

**Fiscal Year 2021
Training Center Closure Plan
2nd Quarter Update
(Item 320.L.1 of the 2020 Appropriation Act)**

January 1, 2021

DBHDS Vision: A Life of Possibilities for All Virginians

Fiscal Year 2021

Training Center Closure Plan – 2nd Quarter Update

Preface

Item 320.L.1 of the 2020 *Appropriations Act 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 non-general 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.

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Introduction

This report covers the period of October 1, 2020 to December 31, 2020. Effective April 2, 2020, all four Virginia Training Centers slated to close have ceased residential operations.

The Department of Behavioral Health and Developmental Services (DBHDS), with the Department of Medical Assistance Services (DMAS), implemented the amended Medicaid Intellectual and Developmental Disability (I/DD) Waivers in September 2016. As planned, general funds realized from training center closures continue to be reinvested to expand the planned community waiver operations. Community capacity has sufficiently developed across the Commonwealth to meet the needs of individuals leaving the training centers. As of November 13, 2020, the census at Southeastern Virginia Training Center (SEVTC), the only remaining training center funded by Virginia’s Medicaid Plan service as an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID), is 77.

Training Center Census Reduction

The first training center that officially closed operation in May 2014 was Southside Virginia Training Center (SVTC). Northern Virginia Training Center (NVTC) officially closed operations in March 2016. Southwestern Virginia Training Center (SWVTC) officially closed operations on August 31, 2018. Central Virginia Training Center (CVTC) ceased residential operations on April 2, 2020. Southeastern Virginia Training Center (SEVTC) will remain open, and is currently serving 77 individuals. See figure 1.

Figure 1: Training Center Census Changes, 2011 – November 13, 2020				
Training Center	2011 Census	Census as of November 13, 2020	Percent Reduction Since 2011	Closure Date
SVTC	242	0	100%	May 2014
NVTC	157	0	100%	March 2016
SWVTC	181	0	100%	August 2018
CVTC	381	0	100%	April 2020
SEVTC	123	77	37%	Remains Open
Total	1084	77	93%	

Training Center Discharge Information

Interest in Community Options

Currently there are 77 individuals at SEVTC. Capacity was increased to serve CVTC residents who requested to continue receiving Training Center care. Figure 2 below provides the number of individuals and families who have indicated a preference for moving to the community or are actively exploring options. These families and authorized representatives are either in the process of moving, are actively considering community options, or are willing to participate in the exploration of the discharge process. There are seven individuals and families at SEVTC

interested in moving to a community home. DBHDS continues to assist these families with exploring available options. Two individuals are in the process of choosing a home while five others are exploring potential providers. DBHDS expects SEVTC to return to a census of 75 or less as residents and families/AR’s finalize choices.

Figure 2: SEVTC Training Center Preference for Yes and Maybe as of Nov. 13, 2020			
Training Center	Yes - Currently in the Discharge Process	Maybe – Considering Options and Willing to Participate	Total
SEVTC	2	5	7

Placements Chosen by Authorized Representatives

Figure 3 below references the types of homes selected by the authorized representatives of the 873 individuals who have moved from the training centers since 2011.

Figure 3: Types of Homes Chosen by the Individuals Who Transitioned from Training Centers as of November 13, 2020	
873 Discharges: Types of Homes Chosen	
Leased Apartment	2
Family	4
Sponsored	53
Supervised Living	1
Waiver (4 beds or less)	354
Waiver (5 beds or more)	280
Community ICF/IID (4 beds)	34
Community ICF/IID (5 or more beds)	66
Interstate Transfer	5
Nursing Facility HDMC	32
Nursing Facility External	6
Hospital Hospice Care	1
Medicaid Ineligibility	3
Transfer to Other Training Center (ICF/IID)	32

Authorized Representatives who are Not Interested in Community Options

Figure 4 below provides preference indicators for family members and individuals who are saying “not yet” or “no” to moving to a community home. SEVTC remains open with an increased bed capacity to support individuals who transferred from CVTC. DBHDS staff will continue to support SEVTC individuals and their representatives in exploring all available options.

Figure 4: SEVTC Training Center Preference for Not Yet and No as of November 13, 2020

Training Center	Tentative, Not Always Responsive	Saying No or Not Yet	Totals
SEVTC	12	58	70

Barriers to Discharge

The primary barrier to discharge continues to be the reluctance of families/authorized representatives to engage in the process of exploring integrated options. Historically, reluctant families become more willing to explore and choose alternative placements with education related to integrated services. However it should be noted that 31 of the 77 (40%) individuals currently residing at SEVTC have families/authorized representatives who ultimately chose for them to transfer from closing facilities and continue receiving training center care even after being provided with education and numerous more integration options.

