DMAS BEHAVIORAL HEALTH UPDATE 2021

Advancing Proactive, Evidence-Based Solutions

April 20th, 2021
PRESENTERS TODAY

Alyssa M. Ward, Ph.D., LCP
Behavioral Health Clinical Director
DMAS

Laura Reed, LCSW
Behavioral Health Senior Program Advisor
DMAS

Ashley Harrell, LCSW
ARTS Senior Program Advisor
DMAS
Agenda Today

DMAS Behavioral Health Priorities 2021

Behavioral Health Redesign for Access, Value and Outcomes (Project BRAVO) Implementation Update

Addiction and Recovery Treatment Services (ARTS) Program Updates
DMAS Agency Priorities

- BRAVO
- Maternal & Child Health
- Health Equity
- Adult Dental
- Access to Care

Value of Medicaid

COVID-19
Behavioral Health Priorities 2021

- Project BRAVO Implementation
  - Managed Care Organization Resolutions Panel
- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act Efforts
- Therapeutic Day Treatment Monitoring & Support
- Telehealth Permanent Policies and Monitoring
- Subject Matter Expertise Support for:
  - Medicaid Enterprise System Implementation
  - Service Authorization RFP Process
  - Other agency priorities (Maternal & Child Health, Health Equity, Adult Dental)
Community Mental Health Rehabilitation Services (CMHRS) Expenditures

Community Mental Health Rehabilitative Services
Monthly Expenditures as of March 2021

Note: IBNR is “incurred but not reported.” This refers to expenditures than the Agency estimates have occurred but have not yet been submitted as claims.
As of June, we noted that among providers that offered TDT prior to COVID-19, the number of TDT services provided declined by 68%, while the number of IIH services increased by 81% among the same providers.

We have seen these trends reverse over time, while some TDT utilization has picked up over time.

As schools resume in-person instruction we are monitoring utilization and potential shifts in services.

Upcoming TDT Training for Providers and Managed Care Organizations (MCOs) will level set on potential member needs given COVID-19 impacts and interaction with Medical Necessity Criteria and Service Authorization Process.
Telehealth Survey 2021

Major Takeaways

• Strengths
  ▪ Provider Engagement in Feedback (180 respondents in 2020, 646 in 2021)
  ▪ 82% of providers report having what they need to do telehealth
  ▪ Providers assisting members with challenges
  ▪ >50% of providers note higher rates of participation in sessions (show rates) during telehealth usage

• Opportunities
  ▪ Members have challenges with technology access (74% of providers reported this as issue), largely lack of devices or no cell service/internet
Evidence Based Center of Excellence Update

• Charter signed by numerous state agencies
  ▪ DMAS, DBHDS, DSS, OCS, DJJ, VDH
• Establishes a governance structure for the future work of the Center
  ▪ Scott Reiner at OCS was elected as Chair for 2021
• VCU Department of Psychology will serve as Hub
  ▪ Michael Southam-Gerow, Ph.D., LCP is the Director of the Center
  ▪ Initial DBHDS funding of the center will create a post-doc position as well as fund research assistants
  ▪ We envision future collaborations with other academic partners
• Initial work to involve development of universal credentialing database for Evidence-Based Program (EBP)-related data (e.g. training, certification status, fidelity metrics, etc.)
  ▪ Will be accessible to agencies who fund EBP services as well as MCOs/Behavioral Health Systems Administrator (BHSA)
• Dr. Southam-Gerow has conducted informational interviews with each agency for a needs analysis
• Agencies also working together to hold EBP “Are you Ready” implementation events with the center and the National Implementation Research Network (UNC-CH) this spring that will support localities in exploring readiness for EBP
Enhanced Behavioral Health Services for Virginia

Project BRAVO

Behavioral Health Redesign for Access, Value and Outcomes

Vision

Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:

- **High Quality**: Quality care from quality providers in community settings such as home, schools and primary care.
- **Evidence-Based**: Proven practices that are preventive and offered in the least restrictive environment.
- **Trauma-Informed**: Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals.
- **Cost-Effective**: Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system.
# Enhancement of Behavioral Health (BH) Services: Current Priorities Explained

What are our top priorities at this time?

<table>
<thead>
<tr>
<th>Partial Hospitalization Program (PHP)</th>
<th>Assertive Community Treatment (ACT)</th>
<th>Multi-Systemic Therapy (MST)</th>
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<tbody>
<tr>
<td>Intensive Outpatient Program (IOP)</td>
<td>Comprehensive Crisis Services (Mobile Crisis, Intervention, Community-Based, Residential, 23Hr Observation)</td>
<td>Functional Family Therapy (FFT)</td>
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Why Enhancement of BH for Virginia?

