

**ARLINGTON COUNTY COMMUNITY SERVICES BOARD**  
**Developmental Disability Committee**  
**Monthly Meeting – March 2017**  
**Department of Human Services**  
**2100 Washington Boulevard**  
**Sequoia Building 1/Conference Room D**  
**Arlington VA 22204**

**DATE/TIME:** February 27, 2018 at 6:30 pm

**CHAIR:** Carol Skelly

**MEMBERS (in attendance):** Carol Skelly, Ann Kelly, Alex Soroko, Nancy Tishman, Lynne Kozma, Barbara Jones, Cherie Takemoto, Alex Yellin, Lucia Claster, Donna Budway, Lucia Claster, Donna Budway, and Barbara Jones

**MEMBERS (absent):** Chuck Adkins-Blanch, Moira Saucedo, Casey Youman, and Atima Omara

**ATTENDEES:** Florence Jones, Edward O'Brien, and Ginny Conroy; Lucy Beadnell (The Arc of Northern Virginia); Staff representatives of service providers: Brenda Richardson (ServiceSource), Deb Bauer (ServiceSource), Andrew Cuba (Community Residences, Inc.), Norman Hill (Community Residences, Inc.), Susan Keenan (CLA), Kristine Sinclair (MVLE), and Deanna Mason (VOA); and County staff: Jennifer McKinney Acheson (DHS), Deborah Warren (DHS), and La Voyce Reid (DHS)

**RECORDER:** La Voyce B. Reid

Call to Order: Carol Skelly, Committee Chair, called the meeting to order at 6:35 pm

Minutes: November 1, 2017 minutes were approved by the Committee with one correction to page 1: Cherie Takemoto should be moved from "Members (absent)" to "Members (in attendance)."

| TOPIC                               | DISCUSSION  | RECOMMENDATIONS/<br>ACTION | RESPONSIBLE<br>PARTY | F/UP<br>DATE |
|-------------------------------------|---|----------------------------|----------------------|--------------|
| <p><b>Public Comments</b></p>       | <p>The Organization for Autism Research (OAR) has released a guide for employers on better understanding employees with Autism. The guide includes resources for employees and can be found at "Hireautism.org"</p>   |                            |                      |              |
| <p><b>DHS Budget Priorities</b></p> | <p>D. Warren presented an overview of the proposed FY19 County budget, but specifically how DHS priorities fit into the larger budget with emphasis on DD priorities:</p> <ul style="list-style-type: none"> <li>• Overall, County wide budgetary gap is \$43,000,000 (approximately 20 Million for the County and 23 Million for Arlington Public Schools (APS)).</li> <li>• Factors driving budget reductions include: increases in APS enrollment, APS Facilities, Metro, Office Vacancies (decline in commercial real estate)</li> <li>• DHS is the largest Department in the County and we have the largest cuts</li> <li>• DHS: Final budget reduction is 2.2 Million Dollars. This will be a combination of personnel and non-personnel costs. Specifically, administrative, pharmacy techs, non-essential contingency funds, creating efficiencies with pharmacy services</li> <li>• Breakdown of budgetary cuts: (1) 2.4% unemployment rate in the County, which is lower than in prior</li> </ul> |                            |                      |              |

| TOPIC | DISCUSSION   | RECOMMENDATIONS/<br>ACTION | RESPONSIBLE<br>PARTY | F/UP<br>DATE |
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|       | <p>years. Six employee positions are proposed to be cut in Economic Independence Division (EID)/employment services; Reduce REEP (Refuge Education and Employment Program) funding without impacting services; reduce one eligibility position and re-distribute workload across remaining 11 eligibility positions; Four positions in the public health lab; \$300,000 in residential contract services, but this will zero impact on services. More individuals are becoming eligible for the DD Waiver waitlist and DD Waiver services than in prior years and thus less local funding resources are needed. Over the past two years 18 people have been assigned a new DD Waiver, whereas in the previous three years six people were assigned a DD Waiver. Additionally, more people supported by DD are eligible for permanent supported housing, housing choice vouchers, and Arlington housing grants. The number of people we have supported in residential services using local funding has declined due to increased Waivers.</p> <ul style="list-style-type: none"> <li>• Re-allocated a vacant position in the Job Avenue Program to an adult mental health outpatient therapist</li> </ul> |                            |                      |              |

| TOPIC | DISCUSSION  | RECOMMENDATIONS/<br>ACTION | RESPONSIBLE<br>PARTY | F/U/P<br>DATE |
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|       | <p>position. Also, re-allocated a position for a "Navigator" for "Front Door" (intake) services for Same Day Access. DHS has seen a 62% increase in intake with 50% of these for substance use disorders.</p> <ul style="list-style-type: none"> <li>• Process for Graduates: August – September DDS staff began to work closely with Arlington Public Schools (APS) staff to identify graduates for the current school year (SY). For SY18 there are nine graduates. Of this number, three individuals currently have DD Waivers; Four individuals will be attending Northern Virginia Community College; and two individuals will require funding. As anticipated, there was one DD Waiver that "turned over" and this was subsequently assigned to one of the two individuals. The second person received an emergency Community Living (CL) Waiver.</li> </ul> <p><b>Q1:</b> What if any of the four individuals attending NVCC need services in two years.<br/> <b>A1:</b> Staff will assess the need at the same time as new graduates and plan accordingly.</p> <p><b>CSB Budget Requests:</b><br/> 1) Young Adult Mental Health Therapist</p> |                            |                      |               |

