

Update on Implementation of DOJ Settlement Agreement

Joint Committee on Training Center Closures
July 18, 2013

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Commissioner

Virginia Department of Behavioral
Health and Developmental Services

DOJ Requirement for Discharge Planning from Training Centers

- A consistent discharge process was developed for all training centers in 2011.
- Discharge plans in place for all training center individuals.
- Pre- and post-move monitoring processes in place.

101 Individuals transitioned to the community in FY 2012

155 Individuals transitioned to the community in FY 2013

350 Families currently actively discussing discharge

Support/Education for Individuals/ARs

- Review what is important to/for individual
- Discuss Essential Supports
- Review training center move Process
- Provide education about the different types of Residential/Support Employment/Day activities in the community
- Discuss specific concerns, develop plan to address concerns
- Provide at least 3 options, whenever possible
- Tours, visits

Support/Education for Individuals/ARs

- Provide resource materials at pre-move, annual meetings
- Offer referrals to Family Resource Consultant
 - Additional Support and information
 - Opportunity to speak with other families who have loved one with similar needs living in the community
 - Family Mentor
 - Peer Mentor

Discharge Process

Week	Process Step
1	Initial Pre-Move Meeting with Individual, Authorized Representative (AR), and Personal Support Team (treating professionals at the training center and the CSB case manager)
2	Individual, AR, CSB reviews potential residential and employment/day support providers that could meet individual's essential support needs
3-5	Pre-tour requests and Provider tours of potential providers
6	Provider Pre-Move Meeting
7-8	Day and Evening Visits
9	Provider Training and Overnight Visits
10	Final Pre-Move Meeting
11-12	Preparation for Moving and Moving
12 +	Post-Move Monitoring

Post Move Monitoring

Training center staff work collaboratively with the CSB, provider, and Community Integration Manager to:

- Ensure essential and non-essential supports agreed upon in the discharge plan/discussion record are being provided.
- Monitor the individual's adjustment to his/her new home and supportive employment or day program.
- Offer additional support services to the individual, AR (where applicable), provider, and/or CSB.
- Provide necessary recommendations to the community provider and CSB to resolve identified concerns, and document steps on the post-move monitoring action plan. Recruit others who may assist (e.g. CRC and Human Rights).

Post Move Monitoring

Training Center	<ul style="list-style-type: none">• 3, 10 and 17 day visits• Contact AR to assess satisfaction• Complete two visits in home and one at day services
Licensing	<ul style="list-style-type: none">• Within 2 months of move.• Follows enhanced licensing visit guidelines
Human Rights	<ul style="list-style-type: none">• Visits within one month of move
CSB Case Manager	<ul style="list-style-type: none">• Day 7 and monthly visits for 12 months• Follows enhanced case management guidelines
Community Resource Consultant	<ul style="list-style-type: none">• Between 75-90 Day Visit• Meet with individual in home setting• Review provider Individual Support Plan• Provide technical assistance as needed

Virginia's Five Training Centers

July 10, 2013

Name	2000 Census	March 2010	June 2011	June 2012	July 2013	% Decrease 2000 - Present
Southside (SVTC) Closure date: 2014	465	267	242	197	113	76%
Northern (NVTC) Closure date: 2015	189	170	157	153	135	29%
Southwestern (SWVTC) Closure date: 2018	218	192	181	173	156	28%
Central (CVTC) Closure date: 2020	679	426	381	342	300	56%
Southeastern (SEVTC) Remains open at 75 beds	194	143	124	104	84	57%
TOTAL	1,745	1,198	1,085	969	788	55%

Moves to Community Homes

July 1, 2012 – June 30, 2013

Training Center	Number of Moves	Returned to TC
SVTC	80	2
NVTC	14	0
SWVTC	15	2
CVTC	26	0
SEVTC	20	0
TOTAL	155	4

Types of Community Homes Chosen

July 1, 2012 – June 30, 2013

Training Center	Group Home	Sponsored Residential	Intermediate Care Facility	Nursing Facility	Family Home
SVTC	69	1	0	10	0
NVTC	12	1	1	0	0
SWVTC	2	12	0	0	1
CVTC	11	5	9	0	1
SEVTC	3	0	15	2	0
TOTAL	97	19	25	12	2

Locations of Homes Chosen

July 1, 2012 – June 30, 2013

Training Center	Returned to Home CSB	Moved to Region of Home CSB	Moved Outside Home Region
SVTC	22	40	18
NVTC	9	3	2
SWVTC	6	9	0
CVTC	12	3	11
SEVTC	13	6	1
TOTAL	62	61	32

