

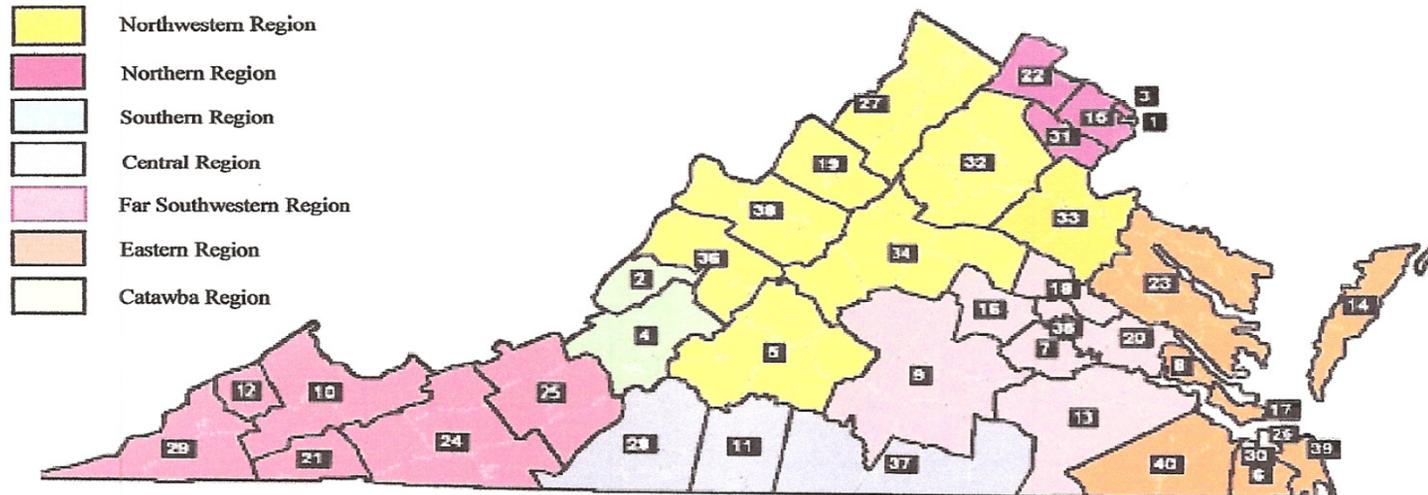
Region 7

Catawba Regional Partnership



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REGIONAL PARTNERSHIP PLANNING AREAS



