

2014-16 Strategic Plan

Intellectual Disabilities Training Centers [793]

Mission

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

Vision

A life of possibilities for all Virginians

Values

Focus First on Individuals Receiving Services

Our decisions and actions consider first the best interests of individuals who receive services and their families. We respect the potential and capacity of each individual who receives services. We value and support the healing and recovery process.

Responsiveness to External and Internal Customers

We seek input and involvement from our customers. We share ideas and remain open to different opinions. We listen to and respect what our customers say and respond promptly to their requests.

Partnership and Collaboration

We create opportunities for partnerships, encourage teamwork, and support each other to succeed. We accept shared ownership and seek win-win (mutually acceptable) solutions. We communicate openly and clearly. We are willing to take risks as we look for creative solutions and new ways of solving problems. We make decisions and resolve problems at the level closest to the issue.

Professionalism, Integrity, and Trust

We recognize and celebrate individual and team successes. We use valid data that reflect best practices and positive results and outcomes. We take responsibility for ourselves, for our actions, and for how these actions affect others. We develop a supportive and learning environment and work continuously to improve the quality of the services we provide. We keep our word and deliver what we promise. We incorporate our values into everyday decisions.

Stewardship

We protect the assets and interests of the entire services system. We value and take care of staff. We use the Commonwealth's resources in the most effective and efficient manner.

Finance

Financial Overview

State training centers operated by the Department of Behavioral Health and Developmental Services (DBHDS) are funded with 20% general fund and 80% non-general fund dollars. Non-general fund dollars are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and federal entitlement programs related to patient care.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	42,550,042	230,307,057	41,658,617	230,319,860
Changes to Initial Appropriation	0	-60,000,000	1,845,692	-45,409,301

(Changes to Initial Appropriation will be 0 when the plan is created. They will change when the plan is updated mid-biennium.)

Customers

Anticipated Changes to Customer Base

The number of individuals served in training centers will continue to decline significantly. Virginia's population is increasing, becoming more culturally diverse, and growing older. Those individuals who will continue to receive services in state training centers will reflect these demographic trends.

Increasingly, individuals receiving services in training center will have at least one psychiatric diagnosis or significant behavioral challenges. Many will be non-ambulatory (requiring specialized wheelchairs) or will need significant staff assistance to walk. Proportionately greater numbers

of individuals receiving services in training centers will have significant or complex needs or will experience serious medical conditions requiring specialized services and supports. These include pervasive physical disabilities or medical conditions such as scoliosis, gastrointestinal problems, either hearing or visual deficit, or both, or neurological conditions in addition to an intellectual disability.

Current Customer List

Predefined Group	User Defined Group	Number Served Annually	Potential Number of Annual Customers	Projected Customer Trend
Consumer	Individuals served in training centers	817	617	Decrease
Consumer	Individuals served on the Central Virginia Training Center nursing unit	79	80	Stable

Partners

Name	Description
Federal agencies	Training center skilled nursing beds must be certified by the Centers for Medicare and Medicaid Services (CMS) to receive Medicaid reimbursement for services provided.
Individuals receiving services, family members, and advocacy organizations	Training centers work closely with individuals receiving services and their families to assure their active and meaningful involvement in developing plans of care, providing service and supports, and discharge planning.
Community hospitals	Training centers purchase inpatient medical care for individuals receiving their services.
Private providers and vendors	Training centers purchase or contract for a variety of services from private providers and vendors.
Community services boards and behavioral health authority (CSBs)	Training centers participate with CSBs in discharge planning and post-discharge monitoring.
State agencies	Training centers work with a number of state agencies that coordinate services or provide operational, financial, or workforce consultation or oversight to assure appropriate implementation of regulations and management requirements.
Pharmacy oversight agencies	Training centers assure that its pharmacy operations meet regulatory requirements
Local agencies	Training centers work with local health departments and fire marshals to assure compliance with applicable standards.
Virginia institutions of higher education (colleges, universities, and community colleges)	Training centers collaborate with academic medical centers, academic programs of other colleges and universities, and community colleges to address workforce issues, promote the implementation of evidence-based and other promising practices, and to train the services system's current and emerging workforce.

