Virginia Department of Behavioral Health & Developmental Services

DBHDS Transformation Team Initiative- December 2016 IMPLEMENTATION UPDATE

STATUS

- Implemented or Implementation Underway
- Target 1 - (2016-2018)
- Target 2 - (2018-2020)
- Target 3 - (2020-2022)

PROBLEM-SOLVING CATEGORIES

- Access
- Consistency
- Quality
- Accountability

Team	Rec	Recommendation	Actions Taken	Status	Category
BH	3.13	Develop criteria for psychiatric nurses to qualify as pre-screeners and crisis providers	New CSB evaluator qualifications (July 1, 2016) address how nurses may qualify for the pre-screener role.	Implemented	**Access**
BH	3.10	Establish rotating discretionary fund to provide one time assistance to peer run organizations.	The VACSB Outcomes Committee has established such a fund for assistance for peer run organizations.	Implemented	**Access**
CA	7.4	Use the system of care principles to guide services that are strengths based, supportive, culturally and linguistically competent, community based, timely and appropriate, and provided in the least restrictive environment. *	Implemented. Through the system of are grant, High Fidelity Wrap Around has been implemented in Virginia. DBHDS has submitted an application for another system of care grant to take effect in October 2016.Ongoing commitment to system of care principles will be reflected in all future initiatives related to children and their families.	Implementation Underway - This recommendation will be implemented initially as a pilot as the next phase of implementation in 2017.	**Consistency**
CA	3.1	Establish quality standards for each of the mandated core services, including access standards that define maximum wait times for services. *	Quality standards for recommended core services were identified during the federal CCBHC planning grant process.	Implemented	**Quality**
DD	4.6	Develop a waiting list process for individuals with developmental disabilities seeking community waiver services, ensuring the process is clearly defined and all parties, including CSBs, DOE and families, are educated on the new process.	• The waiting list process was developed and is clearly defined. • To ensure consistent implementation, the community resource consultant and family resource consultants have been training case managers, service providers, the Department of Education and families and individuals regarding changes. • To date over 3,000 people have been trained statewide regarding waiver redesign and the change in the waiting list	Implemented	**Consistency**
JI	2.4	There needs to be an oversight system of evaluators who conduct pre-trial evaluations to ensure the evaluations meet the standard of practice • Only those evaluators who meet a minimal standard of practice should be allowed to conduct pre-trial evaluations • For those evaluators who produce poor evaluations, there needs to be a system of remediation	• DBHDS was lead agency on House Bill 582, a bill that creates oversight system of pre-trial evaluations. The bill went into effect July 1, 2016. • DBHDS reached out to courts, commonwealth attorneys, and public defenders to acquire the names of evaluators providing court appointed evaluations and developed an application process which began in May 2016.	Implemented	**Accountability**

Team	Rec	Recommendation	Actions Taken	Status	Category
DD	4.4	Restructure the waitlist to include Priority Three Slots • Priority Three (Active Planning) definition: The need shall be classified as Priority Three if a service is being currently sought and the system has determined that he/she may not need to access a waiver slot for more than five years as long as the current supports and services remain; however, the system should plan for future needs, as this person may present at any time. • Criteria: o The individual is receiving a service through another funding source that meets current needs. o The individual is not currently receiving a service but is likely to need a service in five or more years. o The individual has desired outcomes that, with adequate supports, will significantly improve his quality of life.	DBHDS incorporated the descriptions regarding the redefined priorities of the waiting list with minor revisions based on stakeholder feedback. These definitions were submitted as part of our waiver amendments.	Implemented - Implemented Along with September 1 implementation of Waiver Redesign	**Access**
JI	2.3	Judges need to receive education on the Risk Need Responsivity model of risk management. Judges need to better understand the screening process for justice involved individuals, 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.	In October 2015 DBHDS was awarded a Justice and Mental Health Collaboration Program (JMHCP) grant from the Bureau of Justice Assistance. With this grant DBHDS is sponsoring a Risk Need Responsivity conference on September 23, 2016. 150 people have signed up to receive the training.	Implementation underway- First training implemented- However this recommendation will need continuous attention.	**Consistency**
CA	6.5	Request DMAS to review children's services within the state Medicaid Plan (Intensive In-Home, Crisis Intervention, Crisis Stabilization) with respect to rate structure, provider qualifications, quality review, claims history and other factors to determine if revisions are warranted to avoid unintended consequences.	• Magellan has convened a workgroup to look at the continuum of care at the request of the DMAS. • This workgroup is also preparing a continuum of services that should be available across Virginia. DBHDS representatives, along with private providers, parents and youth serve on the workgroup. The DBHDS recommended uniform comprehensive service array has been used in preparing the Magellan group's recommendations which were presented to the Magellan Governance Board.		**Accountability**
CA	4.3	Address system fragmentation for services for training provide training for peers.	This recommendation is currently underway as DBHDS is implementing legislative requirement to promulgate regulations for certified peer specialists and to develop a training curriculum to support the certification process.	Implementation Underway	**Consistency**
CA	4.2	Develop standards for peer and parent support partners, including training, certification and quality assurance.	• The appropriate steps are being taken to make parent peer support a Medicaid reimbursable service. DBHDS has formed a workgroup to develop a certification process. • Parent support is also a service that is reimbursable through CSA. • The Virginia Family Network, a program of NAMI Virginia and supported through DBHDS, currently provides training to parents and parent support partners and support families in systems navigation through training, providing resources and referrals, and answering questions.	Implementation Underway - as DBHDs implements its legislative requirement to promulgate regulations for certified peer specialists and to develop a training curriculum to support the certification process.	**Consistency**
DD	1.2	Services that should be available for individuals with developmental disabilities: There is a sufficient number and geographic dispersion of qualified providers to meet the needs of the individuals requiring the particular type of service or support. *	• Asterisked recommendations reflect alignment with the Substance Abuse and Mental Health Services Administration (SAMHSA) Certified Community Behavioral health Clinics (CCBHC) model • Waiver Redesign aligns services and best practice models of services to assure people are receiving supports and services according to their support needs. • With the implementation of waiver redesign DBHDS will be able to track type and frequency of supports received as compared to support needs as identified through the Supports Intensity Scale (SIS) and other assessments.	Implementation Underway - This recommendation will be implemented initially as a pilot as the next phase of implementation in 2017.	**Consistency**

