DBHDS Update:
DOJ Settlement Agreement & STEP-VA

Presentation to the Joint HHR Oversight Committee
October 21, 2019

Mira Signer
Acting Commissioner
Department of Behavioral Health and Development Services
Presentation Topics

- US Department of Justice (DOJ) Settlement Agreement
- STEP-VA
- DBHDS Organizational Report
U.S. Department of Justice Investigation

- **2008:** DOJ started investigating Central Virginia Training Center (CVTC) pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA).
- **2010:** DOJ expanded to cover all five training centers and community-based services, Virginia’s compliance with the Americans with Disabilities Act (ADA) and the U.S. Supreme Court *Olmstead* ruling.

- **March 2011:** Virginia began negotiations with DOJ to reach a settlement to avoid a costly and lengthy legal battle.
- **January 26, 2012:** Virginia and DOJ reached a settlement agreement that was court-approved on August 23, 2012.
- Agreement is slated to conclude, with judicial approval, June 2021

**Finding 1**: Virginia does not provide services in the most integrated and appropriate setting.

**Finding 2**: Virginia is not developing a sufficient quantity of community services.

**Finding 3**: Virginia has a flawed discharge process at training centers.
Settlement Agreement Target Population

Individuals with intellectual and developmental disabilities (ID/DD) who meet any of the following:

- Currently reside at any of the training centers;
- Meet the criteria for the Intellectual Disability (ID) waiver or Developmental Disability (DD) waiver or wait lists; or,
- Currently reside in a nursing home or Intermediate Care Facility (ICF).
<table>
<thead>
<tr>
<th>Four Main Areas of the Settlement Agreement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Serving individuals with DD in the <strong>most integrated setting</strong> and building quality community-based alternatives for individuals, particularly individuals with complex needs</td>
<td><strong>Quality and risk management system</strong>, including monitoring and evaluating services, and implementing quality improvement processes at an individual, provider, and state-wide level</td>
</tr>
<tr>
<td><strong>Transitions from training centers/enhancement of community services</strong></td>
<td><strong>Supporting independent housing and employment options for individuals with DD</strong></td>
</tr>
</tbody>
</table>
• Per the Agreement, the Commonwealth must demonstrate compliance with all provisions no later than June 30, 2020, and for each provision, compliance is then maintained for a period of not less than 12 months.

• The Agreement contemplated to conclude no later than June 30, 2021.
• Court hearing to determine provisions met, and established the basis for negotiations between the parties “to establish in precise, measurable terms what the Commonwealth must do to comply with each remaining provision of the decree”.

• The Court intends to use the “outcome measures” as the measuring stick to determine if the Commonwealth has met its duties for the remaining provisions.
Status

- Met approximately 65% of provisions to date

**Section III (Integrated Settings)**
- Investment in HCBS waivers – to date
- Investment in independent housing – to date
- Crisis – 50%
- Day and Vocational -75%
- Case Management – 50%
- CRC and RST – 63%

**Section IV (Training Center Discharge & Planning)**
- Overall 85% and will be in compliance if Section III in compliance

**Section V (Risk/Quality Management)**
- Overall 20%

- Started with 54 provisions counting sub-parts considered to still be in non-compliance. Agreed that 6 could be rolled into other provisions. So, establishing outcome measures for 48 provisions in total.
Outstanding Non-Compliant Provisions

• Section III – Integrated Settings (21 provisions)
• Section IV – Training Center Discharge Planning and Transition (on hold – 6 provisions)
• Section V – Risk Management, Quality and Improvement (26 provisions)
• Section IX – Document Library

• Compliance Measures to date: 220 discrete measures
  – Process performance measures
  – Input measures
  – Outcome measures
What needs to be done

• Expand **provider capacity**
• Improve **provider competency** in short-term and have personnel capacity for on-going remediation needs
• Stand up missing elements of the home and community-based services (HCBS) **quality assurance and improvement system**
• **Manage performance** to achieve performance metrics for Quality Assurance/Quality Improvement system
• Establish authority and methods to collect **outcome data**
• Procure information management tools, and capacity to store, manage, **analyze and report data**
# GF Expenditures Related to the DOJ SA

