

DBHDS

Virginia Department of
Behavioral Health and
Developmental Services

**Virginia's Publicly-Funded Behavioral Health and
Developmental Services System
and
BHDS Biennium Budget Update**

HHR Subcommittee, Senate Finance Committee
January 23, 2012

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DBHDS Commissioner

Topics to be Covered

- Vision Statement and Delivery System
- Actual 2011 Spending
- Trends and Strategic Initiatives
- Governor's Budget:
 - BHDS Trust Fund & Efforts to Transition Individuals from Training Centers to Community
 - Electronic Health Records – State Facilities
 - Sexually Violent Predator Program & VCBR
 - Children's MH Mobile Crisis Response

DBHDS Vision for Virginia's System of Services

Our vision is of a consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of consumer participation in all aspects of community life including work, school, family and other meaningful relationships.

Publicly-funded system of behavioral and developmental services includes a mix of public and private providers:

- 40 local community services boards offer 402 licensed services at 1,674 locations & served 197,000 in FY 2011
- 710 private providers offer 1,387 services at 4,181 locations
- 15 state operated facilities
 - 9 state hospitals (8 adult & 1 children/adol) current census 1,223
 - 5 training centers (individuals with intellectual disability) current census 1,023
 - 1 center for behavioral rehabilitation of sexually violent predators current census 273

