BEHAVIORAL HEALTH REDESIGN

A PROPOSAL TO ADVANCE PROACTIVE, EVIDENCE-BASED SOLUTIONS

The long-term VISION of Redesign is to implement well-integrated behavioral health services that provide a full continuum of care to Medicaid members across the lifespan. This comprehensive system will improve access to services that are:

High Quality

Evidence-Based

Trauma-Informed

Cost-Effective

Why Redesign? Why Now?

- Medicaid is the largest payer of Behavioral Health Services in the Commonwealth and ~1/3 of members have a diagnosis that warrants intervention.
- Medicaid expansion includes populations who have not had access to mental health care and have significant needs.
- Virginia is currently paying for mental health services that have not been updated for almost 20 years and the current rates do not support best practice.
- The Bed of Last Resort Legislation has exposed many of the gaps in Virginia's behavioral health services as the lack of availability, access, and alternatives to inpatient treatment have contributed to the rising state hospital census.
- With the support of General Funds, there are system-wide changes to behavioral health care occurring across the Commonwealth— **Redesign increases cost-effectiveness for those services that are able to draw down a Federal Match.**

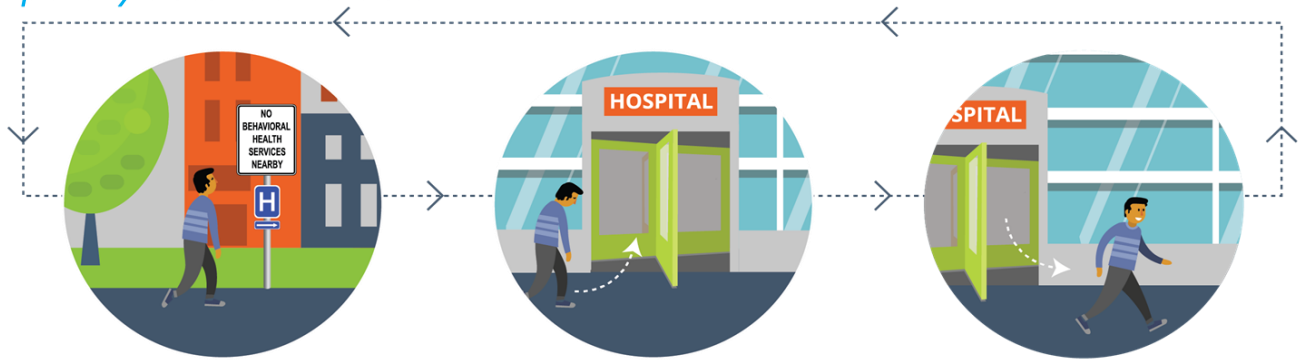
Virginia can do better—

and here is the plan.

CURRENT PRIORITY FOR REDESIGN

THE STATE PSYCHIATRIC INPATIENT BED CRISIS

Lack of alternative crisis services has contributed to the increasing number of temporary detention orders



⇒ Many Virginians seek mental health care through hospital emergency rooms in a state of crisis due to lack of community-based crisis response and options for services that meet their needs.

⇒ The lack of available services and access barriers contribute to the cycle of repeat ER visits and inpatient psychiatric hospitalization —**Virginia's *system requires a more robust and nimble array of crisis services*** in order to reduce reliance on hospitalization and keep people in their communities with their natural supports.

⇒ Well-developed crisis systems involve collaboration across private and public systems - providers from both systems work together to meet the needs of people in crisis, regardless of their health care coverage.

⇒ Addressing the needs of individuals currently admitted to psychiatric hospitals is the priority and the Redesign services in the budget proposed represent **high acuity, intensive services, that are effective in reducing admission and recidivism.**

HOW CAN REDESIGN HELP?

The current budget proposal seeks permission to implement ***SIX*** high quality, high intensity and evidence -based services that have demonstrated significant impact and value to people who are at risk for inpatient hospitalization. These options provide diversion from or step-down out of inpatient hospitals.

Inpatient Hospitalization

1. Partial Hospitalization Programs
2. Intensive Outpatient Programs
3. Program of Assertive Community Treatment (Adults)
4. Multi-Systemic Therapy & 5. Functional Family Therapy (Youth)

6. Comprehensive Crisis

Mobile Crisis Response

Community-Based Crisis Stabilization

Residential Crisis (CSU)

23-Hour Observation Beds

PRIORITY SERVICES SUMMARY

CURRENT REDESIGN PROPOSAL

1. Program of Assertive Community Treatment (PACT)

A high-intensity, team-based treatment delivered in the community for individuals with serious mental illness. Referred to as "hospital without walls." Proven track record of success in Virginia:

A cohort of over 300 individuals served by PACT for a two year period decreased their state hospital bed days by 54% (as compared to the two years prior to their enrollment in PACT).

