

Community Mental Health Care in Virginia

House Appropriations Committee Retreat

November 14, 2007

Susan Massart

House Appropriations Committee Staff

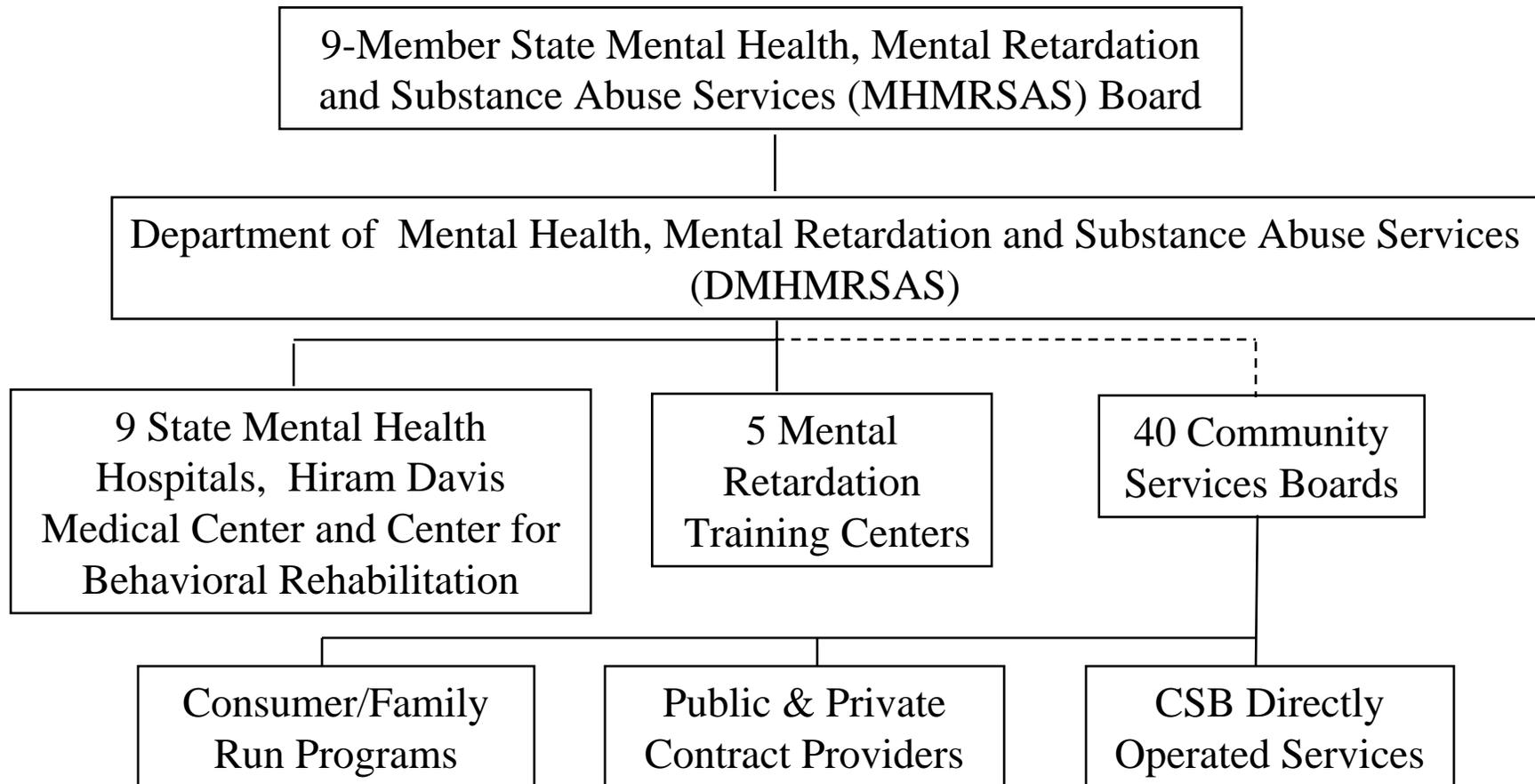




Community Mental Health Care in Virginia

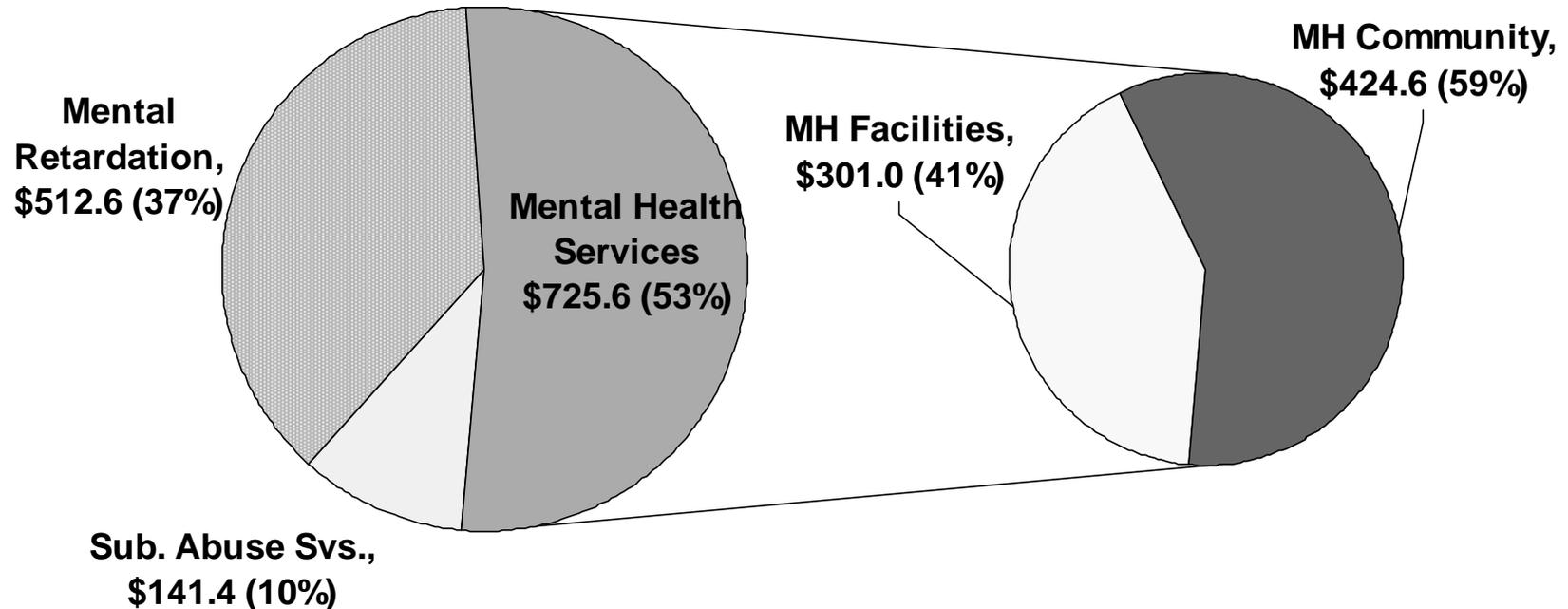
- ❑ Mental Health, Mental Retardation and Substance Abuse Services (MHMRSAS) System
- ❑ Community MHMRSAS System
- ❑ Community Mental Health Care Services

