



Commission Meeting



September 19, 2023

Briefing

In this presentation

Overview of key metrics

BHC impact through legislation and budget

Overview of behavioral health budget items

DBHDS strategic plan and dashboard

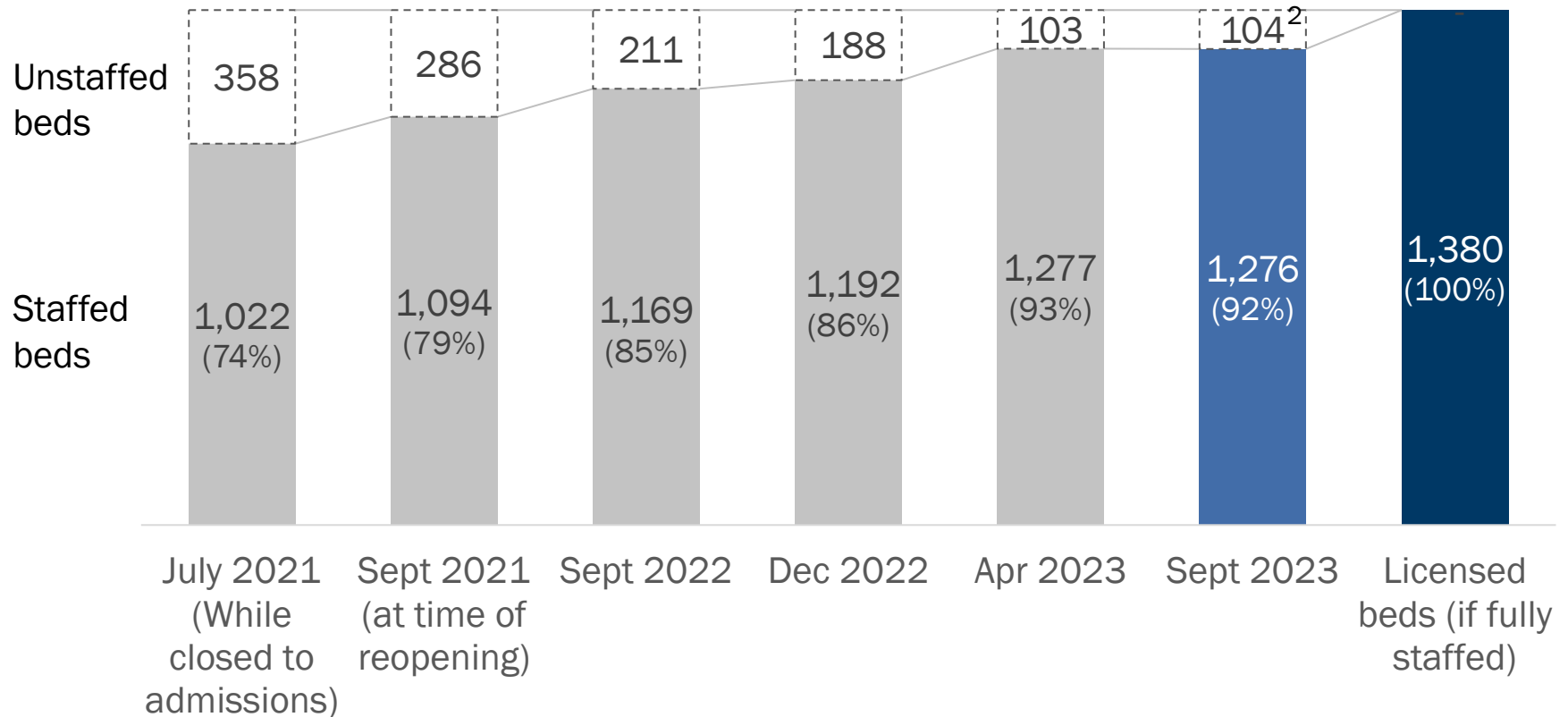
School-based services pilot program update

Key metrics categories

- State inpatient hospital capacity
- TDO admissions
- Patient custody
- Extraordinary barriers to discharge

State inpatient hospital capacity

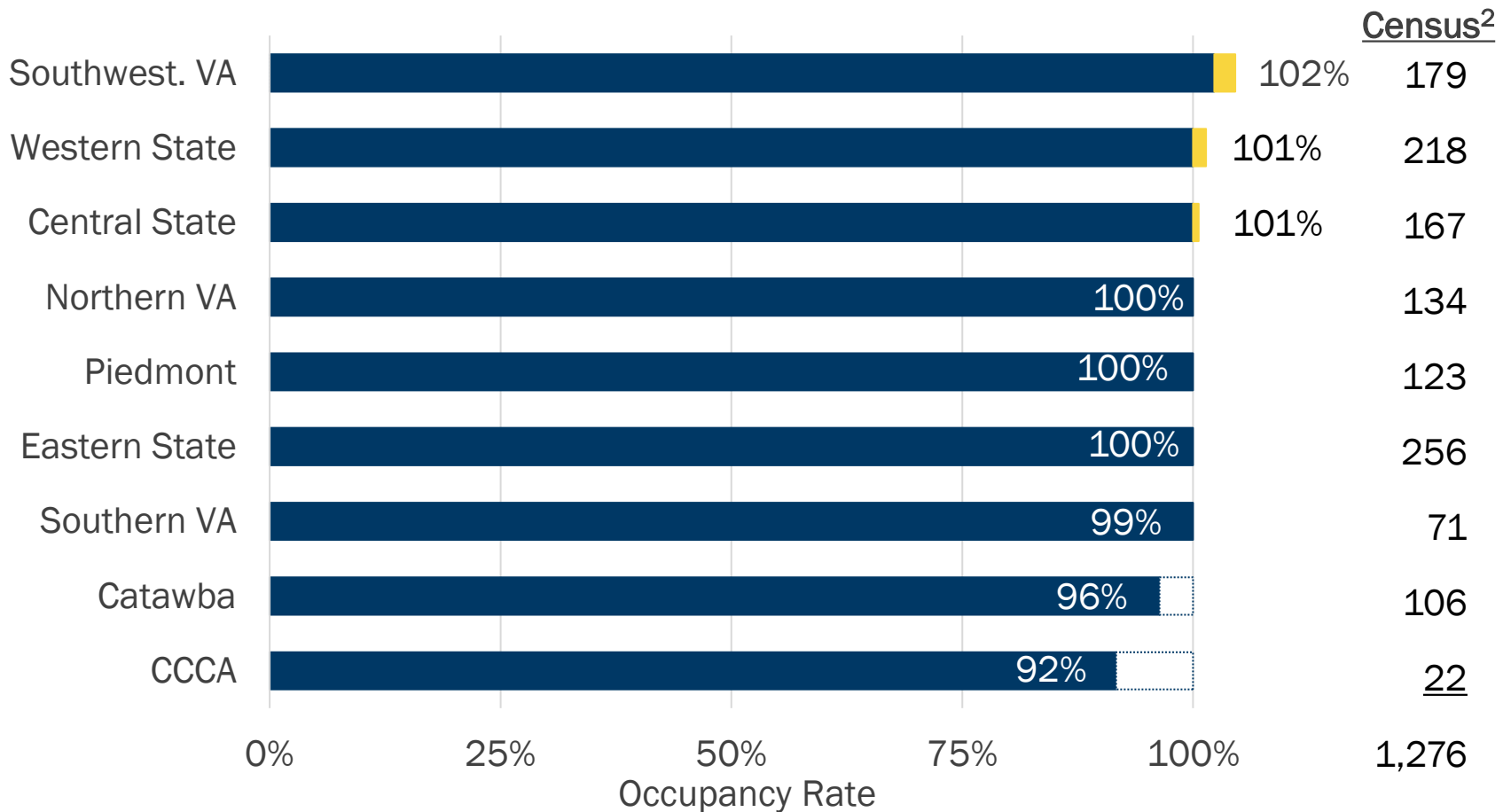
107 more state beds available compared to 1 year ago, with capacity leveling out since April '23¹



¹As of September 11, 2023

²Of the 104 unstaffed beds, 45 are at ESH, 31 at WSH, 24 at CCCA, and 4 at SWVMHI

