

Northern Virginia Regional Partnership Planning Project

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Overview

November 2003

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Summary of
Restructuring Virginia's Services
System Through Regional
Partnership Planning

(Excerpts from DMHMRSAS Aug. 1, 2003
Presentation)

Restructuring Virginia's Services System to Achieve a Community-Based System of Care

- Restructuring is a multi-year vision to fundamentally change how mental health, mental retardation, and substance abuse services in Virginia are delivered, with the long-term goal of moving the system toward community-based care.
- Community-based care means providing services and supports that promote:
 - Consumer choice and recovery, and
 - The highest possible level of participation by individuals with mental disabilities in work, relationships, and all aspects of community life.

Restructuring Virginia's Services System to Achieve a Community-Based System of Care *(continued)*

- The purpose of Restructuring is to expand and improve the Commonwealth's mental health, mental retardation and substance abuse service capacity so we can more effectively and appropriately respond to the needs of the individuals we serve.
- We recognize that our state mental health and mental retardation facilities are essential to a community-based system of services. These facilities must be appropriately designed and staffed to meet the needs of individuals requiring this level of care.

Regional Partnership Planning Process and Expectations

- Restructuring is being implemented through Regional Partnership Planning, which is a long-term strategic planning process.
- Seven Regional Partnerships have been established:
 - Central Virginia
 - Eastern Virginia
 - Northwestern Virginia
 - Northern Virginia
 - Southside Virginia
 - Far Southwestern Virginia
 - Catawba Area

Regional Partnership Planning Process and Expectations *(continued)*

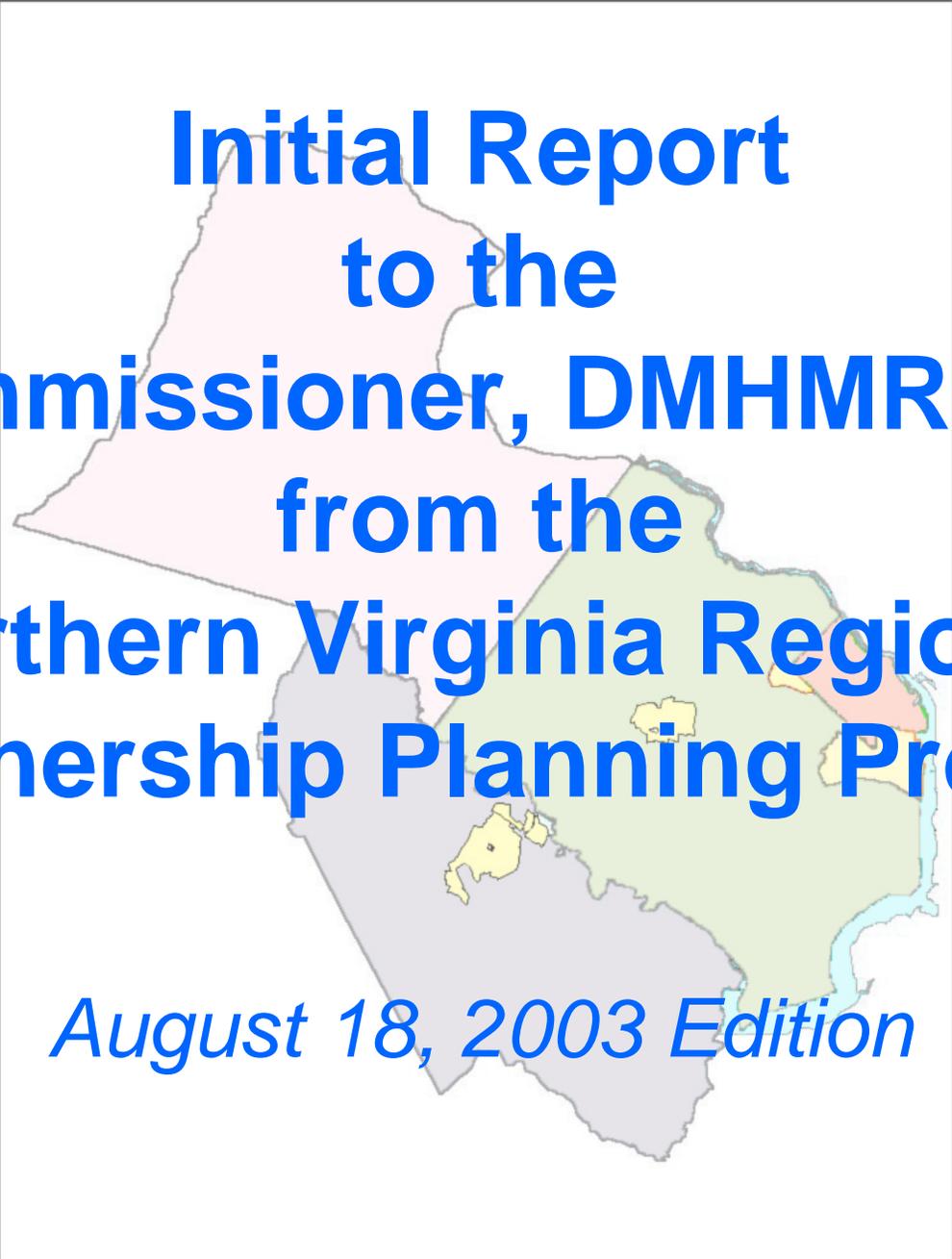
- Regional Partnership Plans are NOT intended to be Administratively dictated, a Commissioner's plan, or a Central Office Plan.
- They are intended to be regional plans that focus on the needs and priorities identified by regional stakeholders.
- Each Regional Partnership is determining:
 - How it wants to organize and conduct its restructuring planning effort,
 - What service needs, issues, and challenges it wants to address,
 - What strategies, initiatives, and recommendations it wants to pursue, and
 - How it wants to restructure its system of state facility and community services.

