

## Role of the Private Sector, CSBs, and State Hospitals in the Continuum of Behavioral Health Care

**John Pezzoli**

Acting Commissioner

Virginia Department of Behavioral  
Health and Developmental Services

## Behavioral Health History

- **Prior to 1960s** – long-term (lifelong) state hospital care was norm for many individuals with mental illness and for others.
- **Early 1960s** – Census of all state hospitals exceeded 11,500 with 4,800 at CSH/1962, 2,400 at ESH/1964 and 3,000 at WSH/1965
- **1963** – Federal Community Mental Health Centers Act (enabling construction and staffing of multi-service CMHCs).
- **1968** – Virginia legislation establishing the local community services board system.
- **1980** - Congress passed Civil Rights of Institutionalized Person Act (CRIPA) – protection from harm, access to active treatment, discharge when ready
- **1990** – Congress passed the Americans with Disabilities Act (ADA) – prohibits discrimination, ensures equal opportunity for persons with disabilities in employment, public services, public accommodations, etc.
- **1992-98** – Dept. of Justice investigations of state hospitals and settlement agreements focused on quality of services in facilities.

## Behavioral Health History

- **1990** – Medicaid reimbursement for adult/child psychiatric rehab. services & targeted case management available for public CSBs
- **1995** – Medicaid managed care of outpatient and inpatient services (including mental health) - Medallion I (excluded rehab. Services)
- **1999** – U.S. Supreme Court Olmstead decision ruled public entities must provide community-based services to persons with disabilities when specific criteria present
- **2000** – DBHDS establishment of Local Inpatient Purchase of Service (LIPOS) program to facilitate admissions to private hospitals for acute psychiatric treatment
- **2000** – Medicaid reimbursement for psychiatric rehabilitation services for adults and children opened to private providers
- **2003** – President's *New Freedom Commission on Mental Health* envisions future in which "everyone with mental illness will recover"
- **2013** – Medicaid psychiatric rehabilitation services placed in managed care (Magellan)

## Virginia's Publicly-Funded Behavioral Health Services Delivery System

- System includes public and private community providers:

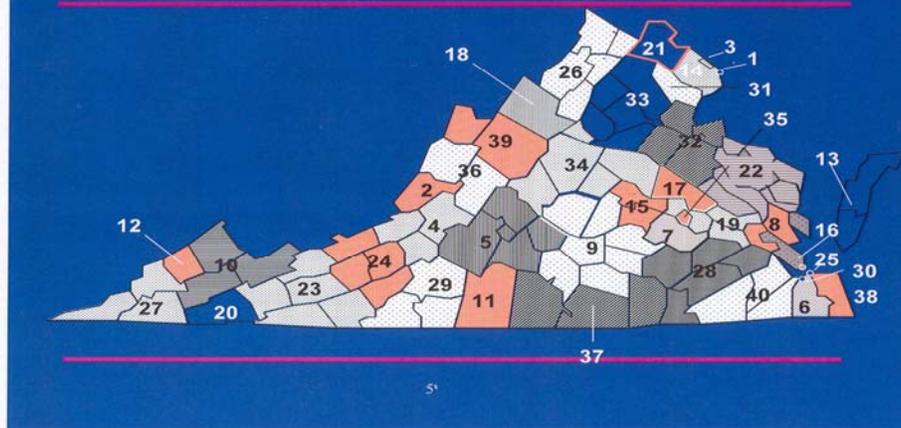
	Licensed Providers	MH/SA Providers	Locations	MH/SA Locations
CSB	40	40	2,006	1,716
Private Providers	828	557	5,365	2,683
<b>Total</b>	<b>868</b>	<b>597</b>	<b>7,371</b>	<b>4,399</b>

- And nine state hospitals
  - 7 adult hospitals
  - 1 geriatric hospital
  - 1 child/adolescent hospital

## Community Services Boards

- CSBs are established in Code to be the single point of entry into publicly-funded behavioral health and developmental services system
- Receive state, local and federal funding
- Established by 133 local governments:
  - 39 CSBs and 1 BHA (Richmond)
  - 29 established by 2-10 cities or counties or combinations, and 11 established by one city or county
  - 11 administrative policy, 27 operating, and 1 advisory-advisory (Portsmouth)
- Performance contract with and licensed by DBHDS

