

Conclusions: The Regions are making progress by providing training but I do not find the Commonwealth in compliance with *Section 6.ii. C* until there is an implementation and schedule to train all law enforcement departments that is completed in a reasonable time period.

D. Mobile crisis teams shall be available 24 hours, 7 days per week to respond on-site to crises.

As reported in Section 4.B, the REACH Mobile crisis teams are available around the clock and respond at off hours. During the second quarter reporting period the CSB ES teams referred nine individuals to REACH, representing 13% of the referrals. This number increased during the third quarter to 16 individuals, which is 17% of the individuals who were referred to REACH.

During the second quarter 111 crisis assessments were conducted. The assessments were conducted in the individual's home for forty-six of the referrals which is 41%. Another twenty-eight individuals were assessed through telephone consultation. Twenty-five individuals had to leave their homes to be assessed at an emergency room, clinic or the START office, with the majority evaluated in the ER. Sixty-nine crisis assessments were completed during the third quarter, of which twenty-nine were done in the person's home and fifteen were done through a telephone consultation, representing 64% of the individuals assessed for a crisis. Sixteen individuals were assessed in either an emergency room, clinic or at the START office. In the second quarter 20% of individuals were assessed out of their home while during the third quarter this increased to 23%. In both quarters 13% of individuals were recorded on the other or unreported category. It will be helpful if future reports can provide an explanation of the "Other" category and if DBHDS follows up on those in the "Unreported" category for all areas of reporting.

Conclusion: The Commonwealth is in compliance with *Section III.C.6.b.ii.D*

E. Mobile crisis teams shall provide in-home crisis support for a period of up to three days, with the possibility of 3 additional days

DBHDS is not collecting or providing data on the amount of time that is devoted to a particular individual. The only report of this information is included in the second quarterly report from Region II. This region provides an average of 4.7 days of in-home respite. One family who participated in the telephone satisfaction survey reported getting fewer hours of in-home support than they felt they needed. Over a 15-day period the START staff provided in-home support on 3 occasions. This is not necessarily indicative of a pattern, but may point to the need for further review.

DBHDS was able to provide a summary of the number of individuals receiving in-home supports during the third quarter of FY14. Regions vary significantly in the number of individuals served and the number of hours of in-home support provided by REACH staff that is depicted in **Table 3**. The average number of hours of support individuals received is twelve. In four of the five regions fewer than ten hours were provided but the number of hours provided in Region I that was 43.5, skews the average. It is striking that there is such disparity between the numbers of individuals served in four of the regions compared to Region III. It is difficult to compare this information to the data provided in the REACH statewide quarterly report. There were a total of ninety-six referrals during this quarter of which fifty-two were referred for Emergency/Crisis Services. A total of 204 individuals received in-home support with the vast majority served in Region III..

Table 3: REACH In-Home Services During the Third Quarter of FY14

Regions	Number of Individuals	Number of Hours	Average Number of Hours
Region I	20	870	43.5
Region II	4	36	9
Region III	159	1280	8
Region IV	21	181	9
Region V	14	63	4.5

Conclusion: There is insufficient data to determine if the Commonwealth is compliance with the requirement of *Section III.6.C.b.ii.E*. This also places the Commonwealth out of compliance with Section IX.C. It does not appear that up to three days of in-home support and the option of three additional days is being offered in at least four of the five regions. I cannot make a determination that the Commonwealth is in compliance with this section without more data about the needs of the individuals and the period of time the in-home supports were provided.

Recommendations: DBHDS should include this information in all future quarterly reports and future reviews should include a sample of individual plans for crisis services and information of the services actually provided.

F. By June 30, 2013 the Commonwealth shall have at least two mobile crisis teams in each region to response to on-site crises within two hours

Regions have not created new teams but have added staff to the existing teams. Determinations will need to be made in the future if this is sufficient capacity to provide the needed crisis services and to respond in the required time period.

During the 2nd quarter there were only 15 referrals for crisis intervention. The regions responded to seven of these requests in less than two hours and eight in over two hours. DBHDS is not meeting the expectation of responding within 2 hours. This becomes a more stringent requirement as of June 30, 2014 when the teams are expected to respond to requests from urban areas in less than one hour and requests in rural areas in less than two hours.

In the third quarter of FY14 the regional REACH teams responded to sixty -nine crisis events. Forty-four (64%) were responded to in less than two hours; fourteen (20%) were responded to in more than two hours. The DBHDS has no data on response time for the remaining eleven events (16%).

Conclusion: DBHDS remains out of compliance with *Section III.C.6.b.ii.F*.

Recommendations: The START teams are expected to respond more quickly to crisis requests from individuals living in urban areas starting in FY15. The Commonwealth did not create two or more teams in each region as the Settlement Agreement required. It instead added members to the existing team in each region. This may not be a sufficient response. The Court should require the Commonwealth to fund and develop additional teams if delays in response continue.

iii. *Crisis Stabilization programs*

A. Crisis stabilization programs offer a short-term alternative to institutionalization or hospitalization for individuals who need inpatient stabilization services.

B. Crisis stabilization programs shall be used as a last resort. The state shall ensure that, prior to transferring an individual to a crisis stabilization program, the mobile crisis team, in collaboration with the provider, has first attempted to resolve the crisis to avoid an out-of-home placement, and if that is not possible, has then attempted to locate another community-based placement that could serve as a short-term placement.

C. If an individual receives crisis stabilization services in a community-based placement instead of a crisis stabilization unit, the individual may be given the option of remaining in placement if the provider is willing to serve the individual and the provider can meet the needs of the individual as determined by the provider and the individual's case manager.

D. Crisis stabilization programs shall have no more than 6 beds and length of stay shall not exceed 30 days.

G. By June 30, 2013 the Commonwealth shall develop an additional crisis stabilization program in each region as determined to meet the needs of the target population in that region.

All regions now have a crisis stabilization program providing both emergency and planned respite. Regions I, III, and V have six beds available. Regions II and IV have only four beds available. Region II has been limited because of a septic system issue that has been resolved so it will operate six beds starting in May 2014. Region IV has a staffing problem. DBHDS is not able to project when this will be resolved so that the unit can serve six individuals at one time. One family member reported having planned respite canceled for her son in Region IV. To date DBHDS has not provided any projections or a methodology to determine the need for crisis stabilization units.

Region IV remains in its temporary location. Staff found a home to serve as the permanent site for the crisis stabilization unit. The Advisory Council and DBHDS representatives have toured it. DBHDS reports the home will not need much renovation. The region awaits municipal approval. The region will renew the lease on the existing site through 7/15 but plan to move before the lease period ends.

Table 4 summarizes the number of individuals who used the Crisis Stabilization Units during the second and third quarters of FY14. The regions continue to provide both emergency and planned respite in the REACH Crisis Stabilization Units. Overall more individuals (57%) use the units for planned respite. Region V opened its unit in November 2013 and has only used it for planned respite. Only Region IV serves more individuals experiencing emergencies than for planned respite. During Quarter 3 the regions began to report on the use of the crisis stabilization units as a step down from hospitalization. It was used for a total of eight individuals (noted in parentheses in **Table 4**) in Regions I, II, and III. This is a positive indication of the REACH program's efforts to work with individuals who require hospitalization to help them return to the community using effective transition services. It is also positive that DBHDS continues to offer planned respite in the REACH Crisis Stabilization Units for individuals at risk of crises.

TABLE 4: INDIVIDUALS USING THE REACH CRISIS STABILIZATION UNITS DURING THE SECOND AND THIRD QUARTERS OF FY14

REGION	Q2 Emergency	Q2 Planned	Q3 Emergency	Q3 Planned	Total Emergency	Total Planned
I	12	13	7	7 (2)	19	20
II	7	24	9	19 (2)	16	43
III	22	19	10	19 (4)	32	38
IV	6	4	21	2	27	6
V	0	10	0	5	0	15
TOTALS	47	70	47	52	94	122

DBHDS also reports on the individuals who are maintained in their home settings during while the crisis situation is stabilized. In the second quarter seventy-four (67%) individuals remained in their current settings with or without in-home respite and another five (4.5%) had planned out-of-home respite scheduled. During the third quarter there were 69 individuals referred for emergency/crisis services. Sixty-three (63%) of these individuals remained in their current setting with or without in-home respite and another two (3%) received planned out of home respite. This is a strong indication that the REACH teams attempt to maintain individuals in their homes and provide the supports that make this possible.

Nineteen individuals in Quarter 2 and ten individuals in Quarter 3 of FY14 required some type of psychiatric hospitalization. This may be appropriate for these individuals. However, DBHDS should maintain data about the REACH teams' involvement with these individuals while in the hospital and post-hospitalization. It is useful to now know through the third quarter report that eight of these individuals went to the REACH Crisis Stabilization Unit. Data should also be maintained on the final outcome or disposition for these individuals to determine how many eventually returned to their residence and for those who didn't where they were eventually placed.

There is no indication that any other community placements were used for crisis stabilization during Quarters 2 and 3 of FY14 for individuals who could not remain in their home setting. The Settlement Agreement requires the state to attempt to locate another community alternative before using the REACH Crisis Stabilization Unit. REACH teams are attempting to maintain individuals in their own homes with supports as the preferred approach to stabilize someone who is in crisis.

The REACH programs are not currently searching for community residential vacancies before using the Crisis Stabilization Units. In my professional opinion using vacancies in community residential programs is not a recommended practice. Dr. Beasley supports this perspective. Placing an individual who is in crisis into a home shared by other individuals who have I/DD is potentially destabilizing to those individuals for whom this is home. Additionally the practice potentially leaves the individual who is in crisis in an unfamiliar home, in the care of staff with whom he/she is unfamiliar and who is not trained to meet the needs of someone with a dual diagnosis who is experiencing a crisis. I will not recommend a determination of compliance regarding this provision until the Parties discuss it and decide if they want to maintain it as a requirement of the Agreement. I recommend that it not be a REACH practice.

