Overview of Completed 2024 OSHHR & DBHDS Reports

Behavioral Health Commission

Virginia's Crisis System

Item 267 C.1

Nelson Smith, Commissioner
Department of Behavioral Health &
Developmental Services

December 10, 2024

Someone To Call → **988**

Someone to Respond → **Mobile Crisis**

Somewhere to Go → **Crisis Centers**

Someone to Talk to – 988 Call Centers

Crisis Now shows 80% of calls to 988 can be resolved on the phone

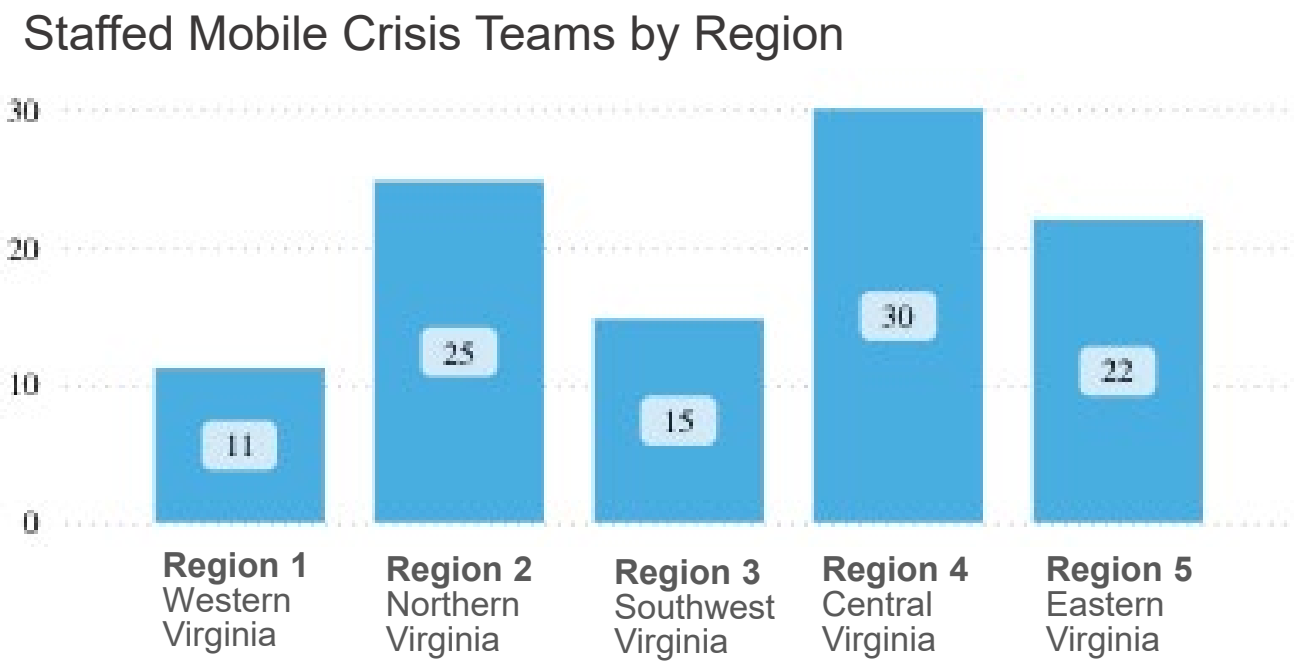
Virginia received over 14,600 calls in September

Call volumes increased 148% between Sept 2023 - Sept 2024

988 Calls to Virginia Call Centers – September 2023 - September 2024

	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024
Routed	5,887	6,390	6,208	7,707	8,336	8,149	9,216	10,181	11,903	12,814	14,827	14,148	14,603
In-State Answer Rate	90%	91%	90%	89%	89%	83%	80%	87%	84%	85%	84%	84%	81%

