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Virginia's Publicly-Funded Behavioral Health and Developmental Services System

and

BHDS Budget Update

HHR Subcommittee, Senate Finance Committee
August 27, 2012

James W. Stewart, III
DBHDS Commissioner

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Topics to be Covered

- BHDS System Overview and Major Issues
- Behavioral Health Services
- Intellectual/Developmental Disability Services
- Virginia Center for Behavioral Rehabilitation
- Electronic Health Records

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DBHDS Vision for Virginia's System of Services

Our vision is of a consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of consumer participation in all aspects of community life including work, school, family and other meaningful relationships.

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BHDS Service Delivery System

Publicly-funded system of behavioral and developmental services includes a mix of public and private providers:

- 40 local community services boards (CSBs) served 251,929 in FY 2011 and currently offer 413 licensed services at 1,708 locations.
- Currently, there are 734 private providers offering 1,447 licensed services at 4,594 locations statewide.
- 16 state-operated facilities.
  - 9 state mental health hospitals (8 adult & 1 children/adol), current census 1,272
  - 5 training centers, current census 946
  - 1 center for behavioral rehabilitation of sexually violent offenders, current census 287
  - 1 medical center, current census 59

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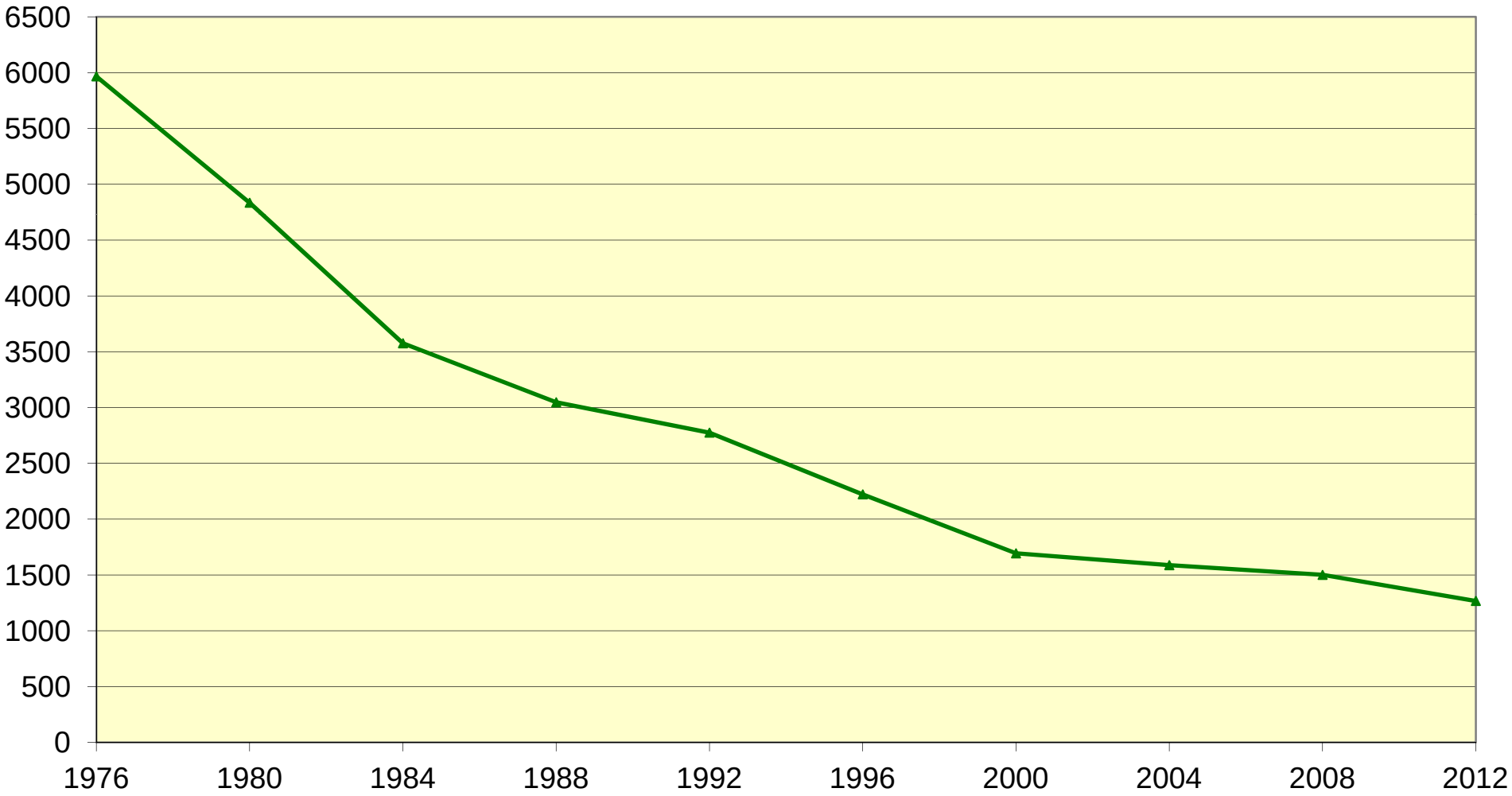
Trends in State Hospital Average Daily Census FY 1976 – FY 2012



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Virginia's 8 (Adult) State Behavioral Health Hospitals

Name	2000 Census	2005 Census	2010 Census	Current Census
Catawba, Catawba	88	100	100	94
Central State, Petersburg	303	244	211	213
Eastern State, Williamsburg	485	409	329	275
Northern VA MHI, Falls Church	121	123	120	119
Piedmont, Burkeville	126	118	110	103
Southern VA MHI, Danville	89	69	75	70
SWVA MHI, Marion	166	143	151	151
Western State, Staunton	275	243	226	214
TOTAL	**1653**	**1449**	**1322**	**1239**

