

Agenda July 2020 DOJ Settlement Agreement Stakeholders

11:00 a.m.	I.	Call To Order	<i>Alison Land Commissioner, DBHDS</i>
11:05 a.m.	I.	Welcome and Introductions	<i>Heather Norton Assistant Commissioner, Developmental Services</i>
11:10 a.m.	I.	Settlement Agreement Update	<i>Jenni Schodt Settlement Agreement Advisor</i>
11:25 a.m.	I.	DOJ Settlement Agreement Website (Library)	<i>Jenni Schodt Settlement Agreement Advisor</i>
11:45 a.m.	I.	DOJ SA Project Management Initiative	<i>Craig Williams DOJ Settlement Program Manager, DBHDS</i>
12:00 p.m.	I.	New Tool and Training Releases	<i>Heather Norton Assistant Commissioner, Developmental Services</i>
12:20 p.m.	I.	Facilitated Discussion	<i>Heather Norton Assistant Commissioner, Developmental Services</i>
12:45 p.m.	I.	Public Comment	<i>Jenni Schodt Settlement Agreement Advisor</i>
12:55 p.m.	I.	Wrap Up	<i>Jenni Schodt Settlement Agreement Advisor</i>
1:00 p.m.	I.	Adjournment	<i>Heather Norton Assistant Commissioner, Developmental Services</i>

June 2020 Independent Reviewer Report to the Court

- Maintained Compliance Ratings and Gained one additional Provision Compliance Rating in Integrated Day and Employment (III.C.7.b.i.B.2.a)
- Posted DBHDS website <http://www.dbhds.virginia.gov/doj-settlement-agreement>
- IR lists 6 Systemic Obstacles:
 1. Community Provider Capacity
 2. Enforcing adherence to its standards for some CSBs and providers who consistently do not fulfil requirements
 3. Implementation of external monitoring mechanisms required by the Agreement
 4. Standards to determine adequacy or appropriate implementation of behavioral support services
 5. Quality Improvement Programs are not functioning for all community services
 6. Quality and Risk Management system is hampered by invalid and unreliable data.
- Complimentary of the Training Center Discharge accomplishments

DOJ Settlement Agreement

Compliance Status

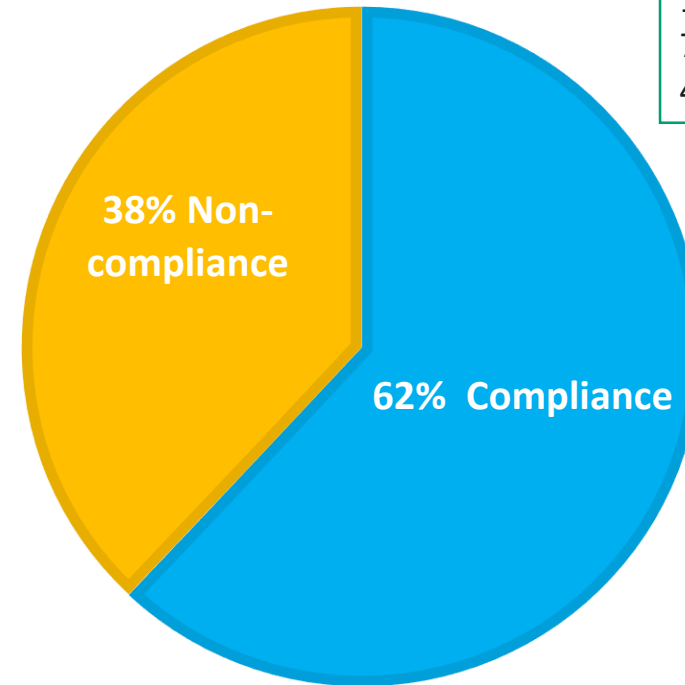
FY19 Compliance ratings added:

- Creating Waiver Slots
- Providing Choice of Case Manager
- Regional Support Team Process
- Risk Management
- Revision of Licensing Regulations
- Risk Management Training

