



COMMONWEALTH of VIRGINIA

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DBHDS Settlement Agreement Stakeholder Group

Wednesday December 16th from 1:00 - 4:00 pm

FACILITATED DISCUSSION

Mr. Cochran facilitated a discussion, related to the Independent Reviewer's (IR) recommendations, by posing questions to the SA Stakeholder Group related to Crisis Services, Regional Support Teams (RSTs) and Quality Improvement (QI). Please see Facilitated Discussion Attachment.

The following is a summary of the questions posed and the responses given:

"How does the Stakeholder Group view Crisis Services and what has the Commonwealth accomplished to date?"

Stakeholder Response:

The premise behind building the new crisis system included the need to change the philosophy that if someone is in crisis he/she requires institutionalization; the importance of trying to stabilize individuals within their community, and creating a more evidence-based system to transfer knowledge to providers and law enforcement about how to prevent and address crises. The SH group's overall opinion of REACH is that it has a good mission but is not fully doing what it was set out to accomplish. Concerns included reports from family members asking REACH to be more proactive, have better trained staff and continue to reduce unnecessary hospitalizations.

"What would the ideal crisis system look like from your perspective?"

Stakeholder Response:

The ideal crisis system would stabilize individuals in the community where they are most comfortable. Additionally, if someone benefits from going to a REACH Crisis Therapeutic Home (CTH) or going to a psychiatric hospital; SHs would like to see REACH more involved and working hand-in-hand with the people that are familiar with the person in crisis. Finally, stakeholders would like to see the REACH programs serve individuals with high medical needs.

"Prior to 2010, how was the system compared to now? On a scale of 1-10, how would you rate the Commonwealth's crisis system?"

Stakeholder Response:

- It depends on what lens we look through. If we look at the crisis system from a family perspective, we ask ourselves to what degree have family situations changed? In some situations it has changed and yet other families continue to struggle. The crisis system has made advances but it is still struggling. A number is hard to give.
- There are individuals who have a mental health diagnosis and who do not have I/DD but who have medical challenges. The question was posed if those individuals are able better able to access crisis care than individuals with I/DD who have medical support needs? It appears medical acuity is an impediment for both individuals with I/DD and those who have a mental health diagnosis.
- People are creatures of habit so it takes a long time to change a system. For example, the system needs to see a pattern of calling REACH that results in having successes. Even if the Commonwealth builds a system with proper responses; for a frantic family that is not as fast as the EMT/ambulance. At some point, the Department should consider one “go to Number”. This may not solve challenges around serving individuals with medical needs; but the 1115 waiver sets expectations around bridging the acute and the ID world. Maybe it is down the road a bit when the medical support and crisis system begins to mesh a little bit better. REACH needs to figure out a way to message the successes.

“Are there areas with the crisis system that you believe the Commonwealth should or should not spend more time and resources given the potential impact?”

Stakeholder Response:

The Commonwealth currently spends 12.6 million on adult crisis. They need a clearer understanding of how much of the capacity available for REACH services is being utilized; but it sounds like the capacity is sufficient. The changes in standards permit some individuals’ stays to be extended based on needing to find a home. This may affect capacity.

- Mobile crisis and in-home supports are the weak area.
- It appears some REACH programs are performing much better than others. Is there any investment in seeing that those doing it well are sharing with those who aren’t?
- More money for mobile crisis might help to keep beds more available.

“What about children’s crisis”

Stakeholder Response:

Why are the systems different?

- **DBHDS Response:** The original consultant felt the systems should be kept separate. In addition, the funding strategy was implemented later and there has been more of a focus on leveraging current MH services for children and linking existing services with new programs when gaps in services are found.

How do families find out how to access crisis services?

- **DBHDS Response:** A letter will be drafted and sent out to all children on the waiting list and current waiver recipients; as well as information is shared with the Partnership for People with Disabilities and their Family Network Program.

Has there been outreach to schools?

- **DBHDS Response:** Yes, but outreach will continue.

Virginia Associate of Community Service Boards (VACSB) is willing to do anything to help get the word out about children’s crisis services. It would be helpful to know in more detail about DBHDS outcomes and timelines to better understand the order in which tasks are being accomplished and determine the resources that are still needed.

“Regional Support Teams: It was created because of the SA; has it integrated into the larger system?”

- **DBHDS Response:** The system went over a big hill about a year ago when the feeling changed about whether or not the Commonwealth can move from a dual community/institutional system to a community system. We think we will get waiver design through and the funding will be approved which we hope produce alternatives and innovative ways to support individuals. The question is: Is it time to look at the RST system and say we built a bureaucracy and the RST no longer meets its purpose?

Stakeholder Response:

- Our system leans more towards congregate settings but the frustration is that the RSTs have not necessarily busted barriers.
- The IR has not provided positive reviews related to the RST.
- Some RSTs are doing great work but not getting information in enough time.
- What do RSTs have as resources that the CSBs don't? Are the CSBs doing what they are supposed to do?
- This area would benefit from more SH discussion.

Quality Improvement Programs: What are your thoughts about the current system?

Stakeholder Response:

The 7th Report to the Court states the Commonwealth has difficulty getting rid of or sanctioning poorly functioning providers. The Commonwealth should be able to get rid of poor providers before they look at other ways to improve the system.

- **DBHDS Response:** It becomes more about how to support providers to become better and then hold them accountable to those higher standards. There is a fairly complex process to go through to address sanctioning providers. DBHDS is working with the Attorney General's Office (OAG) and it is a tedious process and would require regulatory changes. It is an area that DBHDS agrees is very important.

Almost every conversation about measuring quality relates to collecting data but does the Commonwealth have the data, and is it reliable? Reporting is not synonymous with a quality improvement system. Good reporting is one indicator of good service but it is important to focus on what the data means. It is also important to determine what data to collect to figure out if providers are providing quality services.