



Virginia Department of  
Behavioral Health &  
Developmental Services

# Behavioral Health Service Delivery System Overview

SJ47 Joint Subcommittee to Study  
Mental Health Services in the 21st Century

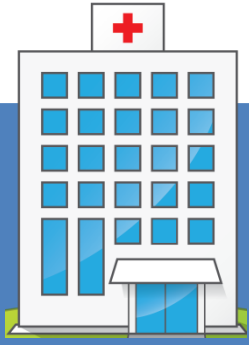
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Health and Developmental Services

# Presentation Overview

1. DBHDS Behavioral Health System Components
2. Types of Community Services Boards (CSBs)
3. Relationships between CSBs, private providers, and DBHDS
4. Financing
5. Current Behavioral Health Priorities
6. System Challenges

# DBHDS Service Delivery System



**DBHDS** operates 3 training centers for individuals with intellectual disability, 8 adult mental health hospitals, 1 mental health hospital for children and adolescents, 1 medical center and 1 center for behavioral rehabilitation.



**40 community services boards (CSBs):** § 37.2-500 establishes the CSBs as the single point of entry into the publicly funded behavioral health and developmental disability system.



**947 private providers:** Provide DBHDS licensed BH and DD services at 5,744 locations throughout Virginia.

# The State Board of Behavioral Health and Developmental Services

- Established in Chapter 2 of §37.2 of the Code of Virginia.
- Established as a Policy Board as defined in §2.2-2100 to promulgate public policies or regulations.
- State Board consists of 9 members appointed by the Governor for 4 years terms which can be renewed once.

*The Code of Virginia requires members to be:*

- 1 individual who is receiving or who has received services,
- 1 family member of an individual who is receiving or who has received services,
- 1 individual who is receiving or who has received services or family member of such individual,
- 1 elected local government official,
- 1 psychiatrist licensed to practice in Virginia, and
- 4 four citizens of the Commonwealth at large.

# DBHDS Structure & Employees

- DBHDS employs 5,916 full time, classified employees across the Commonwealth.
- DBHDS Central Office consists of 435 full time employees within 20 offices.
- Pursuant to Chapter 3 of §37.2 the Commissioner manages and supervises the agency.
- Both the Commissioner and Chief Deputy Commissioner are appointed by Governor.
- The Senior Leadership Team brings together the leadership of the various offices in the agency.



# DBHDS Office of Licensing

The DBHDS Office of Licensing licenses:

- Over 45 service types
- Approximately 1,400 provider organizations (public and private)
- Over 3,300 services
- Over 9,000 locations

In FY 2017 there were:

- 705 newly licensed providers and/or services
- 1,441 investigations
- 3,375 unannounced inspections
- 428 scheduled visits

# Types of CSBs

## Administration Policy (10)

a single jurisdiction CSB with a few exceptions. CSB staff are local government employees. Eight are city or county government departments; two are not but use local government staff to provide services. Examples of this type of CSB include: Arlington Alexandria, Chesterfield , and Henrico CSBs.

## Operating (27)

multijurisdictional CSBs whose employees work for the CSB or through contractors. Examples of this CSB include: Alleghany Highlands CSB, Hampton Newport News CSB, and Harrisonburg Rockingham CSB.

## Policy-Advisory (2)

do not deliver services but act as an advisory body to the local government agency that does provide the services. Examples of this type of CSB include Loudoun County and Portsmouth CSB.

## Behavioral Health Authority (1)

act like an Operating CSB where services are provided through its own staff or contracts with other providers, unless the context indicates otherwise. Chapter 6 authorizes Chesterfield County and the cities of Richmond and Virginia Beach to establish a BHA; only Richmond has done so (RBHA).

