed that 6 could be rolled into other provisions. So, establishing outcome measures for 48 provisions in total.

Outstanding Non-Compliant Provisions

- Section III – Integrated Settings (21 provisions)
- Section IV – Training Center Discharge Planning and Transition (on hold – 6 provisions)
- Section V – Risk Management, Quality and Improvement (26 provisions)
- Section IX – Document Library

- Compliance Measures to date: 220 discrete measures
 - Process performance measures
 - Input measures
 - Outcome measures

What needs to be done

- Expand **provider capacity**
- Improve **provider competency** in short-term and have personnel capacity for on-going remediation needs
- Stand up missing elements of the home and community-based services (HCBS) **quality assurance and improvement system**
- **Manage performance** to achieve performance metrics for Quality Assurance/Quality Improvement system
- Establish authority and methods to collect **outcome data**
- Procure information management tools, and capacity to store, manage, **analyze and report data**

GF Expenditures Related to the DOJ SA

Expenditure Type	Agency	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020 Budget
Waiver Services	DMAS	\$25,485,369	\$42,569,177	\$50,404,874	\$65,976,362	\$87,115,392	\$106,083,718	TBD	\$169,200,379
Individual Family & Support	DBHDS	\$1,652,238	\$3,598,915	\$2,475,595	\$2,853,620	\$3,323,652	\$3,674,052	\$3,570,851	\$3,670,080
Housing	DBHDS	\$0	\$88,058	\$342,316	\$2,231	\$2,240,688	\$4,171,645	\$5,711,586	\$8,126,445
Crisis Stabilization	DBHDS	\$7,765,570	\$12,077,224	\$11,398,945	\$16,249,999	\$20,605,000	\$22,052,000	\$24,190,522	\$24,752,000
DD Health Supports Network	DBHDS	\$0	\$0	\$66,075	\$844,748	\$1,615,238	\$1,780,904	\$2,783,298	\$5,200,000
Training Center Bridge Funding/Provider Development	DBHDS	\$0	\$145,709	\$550,845	\$4,125,949	\$2,900,705	\$2,040,904	\$656,676	\$565,000
Total Services/Service Development	State	\$34,903,177	\$58,479,083	\$65,238,649	\$90,052,909	\$117,800,676	\$139,803,222	\$36,912,933	\$211,513,904
DBHDS Admin, IT Systems, Data Warehouse, Training, SIS Assessments	DBHDS	\$1,499,094	\$1,883,801	\$4,136,569	\$5,562,434	\$5,244,668	\$7,132,157	\$8,324,401	\$8,296,040
Independent Review	DBHDS	\$305,732	\$343,585	\$343,585	\$427,700	\$442,734	\$476,904	\$515,451	\$553,359
Total Administration, IT	DBHDS	\$1,804,826	\$2,227,386	\$4,480,154	\$5,990,134	\$5,687,402	\$7,609,061	\$8,839,852	\$8,849,399
Total DOJ	State	\$36,708,003	\$60,706,469	\$69,718,803	\$96,043,043	\$123,488,078	\$147,412,283	\$45,752,785	\$220,363,303

Note: Does not include DMAS Admin Cost, facility closure cost, or funds in the outstanding FY19 carryforward request

- 96% of GF budget is for Waiver Services, Housing, IFSP and other services
- IT, Administration, SIS assessments, Training = 4% of total GF DOJ FY2020 budget

Training Center Closure Savings

	2012	2022	Projected GF Savings
TC GF	\$30,788,419	\$12,348,638	(\$18,439,782)
SF Expenditures FY 2012 (98% Medicaid)	\$191,614,108	\$0	(\$95,807,054)
GF Savings			(\$114,246,835)

