



Virginia Association Of
Community Services Boards, Inc.
— *Making a Difference Together* —

*Premier Mental Health,
Mental Retardation,
and Substance Abuse
Services in Virginia's
Communities*

Health Care Reform

Impact and Benefits for Virginia
and Citizens with Behavioral
Health and Developmental Needs

NO WAY!



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Major Presentation Areas

- **Health Care Reform and Behavioral Health Impact**
- **What are the “faces” of Health Care Reform?**
- **Meeting the Challenges**
- **Strategies in Preparation**
- **How You Can Assist**



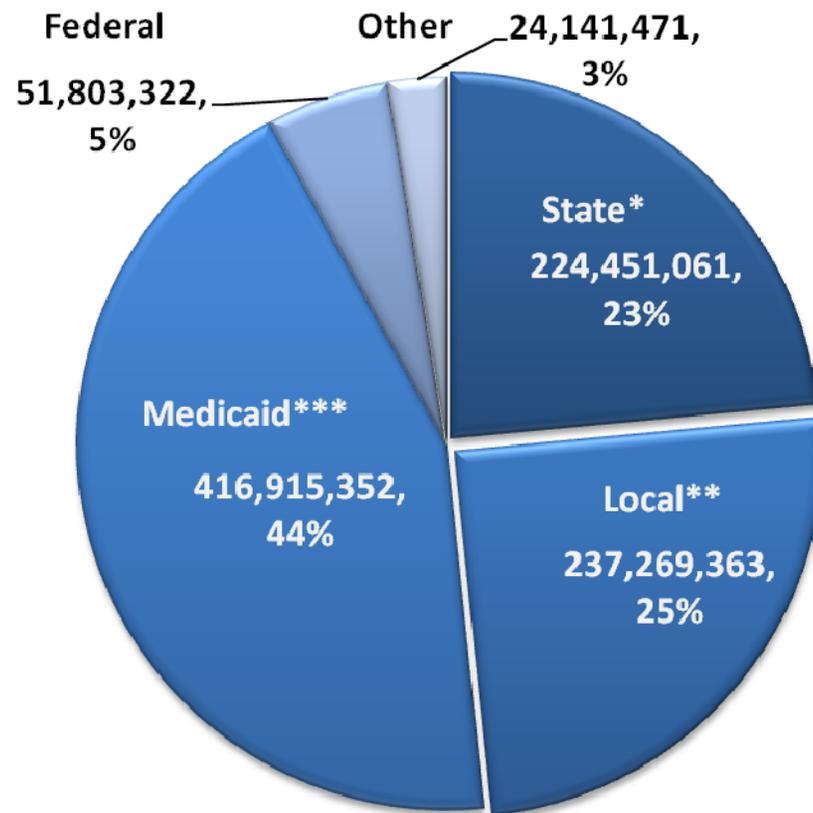
Current People and Funding

Total unduplicated count of People served in FY 2009 = 198,232

*State funds reflect \$12.4M General Fund reduction of 5%

**Local funds reflect \$10M in funding cuts

***Medicaid funds do not reflect July 2010 5% Waiver Rate Reduction and 3% Day Treatment Reduction



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Current People and Funding

- Statewide, CSBs served 198,232 unduplicated individuals in FY 2009
- The mean for Medicaid eligibility is 48% with a range from 85% to 17% Medicaid eligibility

The mean for uninsured is 32% with a range of 56% to 5% for completely uninsured

- CSB leveraging capacity, ability to “braid” funds, and obtain community assistance make clinical and support services possible, avoids “two-tiered” system, and reduces cost-shifting.
- Medicaid is a critical CSB funding stream **but** services for people are designed more to address their needs, less to “fit into” a funding stream.



Virginia Projections

- In 2014, est. 356,000 eligible for the Medicaid Expansion and a benefit that Virginia will design.
- 120,000 will have MH and SU needs. Expansion requires MH/SU services parity.
- Many of these 120,000 individuals are served now by CSBs through braided funds!
- HC Reform will provide federal reimbursement for Virginia's benefit package at 100% until 2018.



