



COMMONWEALTH of VIRGINIA

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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Richmond, Virginia 23218-1797

Telephone (804) 786-3921
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DEBRA FERGUSON, Ph.D.
COMMISSIONER

July 25, 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 January 1 – June 30, 2014. This report also describes expenditures associated with the Agreement for FY13 and FY14.

If you have any questions, please feel free to contact me at (804) 786-3921 or via email at debra.ferguson@dbhds.virginia.gov.

Sincerely,

A handwritten signature in black ink that reads "Debra Ferguson".

Debra Ferguson

Enc.

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



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July 25, 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 January 1 – June 30, 2014. This report also describes expenditures associated with the Agreement for FY13 and FY14.

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DEBRA FERGUSON, Ph.D.
COMMISSIONER

July 25, 2014

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 January 1 – June 30, 2014. This report also describes expenditures associated with the Agreement for FY13 and FY14.

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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**

July 25, 2014
(for the period January 1 – June 30, 2014)

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DOJ Implementation Update for General Assembly July 25, 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 January 1, 2014 – June 30, 2014 and describes expenditures associated with the agreement for FY 2012, FY 2013, and projected for FY 2014.

- **A TOTAL OF 405 INDIVIDUALS MOVED FROM TRAINING CENTERS TO THE COMMUNITY BETWEEN NOVEMBER 2011 AND JUNE 2014:** 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	June 30, 2014 Census
	2000 Census	2005 Census	2010 Census				
CVTC	679	564	426	350	301	285	288
NVTC	189	182	170	153	135	115	106
SEVTC	194	192	143	106	84	81	75
SVTC	465	371	267	201	114	57	0
SWVTC	218	214	192	173	156	150	144
Total	1,745	1,523	1,198	983	790	688	613

The dramatic decrease in the census of the training centers includes the successful closure of SVTC in May 2014. This is the first closure of a training center in the Commonwealth. Although the process was lengthy and encountered multiple barriers, DBHDS was able to address those challenges resulting in a very successful effort from which many lessons have been learned and will be used in future closures.

MY LIFE, MY COMMUNITY WAIVER REDESIGN: 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 existing Medicaid waivers supporting individuals with intellectual and developmental disabilities and make recommendations regarding redesign. The study is being conducted in two phases. The first phase, which concluded in December 2013, provided 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 of the study, which is the Medicaid waiver redesign and rate study, began in January. As a result of the recommendations submitted by HSRI, DBHDS leadership established an advisory committee and five (5) related subcommittees to provide input on the new waiver design and how to enhance system processes.

- **Waiver Design Advisory Committee**
 - o Eligibility Subcommittee
 - o Waiting List Subcommittee
 - o Case Management Subcommittee
 - o Services Array Subcommittee
 - o Provider Advisory Subcommittee

These workgroups are facilitated by DBHDS leadership and staff. Their work is crucial to ensuring transparency and a well vetted rate methodology as the two new waivers are under development. To ensure a broad view of the current services system it is critical that the members represent the diverse character of the Commonwealth. The advisory committee and subcommittee membership is composed of ID and DD self-advocates, family members, representatives from CSBs, provider agencies, and advocacy and parent groups. The responsibilities of the committees and a membership list can be found at: <http://www.dbhds.virginia.gov/MLMC.htm>

IMPLEMENTATION OF CASE MANAGEMENT REPORTING REQUIREMENTS: Data collection of the frequency, type and duration of face-to-face case management visits by the ID Case Managers continues. In January of 2014, the CSB began submitting data on quality of life issues that are included in individuals' service plans. This data is being analyzed and will be published in the July Dashboard.

HOUSING INITIATIVE: On May 9, 2014, the Virginia Department of Housing and Community Development, in collaboration with the Department of Behavioral Health and Developmental Services, the Virginia Housing Development Authority and the Virginia Department of Medical Assistance Services, submitted a HUD Section 811 application for rental assistance to support 130 rental units for individuals with I/DD and serious mental illness. Individuals in the target population of the settlement agreement will have the highest priority for rental units.

DBHDS is also managing a rental assistance pilot, Rental Choice VA, with one-time funding totaling \$800,000 to provide rental assistance for approximately 20 individuals who currently reside in a congregate setting (e.g., an institution, group home) and wish to move to their own homes or apartments. In April 2014, the Secretary approved an amendment to the project expanding it to cover

individuals living with their family and receiving ID or DD Waiver supports who wish to live independently. The project is managed at the local level through contracts with the Virginia Beach CSB and the Fairfax-Falls Church CSB. The rental assistance bridges the gap between 30% of an eligible individual's income and the fair market rent for a unit which, on average, ranges from \$944- \$1,500 per month. As of May 31, 2014 there are approximately 11 individuals interested in the program with eight (8) residing in Fairfax-Falls Church and three (3) residing in Virginia Beach.

DOJ Implementation Update for General Assembly July 25, 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 January 1, 2014 – July 1, 2014, 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 (including those receiving waiver services); or
3. Reside in a nursing home or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID).

