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Virginia's Publicly-Funded Behavioral Health System Overview of Major Programs and Initiatives

BHC Subcommittee, Joint Commission on Health Care
May 21, 2013

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Areas To Be Covered

- Behavioral Health System Overview
- Children's Mental Health Services
- Part C
- Discharge Assistance Program
- Forensic
- Behavioral Health/Criminal Justice Initiatives
- Governor's Taskforce on School and Campus Safety's Mental Health Workgroup

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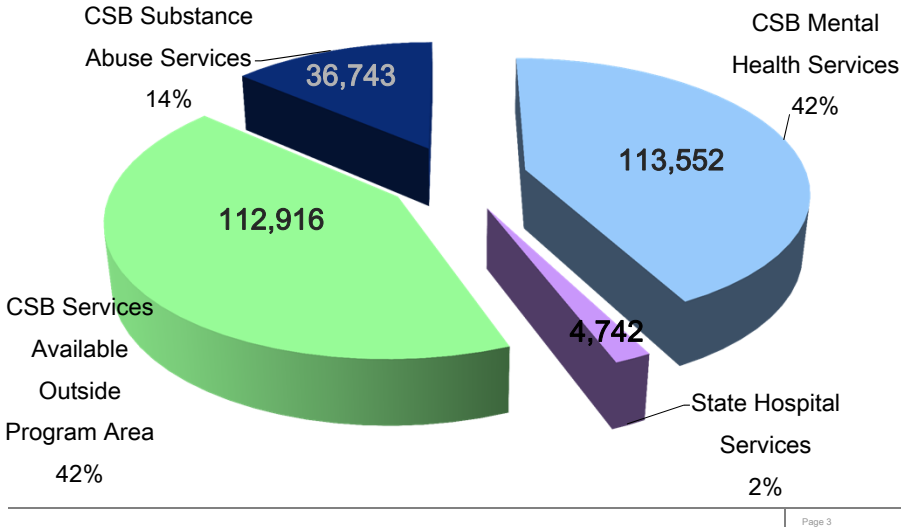
Individuals Receiving Behavioral Health Services in FY12



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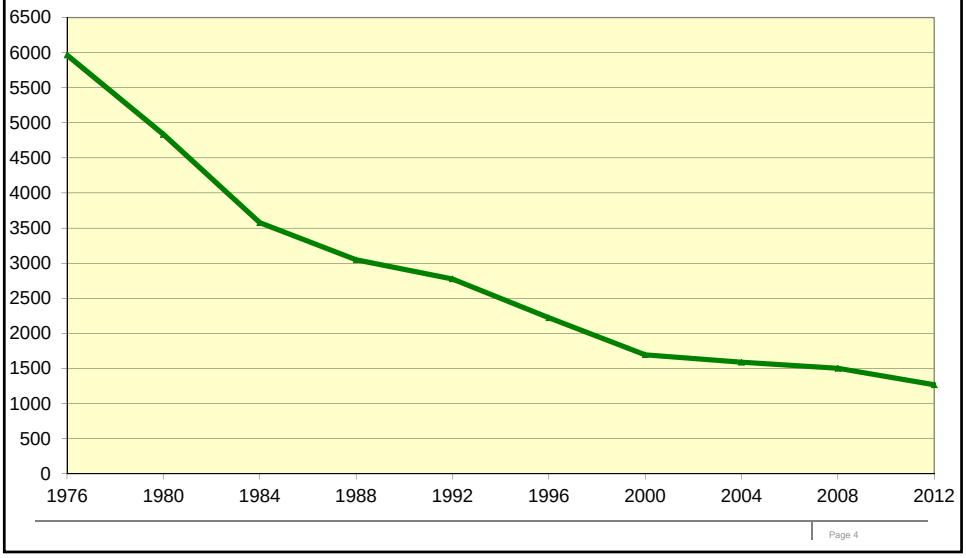
Trends in State Hospital Average Daily Census FY 1976 – FY 2012



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Virginia's 8 (Adult) State Behavioral Health Hospitals

Name	2000 Census	2005 Census	2010 Census	Current*
Catawba, Catawba	88	100	100	93
Central State, Petersburg	303	244	211	207
Eastern State, Williamsburg	485	409	329	259
Northern VA MHI, Falls Church	121	123	120	116
Piedmont, Burkeville	126	118	110	103
Southern VA MHI, Danville	89	69	75	66
SWVA MHI, Marion	166	143	151	149
Western State, Staunton	275	243	226	214
TOTAL	**1653**	**1449**	**1322**	**1207**

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Challenges to Virginia's Behavioral Health System

- Need for wrap-around community supports and housing to prevent crises and enable community integration, including enabling individuals to be discharged from state hospitals.
- Need for a range of crisis and emergency services for persons experiencing behavioral health crises including acute inpatient care.
- Need for basic outpatient, case management, and psychiatry services to prevent crises
- Need for timely access to services and effective management of forensic patients involved in the criminal justice system.

