



Virginia Department of
Behavioral Health &
Developmental Services

DBHDS Update

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

Presentation

September 23, 2019

Mira Signer

Acting Commissioner

Department of Behavioral Health and
Developmental Services

Presentation Overview

1. STEP-VA
2. Crisis Services
3. Hospital Census
4. Catawba State Hospital Beds
5. SB1488 Workgroup

STEP-VA Update

STEP-VA Service	Implementation Requirement	Status	Funds Allocated
Same Day Access	July 1, 2019	100% Implementation: March 2019	\$10.8M
Primary Care Screening	July 1, 2019	Launched: July 1, 2019	\$3.7M FY19 \$7.4M FY20
Crisis Services	July 1, 2021	Detox Services Launched: August 2019	\$2M FY20
		Crisis Services Launch: October 2019	\$7.8M FY20
Outpatient Services	July 1, 2021	Launched: July 1, 2019	\$15M FY20
Psychiatric Rehabilitation	July 1, 2021	Planning Began 4thQ FY19	—
Peer/Family Support Services	July 1, 2021	Planning Began 4thQ FY19	—
Veterans	July 1, 2021	Planning Began 4thQ FY19	—
Care Coordination	July 1, 2021	Planning Began 4thQ FY19	—
Case Management (Adults and Children)	July 1, 2021	Planning Began 4thQ FY19	—

STEP-VA Implementation Process

Milestones to Date:

- Formulation of STEP-VA Advisory Committee (STAC)
- Definitions, metrics and funding formula complete for Primary Care Screening (PCS) and Outpatient Services
- CSBs submitted Primary Care Screening AND Outpatient plans and distribute funds
- Same Day Access has decreased wait times from above the national average to 50% below
- Investments made in training CSB staff to focus on building capacity for interventions that are evidence-based and trauma-informed, inclusive of interventions for children and adults

Future Tasks:

- September STAC: First round of feedback on Psychiatric (PS), Care Coordination (CC) and Case Management (CM) steps
- December STAC: Final definitions, metrics and funding formula presented for PS, CC and CM steps. No plans till funding specified.
- January 1st, 2020 planning COMPLETE for ALL steps. CSBs ready to work on plans when funding appropriated.
- Determine step initiation timeframe
- Data collection, analysis and CSB performance assessment

Highlight: Same Day Access

- Has been initiated at all 40 CSBs
- CSBs worked with MTM to consider adoption of the following:
 - Same Day Access
 - Collaborative Documentation
 - No Show Management
 - Productivity calculators
- Preliminary/process outcomes (30 CSBs reporting):
 - 20% decrease in staff time; 7% decrease in client time
 - 26% more intakes being completed (on average)
 - Wait time has decreased from above the national average to 50% below
 - National wait time is 49 days

Highlight: Outpatient Services

- Focus on building capacity for interventions that are evidence-based and trauma-informed, inclusive of interventions for children and adults
- Some examples of investments in training made by regions:

Trauma-focused
Cognitive Behavioral
Therapy

Ecosystemic
Structural Family
Therapy

Functional Family
Therapy

Motivational
Interviewing

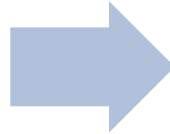
Eye Movement
Desensitization and
Reprocessing

Shared subscription
to web-based CEUs

Crisis System 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 Key Elements

Crisis Hotline

Dispatch
Infrastructure

Mobile Crisis

Regionally deployed,
24/7 basis

Residential Crisis

Intervention and
stabilization



Mobile Response and Stabilization Hallmarks

The crisis is defined
by the caller

Available 24 hours a
day, 7 days a week

Serve individuals in
their natural
environments

Specialized trained
staff

Build on natural
support structures

Connect individuals
to follow-up
services and
supports



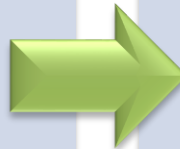
Best Practice Results – Other States' Experiences

Based on the experiences of other states, improving our system will:

Reduce the burden on
emergency departments
and inpatient placements

Connecticut reported
666 inpatient diversions
in FY18

Seattle diverted 91-94%
of hospital admissions
between 2013 and 2015

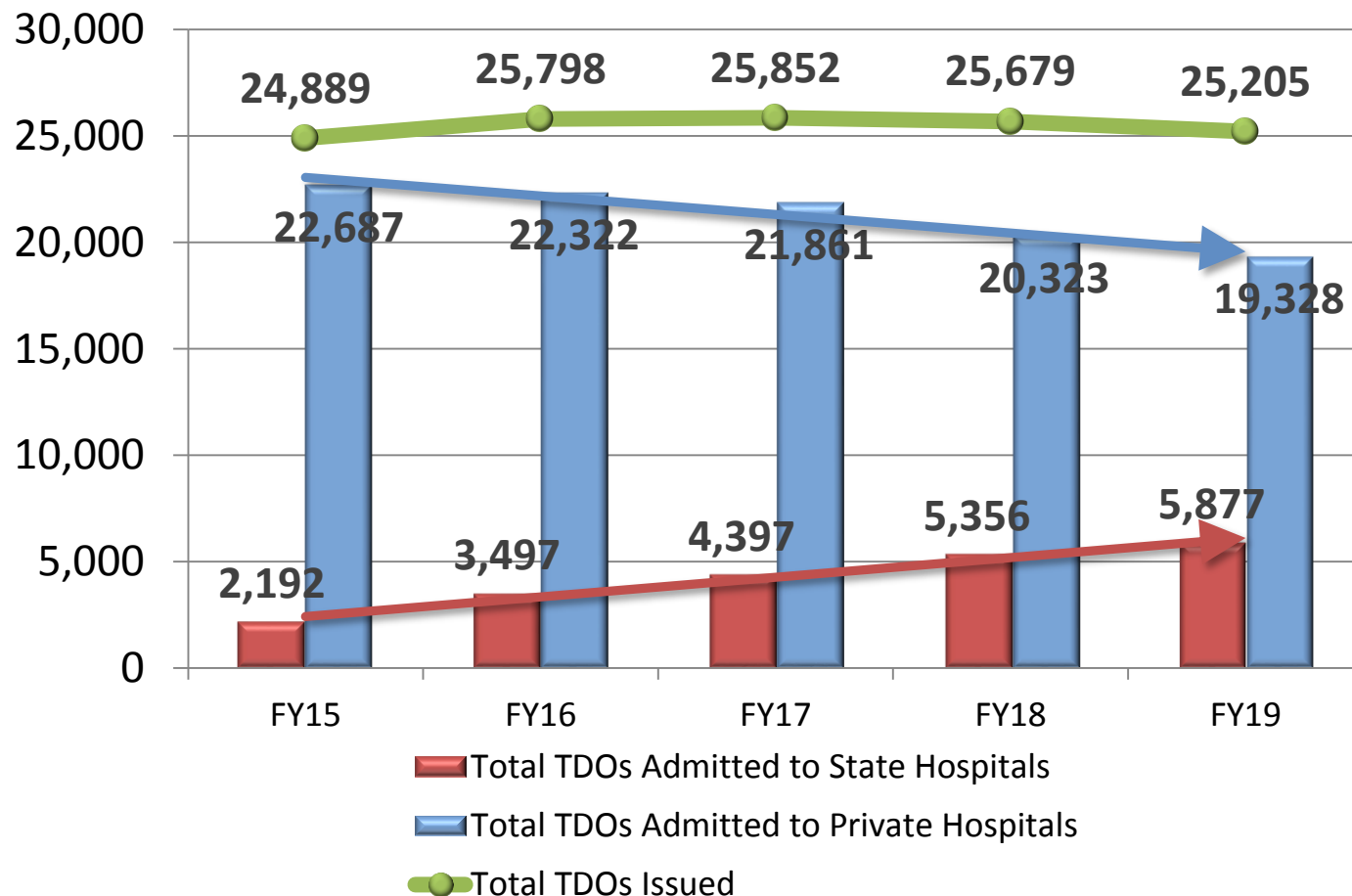


Create long-term cost
savings on higher-cost
placements

Saved an estimated \$7.5
million