### 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. Rappahannock-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

# CSB Services

- **Mandated to provide:**
  - Emergency services
  - Case management subject to the availability of funds
  - Preadmission screening and discharge planning
- **May provide a core of comprehensive services:**
  - Services can be provided directly by CSB
  - CSB may contract for services
  - Groups of CSBs may contract for services or provide them directly on a regional basis

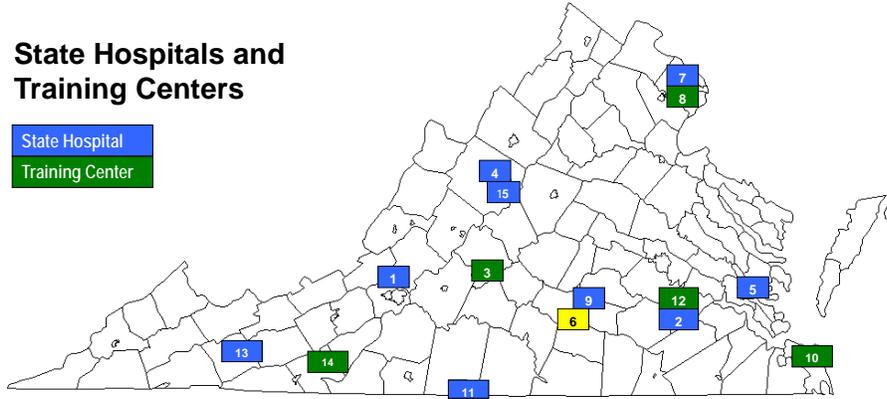
# Array of Services Provided by CSBs

Core Services	Mental Health Services	Substance Abuse Services
Emergency Services	X	X
Inpatient Services	X	X
Outpatient Services	X	X
Case Management Services	X	X
Day Support Services	X	X
Employment Services	X	X
Residential Services	X	X
Prevention Services	X	X
Consumer-Run Services	X	X

## State Facilities

### State Hospitals and Training Centers

State Hospital  
Training Center



	Facility	Location		Facility	Location
1	Catawba Hospital	Catawba	9	Piedmont Geriatric Hospital	Burkeville
2	Central State Hospital	Petersburg	10	Southeastern VA Training Center	Chesapeake
3	Central VA Training Center	Madison Heights	11	Southern VA MH Institute	Danville
4	CCCA	Staunton	12	Southside VA Training Center	Petersburg
5	Eastern State Hospital	Williamsburg	13	Southwestern VA MH Institute	Marion
6	Behavioral Rehabilitation Center	Burkeville	14	Southwestern VA Training Center	Hillsville
7	Northern VA MH Institute	Falls Church	15	Western State Hospital	Staunton
8	Northern VA Training Center	Fairfax			

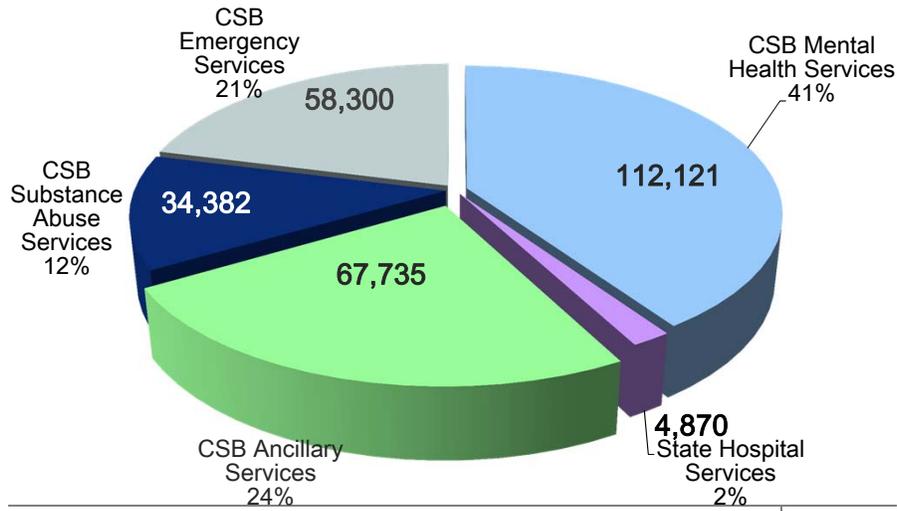
**DBHDS**  
Virginia Department of  
Behavioral Health and  
Developmental Services