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|  | <p>2) Peer Specialist<br/>3) Customized Employment Pilot</p> <p>The total CSB request is \$296,598. This amount is not included in the County Manager's budget and is thus "above the line."</p> <p>This year, the option of increasing taxes is closed. For the County Board to include these additional costs they would have to make additional cuts on top of the already proposed cuts in the County Manager's proposed budget.</p> <p>Q2: Is there a possibility to get one of the three items approved if not all?</p> <p>A2: The Board can certainly prioritize, though the items as presented are prioritized as approved by the CSB Executive Committee.</p> |                            |                      |              |
| <p><b>Staff Updates:</b></p> <p><b>Committee Chair Update(s)</b></p> | <p>DDS Group Supported Employment Enclaves Update: L. Reid shared that there are no developments for the two enclaves, which continue to operate on a month-to-month contract. D. Warren advised the Committee that no new referrals are being made to the enclaves and that the program see a decline by gradual attrition.</p> <p>C. Skelly shared a "Budget Process and Opportunities for Advocacy" handout with</p>  |                            |                      |              |

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|                        | <p>the Committee (Attached). She encouraged Committee members and others to advocate by sending letters and e-mail messages and include personal stories as these can carry a significant impact. She further suggested that people include in their messages "Thank you" and statements of appreciation along with the "Asks" as a way to preserve the services we already have.</p> <p>Pathways: C. Skelly presented a handout for this CSB Budget request. She commented that it is projected that we would be 2023 before we see savings if people remain in the jobs over time. She added that this is an important point to make to the County Board.</p> <p>Unmet Needs for People with dual diagnoses, specifically Autism and serious mental illnesses: Limited funding to serve these individuals. The greater challenge is we do not know how to treat them. This is becoming an emerging challenge on a national level and not just here in Arlington. We have initiated training on the mental health side and are exploring private partnership options to study and measure the scope and impact.</p> |                            |                      |              |
| <b>The Arc of NOVA</b> | Ms. Lucy Beadnell distributed and reviewed a handout entitled, "The Arc of Northern Virginia's March 2017 Legislative Update" (Attached).  |                            |                      |              |
| <b>Vendor Updates</b>  |  |                            |                      |              |

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|--------------|--|----------------------------|----------------------|--------------|
| New Business | April meeting agenda items to include the Parent Infant Education (P.I.E.) Program and a conversation about re-locating Arlington Weaves, Etc. to Ballston Mall. A handout on the latter was distributed and will be discussed at the April meeting. |                            |                      | 4/4/2018     |

The next regular DD Committee Meeting is scheduled for Wednesday, April 4, 2018 at 6:30 pm  
 2100 Washington Blvd., Conference Room D, Arlington, VA





## The Arc of Northern Virginia's March 2018 Legislative Update

### **General Assembly**

- Draft budgets are out and will now be reconciled, session ends March 10<sup>th</sup>
  - House and Senate did not adjust the 755 Waivers but in the Governor's biennium budget
  - House opted to expand Medicaid, Senate did not (thus had to trim \$400+ million from the budget)
  - House changes 2% CD increase to 1% for consumer directed and 1% for agency directed; Senate removes the entire increase
  - Both sides removed CD overtime
  - Both sides clarified that Electronic Visit Verification should only exist for personal care services in the home
  - Both sides asked for a review of the "medically necessary" criteria for Private Duty Nursing
  - Both sides asked for a look into CD Agency with Choice Model
  - Both sides added language to give more flexibility for conversations between DMAS and providers on appeals
  - Senate amendment looks at public-private partnership for CVTC
- Local town halls are still going on. Please let Lucy know if you'd like to be updated on options.

### **Department of Behavioral Health and Developmental Services and DMAS**

- CCC Plus is in full swing, but people have until 3/1/2018 to use current providers and/or change plans
- CCC Plus Care Coordinators should be in contact and meeting with you
- Draft application is out for comment on Benefits Planning, Transportation, and Community Guide as new Waiver services

### **Local News**

- A few local housing subsidies and flexible funds are still available for people with DD Waivers or on the waiting list
- Guide in development on using live-in aides in Northern Virginia
- Upcoming Workshop/Webinar two part series from Dr. Polly Panitz on Understanding and Managing Challenging Behaviors
  - March 9<sup>th</sup> workshop- <https://www.z2systems.com/np/clients/arcofnva/event.jsp?event=4873&>
  - March 16<sup>th</sup> workshop- <https://www.z2systems.com/np/clients/arcofnva/event.jsp?event=4878&>
  - March 9<sup>th</sup> webinar- <https://cc.readytalk.com/r/1vbyw52b8ska&eom>
  - March 16<sup>th</sup> webinar- <https://cc.readytalk.com/r/3mltqg6iztbt&eom>



appointments and receive less employment coaching. Finally, the supervision duties of an Employment Services Supervisor (1.0 FTE) for 13 employment and administrative staff will be transferred to the remaining supervisor. The reduction proposal of \$825,584 includes staff reductions (6.0 FTEs; \$653,683) and contracted service (\$171,901).