High intensity, community-based services for adolescents with national evidence supporting, as cost-effective alternatives to inpatient and residential placements. Record of success in Virginia through DJJ Transformation, but not readily available to other adolescents in need due to lack of a sustainable Medicaid rate.

2. Multi-systemic Therapy

+

3. Functional Family Therapy

4. Comprehensive Crisis Services

Mobile Crisis
Crisis Intervention
CSU/Residential
23-hr observation

A full set of gold standard crisis services that would include regional call centers to dispatch public and private providers to conduct mobile crisis intervention and ongoing stabilization in communities. This includes providing an appropriate reimbursement structure for community-based crisis interventions, crisis stabilization units, and 23-hour crisis stabilization beds. (Learn more about the model: https://crisisnow.com/)

Two standard services missing from the mental health benefit in Medicaid that promote diversion and step-down from inpatient settings. These are structured clinic or facility based programs for children, adolescents and adults, yet still allow the individual to remain at home, attend school, and/or work. National data suggests that approximately 1/5 individuals served by inpatient hospitalization could be served by PHP, if the service were available.

5. Partial Hospitalization Program (PHP)

+

6. Intensive Outpatient Program (IOP)

Each of these services with redesigned rates would strengthen our system of care, but TOGETHER, they form a comprehensive set of high-acuity services that results in a collective impact to reduce the reliance on inpatient hospitalization.

STEP VA & REDESIGN

HOW ARE THESE INITIATIVES SIMILAR AND DIFFERENT?

STEP VA: BASICS

* Population: ~ 200,000 people served through CSBs
  * 50% are Medicaid members (~100K individuals)
  * 50% are individuals with no insurance, no way to pay for services, or individuals in transition (i.e., leaving hospitalization or incarceration) and cannot access services in any other way
* Providers: Ensures that all 40 CSBs provide consistent access to 9 core service categories through the CSB system regardless of location or payer source
* Services: Defined within nine distinct steps which may encompass one or more types of services. Steps are based on essential service categories within the CSB, rather than a continuum.
* Implementation: Service categories have been defined and implementation timeframe is in Code. Mandates that specific services be accessible, but does not reform the services themselves

STEP VA: COST

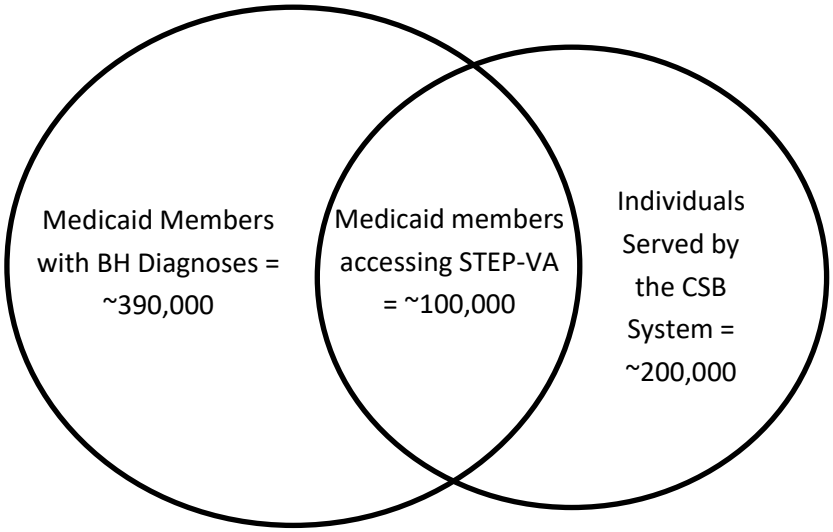
* Estimated cost to fully fund remaining 7 STEPs to meet July 1, 2021 date is $131,000,000 ***in absence of redesign.***

REDESIGN: BASICS

* Population: Any of the 1.4 million people served through Medicaid who need behavioral health services
  * Approximately 1/3 of Medicaid members have a behavioral health diagnosis that needs treatment (~390K individuals)
* Providers: All public and private providers who accept Medicaid, including CSBs, will have rates established and/or refreshed for behavioral health services across all levels of care. Rates are sustainable for the provision of evidence-based, high quality services.
* Services: Individual services that are part of a comprehensive continuum. Proposed services are grouped based on Virginia's priorities and aim to provide collective impact when implemented together.
* Implementation: Multi-phase and can be modified to align with the priorities for Virginia. Proposes to begin with 6 critical services that serve as alternatives or step-down options from inpatient.

