

DBHDS

Virginia Department of
Behavioral Health and
Developmental Services

Major Issues Facing the Commonwealth's Behavioral Health & Developmental Services System

Presentation to Joint Meeting
Senate Education & Health Committee
House Health, Welfare & Institutions Committee

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DBHDS Commissioner

Governor's Statement

“While I believe Virginia’s behavioral health and developmental services system has come a long way from one that had been largely institutional to one that is now primarily community-based, we still have important work to do to close the gap. There are still problems in Virginia’s system of behavioral health and developmental services that have remained unaddressed for many years, and involve operational issues at our state facilities and insufficient capacity to serve those in need of community-based services.” *December 16, 2010*

Operational Issues at State Facilities

- **State hospitals**
 - Loss of Medicaid certification at ESH Hancock Center due to long-standing management/operational issues
 - Lack of community service capacity to support downsizing of ESH from 288 to 150 adult beds resulting in inability to discharge and accept new admissions
- **Training Centers**
 - Dept of Justice investigation - CVTC since 2008
 - Excessive overtime at CVTC due to management and budget issues resulting in potential for compromised care
 - CMS investigation critical incidents - SVTC during annual review
- **Virginia Center for Behavioral Rehabilitation**
 - Concerns about development of treatment program and the lack of adequate residential treatment capacity due to census increase

Insufficient Capacity to Serve Those in Need of Community-Based Services

- **Behavioral Health**
 - State hospital patients remain hospitalized longer than necessary because capacity of intensive support services in the community is not adequate
 - Individuals in the community experience crisis situations that could be avoided if the capacity of intensive programs were greater. Many of these are now hospitalized in state and private hospitals at greater cost.
- **Developmental/Intellectual Disabilities**
 - Individuals in crisis and those in need of respite are admitted to training centers when their needs could be met in the community in a more integrated fashion and less expensively in the community
 - The waiting lists for community services for those with ID and DD continue to grow

Administration's Response (to address immediate problems)

- Hired new directors at ESH, CVTC and VCBR
- Engaged experts to work with CVTC to prepare for DOJ response to investigation
- Engaged experts to work with ESH staff, pursued Medicaid certification by dispute resolution, appeal, and full certification application
- Submitted POC to VDH (accepted) for SVTC
- Redirected DBHDS central office resources to increase direction and oversight of state facilities

DBHDS “Creating Opportunities” Strategic Initiatives

- Behavioral Health
 - Emergency Response
 - Peer Support
 - Substance Abuse
 - State Hospitals
 - Children/Adolescents
- Developmental Services
 - Community Capacity
 - DD/Autism
- System-Wide
 - Housing
 - Employment
 - Case Management
- Other Major Initiatives
 - Health Care Reform
 - Sexually Violent Predators
 - Information Technology

Intellectual Disabilities Services

- Add 275 ID Medicaid Waiver slots in FY12 and ongoing
- Create crisis intervention services for individuals with co-occurring intellectual disability and behavioral disorders
- Add five positions at DBHDS to work with residents of the state training centers and their families to plan for transition from the facility to community settings
- Address staffing ratios in Virginia's training centers & ensure the safety of all training center residents by replacing funds that were reduced in original FY2012 budget
- Contract with consultants to provide staff training at state training centers

Behavioral Health Services

- Expand behavioral health crisis stabilization program capacity across state
- Increase targeted community behavioral health services in the Tidewater/Eastern State Hospital region

Improving Quality of Care

- Add 6 licensing positions at DBHDS to increase capacity to monitor community-based providers
- Establish statewide medical director & quality management position in Central Office

Other Major Areas of Investment in Governor's Proposed Budget

Eastern State Hospital (ESH) - \$5.4M

- Replace federal funds lost at the Hancock Geriatric Center at ESH due to decertification from the Medicaid program
- Address staffing issues necessary for recertification

Sexually Violent Predator Program and the Virginia Center for Behavioral Rehabilitation (VCBR) - \$25M plus \$43.5 bond authority

- Fund the continued operation and expansion of staffing to serve the full 300 bed capacity at VCBR & reopen temporary facility on SEVTC campus
- Increase staffing levels at DBHDS to handle increased caseload of the SVP conditional release program
- Provide bond authority to plan for and renovate a 300-bed step-down facility for sexually violent predators

Southwestern Virginia Mental Health Institute Geriatric Unit - \$2M

- Restore funds to re-open a 20-bed geriatric psychiatric unit at SWVMHI that was scheduled to close for budgetary reasons by June 30, 2011