Serious Mental Illness in Virginia

- 52,141 individuals with SMI served by CSBs with medical, case management, social and wraparound supports, some of which are Medicaid-reimbursed
- Virtually all of these individuals have been/would be in state hospitals (est. \$167,000 py) w/o services
- Approximately one-half SMI are not eligible for Medicaid currently
- In 2014, all will be eligible for Medicaid expansion package approved by **You!**



SMI population needs for non-Medicaid reimbursed services regardless of Medicaid eligibility:

- Housing, supportive, independent, supervised
- Employment and Vocational supports
- Family Support and Education
- Transportation
- Continued Services Beyond Annual Limits, such as PACT services
- Services During/After Incarceration
- Crisis Management

Individuals with SMI and many with severe SU will continue to need those non-reimbursed services through their recovery paths and into the future.

In combination with clinical services, these supports allow people to be in communities and avoid hospitalization and its costs, to the person, the community, and to the State

In reality, there will be some individuals still not covered because of their homeless status



The Good News!

- Portions of specific clinical and perhaps even support services will be covered 100% for 4 years and 90% thereafter
- Thoughtful design for what the expansion service package will contain is needed
- **Let's help consumers maintain their health now and into 2014 so they enter Medicaid as healthy as possible**



The “Faces” In Virginia

- **Ms. T, misdiagnosed and cycling in and out of hospitals for years before entering a PACT program in Tidewater described her experiences:**

“In the worst of times I was in state and local hospitals wondering what happened and why Saddam Hussein was sitting in all my meetings and court dates.”



The “Faces” In Virginia

- Not currently eligible, Ms T. will be eligible for a Medicaid benefit in 2014, which will assist in her recovery-focused services, her medical services, and help realize her goal of supporting others with SMI through peer support work



The “Faces” In Virginia

- Tim, at 40, had been hospitalized for severe MI and received OP treatment and medication.
- Able to find work in construction, a work accident led to the death of a young child, an accident for which Tim felt guilty
- Further diagnosed with PTSD and needing medical and OP treatment, lack of his ability to pay for services contribute to the PTSD, adds to the guilt, and delays recovery
- In 2014, Tim will be eligible for the Medicaid expansion and, if more healthy, could work and possibly be part of the health exchange



The “Faces” In Virginia

- Len, a Vietnam Veteran with severe schizophrenia, who lived through Katrina, lost VA benefits when incarcerated.
- The local CSB provided medical, social recovery and wraparound supports as well as case management, helping to recover some VA benefits.
- In 2014, Len will be eligible for Medicaid and cover some of the community supports he needs.



The “Faces” In Virginia

- Adults who are in anguished and dire straits will be covered thru expansion
- With recovery-focused services, individuals may become employed and eligible for private insurance or health exchange
- CSB state GF allocations will support the wraparound services for those with SMI who otherwise would be in state beds, regardless of a Medicaid funding stream.



Meeting the Challenges

- CSBs consistently meet the challenges that the General Assembly and Administrations have given us.

Thanks to you, Virginia:

- Has one of the few comprehensive systems of community services
- Has been able to identify and address critical issues using all resources available



You Have Asked CSBs To:

Downsize state facilities and serve citizens in communities. CSBs have:

- Reduced state hospital beds from 4,835 in 1980 to 1419 beds statewide in 2009
- Doubled the number of adults with SMI served in stable community situations- over 50,000 today, 1617 in PACT and smaller numbers in even more intensive services
- Crisis stabilization services to avoid/reduce hospitalization for over 4000 individuals in 2009
- Reinvested into private hospitals for diversion and short-term treatment for over 3290 individuals



