

DBHDS

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

BHDS Biennium Budget Update

HHR Subcommittee, House Appropriations Committee
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Behavioral Health

- **Mental illnesses are medical conditions that disrupt thinking, feeling, mood, ability to relate to others and daily functioning.**
 - Adults with a serious mental illness during the past year: 316,552
 - Children/adolescents with a serious emotional disturbance: Up to 104,046; up to 66,211 exhibiting extreme impairment
- **Substance abuse is a pattern of harmful use of any substance for mood-altering purposes.**
 - Adults/adolescents who abuse or are dependent on any illicit drug: 180,453
 - Adults/adolescents who abuse or are dependent on alcohol: 476,215

Intellectual Disability

- **Intellectual disability is significantly impaired cognitive functioning and deficits in 2+ adaptive behaviors; onset before age 18.**
 - Total individuals with a developmental disability: 139,844
 - Children 6+ with an intellectual disability: 71,526
 - Children with autism spectrum disorder: 1 in 91

Community Services

- 40 Community Services Boards (CSBs) are local government entities that are single points of entry into public behavioral health and developmental services system. They assess individual needs, provide an array of services and supports, and manage state funds for community-based services.
- In FY08, CSBs served an unduplicated total of 243,629 individuals, including:
 - Mental Health Services: 101,796
 - Developmental Services: 25,053
 - Substance Abuse Services: 43,657
 - Services that cut across program areas (e.g., emergency services): 73,123
- A wide array of private providers.

BHDS State Facilities

- State facilities provide highly structured, intensive services for individuals with behavioral health disorders or intellectual disability.
- DBHDS operates 16 facilities:
 - 9 mental health facilities; 1,600 beds
 - 5 training centers; 1,549 beds
 - a medical center; 87 beds
 - A center for behavioral rehabilitation (SVP); 300 beds
- In FY09, facilities served 6,866 individuals.

Research and Development Enabling a Move to Community Living

Mental Health

- New psychotropic medications
- New models of support
- New models for responding to emergencies
- Shift to recovery values

Intellectual Disability

- Special education from early childhood
- Improvements in healthcare
- New models for support and employment
- New models for behavioral intervention
- Shift in family preference for community living
- Shift to person-centered approach
- Federal regulation shift & Olmstead decision

