Behavioral and Substance Abuse Disorders and Treatments

LWV-VA Workshop
September 22, 2017
PLAN FOR PRESENTATION

Provide context
Update LWV-VA position NLT May 2019
Compare VA behavioral health & policy with national experience

Survey changes
State health, including opioid epidemic
Healthcare delivery trends

ID main needs
Earlier intervention
Boost community resources
Diversion from justice system
COMMITTEE PARTICIPANTS

- Bobbie Falquet - WA
- Ruby Jean Gould – WA
- Karen Kallay – Fredericksburg
- Madeline Larkin – WA
- Jodi Longwell - Fredericksburg
- Mary Ann Moxon – WA
- Jan Reeves – Washington Co.
- Linda Rice – WA (Chair)
- Nicole Trifone - WA
- Madeline Vann - WA
Terminology among professionals
...in layman’s terms

**Behavioral health** Includes issues of mood disorders, mental illness and substance use and NOT developmental disabilities. Applies to positive goals, but actually mostly used to reference the lack of, as in a “behavioral health issue”

**Substance Use Disorder (SUD)** Includes destructive use of any substance from heroin or alcohol to food, but most often applies to mood-affecting drugs.

**Whole health** An effort to more explicitly recognize that health is multi-dimensional including physical, emotional, social and other dimensions and regular practices.

**Wellness** Refers to a condition of enjoying and supporting whole health

**Peer** (in behavioral health) A person who has personally experienced a behavioral health issue in themselves or in a parent, spouse, or child AND who is working on recovery with another peer “on a level playing field” of expertise from experience.

**Recovery** A long-term process, as opposed to being “recovered”
Decades of Virginia Legislation

Consistent Mental Health Recommendation Since 1949 from State staff:

*Virginia needs to expand its capacity to serve individuals in their own communities with coordinated behavioral health and developmental programs and supports*

1949 through 2013

• 8 Legislative/Gubernatorial Joint Committees/Commissions examined various hot issues
• Adopted relatively piecemeal changes, focused on crises and hospitals
• Funding increases usually lasted only a few years

2014-present – Multi-year joint subcommittee (reps from both houses) responds to Sen. Creigh Deeds personal tragedy, “SJ47” for short

• Massive multi-agency process, hearings throughout the calendar
• Initially focused on Mental Health Crisis Response and Emergency Services
• Currently responding more to federal guidelines for “system transformation” and shifting funding imbalance from hospitals back to communities, intervention!
LWV-VA Highlights, last study (1986-1989)

• Provide what’s needed in a **coordinated** way that takes into account local variations.
• Use **data** for tracking, planning
• Improve **pay** to help recruit, retain trained service providers
• Specialized **housing** responsibility of state; encouraged private involvement and “public education” to reduce stigma and NIMBY
• Stressed help for the most needy
  • Those suffering from a severe and **persistent** mental or emotional impairment
  • Those suffering from an acute disturbance involving impairment and distress in social relations and vocational functioning
  • Includes children, youth, elderly, substance abusers, immigrants, and people under the **purview** of the courts
Issues To Consider

• Expanding Access & Diagnosis
• Opioid Addiction
• Housing – Re-entry & Housing Planning for behavioral health clients
• Mental Health & Drug Courts

• Behavioral/Mental Health Workforce Development
• Behavioral/Mental Health Education
• Funding of Services
• Coordination between state and local agencies
Recent Changes
Prevention vs Crisis

**Early Intervention within the community?**
- Harder look at gaps in service levels of Community Service Boards “CSB’s” (clinics)
- New law enforcement Crisis Intervention Teams de-escalate more crises
- Specialty courts may divert many from starting a jail record
- State initiates daily electronic statewide tracking of scarce psychiatric beds; State beds must be available

**Prevention/Early Intervention within the public schools**
- Services such as OT, PT, Speech and Language therapy
- Family Assessment and Planning Team
- National and local shortage of mental health professionals (e.g., school psychologists, counselors)
Community Services Needed For Individuals Clinically Ready For Discharge

In February 2017 a point in time survey was conducted on the community housing, services and supports needed by 228 individuals in state hospitals who were clinically ready for discharge. Of these: 89% (202) had housing needs; and 40% (91) had unfunded service and support needs.

