



# Behavioral Health in Virginia

## Oct. 2015

The Honorable William A. Hazel, Jr., M.D.  
Secretary of Health and Human Resources,  
Virginia, USA



# Silos come in many forms...

Policy, funding, workflow, people



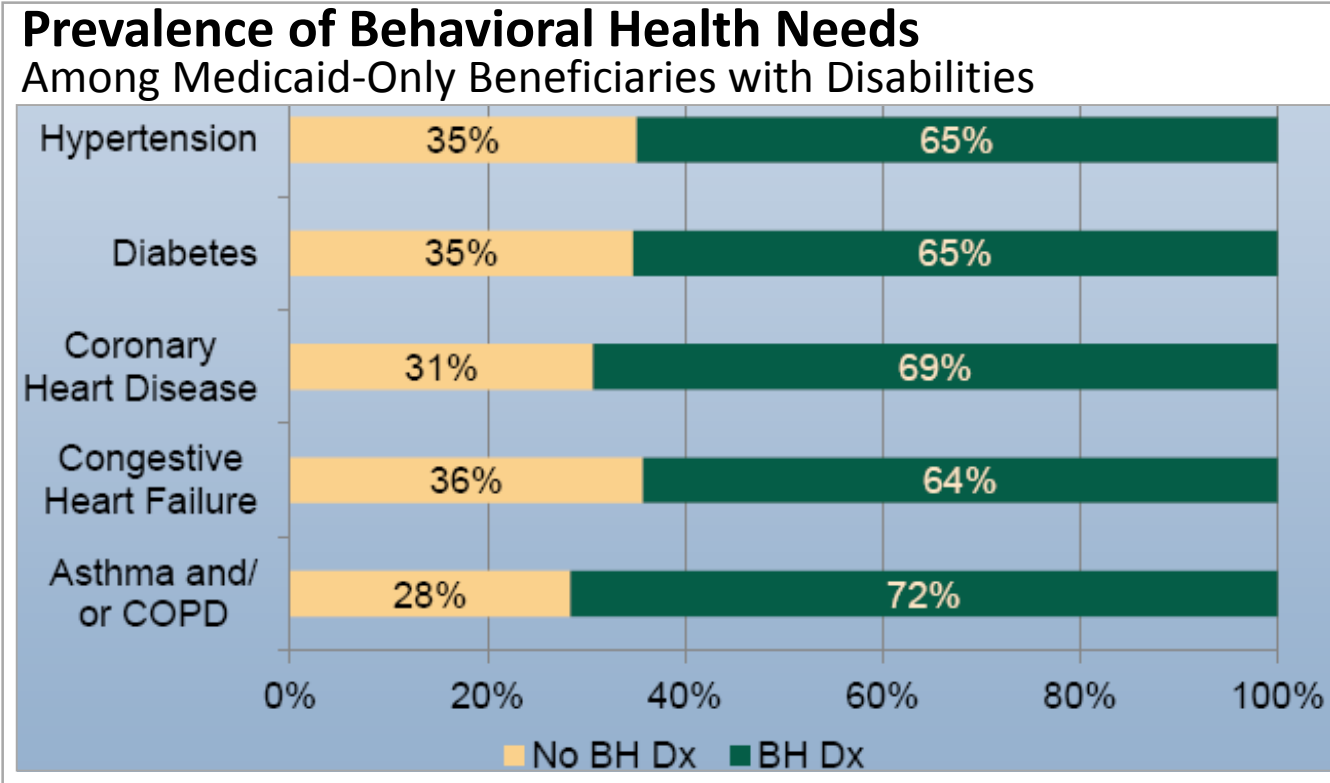
# The Behavioral Healthcare Landscape



- **Comprehensive behavioral healthcare is essential to both population health and cost containment**
- Emphasis on prevention, early intervention and wellness
- Bidirectional Behavioral Health and Primary Health Care Integration
- Decreased reliance on institutional care
- Increased focus on community-based services and supports

- How does VA measure up nationally?
  - 35<sup>th</sup> in BH funding in 2013
  - 40<sup>th</sup> in consumers served per capita
  - 15<sup>th</sup> in the nation in terms of expenditures per client.
- Not maximizing our investment
  - **50% of GF funding supports 3% of persons served**

