

OVERVIEW OF STUDIES FOR THE 10TH REVIEW PERIOD

Beginning in the 10th reporting period (Oct 1 – March 30) the studies will span across two reporting periods culminating in the 11th review period (April 1 – Sept 30). Reviews are now conducted from more of a qualitative perspective than in the past. Therefore, the number of cases the consultants are able to review during a single 6-month period are not enough to achieve a large enough sample to determine compliance. Topics to be studied include: Case Management; Crisis; Supported Employment/Integrated Day; Provider Training; Licensing and Human Rights Investigations; and RST. There will also be informal reviews (no reports) on Independent Housing and Mortality Review. A formal report will not be submitted to the court for the 10th review period but the consultants' reports will be forwarded to the court. The next full report is expected in Dec 2017.

1. Case Management:

Lead IR consultant: Ric Zaharia

Lead DBHDS staff: Challis Smith

- Will include a cohort chosen from a random sample in specific regions while phase 2 of the study (completed during the 11th review period), will be a similar cohort in the remaining regions. By the completion of a 12-month cycle, enough information will have been collected to establish a compliance rating. This review period, the consultant will produce a report that includes findings and possible recommendations but does not include compliance ratings on specific provisions. Ric Zaharia will be having someone assist him with the study.
- Repeat last year's discrepancy analysis but this time with a cohort of 20 of individuals who are in Tier 6 and receiving enhanced management cases. Similar to last year, the study will determine if there are discrepancies in the case management of the ISP by reviewing the ISP, visiting with the individual, interviewing the case manager and interviewing the AR. A contact from CO will be requesting contact information, ISPS and CM progress notes from CMs.
- Consultant will take a sample of the individuals beings studied for the Individual Review Study and look at the answers given to CM questions posed by the interviewers (from the questionnaire that has been used each time for the ISRs). He will then follow-up and conduct a telephone interview with CMs and authorized representatives as to the content and quality of case management services. The purpose of these evaluations will be to provide a status report on the impact of case management improvement activities over the past year.
- Hold three on-site focus groups;
 - one for case managers and one for case management supervisors in the Roanoke area; In Roanoke (Region III) participants will be invited from: Blue Ridge, New River Valley, Alleghany Highlands, and Piedmont.
 - one for residential provider supervisors/managers in the Lynchburg area. In Lynchburg (Region I) participants will be invited from: Rockbridge Area, Valley, Region Ten, and Central.

- The focus group meetings assess the status of ‘team functioning in developing and modifying the ISP’; these will include participants’ written responses to queries and then discussion of the questions and answers.
- The consultant will be contacting VACSB and DBHDS to select participants from Regions I and III.
- This activity will also include interviews with key DBHDS central office staff regarding case management improvement activities. The purpose of these activities will be to determine the impact of training, policy changes, ISP changes, etc., during the past year.
- Rebecca Wright will assist with focus groups and a new consultant (name not yet released formally) will assist with the case management audits for the discrepancy analysis.

2. Crisis/REACH:

Lead IR Consultant: Kathryn Dupree

Lead DBHDS Staff: Heather Norton

- This review will include a qualitative review of the effectiveness of the REACH programs and the community behavioral supports to prevent crises and stabilize individuals who experience crises, and provide successful follow up through in-home and out-of-home supports to assist the individual to remain in his or her community setting.
- The status of the Commonwealth’s progress with the following crisis services provisions of the Settlement Agreement will be studied: III.C.6.a.i-iii, III.C.6.b.i.A-B, III.C.6.b.ii.A-E and G-H, III.C.6.b.iii.A-B. and D-G (Adults only, findings of the status of crisis stabilization for children will be reported separately)

This will be the first part of a two-part review. The second portion will occur during the eleventh review period and will include a similar review of children receiving crisis services from REACH.

3. Supported Employment/ID (Community Engagement):

Lead IR Consultant: Kathryn Dupree

Lead DBHDS staff: Heather Norton

- Will conduct a higher level review of CE since it is still in the development phase and therefore not far enough along to look at individual cases. The study will look more at the continued plans for implementation, the status of conversions. The review will include a determination of the provider capacity to offer this service throughout the Commonwealth and follow up on the recommendations made regarding the implementation plan in the eighth review period.
- During the tenth review period the Independent Reviewer is also interested in continuing to track the Commonwealth’s progress implementing plans to comply with the requirements of the Settlement Agreement focused on employment. The status of the Commonwealth’s compliance with the following provisions of the Settlement

Agreement will be studied: III.C.7.a, III.C.7.b, III.C.7.b.i. III.C.7.b.i.B.1, III.C.7.b.i.B.1.a-e, III.C.7.b.i.B.2.a-d.

- This, too, will be a year-long study. Kathryn will be having another consultant assist her with the studies. This information will be shared with those participating in this study.

4. Provider Training:

Lead IR Consultant: Maria Lawrence

Lead DBHDS staff: Eric Williams

- This study will be to determine how far along VA is with producing and disseminating a state-wide standardized curriculum for providers. While there is not an expectation that the process is fully in place, the consultants will be interviewing and visiting providers. This too will be a full year review. Maria will be completing this study with assistance from another consultant.

5. Licensing and investigations:

Lead IR Consultant: Ric Zaharia

Co-Leads from DBHDS: Cleo Booker/Deb Lochart

The purpose of this review will be to probe the effect of ongoing improvement activities taken since the evaluations last year.

- Will include off-site review of OLS and OHR documents that reflect the content and quality of OLS provider reviews and OHR reviews of provider investigations.
- This will be complemented with on-site interviews with key DBHDS staff responsible for OHR and OLS.

6. RST:

Lead IR Consultant: Ric Zaharia

Lead DBHDS staff: Deb Smith

- The purpose of this review will be to evaluate the effectiveness and efficiency of the CRC and RST processes, as well as the impact of changes in practice and policy since the consultant's last report on RST in 2015, including impact since the implementation of the new Waiver.
- The study will consist of a review of RST documentation for the past year and include a review of the recommendations made by the RSTs on individual cases and actions taken in response.
- The consultants will be attending two RST meetings, conducting interviews with RST members, and interviews with DBHDS staff responsible for RST activities.
- Focus on RSTs in Regions II, III, or IV, due to their volume of referrals referencing behavioral, medical or residential barriers from the Community Resource Consultants and Community Integration Managers.

7. Individual Service Reviews:

Lead IR Consultant: Elizabeth Jones/Rebecca Wright

Lead DBHDS staff: Deidre Hairston/Jae Benz

- Over the next two review periods the IR will study individuals with more intensive medical/behavioral needs. The 10th review period is focusing on individuals with more intensive medical needs (those on waivers in level 6) in regions I, III and V while the ISR in 11th review period will focus on individuals with more intensive behavioral needs (those on waivers in levels 5 and 7). There will not be a review of individuals discharged from TC over this next 12-month period.

8. Mortality Review:

Lead IR consultant Dr. Zwick

Lead DBHDS staff: TBD

- During the 9th review period, the consultant conducted a document review. This time, the review will include both a document review and an interview with the key people to better understand the mortality review process. There will also be a review of any changes made to the mortality review process based on responses to IR recommendations in the 9th Report to the Court. The consultant will not be asked to produce a report.

9. Independent Housing:

Lead IR Consultant: Pat Rafter

Lead DBHDS staff: Eric Leabough

- The study will include a site visit to Richmond with interviews. He will also visit a couple of places to assess what is occurring on the ground to determine which regions have made progress and if there are areas that have not made progress. This review will likely not occur until 2-4th week in May after all the others have been completed. Again, a written report is not expected.