Virginia Department of Behavioral Health & Developmental Services

Transforming Virginia to a Stronger, More Accountable Publicly-Funded Behavioral Health System

DBHDS Updates

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Recent Progress Improving Virginia's Behavioral Health System

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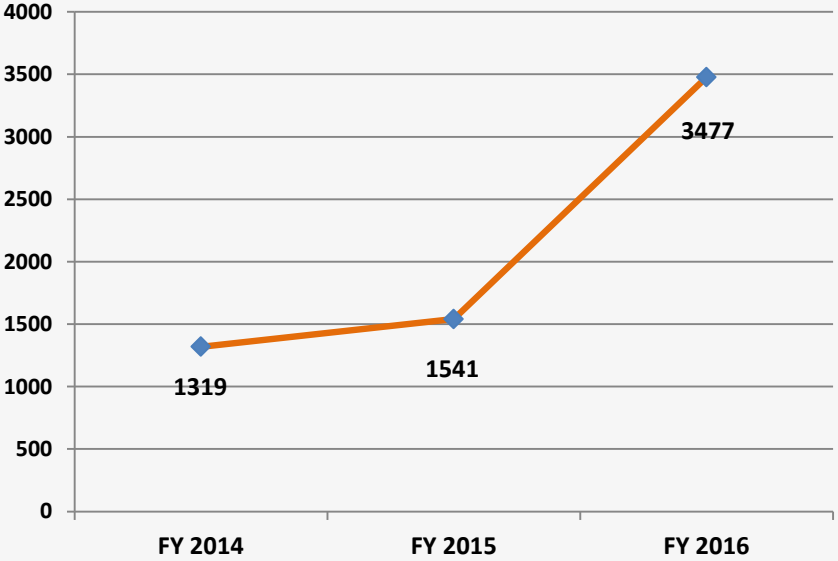
Implemented New Civil Commitment Laws: No person has gone without a bed since July 1, 2014, despite a 164% increase in TDO admissions and a 43% increase in total state hospital admissions.
More Improvements to Emergency System: Implemented new standards and processes for emergency evaluators (July 1, 2016). This joint effort of DBHDS and the CSBs was not required by legislative direction.
Jail waiting List: Eleven months ago, the list was at 85 people with 75 waiting more than seven days. As of 8/15, the list was 22, but ONLY six waiting more than seven days. The Washington Post recently reported the national average for state jail waiting lists is 78.
Transformation: Completed planning grant for certified community behavioral health centers, and developed plan for a multi-year, stakeholder-involved transformation initiative for system change that is ready for further discussion.
SUD Services to Battle Opioid Epidemic: Completed a pilot program and now providing training in the use of naloxone for community members, and working with DMAS on the state's application to CMS for a SUD Waiver.
Prevention: Trained 26,000 people in Mental Health First Aid, worked with VDH and others to identify 11 areas most impacted by opiate abuse, and establish networks to help combat tobacco and e-cigarette use among teens.
Hospital Operations: Implemented two encompassing overhauls of clinical operations at two hospitals and created a new hospital "health index" initiated to anticipate problems sooner.
Internal Operations: Making budget processes more transparent and bilateral with hospitals and CO offices, Strengthening licensing with reorganization and staff additions.
IT: Data Warehouse won COVITS award last year and continues to mature. The electronic health record system now at 3 hospitals and was recently nominated for a COVITS award

