

# BOS-Human Services Committee Meeting July 21, 2015

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REVISED PRESENTATION MATERIALS



# My Life, My Community

FAIRFAX COUNTY'S EMPLOYMENT & DAY SERVICES

FOR PERSONS WITH ID/DD: INTERIM REPORT

TO THE HUMAN SERVICES COMMITTEE, BOS

TISHA DEEGHAN JULY 21, 2015

# *Considerations in a Changing Context*

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***Employment First*** – Employment is the first option.

***Sheltered Employment*** – Declining utilization. The national trend is towards elimination.

***Medicaid Waiver Redesign in Virginia*** – Will result in redefined services, rates, eligibility.

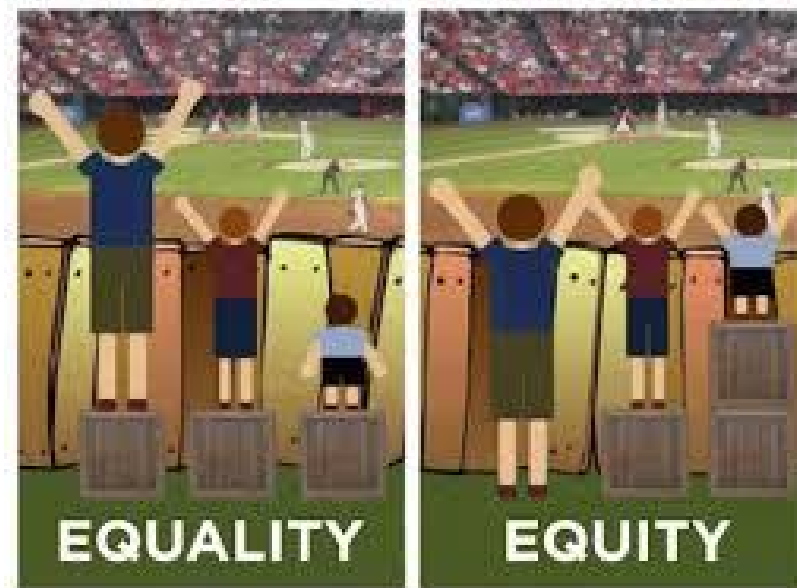
***Flat Funding*** – The County is facing a projected extended period during which tax revenues are anticipated to be flat, with minimal or no increases, while there will be inherent increased costs simply to maintain the current level of County services. Anticipate that net state funding levels will remain as they are with few increases and possible decreases.

***Aging Population of Employees, Parents & Caregivers, and Participants*** – The Northern Virginia population as a whole is growing older, sicker, more expensive.

***Core Taxonomy*** – Although waiver service definitions will be altered, the CSB's performance contract with DBHDS remains unchanged to date.

# *What's the goal?*

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# Backdrop

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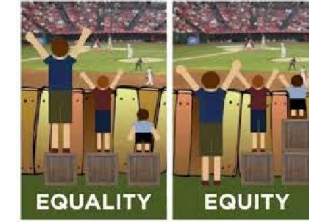
- The Fairfax-Falls Church community has provided ongoing financial support for employment and day services (E&DS) for people with ID/DD
- For at least 15 years, fluctuations in the NoVa economy and County resources have prompted concerns about the County's ability to sustain/increase funding every year
- Numerous studies, proposals, programs (e.g., self-directed), and cost avoidance/cost savings efforts put in place since 2005 *have* saved in excess of \$10M
- Some people wait, some are unable to obtain their *preferred* program
- Waiver wait lists: **8,058** ID state-wide, **1,963** DD state-wide (as of 6/8/15)
  - Fairfax: **1,230** on ID wait list (15.3% of state), **59** on DD (60% of NoVa) (as of 6/23/15)
- **Eliminating waiver wait list by 2020** is a condition of DOJ Settlement Agreement

