



# Commission meeting May 2023



May 16, 2023

**Briefing**

## In this presentation

- 2023 proposed workplan

- Key metrics update

# BHC identified major roles that would complement & build on existing efforts while adding unique value

## Roles (*DRAFT*)

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### Map current efforts wholistically and track progress

- Identify current initiatives across government entities and report on progress
  - Sponsor legislative action to implement well-supported recommendations from other entities
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### Perform monitoring for the legislature

- Monitor ongoing implementation of past state-funded initiatives to ensure accountability
  - Examine any topic or issue on behalf of the legislature
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### Conduct research

- Address cross-system issues and gaps in existing knowledge through staff-led studies and corresponding options / recommendations
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### Build and maintain knowledge

- Educate new legislators about the behavioral health system
  - Maintain institutional knowledge about past efforts
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# BHC identified possible goals based on prior work, Commission discussions, and stakeholder input

## Transformational goals (*DRAFT*)

## Description

<b>1. Complete continuum of care</b>	Individuals can receive the most appropriate services for their needs because an adequate supply of services is available along the entire continuum of behavioral health care and prevention.
<b>2. Timely access to services statewide</b>	Individuals can receive the services they need when and where they need them.
<b>3. Cost-efficient care for everyone</b>	Sufficient funding is available for the state and providers to build and operate services, and patients can afford the services they need.
<b>4. Effective and efficient services</b>	Behavioral health services are high-quality and effective, and provided efficiently.
<b>5. Lower inappropriate criminal justice involvement</b>	Individuals with behavioral health disorders are not unnecessarily involved in the criminal justice system, and those who must be involved receive appropriate treatment that also mitigates recidivism.

# BHC Executive Committee recommends including the following workstreams in the Commission’s 2023 workplan

Roles / staff workstreams	Complexity	Source
<b>1. Tracking current efforts</b>		
a. Map current efforts and track progress	H	BHC directed
<b>2. Monitoring program implementation</b>		
a. STEP-VA	H	BHC directed
b. Project BRAVO	M	
c. Permanent supportive housing	M	
d. Key metrics	M	
<b>3. Conducting research</b>		
a. Maximizing <a href="#">school-based MH services</a>	H	2022 Appropriation Act <sup>1</sup>
b. Study EDCOT ( <a href="#">HB 2339</a> / <a href="#">SB 1174</a> )	M	2023 committee referral

# All recommended workstreams would enable the BHC to make progress toward its goals

Workstreams	Goals				
	Complete continuum of care	Timely access statewide	Affordable & viable services	Effective & efficient services	Lower crim. justice involvement
<b>1. Tracking current efforts</b>					
a. Map current efforts	●○○○	●○○○	●○○○	●○○○	●○○○
<b>2. Monitoring program implementation</b>					
a. STEP-VA	●●○○	●●○○	●●○○	●○○○	●○○○
b. Project BRAVO	●●○○	●●○○	●●○○	●●○○	●○○○
c. Perm. supportive housing	●●○○	●●○○	●○○○	●●○○	●○○○
d. Key metrics	●○○○	●○○○	○○○○	○○○○	●○○○
<b>3. Conducting research</b>					
a. <a href="#">School-based MH services</a>	●●○○	●●○○	●●○○	●●●●	○○○○
b. EDCOT ( <a href="#">HB 2339</a> / <a href="#">SB 1174</a> )	○○○○	○○○○	○○○○	○○○○	●○○○

Impact on goals  
 ●●●● High  
 ●●○○ Medium  
 ●○○○ Low  
 ○○○○ Very low/none

# Mapping current efforts and tracking progress will help inform policy decisions and identify remaining gaps

- Numerous entities currently involved in efforts to improve the behavioral health system
- Having a complete picture of the work already in progress to achieve the BHC's goals will help:
  - \_ Gain insight into initiatives that most warrant legislative support
  - \_ Identify any gaps for which additional work should be taken on (e.g., by BHC staff)
- BHC staff to develop wholistic map of current efforts and ask agencies for detailed progress updates
  - \_ Begin with major initiatives

Staff lead: Nathalie Molliet-Ribet  
Scheduled completion: November 2023, ongoing

# Monitoring program implementation and performance will provide insight into degree of effectiveness

- Monitoring will help ensure that past initiatives yield expected results and will allow for course correction
  - \_ Independently report on progress toward goals and outcomes
  - \_ Identify implementation challenges
  - \_ Highlight unintended consequences
- To ensure effective monitoring, staff will need time to develop:
  - \_ Framework for identifying outcomes to be measured
  - \_ Plan for collecting and analyzing relevant data
  - \_ Process for reporting results in meaningful way

Staff lead: Sarah Stanton  
Scheduled completion: September 2023, ongoing



## Monitoring: STEP-VA

- STEP-VA substantially expanded the core services that CSBs are required to provide
  - Over \$381M has been appropriated since 2017
- Implementation was structured as a multi-year process to allow for effective planning, development, & initiation of services
- Effective implementation is foundational to transformation of Virginia's behavioral health system
- Despite emphasis on metrics, limited insight into the program's impact 6 years post implementation

