

DBHDS

Virginia Department of
Behavioral Health and
Developmental Services

DBHDS Budget Amendments

Senate Finance Committee
HHR Subcommittee

January 17, 2011

James W. Stewart, III
DBHDS Commissioner

“Down Payment” to Expand Community Services and Improve Quality of Care

The Governor has determined there is not adequate service capacity in the community and there are significant, long-standing operational problems in state facilities, all requiring immediate attention.

\$30M Proposed package would focus in three critical areas:

1. Intellectual Disabilities Services

Enable more individuals with intellectual disabilities to live successfully in the community and address operational problems in the training centers.

2. Behavioral Health Services

Enable the Tidewater region to complete the transition to a smaller ESH & continue the expand network of crisis stabilization services across state.

3. Improving Quality of Care in the State Facilities

Operational issues at training centers

- Dept of Justice investigation at CVTC since 2008
- Excessive overtime at CVTC due to management and budget issues resulting in potential for compromised care
- CMS investigation at SVTC due to critical incidents

Community Capacity Issues

- Individuals in crisis and those in need of respite are admitted to training centers when their needs could be met in the community in a more integrated fashion and less expensively in the community
- The waiting lists for community services for those with ID and DD continue to grow

Basis for DOJ Review and Findings

- Department of Justice seeks to enforce:
 - CRIPA (Civil Rights of Institutionalized Persons Act)
 - Americans with Disabilities Act (ADA) and the *Olmstead v. L.C.* decision
- **CRIPA:** Guarantees the rights of individuals in institutions to be free from harm, receive appropriate medical, behavioral, and psychiatric services.
- **The ADA/*Olmstead*.** Individuals with mental illness and developmental disabilities cannot be unlawfully segregated in institutional settings when they can be served in more integrated settings in the community.

Anticipated DOJ Findings

- Lack of adequate care within its five Training Centers (Failure to protect individuals from harm, provide residents with needed treatment and habilitation, and protect from the use of undue restraints).
- Failure to serve residents in the most integrated setting appropriate to their needs.
- Limited ID waiver program capacity to serve everyone in need.
- Limited waiver rate structure and reimbursement to serve the most medically fragile and behaviorally complex individuals, (The rate structure should support similar services in the waiver as exist in ICF/MRs).
- Lack of sufficient oversight of community providers.
- Disparity in availability of services depending on the setting, preventing some individuals with more complex needs from being served in the community.

Intellectual Disability Services

Item	Total
275 new ID Medicaid Waiver slots	\$9.8M
Crisis intervention services	\$5.0M
Staffing needs in training centers	\$7.1M
Discharge planning for training center residents	\$400K
Consultation/training to assure DOJ compliance	\$200K
TOTAL	\$22.5M

Addressing Need for Waiver Slots

Intellectual Disability Waiver

- Total individuals with assigned waiver slots – 8,558
- Total individuals on the waiting list for community services – 5,472 (2,840 on urgent need wait list)

Developmental Disabilities Waiver

- Total individuals with assigned waiver slots – 595
- Total individuals on waiting list – 1,200

275 new ID waiver slots in proposed budget would reduce the community waiting list and allow individuals to discharge safely from training centers to appropriate community settings (\$9.8M in SGF)

Crisis Intervention Services for Individuals with Intellectual Disabilities

- Multiple Virginia OIG findings/recommendations have identified the need for specialized crisis intervention services for those with intellectual disabilities.
- Individuals in crisis situations involving challenging behaviors have been placed inappropriately in state hospitals and jails and unnecessarily to training centers.
- The proposed budget provides \$5M to establish in five regions:
 - Mobile “Crisis Stabilization Teams” consisting of psychiatrist, regional coordinator, clinicians, and behavioral specialists. The plan would create six teams, one in Regions I, II, IV, V and two in Region III.
 - Crisis stabilization units with staff specifically trained to treat and understand the complexities of individuals with an intellectual disability and a co-occurring mental illness and/or behavioral problems.
- These systems together would serve 600-700 people annually.