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 to be Created 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
Total (FY12-16)	555	1250	250

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 2015 through FY 2021 a minimum of 1,000 individuals will be supported each year. In FY 2014, 1363 individuals received IFSP supports.

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. In FY 2013 DBHDS implemented the START (Systemic Therapeutic Assessment Respite Treatment) system statewide through five regional programs to provide crisis services for adults with ID/DD. In January 2014 in collaboration with the START Center at the University of New Hampshire, Virginia START became REACH (Regional, Educational, Assessment, Crisis Services, Habilitation). The system is still based upon the evidence informed practices of START, with more flexibility for each region in implementation of the key elements. A programmatic monitoring tool is being developed in collaboration with the University of New Hampshire and will be tested in July 2014.

In each region of the state, REACH programs provide mobile crisis services 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 in addition to the operation of a therapeutic crisis stabilization unit. REACH programs also provide crisis prevention and proactive planning to avoid potential crises. The last of the crisis stabilization units, called Crisis Therapeutic Homes, opened in November 2013. These homes are established as short-term alternatives to hospitalization for individuals with ID/DD in crisis. Statewide, mobile crisis coordinators responded to on-site crises, on average, within two hours in FY13 and FY14.

Approximately 600 individuals were accepted into START Services in FY 2013. In FY 2014, the first full year in operation, over 1000 individuals were enrolled into REACH programs. Throughout the year approximately 75% of the individuals enrolled are receiving active crisis prevention and crisis intervention services. The remaining individuals continue to be enrolled and monitored but are no longer in need of active crisis prevention or intervention services. At any time these individuals may contact the REACH programs and again receive active services. Based on FY 2014 REACH services provided, it is reasonable to project that 750 people will be receiving active crisis prevention and intervention services statewide at any one time

DBHDS and the regional programs continue to implement key elements of the START model that have been 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.

The Department of Behavioral Health and Developmental Services, in conjunction with community stakeholders, are in the process of developing crisis services for children throughout the state. All five regions submitted plans for the development of programs to meet the needs of this population for their region. Currently each of the regions are engaged in developing an assessment tool to identify the needs of the region around children's crisis services, identifying key stakeholders and services already available to children in the area, and developing strategies to gather the needs assessment information.

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. The performance contract between DBHDS and the CSBs now requires CSB compliance with this policy. The DBHDS Strategic Plan for Employment First was published and has been revised each year to reflect input from our State Employment Leadership Network Advisory Group and other stakeholders. In March 2013, targets were set for increasing the number of new individuals starting in individual supported employment by 20% the first year. Progress towards these targets has been shared with the State Employment Leadership Network Advisory Group and the Independent Reviewer each quarter. In April 2014, the targets were revised to be more aggressive and are now set to increase the total number of individuals in the target population who are engaged in individual Supported Employment by 5% per year for the next 5 years

With the Employment First Policy adopted and implemented, DBHDS is working with a wide group of stakeholders to develop a plan on the provision of integrated day activities outside of work for those with ID/DD. It is anticipated that an integrated day plan will be approved in the summer of 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 the 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. In April 2014 the Department expanded eligibility for the program which resulted in 11 individuals declaring interest in the program and taking steps to apply to the Fairfax-Falls Church and Virginia Beach CSBs.

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. All discharge plans are developed with the informed choice of the individual, and individuals and their authorized representatives are offered a choice of community providers, prior to discharge. Once an individual is discharged, post-move monitoring occurs 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 has implemented a real-time, web-based incident reporting system and reporting protocol to monitor and investigate serious incidents and deaths. A mortality review committee has been established and meets monthly to review all unexpected deaths.
- **DATA:** Virginia has begun collecting and analyzing 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 will be used to enhance training and outreach to providers. Measures 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 are under development. Regional Quality Councils are meeting quarterly and beginning to review regional data.
- **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 providing enhanced case management as required and meet with individuals on a regular basis and face-to-face every 30 days if they meet the criteria. At least one of these visits every other month must occur in the individual's place of residence. The protocol for enhanced case management changed during this reporting period and now includes those individual who:
 - Receive services from providers having conditional or provisional licenses;
 - Have more intensive behavioral or medical needs and are not considered stable;
 - 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 and are not considered stable.

Virginia has established a case management training program that case managers can take online. There are currently seven (7) modules that include all basic case management components. DBHDS is working on additional modules to enhance access to integrated options and specialty services.

- **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 direct care staff providing services under the agreement. DBHDS has also developed and implemented a training and mentoring program to embed person centered practices throughout the provider system.
- **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. DBHDS is seeking a vendor to perform this function through a competitive bid process.

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 June 30, 2014 (the date by which compliance must be shown), and a brief description of Virginia’s progress in implementation compared to the January 2014 report. There were two new settlement agreement milestones for the period from January 1, 2014 – June 30, 2014:

- The Commonwealth will ensure reliable data is collected and analyzed from each the specified eight domain areas by June 30, 2014.
- 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.