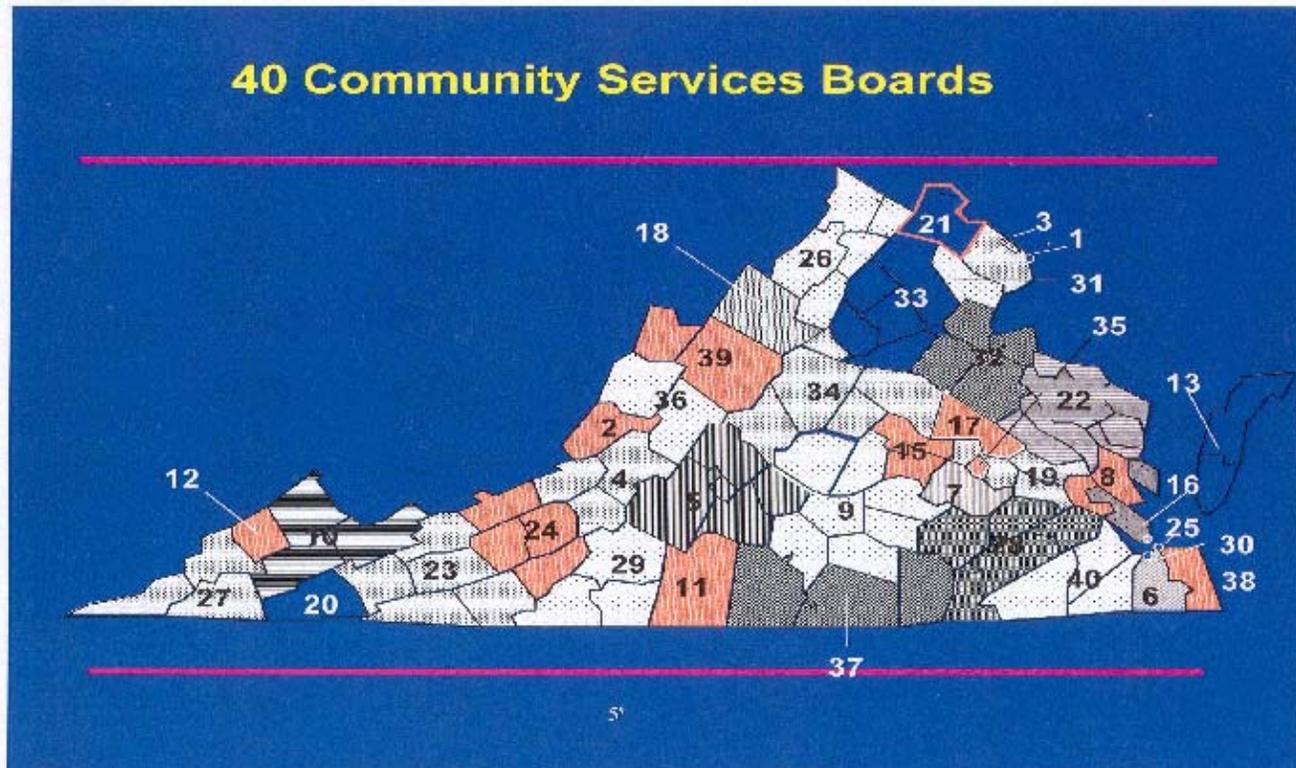
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|--------------------------|-----------------------------------|--------------------------|
| 1 Alexandria | 15 Fairfax-Falls Church | 29 Planning District One |
| 2 Alleghany Highlands | 16 Goochland-Powhatan | 30 Portsmouth |
| 3 Arlington | 17 Hampton-Newport News | 31 Prince William County |
| 4 Blue Ridge | 18 Hanover County | 32 Rappahannock-Rapidan |
| 5 Central Virginia | 19 Harrisonburg-Rockingham | 33 Rappahannock Area |
| 6 Chesapeake | 20 Henrico Area | 34 Region Ten |
| 7 Chesterfield | 21 Highlands | 35 Richmond |
| 8 Colonial | 22 Loudoun County | 36 Rockbridge Area |
| 9 Crossroads | 23 Middle Peninsula-Northern Neck | 37 Southside |
| 10 Cumberland Mountain | 24 Mount Rogers | 38 Valley |
| 11 Danville-Pittsylvania | 25 New River Valley | 39 Virginia Beach |
| 12 Dickenson County | 26 Norfolk | 40 Western Tidewater |
| 13 District 19 | 27 Northwestern | |
| 14 Eastern Shore | 28 Piedmont | |

Commonwealth of Virginia SPG Geographic Regions

- SPG Region I: Northwestern
- SPG Region II: Northern
- SPG Region III: Southwestern
- SPG Region IV: Central
- SPG Region V: Eastern



40 Community Services Boards



- | | | | |
|-------------------------|-----------------------------|---------------------------------|---------------------------|
| 1. Alexandria | 11. Danville-Pittsylvania | 21. Loudoun County | 31. Prince William County |
| 2. Allegheny-Highlands | 12. Dickenson County | 22. Mid Peninsula-Northern Neck | 32. Rappahannock Area |
| 3. Arlington County | 13. Eastern Shore | 23. Mount Rogers | 33. Rappanannock-Rapidan |
| 4. Blue Ridge | 14. Fairfax-Falls Church | 24. New River Valley | 34. Region Ten |
| 5. Central Virginia | 15. Goochland-Powhatan | 25. Norfolk | 35. Richmond |
| 6. Chesapeake | 16. Hampton-Newport News | 26. Northwestern | 36. Rockbridge Area |
| 7. Chesterfield | 17. Hanover County | 27. Planning District 1 | 37. Southside |
| 8. Colonial | 18. Harrisonburg-Rockingham | 28. Planning District 19 | 38. Virginia Beach |
| 9. Crossroads | 19. Henrico Area | 29. Piedmont Regional | 39. Valley |
| 10. Cumberland Mountain | 20. Highlands | 30. Portsmouth | 40. Western Tidewater |

The Catawba Regional Partnership represents Partnership Planning Region VII as designated by The Virginia Department of Behavioral Health and Developmental Services

It is a collaboration of public and private providers that engages, treats, and supports individuals with mental illness

The Partners

- Alleghany Highlands Community Services*
- Blue Ridge Behavioral Healthcare*
- Carilion Clinic
- Catawba State Hospital
- Court Community Corrections
- Lewis-Gales Medical Centers
- Mental Health America – Roanoke Valley
- National Alliance for the Mentally Ill
- Salem VA Medical Center
- Rescue Mission

*Community Service Boards

Our Mission

To develop and implement a purposefully designed and structured, regional behavioral healthcare system that serves persons through effective and efficient utilization of all available resources.