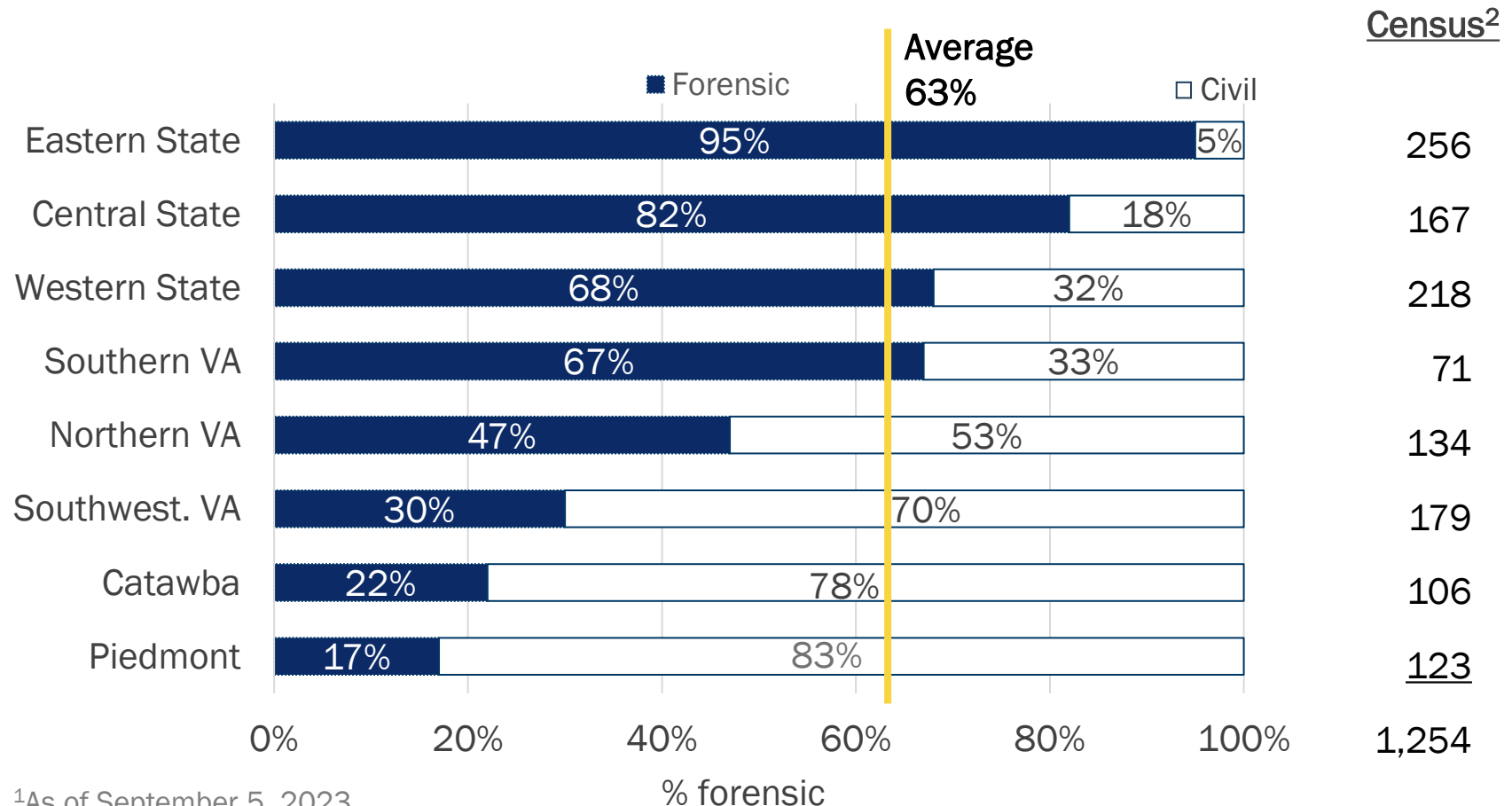
6 out of 9 state facilities operating at or > 100% occupancy¹



¹As of September 11, 2023.

²Census fluctuates daily and occupancy rates change accordingly.

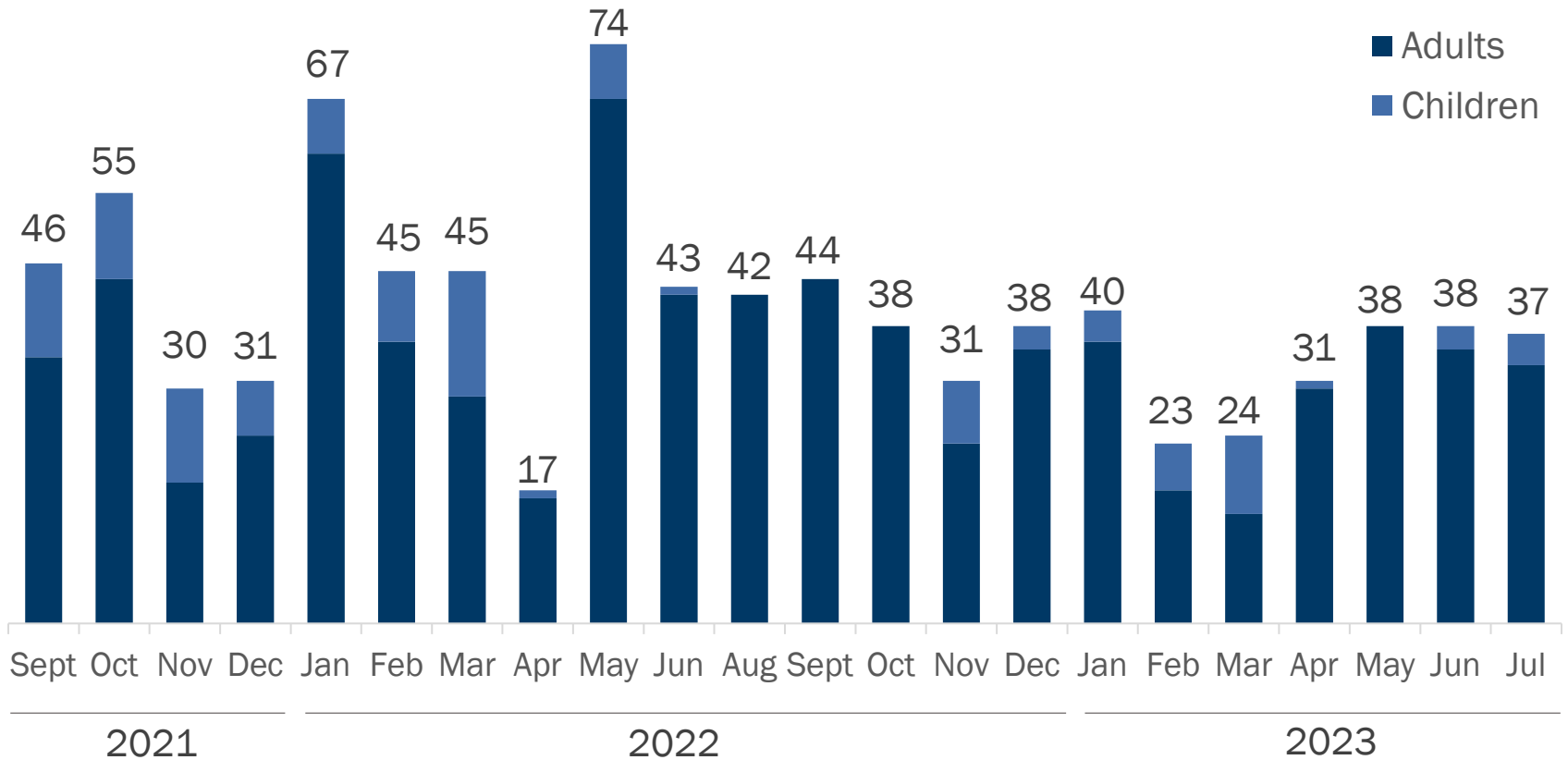
Over 60% of state facility patients are forensic, with highest share at Eastern State and Central State¹



¹As of September 5, 2023.

²As of September 11, 2023. Excludes CCCA and CSH maximum security. Census fluctuates daily and occupancy rates change accordingly.

Civil waitlist¹ at 40 or below since fall 2022, with average wait time of 45 hours² at end of FY23

