



Virginia Department of
Behavioral Health &
Developmental Services

Virginia's Mental Health Services

Presentation to the
Continuing Care Workgroup of the
Joint Subcommittee to Study Mental Health Services in the 21st Century

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Structure of the Public Mental Health System in Virginia

Public and Private DBHDS-Licensed Community Providers:

	MH/SA Providers	MH/SA Locations
CSB (Public)	40	1,710
Private Providers	557	2,683
Total	597	4,393

State Mental Health Hospitals*:

Populations Served	Hospitals
Adult <ul style="list-style-type: none">• One all geriatric/3 with geriatric units• One with maximum security unit	8
Child/Adolescent	1
Total	9

* DBHDS also operates one medical center for people in MH hospitals or training centers with acute medical needs

Population Served

Adults

- In crisis, needing intensive services, at risk of causing or suffering serious harm (public safety risk, etc)
- With serious mental illness, substance use disorders, and co-occurring disorders
- Who have long-term treatment and support needs

Children & Adolescents with serious emotional disturbance and their families

- Needing acute and intensive services
- At risk of crisis or out-of-home placement
- In need of support to stay at home and in school, to stay out of criminal justice system and all inappropriate services systems.

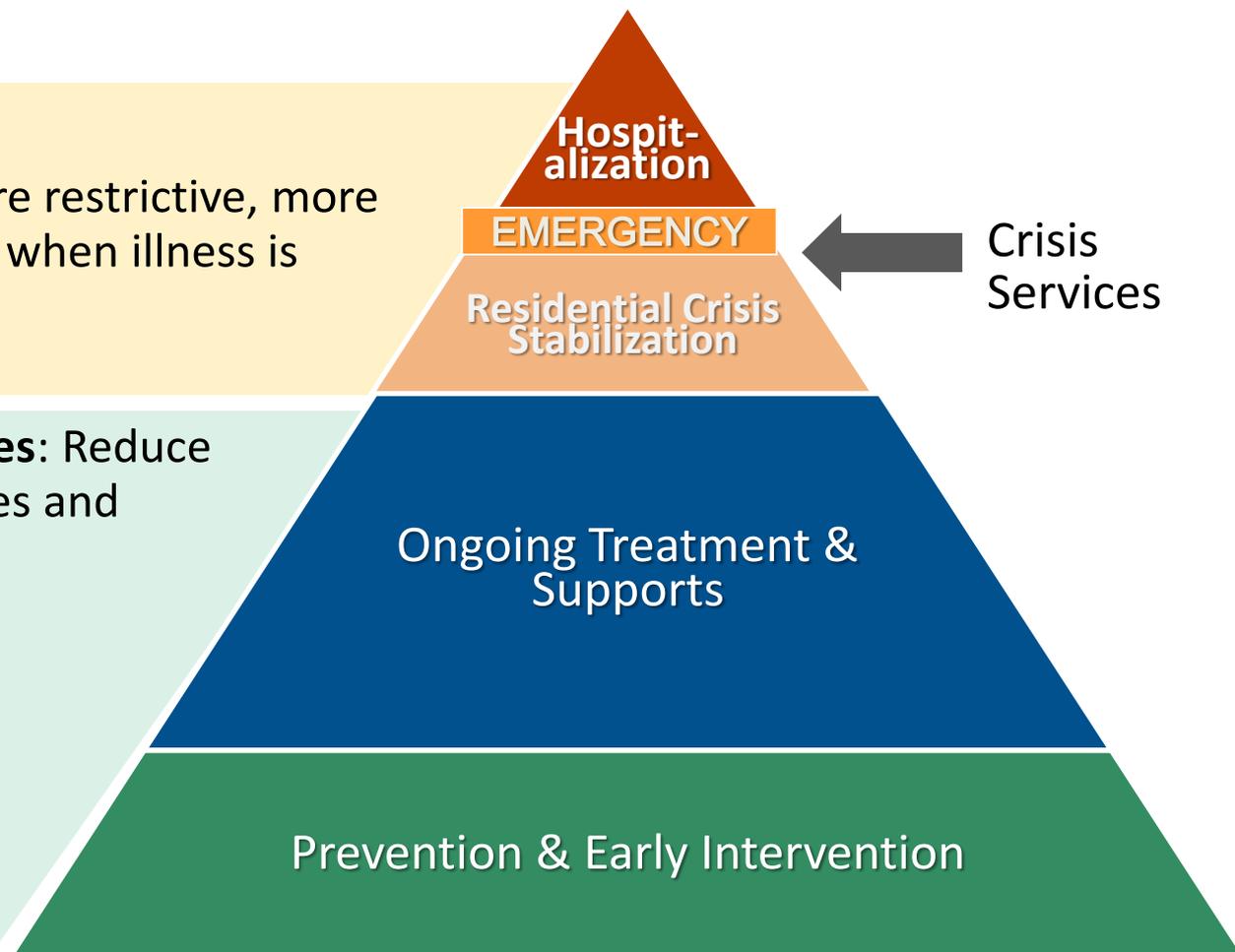
Services Continuum

Mid to low intensity services reduce demand for emergency interventions and intensive services

High Intensity Services: More restrictive, more expensive services provided when illness is more difficult to manage.

Mid to Low Intensity Services: Reduce demand for intensive services and emergency interventions:

- Outpatient Treatment
- Medication Management
- Case Management
- Peer Support
- Individual & Group Therapy
- Therapeutic Day Services
- Psycho-social Rehabilitation
- Residential Services & Supports
- Telepsychiatry
- CIT
- MH Skill Building



CSB Services

- **MANDATED to provide:**
 - Emergency services
 - Case management subject to the availability of funds
 - Preadmission screening and discharge planning
- **MAY provide a core of comprehensive services:**
 - MH/SA services can be provided directly by CSB
 - CSB may contract for services
 - Groups of CSBs may contract for services or provide them directly on a regional basis

CSB Mental Health Services – FY 2014

Mental Health Programs Serving 1,000+ People in FY 2014	# Served
Outpatient Services	94,629
Case Management Services	58,113
Supportive Residential Services	5,499
Day Treatment/Partial Hospitalization	5,306
Residential Crisis Stabilization Services	4,875
Rehabilitation	4,551
Acute Psychiatric inpatient Services	2,631
Ambulatory Crisis Stabilization Services	2,042
Assertive Community Treatment	1,784
Individual Supported Employment	1,263

Other CSB mental health services provided include supervised residential services (981), intensive residential services (586), highly intensive residential services (106), group supportive employment (28), sheltered employment (30).

Emergency and Ancillary Services – FY 2014

Emergency/Ancillary Programs Serving 1,000+ People in FY14	# Served
Emergency Services	63,599
Assessment and Evaluation Services (Ancillary)	63,005
Consumer Monitoring Services (Ancillary)	11,724
Motivational Treatment Services (Ancillary)	5,331
Early Intervention Services (Ancillary)	2,375