Virginia and General Assembly Responses

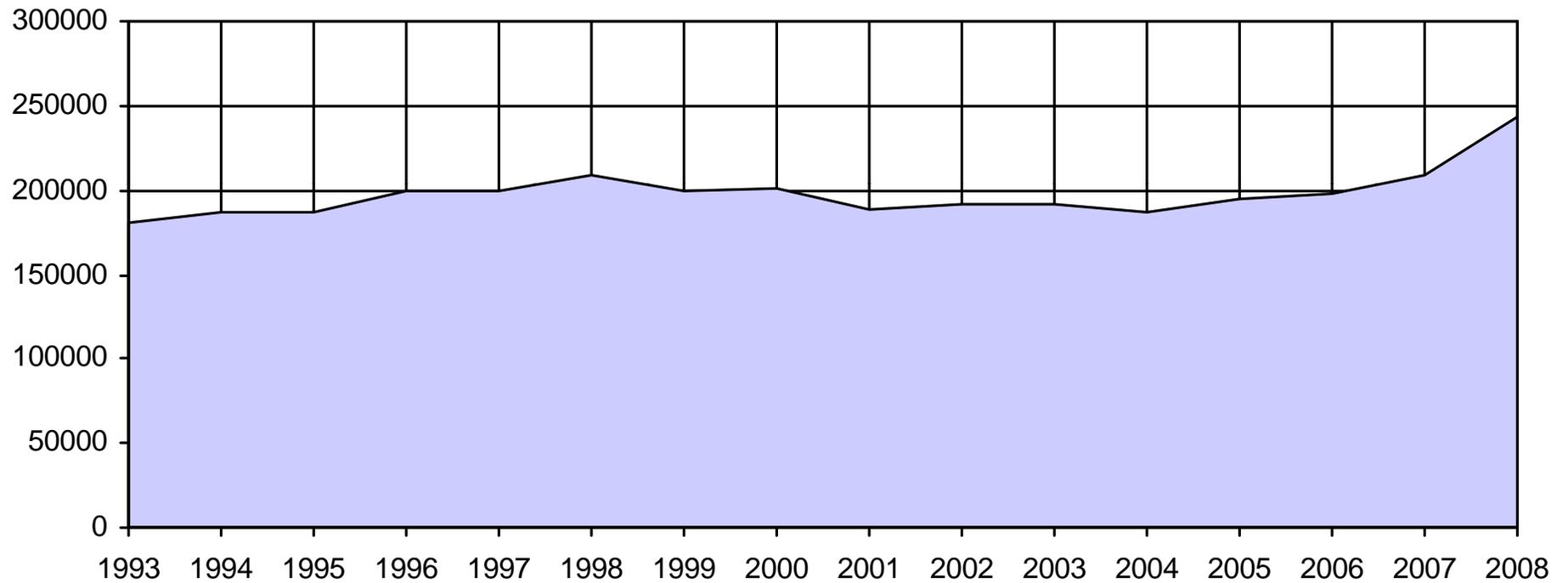
Mental Health

- Discharge assistance program (DAP)
- Program of Assertive Community Treatment (PACT)
- Crisis stabilization programs
- Local inpatient alternatives (LIPOS)
- Reinvestment program
- Medicaid to support services

