



# Transformation Team Recommendations

# Phase One - Commissioner's Transformation Teams

## Four initial focus areas of the Transformation Initiative

- Adult Behavioral Health
- Adult Developmental Services
- Children & Adolescent Behavioral Health Services
- Services to Individuals Who are Justice-involved

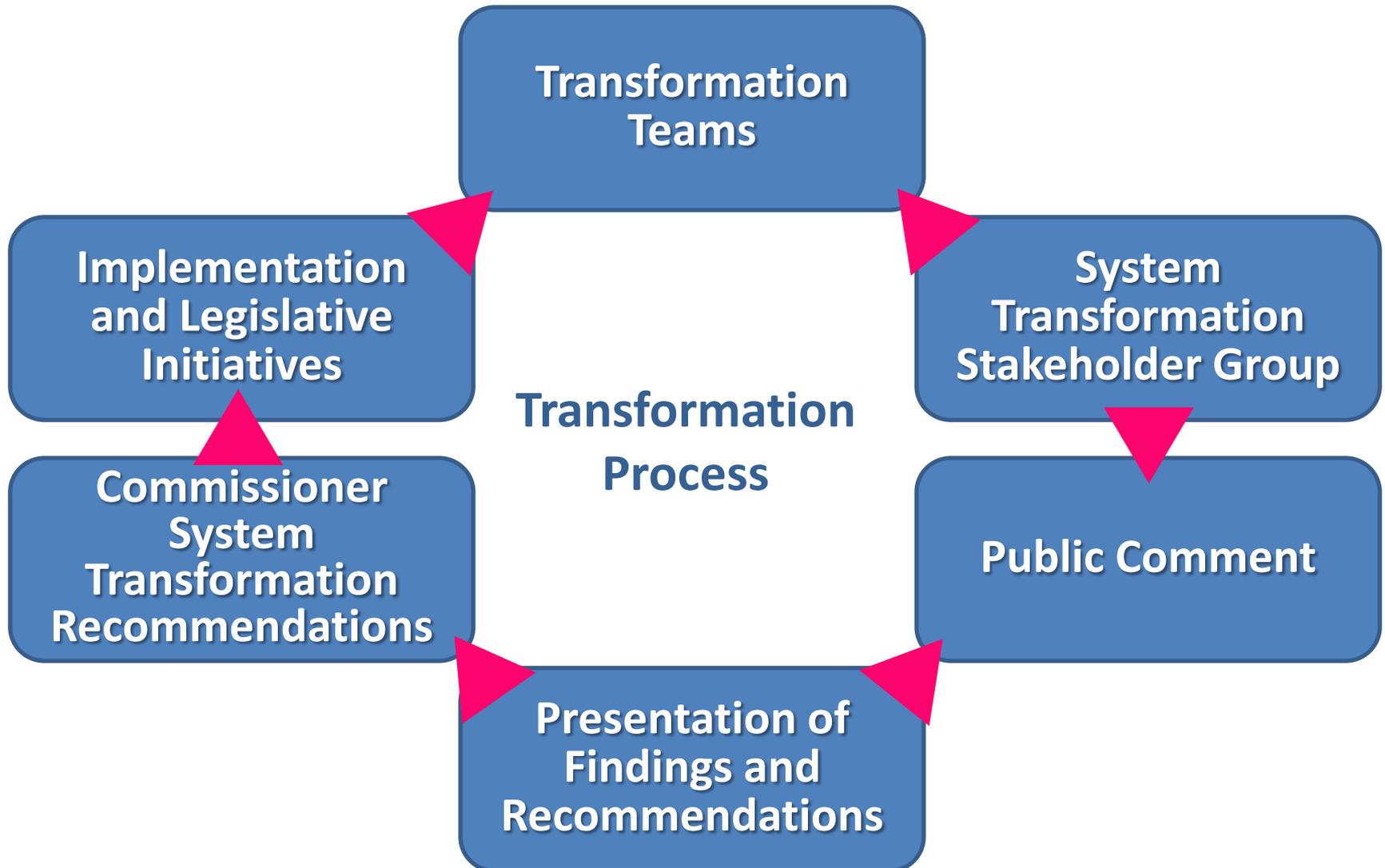
# Phase Two – Stakeholder Group

- Meets with the Co-Chairs of each Transformation Team to provide input and consultation.
- Receives and reviews recommendations from the Transformation Teams.
- Offers additional recommendations.

