



Virginia Association Of Community Services Boards, Inc.

Making a Difference Together

Virginia Association of Community Services Boards Testimony to the
Senate Finance Health and Human Resources Subcommittee
January 28, 2008

In our view, the comprehensive community system is not “broken”, though parts of it clearly need repair. Thanks to your efforts, there are positive outcomes in most areas of service:

- Over 7000 individuals with Intellectual Disability (MR) are on the MR Waiver and living successfully in their communities.
- 16,874 individuals with Intellectual Disability (MR) receive case management services.
- 1487 individuals with serious mental illness and the most serious complexities/conditions are served through PACT programs in their communities.
- 715 individuals with serious mental illness, formerly in long state hospital stays, are living in communities as a result of Discharge Assistant Plan (DAP) funds.
- 84,347 individuals with mental illness receive outpatient services and 47,912 individuals receive case management services to help them remain stable in their communities.
- 39,471 individuals receive outpatient SA services and 10,323 receive case management services, assisting them in stability in their communities.
- 1,585 non-mandated children and youth receive individualized, intensive community services, avoiding out of home and residential placement.
- 375-400 children and youth with very severe conditions receive intervention and treatment services through 4 projects using evidence-based practices. Without these services, they would be in residential care or in detention centers.
- 10,312 infants and toddlers with disabilities received vital rehabilitative services in 2007.

Substantial improvements are needed:

- Civil commitment process as outlined in SB 246,
- Aggressive outreach and intervention services to avoid crises,
- Adequate services for those now on waiting lists, and
- Essential community services that help to reduce or avoid more serious situations in Virginia’s communities.

Introduced Budget-A Step in Building a Foundation for Adequate Mental Health Services

The Introduced Budget provides:

- For the first time, specific funding for the two services mandated by the Code for CSBs to provide: Emergency Services and Case Management without ties to Medicaid reimbursement, no longer as stable a funding stream as in the past.
- Funding for specific staff positions for each CSB to address emergency services, outpatient treatment for adults and children, and case management.
- Funding to assist a number of CSBs and regions to expand crisis stabilization capability.
- Funding to expand the scope of current jail diversion projects.

- Funding to assist in the psychiatric consultation needed, especially in emergency situations. This will take some creativity and work on the part of many CSBs and regions and will examine increased use of telepsychiatry, the sharing of facility personnel, and partnerships with private providers.

Critical Areas Still to be Addressed:

- Fund increased use of and payment for private psychiatric beds as commitment and voluntary inpatient services will increase with new laws. Using private beds can help leverage Medicaid funding for these inpatient services and divert from state facilities;
- Save the cost of facility placement for 400 people with mental illness who are deaf or deaf-blind by funding positions for clinicians who can deliver needed services in the community;
- Approve a no cost project for the portability of auxiliary grants for consumers who have CSB case managers and who would choose other options for residential arrangements in support of their treatment needs;
- Support the current projects in Tidewater and Northern Virginia that have developed systems to help over 230 seniors maintain living in their communities with supports networks, rather than having to be admitted to a psychiatric facility out of community;
- Allocate funds for increased MR Waiver slots as part of the plan to eliminate the Urgent Care Wait List, now with 1978 individuals whose families are waiting, and who want to avoid having to apply for placement in an institution or smaller, more expensive facilities called ICFs-MR. Over the next 4 biennia, this list can be eliminated if the plan is followed;
- Increase rates for MR Waiver services by 4.2% to assure a stable network of providers throughout the Commonwealth, also part of the plan to improve quality of care;
- Divert individuals from jail through comprehensive jail diversion projects using a national model with proven outcomes. This is the Sequential Intercept Model, costing \$750K each;
- Attend to the complex and intensive needs of 1500 additional children and families by funding and utilizing additional wrap-around systems of care projects that have proven their ability to intervene with families to avoid residential placement;
- Invest in proven prevention projects that are designed to impact 20,000 youth and to reduce and prevent underage alcohol consumption-a high risk factor for Virginia's youth;
- Invest in services for an additional 1293 infants and toddlers with disabilities and their families each year of the biennia. These services, \$2360 per year, provided early in the life of a child, have proven savings in public education and future health costs.

Investing now in these services will:

- Save taxpayer dollars now and into the future by avoiding the most expensive, high end treatment, placement and incarceration
- Encourage current professionals and direct care staff to remain in public/private health systems in Virginia and engage upcoming professionals and direct care staff in such services
- Shift current incentives for facilities, jails, prisons and detention centers to hold individuals and move resources and workforce to community services, increasing economic development in all communities
- Assist individuals and families in Virginia and reduce the stigma and discrimination associated with mental illness, intellectual disability, and substance use disorder.

Thank you for all you have done in the past. Please continue your support!

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