Joint Commission on Health Care

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

September 7, 2016

Behavioral Health

- Disparity of services across Virginia's 40 CSBs
- Disparity of mental health services and assessments in jails
- Developing a plan to raise the bar for all CSBs and improve access to quality care
- DBHDS has a federal grant to expand jail diversion programs and will pass on two years of federal funding to a local CSB that wants to implement a best practice model of a mental health docket.

Center for Behavioral Health and Justice

- Past actions:
  - Drafted strategic implementation plan
  - Created Center Advisory Group
  - Convened Behavioral Health & Justice Summit (March 2016)
  - Established special subcommittee
  - Finalizing website as one-stop resource
  - Assigned dedicated staff

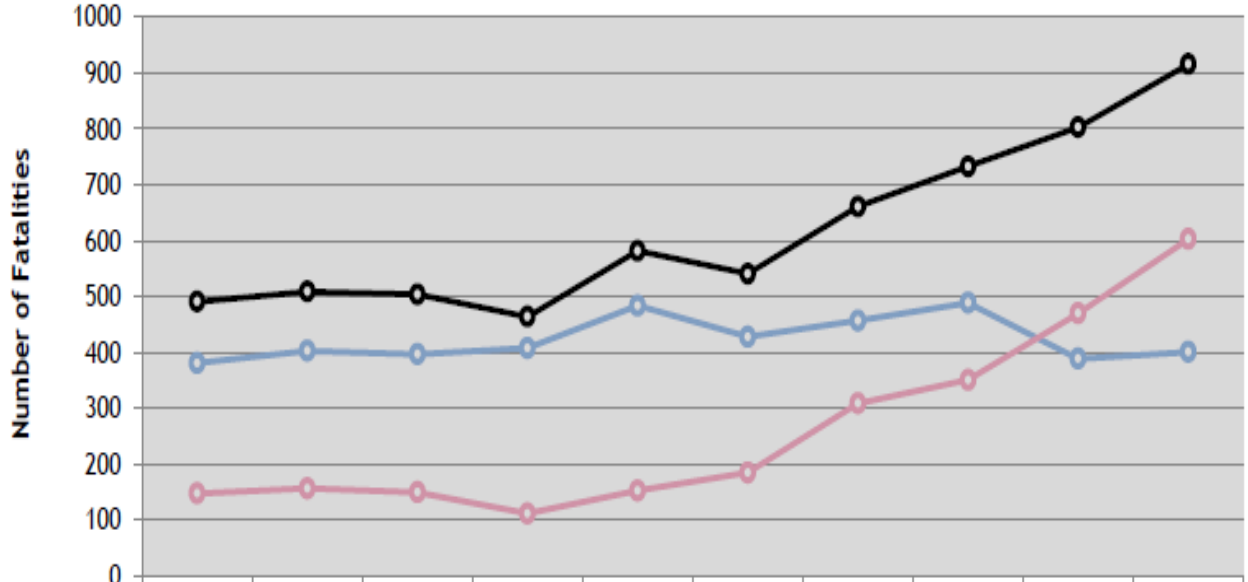
- Next steps:
  - Prioritize and refine action committee work plans
  - Provide technical assistance to localities to promote and increase the use of best practices for justice-involved behavioral health consumers
  - Respond to requests for information or assistance
  - Go live with the website next month

Behavioral Health Changes

Recent Progress Improving Virginia's Behavioral Health System
Implemented New Civil Commitment Laws: No person has gone without a bed since July 1, 2014, despite a 64% increase in TDO admissions and a 43% increase in total state hospital admissions.
More Improvements to Emergency System: Implemented new standards and processes for emergency evaluators (July 1, 2016). This joint effort of DBHDS and the CSBs was not required by legislative direction.
Jail waiting List: Eleven months ago, the list was at 85 people with 75 waiting more than seven days. As of 8/15, the list was 22, but ONLY six waiting more than seven days. The Washington Post recently reported the national average for state jail waiting lists is 78.
Transformation: Completed planning grant for certified community behavioral health centers, and developed plan for a multi-year, stakeholder-involved transformation initiative for system change that is ready for further discussion.
SUD Services to Battle Opioid Epidemic: Completed a pilot program and now providing training in the use of naloxone for community members, and working with DMAS on the state's application to CMS for a SUD Waiver.
Prevention: Trained 26,000 people in Mental Health First Aid, worked with VDH and others to identify 11 areas most impacted by opiate abuse, and establish networks to help combat tobacco and e-cigarette use among teens.
Hospital Operations: Implemented two encompassing overhauls of clinical operations at two hospitals and created a new hospital "health index" initiated to anticipate problems sooner.
Internal Operations: Making budget processes more transparent and bilateral with hospitals and CO offices, Strengthening licensing with reorganization and staff additions.
IT: Data Warehouse won COVITS award last year and continues to mature. The electronic health record system now at 3 hospitals and was recently nominated for a COVITS award