# CSB Services

## Mandated to Provide

- Emergency services
- Case management subject to the availability of funds
- Preadmission screening and discharge planning
- (July 1, 2019)
  - Same Day Access
  - Primary Care Screening
- (July 1, 2021)
  - Crisis services for MH or SUD
  - Outpatient MH and SUD services
  - Psychiatric rehabilitation services
  - Peer support and family support services
  - Mental health services for armed service members and veterans
  - Care coordination services
  - Case management services

## May Provide A Core of Comprehensive Services

- MH/SA services can be provided directly by CSB
- CSB may contract for services
- Groups of CSBs may contract for services or provide them directly on a regional basis



# CSB Oversight and Accountability

- Finance and program audits
- Services licensed by DBHDS
- Human Rights protection
- Certification by federal CMS for Medicaid
- Accreditation by national agencies
- Virginia Office of Inspector General
- DBHDS Central Office technical assistance and clinical review
- CSB-DBHDS Performance Contract

# CSB-DBHDS Performance Contract

- The performance contract:
  - defines relationships between and responsibilities of DBHDS and CSBs,
  - is the mechanism through which DBHDS funds community services
  - communicates state and federal accountability requirements to CSBs.
- 68 pages long and consists of:
  - the contract body (29 pages) signed by the CSB chairperson and executive director and the DBHDS commissioner
  - 9 exhibits - (39 pages)
- Scope of services contains accountability requirements and outcome measures
- CSB responsibilities contains reporting requirements
- DBHDS responsibilities include state facility, quality of care, reporting, compliance, and other requirements
- 9 Exhibits contain specific requirements on funding and performance measures. Some exhibits vary from CSB to CSB

# CSB-DBHDS Performance Contract Outcome Measures

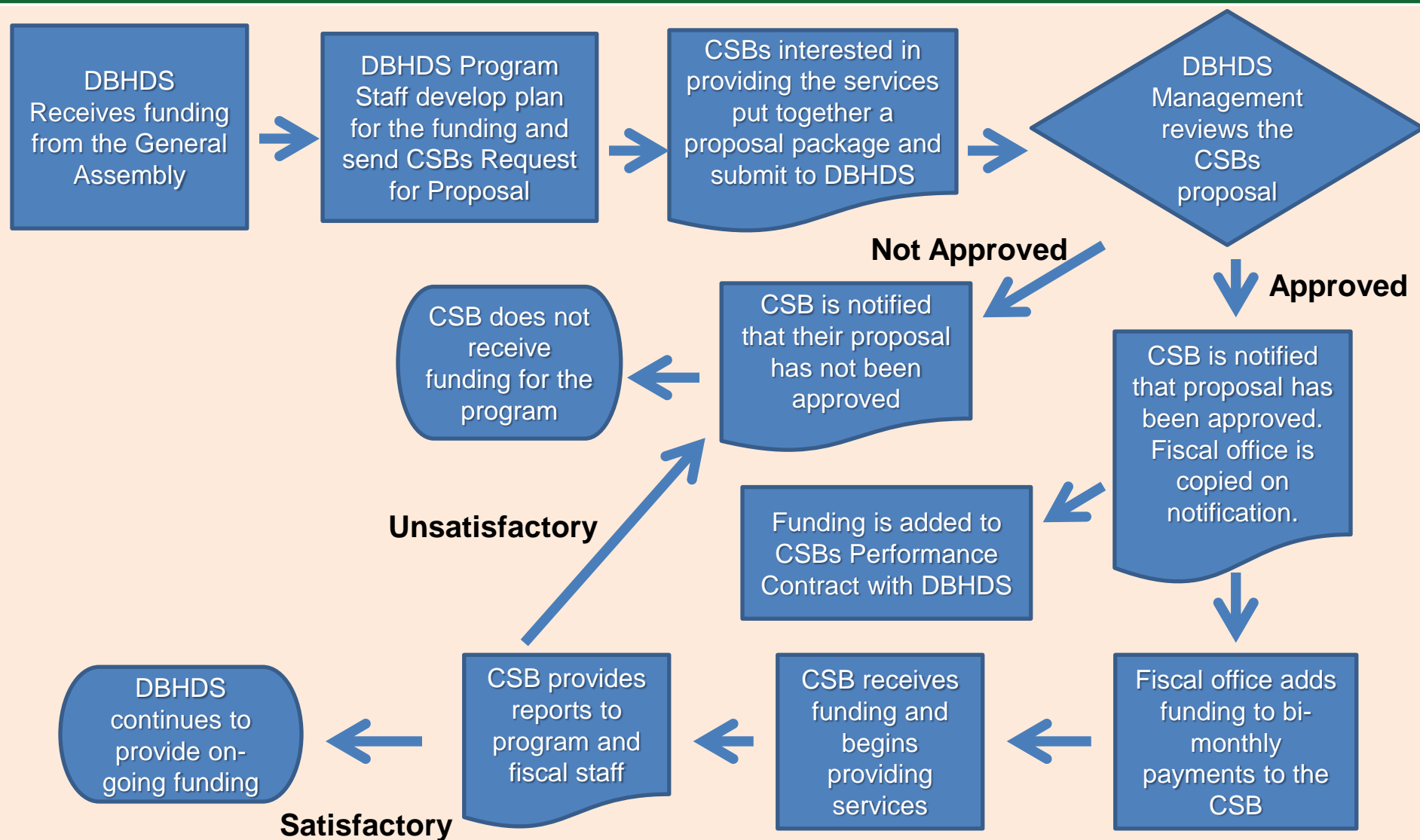
## Examples of Performance Contract Outcome Measures