The following activities were accomplished during this period:

- **A TOTAL OF 405 INDIVIDUALS MOVED FROM TRAINING CENTERS TO THE COMMUNITY BETWEEN NOVEMBER 2011 AND JUNE 2014:** 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	June 30, 2014 Census
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MY LIFE, MY COMMUNITY WAIVER REDESIGN: 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 existing Medicaid waivers supporting individuals with intellectual and developmental disabilities and make recommendations regarding redesign. The study is being conducted in two phases. The first phase, which concluded in December 2013, provided 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 of the study, which is the Medicaid waiver redesign and rate study, began in January. As a result of the recommendations submitted by HSRI, DBHDS leadership established an advisory committee and five (5) related subcommittees to provide input on the new waiver design and how to enhance system processes.

Waiver Design Advisory Committee

- Eligibility Subcommittee
- Waiting List Subcommittee
- Case Management Subcommittee
- Services Array Subcommittee
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These workgroups are facilitated by DBHDS leadership and staff. Their work is crucial to ensuring transparency and a well vetted rate methodology as the two new waivers are under development. To ensure a broad view of the current services system it is critical that the members represent the diverse character of the Commonwealth. The advisory committee and subcommittee membership is composed of ID and DD self-advocates, family members, representatives from CSBs, provider agencies, and advocacy and parent groups. The responsibilities of the committees and a membership list can be found at: <http://www.dbhds.virginia.gov/MLMC.htm>

IMPLEMENTATION OF CASE MANAGEMENT REPORTING REQUIREMENTS: Data collection of the frequency, type and duration of face-to-face case management visits by the ID Case Managers continues. In January of 2014, the CSBs began submitting data on quality of life issues that are included in individuals' services plans. This data is being analyzed and will be published in the July Dashboard.

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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)	Summary of Activity (January 1, 2014-June 30, 2014)
III.C. Enhancement of Community Services					
Waiver Slots					
<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> <ul style="list-style-type: none"> i. In FY 2012, 60 waiver slots ii. In FY 2013, 160 waiver slots iii. In FY 2014, 160 waiver slots 	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>Slots distributed</p> <p>75 individuals moved from the training centers to the community during this period.</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)	Summary of Activity (January 1, 2014-June 30, 2014)
<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</p> <p>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</p> <p>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>	<p>Slots distributed</p> <p>Amended plan to address children in nursing facilities or community-based ICFs to include diversion of admissions to these facilities as well as augmenting infrastructure to facilitate transition to community settings. Draft revisions submitted to the Independent Reviewer on March 31, 2014.</p>

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<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>	<p>Slots distributed</p> <p>Amended plan to address children residing in nursing facilities or community-based ICFs to include diversion of admissions to these facilities as well as augmenting infrastructure to facilitate transition to community settings. Draft revisions submitted to the Independent Reviewer on March 31, 2014.</p>

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Individual and Family Support Program					
<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.	Total of 1363 individuals received services in FY 2014. Additional funding became available due to families returning \$56,769.00 from FY 2013 which they found they did not require after funding was allocated.

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<i>Crisis Services</i>					
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.	By June 30, 2012	<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>	<p><u>Statewide:</u> Training has occurred with all 40 CSBs, and remains ongoing through individual and group meetings.</p>

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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>	<p>Each Region has mobile crisis teams in place and fully operational. Teams responded to crisis on average within 2 hours in FY 2014.</p>

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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.	All five teams continue to be staffed sufficiently to meet an average response time of 2 hours as required.
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.	DBHDS continually evaluates the potential need for additional crisis staff. There is some disparity with respect to whether certain communities are considered to be urban or rural for the purpose of measuring compliance with the agreement's requirement regarding crisis response times. DBHDS will focus on resolving this issue in order to better determine compliance with this measure. A review and alignment of categorization will occur in the first half of FY 2015.

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C.6.b.iii.F. By June 30, 2012, the Commonwealth shall develop one crisis stabilization program in each region.	By June 30, 2012	<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. The Regions will begin operations according to the schedule below.</p> <p>Region I (Central Virginia): 12/1/12; Region II (Northern Virginia): 12/1/12; Region III (Southwest Virginia): 11/1/12; Region IV (Greater Richmond/ Petersburg): 3/1/12; Region V (Hampton Roads): 6/30/13</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 12/31/2012. This will ensure that individuals receive some crisis respite supports while the homes are being completed.</p>	As of November 2013, all 5 Therapeutic Crisis Homes have opened and are providing crisis prevention and crisis stabilization services.	All 5 Therapeutic Crisis Homes have opened and are providing crisis prevention and crisis stabilization services.

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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.	Based on the statewide usage of the REACH Therapeutic Homes, the Commonwealth determined that there was no need to develop additional crisis stabilization programs at this time. 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.	<p>DBHDS worked with the State Employment Leadership Network (SELN) Advisory Group to update the DBHDS Strategic Plan for Employment First including the revision of its targets to increase the total number of individuals in the target population who are engaged in individual Supported Employment by 5% per year for the next 5 years.</p> <p>A draft of the integrated day plan has been developed and is being circulated to stakeholders for comment and feedback prior to finalization.</p>

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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.	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. SVTC closed in accordance with this plan.
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.	On May 9, 2014, the Commonwealth of Virginia submitted an application to HUD for funding under the Section 811 Project Rental Assistance Program to support 130 housing units in the Northern Virginia and Hampton Roads regions. Individuals with I/DD are prioritized as the target population for these units. DBHDS is also in the process of seeking approval to redirect approximately \$4.7 million in VPBA bond funding to support the development of rental housing for individuals with I/DD.