Staff lead: Sarah Stanton  
Scheduled completion: November 2023, ongoing

# Monitoring: Project BRAVO

- Medicaid is the largest payor of behavioral health services in the state
  - \_ Project BRAVO represents a significant investment in the mental health system
- Seeks to enhance the system by implementing effective, innovative services with reimbursement rates that match cost of delivery
- Effective implementation will ensure access to quality services and providers
- Implemented in December 2021
  - \_ Preliminary utilization & outcomes data available for review

Staff lead: Sarah Stanton  
Scheduled completion: November 2023, ongoing

## Monitoring: permanent supportive housing

- Permanent supportive housing (PSH) integrates basic behavioral and primary health care services with stable housing for individuals with mental illness
- The General Assembly has appropriated more than \$175M since 2018 to expand access to PSH
- Effective implementation can promote wellness, prevent homelessness, avoid unnecessary hospital admissions, and facilitate discharge from inpatient care
- Evaluation of utilization and outcome data can indicate the effectiveness of PSH in improving long-term outcomes

Staff lead: Sarah Stanton  
Scheduled completion: November 2023, ongoing

# Reporting on key metrics will provide objective, timely analysis of systemic issues of interest to members

- Regular reporting on key metrics can help members stay informed about trends and provide early warnings
  - \_ Provides objective information and analysis
  - \_ Should be comprehensive but targeted and actionable, and not overly burdensome for agencies
- Several metrics have been tracked since 2022 to develop baseline and capture key items of interest to Commission
- Will work with BHC members and agency staff to determine whether additional metrics are needed and available, and establish reporting frequency

Staff lead: Nathalie Molliet-Ribet  
Scheduled completion: September 2023, ongoing

# Studying school-based mental health services will help address a key area of concern

- Nationally, youth mental health is worsening
  - In Virginia, 10% of middle school students and 13% of high school students seriously considered attempting suicide in the past year
- [2022-24 Appropriation Act](#) directs the BHC to "conduct a study of how to maximize school-based mental health services across the Commonwealth"
- Staff will estimate current reach of services, identify strategies to connect new and existing interventions with school settings, and evaluate opportunities to maximize Medicaid funding

Staff lead: Claire Pickard Mairead  
Scheduled completion: October 2023

## Conducting a limited EDCOT study will help identify process and implementation challenges that remain unaddressed

- Diversion strategies redirect individuals with MI from the criminal justice system to the behavioral health system
  - \_ Appropriate services can reduce recidivism while protecting public safety and conserving system resources
- [HB 2339/SB 1174](#)\* created EDCOT, a process to divert individuals with MI and certain misdemeanors to court-ordered treatment through a new civil commitment process
  - \_ Referred to the BHC for further study during the 2023 Session
- Staff will perform limited-scope study to identify factors that may impact the effectiveness of EDCOT in meeting the goals of diversion

Staff lead: Sarah Stanton  
Scheduled completion: September 2023

\* House Bill 2339 (Bell) and Senate Bill 1174 (Mason) (2023)

# Two additional bills referred for study were not recommended for inclusion in the 2023 workplan

## Bill description

## Proposed action

1. [SB 931](#)

Would have changed the disposition of defendants who have been charged with an act of violence and found unrestorably incompetent to be the same as for those charged with aggravated murder, who can be detained in state psychiatric facilities indefinitely

Notify patron of lack of staff capacity

2. [HB 1923](#)

Would have increased from 14 to 16 the age at which a minor's consent is required for them to be admitted to an inpatient behavioral health facility