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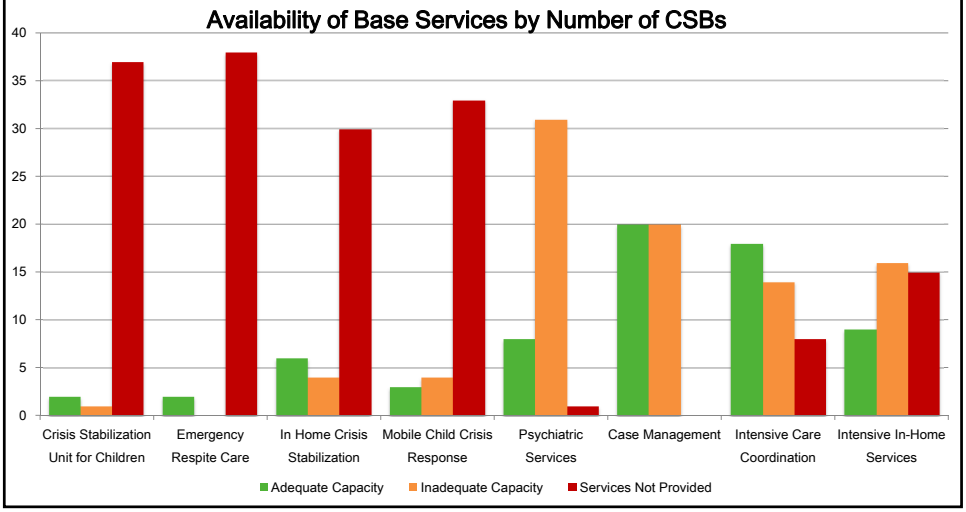
Children's Services

Virginia's behavioral health services for children faces multiple challenges including an incomplete, inconsistent array of services, inadequate early intervention services, a need for workforce development and inadequate oversight and quality assurance.



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Children's Services

- Priority needs in most Virginia communities:
  - Access to child psychiatry
  - Crisis stabilization services
  - Mobile crisis teams
- In 2012 and 2013, the Governor and General Assembly provided funding to provide child psychiatry, crisis stabilization, and mobile crisis services to children with behavioral health disorders.

Fiscal Year	GF Dollars
FY 2013	$1.5M
FY 2014	$3.65M
TOTAL	$5.15M ($3.65M ongoing)

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2013 General Assembly Action

- 2013 Session: Added $1.9M for FY14 for total ongoing of $3.65M.
- This will make funding available for all 5 regions
- Requests for proposals sent to remaining regions; proposals were due May 7
- Region II (Northern Virginia, with Arlington CSB as lead)
- Region V (Tidewater, with Hampton-NN CSB as lead)

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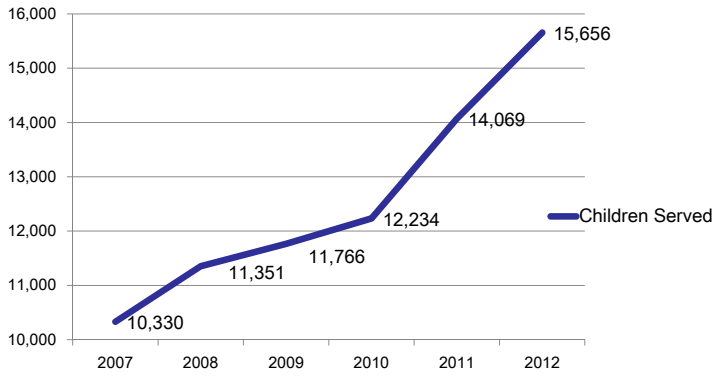
Early Intervention Annual Number Served



- 11.4% increase from SFY-11 to SFY-12
- 52% increase from SFY-07 to SFY-12

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Improvements for Part C Services to Children

The Governor and General Assembly responded with new funding:

- **FY13 'Caboose': $2.25M**
  - Additional funds are being distributed for 26 local systems that had FY13 funding shortfalls.
- **FY14: $6M ongoing funding for services**
  - To be allocated to each local system according to the allocation formula beginning July 1.

