



COMMONWEALTH of VIRGINIA

Jack W. Barber, MD  
INTERIM COMMISSIONER

Telephone (804) 786-3921

Fax (804) 371-6638  
[www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)

Tuesday December 13, 2016: 1:00 – 4:00 p.m.

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

**Members Present:** Connie Cochran (DBHDS), Dev Nair (DBHDS), Peggy Balak (DBHDS), Kathy Drumwright (DBHDS), Heidi Lawyer (VBPB), Jamie Liban (ARC), Michelle Johnson (Henrico CSB) as alternate for Jennifer Faison (VACSB), Jennifer Fidura (VNPP), Bradford Hulcher (Autism Org: Autism Society of Central Va), Dan H. Reichard III (Stand Up, Inc), Karen Tefelski (vaACCSES), Summer Sage (family member), Phil Caldwell (VALIDD), Kyle McMahon (Caliber), Savanna Sue Stricker (self-advocate receiving services), Ann Bevan (DMAS),

**Members Absent** Dr. Jack Barber (Interim Commissioner DBHDS), Catherine Harrison (DRS and CIAC), Maureen Halloway (Resources for Independent Living, Inc), Karen Shupak (family member),

**Call To Order Welcome and Introductions:** Connie Cochran, Assistant Commissioner, Developmental Services

The Assistant Commissioner welcomed the stakeholder group as well as the audience and thanked them for their attendance.

**New Member Overview**

Jae Benz, Senior DD Administrative & Policy Analyst

Jae Benz provided the new and returning members with an overview of why the Settlement Agreement (SA) Stakeholder group was established, the composition of the group, role and responsibilities of the members, how and why the format for the meeting has changed over time, important dates related to the investigation by DOJ, dates associated with the SA and the revised reporting schedule

**Training Center Updates**

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

Ms. Smith shared a chart showing the TC census has reduced by over 80% since 2000. A graph showed that based on the rate of decline, the census would still have reached 0 by 2029, instead of 2020 with the downsizing effort. The rates of admission have been decreasing for quite some time.

Ms. Smith summarized the types of homes and day activities individuals are choosing once they move to the larger community. SWVTC is scheduled to close in 2018. DBHDS is working with 15 established providers to develop more providers who will be able to provide sufficient potential options for individuals from SWVTC moving into the community.

Ms. Smith reviewed the census number for CVTC's ICF/IID and nursing facility beds and informed the stakeholders that the CVTC will be decertifying all of the NF beds and using already certified ICF/IID beds. It is expected that only three individuals will continue to need nursing facility level of care services.

### **Update on the Settlement Agreement**

Peggy Balak, Settlement Agreement Advisor

Ms. Balak gave a general update on the status of the Settlement Agreement. DOJ hired a consultant to review 10 at CVTC individuals with complex medical needs and conducted a visit which included meeting the individuals and interviewing some of the staff. A report is expected to be shared within the next few months.

The 9th Report to the Court will not be released until the end of December. A status conference was held with Judge Gibney on October 13<sup>th</sup> with a favorable response from the Judge. Topics included Waiver implementation; Crisis services; Individuals with Complex Medical Needs and review of the letter from DOJ about Decubitus Ulcers and DBHDS' response to the letter.

Ms. Balak gave a brief update about the Provider survey including the number of participants, what information is being collected and how the information will be used to determine provider capacity.

Members asked if the provider survey is asking about which locations already offer services or which locations may want to offer services in the future, or both. Preliminary results show information about both scenarios. The members requested a clearer breakdown in future presentations. Stakeholders were interested in making sure that multiple agencies are not trying to collect similar information requiring providers to input information more than once.

Stakeholders expressed concerns that this survey may show a sufficient number of services by location but that a provider may not be able to offer the amount of service or hours an individual needs. It is important to consider the issue of workforce shortage or turnover which may not be properly represented through geo-mapping.

The discussion then transitioned to the work DBHDS is completing including having a focus group dedicated to working on increasing in-home and shared living services. DBHDS is working on the best way to compare authorized hours versus utilized hours as one method to determine if additional providers are needed.

### **Review of crisis data from Retrospective Studies and REACH Data Store**

Heather Norton, Director of Community Support Services

Ms. Norton presented the results of the FY15 Retrospective Reviews of Adult and Child State Psychiatric Hospitalizations, the most recent quarterly/annual REACH data and the current psychiatric hospitalization data. Her presentation included the number of hospitalizations by quarter, by age and by gender as well as length of stay. In addition, Ms. Norton discussed the number of hospitalizations that potentially could have been diverted. She concluded with reviewing the next steps DBHDS will be taking to address areas of concern.

Stakeholders ask if hospitalization data has been reviewed by mental health diagnosis and what percentage of individuals hospitalized have a case manager assigned to them. Diagnosis information is collected and it has been noted that the diagnosis may change between admission and discharge. This will be looked at more closely. Mobile crisis teams are collecting information waiver and case manager status as part of the initial assessments. It appears about 70% of individuals presenting to REACH for the first time via hospitalizations are having their first formal contact with the system.

A member asked who determines if a hospitalization is appropriate. Ms. Norton responded that there were two Clinical Psychologists who reviewed the records of individuals as part of the retrospective and used their professional judgement to come to conclusions.

A member expressed concern that it appears some children with autism are hospitalized for behavioral concerns that could be addressed outside of an institutional setting. Ms. Norton shared DBHDS' plan to develop a full continuum of care for children around crisis needs; this will include planned preventative crisis services to allow the individual and family to take a break from each other and avert a crisis; mobile crisis to assist with reintegration; therapeutic foster care intended to be utilized for younger children; and a crisis therapeutic home that will be used primarily for adolescents.

**Public Comment** - No public comment

**Closing Remarks**

Connie Cochran, Assistant Commissioner, Developmental Services

Mr. Cochran closed the meeting thanking the new and current members for their participation, comments and questions.

**Next Meeting:** March 14, 2017 from 1-4:00 pm location TBD

**Adjournment** – Adjourned at 3:55 pm.