# COMMONWEALTH of VIRGINIA

*Office of the Governor*

Timothy M. Kaine
Governor

May 31, 2006

To The General Assembly of Virginia:

I am pleased to transmit the semiannual report of the Office of the Inspector General for Mental Health, Mental Retardation, and Substance Abuse Services. This report summarizes the activities of this office.

As we work together to transform the public mental health, mental retardation and substance abuse services system, the oversight of service quality provided by the Office of the Inspector General will be critically important. During the past six months, in addition to conducting inspections of our state operated facilities, the Inspector General has reviewed the community network of group homes for those with mental retardation and the system of case management for adults with mental illness.

The Office of the Inspector General has made a concerted effort to involve those who receive services and their families in the work of the Office. As a result, the findings and recommendations formulated by the Inspector General include the perspective of those who are served.

I trust that you will find this report informative and helpful.

Sincerely,

Timothy M. Kaine

TMK/hg

Patrick Henry Building • 1111 East Broad Street • Richmond, Virginia 23219 • (804) 786-2211 • TTY (800) 828-1120
www.governor.virginia.gov

# *COMMONWEALTH of VIRGINIA*

*Office of the Inspector General*

James W. Stewart, III
Inspector General
for
Mental Health, Mental Retardation &
Substance Abuse Services

May 31, 2006

To The General Assembly of Virginia:

The Office of the Inspector General for Mental Health, Mental Retardation and Substance Abuse Services (OIG) is pleased to submit this semiannual report of activities for the period ending on March 31, 2006. This report is issued in accordance with the provisions of VA Code §37.2-425, which specifies that the Office report on significant activities and recommendations of the OIG during each six-month reporting period.

During the past six months the OIG has continued the effort to expand oversight activities of community-based programs that are licensed by the Department of Mental Health, Mental Retardation & Substance Abuse Services (DMHMRSAS). Major projects during this period have included a systemic review of the five state-operated training centers, a state wide review of community residential services (group homes and sponsored placements) for adults with mental retardation, and a review of mental health case management services provided by the forty Community Services Boards.

The OIG has continued to make every effort to involve a wide range of stakeholders in the work of the Office. Consumers, family members and providers routinely participate in the selection and design of projects. A large number of consumers have been engaged to assist with inspections and to provide evaluative information about the quality of services. The first stakeholder survey was conducted by the OIG in December 2005, as an avenue to seek suggestions for how the effectiveness of our office can be improved.

I am pleased to provide this summary of the activities of the Office of the Inspector General for your review.

Sincerely,

James W. Stewart, III
Inspector General

P.O. Box 1797 • Richmond, Virginia 23218 • (804) 692-0276 • Fax (804) 786-3400 • www.oig.virginia.gov

# Office of the Inspector General For Mental Health, Mental Retardation And Substance Abuse Services

## Semiannual Report October 1, 2005 – March 31, 2006

# Office of the Inspector General For Mental Health, Mental Retardation And Substance Abuse Services

# Semiannual Report October 1, 2005 – March 31, 2006

James W. Stewart, III
Inspector General

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# FOREWORD

The Office of the Inspector General for Mental Health, Mental Retardation and Substance Abuse Services (OIG) is pleased to submit this semiannual report of activities for the period ending on March 31, 2006. This report is issued in accordance with the provisions of Va. Code §37.2-425, which specifies that the OIG report on the significant issues related to the administration of the publicly funded services system.

This semiannual report outlines the accomplishments of the OIG from October 1, 2005 through March 31, 2006. Information regarding the inspections conducted at state facilities and licensed community programs is included as well as summaries of OIG monitoring and review activities.

During the past six months, the OIG completed a statewide review of Community Residential Services for Adults with Mental Retardation operated by Community Services Boards (CSB) and private providers, a Systemic Review of State-Operated Training Centers, and a statewide Review of Virginia Community Services Board Mental Health Case Management Services for Adults. Additionally, the OIG finalized and released the report, *Review of the Community Services Board Emergency Services Programs*. A summary of these efforts is provided in this report. In order to better understand the effectiveness of the OIG in carrying out it's mission, a Stakeholder Survey was conducted during this period.

# HIGHLIGHT OF ACTIVITIES

- The OIG carried out the following inspections and reviews of DMHMRSAS operated facilities and licensed community programs during this semiannual period:
  - A review of the statewide network of community residential services for adults with mental retardation that are operated by community services boards (CSBs) and private providers. A total of 75 group homes and supported living placements received site visits.
  - A systemic review of the 5 state-operated training centers.
  - A review of mental health case management services operated by the 40 CSBs. All CSBs received a site visit and interviews were conducted with 654 consumers and 310 case managers.
  - One unannounced Secondary Inspection at a DMHMRSAS operated facility.

- The following reports were prepared during this six month period:
  - #125-05 Follow-Up Review of Training Centers Operated by DMHMRSAS
  - #126-05 Review of Community Residential Services for Adults with Mental Retardation
  - #127-05 Systemic Review of State-Operated Training Centers
  - Report of Secondary Inspection at a DMHMRSAS operated facility

- The Office reviewed 503 critical incidents during this six-month period. Additional inquiry and follow up was conducted for 215 of these incidents.

- The Office reviewed monthly quantitative data that was received from the sixteen DMHMRSAS operated facilities.

