



**DOJ Implementation Update**  
Pursuant to  
**Code of Virginia §37.2-319 (HB2533/SBI486, 2011)**  
and Item 315.V.1. of the 2012 *Appropriation Act*

**to the Governor and the Chairs of the  
Senate Finance and House Appropriations Committees**

**April 28, 2014**  
**(for the period July 1 – December 31, 2013)**



# COMMONWEALTH of VIRGINIA

DEBRA FERGUSON, Ph.D.  
COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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Richmond, Virginia 23218-1797

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April 28, 2014

The Honorable Terence R. McAuliffe  
Office of the Governor  
Patrick Henry Building, Third Floor  
Richmond, Virginia 23219

Dear Governor McAuliffe:

Pursuant to Code of Virginia §37.2-319 (HB2533/SB1486, 2011) and Item 315.V.1. of the 2012 *Appropriation Act*, enclosed is the second semi-annual report on Virginia's progress in meeting the milestones in the Settlement Agreement for the period of July 1, 2013 – December 31, 2013. This report also describes expenditures associated with the Agreement for FY12 and FY13. The next report is due on July 1, 2014.

If you have any questions, please feel free to contact me at (804) 786-3921.

Sincerely,

A handwritten signature in cursive script that reads 'John J. Pezzoli'.

John J. Pezzoli  
Chief Deputy Commissioner

Enc.

Cc: Hon. William A. Hazel Jr., M.D.  
Suzanne Gore, Deputy Secretary, HHR  
Jennifer Lee, M.D., Deputy Secretary, HHR  
Connie Cochran, Assistant Commissioner, DBHDS  
Peggy Balak, Settlement Agreement Executive Advisor  
Cynthia B. Jones, Director, DMAS  
Allyson K. Tysinger, Senior Assistant Attorney General, OAG



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April 28, 2014

The Honorable Charles J. Colgan, Co-Chair  
The Honorable Walter A. Stosch, Chair  
Senate Finance Committee  
10th Floor, General Assembly Building  
910 Capitol Street  
Richmond, VA 23219

Dear Senator Colgan and Senator Stosch:

Pursuant to Code of Virginia §37.2-319 (HB2533/SB1486, 2011) and Item 315.V.1. of the 2012 *Appropriation Act*, enclosed is the second semi-annual report on Virginia's progress in meeting the milestones in the Settlement Agreement for the period of July 1, 2013 – December 31, 2013. This report also describes expenditures associated with the Agreement for FY12 and FY13. The next report is due on July 1, 2014.

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Chief Deputy Commissioner

Enc.

Cc: Hon. Emmett W. Hanger, Jr.  
Hon. William A. Hazel Jr., M.D.  
Suzanne Gore, Deputy Secretary, HHR  
Jennifer Lee, M.D., Deputy Secretary, HHR  
Joe Flores, Legislative Analyst, Senate Finance Committee  
Connie Cochran, Assistant Commissioner, DBHDS  
Peggy Balak, Settlement Agreement Executive Advisor  
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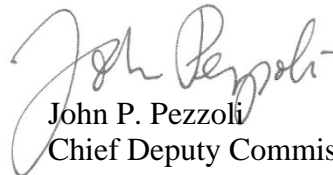
The Honorable S. Chris Jones, Chair  
House Appropriations Committee  
General Assembly Building  
P.O. Box 406  
Richmond, VA 23218

Dear Delegate Jones:

Pursuant to Code of Virginia §37.2-319 (HB2533/SB1486, 2011) and Item 315.V.1. of the 2012 *Appropriation Act*, enclosed is the second semi-annual report on Virginia's progress in meeting the milestones in the Settlement Agreement for the period of July 1, 2013 – December 31, 2013. This report also describes expenditures associated with the Agreement for FY12 and FY13. The next report is due on July 1, 2014.

If you have any questions, please feel free to contact me at (804) 786-3921.

Sincerely,

  
John P. Pezzoli  
Chief Deputy Commissioner

Enc.

Cc: Hon Riley E. Ingram  
Hon. William A. Hazel Jr., M.D.  
Suzanne Gore, Deputy Secretary, HHR  
Jennifer Lee, M.D., Deputy Secretary, HHR  
Susan E. Massart, Legislative Fiscal Analyst, House Appropriations Committee  
Connie Cochran, Assistant Commissioner, DBHDS  
Peggy Balak, Settlement Agreement Executive Advisor  
Cynthia B. Jones, Director, DMAS  
Allyson K. Tysinger, Senior Assistant Attorney General, OAG

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## DOJ Implementation Update for General Assembly April 28, 2014

### I. Executive Summary

This report was developed to meet the requirements set forth in both *Virginia Code* § 37.2-319 (HB2533/SB1486, 2011) and Item 315.V.1 of the 2012 *Appropriation Act*. Specifically, Item 315.V.1. addresses the management of the general fund appropriation for the expansion of community-based services in accordance with the settlement agreement with the U.S. Department of Justice (DOJ), and states:

*The Department of Behavioral Health and Developmental Services shall provide updates on July 1 and December 1 of each year to the Governor and the Chairmen of the Senate Finance and House Appropriations Committees regarding expenditures and progress in meeting implementation targets established in the agreement.*

The enactment clause associated with § 37.2-319 addresses the plan to transition individuals with an intellectual disability from state training centers to community-based settings, and states:

*The Secretary shall submit reports on the development and implementation of the plan to the Governor and the Chairmen of the House Committee on Appropriations and the Senate Committee on Finance on the first of July and December of each year beginning July 1, 2011.*

This report addresses Virginia’s progress in meeting the milestones in the settlement agreement for the period of July 1, 2013 – December 31, 2013, and describes expenditures associated with the agreement for FY 2012, FY 2013, and part of FY 2014.

#### Implementation Status Update

There were no specific milestones achieved in the settlement agreement during the period July 1, 2013 –December 31, 2013. The following activities were accomplished during this period:

- **A TOTAL OF 327 INDIVIDUALS MOVED FROM TRAINING CENTERS TO THE COMMUNITY BETWEEN NOVEMBER 2011 AND DECEMBER 31, 2013:** The following reflects the current and historical census in all five training centers:

Name	Decade Prior to Settlement Agreement			July 1, 2012 Census	July 1, 2013 Census	Dec 31, 2013 Census
	2000 Census	2005 Census	2010 Census			
CVTC	679	564	426	350	301	285
NVTC	189	182	170	153	135	115
SEVTC	194	192	143	106	84	81
SVTC	465	371	267	201	114	57
SWVTC	218	214	192	173	156	150
<b>Total</b>	<b>1,745</b>	<b>1,523</b>	<b>1,198</b>	<b>983</b>	<b>790</b>	<b>688</b>

- **MY LIFE, MY COMMUNITY WAIVER STUDY BEGAN IN JULY 2013:** The Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assistance Services (DMAS) retained Human Services Research Institute (HSRI) in July 2013 to study the transformation of the Medicaid waivers currently supporting individuals with intellectual and developmental disabilities. The study will be conducted in two phases. The first phase, which concluded in December 2013, provides recommendations for how to transform Virginia's waivers to better support individuals. These recommendations were based on extensive input from over 1,000 stakeholders statewide. Phase 2 will examine waiver rates and make recommendations for Virginia's consideration during the summer of 2014. More information about the waiver study can be found at: <http://www.dbhds.virginia.gov/MLMC.htm>
- **IMPLEMENTATION OF CASE MANAGEMENT REPORTING REQUIREMENTS:** DBHDS published new case management reporting requirements in December 2013. In March 2013, community services boards (CSBs) began reporting on the type, frequency, and location of case management visits to individuals in the target population of the settlement agreement. Starting in March 2014, the settlement agreement requires reporting on quality of life issues such as: health and well being, community inclusion, choice and self determination, and stability for individuals receiving services under the settlement agreement. Five measures have been published as well as a protocol for collecting this information and submitting it to DBHDS. Data collection begins in March 2014.
- **RENTAL ASSISTANCE PILOT INITIATED:** In November 2013, a rental assistance pilot was initiated using one-time funding totaling \$800,000 for rental assistance. The pilot will provide rental assistance for approximately 20 individuals who currently reside in a congregate setting (e.g., an institution, group home and etc.) and wish to move to their own homes or apartments. The pilot will be conducted in partnership with the Virginia Beach CSB and the Fairfax-Falls Church CSB. The pilot will bridge the gap between 30% of an eligible individual's income and the Fair Market Rent for a unit which, on average, ranges from \$700- \$1,000 per month. The pilot will also evaluate and measure the cost efficiencies and quality of life improvements achieved over a three year period.

## **DOJ Implementation Update for General Assembly April 28, 2014**

### **II. Introduction**

This report was developed to meet the requirements set forth in both *Virginia Code* § 37.2-319 (HB2533/SB1486, 2011) and Item 315.V.1. of the 2012 *Appropriation Act*. Specifically, Item 315.V.1 addresses the management of the general fund appropriation for the expansion of community-based services in accordance with the settlement agreement with the U.S. Department of Justice (DOJ), and states:

*The Department of Behavioral Health and Developmental Services shall provide updates on July 1 and December 1 of each year to the Governor and the Chairmen of the Senate Finance and House Appropriations Committees regarding expenditures and progress in meeting implementation targets established in the agreement.*

The enactment clause associated with §37.2-319 addresses the plan to transition individuals with intellectual disability from state training centers to community-based settings, and states:

*The Secretary shall submit reports on the development and implementation of the plan to the Governor and the Chairmen of the House Committee on Appropriations and the Senate Committee on Finance on the first of July and December of each year beginning July 1, 2011.*

This report addresses Virginia's progress in meeting the milestones in the settlement agreement for the period of July 1, 2013 – December 31, 2013, and describes expenditures associated with the agreement for FY 2012 and FY 2013 and part of FY 2014.

