Virginia Department of Behavioral Health & Developmental Services

Same Day Access and System Reform Updates

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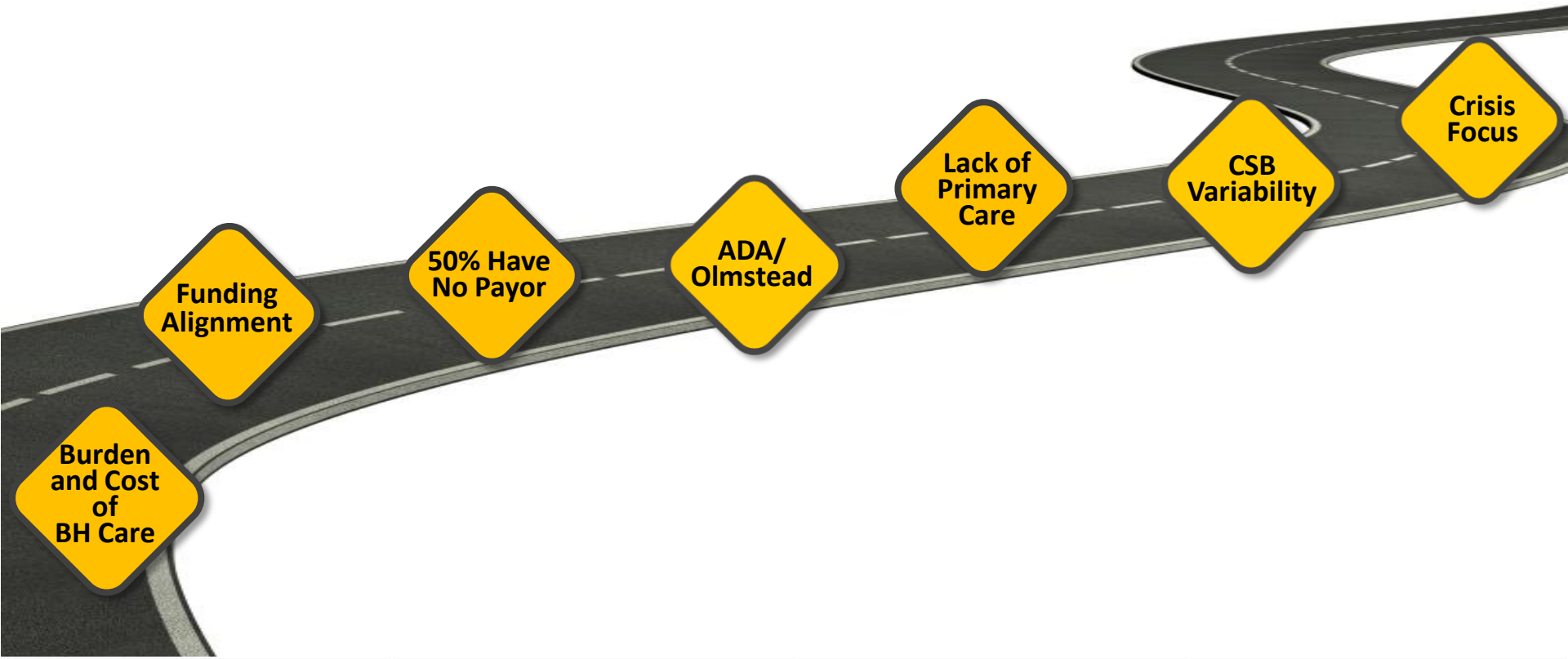
Challenging Road to Reforming Virginia's Behavioral Health System



System of Pieces
- 40 CSBs/1,927 locations
- 631 private providers/4,131 locations

CSB Variability
- Funding amount and type
- Population demographics
- Local priorities
- Service array