Our Vision

To have a partnership of behavioral healthcare providers and advocates that fully integrates and cooperatively maximizes the individual resources of each member organization so that persons seeking services will receive the right treatment, in the right setting, at the right time improving their chances for recovery.

Challenges

1. Reduced Access to mental health services at Community Service Boards

- Closing Programs
- More restrictive admission criteria
- Serve only the sickest patients
- No longer the safety net once envisioned for mental health centers

Challenges

2. Fewer State Hospital beds for acute psychiatric care

- Adolescent beds closed
- Inadequate LIPOS funding

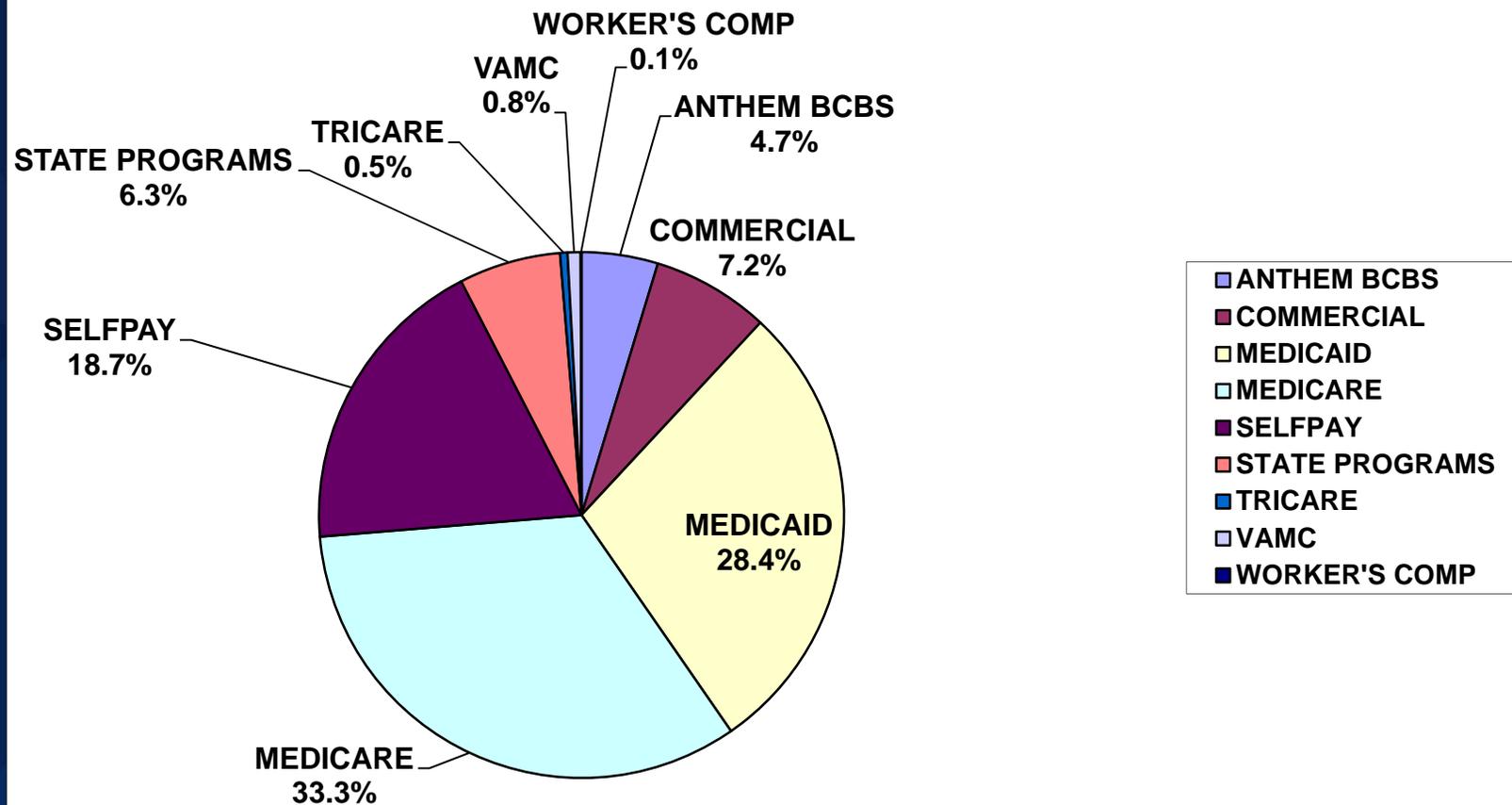
3. Shift of responsibility to Community Hospitals