### **Overview of the Settlement Agreement**

This section provides a brief overview of the many elements of the Settlement Agreement. Items with parentheses indicate specific elements that tie to the expenditure table in Item 315.V.1. of the 2012 *Appropriation Act*. The full settlement agreement can be accessed online at <http://www.dbhds.virginia.gov/settlement/FullAgreement.pdf>.

#### *Serving Individuals in the Most Integrated Settings:*

The agreement is based on the following purpose, which was mutually agreed to by DOJ and Virginia:

"To prevent the unnecessary institutionalization of individuals with ID/DD and to provide them opportunities to live in the most integrated settings appropriate to their needs consistent with their informed choice, the Commonwealth shall develop and provide the community services described in this [Agreement]."

The language regarding integrated settings and informed choice is used throughout the agreement as a principle for implementation. DBHDS and partner agencies implementing the agreement for the Commonwealth must develop policies, guidelines, and regulations that reinforce these principles.

#### *Target Population:*



The target population of the agreement includes individuals with Intellectual Disability (ID) or Developmental Disabilities (DD) who meet any of the following additional criteria:

1. Currently reside at a training centers;
2. Meet the criteria for the ID Waiver or Individual and Family Developmental Disabilities Support Waiver (IFDDS) wait lists; or
3. Reside in a nursing home or Intermediate Care Facility (ICF).

Medicaid Waiver Slots (Facility Transition and Community Waiver Slots):

The Commonwealth will provide 4,170 waiver slots for the target population under the agreement. The waiver slots are available to several distinct populations as itemized in the agreement. Table 1 below shows the slots for each population for years FY 2012-FY 2016.

- **TRAINING CENTER RESIDENT SLOTS:** A minimum of 805 waiver slots will be provided from FY 2012 to FY2020 to transition individuals from training centers to community placements.
- **COMMUNITY ID WAIVER SLOTS:** A minimum of 2,915 waiver slots will be provided from FY 2012 to FY 2021 for individuals who are on the urgent ID waiver wait list. Twenty-five slots each in FY 2013, FY 2014, FY 2015, and FY 2016 are prioritized for youth with ID ages 22 and under who reside in nursing facilities or large ICFs.
- **INDIVIDUAL AND FAMILY DEVELOPMENTAL DISABILITES SUPPORT (DD) WAIVER SLOTS:** A minimum of 450 waiver slots will be provided from FY 2012 to FY 2021 for individuals on the DD waiver wait list. Fifteen slots each in FY 2013, FY 2014, FY 2015, and FY 2016 are prioritized for youth with DD ages 22 and under who reside in nursing facilities or large ICFs.

Table 1: Waiver Slots Available under Agreement, FY12-16

Fiscal Year	Training Center Resident Slots	Community ID Waiver Slots	IFDDS Waiver Slots
2012	60	275	150
2013	160	225	25
2014	160	225	25
2015	90	250	25
2016	85	275	25
<b>Total (FY12-16)</b>	<b>555</b>	<b>1250</b>	<b>250</b>

Family Supports (Individual and Family Supports Program):

The agreement requires implementation of an individual and family support program for individuals with ID/DD that the Commonwealth determines are most at risk of institutionalization. In FY 2013, 825 individuals were supported. In FY 2014 through FY 2021 a minimum of 1,000 individuals will be supported each year.

Family supports provide a minimal level of support to individuals who do not have alternative services through a waiver; typically these are individuals on the waiver wait lists. Family supports can include respite services, environmental modifications, dental services, professional consultative services, or other supports that enable individuals to remain in their own home or their family’s home.

Crisis Services (Crisis Stabilization):

The agreement requires implementation of a statewide crisis system for individuals with ID/DD. DBHDS and five regional programs implemented the START (Systemic Therapeutic Assessment Respite

Treatment) system statewide to provide crisis services for adults with ID/DD. The system provides mobile crisis teams that are available 24 hours a day/ 7 days a week to support individuals experiencing crises and their families through in-home supports and community-based crisis services. It also provides crisis prevention and proactive planning to avoid potential crises.

Approximately 600 individuals were accepted into START Services in FY 2013, and an additional 100 in the first quarter of FY 2014. This represents a 15% increase in the Virginia START population between the end of FY 2013 and the end of the first quarter of FY 2014. Based on the rate of referral and the START services offered to date, it is reasonable to estimate that 700-1,000 people will be supported annually through crisis services statewide.

Statewide, mobile crisis teams responded to on-site crises, on average, within two hours in FY13. Additionally, five crisis stabilization programs were established as short-term alternatives to hospitalization for individuals in crisis. The last of these crisis stabilization units (CSUs), named Crisis Therapeutic Homes, opened in November 2013.

As of January 9, 2014, DBHDS' crisis services, previously known as the START program, will be known as REACH. The newly-named REACH program (Regional Educational Assessment Crisis Response and Habilitation) will provide regional flexibility and continue to build upon the key tenets of the START model already in place, allowing Virginia to maintain a statewide coordinated developmental disabilities crisis system.

DBHDS and the regional programs will continue to implement key elements of the START model which will be incorporated into REACH. The five regional programs will continue to meet the expectations as stated in the settlement agreement between the Commonwealth and the U.S. Department of Justice, and deliver the outcomes of providing crisis intervention, behavioral assessments and crisis prevention as required through their contractual agreements with DBHDS.

Employment:

The Commonwealth is required to provide individuals in the target population who are receiving services under the agreement with integrated day opportunities, including supported employment. Under the agreement, Virginia must establish a state employment first policy. Such a policy requires case managers and training center personal support teams to discuss employment in integrated work settings as the first and priority service option for individuals. If individuals choose this option, the Commonwealth must seek options to provide these supports to the individual. (The personal support team is a group consisting of the individual, the authorized representative, training center clinical professionals who have worked most closely with the individual, and the CSB case manager.)

The State Board of BHDS approved the Employment First Policy 1044 (SYS) in December 2013. This policy directs support coordinators and case managers to offer integrated employment opportunities as the first and preferred day activity for the people they serve. This policy is now covered by the CSB performance contract. The DBHDS Strategic Plan for Employment First was published and has been revised each year to reflect input from our Employment First Advisory Group and other stakeholders. In March 2013, targets were set for increasing the number of individuals who are engaged in individual supported employment by 20% each year. Progress towards these targets has been shared with the Employment First Advisory Group and the Independent Reviewer each quarter. As of December 2013, the Commonwealth is on schedule to meet this target by March 2014.

Community Living Options (Rental Assistance):

The Commonwealth is required to develop a plan to increase access to independent living options including individual homes or apartments. The plan must be developed under the direct supervision of a dedicated housing coordinator at DBHDS in concert with representatives from DMAS, the Virginia Board for People with Disabilities (VBPD), the Virginia Housing Development Authority (VHDA), the Department of Housing and Community Development (DHCD), and others. The plan must establish baseline information regarding the number of individuals who would choose independent living options and make recommendations to provide access to these settings. A one-time funding of \$800,000 was established to provide and administer rental assistance in accordance with settlement agreement. DBHDS has initiated Rental Choice VA, a pilot program in which the Virginia Beach CSB and the Fairfax-Falls Church CSB have been engaged to administer locally.

Discharge Planning and Transition from Training Centers:

The agreement requires changes to Virginia's discharge processes at each of its training centers. Every individual residing at a training center has a person-centered discharge plan based on the individual's strengths, preferences, and clinical needs. The plans document barriers to discharge and are completed by the individual's personal support team. The personal support team is a group consisting of the individual, the authorized representative, training center clinical professionals who have worked most closely with the individual, and the CSB case manager. All discharge plans are developed with the informed choice of the individual, and individuals and authorized representatives are offered a choice of community providers, prior to discharge, if available. Once an individual is discharged, post-move monitoring must occur to ensure the individual's health and safety during the critical time after discharge.

The agreement also calls for the establishment of community integration managers at each training center to oversee discharge processes and requires the creation of Regional Support Teams to review specific situations where barriers to discharge are identified. These teams and positions have been established.

Quality and Risk Management:

The settlement agreement requires several enhancements to Virginia's system of quality oversight and improvement:

- **RISK MANAGEMENT:** Virginia shall require that all training centers, CSBs, and other community providers of residential and day services implement risk management processes. Virginia must implement a real-time, web-based incident reporting system and reporting protocol to monitor and investigate serious incidents and deaths and establish a mortality review committee. Training must be offered to providers on how to reduce risks.
- **DATA:** Virginia must collect and analyze reliable data from many different sources to identify trends, patterns, and problems at the state, regional, and provider level and develop preventive or corrective actions. This data must be used to enhance training and outreach to providers. Data must be collected on safety and freedom from harm; physical, mental, and behavioral health; avoiding crises; stability; choice and self-determination; community inclusion; access to services; and provider capacity. DBHDS must also establish Regional Quality Councils to examine data at the regional level.
- **PROVIDERS:** All providers are required to develop and implement a quality improvement program and report key indicators from these programs to DBHDS. DBHDS must assess the adequacy of providers' quality improvement strategies.

- **CASE MANAGEMENT:** Case managers are required to meet with an individual on a regular basis and face-to-face every 30 days if they are in certain categories. At least one of these visits every other month must occur in the individual’s place of residence. Individuals requiring enhanced case management visits include those who:
  - Receive services from providers having conditional or provisional licenses;
  - Have more intensive behavioral or medical needs;
  - Have an interruption of service greater than 30 days;
  - Encounter the crisis system for a serious crisis or for multiple less serious crises in a three-month period;
  - Have transitioned from a training center within the previous 12 months; or
  - Reside in congregate settings with 5 or more individuals.
 Virginia must also establish a case management training program.
- **LICENSING:** DBHDS will continue to conduct regular, unannounced licensing inspections of community providers. DBHDS will conduct more frequent licensure inspections of providers that serve individuals meeting the criteria for enhanced case management. DBHDS licensure processes assess the adequacy of the individualized supports and services provided to individuals receiving services under the agreement.
- **TRAINING:** Virginia has established a statewide core-competency-based training program for all staff that provide services under the agreement.
- **QUALITY SERVICE REVIEWS:** Virginia must use Quality Service Reviews (QSRs), which are face-to-face interviews with individuals receiving services, to evaluate the quality of services at the individual, provider, and statewide level.