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Efforts to Maximize Part C Program Efficiency

- Working with lead agencies to develop fiscal management resources and training
- Continuing to maximize insurance payments, including private insurance and Medicaid
- Individual consultation with local agencies on utilizing available funds
- Consulting with national experts on best practices

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Persons Ready for Discharge

- 3,555 admissions/3,593 discharges in FY 2012
- Some persons clinically ready for discharge face barriers due to lack of community supports and housing arrangements
- **Extraordinary Barriers List (EBL)** = 140-150 avg.
  - 1/3 civil with special needs
  - 1/3 geriatric with nursing home needs
  - 1/3 NGRI or forensic – need court approval of services
- Studied by OIG and DBHDS

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Discharge Assistance Program (DAP)

- Started in 1998
- Current allocation of $18.9M, supported 760 individuals in FY 2012 with ongoing support (854 if one-time supports included)
- 2013 Session: $1.5M additional
  - Support in the community up to 30 individuals with complex needs and current barriers to discharge

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Priorities to Improve Forensics Services

DBHDS forensic services:

- Inpatient evaluations of competency to stand trial and sanity at the time of offense;
- Inpatient treatment to restore individuals' competency to stand trial;
- Inpatient treatment of unrestorably incompetent defendants (URIST);
- Emergency inpatient psychiatric treatment of jail inmates;
- Evaluation and treatment of NGRI acquittees;
- Inpatient treatment of DOC inmates who have completed their DOC sentence but who need inpatient psychiatric care

Increase in use of beds for forensic patients:

- FY02, forensic patient utilized an est. 26% of available beds (469 of 1,804).
- Currently, 33% of available beds (478 of 1,439) serve forensic patients.
- Increase in forensic bed use, results is fewer state hospitals beds for civil patients (e.g., non-forensic admissions such as TDOs) and more restricted access for forensic referrals.

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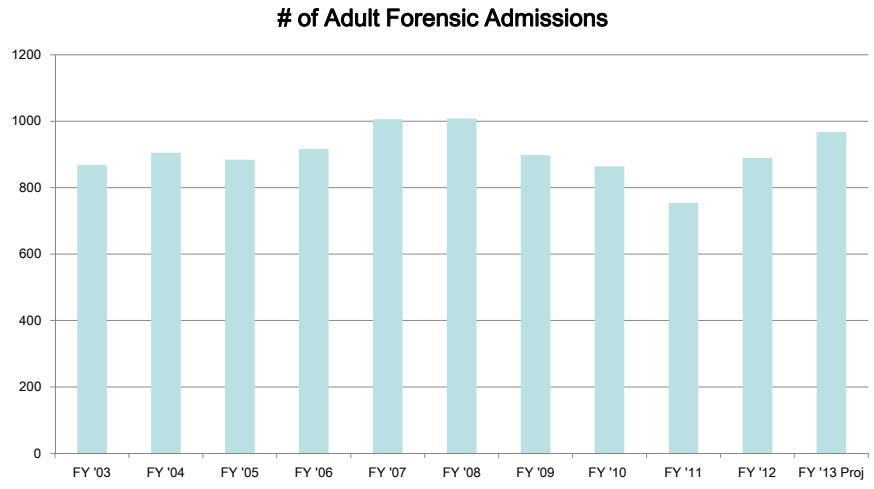
Adult Forensic Admissions to DBHDS Facilities by Fiscal Year



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Priorities to Improve Forensics Services

DBHDS has reduced waiting lists for jail inmate admissions

- July 2007 = 111 individuals on the waitlist
- July 2012 = 48 individuals on the waitlist
- May 2013 = 21 individuals waiting.

DBHDS has reduced length of wait for restoration admissions

- In August 2011, on average, individuals had waited 60 days for admissions
- By May 2013, average wait time has dropped to 15 days for admission

