

# An Experiment in Community Reinvestment

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# Central State Hospital

- Established in 1869 in Richmond, Virginia
- First mental hospital for African-Americans
- Forensic Program developed in 1929
- Maximum census above 4000 in 1960's
- More than 1/3 of all mentally ill in Virginia's public hospitals

# Central State Hospital

- Public Accommodation Laws (Civil Rights Act Title VI) led to desegregation in 1964
- Aftercare clinics established in several localities
- Gradual downsizing 1960's-2000
- “When I started, there was mostly custodial care. I’ve seen it go from that to active treatment, where aides are involved in the treatment to help get people out of the hospital.” Bobby Mitchell, who was hired as aide in 1956.

# Virginia's Mental Health System

- 16 public inpatient facilities
  - 7 adult mental health hospitals
  - 1 child and adolescent mental health hospital
  - 5 developmental disabilities residential centers
  - 1 sexual predator treatment facility
  - 1 medical/nursing inpatient facility

Current capacity – 1500 beds

# Virginia's Mental Health System

- 40 Community Services Boards
  - Child and Adult outpatient services
  - Emergency services
  - Early Intervention services
  - Prevention/education services
  - Case management
  - PACT/ICT Teams

Performance Agreements and Contracts

# Virginia's Mental Health System

- Performance Agreements and Contracts
- Regional Management and Collaboration
- Shared Vision and Values
- Commissioner's Strategic Plan

# Acute Care Project

- Established in Central Virginia 1999
- Purchase of local hospital bed days
- Hospitalization of uninsured consumers
- Improved continuity of care with local hospitalization and treatment
- Improved communication between patient, family, CSB liaison staff, other supports

# Acute Care Project

- Regional Authorization Committee (RAC)
- Utilization Management of State Facility Beds
- Foundation of more active administrative collaboration between CSBs and Facility staff

# Acute Care Project

- Improved Quality of Care
- Decreased Cost Per Episode
- Decreased Length of Stay
- Termination of Acute Admissions Ward at Central State Hospital

# HPR Region IV

- Geography
- Demographics
- Community Services Boards
- Hospitals

# State Reinvestment Initiative

- Proposed by Governor in December 2002
- Accepted by General Assembly April 2003
- Goal – Significant reduction of state inpatient beds with savings reinvested in new and expanded community based services

# State Reinvestment Initiative

- Three reinvestment projects authorized in 2003 Appropriations Act
- \$13.6 million from state facilities budgets
- Funds to be moved into expanded and new community services

# State Reinvestment Initiative

- General Assembly's clear statement of its intent that local governments not to be financially liable for reinvestment projects
- Local governments not required to provide matching funds for the project
- State remains responsible for provision of inpatient services

# State Reinvestment Initiative

- Health Planning Region IV (HPR IV) made plans to reinvest \$3.3 million from Central State Hospital
- Planned closure of 45 acute treatment beds

# HPR IV Reinvestment Project

- Development of Consortium of Community Services Boards/Behavioral Health Authorities and State Hospital Director
- Consortium to provide ongoing oversight to Regional Partnership Planning Steering Committee composed of multiple regional stakeholders

# HPR IV Reinvestment Project

- Consortium negotiates model reinvestment memorandum of agreement between Consortium and Department (DMHMRSAS)
- Consortium creates position for reinvestment project manager
- Richmond Behavioral Health Authority to provide day-to-day supervision and serve as fiscal agent for the project

# HPR IV Reinvestment Project

- Strengthening of Regional Authorization Committee, to include Regional Manager
- Representation from CSBs, DMHMRSAS, Central State Hospital
- Intensive and ongoing utilization management of CSH census
- All CSH transfer admissions to be managed by RAC

# HPR IV Reinvestment Goals

- Provide quality community-based services for consumers who do not need institutional care;
- Maintain high quality care at Central State Hospital for consumers who still need this level of care;
- Increase state ownership for system success;
- More effectively utilize available state funds and leverage more Medicaid funds for services;
- Serve more consumers;

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# HPR IV Reinvestment Goals

- Increase individual CSB/BHA ownership for their catchment area consumers;
- Reduce/eliminate out-of-region referrals of consumers directly and/or through state institutions:
- Measure and report outcomes and successes;
- Exercise sensitivity to regional and local needs for service dispersion;

# HPR IV Reinvestment Goals

- Establish services that will reduce historical reliance on limited local or regional inpatient beds;
- Focus services as needed on consumers with co-occurring disorders (MH/SA; MH/MR); and
- Coordinate effectively with the continuing HPR IV acute care project.