- Provides alternatives to state psychiatric admissions and offers step-down resources not currently available in the continuum of care, which will assist with the psychiatric bed crisis.
- Demonstrated cost-efficiency and value in other states.

Implementation of **SIX** high quality, high intensity and evidence-based services that have demonstrated impact and value to patients.

Services that currently exist and are licensed in Virginia **BUT are not covered by Medicaid or the service is not adequately funded through Medicaid**.
## Enhancement of Behavioral Health Services
### Special Session 2020 and GA Session 2021

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<tr>
<td><strong>Initial Budget Projection</strong></td>
<td><strong>Reduction Due to Change in Implementation Dates (Pandemic Delay)</strong></td>
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<tr>
<td>General Fund</td>
<td>$10,273,553</td>
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<td>Non-General Funds</td>
<td>$14,070,322</td>
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<td>TOTAL FUNDS</td>
<td>$24,343,875</td>
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### Implementation

**Implementation July 2021**
- Assertive Community Treatment
- Partial Hospitalization
- Intensive Outpatient Programs

**Implementation December 2021**
- Multi-Systemic Therapy
- Functional Family Therapy
- Comprehensive Crisis Services (23 hour beds, Residential Crisis, Community Stabilization, Mobile Crisis Intervention)
BH Enhancement Timeline May 2019-April 2021

- Stakeholder Implementation Workgroups
  - 20+ meetings
  - 100+ stakeholders
  - 5 workgroups (4 service specific) to inform rate study

- Mercer Rate Study & Fiscal Impact Analysis
  - Assumptions for Rate Development/Fiscal impact with stakeholder workgroup input: Report Publicly available Jan 2020
  - Presentation of rates and assumptions to stakeholders: December 3, 2019

- Interagency Prioritization and Alignment Efforts
  - Made it into Budget following 2020 GA
  - Workforce needs analysis
  - Alignment with other key initiatives
  - Licensing analysis

- CORONAVIRUS
  - Un-Allotment of Funding
  - Pivot to COVID-19 Response and Service Flexibilities

- RESUMED IMPLEMENTATION ACTIVITIES
  - Interagency Project Teams launched
  - MCO/BHSA Readiness activities
  - Provider Outreach
  - Manual/Policy/Regulation development
Behavioral Health Enhancement: High-Level Timeline

Budget is signed
Finalize team structure and project plan

- SPA #1 submission to CMS
- Project Teams begin
- Contract Changes/Data Share Agreement
- Draft Manuals
- Complete MNC
- BHE Memo #1

• Design Data Dashboard
• Member Education
• Provider and MCO training
• MCO/BHSA System Changes

Go Live: ACT, PHP, IOP

Broader BHE Project Kick-off
- Large OG BHE Update and Internal Project Kick off
- Reengage Phase 1 workgroups
- Begin MCO Resolutions Panel

- Provider Licensing begins
- Provider Outreach Events: ACT, PHP, IOP
- Provider Enrollment
- BHE Bulletin #2

- MCO/BHSA Readiness review
- Provider Outreach Events
- IM System Changes Implement

• SPA #2 submission to CMS
• BHE Memo #3
• Provider outreach: MST/FFT, ABA and Crisis
• IM System Changes Implement
• Manuals and MNC Completion
• CQI Process Development: ACT, PHP, IOP Implementation

Go Live: MST/FFT, Crisis

Stakeholder Engagement and Outreach
**DMAS-DBHDS**

**BEHAVIORAL HEALTH ENHANCEMENT**

**PROJECT TEAM STRUCTURE**

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**Project BRAVO Steering Committee**
- Reviews project schedules and deliverables
- Reviews and makes decisions regarding key assumptions and decision points
- Responsible for making key decisions and escalating/mitigating key barriers with Secretary’s office

**Interagency Project Teams**
- Each project team consists of appointed DMAS Executive Sponsor, Team Lead(s) and Project Coordinator
- Project teams are cross-functional (across DMAS divisions and with other agency and external stakeholders as needed) and are responsible for operationalizing work plans

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**BRAVO TEAM** Central coordination team for project that provides support for project teams, tracks work plan and deliverables, identifies and escalates barriers

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**Project BRAVO Stakeholder Workgroup**
- Large Group and Sub-Workgroup Meetings

**Service Specific Workgroups**

**Quality Measures**

**Evidence-Based Practice Workgroup**

**Workforce Workgroup**

**Racial Equity Workgroup**

**MCO Resolutions Panel**

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**Clinical Utilization Management**

