

Comprehensive State Plan 2010-2016

Executive Summary

Section 37.2-315 of the *Code of Virginia* requires the Department of Behavioral Health and Developmental Services (Department) to develop and update biennially a six-year Comprehensive State Plan. The plan must identify the services and supports needs of persons with mental health or substance use disorders or intellectual disability across Virginia; define resource requirements for behavioral health and developmental services (formerly referred to as mental health and substance abuse services and mental retardation services); and propose strategies to address these needs. This section also requires that the plan be used in the preparation of the Department's biennium budget submission to the Governor.

Services System Overview: Title 37.2 of the *Code of Virginia* establishes the Department as the state authority for the behavioral health and developmental services system. The mission of the Department's central office is to provide leadership and service to improve Virginia's system of quality treatment and prevention services and supports for individuals and their families whose lives are affected by mental health or substance use disorders or an intellectual disability.

The Department seeks to promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for these individuals and is committed to implementing the vision "of a consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of individual participation in all aspects of community life, including work, school, family and other meaningful relationships" (*State Board Policy 1036 (SYS) 05-3*).

Virginia's public services system includes 16 state facilities and 39 community services boards and one behavioral health authority (referred to as CSBs).

- CSBs are established by local governments and are responsible for delivering community behavioral health and developmental services, either directly or through contracts with private providers. They are single points of entry into publicly funded behavioral health and developmental services system, with responsibility and authority for assessing individual needs, providing an array of services and supports, and managing state-controlled funds for community-based services. In FY 2008, CSBs provided mental health services to 101,796 individuals, developmental services to 25,053 individuals, substance abuse services to 43,857 individuals, and services available outside a program area (e.g., emergency services) to 85,896 individuals, for an unduplicated total of 243,629 individuals who received some type of behavioral health or developmental service. Although the total number of individuals served by CSBs continues to increase, the CSBs continue to

confront waiting lists for services. Between January and April 2009, 14,579 individuals were waiting to receive at least one CSB service.

- The 16 state facilities provide highly structured intensive inpatient treatment and habilitation services. Current operating bed capacities are 1,600 for state hospitals (excluding the Hiram Davis Medical Center, with an operating capacity of 87 beds and the Virginia Center for Behavioral Rehabilitation with an operating capacity of 312 beds) and 1,549 for training centers. In FY 2009, state facilities served a total of 6,866 individuals, a 3.3 percent decrease from FY 2008.

Funding for Virginia’s public behavioral health and developmental services system comes from a variety of sources, including state general funds, local matching dollars, federal grants, and fees, including Medicaid. Medicaid reimbursement has grown steadily over the last four biennia. As a result, the percentage of the services system’s total budget represented by Medicaid revenues has grown from 39 percent in FY 2000 to 52 percent in FY 2008.

In FY 2008, total services system expenses were almost \$2.004 billion, of which:

- \$1,372.0 million (68 percent) was expended by CSBs,
- \$ 595.0 million (30 percent) was expended by state facilities, and
- \$ 37.3 million (2 percent) was expended by the Department’s central office.

In FY 2008, the distribution of state-controlled resources was \$290.9 million (32 percent) for CSBs, \$594.7 million (64 percent) for state facilities, and \$37.3 million (4 percent) for the central office. With the current budget shortfall, state revenues have been and are likely to continue to be cut in the near future. The Department experienced budget reductions of \$16.9 million in FY 2008, \$24.2 in FY 2009, and \$39.7 million in FY 2010. The following table breaks out these reductions across state facilities, CSBs, and the central office/Office of the Inspector General.

Reductions in Department of Behavioral Health and Developmental Services State General Fund Appropriations in FY 2008, FY 2009, and FY 2010

Reductions:	FY 2008	FY 2009	FY 2010
State Facilities	\$11,081,229	\$ 7,001,056	\$18,346,004
Community Services Boards	\$ 5,000,000	\$12,400,000	\$16,703,180*
Central Office/Inspector General	\$ 781,018	\$ 4,826,124	\$4,632,188
Total Reduction	\$16,862,247	\$24,227,180	\$39,681,372

*Note: The FY 2010 CSB reduction was offset using \$4.5 million in one-time special fund revenues, for a new FY 2010 reduction of \$12.1 million.