Ask Commission on Youth to make final report available to BHC

## In this presentation

2023 proposed workplan

■ **Key metrics update**

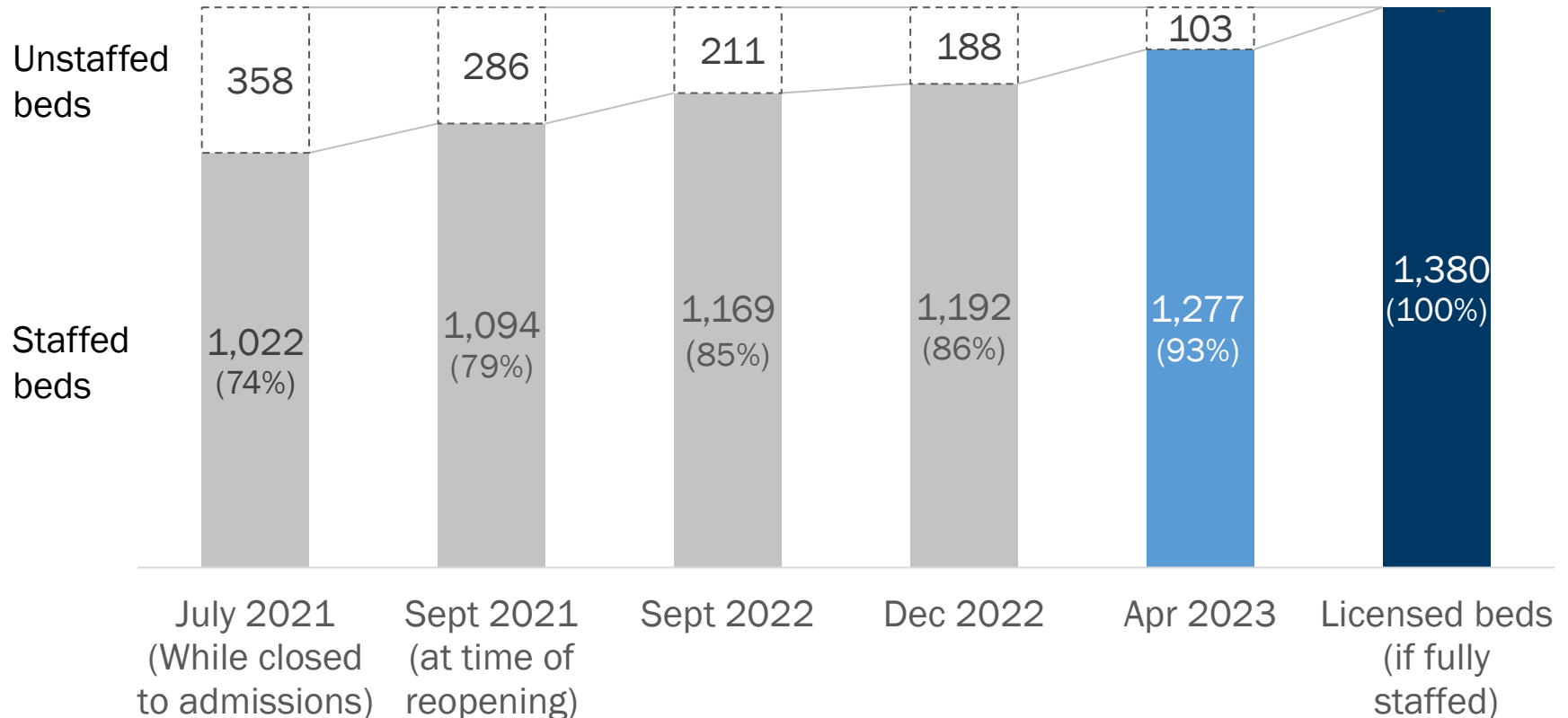


## Key metrics categories

- State inpatient hospital capacity
- TDO admissions
- Extraordinary barriers to discharge
- Potential additional metrics

