

Build **DEVELOPMENTAL SERVICES AND SUPPORTS COMMUNITY CAPACITY** that will enable individuals who need such services and supports, including those with multiple disabilities, to live a life fully integrated in the community

### The Need

Virginia's waiting list for the ID and the Families with Developmental Disabilities Supports (IFDDS) waivers continues to grow. The Department of Justice's (DOJ) report on the Central Virginia Training Center says that Virginia needs to ensure that community services are available as alternatives to institutional placements and that greater service capacity is available for those living in the community.

### Objective

- Transform to a community-based system of developmental services and supports.

### Priorities

1. As resources become available, build developmental services and supports community capacity.
2. Collaborate with DMAS to expand waiver capacity, modify existing or create new waivers, and address waiver rate structures.
3. Improve DBHDS quality assurance and oversight capacity to identify deficiencies, allow electronic client-level tracking of incidents and systemic analyses of trends and patterns, and follow-up to assure corrective action plans are implemented.

### Accomplishments, Implementation Activities, and Planning Milestones

- Participated under the direction of HHR with the **DOJ negotiation** team to achieve a settlement agreement (completed)
- Expanding **community-based services**:
  - Fill **60 waiver slots** for individuals in training center and **275 urgent wait list slots** created in 2012 (in process)
  - Develop implementation strategies for the \$30 million appropriated to the **DBHDS Trust Fund** to address DOJ findings
  - Dialogue with DMAS on improvements the **current ID and DD waivers**, to include enhanced rates of reimbursement for more challenging needs, moving toward needs based not disability based waivers, higher rates for specific residential service models, and lower rates for other specific models. (ongoing since Spring 2011)

- Contracted with national expert, Dr. Joan Beasley at the University of New Hampshire, to consult on the development of the **START (Systemic Therapeutic Assessment Respite and Treatment) crisis response model** (completed)
- Develop a **statewide ID/DD crisis system called START**, to include crisis points of entry hotlines, mobile crisis teams, and establishment of at least one crisis stabilization program in each region (June 30, 2012)
- Create an **individual and family supports program** for individuals who are not receiving waiver services and have limited access to EDCD waiver or EPSDT program services (in process)
- Develop an implementation plan with targets to increase the number of **individuals who enroll in supported employment and who are employed in integrated work settings**, conduct regional training, and provide data and monitor implementation of Employment First practices (in process)
- Administer a one-time \$800,000 fund to provide and administer housing supports (in process)
- Develop a plan to **increase independent living options**, including a baseline number of individuals who would choose independent living options if available and access recommendations (in process)
- Publish **guidelines for families** on how and where to apply for and obtain services (in process)
- Ensuring that individuals receiving waiver services receive **case management services**
  - Increase the frequency of case management visits for critical populations
  - Develop a **core - competency based training curriculum** for case managers
  - Monitor compliance with CSB Performance Contract requirement that case managers give individuals a choice of approved waiver service providers and present practicable **options of CSB and non-CSB providers** based on those preferences
  - Establish a mechanism to **collect reliable data from case managers** on the number, type, and frequency of case manager contacts with individuals receiving services
- Improving **service quality, oversight, and accountability**
  - Awarded grant for National Association of State Developmental Disability Directors **National Core Indicators Project implementation**, to include individual interviews with 400 users of services (June 2012)
  - Establish a **DBHDS Quality Improvement Committee**

- Implement **Quality Service Reviews** to evaluate the quality of services at the individual, provider, and state-wide level for a statistically significant sample of individuals receiving services
- Implement a **real time, web - based incident reporting system** and reporting protocol
  - Critical Incident Management System (CHRIS) implementation (Spring 2012)
  - Implement a subset of measures that CSBs and other community providers will report to DBHDS on a regular basis through CHRIS or other mechanisms
- 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
- Implement **Regional Quality Councils** that meet quarterly and assess relevant data, identify trends, and recommend responsive actions
- Conduct more frequent **licensure inspections** of community providers
- Implement a **core competency - based training curriculum** in person-centered practices, community integration and self-determination awareness, and required elements of service and ensure adequate coaching and supervision of staff trainees
- **Transitioning from training centers**
  - Provide a **plan to the General Assembly** to cease residential operations at four of Virginia's training centers (July 2012)
  - Monitor implementation of **DBHDS Person-Centered Discharge Planning policy and procedures**
  - Develop **discharge plans** for all individuals in training centers using a documented, person centered planning and implementation process (July 1, 2012)
  - Provide **monthly reports on the types of placements** to which individuals have been discharged
  - Provide assistance to **resolve barriers to community placements**
  - Implement **Regional Support Teams** in each region
- Meet **DOJ Settlement Agreement requirements** and timeframes
  - Implement settlement agreement timelines as noted in the agreement
  - Participate in reviews by the Independent Reviewer, charged with conducting the factual investigation and verification of data and documentation to determine whether the Commonwealth is in compliance with the Agreement

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Incorporate services and supports for individuals with **AUTISM SPECTRUM DISORDERS (ASD)** **OR DEVELOPMENTAL DISABILITIES (DD)** in Virginia's developmental services delivery system

### The Need

There is currently little to no coordination and funding of ASD and DD services in Virginia. The recently completed “*Assessment of Services for Virginians with Autism Spectrum Disorders*” provides a detailed action plan to provide improved ASD and DD services.

