



COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.
INTERIM COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

March 29, 2018

The Honorable Thomas K. Norment, Jr., Co-chair
The Honorable Emmett W. Hanger, Jr., Co-chair
Senate Finance Committee
14th Floor, Pocahontas Building,
900 East Main Street,
Richmond, VA 23219

Dear Senator Norment and Senator Hanger:

Item 313.L.1. of the 2017 *Appropriation Act*, required the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) to “*provide quarterly reports to the House Appropriations and Senate Finance Committees on progress in implementing the plan to close state training centers and transition residents to the community.*”

Please find enclosed the report in accordance with Item 313.L.1. Staff at the department are available should you wish to discuss this request.

Sincerely,

A handwritten signature in blue ink that reads 'Jack Barber, M.D.'.

Jack Barber, M.D.

Enc.

Cc: Hon. Daniel Carey., M.D.
Marvin Figueroa
Susan Massart
Mike Tweedy



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The Honorable S. Chris Jones, Chair
House Appropriations Committee
900 East Main Street
Pocahontas Building, 13th Floor
Richmond, Virginia 23219

Dear Delegate Jones:

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**Fiscal Year 2018
Training Center Closure Plan
3rd Quarter Update
(Item 313.L.1 of the 2017 Appropriation Act)**

April 1, 2018

DBHDS Vision: A Life of Possibilities for All Virginians

Fiscal Year 2018

Training Center Closure Plan – 3rd Quarter Update

Preface

Item 313 L.1 of the 2017 *Appropriation Act* requires the Department of Behavioral Health and Developmental Services (DBHDS) to report on the implementation of the state training center closure plan and the transition of residents to the community on a quarterly basis. The language reads:

L.1. Beginning October 1, 2013, the Commissioner of the Department of Behavioral Health and Developmental Services shall provide quarterly reports to the House Appropriations and Senate Finance Committees on progress in implementing the plan to close state training centers and transition residents to the community. The reports shall provide the following information on each state training center: (i) the number of authorized representatives who have made decisions regarding the long-term type of placement for the resident they represent and the type of placement they have chosen; (ii) the number of authorized representatives who have not yet made such decisions; (iii) barriers to discharge; (iv) the general fund and nongeneral fund cost of the services provided to individuals transitioning from training centers; and (v) the use of increased Medicaid reimbursement for congregate residential services to meet exceptional needs of individuals transitioning from state training centers.

2. At least six months prior to the closure of a state intellectual disabilities training center, the Commissioner of Behavioral Health and Developmental Services shall complete a comprehensive survey of each individual residing in the facility slated for closure to determine the services and supports the individual will need to receive appropriate care in the community. The survey shall also determine the adequacy of the community to provide care and treatment for the individual, including but not limited to, the appropriateness of current provider rates, adequacy of waiver services, and availability of housing. The Commissioner shall report quarterly findings to the Governor and Chairmen of the House Appropriations and Senate Finance Committees.

3. The department shall convene quarterly meetings with authorized representatives, families, and service providers in Health Planning Regions I, II, III and IV to provide a mechanism to (i) promote routine collaboration between families and authorized representatives, the department, community services boards, and private providers; (ii) ensure the successful transition of training center residents to the community; and (iii) gather input on Medicaid waiver redesign to better serve individuals with intellectual and developmental disability.

4. In the event that provider capacity cannot meet the needs of individuals transitioning from training centers to the community, the department shall work with community services boards and private providers to explore the feasibility of developing (i) a limited number of small community group homes or intermediate care facilities to meet the needs of residents transitioning to the community, and/or (ii) a regional support center to provide specialty services to individuals with intellectual and developmental disabilities whose medical, dental, rehabilitative or other special needs cannot be met by community providers. The Commissioner shall report on these efforts to the House Appropriations and Senate Finance Committees as part of the quarterly report, pursuant to paragraph L.1.

Fiscal Year 2018 Training Center Closure Plan – 3rd Quarter Update

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Introduction

This report covers the period of January 1, 2018 to March 31, 2018. Savings realized from training center closures continue to be reinvested to expand community waiver operations. As of February 28, 2018, the statewide census at the training centers was 235. Community capacity continues to increase across the commonwealth to meet the needs of individuals leaving the training centers.

Training Center Census Reduction

Virginia’s training centers serve individuals with intellectual disability and are classified as Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/IID). Virginia announced the closure of four of its five training centers in 2012. Southside Virginia Training Center (SVTC) was the first training center to close in May 2014. As of March 2016, Northern Virginia Training Center (NVTC) officially closed operations. Southwest Virginia Training Center (SWVTC) and Central Virginia Training Center (CVTC) are scheduled to close on the target dates as noted below in Figure 1. Southeastern Virginia Training Center (SEVTC) will remain open.

