

2014-16 Executive Progress Report

Commonwealth of Virginia Secretary of Health and Human Resources Intellectual Disabilities Training Centers

At A Glance

Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life

Staffing 3314 Salaried Employees, 75 Contracted Employees, 0 Authorized, and 243 Wage Employees.

Financials Budget FY 2015, \$212.86 million, 19.99% from the General Fund.

Trends ↑ Training center discharges

Key Perf Areas

↑ Training center census

↑ Community involvement

↑ Training center utilization

↑ Discharge preparations

Productivity

Legend ↑ Increase, ↓ Decrease, → Steady

Legend

↑ Improving, ↓ Worsening, → Maintaining

For more information on administrative key, and productivity measures, go to www.vaperforms.virginia.gov

Background and History

Agency Background Statement

State Training Centers

The Department of Behavioral Health and Developmental Services (DBHDS) currently operates four state training centers. These 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. All training centers meet federal requirements for designation as Intermediate Care Facilities for Individuals with Intellectual Disability (ICFs/IID) and one, Central Virginia Training Center (CVTC), also operates skilled nursing beds.

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 the end of FY 2020. Southside Virginia Training Center (SVTC) in Petersburg was closed on June 30, 2014. The three remaining training centers to close are:

- Northern Virginia Training Center (NVTC) in Fairfax (closure date: March 2016);
- Southwestern Virginia Training Center (SWVTC) in Hillsville (closure date: June 2018); and
- Central Virginia Training Center (CVTC) in Lynchburg (closure date: June 2020).

Southeastern Virginia Training Center (SEVTC) in Chesapeake has been downsized to 75 beds and will remain open.

Major Products and Services

Training centers provide highly-structured residential care, 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.

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, and other therapeutic services and supports to individuals receiving community-based supports.

Customers

Customer Summary

Most individuals receiving services and supports in training centers have complex needs and medical conditions requiring specialized services and supports. These include pervasive physical disabilities; either a hearing or visual deficit, or both; at least one psychiatric diagnosis or significant behavioral challenges; or medical conditions such as scoliosis, gastrointestinal problems, or neurological conditions in addition to an intellectual disability. Individuals are likely to be non-ambulatory (requiring specialized wheelchairs) or need significant staff assistance to walk. Because of regulatory requirements, training centers provide extensive services for each individual even if a lower level of service would suffice.

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 Table

Predefined Group	User Defined Group	Number Served Annually	Potential Number of Annual Customers	Projected Customer Trend
Consumer	Individuals served in training centers	816	617	Decrease
Consumer	Individuals served on the Central Virginia Training Center nursing unit	79	80	Stable

Finance and Performance Management

Finance

Financial Summary

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

Fund Code	Fund Name	FY 2015	FY 2016
0100	General Fund	\$42,550,042	\$43,504,309
0200	Special	\$230,107,057	\$230,119,860
1000	Federal Trust	\$200,000	\$200,000

Revenue Summary

Revenue collections include fees from Medicaid, Medicare, private insurance, private payments and Federal entitlement programs related to patient care. Of all revenue, 95% is from Medicaid, 3% is from private payments, and 1% is from Medicare. The rest is other miscellaneous forms of revenue.

Performance

Performance Highlights

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. Among the best measures of training center performance is the reduction in the census of state training centers. A key requirement of the DOJ settlement agreement involves the transitioning of individuals out of state training centers and into the most integrated settings consistent with individuals' informed choice and needs. Since the agreement was signed in July 2012, the training center census had declined 36% as of June 2014 and SVTC had ceased operation in June 2014. Continued expansion of available waiver slots and approval of a more flexible needs-based waiver are essential to meeting these targets.

Selected Measures

Measure ID	Measure	Alternative Name	Estimated Trend
M793SA12004	Percent change in the census of training centers.	Training center census	Improving
M793SA12006	Percentage of individuals with an intellectual disability in Virginia who receive training center services.	Training center utilization	Improving

Key Risk Factors

Several factors will have a significant effect on state training centers over the next four years.

- **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. With a lack of comparable services in the community, DBHDS is developing services for individuals leaving the training centers. These services are being designed to be ready upon discharge. Virginia has developed a model discharge/transitional process with only five residents returning to the centers since active downsizing began late in 2011.
- **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 could be a particular challenge at those centers scheduled for closure. Retention bonuses are being used to retain key staff in place as the census is reduced. With the closing of SVTC, staff with longevity and the most experience continued with the center until the last residents moved.
- **Training center unit closures:** In order to financially support implementation of the settlement agreement, Virginia downsized one and will close four state training centers over the next six years. As the number of beds decline and buildings are closed, training centers are reconfiguring remaining units to maintain appropriate staffing coverage and operational efficiency. As resources are moved from the centers to the communities, more community services are coming on line.