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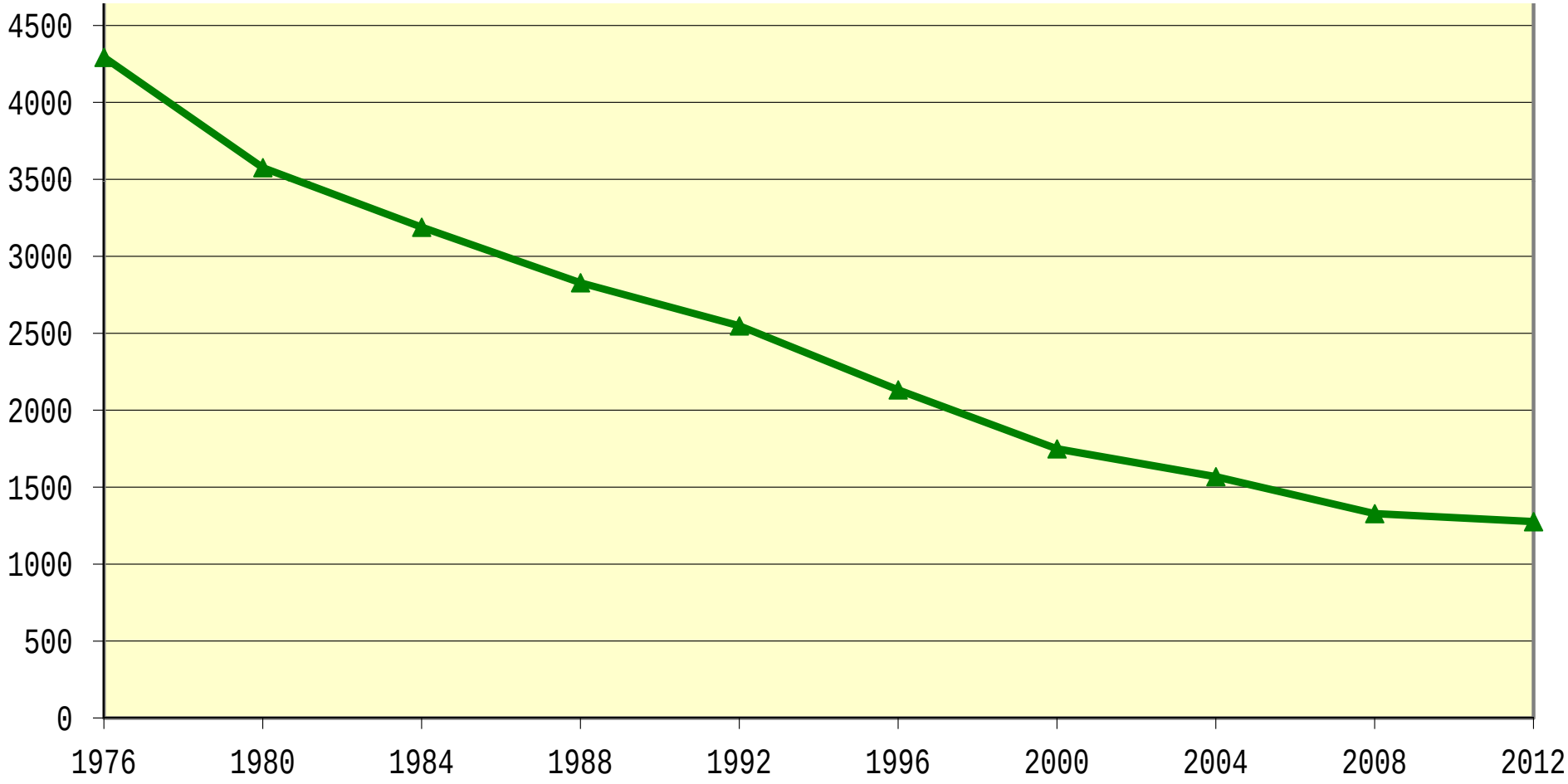
Training Center Average Daily Census FY1976 - FY2012



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Virginia's Five Training Centers

Name	2000 Census	2005 Census	2010 Census	Current Census	Percent Decrease
Central (CVTC) Lynchburg	679	564	426	337	50%
Northern (NVTC) Fairfax	189	182	170	151	20%
Southeastern (SEVTC) Chesapeake	194	192	143	101	48%
Southside (SVTC) Petersburg	465	371	267	186	60%
Southwestern (SWVTC) Hillsville	218	214	192	174	20%
TOTAL	**1,745**	**1,523**	**1,198**	**949**	**46%**

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FY2012 Appropriation

	GF	Special Funds	Federal Funds	Total	% of Budget
Central Office	$ 28.7M	$ 6.5M	$ 11.1M	$ 46.3M	5%
MH Facilities	$219.3M	$ 84.9M	$ 0.8M	$304.9M	32%
Training Centers	$ 21.6M	$218.9M	$ 0.2M	$240.7M	25%
VCBR	$ 25.7M	-	-	$ 25.7M	3%
CSBs	$252.0M	$ 30.3M	$ 63.6M	$345.9M	35%
Total	$547.3M	$340.6M	$ 75.7M	$963.5M	100%

***Breakout of Special Funds:** Medicaid $263 M; Medicare $24.9 M;
All Other: Private Pay, Commercial Insurance, etc. $22.7 M; DOJ Trust Fund $30.0 M

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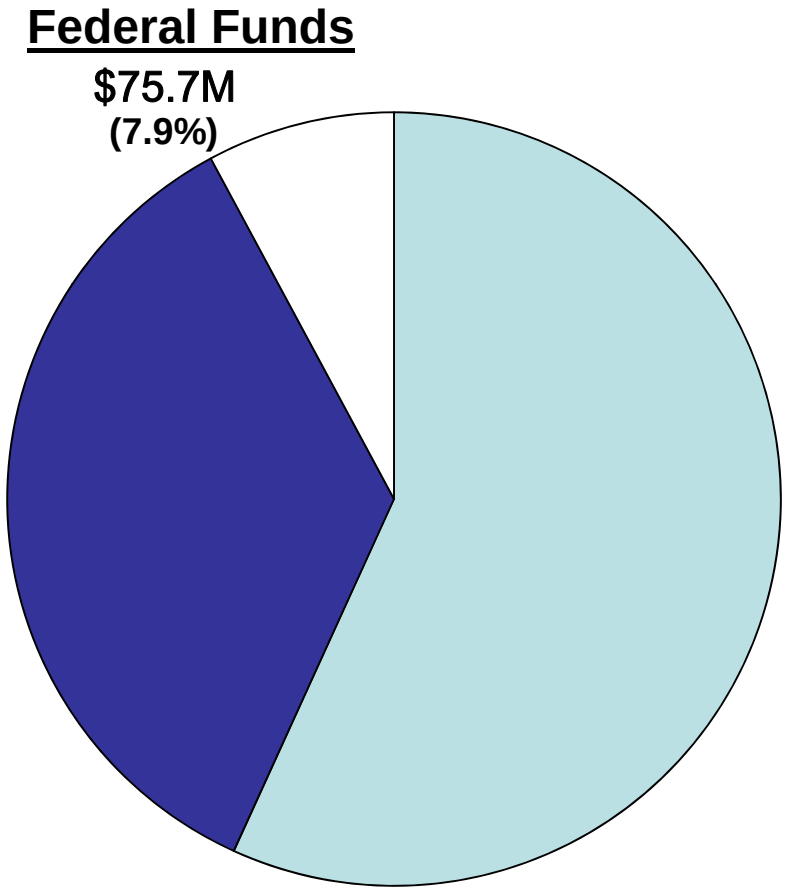
FY2012 Appropriation

FY12 Total:
$963.5M



*Breakout of Special Funds: Medicaid $263 M; Medicare $24.9 M;
All Other: Private Pay, Commercial Insurance, etc. $22.7 M; DOJ Trust Fund $30.0 M

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FY11 Total Funds for BHDS System

Category	Amount	%
Medicaid	$1,357M	59%
State GF	$543.1M	24%
Local Government Funds	$212.6M	9%
CSB Other Revenue/Sales	$75M	3%
Federal Funds	$70.2M	3%
State Facility Other Revenue	$40.1M	2%
TOTAL	**$2,298M**	

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DBHDS Administrative Budget for FY13-14

Budget Item	FY 2013	FY2014
Administration/ Oversight	$ 61,710,488	$ 55,929,229
Licensing and Regulatory	$ 2,223,579	$ 2,223,579
Total	$ 63,934,067	$ 58,152,808

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CSB Budget for FY13-14

Budget Item	FY 2013	FY2014
Substance Abuse Services	$ 94,045,341	$ 94,045,341
Mental Health	$194,364,255	$194,614,255
Intellectual Disability	$ 59,961,964	$ 30,011,964
Total	$348,371,560	$318,671,560

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BH Hospital Budget for FY13-14

