## BEHAVIORAL HEALTH REDESIGN WORKGROUP MEETING

**OCTOBER 23<sup>RD</sup>, 2018** 







## WELCOME TO STAKEHOLDERS

Marvin Figueroa, Deputy Secretary of Health and Human Resources

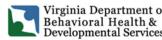




## Welcome and Agenda Review

#### Workgroup Meeting 2

- Agenda Review (10:35-10:40)
  - Dr. Alyssa Ward
- Parking Lot Follow Up (10:40-10:55)
  - Dr. Alexis Aplasca
- Summary of Feedback from Activity on 10/2/18 (10:55-11:10)
  - Dr. Alyssa Ward
- Bright Spots of VA Activity (11:10-12:00)
  - Dr. Alexis Aplasca, Dr. Alyssa Ward, Farley Center Team
- Stakeholder Survey Draft, Dissemination Strategy (12:00-12:20)
  - Farley Center team
- Parking Lot Review (12:20-12:30)
  - Dr. Alexis Aplasca & Dr. Alyssa Ward



## Purpose of the Workgroup: In Review

#### What brings us here today?

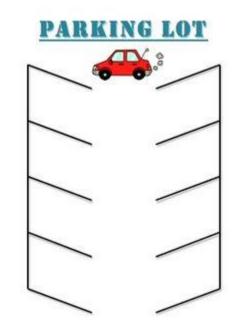
- To <u>maintain</u> a venue for open communication regarding systems redesign
- To strengthen our collective, collaborative partnership as these will be central to the success of redesign
  - Respond to questions and comments submitted
  - Review your feedback & comments from gaps activity
  - Discuss strengths of current system
- To share information on our current work and intentions over the coming months
  - Stakeholder survey draft details / timeline



## **Parking Lot Process**

#### **Establishing Workgroup Culture**

- Please use 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







## **Parking Lot Follow Up**

PARKING LOT

Questions / Comments









## WORKGROUP 1 ACTIVITY FEEDBACK SUMMARY

Current Behavioral Health Continuum Gaps







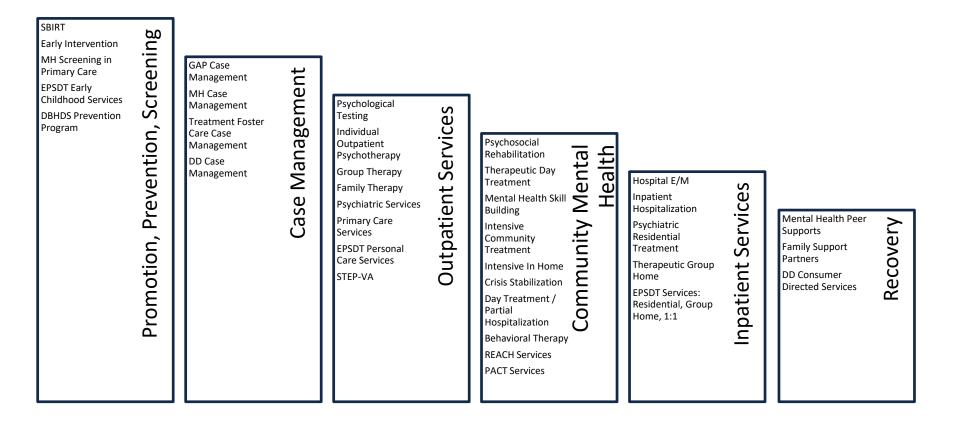
## "Begin with the end in mind..."

#### Current behavioral health continuum

EUGENE S. FARLEY, JR.

