

Adult Behavioral Health Services Transformation Team

Charge to the Team

- **What should core and mandated services be and should they be limited to, or broader than SMI?**
- **How can Virginia ensure that co-occurring disorders are best treated? (Consider integration of physical and behavioral health)**
- **How can Virginia maximize access and how can quality and accountability be best assured?**

Team Meeting and Process

- **The team has met for approximately 20 hours**
- **Attendance has been very good**
- **Participation has been active**
- **Leaders have provided an agenda for each meeting and discussion questions to promote discussion**
- **Between meetings participants shared their expertise through current literature, studies and reports**
- **Post meeting, the team leaders drafted background and recommendations based on discussion**
- **Summaries were sent to team members in advance of the next meeting for comments and revision**

Issues and Challenges

- **The large number of uninsured**
- **State's reliance on Medicaid and local funds for the majority of funding for the system**
- **The special challenges present in geographically large, multijurisdictional rural areas of the state**
- **Commercial insurance covers limited, office based services - not the rehab and recovery supports needed for persons with serious illness. This leaves even these insured dependent on the public system**

General Conclusions

- **The need to better align all state controlled funds, assuring that all state controlled funds are aligned with state goals**
- **The need for a more clearly defined and more extensive set of services that will be available, regardless of insurance status, across the Commonwealth**
- **Substance use disorder services for the majority of those who need them are woefully underdeveloped**
- **There is need for an equal focus on assuring a quality emergency safety net *and* services that prevent crises and support stability and recover**
- **Peer services need to play an important role in improving access and engagement**

Recommendations

Core and Mandated Services

- **An emergency services/crisis continuum of interventions**
- **Case Management [with caseload size standards]**
- **Inpatient care and discharge planning**
- **Medically supervised detoxification in a variety of setting**
- **Screening / Assessment/Referral**
- **Outpatient counseling/therapies, including psychiatry/medication**
- **Medication Assisted Treatment**
- **Peer provided services and recovery supports**

Access

- **To assure access as early as possible, increase capacity for timely access to screening, assessment, OP counseling, including psychiatry**
- **Fully implement peer training and certification**
- **Add peer and community health worker services as a funded Medicaid benefit**
- **Expand tele-health to improve emergency and prescriber access**
- **Evaluate achieving economies of scale in emergency response through regional or multi jurisdictional consolidation [especially after hours in areas of low demand]**

Access

- **Review the continuum of services that DMAS currently funds in light of the goals and priorities of DBHDS , especially:**
 - **Explore ways to better support employment services**
 - **Reestablish a personal support level of service**
 - **Reevaluate Medicaid rates for all SUD services**
 - **Explore Medicaid reimbursement for person under and ECO/TDO**
 - **Seek waivers or other ways to leverage Federal Medicaid funds for innovative services/services for uninsured**

Access

- **Convene a workgroup with private hospitals and CSB and DBHDS representation, to develop strategies to better serve clients denied admission to local hospitals because of co morbid conditions or behavioral challenges**
- **Adopt industry standard access targets to measure the progress of the system in increasing access. Measure progress against these benchmarks.**
- **Establish rotating discretionary fund to provide one time assistance to peer run organizations**

Quality

- **Seek ways to better align the use of DMAS and DBHDS funding to support a more integrated approach to serving adults with serious mental illness and public mental health system goals**
- **Develop strategies for data from ALL publicly funded service and outcome data to be combined to offer a more complete picture of the system and its outcomes**
- **Expand the items on the Secretary's dashboard to reliably report "real life" outcome measures such as housing stability, employment and community integration along with process, compliance measures**

MH/SUD Integrated Care

- **Basic SUD Treatment Capacity must be increased with state general funds or Medicaid expansion**
- **Require organizational self assessment by all providers of publicly funded behavioral healthcare**
- **Assure use of validated assessment tools for co occurring disorders in both SUD and MH programs**
- **Improve identification of SUD issues by requiring specific CME for licensed healthcare professionals**
- **Conduct workforce assessment re availability and capability of providers**

Behavioral+Physical Healthcare

- **Focus on public clients with high BH and high PH needs**
- **Strengthen case manager/practitioner skill in understanding and coordinating physical health care**
- **Seek opportunities for co locating primary health care in CSB settings through partnerships with other safety net healthcare entities: FQHC's, free clinics, and Medicaid HMO's**
- **Support CSBs becoming health homes for persons with SMI and chronic serious co-morbid physical health conditions**

Behavioral+Physical Healthcare

- **Promote wellness activities by behavioral healthcare providers [role for peers]**
- **Use community health workers to outreach**

Parking Lot Issues

- The so called “big issues” like the structure of the community system, role of DBHDS, relationship of CSBs to private providers, etc. [Prompted by Commissioner’s charge to the group]
- Creative approaches for the use of Medicaid/waivers/other state models
- Workforce issues as they relate to implementation of recommendations