The DBHDS is to determine if there is a need for additional crisis stabilization units to meet the needs of individuals in the target population. **Table 5** depicts the average length of stay for each region’s program for emergency, planned and step down respite. This information is used with the information presented in **Table 4** that indicates how many individuals used the crisis stabilization unit to determine the total number of bed days that were used during the third quarter. This is then compared to the total number of bed days that are available by taking each region’s capacity and multiplying it by the days in a quarter, which equals ninety-one. This illustrates the additional capacity that was available but unused during Quarter 3.

All regions had unused bed days ranging from sixty-four in Region IV to 506 in Region V. This seems to indicate that at this time additional crisis stabilization units are not needed. Regions have enough capacity to assist other regions if particular times one program is fully occupied.

Regions I and II both report Waiting Lists for the REACH CSU. Region I reported forty-seven individuals waiting and Region II reported seventeen individuals on the Waiting List. However the waiting lists were a result of the programs being closed for short periods of time for renovations, which does not indicate a problem with capacity. When I spoke to the REACH Directors they assured me that even though three beds are designated for emergency respite and three beds for planned respite, if a person is in crisis and a planned respite bed is available it would be offered to the individual in crisis.

The Regions will need to guard against the practice being extended to offer a planned respite bed to someone in crisis if the bed is already offered to an individual for a planned respite visit. Individuals and families who rely on planned respite to help support the individual staying home should not have planned respite cancelled

TABLE 5: COMPARISON OF THE LENGTH OF STAY TO THE TOTAL CAPACITY OF THE REACH CRISIS STABILIZATION UNITS DURING QUARTER 3

REGION	EMERGENCY LOS AVG	PLANNED LOS AVG	STEP DOWN LOS AVG	TOTAL DAYS USED	TOTAL DAY CAPACITY	DIFFERENCE
I	16.67	6.6	15	180	546	366
II	6.9	5.2	5.8	162	364	202
III	17	4	36	374	546	172
IV	13.7	6	0	300	364	64
V	0	8	0	40	546	506

Conclusions: The Commonwealth of Virginia is in compliance with Sections III.C.6.b.iii.A, B, D, and G determined during this review and achieved compliance with Sections III.C.6.b.iii. E, and F. in an earlier review period. I will not make a determination about Section III.C.6.b.iii.C until the Parties make a decision about the practice of using community residential resources for crisis stabilization.

SECTION 6: SUMMARY

The Commonwealth of Virginia continues to make progress to implement a statewide crisis response system for individuals with I/DD. It is promising that DBHDS has developed a plan to expand to provide crisis intervention and prevention to children and adolescents. It appears that there is a smooth transition to the REACH program and encouraging that DBHDS will create standards and continued expectations for staff training.

The Commonwealth is in compliance with the following Sections of the Settlement Agreement:

III.C.6.b.i.A
III.C.6.b.i.B
III.C.6.b.ii.A
III.C.6.b.ii.B
III.C.6.b.ii.D
III.C.6.b.iii.A
III.C.6.b.iii.B
III.C.6.b.iii.D
III.C.6.iii.E
III.C.6.iii.F
III.C.6.iii.G

The Commonwealth is not in compliance with the following Sections of the Settlement Agreement:

III.C.6.a.i
III.C.6a.ii
III.C.6.a.iii
III.C.6.b.ii.C
III.C.6.b.ii.E
III.C.6.b.iii.G

Recommendations are included throughout the report. DBHDS needs to provide administrative leadership to insure that comprehensive and well-coordinated crisis response services are available to children and adolescents with ID/D; that there is formal outreach to the DD community; that there is sufficient availability of crisis stabilization emergency and planned respite; that the mobile crisis teams meet the required time to respond to crises; and that CSB ES staff, Case Managers and law enforcement personnel are trained about the REACH program.

APPENDIX C

**INTEGRATED DAY ACTIVITIES
AND
SUPPORTED EMPLOYMENT**

By: Kathryn du Pree MRP

**2014 REVIEW OF THE INTEGRATED DAY ACTIVITIES AND
EMPLOYMENT SUPPORTS REQUIREMENTS OF THE US v
COMMONWEALTH OF VIRGINIA'S SETTLEMENT
AGREEMENT**

REVIEW PERIOD: APRIL 7, 2013 – APRIL 6, 2014

**SUBMITTED TO DONALD FLETCHER
INDEPENDENT REVIEWER**

**PREPARED BY: KATHRYN DU PREE, MPS
EXPERT REVIEWER
APRIL 15, 2014**

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I. OVERVIEW OF REQUIREMENTS

Donald Fletcher, the Independent Reviewer has contracted with Kathryn du Pree as the Expert Consultant to perform the review of the employment services requirements of the Settlement Agreement for the time period 4/6/13-4/6/14. The review will determine the Commonwealth of Virginia's compliance with the following requirements:

7.a. To the greatest extent practicable the Commonwealth shall provide individuals in the target population receiving services under this agreement with integrated day opportunities, including supported employment.

7.b. The Commonwealth shall maintain its membership in the State Employment Leadership Network (SELN) established by NASDDDS; establish state policy on Employment First for the target population and include a term in the CSB Performance Contract requiring application of this policy; [use] the principles of employment first include offering employment as the first and priority service option; providing integrated work settings with a goal to pay individuals minimum wage; discussing and developing employment services and goals with individuals through the person-centered planning process at least annually; and employ at least one employment services coordinator to monitor the implementation of employment first practices.

7.b.i. Within 180 days the Commonwealth shall develop an employment implementation plan to increase integrated day opportunities for individuals in the target population including supported employment, community volunteer activities, and other integrated day activities. The plan shall:

A. Provide regional training on the Employment First policy and strategies throughout the Commonwealth; and

B. Establish, for individuals receiving services through the HCBS waivers:

1. Annual baseline information regarding:

a. The number of individuals receiving supported employment;

b. The length of time people maintain employment in integrated work settings;

c. The amount of earnings from supported employment;

d. The number of individuals in pre-vocational services as defined in 12 VAC 30-120-211 in effect on the effective date of this Agreement; and

e. The lengths of time individuals remain in pre-vocational services

2. Targets to meaningfully increase:

a. The number of individuals who enroll in supported employment in each year; and

b. The number of individuals who remain employed in integrated work settings at least 12 months after the start of supported employment

II. PURPOSE OF THE REVIEW

This review will build off the review completed last spring for the review period through 4/6/13 and the recommendations the Independent Reviewer made in his last Report as a result of the conclusions and findings of that review. At that time the Independent Reviewer determined that the Commonwealth was in compliance with Section III.C.7.b, but not with Section III.C.7.b.i because it had not developed an implementation plan to increase integrated day activities for individuals in the target population. The Commonwealth was also not in compliance with the provisions of Section III.C.7.b.i.B.2.a and b, as it did not develop targets to meaningfully increase the number of individuals who enroll in supported employment and maintain their employment.

This review will cover all areas of compliance to make sure the Commonwealth has sustained compliance in areas achieved during the last reporting period. It will focus on those areas that were not in compliance and the Independent Reviewer's related recommendations. This focus will be on:

- The Commonwealth's ability to meet the targets it set to be achieved by 3/31/14 for the number of people in supported employment, those who remain for at least twelve months, and the average earnings for those in supported employment
- The expectation that the Commonwealth set meaningful targets to increase the number of individuals with ID/DD enrolled in supported employment by 3/31/14
- The development of an implementation plan to increase integrated day activities for members of the target population including strategies, goals, action plans, interim milestones, resources, responsibilities, and a timeline for statewide implementation by 3/31/14
- The continued involvement of the SELN in developing the plan and reviewing the status of its implementation
- The DBHDS' status to address waiver employment service definitions, rates, and provider incentives to increase the number of individuals in the target population who become and remain employed
- The expectation that individuals in the target population are offered employment as the first option by Service Coordinators and their teams during the individual planning process in which they discuss and develop employment goals

III. REVIEW PROCESS

The Expert Reviewer reviewed relevant documents and interviewed key administrative staff of DBHDS, members of the SELN, and a member of the HSRI team, to provide the data and information necessary to complete this review and determine compliance with the requirements of the Settlement Agreement. Initially a kickoff meeting was held on February 14, 2014 with the Independent Reviewer, the Expert Reviewer, the Assistant Commissioner and the Employment Services Specialist to review the process and clarify any components before initiating the review.

Document Review: Documents reviewed include:

1. Virginia's Plan to Increase Employment Opportunities for Individuals with Intellectual and Developmental Disabilities: FY2013-2015: Goals, Strategies, and Action Items
2. The Commonwealth's Plan to develop integrated day services including volunteer activities and community recreation
3. New Targets set for the target population
4. Quarterly Reports for the time period 4/7/13-4/6/14
5. SELN Work Group meeting minutes relevant to the areas of focus for this review
6. Summary of Quarterly Employment Training Events
7. Employment Services Training Module for Case Managers

Interviews: The Expert Reviewer interviewed the Employment Services Specialist from DBHDS, members of the SELN, Rie Kennedy-Lizotte (NASDDS, HSRI team member); Connie Cochran, Assistant Commissioner for Developmental Services, DBHDS; Dee Keenan, Case Management Program Manager, DBHDS, and Sam Pierno, DD Program Manager, DBHDS; and Grant Revell of VCU.

