

DMHMRSAS

Commonwealth of Virginia Department of
**Mental Health, Mental Retardation
and Substance Abuse Services**

Virginia's Mental Health System Transformation: 1990s-present

House Appropriations Retreat

James Reinhard, M.D.
Commissioner, DMHMRSAS

Virginia's Current System

- Approximately **308,000** Virginia adults (5.4% of the population) have had a serious mental illness at any time during the past year (DMHMRSAS estimate from national prevalence data)
- **Up to 103,800** (11%) of Virginia children and adolescents ages 9-17 have had a serious emotional disturbance (DMHMRSAS estimate)
 - Of these, **up to 66,100** exhibit extreme impairment (DMHMRSAS estimate)

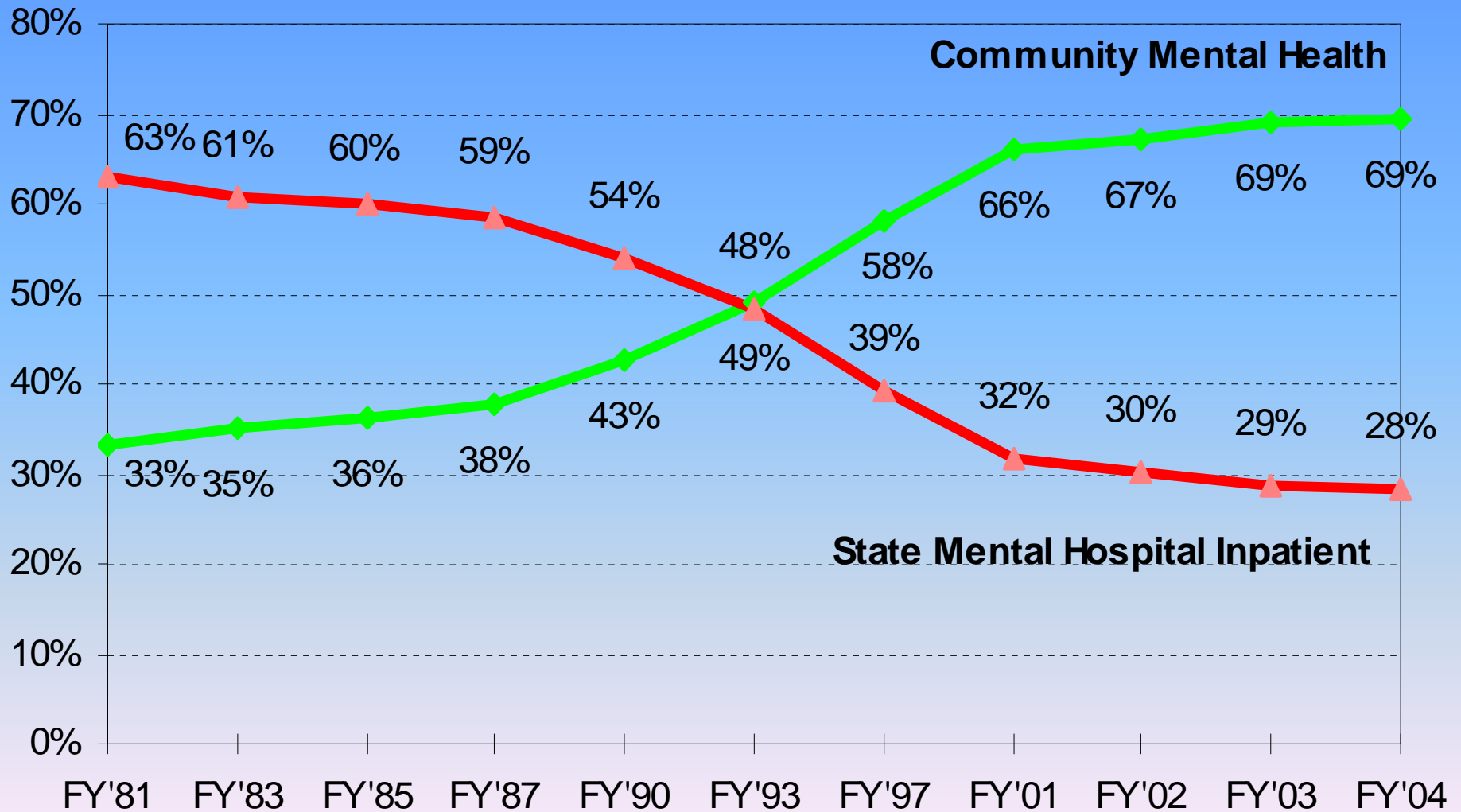
Virginia's Current System

- **16 State Facilities**
 - 7 mental health facilities
 - 1 psychiatric facility for children and adolescents
 - 1 Medical Center
 - 1 Psychiatric Geriatric Hospital
 - 5 mental retardation training centers
 - 1 Center for Behavioral Rehabilitation (SVP)
- **40 Community Services Boards (CSBs)** are funded in part by the Department through an annual performance contract.