System Organization and Structure



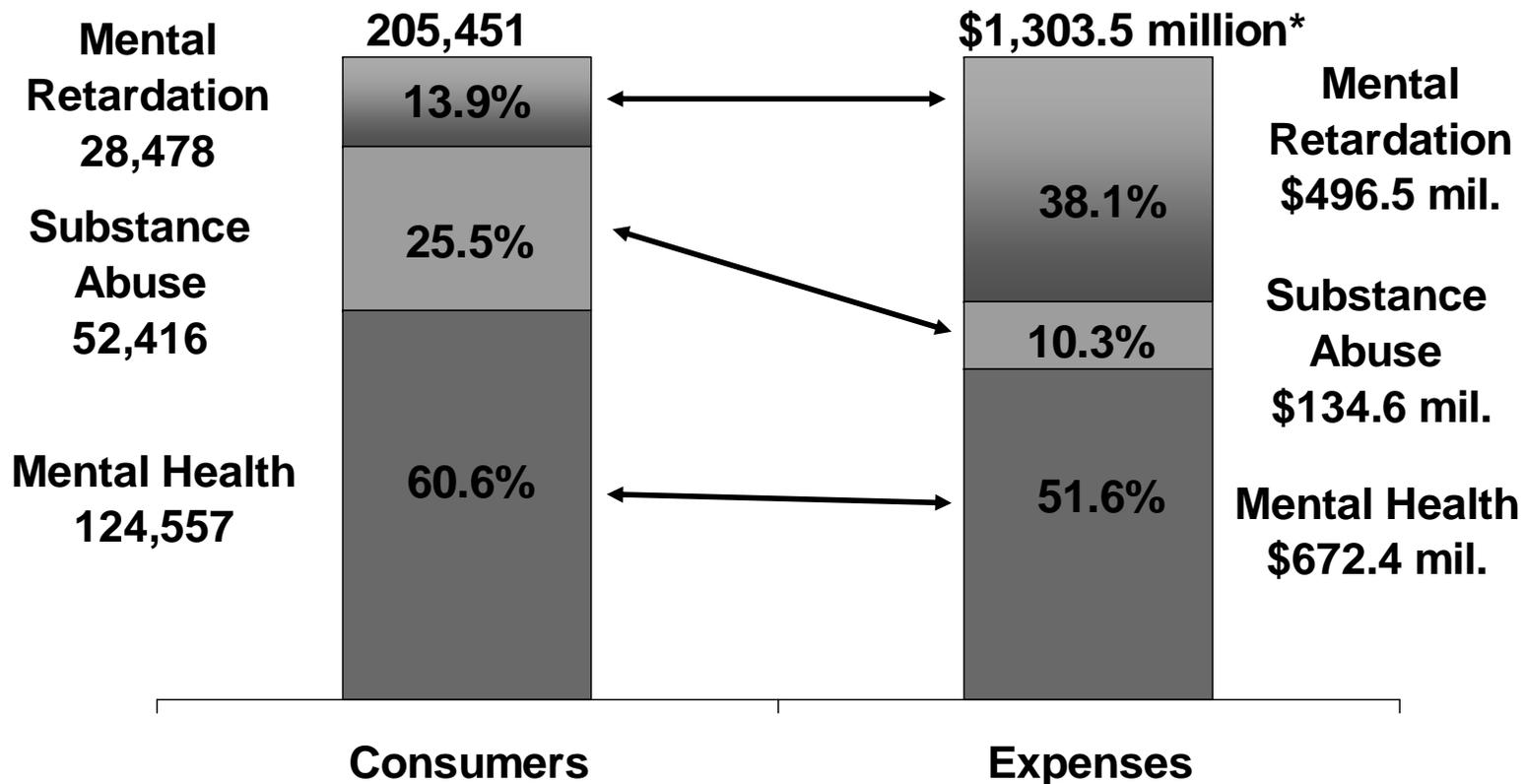
MHMRSAS System Funding by Disability Type FY 2007 (\$ in millions)

Total = \$1,379.6 million



Note: Does not include funding for DMHMRSAS central office functions, Va. Center for Behavioral Rehabilitation and Medicaid funding provided to private providers directly.

