

SYSTEM UPDATE

Behavioral Health Care Subcommittee

Joint Commission on Health Care

August 12, 2009

James Reinhard, M.D.
Commissioner, DBHDS

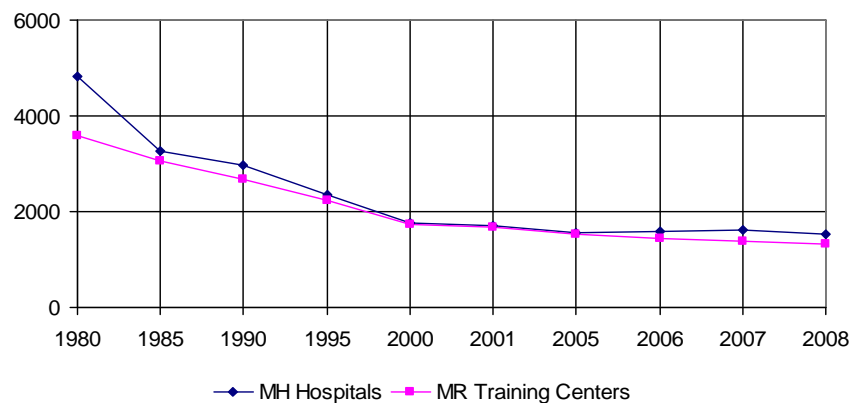
AGENDA

- Overview of Facilities
- Training Centers
- Balancing Training Center and MR Waiver Utilization
- Mental Health Facilities
- Growth in Forensic Beds
- Jail Diversion and Crisis Intervention Funding Update

FACILITY OVERVIEW

- **State Facilities - The Department operates 16 state facilities:**
 - 7 multi-service 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)
- State facilities serve about 8,000/year
- Approximately 9,000 state employees

State Facility Average Daily Census FY 1980 to FY 2008



State Training Center 2009 Average Adult Daily Census

1. CENTRAL VIRGINIA	446
2. NORTHERN VIRGINIA	171
3. SOUTHEASTERN VIRGINIA	163
4. SOUTHSIDE VIRGINIA	292
5. SOUTHWESTERN VA	199

Total **1271**

House Document 76: A Blueprint for Change

- Submitted December 2005, called for:
 - Development of Community Alternatives
 - Change in the Role of State Training Centers
 - Smaller
 - Service for transitional needs
 - Service to the Community through Regional Community Support Centers
 - Long-Term Residential for Individuals With Only the Highest of Support Needs

Training Centers Today

- Five training centers serving as regional safety nets for individuals with intellectual disabilities
 - New admissions are short-term and intended to provide respite, crisis stabilization, or therapeutic intervention
 - Discharge back to the community as soon as feasible
 - Continue serving individuals long-term
 - Providing regional community support center services
- New opportunity to develop community capacity with capital VPBA funds:
 - \$8.4M at SEVTC
 - \$10M at CVTC

Balancing Training Center Census and MR Waiver Services

- Shifting the balance by expanding choice
- Beds in training centers are ICF/MR beds
- Qualifying for waiver = Qualifying for ICF level
- **Choice: In what setting will an individual (and family) feel needs are best met?**
- Waiver services are accessed via waiver slots
- Expanding services available through the waiver (such as medical supports) reduces reliance on ICF beds

Expanded Community Capacity Since Dec 05

- Added 1500+ community ID Waiver slots
- Added 220 Money Follows the Person Waiver slots
- GA provided significant increases in Waiver rates in the past 3 years
- Funded Public Guardianship Services
- Trained 116 Positive Behavioral Support Providers
- Launched statewide Person-Centered Planning Initiative

HD 76 Goal: Reduce Census

- Training Centers: Reduce Census by 100 individuals/yr over the next four biennia
- Census Reduced:
 - December 2005 = 1474
 - End of FY 09 = 1168
- Of those, 306 since FY 07
- Progress to date is on target, but
 - Over 5,000 people remain on the waiting lists for the ID and the DD waivers.
 - These are individuals who have chosen to wait for a community waiver opportunity rather than seek institutional care.