Figure 1: Training Center Census Changes, 2010 – February 28, 2018

Training Center	2010	2012	2014	2016	2/28/2018	Projected Census 6/30/2018
Southwestern (SWVTC) Closure date: June 2018	192	173	144	98	55	0
Central (CVTC) Closure date: June 2020	426	342	288	192	107	98
Total Remaining Beds to be Closed in SWVTC and CVTC	618	515	432	290	162	98
Southeastern (SEVTC) Stays open	143	104	75	65	73	70
Total Statewide Census *	1,198	969	614	355	235	168

** Two training centers have already been closed: Southside Virginia Training Center closed in 2014 and Northern Virginia Training Center closed in 2016. These facilities are included in the “Total Statewide Census” row in the years they were still open.*

Training Center Discharge Information

Placements Chosen by Authorized Representatives

Figure 2 below provides the number of current training centers individuals and families who have indicated a preference for moving to the community or are exploring their options. These

families and authorized representatives either are in the process of moving or actively considering community options or are willing to participate in the discharge process.

Figure 2: Training Center Preference for Yes and Maybe as of February 28, 2018

Training Center	Yes - Currently in the Discharge Process	Maybe – Considering Options and Willing to Participate	Total
CVTC	22	18	40
SWVTC	4	5	9
SEVTC	42	11	53
TOTAL	68	34	102

Figure 3 below references the type of homes selected by the authorized representatives of the 718 individuals who have moved from the training centers since 2011.

Figure 3: Types of Homes Chosen by Individuals Who Transitioned from Training Centers as of February 28, 2018

718 Discharges: Types of Homes Chosen	
Own Home	0
Leased Apartment	1
Family	5
Sponsored	52
Supervised Living	1
Waiver (4 beds or less)	289
Waiver (5 beds or less)	226
Community ICF/IID (4 beds)	28
Community ICF/IID (5 or more beds)	60
Interstate Transfer	4
State Facility	0
Nursing Facility	26
Hospital Hospice Care	1
Medicaid Ineligibility	2
Transfer to Other Training Center (ICF/IID)	23

Authorized Representatives Who Have Not Yet Made Decisions

Figure 4 below provides preference indicators for family members and individuals who are saying “not yet” or “no” to the discharge process (most likely postponing action until closer to the closing date). Authorized representatives are either not reachable, unwilling to engage in discussions about placements, or have stated they will not participate in the discharge process at the current time.

Figure 4: Training Center Preference for Not Yet and No as of February 28, 2018

Training Center	Tentative, Not Always Responsive	Saying No or Not Yet	Total
SWVTC	2	0	2
SEVTC	15	49	64
TOTAL	39	93	132

Barriers to Discharge

The two primary barriers to discharge from the training centers remain 1) provider capacity and 2) reluctance of a guardian/authorized representative.

- 1) Provider capacity varies across the commonwealth. Active provider development continues in the Southwest and Central regions to add community provider capacity. Homes are under development in those regions who were awarded funds through Request for Proposals (RFPs) to serve individuals who require medical and behavioral supports.
- 2) Although families are reluctant and some adamantly opposed to moving, DBHDS has found that most families and authorized representatives become more willing to choose alternative placements with education about available options and as the established closure dates draw closer. With the first two closures, 25 percent of the families who indicated they would not accept a community placement elected to transition to a new community home instead of transferring to another training center as they closure date approached. With the closure date of SWVTC less than four months away, 53 of 55 remaining residents and their families have chosen a new community home over a transfer to another training center. The remaining two individuals are considering their options with community providers.

Total Cost of the Services Provided to Individuals Transitioning

The statewide average cost of supporting individuals in training centers in FY 2017 was \$343,625 per person, per year. The cost per person is projected to continue to increase due to the fixed costs allocated to a declining census in the facilities as well as discharges and natural deaths. Using FY 2016 data, the average annual cost of supporting former residents who have moved into community homes was \$141,559.

Increased Medicaid Reimbursement for Congregate Residential Services

The rates for Virginia's Developmental Disability Waivers include a tiered approach payment structure for some services to reimburse providers for the cost of serving individuals with more intensive behavioral and/or medical support needs. Customized rates support individuals with support needs that exceed reimbursement through the current rate structure. For a provider to receive a customized rate, the provider must demonstrate that increased costs are required for staffing and or programmatic oversight. Applications are reviewed by DBHDS and approved on an individual basis for each person and provider.

Service and Support Needs

Survey of Supports and Availability

DBHDS conducts a quarterly comprehensive survey to identify support needs for each individual residing in the next training center scheduled to close. Figure 5 below contains data detailing the support needs for individuals residing at the training centers as of February 28, 2018. The numbers reflect the aggregated need and capacity available. DBHDS does not utilize the surveys to match individuals and providers. In addition, the table does not contain data on vacancy rates or provider capacity.

