"Community Services" Subcommittee Status
Community Census and Planning
# June 5, 2025

Objective: (Taken From VA Code - 37.2-316)

The plan must contain:

1. ==The types, amounts and locations of new and expanded community services, including a 6 – year projection of the need for inpatient psychiatric beds and related community mental health services;==

2. ==A detailed implementation plan to build community mental health infrastructure for current and future capacity needs;==

3. ==New and enhanced community services prior to the closure;==

4. The transition of individuals;

5. The resolution of the issues relating to the restructuring implementation process, including state employee transition planning; and

6. A six-year projection comparing the cost of the current structure and the proposed structure.
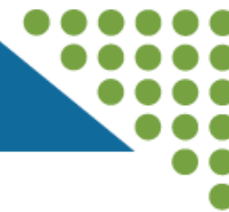
"Community Services" Subcommittee

Co-Chairs

- Eric Williams, Acting Assistant Commissioner for Developmental Services
- Susan Moon, Director of the Office of Integrated Health Support Network
- Susan Alabanza, HDMC Chief Clinical Officer

Membership

Amy Loving	Former CSB Staff
Angela Taylor	Family Member
Heather Fisher	SEVTC Chief Executive Officer
Dr. Amy Handley	CSH Chief Clinical Officer
Dr. Brianna Moore	VCBR Director of Forensic Services
Elsie Coleman	Crater District Area Agency on Aging
Demetrie Morton	HDMC Occupational Therapy Department Manager
Dr. Atul Gupta	Family Member

"Community Services" Subcommittee

Subject Matter Experts who have presented

- **Lisa Rogers, BSN, RN -** The PASRR Process and NF access for DD and MH

- **Christina Gleason**, **BSN, RN -** The PASRR process and NF access for children with DD and MH

- **Robert Johnston, RA, VCCO -** Director, Office of Environment of Care – Barriers to the use of CVTC and how they arrived at the estimates for a new HDMC and a renovated HDMC

- **Eric Williams, MSW -** Acting Assistant Commissioner for Developmental Services – State of the State of Developmental Services

- **Susan Moon, BS, RN -** Director of the Office of Integrated Health – Workforce Challenges

- **Susan Alabanza, MS, OTR/L -** HDMC Chief Clinical Officer – HDMC admissions, population, and utilization data

- **Dr. Brianna Moore, PsyD -** CSOTP, VCBR, Director of Forensic Services - VCBR data and discharge challenges

- **Heather Norton, MSW -** Deputy Commissioner of Community Services - DOJ related to ADA and Olmstead and National Nursing Home Initiative

"Community Services" Subcommittee

Topics Discussed During Sub-Committee Meetings

- **HWDMC is More Than Residential Long-Term Care**

  - Several individuals consider HWDMC to be their home, including those who are unable to find a residential placement in the community due to labels. However, many individuals have used HWDMC's services to improve their health when community services have repeatedly failed to meet their needs. HWDMC uses a different model than other community settings, with the PCP providing PCP oversight and management. Other than those who use HWDMC for end-of-life care, these individuals return to community placements after their needs are addressed.

- **What are some of the reasons individuals from the community use HWDMC?**

  - Medical "work-ups" when medical conditions have not been addressed at all or thoroughly with community medical providers.

  - Medical decline including rehabilitation – many SNFs deny people with ID/DD and SNFs have productivity levels that individuals with ID/DD may not meet.

  - Safety during APS investigations.

  - Denials due to labels, particularly those who are on the sex offender registry and/or have a label as a sexually violent predator.

  - End-of-life care.

  - Extensive discharge planning and oversight.

  - Outpatient services such as dental services under anesthesia with pre-op care including necessary labs and x-rays.

Topics Discussed During Meetings

HDMC

- What community populations are utilizing HDMC for temporary services and for what reasons.
- HDMC's services and admission data.
- HDMC's model of PCP oversight and management of all care to reduce the risks of adverse effects and contra-indications.
- Comprehensive onsite medical/interdisciplinary evaluations and ongoing community-based follow-up.
- Costs of renovating HDMC.
- Costs of building a new HDMC.