Someone to Respond – Mobile Crisis

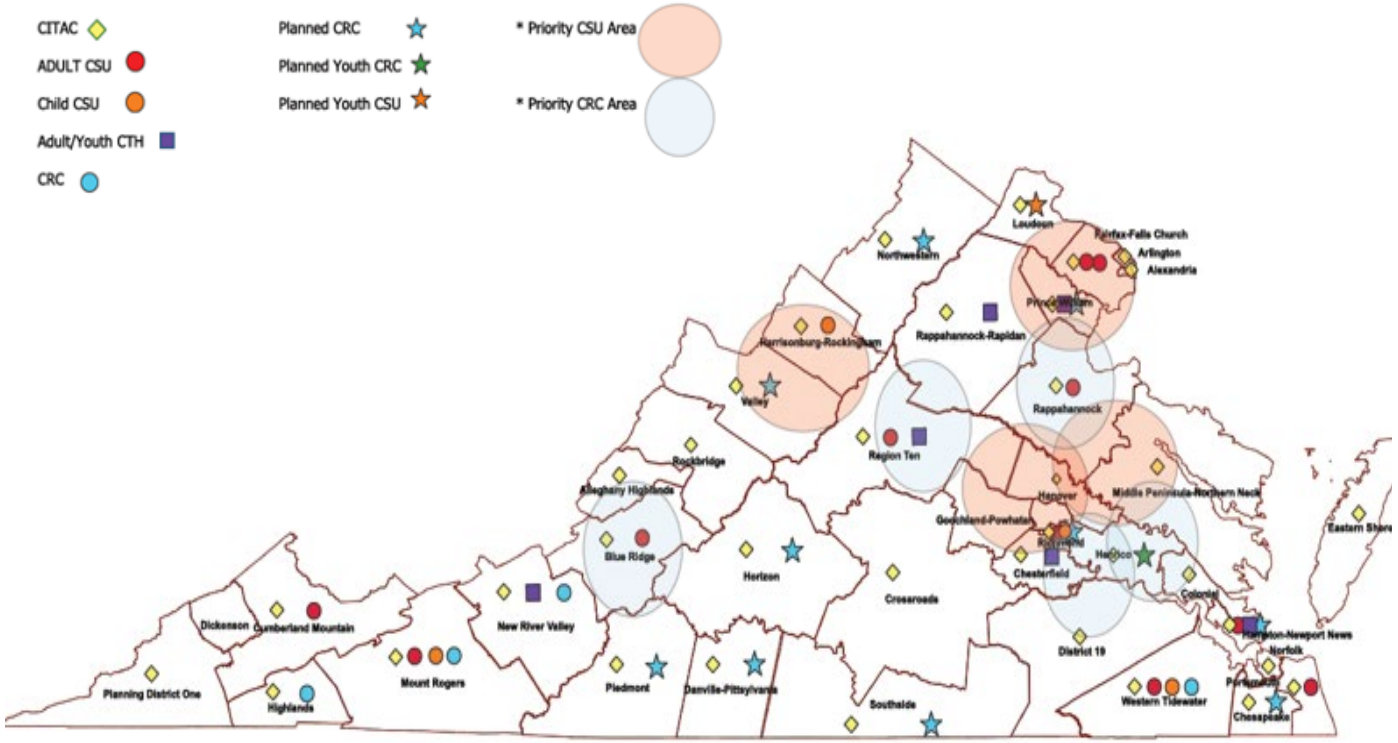


- Mobile crisis teams can resolve 70% of the cases they handle
- Increased from 36 teams to 102 teams
- On 12/15/2023, Mobile Crisis Response was centralized to dispatch from Virginia Crisis Connect
- As of 11/15/2024, there were 22,640 mobile responses through this centralized dispatch across all 5 regions by both public and private providers
- This coverage gives 24/7/365 anywhere in the Commonwealth with an average response time to the individual of 43:01 minutes

Somewhere to Go – Crisis Centers

- Community stabilization of mental health crises for walk-ins, ambulance, fire and police drop-offs.
- Short-term urgent mental health care and observation and are an alternative to emergency department and psychiatric hospitalization admission.
- 65% of people who go to a crisis stabilization center do not need extended stays in a private or state hospital.
- Building in a data-driven way based on population needs – no area should be under-resourced or over-resourced.

