



# Virginia Association Of Community Services Boards, Inc.

*Making a Difference Together*

## VACSB Services and Budget Priorities 2013-14

### VACSB principles for use of funding:

- Establish an adequate baseline level of a care continuum in each community that begins with adequate crisis response, transitions to intensive community services and recovery-focused services that promote independence and recovery
- Consumer choice, recovery, and independence through quality care and flexible, integrated services based on effective practice and technologies, accountability and public stewardship
- Effective and efficient use of available resources to achieve flexible, integrated consumer-centered services for a continuum of care and recovery supports maximizing independence
- Multiple stakeholders, especially consumers and families, involved in service design
- Significant investment for Virginia's community system both to serve existing populations who are under-served or un-served and to build capacity that will adequately respond to the health care reform environment

### All priorities have goals of promoting recovery and independence:

- Developing an adequate crisis response for youth and adults
- Filling critical gaps in the community continuum of person-centered supports and care that avoid hospitalization, incarceration, or more restrictive modalities.
- Coordinating care for behavioral, developmental and medical needs.

### I. Part C/Early Intervention Services for Infants and Toddlers with Disabilities

- Assure that sustainable funding and infrastructure are in place to support Part C early intervention services for Virginia's infants and toddlers, birth to age three, with developmental delays and disabilities and their families.
- Funding to pay for services to increased numbers of infants and toddlers referred to and eligible for Part C services and Early Intervention Case Management, which help with required federal compliance standards for this entitlement program. Referrals have increased by 40% but funding has not kept pace and worsened due to loss of ARRA funds.

### II. Adequate Crisis Response

- Psychiatric Crisis Response for Youth- Funding to the 5 HPR Regions to supplement the new child psychiatry/children's crisis response services initially created through the FY 13 SGF appropriation. The additional FY 14 funding will enable all regions of the state to provide short-term crisis services needed to stabilize children and link them to less intensive services in the community, thereby diverting them from more expensive & restrictive levels of care. The crisis response services include child psychiatry, telepsychiatry, psychiatric consultation with other child serving practitioners in the community, mobile crisis response teams, family peer support crisis services, and mental health crisis intervention and stabilization services.
- Triage, Treatment & Referral Centers- To divert large numbers of individuals in urgent or emergent crisis from more restrictive, more expensive dispositional options, such as inpatient hospitalization or incarceration, establish immediate access to intensive outpatient treatment services/supports including psychiatry and medications and peer support through crises to stability. Triage/Assessment/Treatment and Referral Centers (TATRC) will provide emergency triage and assessment services, including specialized forensic assessments at each Center. Additionally, field-based emergency response will be provided for individuals via the use of mobile crisis response teams. To help individuals remain in their communities, the Centers will

have capability for short-term (1-30 days) outpatient crisis intervention treatment services designed to stabilize individuals in acute psychiatric distress or needing detox, to improve their ability to function appropriately in their home/community environment, and to refer/link them to on-going treatment/support options in the community to insure continued psychiatric stability. Finally, the TATRCs will function as Centers where law enforcement officers can bring individuals in crisis and safely and confidently transfer custody of the individual, eliminating the need for hours spent waiting for the involuntary commitment process or possible incarceration for the individual.

- Expanded Medical Detoxification Services- CSBs ranked the need for additional detoxification capacity as the second highest needed service in the next five years. Establishing detox capability within the TATRCs will divert from hospitalization while assuring that Virginia citizens at risk of death from non-medically-supervised withdrawal have access to the service.
- Additional Local Inpatient Purchase of Services (LIPOS) Funding and a supplement to current TDO rates for citizens with extremely acute and complex conditions. This will serve to help avoid unexecuted TDOs and assure adequate TDO stabilization, evaluation and treatment.