- The Office reviewed 16 autopsy reports of deaths that occurred at DMHMRSAS facilities.

- The OIG responded to 28 complaints/concerns and inquiries from citizens, consumers and employees regarding a variety of issues during this reporting period.

- The first broad-based stakeholder survey was conducted by the OIG to obtain evaluative information regarding the current direction and effectiveness of the Office.

- A formal review of 15 DMHMRSAS regulations and policies was completed.

- The Inspector General and OIG staff made 16 presentations regarding the work of the Office and other topics at various conferences, statewide and local organization.

- Staff attended 13 conferences or training events regarding issues relevant to the work of the Office.

# VISION, MISSION & VALUES

The Office of Inspector General was established to provide an independent system of accountability to the Governor, General Assembly, consumers and other stakeholders regarding the quality of the services provided by the sixteen facilities operated by DMHMRSAS and the network of public and private providers licensed by DMHMRSAS as defined in § 37.2-403.

## Vision

Virginians who are affected by mental illness, mental retardation, and substance use disorders, and their families, will receive high quality, consumer focused services.

## Mission

It is the mission of the Office of the Inspector General to serve as a catalyst for improving the quality, effectiveness, and efficiency of services for people whose lives are affected by mental illness, mental retardation, and substance use disorders.

## Values to Guide the Work of the OIG

Consumer Focused and Inclusive
Quality Processes and Services
Integrity
Mutual Support and Teamwork
Respect
Creativity

# ACTIVITIES OF THE OFFICE

## A. INSPECTIONS AND REVIEWS

During this semiannual reporting period, the OIG carried out the following inspections and reviews of DMHMRSAS operated facilities and licensed community programs.

### REVIEW OF COMMUNITY RESIDENTIAL SERVICES FOR ADULTS WITH MENTAL RETARDATION

The OIG conducted a statewide review of group homes and sponsored family placements for adults with mental retardation during November and December 2005. This review included unannounced site visits to 75 homes located an all areas of Virginia and interviews with consumers, families or authorized representatives, residential direct care staff, managers and CSB case managers. Record reviews were conducted for 244 recipients of services, and intensive service reviews were carried out for 73 recipients.

This review was based on the following Quality Statements for Residential Services:

- The home is safe, clean, attractive, and comfortable.
- Preventive, acute and chronic health needs of residents are met in a thorough, comprehensive, and safe manner.
- Residents have choice and self-determination in all aspects of their lives.
- Residents enjoy a high level of community participation.
- Residents are supported to learn the skills they need to achieve their goals and participate in the community at the highest level of quality of life possible.
- Accountability for not only compliance with standards but also the quality of services is assured.

### SYSTEMIC REVIEW OF STATE-OPERATED TRAINING CENTERS

During the months of November and December 2005, the OIG conducted unannounced inspections at the following DMHMRSAS operated training centers:

- Central Virginia Training Center
- Northern Virginia Training Center
- Southeastern Virginia Training Center
- Southside Virginia Training Center
- Southwestern Virginia Training Center

This series of inspections was based on the same Quality Statements for Residential Services that are described in the section above regarding the Review of Community Residential Services for Adults with Mental Retardation. This review included interviews with consumers, families or authorized representatives, direct care staff,

managers and CSB case managers. Record reviews were conducted for 247 recipients of services, and intensive service reviews were carried out for 78 recipients. In addition, the OIG accessed progress toward previous findings and recommendations regarding the training centers.

**REVIEW OF CSB MENTAL HEALTH CASE MANAGEMENT SERVICES FOR ADULTS**

In March 2006, the OIG conducted inspections of the mental health case management services provided by all 40 CSBs. This series of inspections included a site visit to 100% of the 40 CSBs, interviews with 654 consumers, 310 case managers, 83 program managers and supervisors, and a review of 403 case records.

This review was based on the following Quality Statements for Mental Health Case Management Services:

- Case management services are consumer-centered and consumer-driven.
- Case management coordinate needed services in a comprehensive and efficient manner.
- Case management services are guided by the recovery model and are a principle means for a consumer to plan and implement his/her own recovery.
- Consumers and case managers share a constructive interpersonal helping connection that fosters trust, cooperation and support for each consumer's recovery.
- Case management is an active, positive service that reaches out to consumers and provides continuing, active supports.
- Case managers are qualified, well prepared and supported in their roles.

**OTHER INSPECTIONS**

The OIG conducted one Secondary Inspection at a DMHMRSAS operated facility in response to a specific incident or complaint.

## B. REPORTS

The OIG completed 4 reports during this six month period. Reports are generated as a tool for performance improvement and provide information to the Governor, General Assembly, DMHMRSAS, consumers/families and providers regarding the findings, basis for findings and recommendations of the OIG. Following the receipt of each report, DMHMRSAS develops a plan of correction (POC) for each recommendation made by the OIG. Implementation of the plan of correction is monitored by the OIG until successful resolution has occurred. OIG reports can be found on the OIG website at www.oig.virginia.gov.

The following reports were completed on inspections/reviews that were conducted during this semiannual reporting period:

- #125-05 Follow-Up Review of Training Centers Operated by DMHMRSAS
- #126-05 Review of Community Residential Services for Adults with Mental Retardation
- #127-05 Systemic Review of State-Operated Training Centers

One report was completed on a Secondary Inspection that was conducted to investigate a specific incident or complaint.

