

2016-18 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 1399 Salaried Employees, 0 Contracted Employees, 2125 Authorized, and 150 Wage Employees.

Financials Budget FY 2017, \$197.64 million, 16.29% from the General Fund.

Trends

Legend ↑ Increase, ↓ Decrease, → Steady

Key Perf Areas

↑ Training center census

↑ Training center utilization

Productivity

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 three state training centers (Southwestern Virginia Training Center, Central Virginia Training Center, Southeastern Virginia Training Center) and one medical center (Hiram Davis Medical Center). 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 Hiram Davis Medical Center operates skilled nursing beds and ICF 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.

Southeastern Virginia Training Center (SEVTC) in Chesapeake has been downsized to 75 beds and will remain open. Hiram Davis Medical Center is also not scheduled to close.

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 four IDD facilities operated by the Department of Behavioral Health and Developmental Services (DBHDS), which includes Hiram Davis Medical Center have complex needs and medical conditions requiring specialized services and

supports, which can also be provided in the community. These include pervasive physical and behavioral support needs; 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 continue to decline significantly. Census in June 2011 was 1,084, and the current census as of May 2017 is 296.

Customer Table

Predefined Group	User Defined Group	Number Served Annually	Potential Number of Annual Customers	Projected Customer Trend
Consumer	Individuals Served at HDMC	69	55	Stable
Consumer	Individuals served in training centers	484	75	Decrease

Finance and Performance Management

Finance

Financial Summary

Funds depicted in the table below are general fund dollars and nongeneral funds derived from the collection of fees from Medicaid, Medicare, private insurance, and private payments.

Fund Sources

Fund Code	Fund Name	FY 2017	FY 2018
0100	General Fund	\$32,197,999	\$30,622,078
0200	Special	\$165,239,207	\$158,274,344
1000	Federal Trust	\$200,000	\$200,000

Revenue Summary

Revenue collections include fees from Medicaid, Medicare, private insurance, private payments and federal other programs related to patient care. Of all revenue, 95 percent is from Medicaid, 3 percent is from private payments, and 1 percent 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 has declined 77 percent as of May 2017 with SVTC discontinuing operations in June 2014 and NVTC ceasing operation in January 2016. 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 three years.

- **General Assembly Ongoing Studies:** Repeated ordered studies on the need for an additional center has created uncertainty and ambiguity as to if two more training centers will close or not. As a result staff and families defer decisions which delays individuals making plans to move into the community. In addition to not having realized savings to help reduce the community waiting lists, the delay may result in extending operations of another center for which the Commonwealth will not be prepared to support or manage. In FY 17, the number of planned discharges fell short for the first time since FY 2012. If uncertainly continues, the Commonwealth may have to keep open a facility to serve as few as 25 individuals past 2020, at a very high cost per resident.
- **Transition of individuals to appropriate community settings:** Compliance with the DOJ settlement agreement requires unprecedented expansion of developmental services and supports which 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. If providers who can support individuals with complex behavioral and medical issues are not developed within the next year, individuals may be delayed from discharge from not only training centers, but state mental health hospitals and the REACH therapeutic homes.
- **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. In both the closing of SVTC and NVTC, 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 facility, have closed two and will close two additional state training centers over the next three 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 as of May 2017	296
Percent reduction in training census between FY 2012 and FY 2017	77
Number of long term center residents who transitioned to the community since FY 2012	611
Number of families actively discussing discharge	113

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 296 in May 2017. 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. As of May 2017, 661 individuals have moved from training. 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 NVTC (FY 2016). Scheduled for closure are 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 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 services and supports now provided by training centers for individuals receiving community-based support through community-based Health Supports Networks. These networks will uniquely support these services in each region. Community based Dental services are in development.

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 (IS&T) 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.

Although many of the Central Office (720) IT goals are intended to support the intellectual disabilities training centers, the reduction of the facility application inventory will have the most significant impact on training center technology operations. A reduced facility application inventory and increased Central Office support for agency-wide applications will enable facility IT staff to focus on the specific needs of their facility's clinical staff. This effort will focus on long term enterprise

Workforce Development

Virginia elected to close four centers over the course of ten years. For the two remaining centers targeted to close in 2018 and 2020, it has become increasingly difficult to retain and if needed recruit both direct service professionals and clinical staff. 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. The major challenge with downsizing of SWVTC and CVTC is retaining direct care staff until closure. Both centers have retention bonuses focused on retaining key staff until closure. 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, including SEVTC which is remaining open. Scheduled training center closures will affect about 1,000 staff over the next three years. Workforce training, retention, and placement activities to maintain balanced staffing and appropriate competency levels are required at centers scheduled for closure. At affected centers, the progressive retention plans 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.