### Objectives

- Define and coordinate developmental services system responsibilities for ASD and DD supports and services.
- Enhance statewide ASD and DD services and supports capacity.

### Priorities

1. Collaborate with DMAS to expand waiver capacity, modify existing or create new waivers, and address waiver rate structures.
2. Develop memoranda of agreement for DD/ASD service coordination with DBHDS and the Departments of Education, Rehabilitative Services, Health, Social Services, and Criminal Justice Services.

### Accomplishments, Implementation Activities, and Planning Milestones

- Planning **Waiver enhancements**:
  - Dialogue with DMAS on **waiver improvements**, to include services for individuals with ASD (ongoing since Spring 2011)
  - DBHDS-DMAS agreement to seek a **combined ID/DD waiver** when the DD Waiver is up for renewal (Spring 2013)
- Preparing a **memorandum of agreement** for all affected agencies to include identification of ASD data gaps, sharing data, and establishing a five year plan (Spring 2012)

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Address the **HOUSING** needs for individuals with mental health and substance use disorders and those with developmental disabilities

### The Need

Safe, decent, and affordable housing is essential to recovery, and housing stability is correlated to lower rates of incarceration and costly hospital utilization. Generally, individuals should not spend

more than 30% of their income on housing. Monthly Supplemental Security Income (SSI) payments are \$674 in Virginia while the average fair market rent for a one-bedroom unit is \$887. Auxiliary grants subsidize housing for individuals receiving SSI, but are limited to assisted living facilities and adult foster care homes and cannot be used for other housing arrangements. Medicaid does not pay for housing, only services.

## Objective

- Expand housing and supports options for individuals with mental health or substance use disorders or developmental disabilities.

## Priorities

1. Continue to participate in cross-secretarial and interagency activities to leverage housing resources and create affordable housing

options for individuals receiving behavioral health and developmental services, including:

- a) Governor's Housing Initiative recommendations to create a range of housing opportunities.
- b) Governor's Homeless Outcomes Workgroup activities to increase access to substance abuse and mental health treatment, peer recovery programs, and Housing First Projects.
- c) Housing Study (2009) recommendations to establish interagency "person-centered" community-based housing options for individuals with developmental disabilities.

2. Provide training and consultation to services providers to increase affordable housing and appropriate supports by leveraging housing resources and implementing supportive housing models.

3. Explore options to "decouple" developmental services and supports provision and housing.

4. Work with DMAS to assess the potential benefits of expanding Virginia's CMS Money Follows the Person (MFP) program to individuals transitioning from state hospitals.

5. Include housing stability of individuals receiving CSB behavioral health or developmental services as a Performance Contract goal and responsibility and track outcomes on a regular basis.

## Accomplishments, Implementation Activities, and Planning Milestones

- Planning for implementation of **Governor's DHCD budget proposal for \$1 million to expand permanent supportive housing** for individuals with disabilities experiencing chronic homelessness with Department of Housing and Community Development (DHCD) and CSB representatives (February 2012 meeting)
- Reviewing **current permanent supportive housing and explore expansion opportunities** with CSBs and housing developers (February 2012 meeting)
- Working with DMAS, DBHDS, Virginia Housing Development Authority (VHDA), and other disability agencies to develop **HUD Section 811 Project Rental Assistance program agreement** required to apply for new funding (in process)

- Hired a new **DBHDS Housing Specialist position** to provide training and consultation to services providers on leveraging housing resources and implementing supportive housing models (March 12, 2012)
- Delineated **MFP program eligibility requirements** in a DMAS memo (June 1, 2011)
- Planning for a two-day statewide **“Housing Stability and Mental Illness Summit”** with the Virginia Coalition to End Homeless and NAMI Virginia (July 22-23, 2012)
- Added language in the **Community Services Performance Contract FY 2012** and retained in FY 2013 requiring each CSB to provide the following affirmations that it will:
  - Review and revise, if necessary, its joint written agreements with public housing agencies, where they exist, and work with planning district commissions, local governments, private developers, and other stakeholders to **maximize federal, state, and local resources for the development of and access to affordable housing and appropriate supports** for individuals receiving services from the Board; and
  - Work with DBHDS through the VACSB Data Management Committee, at the direction of the VACSB Executive Directors Forum, to collaboratively establish **stable housing policy and outcome goals** and develop and monitor key housing indicators.