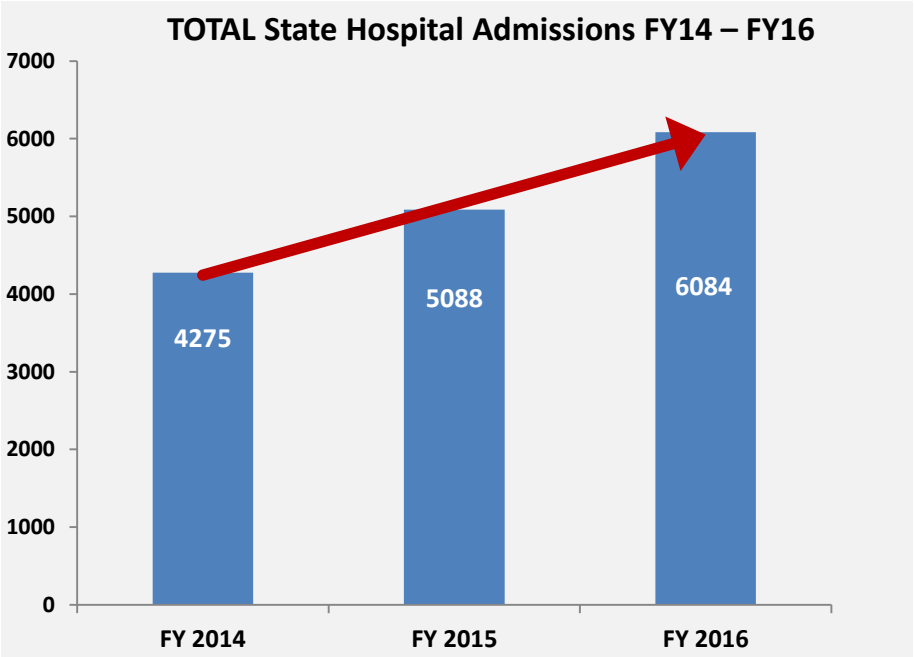
Forensic Waiting List (Aug. 15, 2016)

Current List Detail

Facility	# waiting	# waiting longer than 7 days	Notes
CSH	12	2	Two of the individuals waiting are being assessed by and/or treated by HPR V Jail Team
ESH	8	4	
WSH	1	0	
SWVMHI	0	0	
SVMHI	1	0	
Catawba	0	0	
PGH	0	0	
NVMHI	0	0	
Total	**22**	**6**	

Last Resort and State Hospital Admissions





- Last resort legislation resulted in a dramatic increase in emergency admissions at state hospitals; yet, **a bed was provided for everyone under a TDO who needed a bed since the law was implemented July 1, 2014.**
- Some private hospitals accept patients for evaluation and treatment of a mental health crisis following a TDO. In the 3rd quarter of FY 2016, private admissions declined sharply and in April only admitted 83.1% of all TDOs, down from 93%.

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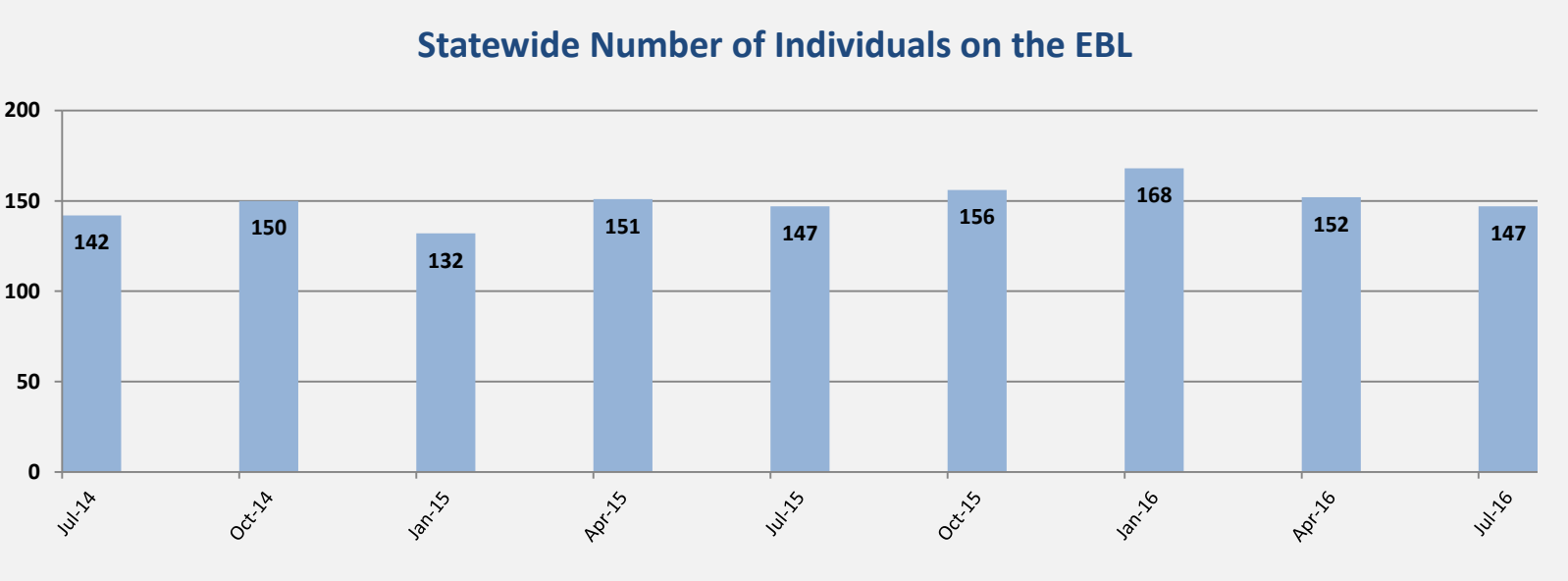
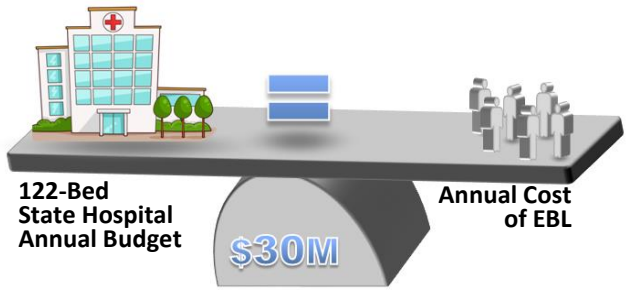
Extraordinary Barriers to Discharge List (EBL)

