



DBHDS Update

Joint Subcommittee to Study Mental Health
Services in the Commonwealth in the 21st Century

Special Populations Workgroup

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Agenda

- I. Jail-Based Services and Jail Diversion Initiatives
- II. Caring for Virginia's Youth
- III. Treating the Geriatric Population
- IV. Questions and Discussion

JAIL-BASED SERVICES AND JAIL DIVERSION INITIATIVES

Jail Diversion Initiatives

Jail Diversion Initiatives strive to:

- Identify individuals diagnosed with serious mental illnesses (SMI) and co-occurring disorders
- Divert individuals away from the criminal justice system
- Connect individuals to meaningful services and treatment

In FY19, 3,749 individuals were screened and 1,296 individuals were enrolled in jail diversion and forensic discharge planning services at approximately \$2,604 average cost per individual.

This funding paid for mental health treatment, medication, medical services, benefits acquisition, employment and education, temporary and permanent housing, and other basic necessities.

Jail Diversion Yields Positive Outcomes

- There's roughly a 14% decrease in utilization of emergency/crisis services and a 71% decrease in acute psychiatric hospitalization 180 days post-discharge
- 34% maintained linkage or became linked to outpatient mental health services by the time of their discharge from jail diversion programs



Jail diversion services happen across the Sequential Intercept Model, along each point in an individual's involvement with the criminal justice system.

CIT and CIT Assessment Sites

Crisis Intervention Teams (CIT)

- CITs are designed to enhance law enforcement capability to respond to situations involving individuals with symptomatic behavioral health issues.
- It is a specialized, enhanced training, designed for a sub-population of law enforcement officers, which differs from de-escalation in that it focuses on strategies for addressing mental health crises.
- These teams can take individuals in crisis to CIT Assessment Sites (CITACs), which are outside of the criminal justice system in spaces such as next to emergency departments or within CSBs or office buildings.
- There are 39 CIT programs across Virginia.

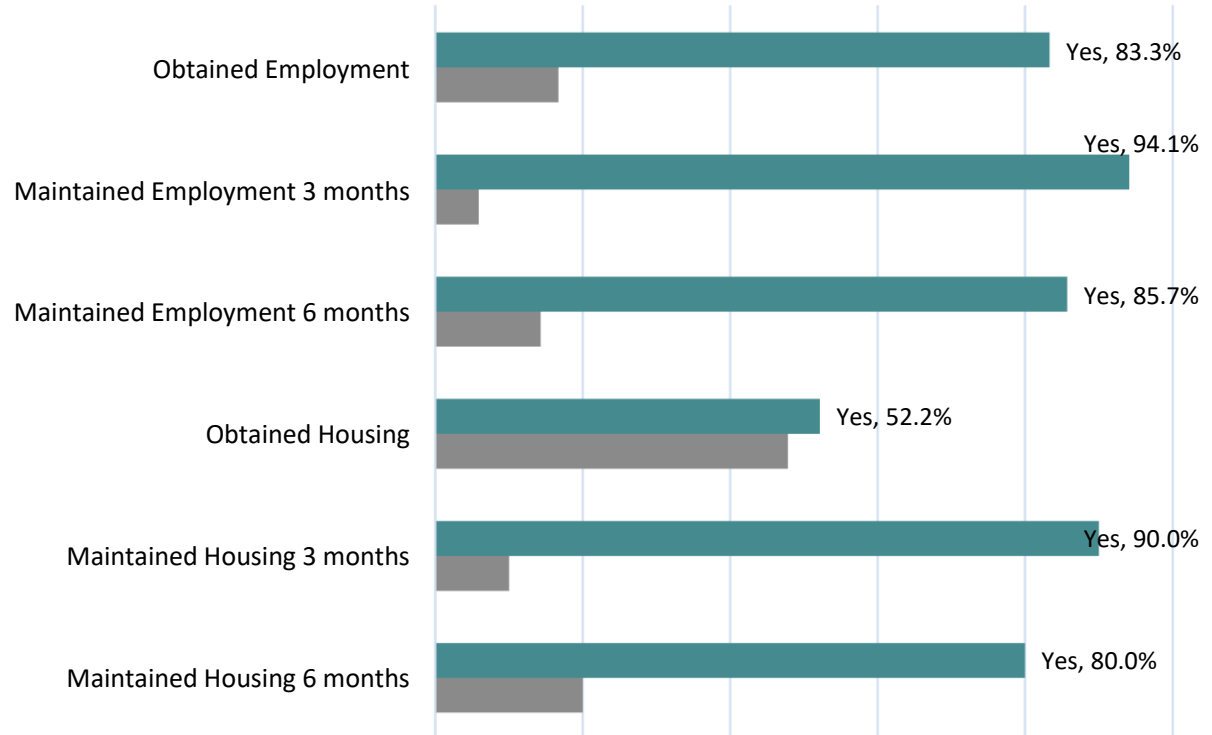
CIT Assessment Sites (CITAC)