Review of Individual Service Plans (ISPs): The Expert Reviewer reviewed a random sample of ISPs to determine if employment is being offered as the first option to individuals in the target population. This was accomplished by randomly selecting a sample of twenty-one individuals from three of the five regions for a total of 63 ISPs, from the following groups: individuals who have been on the Waiting List and are receiving funding for day services (7); individuals transitioning from the Training Centers to community services (7); and individuals already in a Group Supported Employment or Sheltered Workshop day setting (7). Individuals were randomly selected from those individuals who have been in these target groups since 2012. Unfortunately DBHDS was unable to provide all sixty-three ISPs. Four individuals selected from the Training Centers who were transitioning were excluded. Three have significant medical conditions that preclude them from participating in day programs and one person is deceased. An additional twenty-seven were not submitted from the CSBs.

The purpose of reviewing these plans is to provide a sense of the DBHDS' progress in meeting the requirement of the Settlement Agreement to offer members of the class employment as the first option for day services using the person-centered planning process. The following are the indicators to make this determination:

- Has the Case Manager and planning team discussed the availability of employment supports with the person and the guardian?
- Has the Case Manager determined the individual's interest in employment?
- Has the person been asked what type of job he or she would prefer or choose?
- Has there been a discussion of the initial steps the team needs to take to assist the person to become employed?
- Has a vocational assessment been requested and conducted if the individual, guardian or team recommends it?
- Has the Case Manager made referrals to employment service providers if the individual is interested in supported employment?
- Have employment services been developed and initiated for the individual in the time period recommended by the team?
-

IV. THE EMPLOYMENT IMPLEMENTATION PLAN

7.b.i. Within 180 days the Commonwealth shall develop an employment implementation plan to increase integrated day opportunities for individuals in the target population, including supported employment, community volunteer and recreational activities, and other integrated day activities. The plan shall:

A. Provide regional training on the Employment First policy and strategies throughout the Commonwealth:

Adam Sass, Employment Specialist, DBHDS continues to provide extensive training on the Employment First Initiative in Virginia. In this reporting period, April 7, 2013-April 6, 2014 Mr. Sass has presented to 500 individuals at twenty-eight meetings, conferences and regional summit. He made another presentation to twenty-seven ID Case Managers on April 8, 2014. Presentations have been made to ID and DD Case Managers; new and existing providers including a few that plan to convert to the ISE model; DARS regional managers and staff; CSB staff; employers; and advocates. It does not appear that families have been a target group to receive this training during the reporting period.

The handout materials and talking points indicate that the philosophy of employment first and its tenets are addressed. Mr. Sass reports that at recent presentations the audiences focus more on questions and issues of how to make this transition than to question why the Commonwealth is promoting employment first. Mr. Sass uses the opportunities for these presentations to create community linkages and partnerships that will further the acceptance of the employment first philosophy and encourage implementation.

The SELN sub-committee recently completed a training module on employment for case managers. I have reviewed this training and determine that it will provide case managers with the basic information they need understand employment first and begin to discuss employment with their consumers. Case Managers will not be required to take the training although it will be available on the DBHDS website.

Conclusions: I do not find evidence that ID Case Managers understand their responsibility to introduce employment options as part of the planning meetings to develop the ISP. The Case Management Employment Training is a first step in imparting this information. DBHDS is in compliance with provision 7.b.i.A that it provides regional training on the Employment First policy and strategies.

Recommendations: The Commonwealth should report to the Independent Reviewer how it provides guidelines to families that include how to access employment supports and how it will ensure that case managers understand their essential role. One approach is to incorporate the employment module into required training for ID and DD case managers.

7.b.i.B.a-e: The Commonwealth is to develop an employment implementation plan to increase integrated day opportunities for individuals in the target population including supported employment, community volunteer activities, and other integrated day activities. The plan shall establish, for individuals receiving services through the HCBS waivers:

Annual baseline information regarding:

- a. The number of individuals receiving supported employment;*
- b. The length of time people maintain employment in integrated work settings;*
- c. The amount of earning from supported employment;*
- d. The number of individuals in pre-vocational services; and*
- e. The lengths of time individuals remain in pre-vocational services.*

The DBHDS has provided information regarding the number of individuals in Individual Supported Employment (ISE), Group Supported Employment (GSE), and in Pre-Vocational Services. The department also produced data about the number of individuals remaining in ISE and pre-vocational for twelve months or more which is depicted in Table 1 and 3, with Table 3 focusing on the changes in ISE only compared to the target goal set by the DBHDS. These data are not tracked for GSE. Information about the number of new participants is provided in ISE and is depicted in Table 2 and is compared to the target goal set by DBHDS. The department cannot provide data about wages for individuals in ISE and is out of compliance with this requirement. DBHDS can only report through the second quarter of FY14 that ended 12/31/13. They are unable to provide information at this time or before this report must be completed for the third quarter (1/1/14 – 3/31/14). Therefore the analysis is somewhat preliminary since the progress is

being measured against the targets set for March 31, 2013. DBHDS should provide the data from the third quarter as soon as it is available to the Independent Reviewer so a conclusive determination of compliance can be made.

Individuals in Supported Employment and Pre-Vocational Services

The increase in the number of individuals in ISE has only increased by six individuals at the end of the second quarter of FY14, which is only 3% of the baseline number. The number had actually increased to 204 from 176 at the end of the first quarter of FY14 but dropped significantly from 204 to 182 by 12/31/13.

The overall number of individuals in Supported Employment has increased by fifty- nine individuals as a result of the increase in participation in GSE. The Commonwealth is interested in decreasing the participation in Pre-vocational services but that number continues to increase with 28 additional people in pre-vocational services since the baseline was set for 3/31/13. Table 1 also includes information about individuals remaining in ISE and Pre-Vocational services. The number of individuals maintaining ISE for twelve months or more dropped in the three quarters the DBHDS was able to report. However the first quarter saw the largest decline and the number is steadily increasing through the other two quarters. It was 119 individuals as of 12/31/13, which remains below the baseline number of 133.

Table 1: Individuals in Supported Employment and Pre-Vocational Services and Those Remaining 12 or More Months

<u>Data element</u>	<u>Individuals enrolled/remaining 12 months 3/31/13</u>	<u>Individuals enrolled/remaining 12 months 6/30/13</u>	<u>Individuals enrolled/remaining 9/30/13</u>	<u>Individuals enrolled/remaining 12/31/13</u>
ISE	176/133	180/97	204/111	182/119
GSE	634	661	660	687
SE Total	810	841	864	869
Pre-voc	819/675	805/679	828/692	847/680

Increasing the number of individuals in ISE: The DBHDS goal for this fiscal year is to increase the number of newly enrolled participants in ISE apart from the overall change to the total number in ISE as that number accounts for individuals who remain, leave and newly enroll. The target the DBHDS set to achieve by 3/31/14 is to newly enroll 162 individuals. Table 2 depicts the progress made. For this goal to be met an additional 58 individuals will need to be enrolled in ISE as of 3/31/14. This may prove to be ambitious since the most who were enrolled was 49 and that dropped to 23 in the last quarter the department reported.

Table 2: Progress Towards Meeting The Employment First Target of Increasing the Number of ISE Participants

3/31/13 Baseline	6/30/13	9/30/13	12/31/13	3/31/14 Target	Difference
135	32	81 (49)	104(23)	162	58

Increasing the length of time individuals remain employed through ISE: The DBHDS reports on the number of individuals who remain employed for 12 or more months in each quarter. Table 3 includes these totals and the percentage of the total number of individuals in ISE that remain employed for 12 or more months. The goal is to reach 85% of the total number of individuals in ISE who remain employed for 12 or more months. The DBHDS reported on three quarters as depicted in Table 3. The greatest number and percentage of individuals maintaining employment was 119 individuals (65% of the total) in the second quarter of FY14, showing an improvement over the previous quarters but below the baseline set in March 2013. The data will need to be reviewed for the third quarter, period ending 3/31/14, to determine if this target is met.

Table 3: Progress Towards Meeting The Employment First Target of Increasing The Length of Time in ISE

3-31-13 Baseline	6-30-13	9-30-13	12-31-13	3-31-14 Target
133 (76%)	97 (53%)	111 (54%)	119 (65%)	85%

The data presented in the three tables presents a somewhat curious picture of employment for individuals with I/DD in Virginia. There is information about the total number in ISE, the number who have twelve or more months of continuous employment, and the number who have newly enrolled during the quarter. For the quarter ending 6/30/13, thirty two (32) newly enrolled, ninety seven (97) stayed and there was a total of 180 in ISE indicating that fifty-one (51) stayed in ISE for less than twelve months. By the end of the next quarter, 9/30/13, 111 individuals remained employed for more than twelve months, forty-nine (49) were newly enrolled during the quarter and a total of 204 individuals were in ISE, indicating that forty-four (44) individuals stayed employed for less than twelve months. In the last quarter reviewed that ended 12/21/13, there was a total of 182 individuals enrolled of whom twenty-three (23) were newly enrolled and 119 maintained employment for twelve months or more, indicating that only forty (40) individuals maintained employment for three to twelve months. This is a lower number than the cumulative number of eighty-one (81) individuals who were newly enrolled during the first two quarters.

The DBHDS should review this data to determine whether there is a reporting problem, or if there are a high number of people who have started to work but are not maintaining employment. This is reflected to some degree in Table 3 that depicts the number and percentage of individuals who retain employment for longer than 12 months. The DBHDS goal is to have 85% of individuals achieve this. Only a little more than 50% are currently employed after 12 months. This figure does not fully tell the story about those who newly enroll and what their experience is within the first 12 months of employment, but it indicates that a number of them are losing employment during that first year, some within 3-6 months. The way in which these data are collected does not track individuals so DBHDS does not know if individuals start ISE and lose a job but find another one or lose a job and are not re-employed during the reporting period.

Conclusions: The DBHDS is in compliance with 7.b.i.B.a, b, d, and e, as these provisions only require DBHDS to set baseline information and report on each category. DBHDS is not in compliance with 7.b.i.c. as it is unable to provide information about the amount of earnings individuals in ISE receive.