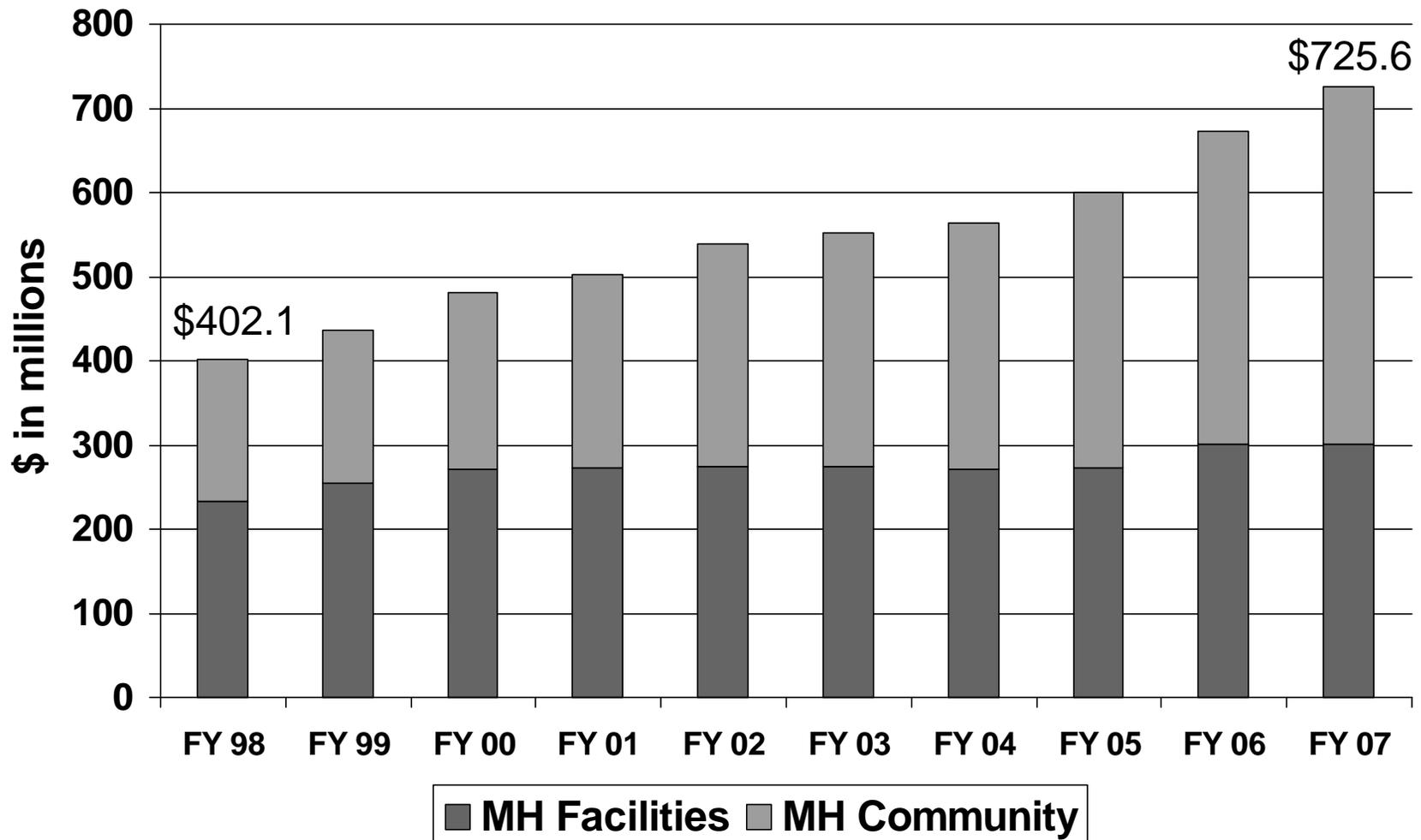
Comparison of Consumers Groups Served as a Percentage of All Consumers Served and System Expenditures (FY 2006)

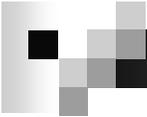


*Dollars in millions. Does not include state and federal Medicaid funds paid directly to private providers of MHMR services.

Mental Health Funding Has Almost Doubled Between FY 1998 and FY 2007*

(\$ in millions)





Community MHMRSAS System

- Statutory authority provided through Title 37.2 of the *Code of Virginia*
- 40 Community Services Boards (CSBs)
- *Code of Virginia* defines three types of CSBs:
 - Operating (28 CSBs)
 - Board appointed by and accountable to local governing body
 - Has statutory fiduciary and management authority and responsibilities
 - Appoints an executive director, employs its own staff and/or contracts with providers
 - Not organized as a city or county government agency
 - Administrative Policy (10)
 - Board appointed by and accountable to local governing body
 - Has statutory fiduciary and management authority and responsibilities
 - Establishes policy for the delivery of services
 - Services provided through a city or county department or contracts with providers
 - Employees are employed by city or county
 - Policy Advisory (1 in Portsmouth)
 - Board appointed by and advises local governing body on policy matters
 - Local government department delivers community services with own employees
- *Code* authorizes Virginia Beach, City of Richmond and Chesterfield County to establish behavioral health authorities (BHAs)
 - Public body
 - City of Richmond is the only BHA



Community MHMRSAS System

- Section 37.2-500 of the *Code of Virginia*:
 - Designates Community Services Boards (CSBs) as the single point of entry for the publicly funded MHMRSAS system
 - Sets forth mandated core services to be provided by CSBs, including:
 - Emergency Services
 - Crisis intervention, stabilization, preadmission screening for hospitalization, discharge planning for consumers in acute inpatient settings, short-term counseling, and referral assistance
 - Case Management (subject to availability of appropriations)
 - Assistance with locating, developing or obtaining needed services and resources for consumers; needs assessments and planning services; coordination of services with service providers, monitoring service delivery, identification of and outreach to individuals and families in need of services

