BHC Behavioral Health Commission

Commission meeting

November 13, 2023

Briefing

In this presentation

School-based mental health services

Monitoring: Project BRAVO and Behavioral Health Redesign

Peer perspectives input group

Maximizing school-based mental health services

Claire Mairead, Assistant Policy Analyst

Study request

BHC staff directed to:

- Evaluate the current reach of school-based mental health services
- Identify strategies to connect mental health clinical interventions to school settings
- Consider opportunities to align Medicaid-funded behavioral health services and school-initiated services newly eligible under the “free care rule”
- Make recommendations about strategies to implement and expand school-based mental health services

Primary research activities

- Visited schools and divisions across the state
- Interviewed staff at DOE, DMAS, and DBHDS
- Analyzed data from state agencies
- Reviewed literature on school-based mental health
- Surveyed school divisions and parents of children in Virginia PreK-12 public schools

In brief

- Youth are experiencing a high level of mental health challenges
- Most school divisions provide some level of mental health services for students
- Availability and types of services vary widely among schools and divisions
- Many students cannot access more intensive services they need
- Expiration of pandemic relief funds will likely lead to the loss of services

In this presentation

Background

Availability of mental health services

Staffing challenges

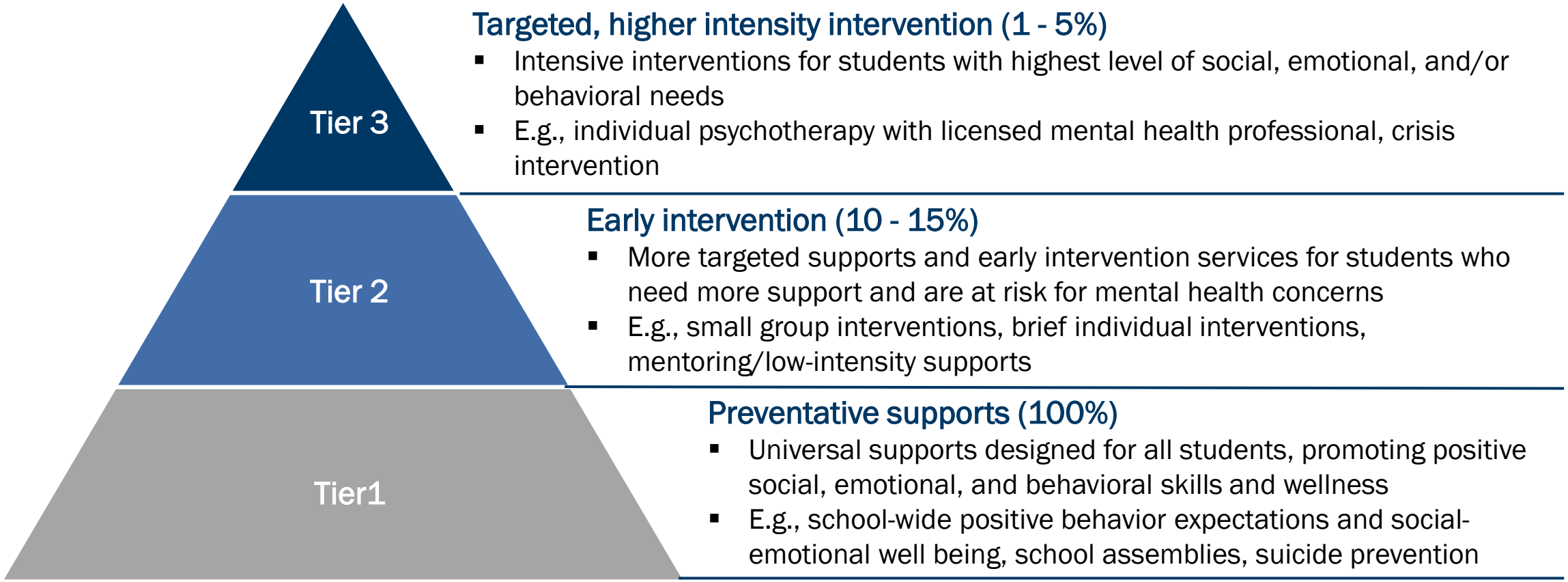
Funding limitations

Funding and guidance needs

School-based mental health services

- Mental health services or supports provided in a school setting
- Can be offered by school staff or external providers
- Some baseline requirements but few laws
  - Mental health awareness training for staff
  - Mental health education in 9th and 10th grade
  - SOQ requirements and funding for some positions
- Variation in type and quantity of services across the state
  - Depends on capacities, local funding, student needs

Services structured as a Multi-Tiered System of Supports (MTSS)



Targeted, higher intensity intervention (1 - 5%)

- Intensive interventions for students with highest level of social, emotional, and/or behavioral needs
- E.g., individual psychotherapy with licensed mental health professional, crisis intervention

Early intervention (10 - 15%)

- More targeted supports and early intervention services for students who need more support and are at risk for mental health concerns
- E.g., small group interventions, brief individual interventions, mentoring/low-intensity supports

Preventative supports (100%)

- Universal supports designed for all students, promoting positive social, emotional, and behavioral skills and wellness
- E.g., school-wide positive behavior expectations and social-emotional well being, school assemblies, suicide prevention

Source: BHC staff analysis of MTSS models from DBHDS, National Center for School Mental Health

High levels of mental health needs among Virginia students

- In 2022:
  - 40% of high school students in Virginia reported feeling depressed (so sad or hopeless almost every day for at least two weeks in a row that they stopped doing their usual activities)
  - 13% of high school students reported considering suicide in the past year
- School staff believe that anxiety and depression have gotten more prevalent and more severe among students since the pandemic

In this presentation

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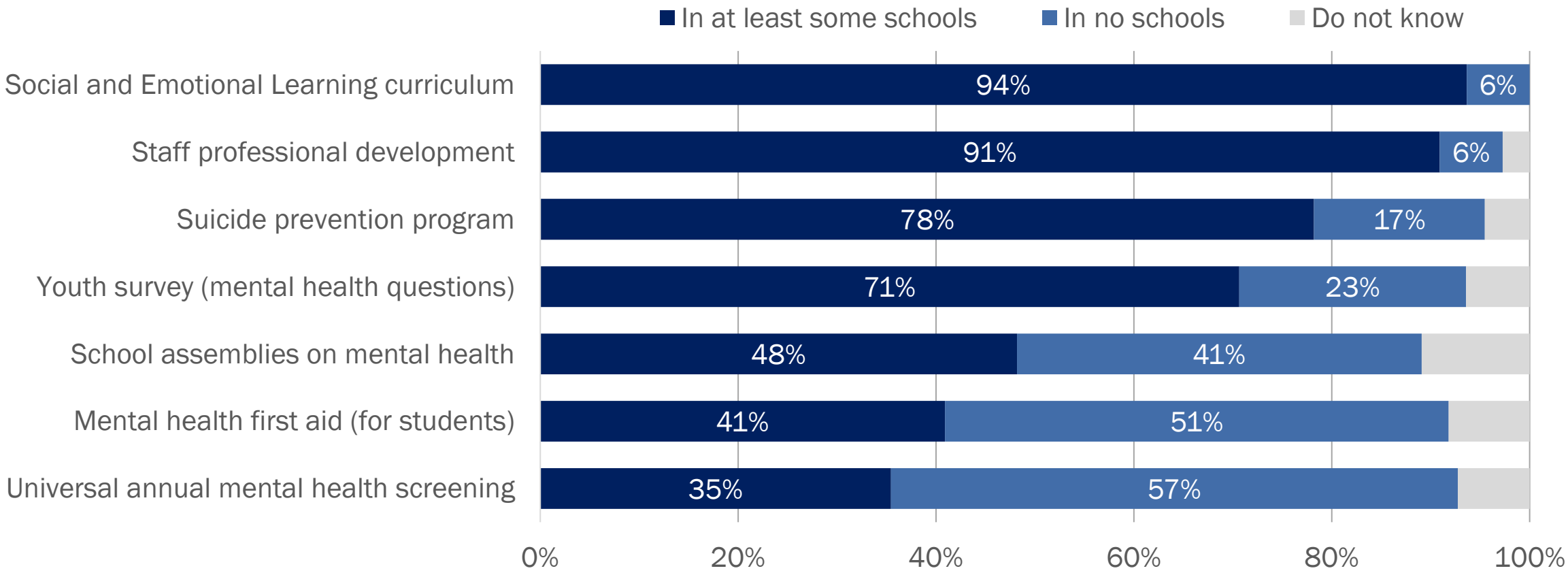
Tier 1 services are preventative and universal