# Current Scope of E&DS

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- ~1,350 individuals with ID/DD; expected to top 1,400 by this fall
- Over 35% have a Medicaid waiver
- Waiver typically insufficient to pay the full cost
- The County pays the difference for some, but not all
- The County provides additional funding each year to enable the CSB to provide E&DS for graduating students of FCPS special ed.
- In FY 16, includes \$1.28 million for 58 of the 79 FCPS grads and recommended in FY15 carryover, 1.6 million of the existing CSB balance be reserved to address changes in sheltered employment programs
- Upon entering the CSB program, grads are likely to receive services for many decades
- Employment and Day Services are *not* mandated CSB services

# *Soliciting Input*



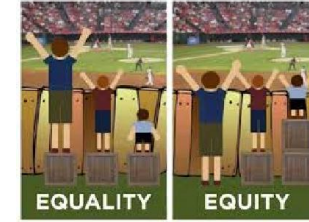
The CSB invited the community to participate in a conversation to find out what is most valued in the services and to gather creative ideas for the future of the ID/DD employment and day services.

Suggested parameters of the re-envisioned array:

- Meets some basic employment or day service supports for those needing them to reach desired goals;
- Promotes **equity of access** for all county residents needing employment and day services;
- Achieves reasonable costs assuring program stability and sustainability;
- Ensures reasonable service quality; and
- Matches supports to the individual

# Focus Groups

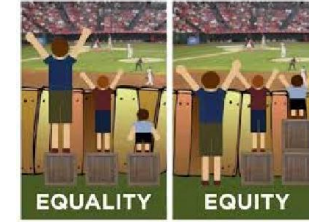
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- 10 groups between April 15 and May 6, 2015  
61 participants: families, service recipients, advocates, service providers, county agencies, CSB programs, CSB support Coordinators, FCPS employment transition representatives
- Online survey open through June 30, 2015  
47 completed, same groups represented, same questions, but dominated by >50% service recipients, with state agencies represented
- A link to a Devoted website at [www.FairfaxCounty.gov/CSB](http://www.FairfaxCounty.gov/CSB)



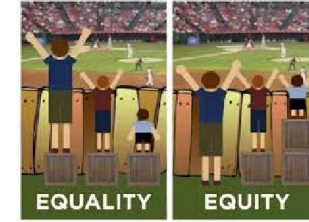
# Questions Asked



- What works, including the best aspects of the system? In what ways could the system be improved? What is missing?
- What are the expected components of a basic, tax-supported service or program for persons with ID/DD?
- What are your ideas regarding how the CSB can manage equitable service access, including services to each year's new special education high school graduates, while maintaining services to those already being served?
- What ideas do you have regarding other services or service models that might not only better meet individual needs but also be more cost effective and sustainable? How do you see service needs changing in the future?
- What other thoughts, ideas, suggestions, or concerns do you wish to share?

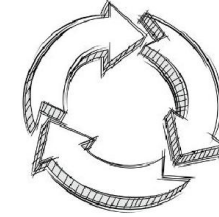
# *Emerging Themes*

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- Individualization/accommodation: fluid and flexible over time
- Inclusion/integration: choice and least restrictive
- Collaboration across services and with family
- Education/communication about options
- Regulation/standardization/appropriateness/fairness
- Innovation: for achieving equity and for sustainability
- Entitlement: managing expectations