FY20 Compliance rating added:

- III.C.7.b.i.B.2.a
- Supported Employment Targets
- Risk Management Training (sustained)

June 2020 Settlement Agreement Compliance Status



121 Provisions Monitored
75 Compliant
46 Non-compliant

Key Accomplishments
Training Center Closures
Crisis System
Waiver Redesign
Continuing Trend toward
Integrated Services



Virginia Department of
Behavioral Health &
Developmental Services

DOJ Settlement Agreement Library

<https://dojsettlementagreement.virginia.gov>

DBHDS Vision: A life of possibilities for all Virginians



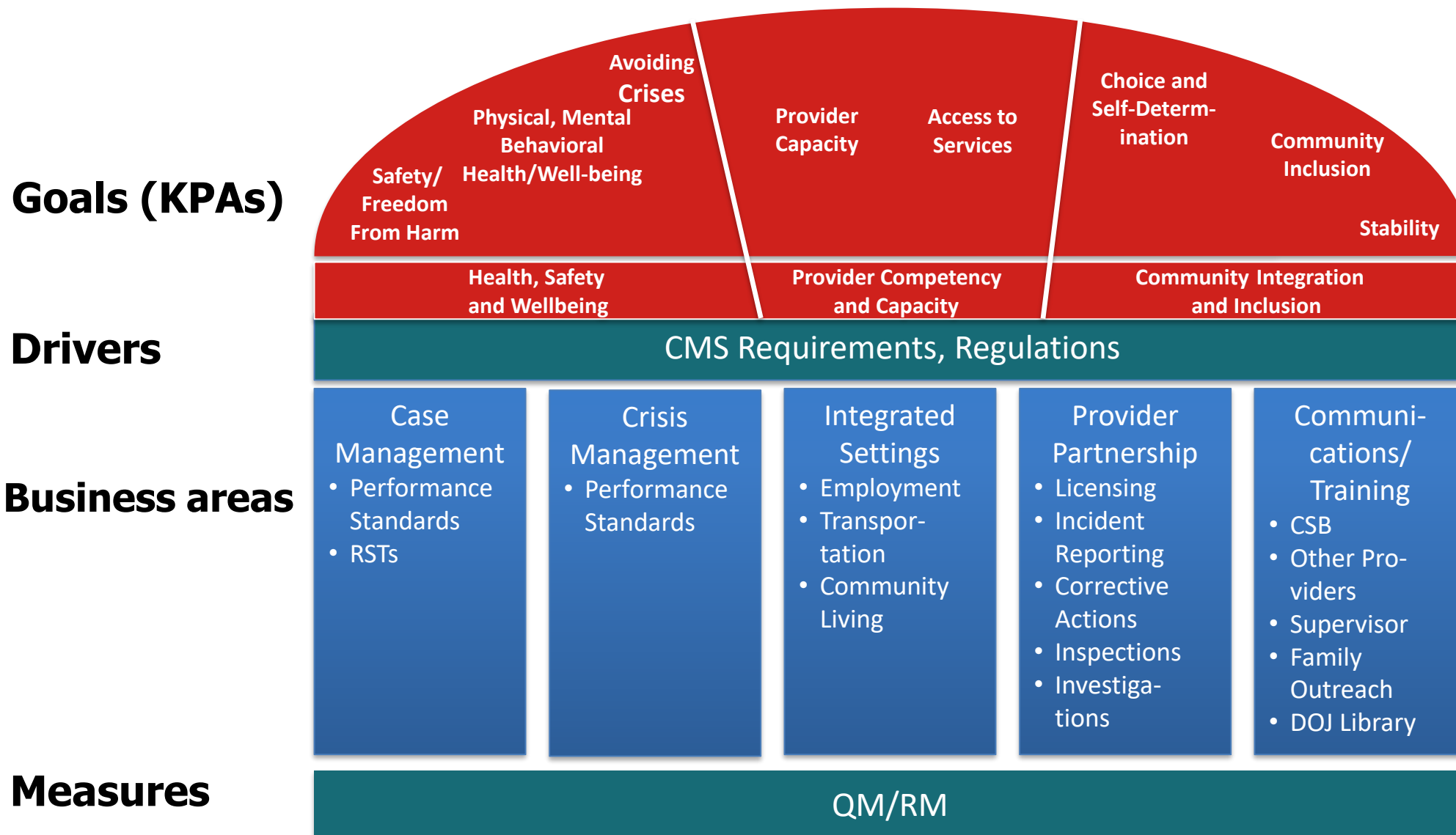
Virginia Department of
Behavioral Health &
Developmental Services

