



Virginia Department of  
Behavioral Health &  
Developmental Services

# Building Behavioral Health System Accountability

SJ47 Joint Subcommittee to Study  
Mental Health Services in the 21st Century  
*System Structure & Finance Workgroup*

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# Presentation Overview

1. Current Oversight of CSBs
2. Recent DBHDS Actions to Enhance Oversight
3. Other State-Local Partnership Models

# Statutory and Policy Basis for Performance Contract

Code of Virginia Section 37.2-508	Establishes the contract as the mechanism by which DBHDS provides state and federal block grant funds to CSBs for mental health, developmental, and substance abuse services
Code of Virginia Section 37.2-504	Requires CSBs to submit their performance contracts to their local governing bodies (city councils and boards of supervisors) and authorizes CSBs to provide services under their performance contracts and to enter into contracts with other providers for the delivery of services
Code of Virginia Section 37.2-509.A	Limits allocations of state funds for salaries and operating costs to 90% of the total amount of state and local matching funds unless DBHDS grants a waiver pursuant to State Board policy (4010 (CSB) 83-6)
State Board Policy 4018	Requires DBHDS and each CSB to enter into a performance contract and makes the contract the primary accountability and funding mechanism for a CSB with DBHDS

# Performance Contract Content & Process Overview

- The FY 2019 performance contract consists of:
  - the contract body (34 pages) signed by the CSB chairperson and executive director and the DBHDS commissioner, and
  - 12 exhibits - A through L (50 pages)
- Most of the performance contract is a standard document with identical provisions and requirements applicable to all CSBs and DBHDS.
- Performance Contract update process begins with a 60 day public comment period on an exposure draft of subsequent year's contract (available on the DBHDS web site) in January and February (mandated by §37.2-508 of the Code of Virginia)
- DBHDS negotiates the form contract each year during March and April with a committee of representatives from the Virginia Association of CSBs.
- DBHDS distributes performance contract documents, CARS software for Exhibit A, and allocations of state and federal funds to CSBs in early May.

# Accountability in the Performance Contract

- DBHDS monitors performance contracts in various ways including:
  - Analysis of mid-year and end-of-the-fiscal year CARS reports on funds and expenditures, which document compliance with federal block grant requirements, local matching funds requirements, Appropriation Act provisions, and CSB membership requirements and provide information on costs of services and CSB FTE staffing by program area
  - Analysis of monthly CCS 3 extracts, which provide information on individuals served and services provided. DBHDS uses this information to measure outcomes and performance.
  - Review of CPA audits from operating CSBs and the behavioral health authority
  - Financial/operational reviews conducted on CSBs identified as being at higher financial risk with a standard screening mechanism.

# Performance Contract Oversight

Fiscal Year	Examples of Accountability Enhancements
2015	<ul style="list-style-type: none"><li>• CSB must notify DBHDS of new services or elimination of services</li><li>• Ensure CSB staff follow the current Medical Screening and Medical Assessment Guidance Materials published by DBHDS</li><li>• Prohibits CSBs from limiting or denying access to publicly funded services because of individual inability to pay, not enrolled in Medicaid, or involved in criminal justice system</li></ul>
2016	<ul style="list-style-type: none"><li>• Revised requirements for emergency services, including immediate access</li></ul>
2017	<ul style="list-style-type: none"><li>• Requires state funded crisis stabilization units to have an average annual utilization rate of at least 75% of available bed days</li><li>• Enhanced qualifications for Preadmission Screening Clinicians</li><li>• Requires CSBs to include DBHDS staff in executive director search committee</li></ul>
2018	<ul style="list-style-type: none"><li>• Requires coordination between REACH and emergency services</li><li>• Medical Services core service added –CSBs report services and cost data</li><li>• LIPOS -- minimum regional expenditures or funds reallocated to other regions</li></ul>

# Current FY19 Performance Contract

Several changes were made to the recently issued FY19 Performance Contract, including:

- Requiring CSBs to attempt to contact and re-engage any individuals who were admitted to services, but who have not received any services within 100 days
- Establishing requirements for Same Day Access (SDA) and defines how DBHDS will monitor implementation
- Substantially revising the DBHDS remediation process by listing specific instances of non-compliance and strengthening
- Adding seven performance measures with definitions, benchmarks, and monitoring language:
  - Continuity of care for local psychiatric inpatient discharges
  - Continuity of care for state hospital discharges
  - Residential crisis stabilization unit utilization
  - Regional discharge assistance program (RDAP) service provision
  - Local inpatient purchase of services (LIPOS) provision
  - PACT caseload
  - Frequency of developmental enhanced case management services
- Adding a requirement for CSBs to maintain an operating reserve of funds sufficient to cover at least two months of personnel and operating costs
- A new Exhibit K establishes state hospital census management admission and discharge requirements that CSBs must satisfy, including eight additional requirements for CSBs that use more than eight beds per 100,000 adults

# Recent DBHDS Actions to Continue to Increase Accountability

- Utilize Existing Authority for FY20 Update
- Agency Reorganization
- Performance Contract Changes
- DLA-20 & SPQM
- Focus on Regional Collaboration

# Further Accountability Enhancement Possibilities

## Code of Virginia §37.2-508

- Requires performance contract to specify conditions that must be met for receipt of state controlled funds
- Requires an enforcement mechanism should a CSB fail to be in substantial compliance with its performance contract, including notice, appeal, remediation, withholding or reducing funds

## Performance Contract

- Detailed remediation process for addressing non-compliance
- Department may employ remedies including corrective action plans, delaying payments, reducing allocations, or termination for CSBs who are not in compliance
- Department can request changes in management and operation of CSBs services if corrective actions are not successful

# DBHDS Infrastructure Changes

- Reorganization implemented August 24, 2018
  - All IT operations organized under one deputy for administrative services
  - Created the Office of Management Services for Outcomes, Performance Contracts, and Grants
  - Moved to a Project Model approach to develop and manage future renditions of the outcome-driven CSB performance contract:
    - Internal cross divisions, offices and services have interim and future responsibilities
  - Manage the transition of all responsibilities of the current Office of Supports Services
  - Review the requirements and data sources supporting the current Performance Contract
  - Develop the plan to move towards an outcomes based contract
  - Coordinate and oversee the development of measurable outcomes related to the Performance Contract
  - Identify and implement process improvements (agency-wide)

# Performance Contract & CSB Accountability

- Moving to Outcomes, Value Based Contracting is a process as set forth in a recent industry article: 'How to Prepare for Value-Based Reimbursement' by Stacy DiStefano