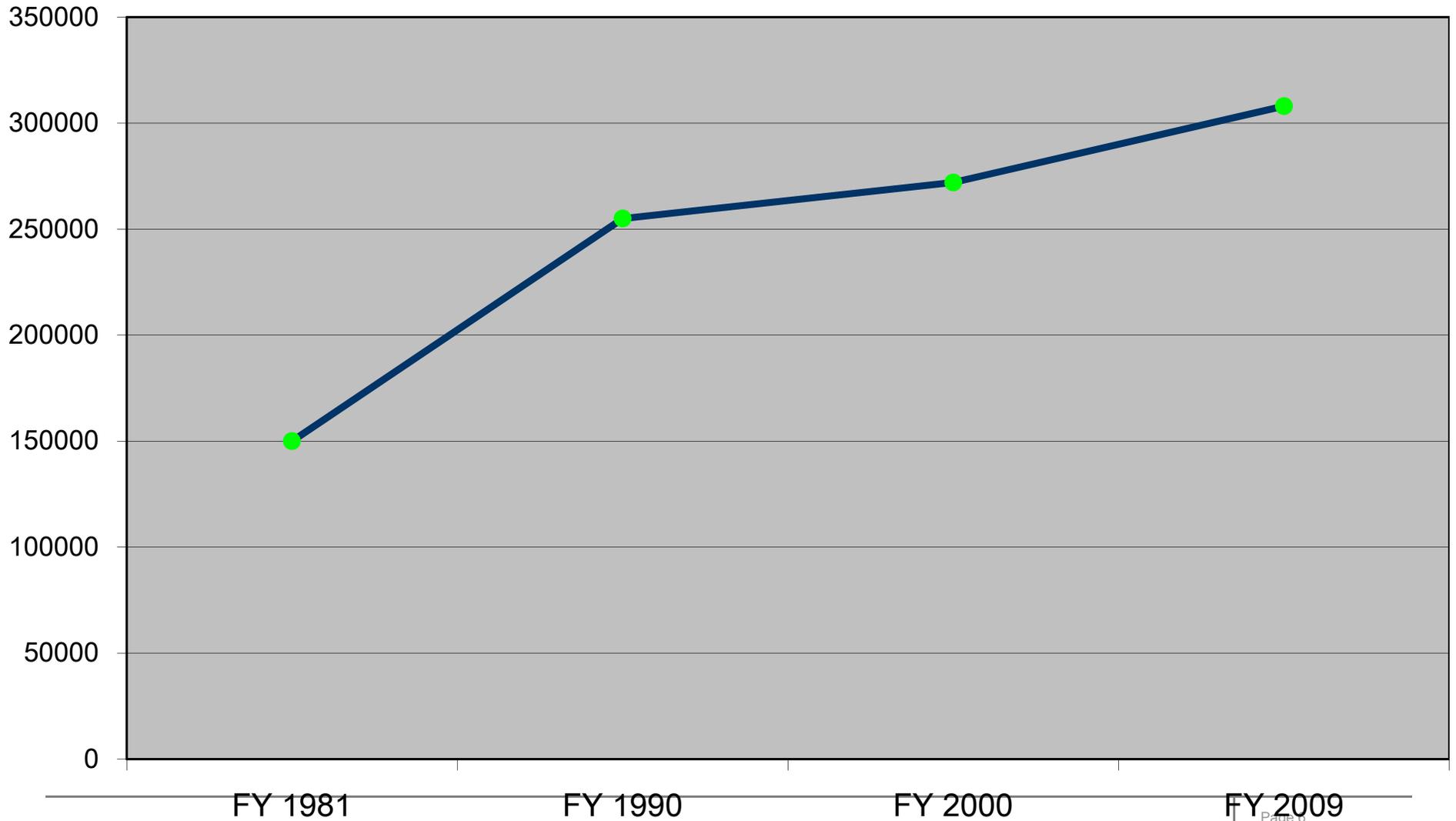
Actual FY2011 Spending

Category	Amount
MH Facilities	\$307.3M
ID TCs	\$239.4M
VCBR	\$24.4M
Community	\$306.4M
CO	\$39.0M
TOTAL	\$916.5M

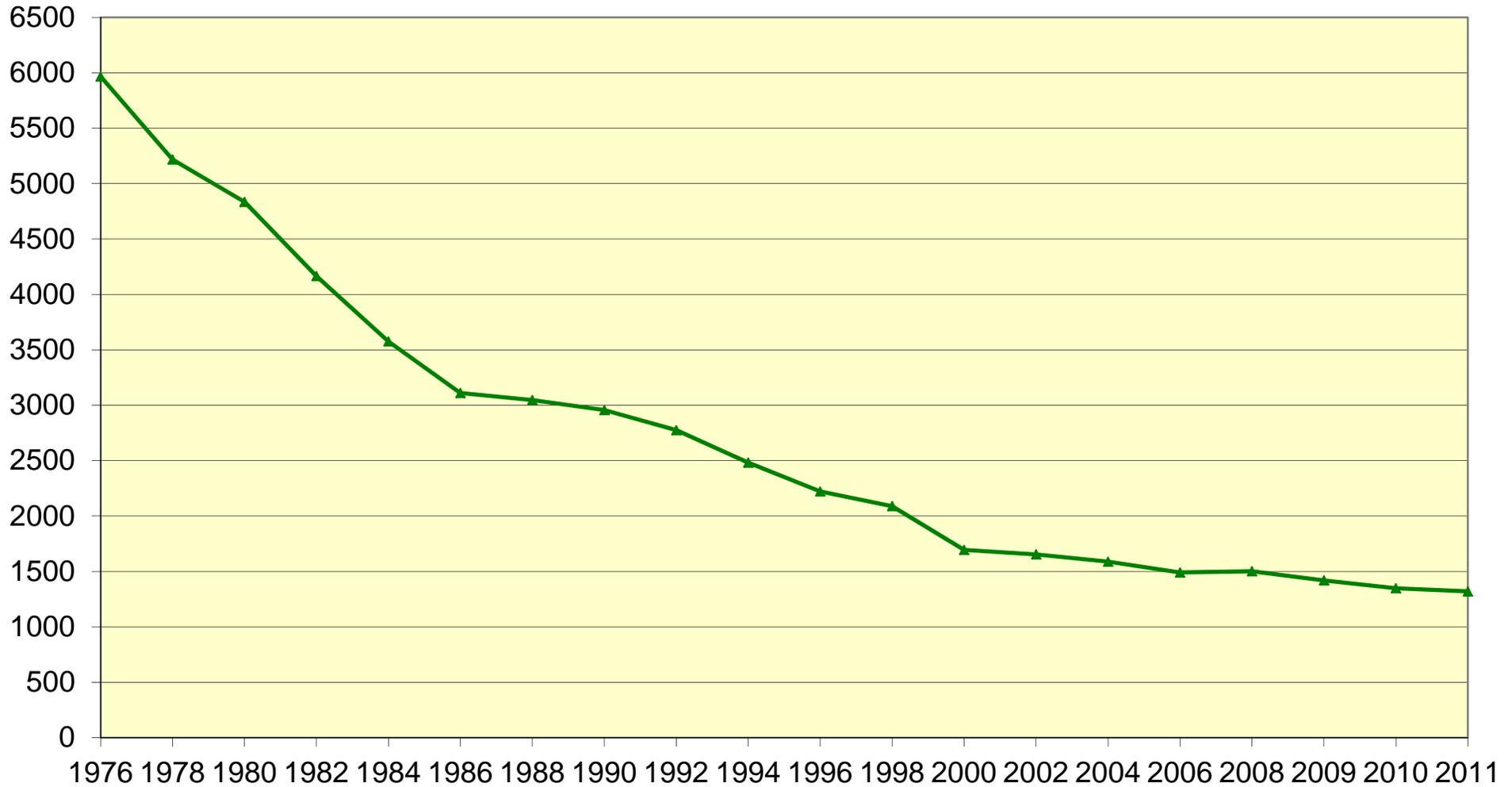
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Trend of Behavioral Health Community Services