# The Sustainability Question



A lifetime “contract” of funded services for people with ID/DD

***birth to death:***

***CSB/ITC (~3 yrs) → FCPS (~18 yrs) → CSB (~40 yrs)***

*avg. cost:*    **\$3,164**

**\$27,514**

**\$14,978**

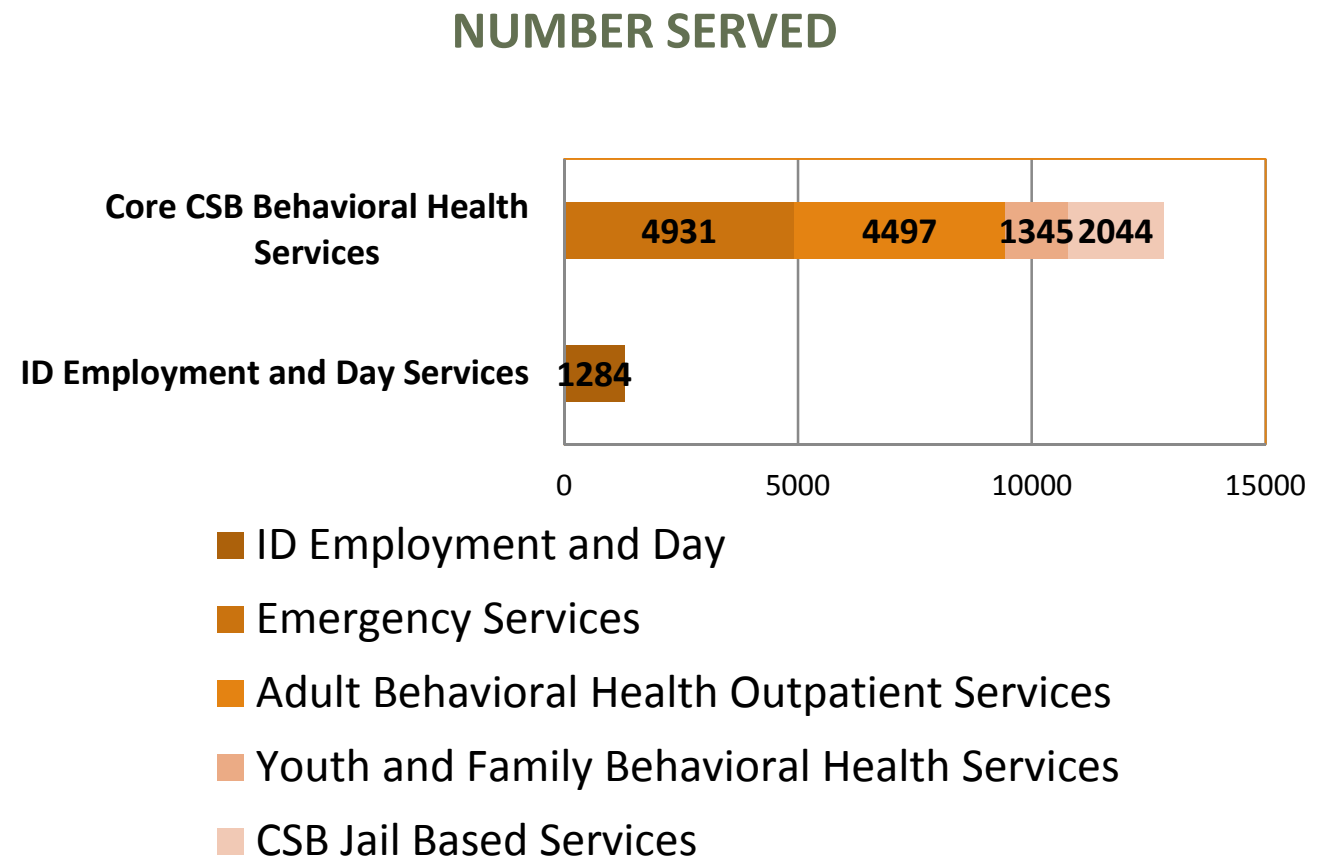
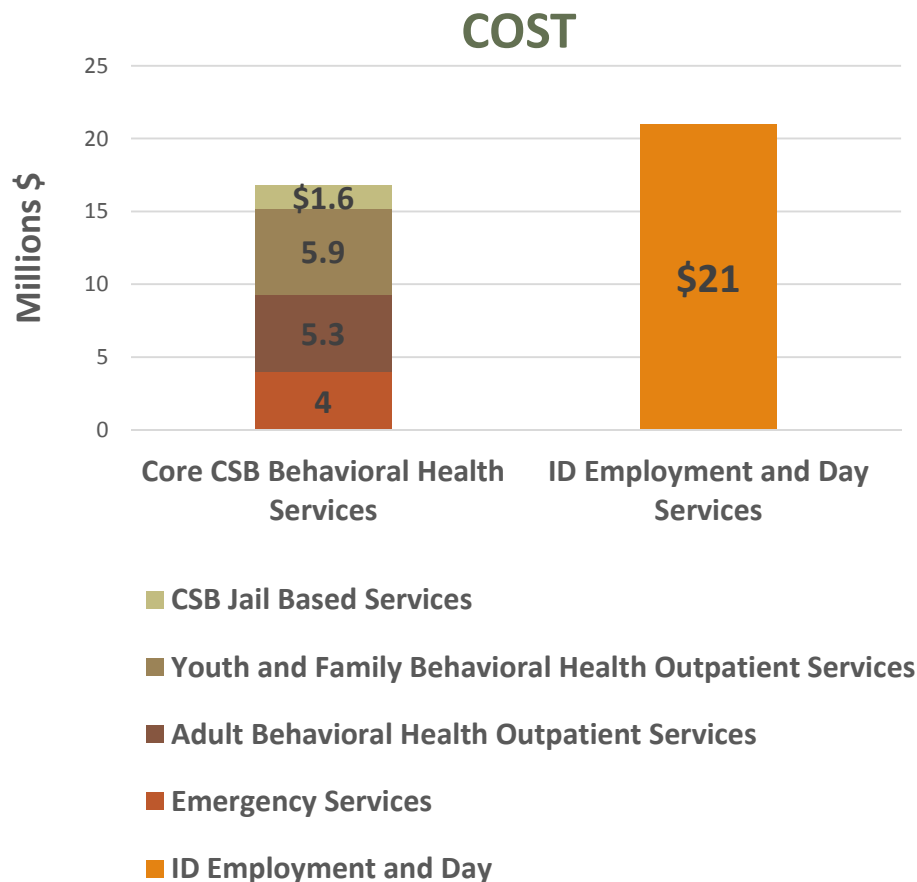
- Assuming death at 63, est. lifetime cost of service: \$1,103,864
- Increasing life expectancy while parents/caregivers age out