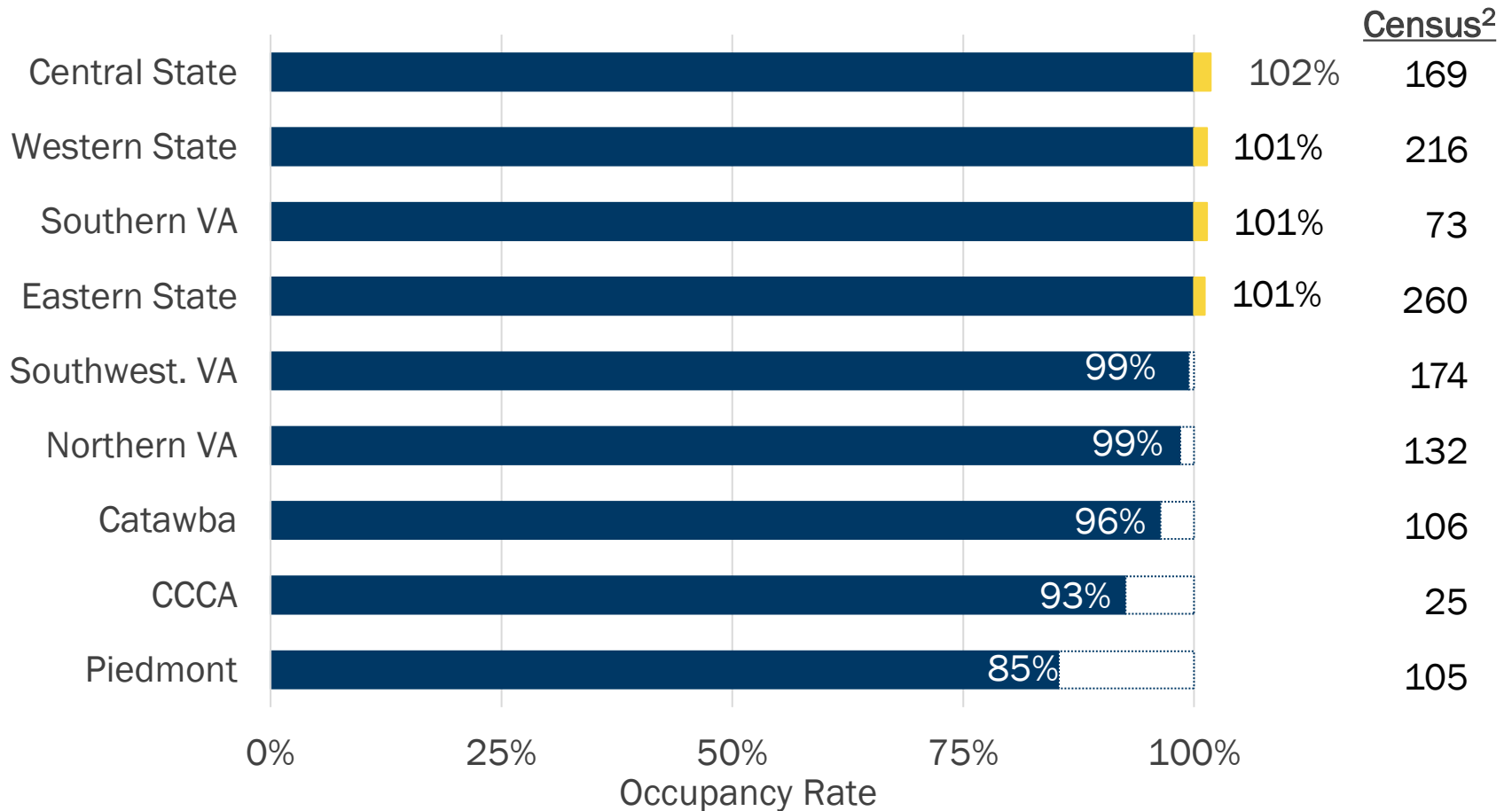
# State inpatient hospital capacity

# 255 state beds brought online since closed in July 2021, with 103 more needed to achieve full capacity<sup>1</sup>



<sup>1</sup>As of April 6, 2023

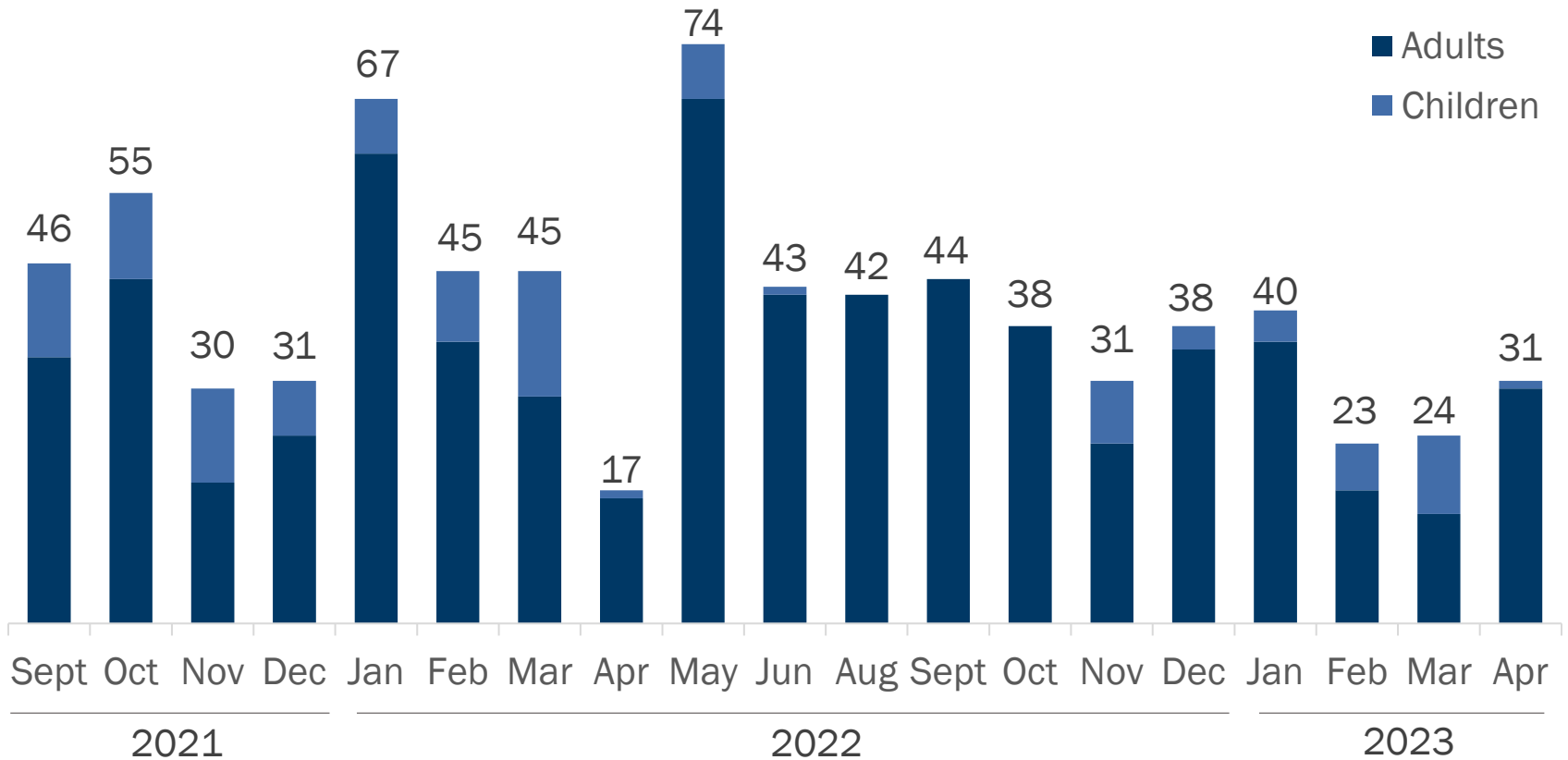
# Four facilities operating > 100% occupancy<sup>1</sup>, but no wait list for children and geriatric patients




<sup>1</sup>As of April 6, 2023.

<sup>2</sup>Census fluctuates daily and occupancy rates change accordingly.