## C. DATA MONITORING

### Critical Incident Reports

Documentation of critical incidents (CI) as defined by Virginia Code *§ 2.1-817*503 is forwarded routinely to the OIG by the DMHMRSAS operated state hospitals and training centers. The Office received and reviewed 503 CI's during this semiannual period. The OIG conducted an additional level of inquiry and follow up for 215 of the CI's that were reviewed.

### Quantitative Data

In order to track potential areas of risk within the facilities on a routine basis between periodic inspections, the OIG receives monthly statistical data from each of the 16 DMHMRSAS operated facilities. Areas that are monitored include, but are not limited to, facility census, seclusion and restraint use, staffing vacancies and overtime use, staff injuries, and complaints regarding abuse and neglect.

The OIG also receives reports from the Medical Examiner's office for deaths that occur in the state operated facilities. An OIG physician consultant reviews each of the autopsy reports. The Office reviewed 16 autopsy reports of deaths during this reporting period.

## D. FOLLOW-UP ON ACTIVE RECOMMENDATIONS

All active or non-resolved findings from previous inspections are reviewed through a follow-up process until they have been successfully resolved. In general, evidence is required from at least two sources in order to recommend that the finding become inactive. The sources may include observations by the inspection team; interviews with staff and consumers; or a review of policies, procedures, memoranda, medical records, meeting minutes, or other documents.

There are currently 72 active recommendations for the state facilities and 51 active recommendations for licensed community programs.

## E. COMPLAINTS, CONCERNS AND INQUIRIES

The Office of the Inspector General responded to 28 complaints/concerns and inquiries from citizens, consumers and employees regarding a variety of issues during this reporting period. Of these contacts, 8 were complaints/concerns regarding DMHMRSAS licensed community programs; 3 were complaints/concerns regarding DMHMRSAS operated facilities; and 17 were requests for information or assistance.

## F. STAKEHOLDER SURVEY

The OIG has made several changes in the work of the Office in an effort to increase effectiveness. Significant modifications have been made in the review and inspection processes. The scope of inspections has been expanded to include programs licensed by DMHMRSAS. The OIG now involves a broad range of stakeholders during the inspection planning process. The focus of oversight now includes both individual organizations as well as larger systems of services.

From October 31 to December 9, 2005, the OIG conducted the first broad-based stakeholder survey to obtain evaluative information regarding the current direction and effectiveness of the Office. Respondents were also asked to recommend future projects and to make suggestions for improvement. The survey was conducted through the OIG website with invitations sent to potential respondents by email.

The total number of responses by each stakeholder group was as follows:

| Stakeholder group | Number | Percent |
|---|---|---|
| Consumer, family member, advocacy group | 11 | 12% |
| DMHMRSAS operated facility | 27 | 29% |
| Community Services Board | 44 | 48% |
| Private provider | 1 | 1% |
| DMHMRSAS central office | 3 | 3% |
| Executive and Legislative Branch | 4 | 4% |
| Other | 2 | 2% |
| Total | 92 | 100% |

The executive summary of the OIG Stakeholder Survey Report is included in this report as Addendum B. The full Survey Report can be found on the OIG website at www.oig.virginia.gov.

## G. REVIEW OF REGULATIONS, POLICIES AND PLANS

During this semiannual reporting period, the OIG reviewed and/or made comments on the following DMHMRSAS regulations, polices and plans:

State Board Policy 1014(SYS)86-20 Provision of Forensic Services
State Board Policy 1024(SYS)89-2 Human Rights
State Board Policy 1027(SYS)89-6 Emergency Services

State Board Policy 2010(SYS)88-2 Policy Development and Evaluation
State Board Policy 1015(SYS)86-22 Services for Individuals with Co-Occurring Disorders
State Board Policy 1016(SYS)86-23 Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services
State Board Policy 1030(SYS)90-3 Consistent Collection and Utilization of Data in State Facilities and Community Services Boards
State Board Policy 1034(SYS)05-1 Partnership Agreement
State Board Policy 1035(SYS)05-2 Single Point of Entry and Case Management Services
State Board Policy 1036(SYS)05-3 Vision Statement
State Board Policy 1037(SYS)05-4 Individual Consumer Information and Community Consumer Submission
State Board Policy 1038(SYS)05-5 The Public Safety Net of Services
State Board Policy 1039(SYS)05-6 Availability of Minimum Core Services
State Board Policy 1040(SYS)05-7 Consumer Involvement and Participation
Departmental Instruction 502(HRM)05 Alcohol and Drug Program

## H. PRESENTATIONS AND CONFERENCES

Inspector General Stewart or OIG Staff made presentations regarding the work of the office or served as the guest speaker for the following:

Briefing for Legislators and newly appointed Executive Branch staff
Central Virginia Training Center Parents Group
Civil Admissions Advisory Council
DMHMRSAS Facility Directors
DMHMRSAS System Leadership Council
DMHMRSAS Medical Directors
Mental Health Planning Council
National Alliance for the Mentally Ill (NAMI) of Northern Virginia
State Human Rights Committee (SHRC)
The Arc March at the Bell Tower
Virginia Organization of Consumers Asserting Leadership (VOCAL)
Virginia Association of Community Services Boards (VACSB) Conferences
VACSB Mental Retardation Council
VACSB Mental Health Council
Virginia MHMRSAS Board

