

BEHAVIORAL HEALTH REDESIGN WORKGROUP MEETING

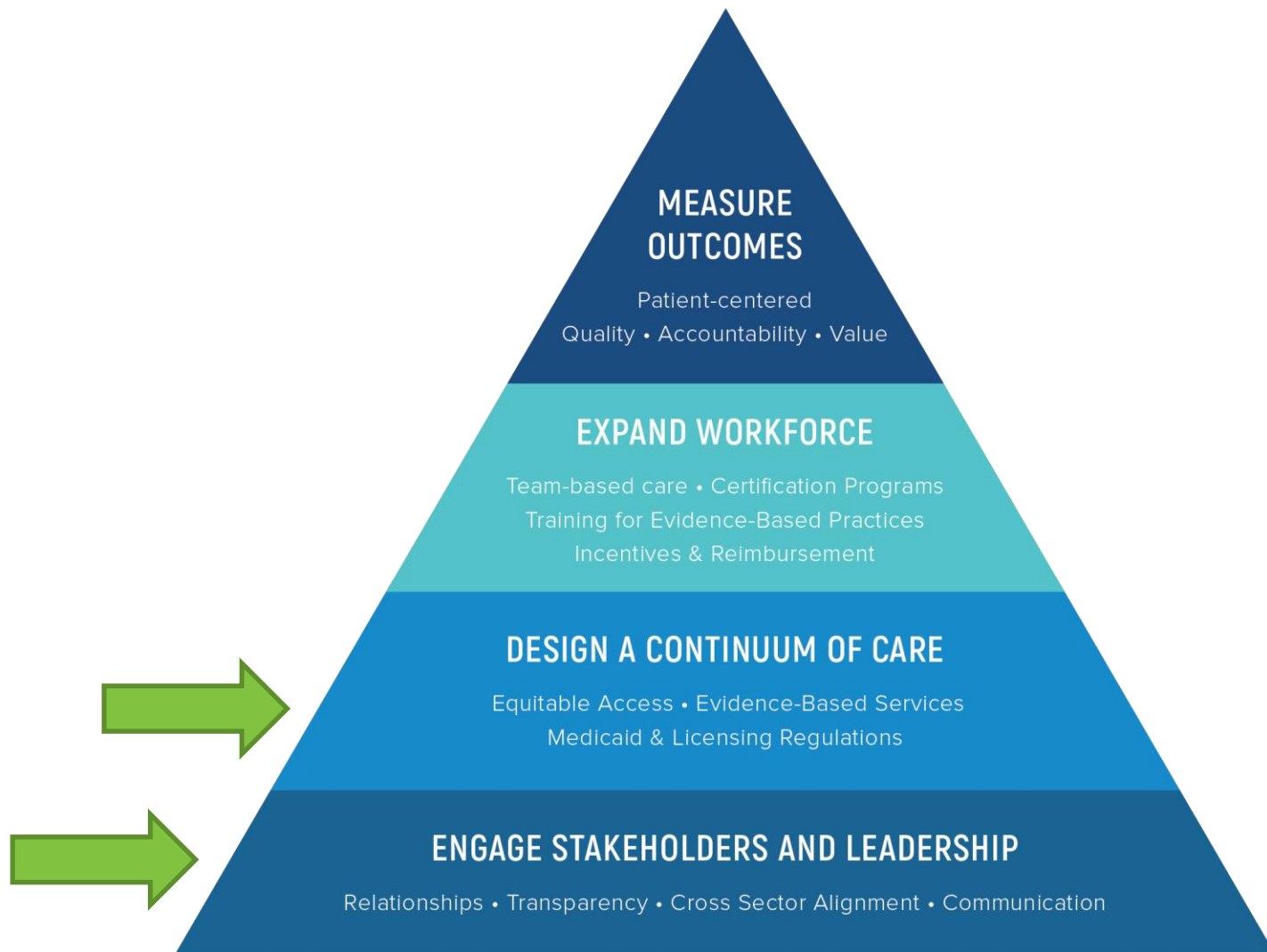
JANUARY 7, 2019

Welcome and Agenda Review

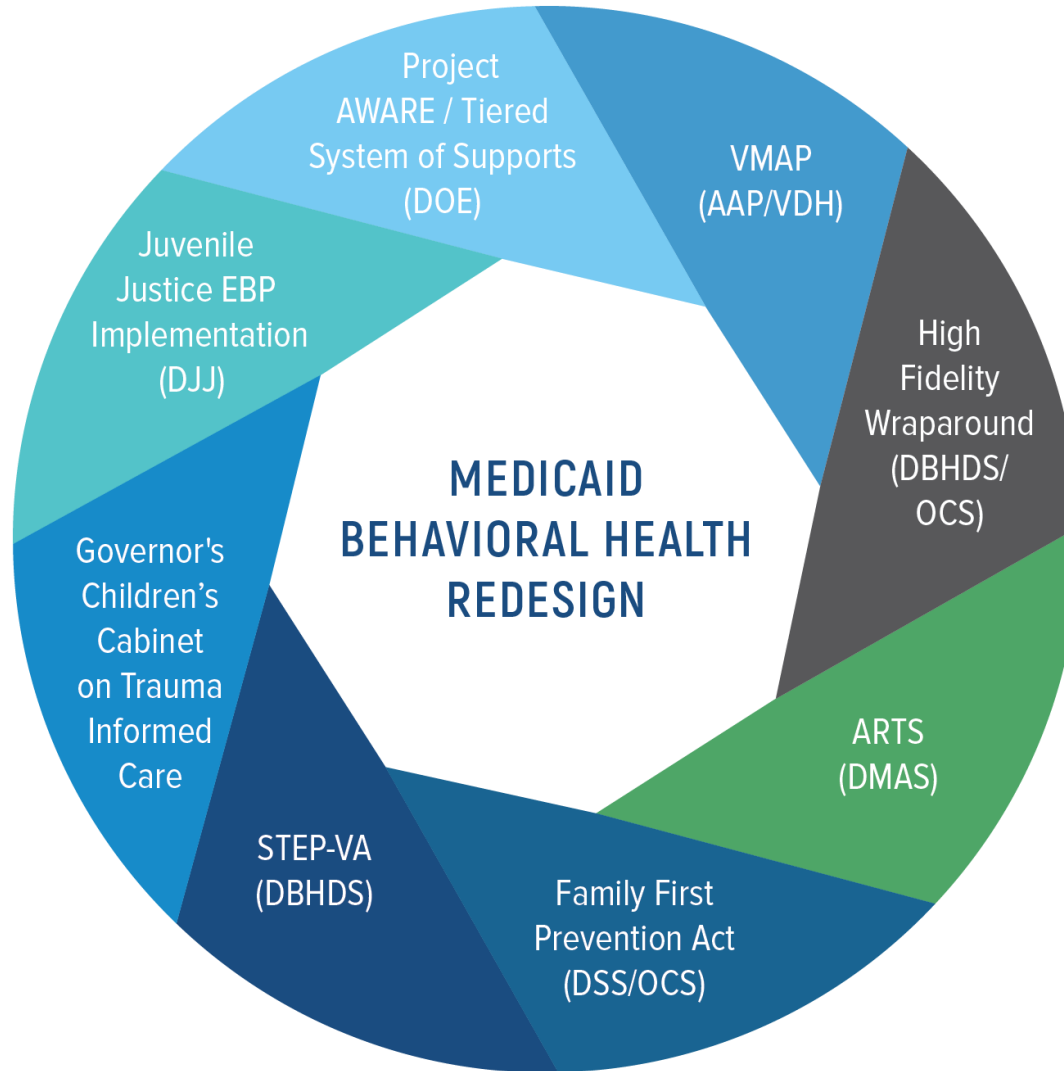
Workgroup Meeting 4

- Agenda Review & Introduction of New Members (10:30-10:40)
 - *Dr. Alyssa Ward*
- Overview of the Proposed Continuum (10:40-11:30)
 - *Dr. Alexis Aplasca & Dr. Alyssa Ward*
- Break & Reflection (11:30-11:40)
- Comments & Discussion (11:40-12:15)
 - *Dr. Alexis Aplasca & Dr. Alyssa Ward*
- The Path Forward (12:15-12:30)
 - *Dr. Alexis Aplasca*