The data that are available does not conclude that DBHDS has met its targets for the number of newly enrolled individuals in ISE or the percentage that remains employed for 12 or more months. However a final determination cannot be made until the data through 3/31/14 is available for review and analysis.

DBHDS is making progress towards enrolling more individuals in ISE.

Recommendations: The SELN should be involved in reviewing these data on a regular basis and assisting the DBHDS to analyze the continued growth in GSE and Pre-Vocational Services to determine if there are strategies that can be put in place prior to the completion of the waiver redesign that will start to turn the curve in Virginia away from other vocational options and towards greater individualized employment for the target population. This is an important undertaking if the DBHDS is going to be able to meet the more assertive targets it has set for the next five years to increase the number of people in ISE by five percent of the total of everyone in adult day services through the HCBS waivers in each of the next five fiscal years.

The DBHDS should report separately in future reporting periods about the ID and DD waivers and the numbers of individuals in ISE so that the impact of the Settlement Agreement on both populations can be followed and tracked.

The DBHDS should also include in its reporting the number of individuals who are in the target population who receive individual supported employment through DARS. DARS does serve this population and many individuals apply directly to DARS to receive employment support and assistance. This was validated at least in small part by my review of the ISPs to determine if individuals in the target population are offered employment as the first option for day support. Individuals who are considered ready for ISE are referred to DARS. The target population is defined as *“individuals receiving services through the HCBS waivers.”* However it appears that CSBs do refer these individuals to DARS as a first option for employment support especially individuals who are initially interested in individualized employment support and demonstrate ability to work fairly independently, but who need career planning and job coaching. The Commonwealth is not tracking the number of people who are in the target population and become employed with assistance and funding from DARS. This seems to be a missed opportunity to have a more comprehensive understanding of employment trends, opportunities and barriers for the population as a whole.

As discussed this provision relates to the creation of baseline information and ongoing reporting. Future reviews of employment services will determine if DBHDS achieves its targets for increasing the number of individuals in ISE and the number that maintain employment for at least twelve months. The Parties should decide what if any outcomes are expected and required in the following areas: the amount of earnings; the number of individuals in pre-vocational services; and the length of time individuals are in pre-vocational services.

V. SETTING EMPLOYMENT TARGETS

Sections 7.i.B.2.a and b. require the Commonwealth to set targets to meaningfully increase the number of individuals who enroll in supported employment in each year and the number of individuals who remain employed in integrated work settings at least 12 months after the start of supported employment.

At the time of the last review 176 individuals had participated in ISE in the past year and 133 individuals had remained in ISE for at least 12 months. DBHDS worked with the SELN to develop targets for increasing the number of individuals who would receive ISE by 3/31/14. The target set at that time was for 162 new enrollees and an expectation that 138 would remain employed for at least 12 months. Data has been provided through the 2nd quarter of 2014. As of 12/31/13, 182 individuals were enrolled in ISE of which 104 were newly enrolled and 119 maintained employment for 12 months or more.

This is an increase of only 6 individuals over the baseline of 176. The DBHDS reports that there are 9648 adults who are enrolled in one of the waivers serving individuals with ID or DD. This level of enrollment in ISE represents only 1.88% of the adult waiver population. Thus is a slight reduction in the percentage of waiver participants in ISE compared to previous years.

This year's target was set for the number of individuals who would be newly enrolled not the total number enrolled in ISE. This goal is 162 and was not met by 12/31/14 the last reporting period data were available for this review.

The Independent Reviewer directed the DBHDS to set more meaningful employment targets. DBHDS has developed targets for FY15-FY19. The state SELN was consulted in setting the new targets and an independent expert assisted the department and SELN to construct the methodology used. Table 4 below summarizes the targets the DBHDS has established for the next 5 years.

These targets are significantly more ambitious than the target set for FY14. Setting the targets begins with the assumption that the Commonwealth will be providing ISE for 204 individuals by the beginning of FY15 (July 1, 2014), which represents 2.79% of the total number of individuals receiving day services in one of the HCBS waivers. The total number of individuals is now set at 7,292 rather than the previous waiver total of 9,648 to reflect only the number of waiver participants who are of adult age. The plan is then to increase the number of individuals in ISE by 5% each year. This results in a cumulative percentage of 22.79% of waiver participants receiving day supports participating in ISE by the end of FY19. This would translate to 2,026 individuals with either ID or DD being individually employed through one of the HCBS waivers.

The Commonwealth has set targets to meaningfully increase the number of individuals who enroll in supported employment each year. However, it may not meet the less ambitious target it set for itself for 3/31/14 that was based on increasing the number of participants newly enrolled in ISE. The new targets depicted in Table 4 are for the total number of individuals in ISE for each of the next five fiscal years. DBHDS projects starting FY15 with 204 individuals enrolled in ISE. This was the number enrolled as of 9/30/13 although it decreased to 182 by 12/31/13. It is very possible that DBHDS will reach this number of ISE participants again by June 30, 2014. However, the target the department has set for the end of FY15 is 568 individuals which more than doubles the expectation of serving 204 by the start of FY15 and is triple the number of individuals who were enrolled as of 12/31/13. As indicated earlier the DBHDS has to take timely and well-planned

action to address the various barriers that exist to achieving these targets if the goal of more individuals being employed in integrated work settings is to be realized. The work underway to redesign the waivers is a critical step. The DBHDS and SELN should continue to define what else needs to be put in place and what can be accomplished before the redesign is completed and implemented so that progress towards achieving and sustaining compliance is made.

The DBHDS Employment Specialist reports that the department plans to continue to use the target of eight-five (85) percent for the number of individuals who remain employed in integrated work settings at least twelve months after the start of supported employment. This was not included in the target setting proposal I received to review. If the DBHDS formally commits to this target then they are in compliance with *Section 1.B.2.b* to set a meaningful target for the number of individuals who remain employed for one year or longer. However, the current level of 65% of individuals who remain employed for 12 or more months indicates that DBHDS will need to analyze and address why the target is not currently met.

Table 4: EMPLOYMENT TARGETS FOR FY15 – FY19

FY	SE Total Start of FY	Total int. day/ Employment Services	% in SE at Start of FY	% in SE by End of FY	SE Total End of FY	Increase in Base %
15	204	7292	2.79%	7.79%	568	5%
16	568	7292	7.79%	12.79%	932	5%
17	932	7292	12.79%	17.79%	1297	5%
18	1297	7292	17.79%	22.79%	1661	5%
19	1661	7292	22.79%	27.79%	2026	5%

The SELN and DBHDS used national data that indicates that presently about 20% of the ID/DD population enrolled in HCBS waivers are engaged in individual employment.

Conclusions and Recommendations: The Commonwealth is substantially in compliance with *Section 7.i.B.2.a* as it has set targets to meaningfully increase the number of individuals who enroll in supported employment each year. This is significantly more aggressive than the target set for 2014 and reflects the Commonwealth’s commitment to its Employment First policy. It includes targets for both the ID and DD waivers and if achieved will provide many more individuals with meaningful employment and hopefully greater economic independence.

It does not project for any growth in the overall number of waiver participants although growth is expected as the Settlement Agreement is implemented. It will be important for the DBHDS and SELN to track progress towards the implementation of this plan to increase employment for individuals with ID and DD and to revise the targets to continue to achieve the same percentage goals as the number of waiver participants increases overall. I recommend that DBHDS tracks the progress towards meeting the targets that separately identifies individuals with ID and DD who participate in ISE to enable the Commonwealth and the Independent Reviewer to determine if DBHDS is successfully both groups that are part of the target population.

The Commonwealth needs to report on its goal of increasing the number of individuals newly enrolled in ISE to 162 by March 31, 2014 to the Independent Reviewer as soon as this information is available.

In order for the Commonwealth to reach the targets set for FY15-FY19 the DBHDS will need to concentrate its efforts on completing its waiver redesign plan to address employment service definitions and revise its rate structure, focus on building provider capacity, considering offering individuals the opportunity to self-direct their employment supports, and ensure case managers are trained in the Employment First policy and using the principles of person-centered planning to help individuals and their families identify and pursue their employment goals and aspirations.

The Expert Reviewer suggests that the Commonwealth further refine these targets by indicating the number of individuals it hopes to provide ISE to from the following groups: individuals currently participating in GSE or pre-vocational programs; individuals in the target population who are leaving the Training Centers; and individuals in the target population who become waiver participants during the implementation of the Settlement Agreement. Through discussions between the DBHDS and the SELN as to how to target these specific groups realistic and successful marketing and training approaches can be developed to reach out to families, Service Coordinators, CSBs, Schools, Training Center staff, and ESOs to assist the DBHDS achieve its overall targets in each of the next five fiscal years.

The DBHDS needs to formally set its targets for the number of individuals who will maintain employment for at least twelve months as required in Section 7.i.B.2.b of the Settlement Agreement.

VI. The Plan for Increasing Opportunities for Integrated Day Activities

7.a. To the greatest extent practicable the Commonwealth shall provide individuals in the target population receiving services under this agreement with integrated day opportunities, including supported employment.

Waiver Redesign: The Commonwealth is undertaking a significant redesign of its HCBS waivers. HSRI has been hired to assist Virginia with this task which will encompass redefining waiver services for integrated day activities including supported employment, restructuring the rates for waiver services and redesigning the implementation of the SIS as it is used as an initial assessment tool and an indicator of the individual's level of need for support. Various work groups are underway and focus groups are convened to assure broad input from stakeholders. The initial report and analysis is due in July 2014. The Commonwealth plans to submit its new waiver design in FY16. The Commonwealth did submit new definitions for its recent waiver renewal for the ID waiver. These definitions promotes integrated day activities, requires skill building in pre-vocational programs and sets a time limit on a person's participation in pre-vocational services, and redefines supported employment for both ISE and GSE. Services will be designed using the person-centered planning process. The leadership of both DMAS and DBHDS are actively involved in the redesign process. Stakeholders who represent CSBs, advocacy, provider and family groups are included and some of the work group representatives are also members of the SELN.

