

Fairfax-Falls Church Community Services Board

LOB #264:

PSYCHIATRIC AND MEDICATION SERVICES

Purpose

The purpose of CSB Psychiatric and Medication Services is to provide medical, nursing and pharmacy services for individuals being served in CSB programs. These individuals typically have complex psychiatric and medical illnesses that require active treatment, medications, monitoring and service coordination. Due to functional impairments, level of support required, and low-income and/or indigence, these individuals depend on the CSB for life-saving services. While some have insurance, reimbursement rates are typically quite low, and the private sector is unable and/or unwilling to take on their care.

Description

Psychiatric and Medication Services are integrated into most CSB programs, provided at over 40 different sites across the County, both internal and external to the CSB. These include outpatient clinics, detention centers, residential programs, detoxification programs, group homes, apartments, community health care clinics, 24/7 emergency and crisis stabilization programs, assisted living facilities, nursing homes, schools, shelters, and churches. To make more efficient use of this service, the CSB provides this service face-to-face, and via tele-psychiatry in multiple locations.

Psychiatric and Medication Services include:

- **Psychiatric Services:** Most serious mental illnesses, substance use disorders, and/or intellectual disabilities have neurobiological etiologies. There have been significant medical advances in the understanding of these illnesses that have led to an explosion of new and effective treatment options which include very effective medications for mental illnesses and substance use disorders. Most of the individuals served by the CSB are prescribed medications either by a psychiatric provider (psychiatrist, nurse practitioner, or physician assistant) or a primary care provider.
- **Pharmacy:** The prescribing and dispensing of medications is a complex process with numerous barriers and challenges. In addition, medications can be very expensive. There are three primary ways that an individual served by the CSB can access a prescribed medication through insurance that has a pharmacy benefit, a state or County subsidy, or a pharmaceutical assistance program. Psychiatric and Medication Services staff and contractors are actively involved in all three of these pathways to assure that every individual can access the medication that is required and prescribed. CSB medical service providers issue more than 100,000 new prescriptions each year.
- **Primary Care:** Most individuals with a serious mental illness, substance use disorder, or intellectual disability have co-occurring medical illnesses. A focus on whole health is a priority for Psychiatric and Medication Services and key to the overall wellness of people served by the CSB by:
 - Playing a critical role in coordinating with outside medical providers.
 - Providing direct primary care assessment and services in certain programs by primary care Physicians, nurse practitioners and physician assistants.
 - Providing wellness training and education, including health fairs.
 - Providing nicotine cessation services and nutritional/weight reduction programs.

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- **Management and Oversight:** Psychiatric and Medication Services is involved with and responsible for many different and important functions, in addition to providing direct clinical services, including:
 - Public health and infectious disease monitoring and response.
 - Medical practice standards and guidelines.
 - Quality assurance and risk management.
 - Integration of electronic medical record and electronic prescribing.
 - Primary care integration efforts and collaboration with community partners.
 - Training of medical students, residents and nurses.

Benefits

This LOB provides multiple benefits on many levels, impacting many sectors of the community.

There is a critical need in the community for the psychiatric and medical treatment of individuals with severe mental health/emotional disturbances, substance use disorders and intellectual disabilities. Psychiatric and Medication Services are a critical part of and are directly integrated into the entire continuum of care that supports this population. CSB Psychiatric and Medication Services provides care to a vulnerable and indigent population that the private sector is unable and/or unwilling to serve.

Psychiatric and Medication Services provides immediate and services to any individual who is in need. In collaboration with other agencies and programs, Psychiatric and Medication Services provides the foundation for improving psychiatric and primary health outcomes, increasing quality of life and ability to remain in the community. In addition, access to quality community-based psychiatric and primary care reduces the frequency and associated costs of incarceration, hospitalization, and homelessness.

Mandates

Psychiatric and Medication Services are integral parts of many mandated programs and services, including emergency services, discharge planning and psychiatric care after hospitalization, as well as methadone for pregnant women addicted to opiates. In addition, Medicaid reimbursement for clinical and case management requires physician direction and authorization. Legal requirements to provide psychiatric and medication services are referenced in each LOB where appropriate.

Trends and Challenges

For the past several years, there has been a significant reduction in the number of psychiatric beds across the state. Per capita, Northern Virginia has by far the fewest psychiatric beds, both public and private, in the state. This puts increased pressure on the capacity for outpatient psychiatric services.