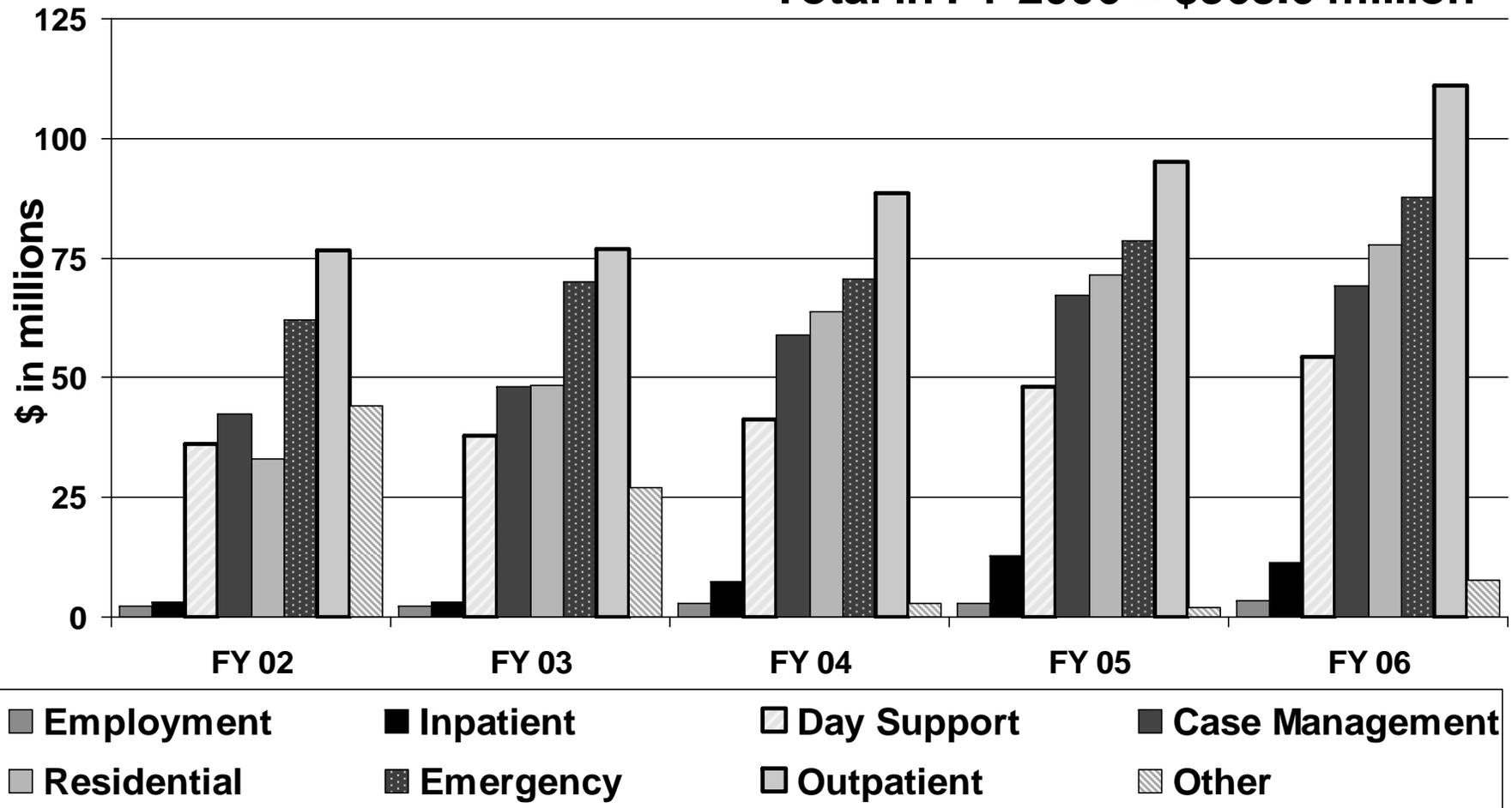


Core Community Services That May be Provided by CSBs

- *Code of Virginia* also sets forth a comprehensive system of services that may be provided by CSBs (§ 37.2-500)
 - Inpatient Services
 - Outpatient Services
 - Day Support Services
 - Residential Services
 - Prevention and Early Intervention
 - Other appropriate mental health, mental retardation and substance abuse services

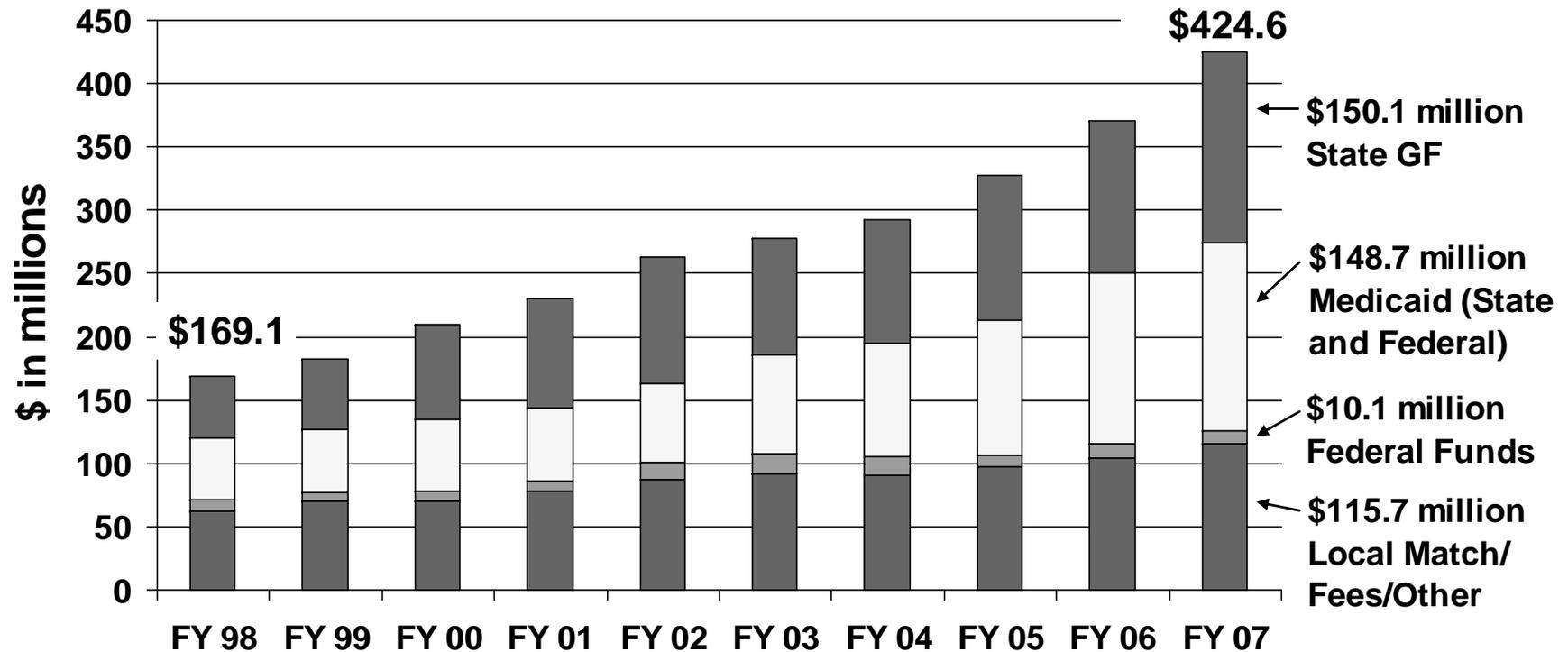
Growth in Mental Health Expenditures by Core Services FY 2002 – FY 2006

Total in FY 2006 = \$363.6 million*



*Does not include state and federal Medicaid funds paid directly to private providers of mental health services.