## Virginia's 8 (Adult) State Behavioral Health Hospitals

Name	2000 Census	2005 Census	2010 Census	2013 Ave Census
<b>Catawba</b> , Catawba	88	100	100	92
<b>Central State</b> , Petersburg	303	244	211	205
<b>Eastern State</b> , Williamsburg	485	409	329	259
<b>Northern VA MHI</b> , Falls Church	121	123	120	116
<b>Piedmont</b> , Burkeville	126	118	110	102
<b>Southern VA MHI</b> , Danville	89	69	75	66
<b>SWVA MHI</b> , Marion	166	143	151	149
<b>Western State</b> , Staunton	275	243	226	214
<b>TOTAL</b>	<b>1,653</b>	<b>1,449</b>	<b>1,322</b>	<b>1,203</b>

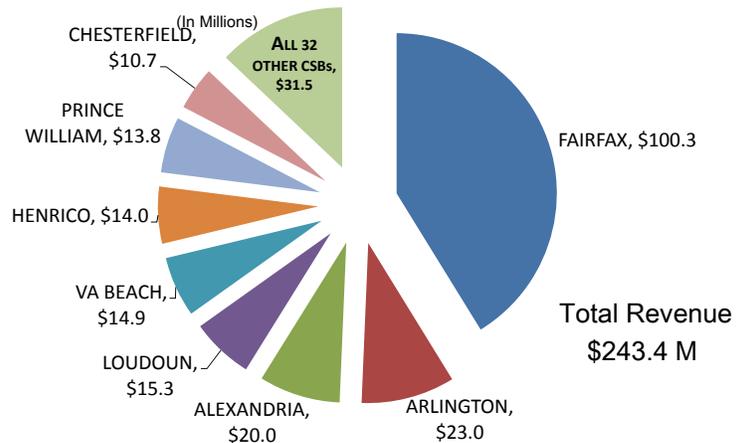
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## Individuals Receiving Behavioral Health Services in FY 2013



## CSB Local Revenue

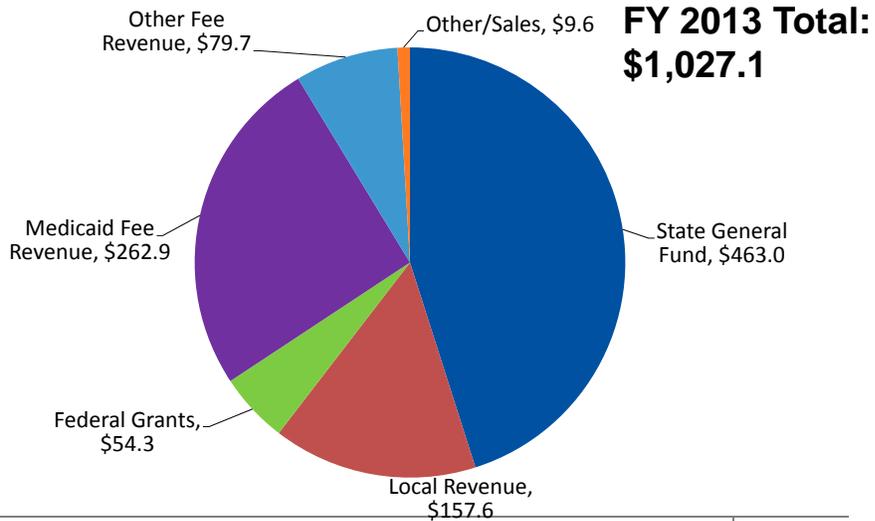
Eight CSBs represent 85% of local revenue generated



