



COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.
INTERIM COMMISSIONER

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

May 9, 2016

Kara McCallum
Disability Rights Advocate
1512 Willow Lawn Drive, Suite 100
Richmond, Virginia 23230

Dear Ms. McCallum:

In regards to your letter of March 28th, please be assured that DBHDS is dedicated to supporting individuals with developmental disabilities in the most integrated settings to meet their needs consistent with their informed choice. As you know, Virginia is doing much work to develop and expand the availability of integrated options.

The Department of Behavioral Health and Developmental Services (DBHDS) is aware of some continued admissions of individuals with developmental disabilities to institutional settings and we have developed and continue to improve and enhance our system of crisis services for adults and children with developmental disabilities to reduce these admissions. As you may be aware, DBHDS and the Department of Justice negotiated adult and child crisis outcome timelines with accompanying performance indicators and submitted them to the Court in January 2016. DBHDS will be utilizing the timelines to guide and report on its work concerning adult and child crisis, both to the Court and stakeholders.

Many of the actions included in these timelines address the concerns you noted in your letter. DBHDS actions to address these concerns include: development of a plan for children to access crisis stabilization; creation of respite capacity across the state for children and families; quarterly reviews of each children's crisis program, including individual case reviews; annual quality reviews of each children's crisis program, including individual case reviews; retrospective reviews of all admissions of children with I/DD admitted to state psychiatric hospitals during FY15; and tracking the number of children who come into contact with law enforcement. Further, DBHDS will design and implement improvement plans to address issues identified in these reviews. These actions are already underway according to the dates established on the timelines. A copy of the timelines is attached for your reference.

DBHDS is also coordinating the DD child crisis teams with our child mental health initiatives to improve efficiency and effectiveness of our resources. We call your attention to the recently published Children's Crisis standards [<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/crisis-services>] that include many provisions requiring each program to conduct training for providers and families, and training community providers on implementation of behavior support plans. We continue to solicit stakeholder input on needed crisis system improvements and we consider carefully all the recommendations forthcoming from the Independent Reviewer for the Settlement Agreement.

In addition, we can report that DBHDS is beginning to integrate SEVTC, the only state ICF/IID that will continue in operation, into our larger system of care in an effort to ensure that it is not an isolated placement setting but is able to provide specialty services not currently available in communities across the state. The Director of SEVTC is committed to not only providing needed services for individuals with challenging behaviors and/or intense medical needs, but will be leading the project team which is engaged in developing more community options to meet the needs of those individuals who continue to reside in state or local institutions. This team will be charged with:

- Developing greater specialties at SEVTC to provide habilitation services for individuals with ID/DD who need longer stays than 30 days as provided by REACH;
- Determining if/how a more secure community-based facility, not on the grounds of a state operated ICF, is needed or should be created in FY 17;
- Ensuring that discharge planning for those entering SEVTC is comprehensive and effective at stepping individuals back into community settings thus reducing lengths of stay.
- Ensuring individuals dually diagnosed with psychiatric illness and developmental disabilities have access to mental health treatment and acute in-patient hospitalization as necessary but that no individual remains longer than clinically appropriate. This is a standard to which the Commonwealth intends to hold itself and others.

Your letter also states that "dLCV is aware of multiple young adults who have been admitted, or are waiting to be admitted, to a training center from state-operated psychiatric facilities."

Unfortunately, in many cases this is because the individual is not Medicaid-eligible and in order to become eligible for a Medicaid-funded waiver slot and services, an individual physically has to reside for one day in an ICF/IID. This is a federal Medicaid regulation, and we have not found a way to avoid the one day stay.

DBHDS acknowledges that individuals enter the public system through multiple doors, which means that Developmental Services often is not made aware of a case until after admission to a facility or when a crisis has developed to the point that hospitalization or acceptance to a larger facility has occurred or has been initiated. Because it is essential that we have the fullest understanding possible of both the strengths and weaknesses of our system, it would be helpful if dLCV would make us aware of individuals who you do not believe are receiving services and supports in appropriate settings or that their crisis needs are not being met. We will work to resolve their individual issues and use information gleaned from those experiences to create system improvements.