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Create **EMPLOYMENT** opportunities for individuals with mental health or substance use disorders and those with developmental disabilities

### The Need

People who are employed contribute to the economy and improve their sense of self worth. Certain interventions are proven to help adults with serious mental illness (SMI) transition from income subsidies to successful competitive employment. Today, CSBs report full or part-time employment rates for service recipients of only 14% among adults with SMI, 32% among adults with substance use disorder, and 16% among adult developmental disabilities.

### Objectives

- Establish and implement “Employment First,” which emphasizes integrated and supported employment, as the policy of the Commonwealth.
- Expand employment opportunities for individuals with mental health or substance use disorders or developmental disabilities.

### Priorities

1. Work with public and private services providers and employers to implement “Employment First” through a leadership summit, statewide awareness and education campaign, and regional trainings.

2. Provide training and consultation to services providers on implementing innovative supportive employment models and establishing integrated supported employment teams that include CSBs, DRS, and employment services organizations (ESOs).
3. Work with DMAS to identify ways to incentivize integrated employment in the ID and IFDDS waivers and incorporate supported employment evidence-based practice models in Medicaid Day Support, Mental Health Support Services and Psychosocial Rehabilitation regulations.
4. Include employment of individuals receiving CSB behavioral health or developmental services as a performance contract goal and responsibility and track employment status on a regular basis.

### Accomplishments, Implementation Activities, and Planning Milestones

- Supporting State Board of Behavioral Health and Developmental Services development of an **Employment First policy** (in process)
- Conducting a **statewide awareness and education campaign and training** to implement Employment First policy statewide:
  - Held an **Employment First Summit** (October 2011)
  - Providing employment first **technical assistance to CSBs and ESOs** (ongoing)
  - Employment first presentations to **regional and statewide organizations and collaborations** (ongoing)
  - Working with the **SELN Advisory Group** to disseminate and strategize implementation of Employment First (ongoing)
  - Scheduling Employment First **regional summits** (January – August 2012)
  - Incorporating employment supports in **case management modules** (underway)
  - Planning for **second Employment First Summit** (underway)
  - Prepared a **Partnership in Employment Systems Change grant proposal** for HHS Administration on Developmental Disabilities (not funded)
  - Revised **Resource guide to Implementing and Funding Supported Services** (October 2012)
  - Obtained **SAMHSA Supported Employment Initiative grant** through NASMHPD to provide on-line and on-site training in Mental Health Supported Employment to CSB, DRS, and ESO staffs (January 2012)
- Successful recruitment of DBHDS Employment Specialist to provide **training and consultation to services providers** on implementing innovative supportive employment models (ongoing)
- Working with DMAS to **incentivize integrated employment in the ID and IFDDS waivers** (ongoing)
- Added language in the **Community Services Performance Contract in FY 2012** and retained in FY 2013 requiring each CSB to provide the following affirmations that it will:

- Review and revise, if necessary, their **joint written agreements** with DRS regional office to ensure the availability of employment services and specify DRS services to be provided to individuals receiving CSB services;
  - Work with **Employment Service Organizations** (ESOs) where they exist to support the availability of employment services and identify ESO services available to individuals receiving services from the Board;
  - Work with DBHDS through the VACSB Data Management Committee, at the direction of the VACSB Executive Directors Forum, to collaboratively establish clear **employment policy and outcome goals** and develop and monitor key employment indicators; and
  - Ensure that its staff asks individuals receiving services from the Board if they want to work and when appropriate and as practicable engages them in seeking employment services in a timely manner.
- Establishing **employment performance measure** for adult MH case management services recipients (July 2012)

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Strengthen the capability of the **CASE MANAGEMENT** system to support individuals receiving behavioral health or developmental services

### The Need

Case management (service coordination and intensive case management) aids with the navigation and best usage of the publicly-funded system of services by helping individuals connect with appropriate services and receive day-to-day support to ensure stable community living. In Virginia, there is no standard training and no system for assuring that case managers have the knowledge and skills needed to be effective. As a result, the level and quality of such services varies widely from community to community.

### Objectives

- Enhance the core competencies of individuals who provide case management services.
- Promote consistency in the practice of case management across the Commonwealth.

### Priorities

1. Adopt basic and disability-specific core competency-based case management curricula and new case management training modules.
2. Establish a state certification program for case managers to demonstrate that they meet competency and training requirements.

