

Recent Budget Actions Affecting Behavioral Health Services



Joint Subcommittee to Study
Mental Health Services in the 21st Century

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Recent Budget Actions Reflect Efforts to Provide Critical Behavioral Health Services

- Actions built on recent mental health legislation, recommendations of Governor's Task Forces on Improving Mental Health Services and Crisis Response, School and Campus Safety, and efforts to target critical needs
- Individual Services – new Medicaid waiver program
- Community Services
 - Medicaid Community Services
 - Discharge Assistance Program
 - Programs for Assertive Community Treatment (PACT)
 - Crisis intervention/therapeutic drop-off centers
 - Children's psychiatry and crisis response services
 - Peer Recovery Services
 - Supportive housing
- Inpatient Services
 - Expanded community inpatient capacity
 - Expanded capacity at state mental health hospitals

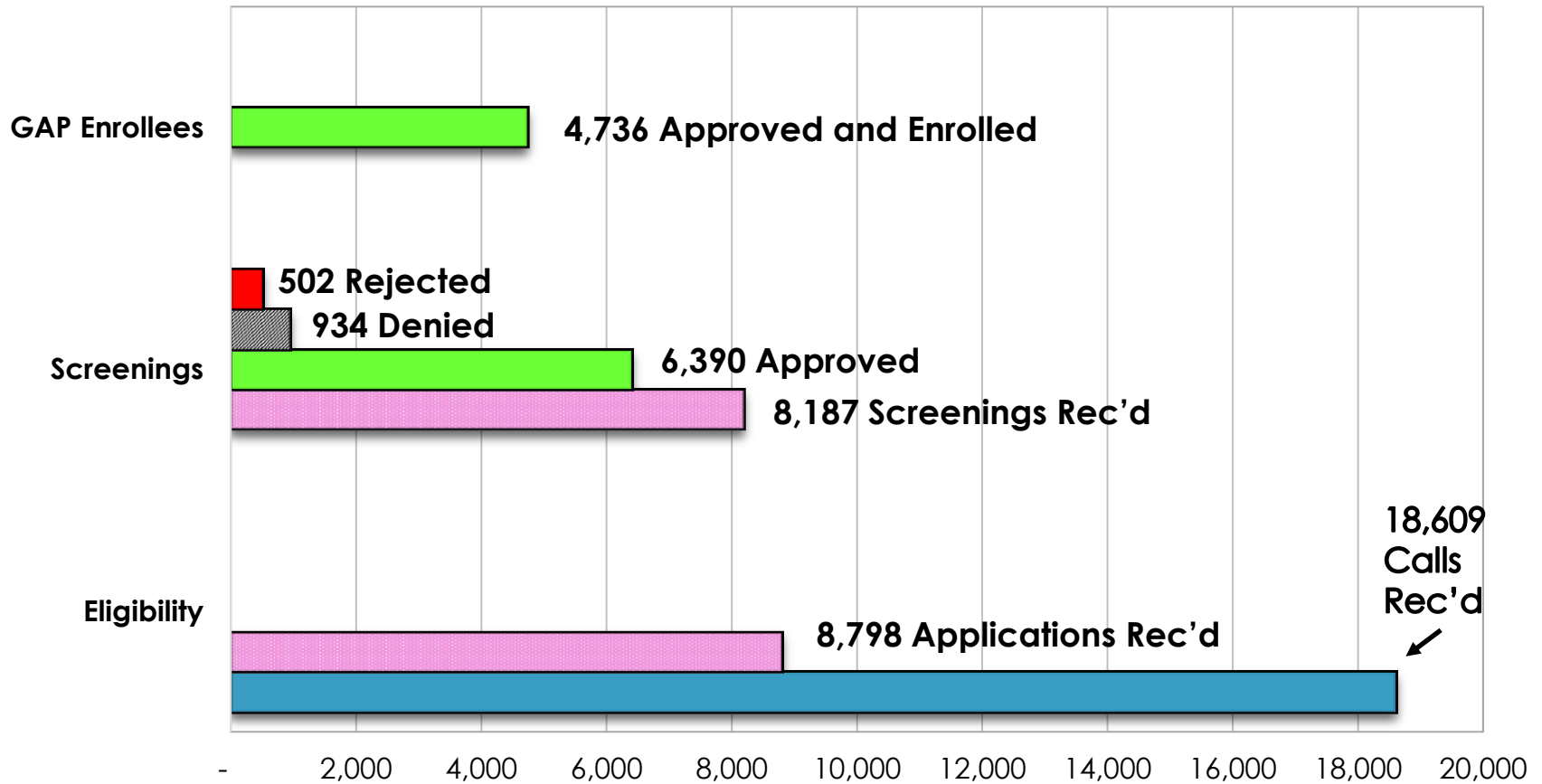
Overview of Funding for BH Services

- General Assembly added \$161.0 million GF over the 2014-16 biennium to expand services for individuals with serious mental illness
 - \$96.5 million GF for a new Medicaid waiver program to support low-income individuals with serious mental illness
 - \$37.2 million for targeted community-based programs
 - \$14.4 million to add adult bed capacity at Eastern State Hospital and backfill loss of revenues from declining need for geriatric beds
 - \$11.5 million for mental health legislation passed by the 2014 General Assembly
 - \$8.5 million to expand capacity at state facilities to be the provider of last resort
 - \$2.8 million to expand time periods for ECOs/TDOs
 - \$233,586 for the acute bed registry
- In addition, \$642.1 million GF was included in the Medicaid forecast over the biennium to support the growing cost of Medicaid funded mental health services

