COMMONWEALTH of VIRGINIA

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ACTING COMMISSIONER

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December 10, 2019

TO: The Honorable Ralph S. Northam, Governor

and

Members, Virginia General Assembly

Fr: Mira Signer
Acting 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 D.D. of the 2019 Appropriations Act which required the Department to report by October 1 annually on the use of Same Day Access funds. Please find attached the combined report in accordance with that language.

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

Sincerely,

Mira Signer
Acting Commissioner

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

Virginia Department of Behavioral Health & Developmental Services

Annual Report on the Implementation of Senate Bill 1005 and House Bill 1549 (2017) and Item 312.DD of the 2019 Appropriation Act.

October 1, 2019

DBHDS Vision: A Life of Possibilities for All Virginians

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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 2019 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, 2019, 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 and Northam Administrations, the General Assembly, and stakeholders and drew from national best practices to design System Transformation Excellence and Performance (STEP-VA). STEP-VA focuses on improving access, quality, consistency, and accountability in public mental health services across Virginia. 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 substance use disorders, targeted case management, crisis services, and other critical services. These essential services will be available consistently across all 40 CSBs. In addition to requiring a uniform set of services across all 40 CSBs, STEP-VA also requires consistent quality measures, and improved oversight in all Virginia communities, through investing in CSB and DBHDS infrastructure. 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. Statewide impact following full implementation is expected to be impressive: 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 2018, the General Assembly provided funding for all 40 CSBs to implement the first STEP-VA service, Same Day Access, which had been funded for 18 CSBs the prior year. The General Assembly also provided funding for Primary Care Screening, Outpatient Services (FY20), Detox Services (FY20), and Mobile Crisis Services (FY20).

Primary activities during SFY19 related to the implementation of Same Day Access (SDA) and Primary Care Screening, as well as planning for the implementation of Outpatient Services, Crisis Services, and other steps. This report details progress during SFY19 related to: disbursement of funds, planning and implementation for SDA and Primary Care Screening across all 40 CSBs, progress on statewide behavioral health needs assessment and founding of the State Transformation Advisory Council (STAC), as well as planning for Outpatient Services, Crisis Services and other steps. This report concludes with future directions and an overview of activities for SFY20.

Same Day Access: Disbursement of Funds

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. This funding included $5,900,000 in addition to the $4,895,651 from FY18. Implementation dates ranged from December, 2017 through July 1, 2019; CSBs began receiving funding two months prior to their planned start date.

Figure 1: Allocations of FY19 SDA State General Funds and SDA Implementation Date ($10,795,651 total; $5,900,000 new)

CSB	Same Day Access Allocation FY 19	Second Allocation
Alexandria	$202,500	$12,266
Alleghany	$270,000	$12,266
Arlington	$270,000	$12,266
Blue Ridge	$270,000	$12,266
Chesapeake	$270,000	$12,266
Chesterfield	$270,000	$12,266
Colonial	$270,000	$12,266
Crossroads	$270,000	$12,266
Cumberland	$270,000	$12,266
Danville Pittsylvania	$135,000	$12,266
Dickenson	$247,500	$12,266
District 19	$270,000	$12,266
Eastern Shore	$270,000	$12,266
Fairfax Falls Church	$270,000	$12,266
Goochland	$270,000	$12,266
Hampton NN	$247,500	$12,266
Hanover	$270,000	$12,266
Harrisonburg-Rock	$270,000	$12,266
Henrico	$270,000	$12,266
Highlands	$270,000	$12,266
Horizon	$270,000	$12,266
Loudoun	$180,000	$12,266
Mid Peninsula NN	$180,000	$12,266
Mt. Rogers	$270,000	$12,266
New River Valley	$270,000	$12,266
Norfolk	$270,000	$12,266
Northwestern	$270,000	$12,266
PD1	$270,000	$12,266
Piedmont	$270,000	$12,266
Portsmouth	$247,500	$12,266
Prince William	$270,000	$12,266
Rapp Area	$270,000	$12,266
Rapp-Rapidan	$270,000	$12,266
Region Ten	$270,000	$12,266

Richmond	$270,000	$12,266
Rockbridge	$247,500	$12,266
Southside	$247,500	$12,266
Valley	$270,000	$12,266
Virginia Beach	$270,000	$12,266
Western Tidewater	$270,000	$12,266

The SDA process is complex and represents different levels of procedural change for different CSBs. During SFY 18, CSBs worked with consultant support to determine, based on existing models, hours of operation needed to support the community and 18 began implementation. This year, those CSBs continued to implement SDA, and the remaining CSBs engaged in planning, preparation, and preliminary implementation of these services. The second round of disbursements were used primarily to purchase technology enhancements to improve the efficiency of the SDA process (e.g., iPads for improved assessment and collaborative note writing supports).