Saved \$6.6-10.3 million

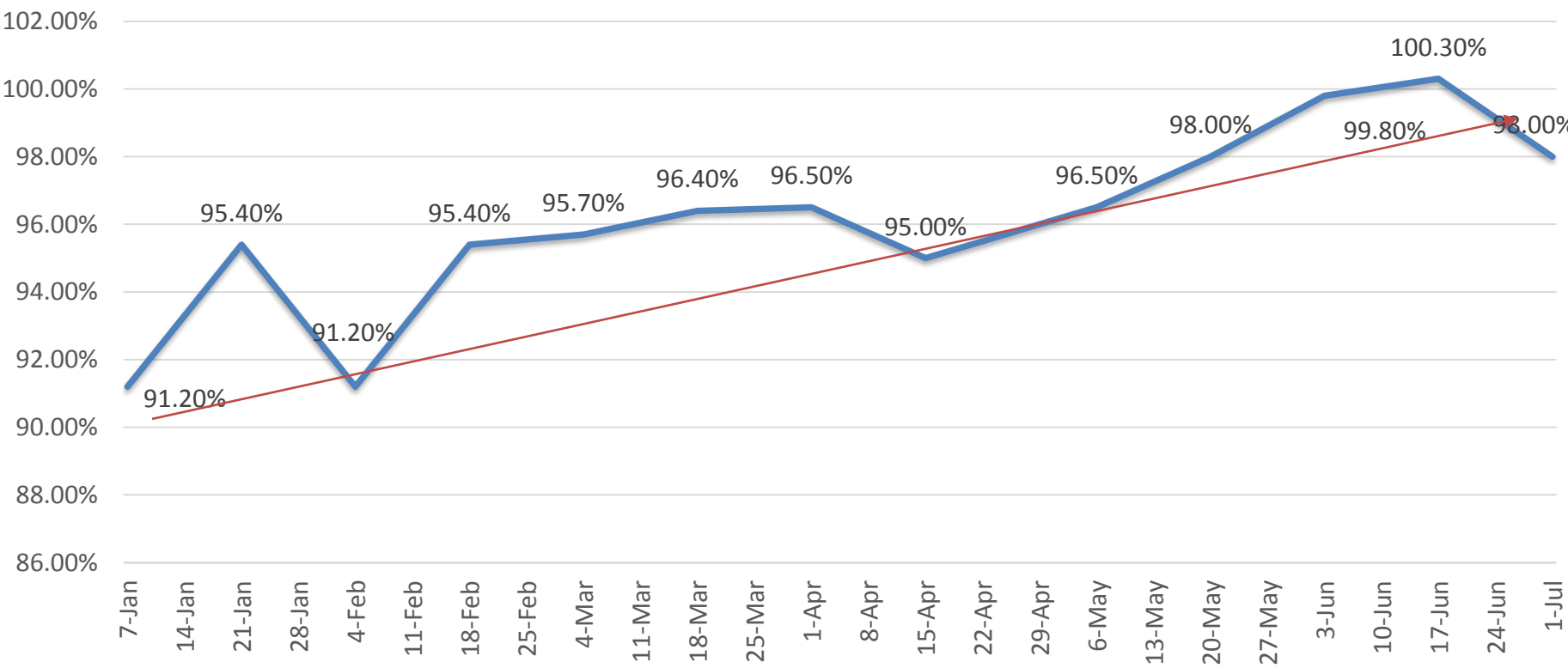
Statewide TDOs and Hospital Admission Trends



- **70%** of admissions to state hospitals are civil TDOs.
- **800 to 1,000** additional individuals admitted each year to state hospitals.
- Use 30 more beds each year.
- Funded bed use = 97%
- Staffed bed use = 127%.

