



DBHDS Update

Joint Subcommittee Studying Mental Health Services in the
Commonwealth in the 21st Century

Presentation

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Commissioner

Department of Behavioral Health and
Developmental Services

DBHDS Priorities

1. STEP-VA Implementation
2. Behavioral Health Redesign
3. Crisis Services
4. Hospital Census Update
5. SB1488 Workgroup
6. Community Needs Assessment
7. Financial Realignment
8. CSBs General Fund Reductions
9. Mental Health in Jails
10. Alternative Transportation
11. What's Next?

Implementation Update: STEP-VA Services

STEP-VA Service required by VA Code	GA Implementation Date Requirement	Status	STEP VA Funds Allocated
Same Day Access	July 1, 2019	100% implementation as of March 2019	\$ 10.8 million
Primary Care Integration	July 1, 2019	Launch: July 1, 2019	\$3.7 million FY19 \$7.4 million FY20
Crisis Services	July 1, 2021	Detox Services RFP issued to CSBs	\$2.0 million FY20
		Crisis Services Launch: July 1, 2019	\$7.8 million FY20 (proposed)
Outpatient Behavioral Health	July 1, 2021	Launch: July 1, 2019	\$15 million FY20
Psychiatric Rehabilitation	July 1, 2021	Planning begins April 2019	—
Peer & Family Support Services	July 1, 2021	Planning begins April 2019	—
Veterans Behavioral Health Services	July 1, 2021	Planning begins April 2019	—
Care Coordination	July 1, 2021	Planning begins April 2019	—
Targeted Case Management (Adults and Children)	July 1, 2021	Planning begins April 2019	—

STEP-VA Implementation Process

- Formulation of STEP-VA Advisory Council (STAC) in November 2018
 - Plan for and guide the implementation of STEP VA
 - Monthly in-person meeting with 19 CSB Executive Directors representing the five regions and DBHDS leadership
- Milestones to Date:
 - Final definitions for Primary Care Screening (PCS) and Outpatient Services
 - Regional submission of Primary Care Screening plans and distribution of funds
 - Workgroups developing metrics for PCS and Outpatient Services
- Future Tasks:
 - Funding formula for Outpatient Services
 - Allocation & Distribution of \$7.8M Mobile Crisis Funds
 - Identification of remaining definitions and metrics
 - Agreement on implementation timeframe and estimated costs

Behavioral Health Redesign

- Farley Center Report in collaboration with DBHDS and DMAS presented to stakeholders January 2019
- Describes a comprehensive continuum of behavioral health services that:
 - Encompasses and aims to provide the long term financial stability of the foundational services of STEP-VA
 - Aligns with behavioral health initiatives of multiple state agencies
 - Transitions from a crisis driven system to services focused on prevention and early intervention
- Current tasks:
 - Development of a phased implementation plan
 - Ongoing stakeholder and targeted workgroup involvement
 - Rate study

Crisis Services in Virginia

Current System:

- Out of sync with national best practices
- Fragmented – by age and diagnosis
- MH emergency services and REACH (child & adult) programs operate in coordination, collaboration, but not integrated
- Access to mobile crisis 24/7 – dependent on where you live, age & disability
- Need for increased standardization, including assessments

Future System:

- Align with national best practices
- Reduce use of hospital emergency departments
- Dramatically reduce unnecessary bookings into jail
- Universal mental health crisis training to all responders
- Less trauma to individuals, including alternative transportation
- Fewer unnecessary hospitalizations
- Fewer state psychiatric admissions for competency restoration
- Cost savings that can be shifted to the community



Essential Key Elements

- Call Centers-Mobile Crisis Hotline
- Centrally deployed mobile crisis on a 24/7 basis
- Respond to natural environments
- Residential crisis stabilization programs
- Children and youth expertise, with connection to family supports

Funding, if approved, will permit Virginia to initiate the first steps toward an all ages and all disability crisis service system

2019 Conference Report --Support Mobile Crisis Services	FY 2019 GF	FY 2020 GF
Crisis services at Community Services Boards and Behavioral Health Authorities pursuant to the System Transformation, Excellence and Performance in Virginia (STEP-VA) process	-	\$7.8 million