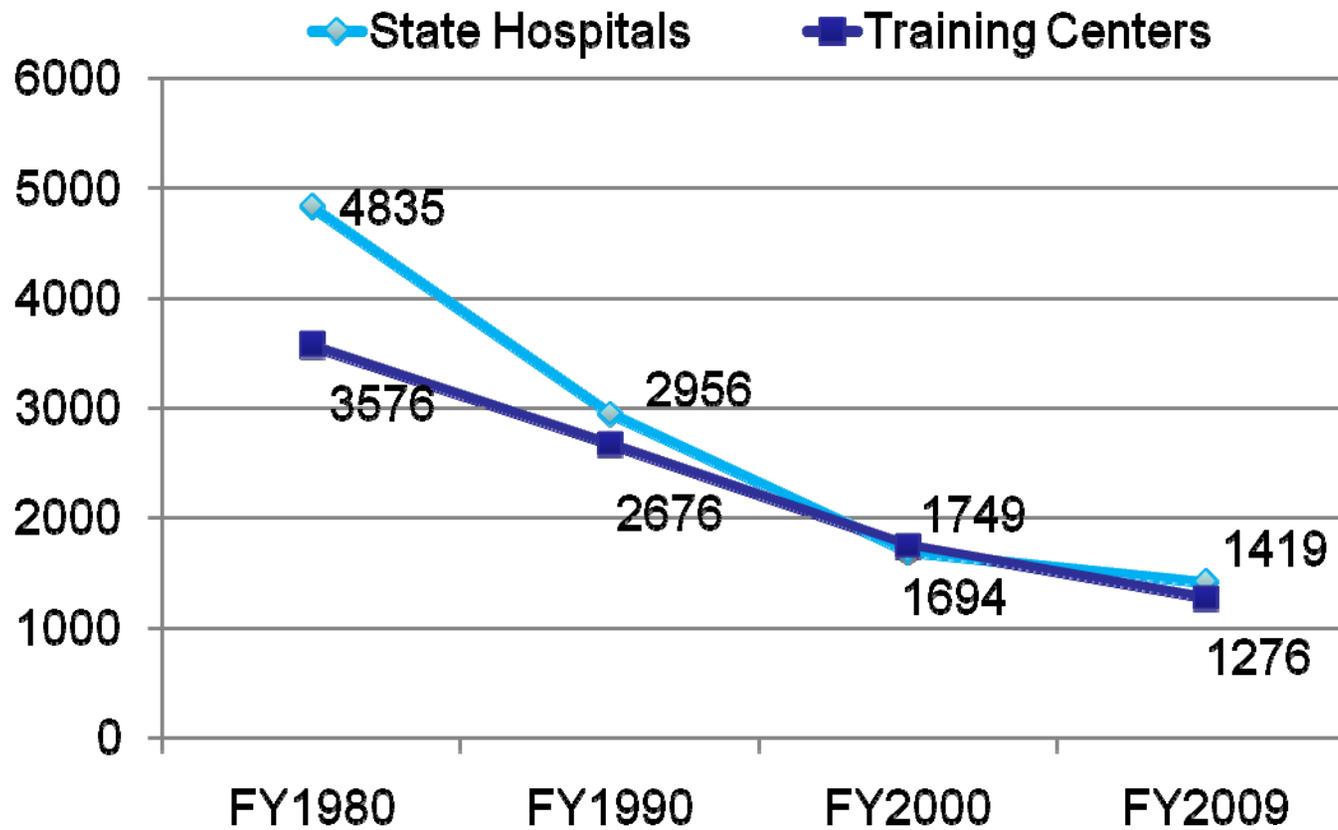
You Have Asked CSBs to

Downsize Training Centers and serve individuals with ID in their communities. CSBs have:

- **Reduced Training Center beds from 3576 in 1980 to 1276 in 2009 (75 more will close at SEVTC)**
- **Support over 8000 individuals on the ID Waiver and serve over 35,000 individuals with ID**
- **Implemented person-centered planning**
- **Encouraged private provider investment and service provision (over 600 providers, 68% of services)**
- **Established sound policies for needs-based allocation of Waiver slots and funds**



● Reduce Average Daily Census in State Hospitals and Training Centers-FY1990-FY2009



