

# BEHAVIORAL HEALTH REDESIGN

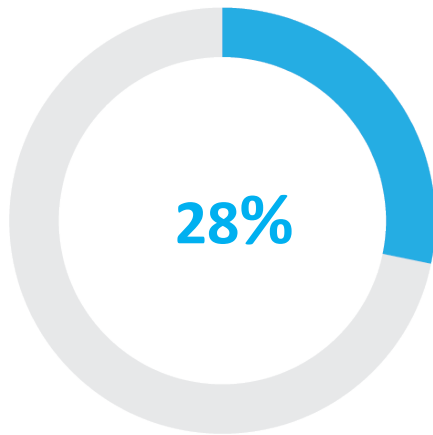
*Developing an Evidence-Based, Trauma-Informed,  
Prevention-Focused System*

August 7<sup>th</sup>, 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



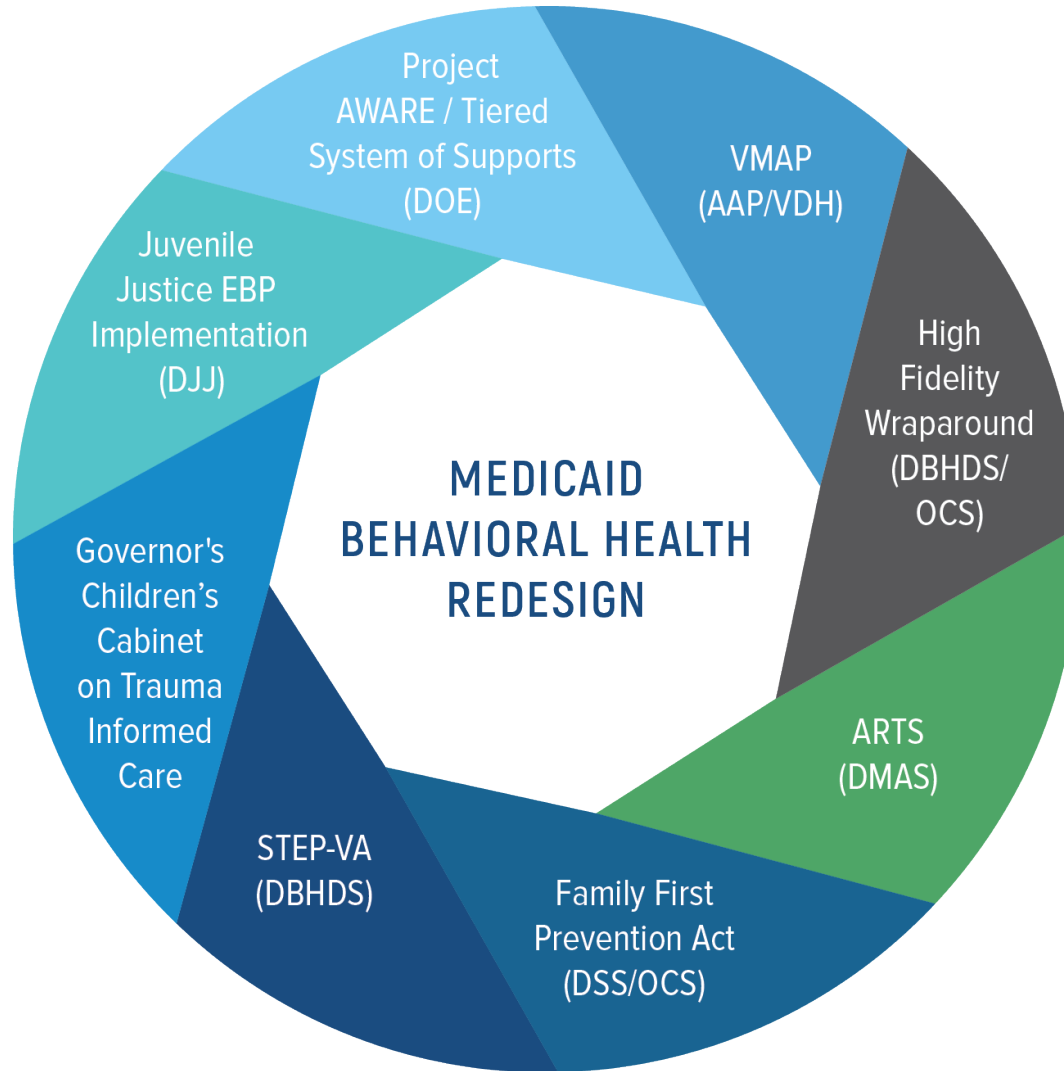
(mentalhealthamerica.net)