DOJ Settlement Agreement Program

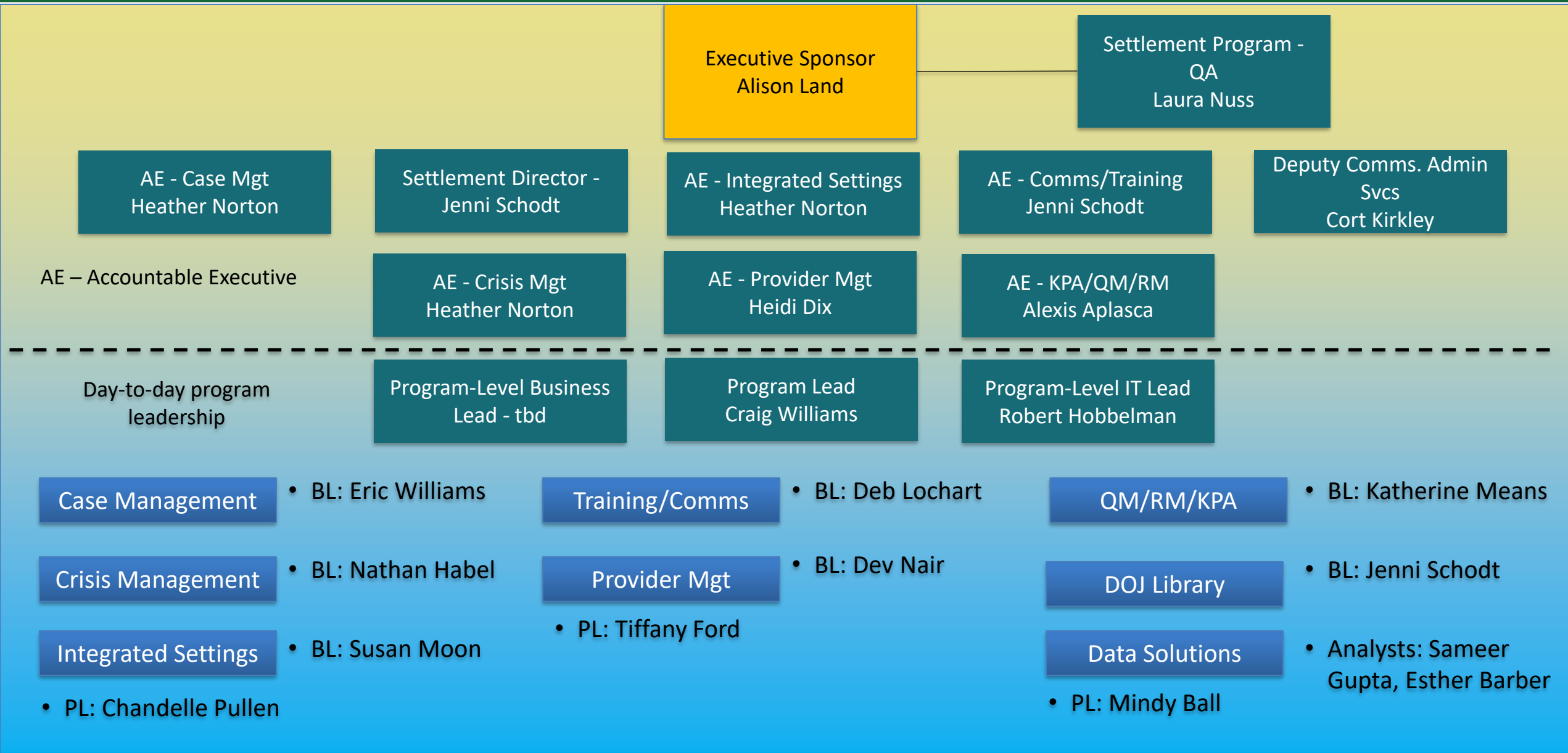
Stakeholder Meeting
7/28/2020

DBHDS Vision: A life of possibilities for all Virginians

DOJ Program Big Picture View



Program Team – Executive Steering Committee



Provider Partnerships

Executive Sponsor: Heidi Dix

Reporting Period: June 18, 2020 - June 24, 2020

Business Owner: Dev Nair

Project Start Date: 4/6/2020

Project Manager: Tiffany Ford

Go-Live Date: 6/30/2020

Key Performance Indicators (KPIs)	Scope	Schedule	Resources	Overall
Current Week				
Previous Week				
Trending				

■ All milestones on track. No impacts to triple constraints

■ Risks or issues identified, and solution is in progress

■ There is a problem with no current solution

Comments are required for Yellow & Red indicators

Status Highlights

Scope	N/A
Schedule	N/A
Resources	N/A

10 Provisions, 58 Compliance Indicators

In Backlog	0	Done but Waiting	3
In Progress	9	CI Complete per AE	17
Impeded	1	Evidence Ready	28

Top 3 Risks & Issues

Risks	Mitigation	Probability %
Data Reporting– Ability to develop reports and then transition that reporting to Connect (a new system).	Team is working with data warehouse to develop reporting and IT to provide a sustainability plan for Connect.	20%
Hiring Needs- We are recruiting for several positions with the DOJ dollars. We anticipate that 4 or more licensing specialists will apply and be hired to these DOJ positions (Internal promotions). The licensing specialist positions will then become vacant. We need to ensure, to continue to build and run toward compliance, that we are able to recruit and fill those licensing specialist positions.	Heidi is doing a write up for HR.	55%

Issues	Action (Proposed)	Assigned To:
Indicator 29.21(V.B) is impeded because guidance is needed from DMAS.	DBHDS is in contact with DMAS.	Heather

Accomplishments and Upcoming Milestones

Event	Date
Moved 8 CIs out of “In Progress”	6/23/2020
43.1 & 43.2 (V.E.2) - Heather and Dev are finalizing DQV review of measures	6/26/2020