Funding
- 25% GF
- 23% Local
- 40% Medicaid
- 50% CSB clients lack payor source

Crisis Focus
- 30% of services delivered are crisis services

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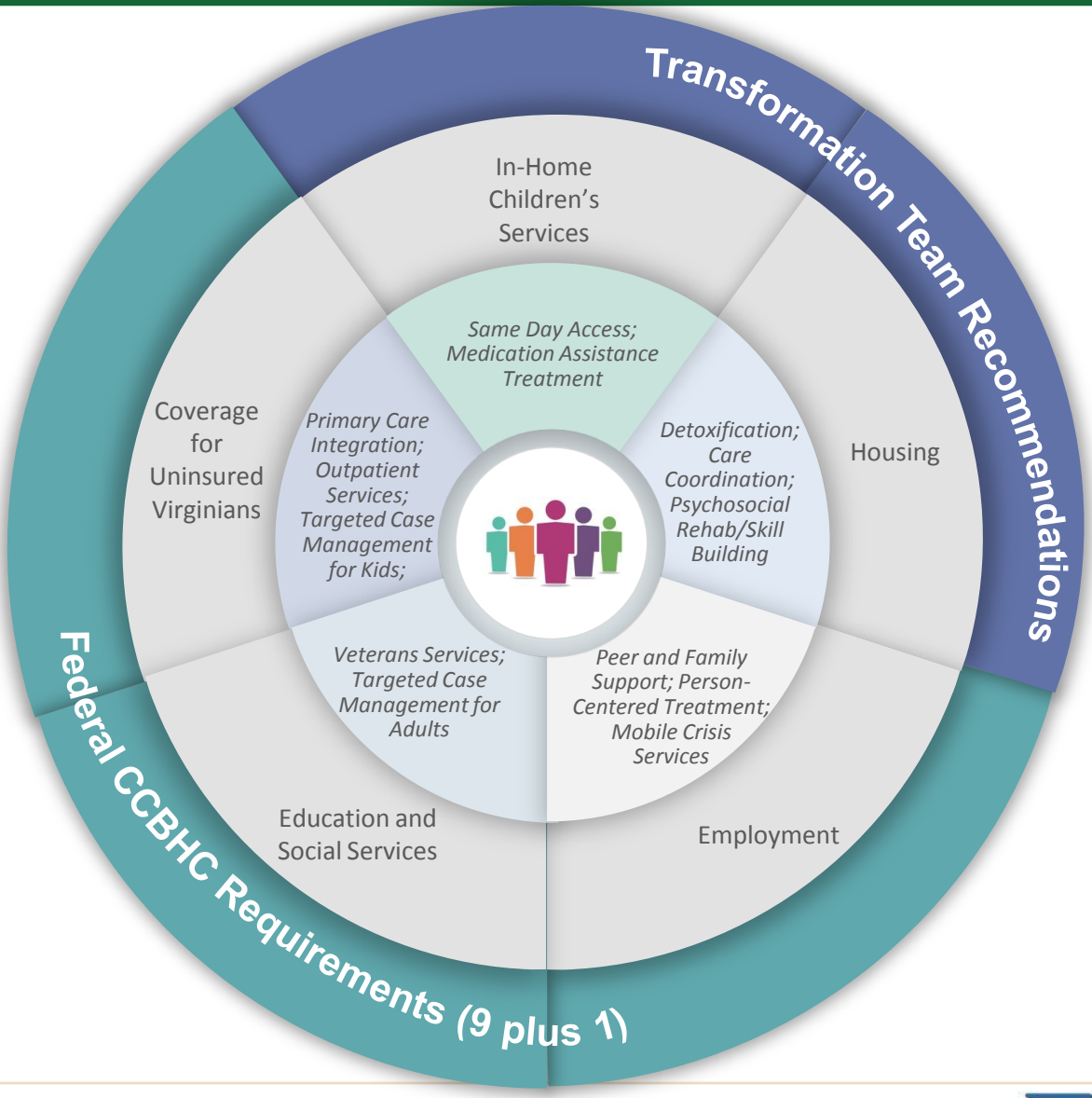
System Transformation, Excellence and Performance in Virginia (STEP-VA)



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Same Day Access (SDA)

- A person calls or appears at the CSB and is assessed that day. Based on assessment is scheduled for appropriate initial treatment within 10 days.
- Shifts care away from crisis response when people 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.