Agency Goals

- **Implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the behavioral health and developmental services system through policy and practices that reflect the unique circumstances of individuals receiving services and supports.**

Summary and Alignment

Chapter 3 of Title 37.2 of the Code of Virginia establishes DBHDS and Chapter 7 of Title 37.2 authorizes DBHDS to perform certain functions related to the operation of state facilities. Additionally, the federal Centers for Medicare and Medicaid Services (CMS) establishes requirements for certified beds in training centers and the federal Individuals with Disabilities Education Act defines who receives special education services in state facilities. DBHDS operates four training centers to serve individuals with intellectual disability: Central Virginia Training Center (CVTC) in Lynchburg, Northern Virginia Training Center (NVTC) in Fairfax, Southeastern Virginia Training Center (SEVTC) in Chesapeake, and Southwestern Virginia Training Center (SWVTC) in Hillsville. The fifth training center, Southside Virginia Training Center (SVTC) near Petersburg, closed in FY 2014. Training centers provide highly structured habilitation services, including residential care and training in areas such as language, self-care, independent living, socialization, academic skills, and motor development for individuals with intellectual disability. A critical part of the comprehensive effort to comply with milestones in the Commonwealth's settlement agreement with the U.S. Department of Justice (DOJ) is the safe and successful transition of individuals currently residing at a training center to the most integrated community settings. This goal envisions the implementation of training center services and supports that will prepare individuals receiving services to live full and productive lives in their communities.

Associated State Goal

Health & Family: Inspire and support Virginians toward healthy lives and strong and resilient families.

Associated Societal Indicator

Life Expectancy

Objectives

» **Continue progress in changing training cultures to support person-centered and needs-focused planning and delivery of center services and supports.**

Description

To assure the successful transition of individuals to appropriate community settings, training centers have redoubled their efforts to prepare center residents to live successfully in the community. The objective supports the provision of more person-focused and needs-based training center services and supports that build on the individuals' strengths, preferences, and goals.

Objective Strategies

- Train and support training center staff in the integration of person-centered and needs-based principles and practices into training center processes and practices.
- Implement strategies at each training center, including the Supports Intensity Scale™, that facilitate person-centered planning and promote opportunities for self-determination and community participation.
- Continue to educate training center staff about community living options and community services and supports to propose appropriate options to individuals.
- Implement discharge planning and community transition protocols and develop discharge plans to transition training center residents into the most integrated setting consistent with each individual's informed choice and support needs.
- Help individuals living in training centers and those who support them identify community placement, services, and supports options based on individuals' needs and desires and make informed choices regarding specific supports and services necessary to live successfully in the most integrated setting possible.
- Perform intensive pre-move and transition activities and participate in the resolution of barriers to discharge identified for training center residents.
- Participate in post-discharge monitoring to ensure the safe and successful transition of to the most integrated community settings appropriate to their needs and desires.
- Expand opportunities for individuals and their families to participate as partners in training center service planning, delivery, and evaluation.

Measures

• **Build and sustain services capacity necessary to provide person-centered services and supports when and where they are needed, in appropriate amounts, and for appropriate durations.**

Summary and Alignment

State training centers provide person-centered services and supports to individuals with intellectual disability who present complex medical needs and behavioral challenges that require highly intensive and structured environments of care. All training centers are certified by the U.S. Centers for Medicare and Medicaid as meeting Medicaid Intermediate Care Facility for Individuals with Intellectual Disability (ICF/ID) standards of quality. CVTC also provides skilled nursing services. This goal envisions training center services and supports that exemplify person-centered and need-based principles and practices that prepare individuals to participate as fully as possible in all aspects of community life upon their discharge.

Associated State Goal

Health & Family: Inspire and support Virginians toward healthy lives and strong and resilient families.

Associated Societal Indicator

Life Expectancy

Objectives

» **Provide high quality state training center services that efficiently and appropriately meet the needs of individuals receiving services.**

Description

This objective implements 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. Although their traditional function has focused on long-term care, training centers also provide short-term respite and emergency care.

Objective Strategies

- Enhance the provision and use of best practice guidelines and evidence-based approaches in the provision of care to individuals receiving training center services.
- Maintain sufficient numbers of trained staff and equipment at each training center to provide supports and services that are appropriate

to the populations served and sufficient to assure quality and safety of individuals receiving supports and services.

- Maintain compliance with CMS expectations and improve the quality and effectiveness of developmental services through training, technical assistance, monitoring of service outcomes, and oversight of program performance.
- Continue to reduce bed utilization at the remaining training centers through aggressive monitoring of service plans and discharge efforts that enable individuals to be integrated more quickly into the community.
- Use results of training center Annual Consultation Audits (ACAs) to improve training center service delivery and standardize center procedures as appropriate.
- Implement the training center closure plan through the safe and successful transition of individuals currently residing at centers to the most integrated community settings and provide workforce development and outplacement services to affected staff.
- Provide appropriate vocational or pre-vocational training and employment services and supports to individuals served in state training centers.
- Provide pharmacy services to individuals receiving services and supports in training centers that comply with state requirements and federal programs.
- Offer or arrange for medical and nursing facility (skilled) services appropriate to the particular medical needs of individuals receiving services in state training centers.
- Provide funds to assure medical care and special hospitalization needs are met for individuals receiving services in training centers.
- Implement a career path for direct service associates to improve recruitment and retention efforts.
- Utilize training center expertise to provide specialized medical, dental, and clinical services that are not available to individuals receiving community developmental services.

