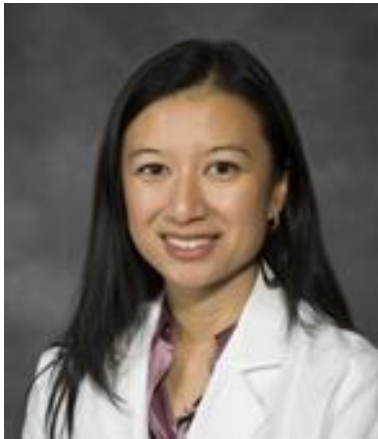


# BEHAVIORAL HEALTH REDESIGN FOR THE COMMONWEALTH OF VIRGINIA:

## STRENGTHENING OUR CONTINUUM OF MEDICAID MENTAL HEALTH SERVICES



# BEHAVIORAL HEALTH REDESIGN LEADERSHIP



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Developmental Services*

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*Department of Medical Assistance Services*

# Welcome & Introductions

## Stakeholder Categories

- Member Advocacy Groups
- Provider Associations
- Professional Organizations
  - by discipline area
- Managed Care Organizations
- State Agencies



# Purpose of the Workgroup

## What brings us here today?

- To establish a venue for open communication regarding systems redesign
- To strengthen our collective, collaborative partnership as these will be central to the success of redesign
- To share information on our current work and intentions over the coming months

# Behavioral Health Redesign Workgroup

## Agenda for October 2<sup>nd</sup>, 2018

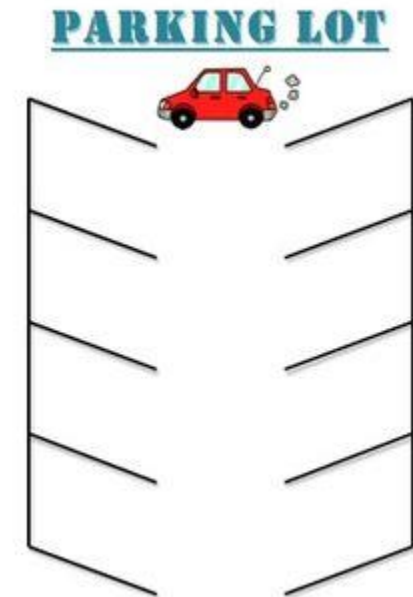
- Behavioral Health Redesign Overview: Foundational initiatives, systems momentum (10:50-11:00)
  - *Dr. Alexis Aplasca*
- Farley Health Policy Center: Purpose of collaboration and anticipated contributions (11:00-11:10)
  - *Dr. Alyssa Ward*
- Begin with the End in Mind: Preliminary vision for redesign of continuum of medicaid-funded services (11:10-11:30)
  - *Dr. Alexis Aplasca*
- Review of State Examples (11:30-11:40)
  - *Dr. Alyssa Ward*
- Timeline for Redesign (11:40-11:45)
  - *Dr. Alexis Aplasca*
- Parking Lot Review (11:50-12:15)

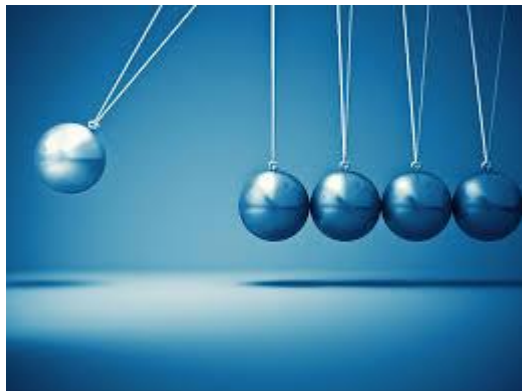


# Parking Lot Process

## Establishing Workgroup Culture

- Please use BLUE post its to make comments or ask questions during the meeting
- It is your choice as to whether you identify yourself on the post it
- We will visit the parking lot at the end of the meeting; items we cannot respond to today will inform future meeting agendas and/or personal follow up





# FOUNDATIONAL INITIATIVES & SYSTEMS MOMENTUM

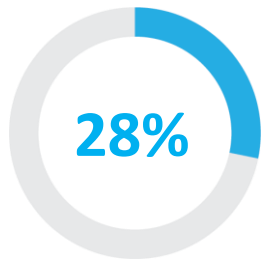
*Opportunity for Redesign in  
our Commonwealth*