Example: Children's Comprehensive Crisis Essential Elements

Single Point of Access

- No Wrong Door
- Crisis Hotline

Triage

- Determine risk of harm, calibrate response to level of threat
- Includes a warm handoff between single point of access, parent/caregiver, and MRSS provider

Mobile Response and Stabilization Services (MRSS)

- Assessment using standardized tool
- Crisis Intervention and Initial Individualized Crisis Plan
- Crisis Stabilization
- Residential Crisis Stabilization

System Coordination and Community Collaboration

- Primary and psychiatric care providers, EDs
- Child welfare, law enforcement, juvenile justice and family courts
- Schools/education, community organizations

Growth In State Hospital Census FY 2014 and FY 2018

	CH	CSH	ESH	NVMHI	PGH	SVMHI	SWVMHI	WSH	Average
FY 2014	86%	66%	88%	97%	90%	93%	92%	86%	87%
FY 2018	95%	91%	98%	88%	100%	88%	93%	94%	94%

* Census on the first day of the month

55-69%

70-84%

85-99%

100%+

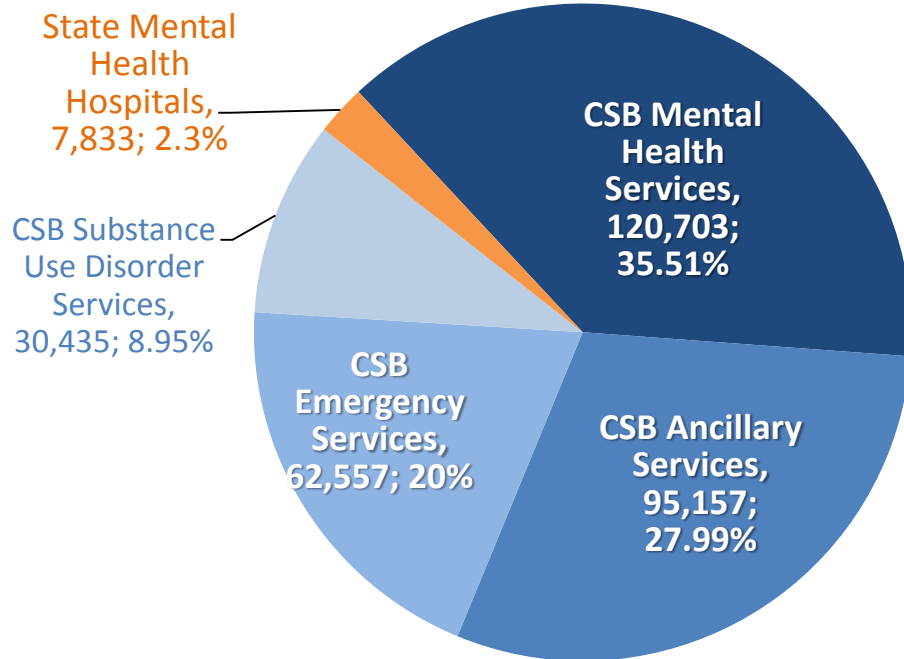
A census of **85%** or lower is considered safest for both patients and staff Virginia is using 28.4 more beds each year

