

VIRGINIA
IS FOR
LEARNERS

PREK-12 SPECIAL EDUCATION IN VIRGINIA

**Presented to the
ARC Convention**

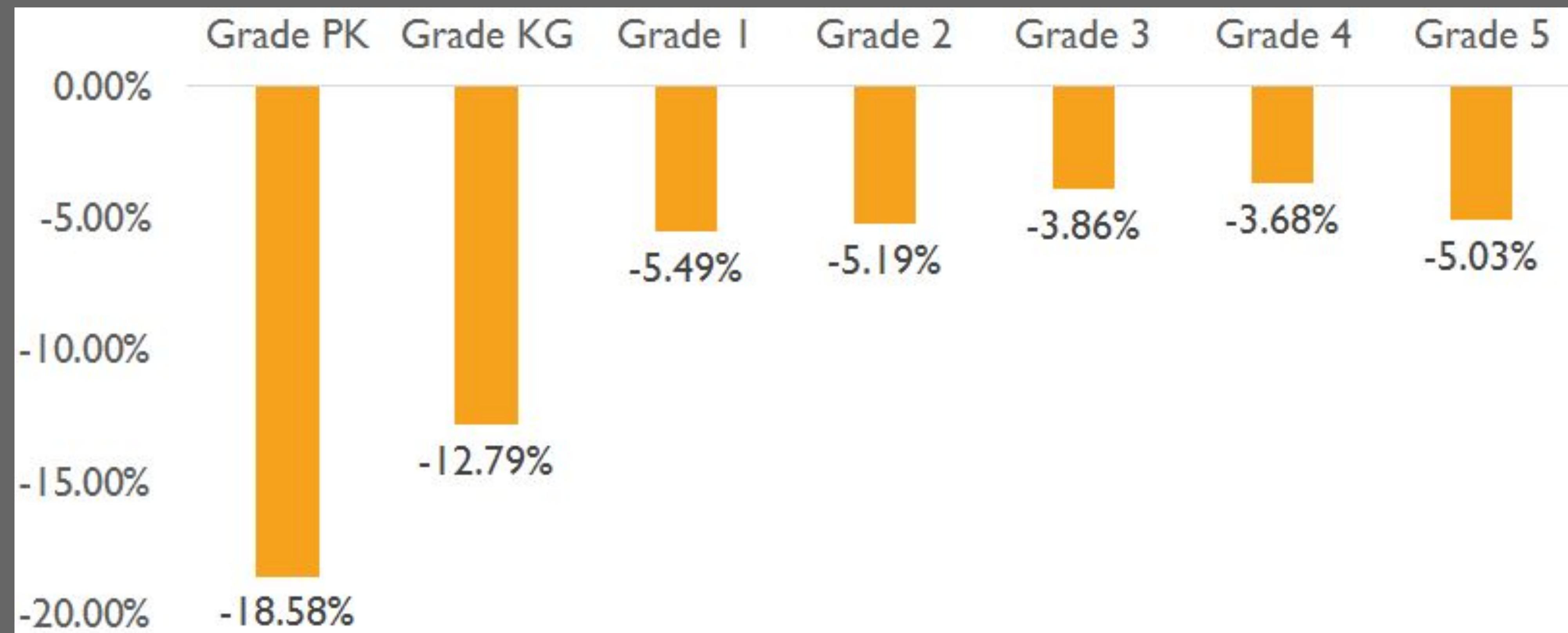
August 11, 2021

**Dr. Samantha Marsh Hollins,
Assistant Superintendent of Special Education and Student Services**



REFLECTING ON THE 2020-2021 SCHOOL YEAR