### Type of Housing Needs – February 2017 Point in Time Survey

<table>
<thead>
<tr>
<th>Type of Housing Needs</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Supportive Housing</td>
<td>14</td>
</tr>
<tr>
<td>Assisted Living Facility</td>
<td>66</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>52</td>
</tr>
<tr>
<td>Independent Living</td>
<td>31</td>
</tr>
<tr>
<td>Group home</td>
<td>36</td>
</tr>
<tr>
<td>Sponsor home</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Individuals with Housing Needs</strong></td>
<td><strong>202</strong></td>
</tr>
</tbody>
</table>

### Unfunded Service and Support Needs – February 2017 Point In Time Survey

<table>
<thead>
<tr>
<th>Service Need</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case management</td>
<td>22</td>
</tr>
<tr>
<td>Psychosocial rehab/day program</td>
<td>21</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>4</td>
</tr>
<tr>
<td>Counseling</td>
<td>1</td>
</tr>
<tr>
<td>Medications</td>
<td>16</td>
</tr>
<tr>
<td>Extra supervision (1:1, daytime, ADL)</td>
<td>16</td>
</tr>
<tr>
<td>Mental health skill building</td>
<td>5</td>
</tr>
<tr>
<td>Program of Assertive Community Treatment (PACT)</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total Individuals With Unfunded Service and Support Needs</strong></td>
<td><strong>91</strong></td>
</tr>
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</table>
## “Same Day Access” Funding, Committed, and in Statute for CSB’s

<table>
<thead>
<tr>
<th>First Group will each receive full FY 2018 funding of $270,000 in latter part of 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second group will each receive prorated FY 2018 funds 60 days prior to implementation with the full $270,000 in ongoing funds beginning in FY 2019.</td>
</tr>
<tr>
<td>Funds for remaining 22 CSB’s</td>
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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Alleghany Highlands CSB</td>
</tr>
<tr>
<td>2.</td>
<td>Blue Ridge BH</td>
</tr>
<tr>
<td>3.</td>
<td>Chesterfield CSB</td>
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<tr>
<td>4.</td>
<td>Harrisonburg-Rockingham CSB</td>
</tr>
<tr>
<td>5.</td>
<td>Henrico CSB</td>
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<tr>
<td>6.</td>
<td>Mount Rodgers CSB</td>
</tr>
<tr>
<td>7.</td>
<td>Rappahannock-Rapidan CSB</td>
</tr>
<tr>
<td>8.</td>
<td>Valley CSB</td>
</tr>
</tbody>
</table>

| 1. | Arlington CSB |
| 2. | Chesapeake IBH |
| 3. | Colonial BH-Williamsburg |
| 4. | Cumberland Mountain CSB |
| 5. | Hanover County CSB |
| 6. | New River Valley CSB |
| 7. | Piedmont CSB |
| 8. | Planning District 1 |
| 9. | Richmond Behavioral Health Authority |
| 10. | Rappahannock Area CSB |

Still need to be committed during the 2018 General Assembly Session
Opioid Overdosing Interventions

- **Opioids include** morphine, methadone, buprenorphine, hydrocodone, oxycodone, heroin (illegal), and brand names like OxyContin®, Percocet®, Vicodin®, Percodan®, Tylox® and Demerol

- **Priority trainings** of first responders, physicians, patients, families

- Victim needs **immediate** administration; may need multiple doses at 2-3 minute intervals…and call 911 ASAP

- **Neutralizer is Narcan / Naloxone.** Cost is subject to wild market swings from roughly $60 - $600 per dose! Carried by Walgreen, some others.
  - Free to anyone with 2 – hour training from state’s REVIVE! Program
  - Environmentally sensitive: can’t take heat, expires after one year
  - No dangerous side effects, even for babies, but revived patient quickly gets nasty return of symptoms of addiction
Shortage of Supported Community Housing

- Housing - Re-entry & Housing Planning for behavioral health clients (see LWV Virginia position)
- Jails and the Mentally Ill (Costs, Veterans, Accountability for Care, Loss of SS Disability Benefits)
- Home and Community Based Services (HCBS) through Department of Veteran Affairs
- Application of fair housing laws
- Half-way Houses for transition
The Virginia Supreme Court currently recognizes only the following three types of specialty dockets... for motivated first-time non-violent people.

