



COMMONWEALTH OF VIRGINIA  
*Virginia Board for People with Disabilities*


**Charles Meacham**  
*Chair*  
**Angela Sadsad**  
*Vice Chair*  
**Stephen Joseph**  
*Secretary*  
**Heidi L. Lawyer**  
*Executive Director*

*Washington Building, Capitol Square  
1100 Bank Street, 7th Floor  
Richmond, Virginia 23219*

804-786-0016 (TTY/Voice)  
1-800-846-4464 (TTY/ Voice)  
804-786-1118 (Fax)  
info@vbpd.virginia.gov  
www.vaboard.org

February 19, 2016

TO: PublicComment@dbhds.virginia.gov  
Department Behavioral Health and Developmental Services (DBHDS)

FROM: Heidi L. Lawyer 

RE: Comments on DBHDS Transformation Team Recommendations.

I am writing to provide comments on behalf of the Virginia Board for People with Disabilities (VBPD) regarding the DBHDS Transformation Team recommendations. We appreciate the opportunity to provide feedback and to have served on the System Transformation Stakeholder Group in 2015. Our comments relate to recommendations made by the Adult Developmental Services Transformation Team and the Child and Adolescent Behavioral Health Transformation Team.

**Child and Adolescent Behavioral Health Transformation Team**

Early Intervention. The Transformation Team (referred to as the Team) recommends that "Functions such as the Part C Early Intervention local lead agency role should be provided by the CCBHC or CSB to increase consistency." The Transformation team contends that "this would reduce fragmentation, as well as administrative and contracting costs that currently exist in the system." The Board is not clear how this recommendation would reduce fragmentation. Most local lead agencies are CSBs. Service variability and fragmentation go well beyond the issue of what entity serves as the local lead agency. The Board stands by the findings previously reported in its *2014 Assessment of the Disability Services System in Virginia*, including the following:

Virginia's Part C program ... continues to be **underfunded**, and there is **wide variability in services** between localities ... In SFY 2013, 26 out of 40 Part C programs statewide

that requested additional funds could not be helped. In 2012 and 2103, **wait lists** for Part C services were established in 8 localities, a violation of the Individuals with Disabilities Education Improvement Act (IDEA). Responding to concerns about the Commonwealth's inability to meet federal Part C standards, the legislature allocated \$2.2 million in state General Funds in SFY 2013 and an additional \$6 million for SFY 2014 to address the compliance issue. Unfortunately, state fund increases have been accompanied by a decrease in the number of localities opting to provide local funding. Thus, long-term sustainable funding for these critical services has not been achieved, particularly since the number of children served will likely continue to increase.

... an ongoing challenge has been obtaining **reliable, accurate data** on Part C service **utilization and expenditures**. While there have been some improvements in program, revenue, and expenditure reporting, continuing problems exist with inconsistent local reporting, duplicate reporting, and changes in the way data is reported from year to year. This makes accurate reporting and trend analysis difficult, if not impossible. Further, there is no unified system to report the **outcomes** of children who have received services through Part C.

Significant additional dollars for early intervention are included in the Governor's proposed 2016-2018 Biennial budget, a very positive step. Direct service dollars will of course serve children in need. Dollars not dedicated to direct services should be used to address consistency, fragmentation, and outcome evaluation.

In addition to its recommendation to fully fund the early intervention system, the Board also recommended the following in its 2014 *Assessment* "... that the Commonwealth, under the leadership of the **Health and Human Resources Secretariat**:

1. Improve accountability by implementing a **statewide data system** that eliminates inconsistencies in local reporting, eliminates duplicate reporting or non-reporting, and ensures systemic collection, analysis, and public reporting of financial and outcome data to ensure that children are being served appropriately and are benefitting from those services.
2. Continue to improve strategies for **identifying infants and toddlers** who may be eligible for early intervention services (called "Child Find"), including increased outreach and communication to parents/families, physicians, hospitals (particularly neonatal units), and other referral sources.
3. Develop and implement a formal follow-up program for families of children who have been in a **neonatal intensive care unit** to ensure that they have access to information on early intervention services—not only while in the hospital but at six months and a year after birth [in progress].