# Behavioral Health in the Commonwealth of Virginia

## *Opportunity for Redesign*



Medicaid is the largest payer of behavioral health services in Virginia

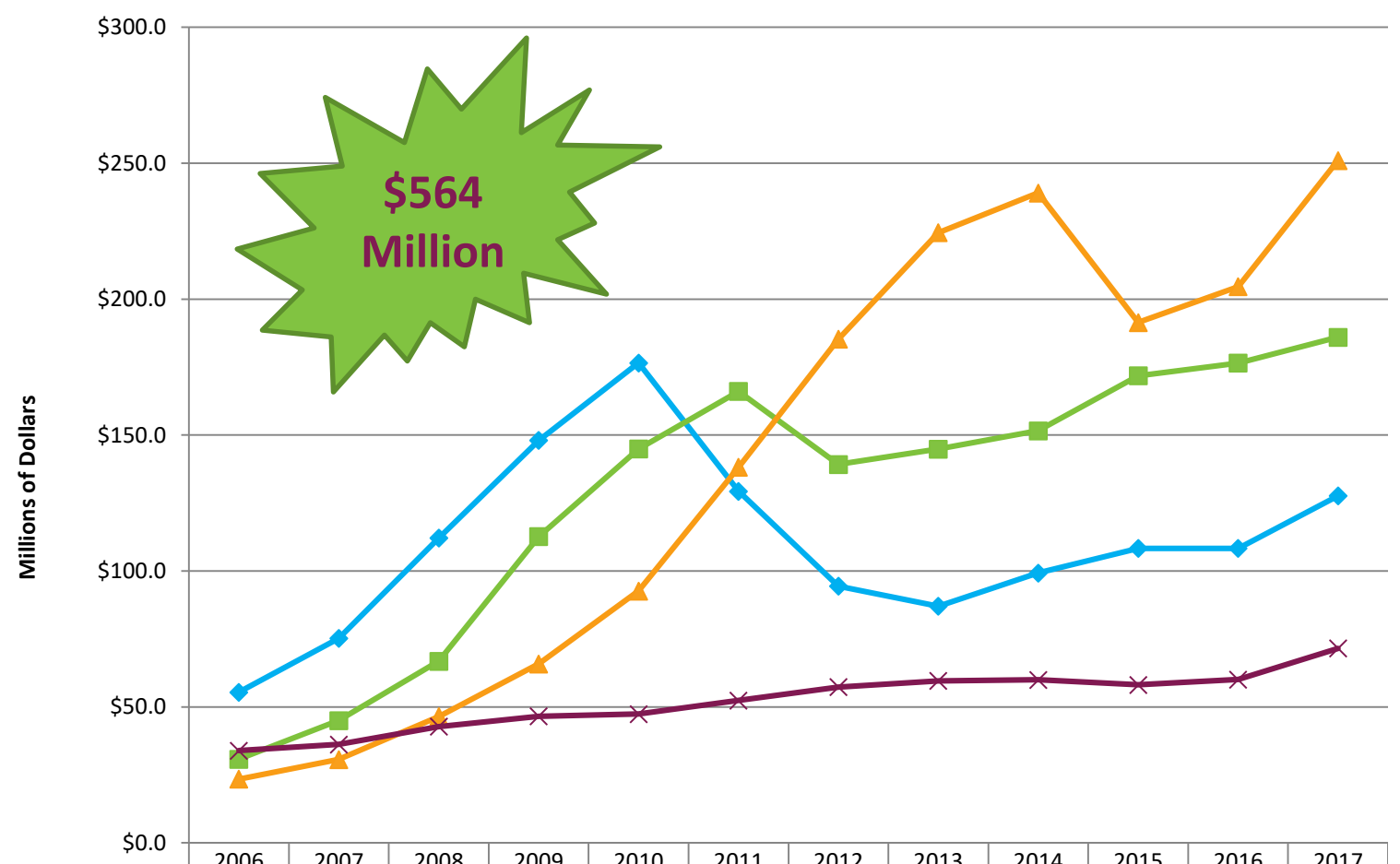


of Medicaid members had either a primary or secondary behavioral health diagnoses





# Medicaid Expenditures on Community-Based Medicaid Mental Health Services



**\$564 Million**

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Intensive In-Home	\$55.4	\$75.2	\$112.1	\$148.0	\$176.5	\$129.3	\$94.4	\$87.1	\$99.3	\$108.3	\$108.3	\$127.6
Therapeutic Day Treatment	\$30.8	\$45.0	\$66.8	\$112.7	\$144.9	\$166.1	\$139.2	\$144.9	\$151.6	\$171.8	\$176.5	\$186.0
Mental Health Skill Building	\$23.4	\$30.7	\$46.4	\$65.8	\$92.6	\$138.2	\$185.3	\$224.5	\$239.1	\$191.4	\$204.6	\$251.0
Other Behavioral Health Services	\$33.9	\$36.2	\$42.8	\$46.5	\$47.4	\$52.4	\$57.3	\$59.6	\$59.9	\$58.1	\$60.0	\$71.5

# Foundational Initiatives:

## *Momentum for Redesign*

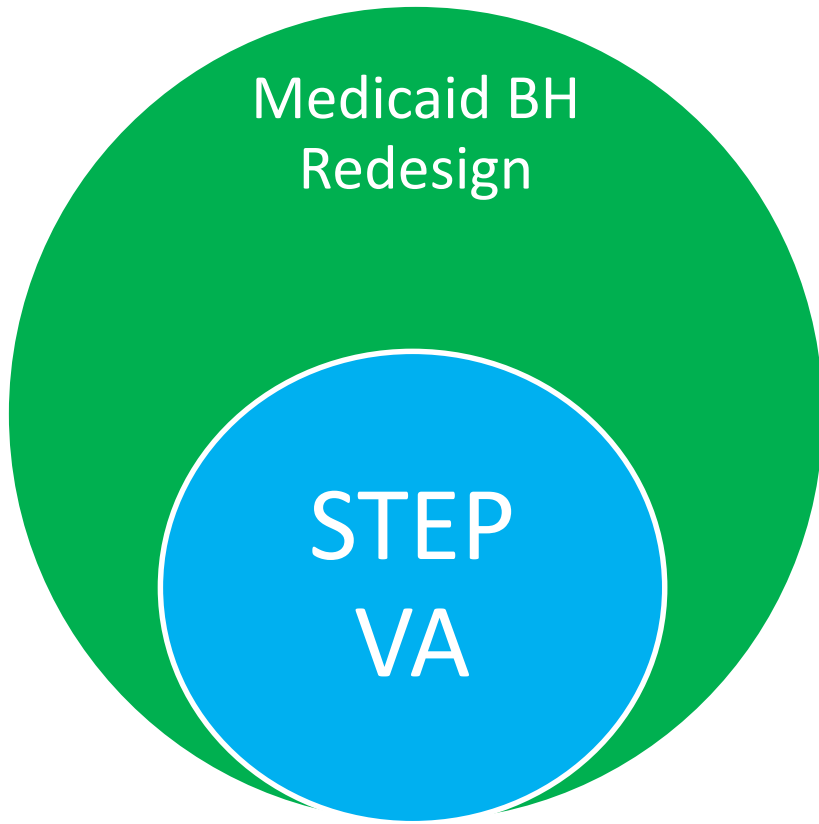
### STEP Virginia

- STEP-VA services will improve access, increase quality, build consistency and strengthen accountability across Virginia's public behavioral health system.
- A strong public behavioral health system provides a necessary foundation

