



Commission Meeting



July 18, 2023

Briefing

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Overview of RBHA & discussion of tour

Crisis services in Virginia

BHC strategic framework

BHC monitoring process update

Peer perspective input group

BHC process to receive input

Overview of the Richmond Behavioral Health Authority

Dr. John P. Lindstrom, CEO

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VIRGINIA'S CRISIS RESPONSE SYSTEM:
CURRENT POLICY PROPOSALS,
GOALS, AND THE POTENTIAL ROLE OF
THE BEHAVIORAL HEALTH
COMMISSION

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DISCLAIMER

The ideas and recommendations expressed in this presentation are not those of the University of Virginia, or the University of Virginia School of Law. They are those of the authors of this presentation alone.

FRAMING QUESTIONS

- What are national best practices when it comes to providing a statewide, effective, crisis response system?
- Where does Virginia currently stand when compared to national best practices?
- How close would the various budget proposals get us to national best practices?



Contents

1. Research Methodology
2. National Best Practices
3. Virginia's Current Crisis Response System
4. Policy/Budget Proposals
5. Recommendations for BHC

RESEARCH METHODOLOGY

- Surveyed best practices from the Substance Abuse and Mental Health Services Administration (SAMHSA) and Crisis Now.
- Studied successful policies adopted by Arizona, Georgia, and Utah.
- Analyzed Governor Youngkin's proposed budget and the amendments adopted by the House of Delegates and the Senate.
- Reviewed the Department of Behavioral Health and Developmental Services (DBHDS)'s North Star Strategic Plan and the Department of Medical Assistance Services (DMAS)'s Project BRAVO (Behavioral Health Reform for Access, Value, and Outcomes), and previous JLARC reports.
- Interviewed staff from the Senate Finance and House Appropriations Committees, DBHDS, and DMAS.

NATIONAL BEST PRACTICES

- Continuum of care made up of:
 - **Regional Call Centers**
 - **Mobile Crisis Teams**
 - **Crisis Stabilization Programs**
 - **Essential Principles and Practices**
- Sustainable funding system

VIRGINIA'S CURRENT CRISIS RESPONSE SYSTEM

Regional call centers:

- Run through 2 private contractors and managed by DBHDS over 5 health regions.
- On track for full integration with 988 national crisis call line.
- VA CrisisConnect in development.

VIRGINIA'S CURRENT CRISIS RESPONSE SYSTEM

Mobile Crisis Teams:

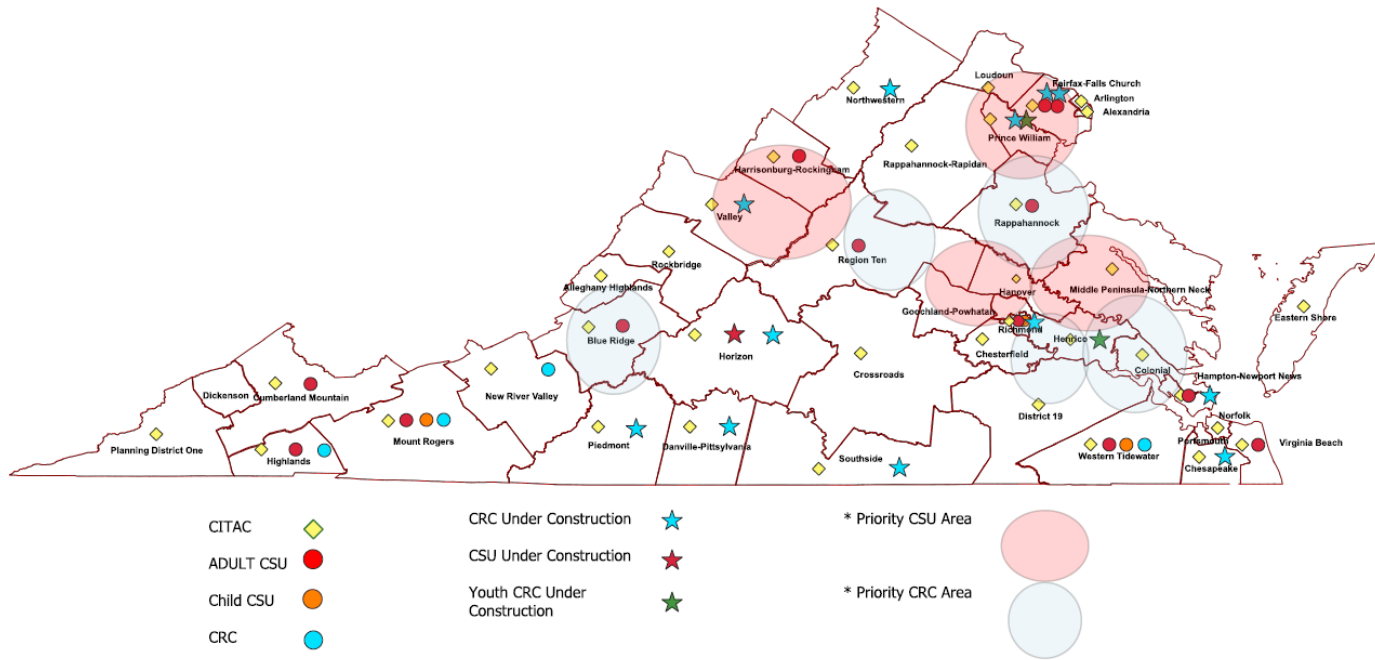
- 36 out of projected need of 70.
- Run primarily through CSBs.
- The 36 in place now are not yet fully staffed.

