



Human Services Department

A Learning Community: Providing a Safety Net for Virginia Beach Citizens

Virginia Beach Mental Health Forum

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Human Services Department

Mission



The Human Services Department provides citizens the opportunity to achieve the highest level of self-sufficiency, safety, and quality of life possible, through an array of coordinated services delivered in a climate of dignity, respect, and accountability.

Behavioral Health Services



■ Case Management

- Serves individuals with a diagnosis of mental illness and/or substance use disorders
- Provides linkage to resources and follow up supports to promote recovery

■ Project LINK

- Case management services to pregnant, post-partum and parenting women
- Support groups for families

■ Program of Assertive Community Treatment (PACT)

- Evidence-based and recovery-oriented service delivery model
- Wrap around services and supports via a mobile team



Behavioral Health Services Cont.



- **Adult Day Treatment (ADT)**
 - ADT provides group therapy and education services for individuals who have a co-occurring mental health and substance use diagnosis
- **Harbour**
 - An adult psychosocial rehabilitation program that provides structured educational and skill development activities for individuals
- **Beach House**
 - Provides support and rehabilitation services to adults
 - Skill building groups and other wellness activities



Behavioral Health Services Cont.



- Office of Consumer and Family Affairs
 - Education classes, support groups, consultation, resource linkage and advocacy for individuals and families
- Projects for Assistance in Transition from Homelessness (PATH)
 - Services for individuals with serious mental illness, including those with co-occurring substance use disorders who are experiencing homelessness or at imminent risk of becoming homeless
- Behavioral Health and Preventative Services
 - Provides a variety of programs involving youth and families intended to promote recovery
- Programs include:
 - Support groups for families dealing with substance use
 - School-based violence prevention
 - HIV education and testing
 - Prevent/reduction in the use of tobacco

Angela M. Hicks



Behavioral Health Division



Behavioral Health Priorities

- Access to care
 - State hospital bed reduction and movement toward acute care operations
 - Focus on community based services
 - Increased forensic admissions
- Rapid Crisis Response
 - Focus on early intervention to prevent crisis escalation
 - Increased safety net bed admissions
 - Diversion from hospitalization and jail
- Enhancement of Opioid Services
 - Opioid epidemic
 - Medication Assisted Treatment (MAT) and Peer Services have been recognized as best practice
- Integrated Care
 - Managed care and value based reimbursement
 - Holistic outcome measurement



Access to Care



■ Same Day Access

- Partial implementation of Same Day Access in February 2017
- Same Day Access to Intake appointments is available 5 days per week
- Working with national consultant to complete full implementation in 2018
- Benefits of same day access include:
 - Increases engagement in treatment
 - Reduces wait times
 - Decreases no shows



■ Case Management Expansion

- Three (3) positions have been internally transferred to Case Management Services
- Same Day Access individuals have rapid access to “transitional” Case Management services

Forensic Services



- Jail Diversion
- Drug Court
- Jail Educational Services
- Court Ordered Treatment
- Mental Health Docket
- Restoration to Competency
- Not Guilty by Reason of Insanity (NGRI)
- Re-entry Services / Release Planning





Forensic Service Enhancement

- PACT Team Forensic Expansion
 - Two (2) new State funded Forensic Specialists in 2016
 - Eighteen (18) new forensic slots have been filled
- Adult Drug Court
 - First participant December 2017 with a current census of four (4) participants
- Partnership with the VB Sheriff's Office
 - Moving from collaborative to integrated partnership
 - Increased re-entry planning: 231 individuals in FY16 to 419 in FY17
 - Transferred two (2) internal staff to meet goal of increasing re-entry service capacity
- Court Ordered Treatment
 - Partnership with courts, DHS, VBSO and Probation & Parole to reduce recidivism and increase stability for individuals with a serious mental illness
 - Release planning and facilitation of door-to-door services
 - Expedited service entry and close monitoring



Rapid Crisis Response

- Crisis Intervention Team (CIT)
 - Training provided to over **700** police officers as well as deputies, 911 Dispatchers, Fire Captains, and School Resource Officers
 - Integrated review of high utilizers of crisis services