# *Sustainable?*

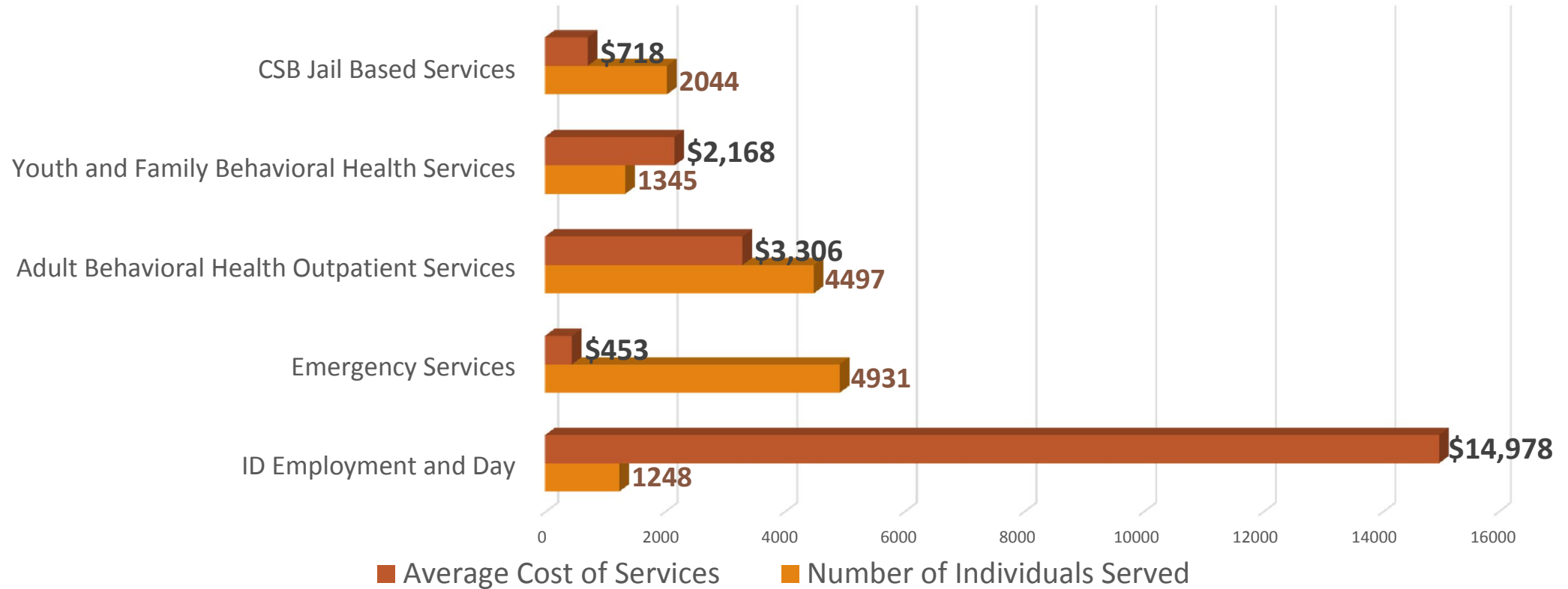
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- Increase of 6-8% a year in ITC demand fueling the system
- 10% of those served by CSB consume 25% of the GF transfer
- Increasing awareness of & service needs for autism spectrum
- Rates will change, ways of payment will change in order to align medical necessity with service packages, but volume will not