DBHDS believes that the current and future actions highlighted in this letter, in addition to our crisis system outcome timelines and performance indicators, address the issues in your correspondence. DBHDS is open to meeting with you to discuss community crisis services and our timeline. Please let me know if you have additional questions.

Sincerely,

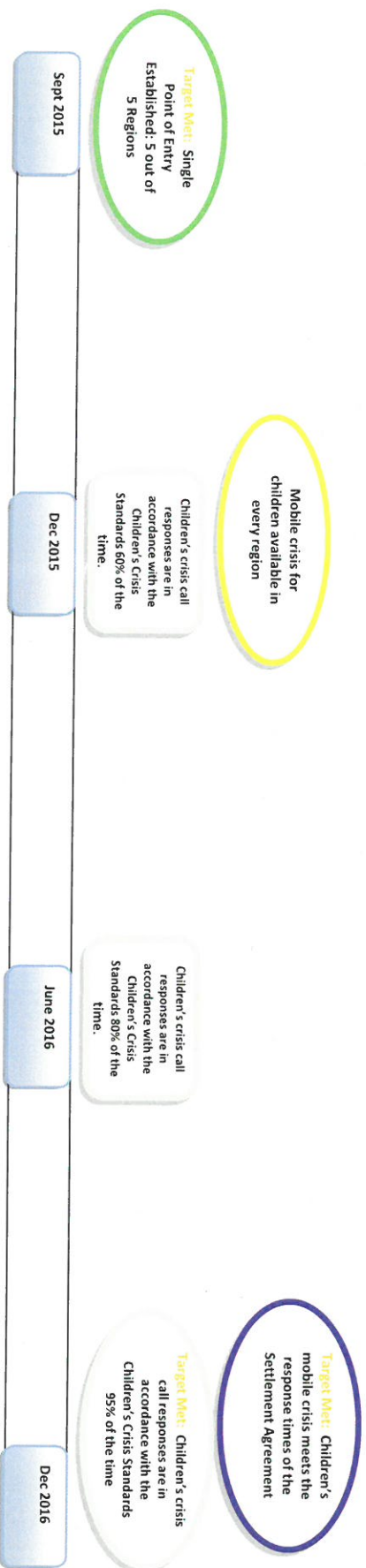
A handwritten signature in black ink that reads "Jack Barber". The signature is written in a cursive, slightly slanted style.

Jack Barber, MD

Outcome Timeline 2a

Crisis Services for Children: The Commonwealth supports and coordinates an integrated set of strategies within a comprehensive crisis system to prevent, stabilize, and respond to children with I/DD experiencing crisis, including those due to behavioral and psychiatric issues as demonstrated by:

- A single point of entry achieved by operating regional call lines, 24 hours per day/7 days per week by September 30, 2015.
- Mobile crisis for children shall be available in every region by December 31, 2015.
- 95% of all crisis calls are responded to in accordance with the Children's Crisis Standards by December 31, 2016.
- Mobile crisis meets the response time requirements in the Settlement Agreement (within one hour in urban areas and two hours in rural areas, as measured by the average annual response time) by December 31, 2016.



Performance Indicators for Children's Crisis:

A plan for accessing crisis stabilization beds for children will be developed that will address how to track the use of crisis beds, lengths of stay, and disposition following a stay.

- a. Develop a plan by 6/30/16
- b. Initiate implementation of plan by 9/30/16

Start Date: June 2016 **1st Reporting:** Dec 2016 **Frequency:** Quarterly **Reporting Method:** CDR

DBHDS will create respite capacity across the state for children and families to access as a means to prevent crises. Respite beds will be utilized as a preventative strategy to crises, as well as when appropriate during a crisis with mobile supports.