Measures

- ◆ Clinical cost per patient day
- ◆ Percent reduction in the census of training centers to implement the DOJ Settlement Agreement

• Perform the core functions of the behavioral health and developmental services system in a manner that is efficient, effective, and responsive to the needs of individuals receiving services and their families.

Summary and Alignment

This goal envisions consistent implementation of training center administrative and support services that support and sustain service quality and appropriateness, protect individual human rights, ensure compliance with federal and state requirements, and promote efficiency and cost-effectiveness. Affirmative actions are taken to identify and eliminate unnecessary variability in training center practices and procedures.

Associated State Goal

Government and Citizens: Be recognized as the best-managed state in the nation.

Associated Societal Indicator

Government Operations

Objectives

» Provide efficient and effective administration and support services at each state training center.

Description

Efficient and effective administration and support services must be in place if training centers are to provide quality services in a safe, secure, and healthy environment. This objective implements general management, computer services, food services, housekeeping, linen and laundry services, and physical plant services that support the effective and efficient operation of training centers and the implementation of an electronic health record.

Objective Strategies

- Adhere to all safety regulations as prescribed by the Department of Environmental Quality pertaining to boiler inspections.
- Adhere to all safety regulations as prescribed by the local Fire Marshall pertaining to building safety.
- Adhere to Virginia Department of Health regulations pertaining to state training center food services operations, overall sanitation, and cleanliness.

- Comply with Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rule requirements.
- Continue to adhere to Prompt Payment Act, small purchase charge card usage, Payline participation, direct deposit participation, and other regulatory compliance requirements.
- Continue to assess opportunities to improve the effectiveness and efficiency of state training center administrative services.
- Implement an electronic health record system of clinical treatment/medical record, pharmacy, ancillary, and accounts payable modules at each state training center.
- Implement the plan to close Northern Virginia Training Center (NVTC) through the safe and appropriate reconfiguration of administrative and support services that correspond with center census reduction and building closures.
- Initiate repair activities at training centers where there is a critical need to better align environments of care with individual safety, security, and service and support needs.

Measures

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.

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.

Staffing

Authorized Maximum Employment Level (MEL)	0
Salaried Employees	3314
Wage Employees	243
Contracted Employees	75

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.

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.

Estimate of Technology Funding Needs

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).

Supporting Documents

Title

File Type

Facility-Based Education and Skills Training [19708]

Description of this Program / Service Area

Facility-Based Education and Skills Training Services consist of 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.

Mission Alignment

Facility-Based Education and Skills Training Services are designed to improve individuals' person-centered work skills, thereby promoting choice, self-worth, and satisfaction.

Products and Services

Description of Major Products and Services

Facility education and skills training include habilitation, occupational, physical, music and speech, and recreation therapy; vocational and employment services.

Anticipated Changes

Services will increasingly focus on vocational and employment skills that will enable individuals to successfully transition to the community.

Factors Impacting

Provision of pre-vocational and vocational training and employment services is affected by the increasing age, physical needs, and challenging behaviors of individuals receiving those services and the availability of competitive employment opportunities.

Financial Overview

This service area is funded with 90% general fund and 10% nongeneral fund dollars. Nongeneral fund dollars are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and federal entitlement programs related to patient care.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	8,358,458	979,284	8,358,458	979,284
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

Inpatient Pharmacy Services [42102]

Description of this Program / Service Area

Inpatient Pharmacy Services consist of medication selection and procurement, storage, ordering and prescribing, preparation and dispensing, administration, and monitoring. Medication orders are prepared, packaged, compounded (if needed), labeled and then sent directly to the individual's unit for administration by nursing staff.

Mission Alignment

State training centers provide medications that appropriately alleviate the symptoms of and distress associated with an individual's medical condition or disability, or both.

Products and Services

Description of Major Products and Services

Inpatient pharmacy services include medication selection, procurement, preparation, dispensing; management, and education, and pharmacy service oversight and cost containment.

Anticipated Changes

No major changes in training center pharmacy services are anticipated.

Factors Impacting

Inpatient pharmacies will continue to experience increasing medication costs. These costs may be offset somewhat as patents for certain medications expire and generic medications become available. The pharmacist shortage in Virginia and nationally will continue to make recruitment and retention of pharmacists extremely difficult.

Financial Overview

This service area is funded with 1% general fund and 99% nongeneral fund dollars. Nongeneral fund dollars are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and federal entitlement programs related to patient care.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	40,732	4,865,987	40,732	4,865,987
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

Inpatient Medical Services [43007]

Description of this Program / Service Area

Inpatient Medical Services include a broad range of medical, dental, laboratory, and nursing services, but most predominantly include skilled nursing provided on the Central Virginia Training Center 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.