The COVID-19 pandemic and the resulting restrictions have also negatively impacted community integration efforts. Although there are seven individuals at SEVTC considering alternative and more integrated options, the discharge process has experienced delays due to staffing challenges, visitation restrictions, and positive cases both in the facility and in community homes.

Regional Support Teams

DBHDS implemented five Regional Support Teams (RSTs) in March 2013. 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. The RST seeks to resolve individual, regional, and system barriers that prevent individuals from receiving services in the most integrated setting of their choice.

There were 33 referrals presented to RST for review in FY2020 from CVTC and SEVTC and one from SEVTC in FY2021. SEVTC and Hiram Davis Medical Center (HDMC) will be the remaining state facilities to support individuals with Developmental Disabilities.

Total Cost of the Services Provided to Individuals Transitioning

The statewide average cost of supporting individuals in training centers in FY 2019 was \$486,802 per person, per year. A review of data for FY 2020 would likely reveal an increase in the cost per person due to the fixed costs allocated to a facility with a census of zero for the fourth quarter. Using FY 2017 data, the average annual cost of supporting former residents who have moved into community homes was \$154,339.

Increased Medicaid Reimbursement for Congregate Residential Services

The rates for the Developmental Disability Waivers include a tiered payment structure for some services, which reimburses 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. To receive a customized rate, the provider must demonstrate increased costs for required staffing and/or programmatic oversight. Receipt and approval of applications occur on an individual basis for each person and provider.

Support Needs

Survey of Supports

DBHDS conducts a quarterly comprehensive survey to identify support needs for each individual residing in a training center. Figure 5 below contains data detailing the support needs for individuals residing at SEVTC as of November 13, 2020.

Figure 5: Behavioral and Medical Supports Required				
	Behavioral	Medical	Both	No Exceptional Support Need
SEVTC	26	16	33	2

Stakeholder Collaboration

Quarterly Meetings

DBHDS facilitates various meetings to promote collaboration with stakeholders as listed below in Figure 6. Settlement Agreement Stakeholder 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 meeting is conducted by the DBHDS Commissioner or designee and includes representation from families, individuals receiving services, CSBs, private providers, advocacy organizations, and others from each region of the Commonwealth. The public is invited to attend for providing comment at Settlement Agreement Stakeholder meetings. Information related to the meeting can be viewed at <http://www.dbhds.virginia.gov/doj-settlement-agreement>

Figure 6: DBHDS Quarterly Meetings

October 2020	<ul style="list-style-type: none"> • 10.29.20 Guardianship Board Meeting
October 2020	<ul style="list-style-type: none"> • 10.30.20 Settlement Agreement Stakeholder Meeting
November 2020	<ul style="list-style-type: none"> • 11.17.20 Community Provider Roundtable Meeting

Community Provider Capacity

Availability of Waiver Funded or ICF Funded Group Homes

SEVTC will remain open and currently serves 77 individuals. Waiver slots are available for individuals residing at SEVTC and HDMC who wish to live in community settings. Provider capacity in the Commonwealth exceeds the current need to serve individuals remaining in a Training Center. There are currently more than two hundred residential providers with more than one thousand locations available in Region V where SEVTC is located. Opportunities for community placement will continue to be discussed and offered to individuals and families exploring more integrated options.

Regional Support Centers for Specialty Services/Health Support Network

The Regional Support Centers have traditionally provided dental and mobile rehab engineering services. In addition to these services, a community nursing team was created to provide technical assistance for providers working with individuals with developmental disabilities. The Health Support Network (HSN) has been and is in the process of developing and ensuring key services are available in community settings. Figure 7 below provides data regarding the provision of dental, mobile rehab engineering and technical assistance in the community.

Figure 7: Health Support Network Current Impact	
Dental Program (DP)	<ul style="list-style-type: none"> ➤ 3004 referrals were received ➤ 2058 individuals are currently active and receiving services in the program. ➤ 23% of the active individuals require sedation and 0.8% require general anesthesia.
Mobile Rehab Engineering (MRE)	<ul style="list-style-type: none"> ➤ 1452 repairs to medical durable equipment were completed ➤ Approximately 93% of the repairs resulted from needs identified during a safety assessment as opposed to requested repairs. ➤ Repairs reduced the risk of bodily injury in approximately 69% of the cases.
Community Nursing (CN)	<ul style="list-style-type: none"> ➤ Technical assistance was provided to 422 individuals and service providers. ➤ Over 365 community stakeholders participated in educational programs conducted in various locations throughout the Commonwealth