Calendar Year 2019 State Hospitals Census Trends

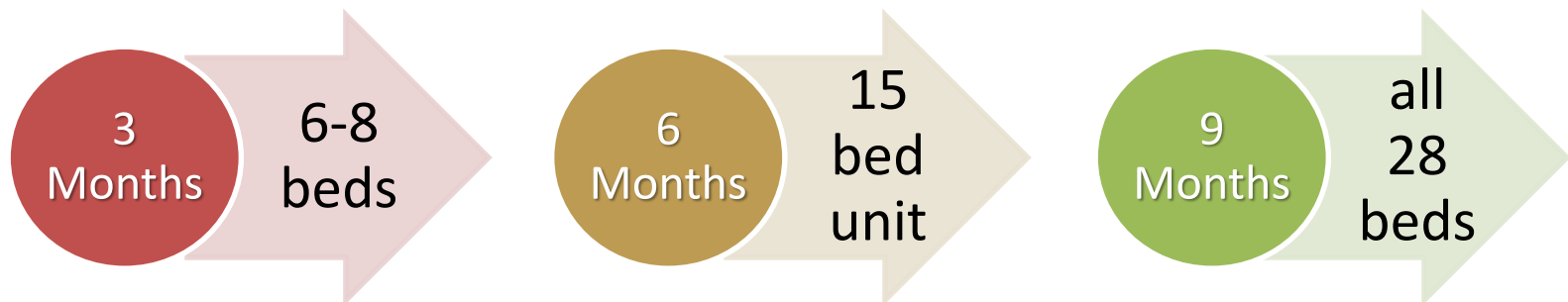
Percent of Adult and Geriatric Beds Filled in State Hospitals



As of September 16, 2019, the state hospitals were operating at 101% capacity

Temporary Beds at Catawba

- This summer DBHDS initiated action to add temporary beds to Catawba Hospital's current operating capacity in order to continue to meet its legal obligations under 37.2-809 "Bed of Last Resort" and 19.2-169.2
- 56 beds will be added; 28 in FY 2020 and 28 beds in FY 2021
- DBHDS using \$4.15M of special funds in FY20
- DBHDS will request additional general funds of \$9.3 million in FY 21 and \$10.3 million in FY 22 to operate these beds
- Timeline (following approval/funding and as staff are hired, trained and deployed):



