

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*

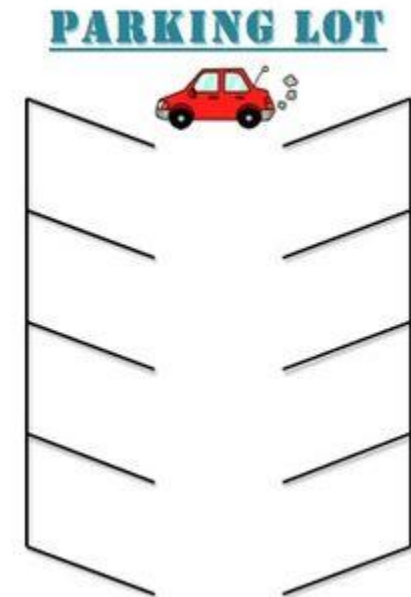
What brings us here today?

- To maintain 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

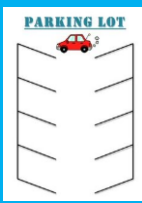
Parking Lot Process

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



Questions / Comments

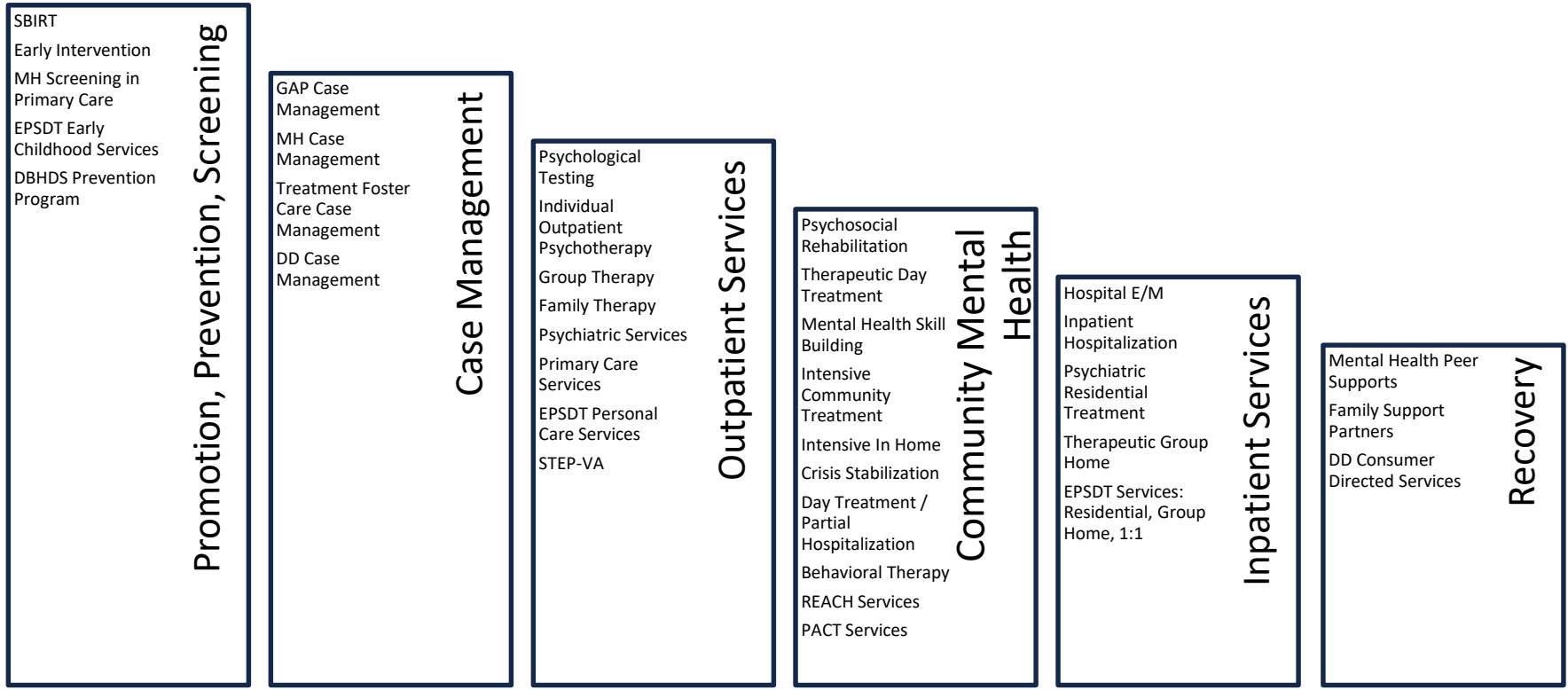
WORKGROUP 1 ACTIVITY FEEDBACK SUMMARY

Current Behavioral Health Continuum Gaps



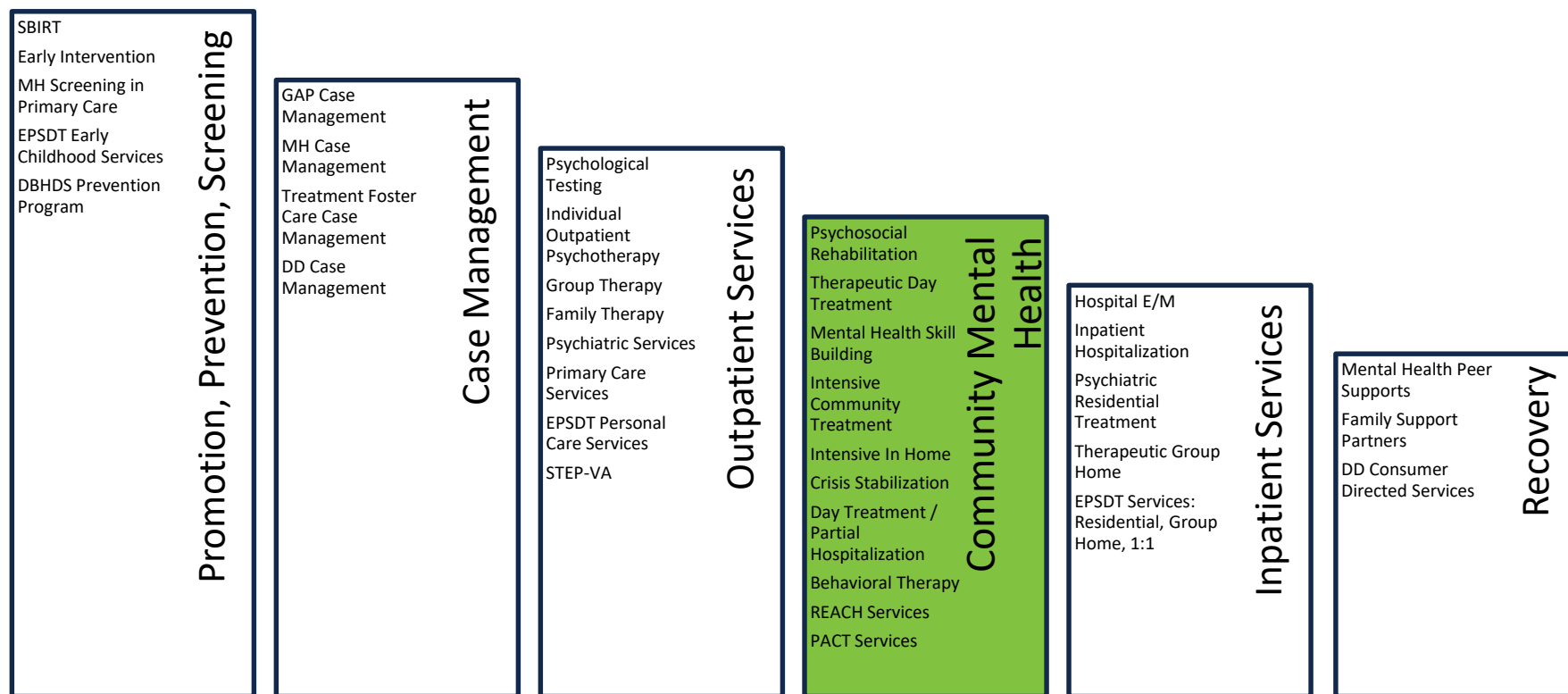
“Begin with the end in mind...”