Integrated Day Activity Plan: The DBHDS is required to provide integrated day activities, including supported employment for the target population. The Settlement Agreement states: *To the greatest extent practicable, the Commonwealth shall provide individuals in the target population receiving services under the Agreement with integrated day opportunities, including supported employment.*

Since the Commonwealth of Virginia entered into the Settlement Agreement with the US DOJ, DBHDS has focused its work and activities on increasing employment opportunities for individuals with ID and DD. With rare exception providers in Virginia do not offer individuals who are not employed other types of integrated day activities. DBHDS was directed by the Independent Reviewer to develop a plan by March 31, 2014, that describes its implementation plan to increase integrated day opportunities.

DBHDS submitted a preliminary plan describing the “strategies and activities necessary to create a blueprint.” The plan includes Virginia’s vision for integrated day activity, three goals with related objectives, strengths and challenges, and the project approach. I will review each section. Virginia’s vision is to have an array of integrated service opportunities available for individuals with disabilities. It wants individuals to be able to choose to have services delivered to them in the least restrictive and most integrated setting. The definition the plan offers of integrated day activities assures they are meaningful, offered at times to benefit the person to have an active community-based daily routine, and include leisure activities. Integrated day activities are to complement employment for individuals who are employed and want leisure activities as well, are employed only part time *or for those who continue to choose congregate care services* (italics added). DBHDS is to be complimented for recognizing the value and need for integrated day activities both as a supplement to employment and for individuals who do not have or wish to engage in employment. The definition should align with the Agreement, “integrated day activities include community volunteer activities, community recreation opportunities, and other integrated activities.”

DBHDS has included individuals who continue to choose congregate care services in its vision of who these services are intended to benefit. The use of the term congregate care activities sends a mixed message in terms of the Commonwealth’s intention in promoting integrated day activities. Congregate day settings may continue to exist for some time as DBHDS transitions to a system that expands the offering of integrated day activities. Providers will need time to design new program models and DBHDS will need to address infrastructure support and staffing ratios to encourage and support meaningful integration into community-based services that are not offered in congregate settings. The intent and coherence of the definition would be strengthened if the definition were reworded to instead include individuals who are not currently employed and who have retired from employment, rather than those who choose congregate care settings. Since the choice of individuals has in large part been limited to congregate day service settings a person’s participation in this type of program does not necessarily reflect informed choice.

The goals and objectives focus on developing a common understanding; ensuring policies, procedures and funding promote integrated day activities, and developing a plan to transform existing structures to support the delivery of integrated day activities. It is important to undertake activities to address these goals. However the plan lacks any specificity or depth as to how this will be accomplished. The plan projects that a common understanding and philosophy about integrated day activities will be achieved by June 2015 with work not starting until July 2014. Having policies and funding in place will be initiated in October, 2014 and completed by January 2015. These

goals seem out of sequence. It seems DBHDS needs to have its service definitions completed prior to addressing policy and funding changes. The plan indicates the SELN will be responsible for the review of policies and procedures. The SELN has a similar responsibility to review existing policies across the state agencies that might impede employment for individuals with ID or DD. To date the sub-group for this policy review has not met on a regular basis to accomplish this task according to members of the SELN.

Stakeholder involvement will be key to the successful implementation of integrated day activities. The section in the plan to list key stakeholders is left blank. No specific strategies are included for outreach or training in the plan. There is only a vague short-term objective to educate all stakeholders about integrated day activities.

It is a concern that work will not be initiated until July 2014. DBHDS has had the requirement to offer individuals integrated employment since the inception of the Agreement. Because a plan had not been developed as required “within 180 days” of the Agreement, the Independent Reviewer subsequently required an implementation plan by March 31, 2014. What has been submitted is a very preliminary plan. It does not include the planning elements or implementation specifics as to how objectives will be accomplished. There are also no measures of progress included.

The last goal is for system transformation. “Structures, both state level and provider level, will support delivery of day activities in the least restrictive and most integrated settings.” The DBHDS wants to ensure funding sources that promote and support integrated settings, ensure provider capacity, develop a guidebook for transformation, and develop a system of outcome tracking. All of these are important components of the development process. These are stated as short-term objectives with the outcome being “a logical replicable and measurable model of integrated day activities.” This is to be completed by December 2015. It appears it will be almost two additional years before DBHDS expects to have a model of integrated day services. The plan does not address when individuals in the target population can expect to be offered integrated day activities or how many individuals will be targeted to receive these integrated services. The plan also does not specifically address:

- ✓ How need for these services will be assessed
- ✓ Whether the service delivery model will include a self-directed option
- ✓ What the anticipated impact is on providers of congregate day services or how this will be determined and what the DBHDS policy will be about this service delivery model
- ✓ How teams will be instructed to use the person-centered planning process to introduce this service option and plan appropriate goals and objectives for the individual
- ✓ Outreach to families, individuals and schools
- ✓ Training for CSBs and Case Managers
- ✓ Assessing existing provider capacity and determining how to expand this if necessary
- ✓ Qualifying providers

Conclusion and Recommendations: The Commonwealth is not in compliance with 7.a.i. The DBHDS needs to develop an implementation plan with more specific objectives, measurable interim milestones, and an indication of the resources it will commit to complete the implementation plan within the timeframes established. This should be submitted to the Independent Reviewer by July 31, 2014. That plan should be evaluated using the SHAY evaluation tool to provide feedback and recommendations to the Independent Reviewer by August 31, 2014.

VI. Review of the SELN and the Inclusion of Employment in the Person-Centered ISP Planning Process

b. The Commonwealth shall:

- ✓ *Maintain its membership in the SELN established by NASDDDS.*
- ✓ *Establish a state policy on Employment First (EF) for this target population and include a term in the CSB Performance Contract requiring application of this policy.*
- ✓ *The principles of the Employment First Policy include offering employment as the first and priority service option; providing integrated work settings that pay individuals minimum wage; discussing employment options with individuals through the person-centered planning process at least annually.*
- ✓ *Employ at least one Employment Services Coordinator to monitor the implementation of the employment first practices.*

The Commonwealth did develop and promulgate the Employment First policy during the previous reporting period. Additionally, the Governor issued an Executive Order 55 on November 12, 2012 to bring to bear the efforts of both government and the business community to facilitate and advance opportunities for individuals with disabilities to be gainfully employed. Various state agencies led this effort organizing a series of events beginning with a kick-off summit held on June 27, 2013. The summit was followed by six regional workshops involving state and business leaders and the Services Solution Teams of the local Workforce Investment Boards. Recommendations have been made to continue this initiative and DBHDS, DARS and the other involved agencies are awaiting approval from the Governor. This is an important initiative to continue the education, partnership building and support of the business community in Virginia to increase the employment opportunities for individuals in this target population.

Virginia has maintained its membership in the SELN and issued a policy on Employment First. DBHDS continues to employ the Employment Services Coordinator. This review will explore the work of the SELN and focus on whether employment is being offered as the first option to individuals in the target population.

ISPS That Include Employment: Part of this review is to determine if the expectation that individuals in the target population are offered employment as the first option by Case Managers and their teams during the individual planning process in which they discuss and develop employment goals. I have reviewed a random sample of 31 ISPs of individuals who have transitioned from the Training Centers, individuals receiving waiver services for the first time, and individuals already enrolled in pre-vocational services or Group Supported Employment (GSE). A review of a larger number of ISPs was planned, however, DBHDS was not able to provide them, reportedly because of the unresponsiveness of some CSBs. This added to the time required to complete this review and, if repeated, could undermine the effectiveness of future reviews.

SUMMARY OF THE ISP REVIEW OF TEAM DISCUSSIONS OF EMPLOYMENT

Of the 31 ISPs reviewed, 27 (87%) involved no discussion of employment and no mention of a vocational assessment.

The ISPs reviewed do not indicate that the person or guardian was asked to discuss:

- the individual's preferences and interest in employment,
- employment opportunities available to consider and explore, or
- employment services and goals.

The ISPs did not indicate discussion or support of individuals in group supported employment to pursue individualized supported or competitive employment.

The ISPs did not include goals and implementation strategies to increase the individual's employability.

To date there has been no report of specific direction given by DBHDS to the CSBs to help Case Managers and their Supervisors understand how they are expected to fulfill this responsibility, what to discuss and include in the ISPs, and how they will be held accountable.

DBHDS has met with several CSBs to offer targeted training about Employment First, but has not provided this to all CSBs.

CSBs use different formats for the Person-Centered Individual Service Plans. Generally these formats do not focus on employment. The planning templates do not emphasize or include a section that would prompt a discussion of a person's true work dreams, preferences, and work interests, or how to align the annual objectives with these interests and preferences.

Many of the ISPs have a section in which the consumer or guardian indicates whether the plan meets the person's expectations and dreams. Every ISP reviewed that included this section had all boxes checked including that "the plan meets the person's work dreams".

During the last reporting period DBHDS reported that there is a provision in the FY13 and FY14 Community Services Performance Contract that requires the CSBs to comply with *Section III.C.7.b* of the Settlement Agreement. DBHDS informed this reviewer that a reformatted planning form would be implemented so that employment would be the first topic discussed with each individual and ISP team. The case manager was also going to submit a report that confirms that employment options were discussed. Workgroup 8 was charged to verify that case managers were in compliance with this requirement.. No evidence has been provided that these practices have been implemented.

Conclusions:

The Commonwealth is not in compliance with *III.C.7.a*. It is not providing individuals in the target population integrated day opportunities to the greatest extent possible. The review of ISPs indicates a pattern of minimal, and frequently no discussion of employment by teams. This remained true for individuals who expressed liking to work and for whom increasing earnings is an aspiration.