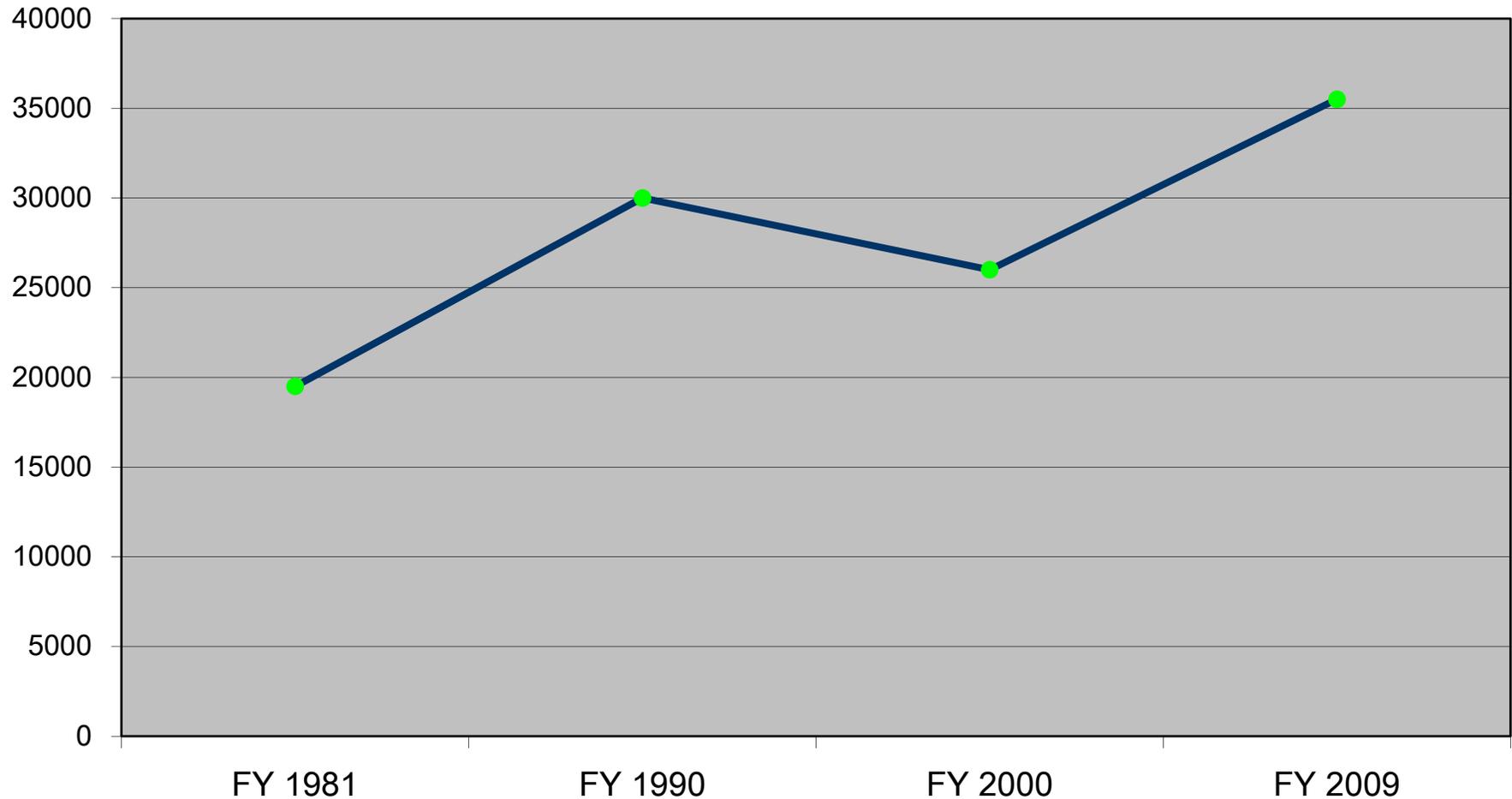
Trends in State Hospital Average Daily Census FY 1976 – FY 2011