Agency Statistics

Statistics Summary

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

Statistics Table

Description	Value
Training center census at the end of FY 2014	617
Percent reduction in training census between FY 2013 and FY 2014	18
Number of long term center residents who transitioned to the community	187
Number of families actively discussing discharge	160
Number of training center buildings in use	151

Management Discussion

General Information About Ongoing Status of Agency

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 617 at the end of FY 2014. 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 have implemented consistent discharge planning processes for residents by working actively with residents, their authorized representatives, and CSBs to identify community placements that meet each individual resident's needs. To assure the successful transition of individuals to appropriate community settings, training centers perform intensive pre-move and transition planning, participate in the resolution of barriers to discharge, and perform post-move monitoring. These activities help individuals living in training centers and those who support them to identify and make informed choices regarding specific supports and services necessary to live successfully in the most integrated setting. In FY 2014, 187 individuals transitioned to the community. To prepare individuals for community integration, training centers are providing vocational training and educational services to residents.

To financially support settlement agreement implementation, Virginia has downsized SEVTC to 75 beds, has closed SVTC (FY 2014), and will be closing NVTC (FY 2016), SWVTC (FY 2018) and CVTC (FY 2020). As the number of beds declines and buildings are closed, training centers must reconfigure remaining units to maintain appropriate staffing and operational efficiency. This reconfiguration focuses on reducing the number of moves for each individual and maintaining sufficient staffing levels to assure successful discharges of individuals and closing of units.

DBHDS is working to transition the array of dental, behavioral, and other therapeutic services and supports now provided by training centers for individuals receiving community-based support to be provided through community-based Health Supports Networks. These networks will uniquely support these services each region. During this transition year, former SVTC residents have been offered dental services at Hiram Davis Medical Center while community dental networks are being established. Northern Virginia's network will be fully operational by March 2016.

Information Technology

Training centers maintain small teams of information technology staff to support locally developed applications systems and their local information technology infrastructure environments. The DBHDS central office Information Services and Technology (IST) office provides coordination, guidance, oversight, and support to ensure that these local systems comport to Commonwealth of Virginia (COV) security requirements and to enable required data integration with central office provided systems.

Implementation of a single electronic health record system (EHRS) to serve training centers remaining open beyond 2016 will materially impact the demands for local information technology support at the facilities. Infrastructure modernization, normalization of independently developed local applications, and rapid response to end-user device (desktop) support requirements will all increase dramatically as health care delivery processes become wholly dependent on EHRS access.

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 staff provide direct care or support facility infrastructure. Human resource challenges faced by training centers include workforce aging; competition for psychiatrists, occupational and physical therapists, nurses, pharmacists, and direct care staff; and turnover due to the difficult nature of the work. 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%. During the next five years, 26.7% will be eligible to retire with unreduced benefits.

Scheduled training center closures will affect about 3,000 staff over the next six years. Workforce training, recruitment, retention, and placement activities to maintain balanced staffing and appropriate competency levels are required at centers scheduled for closure. At affected centers, a progressive retention plan will pay bonuses at the end of each quarter or in the middle of a quarter if layoffs occur mid-quarter. Employees also 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.

As center closure plans are implemented, turnover could increase even with bonus retention plans. At this point, NVTC is making internal transfers to eliminate vacancies; SWVTC is not experiencing recruitment issues, although there was an increase in vacancies when a nearby prison opened; and CVTC is reporting difficulty with new staff completing the required training courses.

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.

Physical Plant

The DBHDS currently operates four training center consisting of 151 buildings located on 475 acres of land. The fifth training center, SVTC, was closed in June 2014. The NVTC campus was just declared surplus and will close March 2016.

SEVTC is not scheduled to close. The new facility, which consists of 15 new homes, was opened in 2013 and is fully occupied. A large portion of the former SEVTC campus has been sold and the center's administrative and support services will be moved to a new, leased building contiguous with the campus. When the new building is complete in fall 2014, SEVTC will relocate from three existing support services building to the new support services building. The reduced campus will provided 75 ICF beds.

One land parcel at SVTC has been sold and a second parcel is in final negotiation for sale. The remaining site is being reviewed with Department of General Services/Division of Real Estate Services to declare portions of it as surplus and available for sale. Interest has been expressed in a portion of the property.

When a facility closes, DBHDS must maintain that facility in a safe and secure manner. With the approval of the State Fire Marshal the buildings will be disconnected from the utilities and secured against entry. Thereafter, the buildings will be regularly inspected and the grounds maintained to mitigate against fire. Roofs and the exterior envelope will have to be inspected and repaired as needed to maintain their integrity.

Current capital investments in centers to be closed are being limited to projects that ensure compliance with life safety code and operating standards and maintain safe and secure surroundings for residents and staff. Because tax-free bond funds are used for capital improvements and maintenance reserve repairs, the U.S. Internal Revenue Service rules essentially require DBHDS to repay any outstanding balances of bonds used to fund repairs or improvements when the property is sold to a private entity. This requirement reinforces the decision to minimize further investment in those training center which are to be sold upon their closing.

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).