Regional Partnership Planning Process and Expectations *(continued)*

- In August, 2003, each Regional Partnership provided a report to the Department that:
 - Described the region's recommended strategies to improve regional and local systems of care, and
 - Made recommendations for state level actions.
- The Regional Partnerships will submit a second report on August 2, 2004.
- Information provided by the Regional Partnerships will identify unmet needs and will be considered as the Department develops its proposed budget and legislative initiatives. This is essential information for policymakers and the general public to build support for the future services system.

Restructuring Policy Advisory Committee and Specialized Population Work Groups

- The Department has convened a Restructuring Policy Advisory Committee and several Special Population Work Groups to advise the Commissioner on issues of statewide importance.
 - Child and Adolescent Population
 - Gero-Psychiatric Population
 - Forensic Population
 - Mental Retardation Population (including individuals with a dual diagnosis of MR/MI)
 - Substance Abuse Population (including individuals with a dual diagnosis of MI/SA)

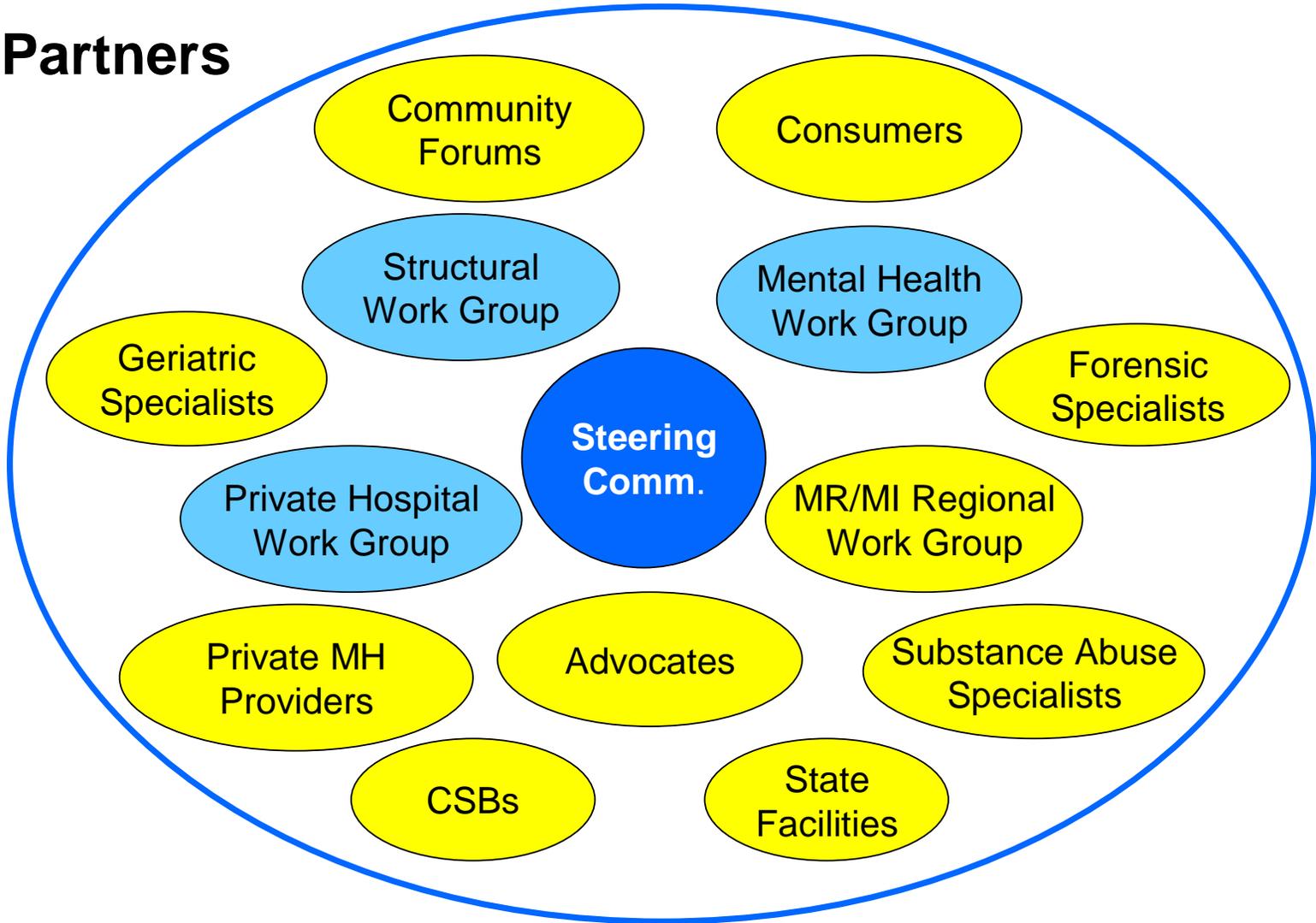
A map of Northern Virginia is shown in the background, divided into several colored regions: a large pink region in the north, a green region in the east, a grey region in the south, and a yellow region in the center. The text is overlaid on this map.

**Initial Report
to the
Commissioner, DMHMRSAS
from the
Northern Virginia Regional
Partnership Planning Project**

August 18, 2003 Edition

Blue = New Standing Work Groups

Partners



Participants in the Northern Virginia Regional Partnership Planning Project

S:CSB/Regional Partnership 2003/Organization etc.

Initial Focus

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

Vision

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.

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What did we learn?

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- ★ 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 SA & SMI
 - More education and support for families
 - Better insurance coverage
 - Ensure access to medications
 - More consumer-run programs, especially evenings & weekends, & social network for consumers

Input from Six Community Forums

- ★ More PACT teams in region
 - More public transportation
 - Preserve accessibility to private psych 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

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Input from Eight Consumer Focus Groups

- ★ Jobs, housing and transportation facilitate recovery
 - More involvement of consumers and family members
- ★ Incorporate 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
- ★ Provide 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 programming in club houses and group homes
 - Better access to Internet in the hospital and in the community

The following are the fundamental assertions of the Recovery Model of mental illness cited in the Contra Costa County Recovery Model concept paper (*The Recovery Model, Contra Costa County, California*).

- a holistic view of mental illness that focuses on the person, not just the symptoms
- recovery is not a function of one's theory about the causes of mental illness
- recovery from severe psychiatric disabilities is achievable
- recovery can occur even though symptoms may reoccur
- individuals are responsible for the solution, not the problem
- recovery requires a well-organized support system
- stress consumer rights, advocacy, and social change
- support applications and adaptations to issues of human diversity.

Inadequate funding by the Commonwealth has deprived many people of critically needed services

- Millions of dollars of services have been eliminated in Northern Virginia over the past two years because of cuts in State and local funding.
- Virginia makes minimal use of Medicaid compared to most states. This deprives thousands of Virginians of services that could be funded on a 50/50 basis with the federal government.
- Inadequate reimbursement of Medicaid vendors has forced many to curtail services because they are unable to cover their costs – especially health insurance -- or to properly compensate qualified staff, especially direct care professionals.

