Reducing Hospital Encounters in Minority-Serving Hospitals

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Health Disparities

- Well documented in minority populations such as African American, Native Americans, Asian Americans, and Latinos.

- In the US, compared to Whites, these groups have:
  - Higher incidence of chronic diseases
  - Higher mortality
  - Poorer health outcomes
50% of the U.S. Population will be Ethnic Minorities by 2050

Relative Distribution of U.S. Population by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2005</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>67%</td>
<td>47%</td>
</tr>
<tr>
<td>Blacks</td>
<td>12.8%</td>
<td>13%</td>
</tr>
<tr>
<td>Hispanics</td>
<td>14%</td>
<td>29%</td>
</tr>
<tr>
<td>Asian</td>
<td>5%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Source: Pew Research Center, 2008* projections

Obtained from Virginia Commonwealth University Presentation
Despite the nation’s efforts to provide services to enhance access to care for diverse populations health disparities still exist.

“Health disparities are differences in the incidence, prevalence, mortality, burden of diseases and other adverse health conditions or outcomes that exist among specific population groups in the United States.”

(www.chronicdisease.org)
“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Dr. Martin Luther King, Jr
Racial and ethnic minorities—even with access to the health care system—receive lower quality care than white patients for many medical conditions.

Three Notable Publications

Social Issues and Public Policy: Framing the Future
Who Shall Live? Health, Economics & Social Choice
Victor R. Fuchs

The problems we face…

- **Cost of care**
  - Health care crisis is arguably simply a ‘crisis of cost’
  - “The inflationary rise in medical costs is the key concern of congressmen and consumers, a fundamental political and economic fact of life for both.”

- **Access to care**
  - **Special** problems of access are those faced by particular groups in society
  - **General** problems are those felt by the whole of the population, even those who can pay for care and are not disadvantaged by location

- **Health levels**
  - Concern that health levels (outcomes) in the United States are not as high as in many other developed nations
  - Concern that health levels (outcomes) vary greatly among different demographic groups within the United States
The choices we must make…

- The most basic level of choice is between health and other goals…is health more important than anything else?

- Every society must choose between using existing resources to satisfy current desires (consumption), or applying them to capital- creating activities in anticipation of future needs (investment)

- Basic dilemma of life:
  - “All people should be treated equal” vs. “Produce as much as possible through mastery of the forces of nature,” which inevitably requires unequal treatment
Americans’ Dependency on Federal Aid Continues to Increase

In 2010:

- A record 18.3% of total personal income was payment from government for Social Security, Medicare, Food Stamps, unemployment benefits and other programs
- Wages accounted for the lowest share of income – 51.0%
- Wages declined to a low of 50.5% of personal income in Feb. 2011
Suicidal Politics: Government Promises More Than It Can Deliver

Americans’ Dependency on Government: 2009

- 46.2 % received at least one federal benefit
- 46.5 mil – Social Security
- 42.6 mil – Medicare
- 42.4 mil – Medicaid
- 36.1 mil – Food Stamps
- 3.2 mil – Veterans’ benefits
- 12.4 mil – Housing subsidies

National Opinion Research Center: University of Chicago 2011
State Level Policy

YOU BE THE GOVERNOR

EXECUTIVE
$53.2 million

NATURAL RESOURCES
$189 million

TECHNOLOGY
$8.8 million

TRANSPORTATION
$82 million

ALL OTHER
$946.6 million

ADMINISTRATION
$69 million

AGRICULTURE AND FORESTRY
$82.3 million

COMMERCE AND TRADE
$279.4 million

HEALTH AND HUMAN RESOURCES
$9.3 billion

PUBLIC SAFETY
$4.3 billion

K-12 AND HIGHER EDUCATION
$13.6 billion

FINANCE
$1.5 billion

YOUR MISSION:
FIND $2 BILLION

Sharpen your pencil: How would you
CUT VIRGINIA’S BUDGET?
A Local Perspective

Percent of Population Living in Poverty
(2005-2009 American Community Survey 5-Year Estimates)
(2010 American Community Survey 1-Year Estimates – for locality populations of 65,000+)

Richmond Regional Planning District Poverty Rate = 10.2%

<table>
<thead>
<tr>
<th></th>
<th>1990</th>
<th>2000</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chesterfield</td>
<td>4.30%</td>
<td>4.80%</td>
<td>5.90%</td>
<td>6.40%</td>
</tr>
<tr>
<td>Hanover</td>
<td>4.30%</td>
<td>4.10%</td>
<td>4.60%</td>
<td>4.20%</td>
</tr>
<tr>
<td>Henrico</td>
<td>5.50%</td>
<td>6.20%</td>
<td>8.80%</td>
<td>10.20%</td>
</tr>
<tr>
<td>Richmond</td>
<td>19.80%</td>
<td>18.10%</td>
<td>22.10%</td>
<td>25.80%</td>
</tr>
<tr>
<td>Goochland</td>
<td>7.70%</td>
<td>6.70%</td>
<td>8.40%</td>
<td>-</td>
</tr>
<tr>
<td>Powhatan</td>
<td>5.70%</td>
<td>5.40%</td>
<td>4.30%</td>
<td>-</td>
</tr>
<tr>
<td>Charles City</td>
<td>15.80%</td>
<td>9.50%</td>
<td>10.20%</td>
<td>-</td>
</tr>
<tr>
<td>New Kent</td>
<td>4.90%</td>
<td>5.10%</td>
<td>4.80%</td>
<td>-</td>
</tr>
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</table>
A Local Perspective (cont.)