- When all training centers close projected ongoing GF savings is \$114 million

Submitted Budget Requests related to the DOJ Agreement

Title	Description	FY 2021 Amount	FY 2022 Amount
DD Required Slots	Add 635 Family Individual Support slots the first year and 125 Community Living in FY 2021. Adds an additional 100 Community Living Slots in FY 2022 to show Virginias continued efforts during 1 year period to show sustainment of effort.	\$15,372,653	\$19,271,503
Facility Slots	Add 45 Community Living Slots and 5 Family Support slots in FY 2021. Adds an additional 45 Community Living Slots 5 Family Support slots in FY 2022 to help transition individuals from nursing homes and other facility settings.	\$1,837,153	\$3,674,305
Emergency/ Reserve Waiver Slots	Add 25 Community Living Slots and 10 Family Support slots in FY 2021. Adds an additional 25 Community Living Slots 10 Family Support slots in FY 2022 to handle transitions between waivers and emergencies.	\$1,140,053	\$2,280,105
Resources Required to Exit DOJ Settlement Agreement	Funds 51 additional positions needed to support the licensing functions, quality management, data quality, human rights and other critical functions related to the DOJ settlement agreement. This funding is essential to build out the required quality controls and licensing of the expanded provider network.	\$7,084,387	\$6,786,774
Increase State Rental Assistance Program (SRAP)	The DOJ settlement agreement has targets for new individuals living in independent housing each year. For FY 2021 the requirement is 1,205, and for FY 2022 it is 1,866. Funds two additional positions to help with effort.	\$5,185,591	\$5,453,048
Total		\$30,619,837	\$37,465,735

STEP-VA

STEP-VA Update

STEP-VA Service	Implementation Requirement	Status	Funds Allocated
Same Day Access	July 1, 2019	100% Implementation: March 2019	\$10.8M
Primary Care Screening	July 1, 2019	Launched: July 1, 2019	\$3.7M FY19 \$7.4M FY20
Crisis Services	July 1, 2021	Detox Services Launched: August 2019	\$2M FY20
		Crisis Services Launch: October 2019	\$7.8M FY20
Outpatient Services	July 1, 2021	Launched: July 1, 2019	\$15M FY20
Psychiatric Rehabilitation	July 1, 2021	Planning Began 4thQ FY19	–
Peer/Family Support Services	July 1, 2021	Planning Began 4thQ FY19	–
Veterans	July 1, 2021	Planning Began 4thQ FY19	–
Care Coordination	July 1, 2021	Planning Began 4thQ FY19	–
Case Management (Adults and Children)	July 1, 2021	Planning Began 4thQ FY19	–

STEP-VA Implementation Process

Milestones to Date:

- Formulation of STEP-VA Advisory Committee (STAC)
- Definitions, metrics and funding formula complete for Primary Care Screening (PCS) and Outpatient Services
- CSBs submitted Primary Care Screening AND Outpatient plans and distribute funds
- Same Day Access has decreased wait times from above the national average to 50% below
- Investments made in training CSB staff to focus on building capacity for interventions that are evidence-based and trauma-informed, inclusive of interventions for children and adults

Future Tasks:

- September STAC: First round of feedback on Psychiatric (PS), Care Coordination (CC) and Case Management (CM) steps
- December STAC: Final definitions, metrics and funding formula presented for PS, CC and CM steps. No plans till funding specified.
- January 1st, 2020 planning COMPLETE for ALL steps. CSBs ready to work on plans when funding appropriated.
- Determine step initiation timeframe
- Data collection, analysis and CSB performance assessment

Highlight: Same Day Access

- Has been initiated at all 40 CSBs
- CSBs worked with MTM Consultant to consider adoption of the following:
 - Same Day Access
 - Collaborative Documentation
 - No Show Management
 - Productivity calculators
- Preliminary/process outcomes (30 CSBs reporting):
 - 20% decrease in staff time for intakes
 - 7% decrease in client time at intake
 - 26% more intakes being completed (on average)
 - Wait time has decreased from above the national average to 50% below. National wait time is 49 days

Highlight: Outpatient Services

- Outpatient services are foundational
- This step aims to ensure high quality services that address critical community needs and helps close gaps in access
- Some examples of investments in training made by regions:

Trauma-focused
Cognitive Behavioral
Therapy

Ecosystemic
Structural Family
Therapy

Functional Family
Therapy

Motivational
Interviewing

Eye Movement
Desensitization and
Reprocessing

Shared subscription
to web-based CEUs

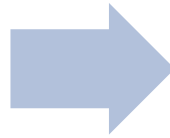
Mobile Crisis

- Mobile crisis are short-term, community-based face to face responses designed to restore a person's functioning level to pre-crisis levels.
- Mobile mental health crisis response services offer opportunities to de-escalate a situation or problem, help people develop individualized strategies for their future concerns, and link to community-based services whenever possible.