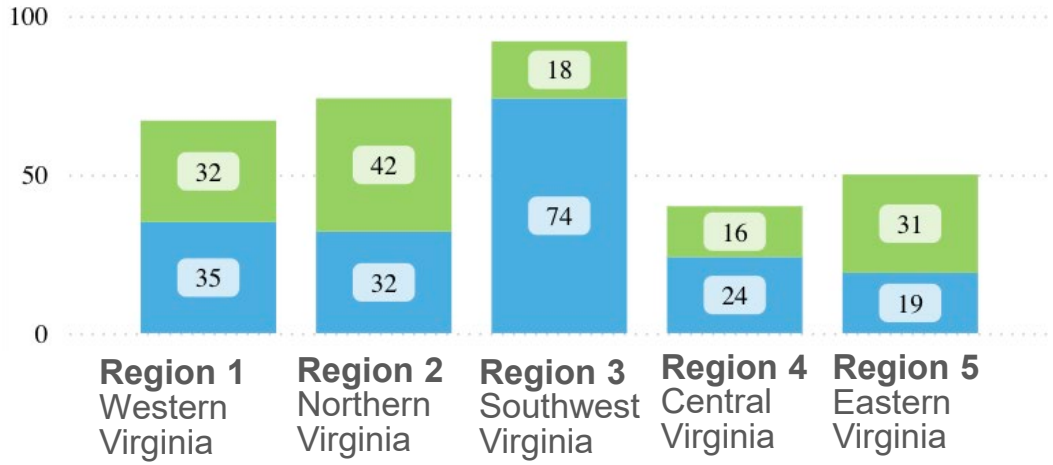
Project Identification – Priority Areas for Crisis Development



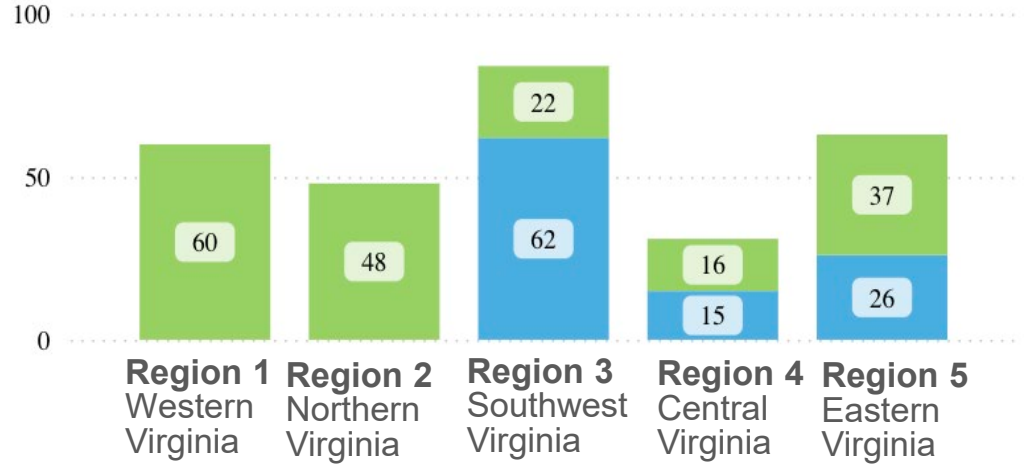
Crisis Center Project Buildout

Statewide Crisis Build Outs	Total
Operational Beds and Chairs	329
Developing Beds and Chairs	334
TOTAL	**663**

Crisis Stabilization Units (CSU) Beds by Region



Crisis Receiving Center (CRC) Chairs by Region



Active In Development

STEP-VA Enhancement

Certified Community Behavioral Health Clinic model, needs assessment and cost estimates, performance measures, and implementation

Nelson Smith, Commissioner
Department of Behavioral Health
& Developmental Services

Heather Norton
Deputy Commissioner, Community Services
Department of Behavioral Health
& Developmental Services

Nathan Miles, CFO
Department of Behavioral Health
& Developmental Services

Item 267 D - Virginia's progress toward CCBHC to date

	Activity
2016	VA is awarded a CCBHC Planning Grant from SAMSHA and pursues STEP-VA in lieu of the CCBHC demonstration program
July 2017	STEP-VA is under the Code of VA to increase access, quality, outcomes and accountability of the 40 CSBs 4 CSBs pursue SAMHSA CCBHC Expansion Grants
January 2019	Implementation begins with Same Day Access
July 2022	Last 3 steps of STEP-VA are funded
December 2022 ***Right Help, Right Now Plan***	Exploring the CCBHC model for fit for Virginia
May 2023	Virginia notified by SAMHSA it was not awarded a CCBHC planning grant
June 2023	Approval to use Mental Health Block Grant funds to conduct CCBHC planning activities over one year
July 2023 - present	DBHDS to Support CCBHC planning activities for CSBs