Percent of All Poor by Race
(2005-2009 American Community Survey 5-Year Estimates for Localities Above 20,000)

- White: 40%
- Black: 48%
- Hispanic: 9%
- Asian: 3%
A Local Perspective (cont.)

Percent of All Races Living in Poverty: 1990-2009

(2005-2009 American Community Survey 5-Year Estimates for Localities Above 20,000)

<table>
<thead>
<tr>
<th>Year</th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
<th>Hispanic/Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>4.70%</td>
<td>20.70%</td>
<td>11.10%</td>
<td>8.00%</td>
</tr>
<tr>
<td>2000</td>
<td>4.50%</td>
<td>17.90%</td>
<td>9.80%</td>
<td>15.50%</td>
</tr>
<tr>
<td>2009</td>
<td>6.30%</td>
<td>17.80%</td>
<td>10.50%</td>
<td>23.50%</td>
</tr>
</tbody>
</table>
Mission of RBHA: A Local Perspective

“RBHA enhances the quality of life for the people of Richmond by promoting and providing quality behavioral health and developmental services that are available, accessible and cost-effective.”
RBHA FY 2012 Consumers Served
Static Capacity/Medicaid vs. No Funding Source

Adults (N = 2726)
- Adults/Medicaid Recipients: 1,740 adults (64%)
- No Funding Source: 986 adults (36%)

Children (N = 1197)
- Children/Medicaid Recipients: 1,067 children (89%)
- No Funding Source: 130 children (11%)

Total # Individuals with No Funding Source = 1,116 (30%)
School-Based Programs: Mental Health, Behavioral & Prevention Services

RBHA provides services in **24 schools** in Richmond:

**Elementary Schools**
1. Bellevue
2. Blackwell
3. Carver
4. Chimborazo
5. Clark Springs
6. Fairfield
7. George Mason
8. Ginter Park
9. Mary Scott
10. Overby Sheppard
11. Redd
12. Reid
13. Westover Hills
14. Woodville

**Middle Schools**
1. Binford
2. Henderson
3. Martin Luther King
4. Thompson

**High Schools**
1. George Wythe
2. Armstrong (*prevention only*)
3. Huguenot (*prevention only*)
4. Thomas Jefferson (*prev. only*)

**Alternative Schools**
1. REAL Middle
2. Thirteen Acres Elementary

- **325** youth are currently receiving *youth day treatment or other behavioral intervention services* in the schools.
- Over **800 students** in four (4) high schools receive *substance abuse prevention* services monthly.
Virginia Independent Clinical Assessment Program (VICAP)

- Recent Medicaid audits have shown that, in many cases, these intensive MH services were provided to children who did not meet the clinical eligibility criteria, and/or the services provided were not IIH, TDT, or MHSS.

- Virginia’s FY-2012 Budget required that, effective July 1, 2011, children **must** receive an independent assessment from their respective local CSBs/BHAs prior to them receiving certain Medicaid-funded children’s mental health services.
### RBHA VICAP Performance Since July 18, 2011

<table>
<thead>
<tr>
<th># VICAP appointments scheduled</th>
<th>#, (%) VICAP appointments scheduled within timeframes</th>
<th>#, (%) “No Shows”</th>
<th># VICAP assessments completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>4027 (100%)</td>
<td>3908 (100%)</td>
<td>1778 (44%)</td>
<td>2808</td>
</tr>
</tbody>
</table>

RBHA performance = **100% Compliance Rating**
1,000 Homes for 1,000 Virginians Project

- Virginia’s response to the national 100,000 Homes initiative; Greater Richmond Continuum of Care was first in Virginia to develop its own initiative, which was led by Homeward and Virginia Supportive Housing.

- **RBHA had a core role in the planning and implementation** of the 3-day effort (August 1-3, 2011); more than 200 homeless individuals living outdoors in the City of Richmond and surrounding areas were administered a vulnerability survey to identify those most likely to die while on the streets.

- **Dr. Lanier** joined one of the outreach teams on the first morning, from 4:00am-7:00am, his team found 8-10 homeless individuals on the streets who agreed to take the survey.

- Since August, more than 30 chronically homeless people have been housed in safe, permanent, affordable homes; more than 20 more are working toward obtaining housing; 1 person surveyed is known to have died.