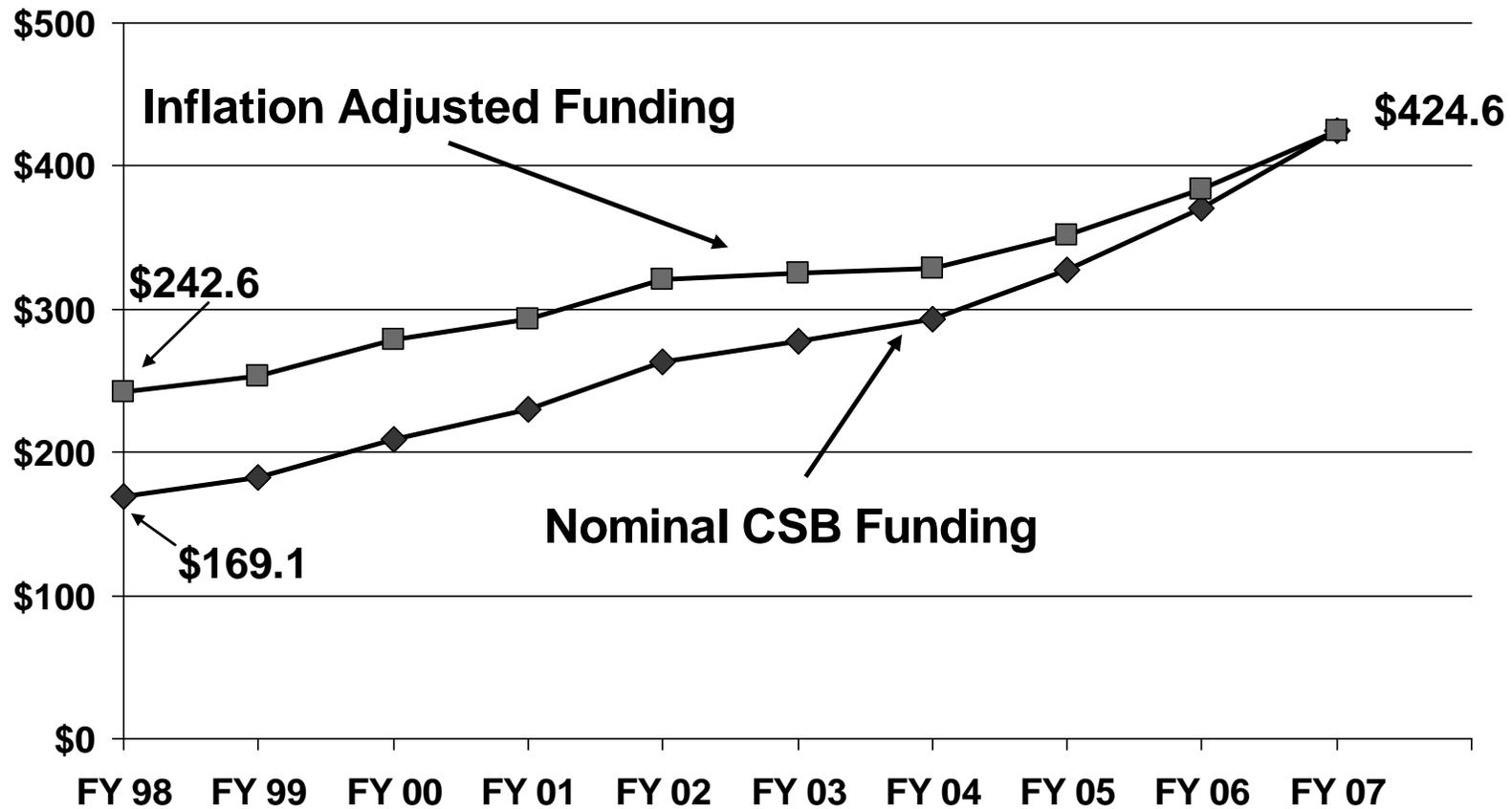
CSB Mental Health Expenditures Have More Than Doubled Between FY 1998 and FY 2007



