Virginia Department of Behavioral Health & Developmental Services

Proposal for The Way Forward: Virginia Certified Behavioral Health Clinics

April 19, 2016

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WHAT VIRGINIA MUST SOLVE

ACCESS	• Service penetration far lower than national average • Over-reliance on crisis services • ~50% served by CSBs lack coverage • Health disparities (geographic, socioeconomic)
QUALITY	• Over reliance on costly institutional care • Consistent implementation of best practices • Meeting Olmstead/ADA- Requiring integrated services
CONSISTENCY	• CSB services vary considerably across Virginia • Size, geography, local funding, reimbursement disparities, local priorities, etc.
ACCOUNTABILITY	• Outdated data infrastructure and reporting • Variances in governance, related to funding streams • Quality/Performance/Engagement

Agenda

- Background Information
- Numbers and Pieces
- The Way Forward: Virginia CBHC

How we got here

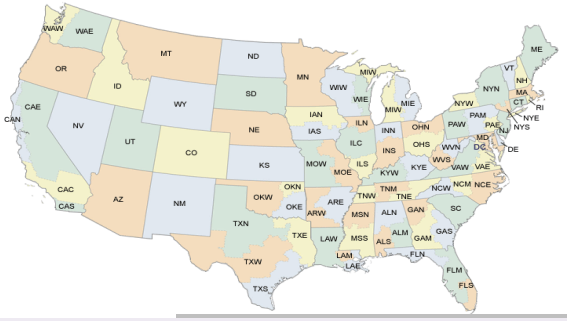
Consistent Mental Health Recommendation Since 1949:

Virginia needs to expand its capacity to serve individuals in their own communities with coordinated behavioral health and developmental programs and supports.

Legislative/Gubernatorial Joint Committees/Commissions

- **1949** – Report by Gov. Tuck's Chief of Staff Charles Duke Jr.
- **1965** – The Virginia Mental Health Study Commission, chaired by Sen. Willey
- **1972** – The Commission on Mental Indigent and Geriatric Patients, chaired by Sen. Hirst
- **1980** – The Commission on Mental Health and Mental Retardation, chaired by Del. Bagley
- **1986** – The Commission on Deinstitutionalization, chaired by Sen. Emick
- **1996-1998** – The Joint Commission Studying the Future Delivery of MH, MR and SA Services, chaired by Sen. Gartlan and Del. Hall
- **1999** – Gov. Gilmore: Commission on Community Services and Inpatient Care
- **2013** – Gov. McDonnell: Taskforce on School & Campus Safety
- **2014-2015** – McAuliffe and McDonnell: Taskforce on Improving Mental Health Services and Crisis Response

The Behavioral Healthcare (BH) Landscape



- Comprehensive BH is essential to population health and cost containment
- BH issues drive up to 35% of medical care costs and individuals with BH disorders cost up to 2-3 times as much as those without
- Integration of BH and primary care, as well as housing, employment, schools, social services
- Decreased reliance on institutions and increased focus on community services
- State hospital capacity average: 15 beds per 100,000 people
- National average of state spending on hospitals = 29% of overall BH budget
- National average of state spending on community = 68% of overall BH budget ($89 per capita)

- How does VA measure up nationally? 31st in BH funding in 2013 GFs, non-Medicaid: $92.58 per person. Median (Ohio) is $100.29 per person
- Not maximizing our investment
- Roughly 50% of GF funding supports 3% of persons served
- State Hospital Capacity: 17.3 beds per 100,000 people
- Virginia spending on hospitals = 46% of overall BH budget
- Virginia spending on community = 51% of overall BH budget ($47 per capita)
- Average +/- 200 individuals ready for discharge in VA's mental health hospitals

Framing factors to understanding BH system

- **Considerably varied services and access based on locality:** CSBs are of inconsistent size, geography, local funding, payor mix, local priorities, etc.
  - Service penetration rates appear to be significantly lower than national average
  - Roughly 200 individuals in our state hospitals are clinically ready for discharge
- **Uninsured Virginians:** Approximately 50% of individuals served by CSBs have no payor (private insurance, Medicare, Medicaid)
- **Utilization of State facilities**: State hospitals are “no cost” options for CSBs, jails, and DMAS (adults)
- **Federal requirements:** Olmstead/ADA requiring integrated services
- **Major health system reform:** moving toward outcomes-based payment, focus on lower cost, preventative care to decrease ER visits and hospitalizations
- **Disparities:** Population health, health opportunities, and health outcomes are disparate across the state

Framing factors to understanding BH population

- Only about **1% of all individuals** in Virginia with a Serious Mental Illness, (e.g. schizophrenia, schizoaffective disorder, bipolar disorder) are in one of our state hospitals on a given day

- Virginia has given substantial consideration to the detention/commitment process, but important to keep in mind that the overwhelming majority of care is **voluntary**

Individuals Served by the Mental Health System in FY 2015

- In FY 2015, **232,079** unduplicated individuals were treated for mental health services within Virginia's 40 CSBs.
  - Of those, 69,153 (or 30 percent) received emergency services.