DOJ Settlement Program - % Complete

Percentages are best assessment estimates

Numbers are still being vetted

May include variance by teams in how they estimate

Name	% Complete	Last Week	Change	Work Streams
III.C.2.a-f, IFSP	97%	90%	▲ 7	Training and Communications
III.C.5.b.i,ISP	99%	97%	▲ 2	Case Management
III.C.5.d, Case Mgt. Steering Committee	93%	87%	▲ 6	Case Management-QM/RM
III.C.6.a.i-iii, Crisis System	88%	86%	▲ 2	Crisis Management/Training-Comms
III.C.6.b.ii.A, Mobile Crisis Teams	100%	100%	▬ 0	Crisis Management/Training-Comms
III.C.6.b.iii.B, Crisis Stabilization, Last Resort	100%	100%	▬ 0	Crisis Management
III.C.6.b.iii.D, Beds/Stays	100%	100%	▬ 0	Crisis Management
III.C.6.b.iii.G, Regional Crisis Stabilization	100%	100%	▬ 0	Crisis Management
III.C.7.a, Integrated Day Opportunities	97%	87%	▲ 10	Training-Comms, Integrated Settings, Case Management
III.C.8.a, Transportation Waivers	100%	100%	▬ 0	Integrated Settings
III.C.8.b, My Life, My Community	100%	92%	▲ 8	Training-Communications
III.D.1, IS-Informed Choice, Needs	98%	96%	▲ 2	Integrated Settings
III.D.5, Family-to-Family, Peer	100%	96%	▲ 4	Integrated Settings
III.D.6, Nursing Facility >5	98%	97%	▲ 1	Case Management
V.B, QMS	94%	90%	▲ 4	QM/RM, Provider Partnership, Integrated Settings, Case Management
V.C.1, Provider RM programs	99%	95%	▲ 4	Provider Partnership