Medicaid System Redesign Fundamentals



Alignment & Momentum for Redesign



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



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

Child & Adolescent Continuum of Behavioral Health Services

Promotion & Prevention

Recovery Services

Outpatient & Integrated Care

Intensive Community Based Support

Intensive Clinic-Facility Based Support

Tiered 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

Peer and family support services

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

Intermediate/Ancillary home-based service • Multisystemic therapy
Functional family therapy • High fidelity wraparound • *Therapeutic foster care*

Intensive outpatient programs • Partial hospitalization programs

Mobile crisis services • Crisis intervention
Crisis stabilization

Therapeutic group homes
Psychiatric residential treatment

Psychiatric inpatient hospitalization

INTEGRATED PRINCIPLES/MODALITIES



Trauma informed care



Universal prevention / early intervention



Seamless care transitions



Telemental health

Adult Continuum of Behavioral Health Services

Promotion & Prevention

Recovery Services

Outpatient & Integrated Care

Intensive Community Based Support

Intensive Clinic-Facility Based Support

Tiered Crisis Services

Group Home & Residential Services

Inpatient Hospitalization

Case Management



Recovery & Rehabilitation Support Services

Universal screening and early intervention • Comprehensive family programs

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

Outpatient psychotherapy • Integrated physical & behavioral health
Psychiatric medical services

Intermediate/Ancillary home-based service • Intensive community treatment • PACT

Intensive outpatient programs • Partial hospitalization programs

Mobile crisis services • Crisis intervention
Crisis stabilization

Psychiatric residential treatment

Psychiatric inpatient hospitalization

INTEGRATED PRINCIPLES/MODALITIES



Trauma informed care



Universal prevention / early intervention



Seamless care transitions



Telemental health

Redesigned Behavioral Health Continuum



These services are emphasized for delivery across all levels of care to promote integrated the principles of trauma informed care, Universal Prevention / Early Intervention and Seamless Care Transitions.

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

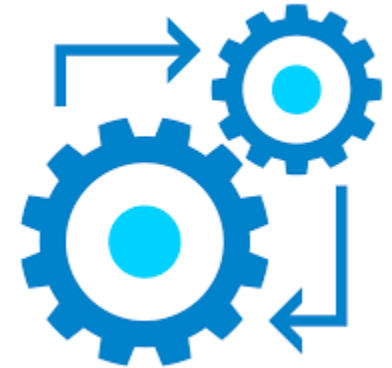
Residential/Inpatient

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

Integrated Principles and Modalities

Across the Continuum of Care

- *Building a Trauma-Informed System*
- *Universal Promotion & Prevention*
- *Transitioning Through the Continuum*
- *Leveraging Tele-mental Health Across the System*
- *Behavioral Therapy Supports Across Contexts*
- *Case Management Services*
- *Recovery and Rehabilitation Support Services*



Prevention & Early Intervention



66% responded Medicaid does not meet the needs or would benefit from redesign for **Promotion and Prevention**.

Background

Evidence Based Programs include:

Home Visitation (Nurse-Family Partnerships)
Comprehensive Family Programs (Healthy Families, IY)
Early Childhood Education (Early Intervention, Head Start)

COST-BENEFIT ANALYSES SHOW
A RANGE OF SAVINGS

\$1,400 - \$240,000

per child

With greatest savings from services delivered to
disadvantage children and families

RETURN ON INVESTMENT
TO SOCIETY

\$1.80 - \$17.01

per \$1 invested

Recommended Service Model

Use Targeted Case Management to allow reimbursement for home visiting services. Braided funding should be explored to optimize sustainability.

Selected Practices should align with FFPA

Implementation should consider use of interdisciplinary team-based approaches that include LMHPs, QMHPs, and peer recovery supports for caregivers

Recovery and Rehabilitation Support Services



63% responded Medicaid does not meet the needs or would benefit from redesign for **Recovery**.

Background

Recovery is a process in which people are able to live, work, learn, and fully participate in their communities.