### III. Intensive Community Treatment and Recovery Supports

- Outpatient Substance Use Services for Youth- Funding through each CSB/BHA to provide intensive case management, intensive SA outpatient services, and specialized psychiatric services for youth with either primary or secondary substance abuse disorders.
- Intensive Case Management Services- Funding for non-reimbursed case management, a required and essential component in all effective community-based behavioral health systems of care for individuals with severe disabling conditions. This funding assures a high level of intensive case management for individuals not eligible for Medicaid but who have either serious mental illness, substance use disorders or both. Case management assesses the needs of the individual across all domains in life, actively engages the consumer to establish goals that will enable them to live a meaningful life in the community, designs, with the consumer, a comprehensive service plan to achieve the stated goals, and monitors and assists in adjustments to the plan of care through regular person-to-person meetings and contacts, which can involve peer specialists and recovery supports as well.
- Housing Services and Supports- Housing services & supports are integral components in community-based systems of care for individuals with serious mental illness and there is a direct correlation between psychiatric stability and stable housing. CSBs will use this funding to provide an array of specialized housing services & proven, effective supports to individuals with serious mental illness, who have been identified as needing housing and intensive supports.
- Expansion of Outpatient Services for Substance Use Disorders- To meet the overwhelming need for immediate access to services for those with alcohol and substance problems, assure funding to increase the availability of outpatient components of treatment to include traditional outpatient and intensive outpatient services as well as specialized services for offenders.
- Expansion of Recovery Support Programs
  - Support more Peer Recovery Services for Substance Use Disorders throughout the Commonwealth by increasing the current number of state-supported Peer Recovery Support Services Programs in Virginia from 5 programs to 11 programs.
  - Provide each CSB/BHA with funding to support a minimum of one peer recovery support specialist in each catchment area, either through hiring staff or purchasing services from an existing organization specializing in recovery and peer support.
  - Ensure that Peer Recovery Services are available to consumers served by all CBS to include coaching, mentorship, social support, and instrumental support services such as transportation and assistance with finding housing and/or employment.
- Integrated Care Pilot Projects- Funding to continue the 9 currently existing CSB/BHA "A New Lease on Life" (ANLOL) behavioral health/primary care projects and to expand the integrated care model to 9 new CSB/BHA sites. All projects will incorporate enhanced care coordination and

consumer health navigator services in their projects. As well, the projects will be expanded to include individuals with substance use disorders.

- Sufficient Discharge Assistance Plan (DAP) Funding for each region to assist with state hospital discharges in general and especially with discharges for individuals on the Extraordinary Barriers List to assure a continuum of care for individuals in the community regardless of their insurance coverage. Existing and successful CSB/BHA models of housing and supports should be replicated with adequate funding to assist with multiple discharges.
- Community-based Forensic Competency Restoration Services- Funding for restoration services to be provided to individuals with mental health disorders who have been court-ordered to receive these interventions. Services will be provided on an outpatient basis and to individuals detained in local jails awaiting trial. As a result of this service, more individuals will be restored to competency in a timely manner. Consequently, fewer individuals will require prolonged stays in jail and/or state facilities due to the lack of community-based restoration services.

#### IV. Developmental Services and Department of Justice Settlement

- Increase all ID Waiver rates to compensate providers for the cost of service delivery, to include but not be limited to:
  - Increased congregate residential rate for group homes licensed for 4 or fewer beds and other small integrated settings
  - Establish rates for individuals with high, complex and intense needs based on levels of need for all services including but not limited to: day support and employment, in home supports, and other needed supports
- Increase reimbursement rates for nursing support in order to hire and contract with nurses to assure medical capability
- Enhance/reconfigure ID Waiver services:
  - To increase nursing support and behavioral supports and to reimburse them as needed
  - To adjust units of service to streamline and assist providers in achieving quality
- Appropriate funding for creating community residential arrangements and infrastructure.
- Full funding for each regional START program to include expansion of an additional START facility site in each Region
- Ensure that the services and essential supports now provided by Regional Community Support Centers (RCSC) are able to continue and expand to communities.
- Support the State's Employment First initiative for improved access to employment supports.

#### Additional Community Needs

- Additional 800 community waiver slots to reduce the community Urgent Care Wait List
- Funding to serve non-waiver eligible individuals in the community
- Additional public guardianship slots and training in alternatives to guardianship.

#### V. Specialized Regional Services

- Regional Gero-Psychiatric Systems of Care Projects- Funding for 5 regional projects to provide appropriate, immediate, and effective crisis services in least restrictive treatment environment and to expand alternatives for post-acute care assistance in the return and "settling-in" the home or long term care facility.
  - Implement crisis care alternatives as adjuncts to a CSB emergency services evaluation during crisis as well as adjunct supports to discharge planning after acute care.
  - Access to the system of care services supports a No-Wrong-Door program to reduce fragmentation.
  - Identify and promote strategies that prevent or eliminate disparities in health care for older adults.
  - Prevent behavioral escalation likely to lead to involuntary detention and/or ongoing crisis.
  - Crisis alternatives supported through a sufficient number of qualified staff trained in the needs of older adults.