- a. RFP developed by 1/31/2016
- b. RFP Posted by 3/1/16
- c. RFP awarded as soon as a satisfactory proposal is received and negotiations with the vendor are completed

Start Date: January 2016 **1st Reporting:** Dec 2016 **Frequency:** Annually **Reporting Method:** CDR

DBHDS will meet with each of the children's crisis programs quarterly and review their adherence to the standards and performance contract as well as perform a clinical review of two cases with staff as part of the quarterly review. The clinical reviews will include an assessment of the clinical appropriateness of the crisis prevention plan, the disposition, and the appropriateness of the crisis response. DBHDS will document the review and any areas of strengths and needs for improvement.

Start Date: Started **1st Reporting:** January 2016 **Frequency:** Quarterly **Reporting Method:** CDR

DBHDS will conduct annual quality reviews of the children's crisis programs. This review will include a review of data, individual cases including cases where an individual was admitted to a state psychiatric hospital, and adherence to the standards and performance contract. DBHDS will document the review and any areas of strength as well as needs for improvement.

Start Date: 3/1/16 **1st Reporting:** June 2016 **Frequency:** Annually **Reporting Method:** CDR

DBHDS will conduct a retrospective review all I/DD admissions of children to state psychiatric hospitals during FY15. This data will be compiled and recommendations for improvements will be made. DBHDS will establish additional outcomes and/or performance indicators needed to address the needs of this population based on the findings of the review and will take further action as needed to meet these outcomes. The retrospective review will include but not be limited to the collection and analysis of the following data elements: Admit date; Discharge Date; Reason for admission; Where admitted from; Barrier to Discharge; Diagnostic Criteria; REACH involvement.

Start Date: Started **1st Reporting:** June 2016 **Frequency:** One Time **Reporting Method:** CDR

DDS Crisis Services will design and implement improvement plans as a result of the reviews noted above. DBHDS will ensure that these improvement plans are implemented, and will revise the improvement plans as necessary to ensure that they are having the desired result.

Start Date: Started **1st Reporting:** June 2016 **Frequency:** Annually **Reporting Method:** CDR

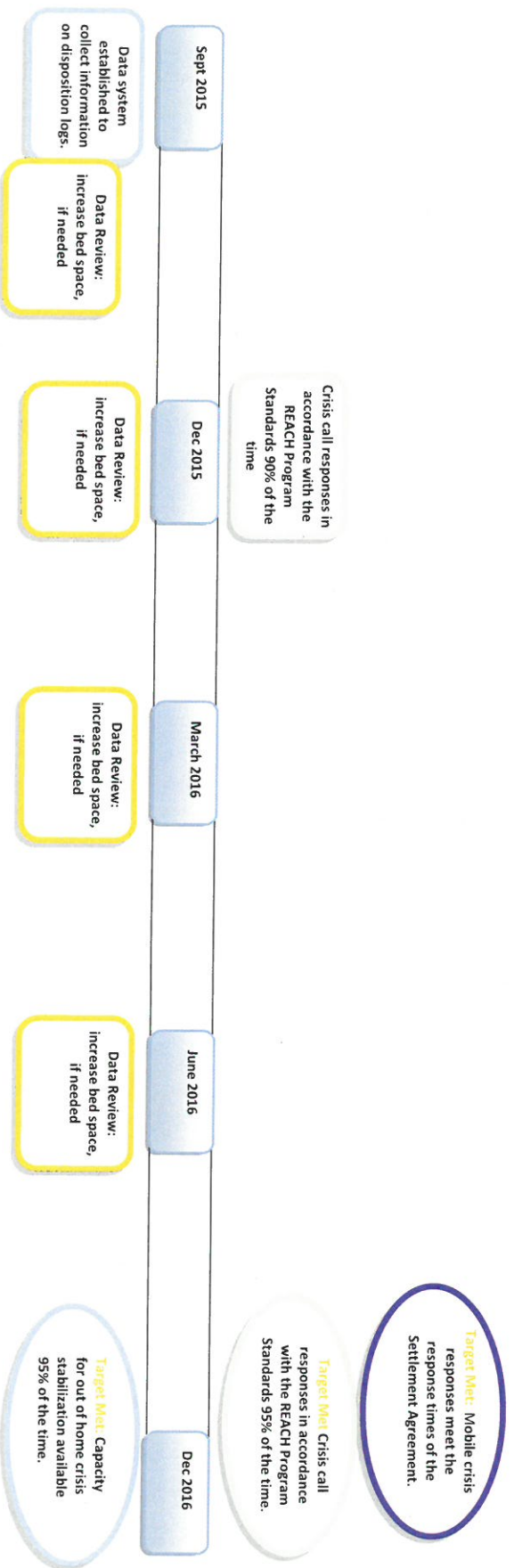
DDS Crisis Services will track both the number of individuals known to children's crisis who come in contact with Law Enforcement as well as the number of Law Enforcement Officers trained across the Commonwealth.