# Size of waitlist for civil admission<sup>1</sup> to state hospitals has remained at 40 or below since summer 2022

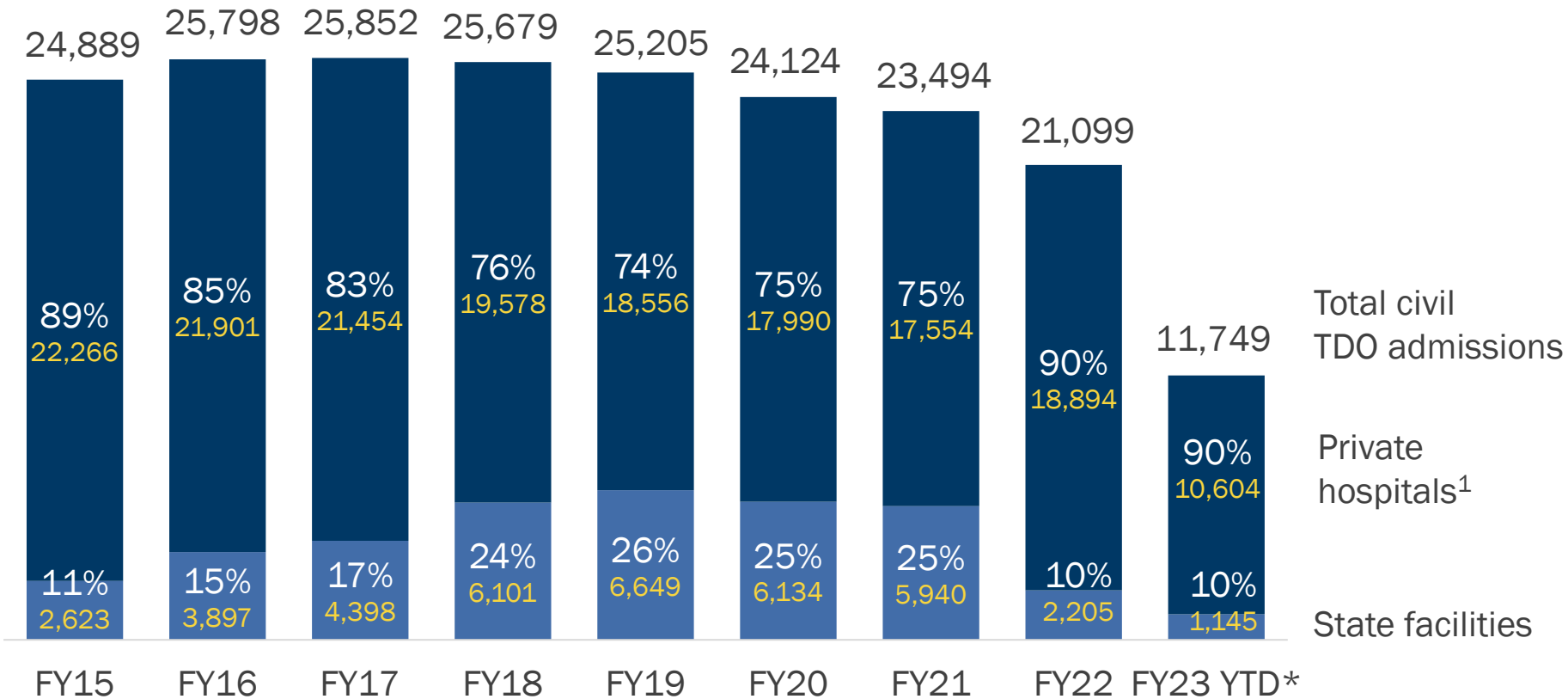



**Potential additional metrics** – monthly average time spent on civil waitlist  
 – size of forensic wait list

<sup>1</sup>As of the 15<sup>th</sup> of each month

## TDO admissions

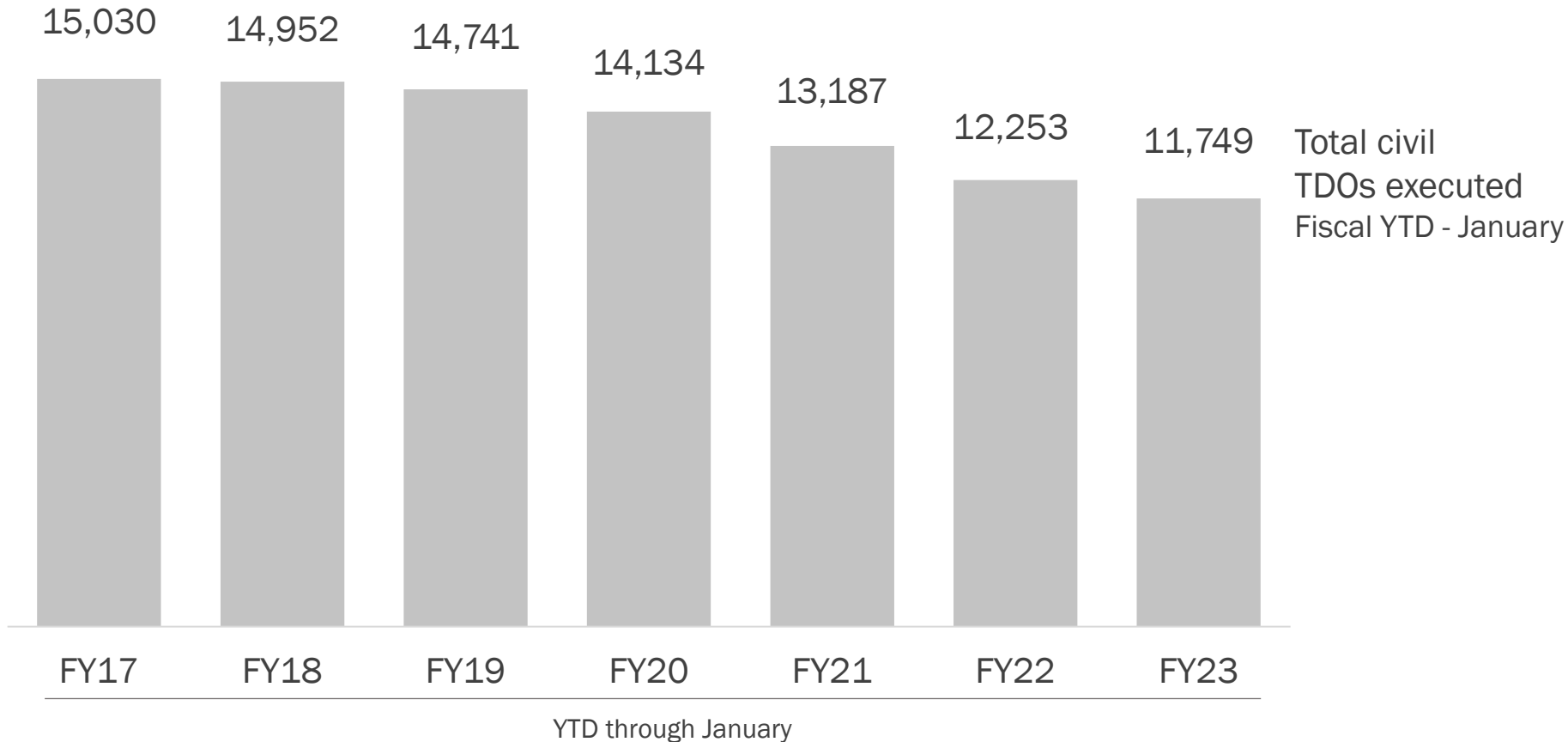
# Proportion of civil TDOs admitted to state facilities in FY23 YTD remains at 10%, same as FY22




FY23 YTD through January 2023

<sup>1</sup>Private hospital admissions estimated as the difference between total civil TDOs executed during the FY and number of individuals under civil TDOs admitted to state hospitals during the same period

