

TESTIMONY OF THE VIRGINIA ASSOCIATION OF COMMUNITY SERVICES BOARDS
TO THE SENATE FINANCE HEALTH AND HUMAN RESOURCES SUBCOMMITTEE
JANUARY 15, 2007

The VACSB and our 40 member CSBs wish to express our thanks for the outstanding support, concern and understanding of MHMRSAS issues that each one of you continue to demonstrate. Without your support through the years, the community system would not be able to provide the current level of services or focus attention on moving to a community-based, consumer-focused system of care that address services needs, access, and timeliness of access to services.

While we had higher hopes for the Introduced Budget, we are thankful for the additional 170 community MR Waiver slots and the permanent funding for the original mental health juvenile detention center projects in Chesapeake, Crossroads (Farmville area), Planning District I (Southwest Virginia), Richmond, and Staunton. These projects have demonstrated outstanding results for youth and families and more are needed in the detention centers desiring these projects. Additionally, we are hopeful that the 8% increase in Medicaid reimbursement for private inpatient psychiatric beds will assist our partners in keeping local beds available for consumers.

Although this is mid-year in the Budget process, the conditions of the people we serve don't wait for process. The needs continue and we continue our advocacy because the children and adults are our family members, our neighbors, our friends, our fellow citizens, and yours.

The VACSB and our advocacy partner identified priorities based on needs and new findings. The VACSB, NAMI-VA, the Arc of VA, SAARA, VOCAL, VOICES, and others worked during the summer to identify our top funding priorities that include conditions about which this Subcommittee has expressed strong concern.

Because our Budget Workgroup could not address all the funding issues, we decided upon three areas of priority and criteria for each priority that must be met.

1. Meeting legal and regulatory services responsibilities on the part of CSBs;
2. Developing new or transformed services or operations vital to Transformation;
3. Dedicated funds for priority pilots critical to a Transformed System.

Over-arching Principle:

Targeted basic and intensive services at adequate levels in communities reduce, avoid, and can eliminate over-reliance upon more expensive and inappropriate treatment, crises, and default to facilities, including jails. Building the capacity within communities to serve those who need treatment and supports is the focus.

Pathway Criteria and Guiding Principles:

- Consumer and family collaboration and involvement on system and individual service design;
- Shared accountability defined at personal, professional, and systems levels;
- Maximizing efficient and flexible use of limited resources;
- Measurable outcomes related to the goals of each priority;
- Services/projects on-line within FY 07-08.

Many of our advocacy partners who worked on the Budget Subcommittee are here and will better detail their priorities.

Priorities for on-going services include:

- Additional MR Waiver slots, adequate rates, and low-intensity services;
- Housing, intensive case management, psychiatric consult and medications, purchase of local inpatient beds, vocational and employment services, peer support, and enhanced emergency services;
- Increased investment in serving those with mental disabilities who are also deaf and deaf-blind through clinicians who can provide direct treatment, thereby avoiding facility placement;
- Additional systems of care projects for children and families to reduce and avoid out-of family or out-of community placement;
- Continued investment in Part C/Early Intervention services for infants and toddlers to avoid or reduce more immediate and long term educational and health care costs;
- Investment for CSBs to assure a high level of utilization management, ability to respond to data needs, and readiness for electronic health records, a complex and expensive process.

Priorities for unique or new services that will avoid higher costs include:

- Investment in the full array of components within the *Sequential Intercept Model*, which provide for a diversion strategy at every intersection a person with mental illness may have with public safety. While localities have focused on certain portions of this model through local, general, or special grant funds, no locality has been able to develop the model with all its components that include diversion at arrest, pre-sentencing, post-sentencing, in-jail services, discharge planning, and supervision and services after discharge. (Model description attached.)
- Medicaid reimbursement for addiction services for those already eligible for Medicaid. This is not an eligibility expansion, but a service expansion that, in both public agency and private agency studies, have demonstrated that overall Medicaid health care savings result from adding addiction services to the mix. (Material attached.)
- Intensive outreach and engagement pilots to target the small number of consumers with serious mental illness who cannot recognize the need for treatment and/or who have resisted treatment and continue to default to crisis mode.
- Investment in programs designed to prevent, specifically, the underage consumption of alcohol, now the highest risk factor for youth in Virginia.
- Investment in developing systems of care for seniors who experience, not only infirmities of aging, but serious mental illness, addiction or mental retardation. Such seniors, without new community supports, will default, not even to nursing homes, but to very expensive state psychiatric hospitals, most often hours away from family, friends, and local supports.
- Approval of an auxiliary grant portability pilot to assist 200 consumers who would benefit from a living situation other than an assisted living facility and would choose to do so.

Each of you will review budget amendments that detail these priority needs. We know that you will do you very best in determining how best to allocate resources. **Thank you again and again.**

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