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Uninsured in Northern Virginia

- The Virginia Health Care Foundation survey (December 2000/January 2001) indicates that 11% of Northern Virginians are uninsured.
- Increases in the proportion of Northern Virginia hospital patients who are uninsured suggests that the rate is at least 12% -13% now, equating to about 250,000 uninsured persons in the region.
- According to the US Census Bureau, the number of people receiving their insurance nationwide through their employer has decreased to about 60%.
- If the number of immigrants continues to increase in Northern Virginia, there will be a commensurate increase in the uninsured population.

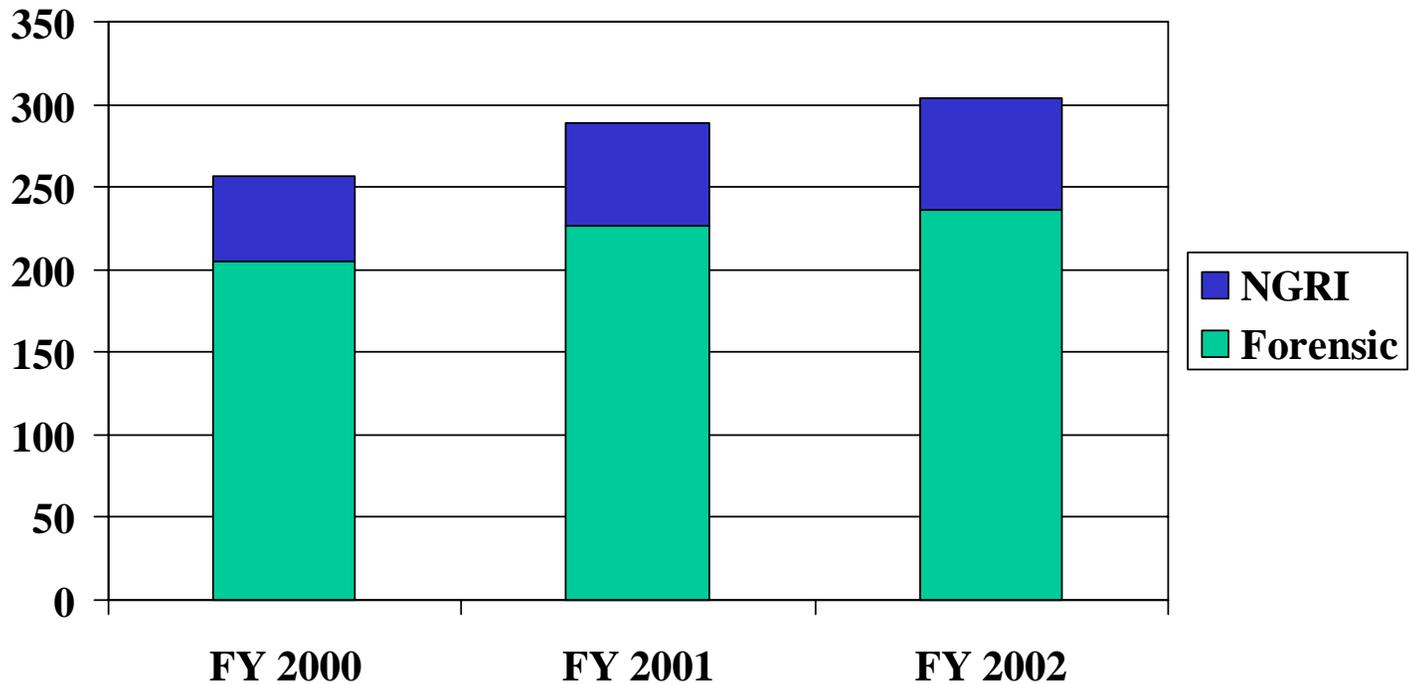
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Charity Care in Hospitals

- A large and increasing percentage of the psychiatric and substance abuse patients served in the private hospitals do not have insurance coverage for their hospitalization.
- Less than half of patients (45%) had private insurance coverage.
- In 2002 ,
 - 13% were covered by Medicare
 - 6% were Medicaid patients
 - 7% were covered by other State or local programs
 - 1% had reimbursement provided by the military system
- ★ 28% of psychiatric and substance abuse patients were **uninsured** for the services provided

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Forensic and NGRI Hospitalized Patients for Northern Virginia CSBs



Location and Licensed Capacity of Inpatient Psychiatric Units in Northern Virginia