## Four Domains in *OPEN MINDS* Model For Assessing Population Health Management Readiness

### Financial Management & Leadership/Governance Structure

- Alignment of strategy with infrastructure & resources

### Technology & Reporting Infrastructure Functionality

- Data leveraged to gain insight

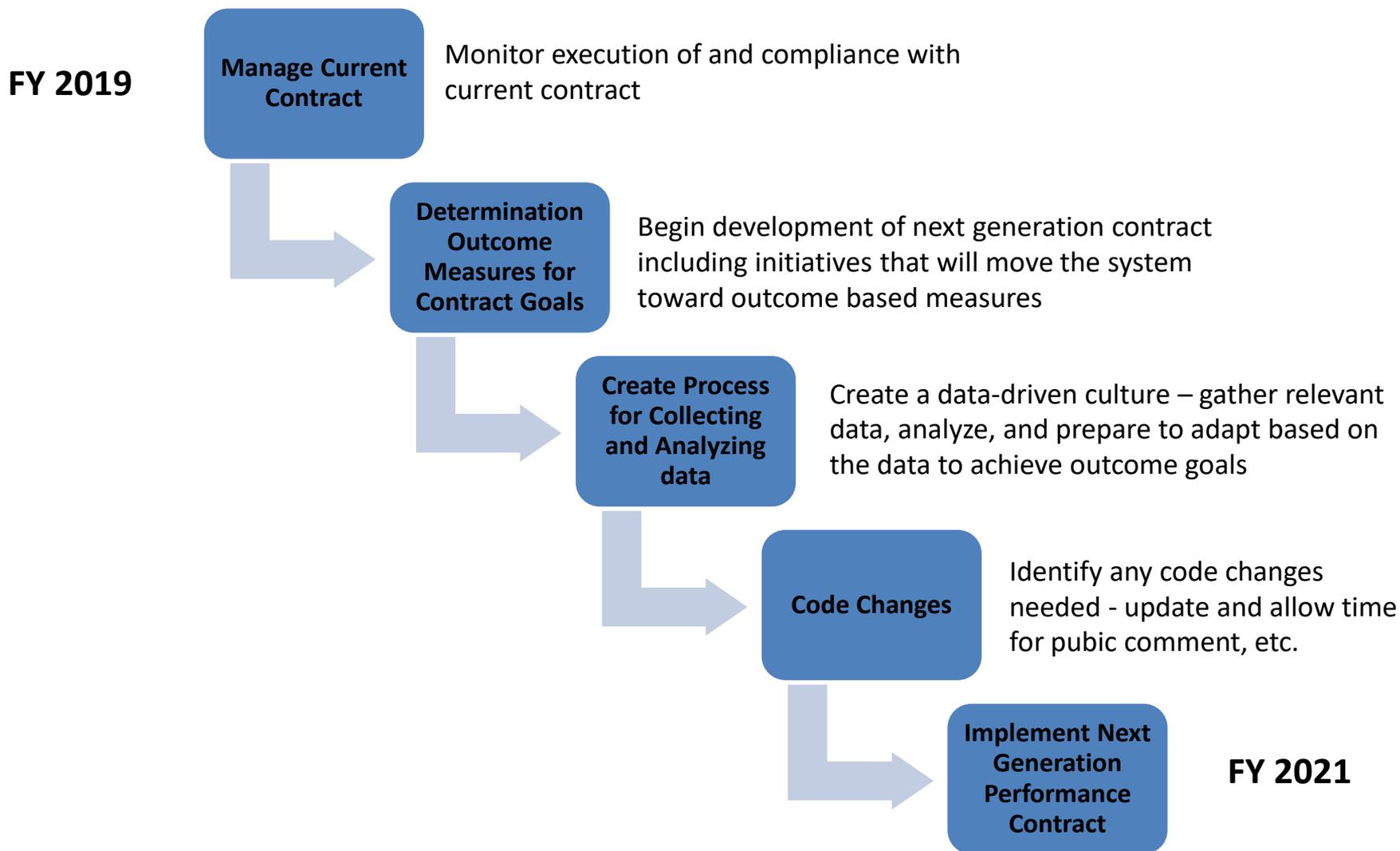
### Provider Network Management & Clinical Performance Optimization