HEALTH POLICY CENTER

Slide 8

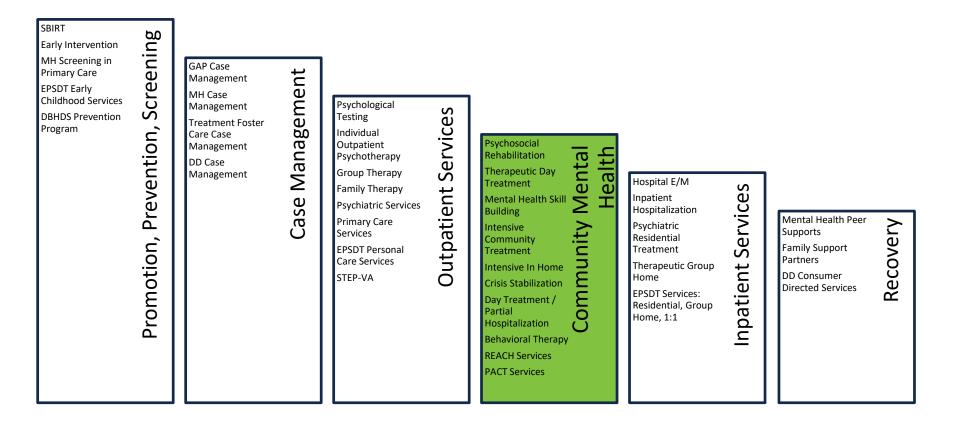






## "Begin with the end in mind..."

#### Current behavioral health continuum







#### Your responses:

creening SBIRT Early Intervention MH Screening in Primary Care **EPSDT Early** Childhood Services S **DBHDS** Prevention <sup>P</sup>romotion, Prevention, Program

- Plans of safe care: full clinical loop assurance
- Referral options for SUD pregnant women
- Family-based prevention (pre-CPS)
  - *EBPs, Parent-child dyad focused, trauma-informed*
- Referral coordination for early childhood
  - Expand reach of current home visiting programs
- School-Based Behavioral Health beyond TDT
- ABA services

Slide 10

- Team-approaches
- Expand Part C eligibility beyond 25% delay
- Adoption of DC: 0-4 Diagnostic manual
- Medicaid rates too low
- Screening & Follow Up in Pediatric Practices
- FQHCs and screening implementation
- Capacity to bill Medicaid for early childhood MH consultation in childcare settings

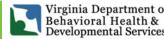


#### Your responses:

Case Management

| GAP Case<br>Management        |
|-------------------------------|
| MH Case                       |
| Management                    |
| Treatment Foster<br>Care Case |
| Management                    |
| DD Case<br>Management         |

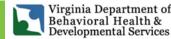
- Paperwork burden
- More CM needed across continuum
- Needed for newly id'ed members
- Alignment / Coordination with EDie
- Caseload management necessary
- Integration of CMHRC navigator database
- Expand to private
- Evidence-based models as quality varies
- TCM for children/youth



#### Your responses:

| Psychological<br>Testing                  | ces      |
|---|----------|
| Individual<br>Outpatient<br>Psychotherapy | ervi     |
| Group Therapy                             | S        |
| Family Therapy                            | Ę        |
| Psychiatric Services                      | <u>e</u> |
| Primary Care<br>Services                  | oat      |
| EPSDT Personal<br>Care Services           | utp      |
| STEP-VA                                   | 0        |
|   |          |

- Need for rate increases
- Gap for intensive outpatient, partial hospitalization
- Need for ABA with these services
- Gap around integrated primary care, school-based outpatient
- Need reimbursement for tele-behavioral health
- Psychiatry access issues
- Step down needed for children exiting inpatient psych facilities
- Need MST-FA and FFT-CIA for TAY
- Evidence-based practice gap
- Licensed eligible types need to be paid by MCOs
- PACE
- Gap in trauma-informed care and appropriate reimbursement
- Nurse Practitioner Issues
- Need model for outpatient on wheels
- More mobile crisis for children
- Behavioral health homes to promote STEP-VA and care integration





#### Your responses:

| Psychosocial<br>Rehabilitation                | tal   | lth |
|---|-------|-----|
| Therapeutic Day<br>Treatment                  | len   | lea |
| Mental Health Skill<br>Building               | Σ     | Т   |
| Intensive<br>Community<br>Treatment           | unit/ |     |
| Intensive In Home                             | ĭ     |     |
| Crisis Stabilization                          |       |     |
| Day Treatment /<br>Partial<br>Hospitalization | Con   |     |
| Behavioral Therapy                            |       |     |
| <b>REACH Services</b>                         |       |     |
| PACT Services                                 |       |     |
|   |       |     |

