

Trends

No Data Available

## Legend:

↑ Increase, ↓ Decrease, ↔ Steady

Key Performance Areas

No Data Available

Productivity

No Data Available

## Legend:

↑ Improving, ↓ Worsening,  
↔ Maintaining

For more information on administrative key, and productivity measures, go to [www.vaperforms.virginia.gov/agencylevel/index.cfm](http://www.vaperforms.virginia.gov/agencylevel/index.cfm)

Background & History

## State Training Centers

Virginia is moving rapidly toward a truly community-based and person-centered system of care in which services and supports are provided in the most integrated settings appropriate to individual's needs and consistent with their choices. The Department of Behavioral Health and Developmental Services (DBHDS) currently operates five state training centers; however, to realize Virginia's commitment to achieving the goal of community integration and in response to the declining census of training centers, the decision has been made to close four of the five training centers by FY 2020.

Training centers provide an array of person-centered services and supports focused on developing skills needed for successful community living to persons with intellectual disability who require highly intensive and structured environments of care. Training centers also provide short-term respite and emergency care and offer an array of dental, behavioral, and other therapeutic services and supports to individuals receiving community-based supports. All training centers meet federal requirements for designation as Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/IID) and one, CVTC, also operates skilled nursing beds.

Because few families today are requesting admission to training centers and more community services are becoming available, the census of training centers has dropped from 1,198 in March 2010 to 788 in July 2013. Southeastern Virginia Training Center (SEVTC) in Chesapeake has been downsized to 75 beds. The four training centers scheduled to be closed follow:

- o Southside Virginia Training Center (SVTC) in Petersburg (closure date: June 2014);
- o Northern Virginia Training Center (NVTC) in Fairfax (closure date: June 2015);
- o Southwestern Virginia Training Center (SWVTC) in Hillsville (closure date: June 2018); and
- o Central Virginia Training Center (CVTC) in Lynchburg (closure date: June 2020).

## Primary Product &amp; Services

Training centers provide highly-structured residential care and training and supports in areas such as language, self-care, independent living, socialization, academic skills, and motor development focused on developing skills needed for successful community living. Services and supports include medical and psychiatric assessment; occupational, speech, physical, and recreational therapies; short-term respite and emergency care; habilitation and skill acquisition for community integration; educational services and vocational, pre-vocational, and work training that promote independence and the highest possible level of participation in paid or non-paid (volunteer) work.

Training centers have implemented consistent discharge planning processes with residents and their authorized representatives and work actively with individuals, their authorized representatives, and CSBs to identify community placements that meet their individual needs. Center staff also participates in post-discharge monitoring.

Training centers provide a broad range of medical, dental, laboratory, and nursing services, but most predominantly include skilled nursing provided on the CVTC nursing facility unit, infirmary services, and services provided in medical clinics or by referral from training centers to local acute care hospitals through the DBHDS special hospitalization program.

Although their traditional function has focused on long-term care, training centers also provide short-term respite and emergency care and offer an array of dental, behavioral,

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and other therapeutic services and supports to individuals receiving community-based supports through Regional Community Support Centers.

### Customer Base

As additional community services and supports required in the Settlement Agreement with the U.S. Department of Justice (DOJ) are brought on line and training center closures occur, the number of individuals remaining in training centers will decline significantly.

### Customer Listing

No Data Available

### Key Agency Statistics

The following statistics provide a snapshot of state training center operations during FY 2013:

### Finances

Funds depicted in the table below are general fund dollars and non-general funds derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to patient care.

### Fund Sources

No Data Available

### Revenue Summary Statement

Revenue collections include fees from Medicaid, Medicare, private insurance, private payments and Federal entitlement programs related to patient care.

### Key Risk Factors

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- *Transition of individuals to appropriate community settings:* Compliance with the DOJ settlement agreement requires unprecedented expansion of developmental services and supports that are necessary for training center residents to move to integrated community settings and to address the needs of those in the community who are waiting for services. Centers perform intensive pre-move and transition activities, participate in the resolution of barriers to discharge, and perform post-move monitoring. These activities will help individuals living in training centers and those who support them identify and make informed choices regarding specific supports and services necessary to live successfully in the most integrated setting possible.
- *Workforce retention during transition:* Training centers must maintain sufficient numbers of trained professional, direct care, ancillary, and support staff in order to provide quality supports and services that address the needs of individuals who continue to receive services at the centers. Adequate staffing is essential to assure provision of services and supports that prepare individuals for successful discharge and maintain a safe environment for individuals receiving supports and services. Workforce training, recruitment, retention, and placement activities to maintain balanced staffing and appropriate competency levels will be a particular challenge at those centers scheduled for closure.
- *Training center unit closures:* In order to financially support implementation of the settlement agreement, Virginia plans to downsize one and close four state training centers over the next eight years. As the number of beds decline and buildings are closed, training centers must reconfigure remaining units to maintain appropriate staffing coverage and operational efficiency.