FY 2013 Census Reduction Goals

Training Center	2013 Goal	2013 Actual	Difference
SVTC	84	80	-4
NVTC	25	14	-11
SWVTC	15	15	0
CVTC	35	26	-9
SEVTC	25	20	-5
Statewide	184	155	-29

Census Reduction Goals for FY 2014 by Quarter

Training Center	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
SVTC	50	46	22	0
NVTC	20	20	15	5
SWVTC	6	5	6	3
CVTC	8	3	12	12
SEVTC	5	5	5	5
Total	89	79	60	25

Community Integration Preference Score Definitions

Yes	0	No reluctance to community living, already in process at the ARs request or has chosen a home.
Maybe	1	Small amount of reluctance, however is willing to tour, receive education and will call back if contacted.
No	2	Apprehensive, difficult to stay in contact with, may communicate with a select few TC or CSB staff; does not want community placement; however ,may be able to persuade to tour with additional supports (to include family mentoring, FRC referral, etc)
Absolutely Not	3	Opposes community integration, refuses to tour or have conversations regarding further education about the process or community options; will not return phone calls to CSB or TC staff, and/or has chosen TC placement and will not entertain further conversations on the matter.

Community Integration Preference Score

	CIP Score 0 (yes)	CIP Score 1 (maybe)	CIP Score 2 (no)	CIP Score 3 (absolutely not)	TOTAL
SVTC	63	17	15	18	113
NVTC	32	39	36	28	135
SWVTC	10	59	55	32	156
CVTC	45	55	97	103	300
SEVTC	16	13	34	21	84
TOTAL	166	183	237	202	788

Regional Support Teams

- Regional Support Teams have been established to help resolve barriers to the most integrated community setting consistent with an individual's need and informed choice.
- Members include individuals with diverse ID/DD experience including medical professionals, CSB and DD case management professionals, human rights advocates, and licensing specialists.
- Referrals are made to the teams for individuals having difficulty finding a placement, those that move into congregate settings of 5+ individuals, ICFs, or nursing facilities, and those that have a history of being removed from placements.
- Since January 2013, there have been 22 referrals from the community to the RSTs and 67 from training centers.

Barriers per Region and Training Center: Regional Support Team Referrals

All Regions	Region 1	CVTC	Region 2	NVTC	Region 3	SWVTC	Region 4	SVTC	Region 5	SEVTC	#
AR reluctance	0	0	1	4	1	0	0	10	0	7	23
Individual reluctance	0	0	0	0	0	0	0	0	0	0	0
Specialized Therapy	0	0	0	0	3	0	0	0	1	0	4
Funding	0	0	1	0	2	0	0	0	1	0	4
Employment/ Day Options	0	0	0	0	1	0	0	0	1	0	2
Medical	2	1	1	2	1	1	0	10	2	1	21
Mental Health	2	0	0	2	5	1	1	0	1	0	12
Provider Options	6	2	0	9	4	7	3	34	0	1	66
Specialized Staffing	1	0	3	2	6	2	0	0	3	1	18
Extensive Behavioral	2	0	1	3	5	2	3	0	2	0	18
Assistive Technology	0	0	0	0	1	0	0	0	0	0	1
Environmental Modifications	0	0	0	0	0	3	0	0	0	0	3
Transportation	0	0	1	0	0	0	0	0	0	0	1

Total 173

Highest frequencies per location are highlighted.

Workforce Development and Outplacement Services

- SVTC provides on-site guidance about employment opportunities and career building.
- Employee forums held monthly.
- Programs to improve employability: skill-building workshops, resume assistance and career counseling.
- Held career fair in June with CSBs and private providers.
- On-site placement assistance from other state agencies, other hospitals within DBHDS, CSBs, and private providers.
- VRS will assist with counseling and other needed information.
- Linking employees with private providers and equipping them with information to learn how to become providers themselves.

Progressive Retention Bonus Plan

- Designed to help retain a viable working staff as the facility completely closes.
- Pays bonus at the end of each quarter after the employee has met all the specified performance criteria.
- Bonuses are progressive to retain adequate staff and to assure the continued presence of mission critical skills.
- Currently in place at SVTC and will be implemented at other facilities as their closure dates near.

SVTC Layoffs

(as of July 1, 2013)

	Layoff with severance	WTA enhanced retirement	WTA eligible yet opted for severance	Total Classified	Wage employees separated	TOTAL
ROUND 1 1/25/13	1	12	2	15	3	18
ROUND 2 5/25/13	9	14	2	25	23	48
ROUND 3 7/25/13	48	16	1	65	2	67

Note: The numbers for Round 3 may change if staff identified for layoff voluntarily resign or transfer to another state agency.

