

The Community Perspective

**Comments on the Closure of the Adolescent Unit
and the Planned Closure of the Geriatric Unit at
Southwestern Virginia Mental Health Institute**

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Mount Rogers Community Services Board
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1

Southwest Virginia Community Services Boards

- Demographics/Regional Data
- Southwest Virginia Behavioral Health Board for Regional Planning
- Impact on Child and Adolescent Services
- Impact on Geriatric Services
 - ▲ Far Southwest Virginia Regional Geriatric Services Master Plan

2

Southwest Virginia Community Services Boards

All are Operating Boards and are the primary Boards utilizing Southwestern Virginia Mental Health Institute.

- Cumberland Mountain Community Services
- Dickenson Behavioral Health Services
- Highlands Community Services
- Mount Rogers Community Services Board
- New River Valley Community Services
- Planning District One Behavioral Health Services

3

Southwest Region

- includes 17 counties and 4 cities
- has a population of 571,264 individuals
- covers 6,000 square miles
- 20.4% of our population is estimated to be without insurance compared to state estimates of 14.9%
- Median Household Income for the region is 17% lower than the state's Median Household Income
- Virginia Department of Health has designated more than half of the region as a Health Professional Shortage Area and the entire region has been designated as a Mental Health Professional Shortage Area

4

Regional Data

- The region's Community Services Boards historically have received much lower funding from local governments.
 - \$3.02 Average Local funding per capita for the Southwest region
 - \$21.22 Average Local funding per capita for the State
- Total government funding for the Southwest region (Local, State and Federal) is still below the state average.
 - \$44.58 per capita for the Southwest region
 - \$55.03 per capita for the State
- The major funding source for services is Medicaid.

5

Regional Data

- The region has many strengths and we are a community of diverse, knowledgeable, creative and dedicated individuals committed to service responsibilities and to partnerships.
- The region is rich in a combination of evidence based practices and grass roots service delivery and we pride ourselves on effective public and private partnerships.

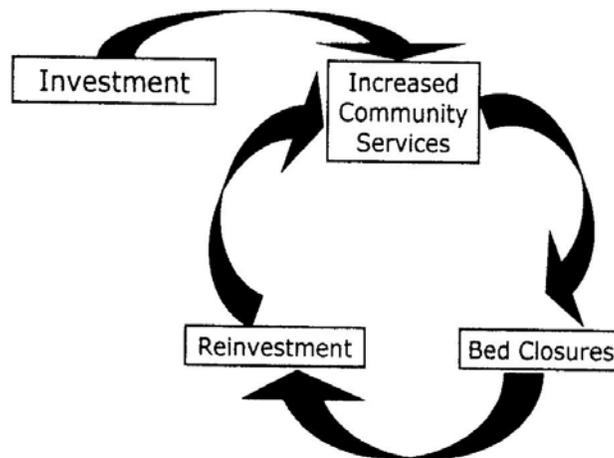
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The Southwest Virginia Behavioral Health Board for Regional Planning

- The Southwest Virginia Behavioral Health Board for Regional Planning is composed of the Executive Directors of the region's Community Services Boards, the Directors of SWVMHI and SWVTC, and consumers and family members who have been working together for more than 15 years to represent the region's needs and to develop projects which will enhance the region's continuum of care.
- Since its inception the Southwest Virginia Behavioral Health Board has been focused on Investment in our regional system and Long Term System Restructuring.

7

Long-Term System Restructuring



8

[Unit Closures]

- The closure of the Adolescent Unit and the planned closure of the Geriatric Unit are clearly major losses for the region. While the state will continue to provide a safety net through the Commonwealth Center for Children and Adolescents (CCCA) and Piedmont Geriatric Hospital, Community Services Boards have concerns about the impact on care for vulnerable individuals.

9

[Adolescent Services]

- SWVMHI Adolescent Unit stopped taking admissions in May of this year. There has not been enough time to fully realize the impact of the closing.
- There were 126 adolescents from our region who were served at SWVMHI Adolescent Unit during the ten months of operation in FY 10. These youth were not accepted by any private psychiatric facility at the time of their mental health crisis. These children utilized 2,109 bed days. This demand is likely to come to CCCA.

10

Adolescent Services

- CCCA had the highest admissions ever in May of this year. The June admission rate was 25% higher than any previous June. The demand for inpatient services is typically greater in the fall and winter months.
- Concern is mounting about what the safety net provisions will be when CCCA reaches capacity.

11

Adolescent Services

- Private psychiatric facilities serving adolescents continue to be utilized, but there are none located in the region.
- There are no Local Inpatient Purchase of Service (LIPOS) dollars allocated to the region for adolescents, resulting in private facilities only being available to adolescents with Medicaid or other commercial insurance.
- Adolescents needing longer than seven to ten days of inpatient care and adolescents sent by court service units and juvenile detention centers for evaluation will not be served by private facilities.

12

Adolescent Services

- The Southwest region is experiencing the loss of highly trained adolescent treatment professionals skilled in the provision of facility based acute care services.
- All Community Services Boards in the region have well established Children's Services divisions.
- However, few CSB's offer a large array of child and adolescent services with sufficient capacity to meet the comprehensive needs of the community.

