

# **DMHMRSAS**

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

## *Recommendations for Changes in the Delivery of MHMRSAS Programs and Services*

House Appropriations Committee  
January 16, 2009

James Reinhard, M.D.  
Commissioner, DMHMRSAS

- Ongoing need for mental health system reform
  - Law reforms continue
  - More investment needed in community services
- Ongoing need for attention to large, aging, inefficient state facility infrastructure
- Clear need for adult mental health beds within a full continuum
- Controversy on need for training center beds

# FY09 Cost-Cutting Efforts Underway in MHMRSAS

- **Across the State:**
  - CSBs incurred 5% reduction (\$12.4M) in FY09 to administrative services and not to direct care.
  - \$2M reduction across all DMHMRSAS facilities to consolidate administrative services, including human resources.
- **DMHMRSAS Central Office:**
  - 15% reduction (\$4.9M) in FY09 including non-essential equipment; non-personnel items; 39 out of 280 full-time positions eliminated.

# Guiding Principles for Individuals with Intellectual & Developmental Disabilities

Virginia has the opportunity to honor our commitment to a community-based system of services and supports and to ensure the continuum of care is maintained in an efficient manner.

- 1. Advancing the Vision:** Ensure safe and successful transfer of individuals to the community where they will receive services and supports to meet individual needs.
- 2. Responsive Workforce Development:** Expanded community capacity allows staff to transition to new community settings, often working with the same individuals they currently support.
- 3. Assuring Partnership Development:** Safe and timely transition of all individuals requires Virginia's public and private sector leadership to work together.
- 4. Fiscal Stewardship:** Use the Commonwealth's resources by the most effective and efficient means.

# SEVTC Strategy

Current Census (1/8/2009) Average length of stay is 19.68 years Average annual cost of \$143,000 per individual.	165
Transition to Community	110
Transfer to Other Facilities 1 direct care FTE (\$35K) transfers with each resident	55

Current Patient Diagnoses	Number
Mild	10
Moderate	30
Profound	70
Severe	55

# SEVTC Strategy

- Facility is closed by June 30, 2009.
- Increase system efficiency and serve people in the most integrated setting.
- Redirect \$23M capital funding to construct, renovate or purchase 4-6 bed homes in the community.
- Transition residents into community via MFP/MR waiver slots.
- SEVTC supported by 9 CSBs; Tidewater has large network of licensed private providers serving individuals with intellectual disabilities.
- Proceeds from property sale could cover separation costs (est. up to \$16.5M for 455 staff).
- New community capacity creates employment opportunities for staff.

# SEVTC Savings

<b>Operational Costs/Savings</b>	<b>GF</b>
Facility Closure	(\$12,500,000)
MFP Slots (up to 100)	\$2,250,000
Waiver Slots (up to 20)	\$900,000
Transfer to Other Facilities (up to 55)	\$962,500
<b>FY10 Operational Costs/Savings</b>	<b>(\$8,387,500)</b>

# Next Steps

- Advisory committee members will be invited to participate, including:
  - Facility staff
  - CSB staff
  - Family members
  - Individuals served at SEVTC
  - Legislators
  - Local government
  - Private providers
  - Advocates
- The committee will meet monthly, beginning in late January.
- Committee meetings will include opportunities for public comment and input.
- The committee will be supported by smaller, task-specific working groups.
  - Workforce
  - Capital Investment
  - Provider/Service Development
  - Individual Assessments and Service Plan Development
  - General Administration/Infrastructure
  - Communications



# Central Virginia Training Center

- 2006: CVTC received \$2.5M and reverted \$1.8M leaving \$700K to study rebuilding at half its census.
  - Initial plan to replace the facility is not feasible due to cost, best practices and national trends.
- 2008: GA appropriated \$250K to plan for the development of community housing.
- 2008: GA approved \$43M in bond funds for renovations.
- 2009: Proposal to invest in community services
  - Community housing development is \$18.5M.
- Community capacity increases by ~200 beds and facility census decreases to ~300 (current census = 450).
- Construct, purchase or renovate 4-6 bed waiver homes and/or ICR/MR homes in the community.
- Do not rebuild acute care beds.
- Correct life safety code issues and complete design and receive bids to renovate buildings.