SB1488 Workgroup

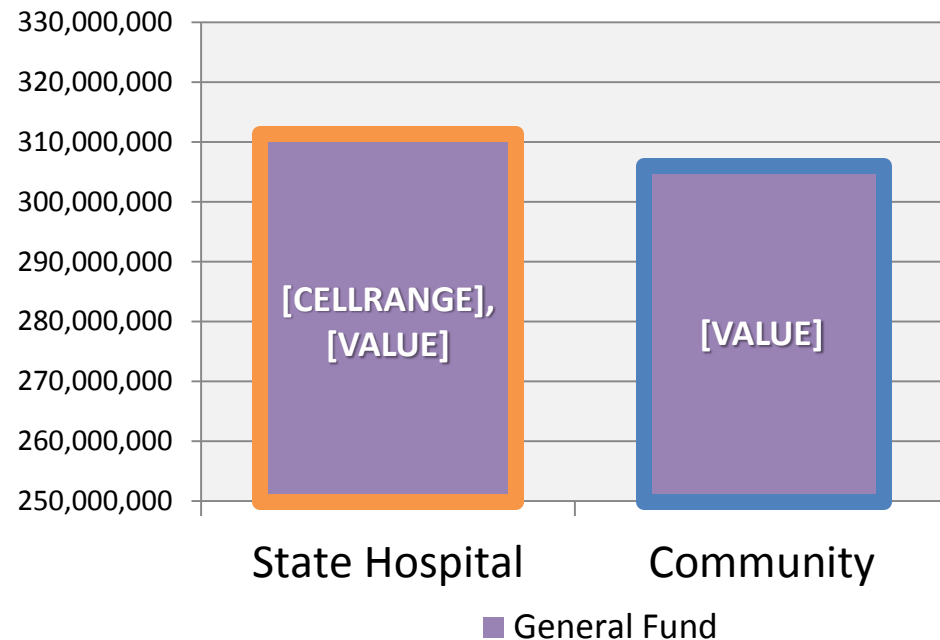
- Goal: Develop short and long term solutions to reducing pressures on the census in state hospitals for individuals with mental illness
- Topics to be covered:
 - Emergency Custody Order (ECO) timeframe
 - Custody during ECO period
 - CSB Emergency Services worker role
 - Alternatives to emergency departments for evaluation and assessment
 - Extraordinary Barriers List
 - Right sizing state hospital system
 - Financial realignment
- First meeting will be April 22nd

Virginia's Behavioral Health Services (FY 2018)