VCBR

- Needs – increasing medical needs, barriers to community placement, and returning to DBHDS facilities due to SVP label and being a registered sex offender.
- Data of increasing need over the next 6 years.
- Need for options for those who have labels that suggest safety risks but do not present with actual safety risks to others.

Continuum of State and Community Based Care

- Independent Living

- Family Home

- Sponsor Residential

- Group Home

- Assisted Living

- Intermediate Care Facility

- Training Center (SEVTC only)

- Nursing Facility

- Nursing and Rehabilitation Facility

- State Facility (Licensed SNF/NF beds, Med/Surg)

- Hospital

Aspects and Issues About the Continuum

- Review of current Waiver options for individuals with ID/DD.
- Importance of community options - Not all options available to all populations.
- Need for a continuum based on individual and family choice.
- Possibility for more dually licensed options.
- Lack of access to interdisciplinary services that specialize in ID/DD.
- Nursing Facilities currently serving ID/DD and the Pre-Admission Screening and Resident Review process.
- Deficits in VDH licensing surveys/inspections – surveyor shortage and increased levels of poor care reported in many nursing facilities.
- Different definitions of skilled care across various systems of care.
- Workforce Challenges and Outlook.
  – Gaps, training, retirement, retention, etc.
- Workforce Crisis and Impact on Providers.
- Barriers to utilization of the CVTC property.

Next Meetings: June 12th and 30th

Additional Topics to Consider Based on Subcommittee Discussions

- How to provide the same type of medically complex care needs for all populations that HDMC serves to individuals in the community including anticipating needs of these populations for the next 6 years.

- License levels – further exploration as to what is required for certification of each of these types of care - SNF, NF, Med/Surg.

- Housing Options for VCBR patients.

- Continuum of medical care including NF and Hospice Care for VCBR patients and patients on the sex offender registry.

- Community services for people with MH needs.

- Evaluating Data on current system capacity.

- Availability of mobile healthcare services such as radiology, laboratory testing, etc.

- Cost of building additional community-based options or incentivizing private providers.

- How to bring in additional support into the nursing facility setting to aid staff to understand how to support individuals with DD, Dementia, SVP, MH, etc.

- Caregiver registry.

- Repeated failures… when does a provider get shut down.

DBHDS
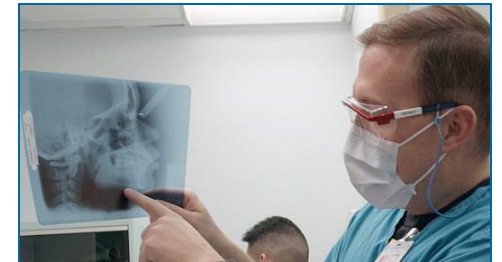
Additional Topics to Consider Based on Subcommittee Discussions

- Quality Improvement for NF and present care concerns.
- Billing options for inpatient and outpatient services.
- Need legislative actions…
  1. Allowing SMES into NF to provide training.
  2. Regulation to remove barriers when the person cannot even recall the infraction such as with individuals with dementia who are on the sex offender registry.
- Geographic barriers – issues with access to services in rural areas, fragility of current healthcare systems that serve rural areas in Virginia such as Carillion Health System.
- Loss of federal grants around tele health – Medicaid coverage for telehealth.
- Rates … impacts of tariffs and supply chain cost increase…everything will get more expensive…
- Recommendations in proposed Federal Policies and the short and long-term impact.
- Impact of potential decreases in Medicaid and Medicare programmatic funding and benefits to beneficiaries.
- Administrative burden of the increased need to support the effort to recertify Medicaid eligibility.
- CNA Program at HDMC – no emphasis on working with HDMC populations in community programs.

DBHDS

Questions?