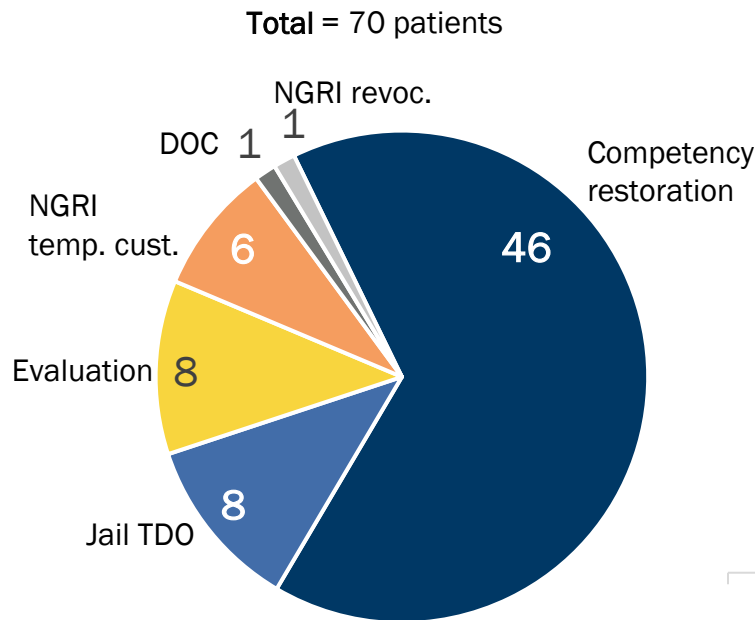


¹As of the 15th of each month

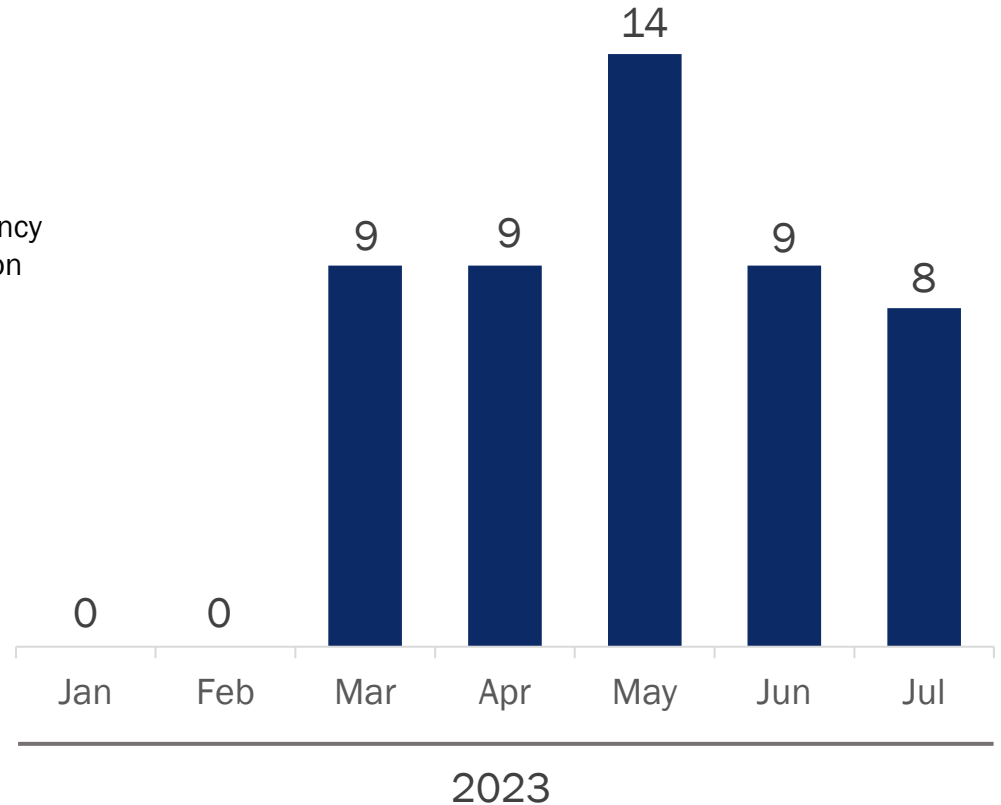
²Point-in-time average in July 2023

New waitlist for forensic patients, some of whom are required by Code to receive services w/in 10 days

Forensic patients on wait list, by legal status¹



Compet. restoration patients on waitlist >10 days² statutory requirement

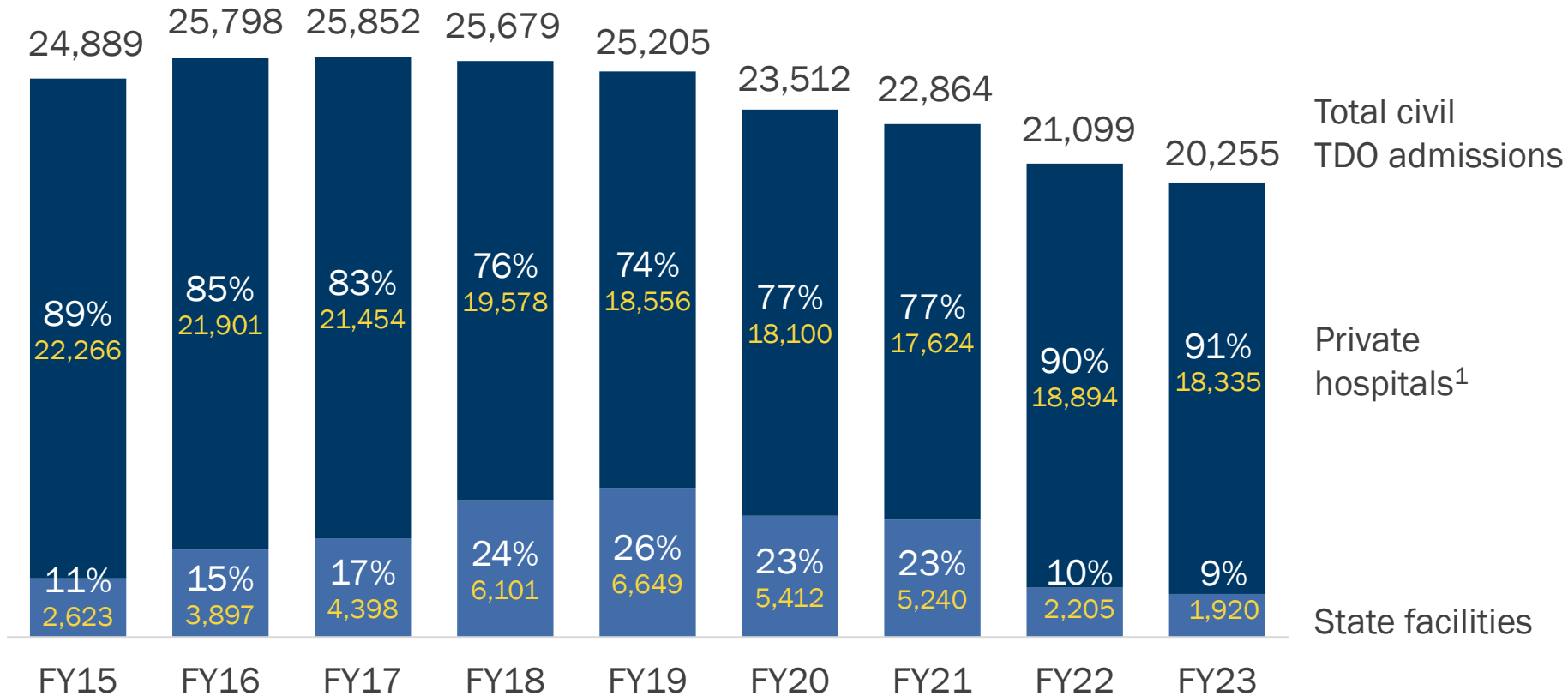


¹As of September 11, 2023

²As of the 15th of each month

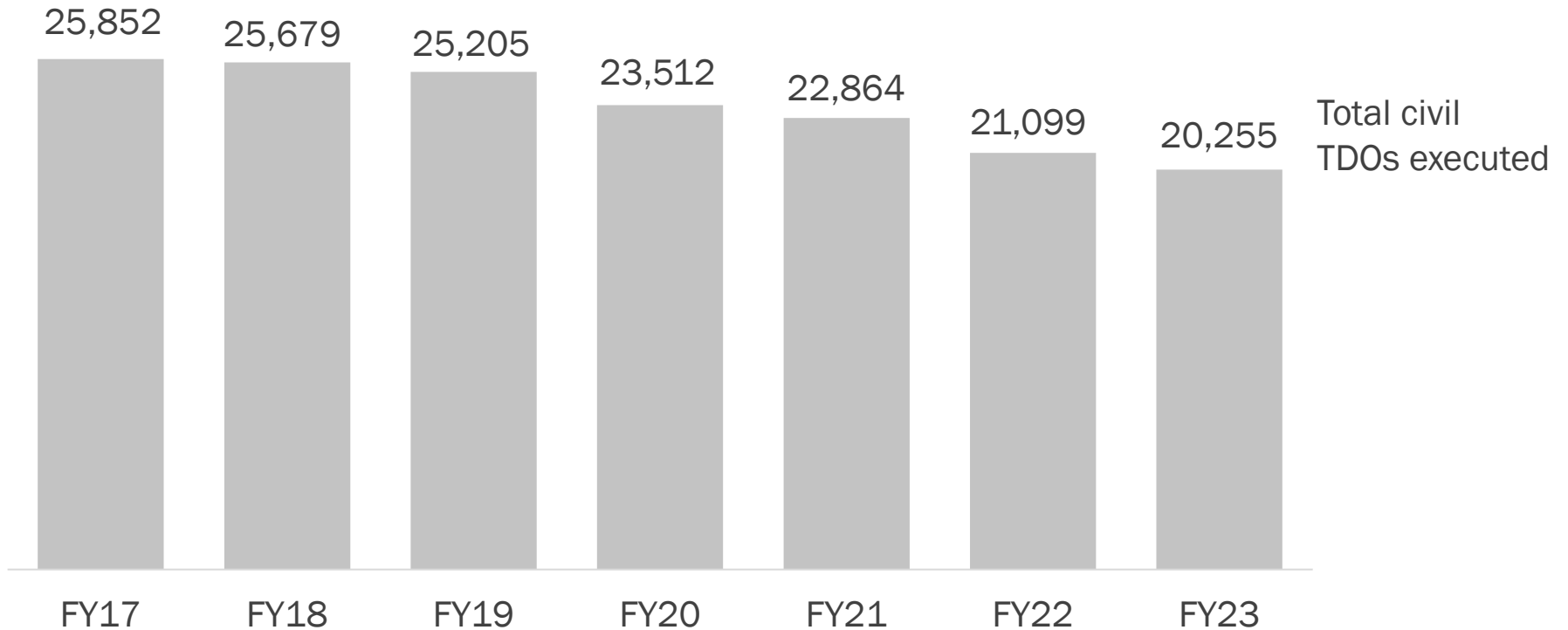
TDO admissions

Proportion of civil TDOs admitted to state facilities in FY23 similar to FY22 at 9%