Team	Rec	Recommendation	Actions Taken	Status	Category
CA	7.3	Regular training opportunities delivered to child serving providers according to a strategic workforce development plan. These should be free to the participants and provide continuing education certificates to support licensing requirements.	The Office of Child and Family Services has developed a strategic workforce development plan, through a workforce development contract agreement with Virginia Tech using a blend of federal funding DBHDS offers training at no cost to participants. Continuing education certificates are provided to each participant to submit to his or her licensing board. There is still a need for state funding to support children's behavioral health workforce development. Recently, free training events include: o Trauma-Informed Care o Adolescent Substance Abuse o Understanding and Treating the Impact of Trauma, Domestic Violence and Substance Abuse on Adolescents o Understanding, Assessing and Treating Antisocial Youth o Conference on High-Fidelity Wraparound Services (Care Coordination) o Co-sponsorship of CSA Conference o Incentives for tuition reimbursement for those employed at CSBs after graduation.	Implementation Underway and will need continuous attention as resources allow.	**Consistency**
DD	4.1	Restructure the waitlist to include Emergency Slots: • Emergency definition: Immediate service is needed as determined by the below criteria and if all other service options have been explored and exhausted (Existing CSB Slots, CRC, RST, C3T) • Protective Services (Children or Adult) has substantiated abuse/neglect against the primary caregiver and has removed the individual from the home; or for adults, where abuse/neglect has not been substantiated but corroborating information from other sources (agencies) indicates there is an inherent risk present. There are no other unpaid caregivers available to provide support services to the individual. • Death of primary caregiver and/or lack of alternate unpaid caregiver coupled with the individual's inability to care for himself/herself and will be dangerous to self or others without supports.	DBHDS incorporated the descriptions regarding the redefined priorities of the waiting list with minor revisions based on stakeholder feedback. These definitions were submitted as part of our waiver amendments.	Implemented - Implemented Along with September 1 implementation of Waiver Redesign	**Access**

Team	Rec	Recommendation	Actions Taken	Status	Category
DD	4.2	Priority One Slots: The need shall be classified as Priority One if a service is needed within one year and the individual meets one of the following criteria. • Criteria: o An immediate jeopardy to the health and safety of the individual due to the primary caregiver having a chronic or long-term physical/psychiatric condition or other conditions that significantly limits the ability of the primary caregiver (or caregivers) to care for the individual; there are no other unpaid caregivers available to provide supports; o There is a risk to the health or safety of the applicant, primary caregiver, or other person living in the home due to either of the following conditions: • The individual's behavior or behaviors present a risk to himself or others that cannot be effectively managed by the primary caregiver or unpaid provider even with generic or specialized support arranged by the case manager • There are physical care needs (such as lifting or bathing) or medical needs that cannot be managed by the primary caregiver even with generic or specialized supports arranged by the case manager; o The individual lives in an institutional setting and has a viable discharge plan in place; or o The individual is young adult transitioning and is no longer eligible for IDEA services. (e.g., in a foster care, residential setting, etc.). After age 27, these criteria will no longer apply. [Note: Employment should be a priority for all transition aged youth.]	DBHDS incorporated the descriptions regarding the redefined priorities of the waiting list with minor revisions based on stakeholder feedback. These definitions were submitted as part of our waiver amendments.	Implemented - ImplementedAlong with September 1 implementation of Waiver Redesign	**Access**
BH	4.9	Exploit Medicaid innovations such as Delivery System Reform Incentive Payment (DSRIP) for critical infrastructure related to data and IT at state, local and provider level*	DMAS has submitted an application to Center for Medicare and Medicaid Services (CMS) for a DSRIP Medicaid waiver. Virginia's DSRIP proposal aims to develop critical infrastructure based upon the principles of the Triple Aim of better care, improved health, and lower costs by incentivizing reforms to transition away from expensive episodic treatment of disease toward a prevention and management of health and wellness among the Medicaid population.	Submitted - DBHDS will continue to pursue this matter as other opportunities arise.	**Quality**
BH	1.8	Peer provided services and recovery supports*	DBHDS proposed HB 583 pertaining to peer providers; which gives the Commissioner authority to certify Peer Recovery Specialist (CPRS) for the State of Virginia in accordance with developed regulations. The bill was passed in General Assembly session 2016. • DBHDS set standards for Peer Support Credentialing and has contracted with the Virginia Certification Board (VCB), a member of the International Certification and Reciprocity Consortium (IC&RC), to administer the Peer Recovery Support Certification. • DBHDS has developed a Scope of Practice for Peer Recovery Specialists, completed March 2016 • DBHDS has developed recommended standards for supervision of CPRS by a mental health professional. • Peer services will be both standalone and integrated into the above listed services. • DBHDS is collaborating with the Department of Medical Assistance Services regarding methodologies to implement Medicaid funded Certified Recovery Support services. Planned Actions: • The development of a Virginia CPRS Curriculum was completed by 1/2017. • Training of CPRS Trainers to began 1/2017. • Development of training for CPRS Supervisors with training to begin 3/2017.	Implementation underway - Major actions completed or in process	**Access**