Regional Community Support Centers

- As community-based services continue to grow and the training centers downsize and close, these supports will be shifted to the community and become Regional Support Networks
 - One or more community-based locations
 - Core team of professionals to provide services to individuals living in the community, including those discharged from training centers
 - Provide outreach and education to providers in order to serve the ID/DD population
- Anticipate transitioning SVTC, NVTC, and SEVTC support services to community in FY15

Crisis Services

- Settlement Agreement requires 24/7 mobile crisis response and at least 5 regional crisis stabilization programs by June 30, 2014
- Systemic Therapeutic Assessment Respite and Treatment (START) program was selected to provide majority of these services for adults
 - 5 regional programs
 - 24/7 mobile crisis support online in all regions January 2013
 - 3 of 5 crisis stabilization units in operation as of February 2013
 - Each START program will receive funds in FY14 to meet terms of Agreement by adding staff and resources
- Children's crisis funding plans under discussion

Case Management

- Online Case Management training curriculum was developed in FY12 and required to be taken in FY13
 - As of May 30, 2013, 4,100 have completed the first 6 modules and 3,200 have completed the final module
- In March 2013, CSB and DD Waiver case managers were required to begin enhanced case management visits for individuals meeting certain criteria
 - Face to face visit required every 30 days
 - Visit in their place of residence at least every other month
 - CSBs are collecting type, frequency and duration of these ID case management services

Individual and Family Support Program

- Program providing up to \$3,000 in annual assistance to individuals on the ID or DD waiver wait lists
- Over 1800 applications received since March 2013
- 814 applications approved = \$1,845,355
- Type of items that were approved included: respite, summer camp, environmental modifications, assistive technology, Applied Behavior Analysis, etc.
- FY14 program to begin September 3, 2013

DOJ-Required Medicaid Waiver Slots

Virginia will create 4,170 waiver slots by June 30, 2021:

State Fiscal Year	Individuals in Training Centers to Transition to the Community	ID Waiver Slots for Individuals on Urgent Wait List	DD Waiver Slots for Individuals on Wait List
2012 ¹	60	275	150
2013	160	225*	25**
2014	160	225*	25**
2015	90	250*	25**
2016	85	275	25
2017	90	300	25
2018	90	325	25
2019	35	325	25
2020	35	355	50
2021	0	360	75
Total	805	2915	450

1. These FY2012 slots have already been funded and assigned to individuals.

*25 slots each year are prioritized for individuals less than 22 years who reside in nursing homes or large ICFs.

**15 slots each year are prioritized for individuals less than 22 years who reside in homes or large ICFs.

Additional Waiver Slots

Over this biennium, the General Assembly has provided Intellectual Disability (ID) and Developmental Disability (DD) waiver slots in addition to those required by the settlement agreement, including:

425	additional community intellectual disability (ID) waiver slots
130	additional developmental disability (DD) waiver slots

DOJ and ID/DD Waivers

- The settlement agreement calls for Virginia to move more rapidly toward a community-based system of supports that provides more integrated environments:
 - Smaller rather than larger living situations
 - Independent/supported employment before day support services
 - For all levels of complexity of disability
- The current ID/DD waivers do not support this type of integration

Waiver Transformation Activities

- On July 1, 2013, DBHDS & DMAS awarded a contract to the Human Services Research Institute to study Virginia's HCBS Medicaid waiver programs to:
 - Move to needs-based waivers (not ID/DD based)
 - Recommend needed rate changes to serve those with the most intensive support needs, and to align incentives for more integrated environments
- Phase I of the study is underway and will be completed October 2013. Milestones include:
 - Evaluate ID/DD Waivers and policies
 - Evaluate Supports Intensity Scale administration/data utilization
 - Facilitate community stakeholder forums
- Review recommendations and begin phase II October 2013.

Waiver Exceptional Rates Update

- The FY14 budget includes \$7.8M for "exceptional" ID waiver rates for congregate residential support (CRS) services.
- For individuals who:
 - Meet certain "exceptional needs" criteria, and
 - Need more intensive medical or behavioral supports in order to live successfully in the community.
- The rate will be an additional reimbursement 25% over and above the usual CRS rate for those who qualify.

Exceptional CRS Rate Criteria

1. More intensive behavioral or medical needs as defined by the Supports Intensity Scale® (SIS); AND
2. Documented evidence in the past year of the need for an exceptional level of supports such as, but not limited to:
 - Funding above waiver needed to properly support the person, or
 - Residential plan for supports has been authorized for the maximum hours, yet the placement is at risk, or
 - Staff to individual ratio increased to properly support the person, or
 - Alternative community options (e.g., a smaller settings), etc. were utilized yet the placement remains at risk, or
 - Based on supports needed in the past, any of the above circumstances are anticipated upon discharge of individuals in training centers.