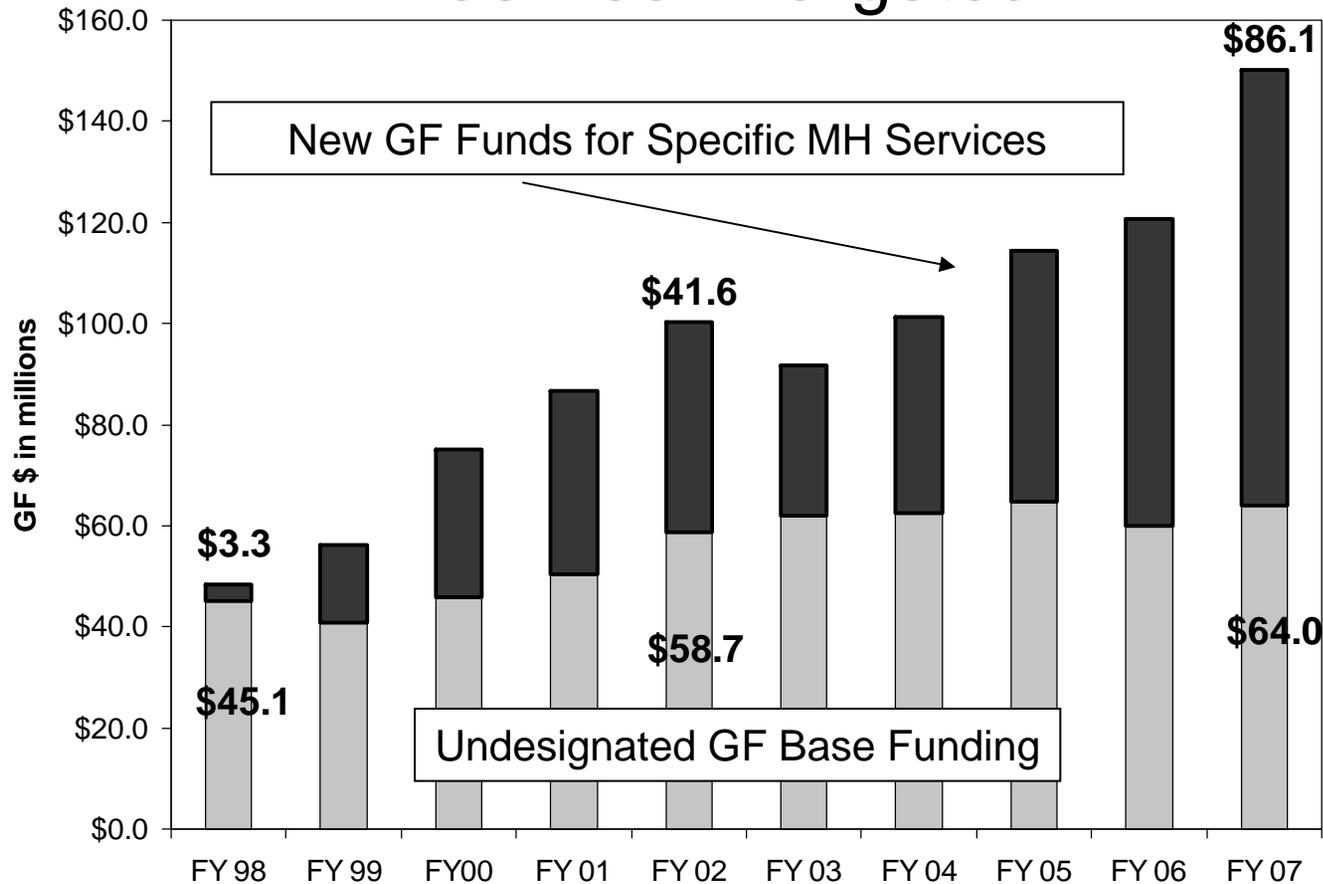
*Dollars in millions. Does not include state and federal Medicaid funds paid directly to private providers of mental health services outside of the CSB system.

Impact of Inflation on Growth in CSB Mental Health Expenditures

\$ in millions



New Funding for CSB Mental Health Services Has Been Targeted



- Undesignated general fund base dollars for CSB MH services accounted for 93.3% of total general fund dollars in FY 1998 compared to 42.6% in FY 2007



New Funding for CSB Mental Health Services Has Been Targeted

- Focus has been on adding funds for services that have shown promise in improving consumer outcomes and diverting individuals from more expensive institutionalized care
 - Discharge assistance for institutionalized persons with serious mental illness
 - Programs of Assertive Community Treatment (PACT) Teams (16 teams)
 - Residential services for persons with serious mental illness
 - Local inpatient acute hospital services
 - Crisis stabilization units (12 residential and 5 ambulatory)
 - Facility reinvestment funds targeting regional facility diversion projects
 - Jail-based hospital diversion services
 - Services for persons with serious mental illness in assisted living facilities
 - Psychiatric evaluation and crisis counseling
 - Services for children
 - Children not mandated for services through the Comprehensive Services Act funding but who have serious emotional disturbances
 - Demonstration projects using evidenced-based systems of care
 - Mental health services for children in juvenile detention centers



Who Receives CSB Mental Health Services?

■ Target Populations

□ Adults with Serious Mental Illness

- Severe and persistent mental or emotional disorder that seriously impairs the functioning of adults, age 18 or older
- Defined by diagnosis, level of disability and duration of illness
- May have co-occurring substance use disorder or mental retardation

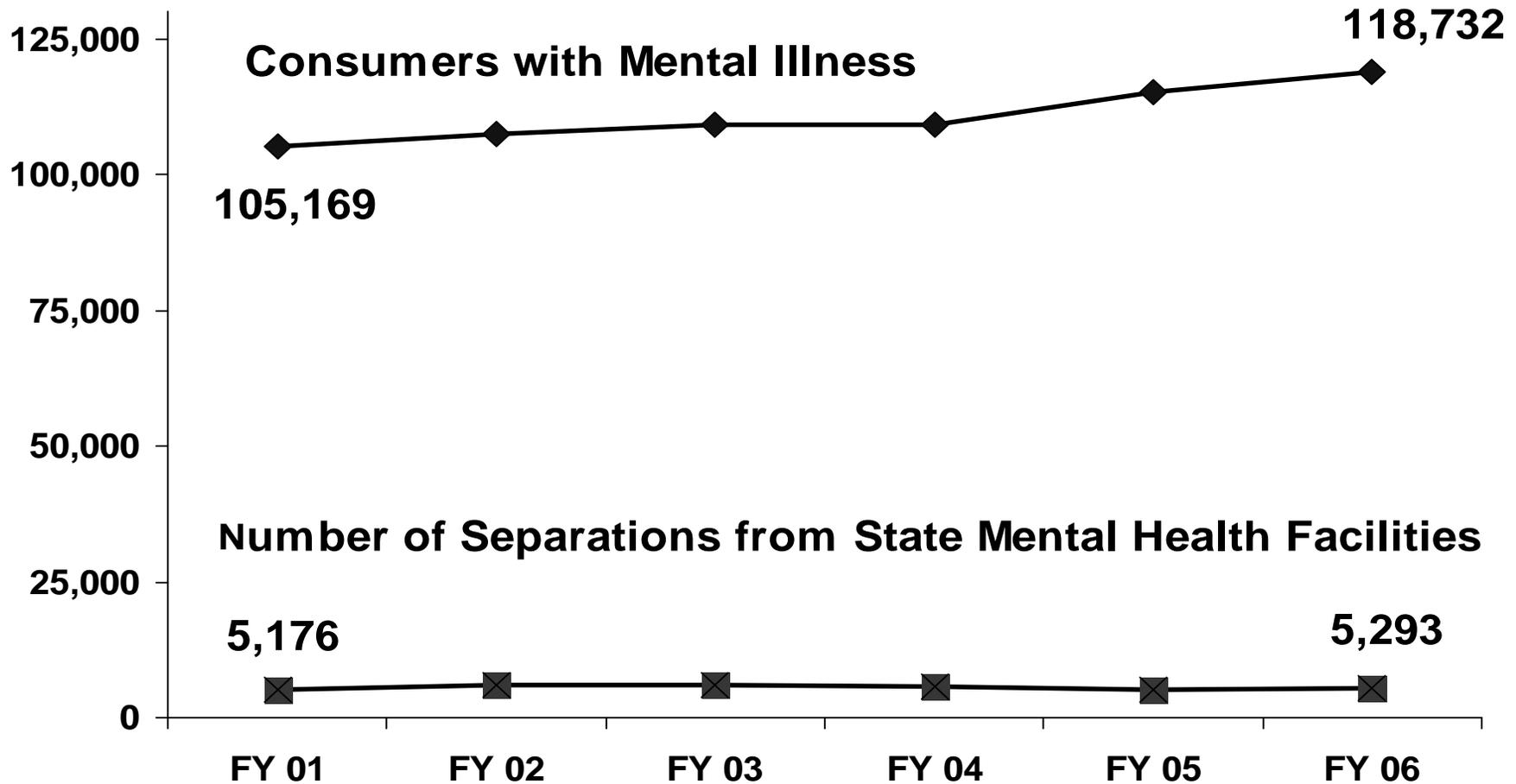
□ Children with Serious Emotional Disturbance