Prescription, fentanyl and/or heroin overdoses

Total Number of Prescription Opioid (excluding Fentanyl), Fentanyl and/or Heroin, and All Opioid Overdoses by Year of Death, 2007-2016
('Total Fatalities' for 2016 is a Predicted Total for the Entire Year)



	2007	2008	2009	2010	2011	2012	2013	2014	2015*	2016*
All Opioids	491	509	504	464	582	541	661	733	803	916
Prescription Opioids (excluding fentanyl)	381	403	397	408	484	428	457	489	389	401
Fentanyl and/or Heroin	148	157	150	112	153	185	309	351	470	603

Substance Abuse benefit

Workgroup
- Define benefit & service limits
- Determine payment structure

Criteria
- Align ASAM criteria with licensing
- Standardize operating procedures among MCOs & Magellan

Training & Outreach
- ASAM Criteria Training
- Medication Assisted Treatment Training

1115 Waiver
- Increase Residential Bed Capacity
- Application for Waiver to CMS in May

DOJ/Waiver redesign

- CMS approved the waiver redesign to take effect Sept. 1.
- Regulations are in the process of being finalized and training has been completed .
- The General Assembly approved more than $100 million for DBHDS to continue implementation of the settlement agreement.
- Judge and Independent Reviewer have signaled to the federal DOJ to let the Commonwealth implement these substantive policy changes.

Waiver redesign

Starting on September 1, 2016

- Amended waivers w/new services including group home rates
- New support levels and reimbursement tiers
- New Waiver Management System
- CSBs to assume single point of entry for all DD waivers
- New eligibility process and revised tool
- Single statewide priority-based waitlist