## FY 2013 Funding for CSB MH/SA and State Hospital Operations (in millions)

	Community Programs			MH Facilities	Total
	MH	SA	Total		
<b>State General Fund</b>	\$184.9	\$46.6	\$231.5	\$231.5	<b>\$463.0</b>
<b>Local Revenue</b>	\$117.4	\$40.2	\$157.6	\$0.0	<b>\$157.6</b>
<b>Federal Grants</b>	\$11.6	\$42.6	\$54.2	\$0.1	<b>\$54.3</b>
<b>Medicaid Fee Revenue</b>	\$208.3	\$3.1	\$211.4	\$51.5	<b>\$262.9</b>
<b>Other Fee Revenue</b>	\$42.1	\$11.3	\$53.4	\$26.3	<b>\$79.7</b>
<b>Other/Sales</b>	\$5.5	\$3.0	\$8.5	\$1.1	<b>\$9.6</b>
<b>Total Revenue</b>	<b>\$569.8</b>	<b>\$146.8</b>	<b>\$716.6</b>	<b>\$310.5</b>	<b>\$1,027.1</b>

## FY 2013 Funding for CSB MH/SA and State Hospital Operations (in millions)



## Medicaid Payments to All Providers in FY 2013 (in millions)

Medicaid Services	Private Providers	CSBs
Mental Health Rehabilitation Services	\$404.9	\$107.9
Mental Health Clinic Services	\$0.2	\$2.2
Substance Abuse Services	\$0.4	\$1.2
Habilitation (ID Waiver) Services	\$446.9	\$106.2
Case Management and Other Services	\$0	\$136.3
Total Medicaid Payments	\$852.4 (71%)	\$353.8 (29%)
<b>Total Medicaid Payments to All Providers</b>		<b>\$1,206.2</b>

## DBHDS Budget Initiatives

## Targeted Efforts to Address MH/SA Service Capacity FY 2005 – FY 2014

New Funding	Total (in millions)
<b>Community Total</b>	<b>\$71.40</b>
Crisis Response	\$24.12
Adults with Serious and Persistent Mental Illness	\$23.33
Mental Health Treatment for Children & Adolescents	\$12.15
Mental Health & Criminal Justice Interface	\$4.77
Substance Abuse Services	\$3.43
Outpatient Mental Health Treatment for Adults	\$3.00
Prevention	\$0.60
<b>State Hospitals Total</b>	<b>\$20.52</b>
<b>Total New Funding</b>	<b>\$91.92</b>
<b>Total Reductions</b>	<b>(\$57.50)</b>
<b>Net Total</b>	<b>\$34.42</b>

## Children's Services

- Priority needs in most Virginia communities:
  - Access to child psychiatry
  - Crisis stabilization services
  - Mobile crisis teams
- In 2012 and 2013, the Governor and General Assembly provided funding to provide child psychiatry, crisis stabilization, and mobile crisis services to children with behavioral health disorders.

Fiscal Year	GF Dollars
FY 2013	\$1.5M
FY 2014	\$3.65M
<b>TOTAL</b>	<b>\$5.15M (\$3.65M ongoing)</b>

## Crisis Response and Child Psychiatry Services Funded FY 2013- 2014

Site	FY13	CMHS BG*	Total FY13	FY14	GA Added For FY14	Total FY14
Region I	500,000	25,000	525,000	570,356	129,644	700,000
Region II					825,000	825,000
Region III	300,000	18,385	318,385	437,116		437,116
Region IV	700,000		700,000	742,528	82,472	825,000
Region V					825,000	825,000
**Child psychiatry flex-fund					37,884	37,885
<b>TOTAL</b>	<b>1,500,00</b>	<b>43,385</b>	<b>1,543,385</b>	<b>1,750,00</b>	<b>1,900,000</b>	<b>3,650,000</b>

\* One-time Community Mental Health Services Block Grant funds were used to help meet the requested amount.

\*\* DBHDS will allocate for additional child psychiatry as capacity issues are identified.

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## Child Psychiatry Services Provided by Each Region

Service	Region I	Region III	Region IV	Statewide Total
(1) Face-to Face	189	62	72	323
(2) Tele-Psychiatry	54	3	18	75
(3) Consultation	83	39	0	122
<b>Regional Total</b>	<b>326</b>	<b>104</b>	<b>90</b>	<b>520</b>

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## FY 2014 Behavioral Health New Initiatives and Part C (in millions)

	General Fund (Biennial)	Nongeneral Fund (Biennial)	All Funding (Biennial)
Part C Funding	\$8.25		\$8.25
Discharge Assistance Planning	\$1.5		\$1.5
CIT Assessment Centers	\$0.9		\$0.9
Mental Health First Aid	\$0.6		\$0.6
Suicide Prevention	\$0.5		\$0.5

## Part C Early Intervention Services for Babies and Toddlers

### 2012 – 2014 Biennial Funding – \$8.250 million

- \$2.25M (FY 2013) in additional funds distributed to 26 local systems that had FY 2013 funding shortfalls.
- \$6M (FY 2014) allocated to each local system according to formula.
- Local systems have resumed child find efforts and local systems that had cut services in FY 2013 report that they are now serving all eligible children.
- Since April 2013, the number of children aged 0 to 1 year enrolled as of the first day of each month has been higher than in any previous year.

