



COMMONWEALTH OF VIRGINIA
Virginia Board for People with Disabilities

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TO: TransformationTeams@dbhds.virginia.gov

Debra Ferguson, Ph.D., Commissioner

Department of Behavioral Health and Developmental Services (DBHDS)

FROM: Heidi L. Lawyer

I am writing to provide comments regarding the Transformation Teams Recommendations on behalf of the Virginia Board for People with Disabilities (hereafter the Board), the Commonwealth's Developmental Disabilities Council. We appreciate the opportunity to participate in the Transformation Team Advisory Council and to provide this additional comment. I have organized our comments by Recommendation topics. While the Board understands that the process will be continuing, we are including some additional suggestions for improvement.

CORE THEMES:

The Board supports and applauds the systems approach evident in several of the themes (e.g., # 5, 7, 9, & 10). Partnering with other state agencies which impact the lives of Virginians served through DBHDS is a critical task to building a more effective service system capable of improving the quality of life for our citizens. Several themes are inter-related: seek strengthened core services statewide (see #1, 3, 4), improve the quality and availability of services (# 4) and improve the workforce (#8). Doing so requires a concerted effort across the HHR Secretariat at both the state and local levels. The Joint Commission on Health Care – in addition to various studies and reports on healthcare access – point out that localities with high poverty/high unemployment or a large proportion of citizens relying on Medicaid or Medicare have had, and continue to have, significant difficulty attracting or maintaining providers. Ensuring that Virginians with disabilities have available,

appropriate, affordable and accessible healthcare is a priority for the Board. In its 2014 *Assessment of the Disability Service System in Virginia* (Vol. I, p. 16) the Board advocates for interagency collaboration among the Commonwealth's HHR and other related agencies in developing a vision and strategic plan to address the varied needs of residents in "provider deserts." Orchestrated partnerships with non-profit "safety net" providers and state medical/dental/ nursing schools additionally are needed to develop systemic, long-term solutions to ensure service availability for individuals – especially the most vulnerable populations – in underserved areas.

The teams for youth and the adults with behavioral health needs recommended efforts to strengthen the workforce in availability and quality. There is a critical need to expand incentives for young people to enter health/behavioral health fields which either now have shortages or are likely to have significant shortages in near future. Again, as noted in the 2014 *Assessment*, the Board recommends that HHR agencies work together strategically to:

- maximize resources and advocacy for additional funding for student loans/scholarships or work study programs;
- develop/maintain tracking mechanisms to monitor provider availability by region;
- strengthen partnerships with medical, nursing and dental schools to expand the number of healthcare providers skilled, knowledgeable and willing to serve various populations with disabilities; and
- develop a monitoring system to evaluate the impact of Medicaid reimbursement rates on provider capacity.

While DBHDS is engaged in this transformational process, two other parallel planning processes are underway: the Department of Health (VDH) is developing its "Population Health Plan for Virginia" and the Division on Aging within the Department for Aging and Rehabilitative Services (VDA/DARS) is developing its next four year Aging Plan. This is an opportune time for DBHDS leadership to strengthen its partnership with these state agencies towards addressing unmet service needs and service quality issues.

Adult Behavioral Health Team Recommendations:

One of the Team's recommendations is to "convene a workgroup with private hospitals, CSBs and DBHDS to develop strategies to better serve clients denied admission due to co-morbid conditions or behavioral health challenges". The Board urges DBHDS to broaden the scope of this laudable idea to address admission denials of individuals with an intellectual or other developmental disability (ID/DD) and Traumatic Brain Injury. Over the years, the Board has received anecdotal reports from parents or caregivers of hospitals minimizing health problems or denying admission to individuals with ID/DD, especially those with poor social or verbal skills. The Board further recommends that such a workgroup include representatives from the Virginia Department of Health, especially the Office of Licensure & Certification, as

well as from the Board of Health Professions, since issues of education, training and quality of care must be addressed.

Another systemic approach would be to expand the workgroup by including other HHR service agencies. The workgroup discussions could additionally strategize ways in which to improve:

- hospital identification of individuals with substance abuse and psychiatric disorders as contributing factors to health crises, including car accidents;
- improvement in referrals to and follow-up by CSBs at hospital discharge;
- identification of “high utilizers” across service systems and development of strategies to increase use of primary care as well as available disability-related services and supports and decrease emergency room (ER) and hospital use.

Adult Developmental Team Recommendations:

“Tiered approach to Case management.” There does not appear to be much difference between “active” and “follow-along case management. Clarification is needed. One explicit distinction should be that “active” CM is required to be conducted face-to-face rather than by indirect means.

Another Team recommendation is “Coordination of Services across the System”, first of which is expanding the service array. Inadequate emphasis is given to the need for accessible, affordable housing options (including rent subsidies) and for accessible, reliable transportation. Strong partnerships among HHR agencies as well as other Secretariats and local Planning Districts is essential to system expansion in housing and transportation for Virginians with disabilities. In addition, the need for expanded crisis intervention services and behavior supports should be included as a core service. We recognize that these and many related issues are, at least in part, being addressed by other workgroups, including those addressing the Department of Justice Settlement Agreement and Waiver redesign. The work and recommendations of the Transformation Teams must be integrated and coordinated with the many other efforts taking place both within DBHDS and within and between other HHR agencies.

Children & Adolescent Behavioral Health Recommendations:

The Board strongly supports development of crisis response services for youth as well as expansion of behavioral supports through in-home services. The needs of youth with ID/DD and challenging behaviors or co-occurring mental illness must be addressed. A recommendation from the 2014 Assessment (vol. 1, p. 20) urges DBHDS development of: “...an integrated, statewide crisis intervention system that ensures service access regardless of diagnosis(es), type of disability, age, or locality of residence.” Additionally, it seems premature at this time to mandate standards for maximum wait times for services until workforce capacity is adequate at least on a regional basis. (See comment on page 1 regarding workforce development.)

More broadly, the Board urges DBHDS to establish a formal planning process with other key agencies serving at-risk youth (Office of Comprehensive Services, Department of Juvenile Justice, Department of Education, and the Department of Social Services' Foster Care Division). As noted in our *2014 Assessment* (vol. 1, p. 20), this interagency process would:

“Proactively develop and implement a comprehensive plan for service referrals and behavioral interventions at earlier stages to prevent hospitalizations, loss of placements or incarceration. This comprehensive plan should include identification of service gaps, transition issues, improvements to interagency collaboration, funding needs and infrastructure needs”.

Justice Involved Services:

The focus of this group appears to have been solely on individuals with psychiatric or substance abuse disorders. The Board strongly urges inclusion of individuals with ID/DD in service planning regarding criminal justice issues, especially application of the identified diversion strategies to prevent incarceration of individuals with ID/DD with challenging behaviors or poor communication and social skills. The Board has heard numerous anecdotes regarding individuals with ID/DD who are arrested for nuisance crimes when behavioral interventions were more appropriate.

Development of the Crisis Intervention Team (CIT) programs should include assessment and diversion of individuals with ID/DD.

Conclusion

In general, the Board hopes that the Transformation Teams will be tasked to take a systems approach to resolving the service gaps and issues. Although each team performed a much needed role, the team configuration reinforces the disability based silos that exist system-wide. An important future step will be to build on the core themes so that individuals with co-occurring conditions can be served more readily.

Thank you for the opportunity to provide comments. If you have any questions or would like to discuss these comments, please feel free to contact me either by phone at (804) 786-7869 or by e-mail at Heidi.lawyer@vbpd.virginia.gov.