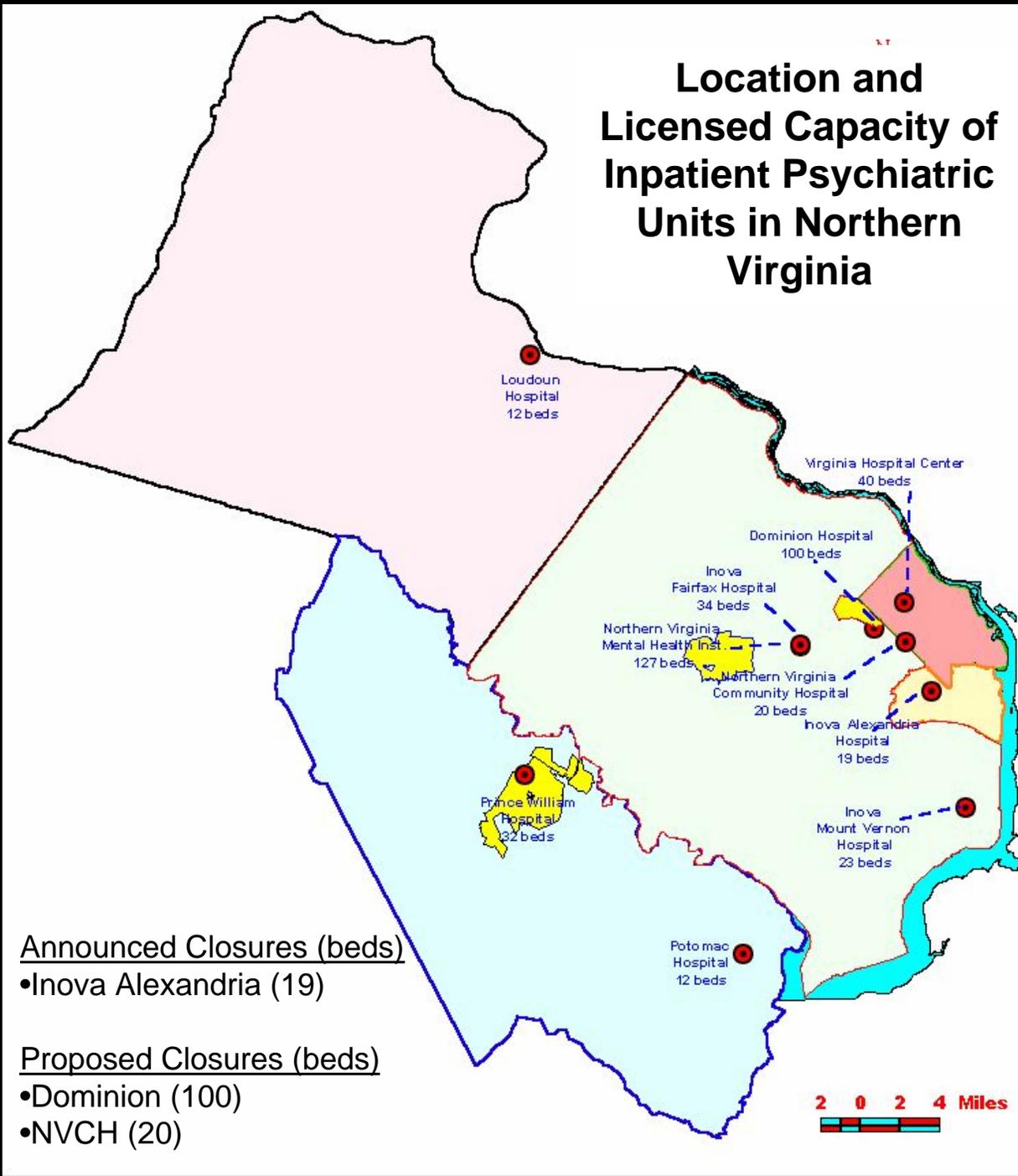