Budget Item	FY 2013	FY2014
Instruction	$ 143,204	$ 143,204
Forensic Services	$ 12,709,002	$ 12,709,002
Pharmacy	$ 19,006,396	$ 19,006,396
Direct Care	$192,511,094	$191,911,094
Admin. and Support	$ 77,738,089	$ 77,738,089
Total	$302,107,785	$301,507,785

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Training Center Budget for FY13-14

Budget Item	FY 2013	FY2014
Instruction	$ 9,202,678	$ 9,202,678
Pharmacy	$ 4,906,719	$ 4,906,719
Direct Care	$145,586,278	$145,586,278
Admin. and Support	$ 75,461,611	$ 75,461,611
Total	$235,157,286	$235,157,286

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Overview of DBHDS' 12 Strategic Initiatives

DBHDS initiated, **"Creating Opportunities": A Plan for Advancing Community-Focused Services in Virginia**, to promote efficient and effective management of services system core functions and responsiveness to the needs of individuals receiving services and their families through 12 initiatives:

Behavioral Health (MH & SA)

1. Emergency Response
2. Peer Support
3. Substance Abuse
4. State Hospitals
5. Children/Adolescents

Developmental Services

6. Community Capacity
7. DD/Autism

System-Wide

8. Housing
9. Employment
10. Case Management

Other Major Initiatives

11. Sexually Violent Predators
12. Information Technology

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Community Services Performance Contract

Local Public BH/DD Services – Relationship/Accountability to Local Gov't

- 39 community services boards (11 admin-policy that are local government agencies, 27 operating, 1 policy advisory with a local gov't department)
- One behavioral health authority

Statutory Basis for Performance Contract – Accountability to State

- Section 37.2-508 - the performance contract is the mechanism through which DBHDS provides state and federal block grant funds to CSBs.
- Section 37.2-504 - requires CSBs to submit performance contracts to their local governing bodies (city councils and boards of supervisors) and authorizes CSBs to provide services under performance contracts and to enter into contracts for the delivery of services.
- State Board Policy 4018 (10/7/08) requires DBHDS and each CSB to enter into a performance contract and makes the contract the primary accountability and funding mechanism for a CSB with DBHDS.

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Monitoring the Performance Contract

- Middle and end of the fiscal year reports on revenues and expenditures which also document compliance with federal block grant requirements, state statute matching funds requirements, and appropriation act provisions.
- Data submitted monthly on individuals served and services provided.
- Licensing service providers (CSBs).
- CPA audits from operating CSBs and the behavioral health authority.
- Program and financial reviews conducted periodically on all CSBs.
- CSB Administrative Requirements: financial. procurement, reimbursement, and human resource management, information technology, planning, forensic services, access to services, and continuous quality improvement.

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FY 2013 and FY 2014 Contract Changes (HB1295/SB679)

- **Contract Term:** This contract shall be in effect for a term of two years, commencing on July 1, 2012 and ending on June 30, 2014, if by mutual agreement of both parties pursuant to the provisions of § 37.2-508 of the Code of Virginia it is renewed for an additional fiscal year with the insertion of revised financial and accountability exhibits for FY 2014.
- Thus DBHDS and the CSBs have moved to a biennial performance contract for FY 2013 and FY 2014.
- Also, the Department of Justice Settlement Agreement contains requirements applicable to CSBs that will be included in the contract once the Agreement is entered by the judge.

Behavioral Health Services

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Challenges to Virginia's Behavioral Health System

- Need for housing and community supports to prevent crises and enable community integration, including enabling individuals to be discharged from state hospitals.
- Need for a range of crisis and emergency services for persons experiencing behavioral health crises including acute inpatient care.
- Need for timely access to services and effective management of forensic patients involved in the criminal justice system.

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Challenges to BH Service Delivery System

- Inherent complexity of the population to be treated and served.
- Limited capacity and significant regional/local variations.
- Best practices increasing but not universally accessible.
- Complex interagency system dynamic.
- Current economic climate resulting in service reductions (fewer beds) while population continues to increase.
- DBHDS, CSBs and system stakeholders have worked diligently to understand our challenges, document our needs, and respond to them accordingly.

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Creating Opportunities Task Forces

- **BH Emergency Response System TF**
- **State Hospital Effectiveness /Efficiency TF**

Challenges Identified:

- Difficulty accessing inpatient treatment under certain circumstances;
- Some patients unable to be discharged in a timely manner;
- The impact of increased forensic referrals to state hospitals;
- Needs for community service capacity.
- DBHDS and partners created prioritized responses to address the challenges.

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Priorities to Improve Emergency Response Services

Crisis Capacity Building

- Local Acute Inpatient Hospital (LIPOS)
- Substance Use Detox and Other SUD services
- Crisis Intervention Teams (CIT) and similar BH/CJ Intervention
- Therapeutic Drop-Off for Law Enforcement, or similar program
- Psychiatric Evaluation and Medication Administration within 24 hours

Non-Crisis Service Capacity Building

- Case management, especially intensive case management
- Mental Health Supports (in home daily support of individuals)
- Psychiatric Services and Medication Management
- PACT (Program of Assertive Community Treatment)
- Peer Support
- Wrap-Around Services

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Priorities to Improve Forensics Services

Under Virginia law, DBHDS is responsible for several types of forensic services that are provided exclusively by DBHDS facilities:

- Inpatient evaluation and restoration of competency to stand trial for jail inmates;
- Inpatient treatment of unrestorably incompetent defendants (URIST);
- Emergency inpatient psychiatric treatment of jail inmates;
- Evaluation and treatment of Not Guilty By Reason of Insanity (NGRI) acquittees;
- Inpatient evaluations of sanity at the time of offense.

Increase in use of beds for forensic patients:

- In FY 2002, an estimated 26% of available beds (469 of 1,804 beds) were utilized by forensic inpatients.
- Currently 36% of available beds (545 of 1,514 beds) serve forensic inpatients.
- Result is fewer state hospitals beds for civil patients (e.g., non-forensic admissions such as TDOs) and more restricted access for forensic referrals.

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Priorities to Improve Forensics Services

DBHDS Has Reduced Waiting Lists for Admission of Jail Inmates:

- Prioritized referrals from jails based on acuity.
- Immediate admission for emergency treatment.
- Waitlists only for inpatient competency restoration, or evaluations of competency or sanity.

Since August 2011:

- Decreased waitlist at Central State (CSH) by 46% (from 41 to 22)
- Decreased waitlist at Eastern State (ESH) by 40% (from 43 to 26)
- Average wait time for admission from jail has decreased by over 50% (65 days in Aug 2011 to 30 days in June 2012)
- Of the 48 individuals on the waitlist on June 15, 2012, 10 were receiving active services from a CSB, in hopes of diverting inpatient admission.

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Priorities to Improve Forensics Services

Additional Actions to Manage Forensic Beds:

- ESH: additional 25 beds [former geriatric beds] for forensic patients.
- ESH psychologist into Hampton Roads Regional Jail to provide services to inmates on wait list.
- CSH and HPR IV now allow direct admission of low-risk forensic patients to civil units.
- CSH is referring waitlist patients to the HPR IV jail team and CSBs.
- DBHDS amended NGRI placement policies for low-risk NGRI patients placement in other state hospitals (not CSH).

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Priorities to Improve Forensics Services

Convened Multi-Agency Forensic Workgroup:

- Increasing use of state hospital beds by forensic patients.
- Admission wait list for jail inmates.
- Lack of community-based competency restoration capacity.
- Long lengths of stay before discharge for NGRI patients, etc.