## GF Expenditures Related to the DOJ SA

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Services</td>
<td>DMAS</td>
<td>$25,485,369</td>
<td>$42,569,177</td>
<td>$50,404,874</td>
<td>$65,976,362</td>
<td>$87,115,392</td>
<td>$106,083,718</td>
<td>TBD</td>
<td>$169,200,379</td>
</tr>
<tr>
<td>Individual Family &amp; Support</td>
<td>DBHDS</td>
<td>$1,652,238</td>
<td>$3,598,915</td>
<td>$2,475,595</td>
<td>$2,853,620</td>
<td>$3,323,652</td>
<td>$3,674,052</td>
<td>$3,570,851</td>
<td>$3,670,080</td>
</tr>
<tr>
<td>Housing</td>
<td>DBHDS</td>
<td>$0</td>
<td>$88,058</td>
<td>$342,316</td>
<td>$2,231</td>
<td>$2,240,688</td>
<td>$4,171,645</td>
<td>$5,711,586</td>
<td>$8,126,445</td>
</tr>
<tr>
<td>Crisis Stabilization</td>
<td>DBHDS</td>
<td>$7,765,570</td>
<td>$12,077,224</td>
<td>$11,398,945</td>
<td>$16,249,999</td>
<td>$20,605,000</td>
<td>$22,052,000</td>
<td>$24,190,522</td>
<td>$24,752,000</td>
</tr>
<tr>
<td>DD Health Supports Network</td>
<td>DBHDS</td>
<td>$0</td>
<td>$145,709</td>
<td>$550,845</td>
<td>$4,125,949</td>
<td>$2,900,705</td>
<td>$2,040,904</td>
<td>$656,676</td>
<td>$5,200,000</td>
</tr>
<tr>
<td>Training Center Bridge Funding/Provider Development</td>
<td>DBHDS</td>
<td>$0</td>
<td>$145,709</td>
<td>$550,845</td>
<td>$4,125,949</td>
<td>$2,900,705</td>
<td>$2,040,904</td>
<td>$656,676</td>
<td>$5,200,000</td>
</tr>
<tr>
<td>Total Services/Service Development</td>
<td>State</td>
<td>$34,903,177</td>
<td>$58,479,083</td>
<td>$65,238,649</td>
<td>$90,052,909</td>
<td>$117,800,676</td>
<td>$139,803,222</td>
<td>$36,912,933</td>
<td>$211,513,904</td>
</tr>
<tr>
<td>DBHDS Admin, IT Systems, Data Warehouse, Training, SIS Assessments</td>
<td>DBHDS</td>
<td>$1,499,094</td>
<td>$1,883,801</td>
<td>$4,136,569</td>
<td>$5,562,434</td>
<td>$5,244,668</td>
<td>$7,132,157</td>
<td>$8,324,401</td>
<td>$8,296,040</td>
</tr>
<tr>
<td>Total Administration, IT</td>
<td>DBHDS</td>
<td>$1,804,826</td>
<td>$2,227,386</td>
<td>$4,480,154</td>
<td>$5,990,134</td>
<td>$5,687,402</td>
<td>$7,609,061</td>
<td>$8,839,852</td>
<td>$8,849,399</td>
</tr>
<tr>
<td>Total DOJ</td>
<td>State</td>
<td>$36,708,003</td>
<td>$60,706,469</td>
<td>$69,718,803</td>
<td>$96,043,043</td>
<td>$123,488,078</td>
<td>$147,412,283</td>
<td>$45,752,785</td>
<td>$220,363,303</td>
</tr>
</tbody>
</table>

Note: Does not include DMAS Admin Cost, facility closure cost, or funds in the outstanding FY19 carryforward request

- 96% of GF budget is for Waiver Services, Housing, IFSP and other services
- IT, Administration, SIS assessments, Training = 4% of total GF DOJ FY2020 budget