Ensuring Safety in Training Centers

- Recent reviews from the Virginia's OIG & federal CMS reported excessive overtime at CVTC, insufficient numbers of direct care staff at SVTC, and inadequate supervision of direct care staff at SVTC. DOJ findings will likely focus on ensuring adequate safety and protection from harm for residents.
- Overworked staff, too few staff and inadequately monitored staff can place residents at risk for harm and creates an unacceptable safety risk.
- \$7.1M in proposed budget will enable the hiring of direct care and nursing staff at CVTC and SVTC in response to this concern. This will replace a portion of the \$10M that was cut from training centers in original FY12 budget.
- \$200K in proposed budget will provide for consultants/training in training centers to assure compliance with DOJ expectations

Planning for Resident Transition to Community Settings

- It is critical that Virginia provide those with intellectual disabilities who can be served in the community the opportunity to do so. The DOJ findings are anticipated to require strengthened discharge planning for those in the training centers.
- The proposed budget includes \$400K to hire five community resource consultant positions at DBHDS to work in the five regions with training center staff, community providers and families to help individuals in locating appropriate services in the community that will meet their individualized needs.

Behavioral Health Services

Item	Total
Community behavioral health services in the Tidewater/ Eastern State Hospital region	\$2.4M
Behavioral health crisis stabilization programs	\$4.0M
TOTAL	\$6.4M

Community Services Capacity in Tidewater/Eastern State Hospital Region

- ESH's new 150-bed adult facility replaced an aging 263-bed facility.
- Insufficient community services to adequately decrease admissions & implement discharges to maintain census at new 150 bed level.
- Recent ESH waiting list: only a few of 43 civil referrals from local hospitals admitted; 42 jail inmates; and 13 referred back from CSH forensic Unit.
- \$4M in proposed budget to increase community capacity in these areas:
 - **Sponsored Placements** - Supervised housing for up to 6 months in assisted living or adult foster care settings for individuals needing 24-hour supervision.
 - **Expanded LIPOS** – Increase Local Inpatient Purchase of Service for persons needing acute and intermediate level care in community hospitals.
 - **Expanded Discharge Assistance Program** – Individualized community support plans for discharge-ready persons with specialized needs.
 - **Stabilization and Competency Restoration in Community Hospitals** – HPR V will utilize community hospitals instead of ESH to provide inpatient treatment and competency restoration services to certain non-violent jail inmates.

Expanding Crisis Stabilization Programs

- Currently 16 crisis stabilization programs across state:
 - Served 3,816 people in FY 2010
 - Provided 42,261 bed days in FY 2010
 - Average bed day cost \$485 as compared to \$650/\$900 inpatient
- Initiative is providing effective alternative to inpatient; beginning to provide drop off capability for law enforcement & TDO alternative to hospitalization
- \$4M in proposed budget to establish four crisis stabilization programs with average of 7 beds
- A significant benefit of these programs is decreased law enforcement time for TDOs

Improving Quality of Care

Item	Total
Add six licensing positions at DBHDS to increase the capacity to monitor community-based providers of services to individuals with behavioral health or developmental disabilities.	\$515K
Reestablish a statewide medical director and provide a quality management position in Central Office.	\$182K
TOTAL	\$697K

Background:

- While conducting a series of surveys at Hancock, the federal Center for Medicaid and Medicare Services (CMS) found deficiencies in specific areas of care and programmatic processes.
- After each visit, plans of correction were implemented to address problems; however, with subsequent visits, surveyors found additional concerns under the same categories.
- As a result, the center was decertified in Sept. 2010 and is currently not receiving Medicaid for patients. This does not affect the adult or forensic population.
- The center will remain decertified until the surveyors revisit and deem the hospital in sufficient compliance with the regulations.