REDESIGN: COST

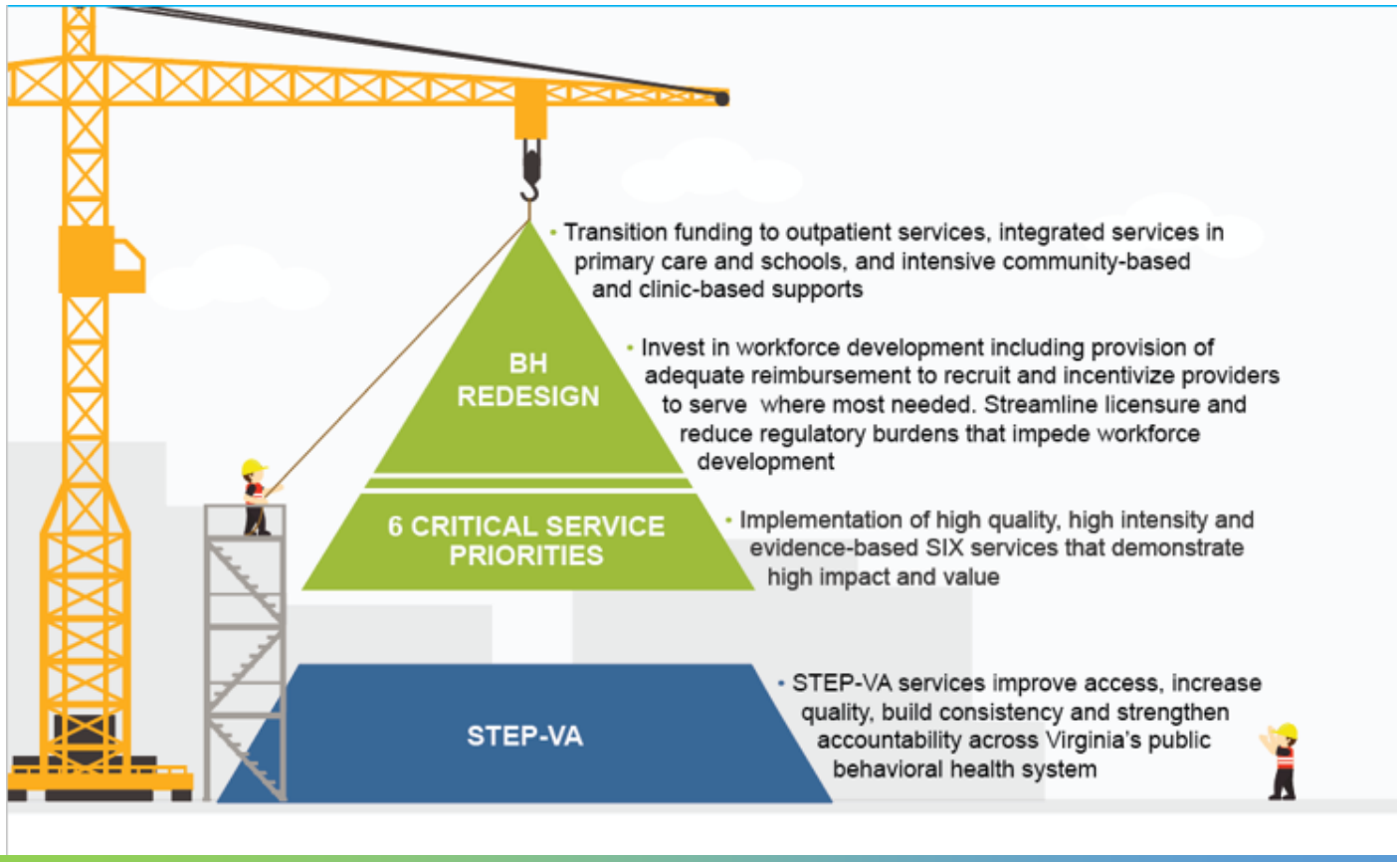
* Estimated state general fund cost to fund these six critical services for the biennium is $13,500,000, assuming funding of critical crisis system infrastructure



Together, STEP-VA and Behavioral Health Redesign aims to meet the needs of ALL Virginians who need behavioral health services.

REDESIGN & STEP VA

HOW DO THESE INITIATIVES SUPPORT EACH OTHER?



COMBINED EFFORT

✓Medicaid rates will provide sustainability for STEP-VA services (e.g. Crisis Services), as well as other CSB services which are not part of STEP-VA (e.g., PACT).

