



STEP VA: System Transformation, Excellence and Performance in Virginia

Virginia's pathway to excellence in behavioral healthcare



Daniel Herr
Assistant Commissioner
for Behavioral Health
Virginia Department of Behavioral Health
and Developmental Services

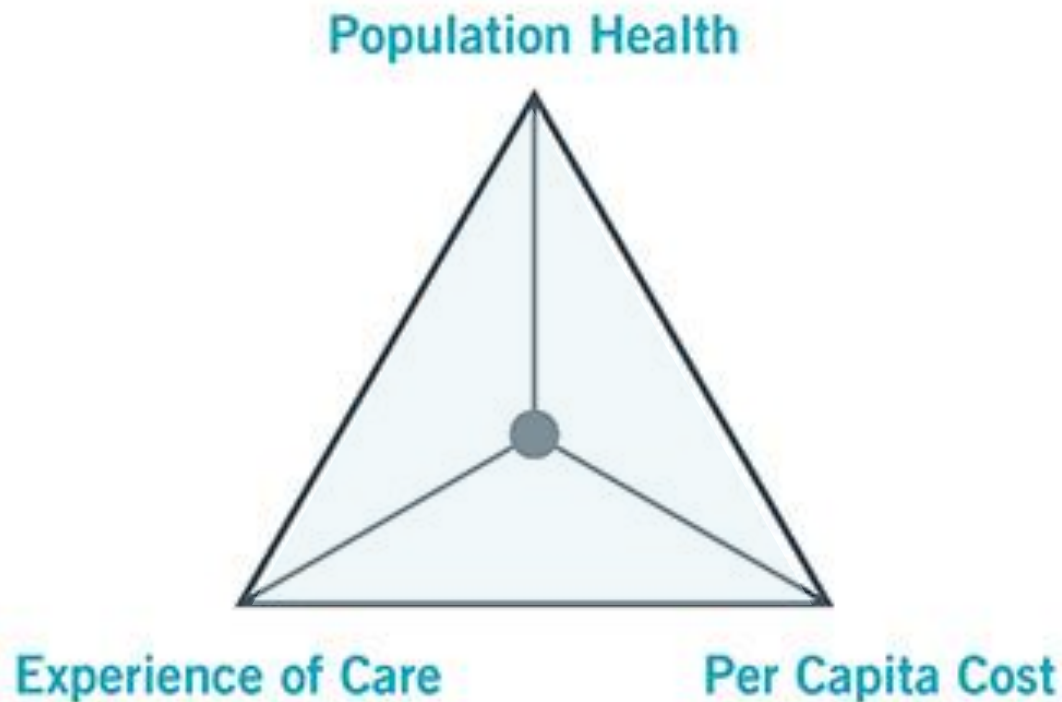
The National Healthcare Landscape

ADA (1990) and Olmstead (1999)