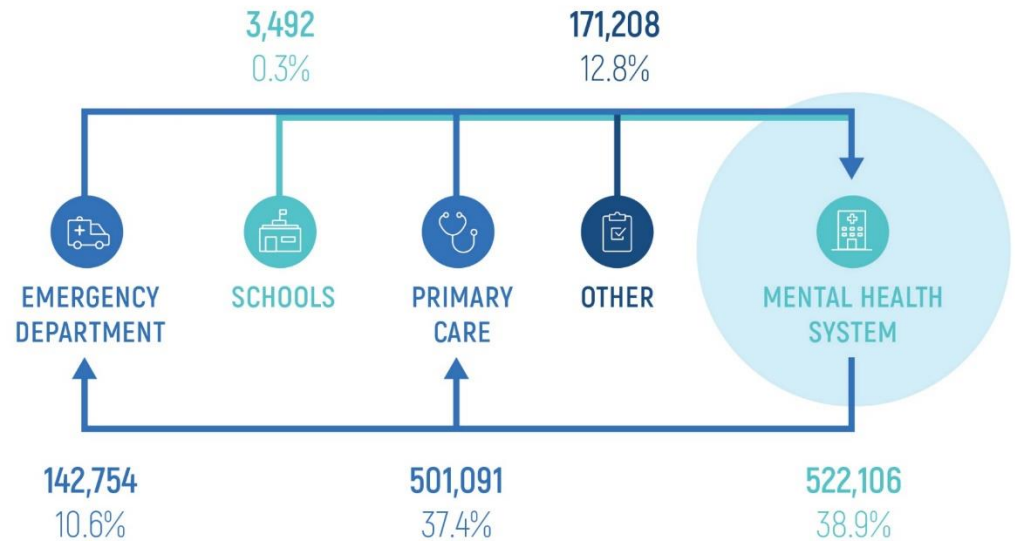
# STEP-VA & Medicaid BH Redesign

- When STEP VA is fully implemented, the public mental health system will have achieved accessibility, consistency, quality and accountability as a necessary foundational support for behavioral health services.
- Medicaid Behavioral Health Redesign will provide the network of support for STEP VA for long term sustainability to ensure access to essential services is met.





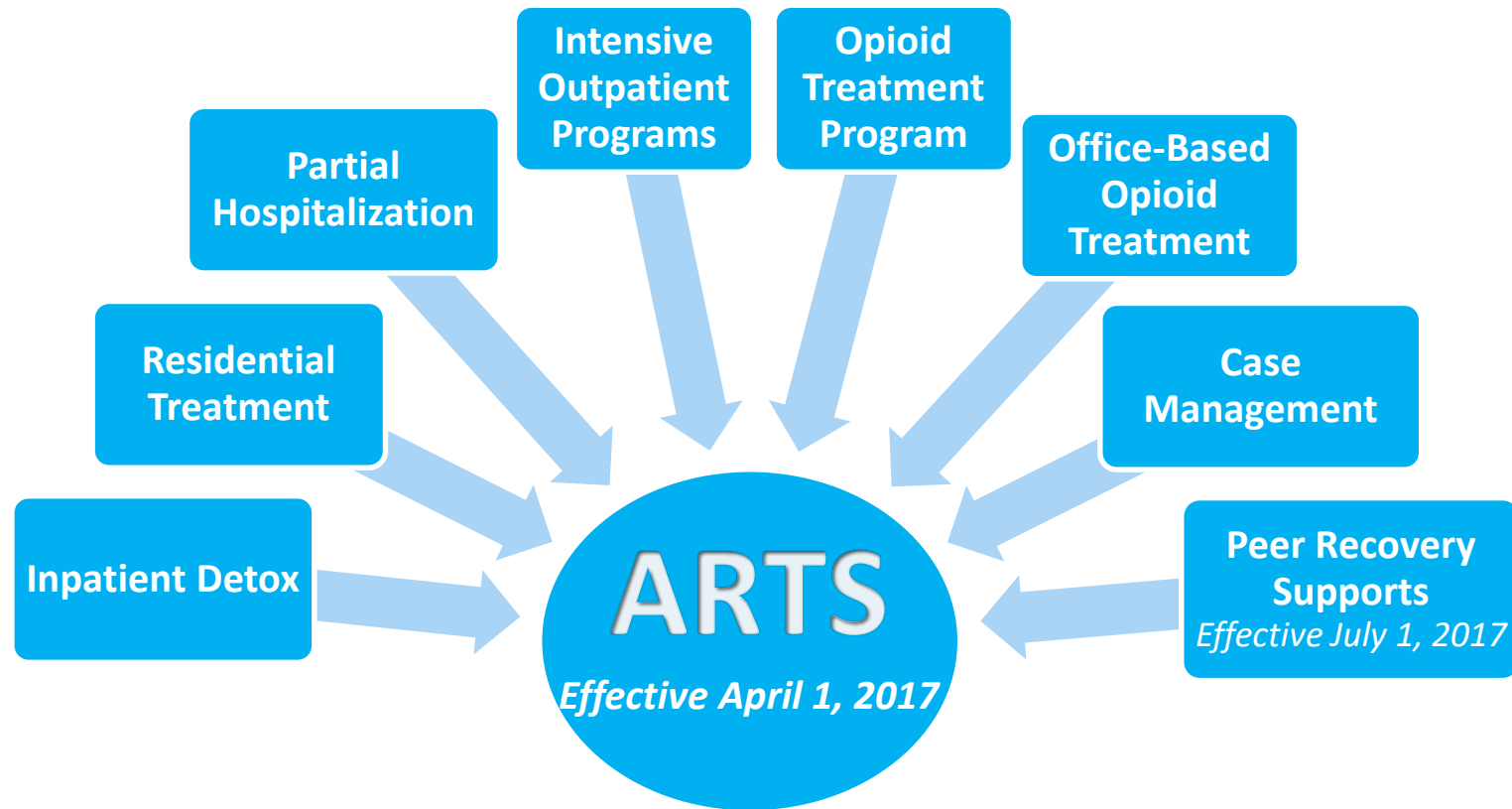
- STEP VA meets the essential needs of individuals through the public mental health system.
- The remaining proportion of mental health needs will be met through the system redesign.
- Both transformative efforts provide and enhance services through the continuum meeting the needs of all populations.