Rehabilitative services are conceptualized within recovery



Recommended Service Model

Evidence-based recovery and rehabilitation services in the continuum will include:

Independent Living and Recovery Services

Peer Support Services

Psychosocial Rehabilitation

Permanent Supportive Housing

Supported Employment

Close up on Permanent Supportive Housing

Currently about 700 people with SMI are housed through the DBHDS PSH program, which contracts with CSBs and private organizations throughout the state. *It is anticipated that new funds will house approximately 400 more people.*

DMAS already included a proposal for Medicaid housing supports developed with DBHDS, DHCD, and VHDA in an 1115 Medicaid Demonstration Waiver that was submitted to CMS on 11/20/2018 that would enhance the continuum if approved and funded.

INITIAL OUTCOMES OF THE DBHDS PSH PROGRAM

700

people housed

93%

have maintained stable housing

94%

reduction in state hospital bed days

74%

reduction in local hospital inpatient bed days

48%

reduction in jail stays

Outpatient & Integrated Care



74% responded Medicaid does not meet the needs or would benefit from redesign for **Treatment**.

Background

Robust and diverse research base exists for traditional, outpatient psychotherapies with variation in the strength of evidence across diagnostic problem area and intended age group.

INTEGRATION OF SERVICES IMPROVES OUTCOMES

66% of youth

have a better behavioral health outcome if received integrated care⁷⁰

COLLABORATIVE CARE IN COMPARISON TO USUAL CARE

31% of adults

with depression have improved outcomes

41% of adults

with anxiety have improved outcomes⁷¹

Recommended Service Model

EBPs selected for implementation and incentives should align with FFPA EBPs

Managing and Adapting Practice (MAP) System to guide evidence-based practice adaptations



Rates for LMHPs across the continuum

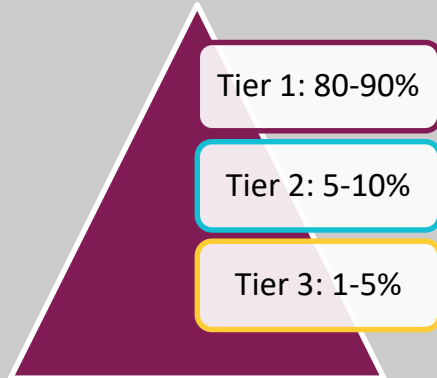
Rates for EBP Delivery across contexts

Value Based Payment for Integrated Care

Focus on Tiered, School-Based Services and Integrated Physical-Behavioral Health Care, Use of Tele-Mental Health

School-Based Behavioral Health

Multi-Tiered System of Supports (MTSS)



Project AWARE schools in Virginia have seen:

- increase in students served by school-based mental health professionals
- increase in # students referred to community-based behavioral health services actually receiving services
- decreases in office discipline referrals, in-school suspensions, and out of school suspensions

Recommended Service Model

Expand Medicaid funding for all school-based behavioral health services.

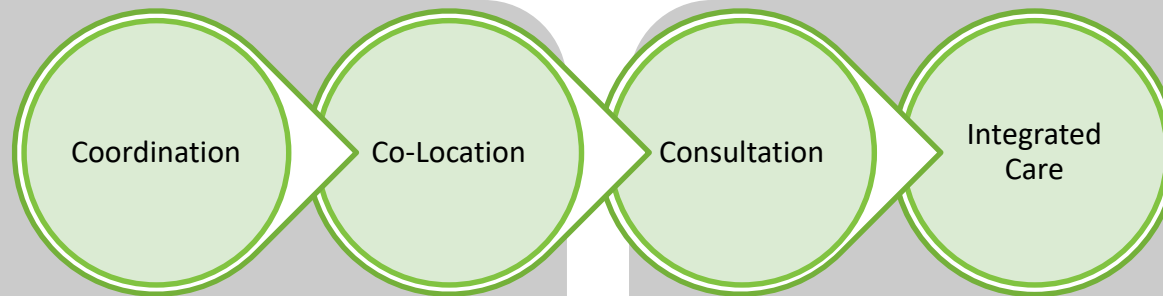
Remove requirement that the service be in IEP to be reimbursed by Medicaid.