Through August 2012, the workgroup is studying :

- All forensic patient categories.
- All admission, treatment, and discharge processes and management procedures.
- Recommendations for policy, funding, and legislative action.

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Priorities to Improve Forensics Services

Initiated Adult Outpatient Competency Restoration Services:

- CSBs receive no funds specifically for adult restoration services.
- Starting July 1: $144,000 ongoing funding for adult outpatient competency restoration services provided by CSBs either in community or jail.
- Anticipated result is reduction of at least 160 referrals to state hospitals.

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Priorities to Improve Behavioral Health-Criminal Justice Initiatives

Cross-Systems Mapping – "Map" individuals' step-by-step experience in the system, identify gaps in services, look for diversion or system improvement opportunities, and create a local action plan.

- Held 29 Cross-System Mapping workshops; 11 more in the near future.
- In May: Convened 18 original sites to share self-assessment data and plan next steps.

Crisis Intervention Teams (CIT) – 40-hour training program for law officers to reduce use of force and restraint, divert persons from arrest and link them to mental health supports as possible.

- Since 2001, trained approximately 4,000 officers and first responders.
- 26 teams in operation in Virginia.
- 9 CIT programs have "drop-off" sites to reduce time spent by officers on MH-related calls (5 of these programs provide 24/7 access).
- 2012 General Assembly approved $600,000 annually for additional drop off sites.

Jail Diversion – DBHDS also funds 10 CSBs to provide jail diversion and jail treatment programs.

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Priorities to Improve the Behavioral Health-Criminal Justice Initiatives

Medical Screening Protocol:

- More consistent and efficient protocols for medical screening and assessment are needed to facilitate timely access to care for individuals in crisis and to minimize wait times for law enforcement.
- DBHDS will refine and reissue the *2007 Medical Screening and Assessment* protocols for adoption by CSBs, public and private facilities and emergency departments.
- This will improve communication, coordination of care, make screening/assessment more consistent, and reduce unnecessary delays in treatment.

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Priorities to Improve the Behavioral Health System

Reducing Demands on Law Enforcement for Transportation:

- DBHDS encourages CSBs and regions to utilize existing statutory and other options to the fullest extent, e.g.:
  - Development of therapeutic “hand-off” as allowed by law.
  - Use of persons other than law officers to transport for temporary detention (TDOs) as allowed by law.
  - Use of tele-video technology (for evaluations, hearings, etc) as allowed by law.

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Crisis Response, Community Capacity and Hospital Issues Summary

- Commonwealth's behavioral health continuum service capacity is not adequate and too many people experience difficulty accessing care and treatment.

- Added support in FY13/14 biennium
  - Additional therapeutic "hand-off" capacity to enable law enforcement and behavioral health providers to divert more persons from the criminal justice system ($600,000 per year appropriation).
  - Additional funding for crisis stabilization and psychiatric services for children. ($1.5/1.75 M appropriation)

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Improvements Needed for Behavioral Health Services

Improvements that will bring immediate relief to the BH system include:

- LIPOS: to expand purchase of inpatient care for adults
- DAP: Discharge Assistance Planning for discharge of long-term patients
- Housing and supportive services
- Adult Competency Restoration
- PACT: Assertive Community Treatment teams reduce emergency service and hospital utilization, criminal justice involvement, and improve housing stability for complex, difficult-to-serve individuals in the community
- Law Enforcement “Hand-off” Sites (as funded in FY13-14) and other jail diversion programs

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Children's Services

In 2010 session General Assembly directed DBHDS to create a plan to "identify concrete steps to provide children's mental health services, both inpatient and community-based, as close to children's homes as possible" for consideration during its 2012 session.

Report Recommendations

1. Define and promote through DBHDS the full comprehensive service array as the goal and standard for children's behavioral health services in every community.
2. Expand the array and capacity of services to assure a consistent base level of services for children and families statewide.
3. Establish a children's behavioral health workforce development initiative to be organized by DBHDS.
4. Continue the current role of the Commonwealth Center for Children and Adolescents (CCCA) for the foreseeable future, and until more adequate community-based services are in place.
5. Establish quality management mechanisms to improve access and quality in behavioral health services for children and families.

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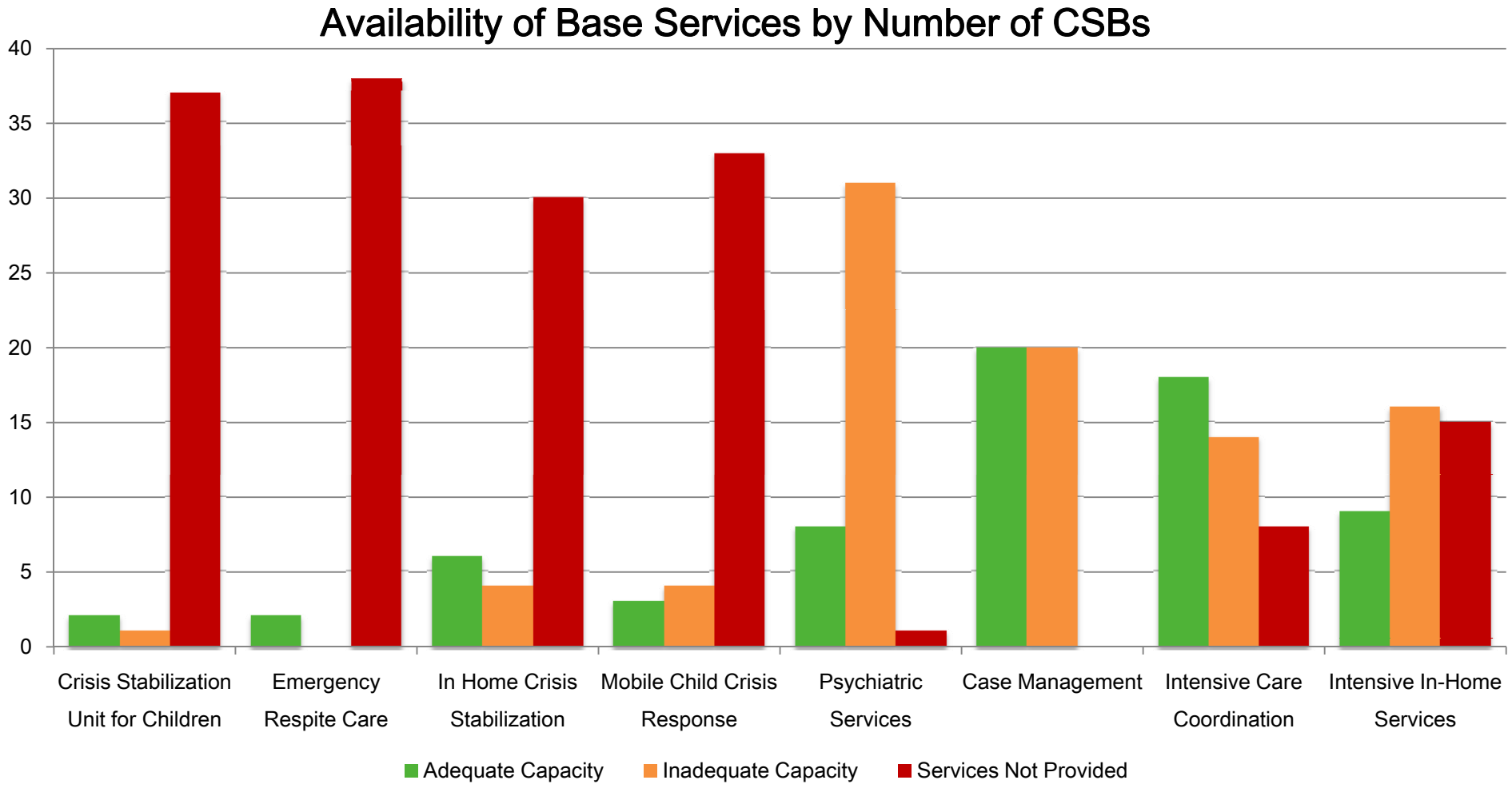
Children's Services

Virginia's behavioral health services for children faces multiple challenges including an incomplete, inconsistent array of services, inadequate early intervention services, a need for workforce development and inadequate oversight and quality assurance.



