



COMMONWEALTH of VIRGINIA

S. HUGHES MELTON, MD, MBA
FAAFP, FABAM
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

June 16, 2019

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 310.M.4. of the 2019 Appropriation Act, required the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) to report on the needs of remaining residents at Central Virginia Training Center.

Specifically, the language requires:

"4. The Department of Behavioral Health and Developmental Services shall provide a report to the Joint Subcommittee regarding all remaining residents at Central Virginia Training Center by April 30, 2019. The report shall provide data that provides details on the needs of those individuals that remain and what services they would need in the community. The department shall also provide data regarding the number of behavioral specialists in the Commonwealth available to meet the needs of individuals with developmental disabilities in Virginia's waiver program and an update on the overall crisis system for children and adults with developmental disabilities, including data regarding the need for these services, current services available, and outcomes for those using the current system."

Please find enclosed the report in accordance with Item 310 M.4. Staff at the department are available should you wish to discuss this request.

Sincerely,

A handwritten signature in black ink that reads "S Hughes Melton" with a small "my" at the end.

S. Hughes Melton, MD, MBA

Enc.

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



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July 16, 2019

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

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CVTC Residents Needs Assessment

(Item 310 M.4. of the 2019 Appropriations Act)

July 16, 2019

DBHDS Vision: A Life of Possibilities for All Virginians

Preface

Item 310 M.4. of the 2019 Appropriations Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to report on the needs of remaining residents at Central Virginia Training Center. The language reads:

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CVTC Residents Needs Assessment

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Executive Summary

As of April 30, 2019, there are fifty (50) residents remaining at Central Virginia Training Center (CVTC). As required by Item 310 M.4. of the 2019 Appropriations Act, this report contains a summary of the needs of these residents and the services that will be available to the individuals as they transition into community homes and their current discharge status. The Commonwealth of Virginia has already closed three of the five Training Centers with CVTC scheduled to close in 2020. Staff at DBHDS, CSBs, and private community providers has worked diligently to ensure that the community is suited for the individual’s specific needs. The complexity of developing these community services comes from the wide range in ages, levels of intellectual disability, and service and support needs of the remaining residents. As you will read below, this effort has resulted in the development of an adequate number of beds in the community that will address the needs of the remaining residents at CVTC.

DBHDS has recently focused on additional services needed in the community for these residents. The development of additional Behavioral Specialist and important Crisis Services will ensure these individuals receive the most appropriate care in their new homes in the community.

Needs of Current CVTC Residents

There are many different ways to characterize the needs of the current CVTC residents. The sections below outline the age, gender, and level of intellectual disability for the 50 residents who currently reside at CVTC as of April 22, 2019. The report also outlines the support and service needs of these individuals and whether or not they are available in the community.

Demographics

Of the fifty individuals remaining at CVTC, as of April 22, 2019, fifty-two percent (52%) are male and forty-eight percent (48%) are female. Sixty-one (61) is the median age.

Figure 1- CVTC Demographics provides the age and gender of CVTC population.

Figure 1: CVTC Demographics			
Age Range	Female	Male	Total
22 and below	1	2	3
30s	0	3	3
40s	2	1	3
50s	9	4	13
60s	3	11	14
70s	7	4	11
80s	2	1	3
Total	24	26	50

Classifications of Intellectual Disability Severity

There are two systems for classifying intellectual disability (ID) used in the United States. They are the American Association on Intellectual and Developmental Disabilities (AAIDD) and the Diagnostic and Statistical Manual of Mental Disorders, fifth Edition (DSM-5). These systems classify individuals with intellectual disabilities according to their levels of support needs. The level of intellectual disability correlates with individuals functioning level in terms of autonomy and independence.

Figure 2-Classification of ID for the residents at CVTC.