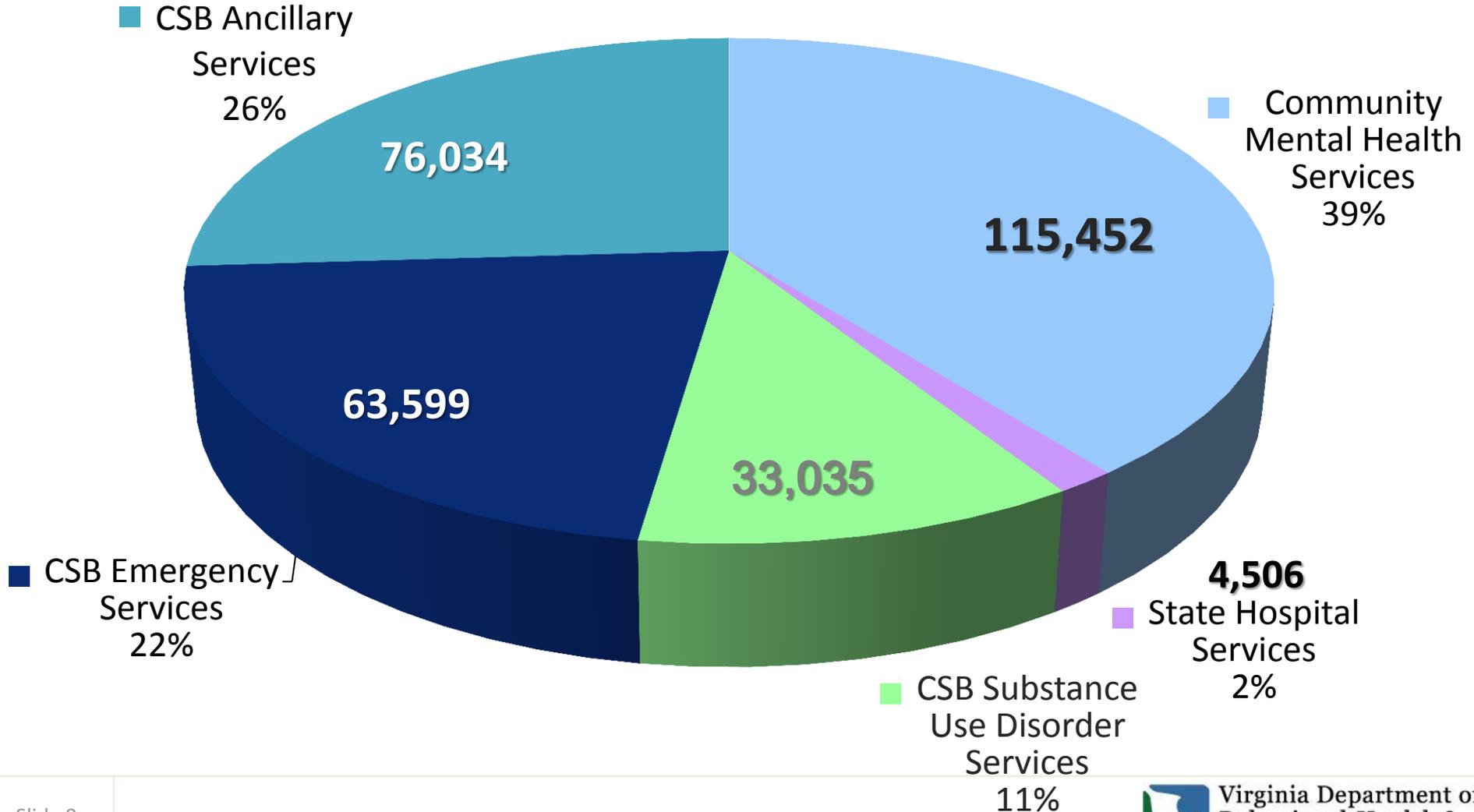
CSB Substance Abuse Services – FY 2014

Substance Abuse Programs Serving 1,000+ People in FY 2014	# Served
Outpatient Services	25,616
Case Management Services	9,662
Highly Intensive Residential Services	2,127
Intensive Residential Services	2,112
Medication Assisted Treatment	2,088

Other CSB substance abuse services provided include day treatment/partial hospitalization (665), residential crisis stabilization services (423), supervised residential services (314), community-based SA medical detox inpatient services (290), supportive residential services (159), individual supported employment (61), acute SA inpatient services (21).