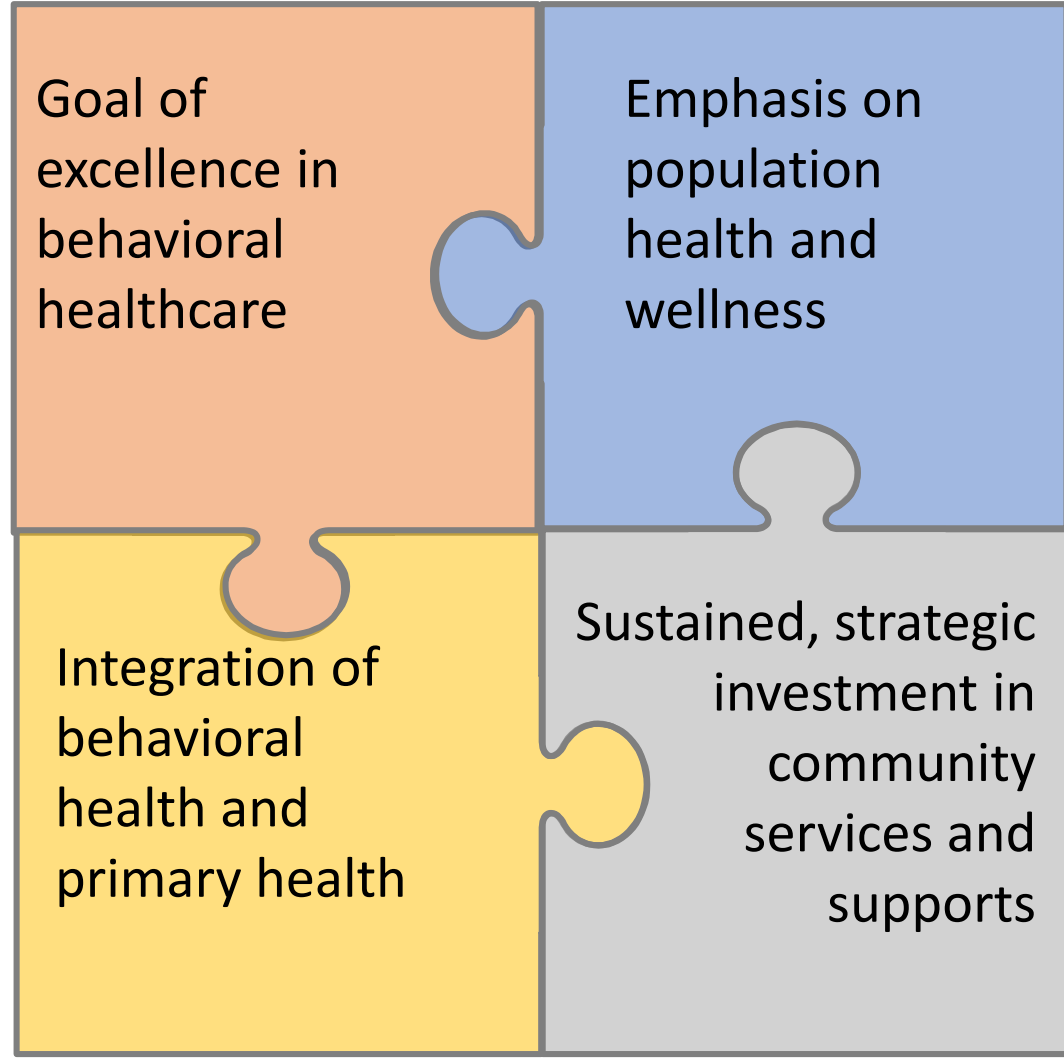
# Behavioral and Primary Healthcare Link