- Requires a change in CSBs' business practices, scheduling, documentation, caseload management, and utilization of more focused and practical therapies.
- 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.

Average results seen by the National Council for Behavioral Health:

- 60% reduction in wait times; greater engagement and reduced no-shows.
- 34% reduction in staff time needed per access to treatment event.
- 9 hours per week in time saved per direct care staff on documentation.

Same Day Access – FY 2018

- The 2017 General Assembly provided $4.9 million GF for an initial group of CSBs to implement Same Day Access.
- It also provided $4 million NGF (DMAS) to support the expansion of the Governor's Access Plan or "GAP," increasing eligibility from 80% to 100% of poverty, which should help to offset some of the need for additional general fund support to CSBs for Same Day Access.
- Funding will allow up to 18 CSBs to implement Same Day Access, with the remaining CSBs to be funded next year.
- Each of the 18 CSBs will receive $270,000 in on-going general fund dollars for this purpose. It is expected that the services provided to those with Medicaid (or other payer source) will supplement this amount.

18 CSBs to Receive FY 2018 Same Day Access Funding

1st Group of CSBs	2nd Group of CSBs	3rd Group of CSBs
Already implemented some form of Same Day Access (SDA). Will each receive full FY 2018 funding of $270,000 on July 1, 2017.	**Currently planning SDA implementation. Will each receive prorated FY 2018 funds 60 days prior to implementation with the full $270,000 in ongoing funds beginning in FY 2019.**	**Participated in 2015-2016 federal grant which increased readiness to implement SDA. Will each receive prorated FY 2018 funds 60 days prior to implementation with the full $270,000 in ongoing funds beginning in FY 2019.**
1. Alleghany Highlands CSB 2. Blue Ridge BH 3. Chesterfield CSB 4. Harrisonburg-Rockingham CSB 5. Henrico CSB 6. Mount Rodgers CSB 7. Rappahannock-Rapidan CSB 8. Valley CSB	1. Arlington CSB 2. Chesapeake IBH 3. Hanover County CSB 4. New River Valley CSB 5. Piedmont CSB 6. Rappahannock Area CSB	1. Colonial BH 2. Cumberland Mountain CSB 3. Planning District 1 4. Richmond Behavioral Health Authority

Funds need to be committed during the 2018 General Assembly Session to implement Same Day Access in the remaining 22 CSBs.

Consistency and Accountability

- It is important for Same Day Access to be implemented in a consistent and effective manner across Virginia.
- Each of the 40 CSBs will be given $26,760 of DBHDS one time funding for contracting costs with MTM Services.
  - For CSBs that do not have a contract with MTM, these funds are to be used to establish contracts. Contracts shall include Initial Gap Analysis, Same Day Access, Just in Time Prescriber Scheduling, and an Onsite Day with MTM staff.
  - For CSBs which already have, or had, a contract with MTM, this funding may be used for the reimbursement of costs incurred or may be used to expand or renew the contract as needed.

- In addition to Same Day Access and Just in Time Prescriber Scheduling, DBHDS is in discussion with MTM Services concerning Service Process Quality Management (SPQM), a data reporting framework that provides comparative key performance indicators on a statewide basis.

Service Process Quality Management (SPQM)

- Successful implementation of Same Day Access includes an analytical tool for services in each CSB.
- SPQM is off-the-shelf technology that arms decision-makers with the essential information to strategize for the future, manage operations, develop continuous improvement strategies, and demonstrate outcomes to public and private payers.

- It provides "standardized data to ensure a statewide 'apples to apples' comparison of data elements."
- There is a nominal $33,000 one-time cost for set up and licensure and the total ongoing cost for the state to set up SPQM in **all** 40 CSBs $1.5M.