¹Private 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 in FY23 continued to decline compared to prior years



Patient custody

FY23 loss of custody data unavailable, being reviewed due to validity concerns

FY23 data under review

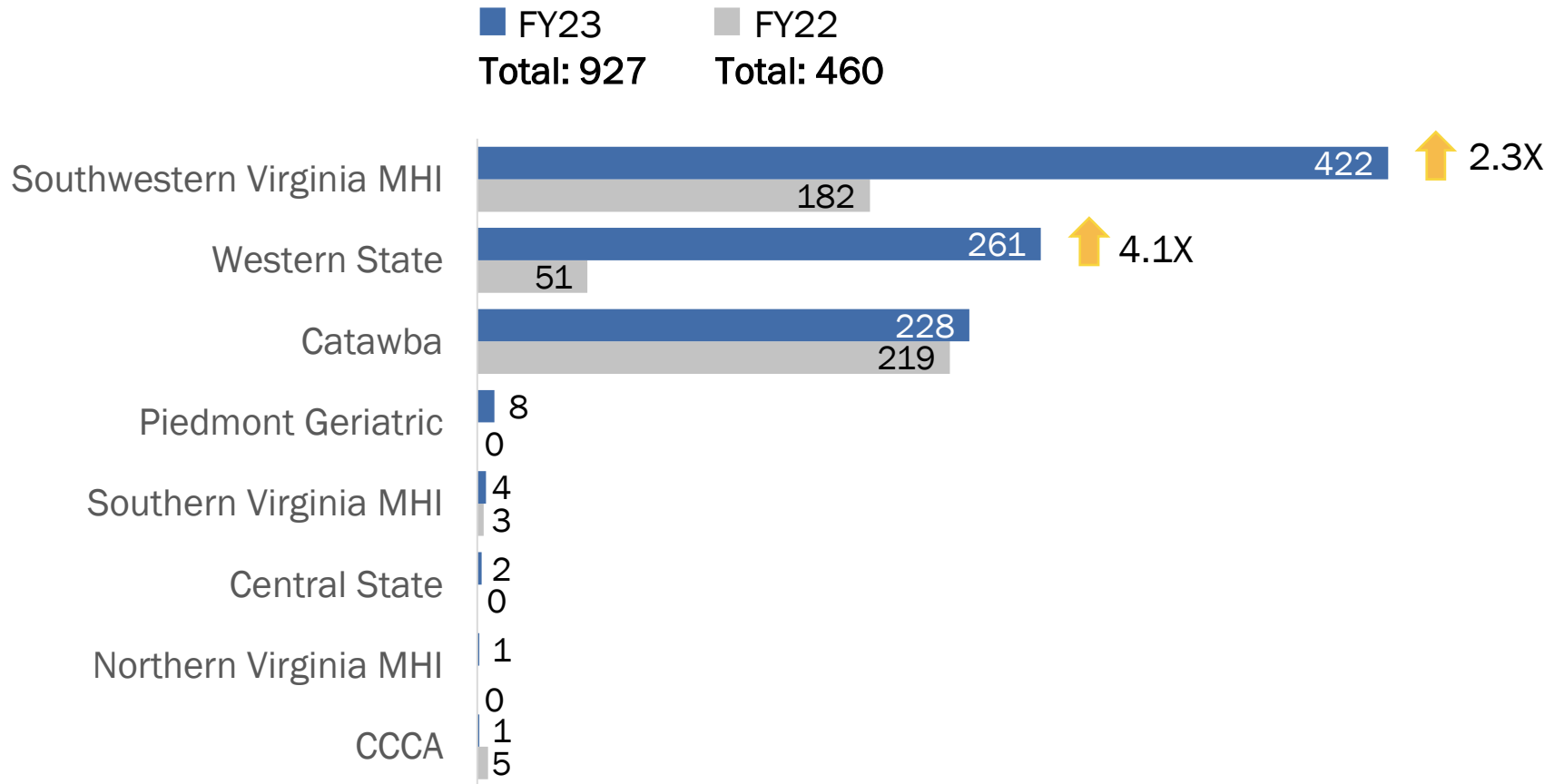
Cumulative Oct '21 – Sep '22¹ = 127



Circumstances	# patients
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
TOTAL	127

¹Most recent data available

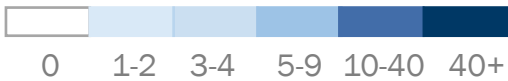
Patient drop-offs impacting 3 state hospitals, doubling in FY23 compared to FY22



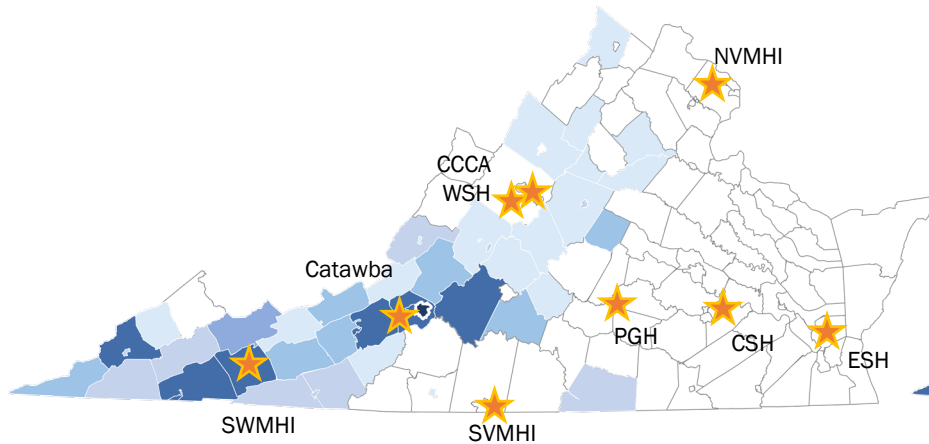
Patient drop-offs doubled in FY 23 but continued to originate from Southwest and Western Virginia