- Training and skills for QMHPs
- Psychiatric care (turnovers at CSBs, lack of access, too few providers)
- Ability to access services outside of system mandate (e.g. CPS)
- Low rates = challenges retaining staff = service delivery quality control issues
- Need consistent outcomes and expectations across providers, accountability
- EBP within service delivery
- Workforce qualifications beyond local capacities
- Implementation in schools
- CSB implementations of CMHS (variability, coverage, waitlists
- Issues with counseling definition within TDT
- Behavioral health in jails
- Need home visiting reimbursement
- Need for independent peer run organziations
- Respite care
- Summer TDT

Slide 13

- Supportive housing
- Kids with only CHINs petitions need access
- After hours, mobile crisis



#### Your responses:

| Hospital E/M<br>Inpatient<br>Hospitalization<br>Psychiatric<br>Residential<br>Treatment<br>Therapeutic Group<br>Home<br>EPSDT Services:<br>Residential, Group<br>Home, 1:1 | Inpatient Services |
|--|--------------------|
|--|--------------------|

- Observation level of care in hospitals
- ID/DD hospitalization issues
- Support/formulary for long acting meds
- ABA integration
- Short stay options for adolescents/TAY
- Treatment foster care
- Keep dyads together (mom and baby)
- Focused, time-limited residential
- Supportive housing
- Youth shelters
- PHP for children
- System too decentralized
- Family integration into inpatient txt models
- Staffing issues for medically complex on TDO
- Enhanced payments to incentivize private facilities to take patients

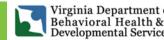




#### Your responses:

| Mental Health Peer<br>Supports<br>Family Support<br>Partners<br>DD Consumer<br>Directed Services | Recovery |
|--|----------|
|  |          |

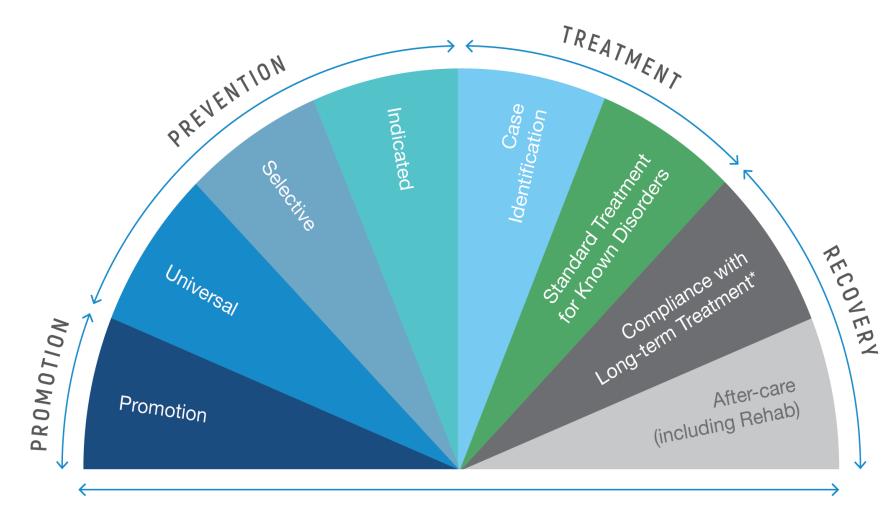
- Payment to support increased staff needs to maintain pts in ALF and LTC facilities
- Peer respite centers
- Supportive Housing
- TCC/Univ wellness centers to support SMI
- ABA integration
- More client-centered
- Peer outreach
- Peer specialist rates





#### **Our Vision of Redesign:**

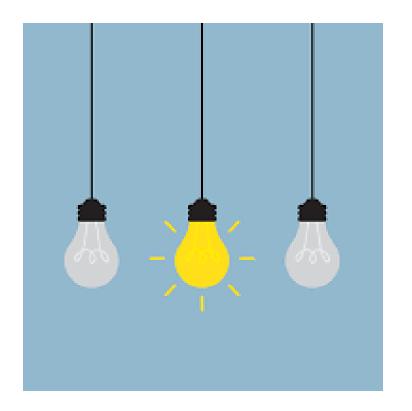
A full spectrum of behavioral health services



SAMHSA Continuum of Care; adapted from Institute of Institute of Medicine. *Reducing risks for mental disorders: Frontiers for preventative intervention research.* Washington, DC: National Academies Press. \*Goal: Reduction in relapse and recurrence