State Psychiatric Hospitals 2009 Average Adult Daily Census

1. Eastern State Hospital (Williamsburg)	367
2. Central State Hospital (Petersburg)	250
3. Western State Hospital (Staunton)	227
4. Southwestern Virginia MHI (Marion)	152
5. Southern Virginia MHI (Danville)	70
6. Northern Virginia MHI (Fairfax)	118
7. Catawba Hospital (Roanoke Valley)	92
8. Piedmont Geriatric Hospital (Burkeville)	112

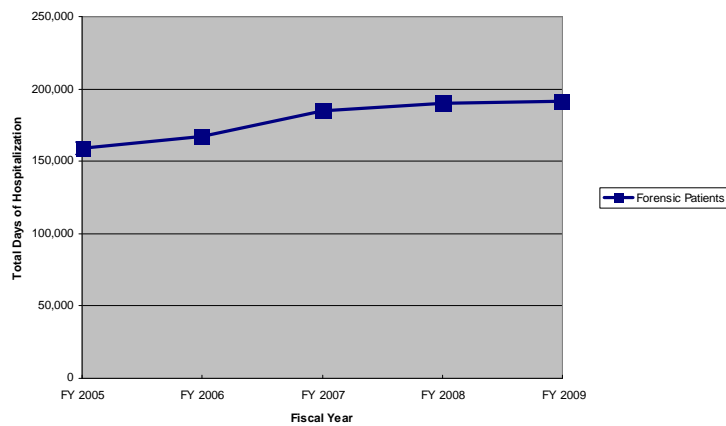
Total **1338**

Growing Demand for Forensic BH Services

- State hospital civil bed use has decreased 18% in the past 5 years
 - FY 05 = 367,804 v. FY 09 = 312,610 hospital days
- State hospital forensic bed use has increased 21% in the past 5 years
 - FY 05 = 167,363 v. FY 09 = 191,752 hospital days
- Currently, 38% of state hospital beds are for forensic services

DBHDS Hospitals: Increase in Forensic Patients

Utilization of DBHDS Hospital Beds for Forensic Patients: FY 2005-FY 2009



DBHDS Hospitals: Forensic Patient Categories

Category	FY 2005	FY 2009	Change
NGRI Acquittee	75,495	83,992	19%
Competency Restoration	42,829	59,343	47%
Emergency Treatment	19,758	24,119	22%
Competency/Sanity Evaluation	7,584	7,050	-8%
Parolee treatment	9,972	9,406	-6%
Unrestorable defendant	3,406	7,842	230%

Other Hospital Priorities

- Expanding our commitment to Recovery
- Construction of new WSH slated to begin late Fall 2009
- Downsizing ESH
 - Will move from current census to 300 beds Summer 2010
 - Working with Region V CSBs to review admissions processes, change geriatric treatment model, improve discharge options and options, and reduce forensic waiting list
- Improving children's inpatient mental health
 - Advisory Committee preparing report for GA (Due Nov. 1) on options for CCCA and SVMHI adolescent unit
 - Examining need for specialized care for children in contact with criminal justice system, additional community outreach, and developing crisis stabilization and other community services to prevent admissions

Jail Diversion and CIT Projects

2009-2010 MH Initiatives	Biennium Budget ORIGINAL	Biennium Budget AFTER Reductions	FY 2009 AFTER Reductions	FY 2010 AFTER Reductions
Jail Diversion	\$6M	\$5.3M	\$2.67M	\$2.67M
Crisis Intervention Training	\$600K	\$540K	\$270K	\$270K

- 2008 General Assembly provided funding for jail diversion and crisis intervention training in addition to CSB emergency services funding
- GOAL: Reduce inappropriate contact with, and minimize penetration into, the Criminal Justice System:
 - Develop and support improved systems interoperability
 - Identify, replicate and support effective programs, practices and processes
 - Improve access to services

FY09/10 Funding Allocation

- 80% of total Jail Diversion and CIT funds dedicated to community based programs
 - Program funding for outreach, data collection, information sharing, expanding on initiatives underway
 - 20 % of available funds support broad based initiatives benefiting multiple stakeholders

FY2009:

- 10 jail diversion program sites (6 months)
- 3 regional competency restoration programs (one-time)
- 4 housing assistance projects (one-time)
- 3 statewide program initiatives: Virginia CIT Coalition, XSM, Commonwealth Consortium
- Crisis Intervention Team statewide expansion: start up grants, technical assistance and training

FY2010

- Continue 10 jail diversion program sites
- Continue 3 statewide program initiatives
- Continue Crisis Intervention Team statewide expansion