Patient drop-offs by locality of law enforcement agency

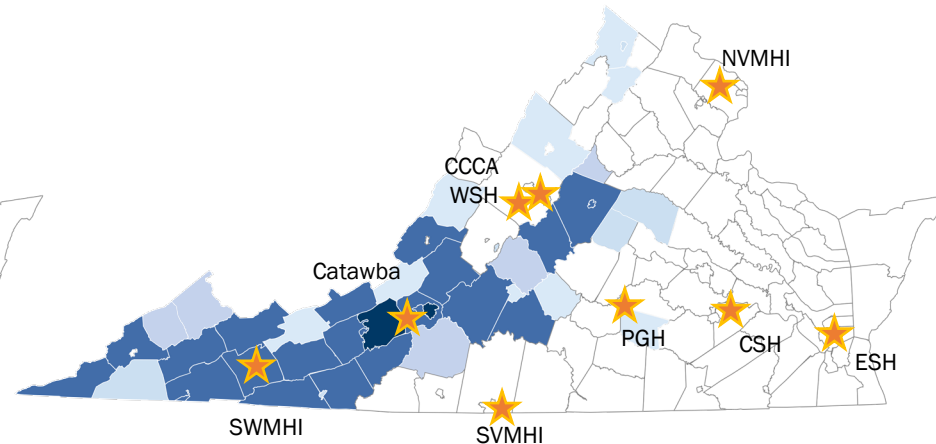
drop-offs



2022



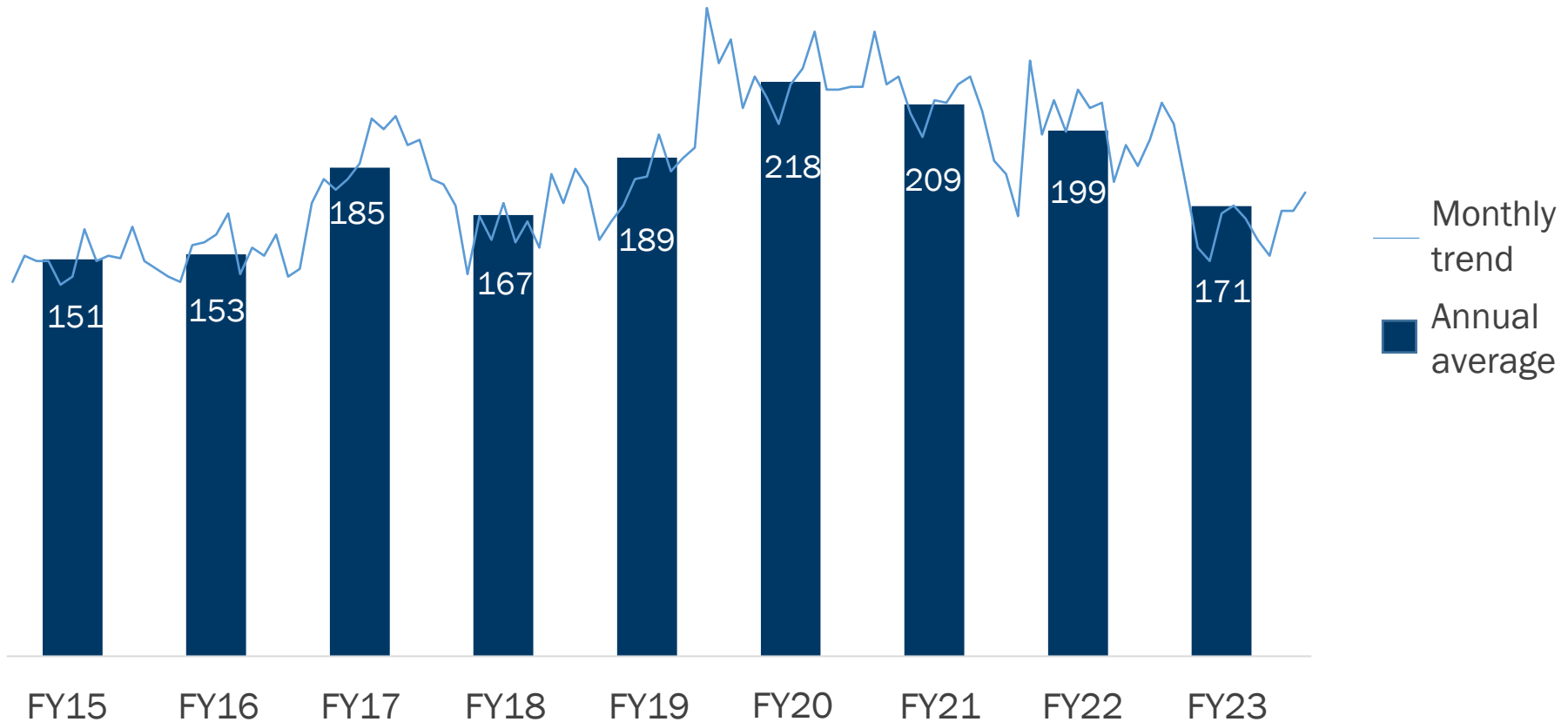
2023



Note: FY23 top 5 localities for drop-offs were Roanoke City (113), Montgomery County (91), Pulaski County (39), Wythe County (39), and Smyth County (35). FY 22 Top 5 were Roanoke City (144), Roanoke County (40), Montgomery County (31), Washington County (30), and Bedford County (25).

Extraordinary barriers to discharge

Number of patients on state hospital EBL rising slightly during past quarter



Delays in discharge and NGRI delays accounted for over 40% of patients on EBL¹ as of July '23

		<u># patients on EBL</u>	<u>Avg. # days on EBL</u>
Awaiting discharge, scheduled	22%	39	102
NGRI process ²	19%	34	421
No willing provider – ALF	15%	27	119
No willing provider – NH	9%	16	135
Awaiting CSB discharge plan	8%	14	68
Guardianship process	7%	13	133
Other	6%	11	246
No willing provider – other	6%	11	75
Patient / family resisting discharge	6%	11	63
		176	174

Note: As of July 31, 2023

¹EBL: extraordinary barriers to discharge list

²NRGI: not guilty by reason of insanity

Next steps

- From DBHDS
 - _ Obtain “loss of custody” data once validated
 - _ Ensure can obtain information quarterly
 - _ Monthly average time spent on civil and forensic waitlist require manual calculations
- From private inpatient facilities
 - _ Obtain “voluntary admissions” data
 - _ Number of staffed beds by region not available
- Identify options / recommendations to address implications of metrics

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Overview of key metrics

BHC impacts through legislation and budget

Overview of behavioral health budget items

DBHDS strategic plan and dashboard

School-based services pilot program update

Most BHC-sponsored legislation passed during 2023 session, but impact more limited through budget

BHC legislative actions adopted in 2023

Bills

BHC bills introduced	17
BHC bills passed	14
<i>% BHC bills passed</i>	<i>82%</i>

Budget amendments

BHC budget amendments offered	15
BHC budget amendments adopted	1
<i>% of BHC budget amendments in final budget</i>	<i>7%</i>

Major BHC legislation passed during 2023 session

Purpose	Bill (Patron)
Strengthens monitoring and enforcement of CSB compliance with performance contracts	HB 2185 (Rasoul) SB 1169 (Hanger)
Defines purpose of CSBs and includes relevant metrics in performance contracts	SB 1465 (Hanger)
Directs courts to share information about CSB services with certain defendants	HB 2054 (Hope) SB 1267 (Favola)
Improves TDO diversion process	HB 1908 (Hope) SB 1507 (Mason)
Improves BHC provisions	HB 2155 (Watts) HB 2156 (Watts) SB 1381 (Deeds) SB 1170 (Hanger)

BHC recommendation implemented through budget amendment 2023 session

Purpose

Increases salary of CSB staff by \$18M

Original BHC patron(s)

Hope

Hanger

In this presentation

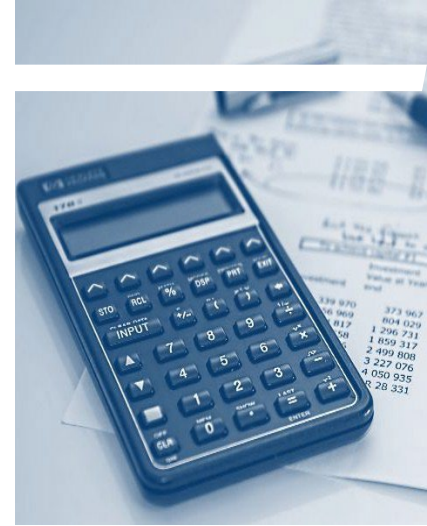
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Overview of Behavioral Health Funding in HB 6001

2023 Special Session I

September 19, 2023

HB 6001 – Process to Get Here

- HB 1400/SB 800 became the “skinny budget” or Chapter 769 (2023 Regular Session).
- Chapter 769 included \$1.0 billion from 7 amendments.
- Chapter 769 and Chapter 2, 2022 Special Session I, were combined to create a starting point for actions incorporated into this bill, SB 6001.
- Things have changed since December:
 - Chapter 769 appropriated over \$1.0 billion.
 - Less revenue is projected for FY 2024 as compared to the December forecast; withholding and sales tax underperformed the December forecast in FY 2023.
 - Pass-Through-Entity-Tax (PTET) was not revenue neutral as originally anticipated in FY 2023 and is now retroactive to tax year 2021 (requires adjusting revenue down by \$1.0 billion for the estimated refunds).
 - Crossing the fiscal year without adopting an updated official forecast resulted in a higher than anticipated surplus which requires calculations and/or deposits either under the Virginia Constitution or by statute. The following statutory set-asides are now required:
 - Revenue Reserve Fund at \$289.6 million;
 - WQIF A at \$408.7 million; and
 - WQIF B at \$104.7 million.