**AEC Staff Reductions:**

- Management Specialist (1.0 FTE; \$104,402, filled)
- Employment Services Specialist (3.0 FTEs; \$269,480, two filled/one vacant)
- Employment Services Supervisor (1.0 FTE; \$116,680, filled)
- DHS Program Manager (1.0 FTE; \$163,121, filled)

**REEP Reductions:**

Reductions in REEP, the English as a Second Language program operated by Arlington Public Schools, will include the elimination of two of six administrative positions as well as increasing revenue. No ESL or scholarship slots will be impacted; the current number served will remain at 3,385 annually. REEP's FY 2018 program budget totals approximately \$1.8 million, with County grant funding of approximately \$0.8 million and the balance coming primarily from tuition and federal and state grant funding. The reduction of administrative support and pursuing revenue opportunities will result in a reduction of the County's grant from \$817,583 to \$645,682, or \$171,901. REEP will partially offset the county's grant decrease by replacing County funding for a site coordinator with federal grant funds and by implementing a revenue-generating Test of English as Foreign Language (TOEFL) class in response to student demand. Additionally, REEP is exploring the transfer of Wakefield High School ESL classes to the Sequoia Plaza location to increase efficiency in program delivery.

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|   |                  |                |
|---|------------------|----------------|
| <b>Eliminate an Eligibility Worker in Public Assistance</b> | <b>\$105,493</b> | <b>1.0 (V)</b> |
|---|------------------|----------------|

*Description of Current Service:* The Public Assistance Bureau administers a number of federal and state-funded public benefit programs for low-income individuals, based on eligibility criteria specific to each program. The programs administered by the bureau include Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Nutrition Assistance Program (SNAP), Child Care Subsidy, Auxiliary Grants (AG), General Relief (GR), and Heating and Cooling Assistance. The majority of these programs are mandated by the Virginia Department of Social Services.

*Impact of Reduction:* This reduction proposal of one Eligibility Worker would not significantly impact the program due to the decreasing public assistance caseloads. For example, the number of unduplicated households receiving Temporary Assistance for Needy Families (TANF) has dropped from 416 in FY 2014 to a projected 300 in FY 2019. The position's caseload of 700 would be redistributed to the remaining 12 eligibility workers. Due to the implementation of a more streamlined application process, workers will be able to absorb the additional cases with minimal impact.

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|  |                  |          |
|--|------------------|----------|
| <b>Efficiencies in Residential Developmental Disability Services (DDS)</b> | <b>\$300,000</b> | <b>-</b> |
|--|------------------|----------|

*Description of Current Service:* The residential program provides adults with developmental disabilities with independent living options, supervised apartments, and group homes. The program provides safe, assisted living options to persons with developmental disabilities so they can live in the community rather than institutions. This is a mandated service per a 2012 Department of Justice agreement. In FY 2016 and FY 2017, Virginia allocated additional Medicaid waivers to Arlington, reducing the need for local funding for the program. Prior to

FY 2016, Medicaid waiver funding was only available to support individuals living in residential institutions. In FY 2016, waiver funding became available to individuals in community-based settings. In FY 2017, 120 clients were served.

*Impact of Reduction:* There will be no impact on client care as result of this reduction. The additional Medicaid waivers provided by the state will allow the county to meet demand with less local tax support.

**Management Specialist in Community Health** **\$105,727** **1.0 (V)**

*Description of Current Service:* The services provided by the Community Health Services Bureau in DHS' PHD prevent disease and promote health for at risk populations. The clinics include family planning, maternity care, immunization, and sexually transmitted infections. There were over 25,000 visits to the clinics in FY 2017 by 8,500 unduplicated clients.

*Impact of Reduction:* The Management Specialist position proposed for elimination is the clinic practice manager. This position schedules staff across all 60 hours of clinic programming, and reviews health record data to identify areas for increased efficiency and effectiveness, including meeting budget targets. Eliminating this position will require these duties be given to nurses and nursing supervisors, requiring more coordination among more people, increasing the likelihood of scheduling error, slower review of health record data, and identification of practice and cost inefficiencies and areas of ineffectiveness.

**Laboratory Services** **\$449,359** **4.0 (F)**

*Description of Current Service:* The PHD Lab one of only two labs operated locally in Virginia, is staffed by five laboratory technologists and one supervisor. Other Virginia jurisdictions rely on contracts with private sector providers for laboratory testing services. The PHD Lab provides testing and phlebotomy support for DHS clinics. Of the laboratory tests provided to DHS clients, 87 percent are done in-house and 13 percent are sent to external labs (e.g., the VA Division of Consolidated Laboratories DCLS and LabCorp). The in-house tests diagnose parasites, anemia, pregnancy, urinary tract infections, and sexually transmitted infections. The tests sent to external labs include liver and kidney function tests. Additionally, the lab provides support to communicable disease outbreak investigation and/or rabies investigation by packaging sensitive lab materials appropriately to DCLS.