# Addiction and Recovery Treatment Services (ARTS)

## *Transformation of the Delivery System of Medicaid SUD Services*

- Transformed the Medicaid benefit and services using national American Society of Addiction Medicine criteria
- Increased Medicaid reimbursement for evidence-based treatment

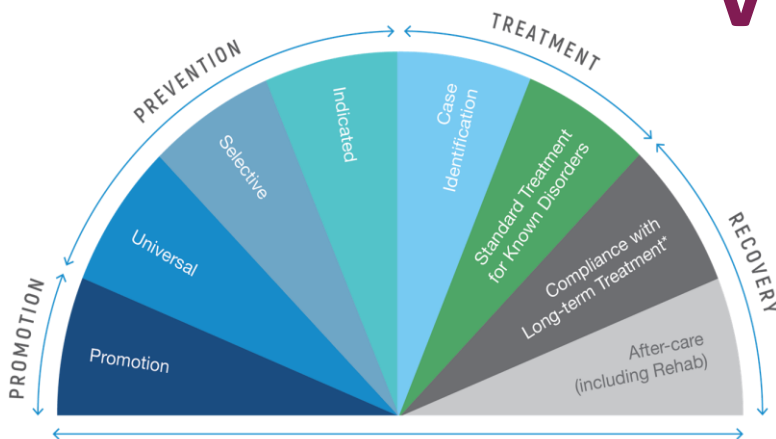


ARTS is carved into Managed Care plans to create a fully integrated physical and behavioral health continuum of care

# Further Momentum for Redesign



- Family First Prevention Act Implementation
- Governor's Cabinet focus on Trauma Informed Care
- Department of Juvenile Justice Transformation
- Medicaid Expansion
- SJ 47 Deeds Commission



# VISION AND PARTNERSHIP

*Implementing the evidence base in community mental health*

# Our Vision of Redesign:

## *A comprehensive spectrum of behavioral health services*

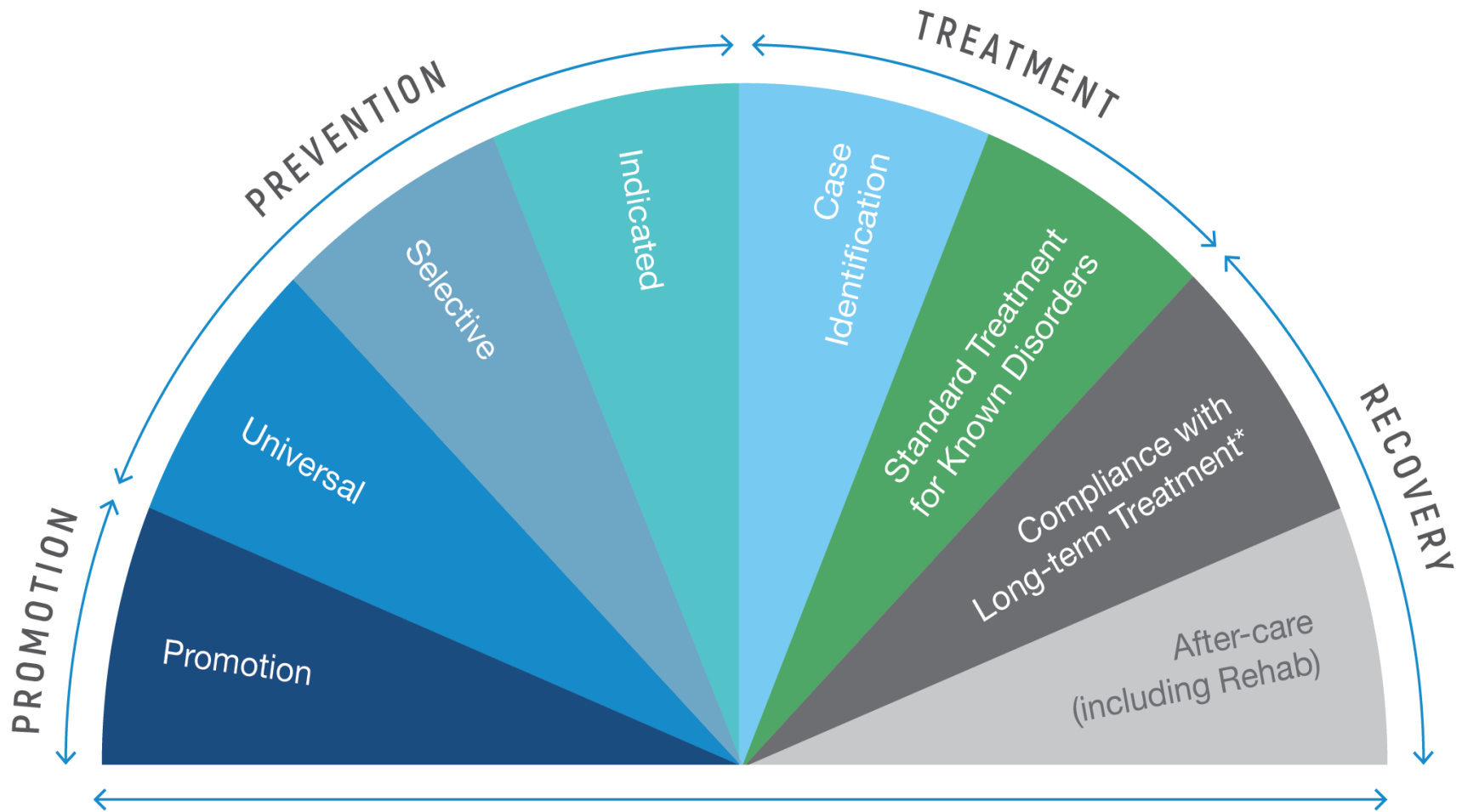
- In collaboration with stakeholders' clinical input, our goal is to develop recommendations for a comprehensive system redesign plan for Medicaid behavioral health services
- Our vision for this system:
  - Improved behavioral health outcomes for members
  - A shift in our collective energies
  - Manifestation of trauma-informed principles across member, provider, and system
  - Reflective of the evidence for what works in community mental health
  - Mindful of the evolving needs for members across the lifespan