# CSB Services: Proportionate Cost and Number Served



# Side-by-Side Number Served vs. Cost of Services



# Next Steps

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## Lines of Business analysis

### \$21.2 million “CSB ID Employment & Day Services”

- Efficiency and effectiveness serving ~1,350 people (~6% of CSB total)
- Metrics of performance: Outcomes? Return on investment? Benefits?
- Relationship and contribution to County Vision Elements
  - *Is this LOB essential to achieving one or more Vision Elements?*
- Fit with strategic direction and relative priorities of the CSB and the County?
- Mandated vs non-mandated?
- Connection to FY 17 budget discussion
- Future funding requirements to sustain services vs. priorities given multi-year fiscal constraints

# *Next Steps*

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Prepare *future* Employment & Day Services RFP to reflect:

- Input from community
- Guidance from CSB Board
- Direction from BOS
- Actions of DBHDS and the General Assembly
- Results of LOB analysis
- Financial limitations
- Possible timing with FY 17 or even FY 18 budget



## *While Waiting...*

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...for state to settle on reform (new services, rates, SIS, etc.), for GA approval to all changes and funding, and for direction on changes to Core Taxonomy.



# Appendix

Tisha Deeghan

Presentation to BOS Human Services Committee 7-21-15

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- DBHDS TRANSFORMATION GROUPS – ID SUMMARY
  - OTHER SIMULTANEOUS EVENTS
  - WAIVER REFORM STATUS UPDATE PER DBHDS WITH DOJ COMMENTS

# *DBHDS Transformation Groups*

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Commissioner Ferguson convened groups looking at services and access to guide DBHDS moving forward:

- Adult behavioral health services
- Adult developmental services
- Child and adolescent behavioral health services
- Services to individuals who are justice-involved

<http://www.dbhds.virginia.gov/about-dbhds/commissioner-transformation-teams>

# *DBHDS Transformation Groups*

*ID recommendations*

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The **ID Work Group** recommended the following:

- **Crisis Response Services and Criminal Justice Diversion:** *none*
- **Prevention and Treatment Services**
  - Array of services must include prevention services as well, particularly as this relates to health services (i.e. wellness education, futures planning, etc.)
- **Use Data to Drive Care and Policy Decisions**
  - A robust waiting list management information system is a key to effectively managing access to HCB waiver services on a priority of need basis
- **Work to Appropriately Fund Services:** *none*

# *DBHDS Transformation Groups*

*ID recommendations, continued*

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**Case Management** should be available to all; be required for individuals receiving publicly funded services; be reimbursed; promote agency/provider collaboration; and offer a tiered approach:

- *Active:* Assessment, Planning, Linking, Information and Referral, Coordination, Integration, Monitoring, Education and Counseling, Enhanced Support
- *Follow Along:* Assessment, Linking Individuals to Requests, Information
- Referral, Coordination, Education and Counseling, Status Check (phone, e-mail, letter)

# *DBHDS Transformation Groups*

*ID recommendations, continued*

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## **Coordination of Services**