Staff of the OIG participated in the following conferences and trainings events:

2005 Commonwealth Centers for High Performance Organizations -- Network
County Behavioral Health Institute Board of Directors
High Performance Organization (HPO) training
Organizational Performance Improvement Conference
Peer Support Conference
Positive Behavioral Supports – Denny Reid

Recovery Model Training
Reforming The Involuntary Commitment Process Conference
Region IV Recovery Conference
VACSB Legislative Conference
Virginia Pandemic Influenza Summit
Universal Life Styles – Tom Pomeranz
Voices and Visions conference - Virginia Board for People with Disabilities

## I. MEETINGS

The OIG participated in a variety of forums and on various committees that address issues relevant to mental health, mental retardation and substance abuse issues and to state government:

DMHMRSAS Quarterly Staff meetings
DMHMRSAS Facility Directors' meeting
DMHMRSAS Medical Directors' meeting
DMHMRSAS Psychosocial Rehabilitation (PSR) discussions
DMHMRSAS Clinical Quality Services Management Committee
DMHMRSAS "Just Culture" meetings
DMHMRSAS Systems Leadership Council
DMHMRSAS Restructuring Policy Advisory Committee
MR Special Populations Workgroup
Civil Admission Advisory Council
PPEA Feasibility Study Stakeholders meeting
Joint Commission on Health Care
Virginia Office for Protection & Advocacy (VOPA)
Region V Southeastern Virginia Training Center (SEVTC) downsizing meeting

## J. INTERFACING WITH OTHER AGENCIES

The OIG staff met with the following agencies and organizations for the purpose of planning specific OIG projects:

Community Integration for Virginians with Disabilities
Community Services Boards executive directors and program directors
Department of Medical Assistance (DMAS)
DMHMRSAS central office staff
DMHMRSAS facility staff
Mental Health Planning Council
National Alliance on Mental Illness (NAMI)
State Human Rights Committee
Virginia Association of Community Services Boards
Virginia Network of Private Providers
VOCAL (consumer leadership)
VOPA

**ADDENDUM A**

# COMPLETED INSPECTION REPORTS
## October 1, 2005 – March 31, 2006

## REVIEW OF COMMUNITY RESIDENTIAL SERVICES FOR ADULTS WITH MENTAL RETARDATION
**OIG #126-05**

## Demographics of Service Recipients

**Demographic Finding 1:** The majority of all residents, 54 %, are between ages 22 and 45. Thirty-seven % are between ages 46 – 65, and only 4 % are over 65 years of age. Publicly operated programs serve a higher proportion (59%) of older residents, 46 years of age and older, than do privately operated programs (33%).

**Demographic Finding 2:** A significantly greater proportion of the residents receiving community residential services are males (66%). Private providers serve a somewhat higher percentage of males (71%) as compared to 53% in publicly operated homes.

**Demographic Finding 3:** The highest proportion of community residents (41%) have moderate levels of retardation, followed by 28 % with severe mental retardation, 22% with mild mental retardation and 10% with profound mental retardation. Public providers serve a slightly higher proportion of persons with severe to profound levels of mental retardation (43%) as compared to private providers (36%).

**Demographic Finding 4:** Approximately 25% of individuals served in community residences have at least one co-occurring psychiatric diagnosis in addition to mental retardation. A mood disorder is the most common co-occurring psychiatric disorder (25%), followed by psychotic disorder (18%) and anxiety disorder (17%). Many individuals have more than one co-occurring psychiatric disorder.

**Demographic Finding 5:** Some level of mobility support is needed by 29% of residents who live in group homes and sponsored family placements. Thirteen percent require extensive assistance or are totally dependent on others for mobility. Where needed, accessibility modifications have been made to the homes in which residents with special mobility needs live.

**Demographic Finding 6:** The level of functioning of consumers in community residences as determined by the Level of Functioning (LOF) scale which is required by the Department of Medical Assistance Services (DMAS) and administered by the CSB case manager is as follows:

- Four areas of need - 27%
- Five areas of need - 24%
- Six areas of need - 18%

- Three areas of need -17%
- Two areas of need - 10%
- Seven areas of need - 4%

No significant differences exist between public and private providers in terms of the consumer level of functioning as assessed using the LOF. Note: The LOF assesses need in the following seven areas: health status, communication, task learning skills, personal/self care, mobility, behavior, and community living skills

## Quality of Care Findings and Recommendations

## A. Health and Safety

Health and safety are fundamental building blocks of a quality program. Family members rate health and safety as their primary concern, followed only by their desire that their family member be happy (DMHMRSAS annual family survey).

**Quality of Care Finding A.1:** Community programs assure access to health care for most residents despite limited sources of reimbursement for these services.

**Quality of Care Recommendation A.1:** It is recommended that the Department of Medical Assistance Services (DMAS) investigate the cost and feasibility of covering dental services for adults receiving Mental Retardation Medicaid Waiver services.

**Quality of Care Finding A.2:** Health care is not well coordinated and integrated for residents of some residential programs.

> **Quality of Care Recommendation A.2.a:** It is recommended that DMHMRSAS initiate a collaborative effort with DMAS, the Virginia Association of Community Services Boards (VACSB), and the Virginia Network of Private Providers (VNPP) to develop model forms, procedures, and other resources to help community providers assure more thorough health assessments and better coordination and integration of health care assessments and services.