13

Adolescent Services

- The Adolescent Unit represented a significant spoke on the continuum of care wheel. The loss of this key resource places even more pressure on the region.
- State General Fund Reductions, Medicaid Rate reductions for children's services and Waiver Services as well as new Medicaid credentialing requirements compound the problem.

14

Adolescent Services

The OIG's report, "Survey of Community Services Board Child and Adolescent Services," published March 31, 2008, identified 12 key services that represent comprehensive care.

- The average number of key services offered by all CSB's was 7.6.
- The average number of key services offered by the Southwest region CSB's was 9.6.

15

Adolescent Services

- A further analysis was conducted to assess the availability of 5 highly specialized, high impact services that are considered to offer the most promise to serve children and adolescents with severe needs and help prevent residential placement.
- These services are:
 - ▲ specialized child and adolescent emergency services
 - ▲ crisis stabilization
 - ▲ home-based therapy
 - ▲ school-based day treatment
 - ▲ local residential services

16

Adolescent Services

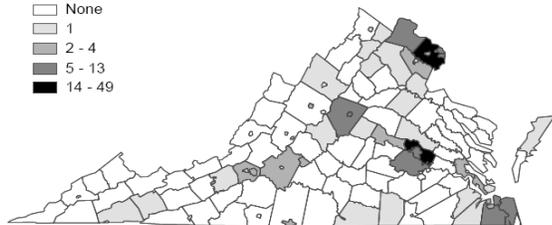
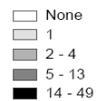
- The average number of these 5 highly specialized services offered by all CSB's was 1.7.
- The average number of these services offered by the Southwest region CSB's was 1.8.

17

Adolescent Services

- A key component to the provision of these highly specialized services is the availability of Child and Adolescent Psychiatrists – a resource in short supply in the region.

87 Localities Have No Child Psychiatrists

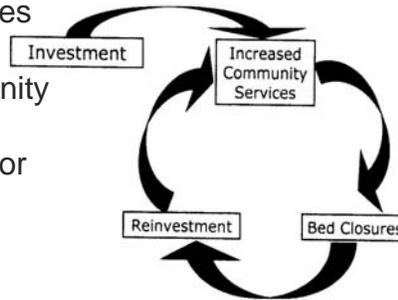


*Source: JLARC report on "Availability and Cost of Licensed Psychiatric Services in Virginia," 2007

18

Adolescent Services

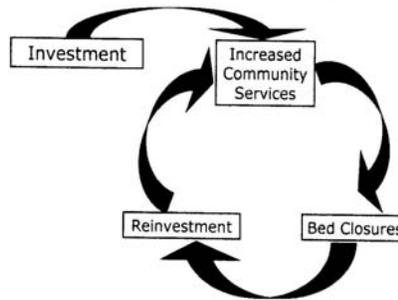
- In the future, as the state budget picture improves, the CSB's of the Southwest region, through our partnership with the Southwest Behavioral Health Board for Regional Planning, support a restoration of resources and long range Investment in community based key and highly specialized services for children and adolescents.



19

Adolescent Services

- There is a direct correlation between the availability of key services and especially highly specialized services and the utilization of child and adolescent state facility beds.



20

Geriatric Services

- SWVMHI Geriatric Unit has operated as a specialty Unit since the early 1970's serving:
 - ▲ individuals 65 years of age and older; and
 - ▲ individuals under 65 years of age whose needs are congruent with Nursing Home level of care

The Unit is currently certified for 40 beds and includes:

- ▲ 20 bed Medicare Certified Intensive Psychiatric Treatment Program providing acute assessment, stabilization and treatment
- ▲ 20 bed Medicaid Certified Intermediate Treatment Program providing psychiatric stabilization and treatment on an extended basis

21

Geriatric Services

- The 20 Medicaid Certified beds:
 - ▲ had an average daily census of 17.2 in FY 09
 - ▲ generated \$2.6M in revenue for FY 08 and \$2.5M for FY 09 with an operational cost of \$1.3M

22

Geriatric Services

- According to the Comparative Direct Care Cost Analysis Report from the DBHDS, the cost per patient day for geriatric units for the 1st Quarter of FY 10 was:
 - ▲ \$508 for SWVMHI
 - ▲ \$563 for Catawba Hospital
 - ▲ \$601 for Piedmont Geriatric Hospital
 - ▲ \$609 for Eastern State Hospital

23

Geriatric Services

- The 20 Medicaid Certified beds are scheduled to close on June 30, 2011, with Piedmont Geriatric Hospital becoming the provider for public inpatient geriatric services for the Southwest region. The status of the remaining 20 Medicare Certified beds is unclear to CSB's.