The FY 2009 reduction includes a \$15,067,179 cash transfer from the Special Revenue Fund to state training centers, which is not included in the above table

because it did not change the Department's appropriation. These reductions do not include local budget cuts incurred by CSBs.

Estimated Prevalence: By applying prevalence rates from national epidemiological studies and the 2007 National Household Survey on Drug Use and Health to 2008 *Population by Age and Sex* estimates from the Weldon Cooper Center for Public Services at the University of Virginia, the Department estimates that:

- Approximately 316,552 adults have had a serious mental illness during the past year.
- Between 85,129 and 104,046 children and adolescents have a serious emotional disturbance, with between 47,294 and 66,211 exhibiting extreme impairment.
- Approximately 139,844 individuals have a developmental disability, of which 71,526 (ages 6 and older) have an intellectual disability and 1 in 150 have an autism spectrum disorder.
- Approximately 18,495 infants, toddlers, and young children (birth through age 5) have developmental delays requiring early intervention services.
- Approximately 180,453 adults and adolescents (ages 12 and older) abuse or are dependent on any illicit drug, with 128,337 meeting the criterion for dependence, and 476,215 adults and adolescents abuse or are dependent on alcohol, with 168,050 meeting the criterion for dependence.

Only a portion of persons with diagnosable disorders will need services at any given time, and an even smaller portion will require or seek services from the public sector.

Critical Issues and Strategic Directions: The Plan details seven critical issues facing Virginia and identifies 14 goals and supporting objectives and action steps to achieve the Department's mission and vision. Strategic directions and goals for each critical issue follow.

Transforming Virginia's System of Care:

- Implement a recovery and resilience-oriented and person-centered system of services and supports.

Peer-Provided and Peer-Directed Services and Related Initiatives That Promote Recovery and Person-Centered Principles and Practices:

- Involve individuals receiving services and family members in planning, evaluating, and delivering behavioral health and developmental services.

Access to Services and Supports That Meet Individual Needs:

- Promote the concepts of treatment in the most integrated settings and individual and family choice that are central to the U.S. Supreme Court Olmstead Decision.
- Promote and support the implementation of evidence-based and best practices.
- Expand and sustain recovery and person-centered services when and where they are needed, in appropriate amounts, and for appropriate durations.
- Reduce the incidence of alcohol, tobacco, and other drug use and abuse and suicide among Virginia youth and adults.
- Assure that state facilities provide quality assessment, treatment, rehabilitation, training, and habilitation services that are appropriate to the needs of individuals receiving services.
- Enable Virginia's behavioral health and developmental services system to prepare for and respond to terrorism-related and other major disasters.

Partnerships for Services System Transformation:

- Increase the ability of Virginia agencies and services systems to partner in addressing the needs of and challenges experienced by individuals with mental health, substance abuse, or co-occurring disorders or intellectual disability.
- Encourage and facilitate greater private provider participation in the public behavioral health and developmental services system.

Infrastructure and Technology:

- Provide state facility infrastructure and community housing that efficiently and appropriately meets the needs of individuals receiving behavioral health or developmental services.
- Manage information efficiently in an environment that is responsive to the needs of users and protects identifiable health information about individuals receiving services.

Human Resources Management and Development:

- Recruit and retain a highly-skilled and appropriately sized behavioral health and developmental services workforce.

Service Quality and Accountability:

- Enhance the capacity of the behavioral health and developmental services system to improve quality of care.

Summary of Resource Requirements: The following capacity development priorities respond to critical issues facing Virginia's behavioral health and developmental services system. Given the current budget constraints facing the

Commonwealth, the Department recognizes that these requirements will require a multi-biennia investment, when resources are available.