*Independent Reviewer:*

The independent reviewer is required to provide reports to the court on Virginia’s compliance with the settlement agreement twice per year. These reports are available at:

<http://www.dbhds.virginia.gov/Settlement.htm#Review>

### III. Implementation Status Update

Table 2 (below) shows the milestones in the agreement between March 6, 2012 and December 31, 2013 (the date by which compliance must be shown), and a brief description of Virginia’s progress in implementation compared to the last update report on July 31, 2013. There were no specific milestone target dates during the period July 1, 2013 – December 31, 2013. The following activities were accomplished during this period:

- **A TOTAL OF 327 INDIVIDUALS MOVED FROM TRAINING CENTERS TO THE COMMUNITY BETWEEN NOVEMBER 2011 AND DECEMBER 31, 2013:** The following reflects the current and historical census in all five training centers:

Name	Decade Prior to Settlement Agreement			July 1, 2012 Census	Jul 1, 2013 Census	Dec 31, 2013 Census
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- MY LIFE, MY COMMUNITY WAIVER STUDY BEGAN IN JULY 2013:** DBHDS and DMAS retained Human Services Research Institute (HSRI) in July 2013 to study the transformation of the Medicaid waivers currently supporting individuals with intellectual and developmental disabilities. The study will be conducted in two phases. The first phase, which concluded in December 2013, provides recommendations for how to transform Virginia’s waivers to better support individuals. These recommendations were based on extensive input from over 1000 stakeholders statewide. Phase 2 will examine waiver rates and make recommendations for Virginia’s consideration during the summer of 2014. More information about the waiver study can be found at: <http://www.dbhds.virginia.gov/MLMC.htm>.
- IMPLEMENTATION OF CASE MANAGEMENT REPORTING REQUIREMENTS:** DBHDS published new case management reporting requirements in December 2013. In March 2013, CSBs began reporting on the type, frequency, and location of case management visits to individuals in the target population of the settlement agreement. Starting in March 2014, the settlement agreement requires reporting on quality of life issues such as: health and well being, community inclusion, choice and self determination, and stability for individuals receiving services under the settlement agreement. Five measures have been published as well as a protocol for collecting this information and submitting it to DBHDS. Data collection will begin in March 2014.

**RENTAL ASSISTANCE PILOT INITIATED:** In November 2013, a rental assistance pilot was initiated using one-time funding of \$800,000 for rental assistance. The pilot will provide rental assistance for approximately 20 individuals who currently reside in a congregate setting (e.g., an institution, group home and etc.) and wish to move to their own homes or apartments. The pilot will be conducted in partnership with the Virginia Beach CSB and the Fairfax-Falls Church CSB. The pilot will bridge the gap between 30% of an eligible individual’s income and the Fair Market Rent for a unit; which on average ranges from \$700- \$1,000 per month. The pilot will also evaluate and measure the cost efficiencies and quality of life improvements achieved over a three year period.

**Table 2: March 6, 2012 – December 31, 2013 Milestones in DOJ Settlement Agreement**

DOJ Milestone	Compliance Date	Summary of Activity (Mar 6, 2012 – June 30, 2012)	Summary of Activity (Jul 1, 2012 – June 30, 2013)	Summary of Activity (July 1, 2013 – Dec 31, 2013)
<b>III.C. Enhancement of Community Services</b>				
<b>Waiver Slots</b>				
<p>C.1.a. The Commonwealth shall create a minimum of 805 slots to enable individuals in the target population in the Training Centers to transition to the community according to the following schedule:</p> <p>i. In FY 2012, 60 waiver slots                      ii. In FY 2013, 160 waiver slots                      In FY 2014, 160 waiver slots</p>	Annual	<p>In November 2012, 60 waiver slots were established out of the DBHDS Trust Fund to move 40 individuals from SVTC and 20 individuals from NVTC to the community. Funding was also approved for one-time start-up funds and CSB case management for these 60 individuals.</p> <p>60 individuals moved from training centers to the community during this period.</p>	<p>Slots distributed</p> <p>158 individuals moved from the training centers to the community during this period.</p>	<p>Slots distributed</p> <p>95 individuals moved from the training centers to the community during this period.</p>
<p>C.1.b. The Commonwealth shall create a minimum of 2,915 waiver slots to prevent the institutionalization of individuals with intellectual disabilities in the target population who are on the urgent wait list for a waiver...</p> <p>i. In FY 2012, 275 waiver slots                      ii. In FY 2013, 225 waiver slots, including 25 slots prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs                      In State FY 2014, 225 waiver slots, including 25 slots prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs</p>	Annual	<p>DBHDS uses a CMS-approved slot allocation methodology to distribute community ID waiver slots to CSBs. The CSBs then distribute these slots to individuals on their urgent needs wait list.</p> <p>In June 2011, DBHDS notified CSBs of their slot allocation and the slots were distributed.</p>	<p>Slots distributed</p> <p>Workgroup formed to determine how to assist children residing in nursing facilities or community-based ICFs who may wish to move to the community.</p>	<p>Slots distributed</p> <p>Revised plan to assist children residing in nursing facilities or community-based ICFs who may wish to move to the community submitted to the Independent Reviewer on October 18, 2013.</p> <p>Engaged national technical assistance to determine how to leverage the Preadmission Screening and Resident Review (PASRR) process to divert individuals from nursing facility admissions and identify current residents who may wish to transition to community placements.</p>

DOJ Milestone	Compliance Date	Summary of Activity (Mar 6, 2012 – June 30, 2012)	Summary of Activity (Jul 1, 2012 – June 30, 2013)	Summary of Activity (July 1, 2013 – Dec 31, 2013)
<p>C.1.c. The Commonwealth shall create a minimum of 450 waiver slots to prevent the institutionalization of individuals with developmental disabilities other than ID in the target population who are on the waitlist for a waiver...</p> <p>i. In FY 2012, 150 waiver slots</p> <p>ii. In FY 2013, 25 waiver slots, including 15 slots prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs</p> <p>iii. In FY 2014, 25 waiver slots, including 15 slots prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs</p>	Annual	<p>DMAS uses a CMS-approved slot allocation methodology to distribute DD waiver slots to individuals on the DD waiver wait list.</p> <p>In July 2011, DMAS notified individuals on the DD waiver wait list that they had received a slot.</p>	<p>Slots distributed</p> <p>Workgroup formed to determine how to assist children residing in nursing facilities or community-based ICFs who may wish to move to the community.</p>	<p>Slots distributed</p> <p>Revised plan to assist children residing in nursing facilities or community-based ICFs who may wish to move to the community submitted to the Independent Reviewer on October 18, 2013.</p> <p>Engaged national technical assistance to determine how to leverage the PASRR process to divert individuals from nursing facility admissions and identify current residents who may wish to transition to community placements.</p>
<b>Individual and Family Support Program</b>				
<p>C.2.a. The Commonwealth shall create an individual and family support program for individuals with ID/DD whom the Commonwealth determines to be most at risk of institutionalization, according to the following schedule:</p> <p>a. In FY 2013, a minimum of 700 individuals supported</p> <p>b. In FY 2014, a minimum of 1,000 individuals supported</p>	Annual	No activity, program to be established in FY13.	Program established in March 2013, over 825 individuals received funds.	Year two of program opened in September 2013. Over 1000 individuals received funds as of December 31.
<b>Crisis Services</b>				

DOJ Milestone	Compliance Date	Summary of Activity (Mar 6, 2012 – June 30, 2012)	Summary of Activity (Jul 1, 2012 – June 30, 2013)	Summary of Activity (July 1, 2013 – Dec 31, 2013)
<p>C.6.b.i.B. By June 30, 2012, the Commonwealth shall train CSB Emergency Services personnel in each Health Planning Region (“Region”) on the new crisis response system it is establishing, how to make referrals, and the resources that are available.</p>	<p>By June 30, 2012</p>	<p>DBHDS worked to implement the Systemic Therapeutic Assessment Respite and Treatment (START) program to provide crisis services to individuals with ID/DD in Virginia.</p> <p>At the state level, training and information was provided to the VACSB Emergency Services Council in January 2012 and May 2012.</p> <p>At the regional level, each region has been with CSB emergency services staff to introduce them to the START program and establish memorandum of understanding with each emergency services team in that region to coordinate referrals to the START program.</p>	<p><u>Region I</u> 10% trained</p> <p><u>Region II</u> 15% trained.</p> <p><u>Region III</u> 50% trained.</p> <p><u>Region IV</u> 10-20% trained</p> <p><u>Region V</u> 30-50% trained.</p>	<p><u>Statewide:</u> Training has occurred with all 40 CSBs, and remains ongoing through individual and group meetings.</p>