- CITACs provide a location to divert individuals experiencing mental health crises from the criminal justice system, instead directing them to an assessment in a more appropriate space.
- Beginning with three pilot locations in fiscal year 2013, the program has grown to 42 Sites with the most recent awards for new Sites in FY2019.
- The average cost for each of the programs is about \$323,000 annually.
- DBHDS recently convened a workgroup related to the expansion of CITACs.
 - The primary recommendation was to establish up to 5 crisis response centers (an expanded version of a CITAC providing basic medical evaluation, immediate access to psychiatry, staffing by peer specialists, case management, 23-hour observation, and stabilization).

Mental Health Dockets

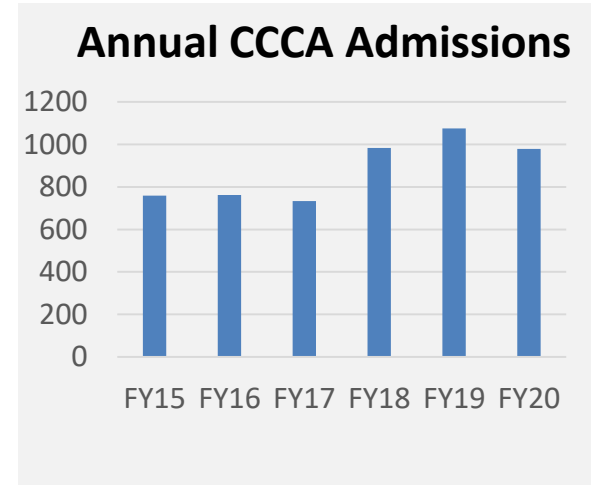
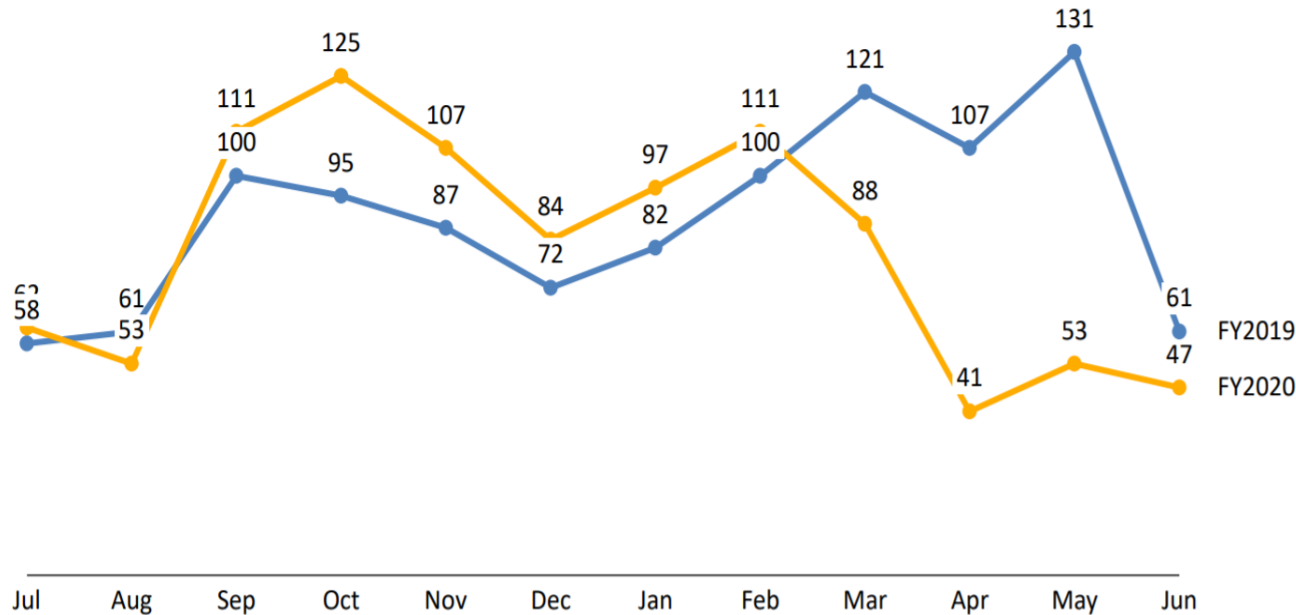
- Behavioral/Mental Health dockets were developed in response to the overrepresentation of individuals with behavioral health disorders in the criminal justice system.
- They aim to divert eligible defendants with diagnosed mental health disorders into judicially supervised, community-based treatment, designed and implemented by a team of court staff and mental health professionals.
- In FY21, DBHDS is funding two additional dockets, in Richmond City and in Arlington County. This will bring the total number of dockets in Virginia to 13.