- **5,814** were treated in Virginia's state hospitals.

Virginia's Behavioral Health Services Delivery System

State Mental Health Hospitals (DBHDS-operated)*:

Populations Served	Number of Hospitals
Adult • One all geriatric/3 with geriatric units • One with maximum security unit	8
Child/Adolescent	1
Total	**9**

* *DBHDS also operates one medical center (4 beds) for people in MH hospitals or training centers with acute medical needs*

Public and Private DBHDS-Licensed Community Providers*:

Community MH/SA Providers	
CSB (Public)	Performance Contract
Private Providers	Licensing Standards/Hospital Standards (non-DBHDS)

** Does not include individual practitioners licensed by DHP*

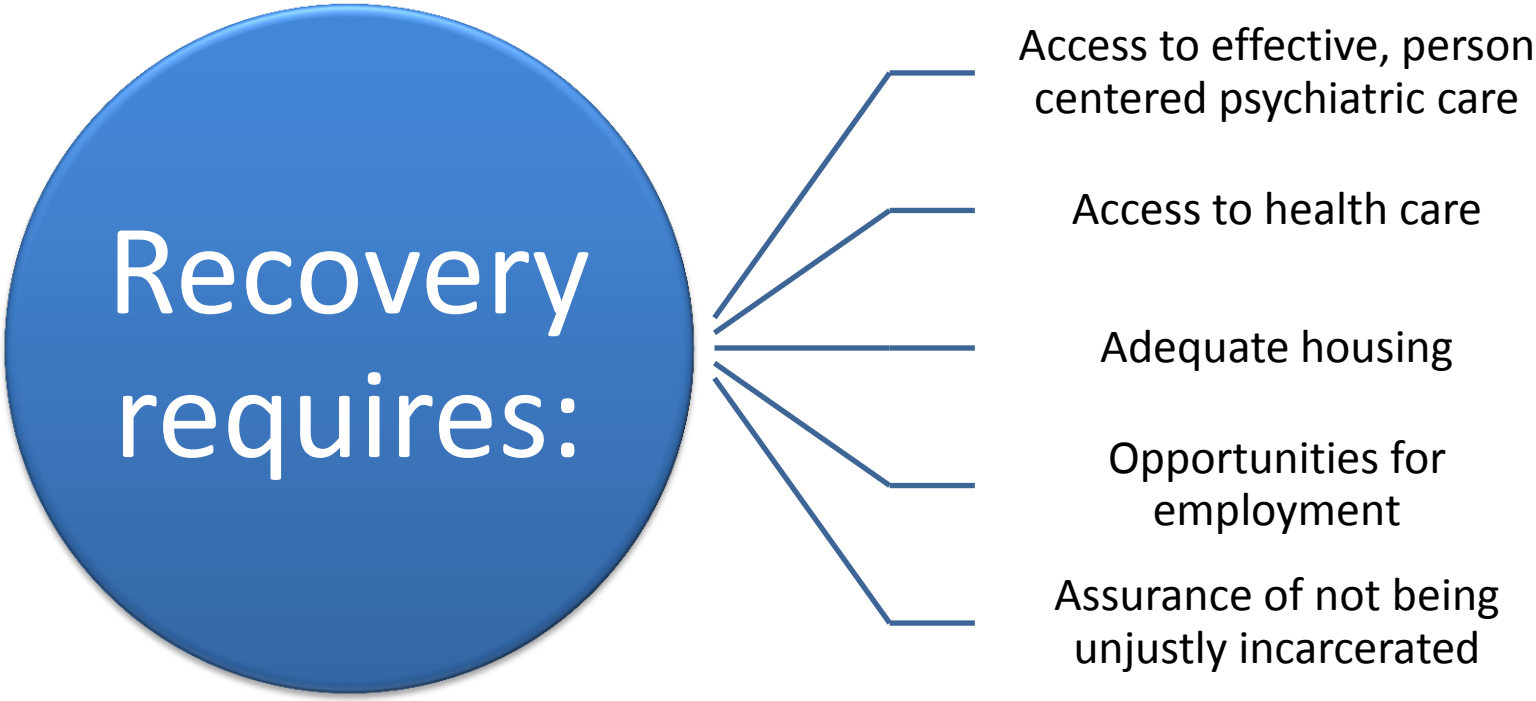
CSB Funding by Program Area

- **FY15 State GF dollars make up 25% of total CSB budgets, and**
- **Average local funds as a percentage of the CSBs' total budgets statewide is 23%.**
- **Fairfax County has the highest (apx 70%) and Cumberland Mountain has the lowest (apx 1% local funds).**

Table 13: FY 2015 Community Services Board Funds Received by Program Area

Funding Source	Mental Health Services	Developmental Services	Substance Abuse Services	Total Funds	Percent of Total
State Funds	$204,198,026	$25,174,134	$47,442,519	$276,814,679	25.25%
Local Funds	$121,691,869	$95,148,707	$38,804,871	$255,645,447	23.32%
Fees	$243,056,184	$220,735,981	$13,413,700	$477,205,865	43.54%
Federal Funds	$12,525,998	$0	$40,921,214	$53,447,212	4.88%
Other Funds	$18,928,914	$7,309,278	$6,758,350	$32,996,542	3.01%
Total Funds	$600,400,991	$348,368,100	$147,340,654	$1,096,109,745	100.00%
Percent of Total	54.78%	31.78%	13.44%	100.00%	

Focus on Recovery



"Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities."

- President Bush New Freedom Commission

Adult Psychiatric Emergency Admissions to Virginia's Public and Private Hospitals (FY 2013 – FY 2015)

CSB Evaluations and TDOs Issued

229 emergency evaluations/day and 68 TDOs/day.

Zero released for lack of bed since July 1, 2014.

Adult Statewide Private Hospital TDO Admissions

(Source: UVA Institute of Law, Psychiatry and Public Policy (ILPPP). I

93% admitted to private hospitals. Increase from FY 13 – FY 15 = 14%.

