

DBHDS

Virginia Department of
Behavioral Health and
Developmental Services

CREATING OPPORTUNITIES: A PLAN FOR ADVANCING COMMUNITY-FOCUSED SERVICES IN VIRGINIA

IMPLEMENTATION UPDATE

April 2011

RECAP OF CREATING OPPORTUNITIES PLAN PURPOSES

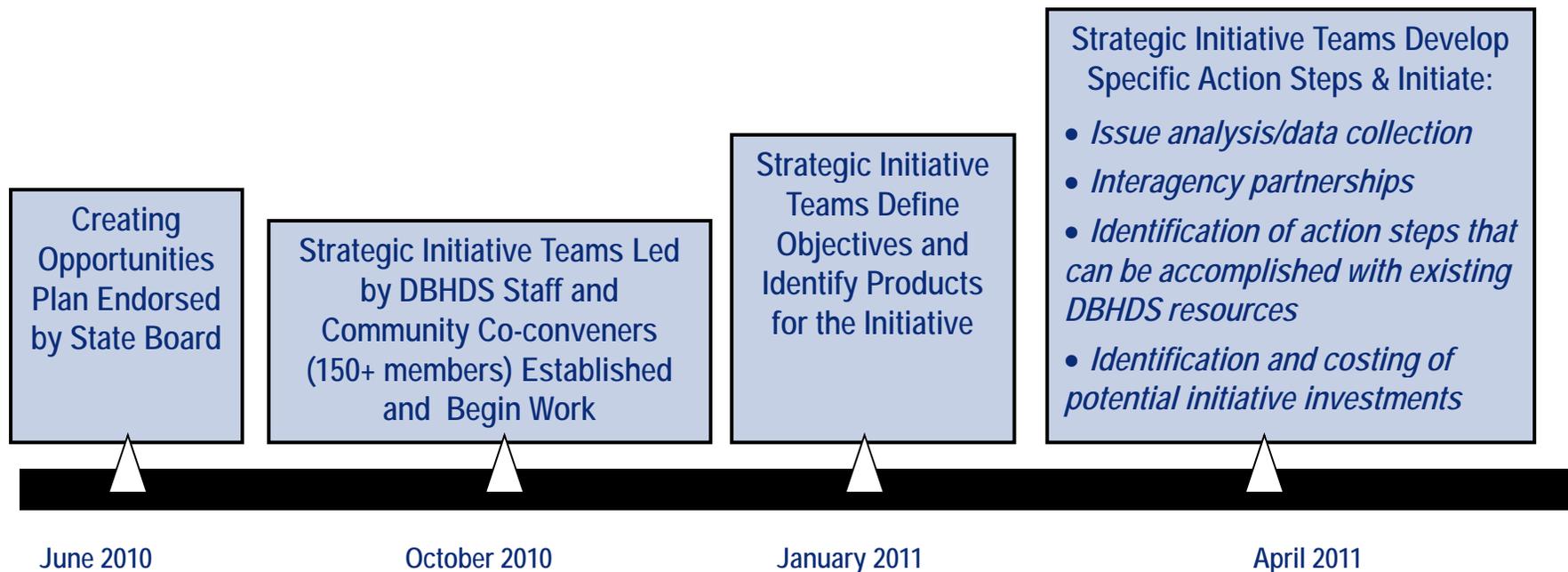
- Achieve a Commonwealth of Opportunity for all Virginians, including individuals receiving behavioral health or developmental services.
- Advance the DBHDS vision of self-determination, empowerment, recovery, resilience, health, and participation by individuals receiving services in all aspects of community life.
- Promote efficient and effective management of services system core functions and responsiveness to the needs of individuals receiving services and their families.
- Communicate DBHDS' strategic agenda and priority initiatives to the key decision-makers in state government, individuals receiving services and their families, public and private providers, advocates, and other interested stakeholders.

OVERVIEW OF STRATEGIC INITIATIVES

- Since the Creating Opportunities Plan was issued in June 2010, DBHDS has made significant progress in defining specific actions required to successfully implement initiatives in the following areas:
 - Behavioral Health
 - Emergency Response
 - Peer Support
 - Substance Abuse
 - State Hospitals
 - Children/Adolescents
 - Systemwide
 - Housing
 - Employment
 - Case Management
 - Developmental Services
 - Community Capacity
 - DD/Autism
 - Other Major Initiatives
 - Health Care Reform
 - Sexually Violent Predators
 - Electronic Health Records

IMPLEMENTATION ACTIONS

- Although the work of the strategic initiative teams is at varying stages of completion, overall progress to date is depicted on the following timeline:



BEHAVIORAL HEALTH EMERGENCY RESPONSE INITIATIVE

GOAL: STRENGTHEN THE EMERGENCY RESPONSE SYSTEM AND MAXIMIZE SERVICE CONSISTENCY, AVAILABILITY, AND ACCESSIBILITY FOR THOSE IN CRISIS

- ***Expand and enhance statewide emergency response capacity***
 - Survey CSBs to identify current emergency response services, priority service needs, and non-crisis services that effectively divert individuals in crisis from hospital-based psychiatric treatment - Completed
 - Survey local hospitals on their crisis response roles and experiences – April 2011
 - Determine resource requirements to increase array emergency response services
 - Determine resource requirements to establish services that prevent or reduce the need for crisis response services
- ***Incorporate peer providers in emergency response services***
 - Provide training to implement SAMHSA *Core Elements for Response to MH Crisis Practice Guidelines* statewide and increase use of peer support workers
- ***Enhance criminal justice/behavioral health collaboration***
 - Survey CSBs, local jails, and community corrections to identify resources and gaps – May 2011
 - Determine resource requirements to develop additional CIT programs

BEHAVIORAL HEALTH PEER SERVICES AND SUPPORTS INITIATIVE

GOAL: DEVELOP INFRASTRUCTURE TO INCREASE PEERS IN DIRECT SERVICE ROLES AND EXPAND RECOVERY SUPPORT SERVICES

– *Establish a Peer Support Provider Certification Program*

- Review other states' approaches for providing peer support services and survey existing CSB and state facility peer support services – April 2011
- Recommend components of peer support certification program (core competencies, roles, curriculum, training, implementation) – April 2011
- Determine resource requirements to establish peer certification program and implement certification process by July 2012, contingent on resource availability
- Determine resource requirements for peer support services

– *Establish a DBHDS Peer Services and Supports Office*

- Collect information about peer offices in other states and CSBs – April 2011
- Establish DBHDS Peer Service and Supports Office by July 2012, contingent on resource availability

– *Establish a discrete Peer Support Services Medicaid service*

- Work with DMAS to develop regulations, including services definition, program and provider requirements, and rates by December 2012

BEHAVIORAL HEALTH SUBSTANCE ABUSE TREATMENT SERVICES INITIATIVE

GOAL: ENHANCE ACCESS TO A CONSISTENT ARRAY OF SUBSTANCE ABUSE TREATMENT SERVICES ACROSS VIRGINIA

– *Expand evidence-based substance abuse treatment services*

- Identify gaps in the array of evidence-based substance abuse services - Completed
 - Collect detailed information about currently provided services
 - Define the array of substance abuse services required for system integrity
 - Establish priorities for development of cost-effective substance abuse services
- Develop comprehensive plan by May 2011 to fill service gaps and provide a foundation of core services in each community over a period of years and determine resource requirements to fill the following service gaps:
 - Substance abuse services, including medication assisted treatment, intensive outpatient services, substance abuse case management, detoxification beds, and residential treatment for pregnant women and women with dependent children and uniform screening and assessment

BEHAVIORAL HEALTH SUBSTANCE ABUSE TREATMENT SERVICES INITIATIVE - 2

- Community services to divert young nonviolent offenders from incarceration, using an approach similar to the Substance Abuse Rehabilitation and Education (SABRE) program initiated during the Gilmore Administration
- Project Link sites that provide intensive, coordinated interagency care for pregnant and post-partum women
- Substance abuse peer recovery programs that provide group support, housing and employment assistance, day activity, and linkage to community resources
- Structured, safe, sober living environments for adults who are actively engaged in treatment as a “step down” from detoxification or other residential services
- Explore the feasibility of implementing the Network to Improve Addiction Treatment (NIATx) systems engineering approach to facilitate rapid systems change in areas such as reducing waiting time to access treatment, improving access to evidence-based treatment, improving retention in treatment, and other key systems issues that impact treatment outcomes

BEHAVIORAL HEALTH SUBSTANCE ABUSE TREATMENT SERVICES INITIATIVE - 3

- Assess CSB capability to provide integrated substance abuse and mental health assessment and treatment for individuals with co-occurring disorders and provide technical assistance and training to enhance this capability
 - Propose DBHDS substance abuse core service taxonomy revisions – May 2011
 - Identify workforce development needs and systemic technical assistance needs – June 2011
- ***Build on partnerships with the criminal justice system***
- Develop plan with DOC and DJJ to provide substance abuse supports and clinical services in the criminal justice system – June 2011