- Tier 1 services are intended for all students
- Usually provided by teachers or school mental health staff
- Wide range of services offered, but some are more prevalent
  - E.g., Social and Emotional Learning, suicide prevention
- Mental health education required for 9th and 10th graders

Most divisions offer at least one type of Tier 1 services



Source: BHC staff analysis of division survey data
Note: 111 out of 131 divisions (85%) responded to the survey

Finding

Most students have access to Tier 1 services in their school.

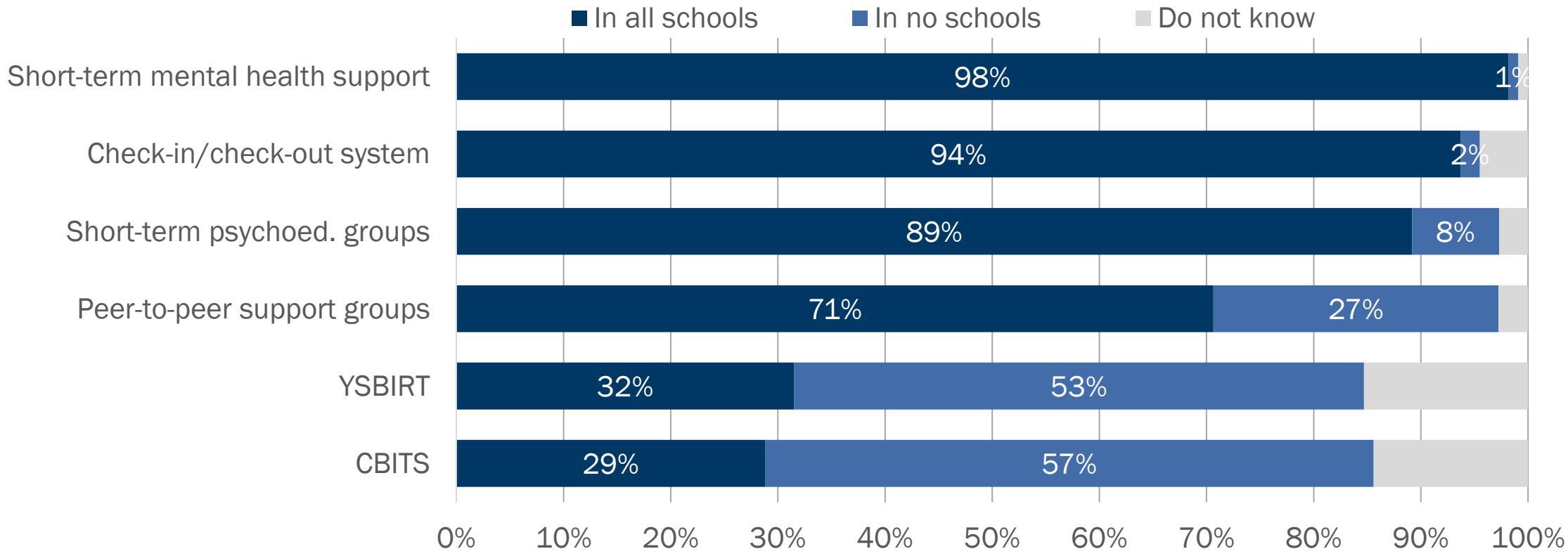
Most students have access to Tier 1 services

- 77% of Virginia public school students receive some Tier 1 mental health services in their school
- Most school divisions provide Tier 1 services to at least some students
- School and division staff stressed the importance of preventative services to lessen the need for later, more intensive mental health interventions

Tier 2 and 3 services are need-based interventions

- More intensive services for students who require them
- Provided to students on the basis of need
- Services can range from short-term support from counselors, to specific evidence-based practices, to in-school outpatient therapy
- Services may require more staff time per student than Tier 1

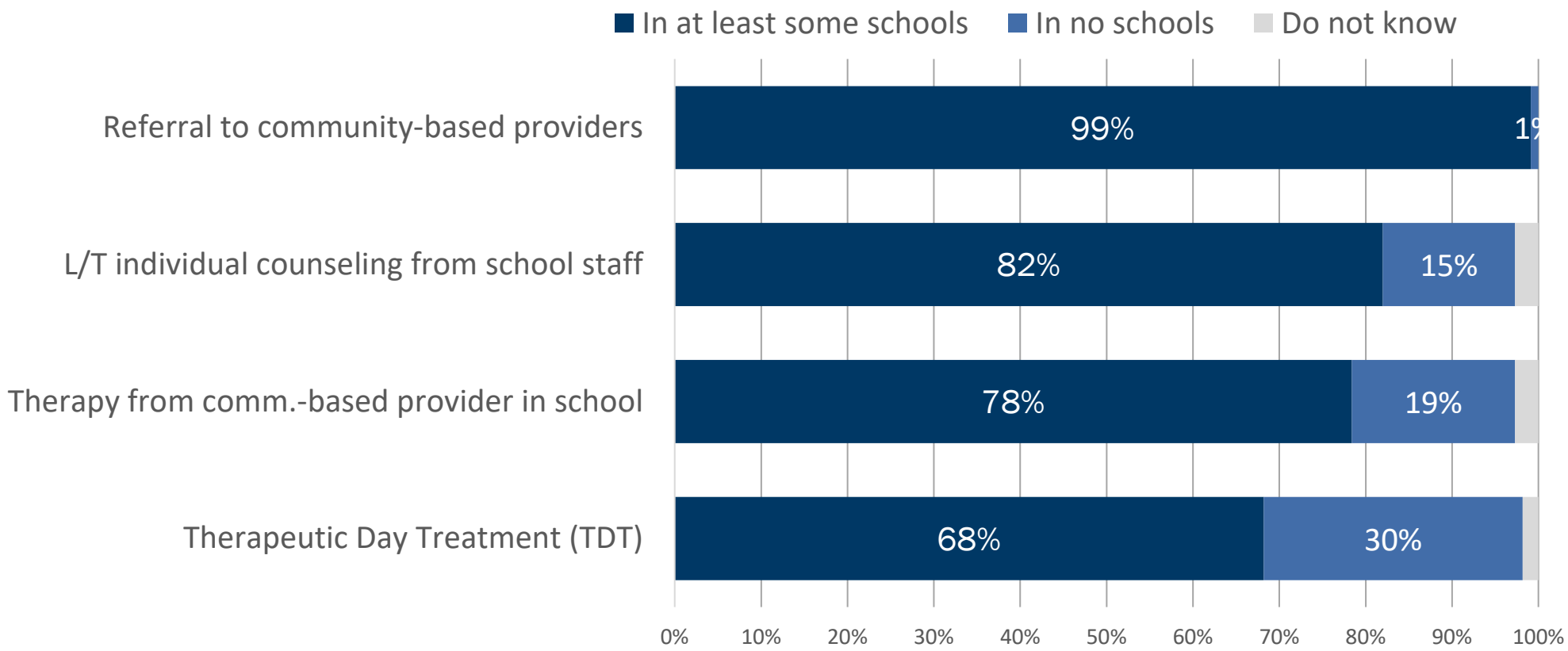
Support from school staff is the most common Tier 2 service