DMHMRSAS

Commonwealth of Virginia Department of
Mental Health, Mental Retardation
and Substance Abuse Services

State Mental Health Agency Controlled Expenditures for State Psychiatric Hospital Inpatient and Community- Based Services as a Percent of Total Expenditures: FY'81 to FY'04



Need for System Reform

- State legislative commissions in 1963, 1970, 1980, 1986, 1996, and 1998 called for state investment in community services.
- U.S. Supreme Court “Olmstead” decision in 1999 emphasized the rights of individuals to receive treatment in the community.
- The U.S. Dept. of Justice investigated 4 state hospitals and 1 training center between 1990 - 2003, and entered into agreements with Virginia to improve staffing and active treatment.

System Reform

- Specifically, the DOJ cited the following issues:
 - Active rehabilitation-oriented treatment
 - Continuity of care
 - Use of seclusion and restraint
 - Pharmacy practices
 - Individualized treatment planning
 - Human rights/Consumer protection

System Reform 1990's

- Two study panels
 - HJR240/225 (1996-1999)
 - Hammond/Anderson Commission
- Governor Gilmore 5-point plan:
 - Create Inspector General position
 - Enhance human rights protections
 - Increase quality through use of atypical medications and new treatment technologies and approaches
 - Expand community resources to increase options for consumers
 - Personal inspection of all facilities
- Consultants (J&E Assoc.) recommended the closure of 5 facilities

System Reform 1990's

State Hospitals

- Improved quality
- Significant improvement in staffing ratios
- Psychosocial rehabilitation malls
- Seclusion and restraint reductions
- Improved security in forensic units

System Reform 1990's

Mental Health Services

Impact on Mental Health Services

Did not close facilities

Reduced facility size and added more treatment options to the community:

- PACT Teams, \$6.7M in FY99
- Discharge Assistance Projects (DAP), 5.8M in FY00
- MH residential services

System Reform 2000

“Reinvestment”

- December 2002 – Began first stage to fundamentally change how mental health services were delivered and managed
- 3 reinvestment projects authorized in the 2003 Appropriation Act, reinvesting \$13.6 million in community services
- Savings transferred to CSBs to develop community services :
 - ESH - \$6.5 million; closed 43 beds
 - CSH - \$3.3 million; closed 45 beds
 - WSH - \$1.4 million; closed 25 beds
 - NVMHI - \$2.4 million for their management of local hospital bed purchases
- Demonstrated ability to serve more people in community
- More efficient use of state facilities (shorter lengths of stay)

2003-2005 – System Restructuring Planning Process

A variety of activities developed and recommended strategic directions for restructuring our system of care:

- Over 500 stakeholders involved in statewide and regional planning process
- Integrated Strategic Plan (ISP)
- Special populations/issue planning
- New system vision statement

System Restructuring

DMHMRSAS Vision

We envision a consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health and the highest possible level of consumer participation in all aspects of community life, including work, school, family, and other meaningful relationships.

- Embodies best practices, state-of-the-art services and supports
- Changes the services system's philosophy and values
- Consistent with the U.S. Supreme Court Olmstead decision

System Restructuring

Regional Partnerships

- **Seven Regional Partnerships** including facilities, consumers, family members and other stakeholders helped restructure state and community services to achieve proposed vision:
 - For ongoing strategic planning
 - Stewardship of existing resources
 - Regional Utilization Management teams

System Transformation

- 2005 – Began multi-year plan to transform the services system, through:
 - Investment in community services and supports to reduce excessive reliance on state facility utilization
 - Redesign and replacement of selected state hospitals and training centers to address current and future needs more appropriately and efficiently
 - Eastern State Hospital
 - Western State Hospital
- The General Assembly amended, expanded, and approved the plan in the 2006 Session

System Transformation

Transformation is fundamental and all-encompassing:

- **Values and beliefs** – people we serve, mental illness and recovery, the nature of the work we are engaged in together
- **Language** – how we talk about each other, what we do
- **Culture** – the organizational culture of our service system and programs, physical environment of our facilities, and culture of hope, healing, wellness and resilience
- **Services** – moving away from crisis-oriented, professional-directed treatment focused on symptom control, toward consumer-directed health management, wellness and recovery, even with serious and chronic illnesses

