COMMONWEALTH of VIRGINIA

Office of the Governor

William A. Hazel, Jr., MD
Secretary of Health and Human Resources

February 13, 2012

The Honorable Lacey E. Putney, Chair
House Appropriations Committee
General Assembly Building
P.O. Box 406
Richmond, Virginia 23218

Dear Delegate Putney,

Pursuant to amended §37.2-319 of the Code of Virginia relating to the administration of the Behavioral Health and Developmental Services Trust Fund, attached is the plan to transition individuals from state training centers to community-based settings.

I appreciate your patience in allowing our office additional time to prepare the report as we were negotiating with the U.S. Department of Justice.

If you have any questions, feel free to contact me.

Sincerely,

William A. Hazel, Jr., M.D.

Enclosure
Cc: James W. Stewart, III
Cindi Jones

WAH/klb

COMMONWEALTH of VIRGINIA

Office of the Governor

William A. Hazel, Jr., MD
Secretary of Health and Human Resources

February 13, 2012

The Honorable Walter A. Stosch, Chair
Senate Finance Committee
10th Floor, General Assembly Building
910 Capitol Street
Richmond, Virginia 23218

Dear Senator Stosch,

Pursuant to amended §37.2-319 of the Code of Virginia relating to the administration of the Behavioral Health and Developmental Services Trust Fund, attached is the plan to transition individuals from state training centers to community-based settings.

I appreciate your patience in allowing our office additional time to prepare the report as we were negotiating with the U.S. Department of Justice.

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COMMONWEALTH of VIRGINIA

Office of the Governor

William A. Hazel, Jr., MD
Secretary of Health and Human Resources

February 13, 2012

The Honorable Robert F. McDonnell
Governor of Virginia
Patrick Henry Building
P.O. Box 145
Richmond, Virginia 23219

Dear Governor McDonnell,

Pursuant to amended §37.2-319 of the Code of Virginia relating to the administration of the Behavioral Health and Developmental Services Trust Fund, attached is the plan to transition individuals from state training centers to community-based settings.

I appreciate your patience in allowing our office additional time to prepare the report as we were negotiating with the U.S. Department of Justice.

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Executive Summary

This document outlines the Secretary of Health and Human Resources' plan to transform the system of care for individuals with intellectual disability in the Commonwealth of Virginia, in accordance with amended §37.2-319 of the Code of Virginia relating to the administration of the Behavioral Health and Developmental Services Trust Fund.[1] The Trust Fund plan lays out a roadmap to accelerate Virginia's move away from reliance on five large training centers to provide care for individuals with intellectual disability and toward a more fully-integrated community-based system of services and supports for both individuals with intellectual and other developmental disabilities. The plan was developed after careful consideration of the following factors: the declining census in training centers, aging facility infrastructure, nationwide best practices, an improving community-based services infrastructure, and Virginia's recent settlement agreement with the US Department of Justice. Collectively, these factors support decisions outlined in this Trust Fund plan. Specifics include:

- With a declining training center census, Virginia operates more training centers than it needs. Census among the training centers has decreased 42 percent since FY2000;
- All but one of Virginia's training centers is more than 35 years old and have significant infrastructure needs in order to maintain the facilities;
- Nationally, Virginia ranks fourth in the number of individuals with intellectual disability in large settings like training centers (37%) and ranks 48th in the number of individuals served in smaller, community-based settings with fewer than 15 people (63.4%); and,
- Virginia recently entered into a ten year court-enforced settlement agreement with the US Department of Justice requiring the Commonwealth to make significant changes to its system of care for individuals with intellectual and other developmental disabilities.