In HB 6001, Net Available GF Resources Total \$2.5 billion; Unappropriated Balance is \$7.3 million

(\$ in millions)	FY 2024
Ending Balance/Unappropriated Balance, Chapter 769, 2023 Session	\$847.9
Revert Amount Reserved for Taxpayer Relief on FY 2023 Preliminary Balance Sheet	2,128.1
Revert FY 2022 Surplus Contingents & WQIF A & B	366.5
Revert WQIF Part A & B FY 2023	513.5
Revert Revenue Reserve Fund Deposit FY 23	289.6
August Revenue Reforecast	223.5
Tax Policy Actions	(2,047.4)
Revert Agency Balances	101.4
Transfers to GF	<u>43.8</u>
Total GF Resources	\$2,466.9
Operating Spending Actions	\$2,248.4
Capital Spending Actions	<u>211.3</u>
Total Spending HB 6001 (subtraction)	\$2,459.6
Revised Ending/Unappropriated Balance, HB 6001	\$7.3

Overview of HB 6001 for Health and Human Resources

- **HB 6001** includes a net a net decrease of **\$45.2 million GF** compared to Chapter 2, as amended by Chapter 769. **Spending of \$224.2 million GF is offset by \$269.4 million in GF savings.**
- Major savings items include:
 - \$269.4 million GF in savings from the extension of the public heath emergency federal match rate for Medicaid, the movement of the July Medicaid managed care payment to June, higher Health Care Fund revenue, and other smaller savings items.
- Major spending items include:
 - \$170.6 million* GF (\$191.4 million total funds with NGF) for behavioral health services, including crisis services, permanent supportive housing, compensation for Community Services Boards and other investments;
 - \$31.7 million GF (\$74.1 million total funds with NGF) to increase Medicaid provider rates for personal care, behavioral health, early intervention, and other services;
 - \$7.6 million GF to add 500 developmental disability waiver slots on January 1, 2024;
 - \$7.3 million GF to increase the Auxiliary Grant rate to \$2,055 per month on January 1, 2024, an increase of over 25 percent.

** Includes \$5.1 million GF included in the Public Safety budget.*

Behavioral Health

GF Actions (\$ in millions)	FY 2024
Crisis Services <i>- Expand the number of Crisis Receiving Centers and Crisis Stabilization Units</i>	\$58.0
Permanent Supportive Housing <i>- Support up to 1,800 individuals with serious mental illness in stable housing</i>	30.0
Community Services Boards Compensation <i>- Provide up to an additional five percent compensation increase in addition to the two percent for state supported locals</i>	18.0
Hospital-based Psychiatric Alternatives <i>- Fund up to three Comprehensive Psychiatric Emergency Programs</i>	10.0
Mobile Crisis Teams <i>- Fund additional mobile crisis teams; currently there are 32</i>	10.0
School-based Mental Health Pilots <i>- Fund more intensive services; current pilot has six school divisions; plan to add up to 33 more</i>	7.5
Chesapeake Hospital Enhancement of Behavioral Health Services <i>- Provide operating support to expand behavioral health services currently provided by the hospital</i>	4.5

Behavioral Health (continued)

GF Actions (\$ in millions)	FY 2024
STEP-VA Inflation Adjustment <i>- Increase funding for the first three steps: same day access, primary care screening, and outpatient services</i>	4.4
Children's Mental Health Services <i>- Funding in FY 2024 increases to \$12.6 million; not increased since 2017</i>	4.2
Housing for the Seriously Mentally Ill <i>- Funds 100 placements in mental health group homes</i>	4.0
Virginia Mental Health Access Program <i>- Expands to early childhood (ages zero to five), adds regional early childhood specialists, new training of primary care providers; expands to pregnant and postpartum mothers; provide training to OB/GYNs and pediatric clinicians on screening and early recognition of Perinatal Mood and Anxiety Disorders</i>	4.0
Total Behavioral Health (DBHDS)	\$154.6
Purchase of Naloxone (NGF - Opioid Settlement Funds)	\$1.4

Other Behavioral Health

GF Actions (\$ in millions)	FY 2024
DMAS: Increase Behavioral Health Rates by 10% <i>- Applies to the traditional services and the newer ARTS services</i>	8.7
DCJS: Law Enforcement Temporary Detention Order Support Program <i>- Allows reimbursement to law enforcement agencies for off-duty or on-duty officers to cover overtime costs related to transportation or custody of individuals under a TDO</i>	5.1
VDH: Behavioral Health Loan Repayment Program	1.5
DBHDS: Options for Catawba Hospital <i>- Evaluate public-private partnership arrangements or other potential alternatives for the provision of behavioral health or substance use disorder services.</i>	0.5
DMAS: Parity of Mental Health and Substance Use Disorder rates <i>- Aligns the rates for partial hospitalization and intensive outpatient programs to match the Substance Use Disorder rates.</i>	0.2
DBHDS: Collaborative Care Management Services <i>- Allows Medicaid reimbursement for collaborative care services to treat mental health conditions and substance use disorders in doctor's offices.</i>	>0.1
Total Behavioral Health GF (DBHDS and Other Agencies)	\$170.6

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Nelson Smith, Commissioner, DBHDS

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School-based services pilot program update



Presentation on Item 311.HH of the of the
2022 Special Session I Appropriations Act
School-Based Mental Health Integration Pilot

September 19, 2023

Nina E. Marino, MSW, LCSW

Director, Office of Child and Family Services

Bern'Nadette Knight, MSPH, PhD

Child and Family Program Specialist, Office of Child and Family Services





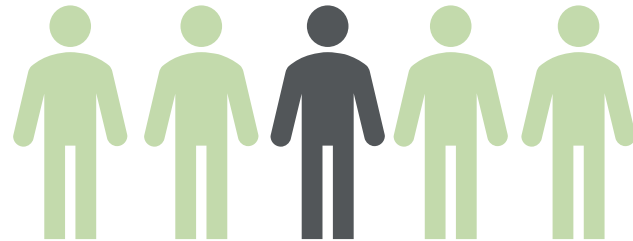
Right Help, Right Now

- Governor Youngkin's Right Help, Right Now, Behavioral Health Transformation Plan provides a foundational context for the School Based Mental Health Integration Pilot and facilitates cross-Secretariat collaboration.
- School based mental health programs are critically important in addressing youth mental health needs as they overcome many known barriers including access, transportation, missed school days, enhance the youth and families' natural supports in school, and needs can be identified early.
- Schools also need mental health treatment options available in their local communities to fully support youth and families.
- Development of services and supports that are designed to meet the needs of youth and families is needed, rather than attempting to serve youth in a system designed for adults.





Virginia Youth and Mental Health



1 in 5
children in Virginia
have mental health
conditions



The rate of high school students feeling hopeless increased 27% from 2011 to 2019



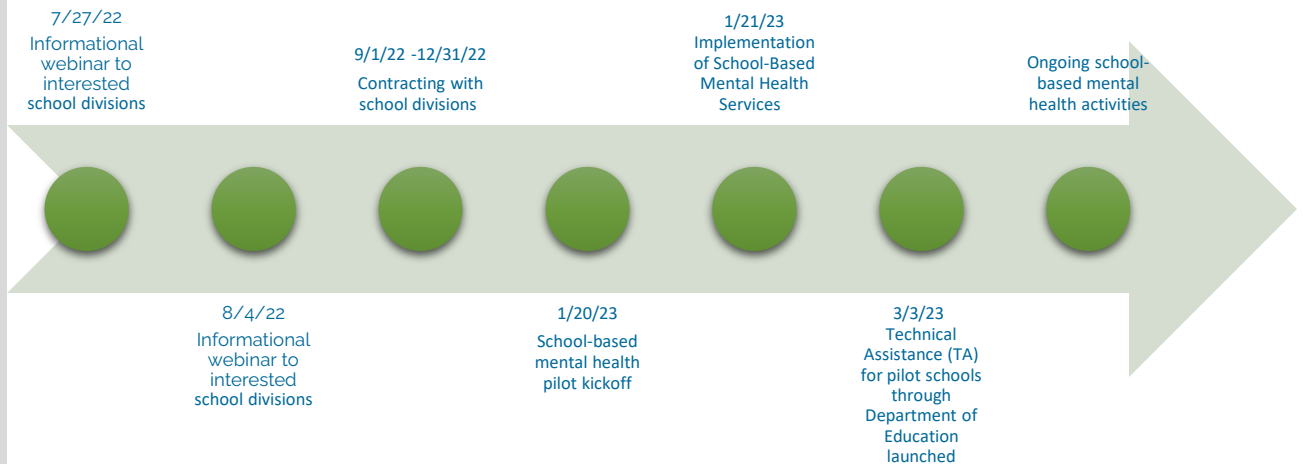
Virginia is 1 of 5 states with an increase in the number of youth suicides and in the proportion of all suicides occurring among youth since the pandemic.

Reference: Lauren Snellings & Kelsey McMahon. State of Virginia's Children November 2021, Voices for Virginia's Children. 2022 Evaluation of suicides among U.S. adolescents during the COVID-19 pandemic.