Source: BHC staff analysis of division survey data

Note: YSBIRT= Youth Screening, Brief Intervention and Referral to Treatment; CBITS= Cognitive Behavioral Intervention for Trauma in Schools; 111 out of 131 divisions (85%) responded to the survey

Referrals and school support are most common Tier 3 services



Source: BHC staff analysis of division survey data

Note: Schools also reported using Behavioral Intervention Plans, but these are not considered a mental health service in the context of this study; 111 out of 131 divisions (85%) responded to the survey

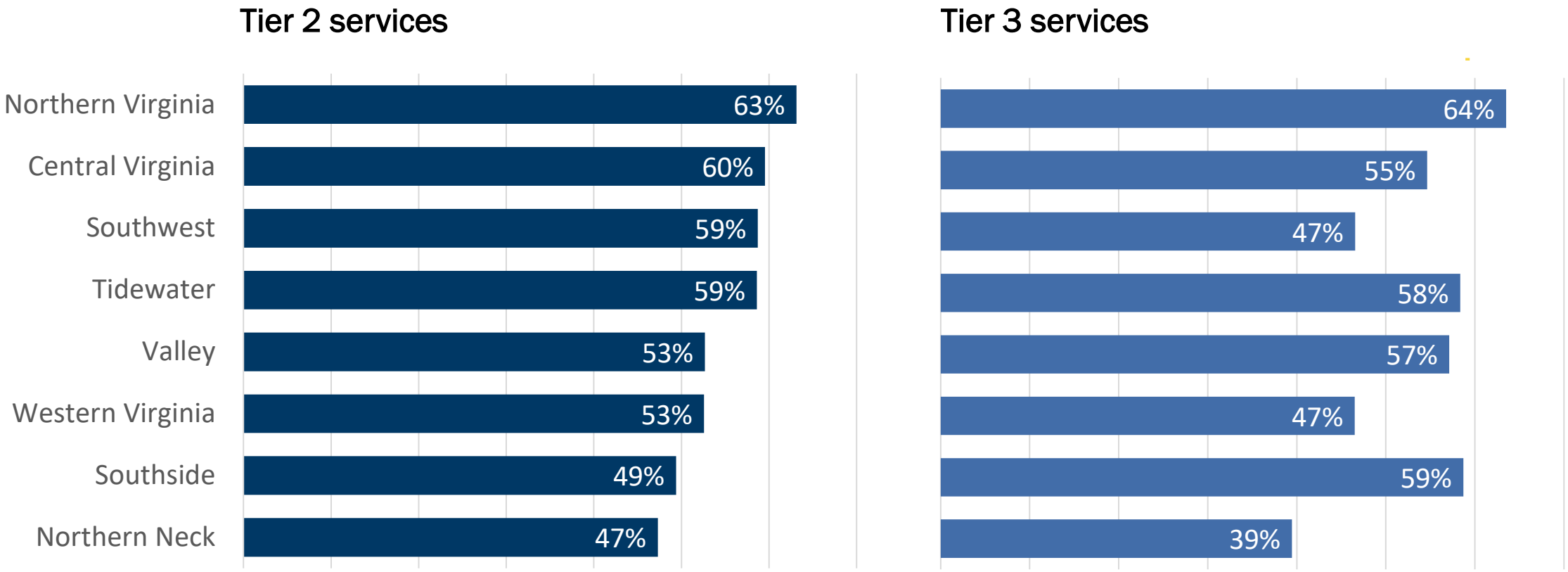
Finding

School-based mental health services appear to be least available to students who need them most.

About 45% of students who need higher-level services cannot receive them at school

- 55% of students who require Tier 2 services are able to receive those services at school
- 54% of students who require Tier 3 services are able to receive those services at school
- Higher levels of service usually require more staff time and may require community-based providers
- Because these students have higher levels of need, there may be more serious consequences to lack of services

Access to Tier 2 and Tier 3 varies by region, with highest availability in Northern VA and lowest in Northern Neck



Source: BHC staff analysis of division survey data

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Findings

Insufficient school mental health staff and competing demands on staff time have limited the availability of mental health services.

Schools report difficulties hiring mental health staff

- 49% of divisions have trouble filling school psychologist positions
- 41% of divisions have trouble filling school counselor positions
- Reflects broader trends in behavioral health staffing
- Numerous state and non-state entities working on BH shortages:
  - Virginia Health Workforce Development Authority (VHWDA)
  - Claude Moore Charitable Foundation
  - Right Help Right Now
  - Virginia Health Care Foundation
  - State Council of Higher Education for Virginia (SCHEV)
  - Joint Commission on Healthcare (JCHC)

Competing demands on staff time

- School mental health staff have other demands on their time
- School psychologists spend much of their time on special education and evaluations
- School counselors are often in charge of academic testing and coordinating 504 plans
  - 80/20 law may help

In this presentation

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Finding

Local funding for school-based mental health services varies between divisions, and state funding is limited.

Local funding for school-based mental health varies and state funding is limited

- Not all localities fund school-based mental health, and those that do fund it at different levels
- Limited state funding sources
  - SOQs provide some state funding for school counselors, school social workers, and school psychologists
  - New pilot program established in 2022

Virginia has made important new investment in pilot program, but funding is unreliable

- Pilot program has helped school divisions forge and strengthen partnerships with community-based providers practicing in schools
- Some challenges with implementation, including late and unreliable funding
  - Planning and preparation delayed initiation of services
  - Year-to-year funding is too unreliable for providers to hire staff
- Needs consistency and performance measures to determine success of pilot and whether to continue funding

Option 1

The General Assembly may wish to consider including in the Appropriation Act (1) $7.5 million in funding each year to support the School-Based Mental Health Integration Pilot for two additional years, and (2) language directing DBHDS to develop performance measures for participating sites and for the pilot overall, and to report to the Behavioral Health Commission on the selected performance measures by November 1, 2024.

Medicaid funds school-based mental health services in two ways

- External providers bill Medicaid for services they provide that are in a school setting
  - E.g., used for services like TDT or outpatient therapy
- School divisions seek reimbursement from Medicaid for the cost of providing mental health services to Medicaid-enrolled students using school staff or contracted providers
  - E.g., services like group therapy delivered by a school social worker

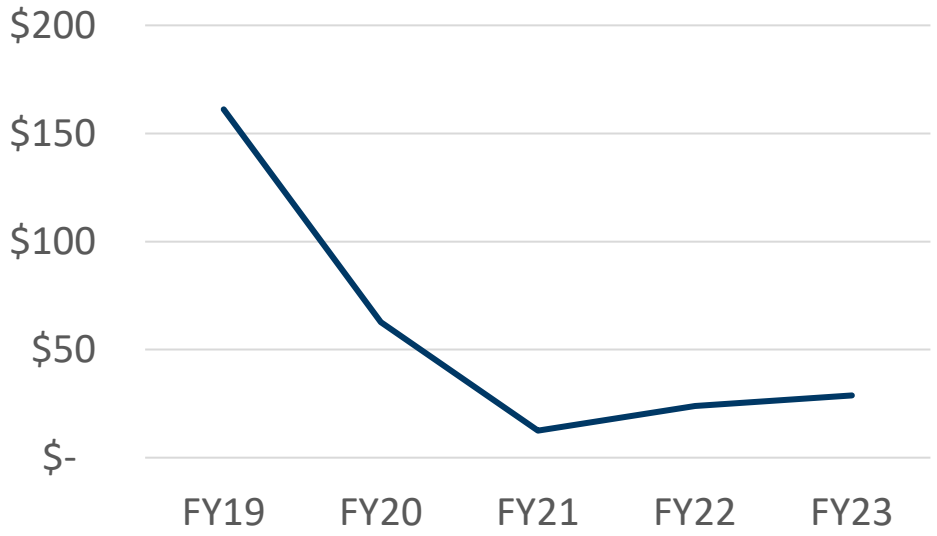
Finding

Medicaid funding for school-based mental health services has changed in recent years, and a recent update could expand Medicaid as a funding stream.