## Performance Highlights

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A critical part of the comprehensive effort to comply with settlement agreement milestones is the safe and successful transition of individuals currently residing at a training center to the most integrated community settings. Training centers use a standardized discharge process involving personal support teams and CSB case managers that provide specific options for types of community placements, services, and supports based on the individual's needs and desires. In FY 2013, 155 individuals transitioned to the community. To prepare individuals for community integration, training centers are providing vocational training and educational services to residents. Individuals residing on the CVTC nursing facility unit are participating monthly in off-campus activities.

## Performance Measures

## Management Discussion & Analysis

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### General Information about the Ongoing Status of the Agency

To financially support settlement agreement implementation, Virginia has downsized SEVTC to 75 beds and will be closing SVTC (FY 2014), NVTC (FY 2015), SWVTC (FY 2018) and CVTC (FY 2020). As the number of beds decline and buildings are closed, training centers must reconfigure remaining units to maintain appropriate staffing and operational efficiency. This is essential to prepare individuals for successful discharge and maintain safe environments. DBHDS also will use annual consultative audits (ACAs) by teams of other training center colleagues and central office staff to review and provide feedback on center operations and offer ideas and tools to improve service delivery.

Scheduled training center closures will affect about 3,000 staff. Workforce training, recruitment, retention, and placement activities to maintain balanced staffing and appropriate competency levels will be a particular challenge at centers scheduled for closure. DHDS is implementing a progressive retention plan that pays bonuses at the end of each quarter to viable working staff at SVTC meeting all specified performance criteria. This plan will be extended as other center closure dates near. Affected employees will receive:

- Information about future employment options and programs to improve employability;
- On-site workforce development resource assistance and resources; and
- Placement assistance from other state agencies, state facilities, CSBs, and private providers.

DBHDS is developing a plan to transition Regional Community Support Centers currently at the training centers to community-based Regional Health Supports Networks. This plan will identify unmet needs and recommend strategies and resources needed to develop services that will uniquely support these services each region.

### Information Technology

The DBHDS IT program provides coordination, guidance, oversight, and support to central office (CO) and state facility IT services, including IT security, Commonwealth IT standards compliance, and web and application development. DBHDS IT goals and priorities are included in the Health and Human Resources Investment Management Strategic Plan for the Secretariat.

Two new requirements are increasing the scope and complexity of IT work and capacity:

- Implementation of an electronic health record system (EHRS), OneMind, to meet meaningful use requirements and allow data exchange.
  - Given the closure schedule for the four training centers, EHRS implementation will occur at only three of the five centers.
- Implementation of data warehouse to support increased quality management and oversight processes required to support the DOJ settlement agreement.

These and associated IT projects will continue as long as the training centers remain operational.

### Workforce Development

Training centers operate 24 hours a day, seven days a week and depend on a cadre of skilled and dedicated employees in a wide variety of classifications. Most provide direct care or support facility infrastructure. Among the human resource challenges centers face are workforce aging; competition for psychiatrists, occupational and physical therapists, nurses, pharmacists, and direct care

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staff; and turnover due to the difficult nature of the work. As center closure plans are implemented, turnover will likely increase even with bonus retention plans.

The training center workforce average age is 47.5 years old and average work tenure is 13.8 years. The direct care separation rate is 24.5%. In the next five years, 26.7% will be eligible to retire with unreduced benefits.

To maintain training center workforce competence during the closure process, a variety of classes in performance management, computer skills, linguistics, and use of interpreters are provided.

To facilitate comprehensive workforce succession planning, DBHDS has developed SystemLEAD to give participants broad exposure to the competencies that hospital staff who aspire to leadership roles must possess. It includes an individualized assessment and development plan, training and group projects, coaching and mentoring, and special work assignments and cross training. SystemLEAD goals are to:

- Prepare one or more well-qualified internal candidates to assume key leadership positions;
- Retain superior performers who will not leave the center or services system; and
- Reduce turnover rates among high-performing participating employees.

The first phase of the program is set to begin in late 2013 or early 2014.

### Physical Plant

At SEVTC, the training center that will remain open, the construction of 15 homes to replace to outdated cottages is complete and fully occupied. A large portion of the campus is in the process of being sold and the administrative and support services will be moved to a new, leased building on the campus.

The remaining training centers are all being closed by the end of FY 2020, and when the current capital project are complete, no further capital projects will be undertaken. Current capital investments are being made to comply with life safety code and operating standards. Minimum maintenance reserve funds are being used to maintain the facility in a safe and secure condition.

Each facility is being declared surplus as the census is reduced and buildings are closed. The campuses of NVTC, SWVTC and CVTC will be sold in their entirety. Money from the sales will be used for additional community services. SVTC will be subdivided and a large portion retained for CSH and HDMC.

This is one of five DBHDS Executive Progress Reports. See Department of Behavioral Health and Developmental Services (720); Grants to Localities (790); Mental Health Treatment Centers (792); and Virginia Center for Behavioral Rehabilitation (794).