School-Based Mental Health Pilot Implementation

- Kickoff meeting held with school divisions on January 20, 2023
- Program Implementation
 - Implementation of services using the Multi-Tiered Systems of Support (MTSS)
- Technical Assistance
 - Universal: self-learning modules on implementation integration
 - Pre-Implementation: resource mapping with 2-3 school divisions
 - Implementation: community of practice sessions with pilot schools





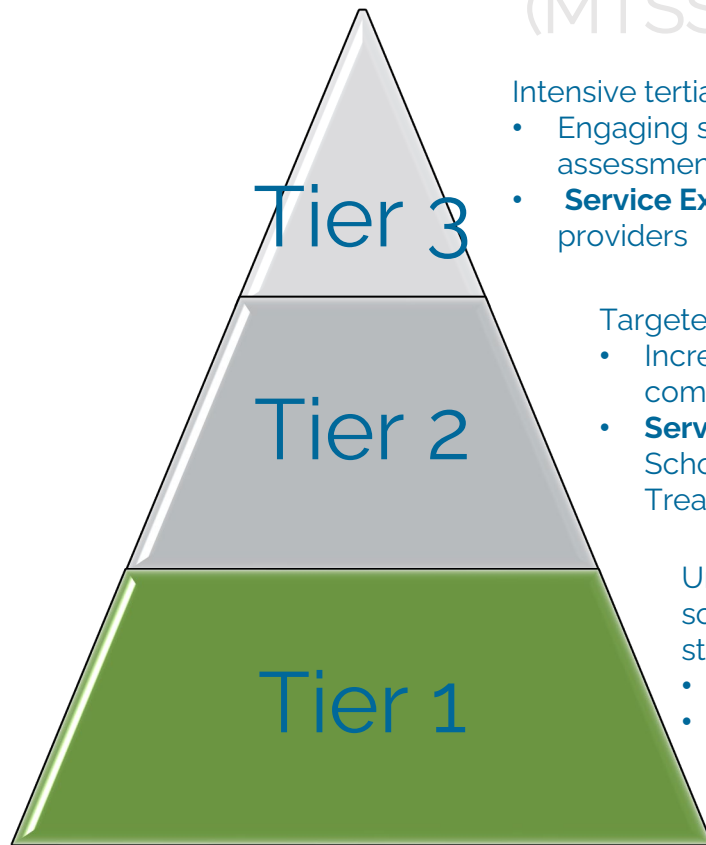
Deidentified School Divisions

MOU Signature Date	School Division	Community Partner	Funding Amount
11/2/22	Lunenburg County Public Schools	Fulcrum Counselors, LLC	\$349,822.02
11/10/22	Hanover County Public Schools	Hanover County Community Services Board	\$374,850.00
11/17/22	Bristol Virginia Public Schools	Highlands Community Services Board	\$213,119.55
12/19/22	Mecklenburg County Public Schools	Southside Behavioral Health	\$319,822.02
1/6/23	Hopewell City Public Schools	Child Savers	\$346,500.00
2/28/23	Richmond Public Schools	Richmond Behavioral Health Authority	\$182,080.00
Total funding to school divisions			\$1,786,193.59





Multi-Tiered Systems of Supports (MTSS) Framework



Intensive tertiary intervention (1-5%)

- Engaging students, educators, and families in functional behavioral assessments and intervention planning
- **Service Examples:** Treatment referral to community-based providers

Targeted secondary intervention (10-15%)

- Increasing access to academic support and school/family communication
- **Service Examples:** Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Youth Screening, Brief Intervention, and Referral to Treatment (YSBIRT), Behavioral wellness coaches

Universal primary Intervention supports everyone across all school settings (includes teachers, school personnel and students)

- Assessing and improving school climate and staff well being
- **Service Examples:** Botvin Life Skills Training, Adverse Childhood Experiences (ACEs) Training, SAFE TALK (suicide prevention), Mental Health First Aid, substance use prevention/awareness trainings

Source: National Center for School Mental Health (NCSMH, 2020). [School Mental Health Quality Guide: Mental Health Promotion Services and Supports \(Tier1\)](#).

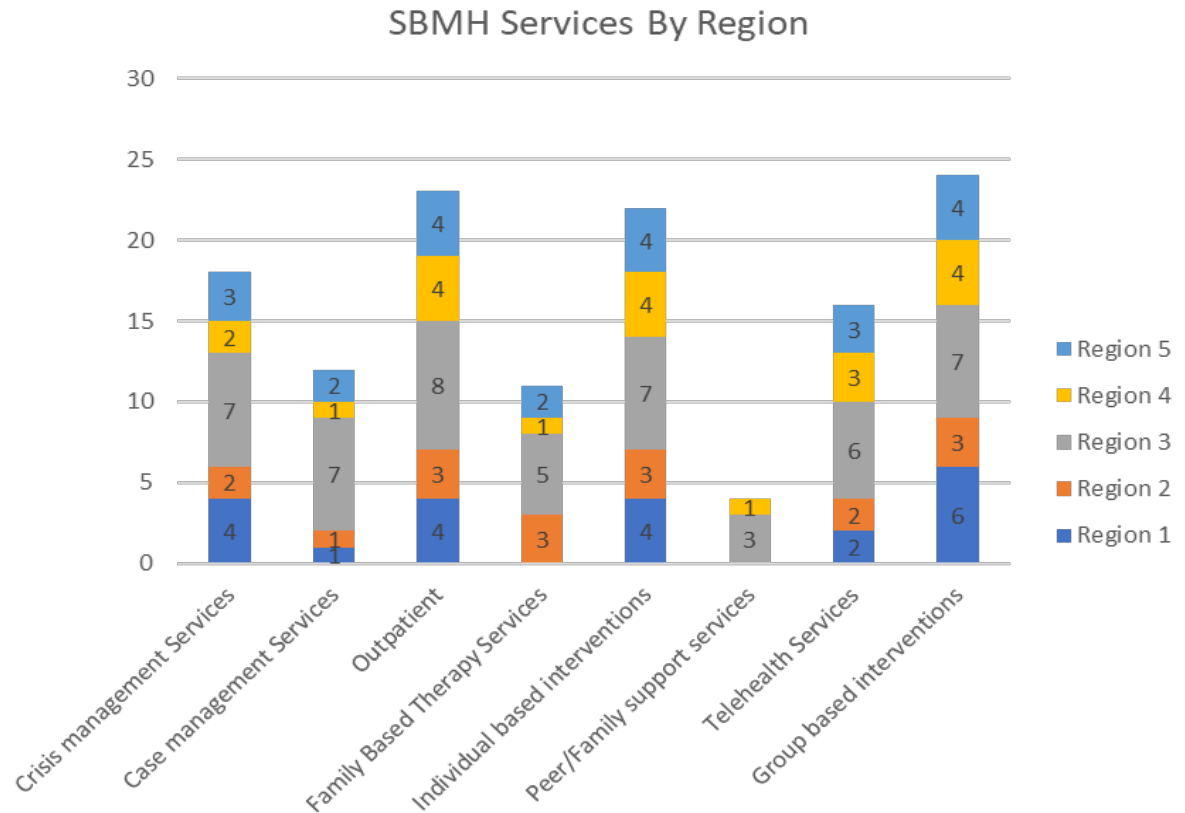
National Center for School Mental Health (NCSMH, 2020). [School Mental Health Quality Guide: Early Intervention and Treatment Services and Supports](#).





School-Based Mental Health Survey

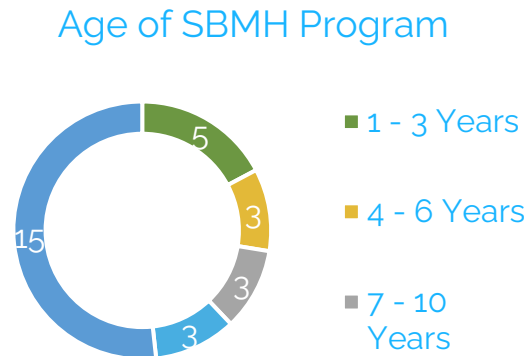
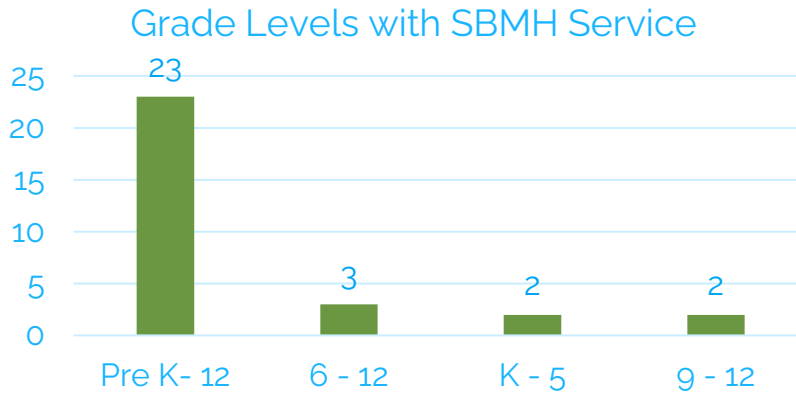
- CSBs provide a range of services to support schools
- Top services provided:
 - group based therapy (n=24)
 - individual based interventions (n=21) and
 - crisis management services (n=18)