- Maintain a two-month operating reserve of funds.
- Include DBHDS staff membership on the search committee for new CSB executive directors.
- Discharge practice requirements for CSBs that use more than 8 state hospital beds per 100,000 adults.
- Continuity and timeliness of care requirements for individuals being discharged from state and local hospitals.
- Monitor receipt of complete physical exams in the last 12 months.
- Ensure adults and children with major depressive disorders receive suicide risk.

## Quality Monitoring by DBHDS

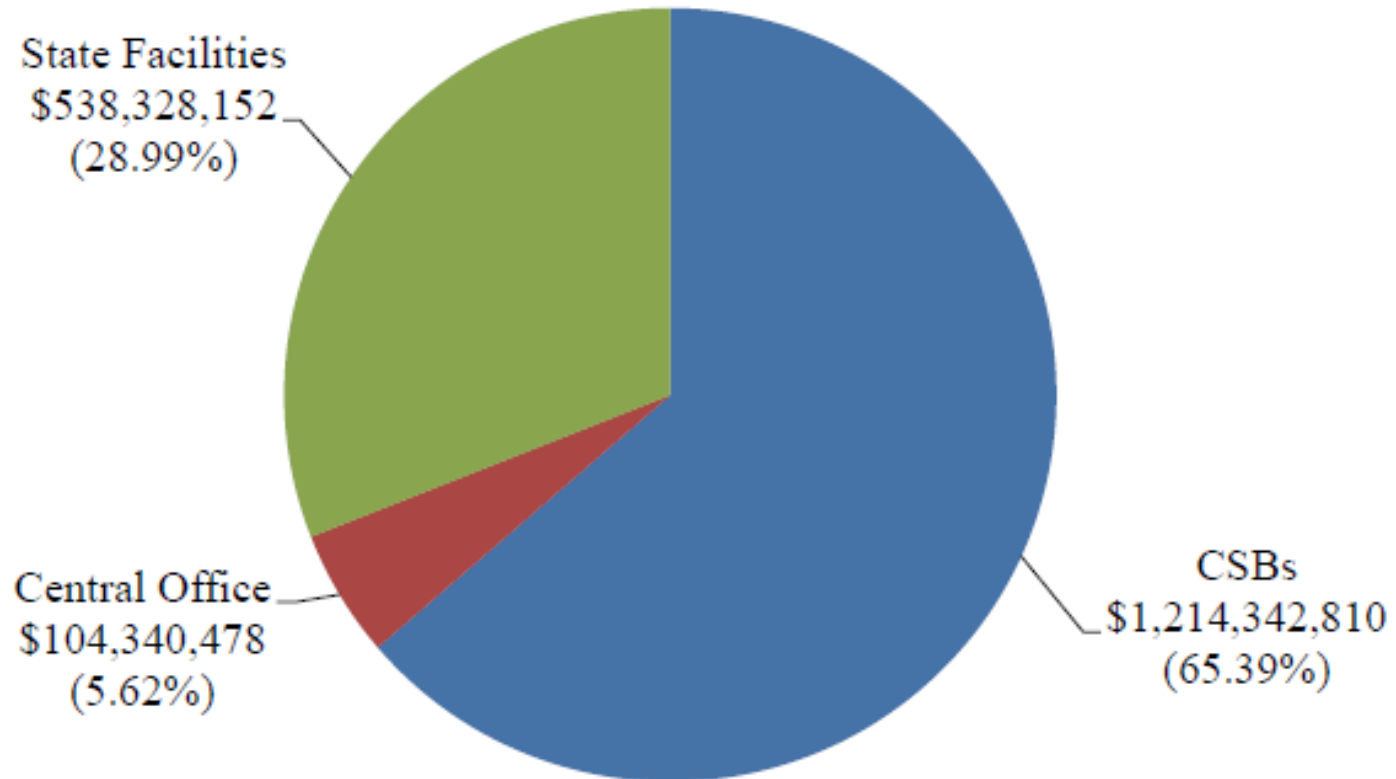
- DBHDS established five regional program consultants to work with CSBs to improve mental health and substance use disorder services. Consultants review consumer and service data and outcome measures to monitor performance and improve outcomes and quality.
- DBHDS senior leadership conducts monthly reviews of key performance and outcome measures.