Current EBL Status

There are currently 147 individuals in state hospitals who have been clinically ready for discharge for more than 30 days but appropriate community services are not available to facilitate a safe discharge.



While costs may continue in the community for those eventually discharged from the EBL and some of the vacated hospital beds may be filled, individuals on the EBL in 2015 used bed days that equate to the operational budget of a 122-bed state hospital, or a cost of about $30 million.



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Emergency Evaluators

New Standards and Processes for Emergency Evaluators (July 1, 2016). This joint effort of DBHDS and the Virginia Association of Community Services Boards was not prompted by legislative direction.

- All new emergency evaluator hires must have Masters or Doctorate
- All supervisors must be licensed and have two years experience
- 24/7 access to licensed emergency clinician
- DBHDS certification required
- Required minimum 12 hours supervision annually
- Required minimum 16 hours continuing education
- Formal quality assurance monitoring
- Recertification every two years
- Evaluators lacking new educational requirement must have eight years experience to continue

Improvement Processes at ESH and CCCA

DBHDS is working with state hospitals, particularly Eastern State Hospital (ESH) and the Commonwealth Center for Children & Adolescents (CCCA), to strengthen operations, improve processes and staffing, overcome current survey challenges and reduce risks on future surveys.

ESH Improvements

- Implementing Plan of Correction for Eastern State Hospital's Hancock Geriatric Treatment Center
- 18-Month Goal: ESH will have restored acute psychiatric certification and improve on measures related to the "treatment corridor" of the ESH Plan of Improvement.

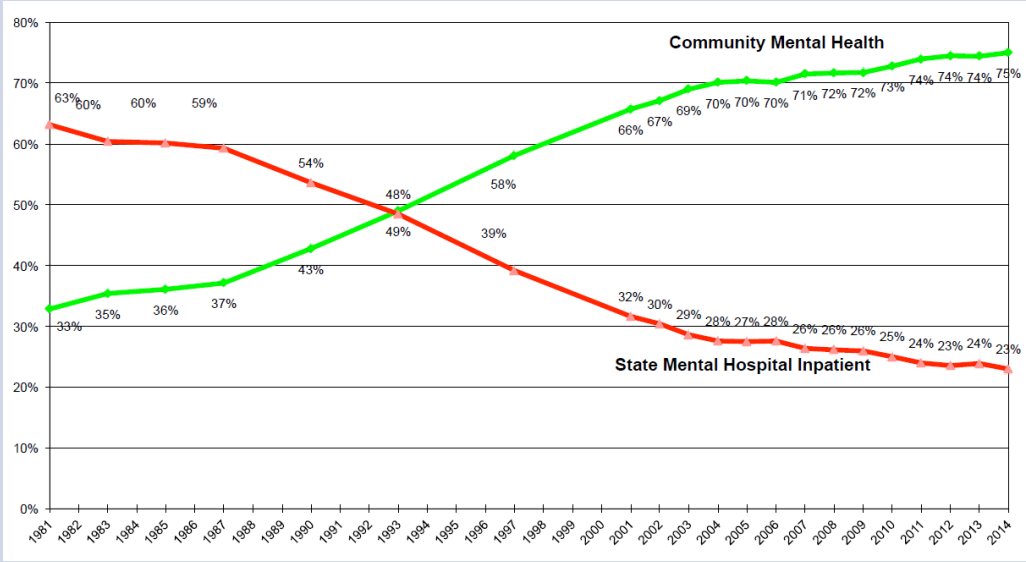
CCCA Improvements

- Implement plan for Commonwealth Center for Children & Adolescents to better meet current mission.
- 18-Month Goal: CCCA, in collaboration with CSBs, DSS, and DJJ, will change operational processes to reduce the average length of stay to 14 days.

