

# BEHAVIORAL HEALTH REDESIGN STAKEHOLDER WORKGROUP MEETING

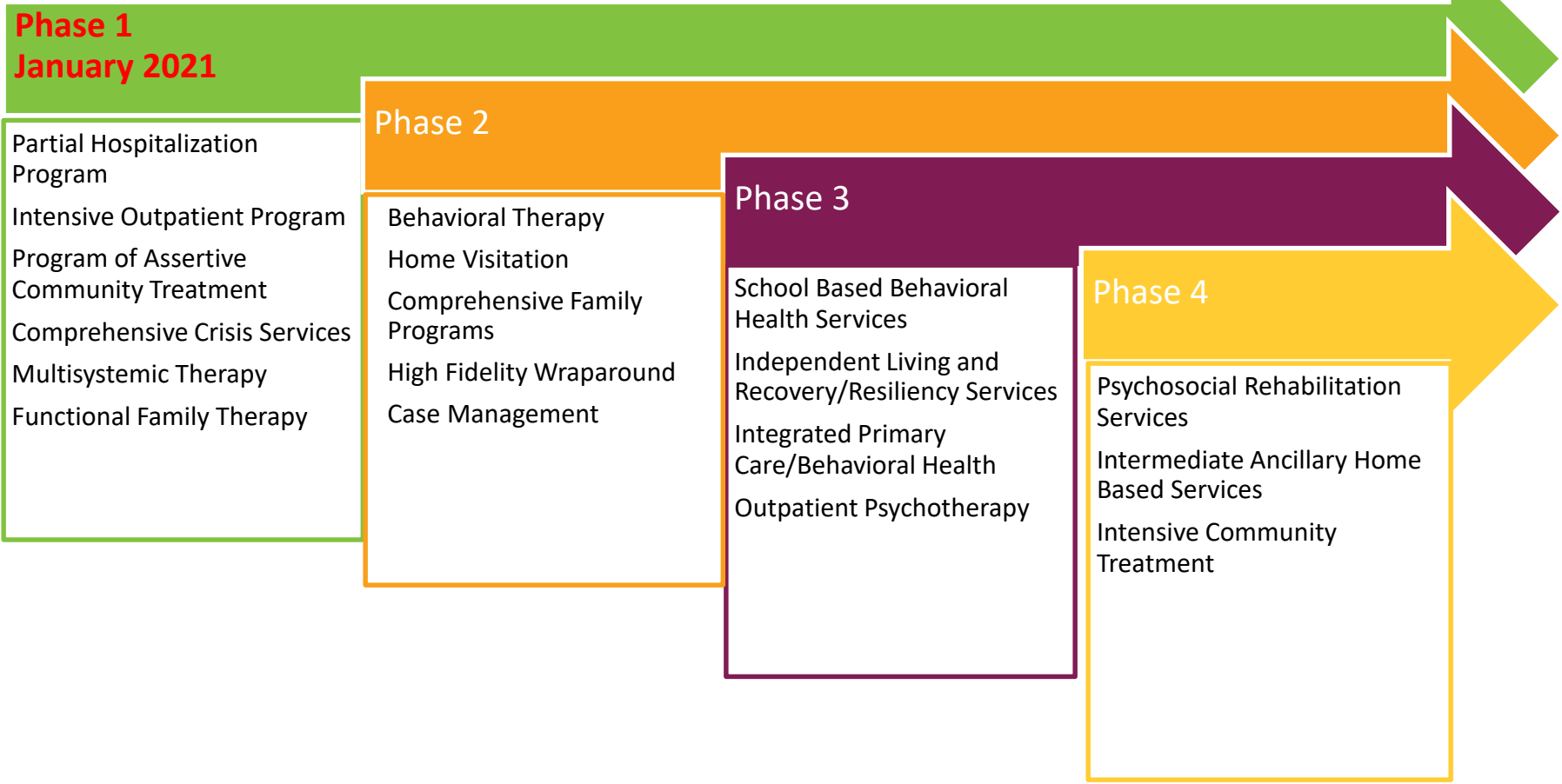
JULY 29, 2019

# Welcome and Agenda Review

<b>Time</b>	<b>Agenda Item</b>	<b>Presenter</b>
10:00-10:10	Welcome and Agenda Review Introduction of New Members	Dr. Alexis Ablasca
10:10-10:20	Review of Timeline & Phased Implementation Plan	Dr. Alexis Ablasca
10:20-10:30	Update on the Behavioral Health Workforce Advisory Committee	Dr. Alexis Ablasca
10:30-11:10	Stakeholder Workgroup Structure & Function <ul style="list-style-type: none"><li>- PHP/IOP Workgroup Update</li><li>- MST/FFT Workgroup Update</li><li>- PACT Workgroup Update</li><li>- Crisis Services</li></ul>	Dr. Lisa Jobe-Shields Nina Marino & Oketa Winn Jeff Van Arnam & Stefanie Pollay Heather Norton & Stefanie Pollay
11:10-11:20	Rate Study	Dr. Alexis Ablasca