- More patients present at Emergency Departments for psychiatric care
- Limited options for hospitalization
- Overflowing homeless shelters

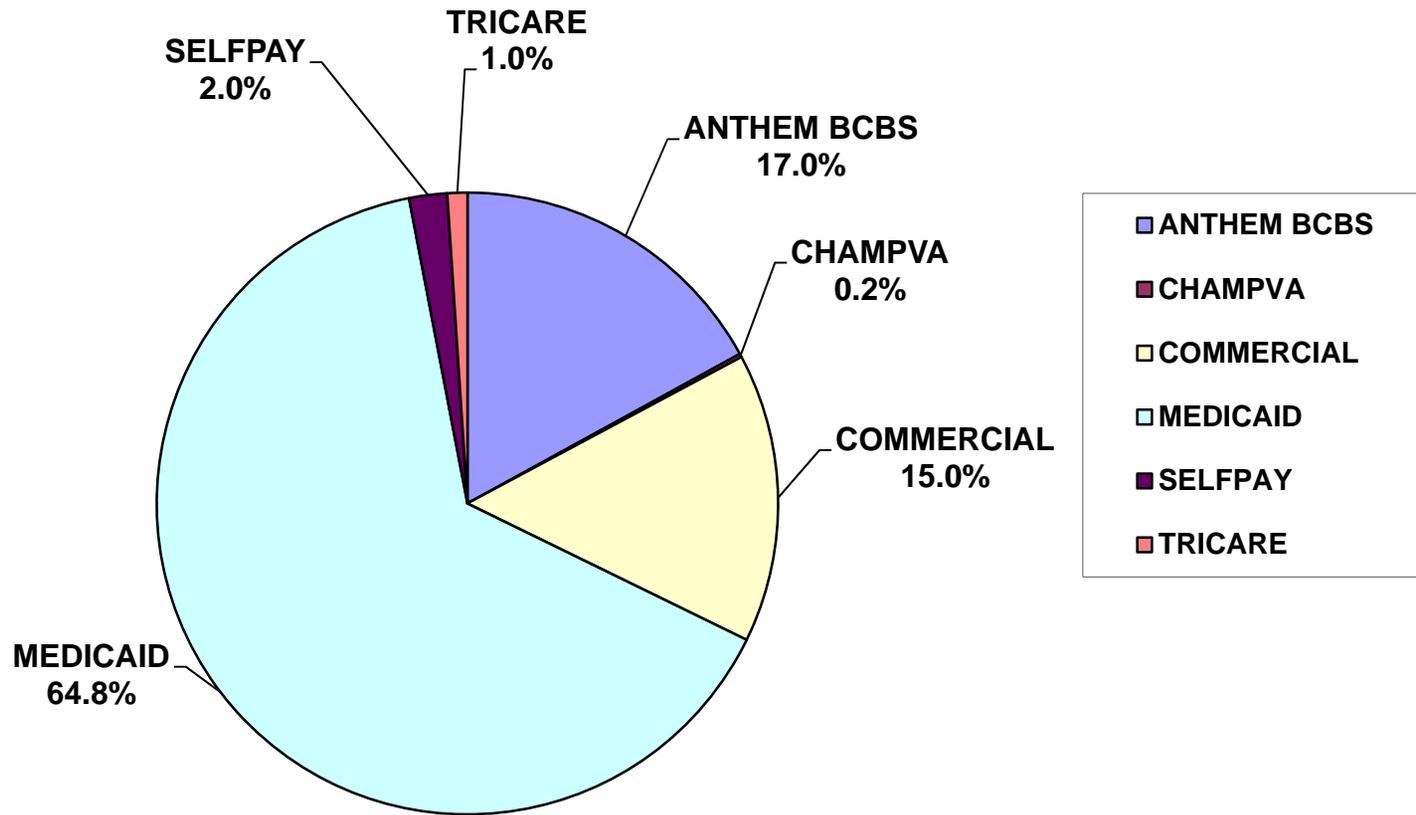
Carilion Solutions

1. Carilion serves approximately 250 acutely mentally ill patients who present for that purpose at our ED in Roanoke each month.
2. We recently completed a study of telepsychiatry for emergency assessment.
3. We provide 80 acute inpatient psychiatry beds for this region.
4. Carilion has a 12-bed C&A unit, the only one for children in Southwest Virginia.

FY2012 July YTD Adult IP Psych Payor Mix



FY2012 July YTD Child IP Psych Payor Mix



Carilion Solutions

5. Carilion provides psychiatrists and a medical director for local CSBs

6. Carilion has invested \$3.5 million per year for the last six years primarily for psychiatric services lacking in the community.