Same Day Access Funding

	FY 2018	FY 2019	FY 2020
Same Day Access	$4.9M GF (new funds) and $4M NGF (DMAS) for 18 CSBs	$16.2M GF (includes $4.9M from FY 2018) for all 40 CSBs	$16.2M GF

NOTES:

- *The initial group of 18 CSBs chosen to implement Same Day Access with FY 2018 funds was selected because they had already implemented or were in the processes of implementing some form of Same Day Access. The remaining 22 CSBs will require additional resources to successfully implement Same Day Access, reflected in the cost above.*
- *Also included in the Same Day Access cost are funds to incorporate the Service Process Quality Management (SPQM) analytical tool in each CSB. There is a nominal $33,000 one-time cost for set up and licensure and the total ongoing cost for **all** 40 CSBs to implement SPQM is $1.5M.*
- *Some of the Same Day Access but none of the Primary Care Integration costs may be offset by Medicaid. DBHDS' initial estimate for NGF is $2.6M in FY 2019 and FY 2020, but these amounts would need to be verified by DMAS.*

GA Code-Required Implementation Dates for STEP-VA Services

STEP-VA Service	GA Implementation Date Requirement	Funds Allocated
Same Day Access	July 1, 2019	$4.9M GF; $4M NGF (GAP) *(2017 Session)*
Primary Care Integration	July 1, 2019	–
Crisis Services for Behavioral Health	July 1, 2021	–
Outpatient Behavioral Health	July 1, 2021	–
Psychiatric Rehabilitation	July 1, 2021	–
Peer Support and Family Support Services	July 1, 2021	–
Veterans Behavioral Health Services	July 1, 2021	–
Care Coordination	July 1, 2021	–
Targeted Case Management (Adults and Children)	July 1, 2021	–

STEP-VA Next Steps

Future Sessions

- Targeted Case Management for Adults
- Veterans (included in each service)
- Person-Centered Treatment
- Mobile Crisis Services

Future Sessions

- Detoxification
- Care Coordination
- Peer and Family Support
- Psychosocial Rehab/Skill Building

2. Possible Development for the 2018 Session

- Same Day Access (Remaining CSBs)
- Primary Care Integration
- Targeted Case Management for Children
- Outpatient Services
- Permanent Supportive Housing

1. 2017 General Assembly Session

- ✓ Same Day Access (Partial Implementation)
- ✓ MAT (Partial Implementation – new Federal Grant Funding)
- ✓ Permanent Supportive Housing Funds

Behavioral Health Services for Uninsured Virginians

- Health care has steadily moved towards “managed care” with payment for outcomes rather than “fee for service.”
- Virginia needs to align managed Medicaid services with services for the uninsured supported by general fund dollars so that it has one system of standards and outcome measures.
- However, Virginia’s community behavioral health system features inconsistent capacity and access. Its current funding is inadequate to cover the uninsured with behavioral health disorders in an outcome based system.

Three steps must be taken to transition Virginia’s public safety net services:

1) Build/expand the services, access, and measures incorporated into STEP-VA.
Timeframe: 4 Years
(per Code)

2) Align DMAS managed care behavioral health programs with STEP-VA so the same metrics and standards apply to the care provided to both Medicaid members and the uninsured.
Timeframe: 1-4 Years

3) Address the bifurcated funding streams for CSBs and state hospitals to better align services with needs and achieve better cost efficiency.
Timeframe: 1-4 Years