Team	Rec	Recommendation	Actions Taken	Status	Category
BH	3.2	Fully implement behavioral health peer training and certification* as a strategy to maximize access.	See above. (BH 1.8)	Implemented - Major actions completed or underway	**Access**
DD	4.3	Restructure the waitlist to include Priority Two Slots • Priority Two definition: The need shall be classified as Priority Two if a service is needed between one to five years and the individual meets one of the following criteria. • Criteria: o Likely to be future jeopardy to the health and safety of the individual due to the primary caregiver having a declining chronic or long-term physical or psychiatric condition or conditions that significantly limits the ability of the primary caregiver (or caregivers) to care for the individual; there are no other caregivers available to provide supports; and the individual's skills are declining as a result of lack of supports; o The individual is at risk of losing employment supports; o The individual is at risk of losing housing due to lack of adequate supports and services; o The individual has desired outcomes that, with adequate supports, will significantly improve his quality of life.	DBHDS incorporated the descriptions regarding the redefined priorities of the waiting list with minor revisions based on stakeholder feedback. These definitions were submitted as part of our waiver amendments.	Implemented Along with September 1 implementation of Waiver Redesign	**Access**
BH	1.5	Core and mandated behavioral services across the lifespan should include: Same Day Access to improve screening /assessment/ and referral for behavioral health care across the lifespan.* To assure access as early as possible, increase capacity for timely access to screening, assessment, outpatient counseling, including psychiatry.* Basic SUD treatment capacity must be increased with state general funds or Medicaid expansion	The Department of Medical Assistance Services substance use disorder initiatives aim to increase access to residential and inpatient detox services for individuals enrolled in Medicaid. Additional State General Funds will be needed to address SUD needs of the uninsured. DBHDS has included Same Day Access as a first priority in its STEP-VA model for transforming Virginia's behavioral health services.	Target 1	**Access**
BH	3.3	Add behavioral heath peer and community health worker services as a funded Medicaid benefit*	See note below the table for more information on the recommendations with asterisks.	Target 1	**Access**
BH	3.4	Expand tele-health across the lifespan and across disabilities to improve emergency and prescriber access*	See note below the table for more information on the recommendations with asterisks.	Target 1	**Access**
BH	4.12	Address behavioral health workforce shortages by developing credentialing standards that are specific to the work being performed*	See note below the table for more information on the recommendations with asterisks.	Target 1	**Access**
BH	4.16	Expand funding to provide ongoing rent subsidies based on the Section 8 model	DBHDS continues to explore opportunities for possible implementation strategies.	Target 1	**Access**
BH	4.19	Use additions to the state plan or a waiver to support services for individuals with behavioral health disorders such as job finding, intake and assessment and follow along supports from an employment specialist.	DBHDS continues to explore opportunities for possible implementation strategies.	Target 1	**Access**
BH	3.6	Review the continuum of services that the Virginia Department of Medical Assistance Services (DMAS) currently funds across the lifespan and across disabilities 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 Emergency Custody Order (ECO)/Temporary Detainment Order(TDO) - 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*	DBHDS continues to explore opportunities for possible implementation strategies.	Target 1	**Accountability**

Team	Rec	Recommendation	Actions Taken	Status	Category
BH	2.4	Improve identification of substance use disorder (SUD) issues by requiring specific Continuing Medical Education (CME) for licensed healthcare professionals to better integrate mental health and substance use disorder services.	Specific continuing medical education requirements related to substance use disorders is under active discussion at the Virginia Department of Health Professions.	Target 1	**Consistency**
BH	3.8	Convene a workgroup with private hospitals and CSB and DBHDS representation, to develop strategies to better serve behavioral health clients denied admission to local hospitals because of co morbid conditions or behavioral challenges.	DBHDS has initiated preliminary discussions with the Virginia Association of Community Services Boards (VACSB) and the Virginia Hospital and Healthcare Association.	Target 1	**Quality**
CA	5.1	DBHDS should implement the CCBHC or a similar structure across the lifespan in as many areas of the state as possible. *	DBHDS has included CCBHC measures in the development of the System Transformation Excellence and Performance in Virginia (STEP-VA) model for the future of Virginia's behavioral health services system. DBHDS has proposed a phased in, minimum 6 year implementation plan for consideration.	Target 1	**Access**
CA	7.1	Create an "Assessment Center" or same day access mechanism at each CSB with services to include behavioral health services for children. Goals for the center could be: o meet families and discuss their needs o Link them with public or private evidence based services o Follow them on a minimum weekly basis to ensure services are being provided in the system of care model o A Parent Peer Support Partner would be assigned to each family	DBHDS has included several of these measures in the development of the System Transformation Excellence and Performance in Virginia (STEP-VA) model for the future of Virginia's behavioral health services system. DBHDS presented Same Day Access for consideration in the FY 2017-2018 biennium. The Governor's introduced budget for FY 2017-2018 includes $6.9 million for 25 Community Services Boards to implement Same Day Access Services by July 1, 2019.	Target 1	**Access**
CA	8.5	Require an MOU between each local school division and the local CSB/BHA that provides a clear and streamlined referral process for children with behavioral health issues and supports school-based services provided by the CSB/BHA. Develop model MOU to provide guidance to local divisions/CSBs.	• Through HJ586, a legislative study on mental health screening in schools, DBHDS is working with the Department of Education (DOE) to explore screening, as well as the availability of basic behavioral health services in schools, and is due on November 30, 2016. • Project Aware, a SAMHSA grant to Virginia, focuses on wellness and resiliency in education, implementing strategies for early identification and support of children in schools who may have behavioral health problems. DOE is leading the grant implementation. DBHDS, along with a parent and a youth currently serve on the Project AWARE State Management Team.	Target 1	**Accountability**
CA	4.1	Design a statewide system of navigation for families to improve family access to services for their children. The navigation system would have the following qualities: o Uniform navigation for families with one-stop access o State-required uniformity o There should be statewide funding for family support in all areas of the system. o Paid parent support partner positions should be defined and established. o A billable service (initially may be supported by Medicaid, but should not be limited to Medicaid long-term) o Family members should be on all policy- and decision-making bodies.	• The appropriate steps are being taken to make parent peer support a Medicaid reimbursable service as part of the DMAS work to include peer services as part of the State Medicaid Plan. Some portions of this recommendation will be fulfilled by the peer specialist activities described. • DBHDS is developing regulations and a certification training curriculum to support certification of peers. Training curriculum was completed by 12/31/16. • Parent support is also a service that is reimbursable through CSA. • The Virginia Family Network, a program of NAMI Virginia and supported through DBHDS, currently provides training to parents and parent support partners and support families in systems navigation through training, providing resources and referrals, and answering questions.	Target 1	**Consistency**