# Number of TDOs executed January YTD continued to decline in FY23 compared to prior years

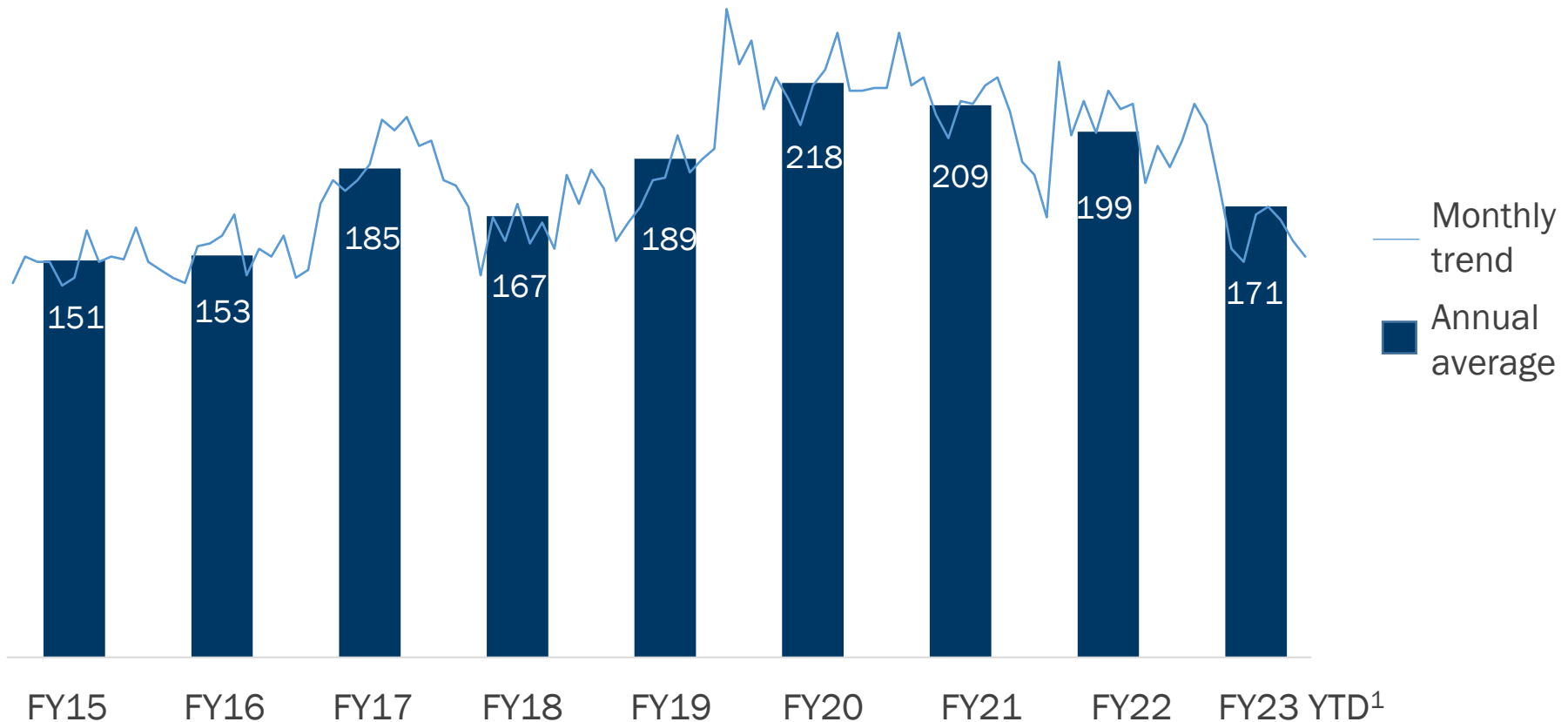


 Potential additional metric - split of total TDOs between magistrate issued and law-enforcement initiated



## Extraordinary barriers to discharge

# Number of patients on state hospital EBL has been declining in FY23, down to 152 as of April 2023



<sup>1</sup>FY23 YTD through April 2023

# Delays in discharge and lack of ALFs accounted for nearly 40% of patients on EBL<sup>1</sup> as of April '23

		<u># patients on EBL</u>	<u>Avg. # days on EBL</u>
Awaiting discharge, scheduled	22%	33	74
No willing provider – assist. living	16%	25	104
NGRI <sup>2</sup> process	16%	24	452
Awaiting CSB discharge plan	13%	20	67
No willing provider – NH	9%	14	110
No willing provider – other	7%	11	70
No willing provider – ID/DD services	5%	8	50
Patient / family resisting discharge	5%	7	173
Guardianship process	4%	6	93
Other	3%	4	112
		<b>152</b>	<b>151</b>