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, and involve primary metrics and quality improvement measures taken at the CSB level.

Primary Metrics

Data elements collected and reported by the CSBs as primary data elements 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.

The primary metrics include the number of individuals served by SDA; the average and range of wait times experienced by SDA consumers between initial assessment and first appointment offered; and average and range of wait times experienced by SDA consumers between initial assessment and first appointment attended. The goal for this measure is that 80% of individuals return for service within 10 business days of the initial assessment. Currently, all CSBs are collecting these data elements, and these began being reported by July 1, 2019.

Quality Improvement Process

As described, the SDA process is complex, and CSBs are working with consultant services of MTM as well as using their own internal Quality Improvement (QI) processes to improve the process. Although data are only available from 30 CSBs at this time, and data were reported directly from the CSBs, the consultation process has resulted in efficiencies during intake interviews, with average clinician time per SDA client served decreasing, on average, from 5.6 hours to 4.5 hours (20% decrease). Processes such as collaborative note writing have been implemented to continue to decrease the length of the initial assessment. Reported by the same

30 CSBs, average number of monthly intakes following consultation 2953.71; representing an average volume change of 26% increase. It is important to note that this value varied widely between reporting CSBs, for example, some CSBs experienced an increase of over 200%. During initial implementation, average wait time to appointment dropped from 52 days on average to 26 days on average.

Secondary metrics regarding outcomes of SDA will include evaluating key STEP-VA outcomes such as the Daily Living Assessment 20 (DLA-20), a validated measure of functional impairment, as well as existing metrics such as engagement in treatment services, for clients who accessed services through SDA vs. other avenues of reaching services. Throughout the year, CSBs have invested significantly in training on the DLA-20 and the SPQM system, where DLA-20 data can be easily analyzed and visualized in the context of other variables (e.g., treatment type, diagnosis), and, as mentioned, this system will go live October 1, 2019. Additionally, in response to a Joint Legislative Audit and Review Commission (JLARC) suggestion of a study into numbers of individuals presenting for SDA services and being served vs. other outcomes, System Transformation Advisory Committee (STAC) will be reviewing the suggestion in Fall 2019 and determining whether such a metric would be possible as part of quality improvement process at the CSB level or as a secondary metric.

Primary Care Screening

The 2018 General Assembly appropriated $3.7 million in funding for Primary Care Screening in FY19 and $7.4 million in FY20. Primary Care Screening was implemented among the CSBs by July 2019.

This step was fully defined in a committee made of DBHDS and CSB staff. Individuals with serious mental illness (SMI), a population primarily served by the CSBs, are known to be at higher risk for poor physical health outcomes largely due to unidentified chronic conditions. Therefore it is important for behavioral health staff to provide primary care screening to identify and provide related care coordination to ensure access to needed physical health care. The objectives of the step that were implemented during SFY 19 are as follows:

Objective 1: Any child diagnosed with a serious emotional disturbance and receiving ongoing CSB behavioral health service or any adult diagnosed with a serious mental illness and receiving ongoing CSB behavioral health service (defined as targeted case management services) will be provided or referred for a primary care screening on a yearly basis.

Objective 2: Screen and monitor any individual over age 3 being prescribed an antipsychotic medication by a CSB prescriber for metabolic syndrome following the American Diabetes Association guidelines.

These clients are required to be provided with a yearly primary care screening to include, at minimum, height, weight, blood pressure, and body mass index (BMI). This screening may be done by the CSB or the individual may be referred to a primary care provider to have this screening completed. If the screening is done by a primary care provider, the CSB is responsible for the screening results to be entered in the patient's CSB electronic health record. The CSB

will actively support this connection and coordinate care with physical health care providers for all service recipients.