Medicaid spending on a major school-based service has declined

- State spending on TDT was significant, but utilization declined sharply since FY2019
  - $132m reduction (~82%)
- Created gap in services and funding
- DMAS has concept for replacing or enhancing TDT
  - Long term solution, 3+ years until implementation

Medicaid expenditures on Therapeutic Day Treatment delivered in schools ($M)



Recommendation 1

The General Assembly may wish to consider including funding in the Appropriation Act for DMAS to commission a review of Multi-Tiered School Based Behavioral Health Services including (1) whether and how to redesign Therapeutic Day Treatment, and (2) the rate structure and amount that should be used to enroll a sufficient number of providers qualified to deliver services identified.

Virginia Medicaid reverses a previous rule for school-based services

- Previously, divisions could bill Medicaid under limited circumstances
  - Reimbursement only for expenses related to a student's IEP
  - Services provided by school staff
- "Free care rule" reversal allows divisions to be reimbursed for health expenditures (physical and behavioral) on Medicaid-enrolled students regardless of IEP status
- CMS approved Virginia's state plan amendment in September 2023

Finding

The reversal of the “free care rule” offers an opportunity for divisions to increase their federal Medicaid reimbursements, but it may require additional staff time and resources from divisions.

Resources needed to capture expanded Medicaid funding stream

- School implementation of “free care” rule will require time and expertise
  - Staff time for increased billing and administrative burdens
  - New staff positions for some schools
- Divisions that don’t currently bill Medicaid will need infrastructure to participate
- DOE currently provides technical assistance, but capacities are limited

Option 2

The General Assembly may wish to consider including provisions in the Appropriation Act (i) directing the Department of Medical Assistance Services and Department of Education to revise their interagency agreement to reduce the percentage of administrative reimbursement pass-through funds retained by DMAS; and (ii) appropriating an equivalent amount of funding to the Department of Education to support one full-time position that would provide Virginia school divisions with additional technical assistance with billing the Medicaid program for school-based services.

In this presentation

Background

Availability of mental health services

Staffing challenges

State funding limitations

Funding and guidance needs

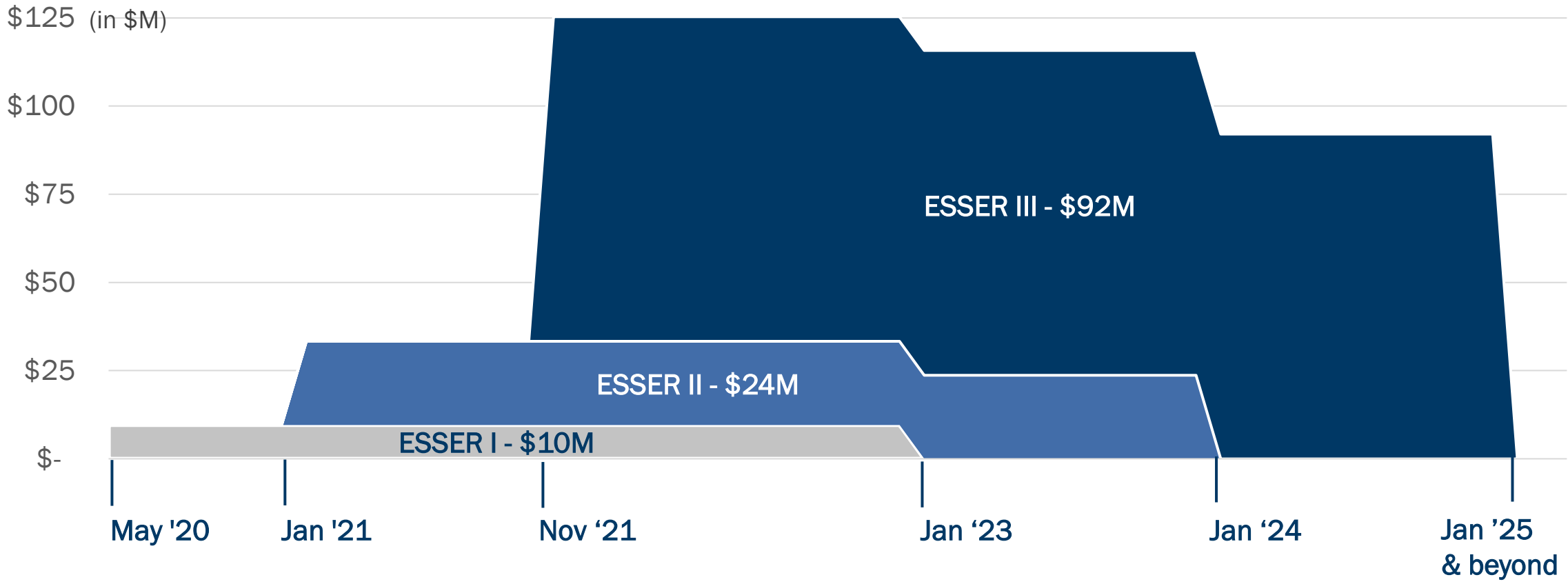
$123 million in federal pandemic relief used for mental health services

- Divisions got an influx of money for mental health from pandemic relief funds
- Starting in 2020, ESSER I, II, and III delivered a total of $123 million that divisions used for school-based mental health services
- Funding was flexible; divisions were able to prioritize their students' needs
- Different uses in different schools:
  - SEL curricula
  - Mental health screening tools
  - Hiring staff
  - Partnerships with external providers

Finding

The expiration of federal pandemic relief funds will likely lead to the loss of mental health services in Virginia schools.

$123 million in federal pandemic relief funding will expire by 2025



Virginia could create a new program to fund and implement school-based mental health services

- Some state funding will likely be necessary to maintain current level of service or mitigate losses
  - Should be flexible and reliable
- No state structure or flexible funding mechanism currently available for comprehensive program
- New program could guide funding distribution and help ensure positive outcomes
  - Provide divisions with guidance on implementing effective school-based mental health programs
  - Develop outcome measures and accountability mechanism