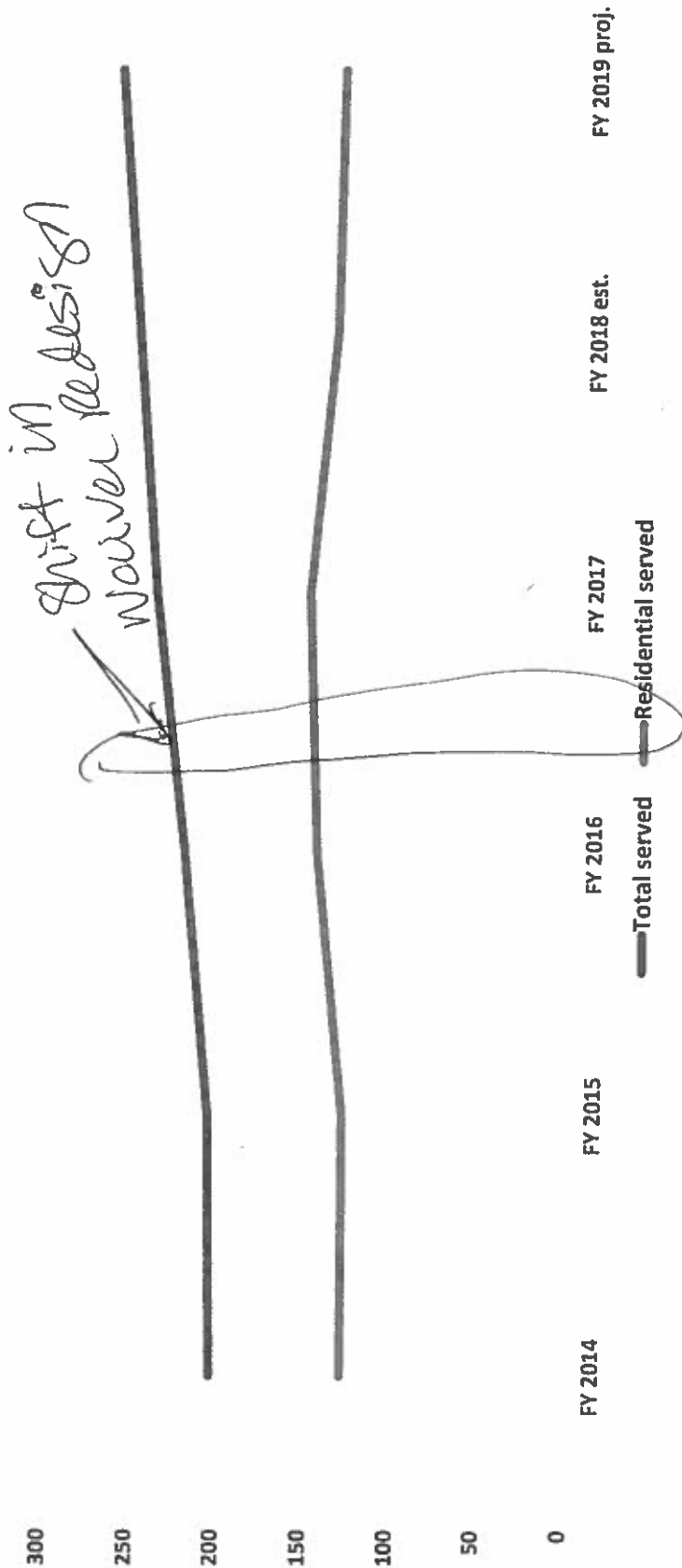
*Impact of Reduction:* Reducing lab positions will require clinic staff to be retrained how to draw blood. While we anticipate Lab Corp will be able to provide a phlebotomist onsite as they do for other medical offices, if the high volume of clients impacts Lab Corps' capacity to provide timely phlebotomy, clinic staff will need to assist with blood drawing. If and when any of these aforementioned activities are conducted by the clinic staff or the communicable disease staff, this will reduce their time providing direct clinical service or disease surveillance and investigation work to additional clients. This reduction will result in one of five tests sent out to an external laboratory and will require nurses and clinic aides in the traditional clinics and in the communicable disease unit to be retrained on how to properly package, store, and ship laboratory specimens to LabCorp in order to prevent interruption in service delivery. Urinalysis, pregnancy, HIV and glucola testing will be provided in-house. The wet prep test to diagnose gynecological conditions will be sent to a contracted laboratory. Clinic staff would have to learn to prepare medical waste for proper transport and decontamination, and how to sterilize medical instruments for reuse in the clinics.