Individuals Served - Hospital & Community

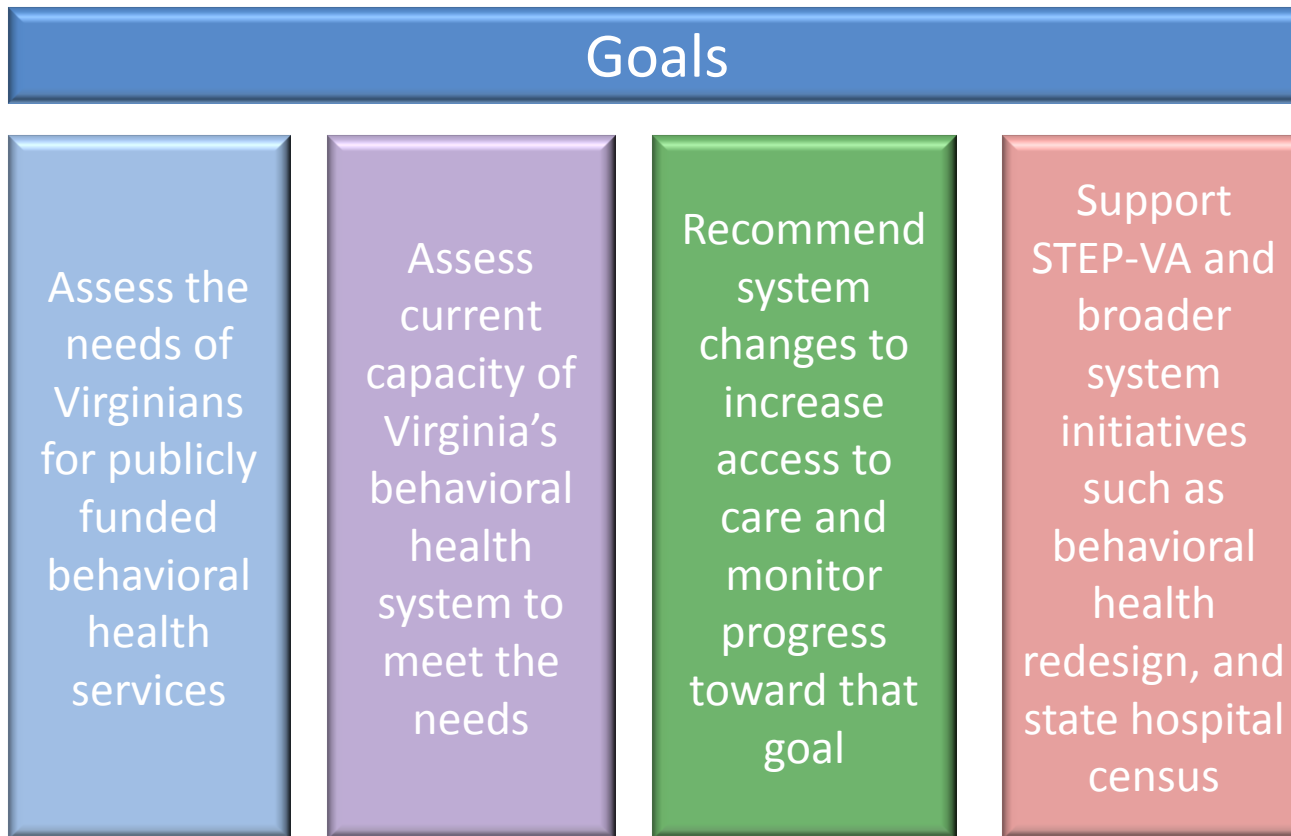


Spending - Hospital & Community

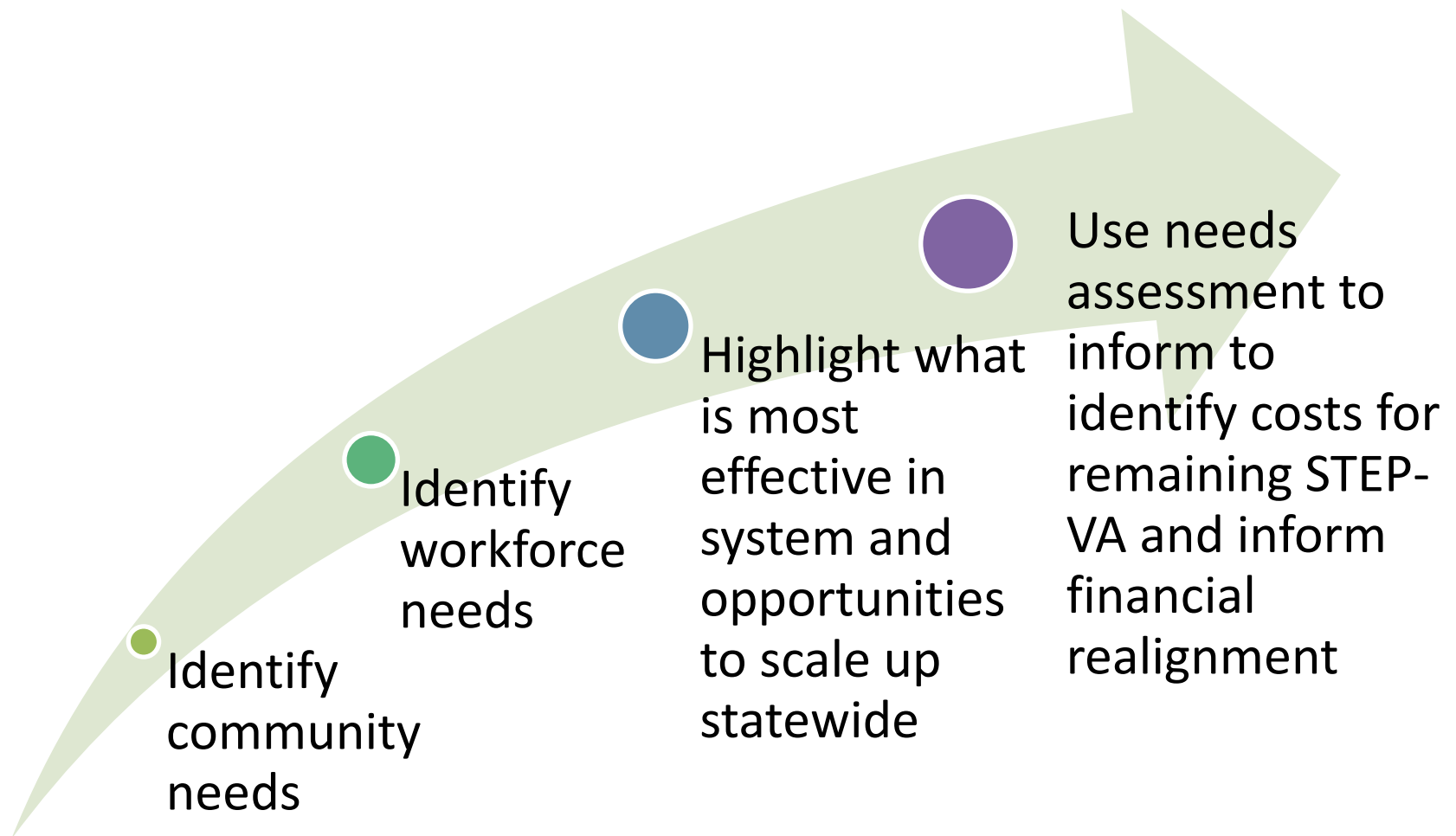


Community Needs Assessment

DBHDS is working with JBS International to conduct a comprehensive Virginia Behavioral Health System Needs assessment on Virginia's publicly funded behavioral health system at the state and community level.