In FY 19, disbursements were as follows:

CSB	Primary Care Screening
Alexandria	$65,098
Alleghany	$30,365
Arlington	$82,047
Blue Ridge	$174,136
Chesapeake	$59,715
Chesterfield	$56,662
Colonial	$40,199
Crossroads	$119,012
Cumberland	$79,084
Danville Pittsylvania	$74,382
Dickenson	$34,554
District 19	$80,888
Eastern Shore	$49,634
Fairfax Falls Church	$203,091
Goochland	$26,163
Hampton NN	$164,841
Hanover	$20,659
Harrisonburg-Rock	$49,804
Henrico	$102,952
Highlands	$69,303
Horizon	$226,985
Loudoun	$24,486
Mid Peninsula NN	$110,909
Mt. Rogers	$182,882
New River Valley	$132,667
Norfolk	$141,403
Northwestern	$111,425
PD1	$96,232
Piedmont	$134,234
Portsmouth	$56,635
Prince William	$65,154
Rapp Area	$126,524

Rapp-Rapidan	$41,291
Region Ten	$142,435
Richmond	$179,906
Rockbridge	$49,971
Southside	$78,319
Valley	$45,779
Virginia Beach	$98,620
Western Tidewater	$91,555
TOTAL	**$3,720,001**

To prepare for implementation, required by July 1, 2019, plans were devised by each CSB, that included plans for funding, information regarding the numbers of individuals in each of the target populations, and identified barriers to implementation. A funding formula was determined that represented 50% of funding based on demand (using information about meeting needs of uninsured population), 25% based on community needs (using Health Opportunity Index information as a proxy), and 25% based on needs associated with provider shortages (using Health Provider Shortage Areas as a proxy). This formula yielded the amounts reported above.

This funding was used to fund nurse practitioner positions, nurse positions, and other necessary aspects of beginning or expanding primary care screening offerings for each CSB. All CSBs were offering primary care screening beginning July 1, 2019.

Primary Care Screening Quality Oversight and Outcome Measures

The first goal of this step is that any child with serious emotional disturbance (SED) or adult with SMI receiving ongoing behavioral health services (defined as targeted case management services) will receive a yearly primary care screen, completed at the CSB or through a primary care provider to include at minimum: height, weight, blood pressure, and BMI. The associated metrics will be the receipt of this screen, as well as follow-up when BMI is outside of range.

The second goal of this step is to ensure that individuals over the age of three on an antipsychotic medication will receive screening, monitoring and referral to the appropriate provider for treatment of metabolic syndrome according to guidelines of the American Diabetes Association. Indicators of the screening include: Glucose Hemoglobin A1c Lipid profile Blood pressure Weight and waist circumference to determine abdominal obesity BMI. The associated metric will be whether the metabolic screen is conducted, and whether it is out of range.

Upon the implementation launch (July, 2019), all of the described metrics have been added by each CSB to their Electronic Health Record (EHR) extract to begin reporting. Due to the timing of this report, data is not yet available for reporting. Additionally, individual CSB Quality Improvement processes are in place. DBHDS continues to provide technical assistance, with the support of our chief clinical officer, as clinicians work to integrate these primary screenings into their practice. With reporting required of all 40 CSBs July 1, this data will be available to DBHDS in October, 2019.

Comprehensive Needs Assessment and STEP-VA Advisory Committee (STAC)

To understand the current capacity and needs in the current public mental health system, a comprehensive needs assessment was required. Thus, DBHDS is conducting a Virginia Behavioral Health System Needs Assessment to assess the behavioral health system strengths, needs, and capacity across the continuum of community services. This robust statewide system includes prevention, treatment, and recovery; crisis response; and access and care coordination for patients requiring public hospital care. The assessment includes analysis of funding sources, allocations, and the processes by which allocations may be determined. The results will help policymakers and stakeholders chart a path for the future – building a more comprehensive system of services that combines evidence-based practices with new funding and data capabilities to reach a diverse array of populations. Currently, site visits are under way and will be completed by the end of calendar year 2019, with full report provided to DBHDS and to each individual CSB in early 2020.

Additionally, STAC was formed July, 2018, with the first in-person meeting held November, 2018. STAC includes members from DBHDS Central Office, 21 CSB Executive Directors from across the state, and the executive director of the Virginia Association of Community Service Boards (VACSB). Since that time, STAC has met monthly and received critical updates and provided input on the development of definitions, metrics, and implementation planning.

