

Allocation of Funding for Mental Health Law Reform

Joint Commission on Health Care
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2008 MH Reforms

- Changing criteria for emergency custody, temporary detention, and commitment from “imminent danger” to “substantial likelihood that in the near future he will:
 - a) cause serious physical harm to himself or another person, as evidenced by recent behavior causing, attempting, or threatening such harm, or
 - b) suffer serious harm due to substantial deterioration of his capacity to protect himself from such harm or provide for his basic human needs”.
- Allowing an emergency custody order to be extended from four to six hours.

2008 MH Reforms

- Clarifying responsibilities of CSBs and independent examiners throughout the civil commitment process, including mandatory outpatient treatment.
- Requiring CSB staff to attend commitment hearings.
- Requiring independent examiners and treating physicians of TDO patients to be available during hearings.
- Authorizing information disclosure among providers to deliver, coordinate or monitor treatment, and between providers and courts to monitor service delivery and treatment compliance.

Civil Commitment Reform Allocation

The biennium budget included **\$28.3M** in Item 316.KK to offset the fiscal impact of civil commitment reforms, including:

- emergency services
- crisis stabilization services
- case management, and inpatient and outpatient services for individuals who are in need of emergency mental health services

Collaboration

To determine the funding allocation, DMHMRSAS:

- Sought input from CSB executive directors.
- Consulted with stakeholders, including:
 - VACSB
 - VA Hospital & Healthcare Assn
 - Office of the Exec. Secretary of the Supreme Court
 - DMAS
 - VA Sheriff's Assn
 - Medical Society of VA
- Established a reporting mechanism to track these funds during FY09-FY10.

FY09 – FY10 Allocation Overview

FY 2009	\$10.3M
Partial-year funds allocated to the 40 CSBs	\$9.9M
Partial-year implementation of Southside VA Crisis Residential Stabilization program	\$250,000
Funds set aside for unanticipated costs related to Code changes documented during implementation	\$141,713
FY 2010	\$18,006,164
Full-year funds for allocations to the 40 CSBs	\$12.1M
Additional targeted services based on FY09 implementation evaluation	\$4,873,639
Full-year funding of Southside VA Residential Crisis Stabilization program	\$750,000
Funds set aside for unanticipated costs related to Code changes documented during implementation	\$250,000

FY09 – FY10 Allocation Methodology

Population size was used because:

- Population has a reasonable relationship to increased workload in implementing reforms.
- Using a straight per capita allocation would not give small CSBs sufficient funds to implement reforms.
- CSBs first grouped into 4 categories of population size (small, medium-small, medium-large and large) to ensure a base level of adequate resources for all CSBs (CSB leadership approved this methodology).
- Additional funds were added to FF/FC CSB's existing allocation as a large CSB based on its exceptionally large population size.

FY09 – FY10 Allocation Methodology

FY 2009 and FY 2010 Individual CSB Allocations

CSB Population Group	FY2009	FY 2010
Small (0 - 84,579)	\$162,430	\$198,895
Medium-Small (84,580 - 169,158)	\$216,575	\$265,194
Medium-Large (169,159 - 253,737)	\$270,718	\$331,492
Large (253,738+)	\$324,862	\$397,862
Fairfax-Falls Church	\$433,149	\$530,387
Total for all 40 CSBs	\$9,908,286	\$12,132,525

CSBs must use their allocations to achieve the following broad goals:

1. Address Code changes (Ch. 8 of Title 37.2) related to the civil involuntary commitment process, such as attendance at commitment hearings and initiation of treatment during TDO period.
2. Address Emergency Services and Case Management Services Performance Expectations and Goals in Exhibit B of the FY09 performance contract, and
3. Increase mandatory outpatient treatment capacity.

- CSBs submitted proposed uses of individual allocations for DMHMRSAS approval
- Disbursements of the allocations are being included in CSBs' semi-monthly payments
- Each CSB must also submit a quarterly status report on its implementation of the approved proposals

FY09 Approved CSB Proposals

Service	FTEs	Consumers	State \$	Total Cost*
Emergency Services	91	22,292	\$5.6M	\$6.62M
Outpatient Services	32	5,084	\$2.6M	\$3.98M
Case Management	31	3,061	\$1.7M	\$1.81M
Total	154	30,437	\$9.9M	\$12.41M

* Total Cost reflects funds added by CSBs to the state allocations

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