

COMMONWEALTH of VIRGINIA

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December 1, 2021

The Honorable Janet D. Howell, Chair, Senate Finance Committee The Honorable Luke E. Torian, Chair, House Appropriations Committee 900 East Main Street Richmond, VA 23219

Dear Senator Howell and Delegate Torian:

Pursuant to Item 326.B of the 2021 Appropriations Act, the purpose of this letter is to report on the number of individuals served and services provided by the Discharge Assistance Program (DAP). Specifically, the language requires:

B. The Department of Behavioral Health and Developmental Services shall report by November 1 of each year to the Secretary of Finance and the Chairmen of the House Appropriations and Senate Finance Committees on the number of individuals served through discharge assistance plans and the types of services provided.

DAP must be initiated to address barriers to discharge from state psychiatric facilities. These plans, called "IDAPPs" can include one-time costs such as transportation, apartment set up costs etc.; or ongoing costs including services and residential costs.

Within this context, below you will find a description of the dollars expended, types of services provided, and number of individuals served by 790 Grant to Localities DAP funds for FY20.

Sincerely, Alison G. Land, FACHE Commissioner, Department of Behavioral Health and Developmental Services

CC: Vanessa Walker Harris, MD Susan Massart Mike Tweedy

Individual Plans FY 2021

- In FY21, 1,386 individuals were served with IDAPPS. \$32,577,870.00 in DAP funding has been spent supporting ongoing and one-time cost for these individuals. These individuals have been served with 24-hour supervised care and housing, community-based services, and medication and startup costs for community transition. Of those 1,386 served, 513 were new hospital discharges (37%). The average LOS in the state facility for those new discharges is 450 days.
- DBHDS has worked over the past fiscal year toward more specific category spending tracking. The vast majority of DAP is spent on supervised residential services (83.8%). This includes nursing home, assisted living and small group homes. See chart below for more details:

		Number		
Categories	Total Spent	Served	Avg Per person	%of total spent
Outpatient/ Mediciation Monitoring- 310 and 312	\$ 44,268.82	40	\$1,106.72	0.13%
Assertive Community Treatment- 350	\$ 65,909.00	7	\$9,415.57	0.20%
Case Management-320	\$ 420,070.16	208	\$2,019.57	1.27%
Psychosocial Rehab/ Day Support 425	\$ 535,733.78	166	\$3,227.31	1.62%
Highly Intensive Residential 501	\$ 2,968,948.38	85	\$34,928.80	9.00%
Intensive Residential 521	\$ 2,459,549.21	60	\$40,992.49	7.46%
Supervised Residential 551	\$ 19,098,944.63	928	\$20,580.76	57.92%
Supervised Residential Memory Care	\$ 3,106,176.93	58	\$53,554.77	9.42%
Supportive Residential 581	\$ 870,761.85	53	\$16,429.47	2.64%
Rental Subsidy	\$ 1,293,562.05	258	\$5,013.81	3.92%
Transportation	\$ 153,511.82	163	\$941.79	0.47%
Personal Needs	\$ 37,644.71	119	\$316.34	0.11%
Medications	\$ 146,493.18	73	\$2,006.76	0.44%
Other	\$ 1,772,843.25	454	\$3,904.94	5.38%

• Individuals may have multiple IDAPPs including one-time, ongoing, or a combination of both, depending on circumstances and needs. The 1,386 individuals served during the FY 21 represented 1,573 IDAPPs. The average statewide cost of an ongoing plan is \$33,580 annually. The average statewide of a one-time plan is \$6,369.

Infrastructure Funding

- \$3,129,873 was provided to support three assisted living facilities that would exclusively serve individuals being discharged from state hospitals. These include a facility in Nelson County, one in Western Tidewater, and one in Pulaski County. The Community Services Boards in those areas operate these facilities. They are designed to serve a minimum of 140 hospital discharges annually.
- \$1,200,000 was provided for contracted intensive and transitional community residential programs for individuals being discharged from Eastern State Hospital. The services included were 24 hour intensive care, supervision and support, assistance with medication

education and monitoring, support and assistance in engaging/transition to community based activities, and support toward transitioning to lower level of care as appropriate.

DBHDS will continue to keep the General Assembly updated regarding the utilization and oversight of these funds.

Sincerely, Alison Land Commissioner

Cc: The Honorable Daniel Carey, MD Vanessa Walker Harris, MD Susan E. Massart Mike Tweedy