## Discharge Assistance Program (DAP) Overview

- DAP facilitates discharge of clinically-ready individuals from state hospitals who have unusual challenges impeding the transition, tying up beds for those in acute need.
- Services include housing arrangements suitable to their needs (nursing home, group residence, rental supports), clinical services and other supports as needed.

### DAP By the Numbers

DAP: over 750 served in FY 2012; over 2,000 persons since it started

The total budget in FY 2012 was \$18 million in state general fund dollars for DAP; some regions and CSBs augment these funds

The average DAP plan was approximately \$27,000 up to 2012

Until the GA appropriated \$1.5 million in FY 2013 there had been no new DAP funds since FY 2007

## Discharge Assistance Program Initial Outcomes

### 2012 – 2014 Biennial Funding – \$1.5 million Ongoing

- 57 plans approved by the end of August, on schedule; a few more are anticipated
- Discharges began immediately. Most are occurring in October-November, as service arrangements are made and provider agreements completed.

## Secure Assessment Centers Overview

### Three centers started with FY 2012 funding of \$900K:

- **Henrico Crisis Receiving Center (CRC):** Opened late 2012; 12 hours/day. Collaboration with Henrico Parham Doctors' Hospital. Dec. - June, 2013: 372 assessments at the site.
  - 60% of individuals were involuntary inpatient admission and treatment
  - 11% were referred to voluntary inpatient admission and treatment
  - 8% were voluntary outpatient or community treatment
  - 10% or greater reduction in arrest since the site opened.
- **New River Valley CIT Assessment Center (CITAC):** Opened early 2013; 10 hours/day. Partnership with Montgomery Regional HCA Hospital. Served 49 persons.
- **Chesapeake-Portsmouth (Safe Harbor):** Opened March 2013; 10 hours/day. Partnership with Maryview BonSecours, Portsmouth. Served 35 persons March-June.

## Secure Assessment Centers Initial Outcomes

### 2012 – 2014 Biennial Funding – \$900,000 New

FY 2013 funding allowed start up of three additional centers beginning in July-August 2013:

1. **Chesterfield-Richmond:** Opened October 1. Crisis Triage Center. Open 10 hours per day.
2. **Arlington:** Opened September 2. Virginia Hospital Center. Open 24/7. 30 persons served as of October 7.
3. **Martinsville:** Opened September 30. Piedmont CIT Assessment Site. 10 hours per day/4 days per week.

All are operational and receiving persons on detention for evaluation and referral to treatment.

## Mental Health First Aid (MHFA)

### 2012 – 2014 Biennial Funding – \$600,000 Ongoing

- DBHDS is partnering with CSBs, DOE, DCJS, Veterans Services, existing MHFA instructors, etc.
- Contracted with National Council on Behavioral Health membership for significant cost savings on trainings. Contracted to provide 4 adult instructor and 3 youth instructor trainings
- Provide Instructors Training for >120 persons in Adult Instructor Training and 90 persons in the Youth Instructor Training (five-day intensive with role play)
- Instructors each then provide at least three 8-hour MHFA trainings per year (hopefully more)
- Train 5,000 Virginians annually, provide materials
- 0.5 FTE Coordinators hired (position shared with Suicide Prevention)

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## Suicide Prevention Program

### 2012 – 2014 Biennial Funding – \$500,000 Ongoing

- Program expands training across Virginia, train new trainers in **Applied Suicide Intervention Skills Training (ASIST)**. New funds will be used to contract with provider, Living Works, Inc. Two trainings now scheduled in March (One in Region 3 and one in Region 4).
- Held conference *Because Life Matters: Preventing Suicide through Identification and Treatment* Conference, Virginia Beach, VA
- DBHDS presented a program on Suicide Prevention and Opioid Addiction and Recovery to the Virginia Medical Assisted Rehabilitation Programs Conference in mid-October, 2013.
- Hired 0.5 FTE Suicide Prevention Coordinator