> **Quality of Care Recommendation A.2.b**: It is recommended that community residential service providers use the services of psychiatrists for consultation or direct services whenever possible for persons with co-occurring disabilities of mental retardation and mental illness or behavioral conditions that may require psychotropic medications.

**Quality of Care Finding A.3:** Community residential programs are generally clean and safe.

> **No recommendations**

## B. Choice and Self-Determination

The essence of freedom is the opportunity to choose. DMHMRSAS has established choice and self-determination as critical variables to guide the statewide system of care for persons with mental disabilities.

**Quality of Care Finding B.1**: The majority of community residents have a high degree of choice in activities and participation in community residential programs.

**No recommendations**

**Quality of Care Finding B.2:** Residents are afforded opportunities for choice and self-determination in most aspects of daily living, but less evidence is found of significant choice in the development of service plans.

**Quality of Care Recommendation B.2.a:** It is recommended that DMHMRSAS initiate a collaborative effort with the VACSB, the VNPP and the training centers to develop a model system for person-centered, consumer driven planning with related procedures, forms and resource materials. It is further recommended that these materials be made available to all public and private community providers and to the five training centers.

**Quality of Care Recommendation B.2.b:** It is recommended that DMHMRSAS initiate a collaborative effort with the VACSB, VNPP) and the training centers to develop an ongoing training program on person-centered planning, choice, self-determination, and the role of staff as supporters and teachers of learning and that the training program be available free or at low cost to CSB's, private providers and training centers and regional consortia.

**Quality of Care Recommendation B.2.c:** It is recommended that DMHMRSAS revise licensure requirements for group home and sponsored family placements to require certification by the provider that each staff member has completed training in person-centered planning, choice, self-determination, and the role of staff as supporters and teachers of learning using an approved training module.

## C. Community participation and integration

Along with choice, community integration – for work, shopping, and recreation - is a major component of good quality of life. The formation of valued relationships with persons in the community - other than those paid to work with the residents - is key.

**Quality of Care Finding C.1:** All community-based residents have frequent and regular activities away from their homes and out in the community for work, shopping, and recreation.

**No recommendations**

**Quality of Care Finding C.2:** Smaller residences, especially sponsored placements, have better levels of community participation for residents than larger group homes.

**No recommendations**

**Quality of Care Finding C.3:** While all homes help residents get out to the community for work, shopping, church, recreation and other activities, reliance in group homes on group activities decreases the opportunities for true integration and formation of valued relationships with people other than paid staff.

**Quality of Care Recommendation C.3:** It is recommended that DMHMRSAS initiate a study with DMAS, VACSB and VNPP to determine the optimal size, characteristics, and staffing patterns of residential programs that have been found to be effective in promoting full integration of residents into the community and good quality of life. This study should identify what changes in state policy and funding would be required to support the widespread development of such programs in Virginia.

## D. Culture of support for growth and development

Good quality of life requires community living skills. Effective residential services provide training that enhances and grows these skills to enable the highest level of independence possible. Staff practices that teach and support residents to master skills are valued over approaches that provide static care, no matter how loving. Training programs should be based on thorough assessments of skills needed to live more independently. Staff should have personal interest in and knowledge of the persons for whom they provide supports.

**Quality of Care Finding D.1:** While a significant number of staff in group homes and community placements interact with residents as teachers and supporters of learning, the majority relate as caretakers or supervisors.

**Quality of Care Recommendation D.1:** It is recommended that each CSB and private provider of residential services review it's mission statement and value statements and make any changes needed to assure consistency with the system wide vision statement adopted recently by DMHMRSAS. Once this is done, each CSB and private provider should take the necessary steps to assure that the actions of staff at all levels and the culture of the program reflect the organizational mission and value statements.

**Quality of Care Recommendations B.2.a, B.2.b and B.2.c are in support of this finding.**

**Quality of Care Finding D.2:** Residents are treated with dignity and respect.

**No recommendations**

**Quality of Care Finding D.3:** Staff and provider agencies show interest in the residents and are committed to their work.

**No recommendations**

**Quality of Care Finding D.4:** The comprehensiveness and quality of residents' needs assessments and service plans varies considerably among community residential providers. Many plans and activities are not clearly directed at improved quality of life and greater independence for residents.

**Quality of Care Recommendation D.4.a:** It is recommended that DMHMRSAS initiate a collaborative study with the VACSB and the VNPP to:

- Define and quantify the staff resources that are needed to support adequate interdisciplinary assessment and planning for the residents of public and private community-based residential services.
- Develop models for how these services can be delivered collaboratively by CSBs, private providers, training centers, and/or universities.

**Quality of Care Recommendation D.4.b:** Based on the results of this study, it is recommended that:

- Individual public and private providers and regional groups of public and private providers identify ways in which current resources can be redirected to provide interdisciplinary planning and assessment staffing.
- DMHMRSAS request sufficient funding to support these services.

**Quality of Care Recommendations B.2.a and B.2.b. are in support of this finding.**

**Quality of Care Finding D.5**: Providers and direct support staff have appropriate education, experience, and longevity to support quality services.

**No recommendations**

## E. Comfort and Privacy

Comfortable, attractive homes are essential to good quality of life. Privacy, space to one's self, and personal decorations and furnishings are key components. A private bedroom for each person is highly desirable, unless specific, resident-generated choices are for shared living arrangements.