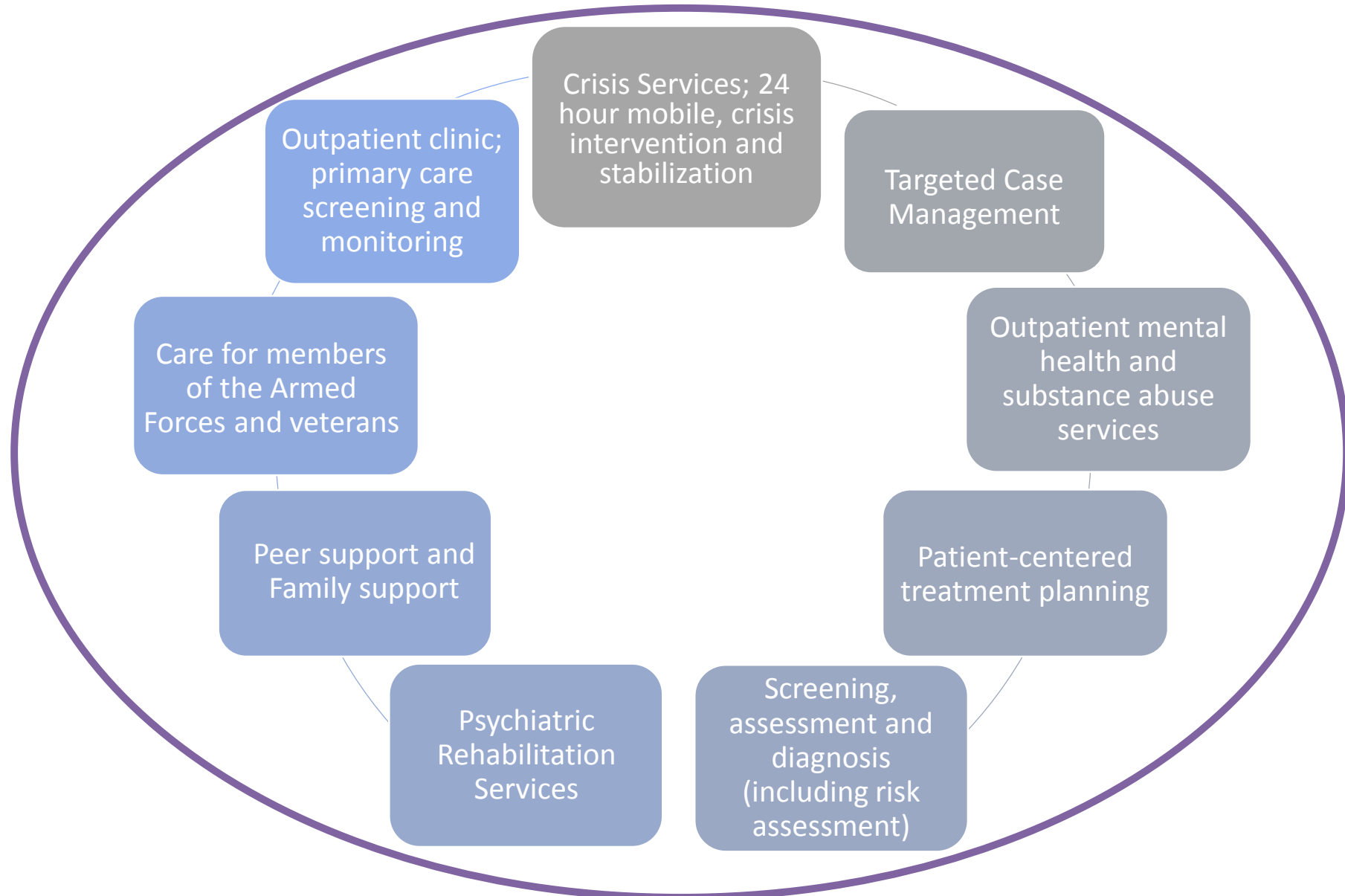
For those with common chronic conditions, health care costs are as much as **75% higher** for those with mental illness compared to those without a mental illness and the addition of a co-occurring substance use disorder results in **2- to 3-fold higher** health care costs. – CMS



# Key Elements to Transformation



# 9 (plus 1) Components of Excellence





# Origin and Development of Successful Reform

## A Healthy Virginia

In Sept. 2014, Gov. Terry McAuliffe announced his plan for improving health care for more than 200,000 Virginians in September.

- Insuring people with serious mental illness through the Governor's Access Plan (GAP).
- Signing up more children for Medicaid and FAMIS.
- Signing up more Virginians for insurance on the Federal Marketplace
- Informing Virginians of their health options with an improved website.
- Allowing eligible state workers to insure their children through FAMIS.
- Providing dental benefits to pregnant women in Medicaid and FAMIS.
- Accelerating veterans' access to care.
- Transforming health care delivery through an innovation grant.
- Improving coordination of care for people with serious mental illnesses.
- Reducing prescription drug and heroin abuse.

# Origin and Development of Successful Reform

## The Excellence in Mental Health Act (EMHA) Grant

### What EMHA Offers:

- Same Day Access
- Standardized core community services
- 24/7 Mobile crisis
- Veterans services
- Robust child services
- Connections to primary care

### What EMHA Solves:

- Access
- Geographic disparities in service offerings
- Inconsistent quality
- Funding
- Capacity





# Governor's Taskforce on Improving Mental Health Services and Crisis Response

- Enacted by former Gov. Bob McDonnell in 2013
- Supported by current Gov. Terry McAuliffe
- Spurred by the suicide of Gus Deeds, son of state Sen. Creigh Deeds, in November 2013
- Tragedy exposed flaws in Virginia's psychiatric system



# Mental Health Taskforce organization

- Task force members included experts across disciplines
- 42 members, co-chaired by Secretaries Hazel and Moran
- Group met five times from January to August 2014
- Four workgroups and two subgroups were created in specific issue areas to examine ways to improve the system by filling in gaps in services, strengthening procedures and making impactful investments.