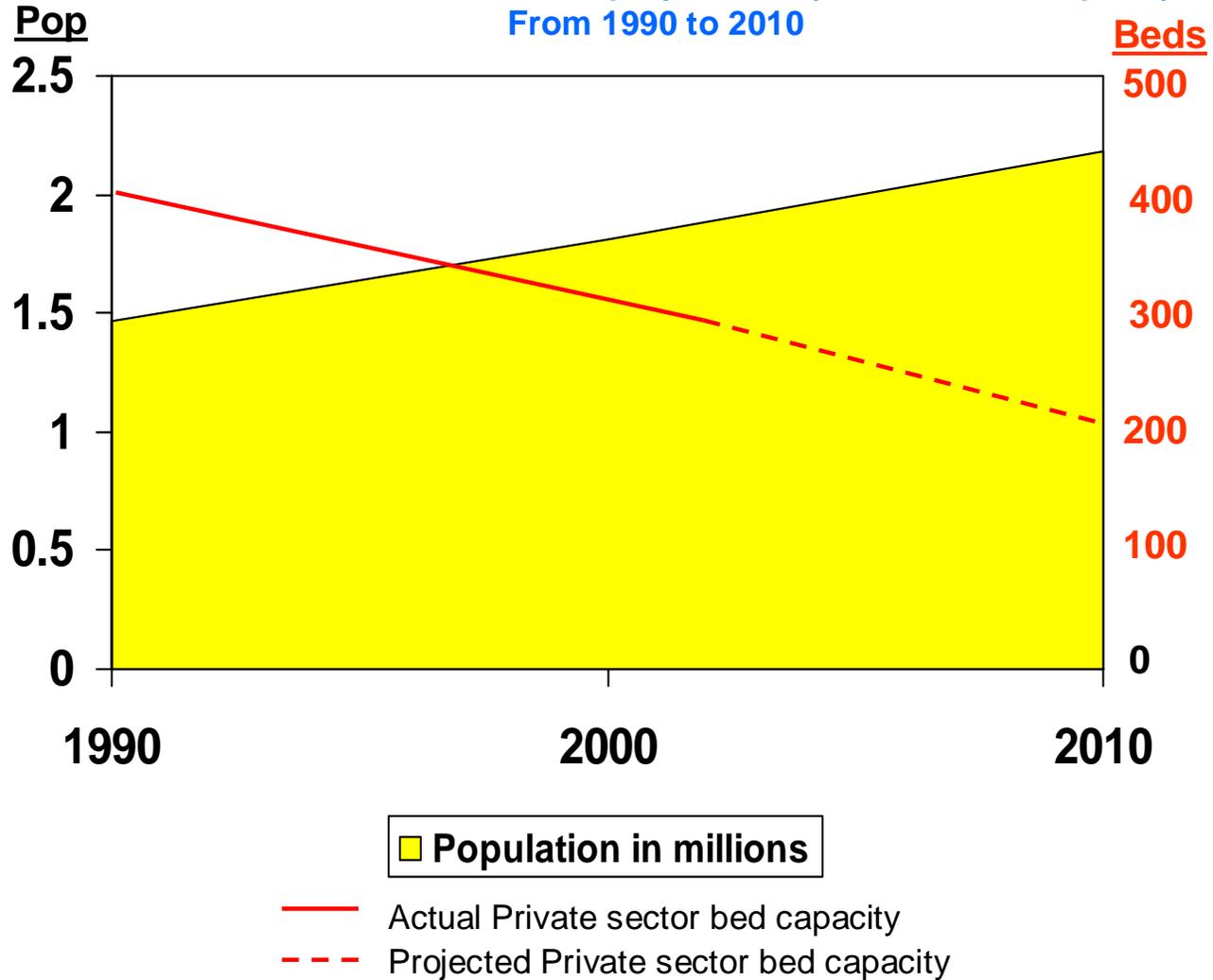