Team	Rec	Recommendation	Actions Taken	Status	Category
CA	8.1, 8.3	We can serve the needs of all Virginia children and youth through a coordinated approach and collaborative partnership with each local school division. This includes identifying high-risk children and offering programming to build resilience on site in schools with an emphasis on positive school climate. Use existing school structures, such as the multi-tiered systems of supports, to facilitate this process. This model includes: o Universal prevention efforts for all students, o Targeted interventions for at-risk students, and o Intensive interventions/wrap-around services for students with more intensive needs	• Through HJ586, a legislative study on mental health screening in schools, DBHDS is working with the Department of Education (DOE) to explore screening, as well as the availability of basic behavioral health services in schools, and is due on November 30, 2016. • Project Aware, a SAMHSA grant to Virginia, focuses on wellness and resiliency in education, implementing strategies for early identification and support of children in schools who may have behavioral health problems. DOE is leading the grant implementation. DBHDS, along with a parent and a youth currently serve on the Project AWARE State Management Team.	Target 1	**Consistency**
DD	1.1	The core services for individuals with developmental disabilities should include: • Housing • Health Care (including behavioral health)* • Transportation • Education • Employment/Retirement • Community Engagement • Advocacy • Case Management	• Waiver Redesign aligns services and best practice models of services to assure people are receiving supports and services according to their support needs. • With the implementation of waiver redesign DBHDS will be able to track type and frequency of supports received as compared to support needs as identified through the Supports Intensity Scale (SIS) and other assessments. • The center for excellence was a recommendation born out of the desire to have services that aligned with national best practices. While this is not currently a distinct entity, each program under the division of developmental services has been requested/encouraged to incorporate best and promising practices into their planning documents as they implement the new services identified under the waiver redesign.	Target 1	**Access**
JI	2.5	All law enforcement agencies should have Crisis Intervention Team (CIT) programs. DBHDS and DCJS should work to educate all chief law enforcement officers about the importance of and benefit of CIT.	• DBHDS continues to fund and provide technical assistance for CIT and CIT Assessment Sites. DBHDS has two FTEs devoted specifically to CIT/ CIT Assessment Sites. • DBHDS provided one-time funding to five programs to help stimulate the development of CIT in their communities. In April 2016 DBHDS issued a RFA to fund additional CIT assessment sites. • With existing funding, some CIT assessment sites have initiated a transportation program whereby an individual who is the subject of a TDO can be taken to the receiving facility by the CIT Assessment Site security staff rather than having the police officer/sheriff deputy return to make the transport. • DBHDS has been sharing this model with other programs.	Target 1	**Access**
JI	6.1, 7.1	Available and/or standardized services for incarcerated individuals should include: Screening (using a validated screening instrument) upon admission for the existence of behavioral health issues by staff qualified/trained to perform screenings	DBHDS continues to explore opportunities for possible implementation strategies.	Target 1	**Access**
JI	6.1, 7.1	Available and/or standardized services for incarcerated individuals should include: Presence of jail/correctional/ detention staff who are trained in crises de-escalation and active listening/problem solving skills	DBHDS continues to explore opportunities for possible implementation strategies.	Target 1	**Access**
JI	6.1, 7.1	Available and/or standardized services for incarcerated individuals should include: Discharge planning services • Include application for resumption of benefits • Include assistance in locating affordable, safe housing • Aftercare appointment for mental health services with strong preference for same day access • "Warm" handoff from jail to community treatment provider	DBHDS continues to explore opportunities for possible implementation strategies.	Target 1	**Access**

Team	Rec	Recommendation	Actions Taken	Status	Category
JI	1.3	A system for the prompt screening, assessment, and identification of justice involved individuals with behavioral health and/or intellectual disability issues needs to be in place in every jail, detention center, and correctional center. • Standardized screening tools • Staff who administer the screenings/assessment must be adequately trained • Policies/procedures/protocols for how to respond (to include referral to practitioner, safety precautions, etc) if/when an individual is screened to potentially have a behavioral healthcare issue • Systems need to be put in place to assess for veteran status and ensure a prompt referral to the VA service provider agency is made	• DCJS has received funding for jail based mental health pilot projects. • DBHDS is collaborating with DCJS on this project and shared the recommendations from the Justice Involved Transformation Team with DCJS and the recommendations have been reflected in the eligibility requirements specified in the funding. • Eligibility will include the use of standardized screening tools and DCJS has asked DBHDS to set this standard. • Funded programs will also be required to have standardized protocols for further assessment for those who screen positive on the screening tool.	Target 1	**Consistency**
JI	1.4	Develop mechanisms for notification (upon entry to the facility) and ongoing communication between jails/detention centers/correctional centers and CSBs to allow for a more seamless transition for justice involved individuals from jail/detention centers/correctional centers back to the community. • There should be a sharing of clinically relevant information between the jails/detention centers/correctional centers, CSBs, hospitals, courts, VA, and other relevant agencies. • Every community should have a re-entry committee that identifies individuals who are soon-to-be released and collaborate with various agencies/resources to develop discharge plans.	• DBHDS was the lead agency on SB342/ HB645 which was designed to improve communication between the Courts and treatment providers/evaluators. The bill passed during the General Assembly session of 2016. • DCJS received funding for jail based mental health pilot projects. DBHDS has been collaborating with DCJS on this project and shared the recommendations from the Justice Involved Transformation Team with DCJS and the recommendations clearly were reflected in the eligibility requirements specified in the funding. Eligibility will include the existence of communication protocols between the jails and community providers. It is hoped that these pilot projects can demonstrate the value of such communication and that such communication protocols will soon become the standard in all communities.	Target 1	**Consistency**
JI	2.1	Localities should be supported in developing mental health dockets as part of problem solving courts • Dockets should include MH, SA, and Veterans • Need to identify ongoing funding to support dockets • Need funding to purchase services, for housing, and for transportation	• Senate Bill 317, Senate Bill 26, Senate Bill 380, House Bill 96, and House Bill 1057 were all bills before the General Assembly during the 2016 session dealing with problem solving courts. DBHDS was the lead agency for the administration on several of these bills. While none of the bills passed, the General Assembly did include budget language requiring DBHDS to study and make recommendations about problem solving courts. • The General Assembly allocated funds to DBHDS to expand Permanent Supportive Housing initiative. • In October 2015 DBHDS was awarded a Justice and Mental Health Collaboration Program (JMHCP) grant from the Bureau of Justice Assistance. With this grant DBHDS will be able to support one or two behavioral health dockets starting in October 2016.	Target 1	**Consistency**