State Hospital Utilization

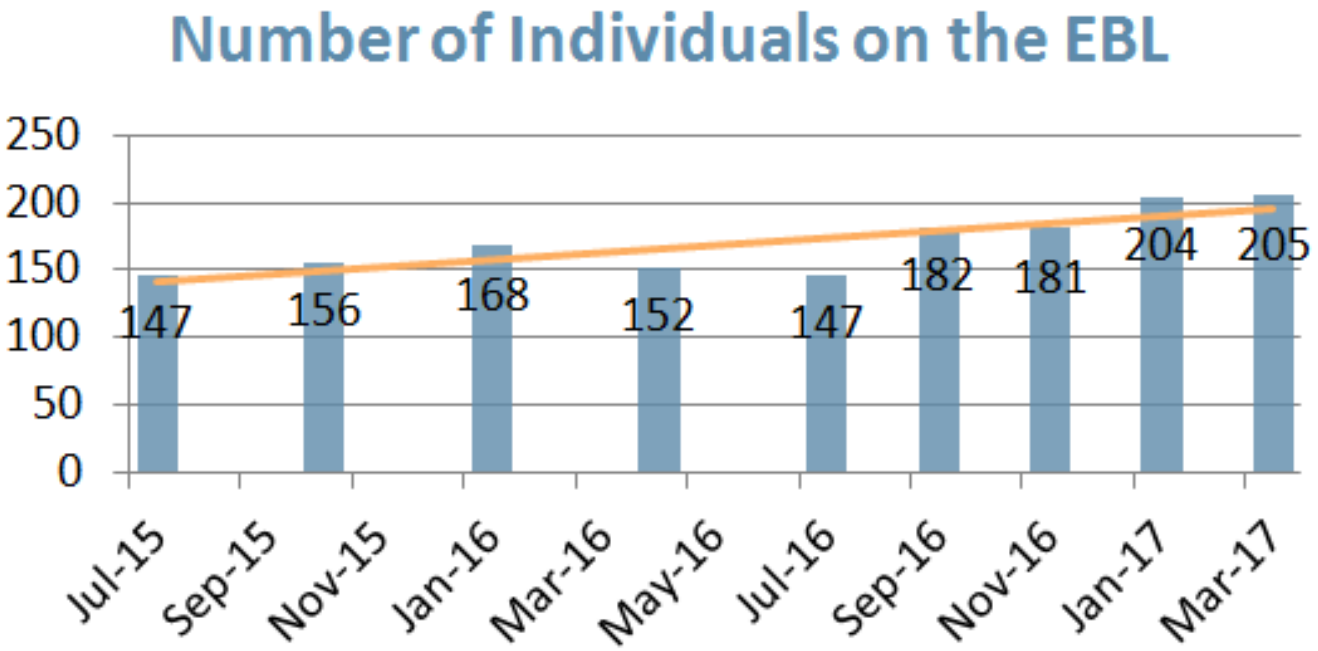
- Occupancy over 85 percent is considered less safe for patients and staff.
- This chart shows three consecutive days in early 2017 with extremely high utilization rates.
- The column on the right shows utilization rates for Jan. 26, 2017.

2017	January			February			March			Maximum Operational Capacity*	Utilization 1/26/2017
	1/24	1/25	1/26	2/7	2/8	2/9	3/27	3/28	3/29		
Catawba	113	113	111	112	112	112	104	105	102	110	101
Central State	233	235	233	232	235	232	247	249	247	252	92
Eastern State	300	301	303	302	302	302	306	306	304	302	100
Northern VA	133	121	119	114	113	112	112	109	107	134	89
Piedmont Geriatric	121	122	122	122	122	122	121	121	122	123	99
Southern VA	71	72	71	65	66	65	70	71	73	72	99
Southwestern VA	171	176	175	170	174	169	176	171	172	179	98
Western State	246	237	238	232	233	234	238	234	233	246	97

** Actual capacity of 252 at Central State based on gender balance in the forensic units*

Extraordinary Barriers to Discharge List (EBL)

In March, there were **205** individuals in state hospitals who have been clinically ready for discharge for more than 14 days but appropriate community services are not available to facilitate a safe discharge.



