Virginia’s Mental Health System Transformation: 1990s-present

House Appropriations Retreat

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Commissioner, DMHMRSAS
Virginia’s Current System

- Approximately 308,000 Virginia adults (5.4% of the population) have had a serious mental illness at any time during the past year (DMHMRSAS estimate from national prevalence data)
- Up to 103,800 (11%) of Virginia children and adolescents ages 9-17 have had a serious emotional disturbance (DMHMRSAS estimate)
  - Of these, up to 66,100 exhibit extreme impairment (DMHMRSAS estimate)
Virginia’s Current System

• 16 State Facilities
  – 7 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)

• 40 Community Services Boards (CSBs) are funded in part by the Department through an annual performance contract.
State Mental Health Agency Controlled Expenditures for State Psychiatric Hospital Inpatient and Community-Based Services as a Percent of Total Expenditures: FY'81 to FY'04
Need for System Reform


- U.S. Supreme Court “Olmstead” decision in 1999 emphasized the rights of individuals to receive treatment in the community.

- The U.S. Dept. of Justice investigated 4 state hospitals and 1 training center between 1990 - 2003, and entered into agreements with Virginia to improve staffing and active treatment.
System Reform

• Specifically, the DOJ cited the following issues:
  ▪ Active rehabilitation-oriented treatment
  ▪ Continuity of care
  ▪ Use of seclusion and restraint
  ▪ Pharmacy practices
  ▪ Individualized treatment planning
  ▪ Human rights/Consumer protection
System Reform 1990’s

- Two study panels
  - Hammond/Anderson Commission
- Governor Gilmore 5-point plan:
  - Create Inspector General position
  - Enhance human rights protections
  - Increase quality through use of atypical medications and new treatment technologies and approaches
  - Expand community resources to increase options for consumers
  - Personal inspection of all facilities
- Consultants (J&E Assoc.) recommended the closure of 5 facilities
System Reform 1990’s
State Hospitals

• Improved quality
• Significant improvement in staffing ratios
• Psychosocial rehabilitation malls
• Seclusion and restraint reductions
• Improved security in forensic units
Impact on Mental Health Services

Did not close facilities

Reduced facility size and added more treatment options to the community:

– PACT Teams, $6.7M in FY99
– Discharge Assistance Projects (DAP), 5.8M in FY00
– MH residential services
System Reform 2000
“Reinvestment”

• December 2002 – Began first stage to fundamentally change how mental health services were delivered and managed

• 3 reinvestment projects authorized in the 2003 Appropriation Act, reinvesting $13.6 million in community services

• Savings transferred to CSBs to develop community services:
  – ESH - $6.5 million; closed 43 beds
  – CSH - $3.3 million; closed 45 beds
  – WSH - $1.4 million; closed 25 beds
  – NVMHI - $2.4 million for their management of local hospital bed purchases

• Demonstrated ability to serve more people in community

• More efficient use of state facilities (shorter lengths of stay)

A variety of activities developed and recommended strategic directions for restructuring our system of care:

– Over 500 stakeholders involved in statewide and regional planning process
– Integrated Strategic Plan (ISP)
– Special populations/issue planning
– New system vision statement
System Restructuring
DMHMRSAS Vision

We envision a consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health and the highest possible level of consumer participation in all aspects of community life, including work, school, family, and other meaningful relationships.

- Embodies best practices, state-of-the-art services and supports
- Changes the services system’s philosophy and values
- Consistent with the U.S. Supreme Court Olmstead decision
System Restructuring
Regional Partnerships

- **Seven Regional Partnerships** including facilities, consumers, family members and other stakeholders helped restructure state and community services to achieve proposed vision:
  - For ongoing strategic planning
  - Stewardship of existing resources
    - Regional Utilization Management teams
• 2005 – Began multi-year plan to transform the services system, through:
  – Investment in community services and supports to reduce excessive reliance on state facility utilization
  – Redesign and replacement of selected state hospitals and training centers to address current and future needs more appropriately and efficiently
    • Eastern State Hospital
    • Western State Hospital

• The General Assembly amended, expanded, and approved the plan in the 2006 Session
System Transformation

Transformation is fundamental and all-encompassing:

• **Values and beliefs** – people we serve, mental illness and recovery, the nature of the work we are engaged in together

• **Language** – how we talk about each other, what we do

• **Culture** – the organizational culture of our service system and programs, physical environment of our facilities, and culture of hope, healing, wellness and resilience

• **Services** – moving away from crisis-oriented, professional-directed treatment focused on symptom control, toward consumer-directed health management, wellness and recovery, even with serious and chronic illnesses
## 2005-2006 MH Initiatives