# Phase Three - Public Comment Period

- Recommendations included in special edition of ALL IN!
- Recommendations posted on the DBHDS website along with a link to submit public comment.
- Commissioner and Transformation Team Co-Chairs hold public meetings across the Commonwealth:
  - Williamsburg
  - Manassas
  - Charlottesville
  - Wytheville
- Additional presentations to key legislative committees and stakeholder groups.

# System Transformation Process Design



# Ten Core Themes to Team Recommendation

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.

# Ten Core Themes to Team Recommendation

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.

# Adult Behavioral Health Questions

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

# Adult Behavioral Health Team Approach

- The team has met for approximately 20 hours.
- Leaders have provided an agenda for each meeting and discussion questions to promote discussion.
- Between meetings participants consulted and reviewed current literature, studies and reports.
- Post meeting, team leaders drafted background and recommendations based on discussion.
- Summaries sent to team members in advance of the next meeting for comments and revision.

# Adult Behavioral Health Team Recommendations to Strengthen Services

## **Crisis Response Services**

- Ensure comprehensive emergency service/crisis continuum of care interventions.
- Provide medically supervised detoxification in a variety of settings.

# Adult Behavioral Health Team Recommendations to Strengthen Services

## **Prevention and Treatment Services**

- Ensure availability of screening/assessment referral services.
- Promote wellness activities.

# Adult Behavioral Health Team Recommendations to Strengthen Services

## **Case Management Services**

- Mandate case management with caseload standards.
- Strengthen case manager/practitioner skills in understanding and coordinating care.

# Adult Behavioral Health Team Recommendations to Strengthen Services

## **Coordination of Services Across the System**

- Target services for individuals with both high physical and behavioral health needs.
- Create and capitalize on opportunities to co-locate primary care in CSB settings.
- Facilitate CSBs becoming health homes for persons with SMI and chronic serious co-morbid physical health conditions.
- Use community health workers to provide and maximize outreach.
- Research and identify ways to better support employment services.
- Convene work group with private hospitals, CSBs, and DBHDS, to develop strategies to better serve clients denied admission due to co-morbid conditions or behavioral health challenges.

# Adult Behavioral Health Team Recommendations to Improve Access

## **Adopt Best Practice Standards**

- Review the continuum of services that DMAS currently funds in light of the goals and priorities of DBHDS.
- Re-establish a personal level of support.
- Adopt industry standard access targets to measure the progress of the system in increasing access.
- Expand basic substance use disorder treatment capacity.
- Offer peer provided services and recovery supports.
- Strengthen outpatient counseling/therapies, including psychiatry/medication.
- Increase availability of medication assisted treatment.

# Adult Behavioral Health Team Recommendations to Improve Access

## **Use Data to Drive Care and Policy Decisions**

- Assure use of validated assessment tools for co-occurring disorders in both SUD and MH programs.
- Develop a strategy for utilizing data.
- Expand HHR Secretary dashboard to include “real life” outcomes measures like housing stability, employment and community integration.

# Adult Behavioral Health Team Recommendations to Improve Access

## **Work to Appropriately Fund Services**

- Re-evaluate Medicaid rates for all Substance-use disorder (SUD) services to increase provider participation.
- Explore Medicaid reimbursement for persons under an ECO/TDO.
- Leverage Federal Medicaid funds for innovative services/ services for uninsured.
- Establish rotating discretionary fund to provide one-time assistance to peer-run organizations.
- Align use of DMAS and DBHDS funding to support integrated approach to serving clients with serious mental illness.
- Create a Medicaid benefit for peer services.

# Adult Behavioral Health Team Recommendations to Improve Access

## **Strengthen the Workforce**

- Require organizational self-assessment by all providers of publicly funded BH.
- Improve identification of SUD issues by requiring specific continuing medical education for licensed healthcare professionals.
- Conduct workforce assessments to identify provider availability and capabilities.