FALL '21 ENROLLMENT TRENDS



Based on the Fall 2021 Student Record Collection

INSTRUCTIONAL MODALITIES

SEPTEMBER 8, 2020 v. MAY 3, 2021

In Person: 10 divisions

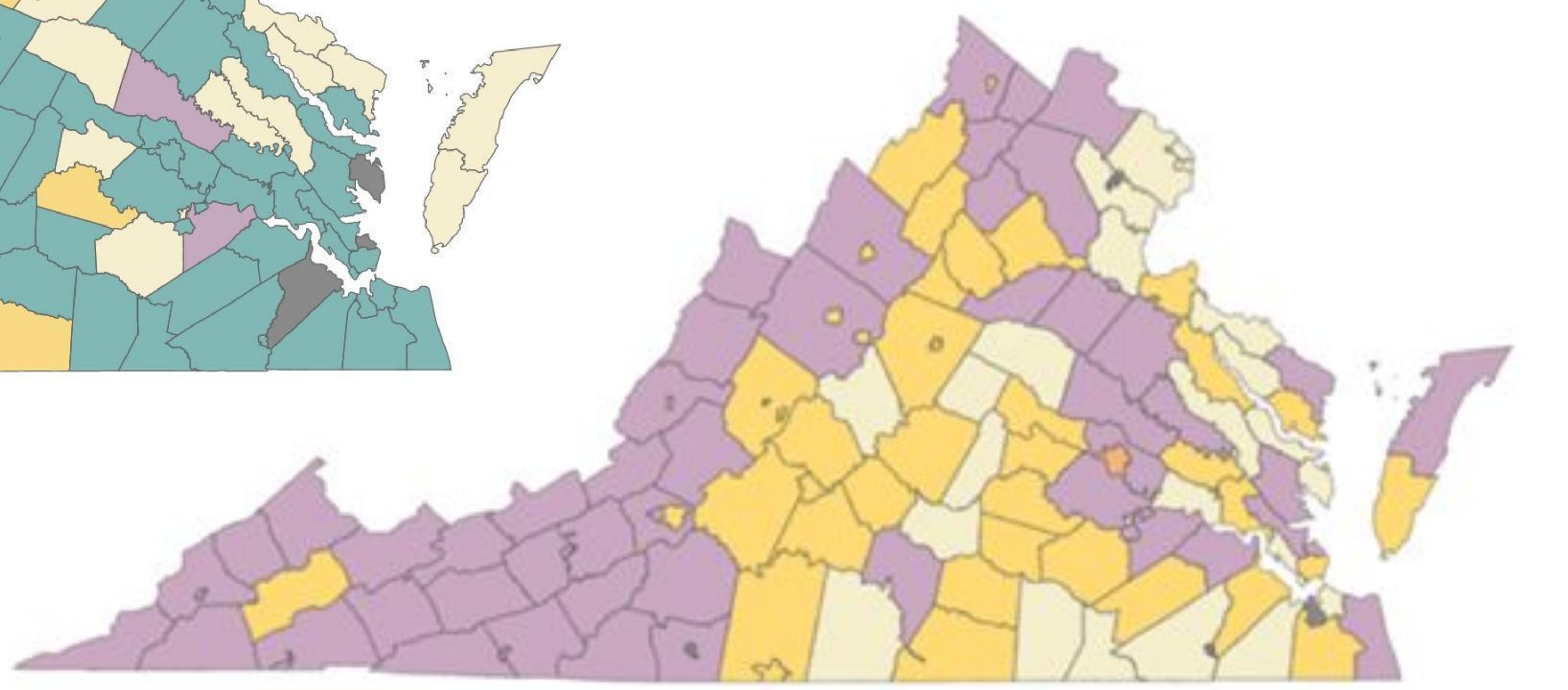
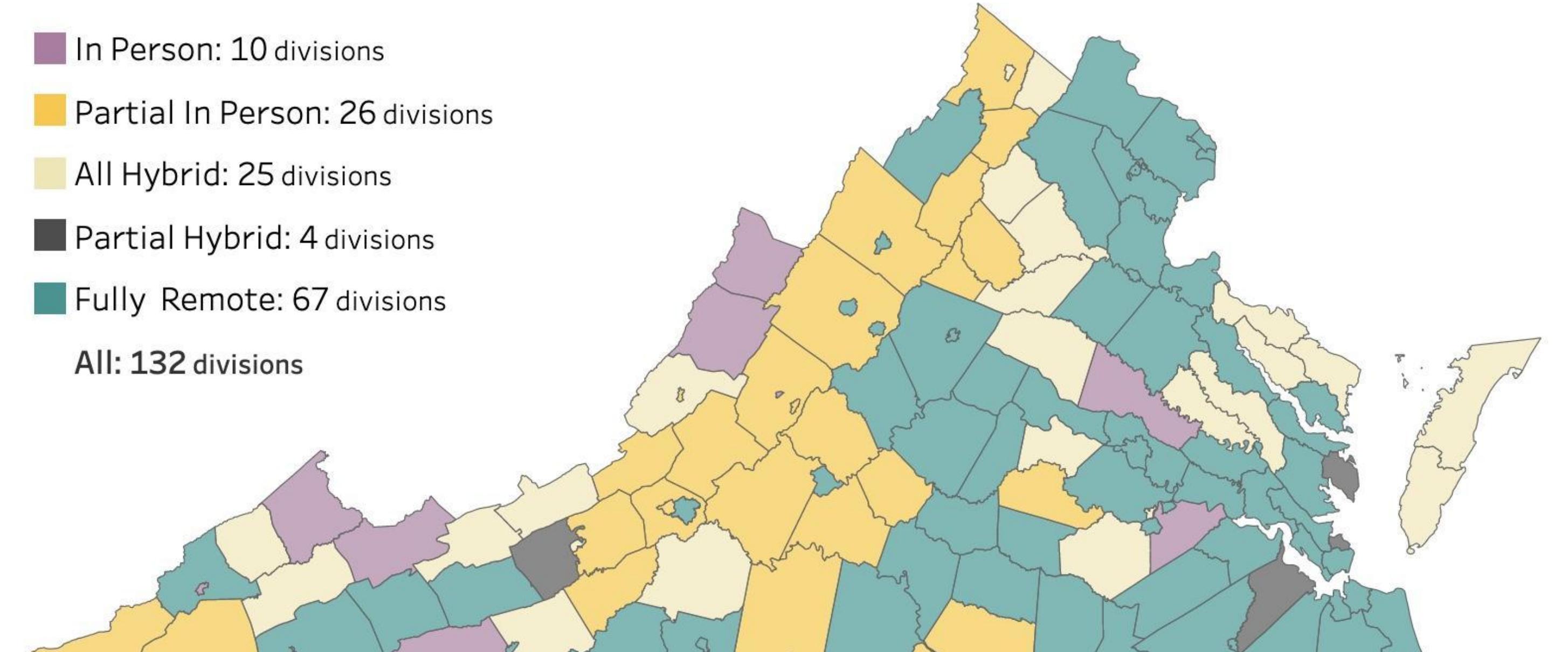
Partial In Person: 26 divisions