FY	2013	2014	2015
Total	19,971	21,055	22,804

Adult Statewide State Hospital TDO Admissions

7% admitted to state hospitals. Increase from FY13-FY15 = 39%.

FY	2013	2014	2015
Total	1009	1319	1541

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WHAT ARE CCBHCs?

Certified Community Behavioral Health Clinics

Defined in the *Excellence in Mental Health Act (2014)*

- Comprehensive Range of Mental Health and Substance Use Disorder Services (9 required plus Care Coordination)
- Underserved and special populations prioritized
- Quality Reporting
- Prospective Payment System (pays actual costs, required cost reports, incentivizes quality)
- State Certification

Access, Quality, Consistency, Accountability

9 (plus 1) Components of Excellence

- Crisis Services; 24 hour mobile, crisis intervention and stabilization
- Targeted Case Management
- Outpatient mental health and substance abuse services
- Patient-centered treatment planning
- Screening, assessment and diagnosis (including risk assessment)
- Psychiatric Rehabilitation Services
- Peer support and Family support
- Care for members of the Armed Forces and veterans
- Outpatient clinic; primary care screening and monitoring

Care Coordination

Outpatient Services

- Psychiatric Assessment
- Medication Management
- Individual, family and group psychotherapy
- Access to specialized care such as treatment of trauma, eating disorders, medication assisted treatment for substance use disorders
- Evidenced-based or best practices

Access to Outpatient Services

- Same Day Screening
- Intake assessment within seven days
- Psychiatric assessment within 14 days
- Individual, group, or family therapies within 30 days of initial contact
- Specialized care or referral within 30 days of initial contact

Crisis Services

- 24/7 mobile crisis services
- Crisis intervention and stabilization
- Secure assessment centers
- Effective linkages to screening and outpatient services
- Access to emergency housing, supervision, and family support
- Embedded peer services
- Capability to address crises related to substance abuse and intoxication, including ambulatory and medical detoxification