7. We train 32 general psychiatrists and graduate 8 each year to assist with the shortage in this important medical specialty.

8. We offer Fellowship training in subspecialties of Geriatric, Child, and Addiction Psychiatry

Carilion Solutions

9. Psychiatric consultation is provided at the Rescue Mission through the General Psychiatry Training Program.

10. Student mental health services are provided for Radford University, Hollins University, and Ferrum College.

11. Child psychiatry services are delivered at the Department of Social Services, public schools, court services, and residential facilities.



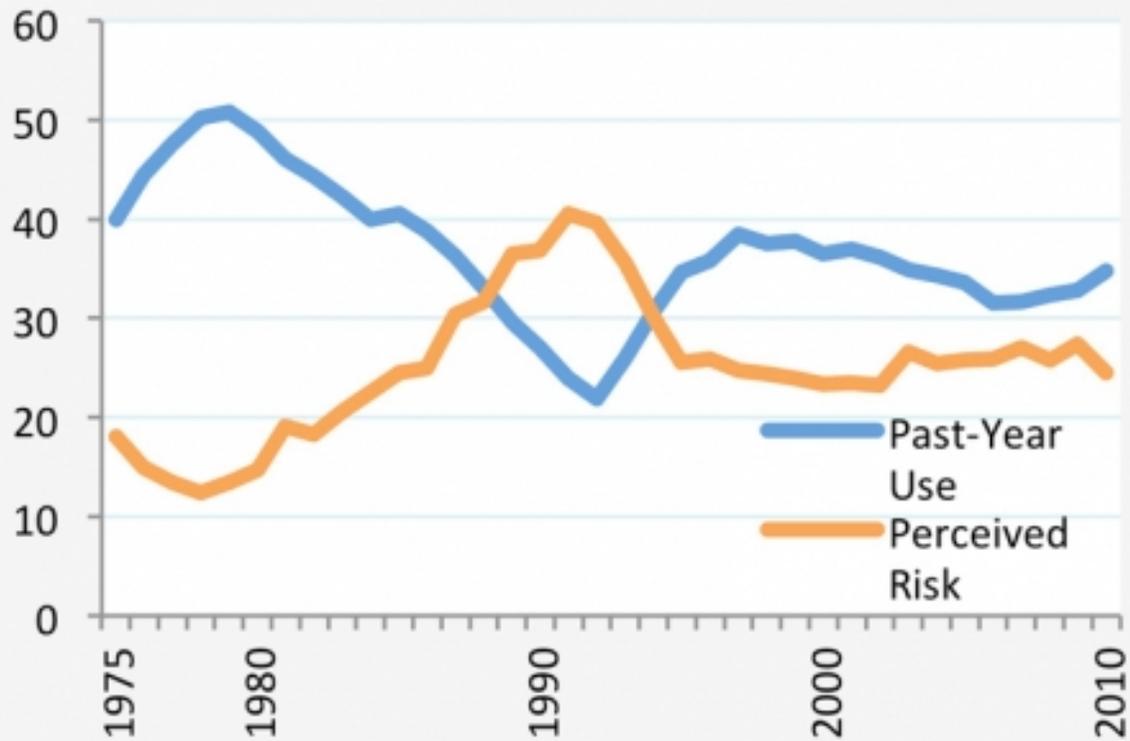
Carilion Solutions

12. CSB does not have an adolescent substance abuse program so we provide one despite poor reimbursement.

13. We started an Addiction Psychiatry Training Program and provide detox and crisis stabilization at the BRBH recovery center.