# Western State Hospital

- DMHMRSAS is required to work with the City of Staunton to develop a PPEA RFP for development of surplus WSH land.
- Staunton is proposing land adjacent to existing WSH campus. DMHMRSAS would then make the 296-acre WSH campus available to Staunton for private development.
- The proposed sale of WSH land is \$20M.
- These funds would close the gap between the \$110M funded by the GA and the amount needed for the entire WSH replacement at 246 beds.
- Next steps:
  1. Revise current PPEA to include total construction on Staunton site.
  2. Select PPEA developer and negotiate final comprehensive agreement.
  3. Define schedule for making state land available to Staunton for private development.
  4. Construction to begin Fall 2009.

# Guiding Principle for Individuals with Mental Illness

Virginia has a history of transforming children's services, with emphasis on creating a responsive community-based system of services and supports. Since 1991, DMHMRSAS has been reducing the reliance on state facilities.

- 1991 – 28 beds at the Virginia Treatment Center for Children were transferred to VCU.
- 1993 – Eastern State Hospital closed 40-bed children's unit.
- 1999 – Central State Hospital closed 15-bed (down from 28) children's unit.

## Background

- Current census (1/8/09) = 3; operational capacity = 16.
- Average length of stay in FY08 for children was 16.4 days at a daily cost of \$996.17 per child.
- 28 employees.

## Actions

- Unit to close by March 1, 2009.
- SWVMHI will absorb employees into vacant positions.
- Individuals will be served by CSBs and private providers.

# Closure of CCCA

## Background

- Current census (1/8/09) = 33; operational capacity = 48.
- Average length of stay is 21.2 days at a daily cost of \$986.65 per individual.
- Employs 128 staff.

## Actions

- Facility would be closed by June 30, 2009.
- Employees eligible for severance or other employee assistance.
- Individuals will be served by CSBs and private providers.
- \$2.1M for the purchase of uninsured children and adolescents' inpatient mental health beds.
- Legislation is proposed to loosen the Certificate of Public Need requirements for mental health beds.

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# Child and Adolescent Private Sector Acute Inpatient Beds

Facility	Location	# Beds
Inova Mt. Vernon	Alexandria	3 (emergency only)
Inova Fairfax	Fairfax	6
Peninsula Behavioral Health Center	Hampton	10
Carilion/Roanoke Memorial	Roanoke	12
Centra Health – VA Baptist	Lynchburg	14
Bon Secours Maryview	Portsmouth	16
Mary Washington Hospital Psychiatric Unit	Fredericksburg	18
Tucker’s Pavilion (CJW)	Richmond	18
PSI Poplar Springs Hospital	Petersburg	23
VA Beach Psychiatric Center	Virginia Beach	24
Lewis Gale Center for Behavioral Health	Salem	24
VCU VA Treatment Center for Children	Richmond	26
VA Psychiatric Center/Dominion Hospital	Falls Church	52
<b>TOTAL</b>		<b>256</b>

# CCCA and SWVMHI Unit Savings and Costs

<b>Operational Costs/Savings</b>	<b>GF</b>
Facility Closure--SWVMHI	(\$1,400,000)
Facility Closure--CCCA	(\$8,300,000)
Child Mental Health Funds	\$2,100,000
<b>FY 10 Net Savings</b>	<b>(\$7,600,000)</b>

# Next Steps

- Advisory committee members will be invited to participate, including
  - Facility staff
  - CSB staff
  - Family members
  - Legislators
  - Local government
  - Private providers
  - Advocates
- The committee will meet monthly, beginning in late January.
- Committee meetings will include opportunities for public comment and input.
- The committee will be supported by smaller, task-specific working groups.
  - Workforce
  - Provider/Service Development
  - Forensic Admission Service Development
  - General Administration/Infrastructure
  - Communications



# Financial Summary of Projects

Project	FY09	FY10 Ongoing Savings	TOTAL
Central Office	\$5M	\$5M	\$10M
Facility Administrative Consolidation	\$2M	\$2M	\$4M
CSBs	\$12.4M	\$12.4M	\$24.8M
SEVTC		\$8.4M	\$8.4
CCCA \$8.3M GF - \$2.1M Child Mental Health Funds		\$6.2M	\$6.2M
SWVMHI Children and Adolescent Unit		\$1.4M	\$1.4
<b>TOTAL</b>	<b>\$19.4M</b>	<b>\$35.4M</b>	<b>\$54.8M</b>