## Training Center Closure Savings

<table>
<thead>
<tr>
<th>Training Center Closure Savings</th>
<th>2012</th>
<th>2022</th>
<th>Projected GF Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>TC GF</td>
<td>$30,788,419</td>
<td>$12,348,638</td>
<td>($18,439,782)</td>
</tr>
<tr>
<td>SF Expenditures FY 2012 (98% Medicaid)</td>
<td>$191,614,108</td>
<td>$0</td>
<td>($95,807,054)</td>
</tr>
<tr>
<td>GF Savings</td>
<td>$191,614,108</td>
<td>$0</td>
<td>($114,246,835)</td>
</tr>
</tbody>
</table>

- When all training centers close projected ongoing GF savings is $114 million
# Submitted Budget Requests related to the DOJ Agreement

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>FY 2021 Amount</th>
<th>FY 2022 Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD Required Slots</td>
<td>Add 635 Family Individual Support slots the first year and 125 Community Living in FY 2021. Adds an additional 100 Community Living Slots in FY 2022 to show Virginia's continued efforts during 1 year period to show sustenance of effort.</td>
<td>$15,372,653</td>
<td>$19,271,503</td>
</tr>
<tr>
<td>Facility Slots</td>
<td>Add 45 Community Living Slots and 5 Family Support slots in FY 2021. Adds an additional 45 Community Living Slots 5 Family Support slots in FY 2022 to help transition individuals from nursing homes and other facility settings.</td>
<td>$1,837,153</td>
<td>$3,674,305</td>
</tr>
<tr>
<td>Resources Required to Exit DOJ Settlement Agreement</td>
<td>Funds 51 additional positions needed to support the licensing functions, quality management, data quality, human rights and other critical functions related to the DOJ settlement agreement. This funding is essential to build out the required quality controls and licensing of the expanded provider network.</td>
<td>$7,084,387</td>
<td>$6,786,774</td>
</tr>
<tr>
<td>Increase State Rental Assistance Program (SRAP)</td>
<td>The DOJ settlement agreement has targets for new individuals living in independent housing each year. For FY 2021 the requirement is 1,205, and for FY 2022 it is 1,866. Funds two additional positions to help with effort.</td>
<td>$5,185,591</td>
<td>$5,453,048</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$30,619,837</strong></td>
<td><strong>$37,465,735</strong></td>
</tr>
<tr>
<td>STEP-VA Service</td>
<td>Implementation Requirement</td>
<td>Status</td>
<td>Funds Allocated</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-----------------------------</td>
<td>-------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Same Day Access</td>
<td>July 1, 2019</td>
<td>100% Implementation: March 2019</td>
<td>$10.8M</td>
</tr>
<tr>
<td>Primary Care Screening</td>
<td>July 1, 2019</td>
<td>launched: July 1, 2019</td>
<td>$3.7M FY19, $7.4M FY20</td>
</tr>
<tr>
<td>Crisis Services</td>
<td>July 1, 2021</td>
<td>Detox Services</td>
<td>$2M FY20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Detox Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Detox Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>crisis services</td>
<td>$7.8M FY20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>launched: August 2019</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>launched: August 2019</td>
<td></td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>July 1, 2021</td>
<td>launched: July 1, 2019</td>
<td>$15M FY20</td>
</tr>
<tr>
<td>Psychiatric Rehabilitation</td>
<td>July 1, 2021</td>
<td>Planning Began 4th Q FY19</td>
<td>–</td>
</tr>
<tr>
<td>Peer/Family Support Services</td>
<td>July 1, 2021</td>
<td>Planning Began 4th Q FY19</td>
<td>–</td>
</tr>
<tr>
<td>Veterans</td>
<td>July 1, 2021</td>
<td>Planning Began 4th Q FY19</td>
<td>–</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>July 1, 2021</td>
<td>Planning Began 4th Q FY19</td>
<td>–</td>
</tr>
<tr>
<td>Case Management (Adults and Children)</td>
<td>July 1, 2021</td>
<td>Planning Began 4th Q FY19</td>
<td>–</td>
</tr>
</tbody>
</table>
**Milestones to Date:**
- Formulation of STEP-VA Advisory Committee (STAC)
- Definitions, metrics and funding formula complete for Primary Care Screening (PCS) and Outpatient Services
- CSBs submitted Primary Care Screening AND Outpatient plans and distribute funds
- Same Day Access has decreased wait times from above the national average to 50% below
- Investments made in training CSB staff to focus on building capacity for interventions that are evidence-based and trauma-informed, inclusive of interventions for children and adults

