

# BEHAVIORAL HEALTH REDESIGN UPDATE

Advancing Proactive, Evidence-Based Solutions

October 16, 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Outdated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



Full Continuum



Evidence-Based



Aligned

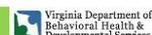
More equitable distribution of services – from prevention to acute

Proven practices with measurable effectiveness and quality

Enhances other BH transformation efforts (STEP-VA, FFPSA) and coordinates systems among state agencies



Slide 2



## 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

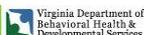


Cost-Effective

Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system



Slide 3



## 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



Slide 4



## 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



- 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

Why BH Redesign for Virginia?



Slide 5

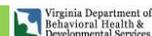


## Description of Six Critical BH Redesign Services

<p><b>Partial Hospitalization Program (PHP):</b></p> <p>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.</p>	<p><b>Multi-Systemic Therapy (MST):</b></p> <p>An evidence-based program designed for youth with serious antisocial behavior, juvenile offenders, families with child welfare involvement, youth in psychiatric crisis (suicidal ideation, prior hospitalizations), youth with severe emotional disorders, and youth with comorbid physical health problems.</p>	<p><b>Program of Assertive Community Treatment (PACT):</b></p> <p>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.</p>
<p><b>Intensive Outpatient Program (IOP):</b></p> <p>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.</p>	<p><b>Functional Family Therapy (FFT):</b></p> <p>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.</p>	<p><b>Comprehensive Crisis Services:</b></p> <p>Crisis Services assist individuals currently experiencing or having recently experienced a mental health crisis. These services may include 24-hour crisis stabilization, short-term crisis residential stabilization services, mobile crisis services, 24/7 crisis hotlines, warm lines, and peer crisis services.</p>



Slide 6



## 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**



Slide 7



## 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

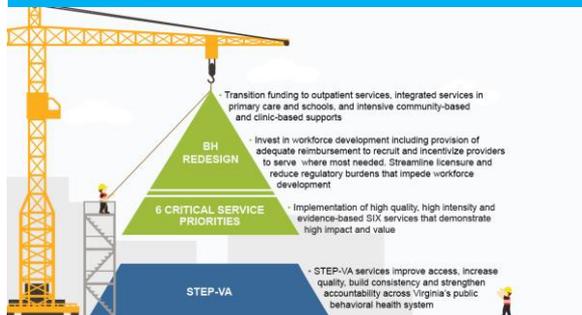
SB 1488 Workgroup examines the causes of the high census at the Commonwealth's state hospitals for individuals with mental illness



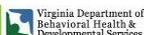
Slide 8



## Redesign Supports & Enhances: STEP-VA



Slide 9



## Redesign Brings Alignment Across BH Efforts

BH Redesign Leverages Medicaid Dollars to Support Cross-Secretariat Priorities

### Redesign & Family First Prevention Act

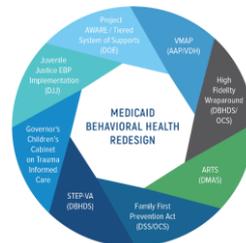
Focused on workforce development, evidence-based programs, prevention-focused investment, improving outcomes, and trauma informed principles

### Redesign & Juvenile Justice Transformation

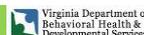
Supports sustainability of these services for the provider community, particularly in rural settings who have struggled with maintaining caseloads and business models when dependent on DJJ or CSA

### 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



Slide 10



## §1115 Serious Mental Illness Waiver Opportunity



BH Redesign will support this waiver application

- 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



Slide 11

