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
<table>
<thead>
<tr>
<th>STEP-VA Service</th>
<th>Implementation Requirement</th>
<th>Status</th>
<th>Funds Allocated</th>
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</thead>
<tbody>
<tr>
<td>Same Day Access</td>
<td>July 1, 2019</td>
<td>100% Implementation: March 2019</td>
<td>$10.8M</td>
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<tr>
<td>Primary Care Screening</td>
<td>July 1, 2019</td>
<td>Launched: July 1, 2019</td>
<td>$3.7M FY19 $7.4M FY20</td>
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<td>Crisis Services</td>
<td>July 1, 2021</td>
<td>Detox Services Launched: August 2019</td>
<td>$2M FY20</td>
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<td>Crisis Services Launch: October 2019</td>
<td>$7.8M FY20</td>
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<tr>
<td>Outpatient Services</td>
<td>July 1, 2021</td>
<td>Launched: July 1, 2019</td>
<td>$15M FY20</td>
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<td>Psychiatric Rehabilitation</td>
<td>July 1, 2021</td>
<td>Planning Began 4thQ FY19</td>
<td>–</td>
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<td>Peer/Family Support Services</td>
<td>July 1, 2021</td>
<td>Planning Began 4thQ FY19</td>
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<td>Veterans</td>
<td>July 1, 2021</td>
<td>Planning Began 4thQ FY19</td>
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<tr>
<td>Care Coordination</td>
<td>July 1, 2021</td>
<td>Planning Began 4thQ FY19</td>
<td>–</td>
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<tr>
<td>Case Management (Adults and Children)</td>
<td>July 1, 2021</td>
<td>Planning Began 4thQ FY19</td>
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</table>
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
  - Motivational Interviewing
  - Ecosystemic Structural Family Therapy
  - Eye Movement Desensitization and Reprocessing
  - Functional Family Therapy
  - 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
• 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%.
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

- **FY 2020 in Virginia**
  - Hospital = 50.4% /$352.8M
  - Community = 49.6%/347.5M

- National State Beds per 100k = 11.7 / Virginia State Beds =18.2

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