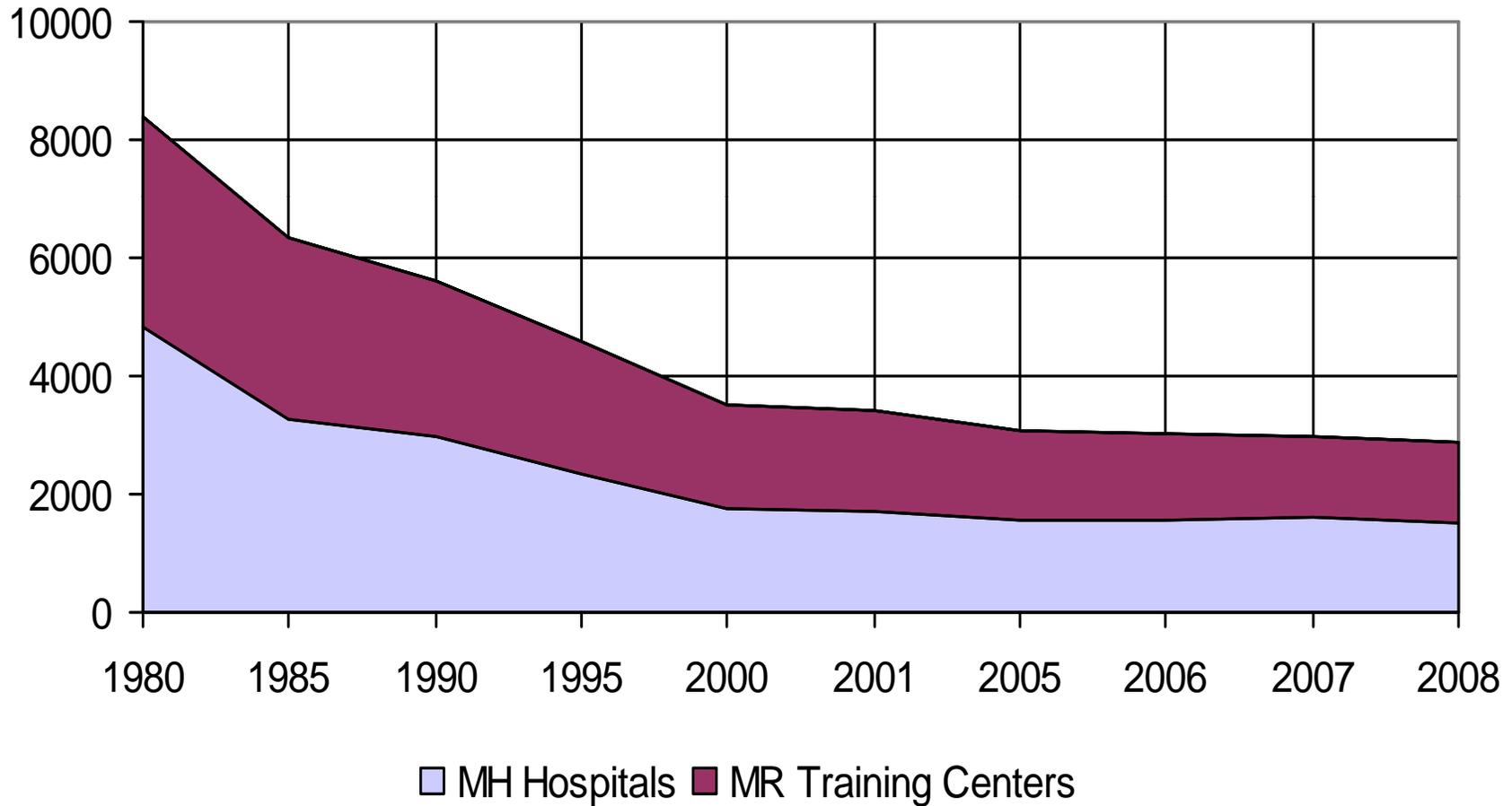
Intellectual Disability

- Early intervention programs
- Medicaid to support services
- Start up funds to support new programs

Trends in Unduplicated Individuals Receiving CSB Services



Trends in Facility Average Daily Census



DBHDS Budget History

Facilities, CSBs, Central Office

Beginning GF Appropriation (FY09)	\$593.8M
Budget Changes (FY09-12)	(\$92.2M)
	\$1.1M (FY10 increase autism services)
	\$2.1M (FY11-12 proposal, uninsured children)
Proposed Ending GF Appropriation (FY12)	\$504.8M 16%

DBHDS Budget Reduction History

	FY09	FY10	FY11	FY12	TOTAL
CSBs	(\$12.4M)	(\$12.2M)	(\$660K)	(\$100K)	(\$25.4M), ongoing 10%
Facilities	(\$3.2M)	(\$21.5M)	(\$11.4)	(\$20.6M)	(\$56.7M), ongoing 19%
Central Office	(\$4.9M)	(\$6.4M)	(\$1.3M)	—	(\$10.1M), ongoing (\$2.5M), one-time 30%
TOTAL	(\$20.5M)	(\$40.1M)	(\$13.4M)	(\$20.7M)	(\$92.2M) 16%

Community Services Boards

- In FY09, CSBs reduced their administrative budgets by 5%, maxing out ability to make administrative cuts.
- In FY10, CSBs again received a 5% cut and were guided by CO to ensure plans maintained core CSB responsibilities (e.g. emergency services, case management, etc.).
- The proposed FY11-12 budget includes a \$760K reduction over the biennium to CSB start up costs for the Medicaid ID Waiver, hampering CSBs' ability to provide waiver services.
- Challenges resulting from previous and proposed biennium reductions:
 - Increased expectation for community services to offer alternatives to inpatient treatment.
 - Increased role of CSBs in serving distinct populations - veterans, traumatic brain injury and Autism and other developmental disabilities.
 - Local fund reductions compound loss of capacity.

DBHDS State Facilities

- In FY09, there was a budget reduction of approximately \$2M across facilities to consolidate administrative services.
- In FY10, the facilities reduced by approximately 5.5%.
- The FY09-10 reductions affected 122 positions across 16 facilities.
- The FY11-12 facility reductions total \$32M.

Facility Pharmacy Standardization

- **Total savings – \$5.8M**
- The total pharmacy budget is \$17.1M
- A study recommended changes to how DBHDS facilities prescribe and manage medications.
- A committee will examine and implement recommendations to reduce pharmacy spending and create a more unified system with standardized prescribing practices.
- Committee composition will be state facility pharmacy directors, state facility medical directors and CSB representatives.

