

Behavioral Health Services Enhancement

Advancing proactive, evidence-based solutions for our system

WHERE WE NEED TO GO

The vision for the Enhancement of Behavioral Health is to keep Virginians well and thriving in their communities, shift our system's current need to focus on crisis by investing in prevention and early intervention for mental illness, and support global alignment of services across the systems that serve our members. DMAS and DBHDS released a document summarizing the long-term vision for developing an enhanced, robust continuum of services in January 2019. http://www.dmas.virginia.gov/#/behavioral_health_enhancement.

WHY ENHANCEMENT? WHY NOW?

Medicaid is the largest payer of behavioral health services in the Commonwealth, and nearly a third of all Medicaid members have a behavioral health diagnosis. Currently, Virginia's Medicaid-covered behavioral health services reflect a reactive rather than proactive approach, with an overreliance on intensive treatment services and underdeveloped opportunities for prevention and early intervention.

WHAT ARE OUR TOP PRIORITIES AT THIS TIME?

The current budget includes funding for implementation of SIX high-quality services that are based on national standards of practice and that have demonstrated impact and value to patients in Virginia and beyond. These services were selected strategically from our larger vision of a full continuum of service as they provide lower-intensity and community-based alternatives to inpatient hospitalizations. These enhanced services currently exist and are licensed in Virginia *BUT* are not covered by Medicaid or the service is not adequately funded through Medicaid.

Partial Hospitalization Program (PHP)	Program of Assertive Community Treatment (PACT)
Intensive Outpatient Program (IOP)	Multi-Systemic Therapy (MST)
Comprehensive Crisis (Mobile Crisis, Community Stabilization, Residential, 23hr Observation)	Functional Family Therapy (FFT)

FOUNDATION FOR ENHANCEMENT: YEAR ONE/TWO PLANNING ACCOMPLISHMENTS



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
- ✓ Report out to stakeholders



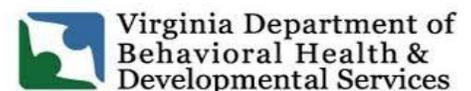
Interagency Prioritization & Alignment Efforts

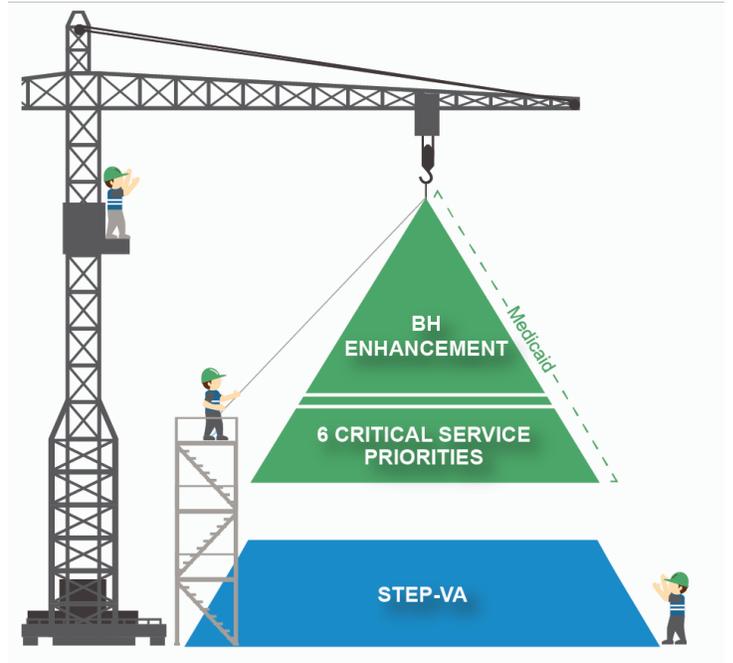
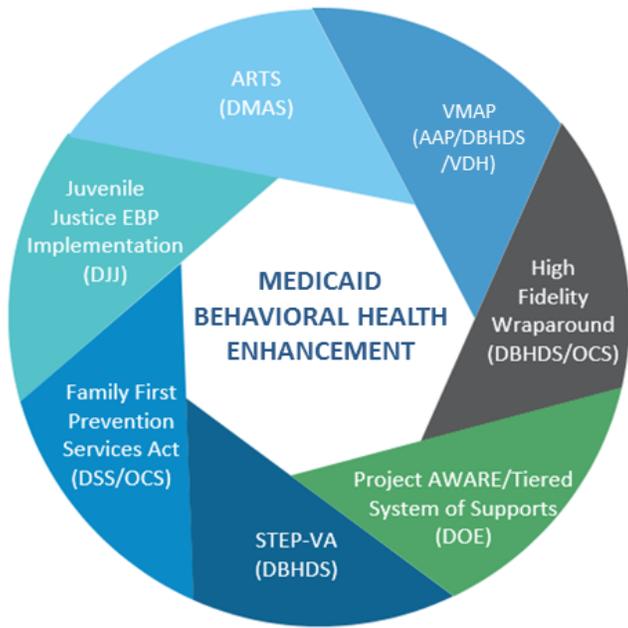
- ✓ Workforce needs analysis
- ✓ Alignment with other key initiatives
- ✓ Licensing analysis
- ✓ EBP Center of Excellence

ALIGNMENT ACROSS BEHAVIORAL HEALTH EFFORTS IN VIRGINIA

Enhancement leverages Medicaid dollars to support cross- secretariat priorities. Enhancement is necessary to assure that Medicaid services and rates are aligned with other behavioral health initiatives, allowing Medicaid billing for members so that the state can benefit from the federal match and reduce state General Fund spending.

The foundation laid by STEP-VA is built upon by the first 6 services prioritized in Enhancement, and based on priorities and resources of the Commonwealth moving forward, has the potential to continue that process to areas such as school-based services, integrated care in physical health settings, and other areas laid out in the initial continuum vision document.





RELATED & NECESSARY SYSTEMS SUPPORT RECOMMENDATIONS INCLUDE:

- Invest in workforce development through DBHDS to include start up funds to train existing and new workforce in the enhanced services;
- Streamline licensure and reduce regulatory burdens that impede workforce development;
- Further development of newly established, cross-agency ‘Evidence-Based Practice Center of Excellence’ to provide technical assistance for evidence-based practice training, implementation and sustainability across Health and Human Resources agencies and across Secretariats that would allow for the tracking of workforce training/certification and evaluation of evidence-based practices; and
- Invest in integrated data systems across agencies to allow for continuous quality improvements and to reduce administrative burden.

TIMELINE AND NEXT STEPS

<p>December 2020 - March 2021</p> <ul style="list-style-type: none"> • Reconvene Original Stakeholders • Report to Senate Finance and House Appropriations • Submit formal State Plan Amendment to CMS • Fully engage interagency project teams • Begin MCO Resolutions Panel (GA Mandate) • Regulations/Manuals 	<p>April 2021- June 2021</p> <ul style="list-style-type: none"> • Contractor Readiness/ System Changes • Member Education • Provider Training 	<p>July 2021 Implementation</p> <ul style="list-style-type: none"> • Assertive Community Treatment • Partial Hospitalization Program • Intensive Outpatient Program 	<p>December 2021 Implementation</p> <ul style="list-style-type: none"> • Multi-systemic Therapy • Functional Family Therapy • Comprehensive Crisis Services
---	---	---	---

The best long-term solution to psychiatric crises is strengthening the community-based system of mental health care.

*-Statewide TDO Task Force
Interim Report for the November 5, 2018;
Meeting of the SJ 47 Joint Subcommittee*