<b>DOJ Milestone</b>	<b>Compliance Date</b>	<b>Summary of Activity (Mar 6, 2012 – June 30, 2012)</b>	<b>Summary of Activity (Jul 1, 2012 – June 30, 2013)</b>	<b>Summary of Activity (July 1, 2013 – Dec 31, 2013)</b>
C.6.b.ii.F. By June 30, 2012, the Commonwealth shall have at least one mobile crisis team in each region that shall respond to on-site crises within three hours.	By June 30, 2012	<p>All five regional START programs are recruiting and hiring staff. Two regions will operate using a private provider, UCP/Easter Seals, and three regions will operate CSB programs.</p> <p>Regional START teams are providing some consultation to individuals and professionals in each region. Operations of mobile crisis teams will begin according to the schedule below with modified hours of operation. All programs will be fully operational with 24/7 support by January 2013.</p> <p>Region I (Central Virginia): October 2012  Region II (Northern Virginia): October 2012  Region III (Southwest Virginia): August 2012  Region IV (Greater Richmond/Petersburg Area): September 2012  Region V (Hampton Roads): October 2012</p>	<p>All Mobile Crisis Teams are in place and responding to crisis in Regions 3, 4, and 5. Regions 1 and 2 will be operating in December 2012.</p> <p>A reporting system is being implemented to track response time and other operational variables. The system is still being implemented at the regional level and data is not yet available.</p> <p>DBHDS will monitor data to measure response time. Data regarding response time will be available for the July 1, 2013 update.</p>	<p>Each Region has mobile crisis teams in place and fully operational. The average response time as of June 18, 2013 was one hour and 52 minutes with 46% of emergency responses within 2 hours.</p> <p>Data will continue to be collected on response times and the size and location of the additional mobile crisis teams will be developed accordingly.</p> <p>DBHDS received \$3.8M in START funding from the General Assembly for FY 14. These resources have been used to add staff to teams as needed to meet the 2 hour response time and 1 hour response time in FY 14.</p> <p>\$1.25M was also received for children’s crisis services. This will address children in the target population. DBHDS is working to develop a plan to distribute these funds to the 5 regions by Spring of 2014.</p>
C.6.b.ii.G. By June 30, 2013, the Commonwealth shall have at least two mobile crisis teams in each region that shall respond to on-site crises within two hours.	By June 30, 2013	Not applicable	See above	The 5 programs added staff to their teams as needed to meet the 2 hour response time.

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C.6.b.ii.H. By June 30, 2014, the Commonwealth shall have a sufficient number of mobile crisis teams in each region to respond on site to crises in urban areas within one hour, and in rural areas, within two hours, as measured by the average annual response time.	By June 30, 2014	Not applicable	See above	DBHDS will continue to evaluate that potential need during the second half of FY14.

DOJ Milestone	Compliance Date	Summary of Activity (Mar 6, 2012 – June 30, 2012)	Summary of Activity (Jul 1, 2012 – June 30, 2013)	Summary of Activity (July 1, 2013 – Dec 31, 2013)
<p>C.6.b.iii.F. By June 30, 2012, the Commonwealth shall develop one crisis stabilization program in each region.</p>	<p>By June 30, 2012</p>	<p>START crisis respite homes are under renovation or construction in each of the five regions. They will begin operations according to the schedule below, with full operations by January 2013.</p> <p>Region I (Central Virginia): October 1  Region II (Northern Virginia): October 1  Region III (Southwest Virginia): January 1  Region IV (Greater Richmond/Petersburg Area): November 1  Region V (Hampton Roads): January 1</p> <p>Regions have partnership agreements with each other so that those homes coming online earlier can admit individuals from other regions, when beds are available. This will ensure individuals receive some crisis respite supports while the homes are completed.</p>	<p>START crisis respite homes are under renovation or construction in all five regions.</p> <p>The Regions will begin operations according to the schedule below.</p> <p>Region I (Central Virginia): December 1, 2012  Region II (Northern Virginia): December 1 2012  Region III (Southwest Virginia): November 1, 2012  Region IV (Greater Richmond/Petersburg Area): March 1, 2013  Region V (Hampton Roads): June 30 2013</p> <p>In Region V, the rehabilitation costs for the original house that was purchased for crisis stabilization were deemed prohibitive, and instead, following START specifications, they have designed and will build a new house.</p> <p>Regions have partnership agreements with each other, so that programs coming online earlier can admit individuals from other regions, when beds are available. Additionally, all regions will be providing In-home Crisis Services by December 31, 2012. This will ensure that individuals receive some crisis respite supports while the homes are being completed.</p>	<p>As of November 2013, all 5 Therapeutic Crisis Homes have opened and are providing crisis prevention and crisis stabilization services.</p>

<b>DOJ Milestone</b>	<b>Compliance Date</b>	<b>Summary of Activity (Mar 6, 2012 – June 30, 2012)</b>	<b>Summary of Activity (Jul 1, 2012 – June 30, 2013)</b>	<b>Summary of Activity (July 1, 2013 – Dec 31, 2013)</b>
C.6.b.iii.G. By June 30, 2013, the Commonwealth shall develop an additional crisis stabilization program in each Region as determined necessary by the Commonwealth to meet the needs of the target population in that region.	By June 30, 2013			Based on the statewide usage of the START Therapeutic Homes, the Commonwealth determined that there was no need to develop additional crisis stabilization programs. Usage will continue to be monitored on a yearly basis.
C.7.b.i. Within 180 days of this Agreement, the Commonwealth shall develop, as part of its Employment First policy, an implementation plan to increase integrated day opportunities for individuals in the target population, including supported employment, community volunteer activities, community recreational opportunities, and other integrated day activities.	September 6, 2012	Not applicable	<p>The DBHDS Strategic Plan for Employment First was published on November 8, 2012 and the targets required in this section were submitted on March 30, 2013.</p> <p>An interagency workgroup consisting of DBHDS, DARS, DMAS, DOE, DBVI, and VBPD was convened to address Strategic Plan goals related to interagency collaboration.</p> <p>The 2013 General Assembly approved language to permit DMAS to make changes to the waiver service Individual Supported Employment (ISE) description in order to align waiver ISE services with DARS ISE services.</p>	DBHDS has worked with the State Employment Leadership Network (SELN) Advisory Group to update the DBHDS Strategic Plan for Employment First.

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C.9. ...the Commonwealth will provide to the General Assembly within one year of the effective date of this Agreement, a plan, developed in consultation with the Chairman of Virginia’s House of Delegates Appropriations and Senate Finance Committees, to cease residential operations at four of the five training centers by the end of FY 2021.	March 6, 2013	The “Plan to Transform the System of Care for Individuals with Intellectual Disability in the Commonwealth of Virginia” (Report Document 86) was submitted on February 13, 2012.	The 2013 General Assembly passed Item 314.L. of the Appropriation Act requiring an update to the closure plan by August 23, 2013 in consultation with the chairman of the House Appropriations Committee and the Senate Finance Committee.	A plan was submitted to the chairman of the House Appropriations Committee and the Senate Finance Committee for consultation and review on October 2, 2013. No action has been taken.
D.3. Within 365 days of this Agreement, the Commonwealth shall develop a plan to increase access to independent living options such as individuals’ own homes or apartments.	March 6, 2013	Not applicable	Interagency workgroup formed to draft plan, includes DBHDS, DMAS, VBPD, DARS, VHDA, DHCD, and others.  “Virginia’s Plan to Increase Independent Living Options” completed on March 6, 2013.	Interagency MOU signed during the summer of 2013.
D.4. Within 365 days of this Agreement, the Commonwealth shall establish and begin distributing, from a one-time fund of \$800,000 to provide and administer rental assistance in accordance with the recommendations described in the [Housing Plan].	March 6, 2013	No applicable	Rental assistance pilot, employing the \$800,000, was planned and developed by the Interagency team.	Agreements signed with Virginia Beach CSB and Fairfax CSB to administer the rental assistance pilot.  Pilot was initiated November 2013. Early response to it has been challenging and the DBHDS and team members continue to monitor and make adjustments for its successful implementation.

DOJ Milestone	Compliance Date	Summary of Activity (Mar 6, 2012 – June 30, 2012)	Summary of Activity (Jul 1, 2012 – June 30, 2013)	Summary of Activity (July 1, 2013 – Dec 31, 2013)
<p>IV. By July 2012, the Commonwealth will have implemented Discharge and Transition Planning processes at all Training Centers consistent with the terms of this section, excluding other dates agreed upon, and listed separately in this section.</p>	<p>By June 30, 2012</p>	<p>Discharge process standardization began prior to completion of the settlement agreement.</p> <ul style="list-style-type: none"> <li>– All individuals residing at the training center have a discharge plan.</li> <li>– All training center staff involved with discharges have been trained.</li> <li>– All five Community Integration Managers have been hired (December 2011).</li> <li>– Internal DBHDS guidelines finalized and issued to training centers</li> <li>– Regional meetings with CSBs to learn about process began in May 2012 and will conclude in July 2012.</li> <li>– Information regarding barriers to discharge is collected and aggregated for training center, regional, and statewide analysis.</li> <li>– Post-move monitoring process in place</li> <li>– All discharge plans updated within 30 days of discharge.</li> <li>– Monthly reports to Central Office regarding individuals moved and types of placements.</li> </ul> <p>Other items that are under development include:</p> <ul style="list-style-type: none"> <li>– Development of training center education and training plan for Person-Centered Thinking (PCT), and terms of the agreement, discharge process, and community options.</li> <li>– Establishment of Regional Support Teams.</li> </ul>	<p>Regional Provider Forums regarding the discharge process were offered in each Region the weeks of September 24 and October 1, 2012.</p> <p>All new training center employees trained in PCT Virginia. All training center employees receive annual training each January.</p> <p>DBHDS Director of Community Integration and Discharges provided training to all key training center department heads regarding the settlement agreement during the reporting period.</p> <p>Regional Support Teams will be established in January 2013 to assist with training center discharges, transitions from nursing facilities and community ICFs, and those coming off the waiver wait lists.</p>	<p>Provider forums held with residential providers in March and employment/day support providers in May. These were providers interested in supporting individuals with the most complex needs.</p> <p>Exceptional rates were approved by the 2013 General Assembly to permit individuals with complex needs to receive additional support. These rates will enable DBHDS to more easily meet the discharge process requirements in the settlement agreement. DMAS and DBHDS have submitted a draft waiver amendment to the federal Centers for Medicare and Medicaid Services (CMS) for review. As of December 31, the Commonwealth had not received authority from CMS to move forward with the implementation of exceptional rate polices.</p> <p>Regional Support Teams established in January 2013. Teams are meeting monthly. 324 referrals have been made to the RSTs as of December, 2013.</p> <p>DBHDS, in partnership with The Arc of Virginia, Hope House Foundation, and VAULT, received a grant to establish an 8 month peer to peer education project.</p>