Team	Rec	Recommendation	Actions Taken	Status	Category
JI	3.1	General consensus was that to promote quality, access, and continuity of care for justice involved individuals it would be best if CSBs were the designated provider of services for this population. There are some significant challenges to having the CSBs as the provider of behavioral health services in jail. Ultimately Transformation Team agreed that it was best not to dictate provider of jail/detention based services, but instead set minimum standards for services: • Caveat #1 – Every jail should have at least one staff member whose primary job is to aid in coordinating release planning. General Assembly should fund the creation of these positions. • Caveat #2 – Regardless of who is providing BH services in the jail, each CSB should have at least one staff member whose primary responsibility is coordinating release planning for individuals releasing from jail and needing follow up services from the CSB. General Assembly should fund the creation of these positions.	• DCJS received funding for jail based mental health pilot projects. • DBHDS has been collaborating with DCJS on this project and shared the recommendations from the Justice Involved Transformation Team with DCJS and the recommendations clearly were reflected in the eligibility requirements specified in the funding. Eligibility will include the existence of collaborative partnerships between the jail and the CSB. Funds can be used to hire staff specifically designated for discharge/reentry planning. It is hoped that these pilot projects can demonstrate the value of such partnerships and that such partnerships will soon become the standard in all communities. • DBHDS was the lead agency in initiating the re-establishment of a Memorandum of Understanding between VADOC, DBHDS, and all 40 CSBs with regard to discharge planning for individuals with mental health issues who are being released from VADOC facilities. All 40 CSBs signed the MOU which went into effect 4/1/16.	Target 1	**Consistency**
BH	4.11	Continue strategies to expand the use of best practices, promising practices and evidence based practices for individuals across the lifespan and across disabilities.*	DBHDS has identified the STEP-VA model as the vehicle and vision to address this recommendation.	Target 1 This recommendation is a significant long-term initiative that would take at least three bienniums to accomplish.	**Quality**
BH	4.14, 4.15	Engage with state agency partners to develop a broad strategy for expanding housing options for public clients and partner with private organization or other public agencies to develop SRO options	DBHDS continues to explore opportunities for possible implementation strategies.	Target 2	**Access**
BH	5.2, 5.3	Rebuild underdeveloped substance use disorder services* including funding medication assisted treatment and funding for the uninsured.*	DBHDS has presented medication assisted treatment for consideration as a funding target for the 2018-2020 biennium in its STEP-VA model.	Target 2	**Access**
BH	5.4, 5.7	Rebuild underdeveloped substance use disorder services* including adjusting Medicaid rates to a level that attracts providers, residential and detox services.	DBHDS has partnered with DMAS throughout 2016-2017 to implement the Addiction Recovery Treatment Services waiver, which increases Medicaid rates and strengthens the substance use disorder provider workforce to address the shortage. DBHDS has presented medication assisted treatment (MAT) for consideration as a funding target for the 2018-2020 biennium in its STEP-VA model. The Governor's introduced budget for FY 2017-2018 includes $5 million for MAT.	Target 2	**Access**
BH	2.2, 2.3	Require organizational self assessment by all providers of publicly funded behavioral healthcare and assure use of validated assessment tools for co-occurring disorders in both SUD and mental health programs.*	See note below the table for more information on the recommendations with asterisks. • Community Needs Assessments (CNA) have been completed for 8 Community Services Boards that participated in the Certified Community Behavioral Health Clinics (CCBHC) Phase I Planning Grant. The CNAs will serve as a template for the remainder of CSBs to conduct the same assessment across Virginia.	Target 2	**Accountability**
BH	3.5	Evaluate achieving economies of scale for behavioral health emergency response through regional or multi jurisdictional consolidation [especially after hours in areas of low demand]	DBHDS continues to explore opportunities for possible implementation strategies.	Target 2	**Accountability**

Team	Rec	Recommendation	Actions Taken	Status	Category
BH	3.13	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.	See note below the table for more information on the recommendations with asterisks. DBHDS has included these measures in the development of the System Transformation Excellence and Performance in Virginia (STEP-VA) model for the future of Virginia's behavioral health services system.	Target 2	**Accountability**
BH	4.10	Develop incentive payments for outcomes, improvements and the incorporation of best practices for community behavioral health providers.*	DBHDS continues to explore opportunities for possible implementation strategies.	Target 2	**Accountability**
BH	4.3	Reduce fragmentation of services and implement strategies to create a single system of care across disabilities and across the lifespan by formally defining the roles of CSBs and private providers, formally defining the relationship that needs to exist between local CSBs and private providers in their areas, and requiring a single person-centered plan of care that includes CSB Targeted Case Management for those needing multiple publicly funded long term services.*	See note below the table for more information on the recommendations with asterisks.	Target 2	**Consistency**
BH	5.12	Develop an allocation formula: Include such variable as population, household below 200% FPL, number of uninsured residents, Medicaid enrollment, and adjust for cost of living and other available resources. Areas with less than a base population [e.g. 50,000 or 100,000] receive a set minimum based on available funding.	DBHDS continues to explore opportunities for possible implementation strategies.	Target 2	**Consistency**
BH	2.5	Conduct workforce assessment regarding availability and capability of behavioral health providers to ensure co-occurring are best treated*	See note below the table for more information on the recommendations with asterisks.	Target 2	**Quality**
BH	4.17	Develop funding initiatives for evidence based individual placement and support employment services in disabilities across the system.	DBHDS continues to explore opportunities for possible implementation strategies.	Target 2	**Quality**
BH	2.7, 2.10	Improve behavioral and physical healthcare by strengthening case manager/practitioner skill in understanding and coordinating physical health care and promote wellness activities by behavioral healthcare providers [role for peers]*	DBHDS continues to explore opportunities for possible implementation strategies.	Target 2	**Quality**
CA	7.2	Workforce development is needed to assure the workforce prepared to implement the core and mandated services across disabilities and across the lifespan. An effective workforce development initiative should include strategies to increase the number of professionals, including in the following disciplines: o child psychiatrists o nurse practitioners o physician assistants o Licensed mental health clinicians (LCSW, LPC, LCP, etc.) o Parent peer support partners (oversight by the Virginia Family Network)	• The appropriate steps are being taken to make parent peer support a Medicaid reimbursable service, which will support the expansion of the role in Virginia. DBHDS has formed a workgroup which has developed a certification process. • Parent support is also a service that is reimbursable through Comprehensive Services Act. The Virginia Family Network currently provides training to parent support partners and provides technical assistance and support through its monthly e-newsletter and annual Family and Youth Leadership Summit.	Target 2	**Consistency**
DD	3.1-3.4	Case management should be available and funded for all individuals with developmental disabilities, and the requirements for case management should be revisted.* Case management should have a tiered approach: • Active - Assessment*, Planning*, Linking, Information and Referral, Coordination, Integration, Monitoring*, Education and Counseling, May…Enhanced Support • Follow Along - Assessment, Linking individual to requests, Information and Referral, Coordinating – Episodic?, Education and Counseling, Status check (phone, email, letter) • Frequency • Reimbursed	• There is currently a work group that involves representation from the DBHDS, DMAS and the VACSB that is looking at the future of case management services in general. • Asterisked recommendations reflect alignment with the Substance Abuse and Mental Health Services Administration (SAMHSA) Certified Community Behavioral health Clinics (CCBHC) model.	Target 2	**Access**
DD	5.1	Key elements for a child crisis system for individuals with developmental disabilities include multi-faceted program that focuses on prevention.	DBHDS is working with the five regions to bring up a consistent child crisis service delivery system that includes the elements recommended by the team. All of the five regions are providing preventative services across the Commonwealth.	Target 2	**Access**