Request State General Funds as matching funds instead of requiring localities to pay 55% of the costs,

Add coverage for 3 tiers of the Virginia Tiered System, add Applied Behavior Analysis services and leverage telehealth.

Offer extended therapeutic afterschool programs to youth who need more intensive interventions

Integrated Physical & Behavioral Health



Integrated behavioral health has also been shown to reduce healthcare costs; typical cost savings from practices using the collaborative care model range from 5%-10% of total health care costs over a 2- to 4-year period

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Develop value-based payment models that promote the integration of behavioral health (BH) and primary care through financial incentives Medicaid members.

Consider Behavior Health Home Models.

Leverage Telemental health.

Add coverage of the Behavioral Health Care Coordination codes to promote integrated BH in primary care.

Intensive Community Based Support



74% responded Medicaid does not meet **Treatment** needs or could meet the needs with redesign.

What? Targeted, concentrated interventions

Where? Home or other community settings

Why? Prevent of out of home placements

How? Integrates family, friends, and community members in the treatment and recovery process and in allowing for skills rehearsal in real life environments.



Placement costs

Hospitalization

Incarceration

Out-of-home placement

Recommended Service Model

Allow for treatment focus and intensity level that are suited to the needs of each person across the lifespan.

Intermediate or Ancillary Home-Based Service(youth/adults)

Multisystemic Therapy (youth)

Functional Family Therapy (youth)

High Fidelity Wraparound (youth)

Intensive Community Treatment (youth/adults)

Assertive Community Treatment (adults)

Intensive Community Based Support



74% responded Medicaid does not meet **Treatment** needs or could meet the needs with redesign.

Intermediate or Ancillary Home Based Services (youth/adults)

- Provides ability to conduct intervention and/or behavioral activation or rehearsal in the home or community environment
- May support transitions between levels of care or clinic settings to natural environments
- Treatment intensity is typically <10 hrs/wk

Multi-Systemic Therapy (youth)

- Promotes positive behavior change using the strengths of system in which the youth is involved
- Interventions include: Strategic/Structural Family Therapy, Behavior Parent Training, Cognitive Behavioral Therapy
- Treatment intensity is approx. 4 mo with a min of 1 weekly home visit

Functional Family Therapy (youth)

- Family-based therapeutic intervention of youth at risk of institutionalization
- Designed to improve within-family attributions, family communication, and supportiveness
- Treatment intensity is approximately 30 hours

High Fidelity Wraparound (youth)

- Prevents out-of-home placements or can provide a transition from out-of-home placements
- Coordination of a single plan of care and wrapping other needed services including peer supports and evidence based therapies

Intensive Community Based Support



74% responded Medicaid does not meet **Treatment** needs or could meet the needs with redesign.

Intensive Community Treatment (youth/adults)

- Team-based, client-centered, intensive mental health service that adheres to EBP designed to serve individuals with SMI
- ICT is part of the current array but limited in population/scope
- Recommended service model is for the expansion of programs that reduce long term morbidity associated with SMI ie. Coordinated Specialty Care

Program of Assertive Community Treatment (adults)

- Serves individuals who have experienced severe and persistent psychosocial dysfunction, repeated hospitalizations or crises, or involvement in the criminal justice system.
- Can directly impact state psychiatric hospital census without resulting in lower levels of institutionalized or congregate care such as residential facilities and group homes.
- Medicaid support is needed for statewide expansion.

Intensive Community Based Support



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Intensive Community Treatment (youth/adults)

- Team-based, client-centered, intensive mental health service that adheres to EBP designed to serve individuals with SMI
- Recommended service model is for the expansion of programs that reduce long term morbidity associated with SMI ie. Coordinated Specialty Care

Prognosis

Program of Assertive Community Treatment (adults)

- Serves individuals who have experienced severe and persistent psychosocial dysfunction, repeated hospitalizations or crises, and are at risk of homelessness
- Can directly reduce psychiatric hospital census without resulting in lower levels of institutionalized or congregate care such as residential facilities and group homes.
- Medicaid support is needed for statewide expansion.