# Flow of Funds From DBHDS to CSBs

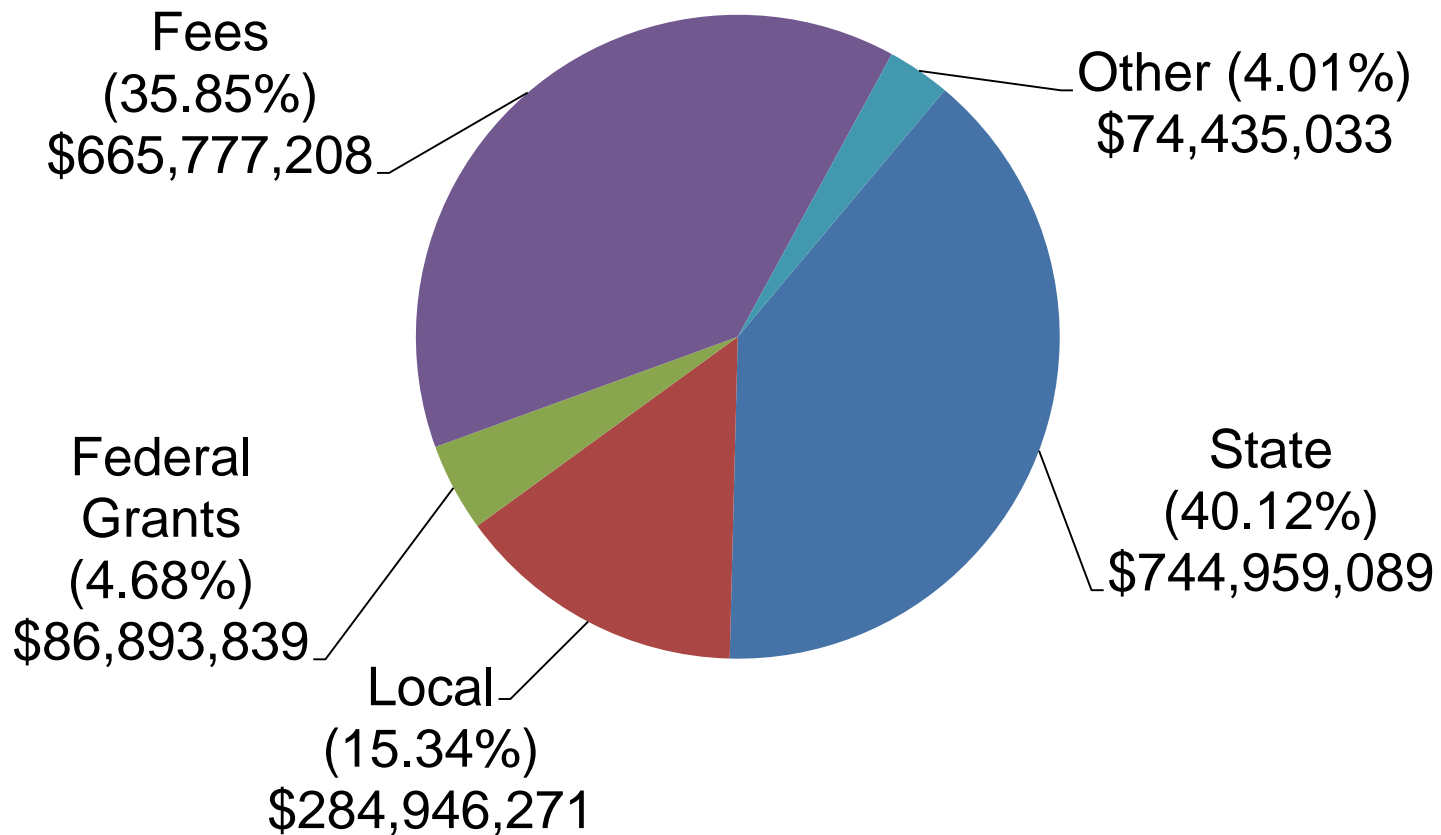


# Total Funds in Public System

**Figure 4: FY 2017 Total Funds in the Publicly Operated Behavioral Health and Developmental Services System: \$1,857,011,440**