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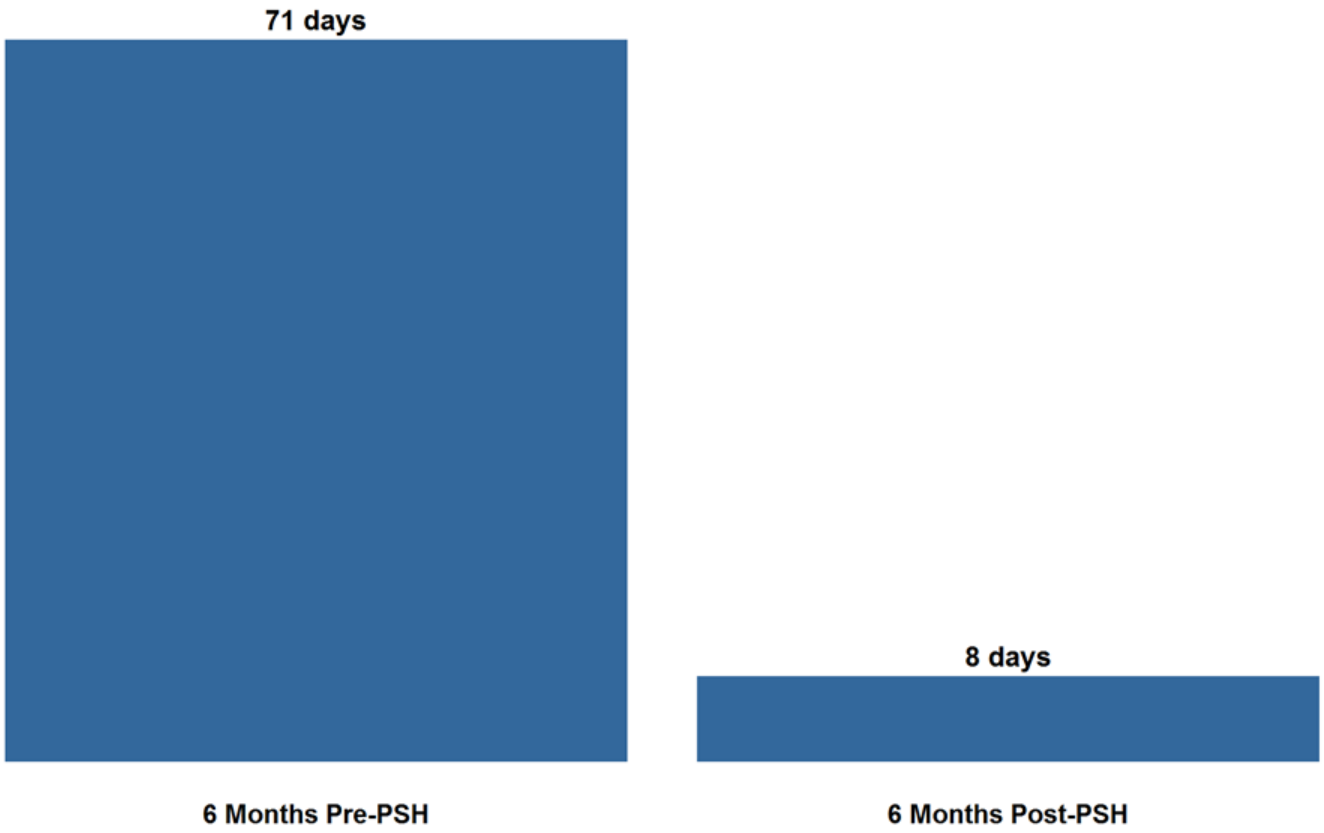
EBL Discharge Initiative

- In March 2017, using hospital census and EBL data, DBHDS established an EBL discharge goal for each DBHDS region which totaled 131 individuals statewide.
- DBHDS provided regions one-time bridge funds for individual service plans and expanded housing and service capacity.
- Targeted discharge of individuals with service plans is July 1, 2017; those requiring expanded housing and services targeted by Sept. 1, 2017.
- The additional Discharge Assistance Funds appropriated by the General Assembly are available July 1 to cover the ongoing costs of these initiatives.
- As of May 10, 2017, 83 individuals had been discharged (63 percent of the goal).
- *This project is critical to help release immediate pressure on state hospital censuses, but is considered temporary – it buys time until a more permanent solution is implemented.*