All Hybrid: 25 divisions

Partial Hybrid: 4 divisions

Fully Remote: 67 divisions

All: 132 divisions



HEALTH IMPACTS ON CHILDREN

(As reported by pediatricians to the Virginia AAP)

Significant Increases in:

- child and adolescent anxiety
- increases in depression
- changes in suicidal ideation
- child behavior problems
- parental stress

Smaller Increases in:

- adolescent drug, alcohol, or marijuana use
- eating disorders
- child abuse

Decreases in:

- child and adolescent physical activity
- quality sleep
- social and behavioral progress in children and adolescents with autism

YOUNG LEARNER OUTCOMES: PALS K-3



- The PALS K-3 screening tools identify students at-risk in early reading and this guides the allocation of EIRI funding to support early intervention.
- PALS data from Spring 2021 showed that:
 - Significantly more (1.8 times as many) students ended the school year at high risk for reading difficulties as compared to Spring 2019.
 - Literacy learning of students who are Black, Hispanic, have low-income backgrounds, and English learners were disproportionately identified as high risk for reading difficulties.
 - The remote administration option for PALS was an important tool for creating visibility of the early reading risk of all students enrolled in public school, and particularly for Asian, Black, Hispanic, and EL students.

YOUNG LEARNER OUTCOMES

- The 2020-2021SY was the first time that the Virginia Kindergarten Readiness Program (VKRP) was administered statewide to kindergarten students.
- In the fall, 45% of students fell below the benchmark in one or more foundational areas of learning, this spring that percentage rose to 52%.
- In reading, mathematics, and self-regulation, there was an increase in the number of students who were tested and the number of students who were rated below the benchmark indicating that many students will need support as they enter into first grade.