Focus Areas to Enhance STEP-VA

QUALITY	ACCOUNTABILITY	DATA	FUNDING	WORKFORCE
• Enhance services available in Medicaid • Standardized quality measures across all 40 CSBs	• National outcome measures • Performance contract revisions	• Data reporting structure • Complete data collection, analytics, and reporting modernization	• Cost reporting by CSBs for all STEP-VA services to gauge true cost • Ensure flexibility in design	• Training and competency standards • Incentivize public sector employment

Currently Addressing	JLARC	Dashboard	Page
1. Aggregating CSB performance measures	*Rec. 20*	*CSB Performance Dashboard*	*CSB Profile, Community Need, and more*
2. Showing CSB staff turnover and vacancy rates by position type	*Rec. 4*	*CSB Performance Dashboard*	*Workforce Turnover & Vacancy Rate*
3. Showing CSB Medicaid revenue	*Rec. 14*	*CSB Performance Dashboard*	*Medicaid Revenue (self reported by CSBs)*
4. Tracking Data Exchange timelines, progress, project risks, and funding	Rec. 19	*DBHDS Strategic Plan Dashboard*	*Goal 9 Page*

Dashboard Links:

NEW **CSB Performance Public Dashboard**
dbhds.virginia.gov/about-dbhds/csb-performance-dashboard/
LIVE as of Dec 10, 2024

Strategic Plan Public Dashboard
dbhds.virginia.gov/about-dbhds/strategic-plans/

CSB Performance Dashboard
Vision – Purpose & Goals

PURPOSE

Aggregate CSB context and performance information for internal tool to support executive-level analysis and decision-making

Most Meaningful Contexts
- Inform more intentional discussions with and about CSBs
- Better understand the financial state of CSBs
- Capture CSB progress toward meeting STEP-VA indicators
- Respond to legislative requests for performance tracking
- Improve ability to compare CSBs
- Explore CSB data and test hypotheses / assumptions

Users
- Internal DBHDS Staff
- CSBs
- General Assembly
- System Stakeholders
- Public

GOALS

Gauge Performance Contract Compliance

Gauge CSB compliance with priority indicators from performance contract

Evaluate Program Effectiveness

Evaluate whether investments of public dollars are achieving desired outcomes

Offer Technical Assistance

Identify CSBs that need additional assistance and share successful practices learned from other CSBs

Measure Community Health Outcomes

Understand social determinant of health and wellbeing metrics influencing community need in CSB catchment areas

CSB Performance Dashboard Demo

DBHDS
Virginia Department of Behavioral Health and Developmental Services

Home Page

Community Services Boards (CSB) Performance Dashboard

Home | CSB Profile | Community Need | Finances | Operations | Program Outcomes

DBHDS

Welcome to the DBHDS Community Services Boards Performance Dashboard!

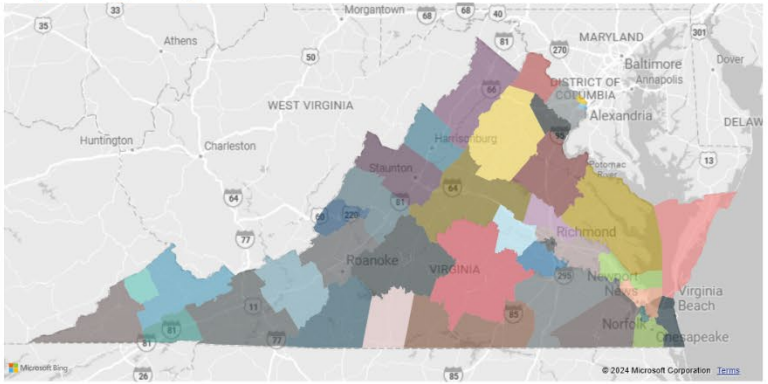
The CSB Performance Dashboard aggregates CSB context and performance data to inform executive-level analysis and decision-making.

Click any data category to explore related CSB performance data.