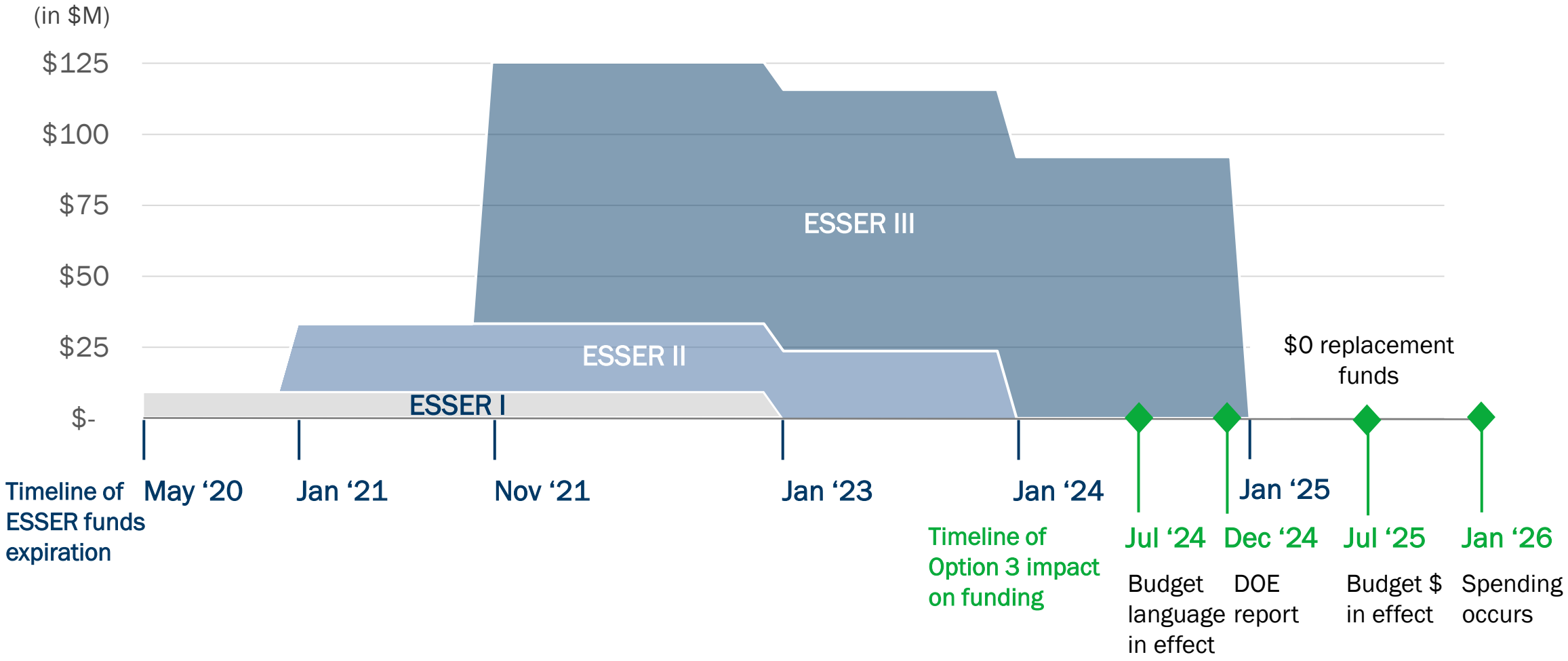
Virginia should set clear vision and goals for school-based mental health services to ensure effective and efficient use of state resources

- State vision and goals are currently unclear
  - Differ among state agencies
  - Determine if goal is educational success or student well-being
- Goals must be set for school-based mental health program to achieve the state's intended outcomes

Option 3

The General Assembly may wish to consider including language in the Appropriation Act directing the DOE to work collaboratively with DBHDS and DMAS on a plan for creating a new program to deliver (i) flexible mental health funds to divisions for maintaining school-based mental health services, (ii) technical assistance and evaluation capabilities to build out their mental health services, (iii) a proposed vision and goals for Virginia's school-based mental health program and action steps to meet these goals, (iv) proposed outcome measures to determine program success, (v) a recommendation on the amount of funding that should be appropriated annually and a funding mechanism. DOE should report to the Chairs of the Senate Finance and Appropriations Committee and the House Appropriations Committee as well as to the BHC by December 1, 2024.

Transitional funding could help sustain service availability until new state program is designed and implemented



Option 4

The General Assembly may wish to consider including one-time funding in the Appropriation Act to allow divisions to maintain mental health services in FY 2025 after the final expiration of ESSER funds while DOE plans the implementation of a new, permanent funding mechanism for school-based mental health available in FY 2026.

Key takeaways

- Youth are experiencing significant depression and anxiety
- Most school divisions provide some kind of mental health services for students, but availability and service type vary widely
- Students with the highest level of mental health needs are the least likely to have access to services they need
- Expiration of pandemic relief funds will likely lead to the loss of services
- The General Assembly has options that could ameliorate some of that loss

Staff for this study

Claire Pickard Mairead, Assistant Policy Analyst

Nathalie Molliet-Ribet, Executive Director

Sarah Stanton, Chief Policy Analyst

In this presentation

School-based mental health services

Monitoring: Project BRAVO and Behavioral Health Redesign

Peer perspectives input group

Monitoring: Project BRAVO and Behavioral Health Redesign

Sarah Stanton, Chief Policy Analyst

Monitoring program implementation and performance

- BHC adopted role to monitor implementation of past initiatives
  - Ensure that past initiatives yield expected results
  - Allow for course correction
- 2023 workplan directed staff to stand up monitoring program
  - Design framework for assessing status of the initiative and progress toward goals
  - Create data collection and analysis strategy
  - Develop process for reporting results in a meaningful way

Monitoring Project BRAVO & Behavioral Health Redesign

- Project BRAVO is the first phase of Behavioral Health Redesign
- Medicaid is largest payer of behavioral health services in Virginia
- Virginia has spent nearly $430 million on Medicaid behavioral health services redesigned and enhanced as part of Project BRAVO
- This monitoring report assesses implementation
  - Determines implementation status of Project BRAVO and Behavioral Health Redesign
  - Sets the stage for more thorough performance evaluation in subsequent years

Primary research activities

- Analysis of Virginia legislation and budgets
- Structured interviews with DMAS, DBHDS
- Review of reports and information from DMAS, DBHDS, other entities regarding Virginia's Medicaid and behavioral health systems

In brief

- Project BRAVO and Behavioral Health Redesign intended to improve access, quality, and cost-effectiveness for Medicaid behavioral health services
- Data and information about Project BRAVO's impact on access to Medicaid behavioral health services is limited, precluding full evaluation
- Early utilization trends for Project BRAVO services suggest mixed impact on access to date
- Impact of Project BRAVO on quality, cost-effectiveness of services cannot be determined because data is not available

In this presentation

Background

Impact on Access

Impact on Quality & Cost Effectiveness

Behavioral Health Redesign initiated in 2019 to improve access, quality, and cost effectiveness for Medicaid behavioral health services

- Prior to Behavioral Health Redesign, access to Medicaid behavioral health services was limited and quality of services was inconsistent
- Key services lacking from behavioral health service continuum & insufficient availability of providers limited access to existing services
- Behavioral health system oriented toward crisis and emergency services and lacked alternatives to expensive inpatient treatment
- Service delivery varied and monitoring was lacking so that services did not consistently provide desired outcomes

Behavioral Health Redesign expanded Medicaid behavioral health continuum of care to improve access to services

Before BHR

Prevention	Recovery	Outpatient	Community mental health Rehabilitation services	Inpatient / residential

With BHR

Across the lifespan

Promotion & prevention	Recovery services	Outpatient & integrated care	Intensive community-based support	Intensive clinic/facility-based support	Comprehensive crisis services	Group home & residential services	Inpatient hospitalization
Behavioral therapy supports >>>> <<<<			Case management >>>> <<<<			Recovery and rehabilitation support services	

INTEGRATED PRINCIPLES / MODALITIES

- Trauma informed care
- Universal prevention / early intervention
- Seamless care transitions
- Telemental health

Source: BHC staff analysis of Department of Medical Assistance Services information

Behavioral Health Redesign sought to increase availability of providers to improve access to Medicaid behavioral health services

- Revisions to licensing and regulatory requirements intended to reduce barriers to workforce participation
- Statewide training intended to facilitate and support compliance with redesigned service requirements
- Enhanced provider reimbursement rates intended to incentivize behavioral health providers to provide services to Medicaid recipients

Improved access to Medicaid behavioral health services also expected to reduce emergency department visits and hospital admissions

- Improved access to behavioral health services can prevent or protect against crisis, ensure availability of appropriate services to meet individual needs, and improve individual outcomes
- Availability of community-based services can rebalance system away from crisis services, reducing emergency department visits and hospital admissions

Behavioral Health Redesign intended to improve the quality and cost-effectiveness of Medicaid behavioral health services