Individuals Receiving Public Behavioral Health Services FY 2014

**Note: FY 2014 numbers are now being validated and may change.*



Private Providers

- Pursuant to [§37.2-405](#), DBHDS licenses public and private providers of community services throughout Virginia.
- DBHDS licenses behavioral health services that provide treatment, training and support to individuals who have:
 - mental illness
 - substance abuse disorders
 - or to individuals receiving services in residential facilities for individuals with brain injuries

DBHDS Licensed Community Provider Services

Residential Services

Day Support/Day Treatment

Supportive Services

Inpatient Services

Intensive In-Home Services

Medication Assisted/Opioid Treatment Services

Outpatient

Sponsored Residential Services

Respite Services

In-Home Respite Services

Correctional Facility

Children's Residential Services

Case Management

Intensive Community Treatment (ICT)

Program of Assertive Community Treatment (PACT)

Community Provider Oversight and Accountability

State Level

- CSB-DBHDS Performance Contract
- Finance and program audits
- Licensing by DBHDS
- Human Rights protection
- Virginia Office of Inspector General

Federal Level

- Certification by federal CMS for Medicaid
- Accreditation by national agencies

Virginia's 8 (Adult) State Behavioral Health Hospitals

Name	2000 Census	2005 Census	2010 Census	10/1/2014
Catawba , Catawba	88	100	100	104
Central State , Petersburg	303	244	211	214
Eastern State , Williamsburg	485	409	329	278
Northern VA MHI , Falls Church	121	123	120	117
Piedmont , Burkeville	126	118	110	117
Southern VA MHI , Danville	89	69	75	68
SWVA MHI , Marion	166	143	151	162
Western State , Staunton	275	243	226	230
TOTAL	1,653	1,449	1,322	1,290

Discharge Assistance Program (DAP)

- Started in 1998.
- 2014 Session: \$250,000 additional funds in FY 2014 and \$500,000 in FY 2015 to support the DAP program.
- Current allocation of \$20.8M supports 716 individuals with ongoing DAP support.

Forensic Inpatient State Hospital Services

Vast majority of forensic patients who require inpatient psychiatric care are admitted to DBHDS facilities.

Types of forensic patients admitted to DBHDS:

- Evaluations of competency to stand trial and sanity at the time of the offense
- Treatment to restore competency to stand trial
- Treatment of local and regional jail inmates who require inpatient psychiatric care
- Evaluation and treatment of individuals adjudicated not guilty by reason of insanity

Behavioral Health-Criminal Justice Initiatives

Crisis Intervention Teams (CIT) – 40-hour training program for law officers to reduce use of force and restraint, divert persons with mental illness from arrest and link them to mental health supports as possible.

- Since 2001, trained over 4,800 law enforcement officers
- 33 teams in operation in Virginia.
- 16 CIT Assessment Sites (therapeutic law enforcement drop off sites)
- 6 new sites funded during 2014 Session