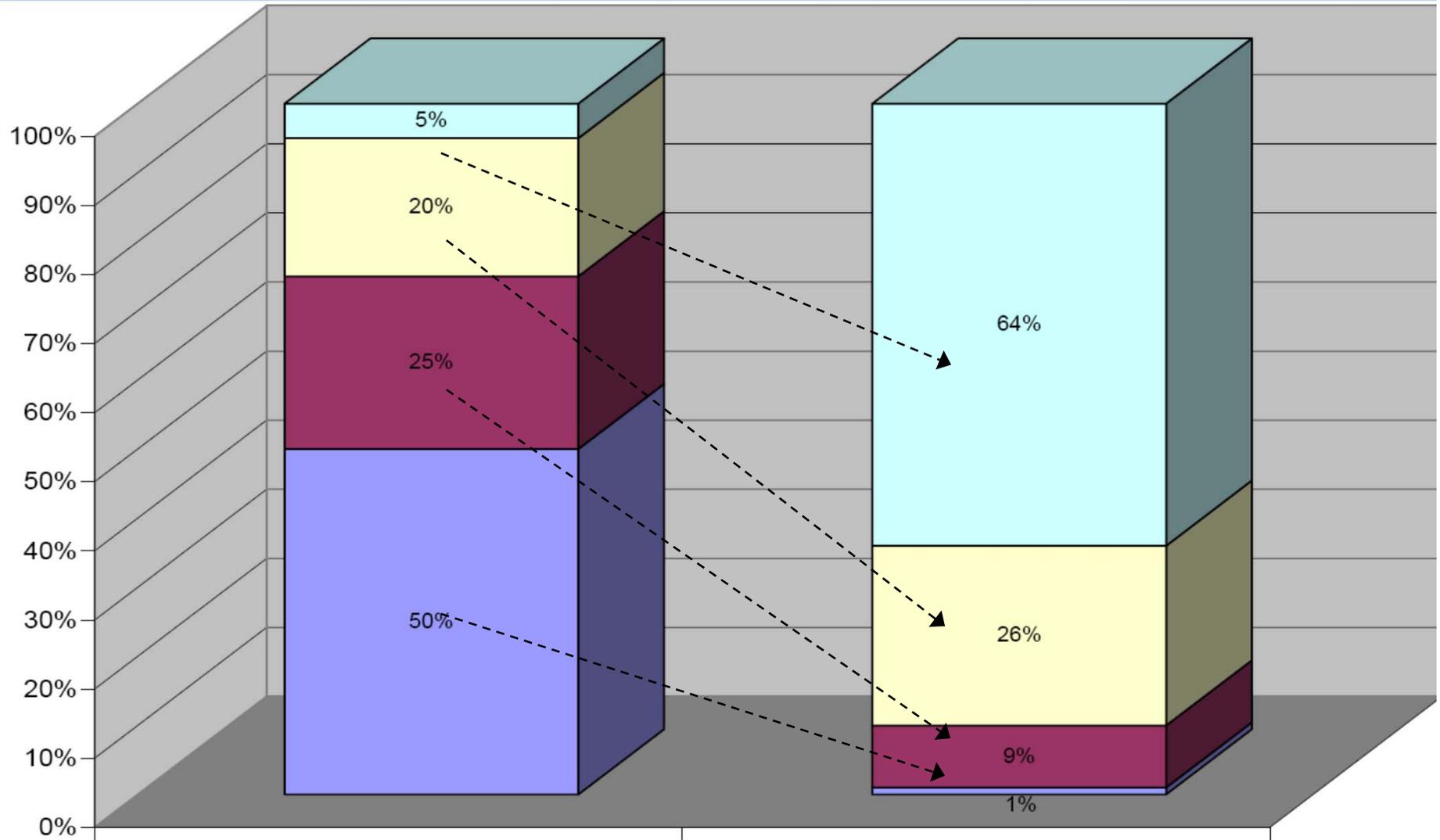
14. High opioid dependence (addiction) and the need for suboxone treatment through primary care offices