Areas of Priority for 2021-2022

- **Supporting students, families and school staff with a focus on a return to in-person learning**
 - Focus on school-based mental health
 - Guidance on serving students with disabilities (SWD) and a continuing prioritization of in-person services for SWD
- **Responding to legislation and mandates from the Virginia General Assembly**
 - CSA and VDOE study of uses and administration of the funds used to support private special education and residential facilities
 - Special education legislation
 - School health legislation

Areas of Priority for 2021-2022

- **Using the JLARC report on special education to prioritize development of resources and areas for modernization**
 - Updating identification, evaluation and eligibility guidance
 - Increasing resources and reporting requirements to support inclusion
 - Focus on support provided by the special education parent ombudsman
 - Alignment of the Applied Studies Diploma curriculum framework and coursework along with support to local school divisions
 - Update of special education federal program monitoring to focus on cyclical timeline to ensure contact with local school divisions and include data and information verification all while maintaining a focus on result-driven accountability

LOOKING AHEAD TO THE 2021-2022 SCHOOL YEAR

VIRGINIA L.E.A.R.N.S.

Developed by statewide educational leaders in spring 2021

Resources and best practices for divisions related to:

- equitable response to the pandemic;
- curricula – especially in literacy and mathematics;
- remediation and intervention strategies,
- assessments;
- data analysis;
- student and staff wellness, and
- technology to support instruction and learning.



<https://www.doe.virginia.gov/instruction/learns/index.shtml>

HEALTH GUIDANCE

Interim Guidance for COVID-19 Prevention in Virginia PreK-12 Schools

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia

Search ...

HOME ABOUT US HOW DO I HEALTH TOPICS A-Z HEALTH DEPARTMENTS DATA NEWSROOM PLAN FOR WELL-BEING CONTACT US

HEALTHY Back to School

Your back-to-school COVID-19 safety guide.

VIRGINIA DEPARTMENT OF EDUCATION

VDH VIRGINIA DEPARTMENT OF HEALTH

We are a resource...

PROTECTING YOUR CHILD FROM COVID-19

DID YOU KNOW?

There are new vaccine requirements for children returning to school/daycare. A series of vaccines are required and this year, the requirements have changed. Beginning in less than a month, all students in Virginia will need vaccines to protect against Meningitis, HPV and Hepatitis A. That's on top of previously required immunizations. Without them, your child may not be able to start school on time or go to daycare.

VDH Vaccine Schedule 2021 Updates

COVID-19 vaccine: What is herd immunity?

COVID-19 vaccine: What is herd immunit... Watch later Share

UCU Health

HEALTHY Back to School

New VDH-VDOE Guidance prioritizes in-person instruction and provides 5 Steps to guide decision-making about prevention strategies and school operations:

1. Evaluate the level of community disease transmission
2. Understand community level vaccination coverage
3. Consider the level of impact to a school
4. Understand community and school capacity and needs
5. Determine and implement a layered approach with multiple prevention strategies

INSTRUCTION IN 2021-2022

In-person instruction available to all learners per SB1303 (2021)

Special Education specific guidance

- Guidance from the U. S. Department of Education
- COVID-19 Parent Guide, Social-Emotional Learning Quick Guides, Virtual IEP Meeting Tip Sheets
- Guidance from the Department of Special Education and Student Services
 - FAQ and instructional resources supporting inclusive practices
 - Consideration for COVID Recovery Services, key considerations and FAQ

Relevant VDOE Guidance

- *Guidance for Successful Virtual Learning*, available on Town Hall, pursuant to SB1303 (2021)
- *Digital Devices in the Classroom - Health and Safety Guidelines*, pursuant to HB817 (2020)
- Guidance on Unscheduled remote learning days, pursuant to HB1790/SB1132 (2021)

STAFFING AND TEACHER SHORTAGES

Trends in teacher retention and atrophy during pandemic still largely anecdotal, but data collection is expanding:

- HB376 (2020) expanded vacancy data collection to include licensed and unlicensed personnel. Data typically collected annually in October and anticipated for release by winter 2021.
- Expanded exit survey program and data collection in 21-22 will provide insight to individuals leaving divisions and/or the profession.
- Anecdotally, we have seen larger numbers of teachers retire and will likely be reporting more issues with teacher shortages this year.
- Federal funds are allowed to support these needs.



STUDENT SUPPORTS

Beginning in the 21-22SY, divisions will be required to staff specialized student support personnel and school counselor staffing based on new GA ratios.



