February 8, 2010

Senate Finance
Health and Human
Resources Subcommittee

Presented by

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People, Services and Funding—FY2009 Data*

Service Delivery by Virginia's Community Services Boards
Unduplicated count of consumers served by all CSB/BHAs = 198,232

Services outside of a Program Area - Short-term service; consumer not admitted to a program area

Service Categories	Consumers Served
Emergency	53,647
Motivational Trt/Consumer monitoring	7,665
Early Intervention (not Part C)	3,963
Assessment and Evaluation Services	24,187
TOTAL	89,462

Services by Program Area --Consumers who need services beyond those listed above are admitted to one or more program areas

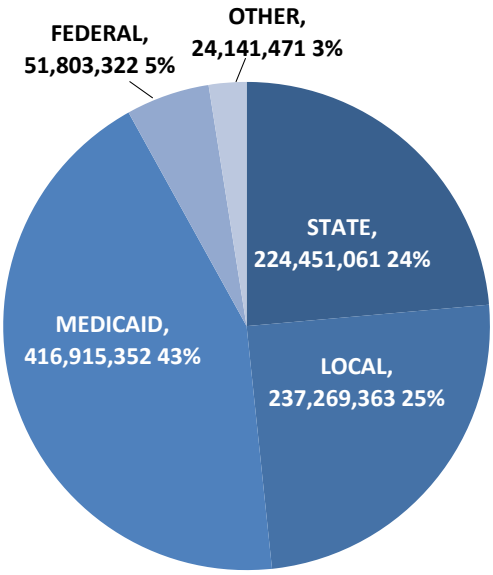
	Mental Health	Intellectual Disability	Substance Abuse	
Service Categories	Consumers Served	Consumers Served	Consumers Served	Total
Inpatient Services	2,332		402	2,734
Outpatient	87,263	276	32,207	119,746
Case Management	50,954	18,345	8,492	77,791
Assertive Community Treatment (PACT/	1,853			1,853
Day Support Services	11,082	2,694	1,047	14,823
Sheltered Employment	54	824		878
Supported Employment-Individual	1,101	1,062		2,163
Supported Employment-Group	18	617		635
Residential Services	10,402	2,678	6,307	19,387
Jail-Based Habilitation Services			1,826	1,826
Opiod Detox/Treatment			1,777	1,777
Infant and Toddler Intervention**		8,848		8,848
Prevention	See table with prevention services below			
TOTAL***	165,059	35,344	52,058	249,663

*Source of Service Data: Department of Behavioral Health and Developmental Services, FY 2009, Preliminary CCS Reports
**Includes only CSB-Administered Part C Services; another 4,100 consumers receive Waiver Services through private providers.

***Consumers served by program area is unduplicated count, but a consumer may receive a service in more than one program area.

Prevention Services	Consumers Served	Service Hours
Recurring	11,793	77,200
Multiple Class-	30,517	30,419
Single Events	2,372,278	51,468
TOTAL	2,414,588	159,087