Team	Rec	Recommendation	Actions Taken	Status	Category
DD	5.3	Key elements for a child crisis system for individuals with developmental disabilities include respite services with appropriate therapeutic supports and services.	DBHDS is working with the five regions to bring up a consistent child crisis service delivery system that includes the elements recommended by the team. An RFP was disseminated in November 2016 and submissions were due 12/13/16.	Target 2	**Access**
DD	5.4	Key elements for a child crisis system for individuals with developmental disabilities include mobile supports.	DBHDS is working with the five regions to bring up a consistent child crisis service delivery system that includes the elements recommended by the team. Mobie supports are available 24/7 in four of the five developmental Regions. Region 1 is in the process of restructuing their child mobile supports to offer them 24/7. This should be complete by January 1, 2017.	Target 2	**Access**
DD	4.6	Now that the waiting list process for individuals with developmental disabilities seeking community waivers has been clearly defined and all parties have been or are being educated, the next steps include ensuring: • The process is consistently implemented • There is a verification process • SIS implementation for Priority One slots	DBHDS continues to explore opportunities for possible implementation strategies.	Target 2	**Accountability**
DD	5.2	Key elements for a child crisis system for individuals with developmental disabilities include cross-system collaboration and linkages.	DBHDS is working with the five regions to bring up a consistent child crisis service delivery system that includes the elements recommended by the team.	Target 2	**Quality**
JI	2.5	There should be CIT and CIT Assessment Sites within reach of every Virginia jurisdiction.	• DBHDS continues to fund and provide technical assistance for CIT and CIT Assessment Sites. DBHDS has two FTEs devoted specifically to CIT/ CIT Assessment Sites. • DBHDS provided one-time funding to five programs to help stimulate the development of CIT in their communities. In April 2016 DBHDS issued a RFA to fund additional CIT assessment sites.	Target 2	**Access**
JI	2.5	Police would like a drop-off center where they could bring individuals experiencing a mental health crisis who can be diverted from jail and then not have to return later, regardless of outcome.	• With existing funding, some CIT assessment sites have initiated a transportation program whereby an individual who is the subject of a TDO can be taken to the receiving facility by the CIT Assessment Site security staff rather than having the police officer/sheriff deputy return to make the transport.	Target 2	**Access**
JI	2.5	Crisis Stabilization Programs should be integrated into the emergency response network and should be expanded to include possible admission of individuals destined for incarceration	DBHDS continues to explore opportunities for possible implementation strategies.	Target 2	**Access**
JI	6.1, 7.1	Available and/or standardized services for incarcerated individuals should include: Sufficient availability (either live or via tele-psychiatry) of psychiatrist, psychiatric nurse practitioner, or psychiatric physician assistant to meet both the acute and chronic behavioral health needs of the individuals within the facility. • For those experiencing acute issues – access should be no less frequent than once per month • For those experiencing chronic issues (whose mental status is at baseline) – access should be no less frequent than once every three months	DBHDS is participating in conversations across Secretariats and with regional jails to addess these issues and need for implementation.	Target 2	**Access**

Team	Rec	Recommendation	Actions Taken	Status	Category
JI	1.1	A follow-up appointment with a psychiatrist should be scheduled prior to justice- involved individuals' release from jail/ detention centers/ correctional centers	• The Governor's introduced budget included funding of $2.5 million in FY '17 and FY '18 to fund pilot jail based behavioral health demonstration projects. The General Assembly approved $1 million in FY '17 and $2.5 million in FY '18. • DBHDS is collaborating with the Department of Criminal Justice Services (DCJS) on the pilot projects for jail based behavioral health demonstrations. The eligibility requirements include strong cross agency collaboration and funds can be used for a variety of projects, including to improve the array of medications accessible to individuals in jail and/or to provide for a supply of medications upon release from the jail. A Request for Proposals was issued in summer 2016 an DBHDS participated in the selection process. Six programs were selected for funding in Fall 2016, and DBHDS collaborated with DCJS on an orientation to the programs regarding standardized screening and assessment processes. DBHDS continues to offer technical assistance to the selected pilot projects.	Target 2	**Consistency**
JI	1.5	Standards should be set requiring jails/detention centers/correctional centers to have a certain percent of their staff who have received advanced training in behavioral health and intellectual and developmental disabilities issues (ID/DD) (to include identifying individuals with mental health ID/DD issues, and responding to individuals in crisis. • Topics to include, but not limited to: Trauma-informed care, Crisis Intervention Training (CIT) for Corrections, Mental Health First Aid, positive behavioral supports, etc. • Incentivize compliance	• While definitive standards have not yet been established, many jails continue to seek advanced behavioral health training for their officers. • In April 2016 the Virginia Department of Corrections (DOC) held its first Crisis Intervention Team (CIT) training and intends to train officers throughout the DOC system in CIT. • Many local/regional jails continue to seek CIT training or Mental Health First Aid training for their officers. • DBHDS along with DCJS are the state agency leads on the CIT initiative.	Target 2	**Consistency**
JI	2.2	There should be a statute in the Code to allow judges to order pre-trial mental health evaluations to aid judges in making bail/bond determinations. • Will require a Code change • Will require funding for evaluations • Need to determine who is qualified to perform these evaluations	DBHDS continues to explore opportunities for possible implementation strategies.	Target 2	**Consistency**
JI	2.5	Law enforcement agencies should include guidance on making determination to arrest vs. divert to mental health care in their written policies and procedures	DBHDS continues to explore opportunities for possible implementation strategies.	Target 2	**Consistency**
JI	6.1, 7.1	Available and/or standardized services for incarcerated individuals should include: Mechanisms/policies/ practices/resources to refer those who score (+) on behavioral health screen or suicide screen to a trained mental health professional for a more in-depth assessment and when indicated the development of a treatment plan to address the needs.	DBHDS continues to explore opportunities for possible implementation strategies.	Target 2	**Consistency**
JI	6.1, 7.1	Available and/or standardized services for incarcerated individuals should include: Admission Behavioral Health Assessment (by qualified/trained staff) conducted within a maximum of 72 hours post screening with indication of potential behavioral health issues • Assessment should identify current behavioral health treatment needs • Assessment of feasibility for diversion • Assessment of needs to decrease risk of re-offense • For those identified as being SMI, prompt notification of the CSB as likely these individuals will require significant post-release services • For those identified as being at risk to self or others or at risk of harm to self due to inability to care for self, CSB should be immediately contacted to evaluate for need for inpatient care pursuant to §19.2-169.6	DBHDS continues to explore opportunities for possible implementation strategies.	Target 2	**Quality**

