

Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century

Work Group # 1: Service System Structure and Financing

Meeting #3 Summary

Monday, August 22, 2016
Capitol Building, Richmond, Virginia

Work Group #1: Service System Structure and Financing (the Work Group) of the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century (the Joint Subcommittee) held its third meeting of the 2016 interim on Monday, August 22, 2016, at the Capitol Building in Richmond. Members present included Senator Hanger (Chair), Senator Deeds, and Delegate Farrell. Materials from the meeting can be found on the Joint Subcommittee's website at http://dls.virginia.gov/interim_studies_MHS.html.

Presentation: Update on Activities of the Service System Structure and Financing Expert Advisory Panel

Staff read a report on the activities of the Service System Structure and Financing Expert Advisory Panel prepared by Dr. Richard Bonnie, Director of the Institute of Law, Psychiatry and Public Policy at the University of Virginia School of Law and Chairman of the Service System Structure and Financing Expert Advisory Panel (the Panel). The report summarized several topics that the Panel was investigating:

- ***Closing gaps in service capacity and access*** - The panel continued to move forward with analysis of the elements required to transform the public mental health services system in the 21st century and implement the elements of the STEP VA model developed by the Department of Behavioral Health and Developmental Services (DBHDS). As part of this effort, the Panel would be working with the experts at DBHDS to develop reasonable estimates of the cost of achieving the level of service capacity envisioned in the STEP VA plan on a statewide basis over the next decade.
- ***Creating necessary data capacity*** - The Panel believes that a transformed public mental health services system requires a robust data system to measure performance and outcomes. Unfortunately, the necessary data infrastructure does not yet exist and many of the necessary data elements are not yet available. With assistance from DBHDS and other state agencies, the Panel is attempting to identify the gaps and make timely recommendations to build the necessary data capability to support the transformed system of care.
- ***Solving cross-system challenges*** - The Panel believes that several of the most challenging problems affecting delivery of services to vulnerable populations result from gaps and misalignments in services across systems, including challenges related to safe transportation for persons in crisis and delivery of necessary services to juveniles and

adults in detention or as they are released from custody. Because these problems implicate structural challenges, especially at the local level, the Panel is working with the expert panels on criminal justice diversion and crisis response to study local innovations and facilitate creative solutions.

- ***Coordinating publicly funded mental health services*** - The Panel has been exploring opportunities for improving alignment of Medicaid-funded mental health services and services funded by state general funds. The financing of mental health services with federal, state, and local revenues has become increasingly complex, especially in the context of recent federal health care reform initiatives and the promising trend toward integration of behavioral health and general medical care. The Panel's work in this important domain is in a learning phase, and the Panel expects to continue this inquiry in the months ahead.
- ***Linking community services board funding to state hospital use*** - The Panel has been reviewing the concept of linking community services board (CSB) funding to state hospital utilization. Since the advent of the “last resort” legislation in July 2014, admissions to state hospitals have increased 42% (4,275 in fiscal year 2014 to 6,082 in fiscal year 2016) while admissions to state hospitals pursuant to temporary detention orders have increased 164% (1,319 in fiscal year 2014 to 3,477 in fiscal year 2016). At the same time, on any given day approximately 150 individuals are on the DBHDS “Extraordinary Barriers List” (EBL). These individuals no longer need state hospital care but remain hospitalized for want of a suitable community support plan. The EBL cohort uses a significant amount of state hospital resources that could be devoted to acute care. In response to this situation, DBHDS has initiated a dialogue with CSBs about the possibility of linking CSB funding to state hospital utilization targets in order to create financial incentives to reduce state hospital usage to safer levels and to ensure that CSBs will have access to acute beds within their region when necessary. Mechanisms that link community funding to state hospital utilization exist in many other states, and the Panel is currently researching these mechanisms to develop possible options.