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Child Psychiatry and Crisis Stabilization

- Greatest unmet needs in most Virginia communities:
  - Access to child psychiatry
  - Crisis stabilization services
  - Mobile crisis teams

- The General Assembly provided funding for pilot programs to provide child psychiatry, crisis stabilization, and mobile crisis services to children with behavioral health disorders.

Fiscal Year	General Funds
FY 2013	$1.5M
FY 2014	$1.75M
TOTAL	$3.25M

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Update on Early Intervention (Part C) Services

- Early Intervention services are provided to children 0 to 3 years of age and are regulated by Part C of the Individuals with Disabilities Education Act (IDEA).
- Since 2007, federal and state Early Intervention (Part C) funds have remained stable but there has been a 36% increase in children served since FY07. A funding shortfall is expected in FY13.
- Virginia has increased Medicaid revenue by over $3 million through adding Early Intervention Services to the Medicaid state plan; however, this is not sufficient to cover the expected shortfall.

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State and Federal Part C Allocations for SFY 2013

SFY 2013	
Federal Part C	$ 10,434,010
State Part C	$ 7,280,218
TOTAL	**$ 14,981,473**

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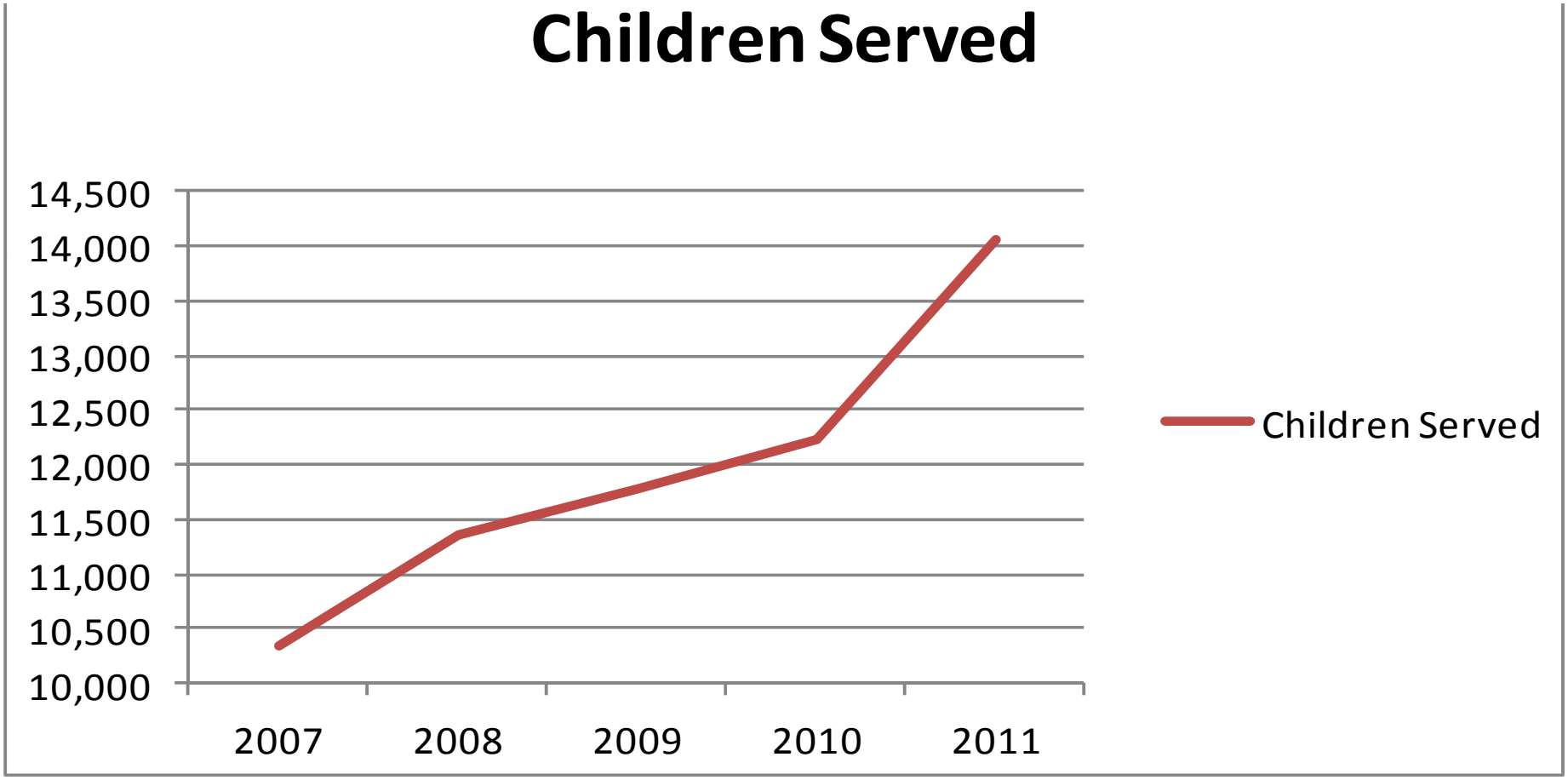
Numbers Served Annually in Virginia