# Our Vision of Redesign:

## *A full spectrum of behavioral health services*



SAMHSA Continuum of Care; adapted from Institute of Medicine. *Reducing risks for mental disorders: Frontiers for preventative intervention research*. Washington, DC: National Academies Press.

\*Goal: Reduction in relapse and recurrence

# Farley Health Policy Center: University of Colorado Medical School



Conduct, analyze, and disseminate research to inform policy development and implementation

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Provide technical, adaptive, and leadership assistance for integrating care across health and health systems

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Convene stakeholders and decision makers to improve health and healthcare together

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Partner with communities, state and federal agencies, and foundations to catalyze action

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Synthesize and apply evidence to policy to bridge the gap between what we know and what we do

# Advancing state policies that integrate physical, behavioral, and social health

Examples of FHPC partnership with states:



Oregon

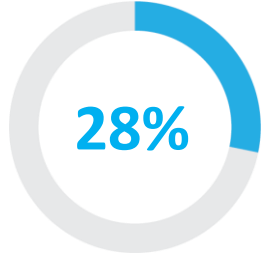
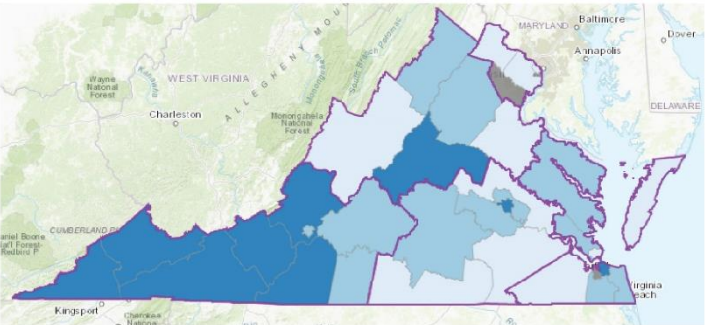
- Accelerated integration of behavioral health and primary care within Coordinated Care Organizations
- Developed a plan for Oregon Health Authority to build a robust behavioral health system, to achieve better health and better care at lower costs
- Created behavioral health mapping tool to display data for state agency, advocacy, policy makers and more to understand behavioral health data to inform decision making



Idaho

- 1 in 5 Medicaid beneficiaries had a behavioral health diagnoses.
- Facilitated development of a shared vision and roadmap to advance integrated behavioral health across the state
  - 45 stakeholders – commercial payers; behavioral health service administer; state agencies: Medicaid, behavioral health, public health, policy; advocacy organizations; family residencies; behavioral health providers; primary care providers; professional associations; quality improvement organizations

# Farley Center's work in Virginia: Key findings



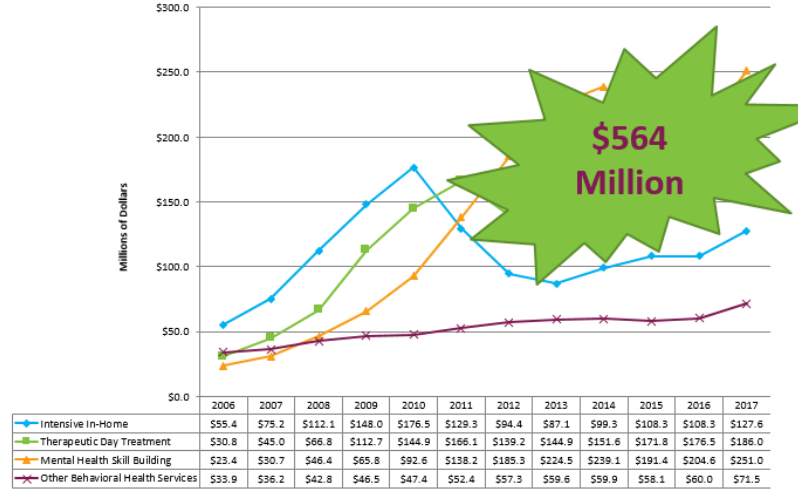
In FY17, 28% of Medicaid members had either primary or secondary behavioral health diagnoses