CSB Profile | Community Need | Finances

Operations | Program Outcomes

Map of Virginia by CSB Catchment Areas



CSB Background

Beginning in the late 1940s, DBHDS established and operated mental hygiene clinics across the state to provide local mental health services. Eventually, the Department transferred all of its clinics to CSBs. In 1968, the General Assembly enacted Chapter 10 of Title 37.1, the CSB enabling legislation. Arlington and Prince William Counties established the first two CSBs in 1968.

Today, 40 CSBs provide services to individuals in all 133 cities or counties in Virginia. Community Services Boards (CSBs) are by statute the single points of entry into publicly funded mental health, developmental disabilities, and substance use disorder services at numerous locations throughout the Commonwealth.

dbhds.virginia.gov/about-dbhds/csb-performance-dashboard/

Item 295 QQ - STEP-VA Needs Assessment & Cost Estimates

Needs Assessment

DBHDS used:

1. DHP Behavioral Health Workforce Data
2. Medicaid Data on Psychiatric Inpatient Hospitalizations per 1,000
3. TDO Information per 1,000

Results – The report showed:

Areas of lower licensed providers by CSB catchment area especially in DBHDS Region 1 and 3 (Shenandoah Valley and Southwest Virginia), and Region 5 (Eastern Shore, Hampton/Norfolk Metro)

CSB catchment areas with high amounts of TDOs or inpatient psychiatric hospitalizations. There did not seem to be a regional aspect to which areas showed greater amounts of TDOs/hospitalizations

STEP-VA Needs Assessment and Cost Estimates

Cost Estimate

Complicating Variables:

1. STEP-VA and CCBHC continues to be redefined
2. Medicaid Redesign - As the majority of the CSB clients have Medicaid, these prospective changes will have a significant impact on the types of services the CSBs provide.
3. Recent investments in crisis - Results still anticipated as the build out occurs

DBHDS used:

DBHDS modified the CCBHC cost report template for STEP-VA and asked CSBs to assess current STEP-VA expenses and projected. DBHDS received 38 of 40 cost reports. Findings are preliminary

Results:

- The vast amount of resources highlighted by the CSBs included additional compensation and recruiting strategies to continue to build their workforce
- Further work is needed on data validity from the cost reports to determine exact figures

Measure Development

DBHDS Measure Analysis

- Reviewed all existing STEP-VA performance measures to determine ability to produce valid and reliable data
- Reviewed all existing STEP-VA performance measures to identify the need for new measure development designed to assess:
  - STEP-VA goal achievement
  - Outcome for/impact to individuals served
  - Access to services across Virginia
  - CSB performance
- Reviewed all existing STEP-VA performance measures to determine applicability to Behavioral Health Quality Management oversight

STEP-VA Performance Measures to Retain

Same Day Access

Definition	% who received a valid service in 30 days
Numerator	# who received SDA assessment during the reporting period and needed follow-up services and received a valid service within 30 calendar days of the assessment
Denominator	# who received SDA assessment during the reporting period and needed follow-up services

Military/Veterans Cultural Competency Training

Definition	% of eligible direct services staff that have completed Military Cultural Competency Training within 90 days of hire, and every three years thereafter
Numerator	# of direct services staff currently employed that comply with the training schedule
Denominator	# of direct services staff eligible to be trained

STEP-VA Outpatient Annual Training Requirement

Definition	% of staff meeting the 8-hour minimum training requirement
Numerator	# of direct services staff currently employed comply with the minimum training requirements
Denominator	# of direct services staff eligible to be trained
Trauma Training	Trauma-Focused CBT, Prolonged Exposure, Eye Movement Desensitizing Reprocessing, etc

STEP-VA New Measures

SDA- I-SERV

Definition	**The percentage of new consumers with initial evaluation provided within 10 business days of first contact.**
Numerator	# of consumers that received an initial evaluation within 10 business days of their first contact
Denominator	# of new consumers (not seen in the past 6 months) 12 years or older who request or are presenting at the CSB as needing behavioral health services