- 15% increase from FY-10 to FY-11
- 36% increase from FY-07 to FY-11

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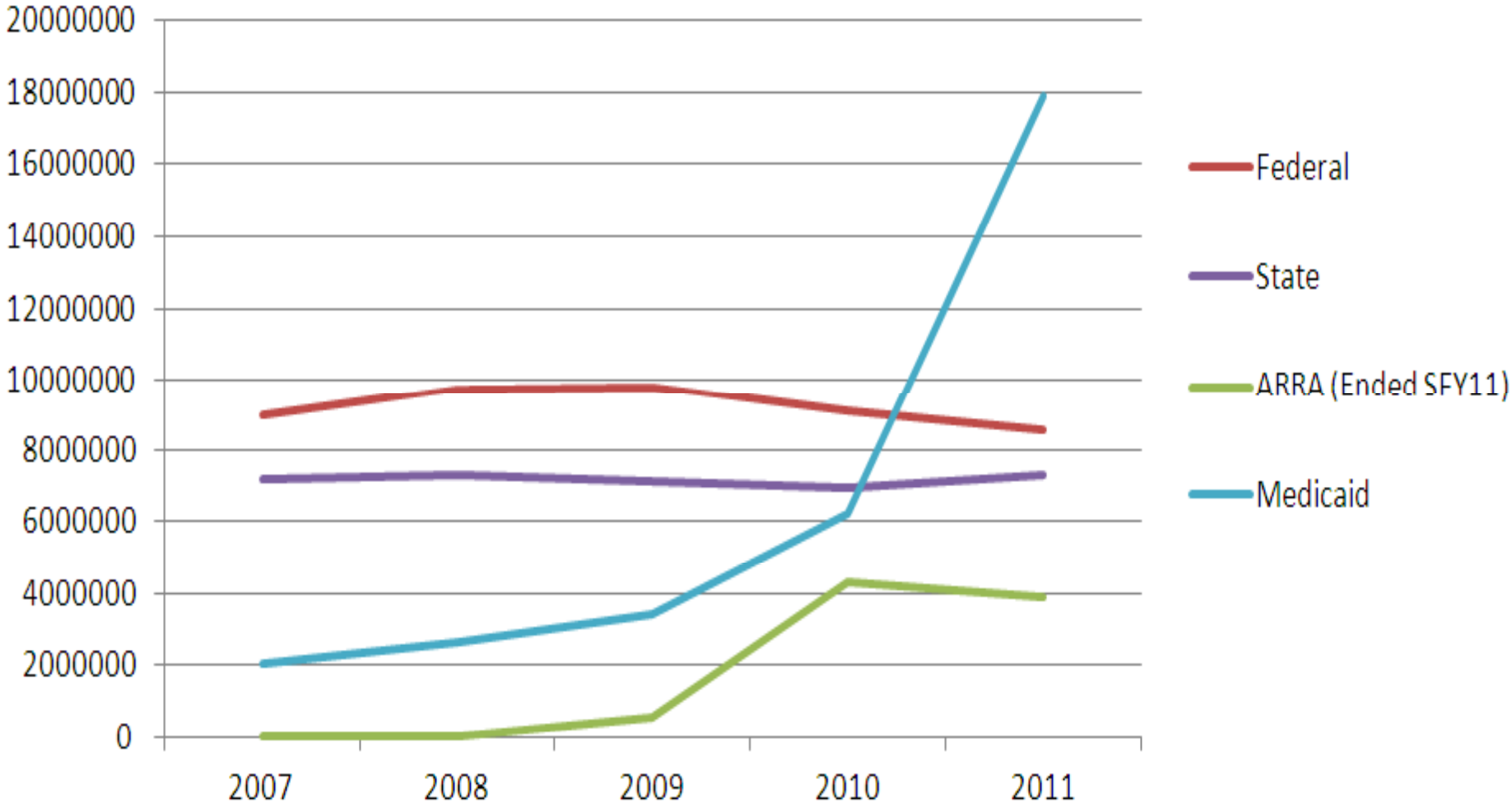
Funding Sources



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Update on Early Intervention (Part C) Services

- 24 of the 40 local lead agencies expect a financial shortfall for FY13.
- For FY13, 9 of the 40 local lead agencies expect to be out of compliance with federal Part C regulations. At least 3 are already out of compliance.
- The most frequent forms of non-compliance is having a waiting list or putting limits on the number of services allowed.
- If services are not in compliance with federal requirements, families may appeal or bring suits to require provision of the entitled services.
- DBHDS estimates that the deficit is $8.5 million for FY13, based on the average cost of providing services, the number of children in the system, and available funding streams.

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Improvements Needed for Services to Children

Impactful changes for children's behavioral health services include:

- Build on the new initiatives funded by the GA in 2012 by adding additional child psychiatry and crisis response improvement programs.

Impactful changes for Part C Services:

- Address service capacity shortfall resulting from enrollment growth.

Virginia's Intellectual Disability System

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Virginia's Intellectual Disability (ID) and Developmental Disability (DD) System

- Statewide training center censuses have dropped 46 percent since 2000; today, they serve 949 individuals.
- The statewide average training center cost in FY12 was $224,245 per person annually, including direct services, administrative supports and high infrastructure requirements.

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Virginia's Intellectual Disability (ID) and Developmental Disability (DD) System

- 8,949 people now receive an ID Waiver.
  - waiting list = 6,349; of these, 3,685 = urgent
- 802 people are on the DD Waiver
  - waiting list = 1,104
- Waiver services are tailored to need.

Average Annual Cost (FY11)	
ID Waiver Recipients NOT Using Congregate Residential Services	$ 46,266
ID Waiver Services (Congregate and Non-Congregate)	$ 75,465
Individuals Who Moved from Training Center Using Waiver	$104,000
Community Intermediate Care Facility	$138,000

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Virginia's Waiver Program Growth

	2002	2007	2011
ID Waiver Number Served	5,367	6,850	8,341
ID Waiver Costs	$197,774,397	$381,861,078	$540,812,661
DD Waiver Number Served	124	408	581
DD Waiver Costs	$ 753,523	$ 9,507,151	$ 18,243,921

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FY12 Agreement Milestones

Milestone (March 6, 2012 – June 30, 2012)	Due Date
60 ID waiver slots for individuals leaving training centers	June 30, 2012
275 community ID waiver slots for individuals on urgent wait list	June 30, 2012
150 Individual and Family Developmental Disabilities (DD) waiver slots	June 30, 2012
Train CSB emergency services personnel on new crisis response system	June 30, 2012
At least one mobile crisis team in each Region to respond to crises on-site within three hours	June 30, 2012
At least one crisis stabilization program in each Region	June 30, 2012
Implement discharge and transition planning processes at all training centers	June 30, 2012
All individuals residing in a training center shall have a discharge plan	June 30, 2012
Collect and analyze reliable data from at least one of eight domains	June 30, 2012

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FY13 Agreement Milestones (1)

Milestone (July 1, 2012– June 30, 2013)	Due Date
160 ID waiver slots for individuals leaving training centers	June 30, 2013
225 community ID waiver slots for individuals on urgent wait list (25 targeted for youth in large ICFs or NFs)	June 30, 2013
25 Individual and Family Developmental Disabilities (DD) waiver slots (15 targeted for youth in large ICFs or NFs)	June 30, 2013
700 individuals receiving services from the Individual and Family Supports Fund	June 30, 2013
At least two mobile crisis team in each Region to respond to crises on-site within two hours	June 30, 2013
Additional crisis stabilization units as determined necessary by the Commonwealth	June 30, 2013
Employment First implementation plan to increase integrated date opportunities for individuals in the target population	September 6, 2012
A plan to cease residential operations at four of five training centers by FY2021	March 6, 2013
A plan to increase access to independent living options	March 6, 2013

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FY13 Agreement Milestones (2)

Milestone (July 1, 2012– June 30, 2013)	Due Date
Establish a one-time $800,000 fund to provide and administer rental assistance in accordance with plan to increase independent living options	March 6, 2013
Collect and analyze reliable data from several of eight domains	June 30, 2013
Commonwealth shall collect measures from CSBs and other community providers	March 6, 2013
Case managers shall meet with individuals face to face at least every 30 days if the individual meets certain criteria	March 6, 2013
Commonwealth shall collect data on the number, type, and frequency of case manager contacts	March 6, 2013
Core-competency based training curriculum for case managers	March 6, 2013
More frequent licensing inspections for providers who support individuals meeting certain criteria	March 6, 2013
Licensure process assesses adequacy of individualized supports and services provided to person receiving supports under the Agreement	March 6, 2013

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Serving Individuals in the Most Integrated Setting

"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…"

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Target Population

- Individuals with 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 wait lists; or,
  - Currently reside in a nursing home or Intermediate Care Facility (ICF).