% of Adults Reporting Poor Mental Health, LHD - 2015

- > 31.6 - 39
- 10.8 - 28.6
- > 28.6 - 31.6
- Not Available

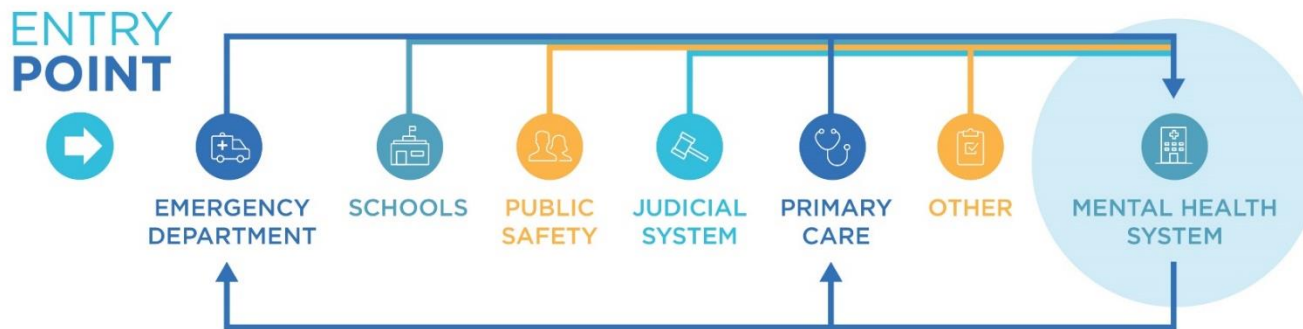
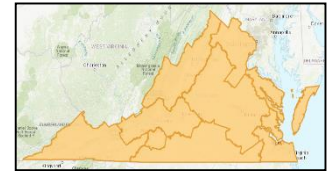
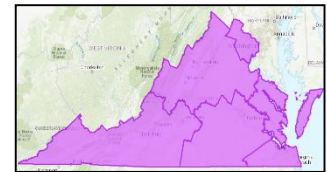
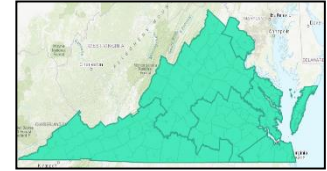


Medicaid members with behavioral health diagnoses had **1.34+ million visits** across multiple care settings



# Farley Center's work in Virginia: *Recommendations*

- **Alignment:** regional and agency strategies
- **Accountability:** connect measures for high quality services to resource allocation
- **Access:** recognize all points of entry to support a continuum of care from prevention to treatment and recovery



# Process & Contributions

1. Review best practices for Medicaid mental health services across the lifespan from research literature and state case studies
2. Analyze service gaps for the Virginia Medicaid population
3. Identify individual and population level metrics and quality outcomes
4. Assess DBHDS licensing and regulations to ensure quality and accountability
5. Enlist stakeholders' input throughout process to shape recommendations for a continuum of care and next steps
6. Develop recommendations for a continuum of evidence-based, trauma-informed, and preventive-focused Medicaid community mental health services