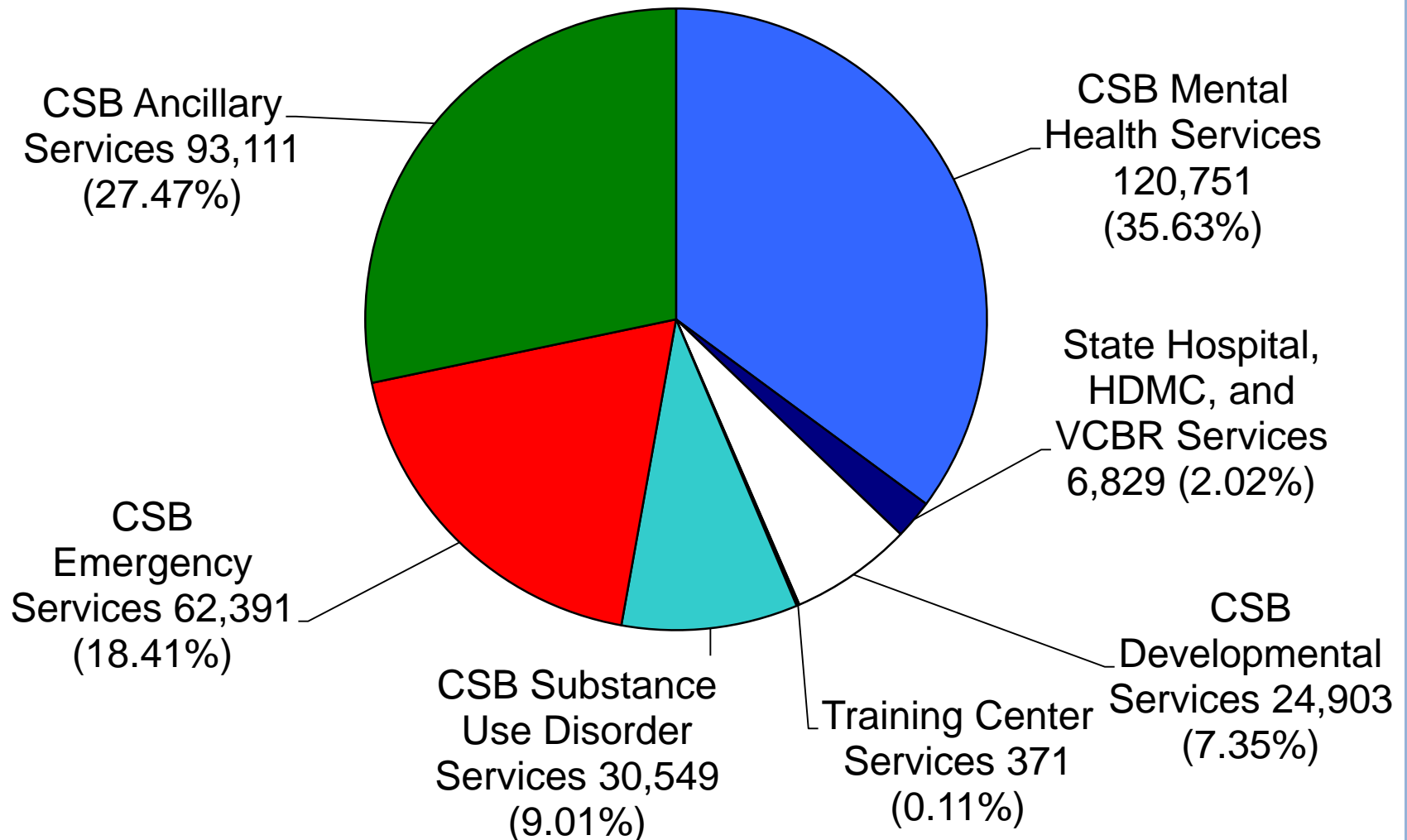


# Total Funds Received by CSBs and DBHDS in FY 2017



**Total Funds: \$1,737.2 Million**

# Individuals Who Received CSB or State Hospital Services in FY 2017



# DBHDS Behavioral Health Priorities

- STEP-VA
- Same Day Access
- SPQM to Measure and improve clinical outcomes
- Hospital Census
- Financial Realignment
- Medicaid Expansion Implementation

# Initial Results of Same Day Access Funding

CSB	Initial Results for Same Day Access
<b>Chesterfield</b>	Eliminated wait-lists. Has zero no-shows for assessments (means staff spend less time doing outreach and rescheduling people who do not follow through with services). Improved (lower) drop-out rates from assessment to admission.
<b>Blue Ridge</b>	Decreased intake time from 3-3.5 hours to 1.5-2 hours.
<b>Henrico</b>	Engagement improved with a substantial increase in the show rate to the program (2016: 56% show rate; 2017: 77% show rate). Large increase in clients entering into services compared to 2016.