Chart showing actual and projected population of Northern Virginia and Private Sector actual and projected Psychiatric Bed Capacity From 1990 to 2010



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What did we achieve?

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Achievements during the Initial 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 then applied this instrument. 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 no. of persons on 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.
8. Led by the Structural Work Group, the Steering Committee and its other work groups identified several statewide policies 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 next 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.

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What are we proposing?



Areas for Continued or Increased Collaboration Identified by Structural Work Group

1. Information Technology
2. Training
3. Quality Assurance/Quality Improvement
4. Reimbursement Activities
5. Center for Excellence at NVMHI
6. Cultural Competence
7. Evidence Based Practices
8. Services for Deaf and Other Specialized Populations
9. Prevention
10. Regional Approach to Grants
11. Collaboration with Various Community Organizations
12. Emergency Response/Management
13. Maximization of Medicaid Revenue for the Region
14. Coordination of Regional Mental Health Issues.

- 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 implementation of a **Reinvestment Initiative** to transfer about \$2.5 million in State funds 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
- Establish an **Office of Consumer and Family Affairs** in DMHMRSAS
- Reestablish and fund **consumer empowerment training** throughout the Commonwealth
- Make an **array of community based services**, including locked residential programs, more readily available for persons in State facilities in **NGRI** status.
- 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**.