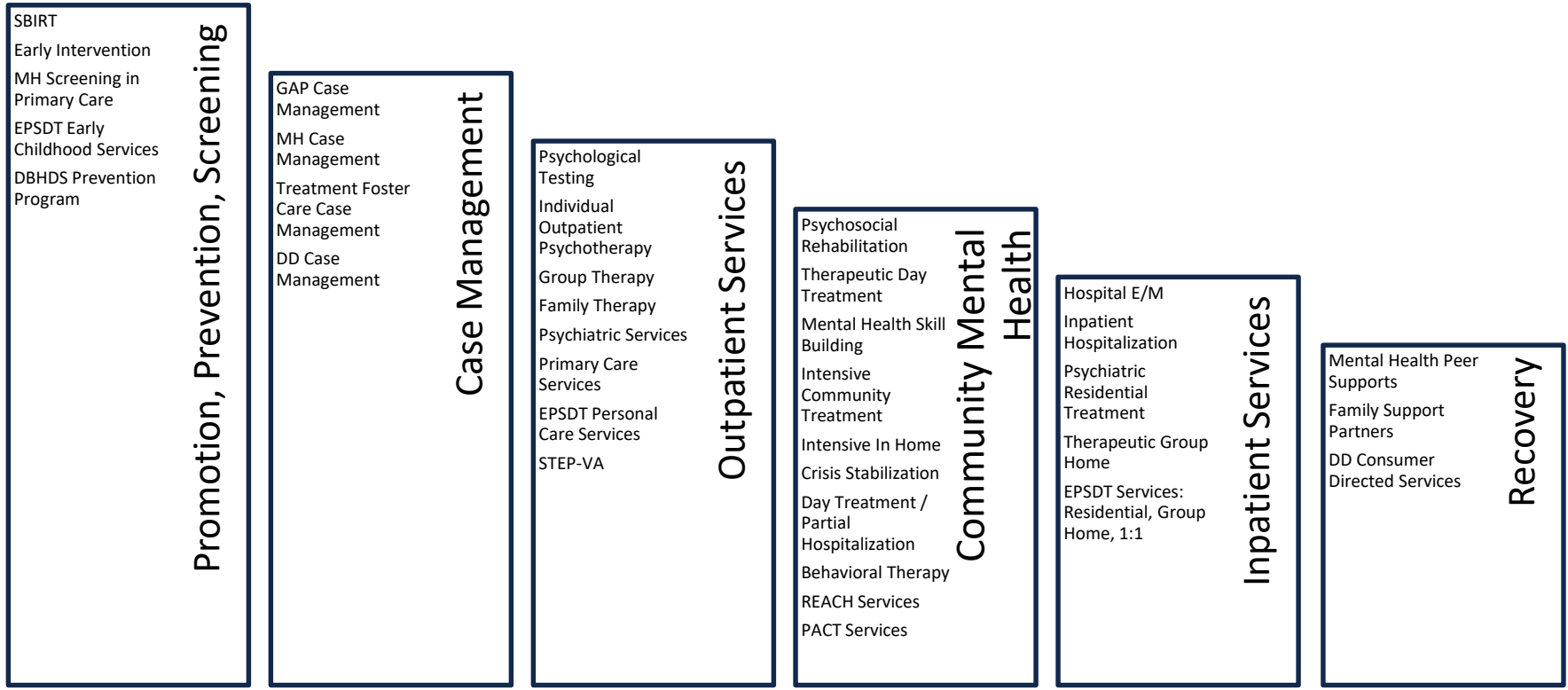


# Anticipated Outcomes

- Alignment:
  - Recommendations to align Medicaid behavioral health services with DBHDS licenses to create a continuum of evidence-based, trauma-informed, prevention-focused and cost-effective service options for members across the lifespan
- Accountability
  - Recommendations on outcome measures that incentivize high quality services in least restrictive environments
- Access
  - Recommendations to expand access through a “no wrong door” approach for members across a full array of services delivered in settings where they naturally present for support.
  - Recommendations to expand access to service types and therapeutic interventions that are best practices and well-matched to members’ level of impairment / support need.

# “Begin with the end in mind...”

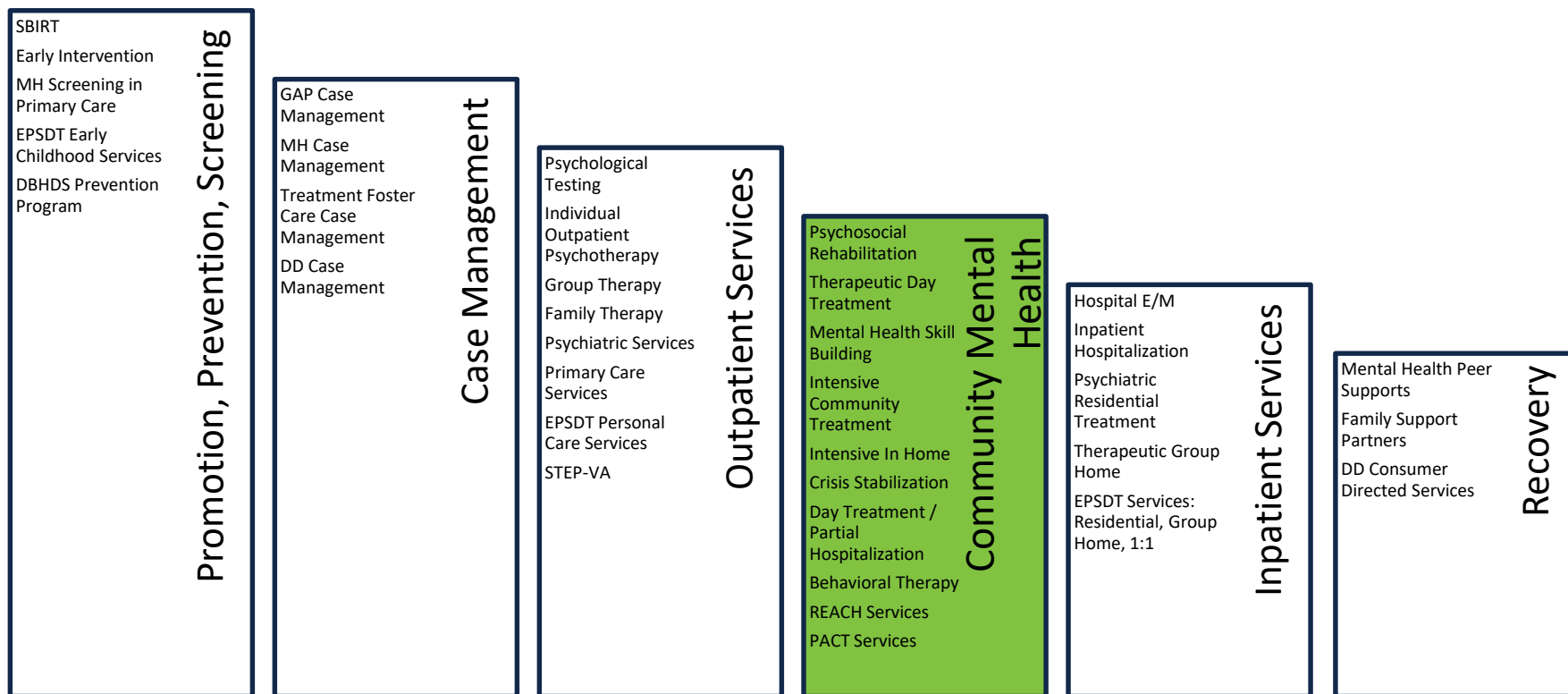
## Envisioning our continuum activity





# “Begin with the end in mind...”

## Envisioning our continuum activity



# A closer look

Psychosocial Rehabilitation\*

Therapeutic Day Treatment\*

Mental Health Skill Building\*

Intensive Community Treatment\*

Intensive In Home\*

Crisis Stabilization\*

Day Treatment / Partial Hospitalization

Behavioral Therapy\*

REACH Services

PACT Services

**Community Mental Health**



# Continuum Examples

## Los Angeles County: Children's Community-Based Services

### Promotion, Prevention, Early Intervention

- First 5 LA PCIT
- Outreach & Engagement
- UCLA Ties
- Triple P, TFCBT, SFP, SS, RPP, PST, MPG, MDFT, MAP, LIFE, IPT, IY, FOCUS, FFT, DTQI, DBT, CPP, CORS, CFOF, CBITS, BST, ART, etc