4. Provide statewide training and technical assistance to ensure that early intervention providers are **trained in up-to-date, evidence-based practices** (based on peer-reviewed research)."

Certified Community Behavioral Health Centers. The Team recommends and the Board supports the implementation of Certified Community Behavioral Health Center structure in as many areas of the state as possible. There are multiple models and the Board recommends that the Commonwealth adopt a nationally accredited model(s).

Workforce Development. The Team recommends a workforce development strategy that includes "tuition reimbursement for those employed at CSBs after graduation." The Board supports strategies to incentivize post-graduation employment in underserved specialties and in underserved areas. The Board recommends focusing such efforts on expanding opportunities in underserved localities and not limiting such efforts to any specific employer. There are many examples of similar efforts in the healthcare sector generally, such as the Virginia State Loan Repayment Program (VA SLRP), which provide loan repayment assistance to healthcare providers who work in underserved rural or inner-city localities. Such programs are generally available to healthcare providers who practice in a federally-designated health professional shortage area, whether those providers work for a public entity or in private practice. The Board recommends modeling any tuition reimbursement strategy on these existing programs.

Systems of Care. The Team recommends that a Systems of Care approach should be used and directs DBHDS to develop policies and procedures requiring service entities to accomplish this through mandatory training sessions. Training in itself does not transform systems and it does not demonstrate that a workforce is proficient in a best practice or that the organization is committed to that practice. The Board recommends that DBHDS consider amending the CSB performance-based contracts and require CSBs to:

- train counselors and demonstrate that they are actively working toward proficiency in the systems of care high fidelity wrap around model;
- demonstrate fidelity to the model, develop standards for quality improvement and report on outcomes; and
- demonstrate that private providers meet the training and proficiency standards of the model.

School based counselors. The Board supports this concept, although the viability of these specific recommendations would need to be further assessed. School-based counselors are a best practice and the Board supports the team approach and blended funding opportunities.

### **Adult Developmental Services Transformation Team**

Emergency Slots. The Board supports the Emergency definition and criteria.

Wait List Prioritization. The Board strongly supports waiver redesign and appreciates being included in the Waiver Design Advisory Committee (WDAC) and associated workgroups. The Board has expressed its concerns and comments regarding wait list prioritization through its participation in the Waiver Design Advisory Committee (WDAC). We will cover this and other waiver related matters in more detail in our upcoming comments on the HCBS Waiver applications. The Board would also like to caution that having multiple groups working on the same issues can be confusing and frustrating. There were times when the WDAC made recommendations only to learn at a later meeting that the Transformation Team had recommended something different. If the Team continues, the Board recommends that it focus on other parts of ID/DD system redesign, including services and supports for children (which were requested during the Transformation Advisory Group meetings, but not included as part of the Team's 2015 work) and coordinate rather than duplicate efforts of other advisory or workgroups.

Data Collection. The Board supports the Team's recommendation for routine formal collection and reporting on the status of the waiver waiting list and the services for which they are waiting. It is critical for planning purposes and prediction of expenditures that this information be up-to-date and readily available to policymakers. This should occur on at least an annual basis regardless of whether an individual has chosen to receive active case management.

Waiting List Process. Private case management providers should be added to those who will need to be trained on the waiting list process.

Center for Excellence. The focus on transition-age youth is positive and critical to the Commonwealth's policy of community participation and Employment First. The Board recommends that prior to moving forward to develop a separate Center for Excellence, as recommended by the Team, that DBHDS meet with staff from the Department of Education, VCU's Center on Transition Innovation, and the VCU Autism Center for Excellence. It is important that coordination, versus additional fragmentation or silos, occur in any effort relating to promoting and implementing promising practices for youth in transition.