Summary of the 10 Year DOJ Settlement Agreement

	Initial Projections	Current Projections
Total Cost ¹	\$2.4 Billion	\$2.4 Billion
GF Share of the Cost	\$1.2 Billion	\$1.2 Billion
GF savings and offsets ²	\$826.9 Million	\$867.1 Million
<u>New</u> GF required ³	\$387.7 Million	\$340.4 Million

¹ Includes total state and federal costs to implement the settlement including ID/DD waivers, crisis management, family support, facility transition waivers, administration, monitoring, quality management systems, and facility closure costs.

² Includes facility savings, appropriations that were in place in FY 2012 before the Trust Fund was established (base funding) and \$60 million in Trust Funds that were provided in fiscal years 2012 and 2013.

³ Current projections reflect actions by 2013 General Assembly session which added \$30.4M in adult crisis funds and \$10M in children's crisis funding over nine years.

Settlement Agreement Budget Assumptions

Key Assumptions

- Employee separation costs initially lessen savings available for community programs. It takes up to 12 months after a training center closes before full year savings can be achieved.
- Savings are not maximized until an entire building, unit, or training center is closed because fixed costs such as utilities, maintenance, and security will be required until the entire building, unit, or Training Center is closed.
- Even after a training center closes, there will be some costs for minimal maintenance and security. The projected long-term maintenance costs for FY 2014 are \$156K.

DOJ Funding & Expenditures (Dollars in Millions)

	FY 2012 Actuals	FY 2013 Budget	FY 2013 Actuals	FY 2014 Budget
Facility Transition ID Waivers ¹	\$0.0	\$11.3	\$5.0	\$19.5
Community ID & DD Waivers ¹	\$0.1	\$19.6	\$17.0	\$27.7
Individual Family & Supports Program	\$0.0	\$2.4	\$1.7	\$3.2
Rental Subsidies ²	\$0.0	\$0.8	\$0.0	\$0.0
Crisis Stabilization ³	\$0.0	\$7.8	\$7.8	\$10.0
Facility Closure Costs ⁴	\$0.0	\$2.7	\$2.7	\$8.4
Independent Review ⁵	\$0.1	\$0.3	\$0.3	\$0.3
Administration ⁶	\$0.2	\$1.3	\$1.3	\$1.8
Quality Management ⁶	\$0.0	\$1.8	\$0.2	\$1.5
Facility Savings ⁷	\$0.0	(\$5.8)	(\$5.6)	(\$23.3)
Total	\$0.4	\$42.2	\$30.4	\$49.1

¹ State match for waiver slots for those transitioning from training centers to community and those on community waiting list.

² A one-time fund to provide and administer rental assistance to increase access to independent living options such as own homes or apartments.

³ Crisis stabilization programs offer a short-term alternative to institutionalization or hospitalization for individuals who need inpatient stabilization services.

⁴ Separation costs for training center employees, such as severance and retention bonuses.

⁵ Required independent reviewer that reports to the federal judge on DBHDS compliance with the DOJ settlement.

⁶ Expenses at DBHDS and DMAS, e.g., licensing and human rights positions for community oversight, systems development, data warehouse.

Allocation of 2012-2014 Savings

	% of Closed Beds ¹		Savings (millions)	
	FY 2013	FY 2014	FY 2013 (Actual)	FY 2014 (Estimated)
SVTC	71%	53%	\$4.0	\$12.4
CVTC	29%	23%	\$1.6	\$5.4
NVTC	0%	18%	\$0	\$4.2
SWVTC	0%	6%	\$0	\$1.4
Total Savings			\$5.6M	\$23.4M

¹ Percentage of closed beds is based on the total number of beds scheduled to close during the fiscal year.

Readiness for Transition Regional Variation

- **Tidewater region** – Residential capacity expansion has enabled SEVTC to downsize successfully
- **Capital area region** – Availability of excess licensed residential capacity in region has resulted in meeting census reductions targets at SVTC
- **Northern Virginia region** – Limited capacity for residential and day support services and high service/development cost has slowed NVTC transitions to community significantly
- **Southwest region** – Availability of sponsored residential capacity has enabled SWVTC downsizing to remain on target; limited availability of licensed congregate care will slow progress in future
- **CVTC (serves statewide)** – Residential capacity expansion has facilitated significant transition

- **Challenges**
 - Waiver structure
 - Waiver rates
 - Limited resources for development
- **Solutions**
 - Exceptional rates - Earliest implementation end of 2013 due to pending CMS and regulatory review
 - Waiver structure/rate study – Earliest implementation July 2014
 - Capital for development – Refining options
- **Northern Virginia**
 - Development of greater residential and day support capacity in the region is needed.