VDOE has provided the following technical assistance and training resources around:

- Social Emotional Learning (SEL)
- School Mental Health Services: Virginia Career and Learning Center for School Mental Health Professionals and Virginia Partnership for School Mental Health
- Virginia Tiered Systems of Supports
- Specialized Student Support Personnel Training Opportunities

IMPACT OF FEDERAL RELIEF FUNDING ON LOCAL SCHOOL DIVISION PROGRAMS AND RESOURCES

Thank you!



COVID-19 : UPDATE

The Arc of Virginia Virtual Convention

August 11, 2021

ANN FOLK BEVAN
DIVISION DIRECTOR, HIGH NEEDS SUPPORTS

Virginia Medicaid's Response to COVID-19

- I. Overview of DMAS COVID -19 Response Activity
- II. Measures of Achievement
- III. Policy Strategies for Members and Providers
- II. Vaccination Update
- III. Ongoing Flexibilities
- IV. HCBS ARPA Funding Update
- V. Questions

Virginia Medicaid's Response to COVID-19

Monitoring multiple critical programs and health metrics associated with the public health emergency, including:

- Enrollment application volume
- Overall enrollment and enrollment of critical populations
- COVID-19 vaccine distribution
- Medicaid COVID-19 caseload
- Virginia COVID-19 cases
- Medicaid covered COVID-19 tests
- Virginia COVID-19 test positivity rate
- CARES Act program fund distribution and activities

Measures of Achievement

Objective measures of achievement from DMAS COVID-19 response include:

- Enrollment of more than 300,000 new Medicaid members since the declaration of emergency
- Two Executive Orders issued pertaining to Medicaid
- 86 provisions of state regulation waived
- More than a Dozen provider memos issued
- Nine federal regulatory waivers filed
- Numerous publications developed for members, advocates and providers

Policy Strategies

Initiatives for Members and Providers

For Our Members:

- Implemented measures to maintain coverage for our members throughout the public health emergency
- Leveraged and improved telehealth- maintaining access to critical services
- Provided 90-day prescriptions
- Removed co-pays to ensure members accessed critical services such as COVID-19 tests

For Our Providers:

- Provided a 29% rate increase through directed payments to primary care providers
- Provided increased resources to nursing facilities to support COVID-19 response
- CARES Act funds used to stabilize at-risk providers, including hospitals, LTC providers, residential providers and DD waiver providers
- Opened reimbursement for new COVID-19 tests, treatment, and vaccinations

The Value of Medicaid During COVID-19

We've got our health care providers covered

- **Provider Retainer Payments and Rate Increases**

- Retainer payments for adult day health centers and providers that offer day services under the DDWs
- Increased nursing facility reimbursement rates
- Medicaid continues to work closely with providers and their networks to identify unique needs and costs related to infections control and loss in revenue

.

- **Staffing Flexibilities**

- Emergency rules give home and community-based providers greater ability to sustain staffing capacity by giving them more flexibility with training, oversight and other requirements.
- Spouses, parents of minor children, and legal guardians of a member can provide and receive reimbursement for personal care services.

Partnerships

Actions taken to support providers during COVID-19

DMAS met regularly with several groups to identify and operationalize beneficial changes to programs and provider requirements. The following provider groups were key partners in this work:

- Durable Medical Equipment (DME)
- Virginia's Program of All-Inclusive Care for the Elderly (PACE)
- Long-Term Services and Supports (LTSS)
- Personal Care (PC)
- Adult Day healthcare
- Nursing Facilities (NF)
- Behavioral Health (BH) Providers
- Development Disability Waiver Providers
- Transportation (FFS and MCO brokers)
- Federally Qualified Health Centers (FQHC)
- Free Clinics
- Pediatricians (focus on Immunization)
- Sister agencies, federal partners, and private sector subject matter experts.

DMAS COVID-19 Vaccine Response

DMAS, as the insurer of one in five Virginians, had a critical role to play in the state's vaccine roll-out strategy

DMAS internal task force:

Vaccine
Administration
Reimbursement

Data Monitoring
& Reporting

Interagency &
MCO
Coordination

Communications

Expedited
Provider
Enrollment

Vaccination Rate* Highlights

VDH partnered with DMAS in executing specialized strategies to vaccinate DMAS' Medically Fragile and Homebound Populations

- Vaccination rate in DMAS Homebound population increased from 4% to 64.5% since April.
- Vaccination rate in DMAS Waiver Population now exceeds rate* of Virginia's general population.