✓Coordination will allow for overall maximization of state general funds in mental health system

✓Critical system improvements span *both* initiatives, such as CSB billing efficiencies and the development of a level of care model for mental health

✓Avoid development of differential public/private systems of care as well as need for back-to-back transformations, particularly in areas that span both initiatives (crisis services, case management, psychosocial rehabilitation, and care coordination)

✓Coordination will allow for clearer planning for broader system changes (e.g., CSB funding)

✓Coordination specifically allows for the build-out of a sustainable, state-wide behavioral health mobile crisis response system, as multiple funding streams and state-support infrastructure is necessary

REDESIGN & STEP VA

HOW DO THESE INITIATIVES SUPPORT EACH OTHER?

Illustration: STEP-VA Crisis Services

Provides initial funding to set up the infrastructure of **REGIONAL CALL CENTERS** that will dispatch both Community Services Board and private providers in mobile response. This allows for coordination with existing Emergency Services, servicing Medicaid and Non-Medicaid individuals.

Under current Medicaid rates, the cost of mobile crisis teams will fall primarily to state general funds, whereas under Redesign, crisis teams will be sustainable for private businesses and CSB providers.

Illustration: Redesign Crisis Services

Provides appropriate rates for all levels of crisis services specified in the STEP-VA plan as national best practices, including mobile crisis, crisis stabilization, 23-hour observation, and CSU.

Opens services up to full system of providers, creates more comprehensive and equitable access to crisis services.

The rate provides sustainability for the provision of the services themselves, but not the infrastructure needed.

REDESIGN & STEP VA

HOW DO THESE INITIATIVES SUPPORT THE INDIVIDUAL?

Mr. Smith is a 34 year old male who has a diagnosis of Schizophrenia. He has visited the ER 10 times and has been admitted to the hospital 5 times in the past 6 months, 3 of which were under a Temporary Detention Order. Each hospital stay ranges from 7-10 days. After his last discharge from the hospital, he is referred to the CSB to Same Day Access, to ensure that he has follow up within 7 days of discharge. Mr. Smith expresses that he benefits from the highly structured environment of the hospital but also wants more access to his community activities and friends. The CSB provider makes a referral to a Partial Hospitalization Program, where he receives structured services for 6 hours per day, and returns to his home every night. He is completes the Partial Hospitalization Program in 6 weeks and starts PACT services. He has not visited the ER in mental health crisis as PACT has been able to provide the intensity of crisis support needed when it arises. He has not been hospitalized for 3 months, which is the longest he has remained in the community in the past year.

⇒ STEP-VA serves as his entry point into services. Same Day Access ensures there is not a gap between hospital discharge and assessment of service needs.

⇒ REDESIGN enables providers to create high intensity, community based services that meet his need: PHP & PACT

⇒ RESULT: Decreased ER visits, Decreased hospitalization, Individual voice and choice of services and supports, Integration into the community, Services provided in the least restrictive environment, Decreased trauma exposure

Current Medicaid-funded Behavioral Health Services

Prevention	Recovery	Outpatient	Community Mental Health Rehabilitation Services	Inpatient / Residential
Early intervention Part C • Screening • EPSDT services				
	Peer and family support partners			
		Outpatient psychotherapy • Psychiatric medical services		
			Therapeutic day treatment Mental health skill building services Intensive in-home services Crisis intervention & stabilization Behavioral therapy Psychosocial rehabilitation Partial hospitalization / Day treatment Mental health case management Treatment foster care case management Intensive community treatment	
				Inpatient hospitalization Psychiatric residential treatment Therapeutic group home

Continuum of Behavioral Health Services Across the Life Span

Promotion & Prevention	Recovery Services	Outpatient & Integrated Care	Intensive Community Based Support	Intensive Clinic-Facility Based Support	Comprehensive Crisis Services	Group Home & Residential Services	Inpatient Hospitalization
Behavioral Therapy Supports >>>> <<<< **Case Management*** >>>> <<<< **Recovery & Rehabiliation Support Services***							
Home visitation • Comprehensive family programs • Early childhood education Screening & assessment* • Early intervention Part C							
	Permanent supportive housing • Supported employment • Psychosocial rehabilitation* Peer and family support services* • Independent living and recovery/resiliency services						
		Outpatient psychotherapy* • Tiered school-based behavioral health services Integrated physical & behavioral health* • Psychiatric medical services*					
			Intermediate/ancillary home-based services • Multisystemic therapy • Functional family therapy High fidelity wraparound • Intensive community treatment • Assertive community treatment				
				Intensive outpatient programs • Partial hospitalization programs			
					Mobile crisis* • Crisis intervention* Crisis stabilization* • Peer crisis support*		
						Therapeutic group homes Psychiatric residential treatment	
							Psychiatric inpatient hospitalization

INTEGRATED PRINCIPLES/MODALITIES

- Trauma informed care
- Universal prevention / early intervention
- Seamless care transitions
- Telemental health

*Key STEP-VA service alignment