Outcomes of MH Docket Service Referrals FY14-FY20



CARING FOR VIRGINIA'S YOUTH

CCCA Admissions



Without the drop in admissions related to COVID-19, admissions for FY 2020 would have been similar to FY 2019. Based on current trends in admissions, it is estimated that CCCA would need an additional 30 beds by FY 2022 in order to safely serve all incoming patients during peak times.

CCCA Populations

- Children under age 14 (25% of the population of CCCA)
 - Report regarding CHKD MOU due Jan 2021
- 17 year old males
 - Contract with Gateway
- Males under 14 with Conduct Disorder
 - MST/FFT (Behavioral Health Enhancement)
- Additional Need for Regional Partners:
 - 50% readmissions – recidivism initiatives → High Fidelity Wraparound is a potential solution for a pilot
 - Residential placement – Contracting to include step down residential treatment
 - ID/DD age 14 and up

Children's Inpatient Workgroup

The workgroup was charged with identifying systemic causes of the high census at the Commonwealth Center for Children and Adolescents (CCCA) and making recommendations for alternative private settings.

Key findings from the workgroup included:

- Need to invest in comprehensive set of services, not merely additional inpatient beds
- Adolescents presenting with acute behavioral aggression as well as children and adolescents with intellectual or developmental disabilities pose a challenge to private psychiatric hospitals
- Greater investment in a comprehensive continuum of child and adolescent behavioral health services
- Budget amendment requires more flexibility to address the diversion and step-down options

Most highly-rated diversion solutions:

- Community-based Mobile Crisis Services and intensive community-based treatment
- Crisis stabilization units
- Intensive care coordination using High Fidelity Wraparound

Most highly-rated step-down solutions:

- Intensive care coordination using High Fidelity Wraparound
- Short-term residential or group home settings
- Expansion of telehealth treatment modalities.

Children's Residential Workgroup

As an intensive, and expensive, out-of-home option, placement in residential treatment is contingent on a medical necessity determination and ensuring that less restrictive have been explored. However, the current process is fragmented, time-consuming, confusing, and inefficient.

The Children's Residential Workgroup (HB 728/SB 734) convened this year to review the current process; identify barriers to timely placement; and develop recommendations for improving and expediting the process.

Key barriers to timely placement included:

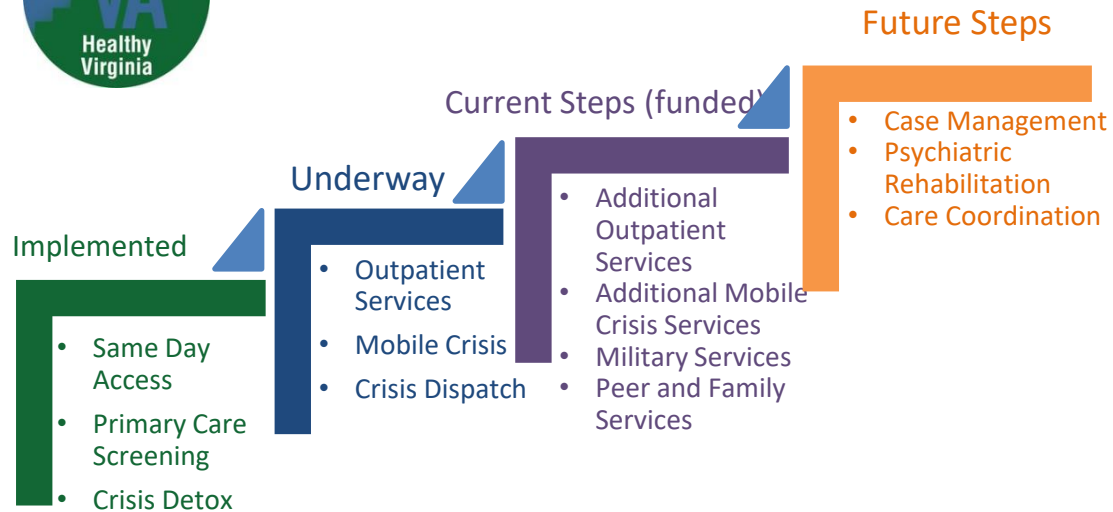
1. A lack of a collective understanding of the approval and placement process – including the Independent Assessment, Certification, and Coordination Team (IACCT) and the Family Assessment and Planning Team (FAPT) processes
2. The time-consuming nature of these processes
3. Challenges identifying a willing residential provider

The workgroup developed seven, overarching recommendations:

1. Improve the alignment of the IACCT and FAPT processes
2. Improve information sharing across the system of care
3. Standardize the training and education materials
4. Standardize the admissions referral material
5. Continue to build out the comprehensive continuum of care
6. Increase the awareness and availability of residential treatment facilities
7. Increase the use of family support partners and peer navigators



System Transformation Excellence and Performance (STEP-VA)

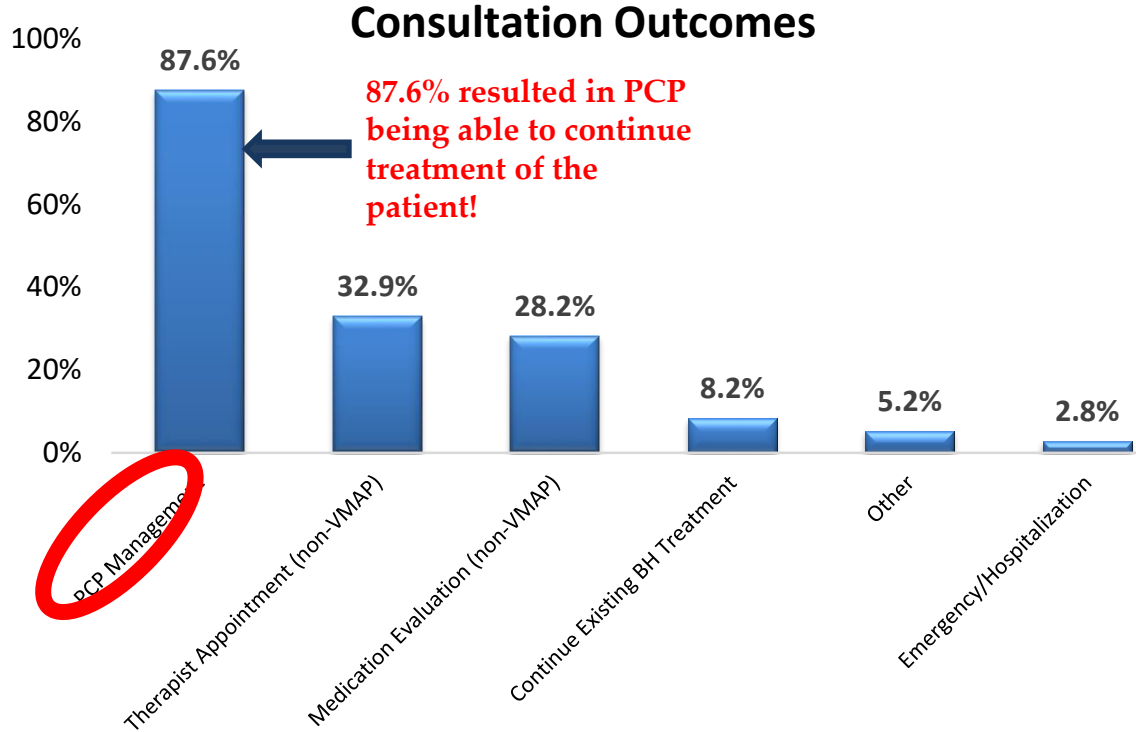


Behavioral Health Enhancement Priority Services:

Partial Hospitalization Program (PHP)
Intensive Outpatient Program (IOP)
Program of Assertive Community Treatment (PACT)
Comprehensive Crisis Services
Multi-Systemic Therapy (MST)
Functional Family Therapy (FFT)

Virginia Mental Health Access Program (VMAP)

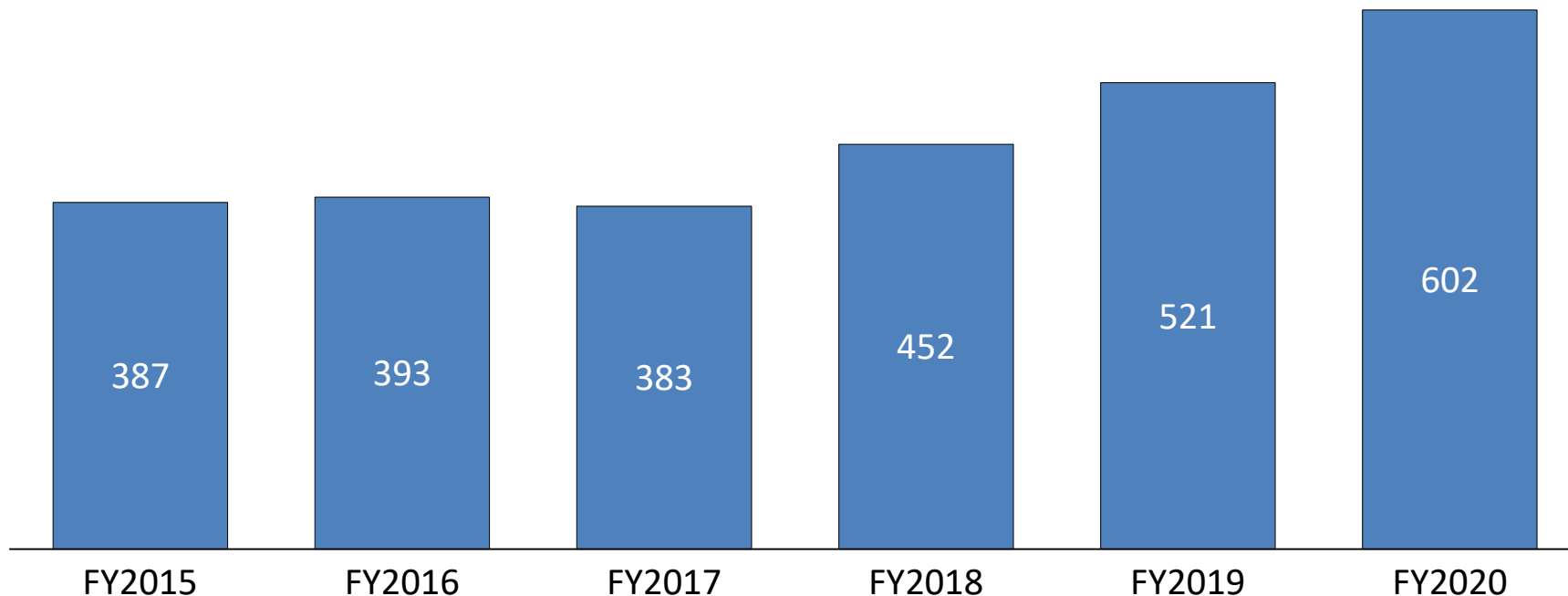
- VMAP is a pediatric-driven training, consultation, and referral model designed to increase capacity for primary care providers to treat and respond to common mental health conditions such as anxiety, depression and Attention Deficit Hyperactivity Disorder (ADHD).
- As of September 30th:
 - 426 consults to PCPs
 - 396 patients supported by VMAP
 - 367 enrolled providers
 - 119 enrolled practices
- Over 300 providers trained via VMAP's Provider education opportunities (REACH, Project ECHO and Quality Improvement trainings) *since inception*



Representative of over 400 responses/CAP recommendations to PCPs. Total response values may exceed 100% as PCPs may have multiple outcomes from consultations.