**Communications**

**Finance**

**IM Systems**

**MCO Readiness**

**Policy and Authorities**

**Quality Measures & Data Reporting**

**Workforce**
Managed Care Organization (MCO) Resolutions Panel

- Established through budget language attached to Behavioral Health Enhancement, this panel creates a new venue for provider associations like Virginia Association of Community-Based Providers (VACBP) to bring trend-level concerns about MCO actions.
- The panel began on 12/17/20 and re-engaged in March 2021 following the General Assembly session.
- A protocol has been established for receiving complaints and working them to resolution, working towards full transparency in this process.
• https://www.dmas.virginia.gov/#/behavioralenhancement
Addiction and Recovery Treatment Services (ARTS)
Building a Continuum of Care

Effective April 1, 2017 - All ARTS services are covered by Medicaid managed care plans

ARTS offers a fully integrated physical and behavioral health continuum of care.
Prevalence of Substance Use Disorder (SUD)

Non-Expansion Medicaid Members with a SUD diagnosis

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<tr>
<th>Year</th>
<th>Non-Expansion</th>
<th>Medicaid Expansion</th>
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<tr>
<td>2016</td>
<td>48,341</td>
<td></td>
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<tr>
<td>2017 (ARTS)</td>
<td>52,992</td>
<td></td>
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<tr>
<td>2018</td>
<td>59,235</td>
<td></td>
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<tr>
<td>2019 (Medicaid Expansion)</td>
<td>53,976</td>
<td>41,966</td>
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</tbody>
</table>

Total: 95,942
Changes in Treatment Rates for Base Medicaid Members

Percent of members with SUD who received any ARTS treatment services

<table>
<thead>
<tr>
<th>Year</th>
<th>Treatment rate for SUD</th>
<th>Treatment rate for OUD</th>
<th>Treatment rate for AUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>14.5%</td>
<td>19.9%</td>
<td>32.1%</td>
</tr>
<tr>
<td>2017 ARTS</td>
<td>30.2%</td>
<td>33.1%</td>
<td>47.3%</td>
</tr>
<tr>
<td>2018</td>
<td>41.3%</td>
<td>44.4%</td>
<td>61.1%</td>
</tr>
<tr>
<td>2019 Medicaid Expansion</td>
<td>45.7%</td>
<td>47.4%</td>
<td>65.9%</td>
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## Changes in the ARTS Provider Network

<table>
<thead>
<tr>
<th>Provider Type</th>
<th># of Providers Before ARTS</th>
<th>ARTS Year 3</th>
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<tbody>
<tr>
<td>Inpatient Detox (ASAM 4)</td>
<td>N/A</td>
<td>103</td>
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<td>Residential Treatment (ASAM 3)</td>
<td>4</td>
<td>92</td>
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<tr>
<td>Partial Hospitalization Programs (ASAM 2.5)</td>
<td>N/A</td>
<td>22</td>
</tr>
<tr>
<td>Intensive Outpatient Programs (ASAM 2.1)</td>
<td>49</td>
<td>136</td>
</tr>
<tr>
<td>Opioid Treatment Programs</td>
<td>6</td>
<td>40</td>
</tr>
<tr>
<td>Preferred Office-Based Opioid Treatment Providers</td>
<td>N/A</td>
<td>164</td>
</tr>
<tr>
<td>Outpatient practitioners billing for ARTS services (ASAM 1)</td>
<td>1,087</td>
<td>4,079</td>
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</tbody>
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Access to Evidence-Based Treatment for Opioid Use Disorder (OUD) Increased

Number of Practitioners Authorized to Prescribe Buprenorphine

- All Practitioners
  - 2016: 500
  - 2019: 1133
  - 2020: 1537

- 30 Patient limit
  - 2016: 315
  - 2019: 793
  - 2020: 1027

- 100 Patient limit
  - 2016: 185
  - 2019: 235
  - 2020: 358

- 275 Patient limit
  - 2016: 0
  - 2019: 105
  - 2020: 152

Legend: 2016 - Blue, 2019 - Green, 2020 - Orange
Impact of Medicaid Expansion and Access To Treatment

Members who received Medications for Opioid Use Disorder

- 2016: 6,031
- 2017 (ARTS): 8,233
- 2018: 11,806
- 2019 (Medicaid Expansion): 23,257

97% ↑
Expenditures for Medicaid SUD Treatment

SFY2020 – By Date of Payment

COVID
Our Work is Not Done

Fatal Drug Overdose Trends – updated numbers as of January 2021

Total Number of Fatal Drug Overdoses by Quarter and Year of Death, 2007-2020*

Data for 2020 is a Predicted Total for the Entire Year

https://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/
An Evolving Strategy to Address the Epidemic

- High quality / Evidence-Based Care
- Priority Populations and Their Families
- Transitions of Care
- Data

- Pregnant and parenting individuals
- Justice-involved
- Acute care
The SUPPORT Grant Project includes:

- Planning grants awarded to 15 states ($50 million aggregate) for 18 months; and
- 36-month demonstrations with up to 5 states that received planning grants.