Temporary Beds at Catawba

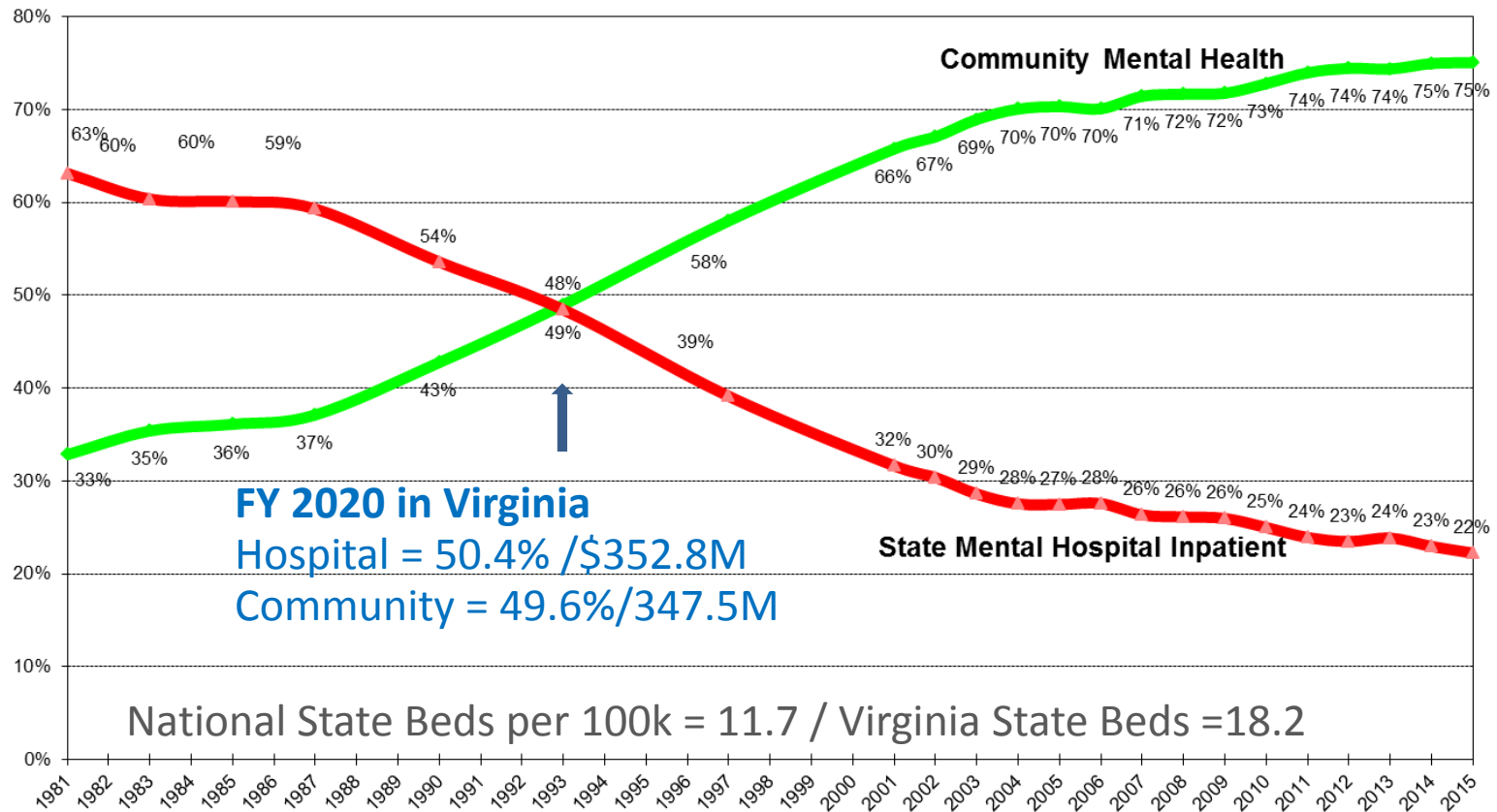
- Adding beds at Catawba is a temporary and emergent necessity
- These beds would be in place until the rate of state hospital census growth plateaus or decreases

Addressing Census Pressures

- Building community capacity - STEP VA and other critical initiatives
- Collaborating with CSBs to consider/expand temporary use of crisis stabilization units and other alternatives
- Exploring crisis capacity, including crisis intervention teams assessment centers and mobile crisis
- Anticipated completion of the Western State Hospital expansion (end of FY 2021)
- Encouraging private hospitals to use their estimated 25% capacity to alleviate census burden
- Holiday weekends from May – September: special “call to action” from Commissioner to CSBs and private hospitals
- TDO Work Group (SB 1488): short and long-term recommendations around right-sizing, evaluation process, emergency custody order period

Virginia's Utilization of Behavioral Health Dollars

General Fund Dollars Invested in Community Services Relative to State Hospitals



SB1488 Workgroup

- Goal: Develop short and long-term recommendations for reducing the census in state hospitals
- Topics covered:
 - Role of the Virginia's state hospitals compared to other states
 - Emergency Custody Order (ECO) timeframe
 - Custody and role of Law Enforcement
 - Individuals with complex medical conditions
 - Individuals who are intoxicated at the time of assessment
 - Most appropriate setting for care
 - Efficiency of evaluation process
 - Diverting admissions from state hospitals
 - Increasing community services
- Last meeting will be in October 2019



Overview of Workgroup Meetings

Meeting Date	Discussion
April 2019	Understanding the census crisis from all perspectives
May 2019	Overview of the civil commitment process National Perspective
June 2019	Overview of alternative sites for TDO assessment Discussion of ECO time frame extension
July 2019	Overview of civil commitment process for medically complex and intoxicated individuals
August 2019	Presentation and discussion of policy recommendations for children
October 2019 pt. I	Review workgroup recommendations and discuss policy options
October 2019 pt. II	Workgroup feedback on report – Due to GA on 11/1





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