Marijuana Perceived Risk vs. Past-Year Use by 12th Graders (Percent)



Source: University of Michigan, 2011 Monitoring the Future Study

Sickest Members: Population vs. Cost



Member Population

Member Cost

- Low Frequency User (50% of population=1% of cost)
- Medium-High Frequency User (20% of population=26% of cost)

- Low-Medium Frequency User (25% of population=9% of cost)
- High Frequency User (5% of population=64% of cost)

Other Carilion Solutions

- Regional Treatment Plans for high utilizers of psychiatric services (with our partners)
- Designing Drop-in Center for high utilizers
- Piloting models of integrating psychiatry with primary care

Policy Solutions

1. Require Physician leadership at CSBs
2. Direct funding to provide psychiatric services in primary care settings
3. Combine small local CSBs to realize savings in administrative costs and economy of scale (extend limited resources).

Policy Solutions

Establish Physician Leadership at CSBs

- CSBs have increasingly sick patients but do not prioritize psychiatric care and typically do not involve physicians in programmatic or administrative decisions.
- The resulting poor physician job satisfaction interferes with retention and recruitment of the most effective psychiatrists at CSBs.
- Physicians must be at the forefront (whether at the CSBs or more medical settings) in design and delivery of mental health services

Policy Solutions

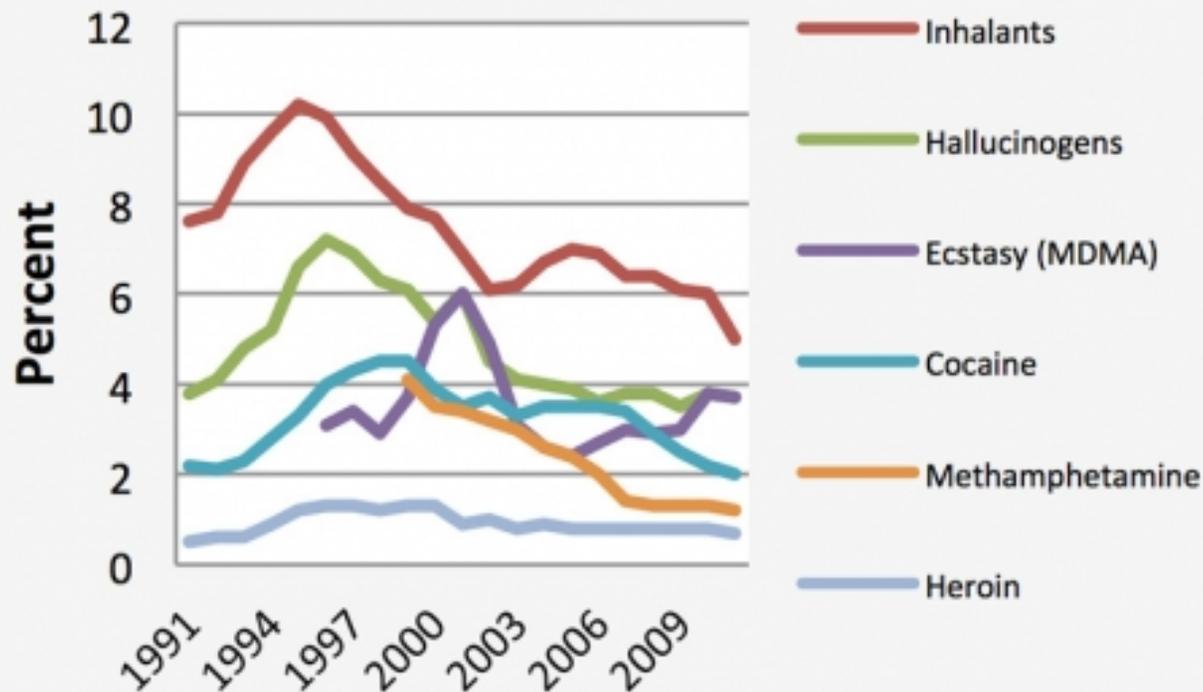
Provide direct funding for psychiatric services in primary care settings (versus trying to subsidize through CSBs)

- Only the sickest patients receive treatment at CSB so the vast majority with mental health issues have no safety net.
- Without services, illness progresses to needing emergency treatment at the more costly ED or inpatient settings.

Why deliver psychiatric services in primary care setting?