The plan requires Virginia to:

- Continue downsizing Southeastern Virginia Training Center (SEVTC) to 75 beds;
- Cease admissions and close Southside Virginia Training Center (SVTC), Northern Virginia Training Center (NVTC), Southwestern Virginia Training Center (SWVTC), and Central Virginia Training Center (CVTC) over a 10 year period;
- Improve discharge processes and family education to ensure a smooth and safe discharge process for every individual transitioning from a training center to the community;
- Ensure community-based crisis intervention and stabilization programs are firmly in place;
- Increase the number of waiver slots available to transition individuals and prevent unnecessary institutionalization of those on the wait list for services;
- Significantly improve oversight and quality of community-based services; and,
- Develop specialized medical and dental services in the community for individuals with intellectual disability.

[1] Chapter 724, Acts of Assembly, 2011

Introduction

The plan to reform and strengthen the system of care for individuals with intellectual and other developmental disabilities outlines the context for proposing to close four of five of Virginia's training centers. It also describes the activities that will be undertaken by the Department of Behavioral Health and Developmental Services (DBHDS), and the Department of Medical Assistance Services (DMAS), and other state agencies to expand the community-based services system to ensure appropriate and safe transitions for individuals currently residing at the training centers.

National Trends and Initiatives

The proposals to expand the community-based system of supports and services and close training centers are consistent with national trends and legal mandates, such as:

- The Supreme Court ruling in *Olmstead v. L.C.*. The ruling supported that unjustified isolation of individuals with disabilities is a form of unlawful discrimination under the Americans with Disabilities Act;
- Virginia's settlement agreement with the US Department of Justice, which requires significant expansion of the community-based system of services for individuals with intellectual and other developmental disabilities over a ten year period;
- The Federal Developmental Disabilities Act which requires that individuals with intellectual and other developmental disabilities must have access to opportunities and supports to live a fully integrated community life with access to employment, homes, relationships, and other aspects of community life;
- The nationwide trend to decrease reliance on large institutions to provide supports to individuals with intellectual disability. Virginia is one of only 13 states with more than 1000 people living in large institutions;
- Recent research that finds the quality of life for individuals that transition from large institutions to community-based settings improves in terms of daily living skills, social development, and communication skills.

Virginia's Current System for Supporting Individuals with Intellectual Disability

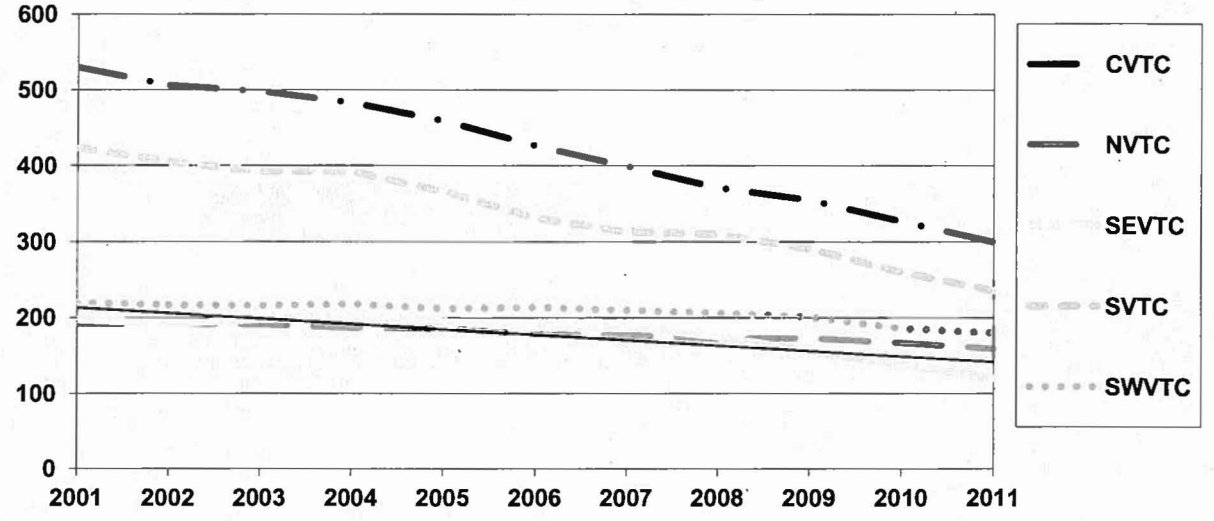
Virginia has five large institutions that serve individuals with intellectual disability (Table 1). Today, these five training centers have a collective census of approximately 1018 individuals. This census is a reduction from over 5000 individuals in residence in the 1970s. Figure 1 shows the decline in census over the last ten years, from 1635 residents in FY2000 to less than 1100 today.

