

DMHMRSAS

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

DMHMRSAS Budget Follow Up

House Appropriations Committee
February 2, 2009

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Commissioner, DMHMRSAS

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. PPEA developer proposals received Friday, January 30.
 2. Conclude deal with City of Staunton.
 3. Construction to begin Fall 2009.

Background

- Current census (1/29/09) = 4; 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.
- Discussions with private providers underway.

Overview of CCCA

- Current census (1/29/09) = 34; operational capacity = 48.
- Average length of stay is 21.2 days at a daily cost of \$986.65 per individual.
- Employs 128 staff.
- 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.

Implementation Plan

- Private providers are interested in serving:
 - Voluntary admissions and civil commitments
 - Court-ordered evaluations
 - Uninsured children
- Next Steps:
 - \$2.1M will be used to establish inpatient bed purchase fund for uninsured children and court evaluations.
 - Separate agreements in two locations for DJJ treatment (<10 per year)
 - CSB contracts to require senior leadership position dedicated to child and adolescent programs
 - CSB contracts required to post waiting times for all services

Implementation Plan

Workforce Outreach

- Working with WSH to transfer CCCA employees to that facility as openings occur
- On site meetings with staff to discuss WTA benefits

Family Outreach

- First Advisory Committee meeting February 3rd
- Website established

Overview SEVTC

- Proposed closure by June 30, 2009.
- Redirect up to \$23M in capital funding to construct, renovate or purchase 4-6 bed group homes or intermediate care facilities (ICFs) 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 would cover separation costs (up to \$16.5M for 455 staff).
- New community capacity creates employment opportunities for existing SEVTC staff.

Community Living Options

ICFs/MR

- Operate under the same rules and funding as SEVTC.
- Useful for serving persons with high medical needs.

Waiver Funded Homes

• 3-8 bed group homes

- The most common model used in Virginia.
- Have the capacity to serve individuals with moderately high behavioral and medical needs.
- Utilize staff that work in shifts with staffing ratios based on the needs of the residents.

• Sponsored Residential Services

- Capability to serve individuals with high behavioral needs successfully.
- Uses family homes – no more than two individuals can live in any one home.
- Subject to all of the same rules as other residential providers.

• In-Home Residential Supports

- One Tidewater provider uses this exclusively to serve individuals in single apartments.
- Can be very effective for individuals who benefit from limited interaction with others.
- Has recently served as the placement option of choice for some individuals with high needs.

SEVTC Census and Resident Needs

Current Census ¹	163
Individuals whose needs are best met in ICF/MR placement	60
Individuals requiring above average behavioral or medical therapeutic environment (MR Waiver Home)	55
Individuals whose routine needs can be met in the typical community residential service (MR Waiver Home)	48

Final numbers may fluctuate based on individual and family choice.

¹Average length of stay is 19.68 years and average annual cost is \$143,000 per individual.

Current System Capacity Tidewater Region

	CSB MR Waiver Group Homes	Private MR Waiver Group Homes	CSB Community ICF/MRs	Private Community ICF/MRs	Training Centers (Statewide)
Beds Available ¹	15	175	6	Limited	55

Considerations in Placement

- Individuals and/or family choice will dictate final resident placements in ICFs or waiver group homes.
- Anticipated needs based on current individual assessment data.
- The match must assure the compatibility of the individual with the others living and working there.
- Maximum opportunity for choice of providers and settings must be honored.
- Training centers can be transitional ICFs.
- Not all 175 private MR waiver group home beds are for MFP (4 beds or less).

¹ Beds currently available or under construction

Estimated Capital Needs

- Up to \$23.8M to build additional community capacity for SEVTC residents
- 10-14 community ICF/MRs
 - 6-8 bed homes (cost = \$1M each)
 - Includes one site for crisis stabilization or respite
 - Capital bond funds pays for an estimated 20% of ICF cost
- 15-22 waiver group homes
 - 4-6 bed homes (cost = \$850,000 each)
- \$23.8M would allow region to build capacity for SEVTC individuals and for some of 4,400 on MR Waiver waiting list.

Capital Funds Distribution

- Advisory group will assess funding requests; members include:
 - Secretary
 - Commissioner
 - DGS
 - DPB
 - Money committee staff
 - Treasury staff
- Final decision made by Secretary and Commissioner
- Present final plan to GA money committees prior to disbursing funds

Implementation Plan

Individual Assessments

- Baseline data available now
- CSB assessments
 - Complete or near completion
- Target SIS assessments
 - Mid-February completion
- Needs assessed include:
 - Skilled care/Medical care
 - Day support services
 - Employment
- Match needs with family choice and community capacity

Community Capacity

- Capital Investment Workgroup
 - Meeting regularly, includes CSBs from HPR-V
 - Plans to submit a regional proposal for capital investment needs before March 1
- Working to address barriers with VDH and DMHMRSAS certification and licensure processes
- Identifying resources for crisis stabilization, respite, and other services currently provided by SEVTC

Implementation Plan

MR Waiver Enhancements

- Identify targeted services needed to transition residents to the community
- Understand state and federal timing and process
- Submit waiver application amendments (February)

Workforce

- Rapid Response Team Meeting
 - January 22nd
 - Ongoing
- Assisting employees with understanding WTA benefits
- Working with CSBs to transition employees to community homes

Implementation Plan

Family Outreach

- First Advisory Committee meeting January 29
 - Others scheduled
- Website established
- Provider fairs
 - February and March
- Working with OAG to establish clear guidance on guardianship and alternative training center placement requests
- Developing handbook for families to explain terminology, process, options, etc.

Anticipated Discharges

- February
 - 10 individuals
- March
 - 30 individuals
- April
 - 40 individuals
- May
 - 40 individuals
- June
 - 43 individuals

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.