TREATING THE GERIATRIC POPULATION

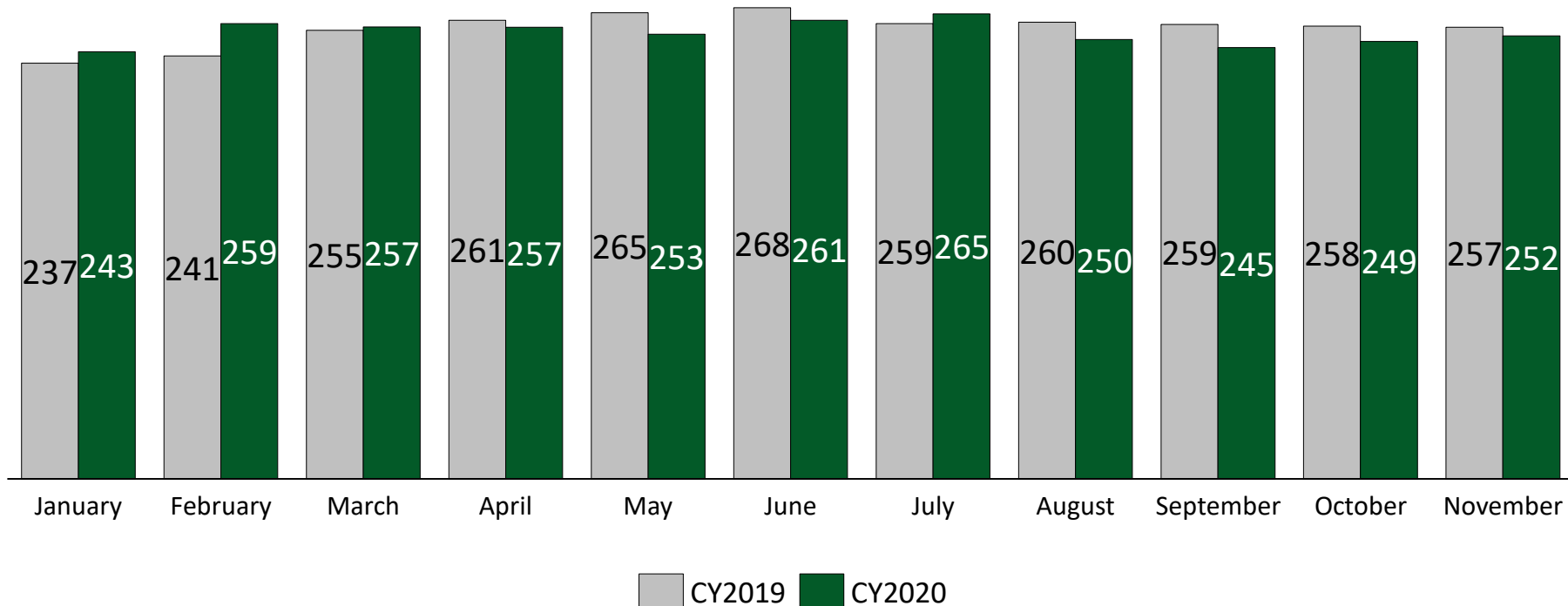
Number of patients age 65+ admitted to state hospitals



The number of patients 65 and older has increased, even with a temporary drop in April affecting the number for FY2020.

Average number of seniors in system by month

Age 65 or older at time of admission



Challenges Supporting the Geriatric Population

A primary diagnosis of dementia is not a mental illness, but our current Code definitions include it.

- Assisted Living Facilities and Memory Care can be more appropriate options for geriatric care.
- A number of barriers exist, including identifying appropriate and willing providers upon discharge for long-term living options.
- For example, 54 individuals were on the EBL due to no identified ALF or nursing home, representing almost 30 percent of the EBL.
- Recently the Discharge Assistance Planning Workgroup developed a report outlining several recommendations, including partnering with DARS and DMAS to develop services for individuals with dementia and traumatic brain injury and supporting programs and mental health professionals in nursing facilities.

§ 37.2-100. Definitions.

"Mental illness" means a disorder of thought, mood, emotion, perception, or orientation that significantly impairs judgment, behavior, capacity to recognize reality, or ability to address basic life necessities and requires care and treatment for the health, safety, or recovery of the individual or for the safety of others.

CONCLUSION

QUESTIONS?