Training Centers

Reduction of 57 training center beds by June 30, 2011

- **Total savings – \$10 million**
- Working with facility directors to determine where reductions would be made.
- States are downsizing/closing large state-run facilities for individuals with ID because of high operating/maintenance costs, national trends, best practices.

Close One Unit at CVTC

- **Total Savings – \$1.2M**

Reduction of SEVTC to 75-bed facility by June 30, 2011

- **Total Savings – \$500,000**
- In 2009, the decision was made to reduce the size of SEVTC and move the remaining residents to community settings.
- Construction on new facility will be complete September 2011.

Closure of CCCA/SWVMHI Adolescent Unit by June 30, 2010

- **Total savings – \$9.7M**
- Goal is to serve children as close to home as possible.
- Over 2,000 private sector acute inpatient beds and residential options for children and adolescents at licensed facilities.
- **CCCA, Staunton, VA** - Receives \$8.3M in state GF
 - Normally 48 beds; FY10 average daily census was 26
 - Average cost was \$1,145 per child, per day (\$591 for adult MH facilities)
 - 128 employees
 - CCCA was moved to WSH in Nov 2009 due to water damage, operating with 24 beds but an average census of 18-20. Census management strategies admit most appropriate children and redirect those who can be treated elsewhere to a suitable location.
- **SWVMHI Adolescent Unit, Marion, VA** - Receives \$1.4M in state GF
 - 16 beds; FY 2010 average daily census was 6
 - Average cost was \$1,398 per child, per day
 - 27 employees
- \$2.1M/year would be used for acute inpatient beds for uninsured children.

Closure of SWVMHI Geriatric Unit

- **Total savings – \$2M**
- 20 beds.
- Average cost is \$627.08 per person, per day.
- Current census 20.
- Would close unit by June 30, 2010.
- Capacity exists at Piedmont Geriatric Hospital and Catawba Hospital for those who need to be transferred.

DBHDS Central Office

- Central Office was reduced 15% in FY09 and 15% in FY10.
- This 30% reduction affected 83 out of 295 positions. (19 were vacant positions and 64 were layoffs).
- The FY11-12 proposed cuts total \$1.2M reduction.
- Challenges resulting from past and proposed reductions:
 - Greater workload associated with assuring safety and quality of services for an expanding community services:
 - Licensing
 - Human Rights
 - Federal and reimbursement-related requirements for monitoring fiscal operations and services

- **Jail Diversion Reduction**
 - \$3M added to the biennium budget in 2008 to expand a pilot program for jail diversion services for individuals with mental illness.
 - FY09-10 reductions - \$630,000 with \$2.4M remaining.
 - FY11-12 reduction proposal - \$400,000
- **Special Hospitalization**
 - Funds allotted to facilities when medical issues arise for patients who require hospitalization.
 - There is currently \$768,000 in the fund.
 - FY11-12 reduction proposal - \$756,007

CVTC Project Update

- In 2009, the General Assembly allotted \$24M to address life safety code issues and renovate buildings on CVTC's campus, and redirected \$10M of capital bond funding to expand community capacity for current CVTC residents.
- Plans would serve up to 100 CVTC residents in new community settings and reduce CVTC's census to 300 beds.
- Construct, purchase or renovate 4-6 bed waiver homes and/or ICR/MR homes in the community.
- Partnership with community service boards to own and operate completed waiver homes and ICF/MR homes.

SEVTC Project Update

- In 2009, \$23M was appropriated to rebuild and re-size SEVTC. \$8.4M was appropriated to construct 18 community homes in the Tidewater area.
- An interim agreement has been signed with DGS and WM Jordan to begin construction of the new 75-bed facility and 18 community homes.
- CSBs will own and operate the 18 community homes.
- The new 75-bed SEVTC and community homes are slated to be completed in September 2011.