

# DMHMRSAS

Commonwealth of Virginia Department of  
**Mental Health, Mental Retardation  
and Substance Abuse Services**

## *Recommendations for Changes in the Delivery of MHMRSAS Programs and Services*

Senate Finance Committee  
January 12, 2009

James Reinhard, M.D.  
Commissioner, DMHMRSAS

- Ongoing need for mental health system reform
  - Law reforms continue
  - More investment needed in community services
- Ongoing need for attention to large, aging, inefficient state facility infrastructure
- Clear need for adult mental health beds within a full continuum
- Controversy on need for training center beds

# FY09 Cost-Cutting Efforts Underway in MHMRSAS

- **Across the State:**
  - CSBs will incur a 5% reduction (\$12.4M) in FY09 to administrative services and not to direct care services.
  - There will be a \$2M reduction across all DMHMRSAS facilities to consolidate administrative services, including human resources.
- **DMHMRSAS Central Office:**
  - 15% reduction (\$4.9M) in FY09 including non-essential equipment; non-personnel items; 39 out of 280 positions eliminated.

# Guiding Principles for Individuals with Intellectual & Developmental Disabilities

Virginia has the opportunity to honor our commitment to a community-based system of services and supports and to ensure the continuum of care is maintained in an efficient manner.

- 1. Advancing the Vision:** Ensure safe and successful transfer of individuals to the community where they will receive services and supports to meet individual needs.
- 2. Responsive Workforce Development:** Expanded community capacity allows staff to transition to new community settings, often working with the same individuals they currently support.
- 3. Assuring Partnership Development:** Safe and timely transition of all individuals requires Virginia's public and private sector leadership to work together so family members are fully aware of available settings and of the ability of those settings to serve most individuals with intellectual disabilities.
- 4. Fiscal Stewardship:** Use the Commonwealth's resources by the most effective and efficient means.

# SEVTC Aging Infrastructure



Hot water tank rusting through at drain plug, beyond useful life.



Non-ADA compliant restrooms



Non-ADA compliant entrances/exits



Excessive ponding of water on sidewalks. Poor drainage makes walkways impassible for residents.



Stress crack on 8 inch water main required shutdown of entire facility due to faulty isolation valves in the ground.



HVAC & duct work at end of useful life

# SEVTC Strategy

Census Average length of stay is 19.68 years Average annual cost of \$143,000 per individual.	165
Transition to Community	110
Transfer to Other Facilities 1 direct care FTE (\$35K) transfers with each resident	55

- Facility is closed as of July 1, 2009.
- Serve people in the most integrated setting.
- Increase system efficiency and improve quality of life.
- Redirect \$23M capital funding for facility renovation to construct, renovate or purchase several 4-6 bed homes in the community.
- Transition residents into community via MFP and MR waiver slots.
- SEVTC supported by 9 CSBs; Tidewater has large network of licensed private providers serving individuals with intellectual disabilities.
- Proceeds from property sale could cover separation costs (est. up to \$16.5M for 455 staff).
- New community capacity creates employment opportunities for staff.

# SEVTC Savings

<b>Operational Costs/Savings</b>	<b>GF</b>
Facility Closure	(\$12,500,000)
MFP Slots (up to 100)	\$2,250,000
Waiver Slots (up to 20)	\$900,000
Transfer to Other Facilities (up to 55)	\$962,500
<b>FY10 Operational Costs/Savings</b>	<b>(\$8,387,500)</b>

# SEVTC Advisory Committee

- An advisory committee, chaired by the Commissioner or his designee, will be created to ensure adherence to the guiding principles.
- The committee will be supported by smaller, task-specific working groups that will focus on areas such as:
  - **Individuals receiving services at SEVTC** – Will address partnerships to build community options for individuals to access quality support in a safe environment, and addressing concerns surrounding the closure of state-operated training center beds.
  - **Employees** – Will address plans for staffing reductions and developing severance packages.

# Next Steps

- Advisory committee members will be invited to participate, including:
  - Facility staff
  - CSB staff
  - Family members
  - Individuals served at SEVTC
  - Legislators
  - Local government
  - Private providers
  - Advocates
- The committee will meet monthly, beginning in late January.
- Committee meetings will include opportunities for public comment and input.
- CSBs will hold informational meetings/provider fairs so families can learn more about available community options.

- 2006: CVTC received \$2.5M and reverted \$1.8M leaving \$700K to study rebuilding at half its census.
  - Initial plan to replace the facility is not feasible due to cost, best practices and national trends.
  - Current plans would renovate buildings with possible construction of smaller community homes.
- 2008: GA appropriated \$250K to plan for the development of community housing.
- 2008: GA approved \$43M in bond funds for renovations.