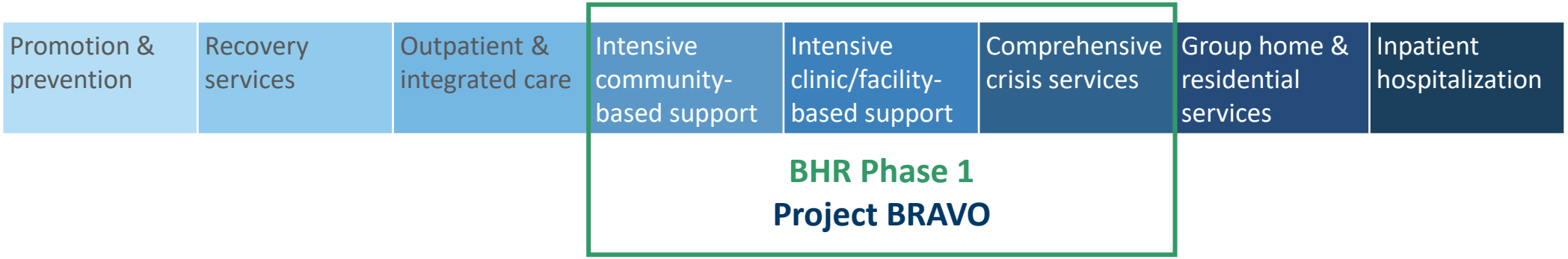
- Revised service requirements, incorporation of trauma-informed and recovery-oriented approaches, and adoption of evidence-based practices can improve quality
- Revised metrics and dashboards allow for improved monitoring and oversight to ensure services provide desired outcomes
- Improving quality of services can improve the cost-effectiveness of services

Project BRAVO is the first phase of Behavioral Health Redesign

- Project BRAVO includes redesign of nine essential behavioral health services
- Selected services offer alternatives to or opportunities to reduce duration of inpatient admissions
- Included services were previously available but were either not covered by Medicaid or not sufficiently funded through Medicaid to meet demand

Project BRAVO focuses on service categories in the middle of the continuum of behavioral health care

Continuum of care across the lifespan



Source: Department of Medical Assistance Services

Project BRAVO includes redesign of nine Medicaid behavioral health services

Intensive Community-Based Support Services	Intensive Clinic/Facility-Based Support Services	Comprehensive Crisis Services
Multisystemic Therapy	Intensive Outpatient Programs	Mobile Crisis Services
Functional Family Therapy	Partial Hospitalization Programs	23-Hour Crisis Stabilization
Assertive Community Treatment		Residential Crisis Stabilization
		Community Stabilization

Virginia spent nearly $430 million on Project BRAVO services in FY 22 and FY 23

Service	FY 2022	FY 2023
Multisystemic Therapy[1]	$1,055,456	$1,844,462
Functional Family Therapy[1]	313,187	592,338
Assertive Community Treatment	28,054,482	26,324,438
Intensive Outpatient Programs	305,932	837,627
Partial Hospitalization Programs	1,167,766	1,569,021
Mobile Crisis Services[1]	1,029,296	3,055,577
23-Hour Crisis Stabilization[1]	121,746,963	111,015,235
Residential Crisis Stabilization[1]	12,727,506	99,380,768
Community Crisis Stabilization[1]	$5,746,124	$12,047,666
TOTAL	**$172,146,712**	**$256,667,132**

Source: BHC staff analysis of DMAS data dashboard

[1] Service was initiated in December 2021, halfway through FY22. FY22 therefore represents partial year spending

Subsequent phases of Behavioral Health Redesign have not been initiated, limiting potential effectiveness of initiative

- Subsequent phases of the Behavioral Health Redesign initiative were expected to include an array of services along the continuum
- DMAS has submitted decision packages requesting funding for subsequent phases, but funding has not been included in Governor's proposed budgets
- Full continuum of redesigned Medicaid behavioral health services will not exist until subsequent phases are implemented

Behavioral Health Redesign builds upon and works together with other initiatives

- Addiction Recovery and Treatment Services (ARTS) created an evidence-based continuum of Medicaid SUD services, including increased reimbursement rates
- STEP-VA expanded core of CSB behavioral health services and established measures to ensure quality
- Family First Prevent Act (FFPA) provided funding for services to prevent foster care placements, including evidence based behavioral health services

Goals of Behavioral Health Redesign consistent with BHC strategic goals

BHC Strategic Goal	Description
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.
Timely access to services statewide	Individuals can receive the services they need when and where they need them.
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.
Effective and efficient services	Behavioral health services are high-quality and effective, and provided efficiently.
Lower inappropriate criminal justice involvement	Individuals with behavioral health disorders are not unnecessarily involved in the criminal justice system, and those who are involved with the criminal justice system receive appropriate treatment that also mitigates recidivism.

In this presentation

Background

Impact on Access

Impact on Quality & Cost Effectiveness

Finding

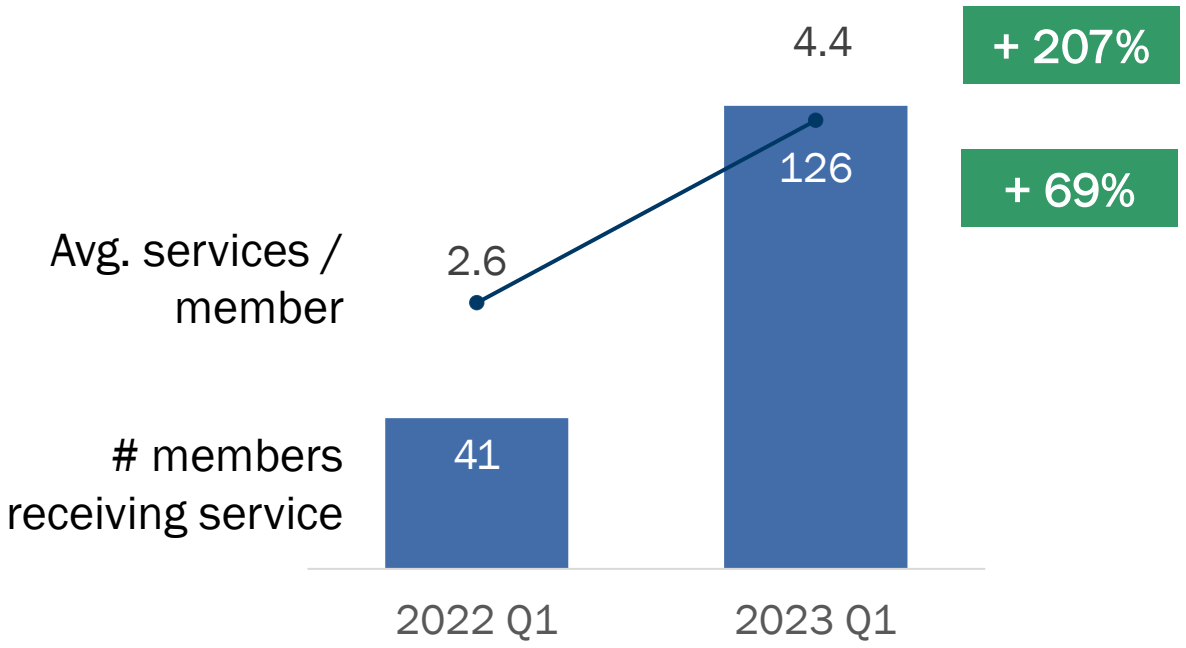
- Data and information about Project BRAVO's impact on access to Medicaid behavioral health services is limited, precluding full evaluation
- Early utilization trends for Project BRAVO services suggest mixed impact on access to date

Data and information about utilization and performance of Project BRAVO services is limited