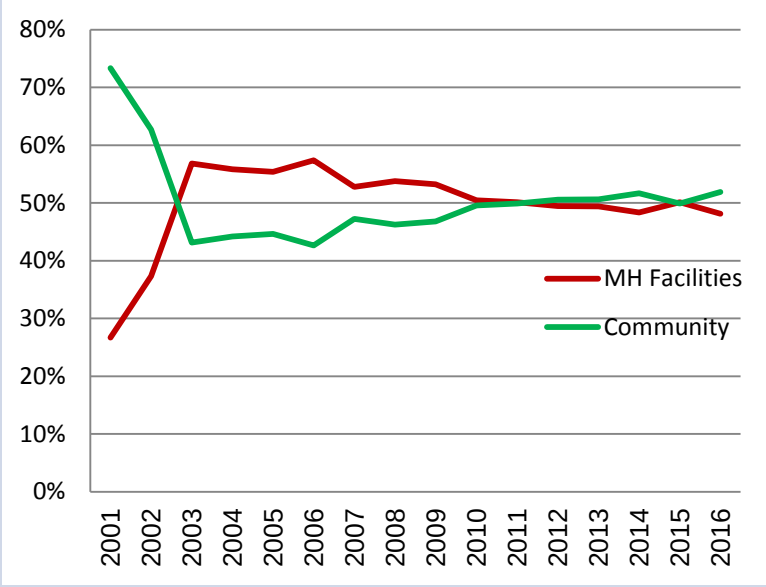
Expenditures for State MH Hospitals and Community Services

Expenditures for State Psychiatric Hospital Inpatient and Community-Based Services as a Percent of Total Expenditures

Nation



Virginia



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CCBHC Model and STEP-VA

CCBHC Service Rankings

CSB	BH Crisis	Screening Assess-ment	Same Day Access	Person Centered Treatment	OP MH and SU	OP PC Screening	Targeted Case Manage-ment	Psychiatric Rehab	Peer Family Support	Armed Forces Veterans	Care Coordin-ation
Chesapeake	2	2	3	1	3	3	1	1	1	3	2
Colonial	3	2	1	1	3	3	1	1	2	2	2
Cumberland	3	3	3	2	3	3	2	1	2	3	3
Harrisonburg-Rockingham	2	2	1	1	3	3	2	1	1	2	3
Mt. Rogers	2	1	1	2	3	3	1	2	2	2	2
New River Valley	2	2	2	1	3	3	1	1	1	2	2
Rappahannock	3	2	2	2	3	3	1	1	1	2	2
Richmond	2	2	2	2	3	1	1	1	1	2	2

Rating System

1 – Ready to implement
2 – Mostly ready to implement
3 – Ready to implement with remediation
4 – Not ready to implement

Cost to Achieve CCBHC Certification

Cost for Eight CSBs to Achieve CCBHC Certification			
	One-Time Costs	Ongoing Costs	New Medicaid Revenue
TOTAL	$6.52M	$38.02M	$20.43M

Important Context:

- Virginia spends $47 per capita on community BH services against a national average of $89 per capita
- Virginia spends 51% of its BH GF dollars in the community versus national average of 75%
- Virginia's total GF expenditure for BH is $92.58 per capita. Ohio is the median at $100.29 per capita.
- Only 50% of individuals served by the CSBs have any form of coverage.

Other State Decisions on Demonstration Grant

- 24 states (including Virginia) received federal grant funds to plan for CCBHCs; of these, eight may be awarded funds for a demonstration grant.
- A number of the states are determining that the cost to the states to achieve certification for its CCBHCs is greater than the enhanced federal match (65%) through the demonstration grant.
- Even if needed GF dollars could be secured through the legislative process, the enhanced match only extends for two years (FY18 and FY19). Then, Virginia would have to make up the difference or revert to prior service levels.
- DBHDS understands that at this time, up to half of the 24 planning grant states have said they do not plan to apply for the demonstration grant for the reasons listed above.