- Data analyzed to drive clinical decision-making

### Consumer Access, Customer Service, & Consumer Engagement

- Processes to empower consumers and create engagement

# Implementation Timeline



# Collecting Data & Outcomes Measures

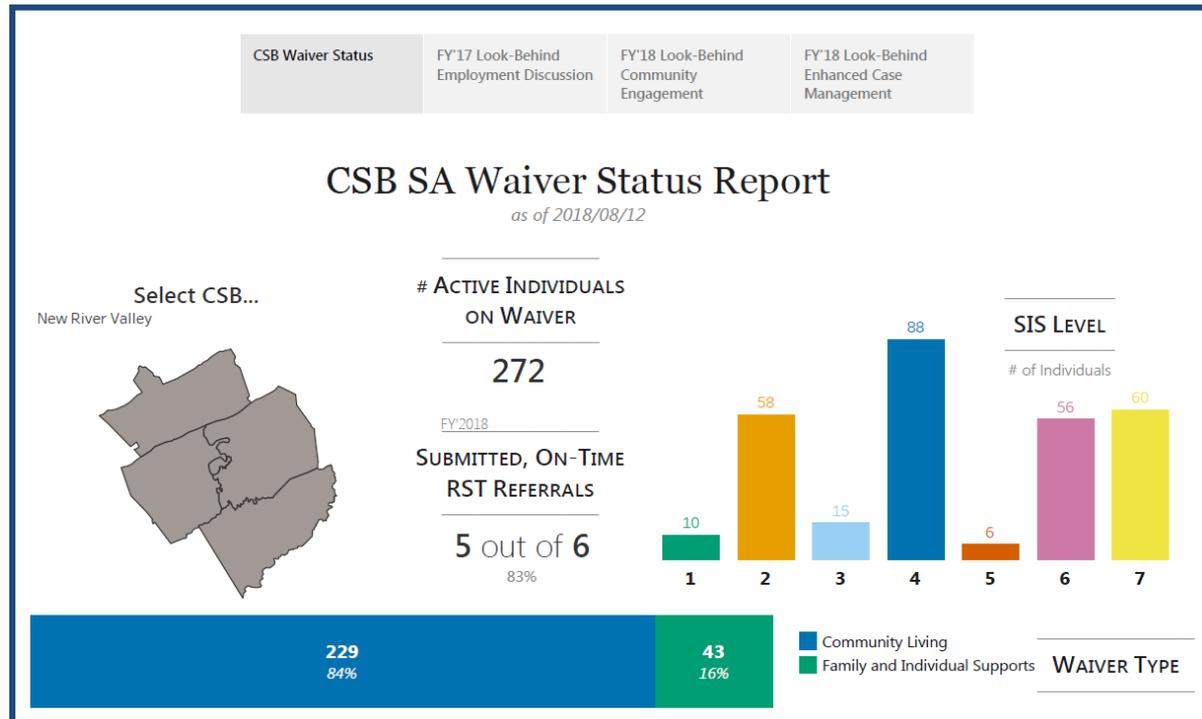
- An updated, outcomes driven Performance Contract will rely on data from the DLA-20 for mental health services
  - Daily Living Assessment (DLA) from MTM will be implemented starting January 1, 2019 across all CSBs
  - Measure individual outcomes – are individuals getting better as a result of the services and supports they receive?
- SPQM will be used to collect DLA-20 data, creating ability to examine CSB-level, regional-level, and state-wide outcomes data
- Revised measures and outcomes have not yet been finalized as DBDHS is ensuring that align with internal and external reporting requirements (DD Medicaid Waivers for CMS and US Department of Justice Settlement Agreement)

# Example of a Developing Outcome Dashboard

## Contents

- Data set per CSB/locality
- Public posting ability
- CSBs to tracking and comparison
- Focus on agreement with SA
  - Waiver distribution
  - SIS levels
  - Integrated services
  - RST process
  - Employment
  - Community Engagement
  - ECM visits

These guidelines and example dashboard were developed in collaboration with CSBs and stakeholders



# Regional Collaboration

- DBHDS working with CSBs to leverage successful regional coordination models, e.g. REACH
  - Work regionally to support under-performing CSBs
  - Utilize regional collaborations and strengths to ensure delivery of STEP VA services in every locality by July 2021. Crisis and residential services, for example, thrive in a regional delivery model.
  - Engage the forty CSBs through an eight-region group structure: two compact, primarily urban regions (II & IV) and two sub-regions within each remaining region (I, III and V)

# Wrap-Up

- Continue to use existing authority and capacity to make changes
- Examine other state-local partnerships, such as:
  - State Board of Education
  - State Board of Social Services
- These entities have different capacities to:
  - Influence local board member and leadership selections
  - Ability to require Corrective Action Plans or MOUs to improve performance over time



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# Additional Background Slides

# Performance Contract Contents

Section	Examples of Functions
Scope of Services	<ul style="list-style-type: none"><li>• Participation in psychiatric bed registry</li><li>• DOJ Settlement Agreement requirements</li><li>• Emergency Services available 24/7/365</li><li>• DBHDS certification of preadmission screening evaluators</li><li>• PACT, CIT, PSH, SDA, and Family Wellness Initiative requirements</li></ul>
CSB Responsibilities	<ul style="list-style-type: none"><li>• Manage state hospital bed utilization</li><li>• Quality of care requirements</li><li>• Data reporting, compliance, and accountability requirements</li></ul>
DBHDS Responsibilities	<ul style="list-style-type: none"><li>• Provide funding for community services</li><li>• Provide state facility services</li><li>• Monitor quality of care, establish reporting requirements, and operate human rights system</li></ul>
Subcontracting Terms and Conditions	<ul style="list-style-type: none"><li>• Standard contract provisions such as compliance, dispute resolution, remediation process, termination, amendment, liability and severability</li></ul>
Exhibit A: Resources and Services	<ul style="list-style-type: none"><li>• DIFFERENT FOR EACH CSB, displays information about the funds and services particular to an individual CSB</li></ul>
Exhibit B: CQI and Performance Measures	<ul style="list-style-type: none"><li>• 18 performance measures</li></ul>
Exhibit C: DAP Requirements	<ul style="list-style-type: none"><li>• Discharge Assistance Program requirements</li></ul>