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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.	<p>Agreements signed with Virginia Beach CSB and Fairfax CSB to administer the rental assistance pilot.</p> <p>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.</p>	The Agreements with the two CSBs were amended to accept individuals living at home who wish to live independently. This change resulted in increased interest and as of May 31, 2014 there are approximately 11 individuals in various stages of application process with eight (8) residing in Fairfax-Falls Church and three (3) residing in Virginia Beach

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<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"> – All individuals residing at the training center have a discharge plan. – All training center staff involved with discharges have been trained. – All five Community Integration Managers have been hired (December 2011). – Internal DBHDS guidelines finalized and issued to training centers – Regional meetings with CSBs to learn about process began 5/2012 and will conclude in 7/2012. – Information regarding barriers to discharge is collected and aggregated for training center, regional, and statewide analysis. – Post-move monitoring process in place – All discharge plans updated within 30 days of discharge. – Monthly reports to Central Office regarding individuals moved and types of placements. <p>Other items that are under development include:</p> <ul style="list-style-type: none"> – Development of training center education and training plan for Person-Centered Thinking (PCT), and terms of the agreement, discharge process, and community options. – Establishment of Regional Support Teams. 	<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. Providers were 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 settlement agreement discharge process requirements. DMAS and DBHDS have submitted a draft waiver amendment to the federal Centers for Medicare and Medicaid Services (CMS) for review. As of Dec. 31, Virginia had not received authority from CMS to move forward with the implementation of exceptional rate policies.</p> <p>Regional Support Teams established in Jan. 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 R</p>	<p>In April 2014, CMS approved the exceptional rate increase to permit individuals with complex needs to receive additional support. Emergency regulations are under development</p> <p>Regional Support Teams (RST) continue to meet monthly. They collect, aggregate and provide data reports on all referrals received. DBHDS is working to automate this data collection system to help with analysis. All regional data is reviewed by Regional Quality Councils for recommendations for system improvements.</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>	<p>All individuals residing in training centers have a discharge plan.</p>

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<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"> a. Safety and freedom from harm b. Physical, mental, and behavioral health and well being c. Avoiding crises d. Stability e. Choice and self-determination f. Community inclusion g. Access to services h. Provider capacity 	<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>The Project 8 team 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>	<p>CSBs continue to report data through the CCS 3 application on physical, mental, and behavioral health and well being; living arrangement and day activities stability; choice and self-determination; and community inclusion domains. The Department is continuing to work with CSBs to improve the accuracy and completeness of their data submissions.</p> <p>CSBs have been submitting data since January 2014. Project Team 9 developed a guidance document to assist ID Case Mangers with the collection of this data. After completion of the analysis of this data, it will be published in the department's dashboard in July.</p>

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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.	March 6, 2013		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.	All 5 Regional Quality Councils are now operational and they have begun to review the data.	The 5 Regional Quality Councils are now in the fourth round of meetings. The mission and function of each committee is becoming formalized as we move forward.

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<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"> a. Receive services from providers having conditional or provisional licenses; 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; c. Have an interruption of service greater than 30 days; d. Encounter the crisis system for a serious crisis or for multiple less serious crises within a three-month period; e. Have transitioned from a Training Center within the previous 12 months; or f. Reside in congregate settings of 5 or more individuals. 	<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>	<p>The Department worked with the VACSB to revise CCS 3 to include a data element that specifically identifies individuals who meet the enhanced case management criteria. CSBs have been reporting this data since March, 2014.</p> <p>The collection of the first set of data has been refined to reflect the clarifications made to enhanced case management. DBHDS reviews this data to ensure CSB compliance with enhanced case management. New compliance targets for the type, frequency and number of face-to-face case management visits will be determined. The 2nd set of measures is being added to the dashboard and will be published in July 2014.</p>

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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		The ECM data element was activated January 1, 2014. CSBs have been applying this new data element to their ID case management caseloads since then, and the Department is monitoring the quality of reporting this new data element in monthly CCS 3 submissions. Not only is this helping case managers to electronically track their caseloads, but it will also 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.	DBHDS continues to monitor the number of ID and DD case managers completing the training curriculum. DMAS published a memo to DD case management agencies reminding them that the training is mandatory and that failure to comply could have an impact on their provider agreements. DBHDS expects the number completing the training to now increase.