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PACT 2009

Diagnoses		Outcomes	
Consumers Served	1617	Consumers Served	1617
Schizophrenia	75%	Stable Housing	75%
Other Psychosis	3%	Lived in Private Households	3%
Bipolar Disorder	14%	Had no arrests	14%
Affective Disorder	1%	Had some employment experience	1%
Co-occurring Substance Abuse	44%	State Hospital Outcomes	
Co-occurring Medical Problem	25%	Consumers served	1617
Co-occurring Personality Disorder	10%	Consumers with state Hospital History	1112
Co-occurring Intellectual Disability	2%	Lifetime Avg Pre-Pact Admissions	5
Unknown	4%	Lifetime Avg Pre-Pact Bed Days	580
		Post-Pact Bed Day Reduction	164,271
		Post-Pact State Hosp Beds Reduced	89



What Else? CSBs Have:

- Strengthened emergency/crisis services
- Developed gero-psychiatric projects
- Expanded services to veterans thru WWP and VA
- Diversion projects from jails in 74 localities with over 15 CIT efforts
- Drug Court treatment for over 1300 adults/ juveniles
- Implemented recovery-focused, consumer-driven services in advance of health care reform
- Partnered, through ANLOL grants, with Free clinics and FQHCs to coordinate primary and mental health services in 9 areas of the state involving 13 CSBs and 13 safety net clinics
- Expanded services for youth with SED



What Else? CSBs Have:

- Maximized Medicaid capacity and all dollars
- Increased use of evidence-based practices and best practices
- Increased case management intensity
- Increased access to services and supports, including medications, in spite of State Pharmacy closure
- Produced quality consumer outcomes including stable community housing and employment
- Limited pressure on state hospitals for forensics
- Strengthened accountability for public funds



CSBs Will Meet the Challenge

Health Care Reform Is **One**
More Challenge That CSBs
Will Help Virginia Implement
With Exceptional Outcomes



CSB Strategies in Preparation

- Assessing gaps in statewide CSB system and developing steps to address most critical gaps
- Planning for heightened CSB management of services, improved access, efficiency, and accountability
- Strengthening local systems of care and developing additional methods and processes to coordinate with primary care providers
- Assessing current ANLOL projects for possible application for federal demonstration grant to coordinate BH and primary care
- Using best HR management to retain every worker in system now
- Exploring every way to “extend” expertise and skill of all professional and direct staff capability, including better and expanded use of technology



CSB Strategies in Preparation

- Working with DBHDS and state efforts to expand healthcare workforce and more uniform training
- Speeding up use of Electronic Health Records by all CSBs for information exchange and interoperability among CSBs and with primary health clinics
- Planning for materials that will assist consumers in understanding new benefit options, structures, and their responsibilities
- Emphasizing promotion of wellness and health choices as well as prevention of and interventions for deterioration of conditions, **both** of primary emphasis in health care reform
- Developing models for a “behavioral health medical home” for individuals with SMI and SED conditions and coordinating with primary care