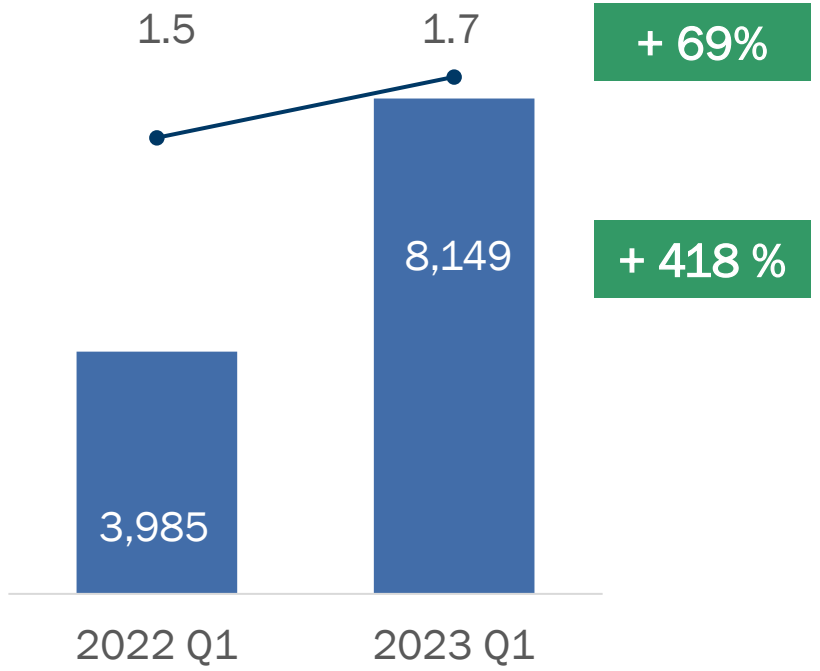
- Project BRAVO services made available in two phases, beginning July 1 and December 1 of 2021
- Utilization data is available for all nine Project BRAVO services but other data required for thorough evaluation of access and quality not available at this time
- Utilization data can provide some insight into access to services, though utilization is not a perfect proxy for access
- Utilization data does not provide insight into whether the number of people receiving service is consistent with actual need

Overall and individual utilization of intensive outpatient programs and mobile crisis services increased

Intensive Outpatient Programs

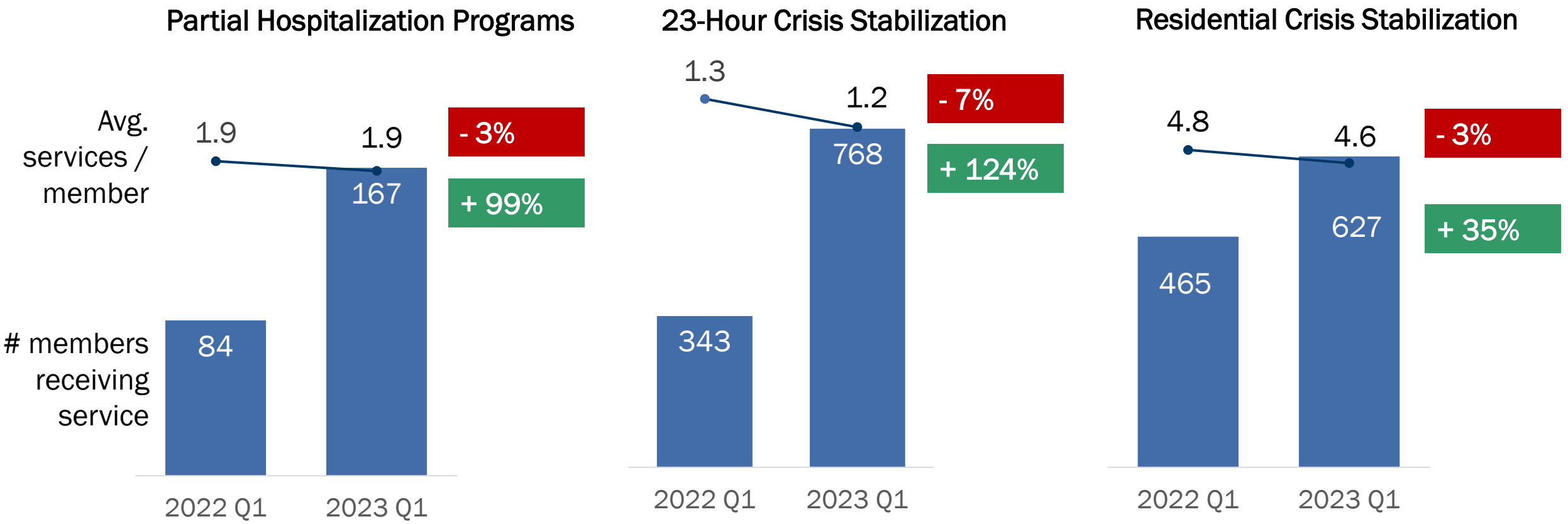


Mobile Crisis Services



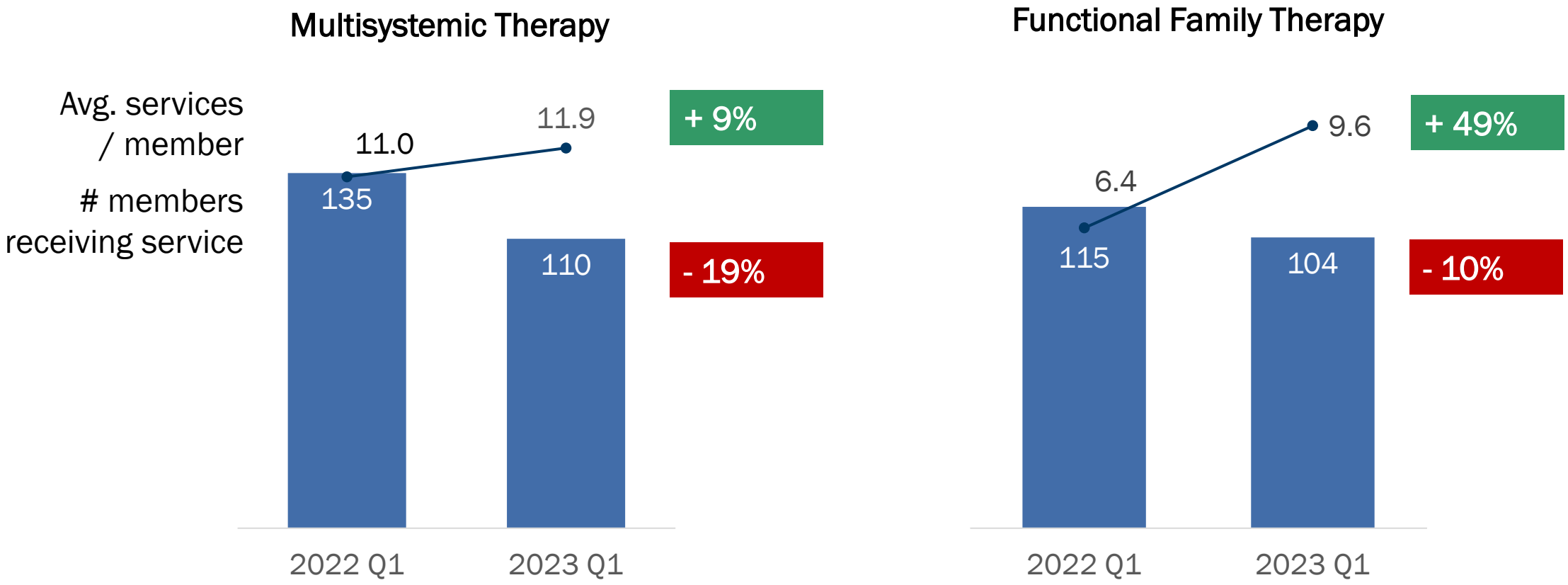
Source: BHC staff analysis of data provided by the Department of Medical Assistance Services

