

DBHDS Priorities and Behavioral Health Care Updates

Joint Commission on Health Care
Behavioral Health Care Subcommittee

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Topics to be Covered

- DBHDS Priorities for Next Four Years
- Development of Comprehensive Plan for Children's MH Services
- Closing of Beds at SWVMHI
- Action Plan for Services to Individuals with ASD and Developmental Disabilities
- Access to Psychotropic Medications in Jails
- Psychiatric Bed Registry

“Creating Opportunities” New DBHDS Planning Effort

DBHDS established Creating Opportunities planning effort to determine targeted initiatives that can be realistically addressed during the next three and a half years to:

- Build on and continue progress in advancing the DBHDS vision.
- Support the Governor’s expressed intentions to achieve a Commonwealth of Opportunity for all Virginians, including individuals receiving behavioral or developmental services.
- Promote services system efficiencies and performance of core functions in a manner that is effective and responsive to the needs of individuals receiving services and their families.

Opportunity Plan: Behavioral Health Services Initiatives

1. Strengthen the responsiveness of Virginia’s emergency response system.
2. Develop infrastructure to increase direct service roles for peers and expand recovery support services.
3. Address housing needs through involvement in the Governor’s initiative to reduce homelessness and expand affordable housing.
4. Create employment opportunities through coordination with the Governor’s Economic Development and Job Creation Commission.
5. Enhance accessibility to a consistent array of substance abuse treatment services across Virginia.
6. Review and develop strategies to enhance the effectiveness and efficiency of state hospital services.
7. Strengthen the capability of the case management system.
8. Develop and implement a comprehensive plan for child and adolescent mental health services.

Opportunities Plan: Developmental Services Initiatives

1. Build community services and supports capacity that will enable individuals needing developmental services and supports, including those with multiple disabilities, to live a life that is fully integrated in the community.
2. Address housing needs through involvement in the Governor's initiative to reduce homelessness and expand affordable housing.
3. Create employment opportunities through coordination with the Governor's Economic Development and Job Creation Commission.
4. Provide leadership and participate in interagency planning to identify responsibility at the state level for coordinating and providing services to individuals with developmental disabilities including autism spectrum disorders.
5. Strengthen the capability of the case management and support coordination system.

Opportunities Plan: Other Initiatives

In addition to these initiatives, DBHDS will be engaged in the following major initiatives:

- Participate in the work of the Secretary of HHR's Office of Health Care Reform and develop strategies to strengthen collaboration between the preventive and primary care and the behavioral health and developmental services systems;
- Address sexually violent predator (SVP) service capacity issues, including obtaining necessary resources to safely operate the Virginia Center for Behavioral Rehabilitation and provide appropriate SVP rehabilitation and treatment services; and
- Develop information technology initiatives to implement electronic health records and health information exchange with state facilities, CSBs, other pertinent healthcare and provider agencies, facilitate quality management, and perform quality management and outcomes oversight.

Mental Health Facilities

- Eastern State Hospital will open new 150 bed adult mental health facility in September 2010.
- Western State Hospital broke ground for new 246-bed hospital, expected completion in Spring 2013.

Intellectual Disability Training Centers

- Southeastern Virginia Training Center will downsize from 140 to 75-bed campus; new home-like residences will be constructed at SEVTC; construction will begin on 18 CSB-owned and operated group homes and ICF homes in August to be completed in September 2011.
- Central Virginia Training Center will downsize from 425 to 300 bed campus with renovation of existing buildings; and 21 CSB-owned and operated homes will be constructed.

- The 2010 General Assembly tasked DBHDS with establishing a comprehensive plan to "identify concrete steps to provide children's mental health services, both inpatient and community-based, as close to children's homes as possible."
- The plan should:
 - identify the mental health/substance abuse services needed to help families keep children at home and functioning in the community
 - define the role of CCCA
 - make recommendations with associated funding
 - include input from stakeholders including CSBs, public and private inpatient facilities, child-serving state agencies, parents and advocates

DBHDS Action on Children's MH Services Plan

- Recommendations from prior reports have been reviewed.
- 3 expert input panels have been convened:
 - State Agencies
 - Service Providers
 - Family Members and Advocacy Groups
- Panels are exploring questions designed to gain specific and targeted input, such as:
 - Recommendations for needed services
 - Funding
 - Prioritization of recommendations
- By **October 1, 2010**, goal of DBHDS is to summarize input from the panels, and prepare the final report to the General Assembly (with review by the expert panels).