Required Quality Measures for CCBHC Certification

- # and % of new consumers with initial evaluation provided within 10 business days and mean number of days until initial evaluation for new consumers
- Preventive care and screening: unhealthy alcohol use, screening and brief counseling
- # and % of consumers requesting services who were determined to need routine care
- Number of suicide deaths by consumers engaged in CCBHC treatment
- Documentation of current medications in the medical record
- Preventive care and screening: adult body mass index (BMI) screening and follow-up
- Weight assessment and counseling for nutrition and physical activity for children/adolescents
- Controlling high blood pressure for adults
- Mean number of days before the person-centered and family-centered diagnostic and treatment planning evaluation is performed for new consumers
- Preventive care and screening: tobacco use, screening and cessation intervention
- Initiation and engagement of alcohol and other drug dependence treatment
- Child and adolescent major depressive disorder (MDD) suicide risk assessment
- Adult MDD Suicide risk assessment
- Screening for clinical depression, follow-up plan
- Depression remission at 12 months
- Consumer and family experience of care survey

What Virginia's CCBHCs Could Deliver

ACCESS

- ✓ Regardless of ability to pay (sliding scale fees) and place of residence
- ✓ At convenient times & places
- ✓ Prompt intake & engagement in services
- ✓ Crisis management 24/7/365
- ✓ Prioritizes children, veterans, SED, SUD, SMI

QUALITY

- ✓ Evidence-based practices
- ✓ Improved coordination and integration
- ✓ HER/Data-quality improvement, reducing disparities & research
- ✓ Person/family centered, trauma informed,
- ✓ Culturally competent
- ✓ Recovery oriented care

CONSISTENCY

- ✓ 9 required services
- ✓ Uniform definition of services
- ✓ Full array of services for mental health & substance abuse needs
- ✓ Basic primary care assessment and linkage
- ✓ Important support services

ACCOUNTABILITY

- ✓ Know what we are paying for, services provided, number of individuals served
- ✓ Expanded and improved data collection
- ✓ Uniform metrics, outcomes
- ✓ State certification required

What Virginia's transformed system can look like

Decreased

- Psych & Medical Hospitalizations
- ED Visits
- Incarcerations
- Homelessness
- Premature mortality/Suicides

Increased

- Individ w/ SMI in Stable Housing
- Primary Care Visits
- Person Centered Care (improve engagement)
- Trauma Informed Care (improve engagement)
- Cultural competence (improve engagement)
- Improved Data Collection

- Special focus on Veterans, SMI, SED, SUD
- Consistent Service Array
- **Increased Numbers Served from 22 to 70%**
- Better BH Outcomes
- Lower Cost/ Higher Quality
- Common Metrics
- Pay for Performance

Transformation Teams: Key Recommendation Themes

1	Formalize a standard service array with consistent access across the Commonwealth to ensure individuals receive the right services, appropriate to their needs, at the right time
2	Require reimbursement for case management services
3	Strengthen the community-based system of services and supports statewide
4	Standardize quality of care expectations statewide
5	Align available funding streams to maximize service availability and effectiveness
6	Harness the power of data across agencies in the Secretariat to utilize to improve health outcomes
7	Improve data systems to measure key performance outcomes, track patient progress, and determine availability of community and inpatient resources throughout the Commonwealth
8	Integrate behavioral health with physical health and social services

Transformation Teams: Key Recommendation Themes

9	Bolster the services system to meet demand and ensure access to services, by developing a robust workforce that includes licensed professionals and ancillary providers.
10	Promote a person-centered approach to care, merging the activities and processes of mental health and substance use disorder services, and DD/ID with those of child welfare, juvenile justice, educational, and health services, through policy and reimbursement.
11	Develop and conduct customized trainings to organizations that interact with populations – Employers, Schools, Jails, etc
12	Utilization of community service boards (CSBs) as the centralized coordinator for supports and services for persons within the public behavioral health system
13	Consistent application of funding and standards of care across all CSBs

What Virginia's Transformed State Hospitals Could Deliver

- ✓ **Quality state mental health hospital services**
- ✓ **Individuals referred from jail are admitted within seven days.**
- ✓ **Right-sizing of state beds based in improved community system**
- ✓ **Transition some funding of state mental health hospital care to the CSBs**
- ✓ **Continue modernizing state mental health hospitals, i.e., new or well renovated hospitals that maximize safe operations and quality care.**
- ✓ **Adequately compensated direct care staff – average salary trails the national market by 13%, resulting in a 30% turnover rate and overtime charges.**