**Future Tasks:**
- September STAC: First round of feedback on Psychiatric (PS), Care Coordination (CC) and Case Management (CM) steps
- December STAC: Final definitions, metrics and funding formula presented for PS, CC and CM steps. No plans till funding specified.
- January 1\textsuperscript{st}, 2020 planning COMPLETE for ALL steps. CSBs ready to work on plans when funding appropriated.
- Determine step initiation timeframe
- Data collection, analysis and CSB performance assessment
Highlight: Same Day Access

- Has been initiated at all 40 CSBs
- CSBs worked with MTM Consultant to consider adoption of the following:
  - Same Day Access
  - Collaborative Documentation
  - No Show Management
  - Productivity calculators
- Preliminary/process outcomes (30 CSBs reporting):
  - 20% decrease in staff time for intakes
  - 7% decrease in client time at intake
  - 26% more intakes being completed (on average)
  - Wait time has decreased from above the national average to 50% below. National wait time is 49 days
Highlight: Outpatient Services

- Outpatient services are foundational
- This step aims to ensure high quality services that address critical community needs and helps close gaps in access
- Some examples of investments in training made by regions:
  - Trauma-focused Cognitive Behavioral Therapy
  - Ecosystemic Structural Family Therapy
  - Functional Family Therapy
  - Motivational Interviewing
  - Eye Movement Desensitization and Reprocessing
  - Shared subscription to web-based CEUs
Mobile Crisis

• Mobile crisis are short-term, community-based face to face responses designed to restore a person’s functioning level to pre-crisis levels.

• Mobile mental health crisis response services offer opportunities to de-escalate a situation or problem, help people develop individualized strategies for their future concerns, and link to community-based services whenever possible.
Crisis System in Virginia

Current System

• Out of sync with national best practices
• Fragmented – by age and diagnosis
• MH emergency services and REACH (child & adult) programs operate in coordination, collaboration, but not integrated
• Access to mobile crisis 24/7 – dependent on where you live, age & disability
• Need for increased standardization, including assessments

Future System Key Elements

- Crisis Hotline
- Dispatch Infrastructure
- Mobile Crisis
  Regionally deployed, 24/7 basis
- Residential Crisis
  Intervention and stabilization
Mobile Response and Stabilization Hallmarks

The crisis is defined by the caller

Available 24 hours a day, 7 days a week

Serve individuals in their natural environments

Specialized trained staff

Build on natural support structures

Connect individuals to follow-up services and supports
Best Practice Results – Other States’ Experiences

Based on the experiences of other states, improving our system will:

**Reduce the burden on emergency departments and inpatient placements**
- Connecticut reported 666 inpatient diversions in FY18
- Seattle diverted 91-94% of hospital admissions between 2013 and 2015

**Create long-term cost savings on higher-cost placements**
- Saved an estimated $7.5 million
- Saved $6.6-10.3 million
### STEP-VA Budget Request

| 790 | **Crisis Services**: 101 Call Center Operators & 75 Centrally deployed mobile units.  
**Outpatient Services**: 35 licensed clinicians, 5 psychiatrists, QMHP Workforce and clinicians, 7 master trainers, training and supervision, regional training  
**Peer Services**: Training, internships, and positions for 80 peers.  
**Veteran’s Services**: 35 licensed clinicians, expansion of the Lock and Talk program.  
**Psychological Rehab/Skills**: PACT and Employment Supports, Accreditation Supports, Special Education, Rehabilitation Therapists  
**Care Coordination**: 45 Liaisons and 40 Coordinating Positions  
**Targeted Case Management**: 40 Case Managers, Retention Funding  
**Cross-Step**: Physical infrastructure, Data Analytics, 34 Full-Time and 15 Part-Time Billing/Support Staff | $49,111,850 | $72,574,850 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong>:</td>
<td>$61,098,947</td>
<td>$78,118,048</td>
</tr>
</tbody>
</table>