The National Healthcare Landscape

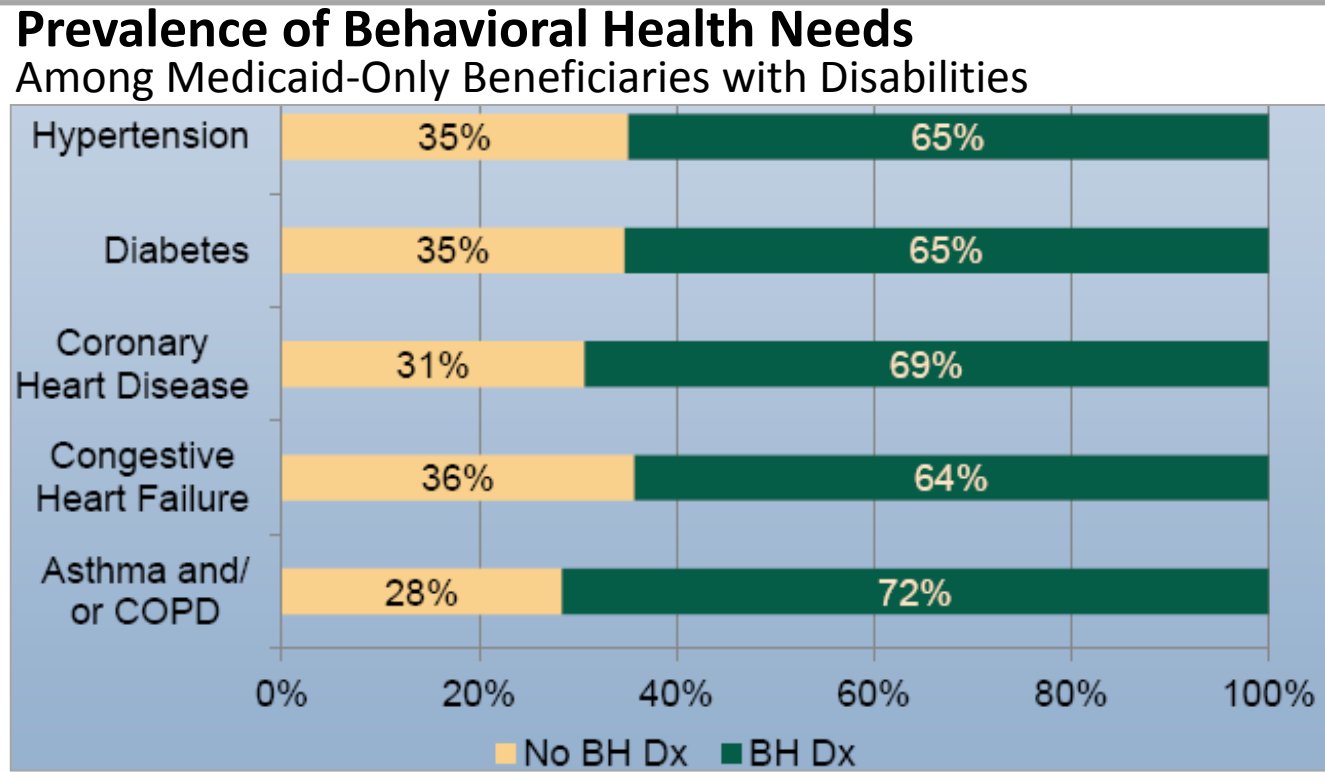
The IHI Triple Aim



From the Institute for Healthcare Improvement

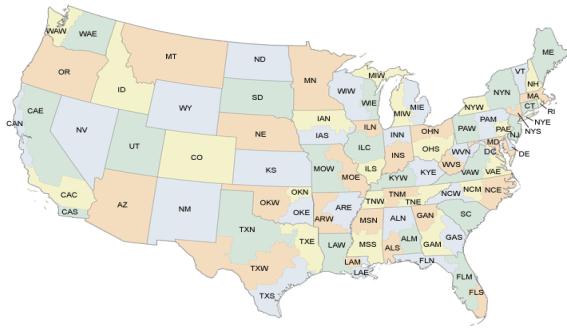
Slide 3

Behavioral and Primary Healthcare Link



For those with common chronic conditions, health care costs are as much as **75% higher** for those with mental illness compared to those without a mental illness and the addition of a co-occurring substance use disorder results in **2- to 3-fold higher** health care costs. – CMS

The Behavioral Healthcare Landscape



- Comprehensive behavioral healthcare (BH) is essential to population health and cost containment
- Prevention, early intervention and wellness
- Integration of Behavioral and Primary Health as well as housing, employment, schools, and social services
- Decreased reliance on institutions and increased focus on community services
- State hospital capacity average: 15 beds per 100,000
Peer states: 12.4/100,000
- National average state hospital spending = 29% overall BH budget
- 75% of BH budget spent on community; \$89 per capita

- How does VA measure up nationally?
 - 35th in BH funding in 2013
 - 40th in consumers served per capita
 - 15th in the nation in terms of expenditures per client
- Not maximizing our investment
 - **50% of GF funding supports 3% of persons served**
 - State hospital spending = 46% overall BH budget
 - 41% of BH budget spent on community, \$47 per capita

Virginia's Challenges

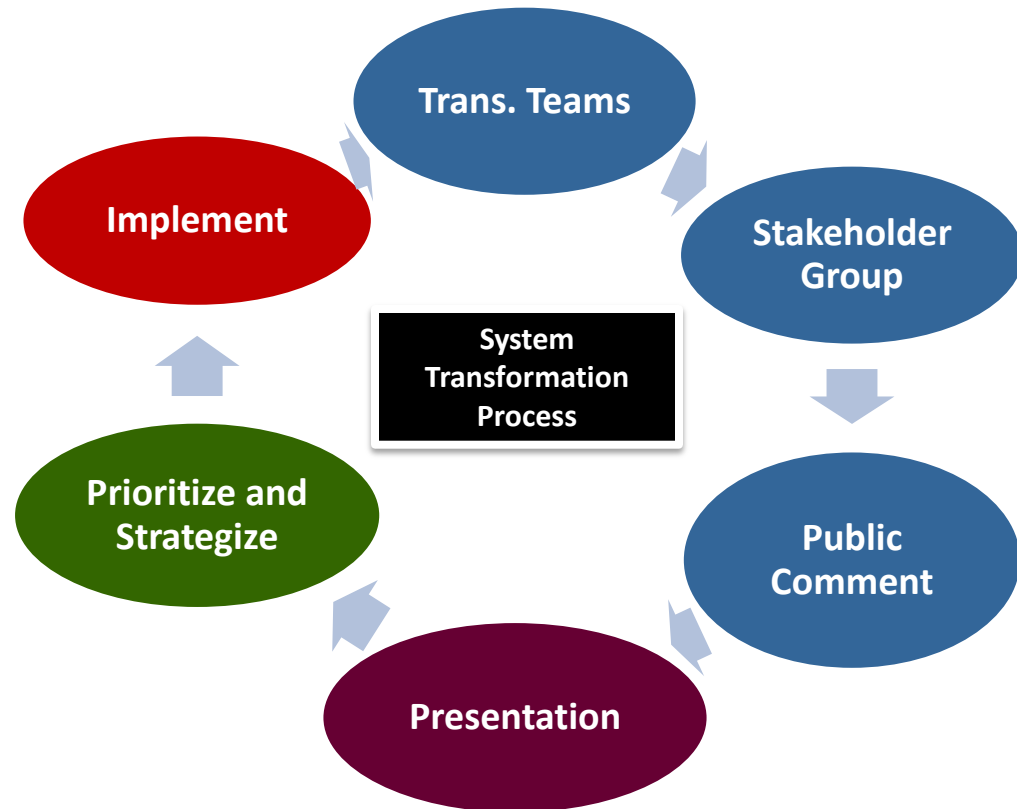
- Catawba and Piedmont Geriatric Hospitals will require an estimated \$94.1 million in capital funding to continue hospital operations at current levels.
- In the year following the civil commitment reforms; overall admissions have increased by 20% and temporary detention order admissions have increased by 39%.
- Use of state hospital beds for civil admissions has resulted in a significant increase in the number of individuals in jail waiting for admission to a state hospital.
- Virginia's adult state hospital capacity of 17.3 beds per 100,000 people is higher than nat'l averages (15/100K)
- Forensic admissions to state hospitals have increased by 13.5 % in the past year, and individuals with criminal justice involvement use 38 % of state hospital beds.
- Virginia's extraordinary barriers to discharge list (EBL) indicates that 10-15% of state hospital patients are clinically ready for discharge and could be appropriately treated in a community setting. This is a population size of an entire hospital, or more.
- CSB utilization varies from less than 3 beds per 100,000 to more than 46 beds per 100,000, pointing to inconsistent utilization management statewide.