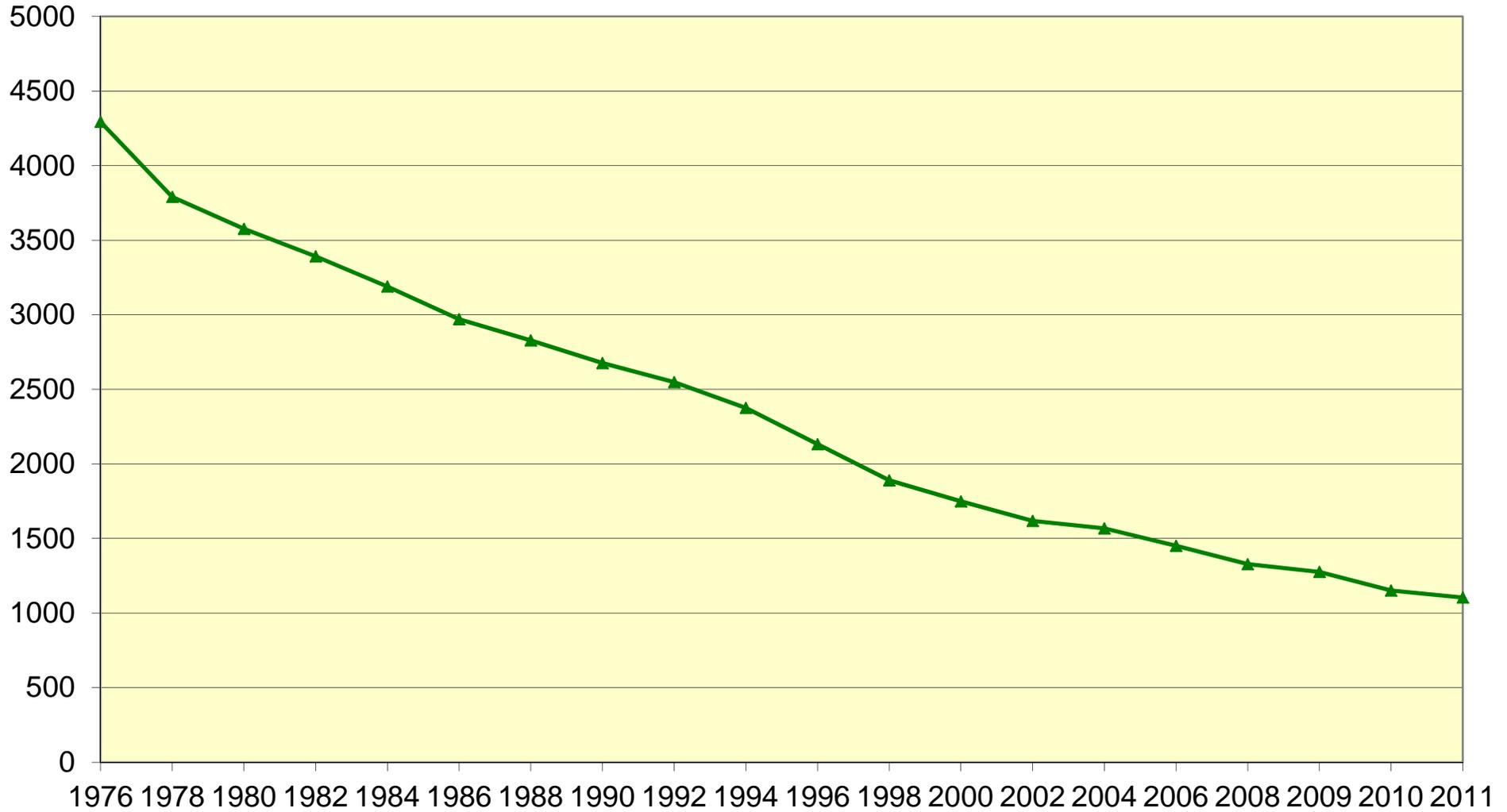
Virginia's 8 (Adult) State Behavioral Health Hospitals