# Adult Developmental Services Questions

1. What core and mandated services should be provided, and how can we best assure quality and accountability in delivery? (Consider use of natural supports and performance measurement)
2. How can the system maximize access to services and supports for people with developmental disabilities, and eliminate the waiting list?
3. Should case management be required for everyone?

# Adult Developmental Services Team Approach

- Members
  - Self-Advocates
  - Professionals
    - Service Providers
    - Advocacy Organizations
  - SMEs
- Monthly Meetings
  - 3 hours in length
  - System Review

# Adult Developmental Services Team Recommendations to Strengthen Services

## **Prevention and Treatment Services**

- Array of services must include prevention services as well, particularly as this relates to health services (i.e. wellness education, futures planning, etc.).

# Adult Developmental Services Team Recommendations to Strengthen Services

## Case Management Should:

- Be available to all
- Be required for individuals receiving publicly funded services.
- Be reimbursed.
- Promote agency/provider collaboration.
- Offer a tiered approach for case management:
  - **Active:** Assessment, Planning, Linking, Information and Referral, Coordination, Integration, Monitoring, Education and Counseling, Enhanced Support.
  - **Follow Along:** Assessment, Linking Individuals to Requests, Information and Referral, Coordination, Education and Counseling, Status Check (phone, e-mail, letter).

# Adult Developmental Services Team Recommendations to Strengthen Services

## **Coordination of Services Across the System**

- Expand services array to include housing, transportation, education, employment, community engagement, advocacy, quality assurance and healthcare.
- In addition to services being based on person centered thinking they should also be provided in accordance with the following seven tenets:
  - Available
  - Affordable
  - Accommodating
  - Accessible
  - Accountable
  - Safe/secure
  - Equitable

# Adult Developmental Services Team Recommendations to Improve Access

## **Adopt Best Practice Standards**

- Implement waiver redesign to include needs-based supports.
- Develop more clearly defined responsibilities between agencies/providers to increase public understanding of roles.
- Work to ensure seamless processes for the consumer.
- Simplify documentation to facilitate access to services.

# Adult Developmental Services Team Recommendations to Improve Access

## **Use Data to Drive Care and Policy Decisions**

- A robust waiting list management information system is a key to effectively managing access to HCB waiver services on a priority of need basis.

# Adult Developmental Services Team Recommendations to Improve Access

## **Strengthen the Workforce**

- A recurring theme for the adult developmental services team was ensuring that individuals, families, providers, and professionals are trained in best practices in the support of individuals with developmental disabilities.

# Children & Adolescent Behavioral Health Questions

1. How should Virginia promote early intervention and prevention? (Consider the role of schools, screening, transition age youth and substance abuse)
2. What are the core and mandated services and how can quality and accountability be best assured in delivery?
3. How should the system of care principles be operationalized to help children & families and how can Virginia address system fragmentation?

# Children & Adolescent Team Approach

- The team met six times.
- At the second meeting, the team did a Strengths, Weakness, Opportunities and Threats (SWOT) analysis as a prelude to considering recommendations.
- Beginning with the third meeting, the team proposed and refined recommendations for the three charge questions. Feedback was received on the draft recommendations via email between each meeting.
- Background and follow up information were provided at each meeting.

# Children & Adolescent Team Recommendations to Strengthen Services

## **Prevention and Treatment Services**

- Mandate prevention/wellness services.
- Fund and implement public awareness campaign to decrease stigma and increase awareness of services.
- Provide in-home services.
- Child psychiatry including telemedicine and consultative approaches.

# Children & Adolescent Team Recommendations to Strengthen Services

## **Crisis Response Services**

- Offer crisis response services for children and adolescents (broader than current emergency services).

# Children & Adolescent Team

## Recommendations to Strengthen Services

### **Case Management Services**

- Provide case management services for all children, regardless of insurance status (not just those covered by Medicaid).

# Children & Adolescent Team Recommendations to Strengthen Services

## **Coordination of Services**

- Include parent peer support services in the core services to provide more consistency.