GOAL: ENHANCE STATE HOSPITAL SERVICES EFFECTIVENESS AND EFFICIENCY

– *Implement Annual Consultation Audit (ACA) process*

- Finalize and pilot ACA review instrument – Completed
- Establish first year ACA review schedule – April 2011
- Establish mechanism to address systemic issues identified in ACA reviews
- Use survey results to develop internal operating policies and procedures, recommend best practices, enhance standardization, and reduce duplication

– *Reduce or divert forensic admissions from state hospitals and increase conditional releases and discharges to the community*

- Establish task force to examine NGRI statutes and forensic evaluation oversight – May 2011
- Update DOC management of mandatory parolee admissions MOU – May 2011
- Develop DBHDS policy on Central State Hospital Forensic Unit emergency treatment/competency evaluation admissions – June 2011
- Evaluate CSH maximum security unit size and usage – December 2011
- Determine resource requirements to expand outpatient restoration services and enhance outpatient forensic evaluations

STATE HOSPITAL EFFECTIVENESS & EFFICIENCY INITIATIVE - 2

- ***Address barriers to providing services to elderly persons in their home communities and define limited role for state hospital***
 - Identify barriers to serving individuals in their home communities – April 2011
 - Recommend best practices and programs to increase community-based services and provide appropriate and limited state hospital role – May 2011
- ***Establish staffing ratios for each state hospital***
 - Complete a comprehensive review of state hospital staffing allocations
- ***Define state hospital future roles and core functions***
 - Review state hospital historic roles and utilization trends – July 2011
 - Describe current facility role variation and contributing factors – August 2011
 - Complete assessment of future need for state hospital services and identify populations that should be the hospitals' future focus – September 2011
 - Recommend state hospital future roles and core functions and best practices for regional management of inpatient resources – September 2011

BEHAVIORAL HEALTH CHILD AND ADOLESCENT MENTAL HEALTH SERVICES PLAN

GOAL: DEVELOP AND IMPLEMENT A COMPREHENSIVE PLAN FOR CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

- ***Submit Interim Report to the General Assembly – Completed***
- ***Assess current availability of public and private child and adolescent mental health services***
 - Complete analysis of data obtained through a CSB survey – April 2011
 - Availability of services in the comprehensive array that are currently available in each CSB
 - Availability of services offered in the private sector
- ***Determine resources required to fill services gaps***
 - Identify base service requirements and service gaps – April 2011
 - Develop estimated costs for providing each base service in the comprehensive array in each CSB
 - Determine resource requirements to fill in these gaps – April 2011
- ***Submit Final Report to the General Assembly by November 2011***

DEVELOPMENTAL SERVICES COMMUNITY CAPACITY EXPANSION INITIATIVE

GOAL: BUILD COMMUNITY SERVICES AND SUPPORTS CAPACITY THAT WILL ENABLE INDIVIDUALS, INCLUDING THOSE WITH MULTIPLE DISABILITIES, TO LIVE A LIFE THAT IS FULLY INTEGRATED IN THE COMMUNITY

– *Transform to a community-based system of services and supports*

- Establish system to improve provider coordination and planning
 - Use services and support needs of individuals in training centers and on current wait lists to build community capacity
- Develop plan for allocating the \$30 million Trust Fund
- Significantly expand waiver capacity
- Work with DMAS to amend existing waivers and create new supports and comprehensive waivers – Fall 2011
- Revise current waiver rate structure, particularly for residential services
- Develop budget initiative to support development of community-based services
- Expand access to community-based medical, dental, behavioral, and other clinical services; crisis management; and community respite alternatives
- Improve quality assurance and oversight resources

GOAL: IDENTIFY RESPONSIBILITY AT THE STATE LEVEL FOR COORDINATING AND PROVIDE SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES (DD) INCLUDING AUTISM SPECTRUM DISORDERS (ASD)

– *Define DBHDS and developmental services system responsibilities*

- Develop recommendations for consideration by 2012 General Assembly to define CSB responsibilities and lay groundwork for coordinated CSB, DMAS, DOE, and DRS efforts to expand services
- Create a memoranda of understanding with DOE, DRS, DOH, DSS, and DCJS that designates BHDS as coordination agency and provides a structure for interagency collaboration (MOU with DMAS is already in place)

– *Enhance statewide ASD and DD services and supports capacity*

- Develop implementation plan to advance JLARC study recommendations
 - ASD early detection and screening and intervention
 - Innovative employment training
- Determine resource requirements associated with providing ASD and DD services
- Provide training to providers on how to address needs of ASD population

