



COMMONWEALTH of VIRGINIA

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FAAFP, FABAM
COMMISSIONER

DEPARTMENT OF
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October 1, 2018

TO: The Honorable Ralph S. Northam, Governor

and

Members, Virginia General Assembly

Fr: S. Hughes Melton, MD
Commissioner

Pursuant to Senate Bill 1005 and House Bill 1549 of the 2017 General Assembly Session, which instructed 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 STEP-VA services and Item 312 DD of the 2018 Appropriations Act which required the Department to report by October 1 annually on the use of Same Day Access funds.

As of December 1, 2018, Same Day Access and Primary Care Screening are the only services 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 and Primary Care Screening. 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 cursive script that reads 'S. Hughes Melton'.

S. Hughes Melton, MD, MBA

Enc.

Cc: The Honorable R. Creigh Deeds, Member Senate of Virginia
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 Daniel Carey, M.D.
Marvin Figueroa
Susan Massart
Mike Tweedy



**Annual Report on the Implementation
of Senate Bill 1005 and House Bill 1549 (2017)
and Item 312.DD of the 2018 Appropriation Act.**

October 1, 2018

DBHDS Vision: A Life of Possibilities for All Virginians

Annual Report on the Implementation of Senate Bill 1005 and House Bill 1549 and Item 312.DD.

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 to the *Code of Virginia* related to services to be provided by the community services boards (CSBs) and behavioral health authority. 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 312.DD of the 2018 Appropriations Act that requires DBHDS to report on the use of funds allocated to CSBs to implement Same Day Access.

DD. Out of this appropriation, \$10,795,651 the first year and \$10,795,651 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 annually by October 1 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, 2018, Same Day Access and Primary Care Screening are the only services 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 and Primary Care Screening.

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

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Introduction

Over 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 McAuliffe 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 children and adults 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 July 1, 2019, and that the remaining STEP-VA services be implemented by July 1, 2021 (SB1005 and HB1549). In addition the 2018 General Assembly provided additional funding for the remaining 22 CSBs to implement Same Day Access, Primary Care Screening, Outpatient Services, and Substance Use Detoxification Services. These actions signaled intent to significantly reform 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. DBHDS will be conducting a state wide behavioral health needs assessment beginning in early 2019 to inform decisions on how future services and funding will be allocated to support implementation of STEP-VA services across the commonwealth.

The first step taken for STEP-VA was 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 all 40 CSBs. It also reviews preliminary and future planning for Primary Care Screening, Mental Health and Substance Use Disorder Outpatient Services, and Substance Use Detoxification Services.

Disbursement of Funds

The 2017 General Assembly provided \$4,895,651 in funding for 18 CSBs and BHAs to plan for and implement the full SDA model. All of these CSBs successfully started Same Day Access as of June 1, 2018 (Figure 1). The 2018 General Assembly budget included \$10,795,651 in FY19 and \$10,795,651 in FY20 in order to complete implementation of Same Day Access among the remaining 22 CSBs. This funding included \$5,900,000 in addition to the \$4,895,651 from FY18. As of September 30, 2018, 8 of these CSBs have received funding and implemented SDA. Of the remaining 14 CSBs, 11 expect to implement by December 2018 and 3 by June 2019. CSBs begin receiving funding for SDA two months prior to the scheduled start date (Figure 2).

Figure 1. 18 CSBs receiving FY17 SDA State General Funds

CSB
Alleghany Highlands
Arlington
Blue Ridge
Chesapeake
Chesterfield
Colonial
Cumberland Mountain
Hanover
Harrisonburg-Rockingham
Henrico
Mt. Rogers
New River Valley
Piedmont
Planning District 1
Rappahannock Area
Rappahannock Rapidan
Richmond Behavioral Health Authority
Valley

The total amount of funding allocated in FY18 to the 18 CSBs for planning and implementation of SDA was **\$3,870,000**. The balance of **\$1,025,651** has been distributed to all 40 CSBs for the purposes of purchasing Service Process Quality Management (SPQM) and providing training for the Daily Living Activities 20 (DLA-20) which are related to outcome measurement for STEP-VA services and will be discussed in detail in the next section of this report.

Figure 2. 22 CSBs SDA progress and Funding

CSB	Implementation Date	Month funding begins	Funding to be allocated in FY2019
Alexandria	October 2018	August 2018	\$247,500
Crossroads	July 2018	July 2018	\$270,000
Danville Pittsylvania	April 2019	February 2019	\$112,500
Dickenson County	October 2018	August 2018	\$247,500
District 19	June 2018	July 2018	\$270,000
Eastern Shore	July 2018	July 2018	\$270,000
Fairfax Falls Church	June 2018	July 2018	\$270,000
Goochland Powhatan	September 2018	July 2018	\$270,000
Hampton Newport News	October, 2018	August 2018	\$247,500
Highlands	September 2018	July 2018	\$270,000
Horizon	September 2018	July 2018	\$270,000
Loudon County	January 2019	November 2018	\$180,000
Middle Peninsula Northern Neck	January 2019	November 2018	\$180,000
Norfolk	December 2017	October 2018	\$202,500
Northwestern	September 2018	July 2018	\$270,000
Portsmouth	October 2018	August 2018	\$247,500
Prince William	July 2018	July 2018	\$270,000
Region 10	October 2018	August 2018	\$247,500
Rockbridge	October 2018	August 2018	\$247,500
Southside	October 2018	August 2018	\$247,500
Virginia Beach	July 2018	July 2018	\$270,000
Western Tidewater	March 2018	July 2018	\$270,000
Subtotal			\$5,377,500
Remaining Balance			\$522,500
Total FY 2019 Balance			\$5,900,000

The estimated \$522,500 in remaining for SDA funding for FY19 will be used to further support infrastructure needs and the development of outcome measures and SDA tools such as a statewide level of care process and additional training as needed during the fiscal year.