Desired Outcomes of Needs Assessment



Hospital Census: Business as Usual

Year	FY19	FY20	FY21	FY22
Census (% Capacity)	1,382 (95%)	1,410 (97%)	1,459 (97%)	1,459 (98%)
New dollars Needed for Estimated Growth of 30 New Beds Annually	\$4M	\$25.3M	\$36M	\$45.9M
New Beds at WSH	0	28	28	0

- 8 state psychiatric hospitals still in operation with over 900 million in capital needs
- Capital needs outstrip capital funding growing to approximately \$1 billion in projected need
- No CSB or regional accountability for state psychiatric hospital bed utilization
- Reliance on ALFs and group homes instead of PSH for individuals
- Lack of a comprehensive and integrated crisis response system that does not meet the needs of most vulnerable individuals when and where they require intervention

Financial Realignment

- Use findings from statewide needs assessment to guide development of CSB community based services
- Redistribute a portion of state hospital funds to the community - three community beds for the cost of one facility bed
- Position the CSBs to purchase the appropriate services required for each individual, whether hospital or community services
- Allow any balance of dollars to be available for CSBs to build and sustain additional capacity to serve more people in the community
- **The result would be expanded community services and less need for expensive state hospital beds**



Medicaid Expansion - GF Replacement Distribution

- **Medicaid Expansion Impact on CSBs**
 - Current budget, Chapter 2, includes a CSB general fund replacement reduction offset for anticipated new Medicaid funding as part of Medicaid Expansion (\$11.1 million GF in FY 2019 and \$25.0 million GF in FY 2020)
- **Current Distribution / Methodology**
 - DBHDS in cooperation and collaboration with VACSB and CSB Executive Council developed a methodology to spread replacement allocation based on anticipated revenue generation with a potential shortfall in revenue distributed based on total CSB revenues
- **Conference Budget Language**
 - Requires the DBHDS, in consultation with the DMAS, to monitor the impact of Medicaid expansion on the CSBs. If the amount of new revenue generated as a result of expansion is at least ten percent less than the savings assumed in the Act, the Commissioner of DBHDS may allocate and disburse up to \$7.0 million in special funds to replace unrealized revenue
 - There is a companion amendment that eliminates the DBHDS \$25 million special cap in FY 2019, enabling the agency to carryforward funding to support this potential obligation

Mental Health in Jails

In accordance with **HB1942**, DBHDS is working in partnership with BOC to establish minimum standards for behavioral health services in local correctional facilities, including:

- Screening and assessment for all individuals committed to local correctional facilities
- Delivery of behavioral health services
- Sharing of medical and mental health information and records concerning individuals committed to local correctional facilities.

HB1644 --DBHDS will also convene a work group to study and develop a plan for sharing protected health information of individuals with mental health treatment needs who have been confined to a local or regional jail in the Commonwealth and who have previously received mental health treatment from a community services board or behavioral health authority in the Commonwealth.

Alternative Transportation

- \$2.5 received in FY19 and \$4.5M in FY20 to implement a statewide alternative transportation program for individuals under a temporary detention order (TDO)
- DBHDS currently in contract negotiations for vendor
 - Phased in implementation to begin in rural communities
 - Full statewide implementation within two years
- DBHDS Alternative Transportation Coordinator
 - Hired March 2019 to oversee regional to statewide implementation
 - Will work with CSBs, law enforcement, magistrates, special justices, and hospital to promote and implement the program

What's Next?

- Results from two short-term JLARC studies
 - STEP-VA implementation (June)
 - CSB funding allocations (June)
- STEP VA implementation timeline and update cost estimate (Fall 2019)
- SB1488 and budget TDO workgroup results (October)
- Right sizing plan report (November)
- Community Needs Assessment results (November)
- Medicaid Behavioral Health Redesign plan (December)