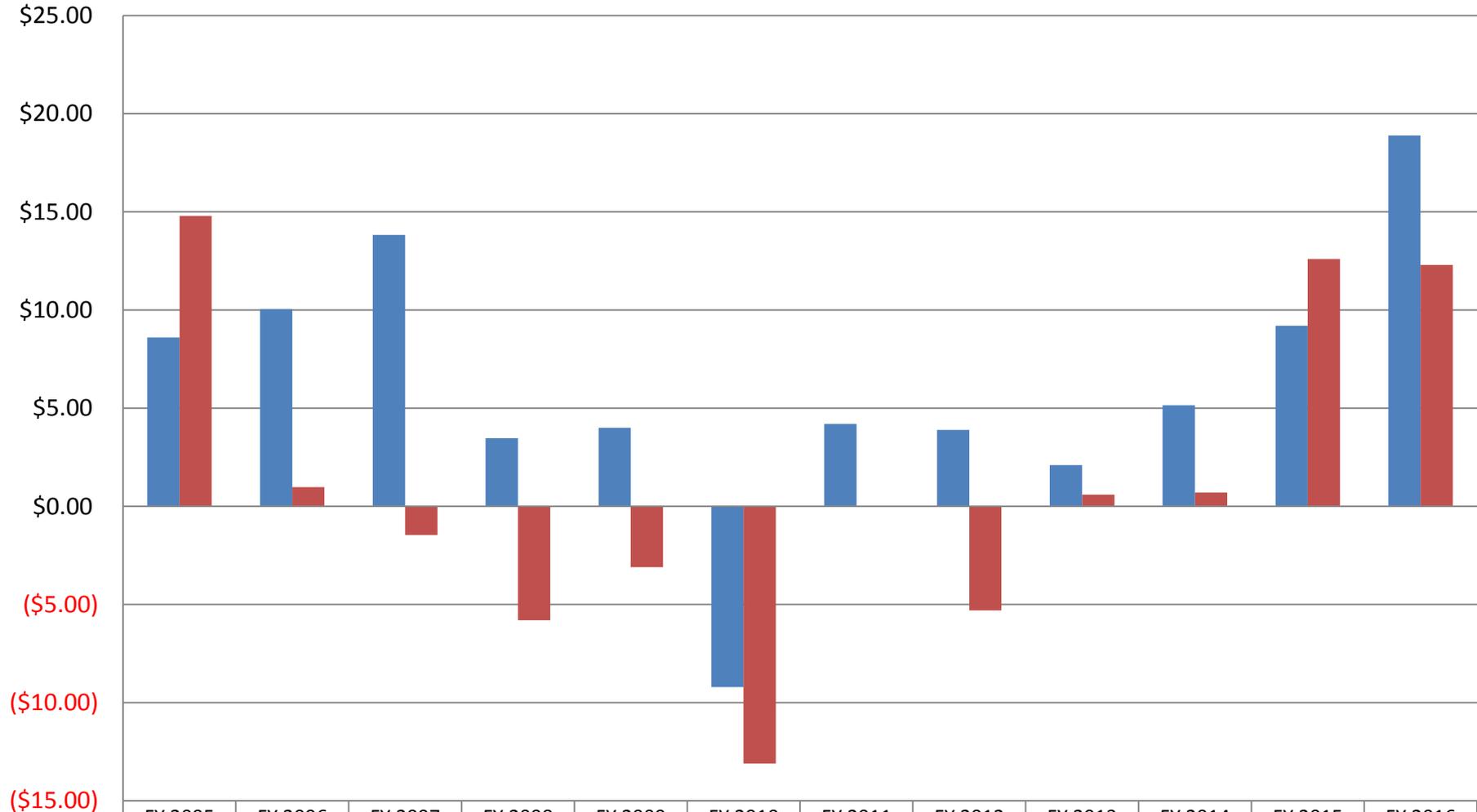
Jail Diversion – DBHDS also provides ongoing funding to 10 CSBs to provide best practice jail diversion and jail treatment programs. DBHDS also has provided one-time funding for jail diversion pilot programs.

Jail-Based Behavioral Health Services

- Jails have constitutional obligation to provide medical care to include behavioral healthcare
- The service delivery method varies greatly from jail to jail.
- Many have restricted formularies which negatively impacts on continuity of care
- Jails vary on their ability to provide discharge planning for inmates with BH issues (which can result in rapid decompensation post release)

Mental Health Funding FY 2005 – FY 2016 (in millions)

Mental Health GF \$ Change



	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
Community Net	\$8.60	\$10.05	\$13.83	\$3.47	\$4.00	(\$9.20)	\$4.20	\$3.90	\$2.10	\$5.15	\$9.20	\$18.90
State Hospital Net	\$14.80	\$0.98	(\$1.46)	(\$5.80)	(\$3.10)	(\$13.10)	\$0.00	(\$5.30)	\$0.60	\$0.70	\$12.60	\$12.30

Vision of a Reformed System

- Access to high quality mental health and substance abuse services across the Commonwealth.
- Consistent and effective emergency services.
- Emphasis on prevention and early intervention services across the lifespan.
- Increase in evidence-based practices such as permanent supportive housing and supportive employment.
- Strategic and consistent funding.
- System performance monitoring and increased accountability; contracting that ties funding to measurable outcomes.