## **BRIGHT SPOTS ACTIVITY**

# What is working well in our current system?





#### Using the form distributed last week via email:

- Break out into the area of the room where you have the most significant insights to offer
- Facilitator within each group will lead group through discussion of the questions from the activity form
- Volunteer from each group will take notes from discussion on the poster board





#### **Bright Spots Homework**

## Please use this in your groups and turn in at the end of the meeting

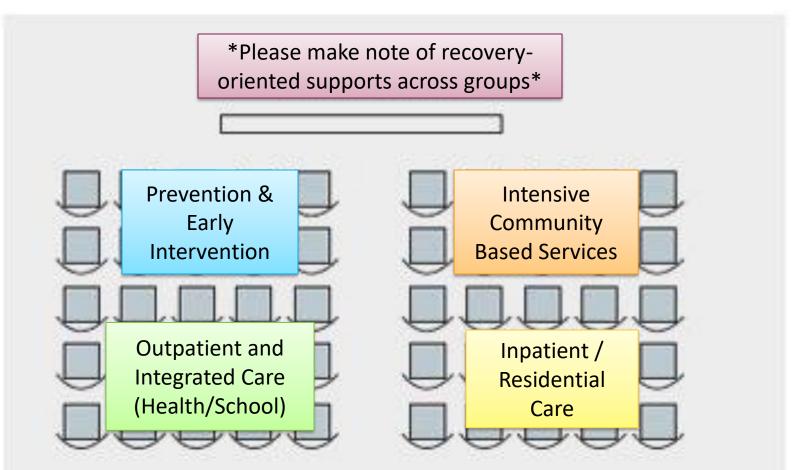
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|---|--|
| Benavious and the second secon  | <ol> <li>What evidence-based interventions are models have you seen work we<br/>health service delivery system, or in other evident systems in our state? What about there<br/>practices or model has been a good fit?</li> </ol>  |
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| Benavious and the second secon  | <ol> <li>What eventues delivery system, or in other events of<br/>health arcsing delivery system, or in other events<br/>practices or model has been a good fit?</li> </ol>  |
| Benavious and the second secon  | health service ourer of good fit?<br>procifies or model has been a good fit?   |
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| or ones that you have delivered? What is the second supports the service? How are   | intervention organization (or the organization   |
|   | <ol> <li>Where do you place the services your organization (or the organization<br/>represent) delivers within the SAMSHA Continuum of Care? Gold helper.</li> </ol>   |
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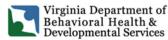


#### **Bright Spots Group Discussions**

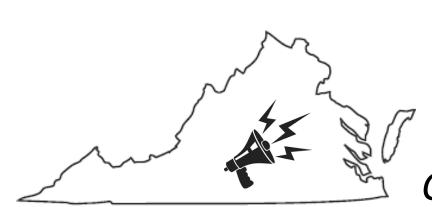
#### Small group breakouts







## STAKEHOLDER SURVEY INFORMATION



#### Collecting voices from across the Commonwealth





## **Process & Contributions**

Slide 22

- 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





#### Stakeholders:

- Need an opportunity to provide actionable feedback
- Are vital to successful implementation

Success =

- Constructive facilitation
- Transparency







#### Process

- Review best practices for Medicaid mental health services across the lifespan from research literature and state case studies (Evidence Review)
  - Evidence-based mental health service array
- Analyze service gaps for the Virginia Medicaid population (Service Analysis)
- Enlist stakeholders' input throughout process to shape recommendations for a continuum of care and next steps
- Develop recommendations for a continuum of evidence-based, trauma-informed, and preventive-focused Medicaid community mental health services





## **Intent of Stakeholder Survey**

- Create an opportunity for invested stakeholders to contribute to the Continuum
  - Do you see yourselves in the proposed Evidencebased Mental Health Services Array?
  - What services are missing, misrepresented, redundant?
  - What are you concerned about?
  - What are you most hopeful about?









• Finalize the Array of Services

• Guides development of the right questions to ask

- Survey to Stakeholders
- Analysis to inform future deliverables







#### **Parking Lot Process**

