BEHAVIORAL HEALTH REDESIGN UPDATE

Advancing Proactive, Evidence-Based Solutions

September 23, 2019
Advancing Behavioral Health Care in Virginia

From Band-Aids to proactive, evidence-based solutions

Current Medicaid-Funded Behavioral Health Services

- High Acuity
- Outdated
- Imbalanced

Behavioral Health Redesign Care Continuum

- More equitable distribution of services – from prevention to acute
- Proven practices with measurable effectiveness and quality
- Enhances other BH transformation efforts (STEP-VA, FFPSA) and coordinates systems among state agencies

Evidence-Based

Aligned
Behavioral Health Redesign for Virginia

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.
BH Redesign Efforts since May 2019

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

- Mercer Rate Study & Fiscal Impact Analysis
  - Assumptions for Rate Development
  - Assumptions for Fiscal Impact
  - Input from Stakeholder workgroups

- Interagency Prioritization and Alignment Efforts
  - Workforce needs analysis
  - Alignment with other key initiatives
Behavioral Health Redesign Current Priorities Explained

What are our top priorities at this time?

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

Why BH Redesign 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
### Partial Hospitalization Program (PHP):

Time-limited, non-residential, non-inpatient programs that deliver services on a level of intensity similar to inpatient programs but not on a 24-hour basis.

### Multi-Systemic Therapy (MST):

An evidence-based program designed for youth with serious antisocial behavior, juvenile offenders, families with child welfare involvement, youth in psychiatric crisis (suicidal ideation, psychosis), youth with severe emotional disorders, and youth with comorbid physical health problems.

### Program of Assertive Community Treatment (PACT):

An intensive, client-centered, recovery-oriented evidence-based practice delivers integrated community-based treatment, rehabilitation, and support services to help persons with severe and persistent mental illness to avoid psychiatric hospitalization and to live independently in natural community settings.

### Intensive Outpatient Program (IOP):

A structured, outpatient program that allows individuals to remain integrated within their daily lives by attending school or work, yet provide more intensity than routine outpatient care.

### Functional Family Therapy (FFT):

A evidence based, short-term (approx. 30 hours) family-based therapeutic intervention for youth at risk for institutionalization and their families. FFT has resulted in decreases in recidivism and out-of-home placement and improvements in family interaction patterns.

### Comprehensive Crisis Services:

Crisis Services assist individuals currently experiencing or having recently experienced a mental health crisis. These services may include 23-hour crisis stabilization, short-term crisis residential stabilization services, mobile crisis services, 24/7 crisis hotlines, warm lines, and peer crisis services.
BH Redesign and Psychiatric Inpatient Admissions

Lack of alternative crisis services have contributed to the increasing number of temporary detention orders

- There are approximately 300,000 crisis calls state wide each year; Out of which, 90,000 calls resulted in face-to-face evaluation; only 15-25% were billed to Medicaid
- Based on our current system - ~25,000 individuals are hospitalized due to crisis calls

BH Redesign provides solutions instead of band aids to permanently decrease capacity and reliance on state psychiatric beds
BH Redesign and Appropriate Step-Down Options

Redesign proposes development of step down levels of care

Prior to Hospitalization

Crisis calls will be distributed between the mobile crisis teams and walk-ins at CSBs

Interventions include -
1. 23-hour Crisis Response
2. Crisis Stabilization Unit
3. Community-based Crisis Stabilization

After Inpatient Care

BH Redesign services could meet the needs to provide diverse discharge options, including intensive outpatient program, MST, FFT and PHP

SB 1488 Workgroup may endorse BH Redesign in the November 2019 report

SB 1488 Workgroup examines the causes of the high census at the Commonwealth’s state hospitals for individuals with mental illness
Redesign Supports & Enhances: STEP-VA

BH REDESIGN

- Transition funding to outpatient services, integrated services in primary care and schools, and intensive community-based and clinic-based supports

- Invest in workforce development including provision of adequate reimbursement to recruit and incentivize providers to serve where most needed. Streamline licensure and reduce regulatory burdens that impede workforce development

- Implementation of high quality, high intensity and evidence-based SIX services that demonstrate high impact and value

- STEP-VA services improve access, increase quality, build consistency and strengthen accountability across Virginia’s public behavioral health system
Redesign Brings Alignment Across BH Efforts

**Redesign & Family First Prevention Act**
Focused on workforce development, evidence-based programs, prevention-focused investment, improving outcomes, and trauma informed principles

**Redesign & Juvenile Justice Transformation**
Supports sustainability of these services for the provider community, particularly in rural settings who have struggled with maintaining caseloads and business models when dependent on DJJ or CSA

**Redesign & Governor's Children's Cabinet on Trauma Informed Care**
BH Redesign continuum is built on trauma-informed principles of prevention and early intervention to address adverse childhood experiences

*Medicaid Behavioral Health Redesign*
§1115 Serious Mental Illness Waiver Opportunity

- Allows states to draw down federal Medicaid matching $ for psychiatric inpatient and residential facilities with greater than 16 beds
- DMAS already has §1115 ARTS waiver for Substance Use Disorder (SUD) residential and inpatient treatment - would expand to SMI diagnoses
- Would infuse new federal dollars to pay for an adult psychiatric residential treatment benefit creating new capacity and alternatives to TDOs
- DMAS must first implement Redesign to demonstrate comprehensive community-based mental health continuum available before CMS will consider waiver application (similar to ARTS)
- Could result in GF savings - state psychiatric hospitals could bill Medicaid (at 90% federal match/10% provider assessment for expansion and 50/50 for traditional) instead of using 100% GF dollars

BH Redesign will support this waiver application