- Serious mental health problem that affects a child through age 17 that meets diagnostic criteria or specific functional criteria
- Problems that persist for at least one year, are significantly disabling based on social functioning of most children of the same age
- Service needs that require significant intervention by more than one agency

□ Individuals discharged from state mental health facilities

- Most consumers have exhausted resources available to them and their family members

Consumers with Mental Illness Served by CSBs (FY 01 – FY 06)

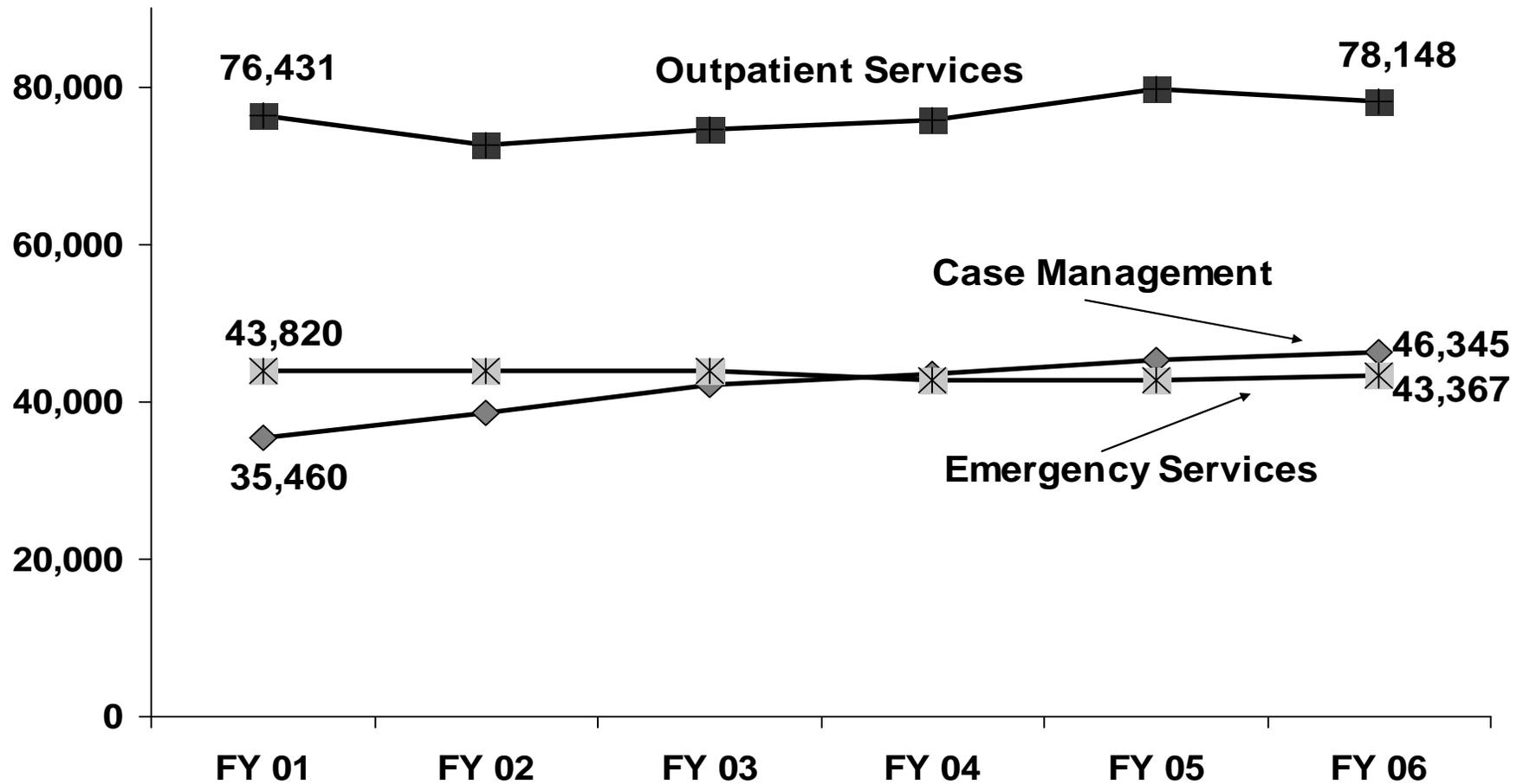




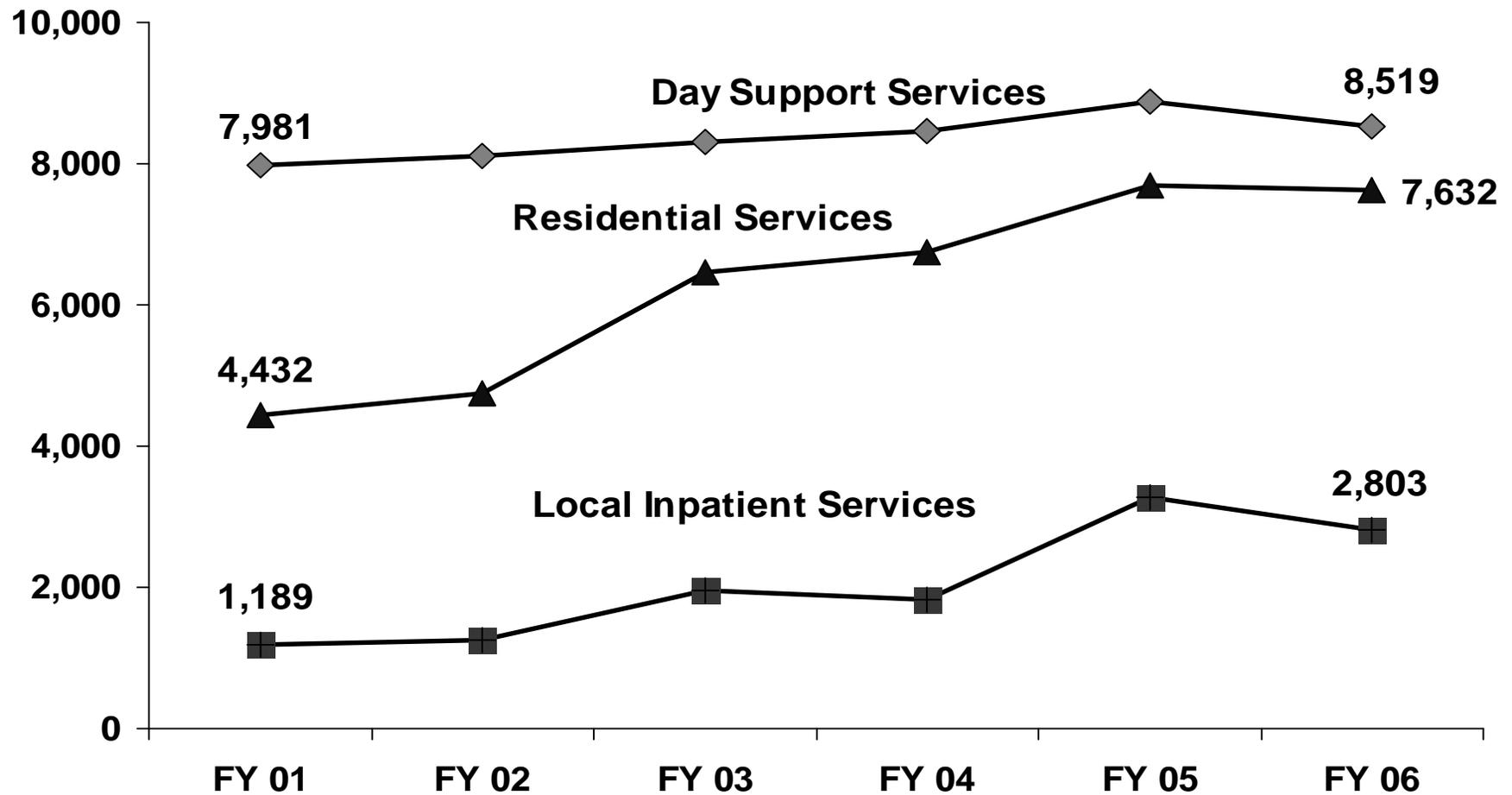
Cost Drivers of Community Care

- Increases in numbers of consumers
 - Number of adults with serious mental illness has increased by about 13 percent over the past ten years
 - Number of children with serious emotional disturbance served by CSBs has almost doubled over the past ten years
- Increase in services
 - Number of consumers receiving care for more than one service has increased over past 10 years by about 6 percent
 - Intensity of services has increased
 - Cost of intensive services has increased

Numbers of Consumers Receiving Selected CSB Mental Health Services (FY 01 – FY 06)

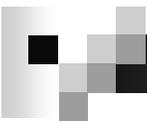


Numbers of Consumers Receiving Selected CSB Mental Health Services (FY 01 – FY 06)



Intensity of Services and Consumers Served Has Generally Increased from FY 97 to FY 06

Mental Health Services	% Chg. in Service Unit	% Chg. in Consumers Served
Day Treatment/Part. Hosp.	327.7%	79.3%
Supportive Residential Services	101.3%	98.1%
Supervised Residential Svs.	79.5%	-111.8%
Highly Intensive Residential Svs.	50.3%	66.2%
Local Inpatient Services	44.6%	52.8%
Emergency Services	28.8%	-12.3%
Case Management Services	22.3%	21.7%