**Quality of Care Finding E.1:** Community residential programs are comfortable and attractively furnished.

**No recommendations**

**Quality of Care Finding E.2:** Most community group homes and sponsored placements have a satisfactory level of privacy for residents.

**No recommendations**

## F. Assurance of accountability and oversight

Families and taxpayers should have assurances that publicly funded services for persons with mental retardation and related needs are safe, compliant with regulatory and funding source requirements, and deliver quality services.

**Quality of Care Finding F.1**: Oversight activity at group homes and sponsored placements by state oversight offices/agencies is limited due to staffing constraints.

**Quality of Care Recommendation F.1.a:** It is recommended that DMHMRSAS and DMAS continue to request resources to expand staffing in their respective oversight offices in order to assure regular and timely inspections of all licensed providers.

**Quality of Care Recommendation F.1.b:** It is recommended that as DMHMRSAS and DMAS review and amend their respective regulations and inspection procedures that they seek ways to:

- Incorporate the vision and values that have been established by DMHMRSAS for the system of care.
- Expand the focus of oversight activities related to assessment of consumer quality of life.
- Assure consistency between the regulations and procedures of the two agencies.
- Streamline and minimize data and record keeping requirements in an effort to allow providers to maximize the amount of time that staff is available to consumers.

**Quality of Care Finding F.2:** Many CSB case managers do not make regular visits to consumers in their group homes or sponsored family placement settings.

**Quality of Care Recommendation F.2:** It is recommended that CSB case managers visit with their consumers in the group home or sponsored family placement setting on a regular basis and make an assessment of:

- The services provided by the provider.
- The quality of life of the consumer.

**SYSTEMIC REVIEW OF**
**STATE-OPERATED TRAINING CENTERS**
**OIG #127-05**

## Demographics of Service Recipients Findings

**Demographic Finding 1:** The majority (90 %) of training center residents are between 22 and 65 years of age with only 2% below the age of 22 and 8% over the age of 65.

**Demographic Finding 2:** There are more males served in the training centers (58%) than females (42%).

**Demographic Finding 3:** The majority (72%) of residents at the training centers are diagnosed with profound mental retardation. SEVTC has a significantly higher percentage of residents who are mildly or moderately mentally retarded and a significantly lower percentage of residents who are profoundly mentally retarded.

**Demographic Finding 4:** The majority of training center residents has either a sensory or neurological condition(s) in addition to an intellectual disability.

**Demographic Finding 5:** A significant portion (34%) of the residents served at the training centers has at least one psychiatric diagnosis.

**Demographic Finding 6:** The current use of the training centers varies tremendously across the 40 CSB service areas, ranging from a low of .45 residents per 100,000 (Loudoun CSB) to a high of 58.76 residents per 100,000 (Cumberland Mountain CSB).

## Quality of Care Findings and Recommendations

## A. Health and Safety

Health and safety are fundamental building blocks of a quality program. Family members rate health and safety as their primary concern, followed only by their desire that their family member be happy (DMHMRSAS annual family survey).

**Quality of Care Finding A.1:** State training centers provide comprehensive health care for residents.

**No recommendations**

**Quality of Care Finding A.2:** The safety and security of the residential units in the training centers are routinely assessed. Risk factors are identified and monitored.

**No new recommendations. Concerns regarding the use of overtime have been addressed in earlier OIG reports.**

**Quality of Care Finding A.3:** Consumers, family members and authorized representatives, direct care staff and CSB case managers judge the training center environments to be safe.

**No recommendations**

**Quality of Care Finding A.4:** There is significant variation in the cleanliness of the training center residential units. A slight majority of the units (52%) were found to have minor deficiencies.

**No recommendations**

## B. Choice and Self-Determination

The essence of freedom is the opportunity to choose. DMHMRSAS has established choice and self-determination as critical variables to guide the statewide system of care for persons with mental disabilities.

**Quality of Care Finding B.1**: Few habilitation plans are person-centered and consumer-driven. The majority of staff is not able to demonstrate clear and detailed knowledge of residents' personal goals.

**Quality of Care Recommendation B.1:** It is recommended that DMHMRSAS initiate a collaborative effort with the Virginia Association of Community Services Boards (VACSB), the Virginia Network of Private Providers (VNPP), and the training centers to develop a model system for person-centered, consumer driven planning with related procedures, forms and resource materials. It is further recommended that these materials be made available to all public and private community providers and to the five training centers.

**Quality of Care Finding B.2:** Residents at state mental retardation training centers have very limited opportunities for choice.

**Quality of Care Recommendation B.2.a**: It is recommended that DMHMRSAS initiate a collaborative effort with the VACSB, the VNPP, and the training centers to develop an ongoing training program on person-centered planning, choice, self-determination, and the role of staff as supporters and teachers of learning and that the training program be available free or at low cost to CSBs, private providers and training centers and regional consortia.

**Quality of Care Recommendation B.2.b**: It is recommended that DMHMRSAS require certification by each training center that each staff member has completed training in person-centered planning, choice, self-determination, and the role of staff as supporters and teachers of learning using an approved training module.