VIRGINIA'S CURRENT CRISIS RESPONSE SYSTEM

Crisis Stabilization Units and Crisis Receiving Centers:

- Virginia has 18 CRCs out of the 34 that Crisis Now estimates we need.
- Virginia has 14 CSUs out of the 34 that Crisis Now estimates we need.
- Funding may be administered inconsistently because of variations in CSBs, although the state is moving in the right direction.

DBHDS MAP OF CRC'S and CSU's



Shaded areas noted as priority sites considering TDO rates per population and current access to services.

Policy/Budget Proposals



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Item	Crisis Now	Governor's Plan	House Amendments	Senate Amendments
Mobile Crisis Teams (MCTs)	64 (currently 32/36 depending on estimate)	\$20 million (70 MCTs which will provide statewide coverage)	\$20 million (No change from Governor's plan)	\$20 million (No change from Governor's plan)
Crisis Receiving Centers (CRCs)	34 (currently 18)	Total: \$54.5 million CRCs: \$22 million (6 new adult CRCs and 5 new youth CRCs)	Total: \$79.5 million CRCs: \$22 million (No change from Governor's plan)	Total: \$84.5 million (Additional CRC's and CSU's)
Crisis Stabilization Units (CSUs)	34 (currently 14)	CSUs: \$32.5 million (3 new adult CSUs, 2 new youth CSUs, and 16 adult CSU enhancements)	CSUs: \$57.5 million (8 new adult CSUs, 2 new youth CSUs, and 16 adult CSU enhancements)	
Increased Compensation for CSB Staff	N/A	\$0	\$36.5 million (CSBs will have discretion in allocating these increased funds for employee compensation. If evenly distributed, this amendment will fund a 5% pay increase for all CSB staff)	\$50 million

RECOMMENDATIONS FOR THE BHC

1. Work with the administration, DBHDS, DMAS, and staff from Senate Finance and House Appropriations Committees to establish financial and operational goals for a fully funded and effective crisis response system.
2. Work with the administration, DBHDS, DMAS to establish financial and operational benchmarks and require DBHDS and DMAS to submit regular performance reports.
3. Utilize financial goals to inform and guide future funding decisions.
4. Propose changes to existing laws (for example, on role of law enforcement and ECO waiting period) at appropriate time to correspond with growth in crisis response infrastructure.

QUESTIONS?