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<p>IV.B.8. For individuals admitted to a Training Center after the date this Agreement is signed by both parties, the Commonwealth shall ensure that a discharge plan is developed as described herein within 30 days of admission. For all individuals residing in a Training Center on the date that this Agreement is signed by both parties, the Commonwealth shall ensure that a discharge plan is developed as described herein within six months of the effective date of this Agreement.</p>	<p>By June 30, 2012</p>	<p>All individuals residing at training centers have a discharge plan.</p>	<p>All individuals residing in training centers have a discharge plan.</p>	<p>All individuals residing in training centers have a discharge plan.</p>

DOJ Milestone	Compliance Date	Summary of Activity (Mar 6, 2012 – June 30, 2012)	Summary of Activity (Jul 1, 2012 – June 30, 2013)	Summary of Activity (July 1, 2013 – Dec 31, 2013)
<p>V.D.3. The Commonwealth shall begin collecting and analyzing reliable data about individuals receiving services under this Agreement selected from the following areas in FY 2012 and will ensure reliable data is collected and analyzed from each these areas by June 30, 2014.</p> <ul style="list-style-type: none"> <li>a. Safety and freedom from harm</li> <li>b. Physical, mental, and behavioral health and well being</li> <li>c. Avoiding crises</li> <li>d. Stability</li> <li>e. Choice and self-determination</li> <li>f. Community inclusion</li> <li>g. Access to services</li> <li>h. Provider capacity</li> </ul>	<p>Some data collected by June 30, 2013, additional measures in additional domains must be added by March 1, 2014</p>	<p>This section of the agreement requires Virginia to begin collection of some data in FY12 and to expand to include measures in each of the domains (a-h) by June 30, 2014.</p> <p>DBHDS collects data through its Office of Human Rights and the Office of Licensing regarding deaths, serious incidents, and allegations of abuse and neglect.</p> <p>DBHDS will be working with providers and CSBs to identify additional measures that will be collected by June 30, 2014 in each of the domains. DBHDS will also work with providers and CSBs to determine the most efficient methodology to collect this data and how it will provide regular reports on the measures to providers, CSBs, and the public.</p>	<p>A tracking process has been established for serious incidents and deaths specifying the status of the internal review process and the number of incidents in each category. A number of Project Teams have been established to address new licensure, human rights, risk management, and data analysis requirements in this area.</p> <p>Project Team activities will include working with providers and CSBs to identify additional measures that will be collected in each of the domains by June 30, 2014. DBHDS also will work with providers and CSBs to determine the most efficient methodology to collect this data and how it will provide regular reports on the measures to providers, CSBs, and the public.</p>	<p>Electronic reporting of serious incidents for all providers through CHRIS began June 1, 2013.</p> <p>The serious incident data is reported to the DBHDS Quality Improvement Committee. The mortality review committee reviews all unexplained and unexpected deaths.</p> <p>A series of safety alerts has been posted and sent to all licensed providers on choking/aspiration and bowel obstruction based on the work of these two committees. Other alerts that have been developed include alerts on psychotropic medication and when to access emergency treatment.</p> <p>Project Team 9 has developed five measures that address individuals' health and well being, stability, community inclusion and choice and self determination. CSB Case Managers are collecting the data starting January 1, 2014. Additional measures and data collection protocols are under development.</p>



<b>DOJ Milestone</b>	<b>Compliance Date</b>	<b>Summary of Activity</b> (Mar 6, 2012 – June 30, 2012)	<b>Summary of Activity</b> (Jul 1, 2012 – June 30, 2013)	<b>Summary of Activity</b> (July 1, 2013 – Dec 31, 2013)
<p>V.E.2. Within 12 months of the effective date of this Agreement, the Commonwealth shall develop measures that CSBs and other community providers are required to report to DBHDS on a regular basis, either through their risk management/critical incident reporting requirements or through their QI program....The measures will be monitored and reviewed by the DBHDS quality improvement committee, with input from the Regional Quality Councils.</p>	<p>March 6, 2013</p>		<p>Plans for the implementation of the Regional Quality Councils are nearing completion. The first meeting which will be in HPR V is scheduled for August with the other 4 meetings to follow.</p>	<p>All 5 Regional Quality Councils are now operational and they have begun to review the data.</p>

DOJ Milestone	Compliance Date	Summary of Activity (Mar 6, 2012 – June 30, 2012)	Summary of Activity (Jul 1, 2012 – June 30, 2013)	Summary of Activity (July 1, 2013 – Dec 31, 2013)
<p>V.F.3. Within 12 months of the effective date of this Agreement, the individual’s case manager shall meet with the individual face to face at least every 30 days, and at least one such visit every two months must be in the individual’s place of resident, for any individuals who:</p> <ul style="list-style-type: none"> <li>a. Receive services from providers having conditional or provisional licenses;</li> <li>b. Have more intensive behavioral or medical needs as defined by the Supports Intensity Scale (“SIS) category representing the highest level of risk to individuals;</li> <li>c. Have an interruption of service greater than 30 days;</li> <li>d. Encounter the crisis system for a serious crisis or for multiple less serious crises within a three-month period;</li> <li>e. Have transitioned from a Training Center within the previous 12 months; or</li> <li>f. Reside in congregate settings of 5 or more individuals.</li> </ul>	<p>March 6, 2013</p>		<p>Measures including number, type, and, frequency of face to face case management visits were put into place by March 1, 2013. Work has been done by department staff to assist the CSBs with their data collection to ensure accurate data.</p>	<p>Data has been collected for the last 9 months and has been presented on the Health and Human Services Dashboard. The Quality Management staff has analyzed the data monthly and has worked with the individual CSBs to help them reach their targets.</p>

<b>DOJ Milestone</b>	<b>Compliance Date</b>	<b>Summary of Activity (Mar 6, 2012 – June 30, 2012)</b>	<b>Summary of Activity (Jul 1, 2012 – June 30, 2013)</b>	<b>Summary of Activity (July 1, 2013 – Dec 31, 2013)</b>
V.F.4. Within 12 months from the effective date of this Agreement, the Commonwealth shall establish a mechanism to collect reliable data from the case managers on the number, type, and frequency of case manager contacts with the individual.	March 6, 2013		See V.F.3	A “flag” has been added to the database that identifies individuals who require enhanced case management visits. . Up until now, the CSB Case managers have not had a mechanism to electronically identify and track the individuals meeting the criteria for ECM. This gives the CMs the ability to run reports on the ECM target population on their case loads. This goes into effect 1/1/2014 and will improve the quality of the data.
V.F.6. The Commonwealth shall develop a statewide core-competency-based training curriculum for case managers within 12 months of the effective date of this Agreement.	March 6, 2013		The development of all seven modules has been completed and published. Many of the ID Case Managers have completed the training. DBBHDS continues to monitor the number of ID and DD case managers who complete the training.	Over 4,000 CSB staff has completed the case management curriculum. Approximately 50% of the DD case managers have completed the curriculum. DBHDS is working with DD Waiver officials to improve that number.

<b>DOJ Milestone</b>	<b>Compliance Date</b>	<b>Summary of Activity (Mar 6, 2012 – June 30, 2012)</b>	<b>Summary of Activity (Jul 1, 2012 – June 30, 2013)</b>	<b>Summary of Activity (July 1, 2013 – Dec 31, 2013)</b>
<p>V.G.2. Within 12 months of the effective date of this Agreement, the Commonwealth shall have and implement a process to conduct more frequent licensure inspections of community providers serving individuals under this Agreement, including:</p> <ul style="list-style-type: none"> <li>g. Providers who have conditional or provisional licenses;</li> <li>h. Providers who serve individuals with intensive behavioral or medical needs as defined by the Supports Intensity Scale (“SIS) category representing the highest level of risk to individuals;</li> <li>i. Providers who serve individuals who have an interruption of service greater than 30 days;</li> <li>j. Providers who serve individuals who encounter the crisis system for a serious crisis or for multiple less serious crises within a three-month period;</li> <li>k. Providers who serve individuals who have transitioned from a Training Center within the previous 12 months; or</li> <li>l. Providers who serve individuals in congregate settings of 5 or more individuals.</li> </ul>	<p>March 6, 2013</p>	<p>A project team has been established to develop procedures and measures for more frequent licensure inspections, as required in V.G.2 and V.G.3. Licensure visits have been increased for those individuals discharged from training centers since February 2012. Enhanced visit schedule has been developed and has begun. Protocol and interpretive guidance is being revised.</p>	<p>Enhanced visit schedule has been developed and has begun. Protocol and interpretive guidance is being revised.</p>	<p>Enhanced visits continue to occur. Data regarding those visits is being entered into the Office of Licensing Information System (OLIS). Working on developing reports to aggregate the data from OLIS for review.</p>

<b>DOJ Milestone</b>	<b>Compliance Date</b>	<b>Summary of Activity (Mar 6, 2012 – June 30, 2012)</b>	<b>Summary of Activity (Jul 1, 2012 – June 30, 2013)</b>	<b>Summary of Activity (July 1, 2013 – Dec 31, 2013)</b>
V.G.3. Within 12 months of the effective date of this Agreement, the Commonwealth shall ensure that the licensure process assesses the adequacy of the individualized supports and services provided to persons receiving services under this Agreement in each of the domains and that these data and assessments are reported to DBHDS.	March 6, 2013	See above	See above	See above

#### **IV. Future Milestones in the DOJ Settlement Agreement and Stakeholder Involvement**

Achieving the implementation of time sensitive milestones in the settlement agreement has not been the only focus of Virginia's efforts to advance the terms of the settlement agreement. DBHDS is working closely with many partner agencies and stakeholders to reach these goals and other long-term goals in the agreement.