Name	Location	2000 Census	2005 Census	Current Census
Catawba	Catawba	88	100	89
Central State	Petersburg	303	244	218
Eastern State	Williamsburg	485	409	267
Northern VA MHI	Falls Church	121	123	113
Piedmont	Burkeville	126	118	101
Southern VA MHI	Danville	89	69	73
Southwestern VA MHI	Marion	166	143	148
Western State	Staunton	275	243	214
	TOTAL	1653	1449	1223

Trends of Developmental Disability Community Services



Training Center Average Daily Census FY 1976 - FY2011



Virginia's 5 Training Centers for Individuals with Intellectual Disability

Name	Location	2000 Census	2005 Census	Current Census
Central Virginia (CVTC)	Lynchburg	679	564	360
Northern Virginia (NVTC)	Fairfax	189	182	152
Southeastern Virginia (SEVTC)	Chesapeake	194	192	109
Southside Virginia (SVTC)	Petersburg	465	371	228
Southwestern Virginia (SWVTC)	Hillsville	218	214	174
	TOTAL	1,745	1,523	1,023

Pressures to Shift from Training Centers to Community Services

- Training center discharges/deaths average over 70/year while long-term admissions average only 13/year.
- Training center costs account for 63.8% of appropriations for individuals with ID and supports 15.6% of the ID population served in Virginia.
- Currently, the statewide average per person cost in training centers is \$216,000 which includes direct services, administration and infrastructure requirements.
- Today's statewide average per person cost in the community is \$138,000 for individuals with comparable care needs as training center residents.
- Today's community system lacks capacity to serve the 5,932 individuals on the wait list for ID Waiver services. Of these, 3,316 are urgent.
- Department of Justice investigation found Virginia is not providing services in the most integrated and appropriate setting, not developing a sufficient quantity of community services and has a flawed discharge process at training centers.