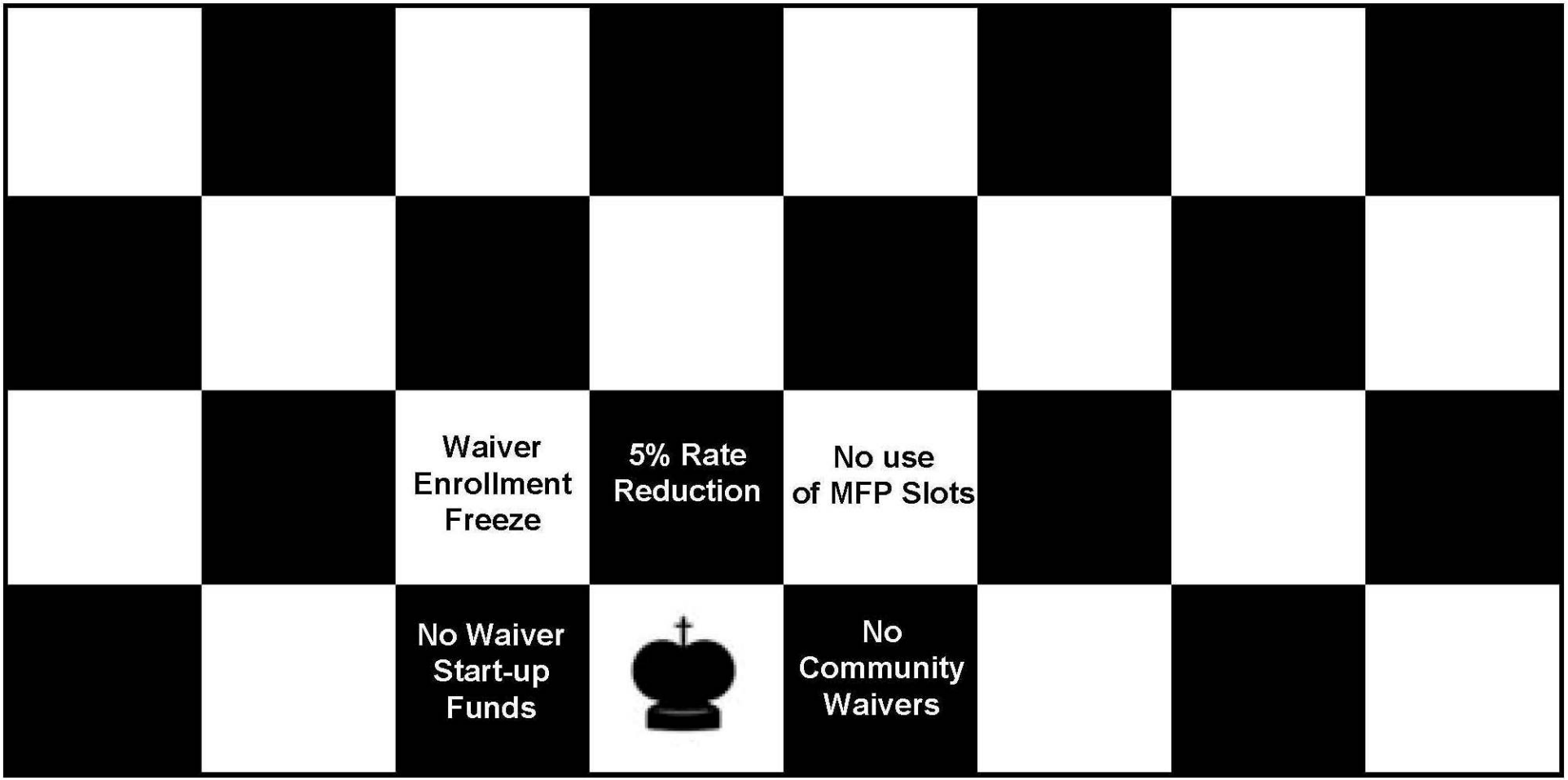
Source of Prevention Data: Virginia's CSB/BHAs, FY 2009



*Source of Financial Data: Department of Behavioral Health and Developmental Services, CSB/BHA Performance Contracts, 2009

Commonwealth of Virginia Community Services Boards Funding Sources-FY2009*

The Intellectual Disability System is in Checkmate!



Virginia Association Of Community Services Boards, Inc.

Making a Difference Together

VACSB PRESENTATION FOR
SENATE FINANCE HEALTH AND HUMAN RESOURCES SUBCOMMITTEE

Considerations:

- CSBs served over 200,000 in 2009 individuals by blending state, local, federal block grant and Medicaid reimbursement dollars. Without the balance of funding sources, numbers of people served and adequacy of services would not be possible.
- Reductions in multiple funding streams intensify the impact on consumers, services, and staff far more than reduction of a single funding stream. Think of a snowball rolling downhill starting an avalanche.
- State policy has directed CSBs to maximize Medicaid reimbursement in every possible way and to utilize that capacity to serve additional individuals. While overall, Medicaid constitutes about 45% of community funding, some CSBs are dependent upon Medicaid reimbursement for up to 70-85% of revenue, yet continue to serve many individuals who are not eligible for Medicaid.
- As well, state policy direction has encouraged private provider investment and provision of services. In some areas of the state, the private sector is the primary provider for residential and day services.
- Additional state fund reductions will impact the amount of mental health and substance abuse/prevention block grant funds dollar for dollar.
- In the face of reductions, each CSB will make business decisions based upon Code mandates, federal block grant requirements, and Medicaid requirements, regardless of Performance Contracts specs.
- **Staff, programs, and lost infrastructure, whether public or private sectors, cannot be recovered for the same amount of dollars currently expended.**
- With significant cuts in Waiver reimbursement, there will be no capacity to address new Waiver slots and there will be no capacity to move individuals from training centers to the community on Waivers. The only service that will be available will be an ICF-MR in the community, far more costly than Waivers.