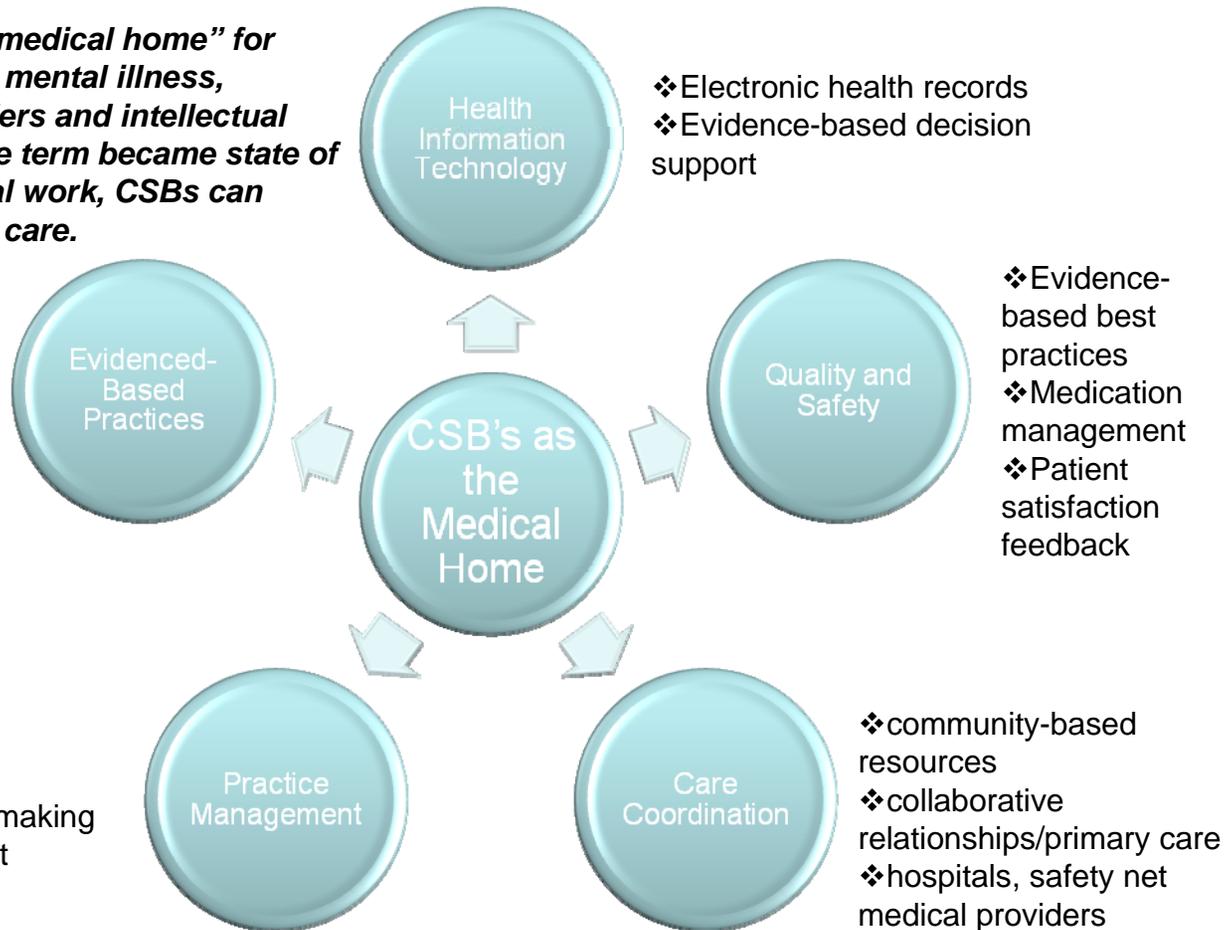
Healthcare Reform

Behavioral Health: Medical Homes

CSBs have provided a “medical home” for individuals with serious mental illness, substance abuse disorders and intellectual disability long before the term became state of art. With some additional work, CSBs can coordinate with primary care.

❖ Acute and chronic care

❖ disciplined financial management
❖ cost-benefit decision-making
❖ revenue enhancement



Big Considerations

- Will CMS consider options for chronic care conditions (SAMHSA)
- How will “non-insured” supports be continued/funded-even beyond limits
- Specialty approach needed for MI among those with ID, DD, ASD
- Higher SU among new enrollees. Where is the “medical home”
- Maintaining workforce/balancing budget
- Building on the local system foundations



How Can You Help?

- Be aware how reform will benefit Virginians with MH/SU conditions/needs and therefore the Commonwealth
- Design and approve a useful and beneficial expansion package
- Preserve/enhance the CSB community services you have created to meet Virginia's many challenges
- Deliberate carefully on budget actions that may diminish the current workforce
- Continue to preserve the blended/braided funding streams that serve nearly 200,000 individuals now
- Be cautious about any action that could reduce Medicaid or other funding from the overall CSB blend of funds
- Keep the CSB system strong in order to address critical state mandates and health care reform, including newly-eligible.



Thank You!

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