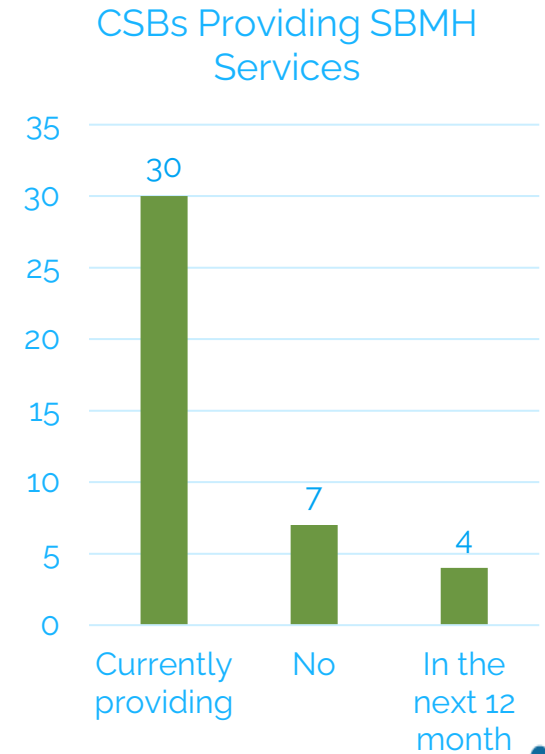


Results show:

- 30 out of 40 CSBs provide SBMH services
- 4 CSBs plan to provide SBMH services in the next 12 months
- 15 CSBs have provided SBMH services for more than 10 years



For all figures, numbers reflect CSB count





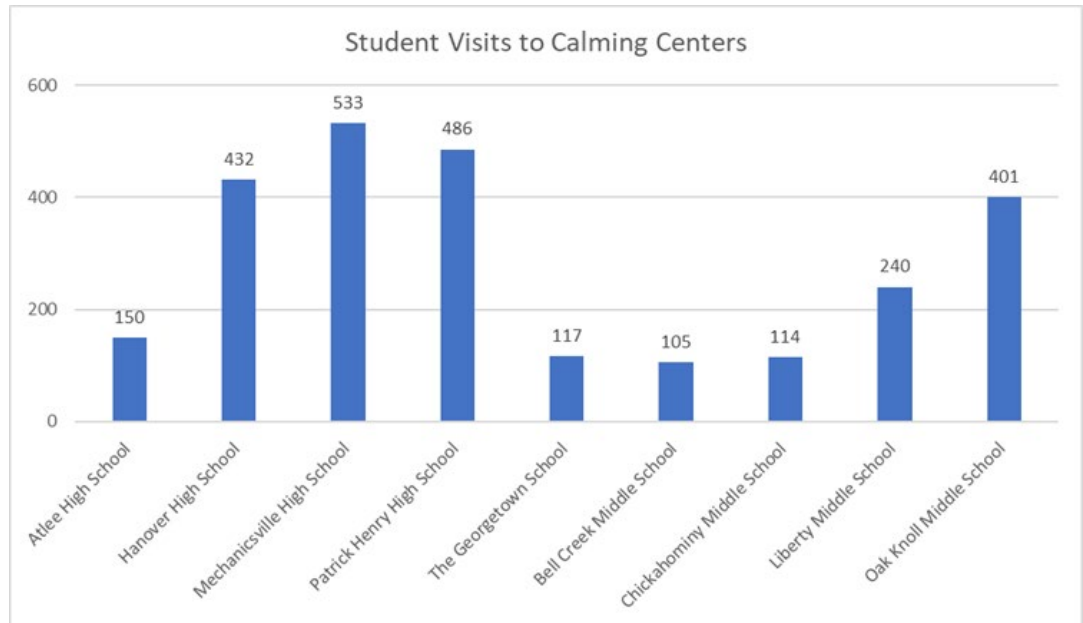
Name of School Division	Children Served	Schools served with funding	MTSS Service Tiers	Type of Services Provided
Bristol Virginia Public Schools	600*	2 (both elementary)	Tier 1	Suicide prevention and mental health awareness (Thrive Line), small group interventions, crisis support
Hanover County Public Schools	91	26	All Tiers	Motivational Interviewing, Solutions Focused Brief Therapy, Cognitive Behavioral Therapy (CBT) Assessment, Brief Intervention and Referral Services, calming rooms
Hopewell City Schools	71	3 (1 elementary, 1 middle and 1 high school)	2 and 3	Individual, family and group psychotherapy, group therapy
Lunenburg County Public Schools	80	5 (2 elementary, 1 middle and 2 high schools)	2 and 3	Character Strong, TEEN TRUTH Mentoring Program, No Label Mentoring Program, Hidden in Plain Sight Community and Staff support program, Safe TALK suicide prevention





School-Based Mental Health Pilot Outcomes

- Hanover County used funding from the pilot to support the creation of calming rooms across 9 schools.
- To facilitate the use of the calming rooms, strategies such as room usage were taught in Tier 1 interventions within classrooms.
- Between Nov 2022 and May 2023, there were a total of 2,578 calming room visits across all schools.
- Hanover will use successes and lessons learned from calming room implementation to refine approach in future rollout.





School-Based Mental Health Pilot Outcomes

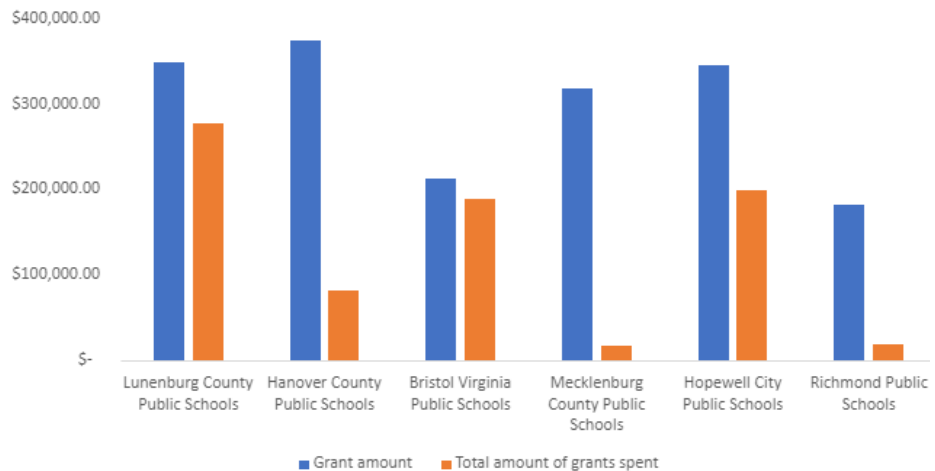
Successes

- Hiring of personnel with community partners
- Provision of services to students in need
- Technical assistance support to schools
 - 9 self-paced learning modules
 - Amelia and Amherst formed leadership teams
 - 5 community of practice session with pilot schools

Challenges

- Full appropriation was not spent due to accelerated timeline
- Lack of available licensed behavioral staff statewide challenged community partners to hire personnel
- Uncertainty around sustainable funding impacted hiring and program implementation

School Based Mental Health Pilot Integration Funding





Feedback from Stakeholders

Focus Group Results conducted in June at the *Reimagining Mental Health for Virginia's Youth: A School-Based Approach Conference*

Focus Group Prompt

Themes

What is the top resource or support needed to implement or expand school-based mental health in your community?

- Consistent funding to support implementation and workforce
- Efficient processes which provide more time for work
- Technical Assistance: support, training

What do you see as the biggest benefit in having behavioral health services delivered in a school setting?

- Increased collaboration and communication (schools, community partner, student, and parents)
- Helps to decrease stigma around mental health and treatment

What do you see as the biggest barrier to successfully implementing community-based partnerships focused on school-based mental health (SBMH)?

- Funding not continuous to support implementation
- Unclear roles of providers vs. school slow or impede implementation
- Gaining buy-in from key stakeholders to implement SBMH

What should be the key components included in designing a partnership between school division and community agencies? What is needed for these partnerships to be successful

- Clear understanding of processes for SBMH implementation
- Ensure staff and community partners are on the same page
- Sustainable funding
- Clear ways to measure success and outcomes





Recommendations for Implementation



Continue to build a comprehensive continuum of youth mental health care available for all Virginia youth: prevention, early intervention, and high quality, evidenced based treatment.



Enhance and support community-based partnerships with schools.



Establish shared outcome measures using goals of schools and youth mental health outcomes.



Develop targeted efforts to expand the behavioral health workforce that serves youth.

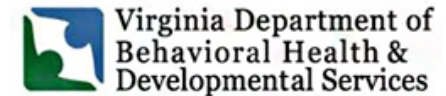


Secretaries of HHR and Education should make joint allocation decisions related to school-based mental health programming.



What's Next for School-Based Mental Health

- The General Assembly appropriated \$7.5M to continue SBMH pilot program implementation
- Develop application process and info sessions for new school divisions
- Continue collaboration with Dept of Education on data/evaluation outcomes
- Contract for data and evaluation services
- Expand technical assistance to school divisions
- Support the efforts of the Governor's ALL IN plan to address COVID-19 learning loss and absenteeism





Next meeting
October 17, 2023 at 2:00
Richmond, VA

Visit bhc.virginia.gov for meeting materials