# MEDICAID BEHAVIORAL HEALTH REDESIGN UPDATE

**DECEMBER 4<sup>TH</sup>, 2018** 







## BEHAVIORAL HEALTH REDESIGN LEADERSHIP



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## **STEP- Virginia**

#### The start of behavioral health transformation

- STEP-VA has paved the way forward in creating a path for mental health system change in the 21<sup>st</sup> century
- Implementation is in progress and the next step in the process is to critically examine the sustainability of the program
- The *need* identified is to establish an array of services that complement the foundational changes that STEP-VA provides
- The process for the development of the array is through the concurrent redesign of the Medicaid behavioral health services to support and sustain STEP-VA



#### **Shared Goals and Alignment of Initiatives**







## Vision for Medicaid Redesign

- Keep Virginians well and thriving in their communities
- Reach people in environments where they already seek support such as primary care and schools
- Support and sustain STEP Virginia
- Assure Medicaid coverage and high quality behavioral health options for those eligible
- Retrain and build our workforce
- Long term vision: shift our system's need to focus on crisis by investing in prevention and early intervention with mental illness





#### **Medicaid Redesign Project Timeline and Progress**

Project Kick-off	Aug-Sept 2018				
Engagement with Stakeholders Listening Sessions with Providers and MCOs with FCHP	Review and feedback on evidence based practices Review and feedback on service gap analysis	Oct 2018 Behavioral Health Redesign Workgroup meetings commenced	Nov 2018		
			Stakeholder Survey Inter-Agency Alignment Building	Dec 2018 Evidence Based Practices Report Service Gap Analysis Report Stakeholder Report	

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HEALTH POLICY CENTER

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#### Summary of Evidence Synthesis & Service Gap Analysis

#### Major Highlights

- Our current system employs very few evidence-based practices
- Many states and large localities have successfully implemented redesigns such as the one we propose to improve quality of care and reduce crisis and suffering
- There are significant opportunities for us to bolster existing trauma-informed and evidence-based programs
- Strong precedent in other states for system change through developing capacity for integrated care in physical health and school settings



#### **Behavioral Health Redesign Workgroup** *Stakeholder Partnership in Action*

#### Goals of the workgroup:

- To create and maintain a venue for open communication regarding systems redesign
- To strengthen our collective, collaborative partnership as these will be central to the success of redesign
- To gather perspectives from key stakeholder informants on priorities and concerns of those they represent
- To share information on our current work and intentions over the course of the project



#### **Stakeholders in Redesign**

Over 100 Members including representatives from:

• State Agencies

DBHDS, DSS, OCS, DJJ, DOC, VDH, DHP, DOE

Advocacy Organizations

NAMI, VOCAL, Voice's for Virginia's Children

Private Provider Associations

VNPP, VACSB, VCOPPA, Caliber, VABA, VACBP

#### Professional Associations

VHHA, Psychiatric Society, Va Academy of Clinical Psychologists, American Academy of Pediatrics, Medical Society of Virginia, National Association of Social Workers, NP Coalition, Virginia Community of Healthcare Association

#### Managed Care Organizations

Aetna, VAP, Magellan CC, Optima, United, Anthem

• Magellan: Behavioral Health Services Administrator



## STAKEHOLDER SURVEY INFORMATION



#### Collecting voices from across the Commonwealth







#### **Survey Development & Distribution**

- Purpose of this survey: To collect perspectives on the development of a continuum of evidence-based, trauma-informed, and prevention-focused Medicaid community mental health services in Virginia.
  - Based on the current array of Medicaid funded services

#### • Distribution:

- Initially BHRW members and essential partners
- Redistributed internally to relevant team members



#### **Profile of survey respondents**

## n=203

#### Current role/position:









#### **Organizations represented**

16th Court Service Unit 2nd District Court Service Unit, Virginia Department of Juvenile Justice Accomack County Department of Social Services AES Applied Behavior Consulting Augusta Health BASICS ABA Therapy

**Behavioral Momentum** 

Deparment of Juvenile Justice, Juvenile Probation Department of Social Services Department of Social Services - Children's Services Administration DePaul Community Resources Dept. of Juvenile Justice Dickenson County Behavioral Health Services Dinwidile County Dept. of Children's Services District 19 Community Services Board Child and Adolescent Services Division INOVA Kellar Center PHP and IOP Intercept Youth Services, ABA Services Jackson-Felld Behavioral Health Services King George County Public Schools Liberty Point Behavioral Healthcare LIFES Academy LIFES Academy Lifeworks Outreach Services, Inc. dba Family Teamwork, Inc. McKulty Center for Children and Families of the Harrisonburg-Rockingham CSB

#### PWC CSB Rappahannock Area Community Services Board Readytids Recognizing Children's Gifts Behavioral Health Network Richmond Department of Social Services River City Comprehensive Counseling Services Rusel Courty Children's Services Office(CSA)/Department of Social Services Social Services Social Services Social Services Social Services Social Services

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#### **Services & Populations**

What are the primary behavioral health services your organization provides? (select all that apply)



#### What are the primary populations your organization serves?









#### Does the array of currently Medicaid-funded services meet the mental/behavioral health needs in Virginia?

	n	Yes, just fine as categorized	Yes, but services need redesign	No, current array does not meet need	Don't know or have enough info to respond
Promotion & Prevention	108	16%	19%	47%	18%
Treatment	142	20%	38%	36%	6%
Recovery	54	31%	20%	43%	6%







#### Are there services types in this array that those you serve have trouble accessing?

	n	No, services are available and accessible	Depends, services are not uniformly available	Yes, there are consistently access problems	Don't know or have enough info to respond
Promotion & Prevention	95	18%	33%	26%	23%
Treatment	131	10%	33%	46%	11%
Recovery	54	24%	30%	37%	9%







# Does Virginia have proficient workforce to provide this array of services?

	n	Yes, proficient workforce currently provides these services	Yes, proficient workforce exists, but needs redesign	No, there are significant workforce challenges to providing these services	Don't know or have enough info to respond
Promotion & Prevention	95	6%	11%	57%	26%
Treatment	129	6%	12%	75%	7%
Recovery	54	20%	9%	52%	19%





#### **Emerging Themes: Current Strengths**

**High Fidelity Wraparound** MST FFT Public awareness SURVEYPeer support AWAKENING STEP VA Stakeholder Involvement Behavioral Health Redesign Workgroup General funds 🔀 Telehealth DJJ positions at CSBs Q Legislative support



#### **Emerging Themes: Future Needs**

Community based services Rate redesign PACT expansion . revention Integrated care Faster credentialing 0 to 5 ACCOUNTABILITY clear communication Public advocacy **Community linkages** ALIGNMENT Licensure reciprocity **EBP** reimbursement Recruitment Equitable pay Licensed professionals Psychiatry access



#### **Intersecting Themes**

- Emerging themes are highly interdependent.
  - Workforce/Access
  - Access/Regulation
  - Funding/Workforce
  - Workforce/Regulation
  - Regulation/Communication









## **OUR PATH FORWARD**

## **Behavioral Health Redesign** 2019







#### 2019 Plans

- January
  - 1/7/18: Next Workgroup Meeting
    - Presentation of proposed continuum
    - Sharing of stakeholder survey comprehensive results
    - Workgroup evolution planning
  - General Assembly
- March
  - Stakeholder Workgroup Sub-Committees
  - Continued Partnership Building across Agencies
  - Formal Implementation Planning