Primary Care- Antipsychotic Metabolic Screening

Definition	**The percentage of individuals over the age of 3 years old receiving antipsychotic medications prescribed by a CSB who have undergone metabolic screenings within 1 year of identification of a condition which requires the use of an antipsychotic**
Numerator	# of individuals who have undergone metabolic screenings within the one year
Denominator	# of individuals (over the age of 3 years old) who received antipsychotic medications prescribed by a CSB

STEP-VA New Measures

Primary Care Screening

Definition	**The percentage of adults with SMI and children with SED who receive an annual primary care screening**
Numerator	# of individuals who have undergone a primary care screening within the one year
Denominator	# of individuals with SMI/SED or at risk of SED

DLA-20 Outcomes- Case Management, Outpatient, Peer and Family Services, Psychiatric Rehabilitation Services, Care Coordination

Definition	**The percentage of individuals engaged in STEP-VA services assessed using the DLA-20 who demonstrate improvement in their DLA-20 score over a 6-month period**
Numerator	# of individuals engaged in STEP-VA services with improved DLA-20 scores over a 6-month period
Denominator	# of individuals engaged in STEP-VA services assessed using DLA-20

Mobile Crisis Arrival Time

Definition	**The percentage calls responded to within 1-2 hour**
Numerator	#of calls responded to within 1-2 hours from dispatch (according to regional designation)
Denominator	total # of calls received where Mobile Crisis was indicated and dispatched

Mobile Crisis Call

Definition	**The percentage mobile crisis responses that maintained community setting**
Numerator	# of mobile crisis responses that have a disposition of retain setting, retain setting with support, or alternate community setting
Denominator	Total # of mobile crisis responses

Item 295 OO.1 CSB STEP-VA Performance

Average Composite Scores:

- **DLA-20 Composite Score**: The average score across CSBs is 4.61, indicating that individuals are experiencing moderate impairments in functioning.
- **Score Variability**: The highest-performing CSB scored 5.55, while the lowest scored 3.81, showing significant variations in population needs and performance among CSBs.

Improvement in Functioning:

- Over half of children and adults with scores above 6.0 have maintained that level, indicating some individuals are able to sustain adequate independence without significant impairment.

Progress for Those Below 4.0:

- 47% of children with scores under 4.0 (moderate to serious impairments) showed at least 0.5 point growth, indicating a positive recovery trend in this group.
- Both children and adults with scores under 4.0 are making progress, surpassing the 4.0 threshold, demonstrating potential for recovery.

Challenges in Data Tracking & Implementation Barriers

Limitations in Data Systems

- Out of 83,974 individuals screened with the DLA-20, only 14,932 follow-up screenings were available for comparison, pointing to significant data tracking limitations
- DBHDS is addressing these challenges with data modernization projects aimed at improving the tracking of consumer functioning and CSB performance over time.

Staffing Challenges

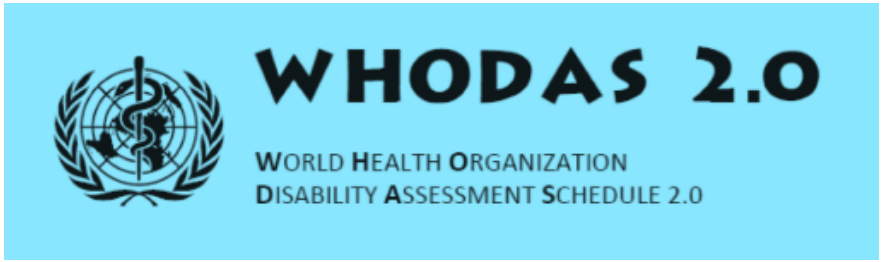
- Staffing shortages have affected service delivery and STEP-VA implementation. Recruiting qualified staff for STEP-VA roles remains a challenge, slowing program development.
- CSBs provided $7.5M each year to help grow the CSB workforce. Funding will help recruitment and retention and develop a pipeline for staff at all levels.

Concerns with the DLA-20 Tool:

- Time-consuming training and assessment process.
- Unsuitability and not normed for SUD populations.
- Reliability issues: Poor inter-rater and intra-rater reliability due to complexity and subjectivity.
- Scoring challenges: Inconsistent application of scoring criteria.
- Engagement issues: Clients and clinicians struggled with the tool. Some clients felt judged, making it less effective and not trauma informed.
- Inconsistent use: At times it was completed based on staff observations or as a self-report measure, rather than with full client involvement.