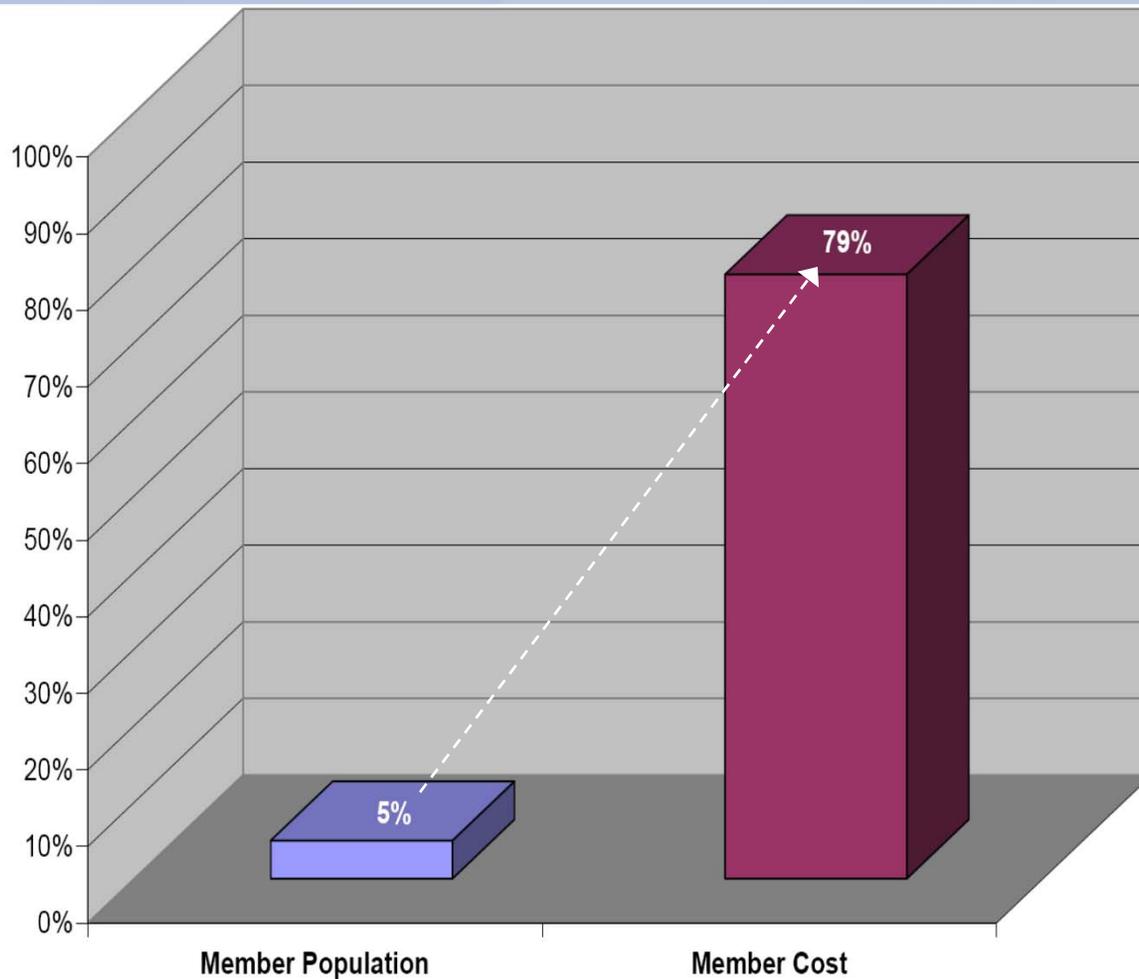
- 1.Overlap between medical illness and psychiatric illness
- 2.There will be no parity until psychiatric illness is primarily addressed and integrated in medical settings
- 3.Over the last two decades the biological basis for mental illness has become much more established so it is artificial to separately address at mental health centers (CSBs)

Past-Year Use of Various Drugs (All Grades Combined), 1991–2011



SOURCE: University of Michigan, 2011 Monitoring the Future Study

Behavioral Health Diagnosis: Members and Cost Implications



The top 5 percent of Aetna Medicaid members with at least one behavioral health condition account for **79%** of our total health care costs.

MajestaCareSM
A Health Plan of CARILION CLINIC 

Medical Spending: Behavioral Health Conditions in the Chronically ill