Team	Rec	Recommendation	Actions Taken	Status	Category
JI	6.1, 7.1	Available and/or standardized services for incarcerated individuals should include: Psychiatric Assessment by psychiatrist or psychiatric nurse practitioner or psychiatric physician assistant within 5 days of the Admission Behavioral Health Assessment	DBHDS continues to explore opportunities for possible implementation strategies.	Target 2	**Quality**
JI	6.1, 7.1	Available and/or standardized services for incarcerated individuals should include: Best practices including access to trained forensic peers and/or WRAP facilitators	DBHDS continues to explore opportunities for possible implementation strategies.	Target 2	**Quality**
BH	1.7	Core and mandated behavioral services across the lifespan should include: Medication Assisted Treatment* In addition to funding, strategies to encourage more providers will be needed.	See note below the table for more information on the recommendations with asterisks. DBHDS has included medication assisted treatment as a funding target for the 2018-2020 biennium in its STEP-VA model. The Governor's introduced budget for FY 2017-2018 includes $5 million for MAT.	Target 2	**Access**
BH	1.2	Core and mandated behavioral services across the lifespan should include: an emergency services/crisis continuum of interventions,* case management [with caseload size standards],* and medically supervised detoxification in a variety of settings.*	• DBHDS implemented new certification standards for emergency evaluators as of July 1, 2016 • DBHDS implemented new required training for emergency evaluators as of July 1, 2016	Target 2 - This recommendation is a significant long-term initiative that would take at least two bienniums to accomplish	**Access**
DD	1.3-1.8	Develop a quality monitoring system for the core services for individuals with developmental disabilities, ensuring that the services are: affordable, accommodating, accessible, accountable, safe/secure and equitable.	• Waiver Redesign aligns services and best practice models of services to assure people are receiving supports and services according to their support needs. • With the implementation of waiver redesign DBHDS will be able to track type and frequency of supports received as compared to support needs as identified through the Supports Intensity Scale (SIS) and other assessments.	Target 2 - This recommendation is a significant long-term initiative that would take multiple bienniums to accomplish	**Quality**
BH	5.10, 5.11	Support service consistency by targeting funding both to best practices and to under resourced areas* including adopting a two pronged approach to new funding and grant funds for best practices and to fill service gaps. Allow reasonable flexibility to allow rural areas to compete.*	DBHDS continues to explore opportunities for possible implementation strategies.	Target 2 This recommendation is a significant long-term initiative that would take at least three bienniums to accomplish	**Consistency**
BH	2.6	Improve behavioral and physical healthcare by focusing on public clients with high behavioral health and high physical health needs.* Seek opportunities for co locating primary health care in CSB settings through partnerships with other safety net healthcare entities: FQHCs, free clinics, and Medicaid Health Management Organizations.* Support CSBs becoming health homes for persons with SMI and chronic serious co-morbid physical health conditions* Effective models exist around the state involving partnerships between CSBs and FQHCs and free clinics.	See note below the table for more information on the recommendations with asterisks. DBHDS has presented primary care integration for consideration as funding target for the 2018-2020 biennium in its STEP-VA model.	Target 2 This recommendation is a significant long-term initiative that would take at least three bienniums to accomplish.	**Quality**
BH	5.5, 5.8, 5.9	Rebuild underdeveloped substance use disorder services* including requiring private insurance to have this as a covered benefit, targeting young adults and employment services.		Target 3	**Access**
BH	4.8	Move to a more outcome based payment system for community behavioral health providers.*	See note below the table for more information on the recommendations with asterisks.	Target 3	**Accountability**
BH	3.9	Adopt industry standard access targets to measure the progress of the behavioral health system in increasing access measure progress against these benchmarks.* May require additional IT infrastructure	See note below the table for more information on the recommendations with asterisks.	Target 3	**Quality**
BH	3.12	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* Develop single data system to measure key performance indicators across all providers of publicly funded services [Currently data is at DBHDS, DMAS/Magellan, HMOs.]*	See note below the table for more information on the recommendations with asterisks.	Target 3	**Quality**

Team	Rec	Recommendation	Actions Taken	Status	Category
CA	5.3	Use a local planning process to meet the specific local population's needs across disabilities and across the lifespan. *		Target 3	**Accountability**
CA	4.5	Once a consistent state core mandated set of services is established, communities should create local systems of care for children's services that include the core mandated services and other services that meet community needs and improve access for families.* This should be accomplished through mandatory training sessions comprised of all CSB staff and other child service delivery partners providing services through public funding. Initial training in this model should be followed by periodic booster training sessions and reviews of this model to ensure consistent compliance with established policy and procedures.	• The STEP-VA process, offers the opportunity to establish a uniform set of services, increase timely access, and will result in reduced fragmentation and many other quality and accountability improvements.	Target 3	**Consistency**
CA	5.4	Functions such as the Part C Early Intervention local lead agency role should be provided by the CSB to increase consistency. This would reduce fragmentation, as well as administrative and contracting costs that currently exist in the system.	DBHDS continues to explore opportunities for possible implementation strategies.	Target 3	**Consistency**
CA	3.2	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, considering the following: o Population-based methodology o Time and distance from a provider o Availability to services regardless of ability to pay* o Access – emergent, urgent, standard*	DBHDS continues to explore opportunities for possible implementation strategies.	Target 3	**Quality**
CA	8.4, 8.6	Request the Board of Education (BOE) to consider including minimum staffing requirements for all student support positions in the BOE's Standards of Quality to address the full continuum of children's behavioral health needs. Other school-based services should include: o Parent peer support partners to meet with parents seeking services o Mental Health First Aid in schools o School partnerships with local juvenile and domestic relations courts to divert children to behavioral health care programs to address in-school behaviors resulted in criminal charges o Clinical Case Management (a QMHP in Every School), o Therapeutic Day Treatment for every child who meets criteria o Specialized treatment services for adolescent substance abuse disorders	• Through HJ586, a legislative study on mental health screening in schools, DBHDS is working with the Department of Education (DOE) to explore screening, as well as the availability of basic behavioral health services in schools, and is due on November 30, 2016. • Project Aware, a SAMHSA grant to Virginia, focuses on wellness and resiliency in education, implementing strategies for early identification and support of children in schools who may have behavioral health problems. DOE is leading the grant implementation. DBHDS, along with a parent and a youth currently serve on the Project AWARE State Management Team.	Target 3	**Consistency**
DD	4.2	Eliminate the waitlist for individuals with developmental disabilities by requesting sufficient waiver slots to ensure all priority one needs are being met.	Data from the newly redesigned waivers will allow DBHDS to determine how many additional priority one slots are required to meet the need.	Target 3	**Quality**
DD	5.5	Create a Center for Excellence for coordinated focus on transition aged youth with developmental disabilities, promising practices for transition aged youth with developmental disabilities, and communities of practice (COPAs and regional nurse meetings)	DBHDS continues to explore opportunities for possible implementation strategies.	Target 3	**Quality**
JI	6.1, 7.1	Available and/or standardized services for incarcerated individuals should include: Access to jail environment which supports psychiatric/ behavioral stability • Non-lockdown environment for those who don't require isolation • Access to structured activities • Ability to interact with staff and peers • Environment, which to the degree possible, does not re-traumatize individual	DBHDS continues to explore opportunities for possible implementation strategies.	Target 3	**Access**