Crisis System in Virginia

Current System

- Out of sync with national best practices
- Fragmented – by age and diagnosis
- MH emergency services and REACH (child & adult) programs operate in coordination, collaboration, but not integrated
- Access to mobile crisis 24/7 –dependent on where you live, age & disability
- Need for increased standardization, including assessments



Future System Key Elements

Crisis Hotline

Dispatch
Infrastructure

Mobile Crisis

Regionally deployed,
24/7 basis

Residential Crisis

Intervention and
stabilization

Mobile Response and Stabilization Hallmarks

The crisis is defined
by the caller

Available 24 hours a
day, 7 days a week

Serve individuals in
their natural
environments

Specialized trained
staff

Build on natural
support structures

Connect individuals
to follow-up
services and
supports

Best Practice Results – Other States' Experiences

Based on the experiences of other states, improving our system will:

Reduce the burden on emergency departments and inpatient placements

Connecticut reported 666 inpatient diversions in FY18

Seattle diverted 91-94% of hospital admissions between 2013 and 2015

Create long-term cost savings on higher-cost placements

Saved an estimated \$7.5 million

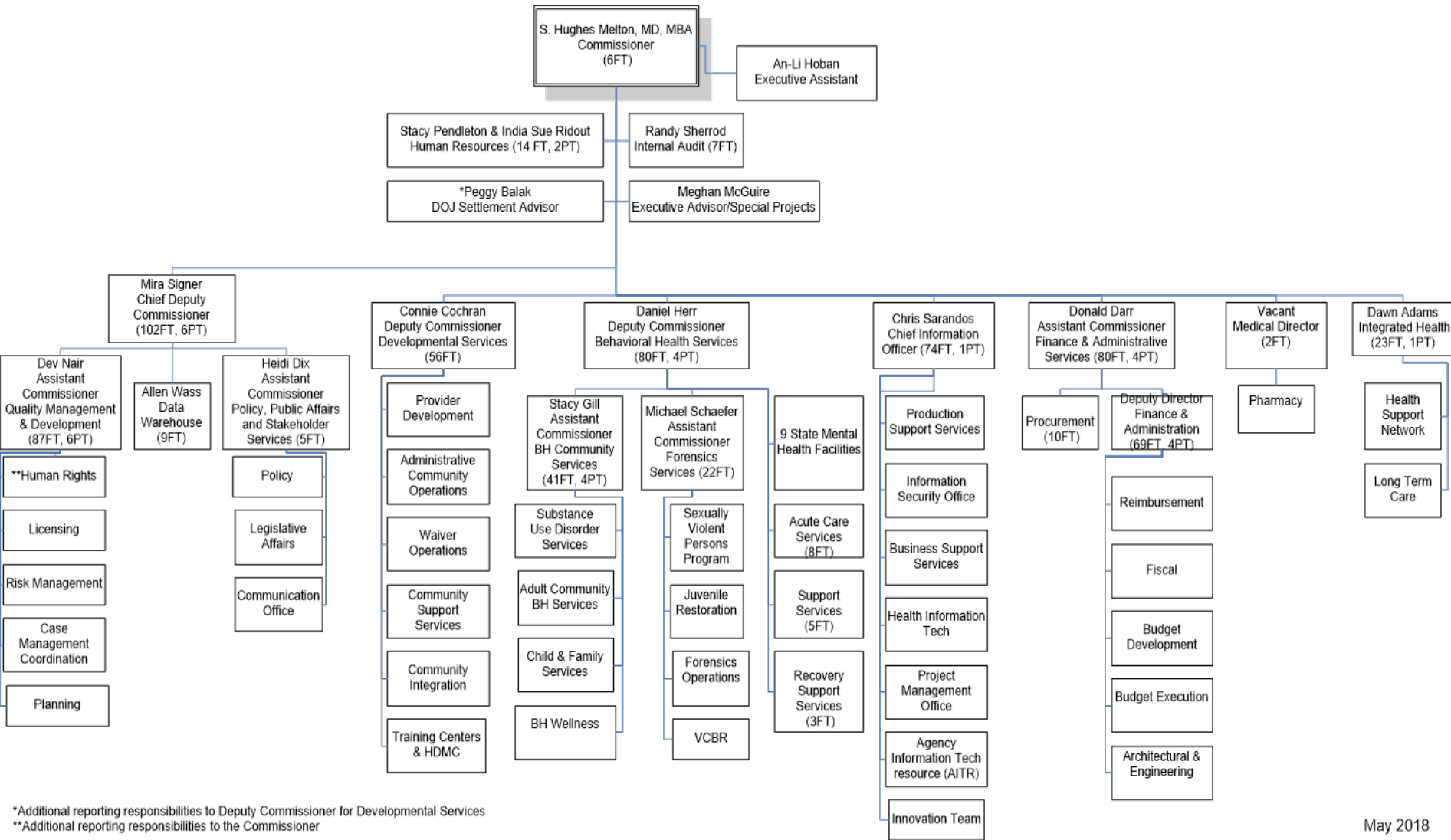
Saved \$6.6-10.3 million

STEP-VA Budget Request

Funding to complete the remainder of the STEP-VA steps:		FY 2021 Amount	FY 2022 Amount