DBHDS Transformation Initiative

TRANSFORMATION TEAMS



PROCESS

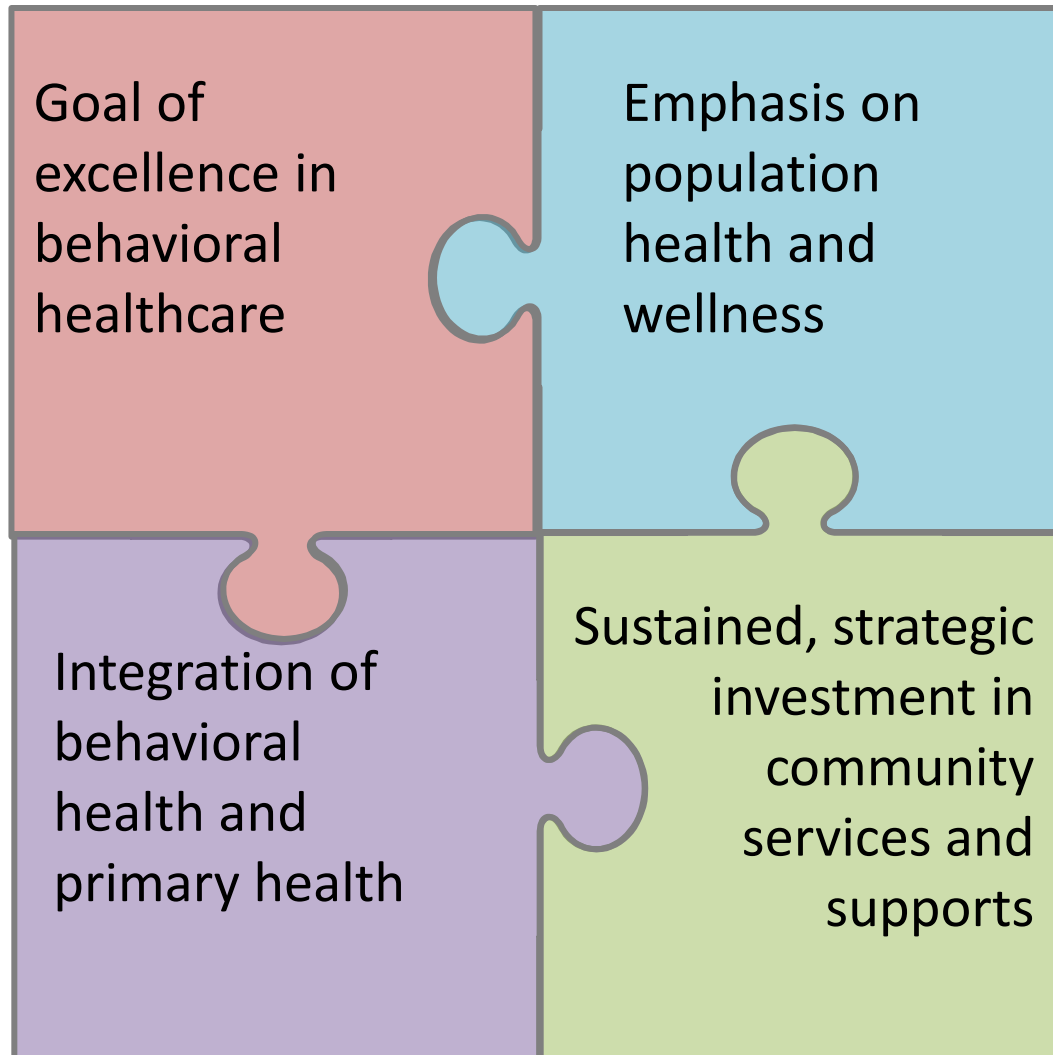


Spring 2015 Recommendations: Ten “Core” Themes

Ten themes emerged across all of the recommendations:

- 1** Formalize and fund core services and supports across a continuum of care – focus on the Right Services and the Right Place at the Right Time
- 2** Require reimbursement for case management services
- 3** Strengthen the community-based system of services and supports statewide
- 4** Standardize quality of care expectations statewide
- 5** Align and maximize effectiveness of available funding streams
- 6** Harness the power of data across agencies in the Secretariat to utilize and improve health outcomes
- 7** Integrate behavioral health with physical health and social services
- 8** Strengthen the workforce to ensure access to services
- 9** Promote through policy and reimbursement a person-centered approach to care, merging the activities and processes of mental health, substance abuse, and DD/ID with those of child welfare, juvenile justice, educational, and health services
- 10** Develop and conduct customized trainings to organizations who interact with populations – Employers, Schools, Jails, etc.

Key Elements to Transformation



Virginia's Path Forward



System Transformation, Excellence & Performance-VA

- Based on Certified Community Behavioral Health Clinics (CCBHCs) of the Excellence in Mental Health Act
 - Two phases:
 - Phase 1: Provides up to \$2M for a Planning Grant (federal money)
 - Phase 2: Up to 8 Planning Grant states will be selected to participate in a demonstration program
- Virginia received a Phase 1 Planning Grant of \$982,400 for STEP-VA
- In addition, DBHDS is contributing \$2 million of its own resources to ensure STEP VA's success.

The VCBHC Opportunity

System Transformation, Excellence and Performance (STEP Virginia)

The Path to a Healthy Virginia

What EMHA Offers:

- Same Day Access
- Standardized core community services
- 24/7 Mobile crisis
- Veterans services
- Robust child services
- Connections to primary care



What EMHA Solves:

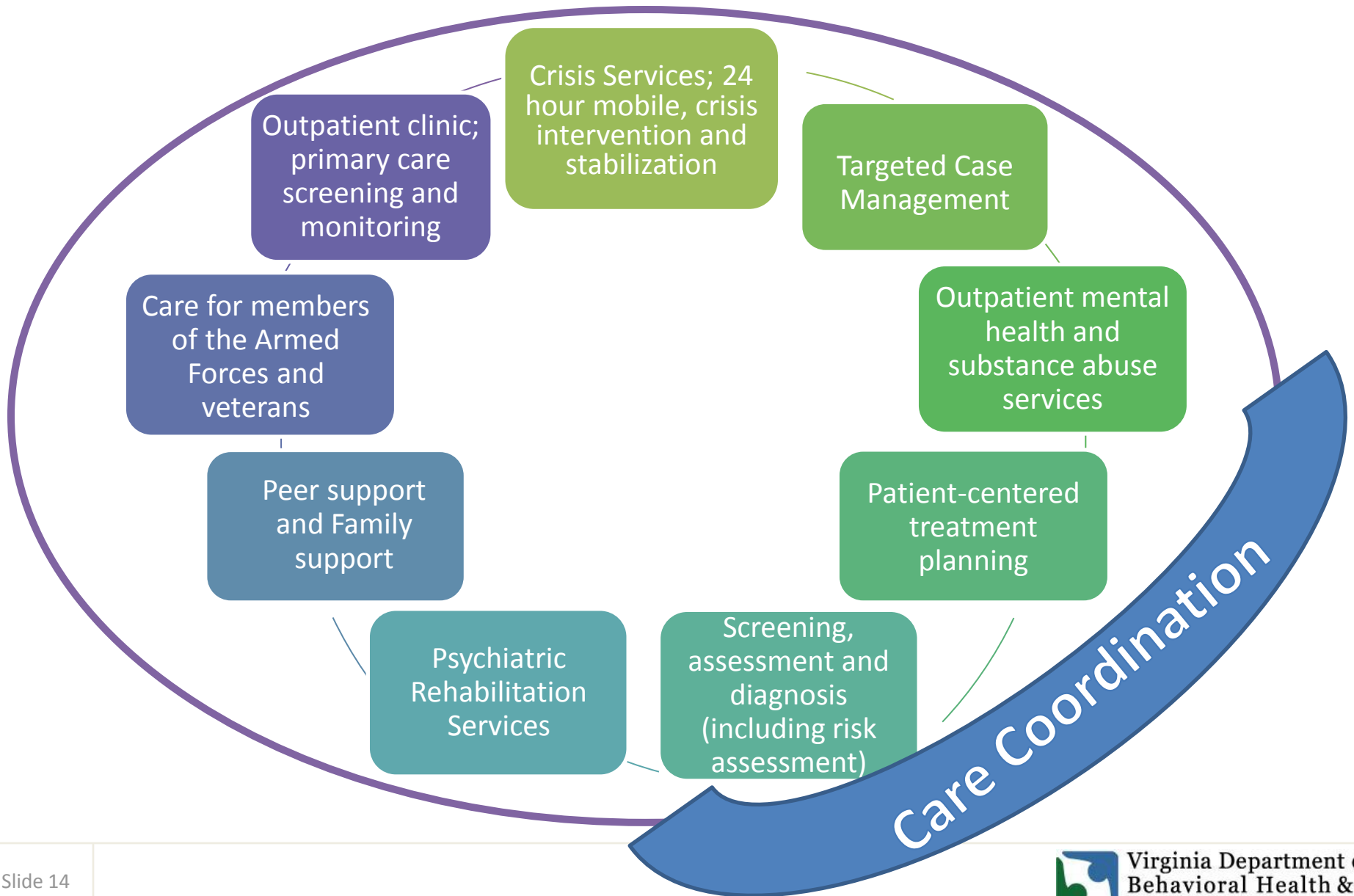
- Access
- Geographic disparities in service offerings
- Inconsistent quality
- Funding
- Capacity

Summary: STEP VA Objectives

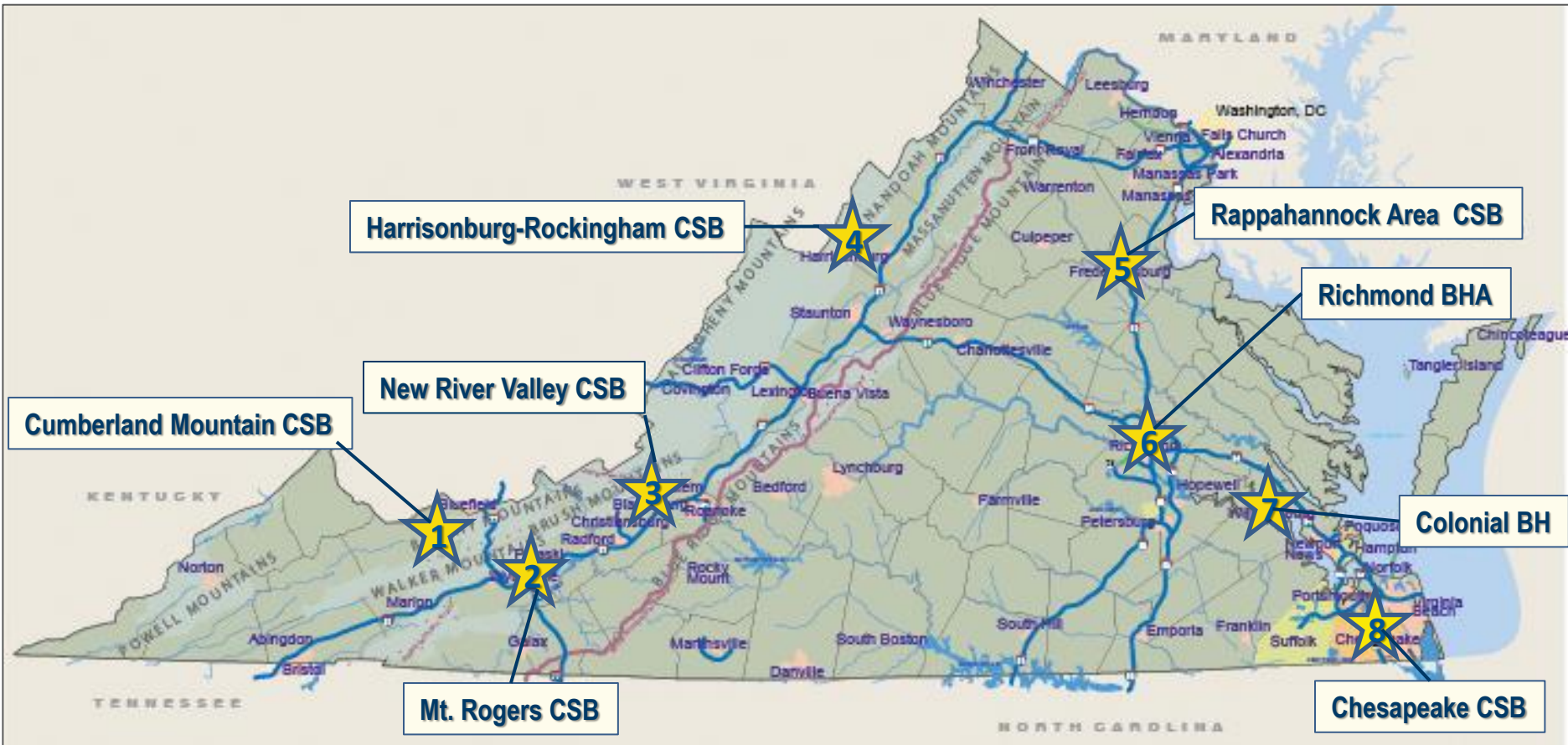
- The objectives of STEP VA include:
 1. Establishment of the VCBHC certification process,
 2. Implementation of evidence-based practices in all VCBHCs,
 3. Promotion of bidirectional primary health and behavioral health integration,
 4. Provision of same day access,
 5. Reduction in health disparities, and
 6. Establishment of a Prospective Payment System (PPS) providing bonus payments for achieving quality outcomes.