Figure 5: Training Center Resident Support Needs and Community Provider Availability

Training Center	Individuals who require Behavioral Supports	Provider beds available/in development	Individuals who require medical Supports	Provider beds available/in development
CVTC	33*	37	43*	52
SWVTC	36*	46	21*	27
SEVTC	48*	50	22*	40
Total	117*	133	86*	119

*Some individuals require both medical and behavioral supports

Regional Support Teams

The DBHDS Regional Support Teams (RSTs) established in March 2013 continue to work to resolve individual, regional or system barriers that prevent individuals from receiving services in the most integrated setting of their choice. The RSTs are comprised of professionals with experience and expertise in serving individuals with developmental disabilities in the community, including individuals with complex behavioral and medical needs. There were seven referrals to the RST for review from training centers in FY 2018 as of February 28, 2018 due to unavailability of residential options in Region 3 surrounding SWVTC. Providers are expanding capacity through an RFP process to increase residential options to address this barrier. There were four referrals to the RST for review from training centers in FY 2018 as of February 28, 2018 due to unavailability of residential options in Region 1 in the northwest area of Virginia. Providers are developing through an RFP process to increase residential options to address this barrier.

Stakeholder Collaboration

Quarterly Meetings

DBHDS facilitates various meetings to promote collaboration with stakeholders as listed below in Figure 6. Meetings have been held since July 2012 regarding the implementation of the

Department of Justice (DOJ) Settlement Agreement, Medicaid waiver redesign, and training center closures. The quarterly stakeholder meetings are conducted by the DBHDS commissioner or designee and include representation from training center families, individuals receiving services, community services boards, private providers, advocacy organizations, and others from each region of the Commonwealth. Representatives are named on an annual basis. The public is invited to provide comment at every meeting. Information related to the stakeholder meeting can be viewed at: <http://www.dbhds.virginia.gov/doj-settlement-agreement>.

Figure 6: Quarterly Meetings



Community Provider Capacity

Number of Small Community Group Homes or Intermediate Care Facilities

Active provider development continues in Virginia’s southwest and central regions to add more community provider capacity. RFPs have been awarded and homes are in development to serve individuals who require medical and behavioral supports. Figure 7 below shows the statewide training center census and provider capacity status.

Figure 7: Summary of Statewide Training Center Census and Provider Capacity Status (2/28/18)

SWVTC <i>Closure: 2018</i>		CVTC <i>Closure: 2020</i>		SEVTC <i>Remains Open</i>	
Current Census	55	Current Census	107	Current Census	73
Community providers utilized this quarter	8	Community providers utilized this quarter	8	Community providers utilized this quarter	20
Available options	18	Available options	98	Available options	27
Providers in development	4	Providers in development	5	Providers in development	2
Options in development	59	Options in development	25	Options in development	6
Total number of options that will be available by 2018	77	Total number of options available by 2018	123	Total number of options available by 2018	33

Regional Support Centers for Specialty Services

DBHDS developed Regional Community Support Centers (RCSCs) in the training centers to increase access to services such as dental, therapeutic service and equipment. As the training centers close, DBHDS' Health Support Network (HSN) assesses existing community resources and develops services where needed. Programs and services that are a part of the HSN include:

- **Dental Program** – This pilot began as an opportunity for individuals in the community with developmental disabilities to receive non-emergent dental services. Such services include a comprehensive assessment and two basic/preventative dental appointments per year in the community with participating clinics at a predetermined reimbursement rate for the dental office. Through February 2018, there have been 1,369 individuals referred to the program. Of those, 995 are currently active in the program. Of the patients' active in the program, less than 33 percent require sedation due to the dental team working in the community to educate providers on new approaches to care.
- **Mobile Rehab Engineering** – Mobile rehab engineering was designed to replace the safety assessment, repair, and sanitation of durable medical equipment, such as wheelchairs, that were regularly scheduled at the training centers. Through February 2018, there have been 2,855 repairs made to medical durable equipment of which approximately 71 percent were repair needs identified during a safety assessment and not requested repair calls. These repairs reduced the risk of bodily injury in over 59 percent of the cases.
- **Community Nursing** – Through February 2018, the community nursing team provided nursing technical assistance to 1,098 individuals and providers. The nursing team has also provided community educational programs throughout the Commonwealth with over 649 participants attending.

Conclusion

DBHDS continues to work with families of individuals living at the training centers to identify and transition to new community homes that meet their support needs and preferences. Community provider expertise and capacity continues to expand across the Commonwealth to meet the needs of these individuals as they leave the training centers. Virginia remains on track to transition individuals to new homes and close Southwestern Virginia Training Center by June 2018 and Central Virginia Training Center by June 2020.