

CBH Legislative Priorities 2011

1. Protect and maximize the benefits of those with mental illness, substance use disorders and intellectual/developmental disabilities during the development and implementation of the State Health Insurance Exchange.
 - The Virginia Health Reform Advisory Committee proposes keeping Medicaid separate from other forms of insurance when the Health Benefit Exchange is planned and implemented. To do so would have serious negative consequences for our consumers by making navigation of the system and access to services difficult.
 - By treating Medicaid as one with other forms of health insurance in the Exchange, the amount of Medicaid “churn” would be drastically reduced, thereby stemming a logistical administrative nightmare and its’ associated costs.
 - “Churn” occurs when a person loses their Medicaid eligibility due to some event, such as a temporary increase in income, forcing them to take on new insurance from the Exchange. When this happens, the level of care they receive, benefits and even providers may change. When the individual’s income level drops again, they must go back on Medicaid as they are no longer eligible to be in the Exchange. Once again, their level of services, available benefits and providers will change. This back-and-forth movement from Medicaid to other insurance is called “churn” and is expected to be a significant problem for states that separate Medicaid from other forms of insurance in their Health Insurance Exchange. If Medicaid is kept together with the Exchange and not separated out or excluded, the amount of churn and therefore disruption to people’s lives, administrative costs and confusion in the health care world will be greatly reduced.
 - The state would be able to maintain and possibly improve service access for the individuals we serve due to cost savings.

2. Request that funding for community-based programming for mental health, substance use disorder and intellectually disabled and developmentally disabled populations not be decreased during times when state facilities are being downsized. Long-term savings to the Commonwealth are more likely to result from redirecting facility-based savings to community-based services. Services that divert citizens away from institutional and correctional systems should be Virginia’s priority, including Program of Assertive Community Treatment (PACT) teams, Crisis Intervention Team (CIT) programs, jail-based services and community-based crisis stabilization.
 - Downsizing state facilities while simultaneously cutting the budgets of community services leaves us with unfunded mandates and nowhere for people who need help to go.

- Every community needs a CIT to divert people with mental illness from entering the criminal justice system. Once such individuals are incarcerated, their conditions tend to worsen and jail is not the best placement for the mentally ill or those with co-occurring disorders. The jails take on the costs of caring for this population but they usually do not receive the level of care they truly need while incarcerated.
3. Improve/Expand Access to Child Psychiatry. Numerous state and legislative studies and reports have noted that throughout the state there is a significant lack of child/psychiatry services available to children in need. In response, the Children's Council is requesting funds to be used by CSBs/BHAs on an individual, regional, or state-wide basis to employ one or more of the following strategies to provide child psychiatry to an additional **4.000** children per year. This would be accomplished through:
- Contracting with vendors to secure the services of child psychiatrists and/or qualified nurse practitioners;
 - Directly employing child psychiatrists and/or nurse practitioners;
 - Contracting with local medical schools to establish workforce development programs that offer tuition stipends to medical students in exchange for agreeing to work at local CSBs/BHAs; and
 - Contracting with vendors willing to provide child psychiatry services through telepsychiatry on a 24 hr/day, 365 days/a year basis.
 - *The DBHDS report on Children's Services cite Crisis stabilization capability and access to psychiatry as basic services that should be present in every region.*

Virginia CSB –Related Legislation Tracking Suggested Websites and Methods

Option 1: Richmond Sunlight

www.richmondsunlight.com

- This site allows you to search bills by legislator, bill number, etc.
- Easily shows each bill's current status in the Assembly
- Can set up ability to track the bill if it holds special significance
- Fiscal impact statement is very helpful within this site (from Department of Planning and Budget – DPB)
- A bit harder to track budget amendments here

Option 2: Virginia General Assembly

<http://legis.state.va.us>

- You can sign up for “Lobbyist in a Box” a free bill tracking service
- Can track legislation and budget amendments (easiest place to track budget amendments)
 - FOR BUDGET ITEMS:
 - On home page, scroll over “State Budget: (left box)
 - Click on “Budget Home,” in the drop down menu
 - In drop box on the right select “2012 Session” then click “Go”
 - Click on “Bills & Resolutions”
 - Click “By Committee” (or choose another option)
 - Select the Committee you are interested in
 - List will appear below this on the next page. You can see more detail by clicking on the blue item number of each proposed budget amendment

NOTE: The DPB's Fiscal Impact analysis of each bill and item is also available on this page.

Option 3: Virginia Association of Community Services Boards

www.vacsb.org/advocacy.html

- Allows reading of weekly Legislative Clearinghouse review, including positions taken on each bill by the VACSB
- Updated weekly
- Can also sign up for this weekly report by email
- Identifies VACSB budget priorities

Option 4: NAMI Virginia

www.namivirginia.org

- Look under advocacy tab on the left side of the page
- Links to budget and legislative priorities for NAMI Virginia