### Accomplishments, Implementation Activities, and Planning Milestones

- Completed **Case Management team report** ([www.dbhds.virginia.gov/CreatingOpportunities/CMReport.pdf](http://www.dbhds.virginia.gov/CreatingOpportunities/CMReport.pdf))
- Working with CSB executive leadership, program directors, and case managers to implement expectation that **case managers are the first level of accountability and linchpin for improving outcomes** for individuals receiving services:
  - Planning for **Case Management in a Recovery Oriented System of Care – A Multi-Tier Summit** (in process)
  - Identification of resources to support a new DBHDS staff person to **coordinate case management initiative** (in process)
  - Examination of current **DBHDS and DMAS regulatory requirements** related to case management (planned)
  - *Incorporation of case management expectations in **CSB audit process reviews** (planned)*
- Developing case management basic **curricula modules** (May 2012):
  - Overview (module completed)
  - Disabilities Defined and Importance of the Integration of Healthcare (module completed)
  - Developing and Maintaining Relationships (module under review)
  - Assessment (module under review)
  - Planning (draft completed)
  - Services (draft in process)
- Completing protocols for case managers to **access modules in knowledge center** and track module completion (in process)
- Developing proposal to create curriculum and purchase **disability-specific on-line training** through Essential Learning (in process)
- Planning the **case management certification process**, including identification of implementation requirements and costs (in process)

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Complete the phased implementation of a **DBHDS ELECTRONIC HEALTH RECORD (EHR) AND HEALTH INFORMATION EXCHANGE (HIE)** across the state facility system

### The Need

The 2009 *American Recovery and Reinvestment Act* requires providers to implement an EHR system of the clinical treatment/medical records, including ancillary services, by 2014 to continue Medicaid and Medicare billing. Health information exchange considerations also must be

addressed to enable data exchange among facilities and eventually with CSBs through the Commonwealth Gateway.

## Objective

- Successfully implement an EHR clinical treatment/medical records module in each state facility.

## Priorities

1. Complete a state facility clinical workflow analysis to determine EHR requirements.
2. Prepare and issue a Request for Proposal, select a vendor, and negotiate and award EHR contract.
3. Work with the selected vendor to implement the clinical treatment/medical records EHR across the state facilities.

## Accomplishments, Implementation Activities, and Planning Milestones

- Established project governance and oversight **steering committee and internal agency oversight subcommittees** (completed)
- Issued **Request for proposal** (January 2012)
- Completing **facility infrastructure analysis** (in process)
- Complete procurement and **begin EHR implementation** (June 30, 2012)
  - **Pilot sites** – Catawba, WSH, ESH, Piedmont, and SWVMHI (March 31, 2013)
  - **Remaining state mental health facilities** (June 30, 2014)
  - **Training centers** (June 30, 2015)

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Address **SEXUALLY VIOLENT PREDATOR (SVP) SERVICE CAPACITY** in order to appropriately access and safely operate the Virginia Center for Behavioral Rehabilitation and provide SVP rehabilitation and treatment services

## The Need

The Virginia Center for Behavioral Rehabilitation (VCBR) has a 300-bed capacity. Because Virginia Code changes in 2006 increased the number of predicate crimes from 4 to 28 and changed the screening tool, VCBR's census is projected to grow from 356 in FY 2012 to 738 in FY 2017. The General Assembly directed DBHDS to double-bunk up to 150 residents. Changes are needed to solve the overcrowding problem, including reducing the number and types of admissions and safely placing eligible individuals on conditional release.

## Objectives

- Meet the needs for additional bed and treatment space at VCBR.

- Increase use of conditional release for eligible individuals.

### Priorities

1. Reconfigure treatment, medical, education, food services, and security to serve up to 150 additional residents.
2. Support VCBR in facilitating safe and appropriate conditional release of eligible residents.
3. Establish and implement an internal screening process for double bunking residents to ensure program and clinical integrity and maximize safety.

### Accomplishments, Implementation Activities, and Planning Milestones

- Developed strategies to **reinforce positive behaviors**, including implementation of the Market Store, in partnership with VCBR (complete)
- Planning for **vocational work opportunities** for residents at VCBR in partnership with VCBR and the OAG (in process)
- Implemented **Pre-release support mechanism** for VCBR residents eligible for SVP conditional release, including protocols with VCBR clinical and security staff for taking residents into the community for job interviews and to seek appropriate housing (ongoing)
  - **Open-ended RFP for transitional housing services**, to include employment assistance
  - Increased CO SVP office **staff focus on community placement**
  - Increased **data capture, storage, and retrieval efficiency**
- Created criteria and evaluation tool in support of any Request for Services (RFS) from private vendors to operate VCBR and for use in managing **VCBR administrative, operations, security and treatment functions** (completed)
- Prepared 2012-2014 budget proposal for operational and staffing requirements to **double-bunk residents and increase VCBR's capacity to 450 beds** (\$6.4 million over the biennium in general funds)