Three approaches are being pursued to regain certification:

1. Pursue informal dispute resolution (IDR) of findings
2. Seek an appeal of the decision by CMS to decertify the Hancock Center
3. Reapply for full certification

Eastern State Hospital Hancock Geriatric Center

Item	Total
Replace federal funds lost at the Hancock Geriatric Center at ESH due to decertification from the Medicaid program.	\$5.2M
Address staffing issues necessary for recertification	\$197K
TOTAL	\$5.4M

Background

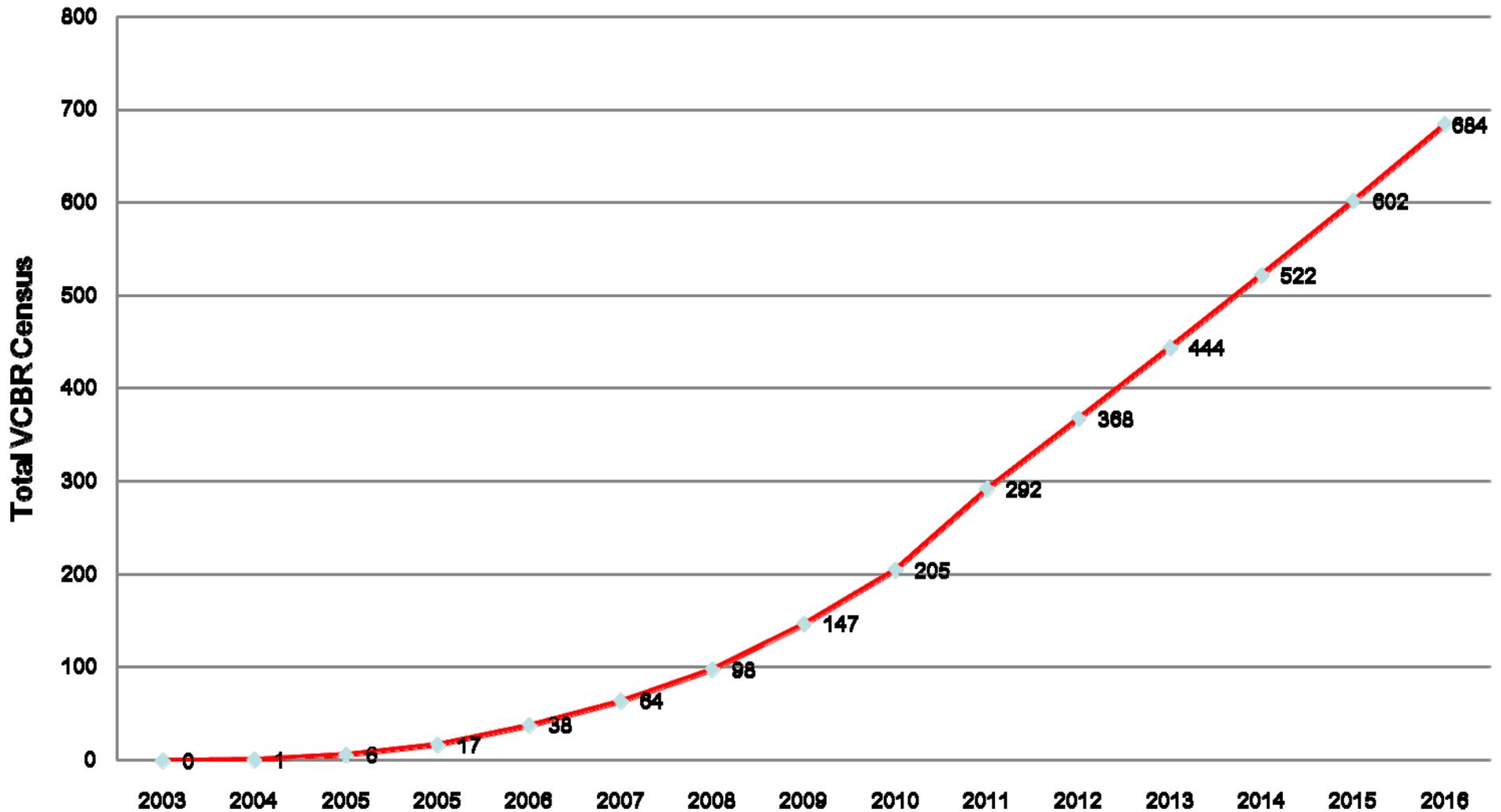
The number of commitments to the SVP program averages 5 per month. On December 30, 2010, the census of the 300 bed VCBR was 243. Because the DBHDS FY2011 operational budget for the facility is sufficient to serve a maximum of only 200 individuals, approval was provided by the Governor to utilize FY2012 funds to serve the higher census. Current projections indicate that the VCBR census will reach 300 in late summer/early fall 2011 and will reach 368 in FY2012 and 684 in FY16. The Governor's proposed budget calls for:

