

# Fairfax-Falls Church Community Services Board

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LOB #278:

## **ADULT INTENSIVE COMMUNITY TREATMENT SERVICES**

### **Purpose**

The purpose of Adult Intensive Community Treatment Services is to reach out to individuals with serious mental illness and/or co-occurring substance disorder who are chronically or episodically homeless and forensically involved, to engage, support, and link them with services, and to provide the supports needed to live in the community without repeated hospitalization or incarceration. Individuals served have difficulty engaging in treatment for reasons related to their mental health or substance use disorder or past negative experiences with treatment systems; or they are underserved by standard outpatient clinic services. As a result, they tend to resist or avoid treatment with mental health or substance abuse treatment providers, are most often homeless, and are frequently incarcerated.

### **Description**

**Intensive Community Services** include Jail Diversion, Discharge Planning for individuals in state psychiatric hospitals, the Program of Assertive Community Treatment, and Intensive Case Management provided by multidisciplinary teams to individuals with acute and complex needs. These programs provide intensive, community-based services which include psychiatric treatment, case management, service coordination, mental health skill-building, crisis intervention, medication services, nurse assessment, nurse case management, and linking with benefits, housing and vocational supports. This LOB also includes the following forensic transition services: Mandatory Outpatient Treatment; Outpatient Restoration coordination and monitoring; and Not Guilty by Reason of Insanity coordination and monitoring. These services provide targeted support for individuals with serious mental illness and/or co-occurring substance disorders who interface with the court or criminal justice system as a result of mental health and/or substance disorder behaviors.

**Jail Diversion** provides intensive wraparound case management services that coordinate planning and interventions with the justice-involved individual, concerned relatives, service providers, and representatives from the courts to divert individuals from arrest or rapidly discharge them from the criminal justice system due to their mental illness and/or co-occurring substance use disorder. Jail Diversion provides limited supportive transitional housing, intensive case management services, medication services and crisis intervention. It is a key element in the Intercept Model and Diversion First efforts in the County.

**Mandated Psychiatric State Hospital Discharge Planning Service** is provided by a team of five discharge planners. Discharge planners provide collaboration, coordination and limited case management services necessary to support continuity of care, referral and linking to community-based services and timely discharge from hospitals and state facilities. Forensic discharge planning is provided to individuals hospitalized from the Adult Detention Center as well as to individuals hospitalized due to Not Guilty By Reason of Insanity status that require treatment in a restricted environment. Discharge planners refer and connect individuals to CSB services as need indicates.

**Program of Assertive Community Treatment (PACT)** is an evidence-based model of comprehensive wraparound treatment services in the community for individuals with severe and persistent mental illness whose functional impairments are amenable to rehabilitation from a team-based approach and who need more intense service than traditional clinic-based services, but less than 24-hour residential care. The wraparound process is an intensive and comprehensive, individualized approach to help persons with serious or complex needs live safe, self-directed – rather than symptom-driven – lives in the community. PACT services can be accessed 24/7, 365 days a year. Priority is given to individuals who are currently hospitalized in a state psychiatric facility, including forensic hospitalizations. PACT is based upon state mandates and serves a targeted population according to the evidence-based PACT model.

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**Intensive Case Management (ICM) Teams** are designed to reach out in various community settings to chronically and episodically homeless individuals with serious mental illness and/or co-occurring substance use disorder. Individuals served by ICM teams have severe symptoms and impairments that are not effectively remedied by available treatment. Because of reasons related to their mental health or substance use disorder, they resist or avoid medical treatment as well as treatment for mental health and substance use disorders.

The following **Forensic Transition Services** provide specific targeted support for individuals with serious mental illness and/or co-occurring substance disorders who interface with the court or criminal justice system as a result of behaviors due to their mental health and/or substance use disorders. Monitoring services are also provided. Monitoring involves communication with the treatment provider and the court regarding services the individual receives while in community treatment and providing information such as the frequency of each service, so that the court can determine compliance with the ordered treatment.

**Mandatory Outpatient Treatment (MOT)** coordination and monitoring services are provided for individuals who are ordered by the court to receive outpatient treatment as an alternative intervention to inpatient hospitalization. MOT is coordinated with the individual at the time of the temporary detention order hearing. Emergency services and MOT case managers triage treatment plan development and coordination with the court to support the MOT process. The MOT case manager provides treatment intervention or determines the most appropriate treatment intervention and links the individual with services. The MOT coordinator monitors systems compliance with MOT court reporting as outlined in MOT legal code.