I/DD Waiver

- 72%

CCC Plus Waiver

- 53%

Homebound

- 64.5%

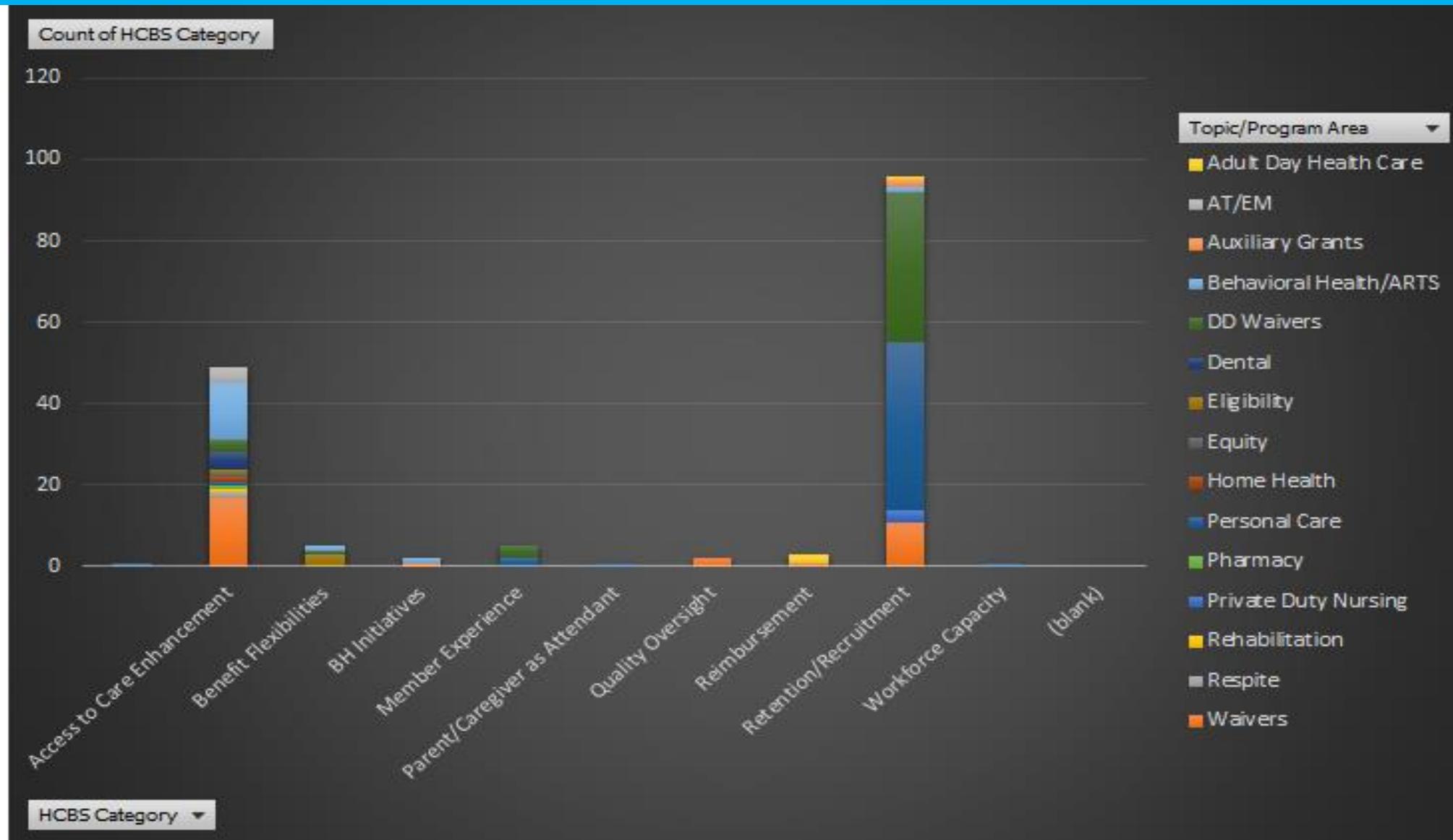
ONGOING FLEXIBILITIES

Appendix K Flexibilities that Remain:

- Members that receive less than one service a month will not be discharged
- Allow Therapeutic Consultation services to be delivered via an electronic method or telehealth of service delivery.
- Allow parent/spouse to be reimbursed and personal care attendants and current usage
- Providers may not comply with the HCBS requirement regarding visitation as it relates to setting such as group homes and sponsored residential

HCBS ARPA Update

Summary of HCBS Public Comments



Questions?

