



COMMONWEALTH of VIRGINIA

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INTERIM COMMISSIONER

DEPARTMENT OF
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December 1, 2017

TO: The Honorable Terry R. McAuliffe, Governor

and

Members, Virginia General Assembly

Fr: Jack Barber, MD
Interim Commissioner

Pursuant to Senate Bill 1005 and House Bill 1549 of the 2017 General Assembly Session and Item 315. GG. of the 2017 Appropriations Act, which instructed the The Department of Behavioral Health and Developmental Services to “*report by December 1 of each year to the General Assembly regarding progress in the implementation*” of the provisions of the legislation and to report on the disbursement of the Same Day Access Funds. Please find attached the report in accordance with that language.

Staff at the department are available should you wish to discuss this report.

Sincerely,

A handwritten signature in blue ink that reads "Jack Barber, MD".

Jack Barber, M.D.

Enc.

Cc: The Honorable Thomas K. Norment, Jr., Co-Chair, Senate Finance Committee
The Honorable Emmett W. Hanger, Jr., Co-Chair, Senate Finance Committee
The Honorable S. Chris Jones, Chair, House Appropriations Committee
The Honorable Peter F. Farrell, Member, House of Delegates
William A. Hazel, Jr., M.D.
Joe Flores
Susan E. Massart
Mike Tweedy



Annual Report on the Implementation of Senate Bill 1005 and House Bill 1549 and Item 315. GG.

December 1, 2017

DBHDS Vision: A Life of Possibilities for All Virginians

Annual Report on the Implementation of Senate Bill 1005 and House Bill 1549 and Item 315. GG.

Preface

The Department of Behavioral Health and Developmental Services (DBHDS) is submitting this report in response to the requirements in Senate Bill 1005 and House Bill 1549 which amended and added to sections of the *Code of Virginia* related to services to be provided by the community services boards (CSBs) and behavioral health authorities. The fourth enactment clause of this legislation reads as follows for both SB1005 and HB1549:

4. That the Department of Behavioral Health and Developmental Services shall report by December 1 of each year to the General Assembly regarding progress in the implementation of the provisions of this act.

This report is also in response to Item 315 GG. of the 2017 Appropriations Act that requires DBHDS to report on the use of funds allocated to CSBs to implement Same Day Access.

GG. Out of this appropriation, \$4,895,651 the second year from the general fund shall be provided to Community Service Boards and Behavioral Health Authorities to implement same day access for community behavioral health services. The Department of Behavioral Health and Developmental Services shall report on the disbursement of the funds to the Governor and Chairmen of the House Appropriations and Senate Finance Committees no later than November 1, 2017, and on any results from the boards who implemented same day access and where other boards stand with respect to assessment, consultation, and implementation. Annually, thereafter on October 1, the department shall report to the Governor and Chairmen of the House Appropriations and Senate Finance Committees on the effectiveness and outcomes of the program funding.

As of December 1, 2017, Same Day Access is the only service required in SB1005 and HB1549. For that reason, a report on the implementation of SB1005 and HB1549 is a report on the implementation of the Same Day Access funds.

Annual Report on the Implementation of Senate Bill 1005 and House Bill 1549 and Item 315. GG.

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Introduction

In the past several years, Virginia has been making concentrated and meaningful efforts to reform its strained public mental health system. In an effort to improve the system, the Department of Behavioral Health and Developmental Services (DBHDS) worked with the Administration, the General Assembly and stakeholders and drew from national best practices to design System Transformation Excellence and Performance (STEP-VA). STEP-VA requires all community services boards (CSBs) to provide the same services, such as same day access, primary care screening, outpatient services for mental health and addiction, targeted case management, crisis services, and other critical services. These essential services will be available consistently across all 40 CSBs. In addition, STEP-VA features a uniform set of required services, consistent quality measures, and improved oversight in all Virginia communities. Notably, STEP-VA services are intended to foster wellness among individuals with behavioral health disorders and prevent crises before they arise. STEP-VA is also intended to provide critical support for individuals at risk of incarceration, those in crisis and those in need of stable housing. The result should be fewer admissions to state and private hospitals, decreased emergency room visits, and reduced involvement of individuals with behavioral health disorders in the criminal justice system.

In 2017, the General Assembly provided funding for 18 CSBs to implement the first STEP-VA service, Same Day Access (Item 315 GG). It also required that the first two phases of STEP-VA, same day access and primary care screening, be implemented by FY 2019, and that the remaining STEP-VA services be implemented by FY 2021 (SB1005 and HB1549). These actions signaled intent for serious reforms to Virginia's behavioral health system and also expressed a commitment to a long-term infusion of funds to build these critical community services.