- Expand services array to include housing, transportation, education, employment, community engagement, advocacy, quality assurance and healthcare
- In addition to services being based on person centered thinking they should also be provided in accordance with the following seven tenets:
  - (1) Available,
  - (2) Affordable,
  - (3) Accommodating,
  - (4) Accessible,
  - (5) Accountable,
  - (6) Safe/secure, and
  - (7) **Equitable.**

# *DBHDS Transformation Groups*

*ID recommendations, continued*

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## **Adopt Best Practice Standards**

- Implement waiver redesign to include needs-based supports
- Develop more clearly defined responsibilities between agencies/providers to increase public understanding of roles
- Work to ensure seamless processes for the consumer
- Simplify documentation to facilitate access to services

## **Strengthen the Workforce**

- A recurring theme was ensuring that individuals, families, providers, and professionals are trained in best practices in the support of individuals with developmental disabilities



# *Other simultaneous events*

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- NVTC property for sale; soft move out date of December 2015; slated to close March 2016
  - Census: 56; Fairfax residents: 36 (18 discharges expected by Sept) as of 6/7/15
- Virginia Department for Aging and Rehabilitative Services (DARS) staged in May and June a series of Stakeholder meetings to review Virginia's Employment Support Services Programs in order to "advance the Commonwealth's progress toward the facilitation of inclusion of people with the most significant disabilities in the workplace"
- The new federal *Workforce Innovation and Opportunity Act (WIOA)* regulations regarding Vocational Rehabilitation (VR) were published in the Federal Register in April, with significant restrictions on Sheltered Employment, but even more so, increased emphasis on integration. Even Competitive Group Supported Employment will not be considered a successful Employment Outcome if it isn't integrated (definition under development).
- Indication that the feds have threatened to not renew waivers (like 1115 – "GAP") in any state where Medicaid has not been expanded

# *Other simultaneous events* (cont.)

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- U.S. District Court in New Mexico ordered preliminary injunction against SIS process; Burns & Associates developed the New Mexico rate structure including use of SIS
- Widespread media coverage of the meaning of “community integration” and “choice” for people with ID and DD (e.g., autism spectrum) and their families; pros and cons for sheltered workshops & pros and cons for “campuses” or “farmsteads”
- The latest report from the **DOJ Independent Reviewer**: Get going with reform; address housing supports for independent living; get going with integrated day activities & supported employment
- Scathing separate letter from DOJ critical of state failure to address timely reform

# *Other simultaneous events* (cont.)

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The Waiver Redesign Advisory Committee and its subcommittees continue their work

- Most recently, increased certain rates slightly in NoVa by decreasing rest-of-state
- Burns & Associates and DBHDS presented 4/23/15 the final provider rate model recommendations and their responses to public comments received regarding the last version of proposed rate models (DBHDS received 250 comments during the public comment period)

# Latest from Waiver Reform

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Waiver re-design efforts were described by DBHDS at a provider conference June 8, 2015 ([www.vaaccses.org](http://www.vaaccses.org)), summarized in remaining 5 slides:

- The Final Rule now referred to as the **Settings Rule**; is all about “shifting expectations to community supports” away from congregate settings
- Target is still July 2016 to initiate implementation – “need providers ready and prepared”
- **DOJ Independent Reviewer** states “necessary changes that were projected to become operational in Jan 2016 cannot begin any earlier than some time in FY 2017”
- In his 6<sup>th</sup> Report to the Court, the **DOJ Reviewer** mentioned *no fewer than a dozen times* the importance of waiver redesign as a vehicle for complying with the Agreement, yet the Commonwealth “lags significantly behind schedule”
- Individuals receiving supports from providers not in compliance by June 2018 will be offered opportunity to transition to another provider to keep waiver services

# *Latest from Waiver Reform* cont. from DBHDS

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- The redesigned waivers will utilize a supports budgeting methodology for residential and day services based on the assessed intensity of need of the individual
- Providers will need to demonstrate the necessary competencies to serve individuals with more complex needs
- Some services will have **tiered reimbursement rates** to support individuals with more complex needs and encourage providers to use more intensive staffing patterns for these persons
- Establishes higher rates for day supports **delivered in the community** compared to at a center

# *Latest from Waiver Reform* cont. from DBHDS

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Rate models for Northern Virginia and the rest of the state (ROS) were set independently rather than using a fixed 'premium'

- For most rates, this approach resulted in Northern Virginia variances from ROS at 15% or less
- For some rate model factors there are significant cost differences (e.g., wages) while others have less significant differences (e.g., staff benefits, transportation)

# *Latest from Waiver Reform* cont. from DBHDS

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The DOJ Settlement Agreement requires the Commonwealth to provide **integrated day opportunities** vs. the current day system that is characterized by very large congregate facilities.