Jail Diversion Summary

Jail Diversion Program Statewide Impact		
Program	CSBs	Jurisdictions
315Y Programs	10	30
Housing	6	20
CIT	5	8
Cross Systems Mapping	9	22
Competency Restoration	9	26
UNDUPLICATED TOTAL	25	74

Jail Diversion Summary

315Y Programs	Total
Diversion Program Sites	10
Jurisdictions Served	30
Catchment Area Population (2007 census)	3.16M
Participating Jails Within Catchment Areas	17
Total Service Catchment Area Jail Average Daily Population (ADP)	8,629
ADP with SMI (estimated @15%)	1,294

CSBs and Jails Partnering on CH/MH Initiatives

1. **Alexandria**
(Alexandria Detention Center)
2. **Arlington**
(Arlington Detention Center)
3. **Chesterfield**
(Chesterfield County Jail, Riverside Regional Jail)
4. **Fairfax County**
(Fairfax ADC)
5. **Hampton/Newport News**
(Hampton City Jail, Hampton Jail Annex, Newport News City Jail)
6. **Middle Peninsula**
(Middle Peninsula and Northern Neck Regional Jails)
7. **New River Valley**
(Montgomery County Jail, New River and Western Va Regional Jails)
8. **Portsmouth**
(Portsmouth City Jail, Hampton Roads Regional Jail)
9. **Rappahannock Area**
(Rappahannock Regional Jail)
10. **Virginia Beach**
(Virginia Beach Correctional Center)

Summary of 315Y Programs and Services Provided

- CIT Training (2)
- Screening, intake, assessment (7)
- CIT Therapeutic Assessment Site (5)
- Psychiatric access (5)
- CJ/MH Coordinator (3)
- Peer support (5)
- Client Community Stability Funds (4)
- Case manager (6)

Cross Systems Mapping Description and Goals

- **A facilitated 1.5 day workshop bringing together local CJ/MH stakeholders to**
 - Understand and 'map' their local CJ/MH interface utilizing the Sequential Intercept Model
 - Identify local resources and gaps
 - Enhance local relationships and improve capacity to create effective systems change
 - Develop locality specific priorities and an Action Plan for Change
- **Goals**
 - Reduce numbers of individuals with mental illness coming into contact with criminal justice system
 - Reduce penetration/length of involvement of individuals with mental illness in criminal justice system
 - Improve outcomes for individuals with mental illness

Cross Systems Mapping

Localities served in Fall FY09

1. Prince William
2. Virginia Beach
3. Martinsville/Henry/Patrick
4. Richmond City
5. Newport News
6. Chesapeake
7. Williamsburg/James City
County/York/Poquoson
8. Winchester/Clarke/Frederick/P
age/Shenandoah/Warren
9. Petersburg/Dinwiddie

Localities scheduled in Fall FY10

1. Hampton
2. Rappahannock Area
3. Charlottesville/Albemarle
4. Fauquier
5. Lynchburg/Bedford/Campbell
6. Culpepper
7. Henrico
8. Middle Peninsula
9. Western Tidewater
10. Roanoke City/Roanoke
County/Salem
11. Chesterfield (XSM Update)

Cross Systems Mapping Activities 2009

- 20 of Virginia's 135 distinct City and County governments have participated
 - 4 large cities
 - 1 large suburban county
 - 4 multi-jurisdictional urban/suburban and rural mixed communities
- 1.77M of Virginia's 7.4M population live in jurisdictions that have participated in Cross Systems Mapping
- Over 250 stakeholders have participated

Virginia CIT Coalition

VACIT is a collaborative of communities, agencies and individual involved with local CIT initiatives

- Support SB1294 (2009)
 - Achieve statutory goals
 - Develop minimum criteria for CIT Programs
 - Identify and support data collection
- Provide technical assistance and training
- Manage CIT web site

- **DCJS and DBHDS partnership**
 - 5 start up programs funded (primarily FY09 CIT funds)
 - 5 developing programs (primarily Fed Byrne \$)
 - 3 new or expanding programs (primarily 315Y funds)
 - 5 new, developing or expanding (primarily local funds)
 - 57% of all cities/counties in Virginia planning, developing or operating CIT programs
 - 800+ officers trained in CIT plus numerous mental health training faculty, magistrates, dispatchers, EMS and corrections personnel

SYSTEM SUMMARY

- System Transformation continues to evolve
- Facility Roles are Shifting – both populations and services
- Criminal Justice/Behavioral Health Partnerships are creating proactive solutions
- Person-Centered Choices are increasing