DBHDS Central Office information technology expansion - \$100,000

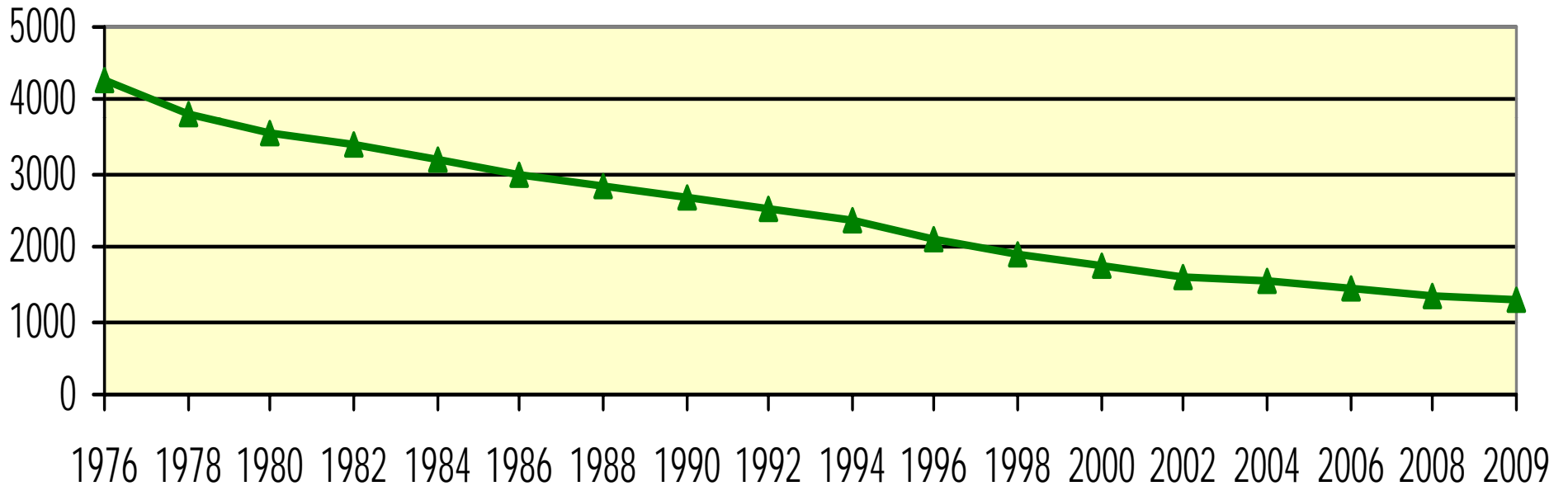
- Add one position at DBHDS to help implement electronic health records and other initiatives

Pressures to Shift from Training Centers to Community Services:

- **Shift in what families want** – In recent years discharges/deaths have averaged over 70 per year while average certified admissions have averaged only 16 per year
- **Community waiting lists** – 5,337 for ID waiver (2,924 urgent need) and 1,200 for DD waiver
- **Economics of providing services** – Less expensive in community settings. Annual training center cost averages \$181,000 (\$216,000 in N. VA)
- **Department of Justice Investigations** – More aggressively challenging need for institutional services vs. providing for community integration

Training Center Census Trend (Current Census: 1,106)

Training Center Average Daily Census (ADC) FY 1976-FY2009



Basis for DOJ Review and Findings

- Department of Justice seeks to enforce:
 - CRIPA (Civil Rights of Institutionalized Persons Act)
 - Americans with Disabilities Act (ADA) and the *Olmstead v. L.C.* decision
- CRIPA: Guarantees the rights of individuals in institutions to be free from harm, receive appropriate medical, behavioral, and psychiatric services.
- The ADA/Olmstead: Individuals with mental illness and developmental disabilities cannot be unlawfully segregated in institutional settings when they can be served in more integrated settings in the community.

Anticipated DOJ Findings

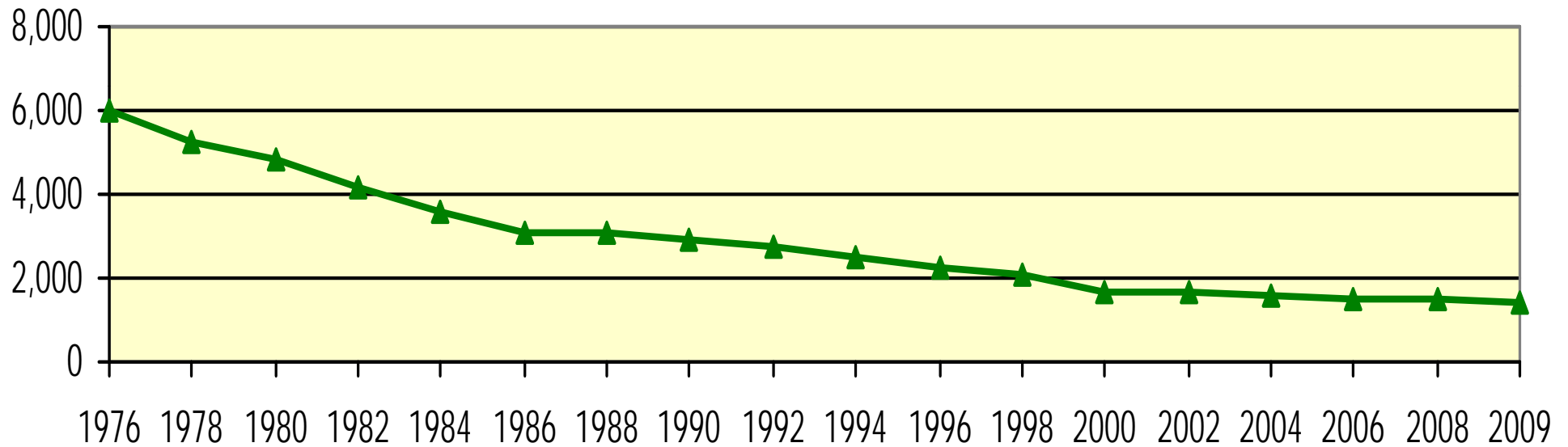
- Lack of adequate care within 5 training centers (Failure to protect individuals from harm, provide residents with needed treatment and habilitation, and protect from the use of undue restraints)
- Failure to serve residents in the most integrated setting appropriate to their needs
- Limited ID waiver program capacity to serve everyone in need
- Limited waiver rate structure and reimbursement to serve the most medically fragile and behaviorally complex individuals, (The rate structure should support similar services in the waiver as exist in ICF/MRs)
- Lack of sufficient oversight of community providers
- Disparity in availability of services depending on the setting, preventing some individuals with more complex needs from being served in the community

