BEHAVIORAL HEALTH REDESIGN

Developing an Evidence-Based, Trauma-Informed, Prevention-Focused System

August 7th, 2019
Why Redesign? Why Now?

Medicaid is the largest payer of behavioral health services in Virginia.

28% of Medicaid members had either a primary or secondary behavioral health diagnoses.

40th in the country for overall access to mental health care

41st in the country for mental health workforce supply

(mentalhealthamerica.net)
The Vision for Redesign

*Develop an evidence-based, trauma-informed, cost-effective continuum of care*

- Support and enhance other behavioral health-related initiatives across the Commonwealth and bring them together within a comprehensive, aligned plan. All of these initiatives share the following goals:
  - Assure effective and efficient use of resources for our Commonwealth’s most vulnerable citizens
  - Keep Virginians well and thriving in their communities
  - Improve behavioral health services and outcomes for members in current and expansion populations
  - Meet people’s needs in environments where they already seek support such as schools and physical health care settings
  - Invest in prevention and early intervention services that promote resiliency and buffer against the effects of adverse childhood experiences
Redesign Provides Solutions instead of Band Aids

• State psychiatric facilities are at 95-100% capacity
• Lack of alternative crisis services have contributed to the increasing number of temporary detention orders
• Over 200 people on extraordinary barriers list who cannot be discharged due to lack of appropriate behavioral health services in the community
• DBHDS will continue to need large amounts of General Funds that provide temporary band aids
• Redesign provides short and long-term solutions to permanently decrease capacity and reliance on state psychiatric beds

“The best long-term solution to psychiatric crises is strengthening the community-based system of mental health care.”
— Statewide Temporary Detention Order Taskforce
This visual shows that most of the current Medicaid BH services delivery falls in the CMHRS category, which are high acuity services with medical necessity that include threat of being removed from home, incarcerated or hospitalized.
Continuum of Behavioral Health Services Across the Life Span

Promotion & Prevention
Recovery Services
Outpatient & Integrated Care
Intensive Community Based Support
Intensive Clinic-Facility Based Support
Comprehensive Crisis Services
Group Home & Residential Services
Inpatient Hospitalization

Behavioral Therapy Supports
Case Management*
Recovery & Rehabilitation Support Services*

Home visitation • Comprehensive family programs • Early childhood education
Screening & assessment* • Early intervention Part C

Permanent supportive housing • Supported employment • Psychosocial rehabilitation*
Peer and family support services* • Independent living and recovery/resiliency services

Outpatient psychotherapy* • Tiered school-based behavioral health services
Integrated physical & behavioral health* • Psychiatric medical services*

Intermediate/ancillary home-based services • Multisystemic therapy • Functional family therapy
High fidelity wraparound • Intensive community treatment • Assertive community treatment

Intensive outpatient programs • Partial hospitalization programs

Integrated Principles/Modalities

Trauma informed care
Universal prevention / early intervention
Seamless care transitions
Telemental health

*Key STEP-VA service alignment
Proposed Phased Implementation

Phase 1
January 2021
- Partial Hospitalization Program
- Intensive Outpatient Program
- Program of Assertive Community Treatment
- Comprehensive Crisis Services
- Multisystemic Therapy
- Functional Family Therapy

Phase 2
- Behavioral Therapy
- Home Visitation
- Comprehensive Family Programs
- High Fidelity Wraparound Case Management

Phase 3
- School Based Behavioral Health Services
- Independent Living and Recovery/Resiliency Services
- Integrated Primary Care/Behavioral Health Outpatient Psychotherapy

Phase 4
- Psychosocial Rehabilitation Services
- Intermediate Ancillary Home Based Services
- Intensive Community Treatment
Why start with these services in Phase 1?

- Stronger quality, high intensity services for all
- Services that have a short/medium term impact on the State Psychiatric Facilities census
- Considers services with existing framework that can be expanded in scope, workforce, or contribute to sustainability. For example:
  - PHP and IOP network and rates may model ARTS
  - PACT providers
    - Largely available in the CSB system but needs exceed availability of the service
    - Need a more robust rate for full adherence to gold standard, evidence-based model
  - MST and FFT providers:
    - Have been trained however only accessible for DJJ / CSA referral
    - Have been identified by the FFPSA team as an EBP
  - Considers including services that align with STEP-VA initiatives (outpatient care, crisis services)

Partial Hospitalization Program
Intensive Outpatient Program
Program of Assertive Community Treatment
Comprehensive Crisis Services
Multisystemic Therapy
Functional Family Therapy

Virginia Department of Behavioral Health & Developmental Services
Continuum of Behavioral Health Services Across the Life Span

**Phase 1**

**Integrated Principles/Modalities**

- Trauma informed care
- Universal prevention / early intervention
- Seamless care transitions
- Telemental health

*Key STEP-VA service alignment*
Workforce Development within Redesign

Addressing the Workforce Shortages

• Effectively utilize current behavioral health workforce
  ▪ Use evidence-based assessment tools to identify most complex and highest acuity patients who need to be prioritized for treatment

• Increase provider participation in Medicaid
  ▪ Consider increasing reimbursement rates for licensed mental health professionals (psychiatrists, psychologists, LCSWs, LPCs) to incentivize providers to accept Medicaid patients

• Grow mental health workforce
  ▪ Partner with Chief Workforce Development Advisory on state-level strategies such as:
    • scholarship and loan repayment programs for mental health providers who commit to work in underserved areas
    • new certification and training programs for qualified mental health professionals.
The Future for the Commonwealth:

A comprehensive spectrum of behavioral health services

- Bring the Commonwealth into the Top 10 in national rankings for behavioral health outcomes
- Shift from working with a reactive, crisis-driven, high-cost system reliant on intensive services to one that is proactive/preventive, cost-efficient, and focused on providing services in the least restrictive environments
- Build upon existing statewide behavioral health transformative initiatives and create sustainability and expansion for evidence based services
- Integration of trauma-informed care principles across the continuum to empower individuals to build resiliency and overcome the impact of adverse experiences so that they can lead meaningful, productive lives in our communities
- Build a robust children’s behavioral health system to address prevention and early intervention of mental health problems to allow each child the chance to reach their full developmental potential