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Strategic framework designed to guide BHC efforts toward the highest priority goals and most impactful initiatives

- Sets forth what the BHC should do, and how
 - **Goals** that the BHC should prioritize over the next 3 to 5 years to most significantly improve the behavioral health system
 - **Roles** that the BHC should play to most effectively help achieve these goals
- Provides a rubric against which to weigh decisions about future work and policy options and recommendations
- Establishes a strategic vision, not a tactical plan
 - Works in tandem with annual workplan, which contains initiatives to address specific issues with Virginia's system

BHC identified five strategic goals based on prior work, Commission discussions, and stakeholder input

Goals (*DRAFT*)

Description

1. Complete continuum of care	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.
2. Timely access to services statewide	Individuals can receive the services they need when and where they need them.
3. Cost-efficient care for everyone	Sufficient funding is available for the state and providers to build and operate services, and patients can afford the services they need.
4. Effective and efficient services	Behavioral health services are high-quality and effective, and provided efficiently.
5. Lower inappropriate criminal justice involvement	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 identified 4 major roles that would complement & build on existing efforts while adding unique value

Roles (*DRAFT*)

Map current and future efforts wholistically

- Map and track progress on new initiatives across government entities to ensure cohesiveness and identify remaining gaps
 - Sponsor legislative action to implement well-supported recommendations that facilitate new initiatives
-

Monitor implementation and performance of ongoing programs

- Monitor implementation and performance of ongoing state-funded initiatives to ensure accountability and determine in what areas to continue investing state funds
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Conduct research

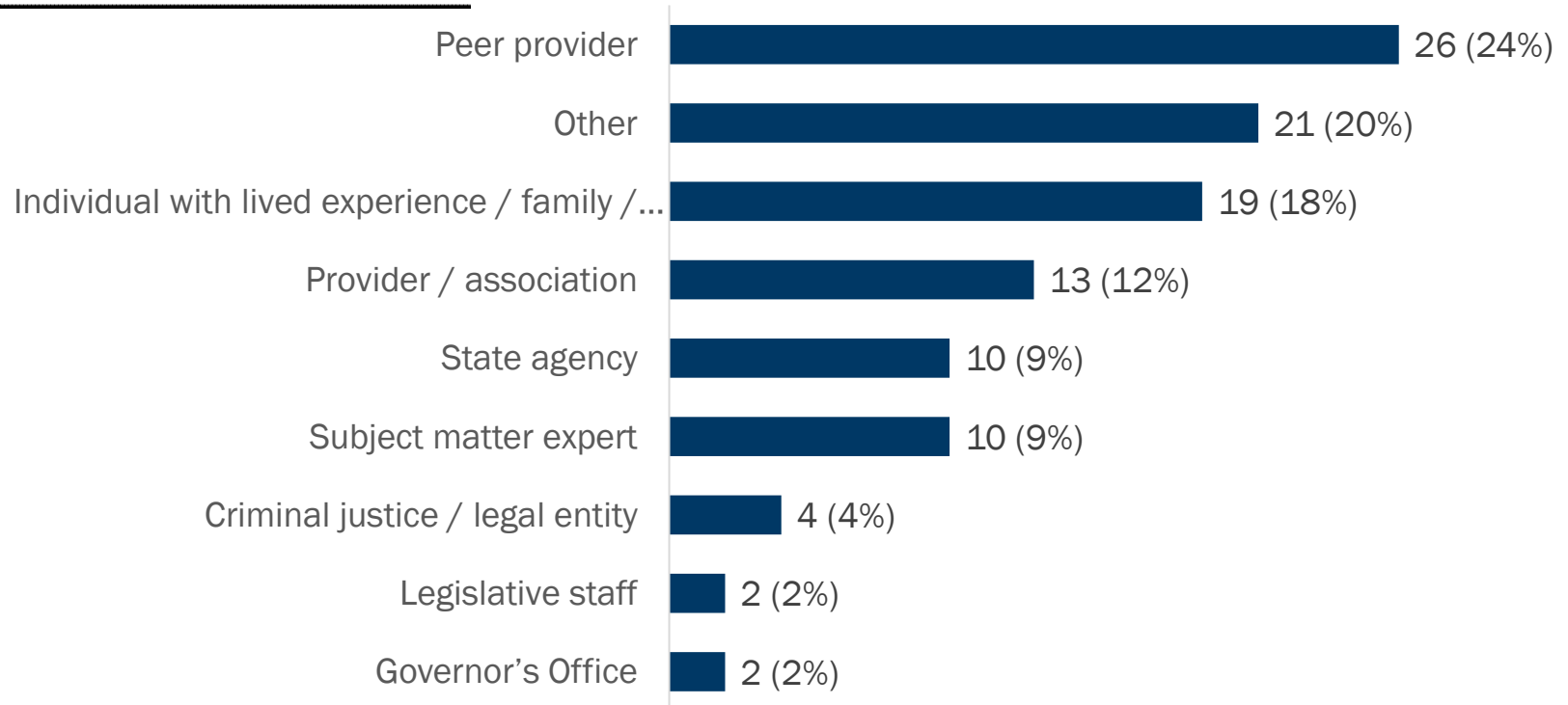
- Address cross-system issues and gaps in existing knowledge through staff-led studies and corresponding options / recommendations
 - Examine any topic or issue on behalf of the legislature
-