Impact of Additional Medicaid Waiver Rate Reductions for CSBs/Private providers

Loss of employment that generates wages, tax base, and consumer spending in localities:

- VACSB and our private sector partner, VNPP, can identify at least **1178 jobs** that will be eliminated in residential and day services programs.
- In addition, CSBs provide other services such as family support, respite, certain types of personal care, and other ancillary services that assist consumers and families. We can identify another **200 jobs**, at the least.

This loss of trained, qualified and dedicated staff will result in unemployment claims, loss of private insurance, and possible application for other public services including Medicaid.

Impact on Consumers Served through the ID and Day Support Waivers
Virtually every consumer, 7565 individuals, on the ID/Day Support Waivers will be impacted in some way by a 10% rate reduction.

Residential Waiver Services, 4260 individuals

- Individuals in group homes now will not lose "a" placement; however, it may no longer be "their" placement developed for the best possible outcome. As providers are forced to consolidate group homes and eliminate vacancies, there will be disruption if new placements are not as uniquely suited to the individual.
- Where day services are reduced or eliminated, those individuals in congregate care will spend a lot of time in their homes rather than in community integration, supported employment, day support, and vocational activities. This can have unintended consequences in terms of behavioral issues and may put their placement at serious risk.
- Consolidation and closure of group homes will derail any chance of training center downsizing and savings.

Individuals Receiving Day Services, 6110 individuals

- For those individuals living with their families, families will be called upon to provide much more support than they currently provide. With Day Services hours reduced and some programs eliminated completely, it may be necessary for family members to leave gainful employment in order to care for the family member.
- Families who currently receive family support, respite and other services will find hours reduced or those services eliminated completely.

Individuals who have ID Waivers but live with their families and have opted for consumer directed services and in-home supports will see a reduction in available staff and a reduction in the hours that will be available based upon that staffing. Again, families will be counted on for additional supports. A rate reduction is a wage reduction for staff who provide consumer-directed services.

Summary:

- The ID Waiver system will no longer be in checkmate: it will be out of the "game" entirely.
- There will be no way to deal with real and critical emergencies.
- Projected savings from training center downsizing will not be realized.
- Individuals on the Urgent Care Wait List now receiving some limited family support will no longer receive those services.
- The system, in the analogy of life, will be at the food and shelter stage.

Impact on CSB Services if additional State Fund reductions are made, placing federal MH and SA block grant funds at risk dollar for dollar

In varying ways, adult mental health outpatient services will be reduced and many of the gains made after Virginia Tech will be reversed. Affected programs will include:

- Fewer PACT slots (PACT/ICT produces sizable savings in state facility bed days)
- Crisis stabilization capacity will be reduced in some regions and transitional recovery homes for individuals with serious mental illness will be at risk in the choices that CSBs will be forced to make
- Some CSBs will eliminate in-jail services that they have provided for years

- Many CSBs will be unable to take discharges from state hospitals because of staff and infrastructure issues
- Satellite mental health clinics will be closed or reduced to 2 days of service each week, meaning that consumers may have to travel much farther to obtain services
- Some CSBs will be unable to meet the emergency services standards set forth in the Performance Contract
- Regional LIPOS (Local In-patient Purchase of Services) will be reduced stressing further the problems of state facilities
- Child and adult psychiatry availability will be reduced in many areas, also limiting or eliminating psychiatric services for nursing homes, ALFs, and others who count on such agreements for services
- Some CSBs will limit psycho-social and day treatment programs
- Some CSBs will be forced to make choices between eliminating established programs with private hospitals and closing, for example, certain addiction treatment programs impacting 800 consumers **or** eliminating psychiatric positions with nursing staff impacting 1800 consumers
- Supported living and supported employment programs will be reduced or completely reconfigured. These are two of the most valuable services for consumers with serious mental illness who are in a recovery process.

Summary:
It was not possible to accurately assess the exact numbers of consumers impacted and jobs lost if additional GF reductions are made. In a small survey that the VACSB was able to conduct among 10 representative CSBs, the job loss ranged from 25-275 per CSB. The impact on consumers ranged from over 100 consumers up to 1800 consumers per CSB.

While emergency services and certain other mandated services will continue to be provided, the support services that avoid crises and maintain consumers in their communities will be reduced or, in some cases, eliminated.

Local reductions to CSBs now exceed $20 million dollars, which impact local staff and consumers served. **The avalanche is moving. If we calculate all possible additional reductions, there will be 20,508 consumers impacted and an additional 1000 jobs lost within CSBs.**

It is no longer possible to "shave" additional funds and maintain essential services when all parts of the MH, ID, and SA system- facilities, communities, private sector-are heavily impacted by loss of revenue and staff. Just as CSBs have been able to serve individuals by blending and patching resources, any future the system may have will need a similar approach.

