

# 2016-18 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.*

#### Accountability and Oversight

*We take seriously our responsibility to provide oversight and accountability throughout Virginia's public behavioral health and developmental system to ensure individuals receive timely access to quality, consistent services*

#### 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 16 percent general fund and 84 percent nongeneral fund dollars. Nongeneral fund dollars are derived from the collection of fees from Medicaid, Medicare, private insurance, and private payments.

#### Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	34,697,999	165,439,207	33,258,900	158,474,344
Changes to Initial Appropriation	-2,500,000	0	-2,636,822	0

*(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 three training centers to serve individuals with intellectual disability: Central Virginia Training Center (CVTC) in Lynchburg, Southeastern Virginia Training Center (SEVTC) in Chesapeake, and Southwestern Virginia Training Center (SWVTC) in Hillsville., Southside Virginia Training Center (SVTC) near Petersburg, closed in FY 2014 and Northern Virginia Training Center IN FY 2016. Additionally Hiram Davis Medical Center is also in this budget area and is certified to provide ICF/IDD level of care. Training centers provide highly structured habilitation, treatment and training services, including residential care and training in areas such as language, selfcare, independent living, socialization, academic skills, and motor for individuals with intellectual disability in preparation for community living. 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 that prepare individuals to return to the most integrated community setting.**

*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 premove 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/IID) standards of quality. 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 prevocational 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.
- 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 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.

## Staffing

Authorized Maximum Employment Level (MEL)	2125
Salaried Employees	1399
Wage Employees	150
Contracted Employees	0

## 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 uncertainty 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.

## 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

### Estimate of Technology Funding Needs

### 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).**

Title

File Type

Service Area Plan

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 habilitation and therapies, 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 percent general fund and 10 percent nongeneral fund dollars. Nongeneral fund dollars are derived from the collection of fees from Medicaid, Medicare, private insurance, and private payments.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	6,406,684	415,651	6,406,684	205,651
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 however the overall trend is higher.

**Financial Overview**

This service area is funded with 1 percent general fund and 99 percent nongeneral fund dollars. Nongeneral fund dollars are derived from the collection of fees from Medicaid, Medicare, private insurance, and private payments.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	141,443	6,829,855	141,443	6,689,855
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 at Hiram Davis Medical Center, 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/Xray; 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 welltrained workforce skilled in evidencebased personcentered practices. Compliance with standards set by CMS will require heightened vigilance and resources.

**Financial Overview**

This service area is funded with 43 percent general fund and 57 percent nongeneral fund dollars. Nongeneral fund dollars are derived from the collection of fees from Medicaid, Medicare, private insurance, and private payments.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	8,482,772	31,970,594	8,482,772	31,270,594
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, selfcare, independent living, socialization, academic skills, and motor development focused on developing skills needed for successful community living. Although their traditional function has focused on longterm care, training centers also provide shortterm respite and emergency care and offer an array of dental, behavioral, and other therapeutic services and supports to individuals receiving communitybased 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 personcentered 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 communitybased 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 welltrained workforce skilled in evidencebased personcentered 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, and private payments.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	9,928,921	62,529,231	8,462,038	58,749,231
Changes to Initial Appropriation	-2,500,000	0	-2,500,000	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 through 2021. 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 some training centers have inherent inefficiencies that require immediate attention

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 percent general fund and 89 percent nongeneral fund dollars. Nongeneral fund dollars are derived from the collection of fees from Medicaid, Medicare, private insurance, and private payments, 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**

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	9,738,179	63,693,876	9,765,963	61,559,013
Changes to Initial Appropriation	0	0	-136,822	0

**Supporting Documents**

**Title** **File Type**