- Increase staffing in FY2012 to serve 300 at VCBR - Burkeville
- Provide funds to re-open temporary SVP facility in Petersburg in FY2012
- Expand DBHDS Office of SVP Services to keep up with rapidly expanding evaluation and conditional release caseloads
- Plan for and establish second 300-bed residential facility with bond funding

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Projected Commitment Rate to VCBR



The SVP Office manages evaluations for admission, training of VCBR staff, and the conditional release program. Staffing must reflect increasing caseload.

	FY10	FY11	FY12
Evaluations	165	185	187
Total conditional releases from VCBR	7	12	18
Total person on SVP conditional release	36	55	75

Addressing Need for Expanded Residential Treatment Capacity

It is proposed that these actions be taken to expand capacity beyond the current 300 bed VCBR in Burkeville:

- 1) Re-open 48-bed former temporary VCBR on the Petersburg Behavioral Health campus in FY 2012
- 2) Open a new, dual-purposed 300-bed facility
 - The new facility's main function would be a "step-down" from VCBR-Burkeville to transition those who are responding well to treatment .
 - Also would be an intensive-security unit for those that resist or refuse to participate in treatment and are a disruptive element in the treatment venue. They would reside in a separate unit designed for more intensive security and control while continuing to offer treatment.

Step-Down Facility Proposal

The former Brunswick Correctional Center has been identified as a site for the new facility.

- Renovations would be necessary to convert the existing location to a 300-bed facility appropriate for individuals whose civil rights have been restored.
- The new facility could be operational in a minimum of 24-30 months of starting renovations.
- Capital costs are less than new construction & operation could be achieved more quickly.
- Security measures would be the same as VCBR-Burkeville, which has not caused any security concerns to the surrounding community since opening.
- Staffing levels would be similar to VCBR-Burkeville.

SVP/VCBR Amendments

Item	Total
Fund the operation and expansion of staffing to serve the full 300 bed capacity at VCBR Nottaway and temporary 48-bed facility in Petersburg.	\$24.4M
Increase staffing levels at DBHDS to handle increased caseload of the SVP conditional release program.	\$612K
Provide bond authority to plan for and renovate a 300-bed step-down facility for sexually violent predators.	\$43.5M bond
TOTAL	\$25M – GF \$43.5M – Bond

Other Initiatives

Item	Total
Restore funds to re-open a 20-bed geriatric psychiatric unit at Southwestern Virginia Mental Health Institute that was scheduled to close for budgetary reasons by June 30, 2011.	\$2M
Add one position in the DBHDS Office of Information Technology to help implement electronic health records and other IT initiatives.	\$100K
TOTAL	\$2.1M

In summary, the Governor's proposed budget amendments would:

- Further transition Virginia from a facility-based system to one that provides needed services in the community
- Address concerns in state training centers
- Expand behavioral health services in Tidewater to assist ESH downsizing
- Address decertification funding issues at ESH's Hancock Geriatric Center
- Expand the capacity of the Sexually Violent Predator Treatment Program
- Increase the DBHDS central office's ability to monitor and improve quality of care, and implement electronic health records
- Re-open the geriatric unit at Southwest Virginia Mental Health Institute

DBHDS Budget Reduction History

	FY09	FY10	FY11	FY12	TOTAL
CSBs	(\$12.4M)	(\$12.2M)	(\$660K)	(\$100K)	(\$25.4M) , ongoing 10%
Facilities	(\$7.8M)	(\$18.3M)	(\$5)	(\$17.3M)	(\$48.4M) , ongoing 16%
Central Office	(\$4.9M)	(\$5.2M)	—	—	(\$10.1M) , ongoing 30%
TOTAL	(\$25.1M)	(\$35.7M)	(\$5.6M)	(\$17.4M)	(\$83.8M) 14%