**Laboratory Staffing Impacts**

- Eliminate a Laboratory Section Supervisor (1.0; \$140,063, filled)
- Eliminate Laboratory Technologists (3.0; \$309,296, filled)
- Two remaining Laboratory Assistants and the associated contracted services funding

# Arlington DD Residential Services

## Numbers of active cases and residential placements





### **Unmet Needs for Autism/MH – February 27, 2018**

- **CSB staff are seeing rising numbers of individuals who have an autism diagnosis experiencing acute mental health issues, especially anxiety and depression. Calls to county services for help with this type of case are averaging 1-2 per month.**
- **The increase reflects the rising incidence of autism in the general population. Individuals with autism are at increased risk for mental health problems. (See Washington Post article from September 23, 2017 highlighting this issue.)**
- **The new cases are almost exclusively young adults. Often their situations were stable while in APS, but have deteriorated since they left school. Support is needed to put them on a path to a meaningful adult life in the community.**
- **These individuals often do not qualify for CSB services under either developmental disabilities or mental illness because their profiles do not fit the specified CSB diagnostic silos. This means that there are no identified funding streams to serve them.**
- **Treatment for the most acute cases is very challenging, requiring both behavioral and psychiatric support. This is an emerging national problem, and the CSB has not been able to identify an empirically-validated set of “best practice” treatment methods. Last year’s request to the County Board for \$75,000 to analyze needs and study treatment options was denied.**
- **The CSB has initiated some training in autism for its mental health therapists and is also pursuing options for private funding to do the study that was proposed last year.**





**CSB Committee on Developmental Disabilities**  
**Draft Talking Points in Favor of Pathways to Careers – Feb. 27, 2018**

The Arlington CSB is requesting a 3-year pilot with an annual cost of \$120,000 per year to implement Pathways to Careers. Pathways is a national, evidence-based model which provides intensive assessment, training, internships, and job placements for people with developmental disabilities (DD).

- New national and State standards impose stricter requirements for DD employment programs. The expectation of Virginia's settlement agreement with the Department of Justice is that persons with DD will have options to work in community-based employment at competitive wages. Fewer than 10 percent of Arlington's DD clientele are in jobs that meet this standard.
- To date, 23 individuals have expressed interest in moving from day placements to employment. However, existing CSB services are not intensive enough to support the transition.
- The Pathways model makes a significant up-front investment in customized employment placement. Pathways has four replication sites nationally, including one in Fairfax. An independent evaluation of the first Pathways project (Utah) showed that 100 percent of participants found jobs.
- There are significant cost savings associated with the transition of an individual from day support to employment. It is expected that Arlington would serve a total of 12 individuals over three years with the pilot. If 75 percent of these individuals are placed in jobs, annual savings to the county would be more than \$50,000 per year beginning in FY 2022.
- The proposed county budget includes a \$300,000 reduction in DD services. Funding Pathways for \$120,000 would still allow for savings of \$180,000 and would be a strategic investment in lower-cost services for future years, when budgets may also be tight.

10-Year Projection of Cost Savings for Arlington Pathways Recipients Funded by a 3-year Pilot Costing \$120,000/Year: Feb. 27, 2018

|  | <u>FY 2019</u> | <u>FY 2020</u> | <u>FY 2021</u> | <u>FY 2022</u> | <u>FY 2023</u> | <u>FY 2024</u> | <u>FY 2025</u> | <u>FY 2026</u> | <u>FY 2027</u> | <u>FY 2028</u> |
|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Cost of Pathways contract for 3 years                        | \$120,000      | \$120,000      | \$120,000      |                |                |                |                |                |                |                |
| # Served   | 4              | 4              | 4              |                |                |                |                |                |                |                |
| Cumulative # served  |                | 8              | 12             |                |                |                |                |                |                |                |
| # Placed in Jobs (and remain in jobs)                        | 0              | 2              | 6              | 8              | 8              | 8              | 8              | 7              | 7              | 7              |
| Proportion who are county-funded (not waiver-funded)         | 40%            | 40%            | 40%            | 40%            | 40%            | 32%            | 32%            | 32%            | 24%            | 24%            |
| Estimated cost/person of day support (excl. transportation)* | \$33,000       | \$33,000       | \$33,000       | \$33,000       | \$33,000       | \$33,000       | \$33,000       | \$33,000       | \$33,000       | \$33,000       |
| Estimated cost/person employment support (excl. transp.)*    | \$6,500        | \$6,500        | \$6,500        | \$6,500        | \$6,500        | \$6,500        | \$6,500        | \$6,500        | \$6,500        | \$6,500        |
| Savings/person from job placement for all funding sources**  | \$21,200       | \$21,200       | \$21,200       | \$21,200       | \$21,200       | \$21,200       | \$21,200       | \$21,200       | \$21,200       | \$21,200       |
| Annual savings for all funding sources (county + waiver)     | \$0            | \$42,400       | \$127,200      | \$169,600      | \$169,600      | \$169,600      | \$169,600      | \$148,400      | \$148,400      | \$148,400      |
| x County-funded portion = county share of savings            | \$0            | \$16,960       | \$50,880       | \$67,840       | \$67,840       | \$67,840       | \$54,272       | \$47,488       | \$35,616       | \$35,616       |
| Annual county cost or savings (net of pilot cost)            | (\$120,000)    | (\$103,040)    | (\$69,120)     | \$67,840       | \$67,840       | \$54,272       | \$54,272       | \$47,488       | \$35,616       | \$35,616       |
| Cumulative county savings over 10 years from pilot           | (\$120,000)    | (\$223,040)    | (\$292,160)    | (\$224,320)    | (\$156,480)    | (\$102,208)    | (\$47,936)     | (\$448)        | \$35,168       | \$70,784       |

\*Estimates provided by DHS.