9 (plus 1) Components of Excellence



Virginia's Eight VCBHCs

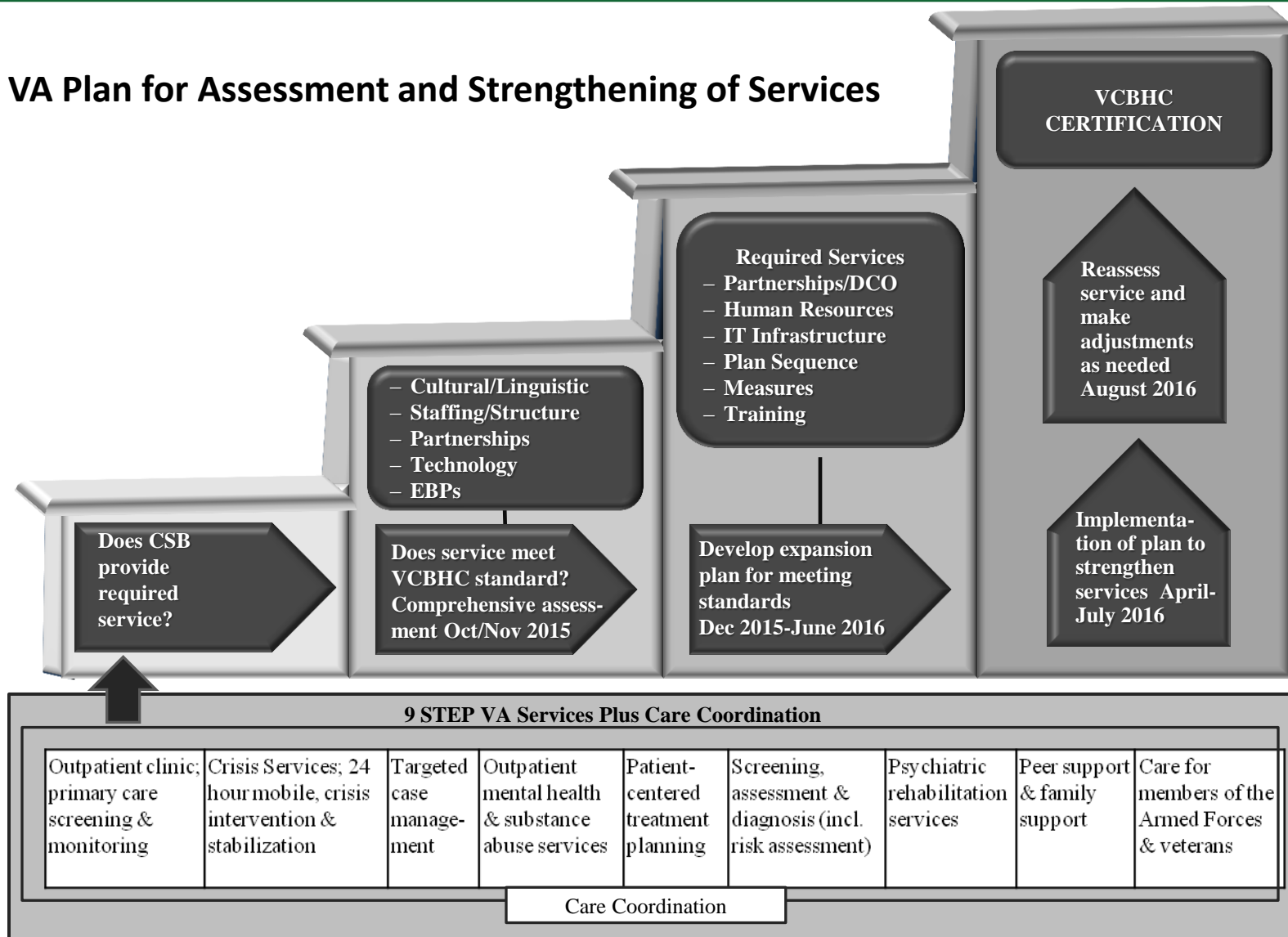


1. Cumberland Mountain CSB
2. Mt. Rogers CSB
3. New River Valley CSB
4. Harrisonburg-Rockingham CSB

5. Rappahannock Area CSB
6. Richmond Behavioral Health Authority
7. Colonial Behavioral Health
8. Chesapeake CSB

Provision of Services

STEP VA Plan for Assessment and Strengthening of Services



VCBHC Required Evidence Based Practices

Evidence Based Practice	Justification	Target Population
Cognitive Behavioral Therapy	Supports increasing levels of self-determination and independence through symptom management tools.	SMI, SED, SUD, Co-occurring, Adults & Youth
Family Psycho education	Enhances consumer choice, problem-solving, communication, & coping skills, leading to fewer relapses & hospitalizations and improved knowledge for families.	SMI and Co-occurring Adults and family members
Integrated Dual Disorders Treatment	Treating both severe disorders together improves the likelihood of ongoing recovery.	Co-occurring SMI and SUD
Illness Management and Recovery	Supports consumer choice and recovery.	SMI and Co-occurring Adults
Long Acting Injectable Psychotropic Medication	Prevention of relapse beginning with first episode is an essential foundation for facilitating the achievement of recovery goals related to education, employment, relationships, and stable housing.	Adults with SMI
Medication Assisted Treatment	Medications for addiction treatment have neurological stability & reduce risk of relapse and overdose in opioid users.	Adults with SUD
Motivational Interviewing Motivational Enhancement Therapy	Assists with engagement of & ambivalence within consumers seeking treatment for both behavioral and physical health.	SMI, SED, SUD, Co-Occurring, Adult & Youth
Recovery After Initial Schizophrenic Episode (RAISE)	Focused system of service delivery addressing needs of those experiencing first symptoms, improving functioning that supports achievement of natural independence.	MH late adolescence or early adulthood
Trauma-focused Cognitive Behavioral Therapy	Trauma is highly associated with the development of mental illness/addiction/physical illness later in life.	Individuals with MH issues/trauma history
Wellness Recovery Action Planning	Supports consumer choice and recovery,	SMI/Co-occurring Adults

VCBHC Certification

- **Ensuring Standards:** STEP VA will partner proactively with the selected CSBs to ensure they meet the standards and will identify all gap areas during the full assessment phase beginning in October 2015. STEP VA staff will work with the CSBs to identify measures needed to meet all certification requirements and will provide ongoing technical assistance and support. A report card will be developed to highlight performance successes and areas of improvement.
- **Certification Process:** DBHDS Quality Management staff will apply a self-assessment/readiness checklist (Appendix II) to gauge progress toward certification. Successful completion of the elements listed will result in initial certification. Periodic review for quality and adherence to certification standards will occur on a quarterly basis.
- **VCBHC Certification Specialist:** DBHDS will hire of a Certification Specialist to assist VCBHCs with achieving and maintaining certification. DBHDS will help VCBHCs meet certification requirements based upon their specific needs to ensure cultural and linguistic competence, to recruit and train the workforce, and to help facilitate organizational changes needed going forward.

How Would Virginia Pay for VCBHCs?

Possible approaches under consideration:

- **Innovative payment models to help fund VCBHCs-** DBHDS is exploring opportunities to ensure that the VCBHC financing mechanisms that incentivize high quality, lower cost care, that improves overall health outcomes.
- **Prospective Payment System (PPS) PPS-2 methodology-** The CC PPS-2 is a methodology offered in the EMHA that reinforces the necessity of evidence-based practices, promote bidirectional primary health and behavioral health integration and reduce existing health disparities.
- **Other approaches-** DBHDS would pursue transformation to this model by legislative budget requests and, if possible, DSRIP funding to develop necessary infrastructure for a robust community-based services system.

State Support of VCBHCs

- **Data:** DBHDS will analyze current data received from each VCBHC and other partners that will be used in performance measures and CQI efforts, provide ongoing feedback on its quality and completeness, and identify needed corrections or changes to improve the quality of the data.
- **Electronic Health Record (EHR):** DBHDS will work with each VCBHC to ensure that its EHR contains and produces or is capable of producing necessary behavioral health, primary care, and other information through interfaces with other EHRs.
- **Continuous Quality Improvement (CQI):** The STEP VA Quality Improvement Team will work with the quality improvement committee at each VCBHC to review and make any necessary modifications to its existing CQI policies and procedures so it is able to meet the CQI requirements for the demonstration. In addition, the team will provide technical assistance, training, and consultation to VCBHCs to support them in developing and implementing the comprehensive VCBHC-wide CQI plan required for the demonstration. Further, a CQI dashboard will be developed and distributed at least quarterly to VCBHCs to support their required CQI planning and activities during the demonstration.
- **Performance Measurement:** DBHDS will help develop and implement performance measures in collaboration with the VCBHCs, analyze and report on these measures, provide feedback to each VCBHC about its performance, and work with the VCBHC to address any concerns about that performance.