Attachments:
People, Services, Funding (Data from DBHDS)
PACT/ICT Outcomes and Return on Investment (Data from DBHDS)
MR/ID Waiver Comparison with Institutional Care (DMAS)
System in Checkmate with Introduced Budget (VACSB)

Programs for Assertive and Intensive Community Treatment (PACT, ICT) and Programs for Assistance to the Homeless (PATH)

RETURN ON INVESTMENT:

ACT and ICT Programs serve individuals with high need for intensive services. Most individuals in ACT/ICT would often be in facility placement.

ACT Programs result in:
--fewer hospitalizations,
--increased housing stability, and
--improved quality of life.

While various factors affect local costs, ACT is frequently estimated at $10,000 to $15,000 per person per year based on a team of about 10-12 staff and a 1 to 10 staff-to-consumer ratio. Medication and housing may add additional costs (from NAMI Fact Sheet , Sept. 2007).

Demographics

Number of Sites	19
Consumers Served	1,617
Average Age	46
% Male	58%
% Female	42%
% White	54%
% Black	41%
% Asian	1%
% Other	2%

Diagnoses

Consumers Served	1,617
Schizophrenia	75%
Other Psychosis	3%
Bipolar Disorder	14%
Affective Disorder	1%
Co-occurring Substance Abuse	44%
Co-occurring Medical Problem	25%
Co-occurring Personality Disorder	10%
Co-occurring Mental Retardation	2%
Unknown	4%

Outcomes

Consumers Served	1,617
Stable Housing	90%
Lived in Private	73%
Had no arrests	95%
Had some employ-	14%

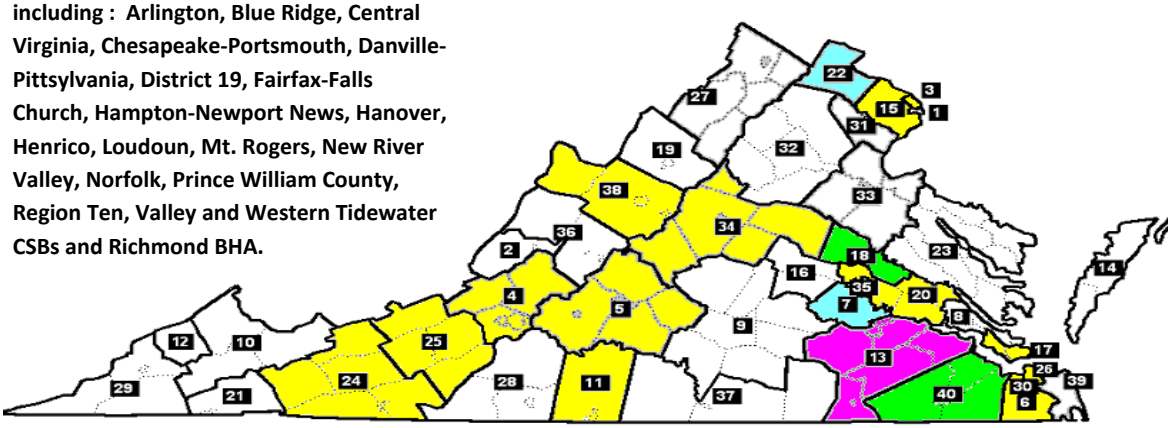
State Hospital Outcomes

Consumers Served	1,617
Consumers with State Hospital History	1,112
Lifetime Avg Pre-Pact Admissions	5
Lifetime Avg Pre-Pact Bed Days	580
Post-Pact Bed Day Reduction	164,271
Post-Pact State Hosp Beds Reduced	89

Cost Savings for FY2009 for 1,617 persons served by PACT/ICT = $73,865,644 (based on $598 per day per state hospital bed day reduced = $98,120,644 minus est. $15,000 per person per year in PACT x number of persons, 1,617 = $24,755,000).