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)	Summary of Activity (January 1, 2014-June 30, 2014)
<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"> g. Providers who have conditional or provisional licenses; 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; i. Providers who serve individuals who have an interruption of service greater than 30 days; 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; k. Providers who serve individuals who have transitioned from a Training Center within the previous 12 months; or l. Providers who serve individuals in congregate settings of 5 or more individuals. 	<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>	<p>Enhanced licensing inspections 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>

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)	Summary of Activity (January 1, 2014-June 30, 2014)
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	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 the previous reporting period because those teams' missions and scope were met and implementation was completed or work had been absorbed into day-to-day operations. Although there is no intention at this time to start additional project teams, several existing teams are being modified to work on additional compliance areas that can now be addressed because prerequisite items have been completed.

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 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 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.

DBHDS is pleased to report that on May 21, 2014, the last four individuals residing at Southside Virginia Training Center (SVTC) moved to new community homes. Staff are now conducting final closure activities and the facility will officially close on June 30, 2014. DBHDS is grateful to the community services boards, private providers and staff who worked intensely with individuals and family members to locate the best fit in a new home where individuals are living full lives in their own communities. SVTC was closed without an over-reliance on the other training centers. Only five (5) of the 408 individuals who moved from SVTC returned to another training center and one of those has already been discharged to the community. Only 10 of the 408 changed to another provider within the first year of discharge indicating a very high rate of success in matching individuals to new living situations and providers of services.

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.

Table 5: Budget and Expenditures through June 30, 2014 (\$)	Actual FY12	Appropriation Act Budget FY13	Actual FY13	Appropriation Act & Carryforward Budget FY14	Actual FY14	Total Actual Expenses
Facility Transition Costs	-	11,309,540	8,049,024	19,534,660	17,507,752 ⁽⁴⁾	25,556,776
Community ID and DD Waivers	125,755	19,615,150	17,436,345	27,642,275	25,061,425 ⁽⁴⁾	42,623,525
Program of Individual and Family Supports	-	2,400,000	1,652,238	3,800,000	3,601,915	5,254,153
Rental Subsidies	-	800,000	-	800,000	88,058	88,058
Crisis Stabilization ⁽¹⁾	-	7,818,289	7,765,570	12,231,711	12,077,224	19,842,794
Facility Closure Costs	-	2,749,885	2,749,885	7,690,099	7,690,099	10,439,984
Administration ⁽²⁾	168,724	1,313,682	1,339,634	1,807,338	1,540,588	3,048,947
DMAS Administration	-	-	-	787,000	196,056	196,056
Quality Management ⁽³⁾	-	1,787,000	159,459	2,744,000	1,291,718	1,451,178
Independent Review	56,062	300,000	305,732	328,000	328,000	689,794
Bridge Funding	-	-	-	3,152,626	-	-
SIS [®]	-	-	-	1,207,756	765,953	765,953
Community Provider Training	-	-	-	70,000	25,782	25,782
Facility Savings	-	(5,846,989)	(5,571,989)	(19,364,535)	(16,315,271)	(21,887,260)
Total	350,541	42,246,557	33,885,899	62,430,930	53,859,299	88,095,739

(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.

* The FY14 actuals displayed above should not be considered final until the October report is submitted.

Appendix A: DOJ Project Teams (as of June 30, 2014)

DOJ Project Team 1 (Additional Waiver Slots)	
Team Member	Organization
Dawn Adams (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
Margaret Graham	VACSB
Greg Preston	VACSB
Jackie Jackson	VACSB
Jamie Liban	The Arc of Virginia, Executive Director
Jim Gillespie	VACSB
Mary Lynne Bailey	VHCA
Maureen Hollowell	Endeppence Center Inc., Center for Independent Living
Michelle Johnson	VACSB
Beverly Morgan	DBHDS
Tracy Harris	Department of Medical Assistance Services
Ray Ratke	Lutheran Family Services
Linda Redmond	VBPD
Ramona Schaeffer	Department of Medical Assistance Services
Barry Seaver	DBHDS
Sharon Darby	Children's Hospital
Cheri Stierer	DBHDS
Tim Capoldo	VACSB
Dawn Traver	DBHDS
Betty Vines	DBHDS
Susan Ward	Virginia Hospital and Healthcare Association
Judy Brown	Lake Taylor
William Giermak	St. Mary's Hospital
DOJ Project Team 2 (New Medicaid Waivers)	
Team Member	Organization