# 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*

# Alignment & Momentum for Redesign



# State Psychiatric Bed Crisis Context for Redesign

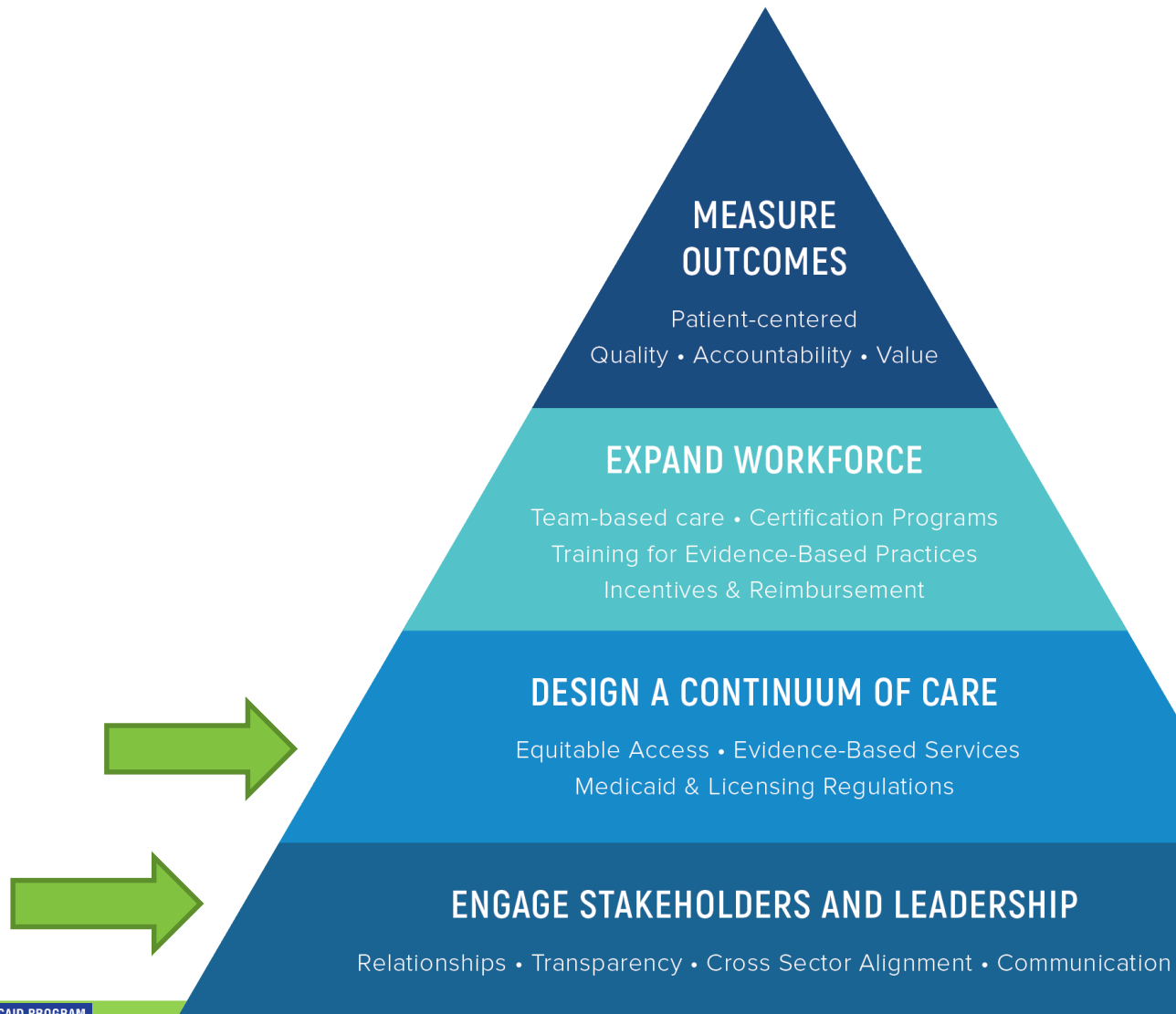
## *Redesign Provides Solutions instead of Band Aids*

