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Tuesday March 29, 2016: 1:00 – 4:00 p.m.

**Henrico Community Services Board,
10299 Woodman Rd, Glen Allen, VA 23060 in Conference Room C**

Members Present: Dr. Jack Barber (Interim Commissioner DBHDS), Connie Cochran (DBHDS), Peggy Balak (DBHDS), Heidi Lawyer (VBPD), Catherine Harrison (DRS and CIAC), Katherine Olsen (Peer Mentor - Voices of VA), Ann Bevan (DMAS), Jamie Liban (ARC), *Lara Lafin (Fairfax-Falls Church CSB)*; Jennifer Faison (VACSB), Dorothy Powell (Hope House), Karen Tefelski (vaACCSES), Lisa Poe (VNPP), Bradford Hulcher (Autism Org: Autism Society of Central Va), Heather Dooley (DD Case Management)

Members Absent: Norma Draper (Family of individual in the community), Dan H. Reichard III (Stand Up, Inc), Ingrid W. Barber (Alleghany Highlands CSB, John Tishman Sr. (family member of individual from TC), Gerald O'Neill (Resources for Independent Living, Inc), Margaret Graham (Loudon County CSB), TC Bullock (SHRC),

Call To Order Welcome and Introductions: *Connie Cochran, Assistant Commissioner, Developmental Services*
The Assistant Commissioner welcomed the stakeholder group as well as the audience for their attendance.

Budget Updates

Don Darr (DBHDS), Assistant Commissioner, Finance and Administration

Dr. Barber stated there is a recognition that the fundamental philosophy of the Settlement Agreement is integration not segregation. The Commonwealth received a large amount of money from this General Assembly (GA) session. The Governor has been very forthcoming with supporting funding requests and the GA added to it. There are a great many things DBHDS needed and got. This should put the Department in a place to have a good few years as the services start to roll out based on new resources. One of the biggest pieces DBHDS has is to implement the amended waivers. That will be quite a process and there is a short turnaround time. The Department is in a much better situation than a year ago and the Department is hopeful that this is going to be a good year.

Don Darr presented a budget update. The 1st slide is an introductory slide that shows expenditures to date for the Settlement Agreement (SA). It only shows General Fund dollars and does not show tracking of federal funds received. DBHDS has spent 67% of the total budget for DOJ as of mid-march so it is on a good glide path. Most areas unspent are in on IT projects underway. There are some balances to carry over, which is typical. Carry forward of DOJ dollars is not mandatory but discretionary so DBHDS will not find out if they can be expensed until October or November, or when the Governor approves carry forwards.

The final funding by GA was greater than what was requested and this is extremely unusual. DBHDS did not get all items but received over 115 million in funds over next 3 years.

There is 2.8 million dollars in the trust fund. When the sale of NVTC is final, there will be a significant amount of money going into the trust fund. In the future, the GA wants all proposals related to spending trust money to be appropriated in a budget bill.

Stakeholders wanted to know if the trust fund money is encumbered. Mr. Darr replied that it is not. There is a Caboose bill for \$750,000 and earmarked for group homes and ICF/IIDs in Southwest Virginia. For FY17, the GA provided 4 million dollars to develop housing options, specialized services, and capitalized improvements. Sixty percent of that is going to build additional capacity in Northern Virginia and the rest to build capacity in Southwest Virginia.

Stakeholders asked some clarifying questions related to the waiver slots and the reimbursement for private duty nursing. There was concern that the rate increase is not sufficient to individuals with nursing services, placing them at risk of institutionalization. Members expressed a hope that the Governor will reconsider the nursing rate.

The Commissioner replied that the original request was for a 40% increase in rate. DBHDS advocated for this increase and emphasized the critical need for nursing services. At the end of the day the rate was increased somewhat and the hope is this will be sufficient.

Stakeholders asked if there is anything that they can do to support the Commonwealth to communicate the concerns about the rate. The Commissioner replied that at this point, stakeholders are in a more appropriate place to further advocate. It is important to note that on the new waiver, individuals with medical needs in Tier 6 can receive customized rates.

Discussion continued with questions about how DBHDS is finding out about children in private residences who may be moving to less integrating settings and a request to reinstate a stakeholder group to discuss children residing in nursing homes and ICF/IIDs. Mr. Cochran asked someone from the previous stakeholder group to send him a list of the people that were originally on that group.

Training Center Updates

Debbie Smith (DBHDS), Director, TC Discharges and Community Integration

Ms. Smith shared a chart showing the rate of admissions from 2000 to present. The rates of admission have been decreasing for quite some time. Even without the discharge initiative, the census would have continued to go down. Based on trends, it is believed a census of 0 would still have been achieved by 2029.

Stakeholders requested information on the number of short-term respite admissions, what individuals are doing during the day once they are discharged and why individuals continue to move to homes of 5 or more beds.

Ms. Smith explained that she and her team have been working to move individuals into integrated homes and have them participate in integrated day activities and hope to see a significant increase after the implementation of the new waiver.

Update on the Settlement Agreement

Jae Benz, Senior DD Administrative & Policy Analyst

Ms. Benz gave a brief update on Settlement Agreement including areas being studied by the Independent Reviewer (IR) and his consultants during the 8th reporting period, and the status of the ongoing negotiations between the Commonwealth and the Department of Justice (DOJ) with respect to Outcome Timelines and Performance Indicators. Ms. Benz concluded with providing feedback on steps DBHDS has taken as the result of the feedback given during the last Stakeholder meeting.

The new Assistant Commissioner for Quality Management & Development was introduced and talked about his experience and his initial focus for the next few months.

Facilitated Discussion with Stakeholder Group

Connie Cochran, Assistant Commissioner of Developmental Services

Mr. Cochran facilitated a discussion, related to the Independent Reviewer's (IR) recommendations, by posing questions to the SA Stakeholder Group related to Risk Triggers and Thresholds, and Provider Training. The following is a summary of the questions posed and the responses given:

Risk Triggers and Thresholds - Stakeholders discussed their concerns that it is difficult to dramatically change waiver plans for a person who is nearing the end of their life yet it is important to allow individuals to remain at home, when possible. Currently, residential staff is not paid when an individual is hospitalized even if they still require supervision. In addition, there is a lack of public guardians who can be assigned to those individuals in need of someone to assist in making medical decisions. A few of the stakeholders who are also private providers discussed the difficulty in getting medical professionals to talk to each other and coordinate service delivery. Some case managers are serving as the coordinators but there are still challenges. Ideas discussed were to better define the role of DDHNS in this process and provide education to physicians and hospitals regarding the needs of individuals with I/DD and the importance of coordinating.

Providing Training - The current system does not build in competencies/observation of Direct Support Staff. – DBHDS is developing a DSP orientation process that touches on basic elements and DBHDS will continue to build it out. A stakeholder provided feedback that competencies are great but a challenge providers have is that turn over affects baseline competency of staff. Recruitment/retention is a large piece of ensuring high quality providers. The group discussed the Case management competencies stating that there should be incentives to encourage case managers to become certified. There was a concern that the providers who have expanded into Virginia are not qualified. Mr. Cochran stated that DBHDS carefully screened the new providers.

Closing Remarks

Connie Cochran, Assistant Commissioner of Developmental Services

Dr. Jack Barber, Interim Commissioner for DBHDS

Interim Commissioner Dr Barber adjourned the meeting

Next Meetings: will be from 1-4:00 pm. Location TBD

June date there were conflicts so another date will be chosen

Sept 14, 2015, Dec 14, 2015

Adjournment – Adjourned at 3:40 pm.