THANK YOU!



DBHDS Updates Arc of Virginia Conference

Alison Land, FACHE, Commissioner

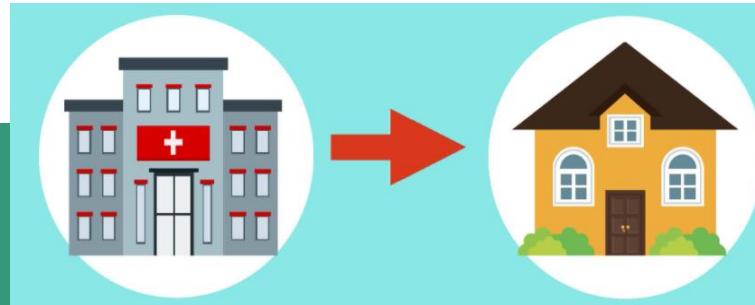
8/11/2021

DBHDS PRIMARY STRATEGIC OBJECTIVES



Virginia Department of
Behavioral Health &
Developmental Services

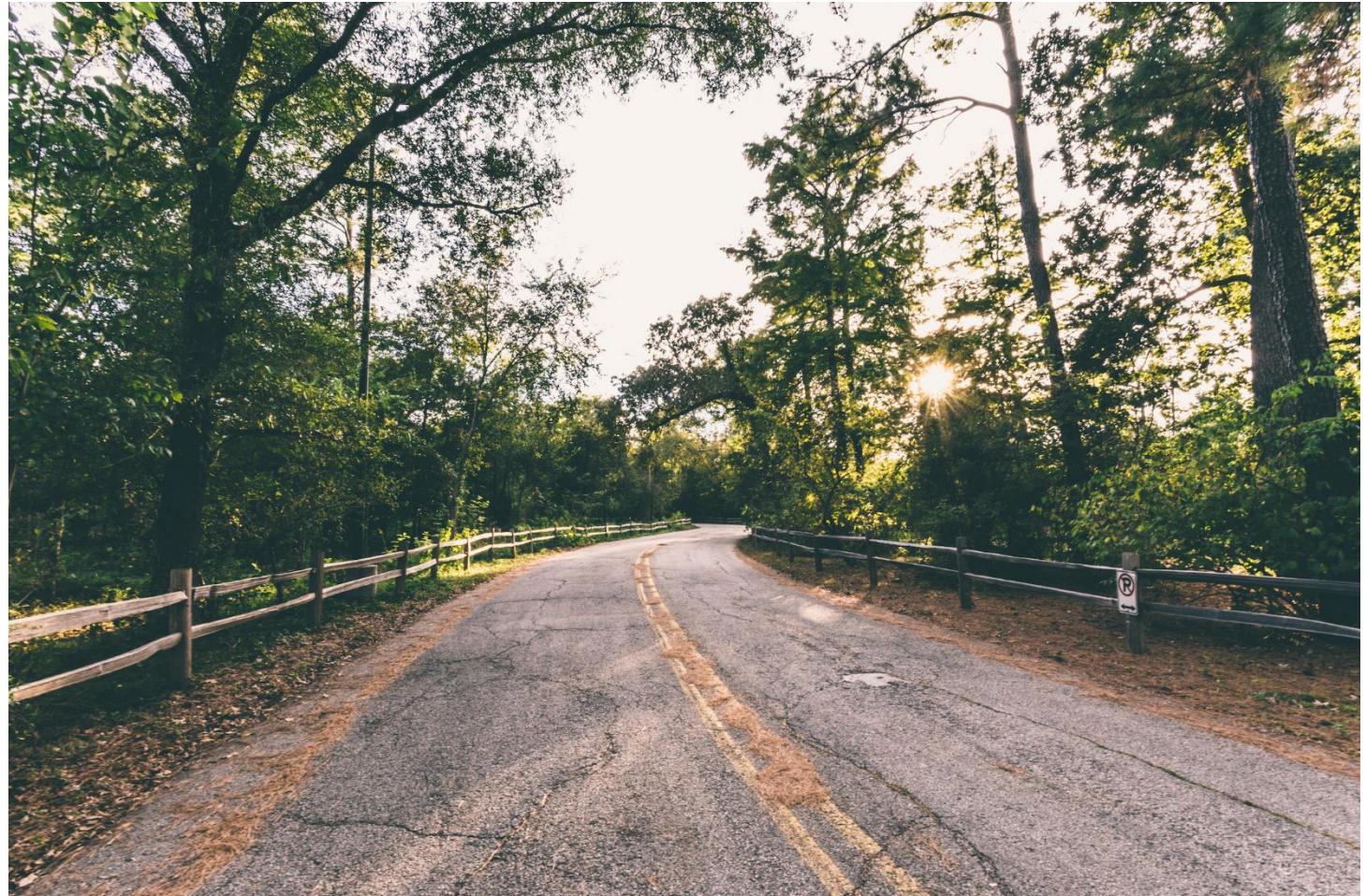
Primary Strategic Objectives



- Reduce facility bed census to 85% of capacity as the safe operation standard for patients and staff and ensure the highest quality services for those in our care
- **Fully Exit the DOJ Settlement Agreement and advance a higher quality system for Virginians with developmental disabilities**
- Rebalance the behavioral health system away from high cost, high acuity inpatient settings toward lower cost outpatient and prevention services by implementing the crisis continuum, STEP-VA, and BRAVO
- Become an organization in which Diversity, Equity and Inclusion is a defining element of the culture in the workplace and in service delivery
- **Become a Data Driven Organization by modernizing systems and processes**
- Operate more fully as a single, unified agency with robust oversight of operations and an emphasis on enterprise solutions

Agenda

- Exiting the Settlement Agreement
 - Successes
 - Challenges
- System Improvements
 - WL Reduction
 - Rate Study
- Workforce Crisis
 - History
 - Future



DEPARTMENT OF JUSTICE SETTLEMENT AGREEMENT



Exiting the Settlement Agreement

- 121 Provisions
 - 40 remain non-compliant
- 319 indicators
 - 131 met within 1st 18 months

Independent Reviewer points out, that despite the pandemic slowing Virginia's progress, the Commonwealth has maintained its focus and continued to achieve many of the Agreement requirements.

Status Conference

- March 2021
 - Judge extended the Agreement by 1 year
 - Successfully exited Section IV and VI.D
- DOJ and Commonwealth provide response