Beverly Rollins (Lead)	DBHDS ODS, Community Supports Services
Connie Cochran	DBHDS Assistant Commissioner of Developmental Services
Kathy Drumwright	DBHDS Assistant Commissioner of Quality Assurance
Don Darr	DBHDS, Assistant Commissioner of Finance
Cheri Stierer	DBHDS ODS, Data Management
Dawn Traver	DBHDS ODS, Waiver Operations Manager
Cherice Jackson	DBHDS Finance
Chris Foca	DBHDS Procurement
Gail Rheinheimer	DBHDS Provider Development Manager
David Meadows	DBHDS Community Resource Consultant
Sam Pinero	DBHDS DD Waiver Manager
Jennifer Kurtz	DBHDS Community Resource Consultant
Nate Carden	DBHDS Project Management Office
Helen Leonard	DMAS
Bill Lessard	DMAS Finance
Tracy Harris	DMAS
Terry Smith	DMAS LTC
Trina Pearson	DMAS
Ann Bevan	DMAS DOJ Liaison
DOJ Project Team 3 (Individual & Family Support)	
Project closed as of 11/19/2013	
DOJ Project Team 4 (Crisis Intervention & Prevention)	
Team Member	Organization
Bob Villa (Lead)	DBHDS Office of Developmental Services, ID/DD Crisis Manager
Heather Norton	DBHDS Office of Developmental Services, Development Director
Connie Cochran	Assistant Commissioner for Developmental Services
James Vann	Easter Seals REACH Director for Region I
Philippe Kane	Easter Seals REACH Director for Region II
Denise Hall	New River Valley Community Services, REACH Director for Region III
Autumn Richardson	Richmond Behavioral Health Authority, REACH Director for Region IV
Pam Little	Hampton-Newport News Community Services Board, REACH Director for Region V
DOJ Project Team 5 (Employment First)	
Team Member	Organization
Adam Sass (Lead)	DBHDS Office of Developmental Services, Employment Coordinator
Connie Cochran	Assistant Commissioner of DD

Heather Norton	DD Operations Manager
Chris Neal	CSB DMC Representative
Michael Shank	DBHDS Office of Mental Health Services
DOJ 5: SELN Advisory Group	
Team Member	Organization
Cheri Stierer	DBHDS
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
Pamela Hinterlong	VCU/RRTC
Tonya Fowler	The Arc of Southside
Michelle Howard-Herbin	Didlake
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	St. John's Community Services
Lynne Talley	VBPD
Marshall Henson	Linden Resources
Phil Nussbaum	Chesterfield CSB
Robin Metcalf	The Choice Group
Samantha Hollins	DOE
Shirley Lyons	Henrico CSB
DOJ Project Team 6 (Independent Housing)	
Team Member	Organization
Eric Leabough (Lead)	DBHDS, Housing Specialist
Connie Cochran	DBHDS Assistant Commissioner

Debra Ferguson	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
Suzanne Gore	Office of the Secretary of Health and Human Resources, Deputy Secretary
Karen Kimsey	Department of Medical Assistance Services, Deputy Commissioner of the Policy and Research Division
Peggy Balak	DBHDS Settlement Agreement Executive Advisor
Chris Thompson	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
Sam Pinero	DBHDS, DD Waiver Program Manager
Ramona Schaffer	Department of Medical Assistance Services, MFP Manager
Catherine Harrison	Director of Community Integration, Department for Aging and Rehabilitative Services
Jeannie Cummins Eisenhour	Fairfax-Falls Church CSB, Invest and Development Manager
Joy Cipriano	Hampton Newport News CSB, Director of Property and Resource Development
Maureen Hollowell	Endeppence Center (VA CIL), Director of Advocacy and Services
Ann Bevan	Department of Medical Assistance Services, DOJ Settlement Senior Advisor
Jamie Liban	The ARC of Virginia, Executive Director
Lyndsi Austin	Department of Housing and Community Development, Associate Director Housing Policy and Compliance
DOJ Project Teams 7a (Discharge Process and Community Integration)	
Project closed as of 1/10/2014	
DOJ Project Team 7b (Regional Support Teams)	
Team Member	Organization
Gail Rheinheimer (7b Lead – Regional Support Teams)	DBHDS Division of Developmental Services
Eric Williams (project assistant)	DBHDS Division of Developmental Services

Connie Cochran	DBHDS Assistant Commissioner
Jae Benz	DBHDS, Director of Training Center Discharges and Community Integration
Debra Smith	Deputy Director of Training Center Discharges and Community Integration
Beverly Littlejohn	CVTC Community Integration Manager
Nancy Mercer	NVTC Community Integration Manager
Sarah Stansberry	SEVTC Community Integration Manager
Michelle Laird	SWVTC Community Integration Manager
Jenni Schodt	SVTC Community Integration Manager
Kathy Witt	Region 1 Community Resource Consultant, DDS
Jennifer Kurtz	Region 2 Community Resource Consultant, DDS
Barry Seaver	Region 2 Community Resource Consultant, DDS
Karen Poe	Region 3 Community Resource Consultant, DDS
Wanda Earp	Region 3 Community Resource Consultant, DDS
Andrea Coleman	Region 4 Community Resource Consultant, DDS
DOJ Project Team 7c (Family and Peer Mentoring)	
Team Member	Organization
Dawn Traver (7c Co-Lead – Peer Mentoring)	DBHDS Division of Developmental Services
Jae Benz (7c Co-Lead – Family Mentoring)	DBHDS Division of Developmental Services
Debra Smith	DBHDS Division of Developmental Services
Jenni Schodt	SVTC CIM
Beverly Littlejohn	CVTC Discharge Compliance Manager
Nancy Mercer	NVTC CIM
Sarah Stansberry	SEVTC CIM
Michelle Laird	SWVTC CIM
Betty Vines	DBHDS Division of Developmental Services
Tonya Carr	DBHDS Division of Developmental Services
DOJ Project Team 7d (Provider Capacity Development)	
Team Member	Organization
Beverly Rollins (7d Lead – Provider Capacity Development) Develop Bridge Funding Plan	DBHDS ODS, Community Supports Services
Jae Benz	Transition Coordinator
Cherice Jackson	Finance
Dawn Traver	DBHDS ODS, Waiver Operations Manager