Note: As of April 30, 2023

<sup>1</sup>EBL: extraordinary barriers to discharge list

<sup>2</sup>NRGI: not guilty by reason of insanity

## Potential additional metrics

# Additional metrics could add insight into “streeting”, causes of TDO trends, waitlists, and private facilities

- From DBHDS
  - \_ Loss of custody events, 12-month rolling total and monthly total
  - \_ Law enforcement dropoffs by state facility and by locality
  - \_ Split of total TDOs between magistrate issued and law-enforcement initiated, by region
  - \_ Monthly average time spent on civil waitlist for inpatient admission
  - \_ Number of patients on forensic wait list for inpatient admission
- From private inpatient facilities
  - \_ Number of staffed beds by region
  - \_ Voluntary admissions

Note: all data could be reported on a quarterly basis

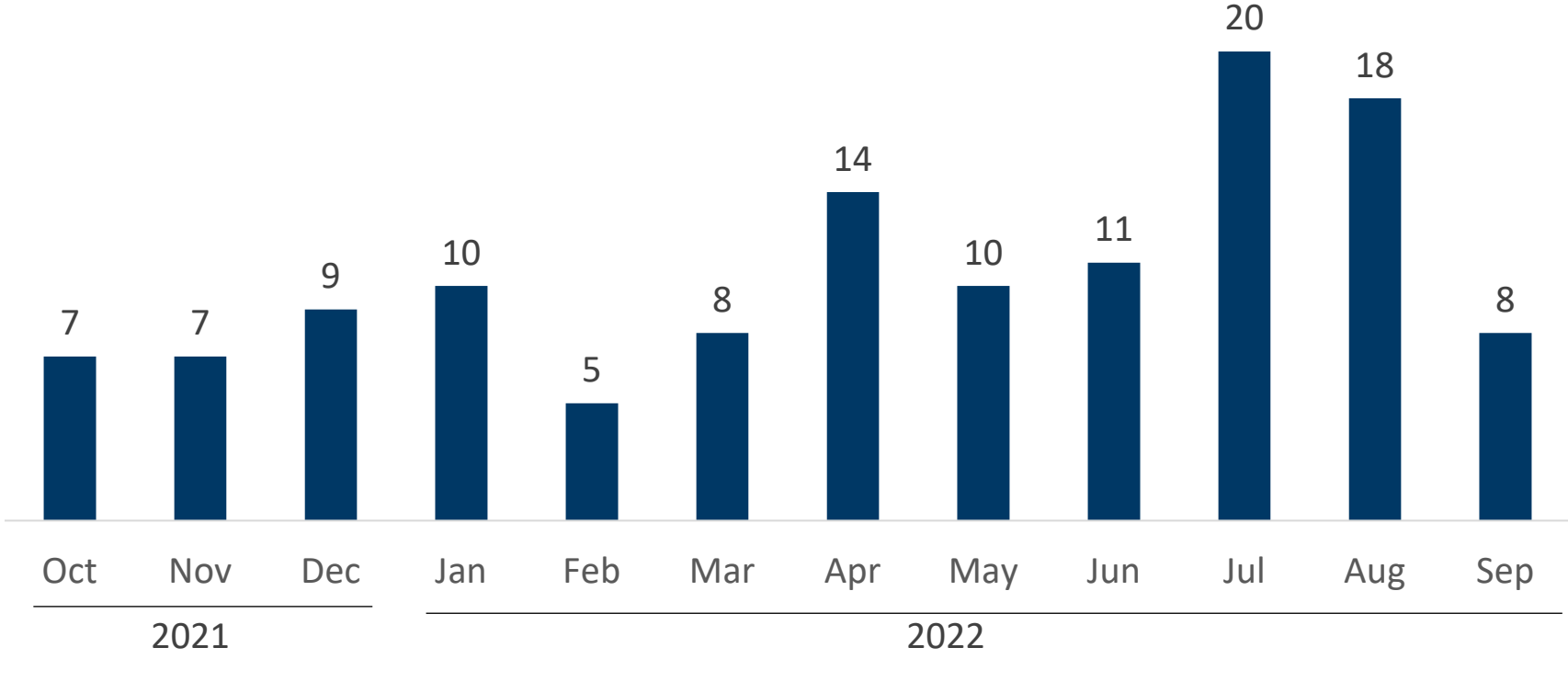
# “Loss of custody” events totaled nearly 130 between October ‘21 and September ‘22<sup>1</sup>