# HPR IV Reinvestment

- Phase I implemented June 2003 with reduction of 20 civil beds
- Reinvestment of \$1.4 million in community based regional and local services

# HPR IV Reinvestment

- Phase II implemented August 2003 with reduction of another 20 civil beds
- Reinvestment of another \$1.4 million in community-based regional and local services
- Since August 2003 Central State Hospital civil capacity at 100 beds

# HPR IV Reinvestment Early Outcomes

- Utilization of 100 CSH civil bed capacity effectively managed by RAC
- 233 consumers served in crisis stabilization 10/03-11/04 with only 6% needing CSH or local hospitalization following discharge
- Behavioral team began services September 2004 with 17 consumers seen and 135.25 service hours provided (Note: team is ½ time direct service, ½ time training and consultation)

# HPR IV Reinvestment Early Outcomes

- Jail/Forensic team served 127 consumers with 528 consumer contacts; 16 diverted from need for admission to CSH; several with reduced level of services at CSH
- 7 consumers effectively served with on-going individualized support services- none needing re-hospitalization

# HPR IV Reinvestment

## Early Outcomes

- Held September 2004 Consensus Forum on MR/MI needs (82 professionals attended including CSB/BHA's, consumers, private providers, hospitals-presentations by Commissioner, DMAS, state of Ohio and National Association on Dual Diagnosis (NADD))
- Formed three work groups to:
  - \* Develop regional protocol for management of MR/MH
  - \* Develop regional competencies and training curriculum
  - \* Enhance staff support/relationships (professional ground rules)

# HPR IV Reinvestment

## Recent Outcomes

The Regional Jail Team serves mentally ill inmates in the Richmond City Jail, Riverside Regional Jail, Southside Regional Jail, Dinwiddie County Jail, and Central State Hospital. The team consists of a licensed clinical psychologist, a forensic psychiatrist, two case managers, a discharge planner, and an administrative assistant. The jail team has been in operation since July 2004.

# HPR IV Reinvestment

## Recent Outcomes

The Regional Behavioral Team serves consumers from Region IV, mostly diagnosed MH/MR, whose behavior problems cause them to be at risk of homelessness or harming someone. The team consists of a Licensed Applied Psychologist and a Licensed Clinical Social Worker. They have been collaborating on behavior plans for consumers since September 2004.

# HPR IV Reinvestment Recent Outcomes

CSU admits consumers who are experiencing a mental health or substance abuse crisis but may not need an inpatient level of care. Most admissions are voluntarily, but Rubicon is also equipped to handle certain types of TDO admissions. The CSU has been open since October 2003 and houses a total of 8 beds.

# HPR IV Reinvestment Recent Outcomes

A short term residential program for MH/SA consumers has been in operation since November 2005. The 28 day program specializes in substance abuse treatment for consumers with co-occurring mental health disorders who require complex medication and treatment.

# HPR IV Reinvestment

## Recent Outcomes

Region IV employs a Registered Nurse to monitor the bed census for the Acute Care Project in the region's community hospitals. The UM Nurse travels to the community hospitals and collaborates with the treatment teams in order to expedite each consumer's discharge back into the community.

# HPR IV Reinvestment Recent Outcomes

When a consumer is not responding to community treatment, the UM Nurse evaluates the consumers' appropriateness for admission to Central State or Piedmont Geriatric Hospitals and makes recommendations to the Regional Authorization Committee. The UM Nurse can also serve as a helpful resource with non Project-funded consumers who present difficulties with discharge or placement.

# HPR IV Reinvestment Recent Outcomes

The Regional Authorization Committee (RAC) continues census management of CSH and PGH. As such, the RAC approves admissions to either state hospital from a community hospital, and also approves funding for consumers in the **Acute Care Project**.

# HPR IV Reinvestment Recent Outcomes

The RAC additionally approves the use of all regional **Discharge Assistance Project (DAP)** funds and monitors the DAP plans on a quarterly basis. DAP funds are available for consumers leaving CSH and PGH either on the civil program or through the forensic process. The RAC meets weekly at CSH.

# HPR IV Reinvestment Project Plans

The Region IV Mental Health Directors developed an innovative program that focuses on Central State Hospital consumers who are clinically ready for discharge, but who are particularly anxious about leaving the facility to live independently. This Project will target Adult Living Facilities (ALFs) throughout the region and provide incentives for them to provide a welcoming placement for this group of consumers.