# Ten areas of examination

- 1. System protocols and procedures
- 2. Crisis services
- 3. Emergency custody and temporary detention periods
- 4. Telepsychiatry
- 5. Cooperation among courts, law enforcement and mental health systems
- 6. Veterans, servicemembers and their families
- 7. Public and private psychiatric bed capacity
- 8. Early intervention and ongoing supports
- 9. Families and loved ones
- 10. Mental health workforce development

# 25 Recommendations

- **Expanding Access** – Access recommendations bolster the delivery of services consistently across the Commonwealth, including emergency services when a mental health crisis occurs, and services to intervene early and prevent crises from developing.
- **Strengthening Administration** – Administration recommendations include those that increase flexibility, improve communication and ease navigation through the complex mental health system.
- **Improving Quality** – Quality recommendations include those that help ensure appropriate clinical responses and successful outcomes.



## 2014 session

- Increased time period for Emergency Custody Order to 8 hours from the time of execution (previously six)
- Extend the TDO period to 72 hours
- Make state the provider of last resort
- Budget actions, including expand therapeutic assessment “Drop-Off” centers, increase funding for youth outpatient mental health services and children’s mental health services



# 2015 progress

- DBHDS transformation teams
- GAP enrollment began in January – more than 5,000 with serious mental illness now enrolled
- Legislation refining “real-time” updates to psychiatric bed registry
- Developing plan to authorize psychiatrists and emergency physicians to evaluate individuals for involuntary civil admission.
- Allow information related to voluntary or involuntary treatment to be disseminated to law enforcement for the administration of criminal justice.

# Other progress

- More emphasis on/funding for Crisis Intervention Training
- Expansion of “drop-off” centers
- Development of **Center for Behavioral Health and Justice** -- Intended to better coordinate mental health and justice services. Response to both mental health and opioid task force groups
- Expanded Mental Health First Aid (MHFA) program
- Ongoing work to better coordinate care for veterans

# Governor's Task Force on Prescription Drug and Heroin Abuse

- Met from fall 2014 through fall 2015
- Five work group areas:
  - Education
  - Treatment
  - Storage and disposal
  - Law enforcement
  - Data and monitoring
- More than 50 recommendations





# Recommendations implemented

- Expand access to naloxone by lay rescuers and law enforcement
- Expand mandatory PMP registration and amend mandatory use of PMP data.
- Require hospice to notify pharmacies about the death of a patient
- Develop a law enforcement training program regarding naloxone administration
- Add the Morphine Equivalent Doses per Day (MEDD) Score to PMP patient reports
- Exploring storage and disposal options



# Recommendations in progress

- Develop a state website as an informational hub on prescription drug and heroin abuse
- Increase awareness and disposal opportunities via drug take-back events
- Develop an opioid educational curriculum for law enforcement
- Reduce stigma and increase access to treatment services, provide education about addiction and Medication Assisted Treatment (MAT)
- Explore and expand use of appropriate peer support services, with necessary oversight
- Examine and enhance Medicaid reimbursement for substance abuse treatment services
- Ensure health plans are complying with the Mental Health Parity and Addiction Equity Act (MHPAEA) by providing adequate coverage for treatment, including medication-assisted treatment.

# Appalachian Opioid Summit

- Six states, more than 100 participants
- Takeaways:
  - Support and resources for law enforcement and judiciary through incarceration-based treatment and drug courts. **Next step:** do a high level review of other states' drug court programs and aggressively pursue further funding.
  - Utilization of local resources. Community involvement and resource sharing are what made both Winchester and Operation Unite successful. By focusing on existing resources, communities can best assess and implement what they need rather than waiting for state and federal governments to push policy. **Next steps** are to identify those local groups. This needs to cross borders.
  - Medically-Assisted Treatment for a medically-oriented disease.
  - Engagement of recovery community (including in policy discussions) is crucial to actually understanding the issues.
  - Harm reduction (needle exchanges) and community prevention efforts, before another Hepatitis C or HIV outbreak.
- **Next step:** Planning a follow-up session at the National Rx Summit in Atlanta next spring.



# Key Takeaways

- Focus on breaking down silos within and across agencies, getting agencies to work together.
- Organize your project team with experts who have the authority to make the project a priority during negotiations and waiver implementation.
- Time your projects to work with your budget cycle.
- Engage CMS prior to any formal submission, gathering their thoughts and input on the concept your state is interested in. Talk to CMS throughout the planning process.
- Ensure community involvement when planning.
- If not already a service, within any behavioral health waiver, include Peer Supports (Recovery Navigation); this has been a most beneficial service for this population because those in recovery themselves bring a different perspective and understanding to the difficulties of seeking assistance.

# Questions?