 - DBHDS identified additional 2.5 years needed (12/2023) to come into compliance with remaining indicators.
 - Factors impacting compliance
 - Pandemic
 - Review Cycles
 - In person supports and service
 - Data Reliability and Validity
 - DOJ identified recommended actions, sanctions recommendations to hold Commonwealth accountable to timeline
 - Likely to result in compliance
 - Not solely punitive

Department of Justice

- Submitted formal notification of non-compliance, July 19, 2021
- DBHDS has 45 days to respond
- DBHDS, Attorney General and DOJ meeting regarding concerns starting today.
 1. Case Management
 2. Crisis Services/Complex Behavioral
 3. Integrated Settings
 4. Regional Support Teams
 5. Quality Management System
 6. Risk Management
 7. Mortality
 8. Data, Quality Assurance, and Quality
 9. Provider and CSB Quality Improvement Programs
 10. Training
 11. Licensing and Human Rights

SYSTEM IMPROVEMENT



System Improvement

- Waitlist Reduction

- Workgroup (Individuals, Families, Advocacy Networks, Providers, State Agencies)
- 5 year priority 1 waitlist reduction plan
- Explore possibility of core services for individuals waiting
 - Personal Care
 - Respite
 - Companion
 - In Home

- Waiver rate Study

- BLS
- Billing Data
- Provider Survey
- Increased minimum wage

WORKFORCE



Workforce Crisis

- Workforce Crisis – known coming for 10+ years
 - Transition of Boomers from the Workforce
 - Transition to more integrated services and smaller ratios of staff to individuals
 - Exacerbated by Pandemic
- Ideas/Recommendations
 - Increased rates- temporarily through FMAP 12.5%
 - Long term- rate study and recommendations
 - Increased utilization of electronic home based supports
 - Reducing administrative burden that shifts staff toward paperwork instead of people
 - Workgroup including individuals, families, providers, advocacy networks focused on assuring quality system of care that reduces burden

Thank you!!!

