

BEHAVIORAL HEALTH SERVICES ENHANCEMENT

A PROPOSAL TO ADVANCE PROACTIVE, EVIDENCE-BASED SOLUTIONS

The long-term VISION of BH Enhancement (BHE) is to implement well-integrated behavioral health services that provide a full continuum of care to Medicaid members across the lifespan. This comprehensive system will improve access to services that are:



High Quality



Evidence-Based



Trauma-Informed



Cost-Effective

Why Enhancement? Why Now?

- Medicaid is the largest payer of Behavioral Health Services in the Commonwealth and ~1/3 of members have a diagnosis that warrants intervention.
- Medicaid expansion includes populations who have not had access to mental health care and have significant needs.
- Virginia is currently paying for mental health services that have not been updated for almost 20 years and the current rates do not support best practice.
- The Bed of Last Resort Legislation has exposed many of the gaps in Virginia's behavioral health services as the lack of availability, access, and alternatives to inpatient treatment have contributed to the rising state hospital census.
- With the support of General Funds, there are system-wide changes to behavioral health care occurring across the Commonwealth— **Enhancement increases cost-effectiveness for those services that are able to draw down a Federal Match.**

*Virginia can do better—
and here is the plan.*

ENHANCEMENT PRIORITIES

THE STATE PSYCHIATRIC INPATIENT BED CRISIS

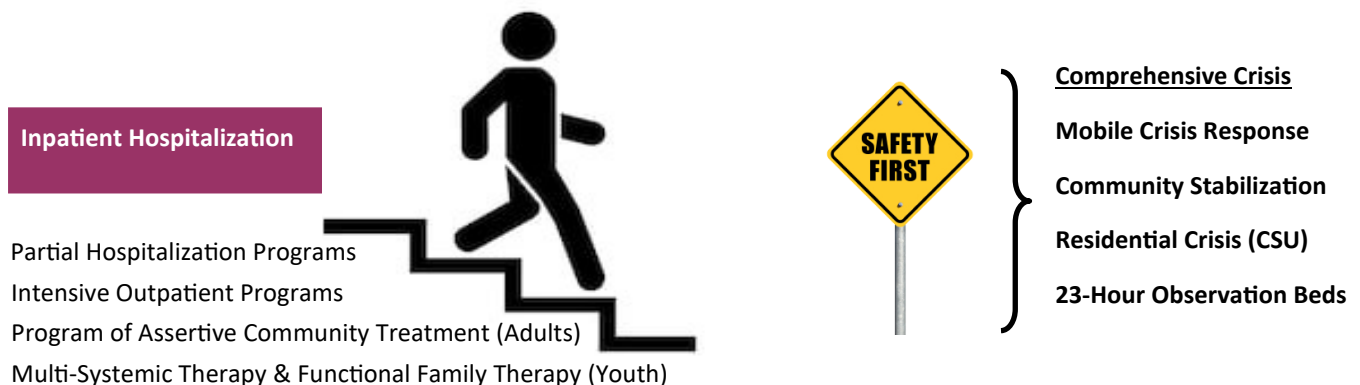
Lack of alternative crisis services has contributed to the increasing number of temporary detention orders



- ⇒ Many Virginians seek mental health care through hospital emergency rooms in a state of crisis due to lack of community-based crisis response and options for services that meet their needs.
- ⇒ The lack of available services and access barriers contribute to the cycle of repeat ER visits and inpatient psychiatric hospitalization —**Virginia's system requires a more robust and nimble array of crisis services** in order to reduce reliance on hospitalization and keep people in their communities with their natural supports.
- ⇒ Well-developed crisis systems involve collaboration across private and public systems - providers from both systems work together to meet the needs of people in crisis, regardless of their health care coverage.
- ⇒ Addressing the needs of individuals currently admitted to psychiatric hospitals is the priority and the Enhancement of services in the budget proposed represent **high acuity, intensive services, that are effective in reducing admission and recidivism.**

HOW CAN ENHANCEMENT HELP?

The current budget proposal seeks permission to implement **SIX** high quality, high intensity and evidence-based services that have demonstrated significant impact and value to people who are at risk for inpatient hospitalization. These options provide diversion from or step-down out of inpatient hospitals.