Figure 2: Classification of ID for CVTC Residents			
Severity Category	CVTC Residents Percentage	DSM-IV Criteria (severity classified on the basis of daily skills)	AAIDD Criteria (severity classified on the basis of intensity of support needed)
Mild	0% (no individual)	Can live independently with minimum levels of support.	Intermittent support needed during transitions or periods of uncertainty.
Moderate	10% (5 individuals)	Independent living may be achieved with moderate levels of support, such as those available in group homes.	Limited support needed in daily situations.
Severe	18% (9 individuals)	Requires daily assistance with self-care activities and safety supervision.	Extensive support needed for daily activities
Profound	72% (36 individuals)	Required 24-hour care.	Pervasive support needed for every aspect of daily routines.
Total	100% (50 individuals)		

Service and Support Needs

Survey of Supports and Availability

DBHDS conducts comprehensive assessments to identify support needs for each individual residing in the training center. A thorough review and survey is completed quarterly for the individuals at CVTC. Over time and as the individual's age, behavioral support needs decrease and medical needs often increase.

Figure 3- Supports and Availability contains data detailing the support needs for individuals residing at CVTC. The numbers reflect the aggregated required supports and capacity available to support their unique needs.

Figure 3: Supports and Availability			
Support	Level	Number of Individuals	Provider beds available and/or in development
Individuals Who Require Behavioral Supports	Mild	6	20
	Moderate	3	
	Intensive	5	
Individuals Who Require Both Behavioral and Medical Supports	Mild	3	16
	Moderate	4	
	Intensive	5	
Medical Supports		18	19
No Additional Supports Needed		6	10
Total		50	65

Additional Support Needs

Ninety-eight percent of the CVTC residents (49) need assistance with activities of daily living (ADL). ADLs include assistance and support with feeding, bathing, toileting, dressing, etc. In addition to ADL support, individuals require support and monitoring for medical conditions and behavioral needs.

Figures 4-7 reflect the medical conditions, accommodations, psychiatric and behavioral supports needs for the residents remaining at CVTC.

Figure 4: Chronic Medical Conditions	
Visual impairment (glasses)	33
Epilepsy	29
Non Ambulatory	22
Autism	13
Constipation	46
Dermatitis, Dry Skin	43
Teeth/Gum	36
Weight Instability	34
Dysphagia	33
Cerumen in Ears	30
Thyroid	29
Osteoporosis	27

Chronic Rhinitis	25
Cardiac Condition	21
Osteopenia	21
Chronic Kidney	8
Aspiration Pneumonia	9
GERD	21

Figure 5: Monitoring, Assistance, Care, Accommodations	
Assistance with Medication Administration	46
Wheelchair Accessible Residence Required	20
Port A Cath (Flushing)	8
Carendo /Shower Chair/Shower Trolley	8
Assistance with ADL's	49
Respiratory	7

Support with medication administration and ADLs are typical support needs, providers are required to have systems in place to support individuals with these needs. Similarly, individuals who utilize a wheelchair will need a home that is accessible and meets building code requirements.. Individuals with other needs in Figure 5 will be able to access this through homes that were developed specifically for individuals with medical support needs.

Figure 6: Psychiatric Support and Monitoring	
Psychiatric Support	29
Medication for Psychiatric Disorders	30
Behavioral Disorders with Psychiatric Supports	26
Symptoms related to Mental Health Support Needs	5
Mood Disorder	5

Figure 7: Behavioral Support	
Self-directed destructiveness	22
PICA	14
Aggression	6
External Destructiveness	3
Emotional Outbursts, anger, yelling	3

Support for individuals with psychiatric and behavioral support needs is available and coordinated prior to discharge to ensure connectivity to a provider who has the skills and ability to support these needs and when indicated, the individual is connected to a behavior interventionist. Additionally, prior to discharge the community integration manager assures the individual is connected to psychiatric care if they are supported with medication intervention.

Community Services and Support

Figure 8 provides a detailed list of the community services and supports that are available to the individuals at CVTC through the Home and Community Based Waiver, Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID) or Nursing Facility.

Fifty percent (50%), twenty-five (25) of the remaining individuals have identified a provider and home for community placement. These individuals will be discharged within the next 3 months. The remaining 25 individuals have options community-based options. Fifteen (15) individuals are actively considering their options while the remaining ten (10) are not yet engaged. DBHDS expects the remaining residents to begin the discharge process over the next three months. As stated previously, CVTC personal support teams have identified multiple provider options that are qualified to support the unique needs for all 50 remaining individuals. The CVTC residents will benefit from the available supports listed below. This data contains duplicative information as each individual may benefit from multiple services.