Severity

Intensive Clinic/Facility-Based Support



74% responded Medicaid does not meet **Treatment** needs or could meet the needs with redesign.

Intensive Clinic/Facility-Based Support

For individuals who require a higher intensity & structured services than usual outpatient care in a less restrictive environment than residential treatment or inpatient hospitalization.

Includes intensive outpatient treatment and partial hospitalization for children, adolescents, and adults.



20% cost vs inpatient/residential ED utilization

Recommended Service Model

Include a **new** Mental Health Intensive Outpatient Program (IOP) service for youth/adults and **redesigned** Partial Hospitalization Program (PHP) for youth/adults.

The provider qualifications, units and reimbursement rates for this service should fully align with the criteria for the ARTS IOP/PHP Programs.

Development of illness specific programs ie. Eating Disorders, OCD, Chronic Disease Management, Co-occurring SUD/MH Disorders

Comprehensive Crisis Services



74% responded Medicaid does not meet **Treatment** needs or could meet the needs with redesign.

Recommended Service Model

Crisis services can be seen as their own continuum in terms of level of intensity of support and intervention

Crisis intervention and its mobile feasibility under current rates and regulations need to be assessed to increase access and suited to level of intensity

Redesign within crisis services should also consider the role for peer supports in provision of these services.

23-hr crisis stabilization

Short-term crisis residential services

Mobile Crisis

24/7 Crisis Hotlines

Warm Lines

Peer Crisis Services



Group Home & Residential Services

Recommendations

DMAS and DBHDS should work with the Office of Children's Services and Department of Social Services to establish agreed upon evidence-based treatments and outcomes that align with the overall redesign as well as efforts of the FFPSA.

DMAS should also work with the Medicaid MCOs to transition this carved out service into Medicaid Managed Care, which would allow the MCOs to provide comprehensive care coordination across all levels of services.

The redesigned continuum should add a new adult mental health residential treatment service that is carved into Medicaid Managed Care.

This level of care would create an alternative to hospitalization and an important step-down option for individuals leaving private and state psychiatric hospitals.

Inpatient Hospitalization

Recommendations

Individuals who require inpatient level of care, whether voluntary or involuntarily committed, like all behavioral health services, ***are best served in the community in which they reside and receive natural supports.***

Several evidence based practices noted throughout the continuum are applicable in the inpatient setting and it is recommended to better understand barriers that preclude the ability to provide enhanced services in the inpatient setting.

1115 SMI Waiver Opportunity

Redesign will support this application

- Allows states to draw down federal Medicaid matching \$ for psychiatric inpatient and residential facilities with greater than 16 beds
- DMAS already has 1115 ARTS waiver for SUD residential and inpatient treatment - would expand to SMI diagnoses
- Would infuse new federal \$ to pay for an adult psychiatric residential treatment benefit creating new capacity and alternatives to TDOs
- Could result in GF savings - state psychiatric hospitals could bill Medicaid (at 90% federal match/10% provider assessment for expansion and 50/50 for traditional) instead of using 100% GF dollars
- **DMAS must implement behavioral health redesign first to demonstrate comprehensive community-based mental health continuum available before CMS will consider waiver application (similar to ARTS)**

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.

Financial Considerations

- Redesign aims to shift Virginia's Medicaid behavioral health system away from high utilization, high cost, high acuity services such as inpatient hospitalizations, intensive community treatments, and crisis services
- And transition funding toward lower cost comprehensive outpatient and prevention and promotion services and evidence-based community services.
 - A robust array of outpatient services
 - Integrated behavioral health services in primary care and schools
 - Tiered community-based and clinic-based supports as alternatives to acute inpatient psychiatric hospitalization
- ***A thorough analysis will be necessary to examine potential short term fiscal impacts on the system operational needs; initial investments may be necessary to start up implementation of new services and train the workforce in evidence-based practices***

OUR PATH FORWARD



- General Assembly
- Stakeholder Workgroup Planning
- Service Continuum Design
- Standards of Care & Regulatory Development
- Financial Analysis
- Training & Implementation