2015 Federal Planning Grant for CCBHCs Accomplishments

The CCBHC planning grant provided a vehicle to push access, quality, consistency and accountability in Virginia. Major accomplishments include:

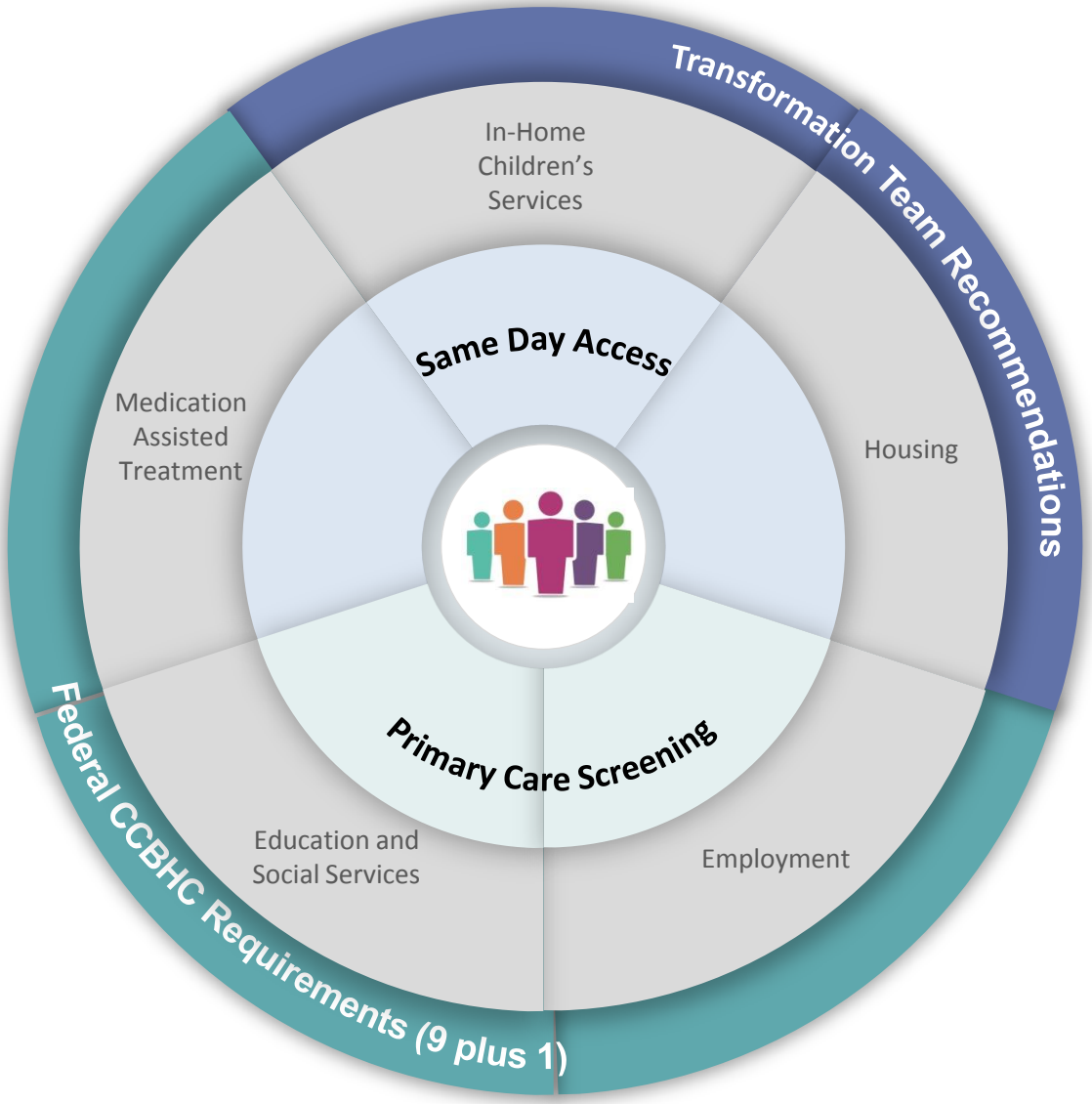
- ✓ Developed a comprehensive definition of core services for Virginia, including best practices
- ✓ Developing cost models to provide specific services at each of eight CSBs
- ✓ Conducted community needs assessment to establish prevalence and penetration rates, identify units of service needed and document gaps
- ✓ Conducted an IT needs assessment relative to data collection and reporting capability required for accountability
- ✓ Delineated service requirements to integrate physical and behavioral health while screening all clients for medical conditions and same day access
- ✓ Solidified agreement for consistent, standardized services easily accessible to all individuals as a shared value and priority for the behavioral health system
- ✓ Demonstrated the DBHDS value of transparency, candor, and purposeful collaboration to CSBs and stakeholders