PRIORITY SERVICES SUMMARY

CURRENT ENHANCEMENT PROPOSAL

Assertive Community Treatment (ACT)

A high-intensity, team-based treatment delivered in the community for individuals with serious mental illness. Referred to as “hospital without walls.”
Proven track record of success in Virginia:

A cohort of over 300 individuals served by ACT for a two year period decreased their state hospital bed days by 54% (as compared to the two years prior to their enrollment in ACT).

High intensity, community-based services for adolescents with national evidence supporting, as cost-effective alternatives to inpatient and residential placements. Record of success in Virginia through DJJ Transformation, but not readily available to other adolescents in need due to lack of a sustainable Medicaid rate.

Multi-systemic Therapy



Functional Family Therapy

Comprehensive Crisis Services

Mobile Crisis
Community Stabilization
Residential Crisis
23-hr observation

A full set of gold standard crisis services that would include regional call centers to dispatch public and private providers to conduct mobile crisis intervention and ongoing stabilization in communities and provide appropriate reimbursement for crisis stabilization units and residential crisis. 23-hour observation beds may be added as an option in the system. (Learn more about the model: <https://crisisnow.com/>)

Two standard services missing from the mental health benefit in Medicaid that promote diversion and step-down from inpatient settings. These are structured clinic or facility based programs for children, adolescents and adults, yet still allow the individual to remain at home, attend school, and/or work. National data suggests that approximately 1/5 individuals served by inpatient hospitalization could be served by PHP, if the service were available.

Partial Hospitalization Program (PHP)