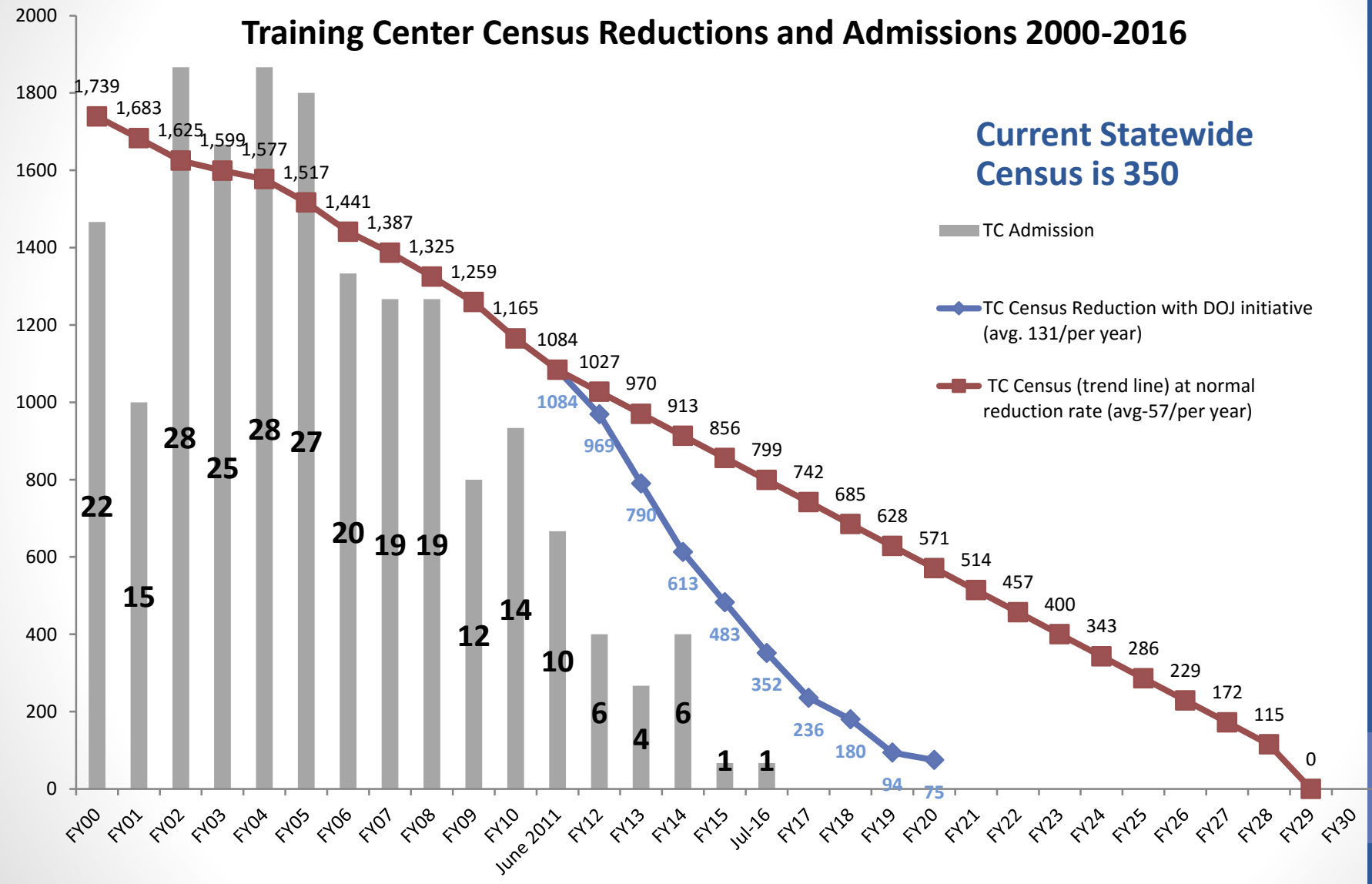
DOJ Court timeline

- **Outcome Timelines** – DBHDS negotiated, and DOJ accepted, revised outcome timelines and performance indicators in the areas of adult and child crisis, integrated day and supported employment. As a result, DOJ agreed to withdraw its motion for a Court Ordered Schedule.
- **Continuing negotiation** with DOJ related to outcome timelines and performance indicators in the areas of quality management, and reducing the number of children in both large ICFs and nursing facilities, servicing individuals with complex behavioral and medical needs, and integrated community living options.
- **A status conference** was held with Judge Gibney in April and another will be held in the fall of 2016.

Training centers

Training Center Census Changes, 2000 – August 10, 2016								
Training Center	2000 Census	March 2010	June 2011	June 2012	June 2014	June 2015	June 14 2016	% Decrease 2000 - Present
Southside (SVTC) Closed 2014	465	267	242	197	0	0	0	100%
Northern (NVTC) Closed 2016	189	170	157	153	107	57	0	100%
Southwestern (SWVTC) Closure date: 2018	218	192	181	173	144	124	96	56%
Central (CVTC) Closure Date: 2020	679	426	381	342	288	233	186	73%
Southeastern (SEVTC) Remains open	194	143	123	104	75	69	66	66%
Total	1,745	1,198	1,084	969	614	483	348	80%