System Transformation

MH Community Services Expansion – 2005-2006

2005-2006 MH Initiatives	Funds
77 Discharge Assistance Plans	\$5.4 M
7 Crisis Stabilization Programs	\$3.8M
3 New PACT Teams	\$2.6M
Non-CSA Mandated Child and Adolescent Services	\$2M
Community Psychiatric Bed Purchases	\$1.8M
2 Child MH System of Care Demonstration Projects	\$1M

System Transformation

MH Community Services Expansion – 2007-2008

2007-2008 MH Initiatives	Funds
Community-based services for individuals otherwise served by ESH	\$6.9M
Community-based services for individuals in HPR I and II at WSH	\$6.5M
Expanded crisis stabilization services for co-occurring disorders	\$4.6M
Targeted community-based recovery services statewide	\$3.7M
Community MH discharge assistance for civil and NGRI state hospital consumers	\$2.8M
\$1M systems of care projects; \$1M expanded services in juvenile detention centers	\$2M

System Transformation

Governor Kaine's Performance Measures

- Increase the proportion of persons served in intensive community services versus state facilities by 15% by 2009
 - Baseline - FY 2005 Data – 3.61 consumers in intensive community services per occupied state facility bed
 - FY 2006 data showed a 13% increase
- Increase the community tenure for consumers served in state facilities by 15% by FY 2009
 - Baseline – FY 2005 Data- 20% of long term care consumers readmitted to state facilities
 - FY 2006 data showed a 5% increase in community tenure

- **“Moving Forward” Workgroup:** CO leadership, CSB Executive Directors, IT and data management are integrating existing efforts to improve performance outcome reporting
 - CCS3 (Client level data reporting)
- **System Leadership Council:** CO, State Board, CSBs, facilities, local government and local community representatives are serving to provide continuity, enhance communication, and address issues in the CSB performance contract

System Transformation

Highlights of Funding Impacts

- In FY06, state facilities served 5,814 individuals for MH services (unduplicated)
- Individuals served by CSBs for MH services (unduplicated)
 - 2006 – 118,732
 - 2005 – 115,173
 - 2004 – 109,175
 - 2003 – 109,025
 - 2002 – 107,351
 - 2001 – 105,169
- Number of individuals served by CSBs has grown 5.5% in the last two years (all 3 services)

System Transformation

Transformation Accomplishments

- 140 new or expanded mental health services across the Commonwealth
- 10,408 children served in 2006 through allocating Part C Service funding to all local lead agencies
- 114 people in state hospital civil and forensic programs had discharged plans facilitated by Regional partnerships
- 60 inmates were diverted in FY07 prior to trial, saving an estimated 5,400 hospital bed days 26 consumer-run/directed programs now exist
- 14 of 23 juvenile detention centers now have CSB-run mental health programs
- 12 crisis stabilization programs statewide, with 94 beds
- 4 new youth System of Care Projects initiated