Physical Plant

The DBHDS currently operates 3 training centers. These are Central Virginia Training Center in Lynchburg, Southeastern Virginia Training Center in Chesapeake and Southwestern Virginia Training Center in Hillsville. Northern Virginia Training Center has been closed and the property is under contract for sale. Southwestern Virginia Training Center is scheduled for closure in 2018. Central Virginia Training Center remains on track for closure in 2020.

SEVTC is not scheduled to close. The new facility, which consists of 15 homes, was opened in 2013. A large portion of the former SEVTC campus has been sold and the center's administrative and support services have been moved to a new, leased building contiguous with the campus. The campus will provide 75 ICF beds. This facility has needs for parking of essential vehicles that support patient programs and for storage of facilities and grounds maintenance equipment. These facilities were not included in the original program. Currently these needs are being met through the temporary use of land and an open shelter on the land that was sold. DBHDS is subject to losing the use of this land and the shelter at any time with no current alternatives available for these services on site.

Southside Virginia Training Center was the first training center that was closed. A large section of the property has been sold to Dominion Power. All land north of US Route 1, including the initial site of the VCBR, has been sold. The remaining site SVTC property is being reviewed by the Department of General Services/Division of Real Estate Services with the intent of declaring portions of the remaining CSH and SVTC campus surplus and available for sale.

Central Virginia Training Center (CVTC) closure is moving ahead as scheduled but with significant discussion on two fronts. One front questions the policy of closing the facility on the basis of patient care concerns and challenges the reasons for closure. The second front is over the concerns of Amherst County regarding the effect of the abandoned property on the future of that portion of the county. As a result of this concern, the General Assembly has funded an environmental study by the Department of General Services to assist in the proper determination of next steps for CVTC after closure. Concerns over environmental hazards, including buildings, failing water, storm sewer, sanitary sewer, water systems and electrical system infrastructure are being evaluated.

Regardless of the outcome of the environmental study, CVTC still carries a significant financial liability. The largest liability is the bond debt remaining on the property for past capital improvements. While the actual amount is unknown, it is likely to be in excess of \$20 million. This amount exceeds the projected value of the land sale. Old buildings, potential environmental remediation requirements and failing infrastructure represent an additional cost to DBHDS and the Commonwealth. The bond debt on CVTC and the cost of demolition and environmental remediation together create a net negative valuation of the property for DHBS. The negative value and the dire need of capital funds to sustain essential operations at other DBHDS facilities sets the stage for a simple abandonment of the property. Amherst County is very concerned over the impact of having a ghost town with a myriad of problems left in place for the foreseeable future.

Security of the CVTC site is very problematic due to its size (approximately 391 acres), a public access route to a recreational easement and trail along the James River, topography, and roadway access rights that must be maintained to a residential neighborhood that adjoins the property. Adding to the complexity is that the residential neighborhood is provided with water service through the current CVTC system. The water system will cease operation with closure making an agreement with Amherst County for easements and continued service to the residential users necessary. The county is not willing to assume responsibility for a substandard water system and is pressing for improvements to the essential remaining sections of the water system prior to closure.

Southwestern Virginia Training Center (SWVTC) is scheduled to close in 2018. This facility was built in 1973. It is one of the newer facilities built, but is approaching 50 years old. Due to quality maintenance and occasional Maintenance Reserve and ESCO projects, this facility is in relatively good shape when compared to CVTC. However, the facility is increasingly code deficient and major equipment and building components and infrastructure are beginning to show their age. Continued operation of SWVTC will require significant capital investment within 10 years to ensure continued operations unless it closes on schedule. Existing deficiencies in the HVAC systems and fire alarm systems and non-compliance with current codes and conditions of participation are setting a stage for challenges to Medicare/Medicaid funding.

Closure of the training centers on schedule is dependent on the availability of appropriate housing and care for residents in local communities. The effort to make such housing available is a primary goal of DBHDS in cooperation with the CSBs. The effort to create housing opportunities in the community has resulted in an increased reliance on funding support for private housing providers. It is not certain that appropriate housing will be available in time to allow closure of the training centers on schedule. DBHDS remains optimistic in this regard and is monitoring progress closely while working aggressively with community housing providers..

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).