Table 1: Census of Virginia's Five Training Centers (January 2012)

Training Center	Census
Central Virginia Training Center (CVTC)	357
Northern Virginia Training Center (NVTC)	152
Southeastern Virginia Training Center (SEVTC)	111
Southside Virginia Training Center (SVTC)	224
Southwestern Virginia Training Center (SWVTC)	174
Total	1018

The overall decline in census is the result of two complementary trends. First, more individuals are choosing to leave training centers and move to group homes, community intermediate care facilities (ICFs), or other settings. Over the last five years, an average of 56 individuals each year move from Virginia's training centers to community settings.

Figure 1: Annual Census at Virginia's Training Centers



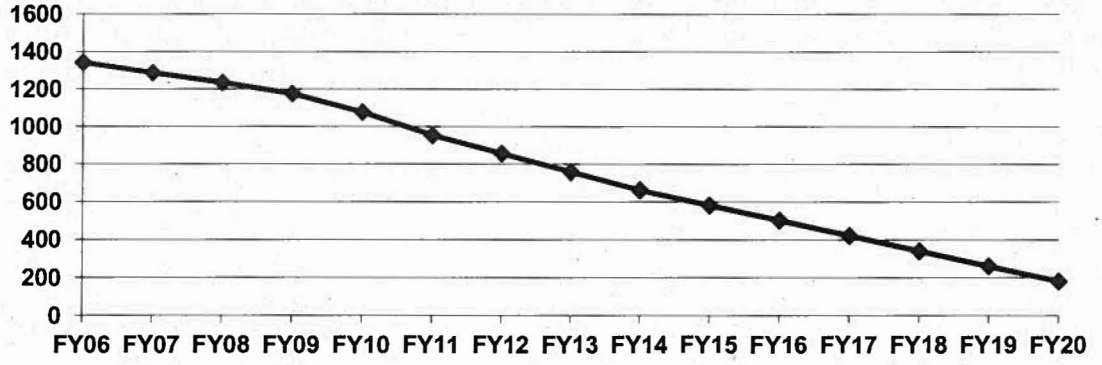
The second trend has been the virtual elimination of long-term, regular admissions to training centers because families today are choosing to keep their loved ones in the community with appropriate supports at home or in community congregate settings. These long-term, regular admissions are those extending more than 75 days.[2] Since 2007, there has been an average of 12.6 long-term, regular admissions per year for all five training centers. On a more frequent

[2] 12VAC35-190-10-51. Regulations for Admissions to Training Centers.

basis, training centers continue to admit individuals requiring respite care for less than 21 days or emergency care for less than 75 days.[3] According to recent DBHDS data over the last six years there was an average of 42 emergency admissions and 66 respite admissions to training centers. Training centers and Community Services Boards partner together to ensure that these admissions are time limited and used only as a last resort to community options. In this manner, long-term stays are generally avoided and individuals return to the community in less than 75 days.

Given these trends, conservative estimates show that Virginia's five training centers will house less than 600 individuals in FY2015 and less than 300 individuals by FY2019 (Figure 2).