- 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**

# Medicaid System Redesign Fundamentals



# Current Medicaid-funded Behavioral Health Services

Prevention

Recovery

Outpatient

Community Mental Health  
Rehabilitation Services

Inpatient / Residential

Early intervention Part C • Screening • EPSDT services

Peer and family support partners

Outpatient psychotherapy • Psychiatric medical services

Therapeutic day treatment  
Mental health skill building services  
Intensive in-home services  
Crisis intervention & stabilization  
Behavioral therapy  
Psychosocial rehabilitation  
Partial hospitalization / Day treatment  
Mental health case management  
Treatment foster care case management  
Intensive community treatment

Inpatient hospitalization  
Psychiatric residential treatment  
Therapeutic group home

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



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

Mobile crisis\* • Crisis intervention\*  
Crisis stabilization\* • Peer crisis support\*

Therapeutic group homes  
Psychiatric residential treatment

Psychiatric inpatient hospitalization

## INTEGRATED PRINCIPLES/MODALITIES

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

\*Key STEP-VA service alignment



## CURRENT SERVICES

## REDESIGNED SERVICES

\*services across all levels

### Prevention

- Early Intervention/Part C
- Screening
- EPSDT

### Universal Prevention/ Early Intervention

- Early Intervention Part C
- EPSDT Services
- Screening Across Lifespan
- 0-5 Services/Home Visiting
- Comprehensive Family Programs
- Early Education

### Recovery

- Peer and Family Support Partners

### Recovery & Rehabilitation Support Services

- Independent Living and Recovery Services
- Peer & Family Support Services
- Psychosocial Rehabilitation (EBPs)
- Permanent Supporting Housing
- Supported Employment

### Outpatient

- Outpatient Psychotherapy
- Psychiatric Medical Services

### Outpatient Services

- Outpatient Psychotherapy
- Psychiatric Medical Services
- Integrated Physical and Behavioral Health
- Tiered School-based Behavioral Health Services

### Community Mental Health & Rehabilitation Services

- Therapeutic Day Treatment
- Mental Health Skill Building Services
- Psychosocial Rehabilitation
- Intensive In-home Services
- Partial Hospitalization/Day Treatment
- Mental Health Case Management\*
- Treatment Foster Care Case Management\*
- Behavioral Therapy\*
- Intensive Community Treatment
- Crisis Intervention & Stabilization

### Intensive Community-Based Support

- Intermediate/Ancillary Home-Based Services
- MST, FFT, High Fidelity Wraparound
- Intensive Community Treatment
- Assertive Community Treatment

### Intensive Clinic/Facility Based

- Intensive Outpatient Programs
- Partial Hospitalization Programs

### Comprehensive Crisis

- Mobile Crisis, Peer Crisis Support
- Crisis Intervention
- Crisis Stabilization