Build and maintain knowledge

- Educate new legislators about the behavioral health system
 - Maintain institutional knowledge about past efforts
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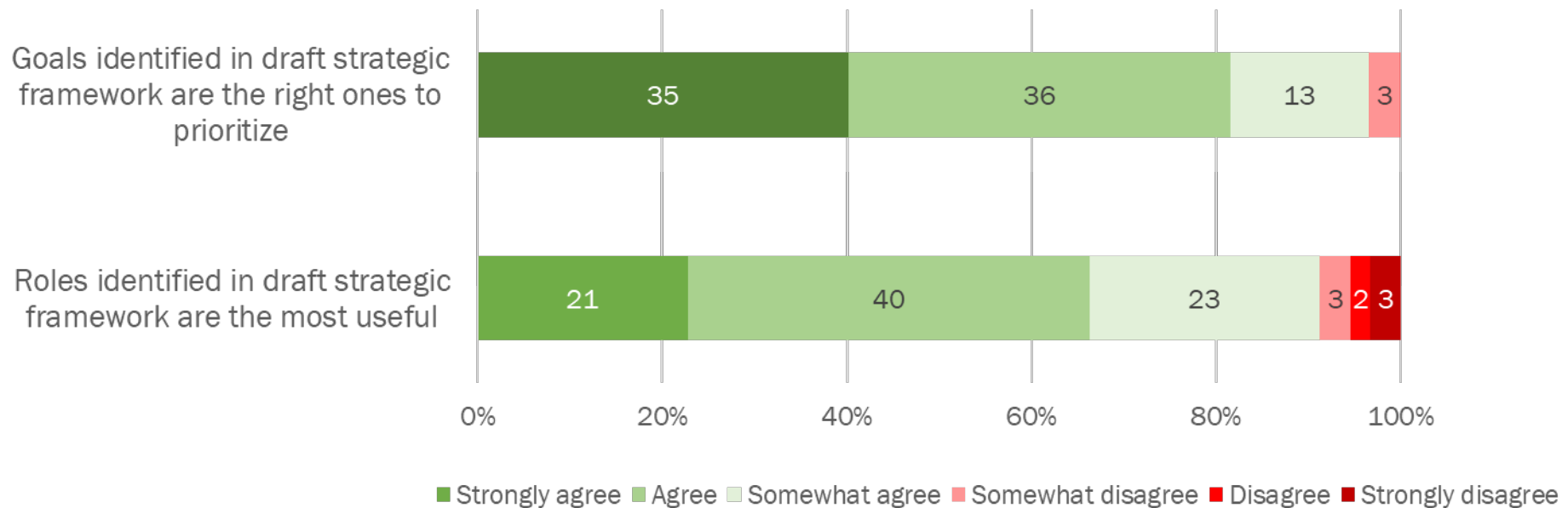
Over 100 stakeholders weighed in on BHC strategic framework

Distribution of stakeholder groups responding to BHC questionnaire (N=107)



Note: Questionnaire was made available on BHC website & listserv and was emailed to 52 stakeholder groups or individuals with whom the BHC interacts regularly. Responses were collected 7/4/23 – 7/11/23

