BEHAVIORAL HEALTH REDESIGN WORKGROUP MEETING

OCTOBER 23RD, 2018







WELCOME TO STAKEHOLDERS

Marvin Figueroa, Deputy Secretary of Health and Human Resources

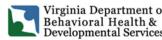




Welcome and Agenda Review

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?

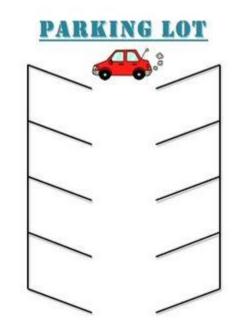
- To <u>maintain</u> a venue for open communication regarding systems redesign
- To strengthen our collective, collaborative partnership as these will be central to the success of redesign
 - Respond to questions and comments submitted
 - Review your feedback & comments from gaps activity
 - Discuss 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







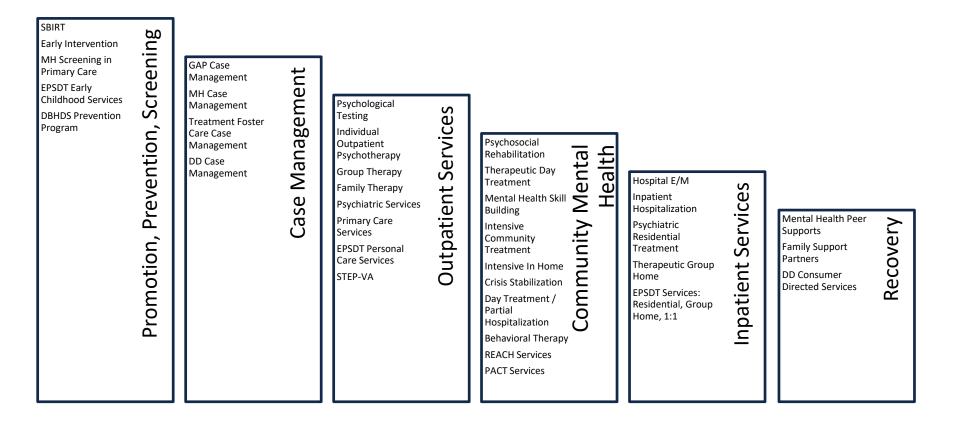
"Begin with the end in mind..."

Current behavioral health continuum

EUGENE S. FARLEY, JR.

HEALTH POLICY CENTER

Slide 8

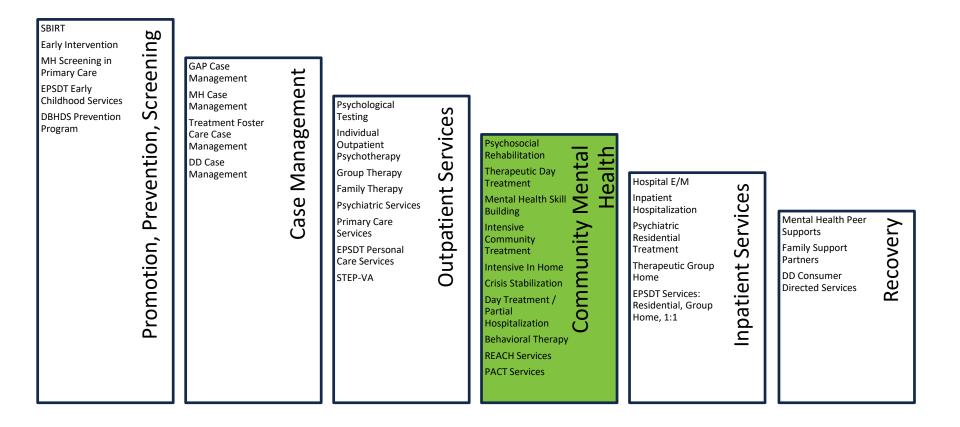






"Begin with the end in mind..."

Current behavioral health continuum







Your responses:

creening SBIRT Early Intervention MH Screening in Primary Care **EPSDT Early** Childhood Services S **DBHDS** Prevention ^Promotion, 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 Management
MH Case
Management
Treatment Foster Care Case
Management
DD Case Management

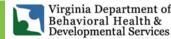
- Paperwork burden
- More CM needed across continuum
- Needed for newly id'ed members
- Alignment / Coordination with EDie
- Caseload management necessary
- Integration of CMHRC navigator database
- Expand to private
- Evidence-based models as quality varies
- TCM for children/youth



Your responses:

Psychological Testing	ces
Individual Outpatient Psychotherapy	ervi
Group Therapy	S
Family Therapy	Ę
Psychiatric Services	<u>e</u>
Primary Care Services	oat
EPSDT Personal 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 Rehabilitation	tal	lth
Therapeutic Day Treatment	len	lea
Mental Health Skill Building	Σ	Т
Intensive Community Treatment	unit/	
Intensive In Home	ĭ	
Crisis Stabilization		
Day Treatment / Partial Hospitalization	Con	
Behavioral Therapy		
REACH Services		
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 Inpatient Hospitalization Psychiatric Residential Treatment Therapeutic Group Home EPSDT Services: Residential, Group Home, 1:1	Inpatient Services
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- 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

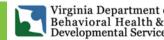




Your responses:

Mental Health Peer Supports Family Support Partners DD Consumer Directed Services	Recovery

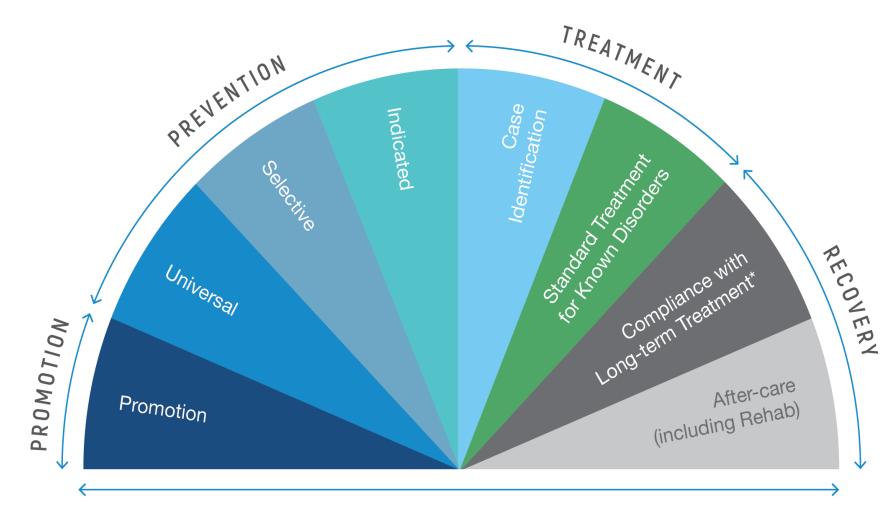
- Payment to support increased staff needs to maintain pts in ALF and LTC facilities
- Peer respite centers
- Supportive Housing
- TCC/Univ wellness centers to support SMI
- ABA integration
- More client-centered
- Peer outreach
- Peer specialist rates





Our Vision of Redesign:

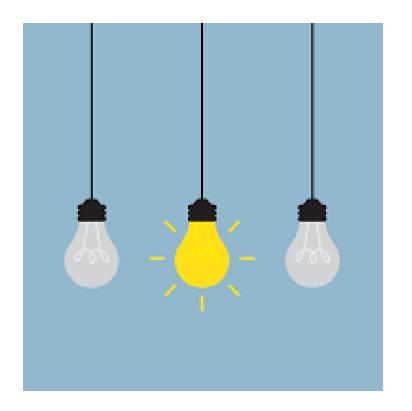
A full spectrum of behavioral health services



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

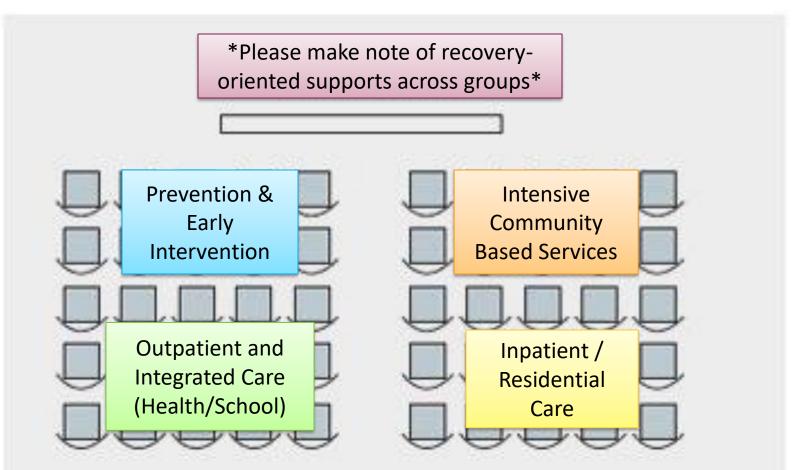
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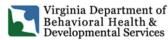


Bright Spots Group Discussions

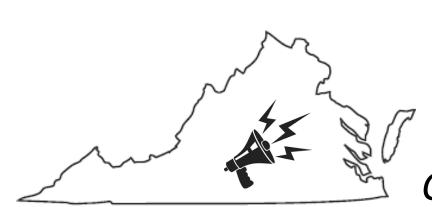
Small group breakouts







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