Time to Rethink Balance of Investment in Hospitals & Community MH Services

- Currently operate the same number of state hospitals for adults as in the early to mid 1970s despite the fact that the combined census has dropped from approximately 6,000 to under 1,300
- Resulting cost per patient for adult hospitals averages \$214,000 per year
- Need for funding to support intensive services such as crisis stabilization, PACT and LIPOS in the community is great

State Hospital Census Trend (Current Adult Census: 1,294)

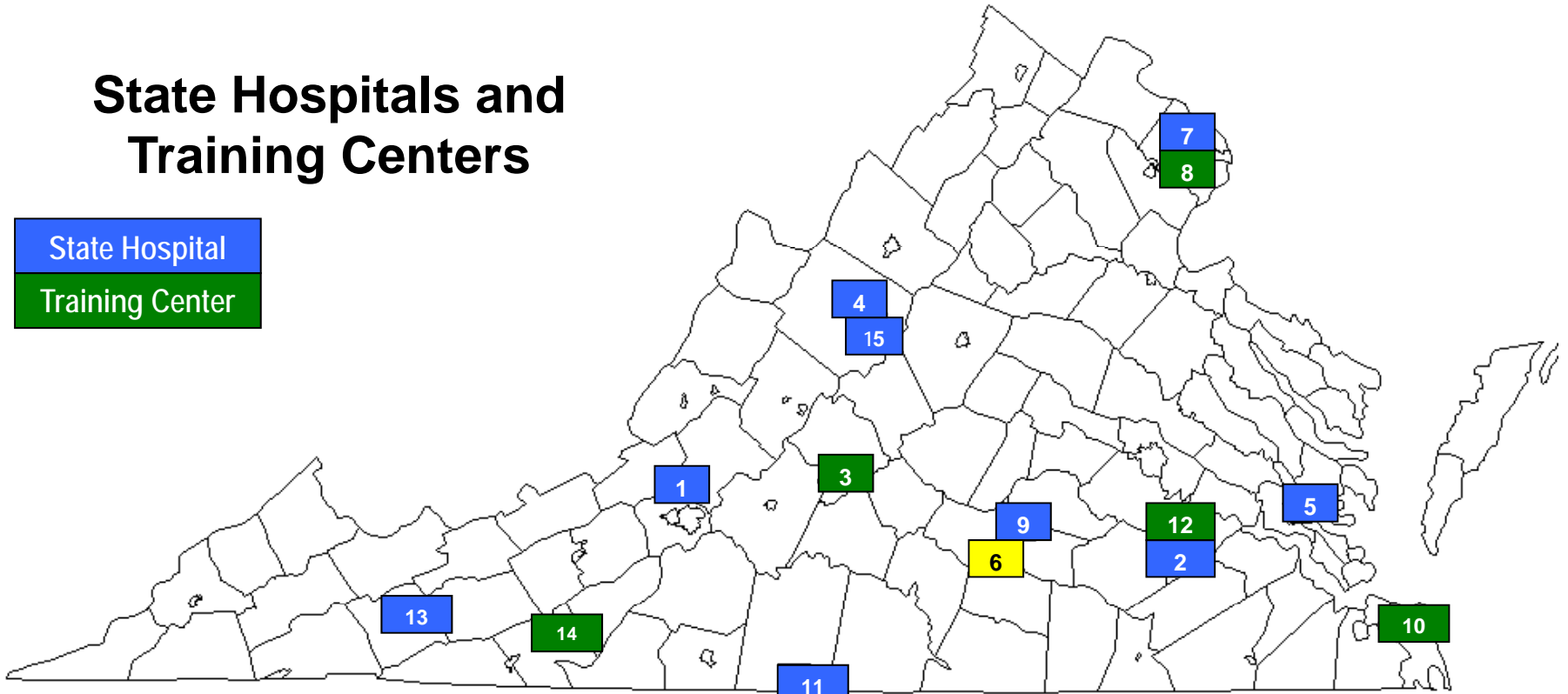
Trends in State Hospital Average Daily Census (ADC) FY 1976 - FY 2009



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				

Resource Deployment

DBHDS-Directed Funds

FY10 Total: \$892.6M

Total for BHDS System

FY10 Total: \$2.222B