### Child Welfare

- Comprehensive Children's Services
- Multidisciplinary Assessment Team
- Specialized Foster Care
- Intensive Treatment Foster Care
- Wraparound

### Intensive Services

- Full Service Partnership
- Therapeutic Behavioral Services

# Los Angeles County: Transitional Age Services

## Prevention & Early Intervention

- CAPPS
- Partners in Suicide Prevention
- Aggression Replacement Training
- Functional Family Therapy
- Seeking Safety
- CBITs, BSFT, CORS, DBT, FOCUS, CBT, IPT, LIFE, MAP, MDFT, MST, PE-PTSD, SF, TFCBT

## Community Based Supports

- Juvenile Justice Transitional OP
- Drop In centers
- Enhanced Emergency Shelters
- Permanent Supportive Housing
- System Navigators

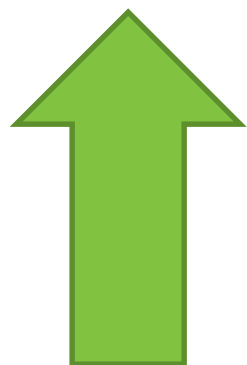
## Intensive Services

- Full Service Partnership
- Field Capable Clinical Services

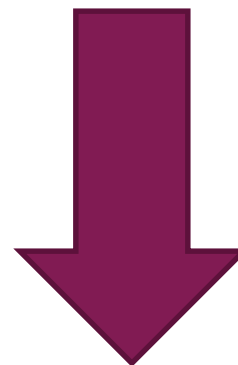
# An Example of Filling the Gap: Integrated Physical & Behavioral Health Care

## Oregon Coordinated Care Organizations

- In 2012, Oregon transformed its Medicaid program through an innovative 1115 waiver with CMS
  - \$1.9 billion up front to reduce spending by 2% without diminished quality
- 6 years into implementation, there are 15 CCOs



Coverage up 65%  
Improved access  
Improved satisfaction



ED Visits down 22%  
Significant reduction in  
admissions for chronic  
disease

# Timeline: Deliverables / Products



Evidence Review &  
Service Gap  
Analysis

October 2018



Recommendations  
for service array  
and  
licensing/regulation

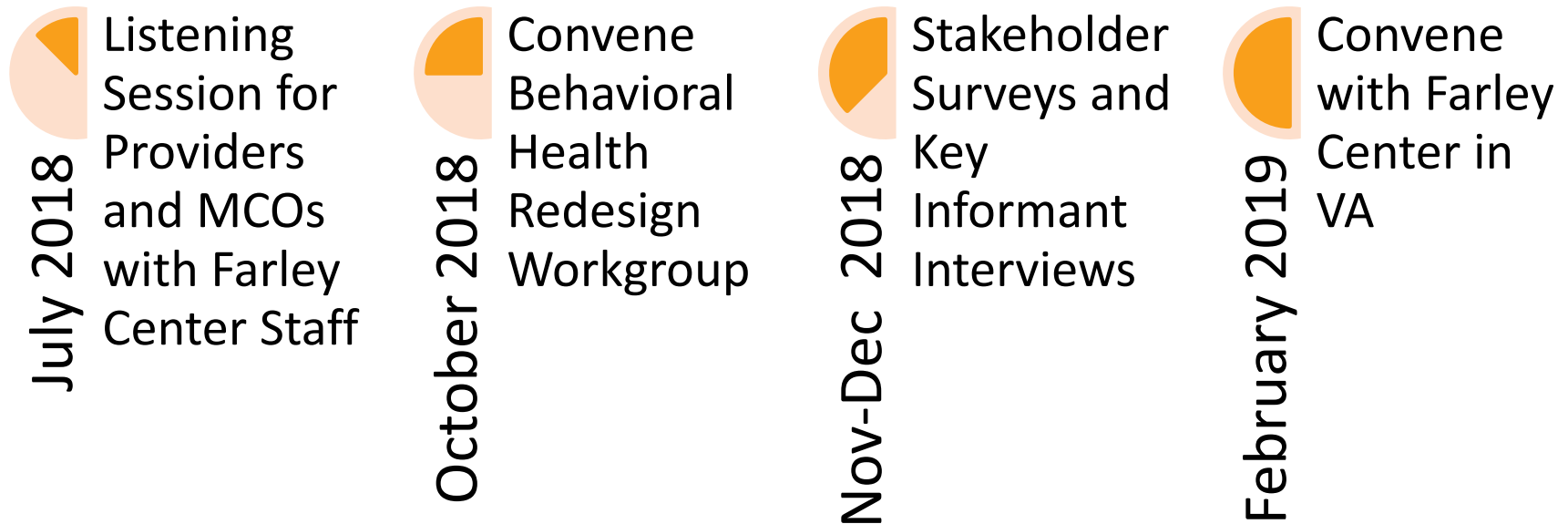
December 2018



Recommendations  
for measures and  
metrics

January 2019

# Timeline: Stakeholders and Processes



# Parking Lot Process