Next Steps

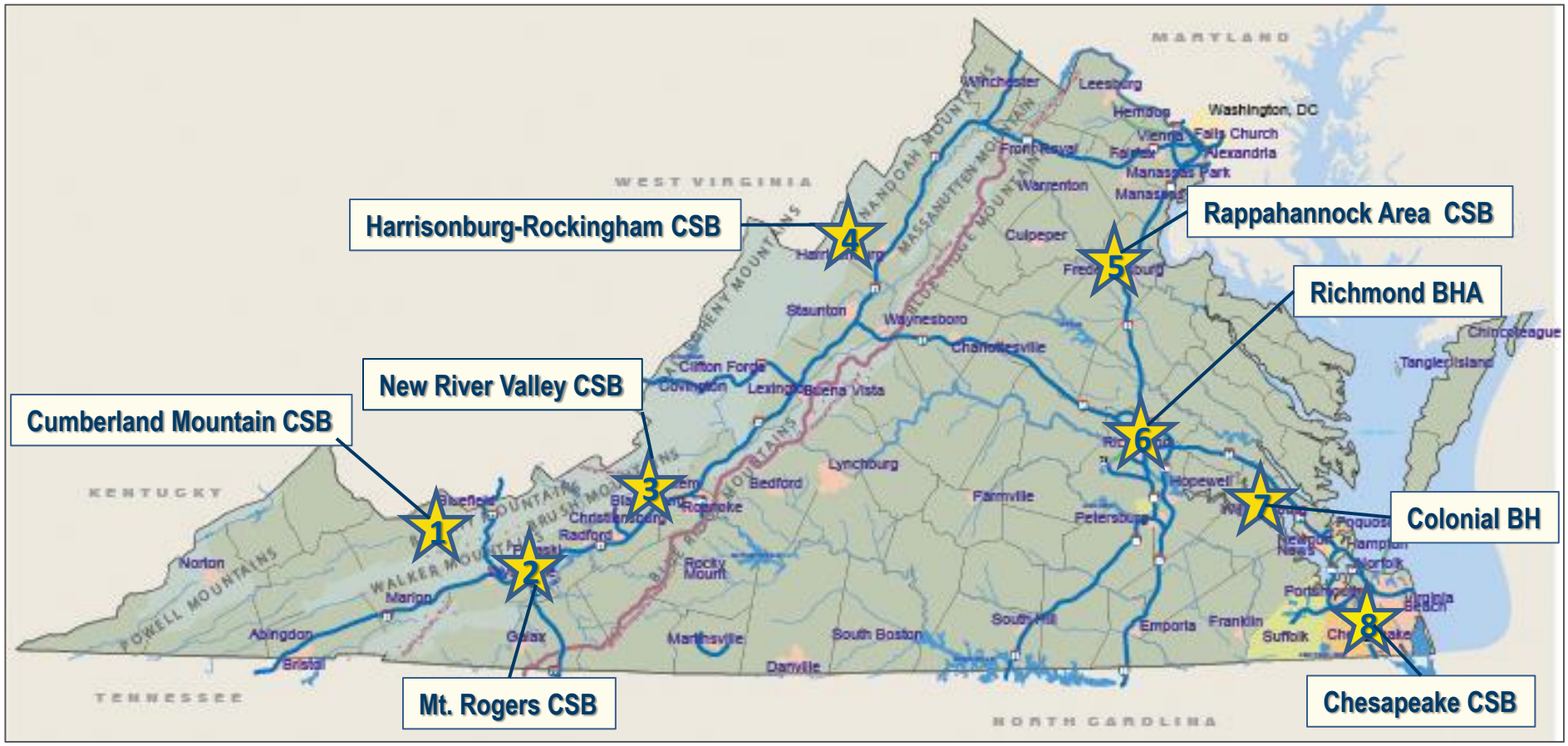
- Assess the eight CSBs involved in the CCBHC grant against the national CCBHC requirements, establishing the methodology for assessing all CSBs relative to the Virginia CCBHC requirements.
- Introduce the model to relevant stakeholders (most of whom participated on the Transformation Teams) for feedback and adjustment leading to a consensus as to what is needed.
- Final model should shape future budget requests, operational priorities, the alignment of clinical and fiscal incentives, data collection and analysis, capital expenditures.

Virginia's Path Forward

Virginia Department of Behavioral Health & Developmental Services

Additional Information

Virginia's Eight CCBHCs



1. Cumberland Mountain CSB
2. Mt. Rogers CSB
3. New River Valley CSB
4. Harrisonburg-Rockingham CSB
5. Rappahannock Area CSB
6. Richmond Behavioral Health Authority
7. Colonial Behavioral Health
8. Chesapeake CSB

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