- **drug** treatment court dockets,
- **veterans** dockets, and
- **behavioral/mental health** dockets.

Hampton-Newport News exemplary drug court

### Authorization Vs Funding

Currently, there are 38 **drug** treatment courts in Virginia operating or authorized to operate.

- Fewer than half receive state funding and are operating
- 30 are Adult Drug Treatment Courts operating as circuit court dockets
- 8 are Juvenile Drug Treatment Courts operating as J&DR court dockets
Workforce Challenges

- State hospital staffing vacancy rates for certain positions continue to cause concern.
- CSBs are losing case managers to the health plans.
- DBHDS salary structure
  - Psychiatric RNs 15% below market rate
  - LPNs 8% below market rate
  - DSAs 16% below market rate
- The 2017 GA included:
  - $1.8M in FY 2018 to hire 24 security and direct care employees.
  - $2.4 million for a targeted 2% raise to employees in high-turnover positions, including certain DBHDS positions.
Behavioral/Mental Health Education

• Half of all chronic mental health illness begins by the age of 14
• Three quarters by the age of 24

Schools are currently focusing on both emotion regulation and behavioral interventions during elementary school
Public Mental Health Funding in Virginia

**FY 2015 Funding By Source**
- General Fund: 56%
- Federal: 10%
- Local: 4%
- Other: 30%

**FY 2015 Total Public Funding = $1.75 billion**
- Community Services Boards: 43%
- State Hospitals: 19%
- Central Office Support: 35%
- Medicaid*: 3%

For comparison, commercial insurance paid out an estimate of over $400 million in 2014 for mental health services.

* Excludes Medicaid Payments to CSBs and state mental health hospitals.
Where Does Virginia Rank Across U.S.?

**Government Spending**
- State psych. hospitals 6th
- Community-based programs, 22nd
- Total expenditures, 15th

**Wellness & Access**
- Wellness ranking 29th
- Access to care, 36th
- Composite scores, 42nd

*From a June 2016 State staff presentation*

*Mental Health America, using 15 features, 2013 data, (pre-Affordable Care Act)*
Challenges

• Spread of opioid addiction through over-prescribing pain meds
• Incidence of anxiety has overtaken depression as most commonly diagnosed condition.
• Rate of suicide increasing.
• Hospitalization usage greatly increased with recent state law that requires state hospitals to take patients in need if closer beds not available.
• Movement of state Medicaid-funded care (for the poor) to “managed care” (outcomes based) instead of traditional “fee-for-service” system.
Challenges –cont’d

• Medicaid still not covering “able” adults with income between 80% and 138% of Federal Poverty Level, leaving them uninsured.

• Increased drug price gouging. Prescription manufacturers use an oligopoly position and massive lobbying budgets to weaken consumer welfare and increase profits.

• Continuing shortage of providers, especially of behavioral health providers in schools and more rural areas.

• Continued wide disparity in funding and service levels of Community Service Boards (CSBs) around state.

• Safe guarding the Housing Trust Fund
Actions For You

• Support early identification, intervention in behavioral health problems in schools, e.g. more counselors, NAMI programs

• Support local Substance Use and/or Mental Illness Specialty Courts for diversions from Justice System

• Promote greater access to behavioral health treatment during imprisonment...and minimize solitary confinement

• Support city/county funding for projects at your Community Services Board (join the CSB board?)

• Press your legislative candidates and legislators on their healthcare funding positions, e.g. universal affordable access or insurance coverage