



# Northern Virginia Regional Partnership Planning Project

## Summary of Year One

### Initial Focus:

***The publicly funded system of services in Northern Virginia for adults in need of mental health services through 2010***

Submitted to  
Virginia Department of Mental Health,  
Mental Retardation and  
Substance Abuse Services

*August 2003*



## Focus on Inpatient Care

- Northern Virginia had the lowest bed day utilization rate in the State, estimated at 2,296/100,000 persons in 2003.
- NVMHI with 127 beds had an occupancy rate of approximately 95%.
- Northern Virginia made extensive use of Discharge and Diversion (DAD)/Private Bed Hospitalization (PBP) funds to prevent hospitalization and to discharge patients who completed a successful hospitalization.
- “Level of Adult Inpatient Treatment Survey” was developed by NVMHI and administered to patients at NVMHI and nine private hospitals. Findings showed that:
  - The public sector provided care mainly for long-term patients who needed intermediate care or rehabilitative services, whose acuity is low or variable, but whose service issues were complex.
  - The private sector provided care primarily for patients who needed short-term, acute stabilization or intensive care, whose acuity is high and whose service issues vary from low to high complexity.
- A large and increasing percentage of the psychiatric and substance abuse patients served in the private hospitals does not have insurance coverage for their hospitalization.
- In 2002, 28% of psychiatric and substance abuse patients were uninsured for the services provided. Public funds covered some services:
  - Medicare covered 13%
  - Medicaid accounted for 6%
  - Other State or local programs covered 7%
  - 1% had reimbursement provided by the military system.
- Northern Virginia had 224 private sector psychiatric beds and 127 public sector (NVMHI) beds.
  - Proposed Expansions = 40 beds
  - Proposed Closures = 120 beds

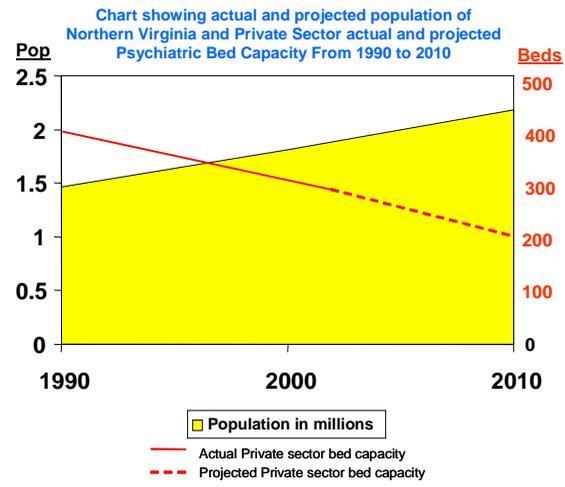
## 2003 Plan Recommendations for Mental Health Services for Adults

- Improve Virginia’s Medicaid Assistance Plan by:
  - increasing eligibility level from 80% to 100% federal poverty level
  - setting rates at a level sufficient to cover costs of all Medicaid services
  - expanding the array of services, e.g. PACT as a bundled service.
- Fully fund the entire continuum of community-based services.
- Foster greater use of private sector providers by ensuring that they are reimbursed adequately by all sources — including public payers such as Medicaid and DMHMRSAS as well as private insurance companies — for inpatient psychiatric care.
- Maintain the current bed capacity of NVMHI in light of increasing population and proposed reductions in the number of beds in the private sector.
- Support immediate transfer of \$2.5 million in State funds for the DAD Project from NVMHI to CSBs. These funds will primarily be used to purchase short-term inpatient psychiatric care in the private sector
- Actively promote the Recovery Model throughout the Commonwealth.
- Reestablish an Office of Consumer and Family Affairs in DMHMRSAS.
- Establish and fund consumer empowerment training throughout the Commonwealth.
- Request that the State design, in collaboration with the private sector, a system for properly addressing the growing need for services for older adults with mental illness and persons with dementia who have psychiatric symptoms.
- Request that DMHMRSAS carefully consider the recommendations from the regional work groups studying how to better serve persons with a dual diagnosis of mental illness and mental retardation



### *Our Vision for Mental Health Services*

Development of a cost-effective, comprehensive, culturally competent array of recovery oriented, consumer choice driven integrated services that are flexible and accessible to consumers and oriented toward proactive care, maintaining stability, and maximizing independence and community integration. Education must be intensified to combat and overcome discrimination historically associated with mental illness.