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>77 Discharge Assistance Plans</td>
<td>$5.4 M</td>
</tr>
<tr>
<td>7 Crisis Stabilization Programs</td>
<td>$3.8M</td>
</tr>
<tr>
<td>3 New PACT Teams</td>
<td>$2.6M</td>
</tr>
<tr>
<td>Non-CSA Mandated Child and Adolescent Services</td>
<td>$2M</td>
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<tr>
<td>Community Psychiatric Bed Purchases</td>
<td>$1.8M</td>
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<tr>
<td>2 Child MH System of Care Demonstration Projects</td>
<td>$1M</td>
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<tr>
<td>2007-2008 MH Initiatives</td>
<td>Funds</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Community-based services for individuals otherwise served by ESH</td>
<td>$6.9M</td>
</tr>
<tr>
<td>Community-based services for individuals in HPR I and II at WSH</td>
<td>$6.5M</td>
</tr>
<tr>
<td>Expanded crisis stabilization services for co-occurring disorders</td>
<td>$4.6M</td>
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<tr>
<td>Targeted community-based recovery services statewide</td>
<td>$3.7M</td>
</tr>
<tr>
<td>Community MH discharge assistance for civil and NGRI state hospital consumers</td>
<td>$2.8M</td>
</tr>
<tr>
<td>$1M systems of care projects; $1M expanded services in juvenile detention centers</td>
<td>$2M</td>
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</table>
System Transformation
Governor Kaine’s Performance Measures

• Increase the proportion of persons served in intensive community services versus state facilities by 15% by 2009
  – Baseline - FY 2005 Data – 3.61 consumers in intensive community services per occupied state facility bed
  – FY 2006 data showed a 13% increase

• Increase the community tenure for consumers served in state facilities by 15% by FY 2009
  – Baseline – FY 2005 Data- 20% of long term care consumers readmitted to state facilities
  – FY 2006 data showed a 5% increase in community tenure
• **“Moving Forward” Workgroup**: CO leadership, CSB Executive Directors, IT and data management are integrating existing efforts to improve performance outcome reporting
  – CCS3 (Client level data reporting)

• **System Leadership Council**: CO, State Board, CSBs, facilities, local government and local community representatives are serving to provide continuity, enhance communication, and address issues in the CSB performance contract
• In FY06, state facilities served 5,814 individuals for MH services (unduplicated)

• Individuals served by CSBs for MH services (unduplicated)
  – 2006 – 118,732
  – 2005 – 115,173
  – 2004 – 109,175
  – 2003 – 109,025
  – 2002 – 107,351
  – 2001 – 105,169

• Number of individuals served by CSBs has grown 5.5% in the last two years (all 3 services)
• 140 new or expanded mental health services across the Commonwealth
• 10,408 children served in 2006 through allocating Part C Service funding to all local lead agencies
• 114 people in state hospital civil and forensic programs had discharged plans facilitated by Regional partnerships
• 60 inmates were diverted in FY07 prior to trial, saving an estimated 5,400 hospital bed days 26 consumer-run/directed programs now exist
• 14 of 23 juvenile detention centers now have CSB-run mental health programs
• 12 crisis stabilization programs statewide, with 94 beds
• 4 new youth System of Care Projects initiated
System Transformation
Ongoing Challenges

• Prevention vs. services for the most seriously disabled
• Addressing mentally ill population in jails
• Addressing projected increased demands for geriatric and child/adolescent population
• Workforce shortage
• Stigma about people with mental illness widespread (risk of violence)
• Balancing need for adequate psychiatric inpatient capacity with historical inadequate community mental health services
Mandatory Outpatient Treatment

• *Conditional Release* – Commitment order begins with hospital care and remains in effect after discharge to outpatient (e.g., NGRI, §19.2-182.7)

• *Alternative to Hospitalization* – Same criteria (e.g., dangerous or unable to care for self) but two dispositions - inpatient or outpatient (§ 37.2-817)

• *Need for Treatment* (e.g., NY Kendra’s Law) – There is a lower standard for outpatient commitment order (need for treatment to prevent deterioration) than for inpatient commitment order (not currently in Virginia)
Controversies/Concerns:

• Is court order needed? Vs. Enhanced community services alone
• Noncompliant individuals jumping line for services
• Infrastructure required (as in NY’s Kendra’s Law)
• Enhanced Community Services required
Virginia Tech Tragedy Response

• Worked with Governor on EO 51
• Working with Governor, HHR, and OIG to identify training, education, law, or service development initiatives to address VT Panel recommendations
• Involuntary outpatient commitment guidance to CSBs
• Ongoing annual training in civil MH law, with additional training on civil commitment
• Working with the Commission on MH Law Reform and the Interagency Civil Admissions Advisory Council
## 2009-2010 MH Initiatives

<table>
<thead>
<tr>
<th>Initiative</th>
<th>FY09</th>
<th>FY10</th>
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<tbody>
<tr>
<td>Outpatient services</td>
<td>$3M</td>
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<tr>
<td>Emergency services</td>
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<tr>
<td>Case management</td>
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<tr>
<td>CSB monitoring &amp; accountability</td>
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<td>$0.9M</td>
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<tr>
<td>School MH services and family network</td>
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<td>$3.1M</td>
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<td>Children service outpatient clinician</td>
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<td>Forensic services</td>
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<td>$6.6M</td>
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<td>Direct service associates</td>
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<td>$2.6M</td>
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<tr>
<td>Nursing</td>
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<td>$1.1M</td>
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<tr>
<td>Electronic health records</td>
<td>$2.8M</td>
<td>$3.2M</td>
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<tr>
<td>Start-up funding</td>
<td>$2.1M</td>
<td>$2.1M</td>
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<tr>
<td>Transformation initiative – ESH</td>
<td>$2.7M</td>
<td>$4.8M</td>
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<tr>
<td>Restoring funding at WSH</td>
<td>$0.6M</td>
<td>$0.6M</td>
</tr>
<tr>
<td>VCBR new facility</td>
<td>$2.4M</td>
<td>$6.2</td>
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