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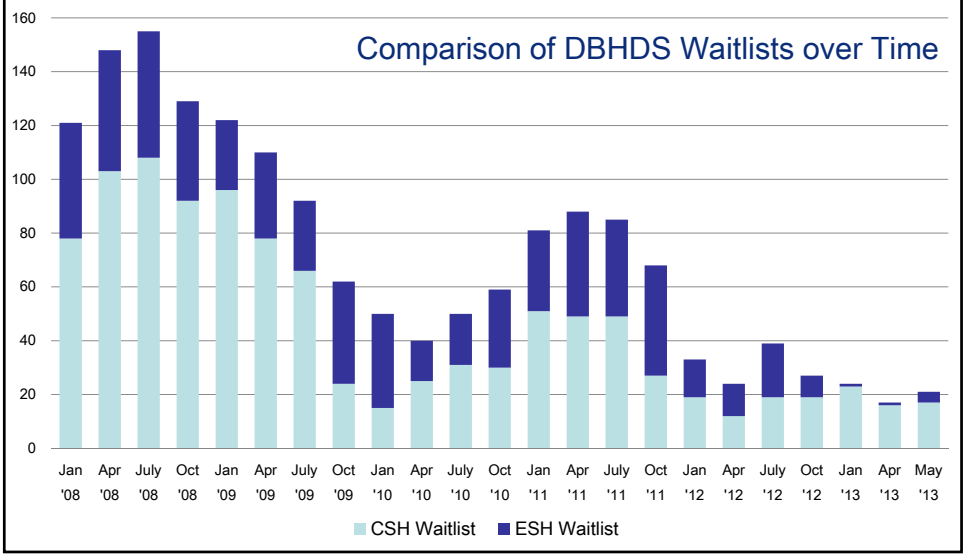
Priorities to Improve Forensics Services



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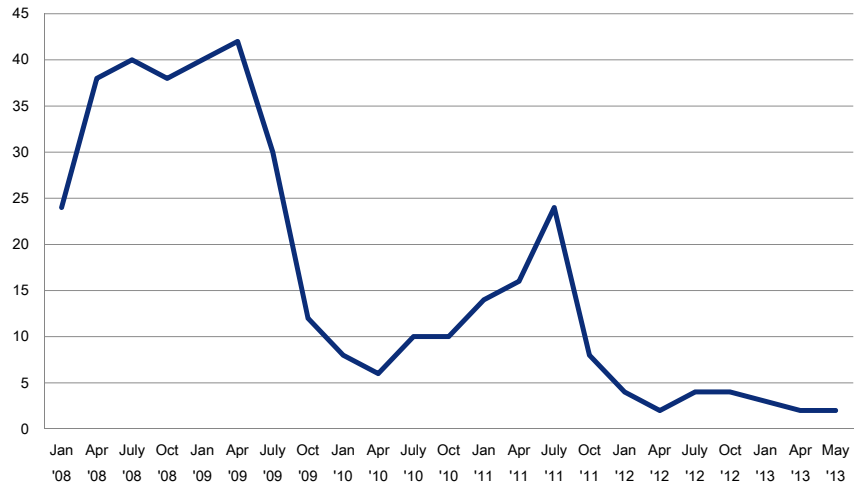
Longest Wait for Admission to CSH (in weeks)



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Priorities to Improve Behavioral Health-Criminal Justice Initiatives

Cross-Systems Mapping – "Map" individuals' step-by-step experience across the behavioral health and criminal justice systems, identify gaps in services, look for diversion or system improvement opportunities, and create a local action plan.

Crisis Intervention Teams (CIT) – 40-hour training program for law officers to reduce use of force and restraint, divert persons from arrest and link them to mental health supports as possible.

- Since 2001, trained over 4,300 officers and first responders.
- 31 teams in operation in Virginia.
- 10 CIT programs have therapeutic law enforcement drop off sites as part of CIT

Jail Diversion – DBHDS also funds 10 CSBs to provide jail diversion and jail treatment programs.

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Priorities to Improve Behavioral Health-Criminal Justice Initiatives

- **2012 General Assembly: Added three CIT Assessment and Treatment Centers (Drop-off Centers) = $600,000**
  - New River Valley (Blacksburg)
  - Henrico
  - Portsmouth/Chesapeake
  - All were up and running by January 2013
- **2013 General Assembly: Added $900,000**
  - RFPs out to CSB CITs in April; decisions by June 7, 2013
  - Goal to fund additional 3-5 centers

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Governor's Task Force on School and Campus Safety

- Response to shootings at Newtown, CT
- Co-Chaired by Sec. Hazel and Atty. Gen. Cuccinelli

Mental Health Workgroup recommendations:

- Mental Health First Aid = funded at $600K
- Suicide Prevention = funded at $500K
- Increased Adult and Children's Outpatient Services Funding (not funded)
- Increased CIT "drop off centers" = funded at $900K

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Governor's Task Force on School and Campus Safety

Next Steps: Consider further recommendations, report to the Governor and General Assembly:

- Recommend extension of TDO period by 24 hours
- Support outreach staffing for community MHFA programs
- Expanded suicide prevention program
- Expanded staffing for adult and child outpatient services including psychiatry
- Increased support for PACT programs
- Create transitional behavioral health services for youth moving from schools to adult world
- Expand support for jail diversion programs