### Residential/Inpatient

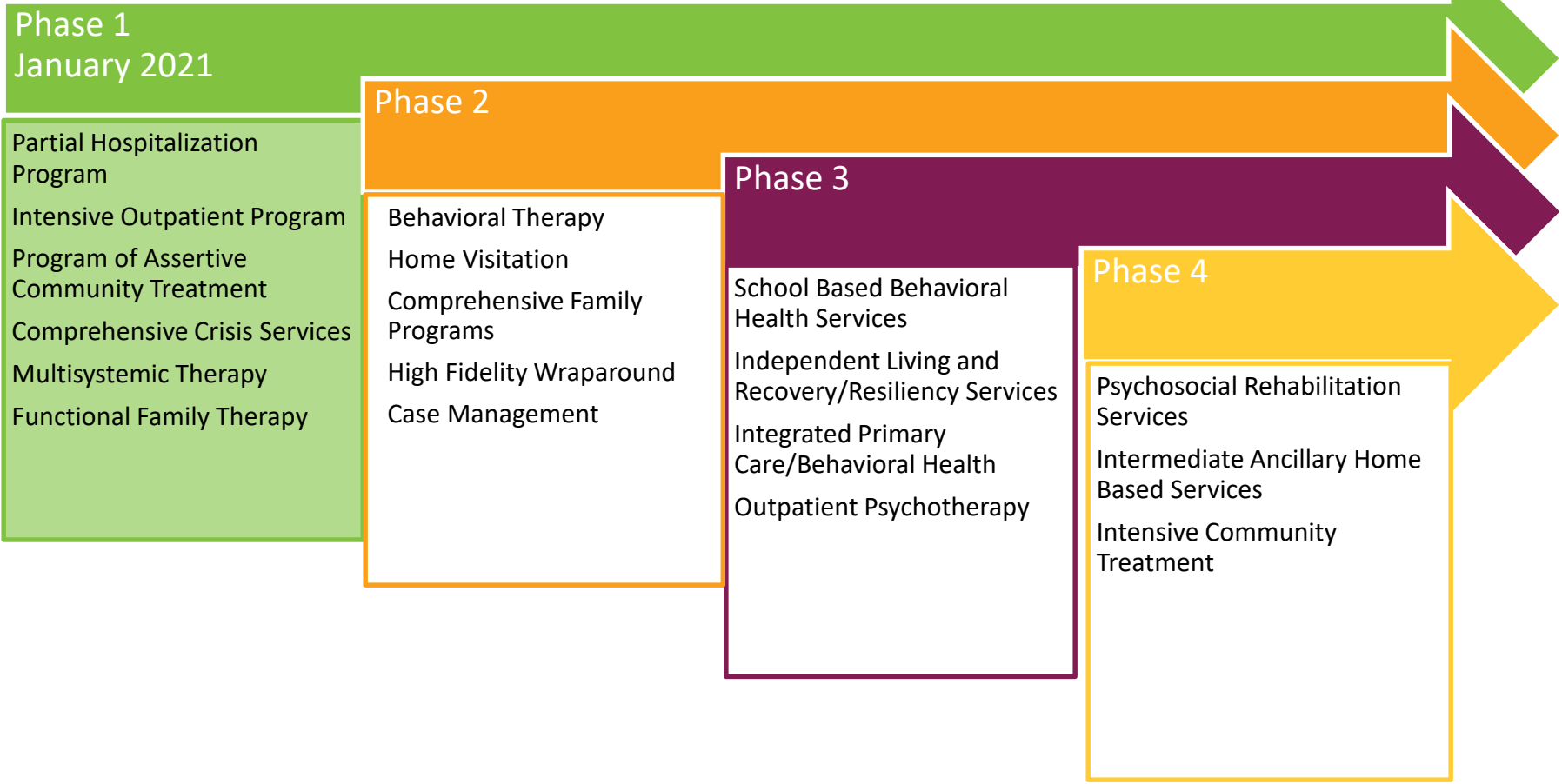
- Therapeutic Group Home
- Psychiatric Residential Treatment Facilities
- Inpatient Psychiatric Treatment

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- Psychiatric Residential Treatment Facilities
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# Proposed Phased Implementation

## Phased Implementation Proposal



# Why start with these services in Phase 1?

- Stronger quality, high intensity services for all
- Services that have an 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

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Psychiatric residential treatment

Psychiatric  
inpatient  
hospitalization



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# 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