Proposes **new day services**:

- Community Engagement 1:3
- Community Coaching 1:1
- Community Guide 1:1

Individuals will be encouraged to take advantage of the above *instead of* day support services.

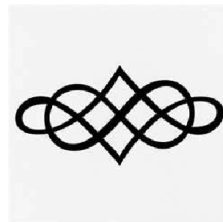
# *Latest from Waiver Reform* cont. from DBHDS

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Waiver redesign will provide the necessary underpinnings for a more robust set of employment services and supports that provides incentives for employment.

Proposed new **employment services**:

- **Workplace Assistance Services** – ongoing support to a competitively employed individual who requires more than sporadic support to maintain stable employment
- **Benefits Planning Services** – assistance to individuals and their families to coordinate their Social Security benefits with employment to make informed choices about work





# Update on CIT Assessment Site

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BOS HUMAN SERVICES COMMITTEE

JULY 21, 2015

# The CIT Concept

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A Crisis Intervention Team (CIT) is a first responder model that equips law-enforcement staff with skills and tools to respond to a person in a behavioral health crisis that may be otherwise misinterpreted as criminal in nature, inappropriate or dangerous. At its core, CIT provides:

- Law enforcement-based crisis intervention training for assisting individuals with a mental illness
- A forum to promote effective problem solving regarding interaction between local stakeholders, law enforcement, mental health providers and consumers of mental health services
- Improved community-based solutions to enhance access to services for individuals with a mental illness

Successful CIT programs improve officer and consumer safety, and appropriately redirect individuals with mental illness from the criminal justice system to the health care system

# CIT Assessment Site Grant Application

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CSB Grant Application to DBHDS in June 2015 requested \$1.4 million (ongoing funding) to support 24/7 assessment site operations including:

- Law enforcement training and personnel
- Clinical staff
- Peer support and assistance
- CIT Coordinator position

State awarded \$142,972 to further mature and develop program needs and essential elements in Fairfax County to fund a CIT Coordinator and to conduct outreach, policy development and stakeholder engagement



# Essential Elements for a CIT Program

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- Diversion-Oriented System of Care Collaborative Stakeholder Group (Plans to meet in August 2015)
- CIT Coordinator (Funds have been awarded from the state)
- 40 hour CIT core training for law enforcement personnel (June 2015 training meets state required standards)
- Train-the-trainer classes for local CIT program sustainability (Training completed May 2015)
- Dispatcher Training (Further refinement needed)
- Policies and Procedures for CIT Assessment Site protocols
- Therapeutic assessment location/CIT Assessment Site (Merrifield)
- Collection of data to monitor statutory outcome measures

# Action Steps

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The CSB, FCPD and Sheriff's office will continue their commitment to:

- Improving services for people with mental illness, substance use disorders, and intellectual disabilities
- Identifying and leveraging existing resources to implement a limited scale CIT assessment site operating only during peak hours of need, including shifting existing positions and use of FY15 carryover funds as a “bridge” to grant funding
- Identifying opportunities for new resources such as foundations and grants
- Successfully implement the State CIT training model



# Beyond the Essential Elements

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Plan in development to provide Mental Health First Aid training to Sherriff's jail staff, Fire and Rescue First Responders, and FCPD academy recruits

There is only one Mobile Crisis Team for all of Fairfax County, operating 8:00 a.m. to midnight, 7 days a week:

- The demand from law enforcement and community exceeds the current resources
- One Mobile Crisis Team decreases intervention capacity, increasing wait time in periods of crisis and limiting availability of law enforcement
- FY15 carryover funding requested for second unit

Tele-video capability for mental health consultation is expanding with law enforcement and community partners which builds access and capacity