SB1005 and HB1549 were designed to support the development and implementation of a behavioral health system which will include a uniform, minimum set of services to be offered by community services boards (CSBs) across Virginia. A major goal for this new vision for behavioral health is to bring a level of consistency and performance expectation to services while taking into account unique local attributes that may be based on community population, rurality, or other existing innovations.

The first step to be taken for STEP-VA is the planning and implementation of the Same Day Access (SDA) model as described in SB1005 and HB1549. This report details the progress made to date on disbursement of funds, SDA planning and implementation among the CSBs and where other CSBs stand with respect to assessment, consultation, and implementation.

Disbursement of Funds

The General Assembly provided \$4,895,651 in funding for 18 CSBs and BHAs to plan for and implement the full SDA model. To date, 11 CSBs have received funding for SDA. These CSBs were chosen because they have already implemented a version of Same Day Access or are diligently working towards implementation. Figure 1 below shows the funding amount for each of these 11 CSBs.

Figure 1. CSBs that Have Received SDA Funding

CSB	Funding Amount
Alleghany Highlands	270,000
Blue Ridge	270,000
Chesterfield	270,000
Hanover	202,500
Harrisonburg-Rockingham	270,000
Henrico	270,000
Mt. Rogers	270,000
New River Valley	270,000
Rappahannock Area	247,500
Rappahannock Rapidan	270,000
Valley	270,000
Total	\$2,880,000

The remaining six CSBs will receive funding by the end of calendar year 2017 based on their estimated implementation date.

CSB	Projected Start Date	Funding Amount for Disbursement
Arlington	December 2018	\$202,500
Chesapeake	January 2018	\$180,000
Piedmont	April 2018	\$112,500
Colonial	April 2018	\$112,500
Cumberland Mountain	March 2018	\$135,000
Planning District 1	March 2018	\$135,000
Richmond Behavioral Health Authority	April 2018	\$112,500
Total		\$990,000

The total amount of funding allocated thus far to the CSBs for planning and implementation of SDA is **\$3,870,000**. These funds were also used to cover the consultation costs for all 40 CSBs to ensure statewide consistency across practices such as business analysis, approach to assessment of demand, efficiency of record keeping, and staff and patient scheduling. The balance of **\$1,025,651** will be distributed to the CSBs for the purposes of infrastructure costs such as office build out or electronic health record changes based on need. The remaining \$1,025,651 will be distributed by the end of the 2017 calendar year. It is anticipated that funds for the remaining 22 of Virginia's total 40 CSBs will be provided by the General Assembly next year.

Results from CSBs that Implemented SDA

Quality oversight and outcome measures will be developed by a committee comprised of DBHDS staff and the first nine CSBs that have implemented SDA to date. These outcome measures will be identified by June 30, 2018 and initial results will be included in the 2018 version of this report.

Status of Remaining CSBs Related to Assessment, Consultation, and Implementation

As indicated above, 18 CSBs have been selected to implement SDA and have been or will be awarded funding by the end of calendar year 2017. Ten of the 18 CSBs have fully implemented SDA. The remaining eight CSBs have established contracts for consultation and are in the process of assessing gaps and developing plans that will allow them to implement SDA. The 22 CSBs that have not been identified for SDA funds awarded in 2017 are in various stages of consultation and assessment. Details for these CSBs are not currently available.

Conclusion

To date, \$2,880,000 of the \$4,895,651 has been allocated to 11 of the 18 CSBs identified to implement SDA with these funds. Funds will be awarded to the remaining seven CSBs by December 31, 2017. At the time this report was written, 10 CSBs have fully implemented SDA and eight CSBs have indicated start dates, all of which will occur before June 30, 2018.

Quality outcome measures for SDA will be developed by June 30, 2018 and will be reported in the 2018 annual report. After the initial 18 CSBs have been funded to implement Same Day Access, 22 would remain and would require funding for implementation. An additional \$5.9 million would be needed to ensure that all 40 CSBs/BHA could implement Same Day Access by the July 1, 2019 deadline as required in the legislation.

Same Day Access is only the first of 10 services to be provided by CSBs that are part of STEP-VA and required in HB1549/SB1005. The other services include outpatient primary care screening, crisis services for individuals with mental health or substance use disorders, outpatient mental health and substance abuse services, psychiatric rehabilitation services, peer support and family support services, mental health services for members of the armed forces located 50 miles or more from a military treatment facility and veterans located 40 miles or more from a Veterans Health Administration medical facility, care coordination services, and case management services. While primary care screening is required to be implemented by FY 2019, the remaining services above are required to be implemented by July 1, 2021. Implementing these services is a crucial step to transforming Virginia's behavioral health care system.