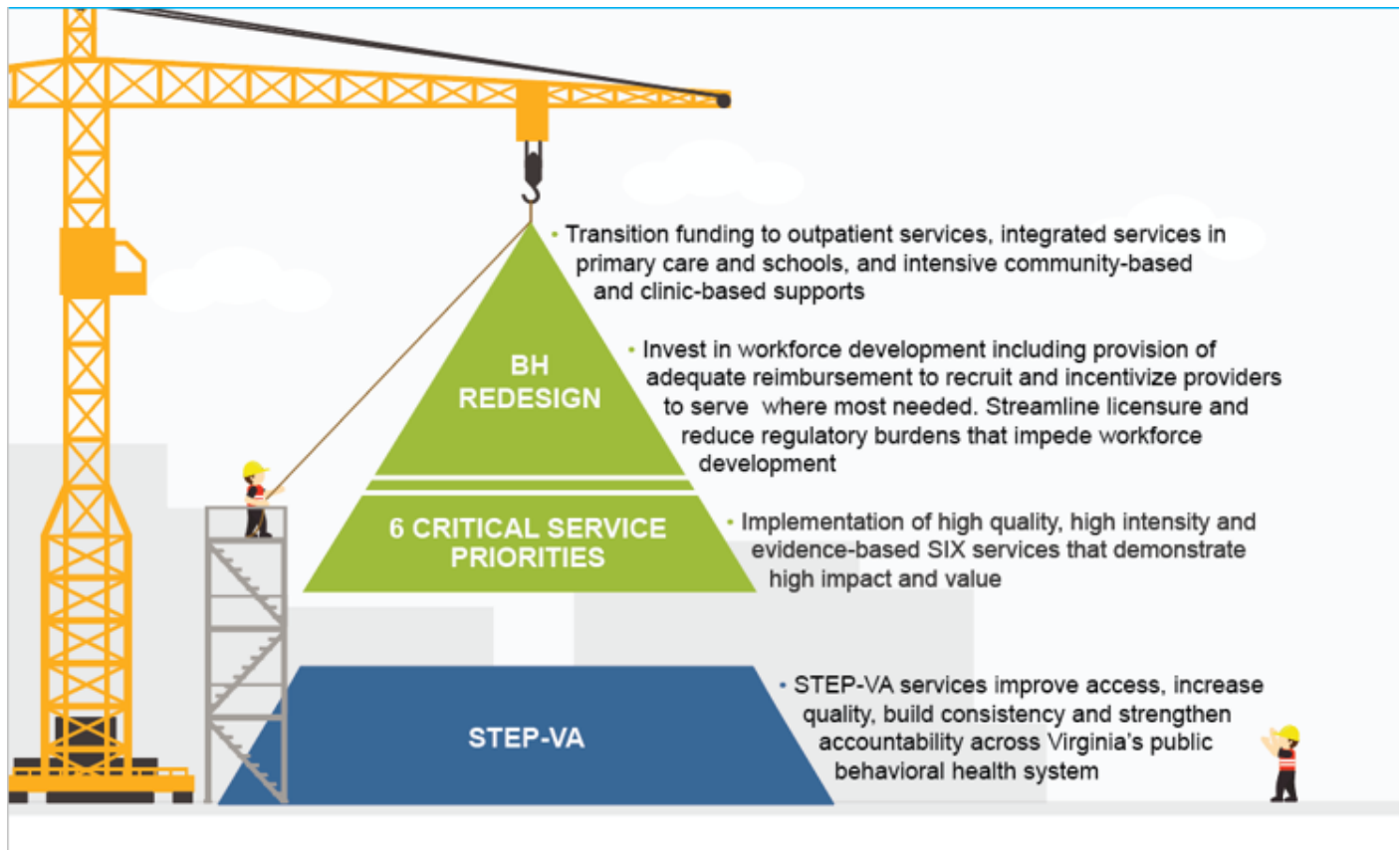


Intensive Outpatient Program (IOP)

Each of these services with enhanced rates would strengthen our system of care, but TOGETHER, they form a comprehensive set of high-acuity services that results in a collective impact to reduce the reliance on inpatient hospitalization.

ENHANCEMENT & STEP VA

HOW DO THESE INITIATIVES SUPPORT EACH OTHER?



COMBINED EFFORT

- ✓ Medicaid rates will provide sustainability for STEP-VA services (e.g. Crisis Services), as well as other CSB services which are not part of STEP-VA (e.g., ACT).
- ✓ Coordination will allow for overall maximization of state general funds in mental health system
- ✓ Critical system improvements span *both* initiatives, such as CSB billing efficiencies and the development of a level of care model for mental health
- ✓ Avoid development of differential public/private systems of care as well as need for back-to-back transformations, particularly in areas that span both initiatives (crisis services, case management, psychosocial rehabilitation, and care coordination)
- ✓ Coordination will allow for clearer planning for broader system changes (e.g., CSB funding)
- ✓ Coordination specifically allows for the build-out of a sustainable, state-wide behavioral health mobile crisis response system, as multiple funding streams and state-support infrastructure is necessary

ENHANCEMENT & STEP VA

HOW DO THESE INITIATIVES SUPPORT EACH OTHER?

Illustration: STEP-VA Crisis Services

Provides initial funding to set up the infrastructure of **REGIONAL CALL CENTERS** that will dispatch both Community Services Board and private providers in mobile response. This allows for coordination with existing Emergency Services, servicing Medicaid and Non-Medicaid individuals.

Under current Medicaid rates, the cost of mobile crisis teams will fall primarily to state general funds, whereas under BHE, crisis teams will be sustainable for private businesses and CSB providers.

Illustration: Enhanced Crisis Services

Provides appropriate rates for all levels of crisis services specified in the STEP-VA plan as national best practices, including mobile crisis, crisis stabilization, 23-hour observation, and residential crisis.

Opens services up to full system of providers, creates more comprehensive and equitable access to crisis services.

The rate provides sustainability for the provision of the services themselves, but not the infrastructure needed.

ENHANCEMENT & STEP VA

HOW DO THESE INITIATIVES SUPPORT THE INDIVIDUAL?

Mr. Smith is a 34 year old male who has a diagnosis of Schizophrenia. He has visited the ER 10 times and has been admitted to the hospital 5 times in the past 6 months, 3 of which were under a Temporary Detention Order. Each hospital stay ranges from 7-10 days. After his last discharge from the hospital, he is referred to the CSB to Same Day Access, to ensure that he has follow up within 7 days of discharge. Mr. Smith expresses that he benefits from the highly structured environment of the hospital but also wants more access to his community activities friends. The CSB provider makes a referral to a Partial Hospitalization Program, where he receives structured services for 6 hours per day, and then returns to his home every night. He completes the Partial Hospitalization Program in 6 weeks and starts PACT services. He has not visited the ER in mental health crisis as PACT has been able to provide the intensity of crisis support needed when it arises. He has not been hospitalized for 3 months, which is the longest he has remained in the community in the past year.

- ⇒ STEP-VA serves as his entry point into services. Same Day Access ensures there is not a gap between hospital discharge and assessment of service needs.
- ⇒ BHE enables providers to create high intensity, community based services that meet his need: PHP & PACT
- ⇒ RESULT: Decreased ER visits, Decreased hospitalization, Individual voice and choice of services and supports, Integration into the community, Services provided in the least restrictive environment, Decreased trauma exposure

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

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

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Case Management*

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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