Figure 2: Training Center Projected Census



With fewer and fewer individuals and families choosing training centers for their care, Virginia's community system serving individuals with intellectual disability has grown in the last three decades. Virginia has made significant progress in providing adequate and appropriate individualized services to persons with intellectual disability in the community through a Medicaid Intellectual Disability (ID) Waiver. Today, over 8,600 individuals receive the support of this important resource to live and receive assistance in the community. However, over 5,900 families in Virginia are currently on the waiting list for a Medicaid ID Waiver slot, with more than 3,200 of these families having been determined to be in urgent need of services. These individuals and families have opted to wait for community ID Medicaid Waiver slots as opposed to seeking admission to one of Virginia's training centers or a community-based Intermediate Care Facility. (ICF/MR).

Given the demands on Virginia's community-based system of care for individuals with intellectual disability, recent study groups and commissions established by the General Assembly have called for a move toward greater capacity to serve these individuals in the community and a

[3] 12VAC35-200-10-30. Regulations for Emergency and Respite Admissions to Training Centers.

much smaller role for Virginia's training centers.[4] The economics of community-based and facility-based care support the recommendations of these studies and commissions. The annual cost of serving one person in a Virginia state ICF/MR training center today averages $216,000, which includes direct services, administrative supports and high infrastructure requirements. As the census of each training center drops, the average cost will go up. The cost per person for those living in the community is as follows:

- A community based ICF/MR, that provides the same range of services provided currently to those who live in training centers, averages $138,000 per person per year; and
- The average cost of ID Medicaid Waiver plan of care for a person who lives in a community group home is $95,000 per person per year.

Closure Timeframes and Process

This plan outlines the activities required to reduce the number of individuals residing in training centers and identifies facility- specific objectives and timeframes to implement changes. The plan employs a 10 year timeframe to downsize and close four of Virginia's five training centers, in order to effectively execute Virginia's settlement agreement with DOJ. SEVTC, with capacity to serve 75 individuals, will remain open to serve those with the most significant long-term medical and behavioral needs. Table 2 shows the projected facility-specific reduction targets and timeframes for downsizing. The table shows projected closures of SVTC in FY15, NVTC in FY16, SWVTC in FY18, and CVTC in FY20.

Table 2: Training Center Downsizing and Closure Projections

Fiscal Year	SVTC	NVTC	SWVTC	CVTC	SEVTC*	Estimated Waiver Slots Required**
2012	40			20	45	60***
2013	97	51		25		160
2014	97	51		25		160
2015		50		48		90
2016			58	48		85
2017			58	48		90

[4] *"The Cost and Feasibility of Alternatives to the State's Five Mental Retardation Training Centers,"* House Document 76, 2005; and *"Report of the Study of the Mental Retardation System in Virginia,"* Item 311AA of the 2007 Appropriations Act, October 2007.

2018	58	48	90
2019		48	35
2020		47	35

*SEVTC will be reduced from its current census of 120 to 75 as part of the 2009 General Assembly SEVTC downsizing project.

**An annual natural death rate is factored into the waiver slots estimate.

***30 slots for the SEVTC downsizing project are already available.

It is estimated that 805 ID waiver slots for the facility population must be established in order to meet these downsizing targets and ensure closure. The 805 slots factor in an average natural death rate of approximately 10 individuals per year and anticipates that some individuals will choose small ICFs or Money Follows the Person (MFP) waiver placements.

Closure Process

In order to meet these closure targets, DBHDS must ensure that the current discharge processes at training centers are improved to ensure safe and effective discharges. DBHDS must work with families and staff at training centers to ensure they are informed about the current options available in the community. DBHDS is taking the following actions:

- Transition Team -- a team of individuals will be working with individuals and families to support them during transition. This team will include the facility director, social work director, social workers, discharge coordinators, and other training staff. In addition, CSB case managers will work closely to connect with each individual and family to ensure continuity of communication during the discharge process.
- Education and Informed Decision-Making -- To ensure that individuals and Authorized Representatives understand the specific closure plans for the training center where their loved one lives, members of the transition team will hold Personal Support Team (PST) meetings with families to describe the process and outline the steps that will be taken to develop an appropriate discharge plan and begin to identify potential community placements. The PST includes the individual, Authorized Representative/family member/guardian, the CSB, direct support staff, clinical professionals who know the individual, and other training center staff.
- Discharge Plan – The goal of the first PST meeting is to review the transition planning process and identify the essential supports and services and personal preferences identified in the person-centered plan. The PST reviews and establishes identified outcomes and specific actions needed to support the individual to better live and function within the community. The PST then agrees upon a discharge plan.
- Transition to the Community – The team will work with individuals to help identify providers who are qualified to deliver services and contact them to discuss potential services that would

achieve the personal outcomes identified in the discharge plan. Among the options will be opportunities for individuals to meet and interview providers through provider fairs as well as more individualized visits. Once the providers are selected, the process of beginning to establish community connections and visits to the new home, preferred day activity and community resources will be initiated and a move date will be identified. The roles and responsibilities during the transition will be outlined in the discharge plan, and resources prepared for transition. The training center social worker in coordination with the CSB case manager will ensure all activities related to the move are completed prior to the transition.

- Community Follow-up -- In addition to the monitoring of health and safety that occurs for all individuals in the community, a series of reviews will be conducted at 30, 60, and 90 day intervals and annually thereafter for those individuals who have transitioned to the community. Monitoring will be completed by a team of comprised training center staff who know the individual and the individual's case manager. The team will be responsible for ensuring the individual's outcomes are being met and the transition continues to be successful.

Employees

DBHDS is committed to establishing and implementing employee supports and resources that promote workforce stability and provide opportunities to determine their future. Employee retention during the closure and transition process is, and will remain, a high priority to assure continuity of services to the individuals we serve. Special meetings will be held between management and employees on all shifts at each facility. These meetings will provide an opportunity for the employees and DBHDS to discuss closure issues and the needs of employees.

DBHDS will work closely with the leadership of each training center to begin implementation of the following resources (below) for their employees. There are training centers that will be closed on or before 2015 so it is essential to work most closely with these employees first (such as SVTC and NVTC). These resources will be established as necessary at other training centers in later years to provide transitional resources to employees on those campuses.

Workforce Development and Resource Center

Training center employees will be surveyed to obtain information on their future employment interests, including relocation to other DBHDS facilities; and to solicit from them the resources and assistance they believe they will need during the closure process.

A Workforce Development and Resource Center in collaboration with the Virginia Community College System, Workforce Services, will be established at training centers to provide personal support and assistance for each employee in identifying employment options.

The Center will be accessible to staff on all shifts and provide activities that will include:

- Career Counseling, to include employee skills inventory assessment, development of resume and assistance with interviewing skills;
- Community services information on various opportunities to serve individuals with disabilities in community settings, and related requirements;
- Computer access for job searches and online application submission;
- Up-to-date lists of job opportunities with the Department of Behavioral Health and Developmental Services and other human services agencies, including community services boards and Private Providers, Psychiatric Hospitals, and local industries.
- Retirement and benefit workshops in collaboration with the Virginia Retirement System and the Virginia Employment Commission; and,
- Personnel-related Question and Answer sessions.

Training center employees will continue to be offered, at no cost, the opportunity to participate in the College of Direct Support Program (CDS) and the Direct Support Professional Career Pathway Program (Career Studies Certificate) in Developmental Disabilities or Behavioral Health), which offers online learning to strengthen the competencies needed to support individuals with disabilities in various settings. Completions of the CDS Program or the Certificate Program not only improve the services provided to individuals with disabilities, but also help to enhance the employee's resume and subsequent marketability. Based on the needs identified by the employees, additional workforce development services may be offered to supplement the training to enhance one's future career objectives.

Opportunities with DBHDS and Other Organizations

Employees at all of Virginia's training centers have acquired the competencies that make them effective in providing services and supports to individuals with disabilities. A great number of employees have committed many years of their lives to providing services and supports to this population and it is hoped that many of them will be interested in continuing their service in the community.