What Virginia Must Solve

ACCESS	• Must improve access to services across Virginia • Over-reliance on crisis services • ~50% of people 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

System Transformation, Excellence and Performance in Virginia (STEP-VA)

- The new system must be made of responsive, consistent community services that do more than address each crisis.
- STEP-VA builds on federal CCBHC requirements and transformation team recommendations with services Virginians need.
- Would provide critical support for individuals at risk of incarceration, those in crisis and those in need of stable housing.
- The result is Virginia-specific to meet current and future needs of Virginians with mental illness and their families.



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Same Day Access (SDA)

- A person calls or appears at the CSB and is assessed the same day. Based on assessment is scheduled for appropriate initial treatment within ten days.
- Is the best lever to begin shifting care away from crisis response when individuals are more at risk for themselves and for others.

- Reflects the critical need to "start at the front door" in terms of standardization and accountability.
- Implementing SDA requires a change in CSBs' business practices, scheduling, documentation, caseload management, and utilization of shorter term, more focused and practical therapies.
- Addresses two critical principles of recovery: HOPE and CONNECTION (to helpful others).
- Best practice that virtually eliminates "no show" appointments, increases adherence to follow-up appointments, reduces the "wait time" for appointments, and makes more cost-effective use of staff resources.

Example of Funding Timeline With Cost Estimates

An example timeline for funding services based on needs assessment and gap analysis:

Service	FY 2016-2018		FY 2018 – 2020		FY 2020 – 2022	FY 2022 – 2024	FY 2024 – 2026
Same Day Access	FY17: $1.5M GF	FY18: $12.3M GF	FY19: $17.3M GF (ongoing)				
Primary Care			FY19: $3.72M GF	FY20: $7.44M GF (ongoing)			
Peer Services			Fund at 100%				
Medication Assisted Treatment			Fund at 33%		Fund at 100%		
In-Home					Fund at 100%		
Outpatient					Fund at 50%	Fund at 100%	
Detoxification					Fund at 50%	Fund at 100%	
Rehabilitative Services						Fund at 50%	Fund at 100%
Mobile Crisis							Fund at 100%

Improvements to Jail Services

Virginia needs similar thinking for its jail-based services:

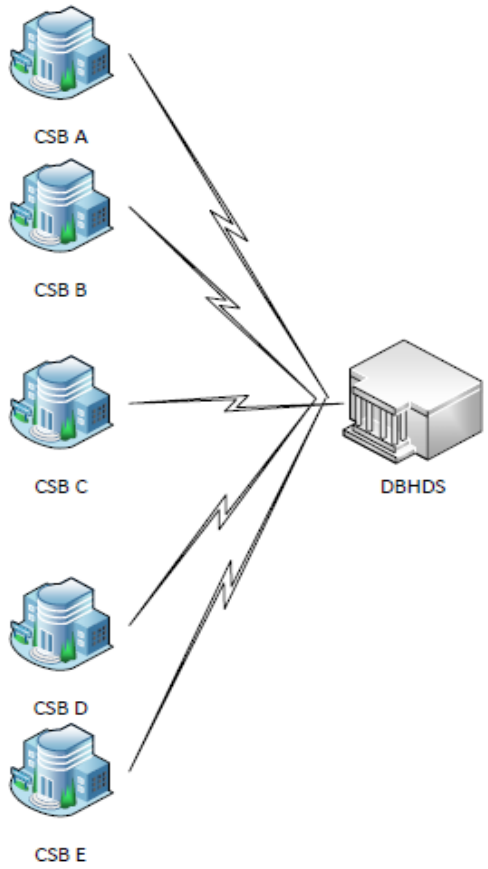
- A single standardized screening instrument being used by trained staff will be used for all individuals on intake to all jails.
- A basic array of jail MH and SUD services will be agreed upon as the aim of Commonwealth, much like the STEP-VA for CSBs.
- Release planning connecting inmate to needed treatment and support services with a “warm hand-off” and assessment for benefit eligibility.
- Required sharing of information between community and jail providers
- Diversion at each potential “intercept” point from first interaction with Law Enforcement through sentencing.
- Acceptance of goal by all applicable agencies to reduce those with SMI in jail for misdemeanor charge by 50 percent.