Workgroups composed of CSBs, providers, advocacy organizations, peer-advocates, and other interested stakeholders have been formed for 22 project teams. Appendix A shows the different project teams. Please note that project teams 3, 7a, 12, and 13, were adjourned during this reporting period because those teams' missions and scope were met and implementation was completed or work had been absorbed into day-to-day operations.

DBHDS hosts a Settlement Agreement Stakeholder Group to share implementation activities to date and to listen to stakeholder input about implementation strengths and areas for improvement. The group meets quarterly and serves as a means to share information about implementation and discuss how Virginia will move forward with implementation in future years. Appendix B contains information about the group's membership. There is an opportunity for public comment at each meeting and materials are available at <http://www.dbhds.virginia.gov/Settlement.htm>.

##### Training Center Closures:

An outline of the plan to close four out of five of Virginia's training centers is provided in the Secretary of Health and Human Resources' report on the Trust Fund, "Plan to Transform the System of Care for Individuals with ID in the Commonwealth of Virginia," (Report Document No. 86), submitted to the General Assembly in February 2012 (available at <http://www.dbhds.virginia.gov/Settlement.htm>). At the direction of the 2009 General Assembly, SEVTC, with capacity to serve 75 individuals, will remain open to serve those with the most significant long-term medical and behavioral needs.

The 2013 General Assembly required in Item 314.L. of the *Appropriation Act* that the Commissioner of DBHDS provide a plan to close these training centers in consultation with the Secretary of Health and Human Resources, the Chairmen of the House Appropriations and Senate Finance Committees, and stakeholders by August 23, 2013. The General Assembly also required in Item 314.O.1-4. That the commissioner of DBHDS provide quarterly reports to the House Appropriations and Senate Finance Committees on progress in implementing the plan. The first report was due October 1, 2013.

These two reports (Item 314.L and Item 314.O) were published on January 10, 2014 and can be reviewed at:

- <http://leg2.state.va.us/DLS/h&sdocs.nsf/5c7ff392dd0ce64d85256ec400674ecb/2424505fbeb1308285257b590055ba7c?OpenDocument>
- <http://leg2.state.va.us/DLS/h&sdocs.nsf/5c7ff392dd0ce64d85256ec400674ecb/1ddf61102140dfb185257bc6006443c7?OpenDocument>

At the time of this report, DBHDS continues to project closures of SVTC in FY 2015, NVTC in FY 2016, SWVTC in FY 2018, and CVTC in FY 2020 as reported in Report Document No. 86.

## **V. Expenditures**

Please see the table below and the explanation of the expenditures for this reporting period directly underneath the table in the “notes” section.

<b>Table 5: Budget and Expenditures through December 31, 2013 (\$)</b>	<b>Actual FY 2012</b>	<b>Appropriation Act Budget FY 2013</b>	<b>Actual FY 2013</b>	<b>Appropriation Act &amp; Carryforward Budget FY14</b>	<b>Actual FY 2014</b>	<b>Total Actual Expenses</b>
<b>Facility Transition Costs</b>	-	11,309,540	8,049,024	19,534,660	7,201,862 <sup>(4)</sup>	15,250,886
<b>Community ID and DD Waivers</b>	125,755	19,615,150	17,436,345	27,642,275	13,752,719 <sup>(4)</sup>	31,314,819
<b>Program of Individual and Family Supports</b>	-	2,400,000	1,652,238	3,800,000	2,246,221	3,898,459
<b>Rental Subsidies</b>	-	800,000	-	800,000	189,881	189,881
<b>Crisis Stabilization <sup>(1)</sup></b>	-	7,818,289	7,765,570	12,231,711	5,916,653	13,682,223
<b>Facility Closure Costs</b>	-	2,749,885	2,749,885	8,397,855	1,093,665	3,843,550
<b>Administration <sup>(2)</sup></b>	168,724	1,313,682	1,339,634	1,807,338	903,385	2,411,743
<b>DMAS Administration</b>	-	-	-	787,038	Not Available	-
<b>Quality Management <sup>(3)</sup></b>	-	1,787,000	159,459	3,193,962	381,201	540,660
<b>Independent Review</b>	56,062	300,000	305,732	328,000	178,813	540,607
<b>Bridge Funding</b>	-	-	-	3,152,626	-	-
<b>Facility Savings</b>	-	(5,846,989)	(5,571,989)	(19,364,535)	(9,682,268)	(15,254,257)
<b>Total</b>	<b>350,541</b>	<b>42,246,557</b>	<b>33,885,899</b>	<b>62,310,930</b>	<b>22,182,131</b>	<b>56,418,571</b>

(1) The General Assembly approved a budget amendment awarding \$3.8M to the adult crisis program and \$1.3M to the children's crisis program. DBHDS was permitted per Item 315.V.1. (2012 Appropriations Act) to transfer \$2.8M of Crisis Stabilization funds from FY14 to FY13.

(2) Includes positions, operating costs for Licensure, trust fund coordinator, Developmental Services, Human Rights and ITS.

(3) Includes licensing system, discharge monitoring and data warehouse.

(4) State match for waiver slots for those transitioning from the Training Centers to the community and for those on the community waiting list. The match for the facility and community slots is transferred to DMAS at the end of the fiscal year. Until the transfer takes place, DBHDS populates the line items with estimated accrued expenses based on average costs generated by DMAS.

\* There are two minor expenses (Community Provider Training and Supportive Intensive Scale ® online) totaling \$120,000 that are funded internally which are not displayed in the above table.



## Appendix A: DOJ Project Teams (as of January 1, 2014)

DOJ Project Team 1 (Additional Waiver Slots)	
Team Member	Organization
Lee Price (Lead)	DBHDS
Sheryl Womeldorph	ILIFF
Amanda Filtrin	Advocate
Anne McDonnell	BIAV
Beverly Soble	Virginia Health Care Association
Becky Bowers-Lanier	BIAV, Consultant
Anessa Brooke	Advocate
Carolyn Turner	DARS
Dr. Olivia Garland	DBHDS Deputy Commissioner
Margaret Graham	VACSB
Greg Preston	VACSB
Michelle Guiziewicz	DBHDS
Jackie Jackson	VACSB
Jamie Liban	The ARC of Virginia, Executive Director
Jim Gillespie	VACSB
Jennifer Kurtz	DBHDS
Mary Lynne Bailey	VHCA
Maureen Hollowell	Endeppence Center Inc., Center for Independent Living
David Meadows	DBHDS
Michelle Johnson	Henrico CSB
Beverly Morgan	DBHDS
Sam Pinero	Department of Medical Assistance Services (MFP)
Karen Poe	DBHDS
Ray Ratke	Lutheran Family Services
Linda Redmond	VBPD
Gail Rheinheimer	DBHDS Office of Developmental Services (MFP)
Ramona Schaeffer	Department of Medical Assistance Services
Barry Seaver	DBHDS
Sharon Darby	Children's Hospital
Cheri Stierer	DBHDS
Tim Capoldo	VACSB
Dawn Traver	DBHDS Office of Developmental Services

Betty Vines	DBHDS
Susan Ward	Virginia Hospital and Healthcare Association
Eric Williams	DBHDS
Judy Brown	Lake Taylor
Andrea Coleman	DBHDS
William Giermak	St. Mary's Hospital
<b>DOJ Project Team 2 (New Medicaid Waivers)</b>	
<b>Team Member</b>	<b>Organization</b>
Beverly Rollins (Lead)	DBHDS
Dr. Olivia Garland	DBHDS Deputy Commissioner
Lee Price	DBHDS Senior Policy Advisor
Don Darr	DBHDS Office of Developmental Services, Finance
Cheri Stierer	DBHDS Office of Developmental Services, Data Management
Dawn Traver	DBHDS Office of Developmental Services, Waiver Policy Regulations
<b>DOJ Project Team 3 (Individual &amp; Family Support)</b>	
<b>Team Member</b>	<b>Organization</b>
Cindy Gwinn (Lead)	Community Resources Manager, DBHDS Office of Developmental Services
Dr. Olivia Garland	DBHDS Deputy Commissioner
Dawn Traver	DBHDS Office of Developmental Services
Sam Pinero	Department of Medical Assistance Services
<b>DOJ Project Team 4 (Crisis Intervention &amp; Prevention)</b>	
<b>Team Member</b>	<b>Organization</b>
Bob Villa (Lead)	DBHDS Office of Developmental Services, START Manager
Dr. Olivia Garland	DBHDS Deputy Commissioner
James Vann	Easter Seals START Director for Region I
Philippe Kane	Easter Seals START Director for Region II
Denise Hall	New River Valley Community Services, START Director for Region III
Autumn Richardson	Richmond Behavioral Health Authority, START Director for Region IV
Pam Little	Hampton-Newport News Community Services Board, START Director for Region V
<b>DOJ Project Team 5 (Employment First)</b>	
<b>Team Member</b>	<b>Organization</b>
Adam Sass (Lead)	DBHDS Office of Developmental Services, Employment Coordinator
Dr. Olivia Garland	DBHDS Deputy Commissioner
Chris Neal	CSB DMC Representative