V.C.4, Provider RM Training	97%	92%	▲ 5	Training-Comms, Provider Partnership
V.C.5, Mortality Reviews	99%	98%	▲ 1	QM/RM, Training-Comms, Provider Partnership
V.C.6, Provider Failure to Report	100%	92%	▲ 8	Provider Partnership

Build at 98%
 37 Provisions
 14 – 100%
 19 >=90%
 3 >=80%
 1 >=70%

10	Inc. >=10	
▲	Increase	
▬	No Change	
▼	Decrease	

DOJ Settlement Program - Project Status Summary

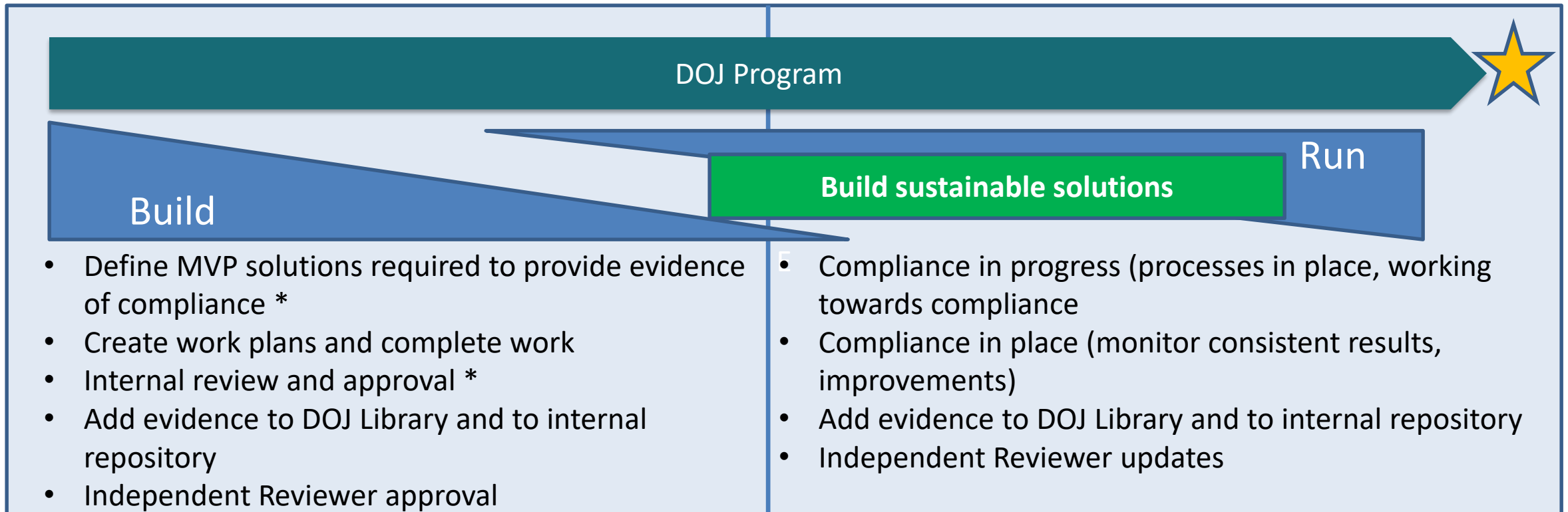
	7-Apr	15-Apr	22-Apr	29-Apr	6-May	13-May	20-May	27-May	3-Jun	10-Jun	17-Jun	24-Jun	1-Jul
Case Management													
. Backlog	3	3	0	0	0	0	0	0	0	0	0	0	0
. In Progress	42	30	26	26	22	24	19	19	19	17	8	1	0
. Impeded	2	2	2	2	2	2	2	2	0	1	0	0	0
. Done but Waiting	8	17	5	5	9	5	5	5	4	2	10	5	0
. Done per AE	0	5	12	12	12	14	19	19	22	25	27	12	10
. Evidence Ready	0	0	0	0	0	0	0	0	0	0	0	27	35
Crisis Management													
. Backlog	3	1	1	1	1	0	0	0	0	0	0	0	0
. In Progress	9	13	14	13	11	9	10	10	7	7	1	5	0
. Impeded	4	4	4	4	4	4	4	4	4	4	4	0	0
. Done but Waiting	4	7	2	3	4	6	3	3	0	0	4	2	6
. Done per AE	9	9	9	9	10	11	12	12	18	18	20	3	3
. Evidence Ready	0	0	0	0	0	0	0	0	0	0	0	19	20
Integrated Settings													
. Backlog	6	0	0	0	1	1	1	1	0	0	0	0	0
. In Progress	13	12	14	14	15	17	18	18	16	9	7	1	0
. Impeded	0	0	0	0	0	0	0	0	0	0	0	0	0
. Done but Waiting	7	7	4	4	1	5	2	2	2	7	4	2	1
. Done per AE	12	19	17	17	22	16	18	18	21	23	28	9	3
. Evidence Ready	0	0	0	0	0	0	0	0	0	0	0	27	35