Training Center Census Reduction and Admissions 2000-2016

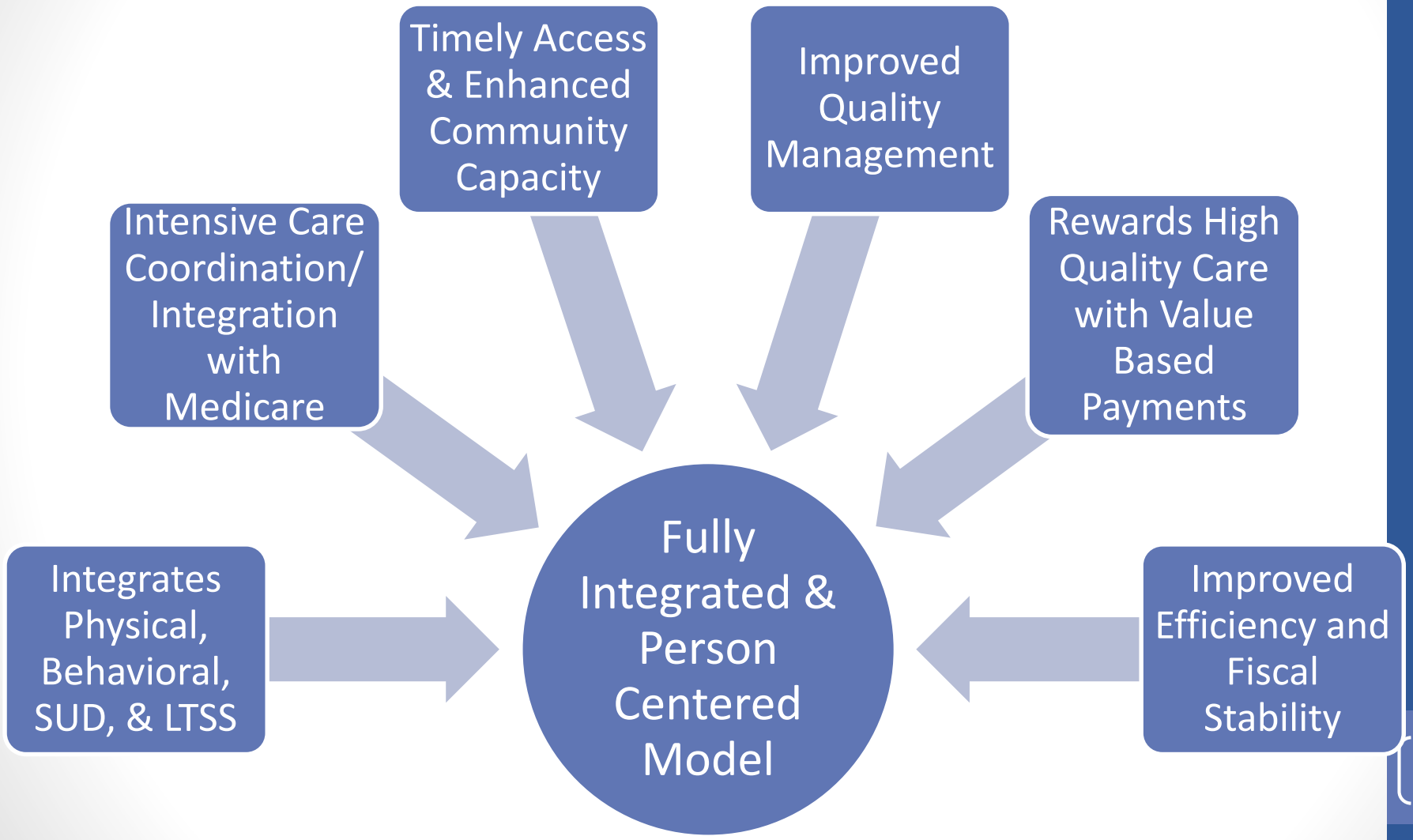


MLTSS: Vision and Goals

VISION: To implement a coordinated system of care that builds on lessons learned and focuses on improved quality, access and efficiency

1. Provide individuals with high-quality, person centered care and enhanced opportunities to improve their lives
2. Improve community-based infrastructure and community capacity to enable/ support care in the least restrictive and most integrated setting
3. Promote innovation and value-based payment strategies
4. Provide care coordination and reduce service gaps
5. Better manage and reduce expenditures; reduce the need for avoidable services, such as hospitalizations and emergency room use

MLTSS Person Centered Delivery Model



Medicaid

- Expanding coverage would provide the resources to help address the problem of prescription opioid/heroin addiction, as well as the capacity to appropriately treat mental health issues.

- Expansion could provide greater access to care while providing general fund savings.

- New DMAS estimates show Medicaid expansion would save Virginia a net of $71 million over the biennium.

DSRIP

Managed care will offer Medicaid enrollees an MCO to **coordinate services and ensure access** to medical, behavioral health, and long-term services and supports

DSRIP will **build capacity** and coordination among providers to deliver optimal care

Together, managed care and DSRIP will enable Virginia Medicaid to implement new payment models that **reward improving health and smart spending**

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DSRIP Next Steps

- Virginia submitted 1115 DSRIP waiver to CMS in January 2016
- Ongoing negotiations with CMS on 1115 waiver application
- Refine DSRIP program design
- Negotiations continue between the Center for Medicaid and CHIP Services and DMAS regarding Virginia's Delivery System Reform Incentive Payment application. During this phase, DMAS is detailing and building out the budget neutrality methodology as required for the Section 1115 application. The outcome of this budget neutrality discussion will help determine next steps for Virginia's DSRIP implementation.

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Opportunity for Virginia

- Virginia has a strategic opportunity to drive delivery system reform and payment changes

Improve Beneficiary Health

Prevention and better coordination across continuum of care will improve individual and population health.

Improve Beneficiary Experience

Increasing community capacity and system linkages among medical, behavioral health, and community-based organizations will improve the patient experience.

Bend Cost Curve

Investment in robust data sharing capabilities and shift towards alternative payment models will increase performance across the continuum of care.

High-cost drugs

- The General Assembly asked HHR to examine the high cost of prescription drugs and recommend strategies to address.

- The Secretary of Health and Human Resources, in consultation with the Secretary of Public Safety and the Secretary of Administration, shall convene a work group including, but not limited to, the Department of Medical Assistance Services, Department of Social Services, Department of Health, Department of Behavioral Health and Developmental Services, Department of Corrections, Department of Juvenile Justice, the Compensation Board, the Department of Human Resource Management and other relevant state agencies to examine the current costs of and protocols for purchasing high-cost medications for the populations served by these agencies. After conducting the review, the workgroup shall develop recommendations to improve the cost efficiency and effectiveness of purchasing high-cost medications in order to improve the care and treatment of individuals served by these agencies. The workgroup shall prepare a final report for consideration by the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than October 15, 2016.

Health Information Exchange

Public Health Reporting Pathway

- Contract with VDH
- Immunizations, Syndromic Surveillance, Reportable Labs, Cancer Registry for 32 health systems and over 4100 providers
- Transported 2.6 million messages in June, over 30 million per year
- Expanding to include bi-directional query of the Immunization Registry and electronic orders/results for state Newborn Screening Program

Questions?