Michael Shank	DBHDS Office of Mental Health Services
<b>DOJ Project Team 5 (SELN Advisory Group)</b>	
<b>Cheri Stierer</b>	<b>DBHDS</b>
Chris Lavach	The Choice Group
Dana V. Yarbrough	Partners
Dave Wilber	The Arc of the Peninsula
Dawn Traver	DBHDS
Don Conley	Arlington CSB
Donna Bonessi	DARS
Ed Turner	Turner and Associates
Grant Revell	VCU
Heather Norton	Chesterfield CSB
Jack Brandt	VCU
Jamie Liban	The Arc of Virginia
Jim Gillespie	Rappahannock CSB
John Santoski	The Arc of the Piedmont
Karen Tefelski	VAACCSES
Kathryn Hayfield	DARS
Kevin Lafin	Fairfax CSB
Lance Elwood	Career Supports
Lisa Morgan	Service Source
Lynne Talley	VBPD
Marshall Henson	Linden Resources
Michelle Howard-Herbein	Didlake
Paul Atkinson, Jr.	Eggelston Services
Phil Nussbaum	Chesterfield CSB
Rob Froehlich	GWU
Robin Metcalf	The Choice Group
Samantha Hollins	DOE
Sara Peterson	Autism Society of NOVA
Shirley Lyons	Henrico CSB
Susan Payne	DBVI
Amy Thomas	Hanover CSB
Wendy Gradison	PRS Inc.
Janice McKenna	Danville/Pittsylvania CSB
<b>DOJ Project Team 6 (Independent Housing)</b>	

<b>Team Member</b>	<b>Organization</b>
Eric Leabough (Lead)	DBHDS, Housing Specialist
Dr. Olivia Garland	DBHDS Deputy Commissioner
Jim Stewart	DBHDS, Commissioner
Bill Shelton	Department of Housing and Community Development, Director
Susan Dewey	Virginia Housing Development Authority, Executive Director
Jim Rothrock	Department for Aging and Rehabilitative Services, Commissioner
Heidi Lawyer	Virginia Board for People with Disabilities, Executive Director
Keith Hare	Office of the Secretary of Health and Human Resources, Deputy Secretary
Matt Cobb	Office of the Secretary of Health and Human Resources, Deputy Secretary
Heidi Dix	DBHDS Settlement Agreement Executive Advisor
Shea Hollifield	Department of Housing and Community Development, Deputy Director of Housing
Herb Hill	Virginia Housing Development Authority, Managing Director of Policy, Planning and Communications
Bill Ernst	Department of Housing and Community Development, Policy Officer Manager
Teri Barker Morgan	Virginia Board for People with Disabilities, Program Manager
Bruce DeSimone	Virginia Housing Development Authority, Community Housing Officer
Barry Merchant	Virginia Housing Development Authority, Senior Policy Analyst
Bill Fuller	Virginia Housing Development Authority, Senior Community Housing Officer
Sam Pinero	Department of Medical Assistance Services, Program Manager
Helen Leonard	Department of Medical Assistance Services, Management Lead
Catherine Harrison	Director of Community Integration, Department for Aging and Rehabilitative Services
Jeannie Cummins Eisenhower	Fairfax-Falls Church CSB, Housing Specialist
Michelle Johnson	Henrico Area Mental Health and Developmental Services, Community Support Services Division Director
Maureen Hollowell	Endeppence Center (VA CIL), Director of Advocacy and Services
Debbie Brinkley	Western Tidewater CSB DMC Representative
Jamie Liban	The ARC of Virginia, Executive Director
<b>DOJ Project Teams 7a – 7d</b>	
<b>Team Member</b>	<b>Organization</b>
Jae Benz (7a Lead – Discharge Process & Community Integration)	DBHDS Training Center Discharges and Community Integration, Director

Gail Rheinheimer (7b Lead – Regional Support Teams)	DBHDS Office of Developmental Services
Dawn Traver (7c Lead – Family Mentoring & Peer Programs)	DBHDS Office of Developmental Services
Beverly Rollins (7d Lead – Provider Capacity Development)	Consultant
Dr. Olivia Garland	DBHDS Deputy Commissioner
Debra Smith	SVTC CIM
Beverly Littlejohn	CVTC CIM
Kelly Rinehimer	NVTC CIM
Sarah Stansberry	SEVTC CIM
Betty Vines	DBHDS Office of Developmental Services
Michelle Laird	SWVTC CIM
Angela Harvell	CIM
Olivia Garland	DBHDS, Deputy Commissioner
Les Saltzberg	DBHDS, Director of Licensing
Keven Schock	DBHDS Office of Licensing, Associate Director
Lee Price	DBHDS Office of Developmental Services, Director
Margaret Walsh	DBHDS Office of Human Rights, Director
Adam Sass	DBHDS Office of Developmental Services, START Coordinator
Patricia Rivers	Consultant
<b>DOJ Project Team 8 (Quality Improvement &amp; Data Analysis)</b>	
<b>Team Member</b>	<b>Organization</b>
Paul Gilding (Lead)	DBHDS Office of Community Contracting, Director
Kathy Drumwright	DBHDS Office of Quality Management and Development, Assistant Commissioner
Jae Benz	DBHDS Office of Developmental Services Training Center, Operations Mgr.
Debra Bernard	Henrico Area Mental Health and Developmental Services Quality Assurance Director and VACSB Quality Assurance Committee Chair
Jim Bernat	Rappahannock-Rapidan CSB
Debbie Brinkley	Western Tidewater CSB and VACSB DMC Executive Committee member
Charline A. Davidson	DBHDS Office of Planning and Development, Director
Adrienne H. Ferriss	DBHDS Office of Information Technology Services
Jennifer G. Fidura	Virginia Network of Private Providers, Executive Director
Dale Francis	New River Valley Community Services IT Director and VACSB DMC, Executive Committee member

Paul R. Gilding	DBHDS Office of Community Contracting
Marion Y. Greenfield	DBHDS Office of Clinical Quality and Risk Management, Director
Cynthia J. Gwinn	DBHDS Office of Developmental Services, Community Resources Manager
Michelle Johnson	Henrico Area Mental Health and Developmental Services Director of Developmental Services and VACSB Developmental Services Council Chairperson
Rupinder Kaur	DBHDS Office of Developmental Services, Data Management Analyst
Dee Keenan	DBHDS Division of Quality Management and Development (DQM&D) ,Case Management Coordinator
Luciana Kelty	DBHDS Division of Quality Management and Development, Research Associate/Project Coordinator
Eric S. Leabough	DBHDS Office of Developmental Services, Housing Specialist
Demetrios N. Peratsakis	Western Tidewater CSB, Executive Director
Les H. Saltzberg	DBHDS Office of Licensing, Director
Russell S. Sarbora	DBHDS Chief Information Officer
Adam H. Sass	DBHDS Office of Developmental Services Employment Coordinator
Keven M. Schock	DBHDS Office of Licensing, Associate Director
Beverly A. Thomas	DBHDS Office of Information Technology Services
Robert J. Villa	DBHDS Office of Developmental Services-ID/DD Crisis Manager
Margaret S. Walsh	DBHDS Office of Human Rights, Director
Stella Stith	DBHDS Division of Quality Management and Development, Data Analyst
Lacy T. Whitmore	Harrisonburg Rockingham CSB Executive Director and VACSB Administrative Policy and Technical Committee Chairperson
<b>DOJ Project Team 9</b>	
<b>Team Member</b>	<b>Organization</b>
Dee Keenan (Lead)	DBHDS Office of Quality Management, Case Management Coordinator
Kathy Drumwright	DBHDS Quality Management and Development, Assistant Commissioner
Les Saltzberg	DBHDS Office of Licensing, Director
Heather Norton	Chesterfield CSB
Bonnie Neighbor	Vocal Virginia
Debbie Brinkley	WTCSB/DMC Representative
Sam Pinero	Department of Medical Assistance Services
Steven King	Independent DD Case Manager
Dawn Traver	DBHDS Office of Developmental Services

Gail Rheinheimer	DBHDS Office of Developmental Services
Michael Shank	DBHDS Office of Mental Health Services
Paul Gilding	DBHDS Office of Community Contracting, Director
Cheryl Johnson	DD Case Manager, ARC of NOVA
Heather Rupe	New River Valley Community Services DMC Representative
Kippy Cassell	Piedmont Community Services DMC Representative
Susan Bergquest	Goochland CSB
Sharon Taylor	Frontier Health, Private CM Provider
<b>DOJ Project Team 10 (Case Manager Training)</b>	
<b>Team Member</b>	<b>Organization</b>
Michael Shank (Lead)	DBHDS Office of Mental Health Services
Kathy Drumwright	DBHDS Office of Quality Management & Development, Assistant Commissioner
Gail Rheinheimer	DBHDS Office of Developmental Services
Eric Williams	DBHDS Office of Developmental Services
Heather Norton	Chesterfield CSB
Ed Gonzalez	DBHDS Office of Licensing
Maureen Hollowell	Endeppence Center Inc., Center for Independent Living
Sam Pinero	Department of Medical Assistance Services
<b>DOJ Project Team 11 (Provider Risk Management)</b>	
<b>Team Member</b>	<b>Organization</b>
Marion Greenfield (Lead)	DBHDS Office of Clinical Quality and Risk Management, Director
Kathy Drumwright (Reports to & Member of Mortality Review Committee)	DBHDS Office of Quality Management and Development, Assistant Commissioner
Dr. Olivia Garland (Team Member & member of Mortality Review Committee)	DBHDS, Deputy Commissioner
Debra Cought	NVTC
Keven Schock	DBHDS Office of Licensing, Associate Director
Margaret Walsh	DBHDS Office of Human Rights, Director
Ann Bevan	Private Provider Rep
Denise Dunn	DBHDS Office of Facility Investigations and Management
Michelle Guzeiwicz	DBHDS
Mary O'Hara	DBHDS Office of Quality and Risk Management
Barbara Palmore	DBHDS
Neysa Simmers	VCSB