DOJ Settlement Program - Project Status Summary

	7-Apr	15-Apr	22-Apr	29-Apr	6-May	13-May	20-May	27-May	3-Jun	10-Jun	17-Jun	24-Jun	1-Jul
Provider Partnerships													
. Backlog	16	4	6	3	0	0	0	0	0	0	0	0	0
. In Progress	44	47	43	46	42	47	45	43	31	26	17	9	0
. Impeded	0	5	3	3	2	1	1	1	1	1	1	1	1
. Done but Waiting	3	7	11	11	13	8	6	2	4	4	5	3	0
. Done per AE	0	0	0	0	0	0	6	12	22	27	12	17	10
. Evidence Ready	0	0	0	0	0	0	0	0	0	0	23	28	47
QM/RM/KPA													
. Backlog		26	1	1	1	2	0	0	0	0	0	0	0
. In Progress		26	46	36	35	46	54	40	32	29	9	8	1
. Impeded		0	0	0	0	3	0	0	0	0	8	8	7
. Done but Waiting		2	11	16	16	2	13	27	20	10	22	10	10
. Done per AE		38	38	34	35	39	24	11	15	20	13	14	8
. Evidence Ready	0	0	0	0	0	0	0	13	24	32	39	51	65
Training/Communications													
. Backlog	12	12	0	1	0	0	0	0	0	0	0	0	0
. In Progress	25	25	41	47	45	36	36	37	28	18	13	9	0
. Impeded	0	0	0	0	2	9	9	8	7	7	6	6	5
. Done but Waiting	0	0	0	0	1	4	8	9	3	8	12	6	2
. Done per AE	20	20	16	18	18	17	2	1	17	19	11	11	23
. Evidence Ready	0	0	0	0	0	0	10	10	10	13	23	33	35

Preparing for the Next Phase

- Two general phases
 - Build: Create solutions that enable us to comply
 - Run: Do what is required to monitor progress towards compliance and to manage ongoing compliance



Phase II: Program workstream goals

Build the Run

Goal: Operationalize the build work

DoD: Operational processes in place and staffed

Major Deliverables:

- Build Summaries
- Steps to get to run
- Inputs to dashboard

Performance Dashboard

Goal: Visualize our progress towards compliance

DoD: Operational dashboard with reporting cadence

Major Deliverables:

- Provision owners
- Prioritized CI's (including prior completions)
- Design/prototype
- Working dashboard
- DB Management processes
- Turnover plan

Data Management

Goal: Develop a roadmap to achieve DoJ's data management needs

DoD: DoJ DM Roadmap with staffed team and prioritized plans

Major Deliverables:

- Prioritized elements
- Impacted processes/systems
- DoJ DM Roadmap
- Team structure

Sustainability Backlog

Goal: Recommend projects to mature towards more sustainable solutions

DoD: Project plans that follow IT standards

Major Deliverables:

- Business needs/pain points
- Solution recommendations
- Ready-for-IT Investment Board plans

Communications/ Stakeholder Management

Goal: Align our stakeholders with DoJ objectives

DoD: Operational plan in place and staffed

Major Deliverables:

- OCM/Comms Goals
- SH Map/Assessments
- OCM/Comms approach
- OCM/Comms plan

Settlement Director Work Plan

Goal: Ensure business has transparency to plans/requirements

DoD: Plan in place and staffed

Major Deliverables:

- Settlement Director integrated schedule
- PM support plan
- Integration with OCM/Comms plan

New Tools

Crisis Risk Assessment Tool

Directions: This tool must be utilized by CSB Case Manager/Intake Coordinator at initial intake and at face-to-face visits for persons with a DD diagnosis. Scoring instructions are located at the bottom of the tool. If a person is already open and active with REACH, this does not need to be completed, although case manager should verify supports and services are being delivered according to the need.

Individual's Name: _____ Individual's Age: _____ Date Completed: _____

1. Within the most recent 30 days,
 - a. Has the individual experienced a change that puts them at risk for crisis or hospitalization?

Yes No
 - b. Has the individual displayed behavior that is unusual for them, behavior that puts them at risk in the community, and/or has ongoing unstable behavior (without professional behavioral services in place)—and behavior is not directly related to a medical issue*? (*if medical issue please refer to medical practitioner)

Yes No
 - c. Has the individual had any encounter(s) with law enforcement related to engagement in challenging or dangerous behaviors?

Yes No
 - d. Has the individual stopped taking their prescribed psychotropic medication (against medical advice) and/or refused treatment related to unstable psychiatric and/or behavioral patterns?

Yes No
2. Within the most recent 90 days,
 - a. Has the individual received inpatient psychiatric treatment or been in contact with emergency services?

Yes No

Scoring Instructions and Outcome (check all that apply):

Zero "Yes" Checked – No REACH referral needed

1 or more "Yes" checked – Risk of crisis/hospitalization, referral to REACH required within 72 hours if approved by individual/substitute decision maker

Referral made to REACH on this date: _____

Referral not made to REACH because:

Person/ Substitute Decision Maker refused REACH

Other (describe): _____

Person Completing: _____ CSB/BHA: _____

DBHDS, Division of Developmental Services Annual Risk Awareness Tool (RAT)

Individual's Name: _____ ISP Dates: _____ to _____
 Last Annual Risk Awareness Tool (RAT) Completed: _____
 Last SIS Completed: _____ SIS Score: _____ Level: _____ Tier: _____
 Enhanced Case Management (ECM): YES NO

To complete this form as intended, read and follow the accompanying instructions. Additionally, for more detailed information regarding the Risk Awareness Tool, including educational resources, please see the 'Risk Awareness Tool Instruction and Training Materials'.