Planning Grant Notice of Award to Virginia:

September 18, 2019

Period of Performance:

September 30, 2019 to September 29, 2021 (18 months + 6 month no cost extension)

Approved Budget: $4.8 million (+$160K supplemental funds)

Components

- Need assessment
- Strengths-based assessment
- Activities to increase provider capacity
SUPPORT Act Grant Updates

Projects Underway

• **Needs assessment: VCU Department of Health Behavior and Policy**
  - Continuum of care needs assessment
  - ARTS member surveys and interviews
  - Buprenorphine-waivered prescriber analysis and survey

• **Brightspot assessment: VCU Wright Center**
  - Training pre/post-test implemented
  - Project ECHO opportunities
  - Data visualization - HealthLandscape in development
  - Brightspot Analysis
Brightspot Communities

Suboxone Providers in Richmond Relative to Need

Suboxone Providers/1000

ED Opioid Overdoses/1000
Projects Underway

• **Policy Landscape Analysis** – analyze policy options for Virginia in response to changes introduced by the SUPPORT Act
  - Manatt Health and State Health Partners continue to meet with workgroups and interview stakeholders to inform policy landscape

• **SUMS Project – Substance Use Disorder, Medicaid, and the Criminal Justice System**
  - Contract lead: Health Management Associates (HMA)
  - HMA is currently working on community stakeholder surveys and focus group designs
  - Grant team and HMA are working with Department of Corrections (DOC) and related partners on demonstration site selections and outreach – two DOC facilities and two local/regional jails.
Revolutionizing the System of Addiction Care
Bridge Clinics for Treatment of Opioid Use Disorder

- Rapid Access to Evidence-Based Care
- Priority Populations
- Warm Hand-offs to Community Care
Virtual Bridge Clinics

• Utilizing telehealth flexibilities, DMAS is supporting the creation and expansion of virtual bridge clinics at two emergency departments (EDs) in Virginia.

• Program goals:
  ▪ Support starting buprenorphine treatment in ED settings (prescription, not just administration)
  ▪ Provide tools to enhance virtual post-visit follow-up
  ▪ Strengthen treatment coordination with community providers
### SUPPORT Act Provider Trainings

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
<th>Presenter(s)</th>
<th>Links to Register and Access the Webinar</th>
<th>Remote Conference Captioning (RCC) Links</th>
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<td>Paul Brasler</td>
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### SUPPORT 101 Webinars

- Session Twenty-Five: ASAM Criteria Assessment Dimensions 4 [pdf]
- Session Twenty-Four: ASAM Criteria Assessment Dimensions 3 [pdf]
- Session Twenty-Three: ASAM Criteria Assessment Dimensions 1 & 2 [pdf]
- Session Twenty-Two: SUD & Clients in Need of Housing [pdf]
- Session Twenty-one: Video - Virginia Medicaid: ARTS Care Coordination [pdf]
- Session Twenty-one: Virginia Medicaid: ARTS Care Coordination [pdf]
- Session Twenty: "Novel" Substances [pdf]
- Session Nineteen: SUD & LGBTQ+ Clients [pdf]
- Session Eighteen: SUD & Legally-Involved Clients [pdf]
- Session Seventeen: Alcohol & Cannabis [pdf]
- Session Sixteen: SUD and The Family [pdf]
- Session Fifteen: SUD & Cultural Humility [pdf]
- Session Fourteen: Addressing SUD Stigma and Building Provider Empathy [pdf]
- Session Thirteen: Group Therapy Skills [pdf]
- Session Twelve: Individual Therapy Skills [pdf]
- Session Eleven: Co-Occurring Disorders [pdf]
- Session Ten: Screening and Assessment for SUD [pdf]
- Session Nine: SUD Treatment Introduction [pdf]
- Session Eight: Opioids and Stimulants Overview [pdf]
- Session Seven: Substance Use Disorders (SUD) Overview [pdf]
- Session Six: Providing Trauma-Informed Care [pdf]
- Session Five: Withdrawal Syndromes [pdf]
- Session Four: Crisis and Deescalation [pdf]
- Session Three: Suicide Assessment and Screening [pdf]
- Session Two: Client Engagement [pdf]
- Session One: Tele-Behavioral Health in the time of COVID-19 [pdf]
- Dr. Mishka Terplan - Pregnant and Postpartum Care for SUD during COVID-19 [pdf]
- Dr. Mishka Terplan - HIV and HCV Updates [pdf]
- Dr. Mishka Terplan - Chronic Pain and Addiction Treatment [pdf]
Thank you for your partnership, support and participation.

Additional Questions?

Please contact
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SUPPORTGrant@dmas.virginia.gov