HOUSING STRATEGIC INITIATIVE

GOAL: ADDRESS HOUSING NEEDS FOR INDIVIDUALS WITH MENTAL HEALTH OR SUBSTANCE USE DISORDERS OR DEVELOPMENTAL DISABILITIES

– *Support the Governor’s Housing Initiative*

- Participate in cross-secretarial and interagency activities to leverage state and federal funds for special needs housing
- Support the work of the Governor’s Homeless Outcomes Workgroup
 - Expand permanent supportive housing and rapid re-housing capability
 - Increase statewide data collection and coordination
 - Increase access to behavioral health services
 - Strengthen discharge policies and protocols
- Expand the capacity of public and non-profit homeless services providers to connect individuals receiving services with SSI/SSDI benefits
- Determine resource requirements to establish Housing First Projects

– *Establish clear housing stability expectations for CSBs*

- Include housing stability goal in DBHDS/CSB Partnership Agreement
- Include CSB interagency/resource coordination and information reporting responsibilities related to housing stability in the DBHDS Performance Contract

- ***Establish and implement a community-based and person-centered housing policy for the Commonwealth***
 - Work with Virginia housing agencies (DHCS and VHDA) to develop state policy statement and implementation cost estimates – November 2011
 - Develop multi-agency (DBHDS, DHCS, VHDA, and DMAS) plan to expand community developmental supports options
 - Adopt an updated MOU with Virginia housing agencies – Fall 2011
- ***Develop or provide access to affordable housing with appropriate supports for individuals with mental health or substance use disorders***
 - Provide four regional trainings through the VCU School of Social Work on SAMHSA's Supportive Housing toolkit – Spring 2011
 - Establish and sustain regional coalitions of CSBs, public housing authorities, planning district commissions, and local housing organizations to implement supportive housing model
 - Provide ongoing consultation and assistance to CSBs and other public and non-profit providers on leveraging housing resources and implementing evidence-based supportive housing practice models

- ***Establish a community living supplement program***
 - Determine resource requirements to provide a community living supplement for individuals receiving developmental services – August 2012
- ***Explore development of a CMS Individualized Resource Allocation Demonstration Waiver***
 - Develop policy paper describing issues addressed by waiver – May 2011
 - Convene a workgroup with DMAS, VBPD, and CSBs to develop proposal to “de-couple” service provision and housing
 - Develop and submit demonstration waiver package to DMAS
 - HHR approval to apply for demonstration waiver
 - Design waiver package with DMAS and CMS – Spring 2011
 - Submit waiver package to CMS
 - Determine resource requirements to provide housing grants as component of demonstration waiver – Fall 2011
- ***Explore potential extension of the MFP program to individuals with behavioral health concerns who are transitioning from state hospitals***
 - Continue dialogue and planning efforts with DMAS

GOAL: CREATE EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS OR DEVELOPMENTAL DISABILITIES

- ***Establish “Employment First” policy for the Commonwealth***
 - Develop “Employment First” policy that emphasizes integrated and supported employment
 - Conduct “Employment First” Summit to roll out “Employment First” policy – Fall 2011
 - Develop new State Board policy establishing employment outcome expectations
- ***Implement statewide and regional “Employment First” roll-out***
 - Conduct statewide awareness and education campaign
 - Use regional trainings to expose employers to innovative employment models
- ***Implement clear outcome expectations for individuals receiving behavioral health services***
 - Include meaningful employment outcome goal in DBHDS/CSB Partnership Agreement

- Include CSB responsibilities related to provision of employment opportunities and monitoring/reporting requirements in the DBHDS Performance Contract
- ***Establish and sustain real work opportunities for individuals with mental health, substance use, or co-occurring disorders***
 - Partner with DRS, DMAS, CSBs, and others to fund and implement supportive employment evidence-based practice models
 - Support establishment by CSBs, DRS, and Employment Services Providers (ESOs) of integrated supported employment teams
 - Work with VCU Work Incentives Planning and Assistance National Training Center to assure statewide availability of trained work-related incentives/benefits counselors
- ***Expand long-term employment support services (LTESS)***
 - Work with DRS to expand LTESS
- ***Train and certify CSB and DD waiver case managers in each region as Work Incentive Counselors, using Va ACCESS funds***

- ***Restructure psychosocial rehabilitation services to include supported employment evidence-based practices***
 - Work with DMAS to revise and clarify regulations, service units, and provider manuals
 - Provide guidance to care coordination providers on evidence-based practice models
- ***Modify waivers to incentivize integrated employment***
 - Work with DMAS, concurrent with any modifications related to capacity expansion, to propose amendments to current waivers – Fall 2011