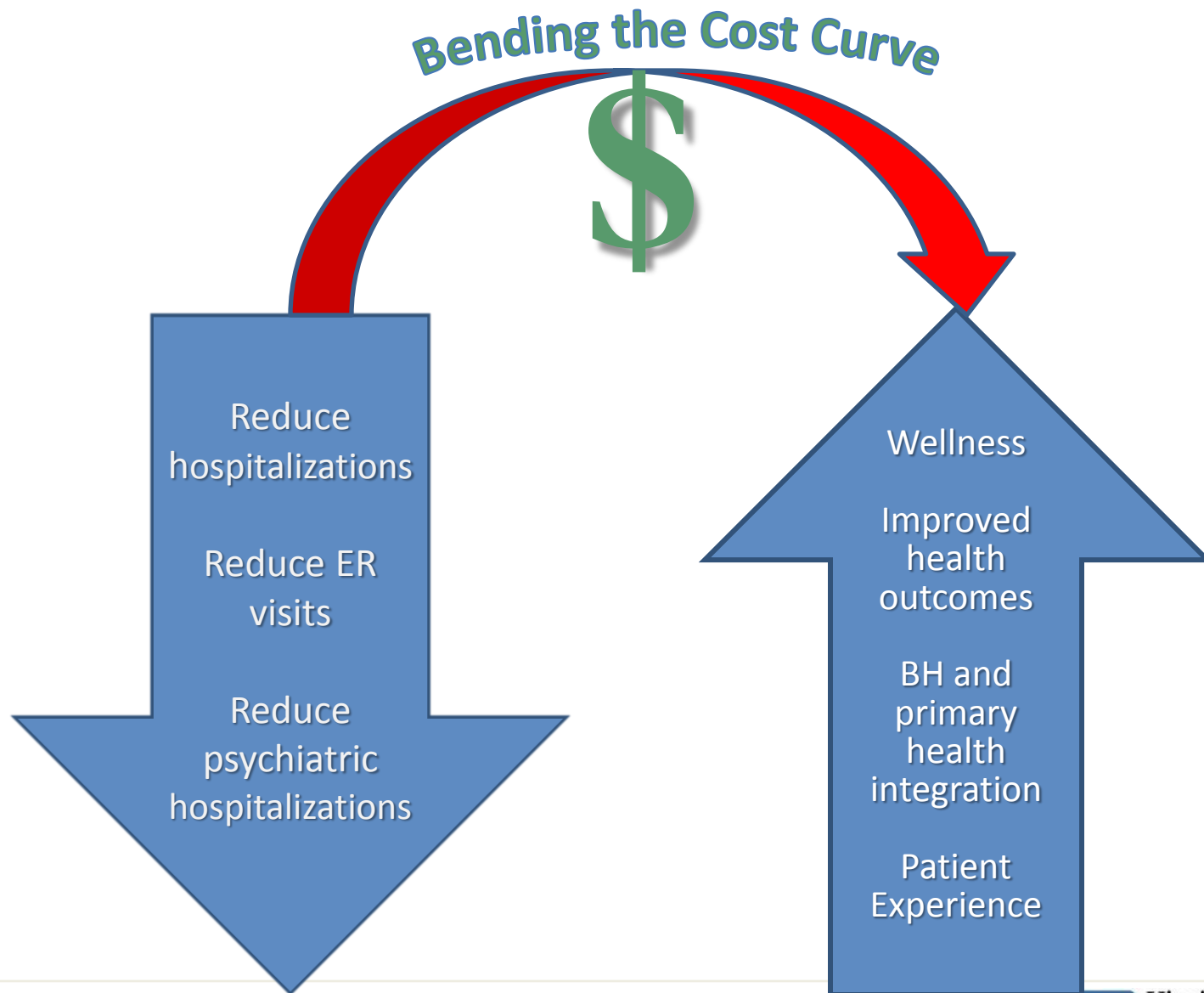
Selection of Comparison Group

- To establish a comparison group, DBHDS will identify 6-8 CSBs that at baseline are comparable to the eight CSBs.
- DBHDS will be able to match comparison group CSBs on:
 - The payer mix of consumers as measured by the distribution of Medicaid and uninsured individuals; and
 - The scope of services and internal processes as measured by the strength of executive and clinical leadership, scope of services, EHR use, quality improvement capability, and possessing adequate financial resources; and
 - Community context as measured by the urban or rural nature of the CSB service area.
- Based on their pre-qualification according to the VCBHC certification criteria, CSBs that participate may be well-positioned for future expansion of the VCBHC network.

Stakeholder Involvement

- **STEP VA Steering Committee:** Membership consists of consumers, family members, minority and multicultural group members, advocacy organizations across the life span and service needs, providers, and sister state agencies. The Steering Committee will meet monthly throughout the demonstration phases, where they will receive updates on the status of the plan, review key deliverables and provide feedback on subjects including consumer satisfaction surveys, performance data and outcomes, and quality improvement measures.
- **Stakeholder Engagement:** DBHDS will keep stakeholders informed of STEP VA activities, processes, and changes. Information will be posted on the DBHDS website, contained in email communications and outcomes from the project will be included in the Commissioner's *All-In* monthly e-newsletter.