# HPR IV Reinvestment Project Plans

Staff from the adult homes will also be expected to begin forming a relationship with the consumers prior to their discharge from CSH. In addition, peer specialists from VOCAL will serve as mentors for the consumers throughout the discharge process. Funds have been allocated for this purpose, with the hope of transitioning 10 consumers out of the state facility setting during coming year.

# Outcomes

## Acute Care Project

- Started in 1999. Regional Authorization Committee (RAC) reviews all admissions after 15 days.
- Since 7/05, 3009 uninsured admissions to community hospitals. 80% of funded consumers are admitted through emergency services and do not have an open case with the CSB.
- For last three fiscal years, 30 or less admissions to Central State Hospital (civil side) per year for long term care.
- Average Length of Stay: 6.4 days

# Outcomes

## Crisis Stabilization Unit

- In operation since October 2003. Staff include nurses, case managers, psychiatrist on call.
- Since 7/05, 865 admissions diverted from community hospitals, including 74 TDO admissions. 39% of admissions are step-down from inpatient hospitalization.
- Average Length of Stay: 9.2 days
- Utilized primarily by RBHA and Henrico MH (77% of admissions).

# Outcomes

## Regional Jail Team

- In operation since June 2004. Team of 6 includes psychologist, psychiatrist, 2 case managers, discharge planner, and an administrative assistant.
- 193 admissions to Central State's forensic unit diverted.
- 63 days for restoration in jail as opposed to 180 at CSH.
- 800 inmates served.

# Outcomes

## Regional Utilization Management Nurse

- Began in May 2005. Experienced psychiatric nurse travels to community hospitals to review admissions appropriate for discharge or transfer to state hospital.
- 1059 hospitalizations reviewed.
- Average LOS has decreased from 7.17 days in FY 05 to 6.4 in FY 08 due to decrease in long admissions (over 2 weeks).

# Outcomes

## New Directions Crisis Stabilization Unit

- In operation from May 2006 until July 2008. Set up similar to Rubicon CSU, but located in a different area of the region, and primarily utilized by District 19 and Chesterfield CSBs (73% of admissions).
- 266 admissions diverted from community hospitalization, including 54 TDO admissions.
- 12% of admissions transition into Short Term Residential tx program in the same building.
- Average LOS is 11 days.

# Outcomes

## New Directions Short Term Residential Treatment Program

- Took over existing inpatient MH/SA treatment program in November 2005.
- 639 admissions with median LOS of 27 days.
- Only 2% recidivism rate during FY 08.

# Outcomes

## Regional Utilization Review/Continuous Quality Improvement

- Started in April 2006. Responsible for auditing LIPOS admissions and payments.
- Started quarterly regional newsletter in August 2006, redesigned regional website in April 2007.
- Provides ad-hoc data reporting to stakeholders as needed.
- Created and distributed 200 manuals to case managers at 7 CSBs explaining regional programs and providing intake forms.

# Outcomes

## Regional Discharge Assistance Project Funding

- Several funding streams: “old” DAP, civil DAP, NGRI DAP.
- All new uses of DAP funds approved through RAC.
- Almost 120 consumers served with DAP funding in FY 08.
- Discharge Challenge Project designed by Mental Health directors to address concerns of “discharge-resistant” population at CSH in progress.

<b>MISC</b>	<b>FY</b>	<b>FY</b>	<b>FY</b>	<b>FY 2008-2009</b>
	<b>2005-2006</b>	<b>2006-2007</b>	<b>2007-2008</b>	<b>YTD</b>
<b>MILEAGE</b>	<b>11052 m</b>	<b>11071 m</b>	<b>11547m</b>	<b>12236</b>
<b>TRAVEL</b>	<b>276.3 hrs</b>	<b>276.7 hrs</b>	<b>288.725h</b>	<b>309.3</b>
<b>CLIENT (CSB)</b>	<b>1503.6 hrs</b>	<b>1652.375h</b>	<b>1644h</b>	<b>1333.9375</b>
<b>OFFICE/MTG</b>	<b>307.5 hrs</b>	<b>318.85 hrs</b>	<b>352.75h</b>	<b>954.125</b>
<b>RAC HOURS</b>	<b>108.5 hrs</b>	<b>105 hrs</b>	<b>87.25hrs</b>	<b>117</b>
<b># WORK DAYS</b>	<b>249 days</b>	<b>242 days</b>	<b>248days</b>	<b>303.25</b>
<b># AVAIL HRS</b>	<b>1992 hrs</b>	<b>1944 hrs</b>	<b>1986hrs</b>	<b>2426</b>
<b>ACTUAL HRS</b>	<b>2320 hrs</b>	<b>2356.875 hr</b>	<b>2312.165h</b>	<b>2713.825</b>
<b>OVER</b>	<b>328 hrs</b>	<b>412.875 hr</b>	<b>407.455hrs</b>	<b>340.175</b>
<b>UNDER</b>	<b>15 hrs</b>	<b>76.65 hr</b>	<b>81.175hrs</b>	<b>52.35</b>