# Children & Adolescent Team Recommendations to Improve Access

## **Adopt Best Practice Standards**

- Ensure a uniform set of core BH services that localities must provide to assure access and consistency statewide.
- Establish quality standards for each core service, including access standards that define max wait times for services.
- Allow services to be provided by public or private providers, except those required by Code for CSB.
- Localities may add other services within their discretion and available funding.

# Children & Adolescent Team Recommendations to Improve Access

## **Adopt Industry Standards**

- Identify one entity to have the authority, responsibility and accountability for the secondary and tertiary BH needs of children consistent with system of care principles.
- Design a statewide system of navigation for families to improve family access to services for their children.
- Communities should create local systems of care that include the core mandated services and other services that meet community needs and improve access for families (Once a consistent state core mandated set of services is established).

# Children & Adolescent Team Recommendations to Improve Access

## **Use Data to Drive Care and Policy Decisions**

- Allocate resources for core services based on population health data analytics methods to determine children's behavioral health resource and service array needs at the local, regional, and statewide levels, including:
  - Population-based methodology;
  - Time and distance from a provider;
  - Availability to services regardless of ability to pay; and
  - Access – emergent, urgent, standard.

# Children & Adolescent Team Recommendations to Improve Access

## **Use Data to Drive Care and Policy Decisions**

- Use predictive analytics and community prevention assessments prior to onset of a disorder. Structure prevention services under core strategies:
  - ID and assessment/referral;
  - Information dissemination;
  - Education;
  - Alternative (resiliency building); and
  - Community collaboration.

# Children & Adolescent Team Recommendations to Improve Access

## **Work to Appropriately Fund Services**

- Structure funding to support philosophy of prevention and wellness.
- Create "braided funding" streams for children.

# Justice-Involved Services Questions

1. What are the behavioral health and developmental services needs of incarcerated persons and what best practices should be adopted to provide for mental health and substance abuse needs?
2. What is the role of CSBs, providers, and the state hospital in delivering services to incarcerated persons?
3. How should persons with behavioral health and developmental disabilities be diverted from the criminal/juvenile justice system and how can the system best support their re-entry to services?

# Justice-Involved Services Approach

- Team met and established ground rules, meeting schedule, and created list of resource needs/wants.
- Team met monthly, beginning in October 2014.
- Created prioritized list of needs.
- Created Action Plans for each top priority and identified actions needed.

# Justice-Involved Services Team Recommendations to Strengthen Services

## **Criminal Justice Diversion Services**

- Provide education to judges on the Risk Need Responsivity model to increase judges' understanding of the screening process, what the research shows about the positive effect of diverting low-risk offenders, and to be trained in how to use the risk screening as a guide in determining level of supervision.
- Support all law enforcement agencies in developing comprehensive Crisis Intervention Team (CIT) programs to include widespread access to CIT Assessment sites as a means of decriminalizing the mental health crisis process.

# Justice-Involved Services Team Recommendations to Strengthen Services

## **Coordination of Services**

- Develop mechanisms for notification and ongoing communication between jails/detention centers/correctional centers and CSBs to allow for a more seamless transition between incarceration and the community and when unavoidable from community to incarceration.

# Justice-Involved Services Team Recommendations to Improve Access

## **Adopt Best Practice Standards**

- Ensure access to psychotropic medications for all individuals with behavioral health needs, when appropriate.
- Implement a system for prompt screening, assessment and identification of BH, ID/DD issues, in every jail, detention and correctional center.
- Support localities in developing mental health dockets.

# Justice-Involved Services Team Recommendations to Improve Access

## **Adopt Industry Standards**

- Set standards requiring jails/detention centers/correctional facilities to have a certain % of their staff who have received advanced training in BH and ID/DD issues (to include identifying individuals with MH/ID/DD issues, responding therapeutically to individuals with MH/ID/DD issues and responding to individuals in crisis).
- Develop legislation to allow judges to order pre-trial mental health evaluations to aid judges in making bail/bond determinations.
- Develop an oversight system of evaluators who conduct pre-trial evaluations to ensure the evaluations meet the standard of practice.

# Justice-Involved Services Team Recommendations to Improve Access

## **Work Appropriately to Fund Services**

- Increase capacity of jails, detention centers and correctional centers to provide a minimum standard of behavioral health services (compared to outpatient level).