\*\* Assumes an average of 3.5 days/week job and 1.5 days/week day support.

**Dates and Information for County Budget Advocacy  
February – April 2018**

February 28, 4:00 – 6:00 p.m., Work session for the Department of Human Services, County Boardroom, 2100 Clarendon Blvd.

March 13- 15, CSB Executive Committee meetings with County Board members.

April 3, 7:00 p.m. – County budget hearing, sign-up begins March 27. See <https://countyboard.arlingtonva.us/budget-hearing-form/>

E-mail at this link: <https://countyboard.arlingtonva.us/about/>

Mail:

Arlington County Board  
Katie Cristol, Chair  
2100 Clarendon Blvd., Suite 300  
Arlington, VA 22201



1. What does it mean to be Waiver-eligible?
  - The individual has a documented developmental disability with deficits in adaptive functioning and onset prior to 18/22 (18 for ID).
  - The individual meets at least three out of eight areas for the (VIDES) Virginia Individual Developmental/Disability Eligibility Survey (basically meaning that more often than not the person requires assistance or direct support in the area): Health, Communication, Tasks Learning Skills, Personal Care, Motor Skills, Behavior, Community Living Skills, and Self-Direction
  - The individual has or is eligible for Medicaid
  
2. How many DD Waivers have we received over the past five fiscal years?
  - FY18 – 8
  - FY17 – 10
  - FY16 – 3
  - FY15 – 2
  - FY14 – 1
  
3. Which developer has the ten PSH slots? APAH (Arlington Partnership for Affordable Housing). These Departments have all been a part of making this happen: VHDS, DBHDS, and PSH. It is anticipated that the ten slots will be become available and ready for occupancy in October/November 2018
  
4. Do we have funding for our graduates? Yes! At the beginning of each budget cycle (around August/September) we obtain a count for graduates for June of the following year. We then anticipate how many of those individuals will need funding. We rule of those that have a DD Waiver and those that will not transition to adult services. We also get an idea of slots we know will turn over. For example, someone with a Waiver is planning to move to another state.

We have nine graduates for FY18. Of this number, three had a DD Waiver prior to August 2017, so we determined we would not need funding for them. Another four are planning to go to NOVA and do not have high support needs (are not likely or on our radar for needing services). This leaves two people that will likely need funding, but we anticipated that we'd have at least one slot that would turn over, which was the case in October and December. That left funding for one person, which could be easily absorbed into the budget; thus, we did not feel a need to make this a request to the County Board. And, as it turns out, we are now requesting an emergency Waiver for this individual.

5. Do we have more people that are Waiver-eligible or more Waivers? We actually have both.



# Proposed Reductions

## DHS FY 2019 REDUCTION SUMMARY

|                   | Personnel   | Non-Personnel | Total Reduction | FTE                           |
|-------------------|-------------|---------------|-----------------|-------------------------------|
| FY 2019 Reduction | \$1,650,035 | \$557,101     | \$2,207,136     | 16.0<br>(11 filled; 5 vacant) |





# Community Services Board Requests

The CSB identified emerging needs for individuals needing mental health, substance abuse and developmental disability services. DHS is reallocating 3.0 existing FTEs and utilizing state grant funding for an additional 2.0 positions to meet these needs. Despite substantial DHS effort, a significant need for staffing and programmatic support remains. The unfunded FY 2019 CSB request is \$296,598; 2.0 FTEs.

## Young Adult Mental Health Therapist

- Position would provide therapy and case management to adults aged 18 to 24
- Current average case load is 36; benchmark for this population is 20-25.
- Estimated cost of 1.0 Mental Health Therapist is \$91,463
- Request is Priority #1

## Peer Specialist

- Position conducts opioid outreach, connects unengaged clients and supports community reintegration to recently incarcerated and hospitalized individuals
- Estimated cost of 1.0 Peer Specialist is \$85,135
- Request is Priority #2

## Customized Employment Pilot

- Capacity of 4 persons with developmental disabilities to find and maintain employment
- Program meets new federal requirements for competitive, integrated employment
- Employment integrating the disabled and non-disabled populations has better outcomes than sheltered programs
- Estimated cost is \$120,000
- Request is Priority #3





# Options



## Employment & Day Services

- Individual Supported Employment
- Group Supported Employment
- Workplace Assistance Services
- Community Engagement
- Community Coaching
- Group Day Services

