

DBHDS Updates and STEP-VA

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DBHDS Budget Priorities for Behavioral Health



2. Addressing high census at state hospitals

3. Investing in children's mental health initiatives

4. Behavioral Health Enhancement



System Transformation Excellence and Performance (STEP-VA)

To increase access, quality, consistency, and accountability in the public mental health system





STEP-VA Implementation





Community Actions to Increase State Hospital Discharges

Expand forensic discharge planning programs in jails - Expand program at three jails.

Increase permanent supportive housing (PSH) capacity - Funds to house people being discharged from state hospitals; remaining amount may be used for PSH or transitional housing supports.

Increase funding for statewide discharge assistance plans (DAP) - Support discharges from state hospitals and for appropriate services to ensure stability in community settings upon discharge.

| | Catawba | Central State | Eastern State | Northern Va. MH | Piedmont Geriatric | Southern Va. MH | SW Va. MH | Western State | Average |
|---------|---------|------------------|------------------|--------------------|-----------------------|--------------------|-----------|------------------|---------|
| FY 2015 | 93% | 79% | 93% | 93% | 95% | 84% | 89% | 94% | 90% |
| FY 2019 | 96% | 88% | 99% | 93% | 99% | 88% | 91% | 97% | 94% |

Virginia Department of Behavioral Health & Developmental Services A census of 85% or lower is considered safest for patients and staff TDO Workgroup (SB 1488) discussed shorter-term financial incentives to stem state hospital census growth while STEP-VA and behavioral health enhancement take effect.

- Review Disproportionate Share Hospital (DSH) incentive payments (DBHDS) Appropriates funds from provider rate assessments and federal revenue for a position to review DSH payments to encourage TDO admissions at private hospitals. Funding would also support a position in DMAS.
- Encourage private acute care hospitals to accept more temporary detention orders (DMAS) Increases the provider rate assessment charged to private acute care hospitals beginning in FY 2021. Revenue will be used to leverage DSH funding for incentive payments to increase TDO utilization in private hospitals.
- Mandatory reporting of TDOs by private hospitals (VDH) Requires reporting of admissions of anyone meeting criteria for voluntary or involuntary commitment.



Behavioral Health for Children & Adolescents

Increase inpatient services for children & adolescents

- Allows DBHDS to contract with private entities, or, if private services are unavailable, to open existing state hospital beds.
- Establishes a work group to identify possible alternative treatment services for minors that would be placed at CCCA.

Increase funding for Part C – Early Intervention Services -Funds to meet the needs of the growing number of children who receive services each year.

Provide additional funds for the Virginia Mental Health Access Program - Funds to complete statewide implementation of the Virginia Mental Health Access Program (VMAP).





Behavioral Health Enhancement



Train workforce in preparation for behavioral health enhancement - Provides funds to conduct a behavioral health workforce study and train the workforce for changes in the delivery system.

Align DBHDS licensing with Medicaid behavioral health services - Promulgates emergency regulations related to the licensing of services impacted by behavioral health enhancement services.



Community Needs Assessment

DBHDS is working with JBS International to conduct a comprehensive Virginia Behavioral Health System Needs assessment on Virginia's publicly funded behavioral health system at the state and community level. Goals include:

Support Recommend STEP-VA and Assess Assess the system broader current needs of changes to capacity of system Virginians increase Virginia's initiatives for publicly access to behavioral such as funded care and health behavioral behavioral monitor health system to health progress meet the redesign, and toward that services state hospital needs goal

census



Health Equity Index with VCU Society & Health

- VCU will create a "behavioral health index" to improve method for allocating fiscal resources.
- The index will factor in the prevalence of "stress related conditions" and various social determinants of health.
- The goal is to spread our resources more equitably, moving beyond population based allocations.









Department of Justice (DOJ) Settlement Agreement

- Required by the federal government, the Settlement Agreement will lead to a system that integrates people with developmental disabilities into community life.
- Virginia must demonstrate compliance with all provisions no later than June 30, 2020, with a period of compliance of about 12 months.
- Negotiations with DOJ are complete for the "compliance measures" to evaluate Virginia's compliance with remaining provisions.





DOJ Settlement Agreement

Ten-Year Settlement Agreement Implementation Progress:



Current areas of focus include:

- 1. Integrated Settings
- 2. Training Center Discharge Planning and Transition
- 3. Risk Management, Quality and Improvement
- 4. Case Management
- 5. Individual and Family Support Program
- 6. Document Library

Challenges include:

- Spreading integrated service options statewide, increase number of behavior support and nursing providers, improve provider quality
- Building of the quality and risk management systems
- Insufficient data, information management capacity, and personnel



DOJ Waiver Slots

The Governor's Proposal appropriates \$17M GF in FY2021, and \$25M GF in FY2022 in DMAS' budget to support 1,135 new waiver slots to the Community Living (CL) and Family and Individual Supports (FIS) waivers over the course of the biennium.

| Waiver Slots Governor's Budget | | | | | | | | | | | | | |
|------------------------------------|-----------------|------------------|----|------------|----|------------|----------|------------------|----|------------|----|------------|--|
| | FY21 | | | | | | FY22 | | | | | | |
| | CL Slots | FIS Slots | | GF | | NGF | CL Slots | FIS Slots | | GF | | NGF | |
| DOJ Slots (w/ Remix) | 125 | 635 | \$ | 15,372,653 | \$ | 15,372,653 | 75 | 200 | \$ | 21,603,590 | \$ | 21,603,590 | |
| Facility Transition Slots | 20 | 5 | \$ | 6 862,440 | \$ | 862,440 | 20 | 5 | \$ | 1,724,880 | \$ | 1,724,880 | |
| Emergency/ Reserve Waiver Slots | 15 | 10 | \$ | 5 750,168 | \$ | 5 750,168 | 15 | 10 | \$ | 1,500,335 | \$ | 1,500,335 | |
| Total | 160 | 650 | \$ | 16,985,260 | \$ | 16,985,260 | 110 | 215 | \$ | 24,828,805 | \$ | 24,828,805 | |

Note: *DMAS Average Waiver Rate: CL* = *\$77,977; FIS* = *\$33,068*



What Is Statewide Alternative Transportation?

- G4S, a nationally recognized contractor for behavioral health security and transportation services, will provide alternative transportation for people <u>under a TDO</u> who are assessed to be appropriate for such a service.
- The program builds off of successful pilot in Southwest Virginia.
- It uses drivers wearing plain clothes in secure, unmarked vehicles and with specially trained drivers.
- No restraints will be used during transportation.
- It will be available 24 hours a day, 365 days a year.
- Process to be rolled out statewide over the next two years.
- Expect 12,500 of the annual 25,000 TDOs to be transported by G4S.



Planning District One

The Roll Out Schedule for Alternative Transportation

- DBHDS anticipates a three to four month roll out period for each region. It will begin with adults. A schedule for children and adolescents is under development and will begin after the adult program is running statewide.
- The preliminary roll out schedule for adults is:
 - First rollout Region 3
 - Second rollout Region 1
 - Third rollout Region 2
 - Fourth rollout Region 5
 - Fifth rollout Region 4
- Completed by June 2021 for Adults and Children.





Virginia's Veterans: Addressing Suicide and Access to Care

- Virginia 1 of 7 States to join the Governor's Suicide Prevention Challenge - Sponsored by Veterans Health Administration and SAMHSA
- STEP-VA enhancements for Military Service Members, Veterans and their families (SMVF) in CSBs.
- Consistent identification of SMVF at intake (and electronic health record documentation) – Staff ask "Have you or a family member served in the military?"
- Military culture training for CSB workforce.





QUESTIONS?



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