Overview of DBHDS' 12 Strategic Initiatives

DBHDS initiated, “Creating Opportunities”: A Plan for Advancing Community-Focused Services in Virginia, to promote efficient and effective management of services system core functions and responsiveness to the needs of individuals receiving services and their families through 12 initiatives:

Behavioral Health (MH & SA)

1. Emergency Response
2. Peer Support
3. Substance Abuse
4. State Hospitals
5. Children/Adolescents

Developmental Services

6. Community Capacity
7. DD/Autism

System-Wide

8. Housing
9. Employment
10. Case Management

Other Major Initiatives

11. Sexually Violent Predators
12. Information Technology

Behavioral Health and Developmental Services Trust Fund (§37.2-319)

- In 2011, \$30M in General Funds were deposited in the BHDS Trust Fund.
- The intent of this funding, as passed by the General Assembly and signed by the Governor, is to “facilitate transition of individuals with [intellectual disabilities] from state training centers to community-based services.”
- Public Hearings were held in each Training Center Region (Summer 2011) to receive input on uses of the Trust Fund money. Stakeholders included:
 - Individuals living at training centers
 - Family members
 - CSBs
 - Private providers
 - Other interested parties

Approved BHDS Trust Fund Expenditures – 12/31/11

Item	Total Funds	Notes
Trust Fund Coordinator	\$80,000	1 position
Community Integration Manager	\$100,000	2 positions; estimated cost per position \$100,000* (Trust Funds are being matched with federal Medicaid dollars)
START Coordinator	\$100,000	1 position; estimated cost per position \$100,000*
Facility Operations Manager	\$50,000	1 position; estimated cost per position \$100,000* (Trust Funds are being matched with federal Medicaid dollars)
60 ID Waiver Slots (FY12)	\$1,880,040	Includes 60 ID waiver slots; waiver start-up costs (one time); and, case management (one time).
TOTAL APPROVED EXPENSES FROM TRUST FUND	\$2,210,040	
<p>*Estimated cost includes salary, benefits, travel, computer, and other related expenses</p> <p>**Hiring of positions is in various stages of recruitment. Three additional Community Integration Managers are being hired and funded by SGF (not Trust Fund).</p> <p>Note: Adjustments for actual costs will be made at the end of the fiscal year.</p>		

BHDS Trust Fund Governor's Budget

The Governor's Budget includes \$30 million in FY13

- Key positions are now in place and efforts will focus on transitioning individuals from training centers to new community homes.
- Accomplishments since transitioning efforts began in November 2011:
 - DBHDS has identified 60 individuals, 40 at SVTC and 20 at CVTC that could safely move to the community by June 30, 2012. These individuals have either approval or expressed interest from their family members or authorized representatives.
 - 8 have moved from SVTC and another 6 are moving out this month.
 - 4 individuals have moved from CVTC and one more person will move this month.
 - DBHDS staff meets daily and weekly with various staff, families, and CSBs involved.

Virginia Center for Behavioral Rehabilitation Current Census

288 have been committed to the VCBR. Of these:

- 15 are incarcerated in jails or DOC due to committing new crimes while at the facility.
- 273 reside at the facility.
- The current forecast model predicts that between FY13 and FY17, the commitment rate will average between 4.2 and 5 per month.
- Based on the present forecast, and with the implementation of the JLARC recommendations, new capacity of 450 should be reached by December 2014.

Virginia Center for Behavioral Rehabilitation Double-Bunking

- Anticipating exceeding the 300-bed design census at VCBR, last year the Legislature directed DBHDS to prepare to double bunk at least half of its presently available rooms, increasing the facility capacity to 450 beds.
- VCBR and DGS are converting 150 rooms for double occupancy – 56 rooms have been converted and 94 are underway.
- Since VCBR has not yet reached its 300-bed capacity; no rooms currently have two occupants.
- Food service expansion is underway at the facility and is scheduled to come on line in fall 2013.

