DMHMRSAS
Commonwealth of Virginia Department of
Mental Health, Mental Retardation
and Substance Abuse Services

Allocation of Funding for Mental Health Law Reform

House Appropriations Committee
September 9, 2008

James Reinhard, M.D.
Commissioner, DMHMRSAS

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Virginia's Current MH Services Need

- Over **308,000** Virginia adults (6% of the population) have had a serious mental illness at any time during the past year (DMHMRSAS estimate from national prevalence data).
- In FY07, **state facilities served 5,814 individuals** for MH services (unduplicated).
- Individuals served by **CSBs in MH services** (unduplicated):
  - **2007 – 126,632**
  - **2006 – 118,732**
  - **2005 – 115,173**
  - **2004 – 109,175**
  - **2003 – 109,025**

2008 MH Reforms

- Changing criteria for emergency custody, temporary detention, and commitment from “imminent danger” to “substantial likelihood that in the near future he will:
  a) cause serious physical harm to himself or another person, as evidenced by recent behavior causing, attempting, or threatening such harm, or
  b) suffer serious harm due to substantial deterioration of his capacity to protect himself from such harm or provide for his basic human needs”.

- Allowing an emergency custody order to be extended from four to six hours.

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2008 MH Reforms

- Clarifying responsibilities of CSBs and independent examiners throughout the civil commitment process, including mandatory outpatient treatment.
- Requiring CSB staff to attend commitment hearings.
- Requiring independent examiners and treating physicians of TDO patients to be available during hearings.
- Authorizing information disclosure among providers to deliver, coordinate or monitor treatment, and between providers and courts to monitor service delivery and treatment compliance.

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MH Reform Implementation Activities

- Extensive coordination among stakeholders to synchronize implementation activity.
- Consistent guidance presented at DMHMRSAS and court trainings for common application of new laws.
- Nearly 400 participants in DMHMRSAS' first training on Code change implementation.
- Developed issue-specific "guidance memos", an array of new forms, Webinar trainings, and a Web page as support and information resources.
- Civil commitment trainings will be expanded regionally to reach more people.

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Civil Commitment Reform Allocation

The biennium budget included **$28.3M** in Item 316.KK to offset the fiscal impact of civil commitment reforms, including:

- emergency services
- crisis stabilization services
- case management, and inpatient and outpatient services for individuals who are in need of emergency mental health services

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Collaboration

To determine the funding allocation, DMHMRSAS:

- Sought input from CSB executive directors.
- Consulted with stakeholders, including:
  - VACSB
  - VA Hospital & Healthcare Assn
  - Office of the Exec. Secretary of the Supreme Court
  - DMAS
  - VA Sheriff's Assn
  - Medical Society of VA
- Established a reporting mechanism to track these funds during FY09-FY10.

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FY09 – FY10 Allocation Overview

FY 2009	$10.3M
Partial-year funds allocated to the 40 CSBs	**$9.8M**
Partial-year implementation of Southside VA Crisis Residential Stabilization program	**$250,000**
Funds set aside for unanticipated costs related to Code changes documented during implementation	**$250,000**
FY 2010	**$18,006,164**
Full-year funds for allocations to the 40 CSBs	**$12M**
Additional targeted services based on FY09 implementation evaluation	**$5,006,164**
Full-year funding of Southside VA Residential Crisis Stabilization program	**$750,000**
Funds set aside for unanticipated costs related to Code changes documented during implementation	**$250,000**

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FY09 – FY10 Allocation Methodology

Population size was used because:

- Population has a reasonable relationship to increased workload in implementing reforms.
- Using a straight per capita allocation would not allow small CSBs to receive sufficient funds to implement reforms.
- CSBs grouped into 4 categories of population size (small, medium- small, medium-large and large) to ensure a base level of adequate resources for even the smallest CSBs (CSB leadership consulted with and approved this allocation methodology).

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FY09 – FY10 Allocation Methodology

FY 2009 and FY 2010 Individual CSB Allocations		
CSB Population Group	**FY2009**	**FY 2010**
Small (0 - 84,579)	$162,430	$198,895
Medium-Small (84,580 - 169,158)	$216,575	$265,194
Medium-Large (169,159 - 253,737)	$270,718	$331,492
Large (253,738+)	$324,862	$397,862
Total for all 40 CSBs	$9,799,999	$12,000,000

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FY09 – FY10 Allocation Methodology

CSBs must use their allocations to achieve the following broad goals:

1. Address Code changes (Ch. 8 of Title 37.2) related to the civil involuntary commitment process, such as attendance at commitment hearings and initiation of treatment during TDO period.
2. Address Emergency Services and Case Management Services Performance Expectations and Goals in Exhibit B of the FY09 performance contract, and
3. Increase mandatory outpatient treatment capacity.

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Accountability

- CSBs submitted proposed uses of individual allocations for DMHMRSAS approval
- Disbursements of the allocations are being included in CSBs' semi-monthly payments
- Each CSB must also submit a quarterly status report on its implementation of the approved proposals

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FY09 Approved CSB Proposals

Service	FTEs	Consumers	State $	Total Cost*
Emergency Services	85	20,951	$5.2M	$6.3M
Outpatient Services	26	4,287	$2.1M	$3.4M
Case Management	25	2,844	$1.4M	$1.5M
Total	**136**	**28,082**	**$8.7M**	**$11.2M**

This reflects the 36 approved plans from CSBs – DMHMRSAS expects to receive and approve the other four this week

*** Total Cost reflects funds added by CSBs to the state allocations**

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Goals and Expectations

- Our goal is fair and consistent application of new laws.
- Some new laws may increase involuntary treatment while others may decrease it – stakeholders helped balance public safety and civil liberties.
- Statutory changes are only part of reforming our complex public mental health system.
- The Governor and General Assembly recognized this by passing and signing comprehensive reform legislation and appropriating a downpayment on additional funds needed to implement the reform.
- True reform will be brought by investing in community mental health services that engage more people in person-centered, recovery-oriented, voluntary interventions.