Medicaid Waiver (GAP) for Individuals with Serious Mental Illness (SMI)

- 2015 General Assembly provided \$96.5 million GF and \$99.6 million NGF over the biennium for GAP Medicaid waiver program
 - Serves low-income adults with serious mental illness at or below 60% of the federal poverty level
 - Provides targeted Medicaid physical and behavioral health services
 - Physician and outpatient clinic services
 - Prescription medicine
 - Outpatient diagnostic and lab services
 - Case management and care coordination
 - Psychiatric evaluation, management and treatment
 - Crisis line
 - Crisis intervention and stabilization
 - Psychosocial rehabilitation
 - Outpatient psychiatric and substance abuse treatment services
 - Substance abuse intensive outpatient treatment
 - Methadone and opioid treatment
 - Peer support services

GAP Program Stats as of August 2015



Medicaid Community BH Funding

- A significant portion of funding for community mental health services is provided through the Medicaid program which is funded on a 50/50 basis with the federal government
- Expenditures for Medicaid funded community mental health services have grown by 22.5% from FY 2012 to FY 2015
 - FY 2015 expenditures include GAP waiver costs

Medicaid Expenditures for Mental Health (MH) Services (All funds \$ in millions)

Service Category	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016 ³
Community Rehabilitation ¹	\$458.9	\$491.4	\$523.2	\$503.8	\$538.8
Case Management	\$75.4	\$79.4	\$78.6	\$80.3	\$112.3
Residential Services ²	\$31.6	\$33.8	\$33.9	\$28.7	\$32.5

¹Community rehabilitation services include intensive in-home, mental health skill building, psycho-social rehab., crisis intervention and stabilization, intensive community treatment, substance abuse service, psychiatric services.

²Residential services are provided in 3 different licensed levels: psychiatric facility care, therapeutic group homes or a residential structured program.

³2016 numbers represent the appropriation amount which was projected in the 2014 Medicaid forecast. The November 2015 Medicaid forecast will provide an update for FY 2016.

Community Behavioral Health Services

- Discharge Assistance Program (DAP)
 - Funding provided on a regional basis to CSBs to assist individuals with the transition from state mental health facilities to the community
 - Program targets individuals who have been determined clinically ready for discharge but face barriers to treatment in the community
- Programs of Assertive Community Treatment (PACT)
 - Funding for multidisciplinary teams to provide highly individualized services 24/7 to persons with the most severe and persistent mental illness
 - DBHDS reported that 2014 data indicate a 76 percent reduction in consumers' state hospital use following PACT enrollment (over 243,000 fewer bed days), an ongoing savings of approximately 101 state hospital beds
 - Over 85 percent of PACT consumers maintained stable housing and experienced few or no readmissions to psychiatric hospitals, and over 90 percent have no arrests.

Added Funding for DAP and PACT (GF \$ in millions)				
Program	FY 2014	FY 2015	FY 2016	Notes
DAP	\$1.5	\$0.25	\$0.5	Serves ± 75 individuals
Total Approp.			\$21.5	
PACT		\$0.95	\$6.8	Adds up to 7 teams
Total Approp.			\$16.7	Funds up to 23 teams

Crisis Intervention / Therapeutic Drop-off Centers

- General Assembly provided funding to expand drop-off centers as an alternative to incarceration for individuals with serious mental illness at an estimated level of \$300,000 per center
 - DBHDS reported that drop-off centers reduce the average time law enforcement spend with an individual under an ECO from 4-6 hours to 1-2 hours

Added Funding for CIT/Drop-off Centers (GF \$ in millions)		
Fiscal Year	GF \$ Added	Notes
FY 2013	\$0.6	Grants for up to 3 drop-off centers
FY 2014	\$1.5	Added funding supports up to 6 more centers
FY 2015	\$1.8	Grants for up to 6 drop-off centers
FY 2016*	\$9.0	Grants for up to 18 drop-off centers
Total Approp.	\$10.5	Grants provided for 32 drop-off centers

- During CY 2013, the Office of Attorney General disbursed \$2.6 million to 14 Police Departments and 6 Sheriff's Offices for CIT training, and \$800,282 to DCJS to implement a statewide, multi-phased CIT Train-the-Trainer program

Children's & Youth Services

- Children's Psychiatry and Crisis Services - regional funding
- Preliminary data shows increased access from FY 2013 to FY 2015
 - Almost 5,200 more children served with child psychiatry
 - Almost 3,000 more children provided with emergency services (39% increase)
 - Almost 800 more children provided with mobile crisis stabilization (117% increase)
 - 52 more children (53%) served by crisis residential services (not used by all regions)
- Youth Outpatient Mental Health Services
 - Targeted at youth ages 17 to 24 with focus on outpatient services such as psychotherapy, medications and counseling

Added Funding for Children and Youth Services (GF \$ in millions)				
Services	FY 2013	FY 2014	FY 2015	FY 2016
Children's Psychiatry & Crisis Services*	\$1.5	\$3.65	\$0.5	\$3.0
Youth Outpatient Svs.			\$3.5	\$4.0

*FY 2016 total appropriation for Children's Psychiatry & Crisis Services is \$6.65 million GF.