24

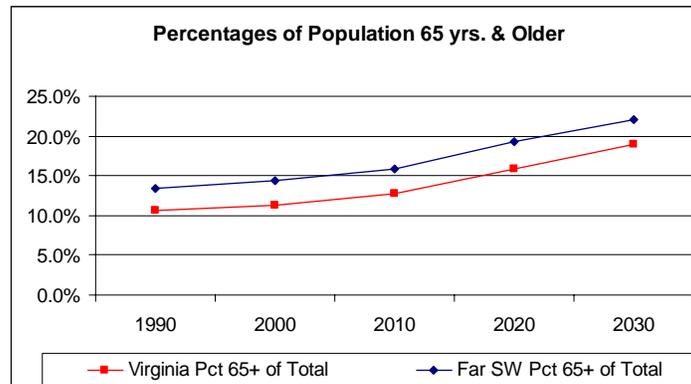
Geriatric Services

- SWVMHI Geriatric Unit primarily serves the 5 CSB's west of the New River Valley with New River Valley Community Services utilizing Catawba Hospital as its primary source for Geriatric inpatient services.

25

Geriatric Services

- The Geriatric Unit is the safety net for an aging population that is growing at an alarming rate, much faster than state and national patterns.



26

Geriatric Services

- The lack of psychiatrists in the region, especially Geropsychiatrists results in 31 Nursing Homes relying on the expertise of the Geriatric Unit psychiatrists for consultation.

27

Concerns

The planned closure generates the following concerns:

- Individuals and families will travel 2 to 6 hours to access a bed.
- Piedmont Geriatric Hospital staff are unfamiliar with the resources in the Southwest region.
- Geographic distance makes discharge planning a challenge.
- There will be a loss of multidisciplinary geriatric expertise in region.
- Sheriff's Departments will be transporting longer distances.

28

Concerns

The planned closure generates the following concerns:

- In contrast to the Geriatric Unit at SWVMHI, Piedmont Geriatric Hospital does not accept Temporary Detention Orders (TDO's) and requires that individuals be TDO'd to a private hospital and transferred to Piedmont if appropriate. This further complicates access to care for individuals from the Southwest region.
- If private hospitals deny a TDO or Piedmont reaches capacity, what will be the safety net?
- State General Fund Reductions, Medicaid Rate reductions for Waiver Services and new Medicaid credentialing requirements compound the concerns.

29

Regional Geriatric Services Master Plan

- In FY 08 the Southwest Virginia Behavioral Health Board for Regional Planning adopted a Regional Geriatric Services Master Plan.

30

Regional Geriatric Services Master Plan

- The Master Plan defined the target population for geriatric services as:
 - ▲ individuals receiving services from the Community Services Board for an existing disability/challenge and who may also be experiencing normal issues that come with age including dementia, physical limitations and chronic medical problems
 - ▲ aging residents who are unknown to the Community Services Board who either have not accessed care in the public sector for their disability/challenge or are experiencing later life mental health symptoms

31

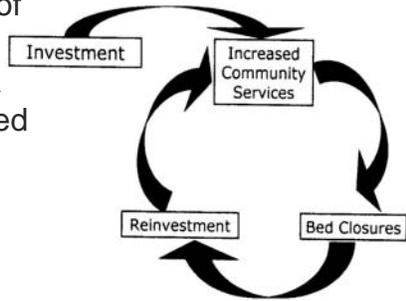
Regional Geriatric Services Master Plan

- The Plan communicated the Southwest Virginia Behavioral Health Board's commitment to maximizing existing resources, collaborating with appropriate stakeholders and maintaining an unwavering focus on the needs of individuals as they age. It also recognized that a comprehensive and supportive system of care will require new resources.

32

Geriatric Services

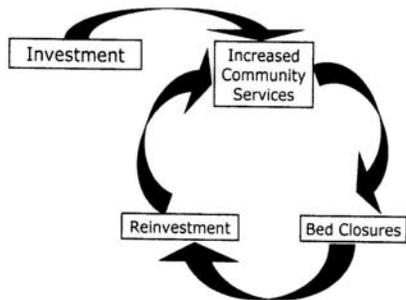
- As the state budget picture improves, the Community Services Boards of the Southwest region, through our partnership with the Southwest Behavioral Health Board for Regional Planning, support a restoration of resources and long range Investment in a local, community based Geriatric System of Care.



33

Geriatric Services

- There is a direct correlation between the availability of region wide, community based systems of care and the utilization of geriatric state facility beds.



34

Summary

- The closure of the Adolescent Unit and planned closure of the Geriatric Unit represent a significant healthcare loss to the Southwest region.
- The full impact of these decisions remains to be seen.
- Individuals will travel 2 to 6 hours to access facility based inpatient care, rather than the 1.5 hour maximum travel time to access SWVMHI.
- Demographics, historical funding data, State General Fund reductions, Medicaid rate reductions and new Medicaid credentialing requirements create a challenging environment for CSB's to respond to the loss of critical resources.

35

Summary

- The aging population is growing at an alarming rate in the Southwest region, well beyond the rate for the Commonwealth.
- The community system of care has many strengths, including leadership and vision regarding Child and Adolescent Services and Geriatric Services.
- The Southwest Virginia Behavioral Health Board for Regional Planning represents strong partnerships between CSB's, state facilities, families and consumers. During this time of economic uncertainty, the Board's goals remain restoration of resources and Investment in community services.
- Support from the General Assembly continues to improve the lives of individuals we serve.

36