11:20-11:30	Summary & Next Steps	Dr. Alexis Ablasca

# Proposed Phased Implementation

## Updated Timeline

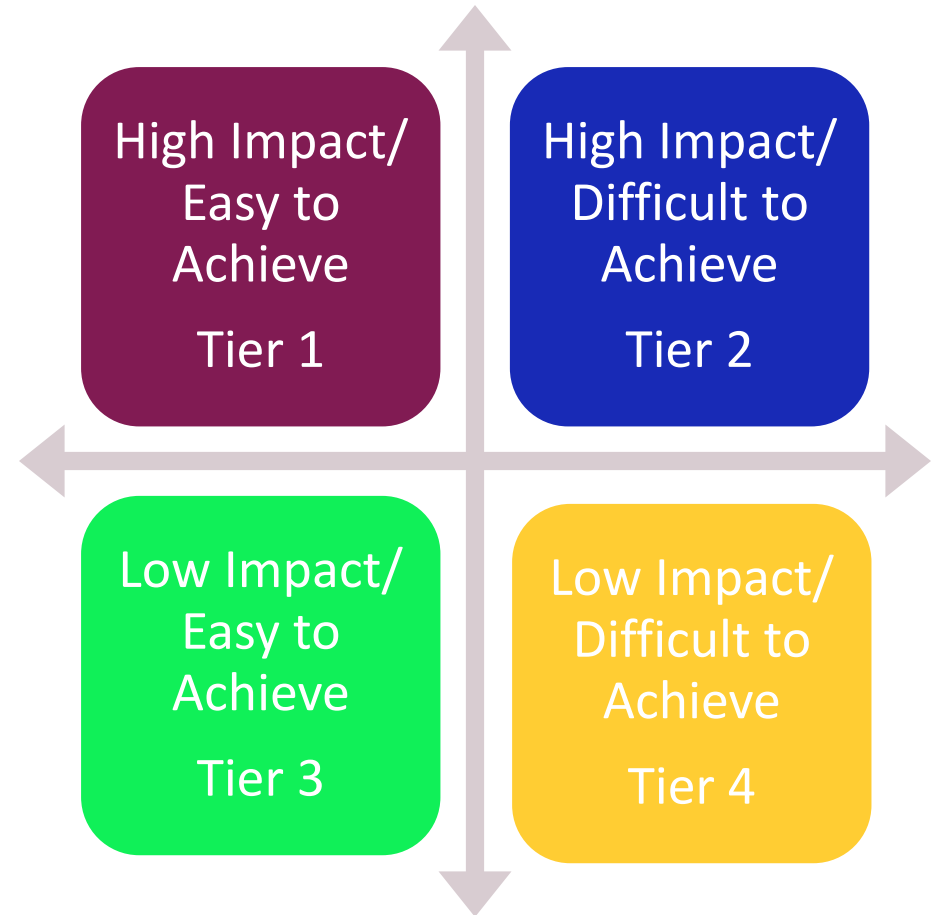


# Behavioral Health Workforce Advisory Committee

- **Opportunity Statement:** We believe that a healthy Virginia is a strong Virginia. By addressing the critical workforce shortages in behavioral health, we can ensure the delivery of high-quality behavioral healthcare services that support personal success and economic vitality in every corner of the Commonwealth.
- This group will work collaboratively and creatively to apply its skills, resources, knowledge, and provide access to its networks to assess near and future-term workforce needs (at the state and regional level) in behavioral health and develop an actionable agenda to expand the number of qualified behavioral healthcare workers in Virginia.