From the sample of ISPs I reviewed there is no indication that CSBs are in compliance with the Performance Contract regarding employment planning for members of the target population. The process of checking boxes to indicate that essential steps have occurred appears to be a pro forma process and not reflective of a meaningful discussion of the individual's goals and aspirations at least in the area of employment.

The sample of 31 ISPs validates the need for more formal communication and direction to the CSBs from DBHDS.

Recommendations:

It would be helpful if specific direction were formally communicated to the CSBs that could be reviewed with Case Managers and used as a guide for Supervisors to continue to mentor Case Managers related to supported employment.

It would be helpful if the DBHDS issued guidance on its expectations for the person-centered planning process including a basic outline of how to address employment as the first option for individuals to consider.

The DBHDS must also determine how to impart this information to all DD Case Managers. DBHDS should provide reports about its supported employment initiatives to the Independent Reviewer “*to document that the requirements of the Agreement are being properly implemented* “. (Section IX.C.)

The Engagement of the SELN: The VA SELN Advisory Group was established to assist DBHDS to develop its strategic employment plan, set the targets for the number of individuals in the target population who will be employed, and provide ongoing assistance to implement the plan and the Employment First Policy. This past year input was sought from SELN members to revise the definitions of employment services and to define integrated day opportunities which are also required as part of the Settlement Agreement. The VA SELN Advisory Group was established in 2008. It includes self-advocates, family members, advocacy organization members, CSB staff, state agency administrators, educators, and employment providers.

I interviewed nine members as part of the review of Employment Services in 2013. The interviews included representatives of CSBs, educators, families, advocates, state agencies and providers. In light of concerns interviewees expressed about the operation of the SELN and the group's ability to have meaningful input into the employment planning process I chose to interview as many of the same members as were available. Additionally I interviewed a self-advocate, an additional representative of a state agency and a representative of an advocacy organization. I asked all of the members interviewed about the operation of the SELN and the opportunity for input into the

DBHDS planning process; target setting; training for case managers; the development of the plan for integrated day services; and outreach to the DD community.

1. *The operations of the SELN and the opportunity afforded to its members to have input into the planning process.* The vast majority of the SELN members interviewed spoke of improvements in the organization of the SELN committee meetings. During the last 5-6 months of calendar year 2013 the meetings ran very smoothly which was attributed to the co-leadership of Adam Sass and Heidi Dix. Ms. Dix was in a position to speak for the administration of DBHDS and was able to support the direction being set by Mr. Sass. Since Ms. Dix's departure from DBHDS, Connie Cochran, Assistant Commissioner, DBHDS has been involved and members hope that he is able to make a similar commitment to the group so that progress on topics and decisions can be made.

Members report having greater opportunity for input and are pleased that the group is making progress. All members reported that the SELN actively participated in creating the employment targets. Various sub-committees have been formed providing a structure that can assist the SELN to continue to move forward with its work. One sub-committee was charged with developing employment modules that will be added to the training offered to the case managers. The training presentation was recently completed and shared with DBHDS. This training is discussed in another section of this report.

Although there was acknowledgement that progress had been made during the last year to improve the SELN's effectiveness some of the members interviewed believe the group can be further strengthened by formalizing the membership and advisory group structure. Some of those interviewed recommended that a charter and by-laws be developed and that members be more formally appointed. This would enable the group to be constituted with consistent membership and meet on a regular, predictable basis. There is no set annual schedule and there have been cancellations and re-scheduling. There have been improvements in getting agendas and documents shared prior to a meeting but this is not yet consistent. At the last meeting the plan to develop integrated day services was shared only the night before the meeting. Members also reported not getting written copies of the final proposal setting employment targets.

Members also report that there is still repeated discussion of certain topics without resolution. They credit this to being the result of inconsistent membership and attendance. Suggestions were made to rotate the location of the meetings and use webinars to help members participate remotely. As the DBHDS continues to address the efficiency and effectiveness of the Advisory Group the coordination of the membership's diverse perspective, knowledge and expertise will contribute to the development and implementation of strategies that will have broad stakeholder support to advance employment services in Virginia.

Goal 6 of Virginia's Plan to Increase Employment Opportunities for Individuals with Intellectual and Developmental Disabilities FY2013-2015 addresses this issue. It states that the SELN will have formalized structure with clearly defined roles and responsibilities for members. The recommended actions include agreeing on representation, developing by-laws, appointing members and orienting new members. Members do not report that there is a formal appointment process or by-laws developed yet. The DBHDS projected it would develop by-laws and formalize appointments by 1/31/14, and 3/31/14 respectively. It has recently been delayed.

2. Development of the Employment targets for FY15-FY19: All SELN Advisory Group members interviewed reported that the members had the chance for meaningful input into the creation of the targets and ample time to discuss the implications of setting the targets at the level established. While some members wanted to see more aggressive targets those who were interviewed believed that these increases represent a reasonable but challenging goal for Virginia. Some members expressed concern that the targets assume no growth in the waivers overall and support adjusting the targets each year to reflect the real number of waiver slots that are funded. All of the members are aware that VA DBHDS and its stakeholders need to address many aspects of the existing employment service delivery system and identified barriers for the Commonwealth to achieve these targets. Some of the advocacy groups that are represented on the SELN proposed language for the Legislative budget that would have provided legislative intent for the increases to the number of individuals who were in supported employment but it was not adopted in the Commonwealth's budget for FY15. Some of the members hope to see DBHDS concentrate on young people who are transitioning to adult services as a group to target for employment opportunities. The SELN members want DBHDS to take ownership of these targets and promote these goals with all stakeholder groups.

3. Case Management Training: The SELN formed a sub-group to assist the DBHDS to develop a curriculum to train case managers about the Employment First Initiative and how to present employment as an option to individuals regardless of their service needs. This was to be completed by 1/31/2014. It was recently finalized and submitted to the Case Management Coordinator of DBHDS. SELN members reported the sub-committee had significant input into the design of this module. SELN members report that training is needed if Case Managers are to understand and fulfill their responsibilities to meaningfully offer employment as an option to individuals in the target population. Some members believe this training has to be required of both ID and DD Case Managers. The DBHDS plans to review the module and make it available on its website, but not require it of Case Managers. I discuss case management training and review this curriculum in an earlier section of the report.

4. Outreach to the DD Community: SELN members interviewed were not aware of any specific outreach efforts to individuals with developmental disabilities or their families. This is not a topic that has been discussed or addressed by the SELN. Members report some frustration that there is not an organized outreach effort to individuals with intellectual disabilities and their families. They appreciate, however, the efforts made by the DBHDS to present employment information at various regional forums across the state. They do recommend that there be dialogue with the CSBs to more formally provide information to individuals and their families about employment services and that DBHDS share information more consistently with school systems. Now that the DBHDS has responsibility for the DD waiver it may be timely for a specific outreach plan to be developed for participants and their families. Individuals on waiting lists for the waivers could be informed of vocational support that is available through DARS. The DBHDS recently developed a DD Newsletter. This form of communication was viewed favorably by some members of the SELN and could be used for ongoing communication about the employment initiative. It will be available on the DBHDS website, but DBHDS does not have the funding to mail it directly to families. The SELN might benefit from including more representatives of the DD Community to assist the department with outreach strategies to reach this target population.

5. Development of the Plan for Integrated Day Activities: There have been initial discussions with the SELN regarding the DBHDS' responsibility to develop integrated day activities. The SELN has had some input into the definition of these services and discussed the need to offer integrated day activities to both individuals who are employed part time and also for individuals who are either not interested in employment or currently employed. Members are pleased that the waiver application submitted in March expanded the definition of day supports. However, the SELN has not created a sub-group to address this responsibility. The preliminary plan for integrated day activities that was submitted for this review was first shared at the recent SELN meeting (3/31/14). Members received a copy the day before the meeting. Some members want more time to review the plan and provide feedback.

6. System Redesign: Some members shared their concern and perspectives about the redesign of the waiver system. All agree that this essential infrastructure change is critical to successfully employing more individuals with ID and DD. The members feel strongly that all current barriers to employment need to be examined and addressed through system redesign. This includes expanding service definitions, establishing appropriate rates for supported employment, addressing the true costs providers incur offering supported employment, funding all supports related to employment, determining adequate wages for employment staff, addressing the qualification process for providers, and determining how ESO providers will be monitored. An essential support service related to employing individuals is transportation. Currently the waiver does not reimburse for transporting an individual to work unless the job coach is present. As the need for the job coach to be onsite fades it is essential that the individual can still benefit from transportation support. The SELN had understood that this was to be addressed in the recent waiver renewal, but recently was informed that this was not possible. Connie Cochran reports it will be addressed in the waiver redesign. The ESOs currently receive funding for some employment related supports through DARS that are not yet reimbursable through the HCBS waivers. DARS also qualifies and monitors these providers. DBHDS will need to analyze how best to approach these issues to create an environment that encourages ESO providers to expand employment supports to individuals in the HCBS waivers.

Conclusion and Recommendation: The DBHDS is in compliance with maintaining the SELN and maintaining an Employment Services Coordinator, but is not in overall compliance with *III.C.7.b*. It does not comply with the requirements to share employment as the first day service option using a person-centered process. The DBHDS cannot report on paying minimum wages in employment settings, which is another requirement of *III.C.7.b* and is not holding the CSBs responsible for their compliance with this provision of the Settlement Agreement. The DBHDS should continue to work collaboratively with the SELN and develop by-laws and guidance for appointing the SELN members.