- **RBHA homeless services staff provide outreach and intensive case management services** to many of the surveyed individuals.
# Intellectual Disabilities (ID) Services

Provides quality services through directly operated case management services and through contracted and partner community agencies to:

- **Infants and toddlers** from birth to age three (3) who have developmental delays (Part C/Early Intervention);
- **Children**
  - ages three (3) to five (5) who have cognitive and developmental delays
  - children ages six (6) to twenty-two (22) who have a diagnosis of intellectual disability; and
- **Adults** over the age of twenty-two (22) who have a diagnosis of intellectual disability.
ID Waiver Overview

**ID Waiver** = Medicaid funding for certain community-based alternatives to institutional care (offered in Virginia since 1991)

- Department of Medical Assistance Services (DMAS) administers
- Day-to-day operations are managed by the Department of Behavioral Health and Developmental Services (DBHDS)
- Community Services Boards (CSBs) or Behavioral Health Authorities (BHAs) provide case management services; actual services are delivered by some CSBs/BHAs and private providers across the state
ID Waiver Overview

To receive services, an individual must meet eligibility requirements and a “slot” must be available.

The number of slots is limited by the availability of funding for services and there is a waiting list for slots.

Funds are managed at the state level and the appropriation of additional funds is dependent upon General Assembly action.

When slots become available, CSBs/BHAs determine which individual is in most critical need of services.
ID Waiver Waitlist

**STATEWIDE**

- Total Individuals on Waitlist (WL) = 5932
- Urgent WL = 3316
- Non-Urgent WL = 2616

**RBHA**

- Total Individuals on Waitlist (WL) = 321
- Urgent WL = 174
- Non-Urgent WL = 147
New ID Service for FY 2012

- RBHA was awarded $985,000 in new START funds from DBHDS in order to implement and operate regional crisis stabilization services for adults with intellectual disabilities and co-occurring mental illness or significant challenging behaviors.
- Services will include a 6-bed Respite home located in the City and enhanced crisis prevention and emergency services provided to individuals with intellectual disabilities.

START - Systemic, Therapeutic, Assessment, Respite and Treatment services
Virginia Wounded Warrior Program

RBHA is proud to serve as the lead agency for the Region IV Virginia WWP Initiative

VWWP was established by 2010 Virginia General Assembly;

Enables Department of Veterans Services, in cooperation with the Department of Behavioral Health and Developmental Services and Department of Rehabilitative Services, to establish a program to monitor and coordinate mental health and rehabilitative services support for Virginia veterans…

Also supports family members affected by covered military members’ service

Ensures adequate and timely assessment, treatment, and support to veterans, service members, and affected family members.
Virginia Wounded Warrior Program

Since 2010:

- More than 700 Virginia veterans have been served
- More than 85 veterans have been linked with long-term mental health treatment
- 31 homeless veterans have received support services
- 29 veterans have been trained as peer mentors and they, in turn, have reached out to support another 135 Virginia veterans and families
- Four specialized workshops have been developed and delivered to veterans, their partners, and their families, positively impacting the lives of 166+ military family members
A New Lease on Life Project

- $2 million, 2009, statewide initiative of the Virginia Health Care Foundation, Virginia Association of Community Services Boards, and the Virginia Association of Free Clinics to bring *integrated mental health and medical care* to uninsured and underinsured persons

- RBHA, Chesterfield CSB, Goochland-Powhatan CSB, Daily Planet, and Goochland Free Clinic and Family Services created partnership to serve this population

- RBHA serves as lead agency; partnership was awarded $267,071 over a 3-year period, starting January, 2010

- Funding supports 1.0 FTE Nurse Practitioner position to serve all 5 locations

- In 2011, the regional project served almost 600 individuals with co-occurring medical and mental health issues through more than 1,900 patient visits — a total value exceeding $210,000; patients were also assisted in accessing more than $32,000 in prescription medications
Recent RBHA Outcomes & Accomplishments

- Over **470** infants and toddlers with developmental delays received specialized family centered community based services.

- **95%** of individuals with intellectual disabilities receiving supported employment services maintained community employment.

- **86%** of the children served in the RBHA Therapeutic Foster Care Program successfully remained in a home/family environment and were diverted from more intensive and expensive levels of care.
Recent RBHA Outcomes & Accomplishments (continued)

- The **RBHA HIV Early Intervention team** has partnered with Bon Secours Care-A-Van to reach into the Hispanic community to provide culturally-informed outreach, HIV testing and brief counseling services to this non-English speaking group.

- The **RBHA Prevention Services unit** successfully established ‘Bring Your “A Game”’, a male responsibility group centered on basketball and football groups at Huguenot and George Wythe High Schools.

- **96% of 1,400 individuals** receiving services for serious mental illness achieved successful community integration and **did not** require additional inpatient psychiatric hospitalization.
“The first imperative of society after morality is health.”; philosophy was life, liberty and the pursuit of happiness

__ Third President of the United States, Thomas Jefferson

"The greatest gift we can give one another is rapt attention to one another's existence.”

__Sue Atchley Edbbaugh