### Additional Funding to Complete STEP-VA Stages

| 720 | **Crisis Services**: Call Center Software  
**Outpatient Services**: 5 Regional Leads, EBPs, One-Time Training  
**Peer Services**: Peer Coordinator, 5 Regional Leads, Website Dev & Maintenance, Certification Fees, FSP Provider Conference, FSP Trainer Consortium, Training Program & Cert Development, Advanced Supervisor Training  
**Veteran’s Services**: Program Manager, Program Coordinator, 5 Regional Navigators & Technical  
**Psychological Rehab/Skills**: Training/Salary Increase, Coordinator Position  
**Care Coordination**: System Assessment, 5 Regional Leads, Training  
**Targeted Case Management**: System Assessment, Training  
**Cross-Step**: Child & Family Manager, Implementation Analyst, Program Admin Specialist, Quality Improvement Specialist, Data Quality Specialist, 5 Regional Positions | $11,987,097 | $5,543,198 |

This request provides the infrastructure necessary to ensure proper implementation and oversight of STEP VA.
DBHDS ORGANIZATIONAL REPORT
Explanation of Organizational Changes

• Changes to address span of control
  – DBHDS senior leadership now have manageable span of control
  – Commissioner now has 9 direct reports
• Agency structure supports how services will be delivered in the future
  – E.g. Finance, IT, and Human Resources are enterprise-wide functions and report to Deputy for Administrative Services
  – E.g. Community Behavioral Services now has one deputy
• Chief Clinical Officer to lead quality improvement efforts and collaboration with DMAS and others to integrated evidence practices across the disability continuum
DBHDS ORG CHART OCT 2019

Agency Overview

Acting Commissioner
Mira Signer

Internal Audit
(Alvie Edwards)

External Affairs
(Meghan McGuire)
  - Communications
  - Constituent Services

Executive Assistant to the Commissioner
An-Li Hoban

Chief Dep. for Community Behavioral Health Services
(Mira Signer)

Dep. Dir, Community Services (Lisa Jobe-Shields)
Adult Comm Behavioral Health
Child & Family Services

Recovery Services

Prevention and Wellness

Veterans Services

Community Housing

Dep. Comm. Compliance, Regulatory & Legislative Affairs
(Heidi Dix)

Assistant Comm. Licensing & Compliance (Dev Nair)
  - Licensing
  - Regulatory
  - Human Rights*

Policy

Legislative State Board Liaison

Chief Clinical Officer
(Alexis Aplasca, MD)

- QI: Community
- QI: Facilities
- Pharmacy
- Data Quality and Visualization
- Case Management
- Mortality Review

Dep. Comm. Developmental Services (Leura Nuss)

- Settlement Agreement
- Waiver Operations
- Community Integration
- Comm. Support Services

Assistant Comm. Developmental Services (Heather Norton)
  - Provider Development
  - Integrated Health

Dep. Comm. Facility Services (Daniel Herr)

Assistant Comm. Facility Services (Angela Harvell)
  - A & E
  - HDMC
  - SEVTc
  - CVTC

Assistant Comm. Forensic Services (Michael Schaefer)
  - SVP
  - VCDR

BH Facility Operations Manager
  - Emergency Services
  - Alternative Transportation

Nine Mental Health Hospitals

Dep. Comm. Administrative Services (Cort Kirkley)

Finance & Administrative Services

Human Resources

Information Security & Technology

Data Warehouse

Procurement & Admin Services

Office of Mgmt Services for Outcomes, Performance Contracts, & Grants

*Indicates office that also has a direct reporting structure to the Commissioner