Region V – Western Tidewater CSB Initiative

- Eastern State Hospital (ESH) has been operating at or above capacity and contributes to most of the diversions between state hospitals.
- Region V has 22% of the total state population but admits over 40% of the state's forensic admissions.
- On March 9, DBHDS challenged Region V CSBs to propose discharge plans for 20 geriatric individuals from ESH by September 1, 2017 and five more by November 1, 2017 so those beds could be available for adult jail transfers.
- DBHDS approved Western Tidewater CSB's (WTCSB) proposal to develop a 25 bed transitional living program for older adults currently hospitalized at ESH.
- WTCSB purchased an 100-bed assisted living facility in Suffolk and renovations are underway to update the physical building and to provide clinical, programming, and crisis stabilization spaces.
- The project remains on target for accepting admissions from ESH in August.
- The project will be funded through new Discharge Assistance Funds (DAP), the new funds for a geropsychiatric team, and with existing DAP dollars.

Stable Housing's Effect on State Hospitals



- 16 clients had a state hospital stay within either six months before or after housing.
- All but one (94%) spent fewer days in the hospital 6 months post housing.

Current Permanent Supportive Housing (PSH) Efforts

Funded Agency - Project	CSB Catchment	Units Funded
Cohort 1 - (2015 $2.1 million GA allocation; Contract Start Dates January – March 2016)		
Norfolk CSB	Norfolk, Chesapeake, Suffolk, Isle of Wright, Southampton	34
Hampton-Newport News CSB	Hampton, Newport News	34
Hampton & Norfolk CSBs	DBHDS Region 5	16
Arlington CSB	Arlington	30
Pathway Homes	Fairfax-Falls Church, Prince William, Alexandria	35
	Cohort 1 Total PSH Units	**149**
Cohort 2 (2016 $2.1 million GA allocation; Contract Start Dates Fall 2016)		
Richmond BH Authority	Richmond City	52
Virginia Beach DHS	Virginia Beach	52
Fairfax-Falls Church CSB	Fairfax-Falls Church	33
	Cohort 2 Total PSH Units	**137**

Note: The 2017 General Assembly allocated $5 million in PSH funds.

Estimated Funding Allocation by Region

Region	Current DBHDS PSH Units	Anticipated New PSH Units	Total PSH Units	Est. Percentage of Total Funding
Northwest	0	70	70	9%
Northern	98	50	148	31%
Southwest	0	104	104	7%
Central	52	92	134	18%
Tidewater	136	132	260	36%
Total Units	**286**	**430**	**716**	

Status of Justice Involved Transformation Team Recommendations

Recommendation	Status
Standardized screening tool used by all jails	2017 budget language requires that jails utilize a standardized screening tool designated by the Commissioner. DBHDS is developing training for jail officers on use of standardized screening tool. DBHDS has also applied for federal grant to facilitate statewide use of standardized screening tool.
Comprehensive assessment within 72 hours of screening of all inmates who screen positive.	State Compensation Board was tasked with conducting a study on the resource needs of jails in order to be able to conduct assessments on individuals who screen positive. DBHDS is a named partner in the study and has been collaborating with SCB on this project.
All inmates with SMI are provided with discharge planning services prior to release.	DBHDS was ordered to develop a plan for the provision of forensic discharge planning services for incarcerated individuals with serious mental illness. DBHDS convened a multidisciplinary workgroup which has had two meetings.
Make uniform standards for behavioral healthcare services in all jails commensurate with outpatient level of care.	Governor's 2016 budget included funding for six mental health pilot projects in jails. DCJS is the lead agency, but DBHDS has been collaborating and providing technical assistance to the selected pilot sites.

Status of Justice Involved Transformation Team Recommendations

Recommendation	Status
All inmates with SMI are reconnected with benefits and/or aided in applying for benefits prior to release.	HB2183 mandated that DMAS convene a work group to address issues related to entitlements/benefits. DBHDS is a member of the workgroup which will have its second meeting in early June 2017.
Every locality in Virginia will have CIT trained officers and access to a CIT assessment site.	DBHDS continues to fund 12 criminal justice diversion programs and 35 CIT assessment sites. DBHDS is evaluating the effectiveness of each program and will be seeking future funding to expand the successful programs into other jurisdictions.
Statewide formulary used by all public provider systems.	DBHDS is exploring the feasibility of creating a standardized formulary and expanding access to a statewide pharmacy.
Improve access to transitional and permanent housing across the system.	DBHDS continues to utilize a portion of Permanent Supportive Housing funding to target forensic populations.