# Behavioral Health Workforce Advisory Committee

- The Committee has divided the members into 3 self-assigned subgroups:
  - Resources
  - Regulations
  - Routes
- Recommendations and strategies are categorized by tier



# Stakeholder Workgroups

## Service Specific Workgroups

Phase 1 Services (4 workgroups)

Phase 2 Services (4 workgroups)

Phase 3 Services (4 workgroups)

Phase 4 Services (3 workgroups)

## Process Workgroups

EBP Implementation

Fiscal and Business Planning

Workforce

Quality Metrics

Total of  
19  
Workgroups

# Stakeholder Workgroups

- We have received nominations for all of the identified workgroups for BH Redesign
- We have only convened workgroups for services specific to Phase 1
  - PHP/IOP
  - MST/FFT
  - PACT
  - Crisis

# Service Specific Stakeholder Workgroups

- Launched for Phase 1 Services
- Includes over 100 stakeholders
- Short term goals:
  - Meet 4 times by September 1, 2019





# WORK GROUP UPDATE: PARTIAL HOSPITALIZATION & INTENSIVE OUPATIENT PROGRAMS

Leads: Lisa Jobe-Shields, DBHDS  
Alyssa Ward, DMAS

# Workgroup Update: Partial Hospitalization Program & Intensive Outpatient Program

- **Participant Organizations:**
  - 32 members
  - Organizations: Anthem, Optima, Colonial CSB, Hampton-Newport News CSB, Highlands CSB, VTCC, North Spring BH, HCA, Blue Ridge BH, Kempsville BH, Family Insight, VA Premier, VHC, Aetna, UHC, River City Comprehensive Services, Colonial BH, Integration Solutions
- **Meeting Dates:** 7/11/2019 and 7/26/2019
- **Service Definition:** Draft definitions informed by ARTS SA and SA/MH PHP; SA IOP

# PHP/IOP Process (Meetings 1 & 2)

- Line by line analysis
  - Considerations for adults vs. children vs. adolescents
  - Consistency vs. differentiation between SA and MH
  - Consideration for structuring of specialty programs (e.g., add-ons or other structure)
  - Role and definition of emergency services
  - Settings (e.g., hospital, clinic) and connection to rates; need for alignment

# PHP/IOP Process (Remaining Meetings)

- Consulting other state definitions to build consensus around primary issues
- Staffing requirements
- Reporting of issues raised for ongoing workgroup/process workgroups
  - Workforce
  - Utilization

# WORK GROUP UPDATE: MULTI-SYSTEMIC THERAPY & FUNCTIONAL FAMILY THERAPY

Leads: Nina Marino, DBHDS  
Oketa Winn, DMAS

# Workgroup Update: Multi-systemic Therapy & Functional Family Therapy

- **Initial Meeting-July 11, 2019**
  - Participants- 24
  - Organizations-Anthem, Optima, United Healthcare, RBHA, Henrico CSB, National Counseling Group, DJJ, DBHDS, Elk Hill, Aetna, Family Insight, The Madeline Centre, Caliber, VA Premier, MPNN CSB, VACBP, Horizon CSB
  - Overview of Service Definition/Staffing Requirements-Pulled from other states
- **Second Meeting-July 25, 2019**
  - Participants-22
  - Discussion around implementation barriers and solutions surrounding MST/FFT-Start-up cost and team structure were big topics
  - Discussion around Staffing Requirements as it relates to Workforce Shortage-Consensus among group to have only Master's level clinician provide MST/FFT
  - Discussion on possible sub-types of MST-MST-CAN Trauma Training