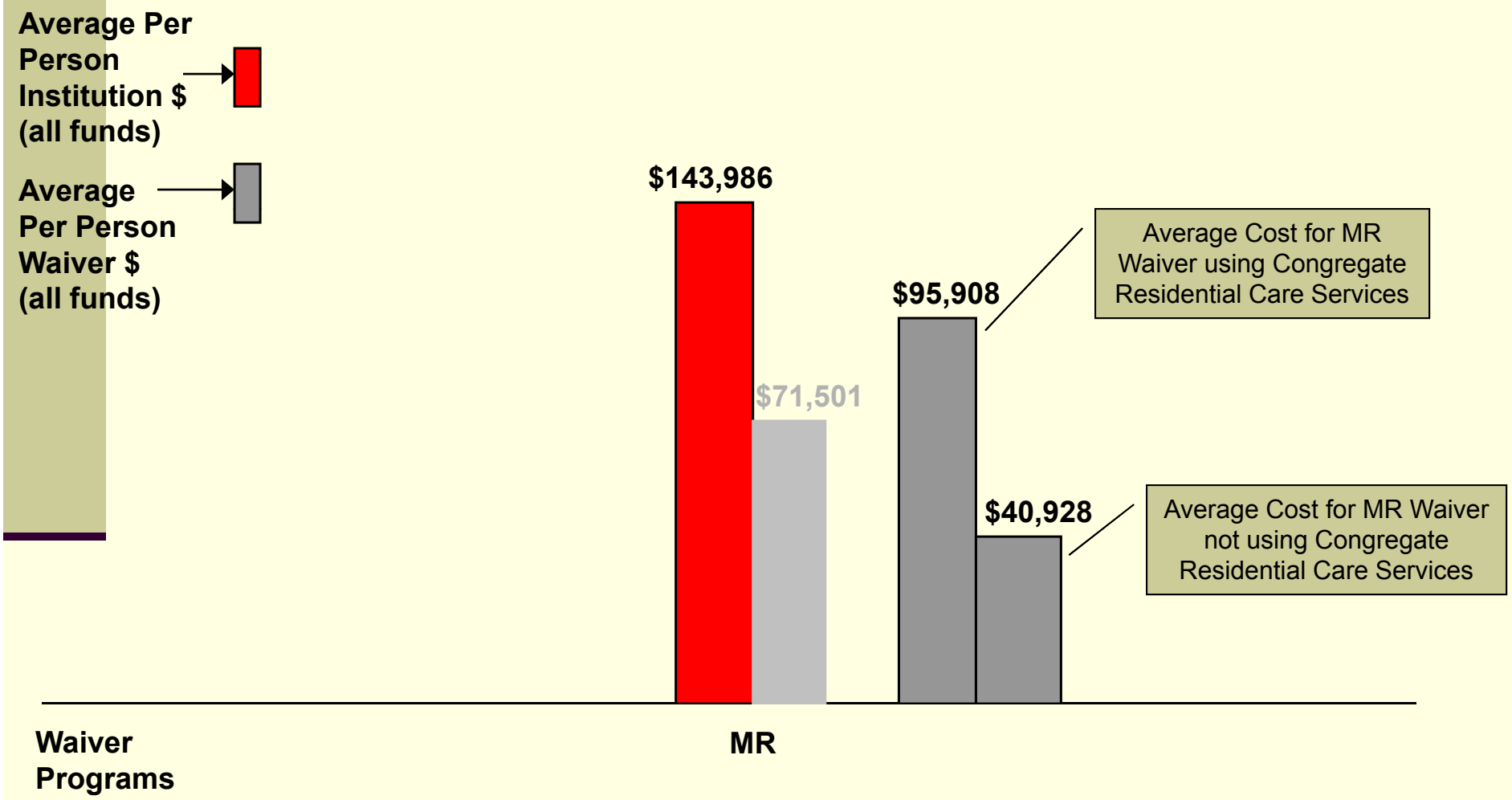
PACT programs are located in 19 CSB/BHAs including : Arlington, Blue Ridge, Central Virginia, Chesapeake-Portsmouth, Danville-Pittsylvania, District 19, Fairfax-Falls Church, Hampton-Newport News, Hanover, Henrico, Loudoun, Mt. Rogers, New River Valley, Norfolk, Prince William County, Region Ten, Valley and Western Tidewater CSBs and Richmond BHA.

Yellow or Light Gray=PACT, Fuschia or Black=PACT/ICT , ICT alone=Blue, Green or Darker gray



Virginia's PATH **provided services to 2,073 enrolled persons and contacted or reached out to 3,519 individuals during FY2008. Of the number of enrolled persons, 148 (7.1%) self-identified as veterans.**

As a result of their enrollment in PATH :

- **927 unsheltered consumers obtained shelter**
- **683 consumers were connected to mental health services**
- **447 consumers received medical services**
- **327 consumers secured housing**
- **220 consumers received food stamps**
- **145 consumers were approved for SSI or SSDI**

MR/ID Waiver Costs Are Likely Higher for Those Exiting an Institution But Are Still Less Costly than Comparable Institutional Care