Another trend that will impact service provision is the growing older adult population, with Fairfax County projecting a dramatic increase in this age group. Between 2005 and 2030, the County expects the 50 and over population to increase by 40 percent, and the 70 and over population to increase by 88 percent. The older adult population is growing and their needs are increasing. Emergent mental health disorders, risk for suicide, and substance abuse are tremendous concerns for this population. Increased aging of the population will result in significant increases in the diagnosis of Alzheimer's Dementia, a complex condition with significant medical and psychiatric costs.

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The use and abuse of opiates, ranging from prescription medication to heroin, continues to be a significant health issue in the community. According to the Virginia Office of the Chief Medical Examiner, in Northern Virginia, heroin-related deaths increased 164 percent between 2011 and 2013. The CSB continues active participation in the multi-disciplinary task force to combat opiate use and is the lead for the treatment and education component of this effort. Increased opiate addiction and trafficking represent a serious law enforcement and treatment challenge that affects the whole community. Access to medication assisted treatment is essential in combatting the epidemic of opiate use and is an evidence-based practice in the treatment of addiction.

Shifts in insurance coverage over the past decade have changed the provision of treatment for substance use disorders. Insurance coverage is typically limited in scope and often has a lifetime maximum for any services that are covered. This significantly limits the ability to seek treatment when needed, often eliminating the potential for early intervention.

Cost inflation continues to be a serious issue that impacts access to medication. In addition, commercial insurances with pharmacy benefits are reducing access to life saving medications through increased and burdensome administrative requirements such as the prior authorization process. This prior authorization process takes a significant amount of time for medical services providers to complete.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #264: Psychiatric and Medication Services			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$7,100,687	\$7,920,072	\$7,986,549
Benefits	1,554,160	1,883,346	2,795,689
Operating Expenses	1,982,055	1,888,971	1,553,750
Work Performed for Others	(143,515)	(134,062)	(134,062)
Total Expenditures	\$10,493,387	\$11,558,327	\$12,201,926
Total Revenue	\$2,588,814	\$2,377,858	\$2,499,151
<u>Transfers In:</u>			
Transfer In from General Fund	\$7,904,573	\$9,180,469	\$9,702,775
Total Transfers In	\$7,904,573	\$9,180,469	\$9,702,775
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	37 / 36.5	37 / 36.5	36 / 35.5
Total Positions	37 / 36.5	37 / 36.5	36 / 35.5

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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	6,265	6,215	6,676	6,600	6,600
Number of service hours provided	24,736	23,318	26,086	26,000	26,000
Cost per individual receiving Psychiatric and Medication Services	\$1,290	\$1,378	\$1,459	\$1,621	\$1,621
Number of individuals getting state subsidized medications	3,172	3,363	3,413	3,400	3,400
Average cost per person who received at least one subsidized medication	\$319	\$487	\$416	\$416	\$416

Psychiatrists, nurse practitioners, primary care providers and physician assistants provided services to 6,676 adults and children in FY 2015, the highest number of individuals served over the past three years. During the past year, 26,086 service hours were provided to these individuals, an 11.9 percent increase over FY 2014. The increase in number served and service hours provided is largely attributable to an expansion in scope of Psychiatric and Medication Services, including services for people with Intellectual Disability and co-occurring mental illness, outpatient opiate detoxification, young adults and adolescents with first break psychoses, older adults, adults for whom English is not their primary language, and adolescents who have co-occurring substance use disorders and mental illness.

In FY 2010, DBHDS closed its State Aftercare Pharmacy and allocated funds to each CSB to cover the cost of medications previously dispensed and paid for by the state. In the past few years, the CSB has managed to increase the number of people served through medication subsidies using state allocations while decreasing the amount of County funds used for these medications. Over the past three fiscal years, the CSB was successful in solely using state funding in FY 2013 and FY 2015, only utilizing County funds for medications in FY 2014, when costs were higher than expected. In the past fiscal year, the annual medication cost per person who received subsidized medications was \$416 per year, or \$35 per month. Prescribers utilize numerous cost containment strategies including using lower-cost generics when available, sample medications, patient assistance programs and Medicare Part D enrollment. The cost of medications is anticipated to increase due to drug cost inflation and the introduction of new and improved (and more expensive) medications. These life-saving medications provide medical treatment and psychiatric stabilization and are a critical component of ongoing health and recovery.