## Self-Directed Options

- Consumer-Directed Services Facilitation
- CD Personal Assistance Services\*
- CD Respite\*
- CD Companion\*
- \*can be agency-directed



## Crisis Support Options

- Community-Based Crisis Supports
- Center-based Crisis Supports
- Crisis Support Services

## Residential Options

- Independent Living Supports
- Shared Living
- Supported Living
- In-home Support Services
- Sponsored Residential
- Group Home Residential

## Medical & Behavioral Options

- Skilled Nursing
- Private Duty Nursing
- Therapeutic Consultation
- Personal Emergency Response System (PERS)



## Additional Options

- Assistive Technology
- Electronic Home-Based Services
- Environmental Modifications
- Individual and Family/Caregiver Training
- Transition Services



|   | BI | FI | CL | Description  |
|---|----|----|----|--|
| <b>Employment and Day Options</b>                           |    |    |    |  |
| Individual Supported Employment                             | ✓  | ✓  | ✓  | Individual Supported Employment services are provided one-on-one by a job coach to an individual in an integrated employment or self-employment situation at or above minimum wage in a job that meets personal and career goals.  |
| Group Supported Employment                                  | ✓  | ✓  | ✓  | Group Supported Employment services are continuous support provided in regular business, industry and community settings to groups of two to eight individuals with disabilities and involves interactions with the public and with co-workers without disabilities.   |
| Workplace Assistance Services                               |    | ✓  | ✓  | Workplace Assistance services are provided to someone who has completed job development and completed or nearly completed job placement training but requires more than typical job coach services to maintain stabilization in their employment. Workplace Assistance services are supplementary to job coach services; the job coach still provides professional oversight and coaching.   |
| Community Engagement  | ✓  | ✓  | ✓  | Community Engagement Services are provided in groups of no more than one staff to three individuals. Community Engagement fosters the ability of the individual to acquire, retain, or improve skills necessary to build positive social behavior, interpersonal competence, greater independence, employability and personal choice necessary to access typical activities in community life such as those chosen by the general population. These may include community education or training, retirement, and volunteer activities. |
| Community Coaching  | ✓  | ✓  | ✓  | Community Coaching is a service designed for individuals who need one to one support in order build a specific skill or set of skills to address a particular barrier(s) preventing a person from participating in activities of Community Engagement.   |
| Group Day Services  | ✓  | ✓  | ✓  | Group Day Services are provided in groups of no more than one staff to seven individuals. They provide opportunities for peer interactions, community integration, career planning and enhancement of social networks. Supports may also be provided to ensure an individual's health and safety.  |
| <b>Self-Directed Options (*can also be agency-directed)</b> |    |    |    |  |
| Consumer-Directed Services Facilitation                     |    | ✓  | ✓  | Services Facilitation assists the individual or the individual's family/caregiver, or Employer of Record (EOR), as appropriate, in arranging for, directing, and managing services provided through the consumer-directed model of service delivery.   |
| CD Personal Assistance Services*                            |    | ✓  | ✓  | Personal assistance services include support with activities of daily living, instrumental activities of daily living, access to the community, monitoring of self-administered medications or other medical needs, monitoring of health status and physical condition, and work-related personal assistance.  |
| CD Respite*   |    | ✓  | ✓  | Respite services are specifically designed to provide temporary, substitute care for that which is normally provided by the family or other unpaid, primary caregiver of an individual. Services are provided on a short-term basis because of the emergency absence or need for routine or periodic relief of the primary caregiver.  |
| CD Companion*   |    | ✓  | ✓  | Companion services provide nonmedical care, socialization, or support to adults, ages 18 and older. This service is provided in an individual's home or at various locations in the community.   |
| <b>Residential Options</b>                                  |    |    |    |  |
| Independent Living Supports                                 | ✓  |    |    | Independent Living Supports are provided to adults (18 and older) that offers skill building and support to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills.   |