<b>Circumstances</b>	<b># patients</b>
Law enforcement did not execute TDO, and patient left	52
Patient was released because TDO expired, and no bed was located prior to TDO expiration	31
Patient was committed in the ED; law enforcement left, and patient left	44
<b>TOTAL</b>	<b>127</b>

<sup>1</sup>Most recent data available

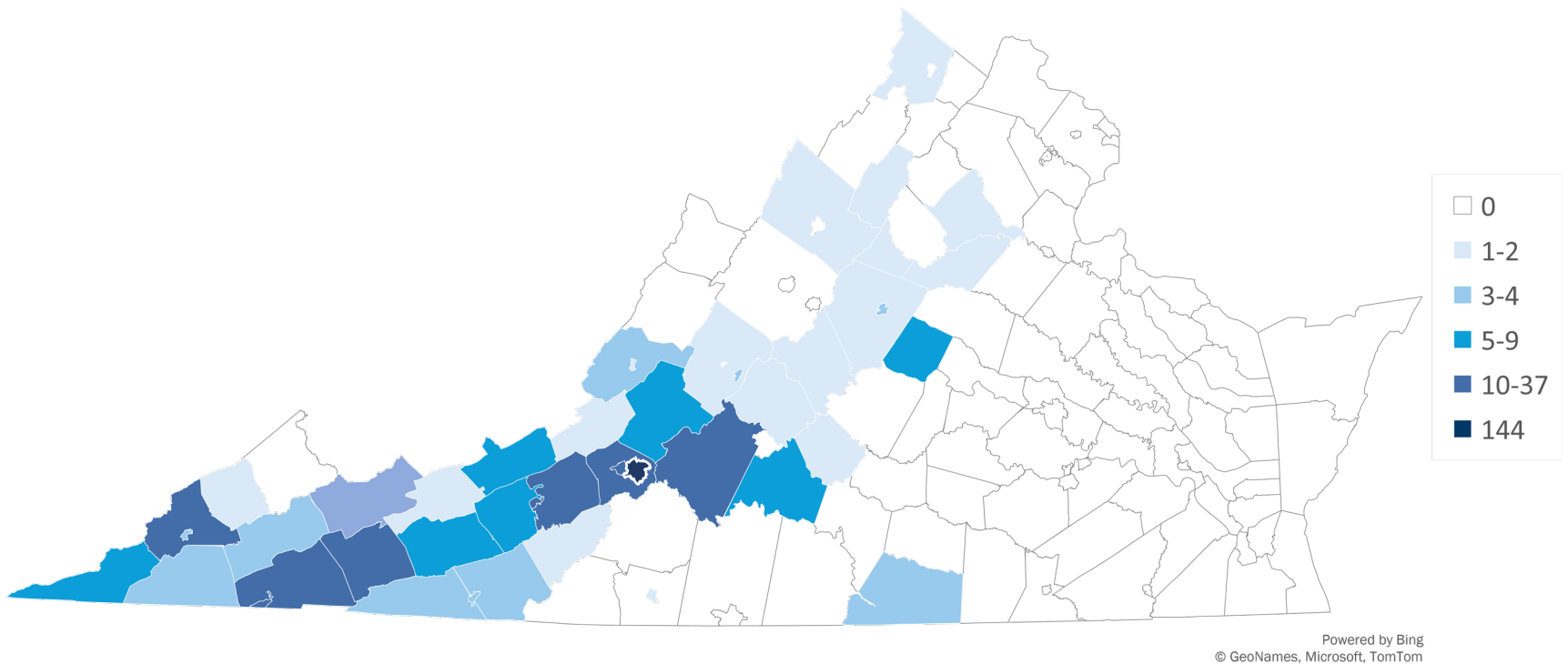
# Monthly losses of custody peaked summer 2022

Cumulative Oct '21 – Sep '22<sup>1</sup> = 127



<sup>1</sup>Most recent data available

# Dropoffs<sup>1</sup> at state hospitals highest among law enforcement agencies in southwest VA localities



Top 5 localities for drop-offs: Roanoke City (144), Roanoke County (40), Montgomery County (31), Washington County (30), Bedford County (25)

<sup>1</sup>June 2021 – June 2022 (most recent data available)





Next meeting  
July 18, 2023  
time and location TBD

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