**Outpatient Restoration** coordination and monitoring services are provided to individuals who are ordered by the court to outpatient treatment for the purpose of restoring them to competency to stand trial or plead. Outpatient Restoration is triaged with the court and with the Adult Detention Center as needed. Restoration services are provided by a specially trained primary treatment/case management team that determines the treatment regimen necessary for the defendant to be restored to and maintain competency to stand trial or plead. Restoration services usually include a combination of medication and psycho-educational interventions.

**Not Guilty by Reason of Insanity (NGRI)** coordination and monitoring services are provided to individuals adjudicated NGRI as part of a legal plea bargaining process. The discharge planner coordinates conditional release development and implementation for individuals who are determined by the inpatient treatment team and the forensic review panel to be ready for community transition. The conditional release plan documents which services are required to be in place (e.g., medication services, PACT, residential treatments, etc.) to address treatment and community safety needs. The discharge planner refers and links individuals with CSB services. The NGRI coordinator monitors compliance with the community plan and ensures court reporting as outlined in the NGRI legal code.

## Benefits

**Adult Intensive Community Treatment Services** offer an opportunity for individuals with serious mental illness and/or co-occurring substance disorder the opportunity to access the necessary level of support to live with respect and dignity as productive members of the community.

Individuals receiving PACT services typically have eluded or have not been helped by traditional outpatient service models because they have difficulty attending appointments and have multiple complex treatment and support service needs. By bringing the services to these individuals, rather than waiting for them to cross the threshold of a mental health center, this evidence-based model has demonstrated decreased utilization of crisis services, hospitalization, and jail incarceration, as well as increased residential stability. The Fairfax team serves as a mentor site for other startup PACT teams in the state.

Individuals hospitalized in state psychiatric institutions receive discharge planning services as part of the comprehensive treatment plan. Discharge planning begins at the time of admission, so that individuals who have been hospitalized do not “fall through the cracks” after discharge and require re-hospitalization or

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incarceration. Timely access and a smooth transition to community treatment after hospitalization are vital to the individual's stability and to safe community living. This is achieved through the coordination, linking, engagement and outreach work of the discharge planners.

Individuals receiving intensive case management and community partnering support have successfully obtained medical benefits, financial support, housing, money-management services, and transportation, legal and advocacy services. Providing psychopharmacologic treatment, individual supportive therapy, crisis intervention, behaviorally oriented skill-teaching (including structuring time and handling activities of daily living, support, education, and skill-teaching to family members), results in improved quality of life and community sustainment.

Individuals receiving jail diversion services are diverted from incarceration or are rapidly released from jail with intensive case management services focused on community stabilization and reduction in criminal justice involvement. Individuals are linked with treatment and community resources and provided support in connecting with benefits to address basic life management needs. Jail diversion services are less costly for public safety agencies and support decreased recidivism with the criminal justice system, improved quality of life and community sustainment.

## Mandates

### State Discharge Planning Services

- Source of Mandate: Code of Virginia §§ 37.2-100 and 37.2-601
- Discharge Protocols for CSBs and Mental Health Facilities: Discharge protocols are designed to provide consistent direction and coordination of those activities required of state hospitals and community services boards in the development and implementation of discharge planning. The activities delineated in these protocols are based on or referenced in the Code of Virginia or the community services performance contract. In these protocols, the term CSB includes local government departments with policy-advisory CSBs, established pursuant to § 37.2-100 of the Code of Virginia, and the behavioral health authority, established pursuant to § 37.2-601 et seq. of the Code of Virginia.

### Mandatory Outpatient Treatment

- Source of Mandate: Code of Virginia § 37.2-817. F.
- F. Any order for mandatory outpatient treatment entered pursuant to subsection D shall include an initial mandatory outpatient treatment plan developed by the community services board that completed the preadmission screening report. The plan shall, at a minimum, (i) identify the specific services to be provided, (ii) identify the provider who has agreed to provide each service, (iii) describe the arrangements made for the initial in-person appointment or contact with each service provider, and (iv) include any other relevant information that may be available regarding the mandatory outpatient treatment ordered. The order shall require the community services board to monitor the implementation of the mandatory outpatient treatment plan and report any material noncompliance to the court.