**Quality of Care Recommendation B.2.c**: It is recommended that DMHMRSAS design any future facility renovations and new construction in such a way that food

preparation and delivery systems do not serve as a barrier to consumer choice and skill development for community living.

## C. Community participation and integration

Along with choice, community integration – for work, shopping, and recreation - is a major component of good quality of life. The formation of valued relationships with persons in the community - other than those paid to work with the residents - is key.

**Quality of Care Finding C.1**: State mental retardation training center residents have very limited opportunities to experience community integration or participation with people outside their living units.

**Quality of Care Recommendation C.1.a:** It is recommended that each training center conduct a review of programming efforts that are directed toward providing opportunities for residents to experience community integration and develop specific goals for enhancing these efforts.

**Quality of Care Recommendation C.1.b:** It is recommended that CVTC develop ways to move the majority of residents off of their residential units for day activities, either to separate areas of the campus or off campus.

**Quality of Care Finding C2:** The number of discharges from the five training centers increased significantly between FY2004 and FY2005. 83 percent (133) of the 160 Mental Retardation Medicaid Waiver slots provided to the training centers by the General Assembly in 2004 have been assigned to consumers and 81 discharges have occurred utilizing these slots.

**No recommendations**

**Quality of Care Finding C.3**: The process for determining discharge readiness is different at each of the five training centers. The one facility that has historically determined both clinical readiness and family/AR willingness to accept discharge for 100% of the residents has a significantly higher percentage of family/AR's who are willing to accept discharge.

**Quality of Care Recommendation C.3.a:** It is recommended that DMHMRSAS, in collaboration with the five training centers and CSBs, develop a single system for the determination of discharge readiness and that it be administered the same way in all facilities.

**Quality of Care Recommendation C.3.b:** It is recommended that each facility, in collaboration with service area CSBs, develop and implement a plan to educate the families and AR's of their residents regarding community services and how the needs of the individual could be met in the community.

## D. Culture of support for growth and development

Good quality of life requires community living skills. Effective residential services provide training that enhances and grows these skills to enable the highest level of independence possible. Staff practices that teach and support residents to master skills are valued over approaches that provide static care, no matter how loving. Training programs should be based on thorough assessments of skills needed to live more independently. Staff should have personal interest in and knowledge of the persons for whom they provide supports.

**Quality of Care Finding D.1**: The majority of staff in the training centers (70 percent) interacts with consumers as care giver or supervisor with little evidence of functioning in roles as teachers and supporters of learning.

**Quality of Care Recommendation B.2.a is in support of this finding.**

**Quality of Care D.2:** The majority of direct care staff at the training centers (57%) considers care giving as the primary mission of the training centers. Only 34% indicate that support and preparation for community living is the mission.

**Quality of Care Recommendation B.2.a is in support of this finding.**

**Quality of Care Finding D.3:** Residents are treated with dignity and respect.

**No recommendations**

**Quality of Care Finding D.4**: Almost all records that were reviewed contain comprehensive assessments that were developed by multidisciplinary teams.

**No recommendations**

**Quality of Care Finding D.5:** Individualized habilitation plans (IHP) are not clearly directed at improved quality of life and greater independence for residents.

**Quality of Care Recommendations B.1 and B.2.a are in support of this finding.**

**Quality of Care Finding D.6**: The level of involvement by CSB case managers and the collaboration between case managers and facility staff regarding the care of the training center residents varies significantly.

**Quality of Care Recommendation D6:** It is recommended that:

- A CSB case manager be assigned to every training center resident
- Case managers visit the facility at regular intervals in order to:
  - Maintain contact with the consumer, and
  - Check on progress toward discharge readiness
- Case managers maintain contact with the family/AR at regular intervals in order to assure a complete understanding of progress toward discharge readiness and community alternatives.

**Quality of Care Recommendation C.3.b is also in support of this finding.**

## E. Comfort and Privacy

Comfortable, attractive homes are essential to good quality of life. Privacy, space to one's self, and personal decorations and furnishings are key components. A private bedroom for each person is highly desirable, unless specific, resident-generated choices are for shared living arrangements.

**Quality of Care Finding E.1:** The living units of state training centers are very institutional in spite of efforts by staff to create greater comfort by personalizing space for residents.

**No recommendations**

**ADDENDUM B**

# STAKEHOLDER SURVEY

Office of the Inspector General
For
Mental Health, Mental Retardation & Substance Abuse Services

Stakeholder Survey Report
Executive Summary

During the past year and a half, the Office of the Inspector General (OIG) has made several changes in the work of the Office in an effort to increase effectiveness. The review and inspection methods have been modified significantly. A broad range of stakeholders have been involved in the planning for each series of inspections. The scope of the work has been expanded to include not only DMHMRSAS operated facilities but also licensed community programs. The focus of oversight now includes both individual programs and broader systems of services. Every effort has been made to conduct the work of the Office in a collaborative fashion with the many partners who constitute the publicly funded mental health, mental retardation and substance abuse services network.

From October 31 to December 9, 2005, the OIG conducted the first broad-based Stakeholder Survey. The purpose of the survey was to obtain evaluative information from a wide range of interested parties regarding the current direction and effectiveness of the Office. Respondents were also asked to recommend future projects and to make suggestions for improvement. The survey was conducted through the OIG website with invitations sent to potential respondents by email. The information collected through this survey will be extremely helpful to the staff of the OIG.