VII. Summary

The Commonwealth of Virginia has made strides toward implementing the employment services requirements of the Agreement since the review in the spring of 2013. The SELN is more organized and has more input into planning to improve and increase employment for individuals with ID and DD. The Employment Services Coordinator remains committed and passionate about enhancing employment services and continues to provide strong technical assistance to the SELN and is engaged in effective training and work with stakeholders. The new administration is committed to employment for individuals with ID and DD, the continued engagement with the SELN, and the waiver redesign. Providing administrative leadership and support for DBHDS's work in the area of employment will be critical to the success of the initiative. It is encouraging that DBHDS has set meaningful targets to increase the number of individuals who are employed and has outlined a plan to increase opportunities for integrated day activities.

The Commonwealth is not in compliance with *III.C.7.a*. It is not providing individuals in the target population integrated day opportunities to the greatest extent possible. The review of ISPs indicates a pattern of minimal or no discussion of employment by teams. The implementation plan to increase integrated day activities has not yet been developed or implemented.

The Commonwealth is not in compliance with Section C.7.b.i. It has developed a very preliminary plan, rather than the required implementation plan, for integrated day activities. It is currently not offering integrated day activities other than supported employment to the target population. I recommend a more detailed plan be written by June 30, 2014 and submitted to the Independent Reviewer. DBHDS needs to indicate when these options will be available to individuals and how data will be tracked and reported.

The Commonwealth is in compliance with Section C.7.b. It has maintained its SELN membership, has established the required state policy on Employment First, has included a term in its performance contract with CSBs, and has an employment services coordinator. It is a significant concern that the review of ISP indicated that case managers are not implementing that term of the contract. It is recommended that DBHDS determine how it will monitor, document, and report to the Independent Reviewer that the Employment First policy is being properly implemented (Section IX.C.)

The Commonwealth is in compliance with Section C.7.b.i.A and with Sections C.7.b.i.B.1.a, b, d, and e. It is not in compliance with Section C.7.b.i.B.1.c, as it cannot produce information regarding the wages of individuals in supported employment.

The Commonwealth is in compliance with Section C.7.b.B.2.a. It has now set meaningful targets for ISE and for the number (85% of the supported employment target) maintaining employment for twelve months for FY15- FY19.

There are numerous recommendations offered throughout this report for serious consideration by the Commonwealth. Most important is creating a meaningful and accurate data reporting system, training both ID and DD case managers in employment first and their responsibilities to the individuals they serve, holding the CSBs accountable for implementation of the employment initiative, and effectively reaching out to individuals with developmental disabilities and their families.

APPENDIX D

COMMUNITY LIVING OPTIONS

By: Patrick Rafter

Plan Implementation Comment: The current Virginia Plan as written calls for the development of an additional housing dimension of consumer-controlled owned or rented properties, which is a new paradigm distinct from provider- owned and operated group facilities. At the present time the new dimension has not been implemented. The individuals from the Training Centers are primarily moving to existing or expanded group home capacity. This approach may well be the necessary first step in providing post institutional placements for some individuals with extremely complex needs, but there should also be a resulting movement out of group homes into independent living situations. As it now stands Virginia is expanding capacity of congregate living facilities, but seemingly unable to come up with the resources to truly develop independent living alternatives.

Additional Issues for Consideration:

Broaden Housing Options: I would encourage the Housing Plan Team to continue to broaden the range of future housing options beyond the apartment living offered in LIHTC programs. There will be a number of individuals who will be better served (or prefer to live) in single family homes in residential neighborhoods utilizing a single support provider. A robust rent subsidy program opens the door to this possibility. Nonetheless finding landlords who will produce accessibility renovations and are able to deal with behavior issues is exceptionally challenging. Some states have provided grants, financed by state bonds, to nonprofit housing corporations to meet this need.

Waiver Funded Accessibility Renovations: I was not able to review the environmental modification elements of the existing waiver program. Many states have reduced potential benefits in this area in a misguided attempt at cost containment. In my experience it can represent a front end investment which pays for itself in reducing long term staffing costs. I encourage the Team to thoughtfully examine this aspect of the Waiver. Automatic door openers, track lift systems, drive-in showers and home automation systems can open the world for individuals who need wheel chairs for mobility. In many states the lack of a comprehensive accessibility program has unnecessarily kept many non-ambulatory individuals in more expensive congregate care settings. Waivers can represent a funding stream to support both housing developers and families having physically disabled individuals in their homes instead of the more costly residential system.

I am more than happy to make myself available to Virginia team members for follow up questions and clarification. I appreciate the courtesy extended to me in my visit.

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OLS does not regularly compile the results of licensing reviews into a report on trends related to compliance patterns across CSBs. However, alerts and system guidances are generated by DBHDS in a way that potentially increases awareness for individuals, family members, providers, caregivers and case managers of risks and problems that may occur while someone is receiving services (e.g., constipation, choking, psychotropic medications, emergency room criteria, etc.). Nonetheless, a rich data source for other system improvements is overlooked when the results of licensing visits are not aggregated and analyzed for trends and patterns.

Conclusion

DBHDS is not currently in compliance with the requirement to have a mechanism to monitor CSB compliance with performance standards, because the Commonwealth's monitoring protocols and regulations do not align with Agreement requirements and the OLS review process is not adequate to determine compliance with performance standards. Section IX.C requires that there be "...sufficient records to document that the requirements of the Agreement are being properly implemented..."

Recommendations to Achieve Full Compliance

OLS should create a supplement to the case management checklist that operationalizes the expectations of the Agreement. This supplement should be outcome focused (versus documentation focused) and specifically include probes of: regularized face to face meetings with the individual being served, enhanced visit frequency, offering choice among providers, assembling professionals and non-professionals who provide supports, and identifying risks to the individual.

The OLS review protocol should require Licensing Specialists to also assess case management services while they are examining services at the provider level. The root cause of service delivery problems is often the poor coordination of services, the absence of monitoring by an outside party, or the absence of leadership/advocacy on behalf of the individual. Therefore, adding a requirement to every person-centered citation that the work of the case manager be concurrently scrutinized, will ensure the causes of many service delivery problems are addressed and not just the symptoms.

OLS sampling will be improved if the current ten (10) case sample review expectation of Licensing Specialists is modified to a 10% sample with a 10 case minimum for future CSB reviews.

Suggestions for Departmental Consideration

OLS might consider compiling an annual trend report on licensing results for case management. Detecting and reporting patterns and frequencies in the results of licensing reviews across CSBs ensures system improvements are discovered and identified.

The goal of updating automation systems within OLS should continue, so that information retrieval and the “connecting of dots” across systems, services, and geography are done efficiently.

Provider Licensing

Agreement:

V. Quality and Risk Management System

G. Licensing

1. *The Commonwealth shall conduct regular, unannounced licensing inspections of community providers serving individuals receiving services under this Agreement.*
2. *Within 12 months of the effective date of this Agreement, the Commonwealth shall have and implement a process to conduct more frequent licensure inspections of community providers serving individuals under this Agreement, including:*
 - a. *Providers who have a conditional or provisional license;*
 - b. *Providers who serve individuals with intensive medical and behavioral needs as defined by the SIS category representing the highest level of risk to individuals;*
 - c. *Providers who serve individuals who have an interruption of service greater than 30 days;*
 - d. *Providers who serve individuals who encounter the crisis system for a serious crisis or for multiple less serious crises within a three-month period;*
 - e. *Providers who serve individuals who have transitioned from a Training Center within the previous 12 months; and*
 - f. *Providers who serve individuals in congregate settings of 5 or more individuals.*
3. *Within 12 months of the effective date of this Agreement, the Commonwealth shall ensure that the licensure process assesses the adequacy of the individualized supports and services provided to persons receiving services under this Agreement in each of the domains listed in Section V.D.3 above and that these data and assessments are reported to DBHDS.*

Review Methodology

- 1) Reviewed current licensing standards, regulations and all licensing tools/protocols.
- 2) Reviewed minutes of the Licensing Stakeholders Workgroup.
- 3) Interviewed the Director of the Office of Licensing three (3) times.
- 4) Reviewed a sample of licensure survey reports with corrective action plans (44) and all *ad hoc* investigations (20) for two quarters in FY 2014.
- 5) Reviewed survey schedules for CY 2013 for three (3) Licensing Specialists. Two were selected by OLS, one was selected by the author.
- 6) Reviewed available reports for licensing results across providers.
- 7) Interviewed and reviewed the qualifications and experience of the six (6) last hired OLS Licensing Specialists.
- 8) Interviewed nine (9) provider representatives who were selected by the author (three in-home, three day support, three residential), who have experienced a recent licensing review.
- 9) Reviewed seven (7) complaint investigations from individuals/family members/guardians/anonymous sources who have made formal complaints to DBHDS.

Findings

Licensing regulations (12VAC35-105-10 to 105 1410) align generally with the expectations in the Agreement. Licensing protocols (checklists) align with the Licensing regulations in most areas except for the Services and Supports area of the regulations, which are the heart of the Agreement (Section V.D.3). This gap leaves assessment up to individual Licensing Specialist discretion and may contribute to reliability problems in interpretation.

Provider feedback suggests confusion at the agency level as to how a variety of items are interpreted by Licensing Specialists. Although it has been utilized during the past 6 months, the recently formalized “dispute resolution process” does not necessarily reassure providers. For example, the regulation for “Monitoring and evaluating service” at 12VAC35-105-620 covers a body of work for providers that is potentially substantial, but it is described in only sixty three words and there appear to be no supplemental materials for providers or Licensing Specialists to reference in order to interpret this significant requirement. The Licensing Stakeholders Workgroup has begun work on a) clarifying current regulations, in order to address provider concerns and to potentially increase reliability among Licensing Specialists, and b) identifying needed changes in the regulations.

The sampling methodology for unannounced provider visits described in the latest Office Protocol requires that Licensing Specialists review “a representative sample (more than two) of client records...interviews staff and clients”. This low sample number and the apparent absence of a checklist for interviewing reduce confidence in the thoroughness of Licensing reviews. For example, at a provider serving 100 clients this is a sample of about 3%, which is an inadequate number on which to make a licensing judgment. The absence of a checklist for interviewing staff and clients ensures there will be variability in interpretation between Specialists.