### Not Guilty by Reason of Insanity Monitoring

- Source of Mandate: Code of Virginia § 19.2-182.2.7
- § 19.2-182.7. Conditional release; criteria; conditions; reports. At any time the court considers the acquittee's need for inpatient hospitalization pursuant to this chapter, it shall place the acquittee on conditional release if it finds that (i) based on consideration of the factors which the court must consider in its commitment decision, he does not need inpatient hospitalization but needs outpatient treatment or monitoring to prevent his condition from deteriorating to a degree that he would need inpatient hospitalization; (ii) appropriate outpatient supervision and treatment are

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reasonably available; (iii) there is significant reason to believe that the acquittee, if conditionally released, would comply with the conditions specified; and (iv) conditional release will not present an undue risk to public safety. The court shall subject a conditionally released acquittee to such orders and conditions it deems will best meet the acquittee's need for treatment and supervision and best serve the interests of justice and society.

- The community services board or behavioral health authority as designated by the Commissioner shall implement the court's conditional release orders and shall submit written reports to the court on the acquittee's progress and adjustment in the community no less frequently than every six months. An acquittee's conditional release shall not be revoked solely because of his voluntary admission to a state hospital.

## **Outpatient Restoration Services**

- Source of Mandate: Code of Virginia § 19.2-169.2
- § 19.2-169.2. Disposition when defendant found incompetent. Upon finding pursuant to subsection E of § 19.2-169.1 that the defendant, including a juvenile transferred pursuant to § 16.1-269.1, is incompetent, the court shall order that the defendant receive treatment to restore his competency on an outpatient basis or, if the court specifically finds that the defendant requires inpatient hospital treatment, at a hospital designated by the Commissioner of Behavioral Health and Developmental Services as appropriate for treatment of persons under criminal charge. Any psychiatric records and other information that have been deemed relevant and submitted by the attorney for the defendant pursuant to subsection C of § 19.2-169.1 and any reports submitted pursuant to subsection D of § 19.2-169.1 shall be made available to the director of the community services board or behavioral health authority or his designee or to the director of the treating inpatient facility or his designee within 96 hours of the issuance of the court order requiring treatment to restore the defendant's competency. If the 96-hour period expires on a Saturday, Sunday, or other legal holiday, the 96 hours shall be extended to the next day that is not a Saturday, Sunday, or legal holiday.

B. If, at any time after the defendant is ordered to undergo treatment under subsection A of this section, the director of the community services board or behavioral health authority or his designee or the director of the treating inpatient facility or his designee believes the defendant's competency is restored, the director or his designee shall immediately send a report to the court as prescribed in subsection D of § 19.2-169.1. The court shall make a ruling on the defendant's competency according to the procedures specified in subsection E of § 19.2-169.1.

## **Program for Assertive Community Treatment (PACT)**

- Source of Mandate: Virginia Administrative Code 12VAC35-105 Rules and Regulations for Licensing Providers by the DBHDS. This compliance mandate prescribes specific PACT admission and discharge criteria; treatment team disciplines and staffing plan; types of assessment, clinical, case management, and support services; hours, structure, and setting of daily operation; and documentation requirements.

## **Trends and Challenges**

### **Trends**

- Individuals engaged and participating in Adult Intensive Community Treatment Services demonstrate an improved quality of life as evidenced by improvement in psychiatric symptoms, better primary health care, improved relationships, and decreased homelessness, and as reported by the individuals themselves.

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- Individuals served in the community are displaying increased severity of illness and medical complexity, due to hypertension, diabetes, obesity, chronic obstructive pulmonary disease, dementia, and complications due to use of alcohol, drugs, tobacco and other substances.
- Discharge planners are seeing extended inpatient stays of individuals who are not able to leave hospitals due to the lack of adequate and appropriate community resources, such as group homes, supported residential apartments, or assisted living facilities, that can safely support the individual in a less restrictive setting. Individuals whose mental illness co-occurs with high medical support needs, aggressive behaviors, or unremitting psychiatric symptoms may be well enough for discharge but remain in hospitals for months longer than would be otherwise necessary. As of September 2015, eight individuals at the Northern Virginia Mental Health Institute met this profile.

## Challenges

- Lack of Medicaid or private insurance coverage for intensive case management services.
- Difficulty hiring and retaining credentialed staff.
- DMAS regulation changes for managed care have prescribed more stringent standards for eligibility determination and supporting documentation requirements about prior treatment, as well as tighter medical necessity criteria for pre-authorization and reauthorization of PACT services. Gathering sufficient information to meet these criteria from individuals who, as a result of their mental illness, are often disorganized and disconnected from family or other sources of information is particularly challenging.
- The more stringent standards described above have resulted in less reimbursement for eligible services, even though the CSB is mandated to continue providing those services.

## Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
<b>LOB #278: Adult Intensive Community Treatment Services</b>			
<b>FUNDING</b>			
<u>Expenditures:</u>			
Compensation	\$2,533,722	\$2,669,104	\$2,792,006
Benefits	972,072	1,004,841	1,257,928
Operating Expenses	1,057,739	322,015	1,175,000
Work Performed for Others	0	(15,560)	0
<b>Total Expenditures</b>	<b>\$4,563,533</b>	<b>\$3,980,400</b>	<b>\$5,224,934</b>
Total Revenue	\$1,829,595	\$1,571,342	\$2,877,811
<u>Transfers In:</u>			
Transfer In from General Fund	\$2,733,938	\$2,409,058	\$2,347,123
<b>Total Transfers In</b>	<b>\$2,733,938</b>	<b>\$2,409,058</b>	<b>\$2,347,123</b>
<b>POSITIONS</b>			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	39 / 39	40 / 40	41 / 41
<b>Total Positions</b>	<b>39 / 39</b>	<b>40 / 40</b>	<b>41 / 41</b>

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## Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served in Intensive Case Management (ICM) and Program of Assertive Community Treatment (PACT)	376	392	394	394	394
Average cost per individual served in ICM and PACT	\$9,726	\$9,539	\$8,375	\$9,412	\$9,412
Percent of individuals served in PACT who remained out of jail or the hospital for at least 330 consecutive days in a 12 month period	97%	95%	97%	95%	95%
Percent of individuals served in ICM who obtained or maintained primary health care	55%	93%	88%	90%	90%
Percent of individuals served in ICM who obtained or maintained stable housing	51%	77%	82%	85%	85%

The Intensive Case Management (ICM) and Program of Assertive Community Treatment (PACT) teams provide services to individuals with severe functional impairments and services are provided in the community. This population typically has multiple and complex case management needs that have not been helped by traditional outpatient service models and experience difficulty attending appointments in office settings. Similar to previous years, 394 people were served in FY 2015; 118 through the PACT team and 276 through ICM. Of the 118 served by PACT, 98 received the full, evidence-based PACT model of service and an additional 20 people received services to engage them in further treatment.

The cost to provide PACT and ICM services was \$8,375 per person in FY 2015, which is 12.2 percent lower than in FY 2014 primarily due to a realignment of resources. As the population served by these teams characteristically has frequent involvement with the criminal justice system, as well as multiple psychiatric and medical hospitalizations, this cost is relatively low when compared to the cost of jails and hospitalization. Ninety-seven percent of adults who received full PACT services remained out of jail or the hospital for at least 330 days in a twelve consecutive month period, remaining fairly consistent with prior years. The time period of 330 days is based on requirements set by the DBHDS.

Case management and recovery oriented services support independence and improved quality of life. Individuals served by the ICM teams frequently are not linked to primary health care due to lack of resources, difficulty in accessing traditional services and behavior symptoms that interfere with understanding and following through with medical appointments. Access to primary care and assistance in following through with medical appointments has been a major area of focus for the ICM team in recent years. With the support of the ICM team, 88 percent of those served obtained or maintained primary health care in FY 2015. In addition, safe and affordable housing is crucial to successful recovery. ICM teams help people to access stable housing and to develop and enhance the skills necessary for independent living. During the past fiscal year, 82 percent of those served obtained or maintained stable housing. This is a percentage that has increased significantly over the past three years, due to an increase in subsidized housing options and intensive coordination efforts with community partners.

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## Grant Support

**FY 2016 Anticipated Grant Total Funding:** State funding of \$391,050 and 5/5.0 FTE grant positions supports the Adult Intensive Community Treatment Services LOB. There is no Local Cash Match associated with these grants.

Jail Diversion Services - \$321,050 and 4/4.0 FTE grant positions

The Department of Behavioral Health and Developmental Services provides funding for forensic services for individuals with serious mental illness who are involved in the Commonwealth's legal system. Services include mental health evaluations and screenings, case management and treatment to restore competency to stand trial.

Mental Health Transformation - \$70,000 and 1/1.0 FTE grant position

The Department of Behavioral Health and Developmental Services provides funding for pre-discharge planning services for individuals being discharged from a state mental health facility.