What VCBHCs Can Achieve in Virginia

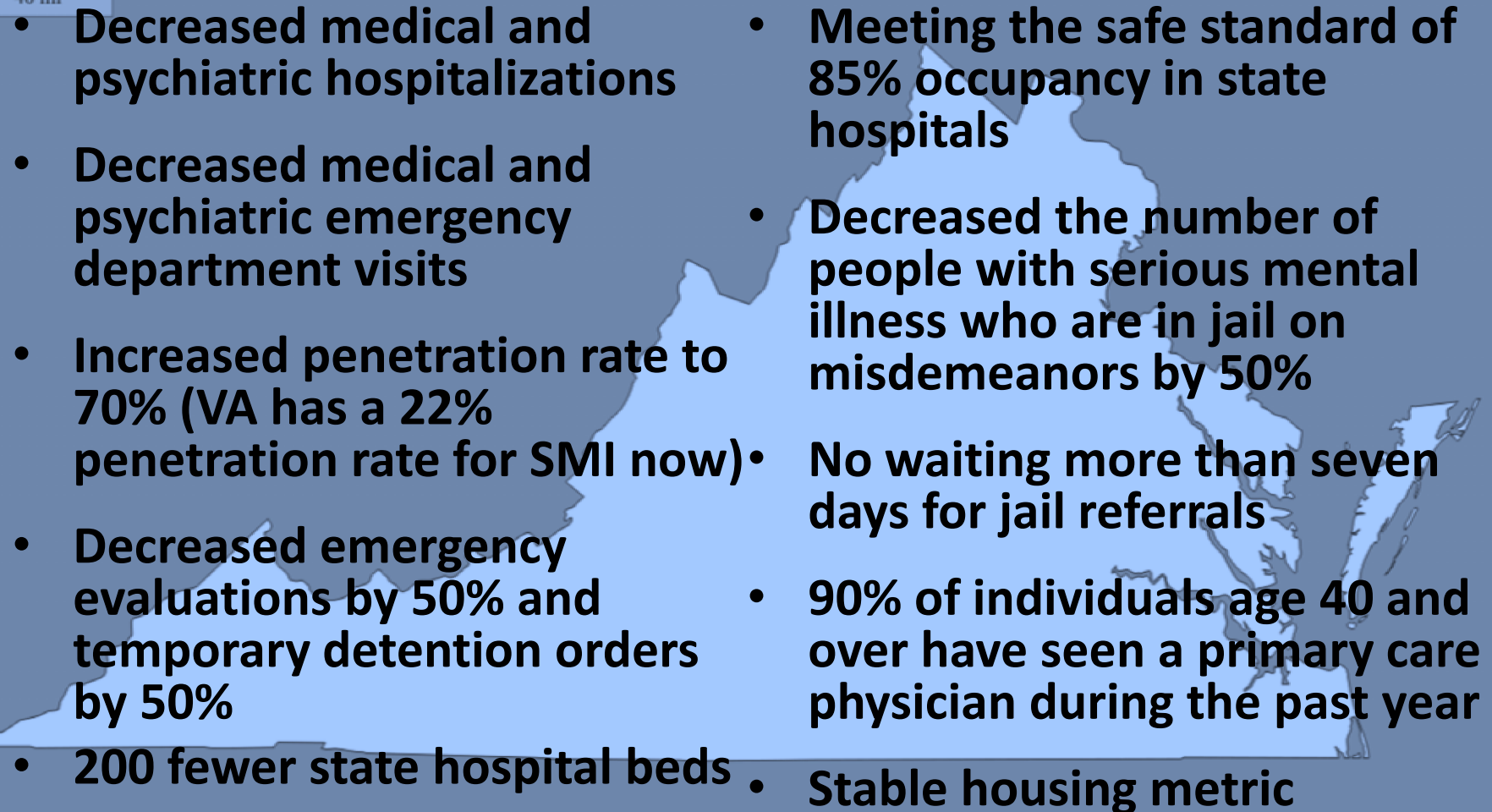


Key Community Services Investments

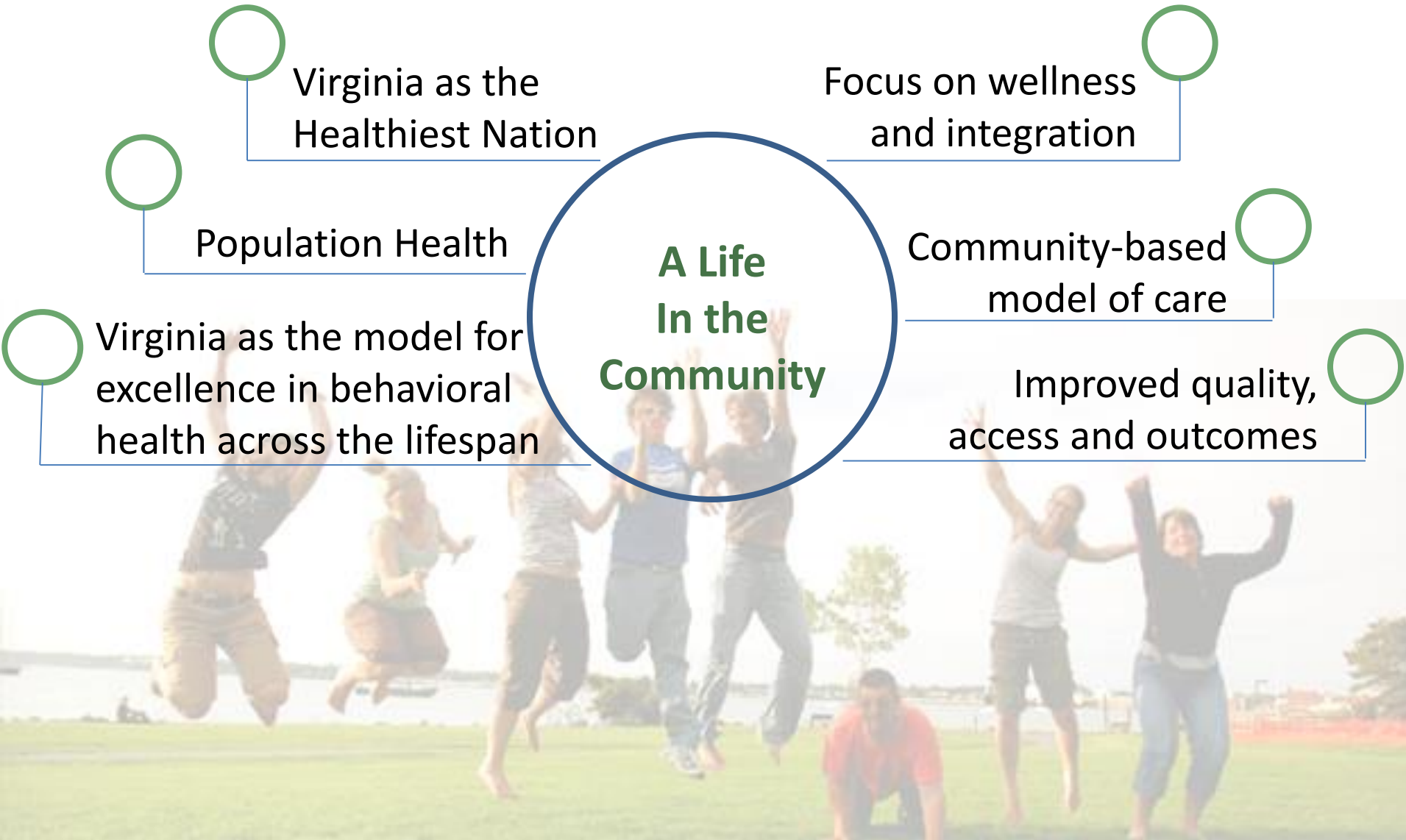


- Comprehensive Outpatient Services
- Robust Crisis Services; 24 hour mobile, crisis intervention and stabilization
- Permanent Supportive Housing
- Supported Employment
- Children's Mental Health/Trauma Services
- Transition Age/First Break
- Geropsychiatric Care
- Jail Diversion & Community Re-entry
- Behavioral Health Services to Veterans
- Acute Detoxification
- Prevention and Early Intervention

What a Transformed System Looks Like

- 
- Decreased medical and psychiatric hospitalizations
 - Decreased medical and psychiatric emergency department visits
 - Increased penetration rate to 70% (VA has a 22% penetration rate for SMI now)
 - Decreased emergency evaluations by 50% and temporary detention orders by 50%
 - 200 fewer state hospital beds
 - Meeting the safe standard of 85% occupancy in state hospitals
 - Decreased the number of people with serious mental illness who are in jail on misdemeanors by 50%
 - No waiting more than seven days for jail referrals
 - 90% of individuals age 40 and over have seen a primary care physician during the past year
 - Stable housing metric

THE VISION: A Life in the Community



The Goal

*Destination Wellness
and a
Healthy Virginia*



**There Is No Health Without
Behavioral Health**