Other Behavioral Health Services

- Supportive Housing
 - Provided \$2.1 million GF in FY 2016 for supportive housing for 150 SMI individuals to avoid costly hospitalizations, homelessness and incarceration
- Peer Support Recovery Program
 - Services designed and delivered by peers in recovery, in coordination with professional staff to engage individuals in treatment, preventing relapses and promoting long-term recovery
 - \$550,000 GF in FY 2015
 - \$1.0 million GF in FY 2016
 - \$300,000 GF each year of 2014-16 biennium to replace grant funds for a community recovery program in the Piedmont region
- Tele-psychiatry Equipment
 - Provided funding for the purchase of new or updated tele-communications equipment for CSBs to conduct or obtain clinical evaluations off-site
 - \$1.1 million GF in FY 2015
 - \$620,000 GF in FY 2016

Other Behavioral Health Services

- Acute Bed Registry
 - \$111,715 GF in FY 2015
 - \$121,871 GF in FY 2016
- Mental Health First Aid Training
 - 2013 General Assembly provided \$600,000 in FY 2014 for mental health first aid training and certification
 - Recommendation of the Governor's Taskforce on School and Campus Safety
 - Targets training to school personnel, organizations, first responders and other community “gatekeepers” who have extensive public contact
 - 12-hour interactive course focuses on risk factors; warning signs and symptoms; and teaches basic skills for providing help to someone who may be experiencing symptoms
- Suicide Prevention
 - 2013 General Assembly provided \$500,000 GF in FY 2014 to implement a comprehensive suicide prevention plan across agencies
 - Plan was to include public education, evidence-based training, health and behavioral health provider capacity-building, and related suicide prevention activity

Inpatient Services

- Local Inpatient Purchase of Services (LIPOS)
 - 2014-16 biennium provided funds to CSBs to purchase inpatient services in the community, diverting individuals from state facilities
- Expanded inpatient capacity at state facilities
 - Re-opened 13 beds at Northern Virginia Mental Health Institute (NVMHI) and added capacity at Eastern State Hospital (ESH)
 - 2014-16 biennium provided funds to implement ECO/TDO legislation to ensure sufficient capacity at state facilities in the event a placement cannot be found for an individual in the community

Added Funding for Inpatient Services (GF \$ in millions)				
	FY 2013	FY 2014	FY 2015	FY 2016
LIPOS*			\$0.25	\$2.65
NVMHI 13 Beds	\$0.6	\$0.7	In Base	In Base
State Facility-Provider of Last Resort			\$4.4	\$4.1
ESH-Expand Capacity			\$2.2	\$2.2
ESH-Backfill Geriatric Revenue Loss			\$5.0	\$5.0
*FY 2016 appropriation for LIPOS totaled almost \$10.9 million. Of the \$2.65 added in FY 2016, \$1.2 million was targeted for children's community inpatient services.				

Involuntary Mental Commitments

- Expenditures for treatment costs related to involuntary mental commitments are funded through appropriations to the Department of Medical Assistance Services
- Expenditures for Medicaid involuntary mental commitments have grown by 33% from FY 2012 to FY 2015

Expenditures for Involuntary Mental Commitments (GF \$ in millions)				
FY 2012	FY 2013	FY 2014	FY 2015	FY 2016*
\$11.8	\$10.4	\$12.6	\$15.0	\$15.7

*2016 represents the appropriation amount which will be updated by DMAS later this year through its forecast process.

Budget Language

- Language related to behavioral health and developmental services
 - Adopted language during the 2014 Session directing DBHDS to review the current services provided at the state's mental health hospitals and consider options for consolidating and reorganizing the delivery of state services to include:
 - Programmatic assessment and fiscal impact of long-term needs for inpatient services for geriatric, adult, and forensic populations
 - Fiscal impact of the reduction in 3rd party payments from reducing the geriatric patient population served in state hospitals
 - Report due October 1, 2015
 - 2015 General Assembly added language directing DBHDS to review Piedmont Geriatric and Catawba hospitals and examine alternate options for care, especially geriatric psychiatric care
 - Report due November 1, 2015
 - Provided \$3.8 million GF in FY 2015 and \$9.1 million GF in FY 2016 to offset the loss of Medicare and Medicaid revenue due to a change in the classification of these facilities from hospitals to nursing homes to comply with federal requirements