# WORK GROUP UPDATE: PROGRAM OF ASSERTIVE COMMUNITY TREATMENT

Leads: Jeff Van Arnam, DBHDS  
Stefanie Pollay, DMAS

# Workgroup Update:

## Program of Assertive Community Treatment

- **Participant Organizations:** Alexandria CSB, New River Valley CSB, Western Tidewater CSB, Hampton/Newport News CSB, Middle Peninsula CSB, Therapeutic Interventions, Aetna, Anthem, Virginia Premier, Magellan Health, Optima, Integration Solutions, VCU and RBHA
- **Meeting Dates:**
  - Past dates: 7/11, 7/25
  - Future dates: 8/8, 8/22, 9/5, 9/19
- **Service Definition:** Assertive Community Treatment is one of the first recognized evidenced based practices and has been widely studied. Align with ACT National Standards and North Carolina State Regulations.
- **Provider Qualifications:** Consensus from the group to align provider qualifications with ACT National Standards. For example: team leader, psychiatric care provider, co-occurring specialist.



# Workgroup Update: Program of Assertive Community Treatment

## Potential Barriers

- Workforce issues due to requiring higher qualified staff
- May be more difficult to fill positions
- May have increased salary expectations
- Difficulty keeping positions filled.
- Case management and Mental Health Skill Building outside of the PACT/ACT team
- Exploring peer credentialing and QMHP training.

## Potential Solutions

- Provide funding for training and professional development
- Connect with local Universities to explore filling positions with emerging workforce from the University and to help provide trainings for providers, MCO's, and community
- Use of fidelity monitoring instrument to tie it to reimbursement/funding.

# Workgroup Update: Program of Assertive Community Treatment

## Potential System Impacts



Higher qualified and trained workforce  
Higher quality services consistently across the state.

Workforce issues  
Will have to determine how to address lower performing teams, services, and agencies, if not adhering to fidelity model

# WORK GROUP UPDATE: CRISIS SERVICES

Leads: Heather Norton, DBHDS  
Stefanie Pollay, DMAS

# Workgroup Update: Crisis Services

- Development of Internal Workgroup (DBHDS)– September 2018
  - Identify and Review Best Practice Information
  - Initial Budget Request
- Development of Interagency Team – February 2019
  - Define overlaps with Farley, BHR, and other projects
- Review best practice information from NASMHPD

# Workgroup Update: Crisis Services

- Partnerships with Stakeholders
  - Initiation of CSB Focus Groups 2/27 and 4/4
  - *Step VA Advisory Council: 1/4; 2/14; 3/14; 4/19; 5/8 , 6/24, 7/18*
- Next Steps:
  - Needs Assessment
  - Combine BHR Crisis Workgroup nominees with focus group for Crisis Workgroup
  - First combined meeting will be 8/1/2019

# BH Redesign Phase 1 Rate Study

- DMAS has contracted with Mercer, a global actuarial firm, to conduct a rate study for **services only in Phase 1**
- Information from workgroups help to inform the rate study
- Information is provided to Mercer by second week of Sept to meet the deadline of the report due to the GA by December 1<sup>st</sup>
- Mercer will present the study to stakeholders prior to publication for the GA

# Behavioral Health Rate Development

- **Goal:** Develop rates that support and sustain delivery of evidence based practice
- Mercer has extensive experience in multiple states developing rates for evidence based services
- Mercer has clinicians in their teams that are knowledgeable of the the Phase 1 services in detail
  - They have shared extensive service model resources with the BHR team for all phase 1 services

# Behavioral Health Rate Development

- Rate development includes:
  - Training costs, ongoing licensure and certification costs included in the rates
  - Staff turnover and caseload transition loss included in the rate
  - Cost burden of the overall service delivery including clinical supervision and treatment team work and oversight will be reflected in the reimbursement rate
  - Service delivery "billable time" will be supported with rates that cover the costs of delivering the EBP modality



# Summary & Next Steps

- Service specific stakeholder workgroups will continue
- Completion of the rate study & presentation to stakeholders by Mercer
- Ongoing alignment with the implementation of STEP-VA & FFSPA
- Request for emergency regulatory authority to implement by Jan 2021
- 1115 Waiver application

→ **Coming Soon....**

**Behavioral Health Redesign Website!**