GOAL: STRENGTHEN THE CAPABILITY OF THE BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CASE MANAGEMENT SYSTEM

- ***Implement standard case management definitions and general and disability-specific core competencies***
 - Adopt and use definitions recommended by the Case Management Workgroup in crafting DMAS care-coordination initiative
- ***Enhance case manager core competencies***
 - Adopt basic and disability-specific case management curricula and develop new case management training modules
 - Develop on-line and on-site strategies to provide training modules
- ***Promote consistency in case management practice***
 - Establish case management credentialing process
 - Determine staffing and resource requirements to implement process
 - Determine and pilot training and testing requirements
 - Establish administrative infrastructure
 - Work with provider groups to begin credentialing process implementation

GOAL: PARTICIPATE IN WORK OF THE SECRETARY OF HHR OFFICE OF HEALTH CARE REFORM AND DEVELOP STRATEGIES TO STRENGTHEN COLLABORATION BETWEEN THE PREVENTIVE AND PRIMARY HEALTH CARE AND THE BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES SYSTEMS

- Continue to support the work of the Virginia Health Reform Advisory Council***
- Identify and participate in training opportunities at the national level to broaden DBHDS understanding of issues related to the Patient Protection and Affordable Care Act (PPACA)***

GOAL: ADDRESS SEXUALLY VIOLENT PREDATOR (SVP) SERVICE CAPACITY ISSUES, INCLUDING SAFE OPERATION OF VCBR AND PROVISION OF APPROPRIATE SVP REHABILITATION AND TREATMENT SERVICES

- ***Meet the near term VCBR needs for additional bed and treatment space***
 - Double-bunk up to 150 of the existing bedrooms
 - Install beds and purchase mattresses, wardrobes, bed covers, furniture, and supplies required to meet the needs of up to 150 additional residents
 - Schedule treatment on a double-shift basis
 - Review and reconfigure medical, education, and security service resources to meet the expanded need
- ***Increase conditional release and support individuals on such release***
 - Enhance DBHDS capacity to provide SVP program administrative and case management support

ELECTRONIC HEALTH RECORDS AND HEALTH INFORMATION EXCHANGE

GOAL: IMPLEMENT ELECTRONIC HEALTH RECORDS (EHR) AND HEALTH INFORMATION EXCHANGE (HIE) WITH STATE FACILITIES, CSBs, OTHER PERTINENT HEALTH CARE AND PROVIDER AGENCIES

– Review other state approaches and vendor solutions

- Review other states' EHR behavioral health activities – Completed
- Schedule demonstrations and review potential vendor solutions – Underway
- Issue Request for Information (RFI) to determine how vendor EHR solutions address “meaningful use” certification and Joint Commission core measures and whether then have MITA Architecture in their software and vendor behavioral health solutions – Completed
- Develop EHR implementation cost estimates and a multi-year funding strategy that focuses first on facilities that have the largest Medicaid-eligible patient population in order to recover third party reimbursements to the extent possible – Completed
- Present results of the DBHDS/VHD review to the Secretary of Health and Human Resources – April 2011

– *Develop specifications for an EHR*

- Perform the DBHDS MITA assessment – Completed
- Complete all EHR project management activities for obtaining CIO approval – May 2011 – August 2011
- Perform workflow analysis in facilities, develop and refine system, and obtain requirements – May 2011 – August 2011
 - Define common and unique clinical workflows across facilities and use findings for process engineering
 - Document state facility clinical workflows
 - Develop a template to document facility clinical workflows
 - Conduct a pilot test of the template at Hiram Davis Medical Center
 - Modify template based on pilot test
 - Perform assessment in all facilities

– *Develop and implement an EHR*

- Obtain final DBHDS and VDH approval of requirements – November 2011
- Prepare Request for Proposal (RFP) – September 2011 – December 2011
- Issue RFP – January 2012
- Review RFP – March – April 2012
- Negotiate and award contract – May – June 2012
- EHR implementation – July 2012 – June 2015
- Project management and oversight - Ongoing

NEXT STEPS

- The Creating Opportunities implementation teams have made substantial progress in defining the various strategic initiative products and developing action steps and timeframes for their successful implementation
- Over the next months, DBHDS and stakeholders involved in the Creating Opportunities process will continue to implement action steps outlined in this report, including:
 - Continued refinement of initiative implementation activities,
 - Collection and analysis of services system data,
 - Assessment of resource requirements for identified services system investments,
 - Development of policy and potential legislative or regulatory recommendations,
 - Implementation of training and skill development, and
 - Establishment of performance and oversight monitoring expectations