Dr. Jack Barber	DBHDS Medical Director
Jae Benz	DBHDS Training Center Discharges and Community Integration, Director
Heidi Dix	DBHDS Settlement Agreement Executive Advisor
Karen Moten	DBHDS Quality Management and Development, Data Analyst
Kent McDaniel	Henrico
Les Saltzberg	DBHDS Office of Licensing, Director
<b>DOJ Project Team 12 (Incident Reporting)</b>	
<b>Team Member</b>	<b>Organization</b>
Margaret Walsh (Lead)	DBHDS Office of Human Rights, Director
Kathy Drumwright	DBHDS Office of Quality Management and Development, Assistant Commissioner
Denise Dunn	DBHDS Office of Developmental Services
Marion Greenfield	DBHDS Office of Clinical Quality and Risk Management, Director
Kelly Fried	Chesterfield CSB Quality Assurance, Director
Sue Tatum	Chesterfield CSB, QA
Lisa Poe	Richmond Residential, Virginia Network of Private Providers, Executive Director
Debra Bernard	Henrico Area Mental Health and Developmental Services (HAMHDS) Quality Assurance Director (QA) and VACSB QA Committee Chair
Charline A. Davidson	DBHDS Office of Planning and Development, Director
Leslie Anderson	Fidura and Associates, Virginia Network of Private Providers
Paul R. Gilding	DBHDS Office of Community Contracting
Marion Y. Greenfield	DBHDS Office of Clinical Quality and Risk Management, Director
Dee Keenan	DBHDS Division of Quality Management and Development (DQM&D), Case Management Coordinator
Angela Harrison	DBHDS Office of Human Rights
Les H. Saltzberg	DBHDS Office of Licensing (OL), Director
Chanda Braggs	DBHDS Office of Licensing (OL), Associate Director
Stella Stith	DBHDS Office of Licensing (OL), Data Analyst
Lisa Blecker	Fairfax Falls Church CSB Quality Assurance, Director
Laura Schmidt	Fairfax Falls Church CSB, QA
Herbert Dumas	Fairfax Falls Church CSB, IT
Don Tyson	DBHDS Project Manager
Sue Tinsley	DBHDS Business Analyst
Stella Stith	DBHDS Quality Management and Development, Data Analyst



Dawn Traver	DBHDS Office of Developmental Services
<b>DOJ Project Team 13 (Mortality Review)</b>	
<b>Team Member</b>	<b>Organization</b>
Dr. Jack Barber (Lead)	DBHDS Medical Director
Kathy Drumwright	DBHDS Office of Quality Management and Development, Assistant Commissioner
Marion Greenfield	DBHDS Office of Clinical Quality and Risk Management, Director
Heidi Dix	DBHDS Settlement Agreement Executive Advisor
Kent McDaniel	Psychiatrist
Karen Moten	DBHDS Quality Management and Development, Data Analyst
Les Saltzberg	DBHDS Office of Licensing, Director
<b>DOJ Project Team 14 (Licensing)</b>	
<b>Team Member</b>	<b>Organization</b>
Les Saltzberg (Lead)	DBHDS Office of Licensing, Director
Kathy Drumwright	DBHDS Office of Quality Management and Development, Assistant Commissioner
Keven Schock	DBHDS Office of Licensing, Associate Director
Chanda Braggs	DBHDS Office of Licensing, Associate Director
Beverly Thomas	DBHDS Office of Information Technology Services
Margaret Walsh	DBHDS Office of Human Rights, Director
Michelle Johnson	Henrico CSB
David Meadows	Community Resource Consultant
Natasha Fedyszyn	Private Provider
Carla Keith	DBHDS Office of Licensing, Data Analyst
Stella Stith	DBHDS Quality Management and Development, Data Analyst
<b>DOJ Project Team 15 (Quality Service Reviews)</b>	
<b>Team Member</b>	<b>Organization</b>
Charline Davidson (Lead)	DBHDS Office of Planning and Development
Kathy Drumwright (Reports to)	DBHDS Office of Quality Management and Development, Assistant Commissioner
Lee Price	DBHDS Senior Policy Advisor
Dr. Olivia Garland	DBHDS, Deputy Commissioner
Cheri Stierer	DBHDS Office of Developmental Services
Deb Lochart	DBHDS Office of Human Rights
Keven Schock	DBHDS Office of Licensing
Dee Keenan	DBHDS Office of Quality Management and Development

Michele Wittingham	Private Provider
Jim Gillespie	Rappahannock Area CSB, VACSB ID Council
Sam Pinero	Department of Medical Assistance Services
Parthy Dinora	Partnership for People with Disabilities, Virginia Commonwealth University
Heidi Dix	DBHDS Settlement Agreement Executive Advisor
Beverly Rollins	Consultant
Gail Rheinheimer	DBHDS Office of Developmental Services
Linda Major	VACSB Data Management Committee,* Hampton-Newport News CSB
Jamie Liban	Arc of Virginia, Executive Director
Michele Whittingham	One Diversity, Private Provider
Karen Moten	DBHDS Quality Management and Development, Data Analyst
* Formerly Mike Forster	Harrisonburg-Rockingham CSB
<b>DOJ Project Team 16 (Facilities Closures)</b>	
<b>Team Member</b>	<b>Organization</b>
Dr. Olivia Garland (Lead/Chair)	DBHDS, Deputy Commissioner
Heidi Dix	DBHDS Settlement Agreement Executive Advisor
Neila Gunter	DBHDS Office of Human Resources Development and Management
Vickie Montgomery	CSH
Bob Kaufman	DBHDS Office of Clinical Quality and Risk Management, Director
Joe Cronin	DBHDS Office of Architecture and Engineering
Mickie Jones	DBHDS Office of Architecture and Engineering
Marion Greenfield	DBHDS, Office of Clinical Quality and Risk Management, Director
Sue Ridout	DBHDS
* Additional Members	Different Support Services representatives from respective facilities to develop closure plans
<b>DOJ Project Team 17 (Provider Training)</b>	
<b>Team Member</b>	<b>Organization</b>
Gail Rheinheimer (Lead)	DBHDS Office of Developmental Services
Dr. Olivia Garland	DBHDS Deputy Commissioner
Carolyn Robinson	CVTC, Policy & Project Management Director
Les Saltzberg	DBHDS, Office of Licensing, Director
Jae Benz	DBHDS Training Center Discharges and Community Integration, Director
Kathy Drumwright	DBHDS Quality Management and Development, Assistant Commissioner

<b>DOJ Project Team 18 (RCSC Coordination)</b>	
<b>Team Member</b>	<b>Organization</b>
Dale Woods (Lead)	DBHDS
Dr. Olivia Garland	DBHDS Deputy Commissioner
Jen Kurtz	SWVTC, Community Resource Consultant
Karen Poe	NOVA, Community Resource Consultant
Mark Diorio	NVTC, Director
Barry Mayberry	MD
Nancy Cottingham	Southern and Southwestern regions, Executive Director Horizon Behavioral Health
Lynnie McCrobie	Middle Peninsula Northern Neck CSB, Director of Community Options
Donna Knarr	Parent of Consumer and Mentor for Families of Individuals Leaving Training Centers, Individual Consumer
John Knarr	NVTC, Director
Jennifer Fidura	Fidura and Associates, Virginia Network of Private Providers Executive Director
Heidi Dix	DBHDS Settlement Agreement Executive Advisor
Olivia Garland	DBHDS, Deputy Commissioner
Michele Laird	SWVTC CIM
Kathy Drumwright	DBHDS Quality Management and Development, Assistant Commissioner
Keven Schock	DBHDS Office of Licensing, Associate Director
John Jackson	DBHDS
<b>DOJ Project Team 24 (Access and Availability of Services)</b>	
Gail Rheinheimer (Lead)	DBHDS Office of Developmental Services
Helen Leonard	DMAS
Jennifer Kurtz	DBHDS
Katie Roper	Virginia Easy Access
Sam Pinero	Department of Medical Assistance Services

## Appendix B: DBHDS Settlement Agreement Stakeholder Group (December 2013)

Category	Appointee Name	Designee
<b>HOST AGENCY</b>		
DBHDS	Mr. James W. Stewart, III, Commissioner	
DBHDS	Dr. Olivia J. Garland, Ph.D., Deputy Commissioner	
DBHDS	Ms. Heidi R. Dix, Settlement Agreement Executive Advisor	
<b>OTHER STATE AGENCIES</b>		
DMAS	Ms. Karen Kimsey, Deputy Director for Complex Care	
DARS and CIAC	Ms. Catherine Harrison, Director, CIAC	
<b>SERVICE RECIPIENTS</b>		
Parent/Family of Individual	Ms. Betty Thompson	
Parent/Family of Individual	Ms. Vicki Beatty	
Parent/Family of Individual	Ms. Cathleen S. Lowery	
Parent/Family of Individual	Ms. Pat Bennett	
<b>PROVIDERS/ASSOCIATIONS</b>		
VNPP	Ms. Ann Bevan, President	Ms. Jennifer Fidura
VACIL	Ms. Karen Michalski-Karney, Chair	
vaACCSES	Mr. Dave Wilber, President	
VACSB	Ms. Karen Grizzard, Chair	
CSB ID Director	Ms. Michelle Johnson, Henrico CSB	
CSB Executive Director	Ms. Lisa Moore, Mt. Rogers CSB	
DD Case Management	Ms. Josie Williams, Commonwealth Catholic Charities	
CSB Case Manager	Ms. Linda Wilson, Rappahannock Area CSB	
Non-Congregate Setting Provider	Mr. Peter Leddy, President	Ms. Lynne Seagle
<b>ADVOCACY/OTHER</b>		
The Arc of Virginia	Mr. Glenn Slack, President	Ms. Jamie Liban
Autism Org: Autism Society of Central Va.	Ms. Sandi Wiley, President	Ms. Bradford Hulcher
State Human Rights Committee	Mr. Donald H. Lyons, Chair, SHRC	
VBPD	Mr. John Kelly, Chair	Ms. Heidi Lawyer
Peer Advocate DD	Ms. Marisa Loais, Member, The Arc of Northern Virginia	
Peer Advocate ID	Ms. Katherine Olson, Voices of VA	