# CVTC Strategy

- Invest in community services.
- Cost estimate for community housing development is \$18.5M.
- Community capacity increases by ~200 beds and facility census decreases to ~300 (current census = 450).
- Construct, purchase or renovate 4-6 bed waiver homes and/or ICR/MR homes in the community.
- Do not rebuild acute care beds.
- Correct life safety code issues and complete design and receive bids to renovate buildings.

# Guiding Principle for Individuals with Mental Illness

Virginia has a history of transforming children's services, with emphasis on creating a response community-based system of services and supports. Since 1991, DMHMRSAS has been reducing the reliance on state facilities.

- 1991 – 28 beds at the Virginia Treatment Center for Children were transferred to VCU.
- 1993 – Eastern State Hospital closed 40-bed children's unit.
- 1999 – Central State Hospital closed 15-bed (down from 28) children's unit.

## Background

- Current census (1/4/09) = 3; operational capacity = 16.
- Average length of stay in FY08 for children was 16.4 days at a daily cost of \$996.17 per child.
- 28 employees.

## Actions

- Unit to close by March 1, 2009.
- SWVMHI will absorb as many employees into vacant positions as possible.
- Individuals will be served by CSBs and private providers.

# Closure of CCCA

## Background

- Current census (1/4/09) = 27; operational capacity = 48.
- Average length of stay is 21.2 days at a daily cost of \$986.65 per individual.
- Employs 128 staff.

## Actions

- Facility would be closed by June 30, 2009.
- Employees eligible for severance or other employee assistance.
- Individuals will be served by CSBs and private providers.
- \$2.1M for the purchase of uninsured children and adolescents' inpatient mental health beds.
- Legislation is proposed to loosen the Certificate of Public Need requirements for mental health beds.

# Child and Adolescent Private Sector Acute Inpatient Beds

Facility	Location	# Beds
Inova Mt. Vernon	Alexandria	3 (emergency only)
Inova Fairfax	Fairfax	6
Peninsula Behavioral Health Center	Hampton	10
Carilion/Roanoke Memorial	Roanoke	12
Centra Health – VA Baptist	Lynchburg	14
Bon Secours Maryview	Portsmouth	16
Mary Washington Hospital Psychiatric Unit	Fredericksburg	18
Tucker's Pavilion (CJW)	Richmond	18
PSI Poplar Springs Hospital	Petersburg	23
VA Beach Psychiatric Center	Virginia Beach	24
Lewis Gale Center for Behavioral Health	Salem	24
VCU VA Treatment Center for Children	Richmond	26
VA Psychiatric Center/Dominion Hospital	Falls Church	52
<b>TOTAL</b>		<b>256</b>

# CCCA and SWVMHI Unit Savings and Costs

<b>Operational Costs/Savings</b>	<b>GF</b>
Facility Closure--SWVMHI	(\$1,400,000)
Facility Closure--CCCA	(\$8,300,000)
Child Mental Health Funds	\$2,100,000
<b>FY 10 Net Savings</b>	<b>(\$7,600,000)</b>

# CCCA Advisory Committee

- An advisory committee, chaired by the Commissioner or his designee, will be created to ensure adherence to the guiding principles.
- The committee will be supported by smaller, task-specific working groups that will focus on areas such as:
  - **Individuals receiving services** – Will address partnerships to build community options for individuals to access quality support in a safe environment, and addressing concerns surrounding the closure of state-operated child and adolescent beds.
  - **Employees** – Will address plans for staffing reductions and developing severance packages.

# Next Steps

- Advisory committee members will be invited to participate, including:
  - Facility staff
  - CSB staff
  - Family members
  - Child/adolescent services advocates
  - Legislators
  - Local government
  - Private providers
- The committee will meet monthly beginning in late January.
- Committee meetings will include opportunities for public comment and input.
- CSBs will hold informational meetings/provider fairs so families can learn more about available community options.

# Financial Summary of Projects

<b>Project</b>	<b>FY09 Savings</b>	<b>FY10 Savings</b>	<b>TOTAL</b>
Central Office	\$5M		
Facility Administrative Consolidation	\$2M		
CSBs	\$12.4M		
SEVTC		\$8.4M	
CCCA		\$8.3M	
SWVMHI Children and Adolescent Unit		\$1.4M	
<b>TOTAL</b>			<b>\$37.5M</b>