DOJ Project Team 7e (Individual Support Plan)	
Team Member	Organization
Michelle Guziewicz	Community Resource Consultant, DBHDS
David Meadows	Community Resource Consultant, DBHDS
Karen Poe	Community Resource Consultant, DBHDS
Gail Rheinheimer	Provider Development Services Manager, DBHDS
Eric Williams	Community Resource Consultant, DBHDS
DOJ Project Team 8 (Quality Improvement & Data Analysis)	
Team Member	Organization
Peggy Balak	DBHDS Settlement Advisor
Jae Benz	DBHDS Office of Developmental Services (ODS) Training Center Operations Manager
Debbie Brinkley	Western Tidewater CSB and VACSB Data Management Committee (DMC) member
Connie L. Cochran	DBHDS Developmental Services Assistant Commissioner
Charline A. Davidson	DBHDS Office of Planning and Development Director
Adrienne H. Ferriss	DBHDS Office of Information Services & Technology (OIS&T)
Jennifer G. Fidura	Virginia Network of Private Providers Executive Director
Mike Forster	Harrisonburg Rockingham CSB IT Director and DMC Chairperson
Dale Francis	New River Valley Community Services IT Director and DMC member
Paul R. Gilding (Lead)	DBHDS Office of Community Contracting Director
Marion Y. Greenfield	DBHDS Office of Clinical Quality and Risk Management Director
Cynthia J. Gwinn	DBHDS ODS Community Resources Manager
Susan Hoover	RBHA Quality Assurance Director
Michelle Johnson	Henrico Area Mental Health and Developmental Services Director of Developmental Services and VACSB Developmental Services Council Chairperson
Rupinder Kaur	DBHDS ODS Data Management Analyst
Dee Keenan	DBHDS Division of Quality Management and Development (DQM&D) Case Management Coordinator
Eric S. Leabough	DBHDS ODS Housing Specialist
Demetrios N. Peratsakis	Western Tidewater CSB Executive Director
Heather Rupe	New River Valley Community Services Quality Assurance Director

Les H. Saltzberg	DBHDS Office of Licensing (OL) Director
Russell S. Sarbora	DBHDS Chief Information Officer/OIS&T Director
Adam H. Sass	DBHDS ODS Employment Coordinator
Keven M. Schock	DBHDS OL Associate Director
Stella Stith	DBHDS DQM&D Data Analyst
Beverly A. Thomas	DBHDS OIS&T
Robert J. Villa	DBHDS ODS ID/DD Crisis Manager
Margaret S. Walsh	DBHDS Office of Human Rights Director
Lacy T. Whitmore	Harrisonburg Rockingham CSB Executive Director and VACSB Administrative Policy and Technical Committee Chairperson
Copies to:	Organization
Ester C. Barber	DBHDS OIS&T
Kathy B. Drumwright	DBHDS DQM&D Quality Management and Development Assistant Commissioner
Mario Epps	DBHDS OIS&T
Donald J. Fletcher	DOJ Settlement Agreement Independent Reviewer
Luciana Kelty	DBHDS DQM&D Research Associate/Project Coordinator
Eric Kukanic	DBHDS OIS&T Data Warehouse
Jessica Moss	DBHDS OIS&T
Rebecca Reynolds	DMHDS Project Management Office
Joel B. Rothenberg	DBHDS Community Contracting Administrator
Margaret Thomas	DBHDS EHRS Project Manager
DOJ Project Team 9 (Case Management)	
Team Member	Organization
Dee Keenan (Lead)	DBHDS Office of Quality Management, Case Management Coordinator
Heather Norton	Director, Community Operations
Sam Pinero	DBHDS
Susan Bergquist	Executive Director, Goochland CSB
Steven King	DD Case Management
Cheryl Johnson	DD Case Management
Sharon Taylor	Frontier Health
Debbie Brinkley	IT Director, Western Tidewater CSB, DMC Representative
Kathy Drumwright	Assistant Commissioner, DBHDS
Paul Gilding, Director	Community Contracting, DBHDS
Les Saltzberg, Director	Office of Licensing, DBHDS
Gail Rheinheimer	DBHDS