Current behavioral health continuum



“Begin with the end in mind...”

Current behavioral health continuum



Continuum Barriers/Gaps Brainstorm

Your responses:

SBIRT

Early Intervention

MH Screening in
Primary Care

EPSDT Early
Childhood Services

DBHDS Prevention
Program

Promotion, Prevention, Screening

- 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
- 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

Continuum Barriers/Gaps Brainstorm

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

Continuum Barriers/Gaps Brainstorm

Your responses:

Psychological Testing Individual Outpatient Psychotherapy Group Therapy Family Therapy Psychiatric Services Primary Care Services EPSDT Personal Care Services STEP-VA	Outpatient Services
---	---------------------

- 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

Continuum Barriers/Gaps Brainstorm

Your responses:

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
--	-------------------------

- 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 organizations
- Respite care
- Summer TDT
- Supportive housing
- Kids with only CHINs petitions need access
- After hours, mobile crisis

Continuum Barriers/Gaps Brainstorm

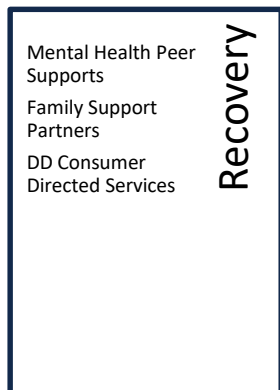
Your responses:

Hospital E/M Inpatient Hospitalization Psychiatric Residential Treatment Therapeutic Group Home EPSDT Services: Residential, Group 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

Continuum Barriers/Gaps Brainstorm

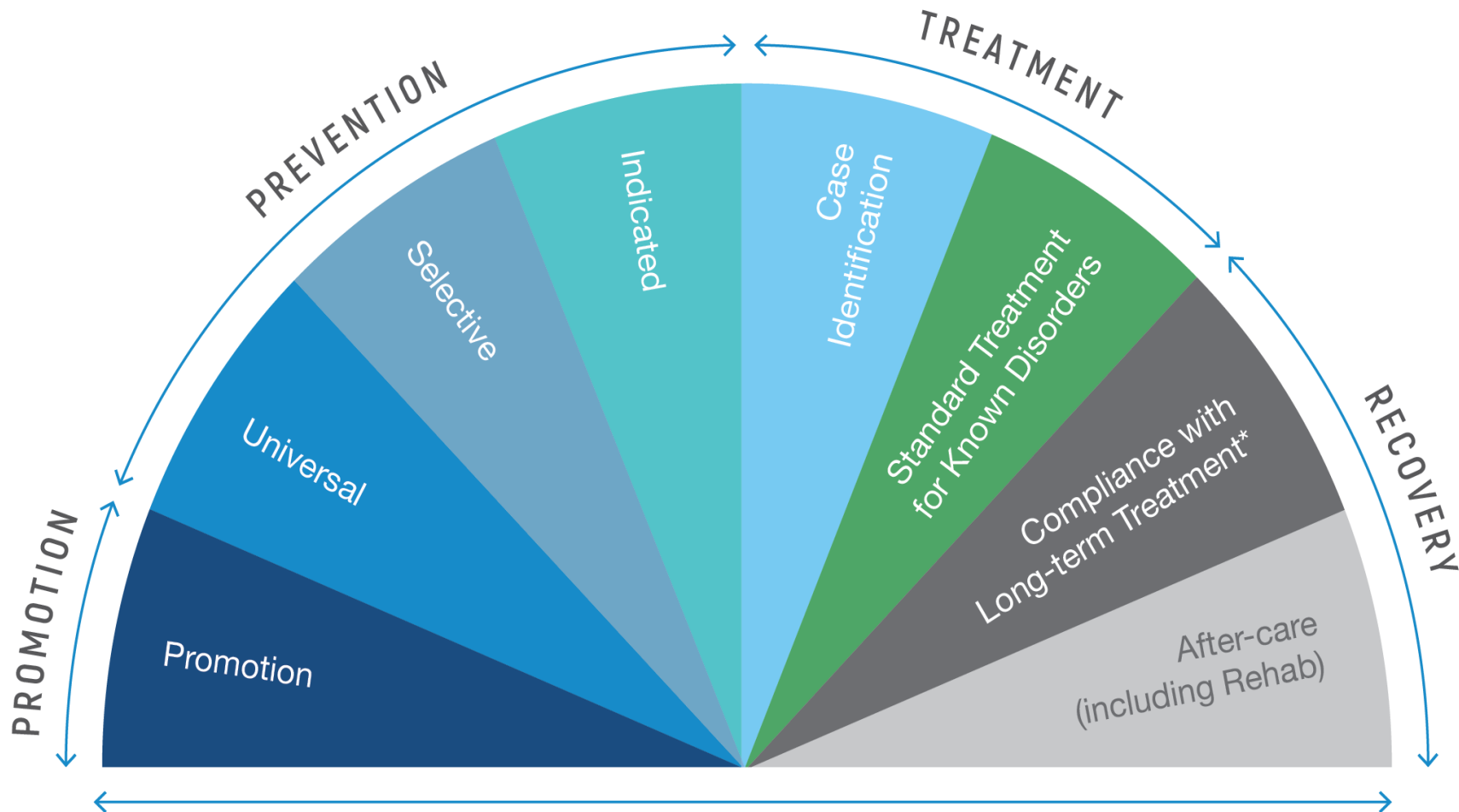
Your responses:



- 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 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?

Bright Spots Activity

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

Behavioral Health Redesign Workgroup
October 23rd Reflection Activity

In preparation for our next workgroup meeting, please take a few moments to reflect on **what is working well** in our behavioral health service delivery system. We know that there are many bright spots in the valuable work that all of our stakeholders engage in with our members, and we want to learn more about what is working in this system.

Please complete this worksheet by whatever means will allow you to provide legible responses. You may type into this form or you may hand-write if you feel confident that the information shared is legible. Consider conferring with those that you represent from your organizations and associations as you complete the activity. Please bring this form with you to the 10/23 meeting as we will be using them for a structured activity and collecting them so that we can further explore your contributions for a structured activity and collecting them so that we can further explore your contributions.

Please identify yourself so that we can contact you for possible follow up:

Workshop Participant	
Organization/Association	

1. Briefly describe some unique or innovative aspects of the behavioral health service delivery system that are working well in Virginia. These could be examples from your own organization or ones that you have seen and admire in other organizations. What exactly is working? Who are the practices being delivered? What is the setting in which they are applied? What is the workforce or team utilized for delivery? What funding supports the service? How are members engaged or their care preferences integrated?

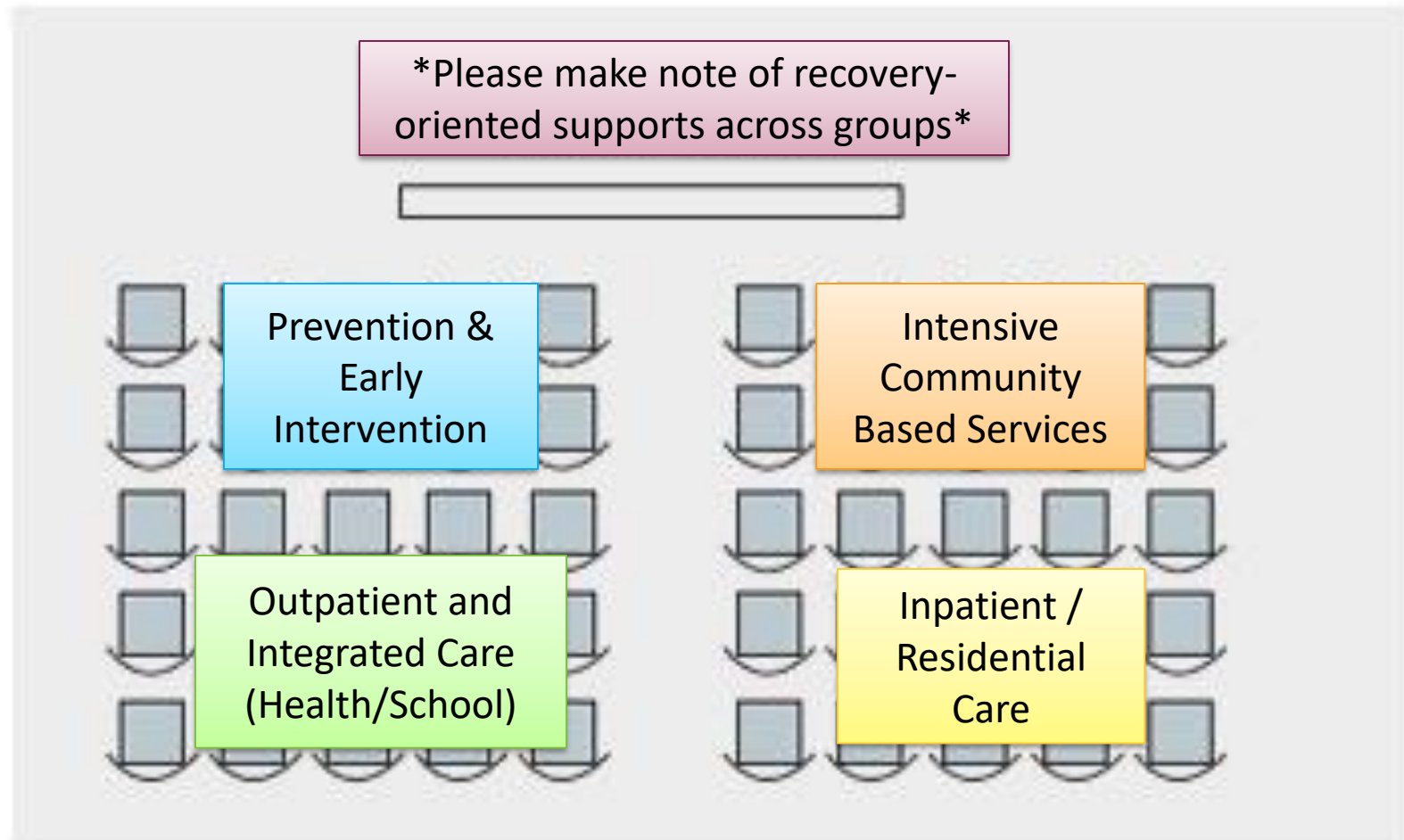
2. What evidence-based interventions or models have you seen work well in our behavioral health service delivery system, or in other related systems in our state? What about these practices or model has been a good fit?

3. Where do you place the services your organization (or the organization or providers that you represent) delivers within the SAMSHA Continuum of Care? Circle below.

SAMSHA Continuum of Care, adapted from Institute of Medicine. Reducing risks for mental disorders: Exercises for preventative intervention research. Washington, DC: National Academies Press.

Bright Spots Group Discussions

Small group breakouts



STAKEHOLDER SURVEY INFORMATION



*Collecting voices from across
the Commonwealth*

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



FHPC Lessons Learned

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 Evidence-based Mental Health Services Array?
 - What services are missing, misrepresented, redundant?
 - What are you concerned about?
 - What are you most hopeful about?

Next Steps

- Finalize the Array of Services
- Guides development of the right questions to ask
- Survey to Stakeholders
- Analysis to inform future deliverables

Parking Lot Process