Virginia Center for Behavioral Rehabilitation Governor's Budget

\$6.4 million over the biennium for operational and staffing requirements to carry out the 2011 General Assembly's direction to double-bunk residents and increase VCBR to 450 beds.

Description	FY 2013	FY 2014
Staffing	\$1,942,112 8 Staff*	\$2,620,627 34.5 Staff*
Food	\$249,700	\$336,938
Pharmacy Costs	\$110,978	\$149,750
Special Hospitalization	\$138,722	\$187,188
Other	\$ 332,934	\$449,250
TOTAL	\$ 2,774,446	\$ 3,743,753

*MEL Increase of 8 for FY 2013 and MEL increase of 34.5 in FY 2014.

Virginia Center for Behavioral Rehabilitation Legislative Proposal – SB314

DBHDS, DOC & OAG collaborated to recommend Code changes consistent with JLARC VCBR/SVP study to deal with VCBR's increasing census. SB314 would impact not only the census but have other benefits:

- Allow more flexibility and accuracy in screening SVP-eligible individuals by removing the Code mandate for a specific actuarial sex offender risk screening instrument and score with an evidence-based best practice screening protocol. This protocol is being finalized by the DOC and the DBHDS.
- Increase the likelihood that persons admitted to VCBR are the most at risk for sexual recidivism.
- Conform or make consistent the screening of unrestorably incompetent to stand trial (URIST) defendants to the procedures currently used with all other individuals considered for the SVP program.
- Reduce the number of unnecessary SVP evaluations conducted each year, which is a cost savings.

Electronic Health Records Governor's Budget

- American Reinvestment and Recovery Act of 2009 requires Medicaid and Medicare providers to meet certain standards related to medical information by 2014. Includes operational Electronic Health Record.
- DBHDS state facilities receive approximately \$300M/yr in Medicare & Medicaid reimbursement payments that will be at risk without EHR.
- Governor's budget includes **\$6.3M in General Funds** and \$20.5 million in Special Funds (Medicaid from training centers and Medicare incentive payments for state hospitals).

Fiscal Year	General Funds (Governor's Budget)	Special Funds (DBHDS)
FY 2013	\$4.4M	\$12M
FY 2014	\$1.9M	\$8.5M
TOTAL	\$6.3M	\$20.5M

Children's Services

In 2010 session General Assembly directed DBHDS to develop and submit a plan to “identify concrete steps to provide children’s mental health services, both inpatient and community-based, as close to children’s homes as possible” for consideration during its 2012 session.