Status of Planning for Mental Health and Substance Use Disorder Outpatient Services, Mobile Crisis, and Additional Steps

During FY19 plans were made for allocations made for FY 20, including outpatient services and mobile crisis services. Planning included analysis of current clinical capacities as well as self-reported information about increases in outpatient demand secondary to same day access implementation. Based on this information, it was determined that clinical capacity was a universal need across CSBs, to hire clinicians as well as provide necessary salary increases to current clinicians. Plans were made for expanding outpatient capacity in the following areas: FTE focused on adult services (mental health or substance use), FTE focused on child and family services, and regional training plans. The goal was to ensure, at a minimum, every CSB had adult and child outpatient clinical capacity to serve the community. Regional training plans emphasize training in evidence based treatments and trauma-informed models of care. Metrics for outpatient services are under development at this time, and include standard quality measures (e.g., whether a suicide screen is completed on every client who presents with major depressive disorder), measures of functional impairment (DLA-20), and likely aspects of client satisfaction with services.

Planning for mobile crisis has been conducted during FY19 through an internal workgroup and a joint workgroup with CSB, DBHDS, and DMAS membership. These workgroups have spent time reviewing national best practice models as well as state interpretations of these models, with a focus on states that share geographical considerations with Virginia. Given the need for a

statewide and regional aspect to the plan, regions have begun with regional planning to ensure that statewide access is achieved. Funding provided for FY 20 will increase access to mobile crisis specifically for children across the state. Community detoxification funding provided in FY 19 was utilized to build community detox services in Regions 2 and 3. This builds on the investments made in FY 2018 that supported substance use disorder liaison positions and funding for substance use services (in all regions) with an additional focus on state hospital diversion and crisis stabilization unit (CSU) support in two regions.

Need for Infrastructure and Oversight to Implement and Monitor Implementation of STEP-VA

STEP-VA's efficacy is largely contingent on having sufficient DBHDS resources for leadership, implementation, and oversight, and this was highlighted in the JLARC report on STEP-VA implementation to date. We note that DBHDS has had a senior staff member leading STEP-VA implementation. This individual transitioned out of the agency at the end of December 2018. A Deputy Director for Community Services in the Division of Community Behavioral Health and a Director of the Office of Adult Community Behavioral Health began working at DBHDS in June 2019 and May 2019, respectively. The Deputy Director will fill a critical role in supporting the Chief Deputy Commissioner in STEP-VA oversight and implementation; the Director of Adult Community Behavioral Health will also provide management and support in overseeing implementation. In addition, DBHDS repurposed vacated positions to create a designated project manager to provide operational oversight of STEP-VA in January 2019.

STEP-VA implementation also requires effort from internal program, IT, and budget staff, as well as IT systems and data infrastructure. DBHDS has not received specific resources for staff and infrastructure to effectively implement STEP-VA and existing staff cannot absorb these responsibilities. For reference, DBHDS' Community Behavioral Health Division has 59 full time equivalent employees (FTEs). Of these FTEs, 69% (41) are funded by federal grants, 17% (10) are funded with restricted general fund dollars for a specific program purpose and only eight full time employees (14%) are funded with unrestricted general funds that could be used to support STEP-VA implementation. The Division plans to distribute $351 million in state and federal funds in FY 2020 with 77 percent or $269 million for state general fund programs, including STEP-VA. Using existing resources, there is a 1:15 ratio of state-funded FTE per $1 million state general funds distributed and a 1:2 ratio of federally-funded FTE per $1 million federal dollars distributed. Federal grants average a 5% administrative set-aside for programmatic oversight and reporting that state-funded programs do not receive, causing this seven-fold staffing discrepancy and FTE misalignment to program dollars.

Conclusion

In total, $10,795,651 for Same Day Access (SDA) as well as $3,720,000 for primary care screening has been provided in full to the CSBs. CSBs have used this funding to implement the SDA process, hire staff, including nurses and nurse practitioners, and purchase equipment needed to create and sustain the SDA and primary care screening processes within their CSBs. All CSBs have agreed upon and added the primary metrics for primary care screening to their EHR extracts, and these data will be available to DBHDS during FY 20. CSBs have engaged

with DBHDS as well as external vendors regarding a new data management tool that will allow for improved data sharing for some elements. CSBs have also engaged in the planning process for STEPS funded in FY 20 as well as unfunded STEPS, including planning for individual CSB and regional activities.

Same Day Access and primary care screening are only the first of ten services to be provided by CSBs that are part of STEP-VA required in HB1549/SB1005. The other services include, outpatient mental health and substance abuse services (partially funded for FY20), 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 (partially funded for FY 20) 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. As we continue to implement STEP-VA, we seek to be responsive and integrated with other efforts to transform Virginia's behavioral health care system.