Employees will be encouraged to fill critical positions in community organizations. Assistance with this transition will be supplemented by a DBHDS partnership with CSB's, private providers, and other disability organizations in the region. An additional benefit derived from training center employees transitioning with the individuals we serve to community settings, is that it provides continuity of services, and flexibility in setting employee start dates to ensure training centers retain adequate staffing levels during the facility closures.

Employee Access to Communication

To maintain stability and morale in the workforce, it is critical that accurate and timely communication be sustained throughout the closure process. . The department will ensure that employees are kept informed about progress on the facility closure and about available employment opportunities. Key aspects of this communication include:

- General employee communications via e-mail, staff meetings and postings on employee bulletin boards will be established to provide employees on all shifts with updates on the closure, Career Center announcements, and other related items of interest.
- A link will be established from the training center homepages on the DBHDS Website to provide interested parties with access to notices and information regarding the closure of the facility.
- As needed, employee meetings will be scheduled to provide staff with regular access to training center management for information sharing and support.

Employee Support Advisory Team

DBHDS recognizes the importance of retaining experienced staff at the facility throughout the closure process. To support its goal of ensuring adequate staffing and to assist the employees in developing personal plans for their future, the facility will convene employee support advisory teams. These advisory groups will include representatives of DBHDS staff, and training center employees and management. The advisory teams will help ensure continuity of staffing, that employment assistance activities meet the needs of employees, identify retention and morale-boosting initiatives that encourage the staff to assist in the transition of individuals we serve to the community and the ultimate closure of the facility.

Provisions to Provide a Broad Array of Community-Based Services

Downsizing and closure of four training centers cannot occur without complementary changes to the community-based system of services for individuals with intellectual disability. In order to implement closures and ensure positive outcomes for Virginians with intellectual disability, Virginia must provide the following investments in its community-based system of care:

- Ensure community-based crisis stabilization programs for individuals with intellectual disability are firmly in place;
- Increase the number of waiver slots available to transition individuals and prevent unnecessary institutionalization of those on the wait list for services;
- Expand the capacity of and strengthen oversight of community-based services;
- Develop specialized medical and dental services in the community for individuals with intellectual disability.

Crisis Management System for Individuals with Intellectual Disability

The 2011 General Assembly provided $5M in funding to start a crisis stabilization program for individuals with intellectual disability who have co-occurring mental health disorders or behavioral problems. DBHDS is currently working with the five CSB regions around the state to implement this program. There will be five regional programs that will begin providing services in the spring of 2012. These community based crisis programs use a combination of in-home supports to prevent escalation of crises and out of home crisis respite placements when necessary to stabilization individuals and assist them in returning to their home. These programs will be implemented using the national Systemic Therapeutic Assessment Respite and Treatment (START) model to ensure consistency in operations and to establish statewide coverage.

Increase Waiver Capacity

The 2011 General Assembly requested that DMAS and DBHDS study Virginia's waiver programs serving individuals with intellectual disability and developmental disabilities and provide recommendations on how to modify the program to more appropriately serve individuals in need of community-based services (BBBBB Study). Several previous legislative studies, the DBHDS *Creating Opportunities Plan*, and DOJ have noted that the current waiver program is not sufficient to serve those with the most complex medical and behavioral needs, including many individuals currently living at training centers.

The BBBBB study, developed in consultation with stakeholders, describes some short-term modifications to the current waiver programs that can assist with transitioning individuals from training centers to the community. The study also outlines some long-term reform options that both organizations must further consider, in consultation with stakeholders, prior to the DD waiver renewal in 2013 and the ID waiver renewal in 2014.