<b>REFERRALS</b>	<b>FY</b>	<b>FY</b>	<b>FY</b>	<b>FY 2008-2009</b>
<b>FOR CSH/PGH</b>	<b>2005-2006</b>	<b>2006-2007</b>	<b>2007-2008</b>	<b>TOTAL</b>
<b>Chesterfield</b>	<b>14</b>	<b>CS-19; PG-1</b>	<b>CS-12;PG-2</b>	<b>CS-11;PG-1</b>
<b>Crossroads</b>	<b>7</b>	<b>CS-12; PG-0</b>	<b>CS-11;PG-1</b>	<b>CS-4;PG-1</b>
<b>D-19</b>	<b>23</b>	<b>CS-23; PG-10</b>	<b>CS-30;PG-2</b>	<b>CS-20;PG-0</b>
<b>Goochland</b>	<b>2</b>	<b>CS-3; PG-0</b>	<b>CS-1;PG-1</b>	<b>0</b>
<b>Hanover</b>	<b>3</b>	<b>CS-2; PG-3</b>	<b>CS-1;PG-2</b>	<b>CS-3;PG-1</b>
<b>Henrico</b>	<b>10</b>	<b>CS-4; PG-4</b>	<b>CS-13;PG-3</b>	<b>CS-7;PG-2</b>
<b>RBHA</b>	<b>33</b>	<b>CS-41; PG-6</b>	<b>CS-29;PG-5</b>	<b>CS-20; PG-3</b>
<b>TOTAL</b>	<b>92</b>	<b>CS-104; PG23</b>	<b>CS-96;PG-16</b>	<b>CS-65;PG-8</b>

<b>ACTUAL</b>	<b>FY</b>	<b>FY</b>	<b>FY</b>	
<b>TRANSFERS</b>	<b>2005-2006</b>	<b>2006-2007</b>	<b>2007-2008</b>	<b>TOTAL</b>
<b>Chesterfield</b>	<b>4</b>	<b>CS-2; PG-0</b>	<b>CS-2;PG-0</b>	<b>0</b>
<b>Crossroads</b>	<b>1</b>	<b>CS-1; PG-0</b>	<b>0</b>	<b>0</b>
<b>D-19</b>	<b>5</b>	<b>CS-6; PG-3</b>	<b>CS-5;PG-1</b>	<b>0</b>
<b>Goochland</b>	<b>0</b>	<b>CS-1; PG-0</b>	<b>0</b>	<b>0</b>
<b>Hanover</b>	<b>0</b>	<b>CS-0; PG-3</b>	<b>CS-1; PG-0</b>	<b>CS-1; PG-0</b>
<b>Henrico</b>	<b>2</b>	<b>CS-1;PG-0</b>	<b>CS-2;PG-0</b>	<b>CS-1; PG-2</b>
<b>RBHA</b>	<b>6</b>	<b>CS-10; PG-2</b>	<b>CS-7;PG-2</b>	<b>CS-3; PG-1</b>
<b>TOTAL</b>	<b>18</b>	<b>CS-21; PG-8</b>	<b>CS-17;PG-3</b>	<b>CS-5; PG-3</b>

# An Experiment in Reinvestment - A Replication?

ValueOptions® Reinvests \$3.1 Million in New Mexico (RedOrbit.com June 25, 2009)

- “Funds to go toward building up a diverse array of services, from boosting tribal behavioral health to mental health recovery, housing, telepsychiatry, financial literacy, and a community garden project.”
- “Money is being invested in a way that gets to the heart of what we’ve been trying to do.”

# An Experiment in Reinvestment

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