Intensive Residential Svs.	9.2%	-437.5%



Cost of Community Care for Persons with Mental Illness

- Costs vary by nature of disability and intensity of services
- Average annual cost of care in FY 2006 for persons with mental illness:
 - \$3,063 per person for CSB community mental health care
 - \$19,779 for individual with serious mental illness leaving a state facility and receiving intensive community services through CSBs
- In contrast, the average annual cost of care for an individual receiving state mental health facility care was \$51,738 in FY 2006



Intense Services Are More Costly to Provide

- Implementation of intensive services aimed at improving consumer outcomes are more costly to provide

CSB Community Mental Health Service	Average Annual Cost of Care
<i>Overall MH Services</i>	\$3,063
Discharge Assistance	\$19,779
Residential Services	\$10,135
Inpatient Services	\$4,135
Day Support	\$6,374
Employment Services	\$3,634



Summary

- Funding for community mental health services has increased substantially over the past ten years
- However, new funding has been targeted towards more intensive services designed to maintain consumers with serious mental illness in communities
- Virginia's CSBs are serving more persons with mental illness, but not in proportion to the increased cost of services
- Consumers are receiving more services and particularly more intensive services
- Intensive services are more costly to provide
 - Human resource intensive
 - However, these services are substantially less expensive than services in state mental health facilities
- Ongoing and future challenges for DMHMRSAS
 - Systematic outcome based data on programs and services
 - Consumer specific data from the development of e-health records
 - Strategies to meet the needs of individuals waiting to receive services