In tandem with any modifications to the waiver programs, the number of waiver slots available to individuals with intellectual and developmental disabilities must be expanded in order to provide adequate capacity to close four training centers and prevent unnecessary institutionalization of individuals on the waiver wait lists. At the time of report, there are 5,932 individuals on the ID waiver wait list and 1,200 on the DD waiver wait list. In addition and as mentioned previously, an estimated 805 ID waiver slots must be created to transition individuals currently residing in training centers to the community over the next 10 years. The DOJ settlement agreement provides 2,915 community ID waiver slots over the term of the agreement and 450 DD waiver slots to begin to address these needs. The agreement also requires an Individual and Family Supports Program to assist up to 1000 individuals that remain on the wait list for services.

Improve Oversight of Community-Based Services

Improving and building upon Virginia's current system of quality assurance and monitoring must occur in order to ensure appropriate oversight of community-based services for individuals transitioning from training centers to the community, those coming off the wait list for services, and those already receiving services. Additional staff will be required for DBHDS and DMAS and includes additional licensing specialists, human rights advocates, community resource consultants, and prior authorization consultants. DMAS must add staff to monitor waiver implementation and community expansion of services. DBHDS estimates that 1-2 FTEs needs to be added per every 100 waiver slots established in order to appropriately monitor services in the community, particularly for individuals transitioned to the community from training centers.[5]

Additional DBHDS staff and other agencies will work with community providers and CSBs to implement provider risk management and quality improvement processes and ensure critical incidents, deaths, and serious injuries are reported consistently to DBHDS and other authorities as appropriate for follow-up and corrective action. The Commonwealth will also employ a minimum number of additional staff to collect data about individuals receiving services and analyze outcomes related to safety, harm, physical, mental, and behavioral health, crisis avoidance, stability in placements, choice, access to services, and other areas.

DBHDS will also establish Regional Quality Councils to meet quarterly and assess the relevant data, identify trends, and recommend responsive actions for each Health Planning Region. Regional Quality Councils will be comprised of individuals experienced in data analysis, residential and other providers, CSBs, individual receiving services, and families, and others. The DBHDS Quality Improvement Committee will be established to direct the work of the Regional Quality Councils. These will serve as an additional layer of oversight to ensure each Region is examining problems and working to improve them.

As part of additional oversight and monitoring, both case managers and licensing must prioritize working with high-risk individuals on a monthly or more frequent basis to ensure their needs are met and they are not experiencing unnecessary risk. Those individuals who are high-risk include those receiving services from a provider with a conditional or provisional license, those with high medical or behavioral needs, those with frequent crises or interruptions in service, those who have recently transitioned from training centers, and those residing in congregate settings of 5 or more individuals.

Specialized, Community-Based Medical and Dental Services

A frequent concern raised on behalf of individuals residing in training centers as well as those in the community is the lack of sufficient, specialized medical and dental services for individuals with intellectual disability and developmental disabilities. It is difficult to locate clinicians in the

[5] 1 DBHDS FTE per 100 waiver slots is based on HD 216 (2009) estimate.

community who are knowledgeable about the complexities and challenges associated with serving individuals with ID who need psychiatric consultation, behavioral consultation, dental care, and general medical care. Over the last decade, DBHDS has developed limited specialized services on the grounds of the five training centers that are available to individuals with intellectual disability who live in the community. These Regional Community Support Centers (RCSC) receive minimal state general funds on an annual basis and utilize the services of the training center medical and dental professionals to provide care to individuals that come to the RCSCs. A major problem with most of these training center based RCSCs is that they are not located geographically in areas that are most easily accessed by the majority of those in need of the services.

In FY12, DBHDS, along with stakeholders, will begin to study, the options for transition of the RCSCs to the community. Questions that must be explored include what services should be offered at each RCSC, what funding is required to provide those services, how can medical professionals currently employed at training centers transition to community-based RCSCs, who will operate the RCSCs (state, CSBs, or private providers) in each region, and where will they be offered. DBHDS will report the results of this study next year clarifying whether or not additional funding or legislation will be required to make the transition.