The sample of Licensing Specialists who were interviewed for this study appeared mission- driven, well trained and appropriately qualified. There is a generally positive high regard for Licensing Specialists among providers with exceptions usually centered on contested citations where the concern is the “fair” application of a regulation. OLS has made extensive efforts to enable informal collaboration among Licensing Specialists as to the appropriate interpretation of a regulation. In addition, the Department has made available sufficient resources to support the Specialists with in depth clinical, healthcare and medical consultation.

Over the past five years the number of providers licensed by OLS has increased from 552 (FY08) to 844 (FY13), a 53% increase. During the same period licensed service locations (perhaps a more accurate indicator of workload for Licensing Specialists) has increased from 3,357 to 7,063, a 110% increase.

The Licensing reviews that were examined for this study include clear statements of provider problems and appropriate corrective action plans. Four ID providers have been moved to

provisional licenses during FY14. Again the website is unreliable: of three current ID providers with provisional licenses, only one is listed under the link “Providers with Provisional Licenses”. Providers, for the most part, agreed in retrospect with the validity of problems identified at their agencies. The reviews examined for this study also suggest that the enhanced Licensing visit frequency requirements of the Agreement are being achieved. In addition, there is evidence that some Licensing Specialists are assessing the adequacy of services and citing inadequate services or plans. The posting of the corrective action plans to the DBHDS website demonstrates a commendable effort to inform the consumer public, but the site does not reliably display all inspections (e.g. Licensee #325, 7-11-13).

The review of a sample of ad hoc investigations conducted by Licensing Specialists suggests appropriate attention to detail and fact-gathering. Investigations that reveal regulatory compliance problems evolve into corrective action plan requirements of the provider. This review of these seven (7) complaint investigations suggest investigators are thorough and appear to go to root causes. Three (3) of the seven investigations identified problems with and resulted in corrective action plans for “adequacy of services”. Investigations that result in corrective action plans are posted to the DBHDS website. Again, this posting demonstrates a commendable effort to inform the consumer public, but the site does not reliably display all investigations (e.g. Licensee #016, 7-16-13). Finally, near unanimous feedback from providers was that Licensing Specialists are professional and respectful when conducting follow-up investigations on the deaths of individuals.

The “Submit a Complaint about a Licensed Provider” link for the DBHDS website was not functioning at the time of this review. It is located on the OLS tab and is not on the DBHDS Home page; it is two clicks into the OLS page from the Home page.

OLS does not regularly compile the results of licensing reviews and report trends and patterns across providers. DBHDS is consequently relying on the memories and subjective impressions of OLS staff to know what Licensing reviews reveal about the strengths and weaknesses in the provider system. A rich data source for other system improvements is overlooked when the results of over 1500 formal licensing visits a year are not aggregated and analyzed for trends and patterns.

The work of OLS is generally respected by the provider community. In response to the query, “The Office of Licensing’s involvement in my program helps me provide high quality services,” the nine (9) providers gave it an average 4.2 rating out of 5. In the words of one provider, “their visits keep you on your toes.”

DBHDS has available in statute sufficient authority to enforce its regulations, but it appears reticent in recent years to have utilized those authorities. OLS has the necessary regulatory tools to force improvements among substandard providers and to eliminate substandard providers who have demonstrated a refusal to improve their services. These tools include mandatory training, fines up to \$500 per violation, provisional licensing, revocation, summary suspension in emergencies, probation, reduced licensed capacity, admission freeze, and funds withholding (Va. Code. §37.2-418 & 419). The use of provisional status with four (4) ID providers over the past year appears to be a modest enforcement effort in a system with 844 providers. OLS reports that it is planning to increase the use of fines in the next year. However, the lack of use of the other half dozen tools suggests continued attention and emphasis on enforcement is necessary. Finally, due process and regulatory protections appear sufficient and appropriate to ensure that actions OLS might take are based on substantive issues and only after multiple attempts to clarify, assist and support a provider.

Conclusions

DBHDS appears to be in compliance with Section V.G.1. and 2. The schedules of Licensing Specialists, provider reports, and corrective action plans examined for this study indicate that the enhanced Licensing visit frequency requirements of the Agreement are being achieved.

DBHDS is not currently in compliance with the requirements of Section V.G.3. DBHDS does not have evidence at the policy level that OLS is producing reliable licensing data that would allow it to identify systemic patterns of compliance problems with the Agreement, including its “data and assessments” across the eight (8) domains at Section V.D.3. Weaknesses in the sampling methodology, the absence of a Licensing tool/checklist for the Services and Supports section of the regulations, and the absence of a structured approach to the outcome focus of staff and client interviews indicates policy level activity that needs to be completed before an “in compliance” determination can be reached.

Recommendations to Achieve Full Compliance

OLS should fulfill the requirement of systemic analysis of the “adequacy of individualized supports and services” by compiling regularly, at least annually, a trend report on licensing results for ID provider services. Detecting and reporting patterns and frequencies in the results of licensing reviews across agencies and services not only ensure system improvements are discovered, but it will also allow for a continuing source for the identification of needed guidance instructions, alerts, trainings, etc.

OLS will improve the thoroughness of provider reviews if it modifies its sampling methodology to a 10% sample with a minimum of three, and it develops an outcomes focused checklist and a robust sampling methodology for interviews with staff and clients.

Implementation of a tool that all Licensing Specialists use to review providers in the Services and Supports area will improve the reliability and consistency of OLS assessments and consequently the data available to evaluate trends and patterns.

The Licensing Stakeholders Workgroup should continue its work on updating regulations, in order to formalize the requirements of the Agreement in the regulations.

The Licensing Stakeholders Workgroup should continue its work on clarifying current regulations, in order to ensure the provision of reliable results and to reassure all parties that DBHDS is committed to clear and transparent practice standards.

Suggestions for Departmental Consideration

OLS might consider convening an advisory committee of providers and Licensing Specialists to do a monthly or quarterly review of disputed citations or questions about regulatory interpretation. An approach such as this would amplify provider input and create an anonymous source to identify the need for regulatory clarification. This could result in less time being spent on dispute resolution and informal discussions, and would address the sentiment of a few providers that Licensing Specialists can be “intimidating” and may be feared for “retaliation” for disputing citations.

OLS might consider a formal, annual inter-rater reliability check for each Licensing Specialist as part of their personnel performance evaluation. This may inspire increased confidence among providers who are skeptical about the “fair” application of the regulations.

DBHDS might consider adopting a formula for Licensing Specialists that will assure that OLS capacity is expanded with increased workload in the future. For example, one (1) Licensing Specialist per thirty-two (32) licensed provider agencies or one (1) Licensing Specialist per 220 licensed service locations.

Given the increased complexity of scheduling, OLS might consider adopting a template for the individual organization of the visit workload of Licensing Specialists; for example, an Excel spreadsheet could be adapted to allow for the retrieval of past visit dates, as well as the planning of unannounced visits. This scheduling format could then be examined in real time (e.g. files on shared drives) by central office managers to ensure retrospectively and prospectively that the required frequencies of visits are being followed.

DBHDS should assess the legal counsel resources available to OLS in the pursuit of increased enforcement activity. The ability of Licensing staff to proceed with enforcement activities is heavily based on the ready availability of legal counsel, who ultimately determines the vigor with which enforcement activities will be pursued.

DBHDS might consider refreshing the “Submit a Complaint about a Licensed Provider” link on the website and moving it to the Home page, in order to improve consumer access.

OLS should consider investing administrative support resources to ensure website accuracy. The unreliability of the data on the Licensing pages makes them virtually useless for consumers or family members to research a provider they may be selecting for services.

Next Steps

In subsequent reviews of Licensing the following should be considered for assessment:

- 1) Section ***V.C.3,6 Quality and Risk Management System**** identifies Licensing as the Commonwealth’s primary investigative body for abuse, neglect and other human rights violations; a sample of investigations should again be assessed to ensure a focus on root causes, as opposed to those causes that are most obvious and generally offered first. This might be accomplished by retracing the investigatory process by interviews with Licensing Specialists and involved provider parties.

- 2) CSB licensing results around case management requirements should be assessed longitudinally for multiple years, in order to verify that agency shortcomings are resolved and not

repeated from review to review. The case management record for a sample of individuals representing the ‘enhanced frequency’ category of clients from ‘No Violation’ licensing reviews could be examined by a 3rd party to ensure issues are not being overlooked.

3) Licensing surveys should be assessed longitudinally for multiple years of the same provider, in order to verify that service delivery problems do not recur.

4) OLS disciplinary and corrective actions with problematic providers and CSBs since August 2012 should be studied, in order to verify providers and CSBs with service delivery problems are corrected or experience consequences for substandard practice.

** 3. The Commonwealth shall have and implement a process to investigate reports of suspected or alleged abuse, neglect, critical incidents, or deaths and identify remediation steps taken. The Commonwealth shall be required to implement the process for investigation and remediation detailed in the Virginia DBHDS Licensing Regulations (12 VAC 35-105-160 and 12 VAC 35-105-170 in effect on the effective date of this Agreement) and the Virginia Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (“DBHDS Human Rights Regulations” (12 VAC 35-115-50(D)(3)) in effect on the effective date of this Agreement, and shall verify the implementation of corrective action plans required under these Rules and Regulations.*

6. If the Training Center, CSBs, or other community provider fails to report harms and implement corrective actions, the Commonwealth shall take appropriate action with the provider pursuant to the DBHDS Human Rights Regulations (12 VAC 35-115-240), the DBHDS Licensing Regulations (12 VAC 35-105-170), Virginia Code Section 37.2-419 in effect on the effective date of this Agreement, and other requirements in this Agreement.