Vast majority of stakeholders agreed with proposed BHC goals and roles



Feedback reflects desire for greater specificity, clarity of roles rather than disagreement with framework

- Several respondents felt that proposed goals were too broad and lacked specificity
- Some stakeholders would like the BHC to play roles that fall outside the scope of the Commission's powers and authority
 - Can study, monitor, and make recommendations
 - Cannot implement specific programs or initiatives, enact legislative changes, or appropriate funding without the approval of the General Assembly and cooperation of the executive branch

BHC can take steps to ensure continued support

- Continue to educate stakeholders and the public regarding its strategic framework, goals, and roles
 - Regularly review and update
- Add a 5th role to the strategic framework to clarify that the Commission's ultimate role is to facilitate legislative and budget action
 - Using all information obtained through research and monitoring to develop an effective, actionable legislative agenda

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Monitoring program implementation and performance will provide insight into 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 and barriers to effective implementation
 - _ Highlight unintended consequences
- Effective monitoring requires:
 - _ Framework for identifying outcomes to be measured
 - _ Plan for collecting and analyzing relevant data
 - _ Process for reporting results in meaningful way

Staff will monitor implementation and performance of key behavioral health initiatives

- Focusing on 3 key behavioral health initiatives in 2023
 - **STEP-VA** expanded the list of services that CSBs are required to provide to improve access to and quality of services
 - **Behavioral Health Redesign** and **Project BRAVO** changed Medicaid services and rates to improve access to quality services and providers
 - **Permanent supportive housing** integrated behavioral and primary health care services with stable housing to prevent homelessness and avoid or reduce the duration of inpatient admissions
- New initiatives will be added in 2024

Monitoring will include evaluation of a range of measures

- Multiple types of measures needed to form a comprehensive picture of service and program performance
 - **Implementation measures** to determine the extent to which implementation is consistent with targeted milestones
 - **Process measures** to determine whether services and programs are implemented in a manner that will bring about desired results
 - **Outcome measures** to determine whether services and programs are actually achieving desired results

Monitoring will evaluate outcomes at various levels

- Monitoring will include evaluation of measures for:
 - _ Specific **service components** of selected initiatives, to determine whether individual services are achieving specified outcomes
 - _ Selected **initiatives** to determine whether the initiatives are meeting stated goals
- Monitoring will include evaluation of outcomes of services and initiatives to determine the extent to which they are contributing to **strategic goals** identified by the BHC

Monitoring will provide information to help determine next steps and support legislative decision making

- Regular reporting on monitoring activities will supply the information needed to make strategic decisions
- Monitoring process will allow the BHC to
 - Identify problems with program design, implementation issues, barriers to program effectiveness, and unintended consequences of services and programs
 - Develop legislative and budget recommendations to address issues and ensure successful implementation of effective initiatives
 - Identify topics for further study by BHC staff

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New process underway to strengthen involvement of individuals with lived experiences

- HB 2182 (2023) directed the BHC to implement a process to solicit and receive input from individuals with lived experience
- Process goals:
 - Include all people who wish to share their lived experience and insight, and be open to all perspectives
 - Foster meaningful engagement in all major aspects of the Commission's work
 - Be transparent and easy to access

New measures added to ensure involvement of individuals with lived experiences

Opportunities for involvement

- **Annual workplan and strategic framework updates**
 - Survey to solicit input on potential workplan items and priorities
 - **Research and other activities**
 - Interviews to receive input and information about specific study topics as part of the research process
 - Meetings to receive feedback about draft findings and policy options and recommendations before study findings are reported (“exposure” process)
 - **General behavioral health issues and topics**
 - Opportunity to submit written comments for distribution to BHC members
 - Opportunity for inclusion of individuals who provide written comments via BHC website on BHC public comment agenda
 - Opportunity to provide general public comments during BHC meetings
 - Invitations to present at BHC meetings when appropriate and relevant to planned agenda topics
 - **Other**
 - Sign up form on website to indicate interest in sharing experience
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Next meeting
September 19, 2023 at
2:00

Location TBD

Visit bhc.virginia.gov for meeting materials