Closing of the SWVMHI Adolescent Unit

- Due to budget constraints and underutilization, the General Assembly approved the closing of 16-bed adolescent unit at SWVMHI by 6/30/10.
- Based on plans established, the unit stopped taking new admissions on 5/1/10 and discharged its last patient on 5/17/10.
- 48-bed CCCA in Staunton is now serving as the statewide public mental health facility for children and adolescents. As of 7/15/10, CCCA's census was 29.
- During June (first month), CCCA admitted 10 adolescents from the SWVMHI catchment area.

Adequacy of Child/Adolescent Bed Capacity

Average Daily Census	CCCA (48 bed capacity)	SWVMHI (16 bed capacity)	TOTAL
FY 09	31.6	5.5	37.1
FY 10	24.7	7.2	31.9

Closing of the SWVMHI Geriatric Unit

- General Assembly approved the closing of 20-bed geriatric unit at SWVMHI by June 30, 2011 due to budget constraints and the availability of unused capacity in other geriatric facilities.
- Planning for transition was initiated in April 2010.
- Implementation plan developed jointly by SWVMHI, PGH, CAT and DBHDS central office.
- Patients and families informed through Treatment Planning Review sessions.
- Decisions will be made about each individual in the coming months.
- CSBs and private providers will assist with discharge planning.

Autism Spectrum Disorder (ASD)

- House Document No. 8 (JLARC study on autism) released June 2009 contains 21 recommendations to improve services for individuals with autism in VA.
- July 2009 – DBHDS assumed responsibility to develop a detailed action plan to create a more coordinated system of services that will better address the needs of individuals with autism and their families.
- 2009 General Assembly approved two positions for DBHDS: an ASD specialist and a developmental disabilities specialist.
- DBHDS is partnering with DRS, DOE, VDH, DMAS and stakeholders in the plan development.
 - Detailed Action Plan is due November 30, 2010

ASD Action Plan

Using the JLARC study and input from stakeholders, DBHDS is identifying available resources and gaps in services where increased capacity is needed to build a cohesive system for those with ASD. Activities include:

- Increasing medical provider knowledge of ASD at VA's teaching hospitals.
- Increasing those able to accurately diagnosis ASD to decrease waiting time and lower VA's age of diagnosis from 6-7 to 3.
- Reviewing activities needed to start the "learn the signs" CDC campaign.
- Creating Communities of Practice in Autism across the state to bring providers together to learn about ASD and support one another.
- Applied for \$900,000 3-year federal "Combating Autism" grant to assist with above activities.
- Public safety workgroup of police, fire and EMTs creating an ASD training program to begin in October.
- Researching and pursuing effective employment models for persons with ASD (HB1099 Sickles).

Criminal Justice/Behavioral Health Systems Challenges

- 67 independent regional or local jails / ~4,300 ADP with mental illness (*2009 Mental Illness in Jails Report - State Comp Board*)
 - 7.2M annual cost of MH treatment (48 of 67 reporting)
 - 5.5M annual cost of psychotropic meds (52 of 67 reporting)
- 93 criminal justice status individuals readmitted to state facilities (*FY10 DBHDS Data*)
 - Average time between initial and subsequent admissions is 67 days
 - Average length of stay on subsequent admissions is 38 days
- Continuity of care impact on hospital readmissions
 - Inconsistent medication formularies; inconsistent prescribing practices; medication non-adherence

Criminal Justice/Behavioral Health Systems Review

DBHDS Pharmacy, Therapeutics and Formulary Committee (P&T) Criminal Justice/Behavioral Health P&T Workgroup

- Compile and assess range of current practices
- Identify funding, resource, demographic and other barriers
- Develop strategic plan for the coordination of medication and prescribing practices
 - Improve outcomes and efficiencies
 - Reduce costs
 - Enhance continuity of care

Web-based Psychiatric Bed Registry

- Appropriations Act calls for “real-time reporting system for public and private acute psychiatric beds.”
- In response to chronic difficulty experienced by CSBs in locating and accessing acute psych inpatient beds.
- System will report on availability of beds in public and private hospitals and CSB residential crisis stab. units.
- Will have flexible search capability (region, age, gender, payer, vol/invol., locked/open, etc.).
- \$25,000 appropriated annually for development and operation.

Psychiatric Bed Registry Current Status

- DBHDS and VHI completed development in July 2009 but implementation delayed because of budget uncertainties.
- DBHDS has now reopened partnership with VHI to implement registry, hosted and operated by VHI.
- Providers and users will be notified in August of roll out and implementation.
- Implementation supported by on-line training and reference materials.
- Stakeholders include VHHA, VHI, VACSB, DBHDS
- Users group meetings will help guide, monitor and support implementation and QI.