Mental Health Services

Local inpatient purchase of service (LIPOS) and crisis stabilization services for individuals whose acute care needs can be met with community services rather than in a state hospital.

Crisis intervention training for law enforcement, jail diversion, mobile crisis teams, and restoration to competency services for individuals involved in the criminal justice system.

Community services capacity development to assist individuals in their recovery and address unmet service needs of individuals with mental health disorders on CSB waiting lists.

Suicide Prevention Across the Lifespan Plan for the Commonwealth of Virginia implementation.

Substance Abuse and Prevention Services

Community services capacity development to reduce the average wait time for services from 25 days to 10 days and address unmet service needs of individuals with substance use disorders on CSB wait lists.

Services and supports for individuals to decrease their involvement with the criminal justice system and disease relapse.

Evidenced-based prevention services.

Child and Family Services

Community services capacity development to divert children and adolescents from inappropriate care in congregate residential settings including juvenile detention centers, residential treatment centers, and state hospitals.

Part C infant and toddler intervention services capacity development to accommodate an eight percent increase in referrals of infants and toddlers and address Part C operational needs.

Developmental Services

Waiver capacity development of 400 additional slots each year to enable individuals with intellectual disability to live productive lives in community settings.

Enhanced waiver services plans for individuals who have significant behavioral and medical challenges to allow them to live in small group home or family home settings rather than in a training center or community ICF/MR. Services and policy changes include:

- A 25 percent increase in waiver rates for in-home support and small (4 or fewer beds) congregate residential services;

- Day support and employment services;
- Behavioral consultation assessment and monitoring and staff training in behavioral strategy implementation;
- Nurse monitoring of skilled nursing activities and overseeing individual stability/progress; and;
- Removal of penalties for providers who keep a residential bed vacant for consumers who may require hospital stays or for other valid situations.

Community services capacity development for individuals with intellectual disability who are not eligible for the ID waiver but need services that will allow them to remain in community settings.

Community services capacity development to ensure that individuals with developmental disabilities who have severe functional disabilities receive targeted case management services.

Conclusion: The directions established in the *Comprehensive State Plan for 2010-2016* would enable the Commonwealth to accelerate the transformation of the public services system to a more completely community-based system of care while preserving the important roles and service responsibilities of state hospitals and training centers in Virginia’s publicly funded behavioral health and developmental services system.

The policy agenda for the publicly funded behavioral health and developmental services system for the next biennium will focus on sustaining progress in implementing the vision of recovery and person-centered delivery of behavioral health and developmental services and investing in the services capacity and infrastructure needed to address issues facing the services system. Department priorities for the next biennium follow:

- Initiatives to increase access to transitional and permanent community housing for individuals with mental health or substance use disorders or intellectual or developmental disabilities. Affordable community housing is the area most lacking in the Commonwealth's array of services and supports and is the primary barrier to individuals who are transitioning from state facilities to the community.
- Initiatives to enhance the existing Medicaid waiver for individuals with intellectual disability to assure that they can receive “comparable services and supports” to those provided in an ICF/MR facility. This lack of comparability has increased family reliance on ICF/MR settings, which are more costly for the state and more restrictive and removed from individuals' family, friends, and their home communities.
- Initiatives to build a Virginia behavioral health – medical health partnership that promotes a “one person, one team, one plan” approach to serving individuals. The need for such an integrated system of services and supports

is well documented, yet there is little interface between these two systems, except at the crisis or emergency level of each system.

- Initiatives to expand behavioral health and criminal justice partnerships and service delivery for individuals with mental health or substance use disorders who are at risk of or are currently involved in the criminal justice system. Diversion and intervention efforts will result in reduced reliance on jail beds and state facility beds devoted to forensic treatment needs.
- Initiatives that advance a comprehensive system for health information exchange (HIE) across the behavioral health and developmental services system; with other providers that serve individuals with mental health or substance use disorders or intellectual disability; and with other state agencies that fund behavioral health or developmental services. A comprehensive HIE approach would produce improved efficiencies in service delivery, better service coordination, and enhanced capacity for performance measurement.