Plans for FY 2025 – World Health Organization Disability Assessment Scale 2.0 (WHODAS) Pilot:

- DBHDS plans to pilot the WHODAS 2.0 in FY 2025 as a potential replacement for the DLA-20 to address concerns. This pilot includes five CSBs from different regions of Virginia.
- The pilot will assess the administrative burden and the efficacy of WHODAS 2.0 across a range of programs.



Virginia's Community Services Boards
Performance contracts and Medicaid billing

Nathan Miles, CFO
Department of Behavioral Health
& Developmental Services

Chaye Neal-Jones
Director, Office of Enterprise Management
Department of Behavioral Health
& Developmental Services

Comprehensive Review

- Collaborative effort with DBHDS and CSBs to review and revise Exhibits D language as necessary to ensure performance measures are designed to measure outcomes for each service, performance measures include a relevant benchmark for each measurement
- Focused on:
    1. performance measures designed to measure outcomes for each service
    2. performance measures that include a relevant benchmark for each measurement
    3. Alignment with state and federal reporting requirements

CSB Performance Contracts

- DBHDS' ability to address compliance with significant issues or concerns about the operations or performance of the CSB to the executive director and CSB board members for formal response to resolve
- Created a public dashboard to display CSB performance data
- Compliance and Dispute Resolution Process to address substantial compliance issues with the performance contract and remediation process, termination language
- Process for addressing compliance issues relating to quality and quality improvement
- Process for reporting and data compliance and what action DBHDS may take for non-compliance with expectations, such withholding certain funding
- Administrative Requirements and Processes and Procedures for administrative reviews and plans for corrective action

DBHDS Process Improvement

Quality Management System for Behavioral Health
- Quality Improvement Committee and Sub Committees

Staff Roles and Responsibilities
- Drafting/revising written processes and procedures for staff to follow to address compliance issues, performance improvement, corrective action, and points of escalation to align with PC
- Training and technical assistance

Grants Management System
- Provide internal controls over the funding (award, not award, adjust funding allocations) and finance compliance

Contract Management System
- Enhancements to existing contract management system for better contract administration

Process and Procedures
- Revisions to existing processes and procedures for better internal and external alignment
- Revisions to technical assistance and training materials

CSB Dashboard

Item 295 OO.4 - CSB Medicaid Billing

CardinalCare
Virginia's Medicaid Program

- DBHDS and DMAS conducted a targeted review with the help of CapTech
- Analysis of 2022-2024 Medicaid claims data for Community Services Boards (CSBs) and behavioral health providers overall
- Survey of CSBs regarding billing practices across Medicaid services, **88%** response rate
- Targeted review and interviews of **3** CSBs including in depth billing, electronic health record, and revenue cycle management data review

CSB Medicaid Billing Findings

- CSBs are billing Medicaid for the majority of Medicaid eligible services they provide
  - CSBs provide approximately 11% of Medicaid behavioral health services
  - Medicaid payments are 30% of CSB revenue; this proportion varies across CSBs

- CSBs have significant documentation burden associated with Medicaid services as well as their numerous other federal, state, and local funding lines

- Specific challenges include credentialing, service authorizations, and general administrative requirements of working with five Medicaid managed care plans

- Some CSBs have implemented modernized revenue cycle management systems including increased billing and coding staff, expertise, EHR improvements, and back-end systems features. Other CSBs have not, frequently due to resource constraints or competing priorities

CSB Medicaid Billing Recommendations

1. DMAS, VACSB, and Health Plans to collaborate follow-up technical assistance for any unbilled Medicaid services, and increase collaboration and training opportunities
2. Implementation of a standard methodology across CSBs to track a small set of indicators so billing and claims issues can lead to more actionable insights (Industry standard benchmarks):
    - A/R Aged Over 90 Days: Benchmark < 15% of the total A/R
    - Net Collection Rate: Benchmark 98% or higher
    - Bad Debt: Benchmark 1.5% - 2.0% of total revenue (by payor and reason type, if possible)
3. Technical assistance on revenue management best practices could be offered to interested CSBs; ex: analysis of billing/claims staffing structure, monthly close out processes, and process improvement

Note: A central or standardized billing entity is not recommended at this time