System Transformation

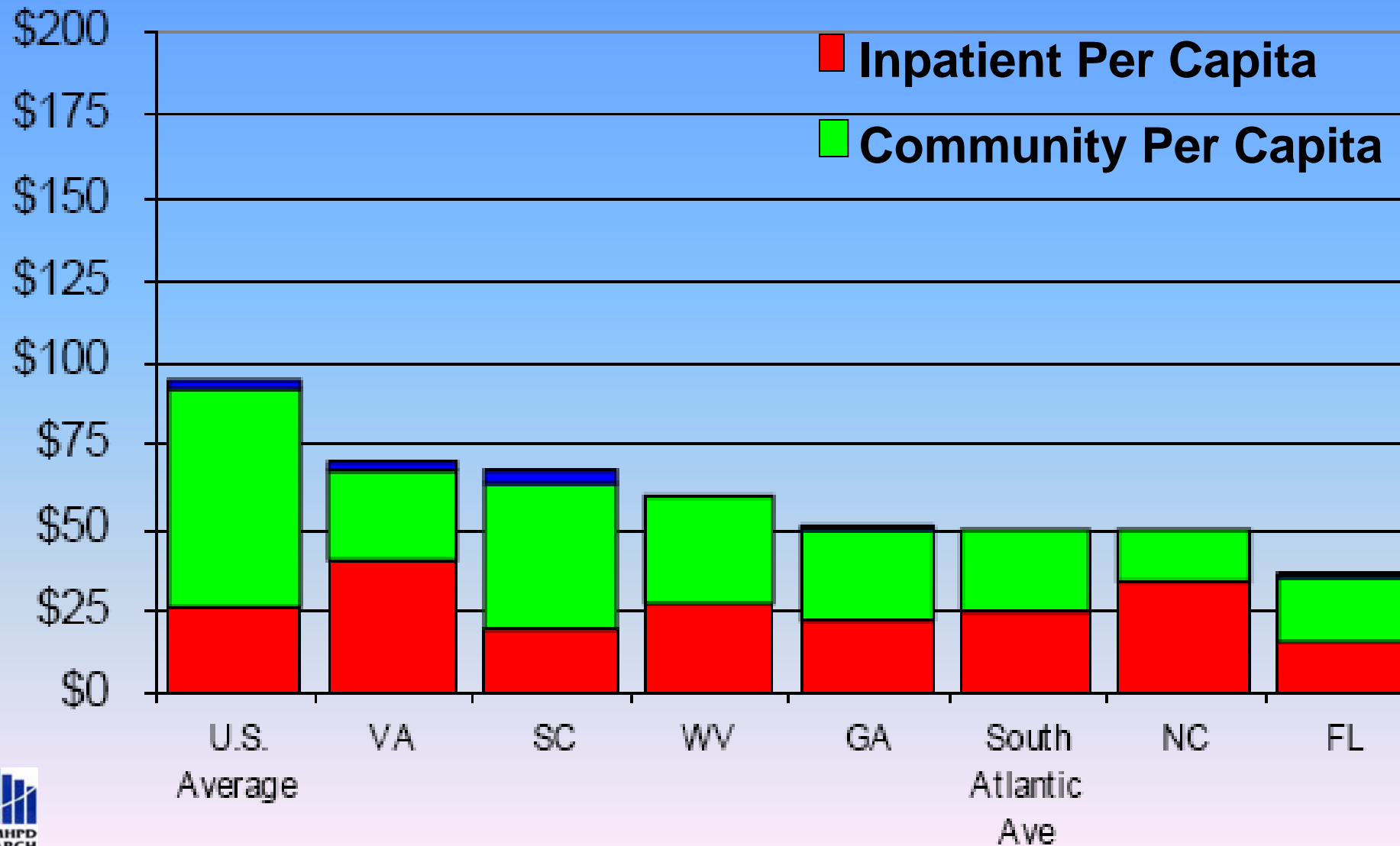
Ongoing Challenges

- Prevention vs. services for the most seriously disabled
- Addressing mentally ill population in jails
- Addressing projected increased demands for geriatric and child/adolescent population
- Workforce shortage
- Stigma about people with mental illness widespread (risk of violence)
- Balancing need for adequate psychiatric inpatient capacity with historical inadequate community mental health services