CSB Data Collection Options

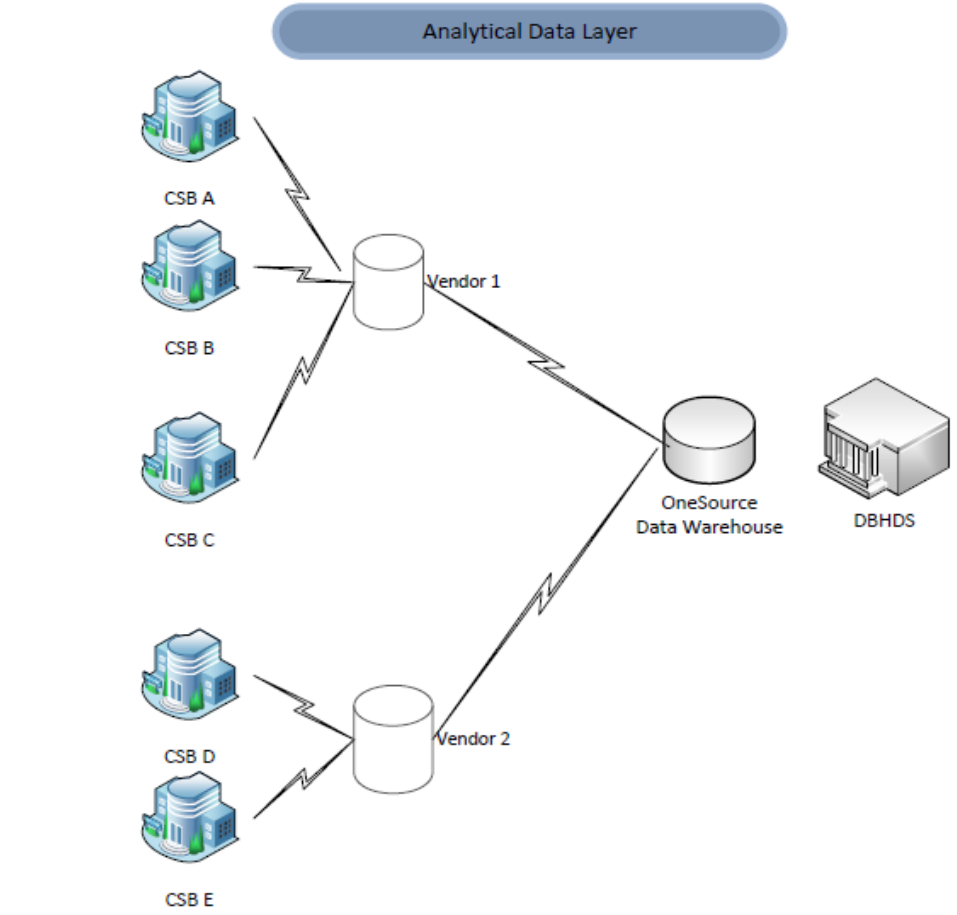
- The current product and processes for collecting meaningful data from the CSBs is difficult, latency is high, and data gathered does not offer CSBs insight into their own business efficiency or effectiveness.
- DBHDS identified data collection options and conducted an extensive options analysis with the eight CSBs.
- DBHDS recommends executing a project to move to standard metrics, measures, and data transmissions:
  - Engage a consulting firm to drive business metric development
  - Engage EHR vendors to assess basic or add-on data mart or data warehouse performance products
  - Assess any third party data products as needed
  - Establish direct, secure communications with CSBs
  - Drive adoption of meaningful use outcome measures, business metrics that support the CSBs and inform DBHDS, and measures to support the needs of those in our care
  - Adopt a ‘balanced score card’ approach to key metrics

Current and Proposed Data Architecture

Current Data Architecture



Proposed Data Architecture



CSB EHR Integration ($3M)	Procurement / Implementation ($9M)	Process Development ($0.5M)	Data Transmission Security ($0.6M)	Integration onto OneSource ($0.4M)	Project/ Performance Mgmt ($0.9M)	Balanced Score Card Development ($0.4)

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