|                                 |   |   |   |   |
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| Shared Living                   | ✓ | ✓ | ✓ | Shared Living is Medicaid payment for a portion of the total cost of rent, food, and utilities that can be reasonably attributed to a person who has no legal responsibility to support the individual and resides in the same household as the individual. Parents and spouses are excluded.   |
| Supported Living                |   | ✓ | ✓ | Supported Living services take place in an apartment/house setting operated by a DBHDS licensed provider and provides 'round the clock availability of staff services performed by paid staff who have the ability to respond in a timely manner. These supports enable an individual to acquire, retain, or improve skills necessary to reside successfully in their home and community.   |
| In-home Support Services        |   | ✓ | ✓ | In-Home Support services are residential services that take place in the individual's home, family home, or community settings and typically supplement the primary care provided by the individual, family or other unpaid caregiver. Services are designed to ensure the health, safety and welfare of the individual.  |
| Sponsored Residential           |   |   | ✓ | Sponsored Residential Services take place in a licensed or DBHDS authorized sponsored residential home with no more than two individuals are supported. They consist of supports that enable an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills necessary to reside successfully in their home and community.   |
| Group Home Residential          |   |   | ✓ | Group Home Residential services are provided across 24 hours primarily in a licensed or approved residence that enables an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills necessary to reside successfully in their home and community.  |
| <b>Crisis Support Options</b>   |   |   |   |   |
| Community-Based Crisis Supports | ✓ | ✓ | ✓ | Community-based crisis supports are supports to individuals who may have a history of multiple psychiatric hospitalizations; frequent medication changes; enhanced staffing required due to mental health or behavioral concerns; and/or frequent setting changes. Supports are provided in the individual's home and community setting. Crisis staff work directly with and assist the individual and their current support provider or family. These services provide temporary intensive supports that avert emergency psychiatric hospitalization or institutional placement or prevent other out-of-home placement.  |
| Center-based Crisis Supports    | ✓ | ✓ | ✓ | Center-based crisis supports provide long term crisis prevention and stabilization in a residential setting (Crisis Therapeutic Home) through utilization of assessments, close monitoring, and a therapeutic milieu. Services are provided through planned and emergency admissions. Planned admissions will be provided to individuals who are receiving ongoing crisis services and need temporary, therapeutic interventions outside of their home setting in order to maintain stability. Crisis stabilization admissions will be provided to individuals who are experiencing an identified behavioral health need and/or a behavioral challenge that is preventing them from experiencing stability within their home setting. |
| Crisis Support Services         | ✓ | ✓ | ✓ | Crisis support services provide intensive supports by appropriately trained staff in the area of crisis prevention, crisis intervention, and crisis stabilization to an individual who may experience an episodic behavioral or psychiatric crisis in the community which has the potential to jeopardize their current community living situation. This service shall be designed to stabilize the individual and strengthen the current living situation so the individual can be supported in the community during and beyond the crisis period.   |

| Medical and Behavioral Support Options    |   |   |   |   |
|---|---|---|---|---|
| Skilled Nursing                           |   | ✓ | ✓ | Skilled Nursing is part-time or intermittent care that may be provided concurrently with other services due to the medical nature of the supports provided. These medical services that are ordered by a physician, nurse practitioner or physician assistant and that are not otherwise available under the State Plan for Medical Assistance.   |
| Private Duty Nursing                      |   | ✓ | ✓ | Private Duty Nursing is individual and continuous care (in contrast to part-time or intermittent care) for individuals with a medical condition and/or complex health care need, certified by a physician, nurse practitioner, or physician assistant as medically necessary to enable the individual to remain at home, rather than in a hospital, nursing facility or Intermediate Care Facility for Individuals with Intellectual Disability (ICF-IID).  |
| Therapeutic Consultation                  |   | ✓ | ✓ | Therapeutic consultation services are designed to assist the individual and the individual's family/caregiver, as appropriate, with assessments, plan design, and teaching for the purpose of assisting the individual enrolled in the waiver. This service provides expertise, training, and technical assistance in any of the following specialty areas to assist family members, caregivers, and other service providers in supporting the individual. The specialty areas are:<br>(i) psychology, (ii) behavioral consultation, (iii) therapeutic recreation, (iv) speech and language pathology, (v) occupational therapy, (vi) physical therapy, and (vii) rehabilitation engineering. |
| Personal Emergency Response System (PERS) | ✓ | ✓ | ✓ | PERS is a service that monitors individual's safety in their homes, and provides access to emergency assistance for medical or environmental emergencies through the provision of a two-way voice communication system that dials a 24-hour response or monitoring center upon activation and via the individuals' home telephone system. While medication-monitoring services are also available, medication-monitoring units must be physician ordered and are not a stand-alone service.   |
| Additional Options                        |   |   |   |   |
| Assistive Technology                      | ✓ | ✓ | ✓ | Assistive technology is specialized medical equipment, supplies, devices, controls, and appliances, not available under the State Plan for Medical Assistance, which enable individuals to increase their abilities to perform activities of daily living (ADLs), or to perceive, control, or communicate with the environment in which they live, or which are necessary for life support, including the ancillary supplies and equipment necessary to the proper functioning of such technology.  |
| Electronic Home-Based Services            | ✓ | ✓ | ✓ | Electronic Home-Based Services are goods and services based on Smart Home® technology. This includes purchases of electronic devices, software, services, and supplies not otherwise provided through this waiver or through the State Plan, that would allow individuals to access technology that can be used in the individual's residence to support greater independence and self-determination.)  |
| Environmental Modifications               | ✓ | ✓ | ✓ | Environmental modifications physical adaptations to the individual's primary home, primary vehicle, or work site that are necessary to ensure the health and welfare of the individual, or that enable the individual to function with greater independence.  |
| Individual and Family/Caregiver Training  |   | ✓ |   | Training and counseling to individuals, families and caregivers to improve supports or educate the individual to gain a better understanding of his/her disability or increase his/her self-determination/self-advocacy abilities.  |
| Transition Services                       | ✓ | ✓ | ✓ | Transition services are nonrecurring set-up expenses for individuals who are transitioning from an institution or licensed or certified provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.  |