Team	Rec	Recommendation	Actions Taken	Status	Category
JI	1.2	Develop a mechanism/policy/practice to ensure justice involved individuals can either receive the medications they were receiving prior to incarceration/detention and/or a mechanism for prompt psychiatric assessment with resulting prescription for medications (when needed). Justice involved individuals should receive a standard supply or medications (or a prescription to receive the medications) upon release from incarceration/ detention	• The Governor's introduced budget included funding of $2.5 million in FY '17 and FY '18 to fund pilot jail based behavioral health demonstration projects. The General Assembly approved $1 million in FY '17 and $2.5 million in FY '18. • DBHDS is collaborating with the Department of Criminal Justice Services (DCJS) on the pilot projects for jail based behavioral health demonstrations. The eligibility requirements include strong cross agency collaboration and funds can be used for a variety of projects, including to improve the array of medications accessible to individuals in jail and/or to provide for a supply of medications upon release from the jail. A Request for Proposals was issued in summer 2016 an DBHDS participated in the selection process. Six programs were selected for funding in Fall 2016, and DBHDS collaborated with DCJS on an orientation to the programs regarding standardized screening and assessment processes. DBHDS continues to offer technical assistance to the selected pilot projects.	Target 3	**Consistency**
JI	1.2	There needs to be continuity of medical insurance coverage during incarceration to allow for better transition back to community upon release (i.e., immediate coverage of medications upon release as well as offset the cost of treatment in jail)The Commonwealth should investigate the feasibility of having a single state contract for psychiatric medications for justice involved individuals (which local jails, regional jails, detention centers, correctional centers, and CSBs could access)	• DBHDS issued a Request for Proposals in April 2015 to local and regional jails offering funding to help expand the provision of tele-psychiatry services. DBHDS funded one proposal which was received. • DCJS received funding for jail based mental health pilot projects. DBHDS has been collaborating with DCJS on this project and shared the recommendations from the Justice Involved Transformation Team with DCJS and the recommendations clearly were reflected in the eligibility requirements specified in the funding. Eligibility will include the use of Best Practices/ Evidence Based practices within the jail. It is hoped that through these pilots the Commonwealth can begin to elevate the minimum expectations regarding behavioral healthcare services. DBHDS will offer technical assistance to the selected pilot projects to ensure programs are trauma informed, use best practices, and preferably include forensic peers.	Target 3	**Consistency**
BH	2.11	Improve behavioral and physical healthcare by using community health workers to conduct outreach.		Target 3	**Access**
CA	2.1	The state should mandate and fund a uniform set of core behavioral health children's services that localities must provide to assure access and consistency across the state. The following are the recommended core services:* o Prevention/wellness services o Crisis Response (including, but broader than, the currently required Emergency Services) o Case Management (not just those covered by Medicaid Targeted Case Management) o In-home Services (high quality professional intensive services regardless of payment source, not just Medicaid) o Child Psychiatry (including face-to-face, telemedicine and consultative approaches) o Parent peer support services	• The CCBHC process is moving the concept of core mandated services forward. The appropriate steps are being taken to make parent peer support a Medicaid reimbursable service. • DBHDS has formed a workgroup to develop a peer certification process. • Parent support is also a service that is reimbursable through Comprehensive Services Act. • Magellan has convened a workgroup to look at the continuum of care at the request of the DMAS. • This workgroup is also preparing a continuum of services that should be available across Virginia. DBHDS representatives, along with private providers, parents and youth serve on the workgroup. The DBHDS recommended uniform comprehensive service array has been used in preparing the Magellan group's recommendations which were presented to the Magellan Governance Board.	Target 3 This is listed as Target 3 not because it is a lower priority, but because it is likely to take more time for full implementation.	**Access**

Team	Rec	Recommendation	Actions Taken	Status	Category
DD	4.5	Data Collection • Create a cross-disability data system that would contain common data elements for all disabilities under DBHDS and across the lifespan. • For individuals with DD, formalize the data collected for individuals on the waiting list: o Demographic Information o Services needed and frequency of need o When the services would be needed. o Complete reports to summarize who is waiting and discuss emergency slots	DBHDS continues to explore opportunities for possible implementation strategies.	Target 3 -Implementing this recommendation is expected to be a significant effort and to take longer than a biennium to complete.	**Quality**
BH	1.6	Core and mandated behavioral services across the lifespan should include: outpatient counseling/therapies, including psychiatry/medication.*	DBHDS has presented medication assisted treatment (MAT) as a funding target for consideration for the 2020-2022 biennium in its STEP-VA model. The Governor's introduced budget for FY 2017-2018 includes $ million for MAT	Target 3 This recommendation is considered Target 3 because sufficient infrastructure and capacity needs to be built through other strategies before it can be successfully implemented.	**Access**