Same Day Access Quality Oversight and Outcome Measures

Quality oversight and outcome measures for SDA have been developed by a committee comprised of CSB and DBHDS staff. Data elements to be collected and reported by the CSBs include: (1.) The date each SDA comprehensive assessment; (2.) Whether the assessment determined the individual needs services offered by the CSB; and (3.) The date of the first service offered at the CSB for all individuals seeking mental health or substance use disorder services from the CSB.

CSBs already report the date of the first service received by the individual needing a service. DBHDS will measure SDA by comparing the date of the comprehensive assessment that determined the individual needed services and the date of the first CSB face-to-face or other direct services received by the individual. The goal for this measure is the individual returns for the service within 10 business days of the date the comprehensive assessment was completed although the date of the first offered appointment by the CSB will be measured as well. CSBs will begin reporting on these elements once SDA has been fully implemented within the agency.

In addition to the outcome measurement described above for SDA, DBHDS and CSBs have been considering additional outcome measures for individuals receiving services that will indicate response of the individual to a service; e.g., is the individual getting better because of the services received. It is important to be able to demonstrate the effectiveness of behavioral health services for several reasons. First and foremost does it improve functioning and quality of life for those needing and receiving behavioral health services? Also, with the introduction of managed care in Virginia coupled with Medicaid expansion, demonstration of effectiveness of services and the ability to consistently justify medical necessity and level of care for these services is more vital than ever. Medical necessity means assessing symptoms for correct diagnoses and measuring functioning for identifying and tracking recovery goals.

A measurement tool called the Daily Living Assessment 20 (DLA-20) has been identified as a tool that will support CSBs in determining the effectiveness of services offered in the STEP VA model. The DLA-20 will provide a uniform statewide behavioral healthcare outcome measure for everyone receiving services in the public system for the first time in the Commonwealth. The DLA-20 has provided statistically significant outcomes for adult mental health, substance use disorder and co-occurring mental health and substance use disorders in other states. The tool proves more valid for client collaboration on treatment plans and more satisfactory for quick communication among teams using DLA assessments. DBHDS and CSBs will use SPQM to collect and report data to be used with the DLA-20 to measure outcomes and effectiveness of services. The CSBs will begin using this tool to assess all individuals receiving behavioral health services in January 2019.

Status of Planning for Primary Care Screening, Mental Health and Substance Use Disorder Outpatient Services, and Substance Use Detoxification Services

The 2018 General Assembly appropriated \$3.7 million in funding for Primary Care Screening in FY19 and \$7.4 million in FY20. In addition they allocated \$15 million for Outpatient Services, and \$2 million for Substance Use Detoxification to support the existing crisis services system. Primary Care Screening must be implemented among the CSBs by July 2019 and Outpatient Services by July 2021. Planning for Primary Care Screening has begun and will continue into the fall of 2018. Standards will be established for minimum screening to be performed, populations to be served, and expectations for follow up when an individual screens for being at risk for a physical health condition. This work will be done in a small committee made up of DBHDS and CSB staff. Outcome measures for these screenings will also be established with the

goal of aligning measures as much as possible with DMAS and the MCOs. This work is expected to be done by late fall 2018 with an implementation date of January 2019.

Similar planning has already begun for outpatient services including a survey that has been done of the CSBs to determine current levels of outpatient services being delivered to individuals and families. This information will assist in determining how the state funds will be allocated. The DLA-20 will be used to measure individual response to these services. Other outcome measures will be considered as well. Outpatient Services will be started or expanded beginning July 2019.

The \$2 million dollars provided for Substance Use Detoxification will be used towards the goal of diverting individuals Individual who is receiving or who has received services who are acutely intoxicated or going through active withdrawal from alcohol, opioids, or other substances from state hospital admission. When someone under the influence of drugs or alcohol exhibits psychiatric symptoms such as suicidal thoughts or hallucinations it is difficult for a behavioral health crisis worker to determine the source of the symptoms thus making it challenging to determine the true needs of the individual. Allowing a day or two for an individual under the influence to safely detox from substances allows for behavioral health crisis staff to more accurately determine what type of care may be needed in order to address any identified needs. Developing community based detoxification services will help to cut down on the admissions to state hospitals providing some relief to the overburdened state hospital system. These funds will build on existing community resources to expand this much needed service. Planning will begin in the fall of 2018.

Conclusion

The \$4,895,651 appropriated by the 2017 General Assembly for SDA has been provided in full to the CSBs; 18 of which have fully implemented the program as of June 1, 2018. All of the 40 CSBs received part of the allocation to support development of outcome measures including training on the DLA-20 and data collection mechanisms. At the time this report was written, 8 of the remaining 22 CSBs have fully implemented SDA with the additional \$5,900,000 allocated by the 2018 General Assembly. The remaining 14 boards have begun planning and will fully implement by June 2019. Quality outcome measures for SDA have been developed and will measure how many of the individuals seeking mental health or substance use disorder services are assessed to need a service and receive a service within 10 business days from the assessment. In addition, the DLA-20 will be used by all 40 CSBs to measure effectiveness of all STEP VA services (once implemented) beginning in January 2019. The SPQM data platform will be used to report the data at both a state and local level.

In addition to SDA, the 2018 General Assembly provided funding for primary care screening in FY19 and outpatient mental health and substance use services and detoxification services in FY20. Planning for use of these funds has already begun for primary care screening and will begin for outpatient and detoxification services in the fall of 2018.

Same Day Access and primary care screening are 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 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, case management services, and crisis services for individuals with mental health or substance use disorders which will be the next step in filling out these services. While Same Day Access and primary care screening are required to be implemented by FY19, 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.