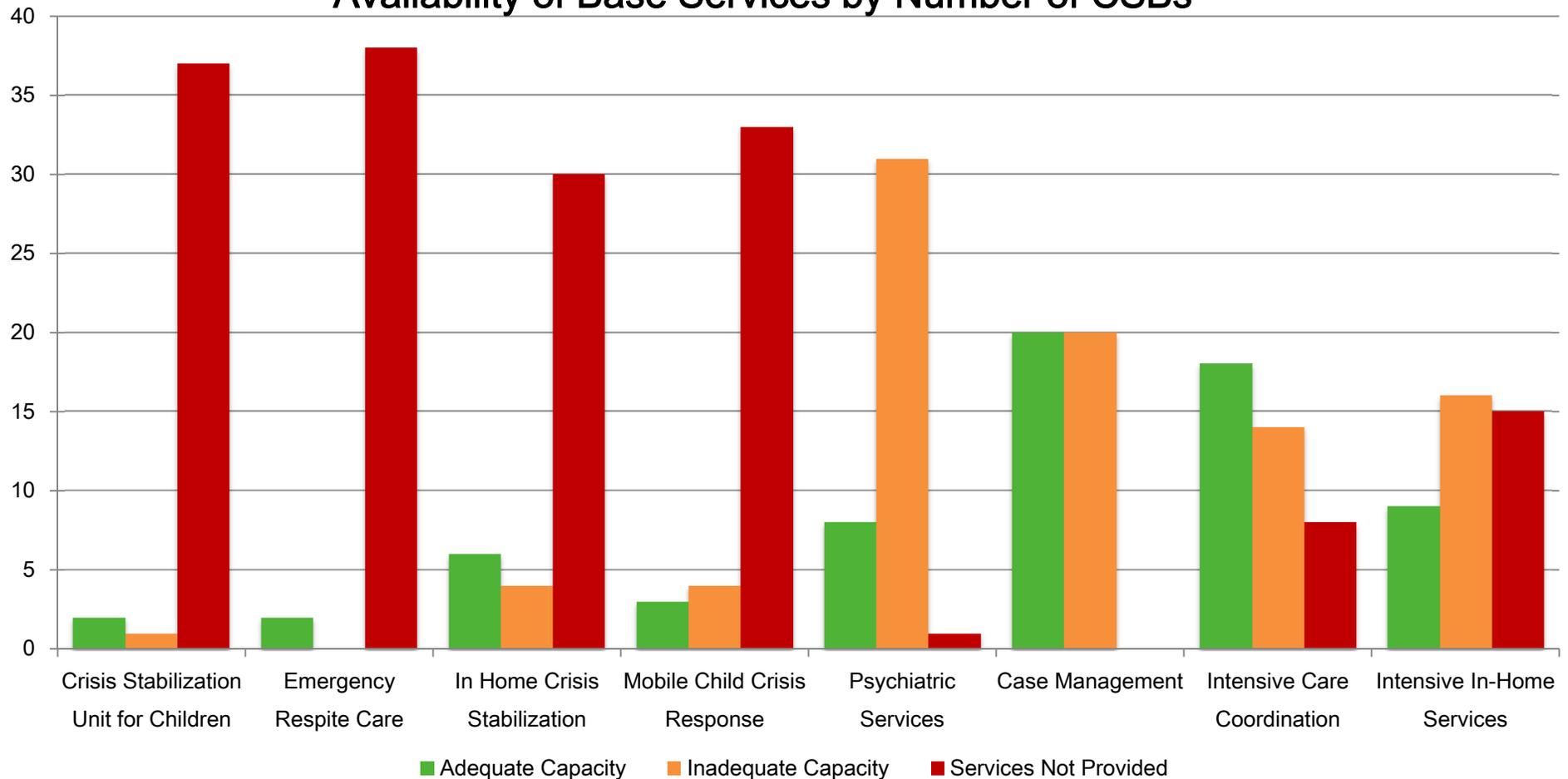
Report Recommendations

1. Define and promote through DBHDS the full comprehensive service array as the goal and standard for children’s behavioral health services in every community.
2. Expand the array and capacity of services to assure a consistent base level of services for children and families statewide.
3. Establish a children’s behavioral health workforce development initiative to be organized by DBHDS.
4. Continue the current role of the Commonwealth Center for Children and Adolescents (CCCA) for the foreseeable future, and until more adequate community-based services are in place.
5. Establish quality management mechanisms to improve access and quality in behavioral health services for children and families.

Children's Services

Virginia's behavioral health services for children faces multiple challenges including an incomplete, inconsistent array of services, inadequate early intervention services, a need for workforce development and inadequate oversight and quality assurance.

Availability of Base Services by Number of CSBs



Mobile Child Crisis Response Background

- CSBs report that crisis response services are the least available services for children.
- Teams serve children in crisis in multiple locations - home, school, after-school programs, etc.
- Teams comprised of clinical and case management staff and child psychiatrist.
- Services include assessment, triage and direct clinical intervention.
- Crisis response services intervene quickly and prevent more restrictive, expensive hospitalizations and out of home placements.

Mobile Child Crisis Response Governor's Executive Amendment

\$1 million in General Funds over the biennium for two pilot programs to provide mobile crisis services to children with behavioral health disorders.

Fiscal Year	General Funds
FY 2013	\$500K
FY 2014	\$500K
TOTAL	\$1M