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# Suicide Prevention Program Initial Outcomes

The Interagency Suicide Prevention Committee to date has:

- Conducted needs assessment in 2010 for suicide prevention in all 40 CSB areas (will update)
- Convened 7 regional meetings on suicide spring 2013 (will continue and expand)
- Comprehensive state plan for preventing suicide (completed December 2013)

# Behavioral Health Services

## Ongoing Treatment and Support Services

Children/  
Youth  
MH/SA

Adults  
MH/SA/  
Forensic

Older  
Adults

Serious/  
Persistent  
Mental  
Illness

Develop-  
mental  
Disabilities

**Crisis Response Services**  
(Including Acute Psychiatric Inpatient)

## Ongoing and Support and Treatment Services

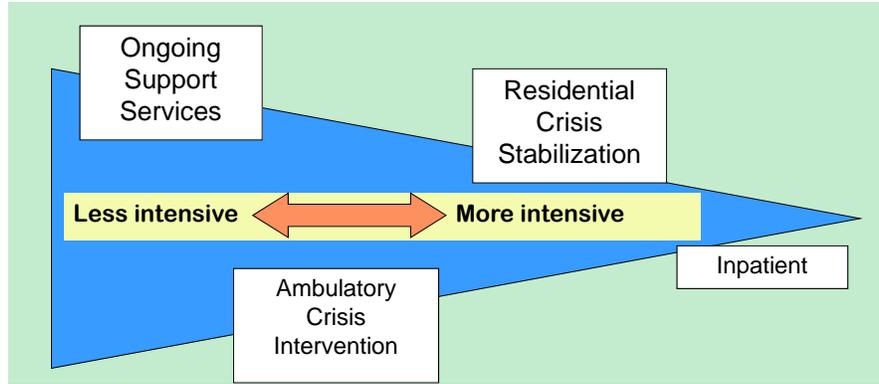
Assessment, evaluation, care planning	Medical care
Outreach and engagement	Vocational and educational support
Counseling and therapy	Basic needs (decent housing, food, safety)
Medications and management	Respite
Peer support	Drop-in centers
Case management	Financial support
In-home supports	
PACT/wraparound services	

## Crisis Intervention Services Continuum

<b>Crisis Response, Resolution, and Referral</b>	<b>Crisis Stabilization</b>
Hotline	Consumer-run residential support service
Phone crisis contact – brief	Residential Crisis Stabilization – voluntary
Phone crisis counseling – extended	Residential Crisis Stabilization
Crisis consultation w/ CSB program	In-Home residential support service
Face-to-face counseling – next day	
Face-to-face counseling – immediate	
Psych crisis consultation	<b>Inpatient Hospital</b>
Psych, eval, med	Local Hospital
Mobile outreach crisis team	State Hospital

## Behavioral Health Model

Investment in ongoing treatment and support services reduces demand for intensive services and acute care interventions:



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## TDOs Data & Estimates

- 2012 data shows 19,419 TDOs executed annually (from EMAGISTRATE)
- Richard Bonnie study (2013) shows that 8% of TDOs are being sent to state facilities
- Projected annual TDOs at state facilities – 1,554.

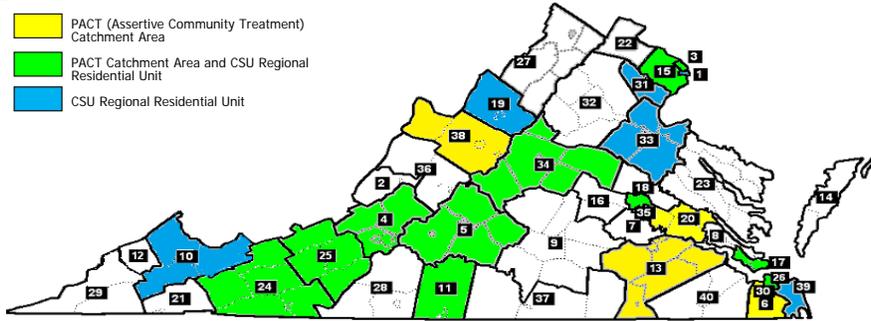
	CURRENT (8% of TDOs at State Facilities)	Projected 15% of Total TDOs at State Facilities	Projected 30% of Total TDOs at State Facilities	Projected 45% of Total TDOs at State Facilities
TDOs	1,554	2,913	5,826	8,739