Start Date: 1/1/16 **1st Reporting:** 3/31/16 **Frequency:** Quarterly **Reporting Method:** CDR

Outcome Timeline 2b

Crisis Services for Adults: The Commonwealth supports and coordinates an integrated set of strategies within a comprehensive crisis system to prevent, stabilize, and respond to individuals with I/DD experiencing crisis, including those due to behavioral and psychiatric issues as demonstrated by:

- 95% of all crisis calls are responded to in accordance with the REACH Program Standards by December 31, 2016.
- Mobile crisis is available and meets the response time requirements in the Settlement Agreement (within one hour in urban areas and two hours in rural areas, as measured by the average annual response time) by December 31, 2016.
- Capacity for out of home crisis stabilization when clinically indicated is available 95% of the time, as evidenced by completed crisis call disposition logs, by June 30, 2016. This target will be considered met when this percentage is maintained for 6 months by December 31, 2016.



Performance Indicators for Adult Crisis:

DBHDS will meet with each of the REACH crisis programs quarterly and review their adherence to the standards and performance contract as well as perform a clinical review of two cases with staff as part of the quarterly review. The clinical reviews will include an assessment of the clinical appropriateness of the crisis prevention plan, the disposition, and the appropriateness of the crisis response. DBHDS will document the review and any areas of strengths and needs for improvement

Start Date: started **1st Reporting:** January 2016 **Frequency:** Quarterly **Reporting Method:** REACH Report (CDR)

DBHDS will conduct annual quality reviews of the adult REACH crisis programs. This review will include a review of data, individual cases including cases where an individual was admitted to a state psychiatric hospital, and adherence to standards and performance contract. DBHDS will document the review and any areas of strength as well as needs for improvement.

Start Date: 11/1/15 **1st Reporting:** June 2016 **Frequency:** Annually **Reporting Method:** REACH Report

DBHDS will conduct a retrospective review of all I/DD admissions to state psychiatric hospitals during FY15. This data will be compiled and recommendations for improvements will be made. DBHDS will establish additional outcomes and/or performance indicators needed to address the needs of this population based on the findings of the review and will take further action as needed to meet these outcomes. The retrospective review will include but not be limited to the collection and analysis of the following data elements: Admit date; Discharge Date; Reason for admission; Where admitted from; Barrier to Discharge; Diagnostic Criteria; REACH involvement.

Start Date: Started **1st Reporting:** June 2016 **Frequency:** One Time **Reporting Method:** REACH Report

DDS Crisis Services will design and implement improvement plans as a result of the reviews noted above. DBHDS will ensure that these improvement plans are implemented, and will revise the improvement plans as necessary to ensure that they are having the desired result.

Start Date: Started **1st Reporting:** June 2016 **Frequency:** Annually **Reporting Method:** REACH Report

DDS Crisis Services will track both the number of individuals known to REACH who come in contact with Law Enforcement as well as the number of Law Enforcement Officers trained across the Commonwealth.

Start Date: 1/1/16 **1st Reporting:** 3/31/16 **Frequency:** Quarterly **Reporting Method:** REACH Report (CDR)