790	<p>Crisis Services: 101 Call Center Operators & 75 Centrally deployed mobile units.</p> <p>Outpatient Services: 35 licensed clinicians, 5 psychiatrists, QMHP Workforce and clinicians, 7 master trainers, training and supervision, regional training</p> <p>Peer Services: Training, internships, and positions for 80 peers.</p> <p>Veteran's Services: 35 licensed clinicians, expansion of the Lock and Talk program.</p> <p>Psychological Rehab/Skills: PACT and Employment Supports, Accreditation Supports, Special Education, Rehabilitation Therapists</p> <p>Care Coordination: 45 Liaisons and 40 Coordinating Positions</p> <p>Targeted Case Management: 40 Case Managers, Retention Funding</p> <p>Cross-Step: Physical infrastructure, Data Analytics, 34 Full-Time and 15 Part-Time Billing/Support Staff</p>	\$49,111,850	\$72,574,850
720	<p>This request provides the infrastructure necessary to ensure proper implementation and oversight of STEP VA.</p> <p>Crisis Services: Call Center Software</p> <p>Outpatient Services: 5 Regional Leads, EBPs, One-Time Training</p> <p>Peer Services: Peer Coordinator, 5 Regional Leads, Website Dev & Maintenance, Certification Fees, FSP Provider Conference, FSP Trainer Consortium, Training Program & Cert Development, Advanced Supervisor Training</p> <p>Veteran's Services: Program Manager, Program Coordinator, 5 Regional Navigators & Technical</p> <p>Psychological Rehab/Skills: Training/Salary Increase, Coordinator Position</p> <p>Care Coordination: System Assessment, 5 Regional Leads, Training</p> <p>Targeted Case Management: System Assessment, Training</p> <p>Cross-Step: Child & Family Manager, Implementation Analyst, Program Admin Specialist, Quality Improvement Specialist, Data Quality Specialist, 5 Regional Positions</p>	\$11,987,097	\$5,543,198
Total		\$61,098,947	\$78,118,048