- State facilities would receive funding from the Involuntary Commitment Fund for each TDO
- New beds at facilities would be required to handle the demand potentially costing \$5 million in operating costs if 50 new beds are added to the facilities. More costs would be realized if demand for bed space required construction of new beds. It is projected that for each new bed needing construction the capital cost would be around \$525,000 per bed.

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# PACT and CSU Locations

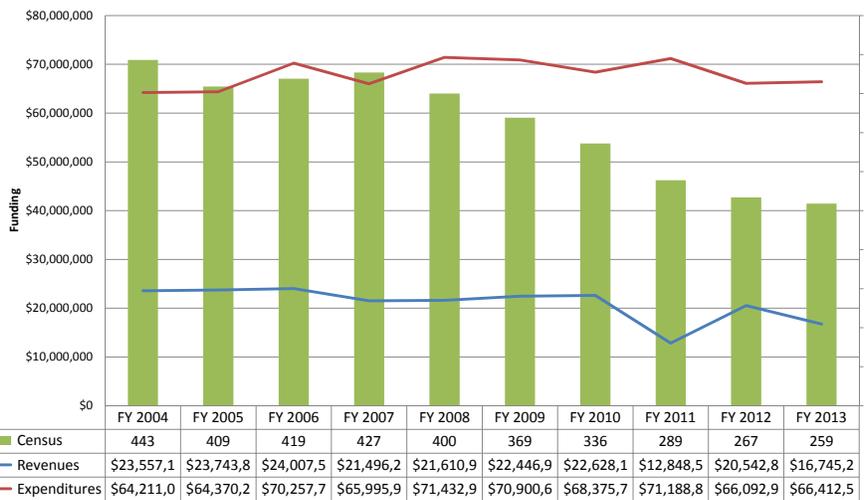
- PACT (Assertive Community Treatment) Catchment Area
- PACT Catchment Area and CSU Regional Residential Unit
- CSU Regional Residential Unit



CSU by Name/CSB/Location	CSU by Name/CSB/Location
1 CARE/Fairfax-Falls Church CSB/Alexandria, VA	24 Cornerstone/Mount Rogers CSB/Marion, VA
3 ACCESS/ Arlington CSB/Arlington, VA	25 New Horizons/New River Valley CSB/Radford, VA
4 Rita J. Glinieki Recovery Center/Blue Ridge BH/Roanoke, VA	26 Norfolk Tidewater Drive Crisis Center/Norfolk CSB/Norfolk, VA
5 Courtland Center/Horizon BH/Lynchburg, VA	31 Brandon House/Prince William CSB/Manassas, VA
10 Laurels Residential Recovery Services/Cumberland Mountain CSB/Laurels, VA	33 Sunshine Lady House for Mental Health, Wellness and Recovery/Rappahannock Area CSB/Fredericksburg, VA
11 Foundation House/Danville-Pittsylvania CSB/Danville, VA	34 The Wellness Recovery Center/Region Ten CSB/Charlottesville, VA
15 Woodburn Place/Fairfax Falls Church CSB/Annandale, VA	35 RBHA CSU/Richmond Behavioral Health Authority/Richmond, VA
17 H-NN Regional Crisis Stabilization/Hampton Newport News CSB/Hampton, VA	39 Virginia Beach Recovery Center/Virginia Beach CSB/Virginia Beach, VA
19 Arbor House/Harrisonburg-Rockingham CSB/Harrisonburg, VA	

PACT by CSB	PACT by CSB
3 Arlington	20 Henrico West
3 Blue Ridge	20 Henrico East
3 Horizon	24 Mount Rogers
6(30) Chesapeake-Portsmouth	25 New River Valley
11 Danville-Pittsylvania	26 Norfolk
13 District 19	34 Region Ten
15 Fairfax Falls Church	35 Richmond
17 Hampton Newport News	38 Valley