DMHMRSAS

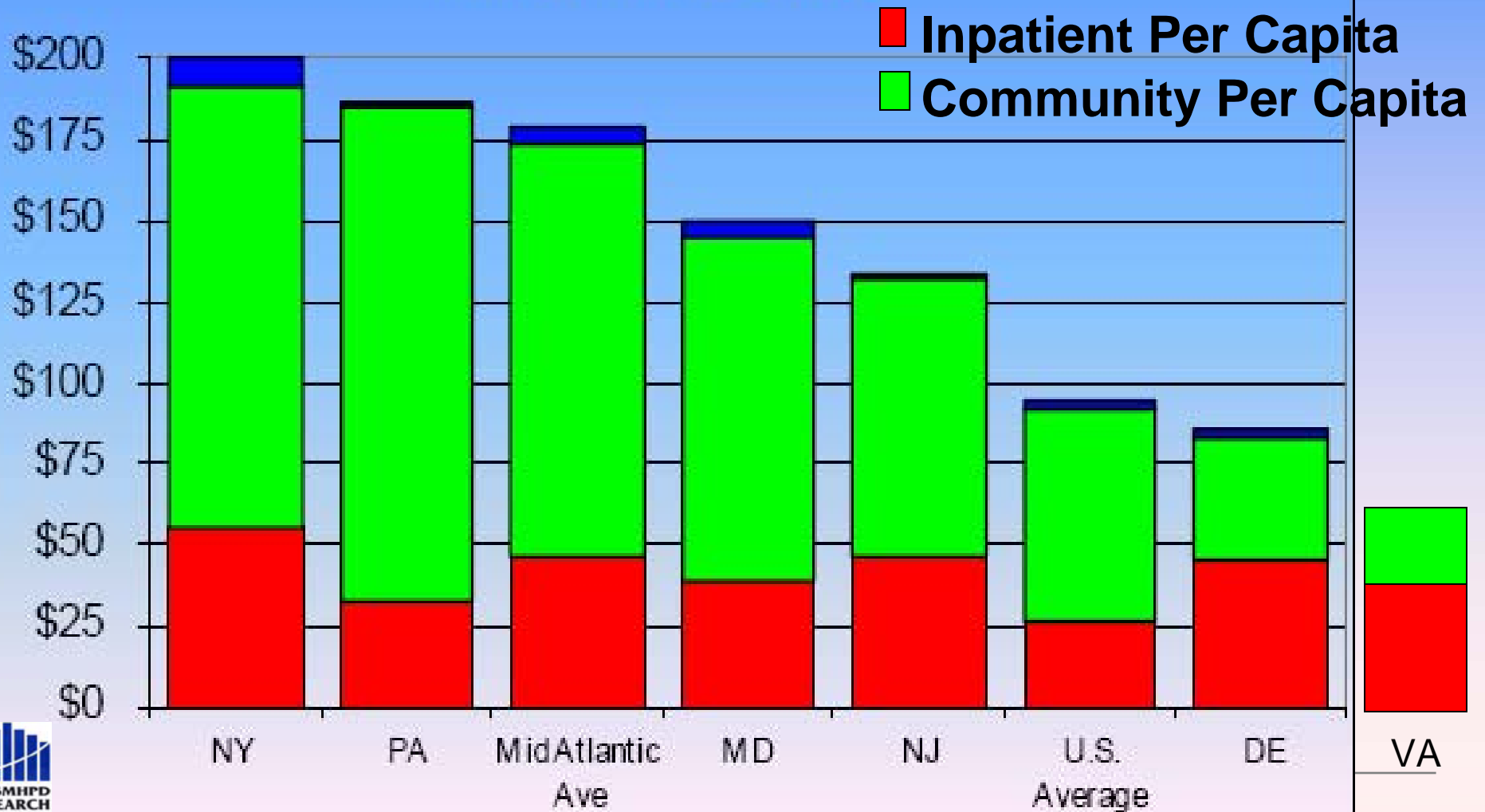
Commonwealth of Virginia Department of
Mental Health, Mental Retardation
and Substance Abuse Services

Southeastern States



Per capita MH state expenditures

MidAtlantic States



Mandatory Outpatient Treatment

- **Conditional Release** – Commitment order begins with hospital care and remains in effect after discharge to outpatient (e.g., NGRI, §19.2-182.7)
- **Alternative to Hospitalization** – Same criteria (e.g., dangerous or unable to care for self) but two dispositions - inpatient or outpatient (§ 37.2-817)
- **Need for Treatment (e.g., NY Kendra's Law)** – There is a lower standard for outpatient commitment order (need for treatment to prevent deterioration) than for inpatient commitment order (not currently in Virginia)

Controversies/Concerns:

- Is court order needed? Vs. Enhanced community services alone
- Noncompliant individuals jumping line for services
- Infrastructure required (as in NY's Kendra's Law)
- Enhanced Community Services required

Virginia Tech Tragedy Response

- Worked with Governor on EO 51
- Working with Governor, HHR, and OIG to identify training, education, law, or service development initiatives to address VT Panel recommendations
- Involuntary outpatient commitment guidance to CSBs
- Ongoing annual training in civil MH law, with additional training on civil commitment
- Working with the Commission on MH Law Reform and the Interagency Civil Admissions Advisory Council

DMHMRSASCommonwealth of Virginia Department of
**Mental Health, Mental Retardation
and Substance Abuse Services**

DMHMRSAS Funding Request Summary

2009-2010 MH Initiatives	FY09	FY10
Outpatient services	\$3M	\$4M
Emergency services	\$9.4M	\$16.7M
Case management	\$5.3M	\$7.5M
CSB monitoring & accountability	\$0.6M	\$0.9M
School MH services and family network	\$2.4M	\$3.1M
Children service outpatient clinician	\$2.9M	\$3.2M
Forensic services	\$6.6M	\$6.6M
Direct service associates	\$2M	\$2.6M
Nursing	\$0.6M	\$1.1M
Electronic health records	\$2.8M	\$3.2M
Start-up funding	\$2.1M	\$2.1M
Transformation initiative – ESH	\$2.7M	\$4.8M
Restoring funding at WSH	\$0.6M	\$0.6M
VCBR new facility	\$2.4M	\$6.2