DBHDS ORGANIZATIONAL REPORT

DBHDS ORG CHART JULY 2018



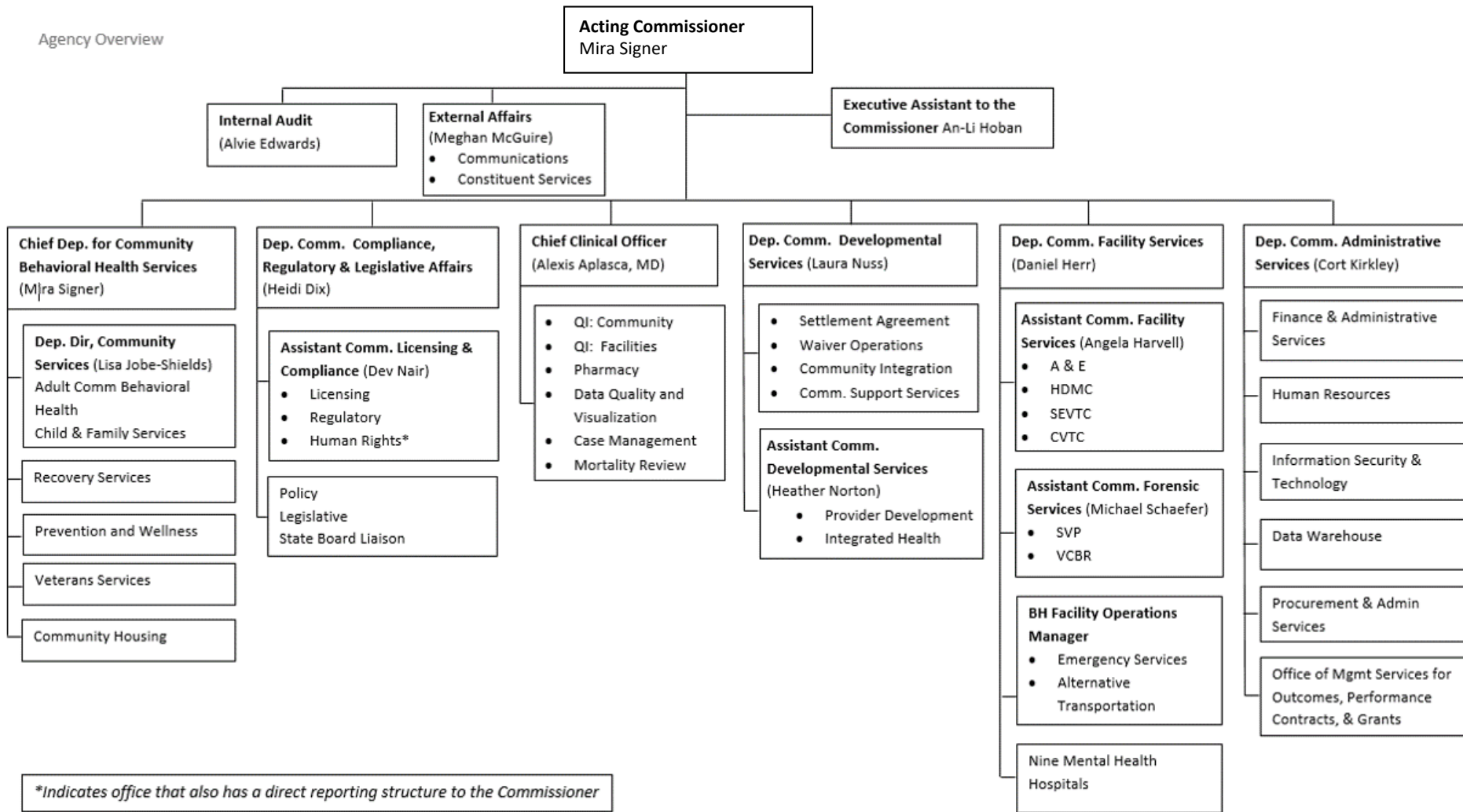
*Additional reporting responsibilities to Deputy Commissioner for Developmental Services
 **Additional reporting responsibilities to the Commissioner

Explanation of Organizational Changes

- Changes to address span of control
 - DBHDS senior leadership now have manageable span of control
 - Commissioner now has 9 direct reports
- Agency structure supports how services will be delivered in the future
 - E.g. Finance, IT, and Human Resources are enterprise-wide functions and report to Deputy for Administrative Services
 - E.g. Community Behavioral Services now has one deputy
- Chief Clinical Officer to lead quality improvement efforts and collaboration with DMAS and others to integrated evidence practices across the disability continuum

DBHDS ORG CHART OCT 2019

Agency Overview



Updated 07/16/2019