Behavioral Specialists Available in the Waiver Program

There are currently 1109 Licensed Behavior Analysts and 1279 Licensed Assistant Behavior Analysts in Virginia. These are collectively considered behavioral interventionists that can assist individuals with behavior plans and supports. All of these individuals are eligible to practice under the waiver. In addition to those licensed by the Board of Medicine, Virginia also recognizes individuals who participate in the endorsement for Positive Behavior Support Facilitation as behavior interventionists who can assess behaviors, develop plans and provide supports to individuals. The Commonwealth currently recognizes the endorsement of 74 positive behavior support facilitators who are eligible to bill Medicaid for behavioral supports. DBHDS has been working in partnership with the Virginia Association of Behavior Analysts and VCU Partnership for People with Disabilities who oversees the endorsement of Positive Behavior Support Facilitators to increase the number of providers providing this service to individuals with developmental disabilities on the waivers. In previous training center closures such as NVTC and SWVTC, DBHDS has been able to work directly with providers to ensure that the required behavioral supports are addressed in the community through connecting them with providers who are in contract with or have providers of behavior intervention on staff.

Crisis Services Update

Ongoing, high quality behavior supports are critical to ensuring individuals do not escalate to a behavioral or mental health crisis. While DBHDS and DMAS continue to work to ensure there are ongoing, high quality supports available to all in need under the waiver, DBHDS is also working to improve and expand its crisis services for individuals in need of assistance across the Commonwealth. The statewide Adult REACH program has been in operation for over 5 fiscal years and the Children's REACH program has been operational for over three fiscal years. The programs are functioning well and are actively serving adults, children, families and providers in crisis. There are regional differences, however, and these are being minimized through ongoing standardization of documentation and processes, as well as via quarterly and annual reviews of the programs to bring the programs into closer alignment with one another.

Overall, the program continues to move forward in support of the mission for a full spectrum of crisis, prevention, and habilitation services to be offered to adults and children in Virginia with a developmental disability. The Department remains committed to fulfilling its mission to have a continuum of qualified care for adults and children with developmental disabilities, their families, and their providers.

At the time of crisis assessment, 59% of adults and 62% of children can be supported in their home. For those children and adult who access mobile crisis services in their home/community, 88% of children and 97% of adults are able to maintain stabilization in the community. For children and adults, only 3% of adults and 12% of children are hospitalized out of mobile supports. Additionally, since the inception of the REACH programs we have a seen a decrease in the average length of stay for children and adults when they are hospitalized.

Beginning July 1, 2019, DBHDS received an additional \$7.8 million to expand crisis services under STEP-VA. As one of the nine required services for System Transformation Excellence and Performance (STEP-VA), behavioral health crisis services are intended to reduce use of hospital emergency departments, limit hospitalizations, decrease unnecessary incarcerations, and help ensure people with behavioral health services can live successfully and productively in their own communities. DBHDS envisions a robust crisis system for all Virginians that does not discriminate based on age, disability or support need. The purpose of a crisis continuum of services is to ensure the availability of care to meet people where they are (literally and figuratively) when they are experiencing a crisis because of an acute mental health or behavioral emergency. This approach will also support individuals with developmental disabilities.

According to the National Association of State Mental Health Program Directors, a comprehensive cross-disability life span crisis service system contains three major components based on national best practice. These crisis services include:

1. a crisis hotline that is available 24/7, 365 days/year to dispatch a mobile crisis response, link to community services or connect to urgent response (police, ambulance);
2. mobile crisis services that respond to people in the community wherever they are and provide crisis intervention and stabilization supports in the community; and

3. residential crisis stabilization for those who need more targeted support to allow the person to receive services in an alternative community location to a hospital.

Conclusion

DBHDS feels there are adequate community options to meet the needs for the 50 individuals remaining at CVTC. In addition, we are considering a PPEA with Horizon Behavioral Health, the Community Services Board in Lynchburg, which may create additional capacity in the ICF/ID space for current residents. DBHDS also believes we can access behavioral specialists for individuals who are discharging to ensure they are supported appropriately in the community. We have a history of working directly with providers to develop capacity unique to individuals discharged at SVTC, NVTC, and SWVTC and have done the same for those already discharged from CVTC and will continue to do so. Finally, we continue to expand our crisis services capacity to assist individuals and providers in need.