The report also identified the Panel's immediate priorities. Specifically, the Panel is working on preparation of a report in the fall of 2017 that will lay out policy and budget recommendations for the 2018 Session of the General Assembly. Dr. Bonnie did note that he had asked each of the other expert advisory panels to identify possible recommendations for statutory or budget changes that appear to be urgent or that are otherwise ripe for consideration by the Joint Subcommittee and to provide those recommendations to the Panel for review at its meeting in late September. The Panel will present any recommendations for the 2017 Session of the General Assembly to the Work Group at the Work Group's October meeting. Additional information and a copy of the report can be found at <http://dls.virginia.gov/groups/mhs/update082216.pdf>.

Presentation: Implementation of the Certified Community Behavioral Health Center Model: Service Definitions, Service Descriptions, and CSBs Needs Assessment

Mr. Daniel Herr, Assistant Commissioner of Behavioral Health Services, DBHDS, provided information about the 10 core services of the Certified Community Behavioral Health Center (CCBHC) type of model. These include: same-day access, crisis services, outpatient clinical primary care screening and monitoring, person-centered treatment planning, outpatient mental health and substance use services, targeted case management, psychiatric rehabilitation services, peer and family support, services for members of the armed forces and veterans with limited access to services provided through Veterans Administration medical facilities, and care coordination services. Mr. Herr also described the results of the community needs assessment performed by DBHDS. The needs assessment sought to establish community demographics, prevalence rates, penetration rates, and relevant social indicators for mental health service needs at each CSB. The needs assessment also compared units of services needed to existing units of service for each category and the gap between existing services and the population needs. This will allow DBHDS and the CSBs to develop plans for addressing service needs and barriers to service development, identify timeframes for developing and implementing new or additional services, and create a matrix for costs of developing and implementing services. Additional information and a copy of the presentation can be found at <http://dls.virginia.gov/groups/mhs/service%20desc%20082216.pdf>.

Presentation: CSB Data Collection Options

Mr. Alan Wass presented information about data collection options for CSBs. He noted that, currently, data collection is difficult and latency is high; data gathered does not offer CSBs insight into their own business efficiency or effectiveness; metrics are not industry standard, making comparative analyses difficult; and there is little in the current design to support measuring outcomes. At the same time, many stakeholders want data on the activities and outcomes of CSBs to inform data-driven decision making. To address this need, DBHDS has reviewed data collection options. The process has been process-focused and has taken into account available technology. Five options have been reviewed and the pros and cons of each option evaluated. The final recommendation, Mr. Wass reported, was that DBHDS execute a project to move to standard metrics, measures, and data transmissions. This should involve engaging a consulting firm to drive business metric development; engaging electronic health records vendors to assess basic or add-on data mart or data warehouse performance products; assessing any third-party data products as needed; establishing direct, secure communication with CSBs; driving adoption of meaningful use outcome measures, business metrics that support the CSBs and inform DBHDS, and measures to support the needs of individuals receiving care; and adopting a “balanced score card” approach to key metrics. Additional information and a copy of the presentation can be found at <http://dls.virginia.gov/groups/mhs/data%20collection%20082216.pdf>.

Presentation: Local Government Perspectives on Publicly Funded Mental Health Services

Mr. Michael Murphy, Assistant City Manager, Charlottesville, spoke about the role of local governments in providing mental health services. He noted that the services provided by local governments encompass more than just services provided through CSBs, including foster care services, services provided through the Children's Services Act, services provided in jails, law enforcement, fire and emergency medical services response, drug courts, home visiting groups, and funding for mental health nonprofit organizations. Local governments collaborate with a range of service providers to address mental health and substance abuse service needs. He noted that needs continue to exist, and that local governments continue to work toward filling those needs.

Mr. Daniel O'Donnell, Assistant County Administrator, Roanoke County, spoke about the fiscal realities affecting Virginia local governments. He noted that since the recession of 2008, local resources have not kept pace with inflation or population growth. At the same time, state general fund appropriations to localities have diminished. Ms. Janet Areson, Director of Policy Development at the Virginia Municipal League, provided an overview of the many types of mental health and related services that localities provide.

Additional information and copies of the materials presented can be found under the "materials" link for the August 22 meeting at http://dls.virginia.gov/interim_studies_MHS.html.

Next Meeting

The Work Group will hold its next meeting on October 26, 2016. At that meeting, Work Group members will discuss recommendations for legislative action during the 2017 Session of the General Assembly.