Mission Alignment

Inpatient medical services focus on alleviating the symptoms and distress associated with an illness or medical condition. Acute symptom resolution or management is a prerequisite for active and meaningful individual involvement and participation in other state training center services and supports.

Products and Services

Description of Major Products and Services

Inpatient medical services include skilled nursing care; physician, nursing, psychology, and dental services; speech and audiology; physical, occupational, respiratory, and recreational therapy; radiation/X-ray; lab; medical supply; medical clinics; and special hospitalization (purchase of medical care from local hospitals).

Anticipated Changes

No major changes in training center inpatient medical services are anticipated.

Factors Impacting

Demand for ancillary medical services will increase as individuals served in state training centers develop acute and chronic medical conditions associated with aging. This will require a well-trained workforce skilled in evidence-based person-centered practices. Compliance with standards set by CMS will require heightened vigilance and resources.

Financial Overview

This service area is funded with 43% general fund and 57% nongeneral fund dollars. Nongeneral fund dollars are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and federal entitlement programs related to patient care.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	16,827,983	22,070,738	16,827,983	22,070,738
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

State Intellectual Disabilities Training Center Services [43010]

Description of this Program / Service Area

State Intellectual Disabilities Training Center Services consist of 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. 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 through Regional Community Support Centers. All training centers meet federal requirements for designation as an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID).

Mission Alignment

State training centers provide person-centered services and supports to individuals with intellectual disability who present complex medical needs and behavioral challenges that require highly intensive and structured environments of care. Training centers have developed strong ties with the communities they serve and each provides a variety of specialized services that support community systems and divert potential admissions.

Products and Services

Description of Major Products and Services

State training center services include medical and psychiatric assessment; occupational, speech, physical, and recreational therapies; short-term respite and emergency care; habilitation and skill acquisition for community integration; and dental, behavioral, and other therapeutic services and supports to individuals receiving community-based supports.

Anticipated Changes

No major changes in training center services are anticipated.

Factors Impacting

The complex needs of individuals receiving care in training centers will require a well-trained workforce skilled in evidence-based person-centered practices. Compliance with standards set by CMS will require heightened vigilance and resources.

Financial Overview

This service area is funded with 7% percent general fund and 93% percent nongeneral fund dollars. Nongeneral fund dollars are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and federal entitlement programs related to patient care.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	10,501,490	132,674,662	9,601,490	132,674,662
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

Facility Administrative and Support Services [498]

Description of this Program / Service Area

Facility Administrative and Support Services consist of general management and direction, computer services, food and dietary services, housekeeping services, linen and laundry services, physical plant services, power plant operations, and training and education services. These functions are essential for state training center provision of services and supports.

Mission Alignment

Facility Administrative and Support Services provide the administrative framework so state training centers can provide quality care in a safe and clean environment and comply with administrative and financial requirements.

Products and Services

Description of Major Products and Services

Facility administrative and support services include administrative leadership and regulatory compliance; information technology support; food, housekeeping, linen and laundry, and physical plant services; and employee training and education services.

Anticipated Changes

No major changes in training center administrative and support services are anticipated.

Factors Impacting

Census reductions required to implement the DOJ settlement agreement over the next decade. Centers scheduled for closure must assure that appropriate levels of administration and support services continue as the center beds decline and buildings are closed. Recruitment and retention of state training centers' workforce will be a particular challenge for centers during the closure process. This will be complicated by the aging of the state training center workforce, particularly in rural areas where staff turnover has historically been less than in more urban areas.

Physical plant conditions in most training centers have inherent inefficiencies that require immediate attention. Many buildings are in very poor condition and are inappropriately designed for individuals who are now residing in training centers.

Increased costs associated with the implementation of EHR clinical treatment/medical records and for medications, energy, and other goods and services are likely.

New Governor's Executive Orders and changes in requirements of external agencies such as the Department of Accounts (DOA), Department of Human Resources Management (DHRM), Department of Planning and Budget (DPB), Department of General Services (DGS), and Virginia Information Technologies Agency (VITA) could affect performance of training center administrative and support services.

Financial Overview

This service area is funded with 11% general fund and 89% nongeneral fund dollars. Nongeneral fund dollars are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and federal entitlement programs related to indirect services costs of patient care. Less than one-half percent of total nongeneral fund dollars are federal grant funds for the National School Lunch, National School Breakfast, and the Virginia Department of Agriculture and Consumer Services' Federal Food Distribution programs.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	6,821,379	69,716,386	6,829,954	69,729,189
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**