Dawn Traver	DBHDS
Heather Rupe	New River Valley CSB
Michael Shank	DBHDS
Bonnie Neighbor	Vocal Virginia
Stella Stith	DBHDS
Eric Williams	DBHDS, CRC
Adrienne Ferriss	DBHDS
DOJ Project Team 10 (Case Manager Training)	
Incorporated into DOJ 9: Case Management	
DOJ Project Team 11 (Provider Risk Management)	
Team Member	Organization
Marion Greenfield (lead)	DBHDS Office of Clinical Quality and Risk Management, Director
Ann Bevan	Department of Medical Assistance Services
Kathy Drumwright	DBHDS Office of Quality Management and Development, Assistant Commissioner
Denise Dunn	DBHDS Office of Facility Investigations and Management
Donald Fletcher	DOJ Independent Reviewer
Michelle Guzewics	DBHDS
Luciana Kelty	DBHDS Office of Quality Management and Development
David Meadows	Office of Intellectual Disabilities
Mary O'Hara	DBHDS Office of Quality and Risk Management
Elizabeth Poe	CEO, Richmond Residential Services, Inc.
Keven Schock	DBHDS Office of Licensing, Associate Director
DOJ Project Team 12 (Incident Reporting)	
Project closed as of 12/2/2013	
DOJ Project Team 13 (Mortality Review)	
Project closed as of 1/7/2014	
DOJ Project Team 14 (Licensing)	
Team Member	Organization
Les Saltzberg (Lead)	DBHDS Office of Licensing, Director
Kathy Drumwright (Reports to)	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
Michelle Johnson	Henrico CSB

David Meadows	Community Resource Consultant
Natasha Fedyszyn	Private Provider
Carla Keith	DBHDS Office of Licensing. Data Analyst
DOJ Project Team 15 (Quality Service Reviews)	
Team Member	Organization
Charline Davidson (Lead)	DBHDS Office of Planning and Development
Kathy Drumwright (Reports to)	DBHDS Office of Quality Management and Development, Assistant Commissioner
Ann Bevan*	Department of Medical Assistance Services
Parthy Dinora	Partnership for People with Disabilities, Virginia Commonwealth University
Jim Gillespie	VACSB ID Council, Rappahannock Area CSB
Dee Keenan	DBHDS Office of Quality Management and Development
Jamie Liban	Arc of Virginia, Executive Director
Carolyn Lankford	DBHDS Quality Improvement Coordinator
Deb Lochart	DBHDS Office of Human Rights
Karen Moten	DBHDS Quality Management and Development, Data Analyst
Jerome Newsome*	VACSB Data Management Committee, Fairfax-Falls Church CSB
Sam Piñero	DBHD Developmental Services, DD Waiver
Gail Rheinheimer	DBHDS Office of Developmental Services
Beverly Rollins	DBHDS DOJ Consultant
Keven Schock	DBHDS Office of Licensing
Cheri Stierer	DBHDS Office of Developmental Services
Jeanette Trestrail*	DMAS, QMR
Michele Whittingham	One Diversity, Private Provider
DOJ Project Team 16 (Facilities Closures)	
Team Member	Organization
Connie Cochran (lead)	DBHDS Assistant Commissioner of Division of Developmental Services
Jae Benz	Director, Community integration Services
Don Darr	Assistant Commissioner for Finance and Administration
Florence Wells	Cost Accounting Manager, DBHDS Cost Accounting and Reimbursement
Ken Gunn	Director, Budget and Financial Reporting
Mark Diorio	Director, Northern Virginia Training Center
Catherine Kost	Fiscal Director, Northern Virginia Training Center

Tom Burgess	Administrative Director, Northern Virginia Training Center
Cynthia Lott	Human Resources Director, Northern Virginia Training Center
Joe Rajnic	Residential Director, Northern Virginia Training Center
Linda Muniz	Administrative Assistant, Northern Virginia Training Center
India Sue Ridout	Workforce Development Manager, Human Resources Development and Management
Joe Cronin	Director, Architecture and Engineering
Neila Gunter	Director, Human Resources Development & Management
Andrew Diefenthaler	Director, Budget Develop. & Analysis
Debbie Smith	Assistant Director, Community Integration Services
Mickie Jones	Capital Project Manager, Architecture and Engineering
Nancy Mercer	Community Integration Manager, Community Integration Services
Deidre Hairston	Community Integration Quality Manager, Community Integration Services
DOJ Project Team 17 (Provider Training)	
Team Member	Organization
Gail Rheinheimer (Lead)	Provider Development, DBHDS Division of Developmental Services
Eric Williams	Region 1 Community Resource Consultant, Division of Developmental Services
Kathy Witt	Region 1 Community Resource Consultant
Jennifer Kurtz	Region 2 Community Resource Consultant
Barry Seaver	Region 2 Community Resource Consultant
Wanda Earp	Region 3 Community Resource Consultant
Karen Poe	Region 3 Community Resource Consultant
Andrea Coleman	Region 4 Community Resource Consultant
David Meadows	Region 4 Community Resource Consultant
Michelle	Guziewicz Region 5 Community Resource Consultant
Vacant	Region 5 Community Resource Consultant
DOJ Project Team 18 (DDHSN)	
Team Member	Organization
Dr. Dawn M. Adams (Lead)	DBHDS
Connie Cochran	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
Peggy Balak	DBHDS Settlement Agreement Executive Advisor
John Pezzoli	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
DOJ Project Team 19 (Access and Availability of Services)	
Project under development	

Appendix B: DBHDS Settlement Agreement Stakeholder Group (June 30, 2014)

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