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Medicaid Waiver Slots

Virginia will create 4,170 waiver slots by June 30, 2021:

State Fiscal Year	Individuals in Training Centers to Transition to the Community	ID Waiver Slots for Individuals on Urgent Wait List	DD Waiver Slots for Individuals on Wait List
2012[1]	60	275	150
2013	160	225*	25**
2014	160	225*	25**
2015	90	250*	25**
2016	85	275	25
2017	90	300	25
2018	90	325	25
2019	35	325	25
2020	35	355	50
2021	0	360	75
Total	**805**	**2915**	**450**

1. These FY2012 slots have already been funded and assigned to individuals.

*25 slots each year are prioritized for individuals less than 22 years who reside in nursing homes or large ICFs.

**15 slots each year are prioritized for individuals less than 22 years who reside in homes or large ICFs.

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Medicaid Waiver Slots

- Slots distributed using standard methodologies
- Working to assist individuals with ID/DD residing in large ICFs or Nursing Facilities
- General Assembly can add more slots above and beyond those required in the Settlement Agreement

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Individual & Family Support Program

- New program for up to 1,000 individuals per year
- Individuals on the ID and DD waiver wait lists will be eligible to apply
- Program anticipated to begin in March 2013 with 700 slots
- Will provide up to $3000 in funds for:
  - Professionally provided services and supports, such as respite, transition services, transportation services, behavioral consultation and behavior management;
  - Assistive technology, home modifications, goods or products;
  - Temporary rental assistance or deposits;
  - Dental or medical expenses;
  - Family education, information, and training;
  - Peer mentoring and family-to-family supports;
  - Emergency assistance and crisis support; and
  - Other services as approved by the DBHDS
- In order to qualify for funding for any of the above services, the individual shall have a demonstrated need for the requested services, supports, or other assistance.

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Crisis Services (1)

- Implementation of a statewide crisis system for individuals with ID/DD called the Systemic Therapeutic Assessment Respite and Treatment (START) model
- Must provide 24/7 support to individuals experiencing crisis and their families through in-home supports and community-based crisis services
- Must provide crisis prevention and proactive planning to avoid potential crises.
- Mobile crisis teams to be available 24/7 and respond to on-site crisis within three hours in FY12, within two hours in FY13, and one hour (urban)/two hours (rural) in FY14.
- Must establish crisis stabilization programs as short-term alternatives to hospitalization for individuals in crisis.

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Crisis Services (2)

- $5M appropriated in FY12 to begin developing services
  - $15M available over the FY13-14 biennium
  - Medicaid reimbursement pursued for all covered services
- Implementation to begin this month for adults with ID/DD
  - Five regional programs providing statewide coverage
  - 24/7 mobile supports available by September 30th
  - Full crisis stabilization implementation by January 2013
- Data system will provide information about program operation and effectiveness
- Crisis Services for children within the target population must be addressed
  - DBHDS working with Administration to develop a plan to support these children

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Employment First Policy

- Virginia must maintain membership in the State Employment Leadership Network (SELN)
- Virginia must establish an Employment First policy for the target population, which includes:
  - Service providers offer the option of helping individuals into employment *first* before offering other services
  - The goal of employment is to support individuals in earning minimum or competitive wages
  - Employment services and goals must developed and discussed at least annually
- Virginia must hire an employment service coordinator
- Virginia must develop an implementation plan to increase integrated day opportunities for individuals in the target population
- Implementation plan is due September 6, 2012

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Community Living Options (Housing)

- Develop a plan to increase independent housing options for the target population
  - Includes a one-time fund of $800,000 to provide rental assistance in accordance with the plan above
  - Engaged, with support from Virginia Board for People with Disabilities, the Technical Assistance Collaborative (TAC) to begin to develop the plan
  - Plan due March 6, 2013
- Hired a housing coordinator in April 2012
- Formed an interagency housing workgroup with DBHDS, Department of Medical Assistance Services, Department of Aging and Rehabilitative Services, the Board for People with Disabilities, Virginia Housing and Community Development, and Virginia Housing and Development Authority
  - Working together on the housing plan and options for the $800,000 fund
  - Preparing for 2013 HUD 811 NOFA for personal rental assistance

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Discharge Planning & Transition from Training Centers

- Discharge plans will be developed for all training center residents
- DBHDS will ensure that personal support teams, in collaboration with CSB case managers, provide individuals and their authorized representatives with specific options for types of community placements, services and supports based on individuals' needs and desires.
- DBHDS will ensure training center staff is educated about community services and supports to propose appropriate options to individuals
- Community Integration Managers will be established at each training center
- Training must be provided to training center regarding the terms of the Agreement, community living options, and the new discharge process
- DBHDS must continue Person-Centered planning and thinking training
- Regional Support Teams must be developed

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Discharge Planning & Transition from Training Centers

Accomplishments

- 61 individuals have transitioned from SVTC and CVTC between November 2011 and June 30, 2012 using the new discharge process
- 21 more individuals have transitioned from SVTC and CVTC since July 1, 2012 using the new discharge process
- Discharge plans in place for all individuals residing at training centers
- Pre-move and post move monitoring process in place
- Planning for 160 total moves between July 1, 2012 and June 30, 2013

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Case Management

- Face-to-face visit at least every 30 days for individuals in the following groups:
  - Receives services from providers with conditional or provisional licenses;
  - Has more intensive behavioral or medical needs as defined according to their Supports Intensity Scale (SIS) category;
  - Has an interruption of service of more than 30 days;
  - Encounters a serious crisis or has multiple less serious crises within a 3-month period;
  - Has transitioned from a training center in the previous 12 months; or
  - Resides in a congregate setting of 5 or more individuals.
- Collect data regarding number, type, and frequency of case management visits as well as key indicators

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Core Competency-Based Training Curriculum

- Within one year, Virginia will develop a core-competency based training curriculum for case managers
  - Case management curriculum issued in May 2012
  - Over 1700 case managers have taken one or more modules
  - Recently made available to DD case managers
- DBHDS will implement curriculum for all staff who provide services under the agreement.
  - A Provider Training Workgroup is actively meeting

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Risk Management and Incident Reporting System

Required

- DBHDS will require all training centers, CSBs, and other community providers to implement risk management and quality improvement processes, including establishment of uniform risk triggers and thresholds.
- Virginia will continue to require staff to report:
    - any suspected or alleged incident of abuse or neglect as defined in Virginia Code § 37.2-100;
    - serious injury as defined in 12 VAC 35-115-30; and,
    - deaths
- Monitoring and oversight by implementing a real time, web-based incident report system and reporting protocol.

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Data Collection and Analysis

- Virginia will collect data about individuals receiving services under this agreement and analyze at least one outcome measure from each of the eight identified focus areas.
- This action will include a subset of measures that CSBs and other community providers will be required to report to DBHDS.
- DBHDS will establish Regional Quality Councils to meet quarterly and assess relevant data, identify trends, and recommend responsive actions for each health planning Region.