Overall utilization of partial hospitalization programs, 23-hour, and residential crisis stabilization increased but individual utilization down



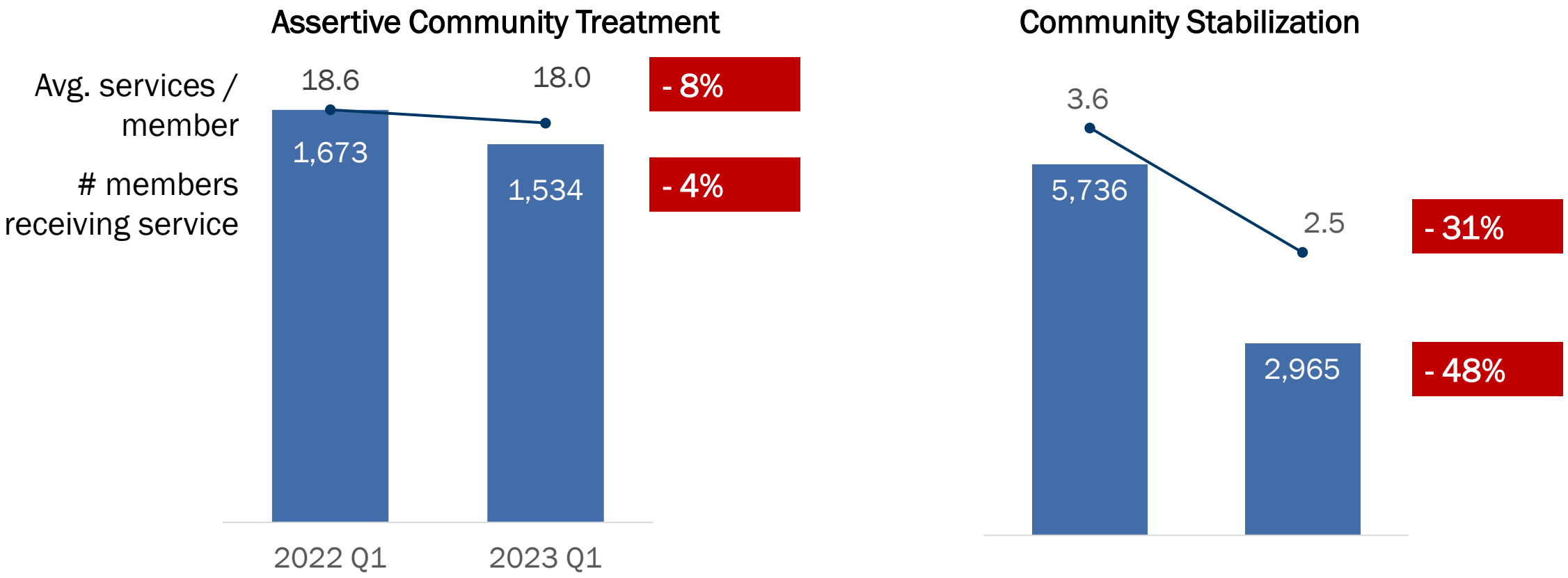
Source: BHC staff analysis of data provided by the Department of Medical Assistance Services

Overall utilization of Multisystemic Therapy and Functional Family Therapy decreased but individual utilization increased



Source: BHC staff analysis of data provided by the Department of Medical Assistance Services

Overall and individual utilization of assertive community treatment and community stabilization decreased



Source: BHC staff analysis of data provided by the Department of Medical Assistance Services

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Background

Impact on Access

Impact on Quality & Cost Effectiveness

Impact of Project BRAVO on quality and cost-effectiveness of Medicaid behavioral health services cannot be determined

- Impact of Project BRAVO on quality of services cannot be determined because outcome data is not available
- Impact of Project BRAVO on cost-effectiveness of services cannot be determined without information about service outcomes

Key takeaways

- Data and information about Project BRAVO's impact on access to Medicaid behavioral health services is limited, precluding full evaluation
- Early utilization trends for Project BRAVO services suggest mixed impact on access to date
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Monitoring: Project BRAVO and Behavioral Health Redesign

Peer perspectives input group

Behavioral Health Commission
Peer Input Group

Jennifer Spangler, MS
Disability Policy Advocate

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

Behavioral Health Commission Input Group

Group Structure

Individuals

Peers, Self-advocates, and Consumers
Peer Recovery Specialists
Autism Community Members
Family and Youth Support Partners

Perspectives

Diversity
Opportunity
Inclusion

What we are working on

Presentations

Mandated/Court ordered treatment
First Responders
Crisis
Evidence for Peer Support Services

Regional and District Outreach

Education

Types of Peer Support
Mandated/Court ordered treatment
First Responders
Crisis
Ways individuals receive support

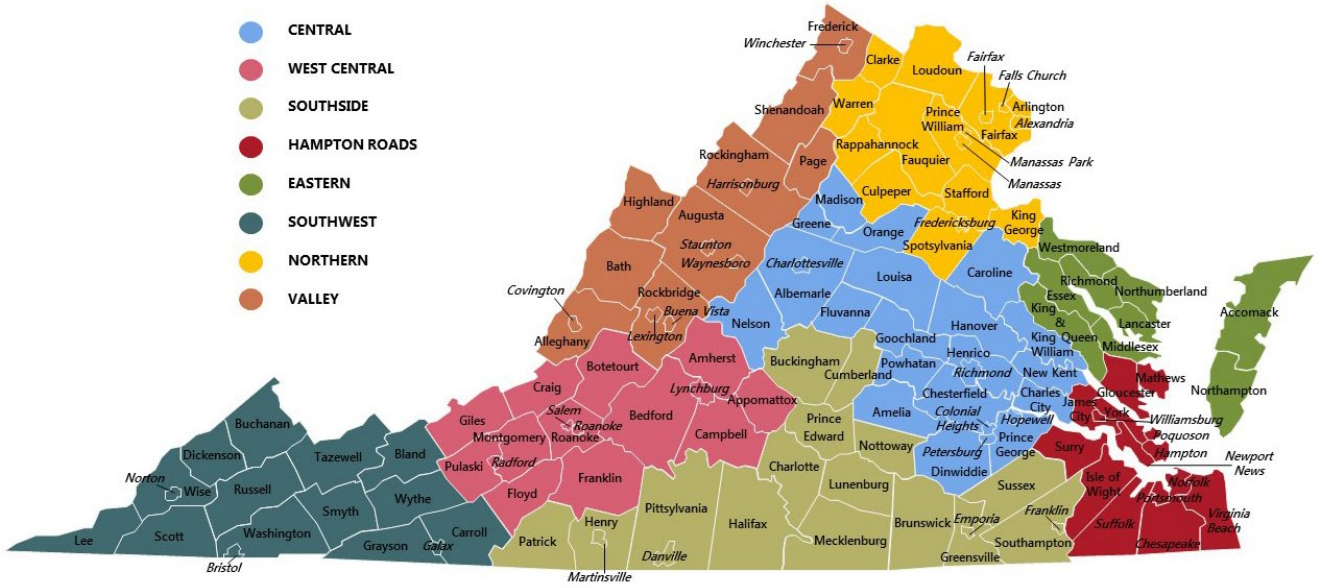
Build Network Reflecting Different Experiences

Regional Outreach

- Statewide input
- Collect written stories
- Presentations to BHC members

District Town Hall

- Information from local/county level
- Stories told in person
- Direct to BHC members



Ways Individuals Are Participating

Share stories

Create content
Contribute content
Review content

Jennifer Spangler
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BHC Behavioral Health Commission

Next meeting
December 5, 2023 at 2:00

Richmond, VA

Visit bhc.virginia.gov for meeting materials