# Performance Contract Contents (cont.)

Section	Function
Exhibit D: Individual CSB Performance Measures	<ul style="list-style-type: none"> <li>Specific to each CSB, attach requirements to new funds or identify actions the CSB will take to address a performance issue</li> </ul>
Exhibit E: Performance Contract Process	<ul style="list-style-type: none"> <li>Describes process for developing, submitting, and negotiating the contract and reporting consumer, service, revenue, and cost data</li> </ul>
Exhibit F: Federal Compliances	<ul style="list-style-type: none"> <li>Lists various assurances CSBs must provide regarding restrictions on the use of federal MH and SAPT Block Grants</li> </ul>
Exhibit G: Local Contact for Disbursement of Funds	<ul style="list-style-type: none"> <li>Identifies local contact to whom DBHDS disburses funds for CSBs</li> </ul>
Exhibit H: LIPOS Requirements	<ul style="list-style-type: none"> <li>Local Inpatient Purchase of Services requirements</li> </ul>
Exhibit I: Administrative Performance Standards	<ul style="list-style-type: none"> <li>Contains requirements for submission of accurate and complete contracts and other reports, includes financial penalties</li> </ul>
Exhibit J: CSB Accountability Requirements	<ul style="list-style-type: none"> <li>Human rights and licensing requirements, CSB board of directors organization and operations, fraud reporting, financial management, and requires DBHDS staff membership on CSB executive directors search committee</li> </ul>
Exhibit K: State Hospital Census Management Admission and Discharge Requirements (new)	<ul style="list-style-type: none"> <li>Includes additional requirements for CSBs that use more than 8 beds per 100,000 adults</li> </ul>

CSB Waiver Status	FY'17 Look-Behind Employment Discussion	FY'18 Look-Behind Community Engagement	FY'18 Look-Behind Enhanced Case Management
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# CSB SA Waiver Status Report

as of 2018/08/12

Select CSB...



# ACTIVE INDIVIDUALS  
ON WAIVER

272

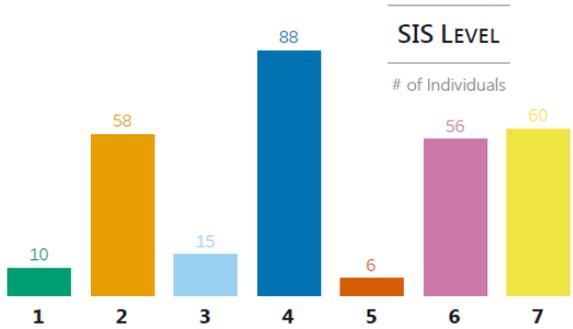
FY'2018

SUBMITTED, ON-TIME  
RST REFERRALS

5 out of 6  
83%

SIS LEVEL

# of Individuals



Community Living  
Family and Individual Supports

WAIVER TYPE

Select CSB...

## CCS3 FACE-TO-FACE (F2F) CASE MANAGEMENT

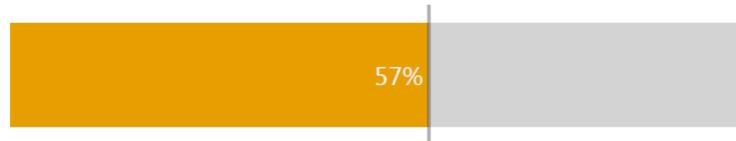
### Community Engagement

Fiscal Year 2018, Quarters 1 to 3

July 1st 2017 to March 31st 2018

**155 out of 274**

eligible individuals received  
an annual ISP F2F



**104 out of 155**

eligible individuals  
received an annual ISP F2F  
AND community engagement discussion



**99 out of 155**

eligible individuals  
received an annual ISP F2F  
AND with community engagement  
outcomes in their plan