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Data Collection

Data Collection Areas	Sources of Information
1. Safety and freedom from harm 2. Physical, mental, behavioral health and well being, timeliness and adequacy of interventions 3. Avoiding crisis 4. Stability 5. Choice and self-determination 6. Community inclusion 7. Access to services 8. Provider capacity	1. Providers (Outcomes/QI Programs/Incident Reports) 2. Licensing visits/ Investigations 3. Human Rights Investigations 4. Case Management Visits 5. Service Planning 6. Quality Service Reviews 7. Mortality Reviews

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Licensure Inspections

- DBHDS will continue to conduct regular, unannounced licensing inspections of community providers.
- Within one year, DBHDS will begin more frequent licensure inspections of community providers who meet specific criteria.
  - Receive services from providers having conditional or provisional licenses;
  - Have more intensive behavioral or medical needs as defined by the Supports Intensity Scale ("SIS") category representing the highest level of risk to individuals;
  - Have interruption of service greater than 30 days
  - Encounter the crisis system for a serious crisis or for multiple less serious crises within a three-month period;
  - Have transitioned from a Training Center within the previous 12 months; or
  - Reside in congregate setting of 5 or more individuals

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Waiver Changes

- DBHDS and DMAS jointly planning for waiver changes over the next two years
  - Move to needs-based waivers (not ID/DD based)
  - Establish two waivers
    - One without congregate residential
    - One with congregate residential
  - Recommend needed rate changes to serve those with the most complex needs and align incentives
  - Explore Individual Resource Allocation
- Overall plan on how and when waivers will be transformed due out soon

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Training Center Closure Schedule

FY	Training Center
2014	Southside Virginia Training Center, Petersburg
2015	Northern Virginia Training Center, Fairfax
2016	
2017	
2018	Southwestern Virginia Training Center, Hillsville
2019	
2020	Central Virginia Training Center, Lynchburg

- Southeastern Virginia Training Center will remain open and continue to downsize to 75 beds.

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Training Center Employees

- Currently there are 2,925 employees at the four training centers affected by closure.
- DBHDS is working with employees at each training center prior to closure , including:
  - Providing information about changes and other options for future employment and programs to improve employability, including skill-building workshops, employee skills inventory assessments, resume development assistance and face-to-face career counseling and job fairs.
  - A Workforce Development Resource Center at SVTC will provide on-site assistance and resources about available employment opportunities and career building.
  - There will also be on-site placement assistance from other state agencies, other hospitals within our department, CSBs, and private providers.
  - The Virginia Retirement System will assist with counseling and completion of needed information.
  - We will also be linking employees with private providers and equipping them with information to learn how to become providers themselves.

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Ongoing Implementation of the Settlement Agreement

We are seeking solutions for critical issues, including:

- Preparing the community-based system
  - Provider training and technical assistance
  - Explore need for waiver rate changes to address complex needs
  - Continue to strengthen case management
  - Enhanced oversight
  - Crisis response for adults and children
- Integration of the ID and DD systems
  - Structure of the waiver to focus on needs vs diagnosis
  - Moving to a “DD System,” not two systems

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Virginia Center for Behavioral Rehabilitation (VCBR)

- VCBR is a secure facility for the treatment of sexually violent offenders civilly committed for inpatient treatment.
- The facility and its services must differ from that of a prison and it must be more similar in nature to one of our mental health hospitals.
- Treatment is intended to reduce the risk that SVPs will reoffend so that they can be more safely managed in the community once conditionally released.
- Services at VCBR include facility operations, security, food services, treatment and medical staff.
- Costs for these services when compared to other state SVP facilities, are about average across the 19 state programs.
- Specific recent changes include:
  - Revamping the program - best practices
  - Designated treatment hours/week
  - Rehabilitation and occupational therapy
  - Developing an internal work program

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VCBR Treatment

Evidence-based sex offender treatment offered in three phases:

- **Phase I**: focuses on control over sexual behavior and aggression and accountability for offenses
- **Phase II**: focuses on developing insight into risk factors and introducing positive goals for lifestyle change
- **Phase III**: focuses on transition back to the community

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Participation/Progress

Only 2% of eligible residents have refused to consent to treatment. (Lowest refusal rate of all 19 SVP programs nationwide.)

Current Statistics:

- Phase One: 37%
- Phase Two: 52%
- Phase Three: 11%

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VCBR Census and Forecast

Current Census	
Actual in-house census at VCBR	292
Incarcerated outside VCBR	16
Hospitalized outside VCBR	1
TOTAL	309

SVP Forecast for FY12 to FY17						
	FY12	FY13	FY14	FY15	FY16	FY17
Projected VCBR Census	335	383	438	486	539	589
Projected Commitments to VCBR, by month	5.00	4.00	4.58	4.00	4.42	4.20

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Releases

48 Residents released from VCBR since 2003

- 37 released with VCBR recommendation
- 11 released by the court

Of those recommended and released:

- Three were charged with new criminal sexual behavior (one is deceased and the other two were charged).
- Three were charged with technical violations of their conditional release or non-sex crimes.

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VCBR Budget by Fiscal Year

FY	Budget
2010	$ 17,343,462
2011	$ 24,368,148
2012	$ 25,718,897
2013	$ 27,264,911
2014	$28,237,999

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VCBR Budget for FY13-14

Budget Item	FY 2013	FY2014
Food	$ 2,334,660	$ 2,422,238
Medical/Dental	$ 2,832,510	$ 2,929,819
Security	$ 4,831,180	$ 5,006,336
Pharmacy	$ 1,000,000	$ 1,038,924
Direct Care Services	$10,765,540	$11,145,044
All Other	$ 5,501,021	$ 5,695,638
Total	**$27,264,911**	**$28,237,999**

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Double-Bunking

- Anticipating exceeding the 300-bed design census at VCBR, last year the General Assembly directed DBHDS to prepare to double bunk at least half of its presently available rooms, increasing the facility capacity to 450 beds.
- VCBR and DGS have converted all150 rooms to double-bunked.
- So far, VCBR has double-bunked 22 rooms.
- Food service expansion is underway at the facility and is scheduled to come on line in fall 2013.

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Medically Complex Residents

- 50 residents are housed in two special needs units due to severe and persistent mental illness, intellectual and developmental disabilities, medically frail or aged.

- Medical Services Expenses:

Year	Budget	Actual
2010	$1,634, 045	$2,386,297
2011	$3,002,904	$3,656,226
2012	$3,839,794	$4,270,422

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Electronic Health Records

- 2009 American Reinvestment and Recovery Act (ARRA) requires Medicaid and Medicare providers to meet standards for medical information by 2014.
- The Health Information Technology for Economic and Clinical Health as part of the ARRA provides financial incentive to health professionals and hospitals who demonstrate meaningful use of certified EHR technology.
- Beginning in 2015, the law also imposes penalties (reimbursement reductions) to those organizations that are not meeting meaningful use criteria.
- Examples of meaningful use criteria include:
  - computer physician order entry,
  - drug-drug and drug-allergy functionality
  - e-prescribing, record demographics
  - maintain active medication and allergy list
  - Current/active diagnosis
  - record changes in vital signs
  - record smoking status
  - clinical quality measures reporting
  - clinical summary
  - patient e-copy of health information
  - protect health information

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EHR Budget

DBHDS state facilities receive approximately $300M/yr in Medicare & Medicaid reimbursement payments that will be at risk without EHR.

Fiscal Year	Budget	Special Funds (DBHDS)
FY 2013	$4.4M	$12M
FY 2014	$1.9M	$8.5M
TOTAL	$6.3M	$20.5M

Funds will be used to improve infrastructure, purchase hardware and software application, and hire 10 positions to assist with the implementation.

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EHR Next Steps

- DBHDS runs 16 facilities with nearly 2,600 patients. As a result of this large scale, we will not implement EHR simultaneously across all facilities.
- DBHDS plans to implement three facilities in 2013, three facilities in 2014, and the rest in 2015 and 2016.
- DBHDS anticipates to sign a contract with a private vendor in November 2012.