# Eastern State Hospital Overall Census and Funding



## Eastern State Hospital Geriatric Population and Special Funds

**Geriatric Average Daily Medicaid Eligible Census has declined over 50% since FY 2009**

	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014*
<b>Total Hancock Geriatric Beds</b>	150	150	150	150	150	80
<b>Average Daily Geriatric Census</b>	140	120	127	99	85	70
<b>Ave Medicaid Eligible Census</b>	98	93	N/A	74	64	56
<b>Forensic / Civil Census</b>	228	216	162	168	174	185

\* ESH has a total of 300 operational beds

**This decline has impacted hospital revenue creating a budget shortfall**

	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014*
<b>Hospital Operating Budget*</b>	\$71.7M	\$69.0M	\$71.6M	\$66.1M	\$68.2M	\$68.2M
<b>Hospital Revenue Collections</b>	\$22.4M	\$22.6M	\$12.8M	\$20.5M	\$16.7M	\$15.4M
<b>Revenue Collection as % of Budget</b>	31.2%	32.8%	17.9%	31.0%	24.5%	22.6%

\* nominal dollars (not adjusted for inflation)

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## Eastern State Hospital Configuration of Hancock

**Over the 18 months, Hancock has transitioned 40 beds from geriatric to adult**

		Bed	7/1/2012	7/1/2013	12/31/2013
Hancock - Bldg 1		Capacity	Pop served	Pop served	Pop served
Pod 2	Unit A	20	Geriatric	Geriatric	Geriatric
	Unit B	20	Geriatric	Geriatric	Geriatric
Pod 3	Unit C	20	Geriatric	Adult	Adult
	Unit D	20	Geriatric	Vacant	Adult
Pod 4	Unit E	20	Geriatric	Geriatric	Geriatric
	Unit F	20	Geriatric	Geriatric	Geriatric
Pod 5	Unit G	14	Adult	Adult	Adult
	Unit H	16	Adult	Adult	Adult
		<b>Total</b>			

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# Behavioral Health Funding

## New Initiatives FY 2013 – FY 2016

Initiative	2012 & 2013 GA Sessions		Proposed Govs Budget	
	FY 2013 General Fund	FY 2014 General Fund	FY 2015 General Fund	FY 2016 General Fund
Enhance Children's Mental Health Services	\$1.5 M	\$3.7 M	-	-
Increase Crisis Intervention Team (CIT) Assessment Centers	\$0.6M	\$1.5 M	\$1.8 M	\$3.6 M
Increase Maximum TDO Period from 48 to 72 Hours	-	-	\$1.4 M	\$1.7 M
Maintain State Hospital Capacity	-	-	\$5.7 M	\$5.7 M
Expand State Hospital Capacity	\$0.6 M	\$0.7 M	\$2.2 M	\$2.2 M
Support Discharge Assistance Project (DAP)	-	\$1.5 M	-	-
Provide Mental Health First Aid Training	-	\$0.6M	-	-
Provide Suicide Prevention Training	-	\$0.5 M	-	-
Support Part C Early Intervention Services	\$2.3 M	\$6.0 M	-	-
Expand MH Outpatient Services for Teens and Adolescents	-	-	\$3.5 M	\$4.0 M
Expand PACT program	-	-	\$1.0 M	\$1.9 M
Expand Telepsychiatry	-	-	\$1.1M	\$0.6 M
Expand Peer Support Recovery Programs	-	-	\$0.6 M	\$1.0 M
Support Substance Abuse Community Recovery Program	-	-	\$0.3 M	\$0.3 M
<b>Total</b>	<b>\$5.0 M</b>	<b>\$14.5 M</b>	<b>\$17.6 M</b>	<b>\$21.0 M</b>

Crisis Services

Ongoing Treatment and Support

# Behavioral Health Way Ahead

## Areas of Continuing Focus

- Support More Therapeutic Assessment Centers
- Expand Crisis Stabilization Units
- Target Support for Crisis Stabilization to Support TDO
- Increase Support for LIPOS
- Increase Number of PACTs
- Support Discharge Assistance Project (DAP)
- Increase Mental Health Outpatient Services
- Provide Permanent Supportive Housing
- Increase Programmatic Staff for Central Office

Crisis Services

Ongoing Treatment and Support