The total number of responses by stakeholder groups was as follows:

| Stakeholder group | Number | Percent |
|---|---|---|
| Consumer, family member, advocacy group | 11 | 12% |
| DMHMRSAS operated facility | 27 | 29% |
| Community Services Board | 44 | 48% |
| Private provider | 1 | 1% |
| DMHMRSAS central office | 3 | 3% |
| Executive and Legislative Branch | 4 | 4% |
| Other | 2 | 2% |
| Total | 92 | 100% |

The paragraphs that follow provide a summary of respondents' answers to each of the seven questions that were included in the survey. Comments that were made by only one respondent are not included in the Executive Summary. The full report that begins on page 7 organizes responses to questions by stakeholder group and includes all comments.

**1) How satisfied are you that the work of the OIG is contributing toward the achievement of this mission?**

*It is the mission of the OIG to serve as a catalyst for improving the quality, effectiveness and efficiency of services for people whose lives are affected by mental illness, mental retardation, and substance use disorders.*

| | | |
|---|---|---|
| Very Satisfied | 39 | 43% |
| Somewhat Satisfied | 37 | 41% |
| Don't Know | 11 | 12% |
| Somewhat Dissatisfied | 3 | 3% |
| Very Dissatisfied | 1 | 1% |

**2) The operational values of our office are listed below. Do you see evidence through the actions, processes and products of the OIG that these values are guiding our work?**

| | | | |
|---|---|---|---|
| Consumer Focused and Inclusive | Yes | 68 | 74% |
| | No | 7 | 8% |
| | Don't Know | 17 | 18% |
| Quality Processes and Services | Yes | 72 | 78% |
| | No | 7 | 8% |
| | Don't Know | 13 | 14% |
| Integrity | Yes | 74 | 80% |
| | No | 2 | 2% |
| | Don't Know | 16 | 17% |
| Mutual Support and Teamwork | Yes | 64 | 70% |
| | No | 8 | 9% |
| | Don't Know | 20 | 20% |
| Respect | Yes | 79 | 86% |
| | No | 5 | 5% |
| | Don't Know | 8 | 9% |
| Creativity | Yes | 34 | 53% |
| | No | 7 | 11% |
| | Don't Know | 23 | 36% |

**3) How satisfied are you with the responsiveness of the OIG when you call, write or contact our staff?**

| | | |
|---|---|---|
| Very Satisfied | 47 | 52% |
| Somewhat Satisfied | 13 | 14% |
| Don't Know | 30 | 33% |
| Somewhat Dissatisfied | 0 | 0% |
| Very Dissatisfied | 0 | 0% |

**4) What is most helpful or useful about the work of the OIG?**

The following comments were made by two or more respondents:

- Systemic statewide approach to work including issue identification, analysis and recommendations; focus on system improvement; focus on identifying directions for the overall system of care; products enable benchmarking
- Consumer focused; interest in consumer care and needs
- Inclusiveness; involving staff at all levels; including a wide range of stakeholders in setting the direction of the office and designing projects
- Focus on issues that are important; making rational, relevant and well thought out recommendations; accuracy and thoroughness of assessments
- Collaborative relationships established by OIG that have led to greater collaboration among all stakeholders; reasonable and cooperative approach to working with providers
- Focus on quality, excellence and best practice
- Encouragement of continuous quality improvement
- Independence of the office; external perspective on the system; objectiveness; review and presentation of information in unbiased manner
- Providing information about innovative programs statewide
- Availability and responsiveness, quick response when called
- Expansion of OIG work to include community programs
- Emergency Services review was well done and will guide future development
- Pleased that OIG is reviewing residential services for those with mental retardation

**5) How satisfied are you that the reports prepared by the OIG are clearly written and easily understood?**

| | | |
|---|---|---|
| Very Satisfied | 53 | 59% |
| Somewhat Satisfied | 28 | 31% |
| Don't Know | 5 | 6% |
| Somewhat Dissatisfied | 3 | 3% |
| Very Dissatisfied | 1 | 1% |

**6) What one or two things would you change about how the OIG operates in order to improve effectiveness?**

The following comments were made by two or more respondents:

- Add providers to inspection teams; add knowledgeable consumers to the work
- Get reports out more quickly
- Continue to involve direct providers in the development of evaluation tools
- Continue as is, no changes needed
- Further educate community services staff regarding mission and capabilities of OIG
- Assure collaborate with other oversight agencies to avoid duplication

**7) What services or issues would you suggest the OIG inspect or review in the near future?**

The following comments were made by two or more respondents:

Services

- Case management and care coordination
- Adult Living Facilities (ALF's)
- Housing deficiencies for individuals with serious mental illness
- Effectiveness of psychosocial and day treatment programs and other skill building programs for persons with mental illness
- Lack of services for children with serious mental illness and disparity across CSB's
- Lack of services for individuals with substance abuse problems and disparity across CSB's
- Inadequacy of psychiatric and crisis stabilization services for persons with mental retardation who have co-occurring mental illness and/or behavior problems
- Effectiveness of PACT
- Private providers of Medicaid Waiver Services for persons with mental retardation

Issues

- Formulas or basis for distributing resources, funding, Medicaid Waiver slots, etc; deployment of resources within regions; adequacy of resources. Are they appropriate to assure continuum of care across the state?
- Physical condition of facilities that are deteriorating