<b>New River Valley</b>	Wait time for initial intake has gone from almost 4-6 weeks to 0 days; No show rate for first appointment from assessment has decreased from over 40% to 18%.
<b>Hanover</b>	Launched December 1, 2017. From Dec. 1 – Dec. 29, there were 81 people who walked in for services.

*\* More data will be available July 1, 2018.*



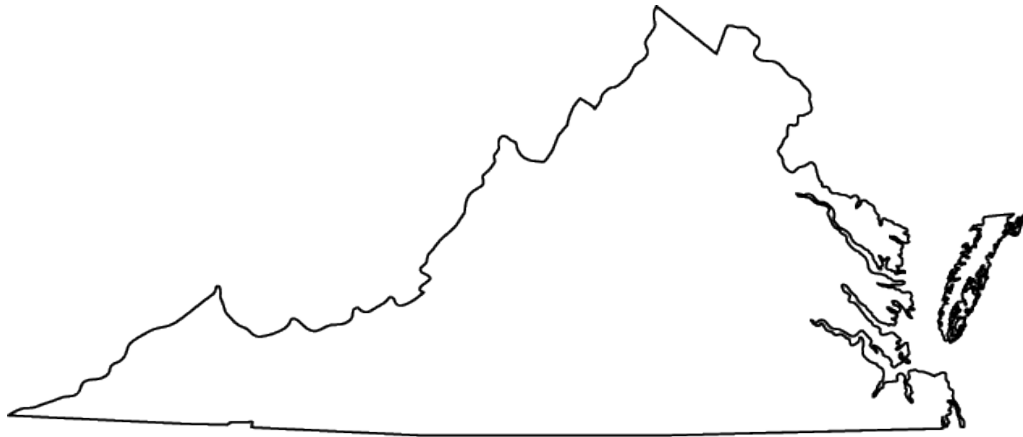
# Service Process Quality Management (SPQM)

- Successful implementation of Same Day Access includes an analytical tool for services in each CSB.
- SPQM is off-the-shelf technology that provides essential information to decision-makers manage operations, develop improvements, and demonstrate outcomes.
- It provides a standardized comparison of data elements.
- There is a nominal \$33,000 one-time cost for set up and licensure and the total ongoing cost for the state to set up SPQM in **all** 40 CSBs \$1.5M.



# Behavioral Health Crisis Response Services

Every 24-hours across the Commonwealth there are:



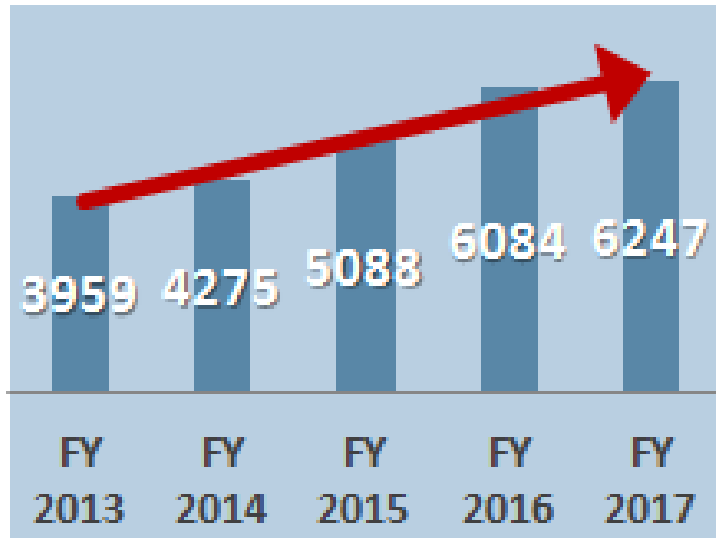
**256 EMERGENCY  
EVALUATIONS  
CONDUCTED**

**71 TEMPORARY  
DETENTION  
ORDERS ISSUED**

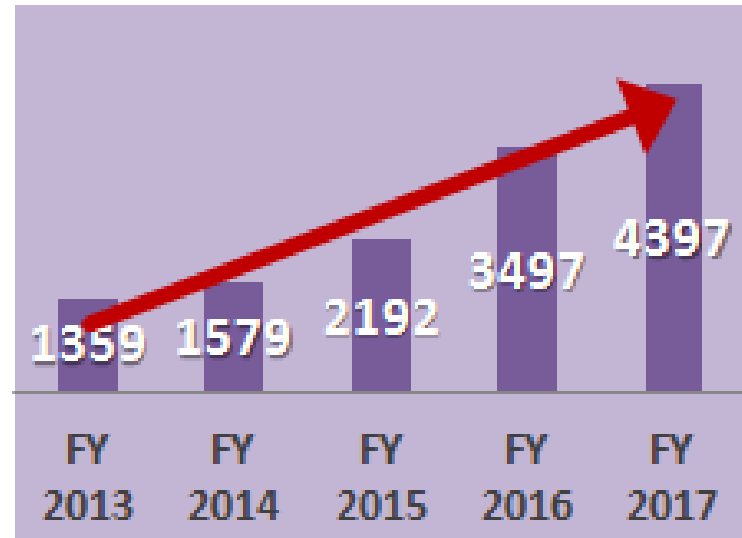
Year	Number of Crisis Evals	Number of TDOs	% of Evals. Resulting in TDOs	TDOs Admits to Private Hospitals	% of TDO Admits to Total Admits to Private Hospitals
FY 2015	83,701	24,889	29.7%	(91.2%) 22,687	(47.0%) 48,223
FY 2016	96,041	25,798	26.8%	(86.5%) 22,322	(45.8%) 48,709
FY 2017	93,482	25,852	27.7%	(84.6%) 21,861	(43.8%) 49,952
FY 2018 <i>Projected</i>	90,192	25,632	28.4%	(80.6%) 20,649	(40.6%) 50,825

# Impact Of Last Resort For State Hospital Admissions

**Total State Hospital  
Admissions, FY13 - FY17**



**Total Temporary Detention Order  
Admissions, FY13 - FY17**



- Since “Last resort” legislation was passed, a bed was provided for everyone under a TDO who needed a bed since the law was implemented July 1, 2014.
- Since FY 2013, TDO admissions have increased **224%** and all hospital admissions **58%**.

# Growth In State Hospital Census FY 2014 and FY 2017

	CH	CSH	ESH	NVMHI	PGH	SVMHI	SWVMI	WSH	Ave
FY 2014	86%	66%	88%	97%	90%	93%	92%	86%	<b>87%</b>
FY 2017	94%	86%	100%	86%	97%	90%	94%	95%	<b>93%</b>

\* Census on the first day of the month

55-69%

70-84%

85-99%

100%+

A census of **85%** or lower is considered safest for both patients and staff Virginia is using 28.4 more beds each year

# Behavioral Health System Challenges and Opportunities

- Continue the funding and implementation of the remaining STEP-VA services required by legislation passed in 2017.
- Address increased hospital bed census by increasing availability of community services and discharging individuals ready to go back into community and strengthening partnership with private hospitals.
- Address state facility capital needs beginning with the much needed replacement of Central State Hospital.
- Continue to address workforce challenges and meet appropriate direct staffing needs at hospitals and in the community statewide.