## Consumers and Community Participate in Plan

### *Input from Six Community Forums*

- MORE FUNDING for community-based services
- More regional approaches for specialize services
- More inpatient diversion and discharge assistance services
- Better services for homeless persons with Substance Abuse and Serious Mental Illness
- More education and support for families
- Better insurance coverage
- Ensure access to medications
- More consumer-run programs, especially evenings, weekends, and social network for consumers
- More PACT teams in region
- More public transportation
- Preserve accessibility to private psychiatric hospital beds
- Improve services in jails and more training for judicial system and public safety personnel
- Establish an MH Medicaid Waiver
- Gero-psychiatric services must be more available to residents of nursing homes and assisted living facilities as well as persons still living in their own home

### *Input from Eight Consumer Focus Groups*

- Jobs, housing and transportation to facilitate recovery
- More involvement of consumers and family members
- Recovery Model throughout the public and private systems of care
- Support for educational goals
- Importance of medications
- Access to regional specialists
- More time with psychiatrists for dialogue
- More respect for the perspective of consumers
- A range of vocational services and options
- Long delays for service
- Technical assistance in applying for state and federal benefits
- Education about medications and easy access to professionals
- Better access to grief counseling
- Continuity of care between jails and community
- More varied programs in club houses and group homes
- Better access to Internet in the hospital and in the community

## Together Northern Virginia Plans for Mental Health Services for Adults

The Partnership involved many people who exchanged ideas about the mental health system in Northern Virginia. Members of the Partnership offered diverse perspectives on many significant issues, including:

- Recovery Principles
- Forensic and Not Guilty by Reason of Insanity
- Co-occurring Disorders (Mental Illness and Substance Abuse)
- Older Adults with Mental Illness
- Children and Adolescents
- Mental Retardation and Mental Illness
- Private Hospitals
- State Facilities
- Administration and Infrastructure

Several groups participated in the planning process, some as one-time contributors and others on standing committees. The comprehensive partnership is shown below.



Participants in the Northern Virginia Regional Partnership Planning Project

## Achievements During 2003 Planning Period

1. The Mental Health Work Group collected and analyzed data to describe trends and to support planning recommendations.
2. Northern Virginia Mental Health Institute created an instrument to describe the levels of treatment needed by patients in public and private hospitals serving Northern Virginia. Both public and private providers of inpatient psychiatric services used this instrument to describe their patients' needs. A follow-up survey is underway.
3. The co-chairs of the Planning Process facilitated a dialogue among public and private sector inpatient hospital providers.
4. In collaboration with DMHMRSAS, the Steering Committee developed a Reinvestment Initiative to transfer about \$2.5 million in State funds from NVMHI to CSBs.
5. The process further improved coordination and communication among public and private providers, e.g., significantly reduced the number of persons on the extraordinary barriers to discharge list.
6. The Steering Committee reviewed evidence that the number of persons with no health insurance or inadequate coverage for psychiatric care is large and may be increasing.
  - Many indigent people are ineligible for Medicaid because of Virginia's restrictive eligibility.
  - Most of the 28% of persons who are uninsured are treated as charity care by private hospitals.
7. Following discussion of employment needs of persons with serious mental illness, the Steering Committee endorsed a federal WorkFORCE grant application submitted by vaACCSES in collaboration with several state and regional agencies. (Not funded.)
8. Led by the Structural Work Group, the Steering Committee and its other work groups identified several statewide policy issues to be presented to the Restructuring Policy Advisory Committee.
9. In preparation for the continuation of this process, the work groups identified a number of issues to be considered in the 2003-2004 planning phase.
10. The Steering Committee has concluded that no beds should be closed at NVMHI at this time. This recommendation is based on anticipated population growth through 2010 and the proposed reduction in private sector psychiatric beds for adults in Northern Virginia.