SECTION A-Pressure Injury	
<i>Pressure injury (decubitus ulcer) describes injuries to skin and underlying tissue resulting from prolonged pressure on the skin.</i>	
Step 1:	The person has been diagnosed by a medical professional with a pressure injury (decubitus ulcer) in this past year. Yes <input type="radio"/> No <input type="radio"/>
If YES is checked above is there a plan for support? Yes <input type="radio"/> No <input type="radio"/>	
If yes, the plan for support and/or prevention must be included in the ISP. If YES is checked, skip Steps 2-5 and proceed to Section B - If NO is checked, complete Steps 2-5 below before proceeding to Section B.	
Step 2:	If the person does not meet criteria in Step 1 (above), consider if these common indicators for pressure injury (decubitus ulcer) occurred in the past year. (Check all that apply.):
<input type="checkbox"/> Regularly spends a majority of each day in a bed or chair, or wheelchair <input type="checkbox"/> Has experienced sensitive or fragile skin prone to injury or skin breakdown <input type="checkbox"/> Has experienced an unexplained weight loss <input type="checkbox"/> Has been unable to change body position independently <input type="checkbox"/> Has experienced any incontinence (bowel or bladder) <input type="checkbox"/> Has diagnosis of diabetes <input type="checkbox"/> Has the presence of any wound or skin breakdown <input type="checkbox"/> Has presence of swelling of ankles or feet	
Step 3:	Based on the above selected risk indicators, a referral to a qualified healthcare professional is needed to evaluate and help develop a plan to reduce the risk of pressure injury (decubitus ulcer) . If no risk indicators were selected, go to Section B.
Step 4:	What qualified healthcare professional has been identified to help? _____
Step 5:	Who will contact them? _____ Target Date: _____
SECTION B-Aspiration Pneumonia	
<i>Aspiration pneumonia is inflammation of the lungs and airways to the lungs (bronchial tubes) from breathing in foreign material. Aspiration pneumonia occurs when foreign materials (usually food, liquids, vomit or fluids from the mouth) are breathed into the lungs or airways leading to the lungs.</i>	
Step 1:	I. The person has been diagnosed by a medical professional with aspiration pneumonia in the past year. Yes <input type="radio"/> No <input type="radio"/>
If yes, the plan for support and/or prevention of aspiration pneumonia must be included in the ISP. Yes <input type="radio"/> No <input type="radio"/>	

Rev. 5/20

1 of 8

On-Site Visit Tool

Individual's Name: _____		
Location of visit: <input type="checkbox"/> home <input type="checkbox"/> community <input type="checkbox"/> work <input type="checkbox"/> day support <input type="checkbox"/> Other: _____		
Date of visit: _____		
Focus Area Questions:	Check:	Comments/Actions Needed:
Change in Status		
1	Is the environment clean, safe and appropriate to the person's needs? (i.e., no evidence of infestation or unpleasant odor, no observable concerns with the environment such as torn carpets, unsafe throw rugs, a lack of toilet paper, food, soap or other needed supplies, and that the setting is physically is accessible to the individual with no barriers noted, etc.)	[Answering "no" indicates the need for additional assessment and action as necessary to resolve concerns. Document details and actions needed here.] <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2	Are environmental modifications or assistive technologies needed to increase independence or prevent institutionalization? (i.e., there is an appropriate integration of setting and supports available to promote the individual's independence and/or access to the greater community, wheelchair, walker, communication device, etc.)	[Answering "no" indicates the need for additional assessment and action as necessary to resolve concerns. Document details and actions needed here.] <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4	Does the person appear healthy/safe? (e.g., is there a new diagnosis from the past 90 days that could increase risk, such as going to the emergency room for an accident, injuring oneself and without effective behavioral services, signs of inadequate care like skin breakdown or choking that could have been avoided, or other changes in physical appearance: hygiene, weight, physical marks, etc.)	[Answering "no" indicates the need for additional assessment and action as necessary to resolve concerns. Document details and actions needed here.] <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5	Have there been any changes observed or reported in health since the last visit? (e.g., changes that create a new risk	[Answering "yes" indicates the need for additional assessment and <input type="checkbox"/> ..