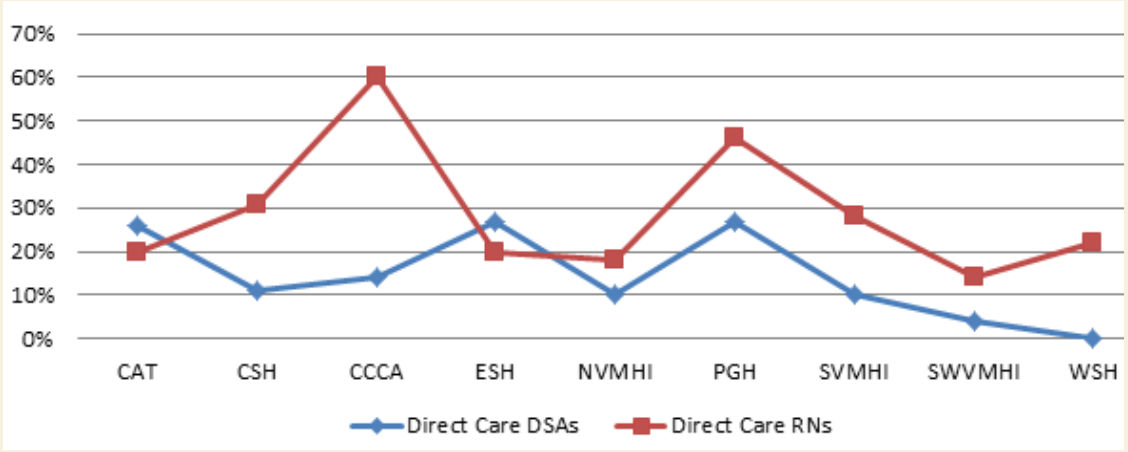
2017 General Assembly Legislation to Improve Services for Incarcerated Individuals with Behavioral Health Concerns

When a jailer petitions for the hospitalization of an inmate, he/she shall ensure the CSB is made aware of the need for a pre-admission screening and in those cases where the CSB fails to respond or complete the screening that the jailer shall contact the director or senior management of the CSB (**HB 2184**)
CSBs who participate in regional jails are required to review existing Memorandum of Understanding between the participating CSBs to ensure that the roles and responsibilities of the CSBs in the pre-admission screening process and communication & information sharing protocols are sufficiently addressed. (**HB 2331/ SB975**)
Removed the prohibition against hospitalizing an inmate pursuant to §19.2-169.6 who already has been ordered to receive treatment in order to restore his/her competency to stand trial pursuant to §19.2-169.2. (**HB 2462/ SB935**)
DBHDS will admit all inpatient competency restoration orders within 10 days of receipt of order thus virtually eliminating the waitlist (**HB 1996**)
DBHDS to develop a comprehensive plan for the provision of forensic discharge planning services for individuals with serious mental illnesses who are nearing release from jail (**HB 1784/ SB 941**)
DMAS to identify and develop processes for streamlining the application and enrollment process for Medicaid for incarcerated individuals (**HB 2183**)

Workforce Challenges

- State hospital staffing vacancy rates for certain positions continue to cause concern.
- CSBs are losing case managers to the health plans.
- DBHDS is currently conducting a compensation study for RNs and physicians.

State Hospital Staffing Vacancy Rates – April 2017



	CAT	CSH	CCCA	ESH	NVMHI	PGH	SVMHI	SWVMHI	WSH
Direct Care DSAs	26%	11%	14%	27%	10%	27%	10%	4%	0%
Direct Care RNs	20%	31%	60%	20%	18%	46%	28%	14%	22%

- The 2017 GA included:
  - $1.8M in FY 2018 to hire 24 security and direct care employees.
  - $2.4 million for a targeted 2% raise to employees in high-turnover positions, including certain DBHDS positions.