- Emergency Services
 - Implementation of video evaluations to provide rapid assessment and transfer to appropriate treatment setting
 - Enhancing resources for peak hours by cross-training clinicians as Certified Prescreeners

- Mobile Crisis Response
 - Moving toward mobile and flexible Crisis Intervention services
 - Geared to prevent escalation of crisis and avoid hospitalization or incarceration
 - Exploring integrated crisis response strategies with mental health clinicians, police, and APS/CPS



New Opioid Service Enhancements

- **REVIVE! Opioid Overdose & Naloxone Education**
 - 283 individuals have been trained
 - A partnership with the Public Health Department will provide Naloxone at no cost
- **Medication Assisted Treatment (MAT) Grant**
 - State funding assists 207 individuals with accessing MAT services and breaking down service barriers
 - Dedicated phone number and rapid access to services
- **Prevention Initiative**
 - Opioid marketing campaign includes: Health Journal ad, movie theater PSA and billboard advertisement
 - Opioid and Heroin Community Forum - October 19, 2017
- **Regional Peer Outreach Initiative**
 - State funded partnership between Virginia Beach, Norfolk, and Portsmouth
 - 2 Peer Recovery Specialists at each CSB
 - Warmline
 - Outreach and engagement at Emergency Departments



Integrated Care: Holistic Behavioral Health & Medical Care



- Importance of Integrated Care
 - Mortality: Individuals with serious mental illness die 25 years earlier
 - Biopsychosocial Model: Biological, psychological and social factors all play a role in human functioning and overall wellness
 - Improved health outcomes are achieved with continuity of care between providers
- Current Holistic Approach
 - Medical screening and linkage to medical providers
 - Coordination of care, provider communication and exchange of medical records
 - Staff training in most common co-morbid medical conditions
 - RN provides holistic care coordination to a caseload of individuals with severe medical and psychiatric conditions
- Future of Integrated Care
 - Exploration of models that will integrate behavioral health and medical care as well as link with Social Services
 - Look into new facilities that will be equipped to support expansion into integrated care
 - Implement disease prevention and health promotion interventions in all Behavioral Health service areas

Behavioral Health Housing Initiatives



- Permanent Supportive Housing
 - State funding to provide safe, affordable housing to seventy-two (72) individuals
 - Housing options are integrated in community settings
 - Thirty-eight (38) individuals have been housed
- Complex Care Housing Program
 - New program provides supportive housing for individuals at risk of homelessness, incarceration or hospitalization
 - Targeted to assist individuals that have not been successful with lower levels of housing
 - 100% of participants have stabilized

James R. Thornton



Child and Youth Behavioral Health

Mental Health/Substance Use Services: Children & Adolescents



- Services include:
 - Outpatient Counseling
 - Psychiatric Services
 - Substance Use Services
 - Crisis Intervention
 - Case Management
 - After-School Therapeutic Day Treatment

Child and Youth Behavioral Health



- Trauma Certified Outpatient Therapy
 - CYBH has 13 therapists certified in Eye Movement Desensitization and Reprocessing (EMDR) an evidence based model designed specifically for those with complex trauma
 - High collaboration with DSS and CHKD to provide trauma-focused services across a continuum
- Other evidence-based practices:
 - Trauma Focused Cognitive Behavioral Therapy
 - Certified Play Therapy
 - Aggression Replacement Training
 - Cognitive Behavioral Intervention-Substance Use
 - Skill Streaming

Child and Youth Behavioral Health



- Youth Mobile Crisis Intervention
 - Over 600 youth referred to the program from inception (August-2013) to the present
 - 53% do not have funding source but are able to receive services at no cost due to state funding provided
 - Only 9% of youth have required hospitalization during the provision of crisis services
- Case Management Services
 - Clients serviced in Case Management more than doubled from 2012 to present
 - Youth requiring more complex services are increasing, and these cases need to be case managed by CYBH in order to assist families in obtaining the most effective local services, and have assistance if a residential placement becomes necessary

Family
is not an
IMPORTANT
thing, it is
Everything 

Child and Behavioral Health



- After School Therapeutic Day Treatment
 - Three (3) classrooms serve up to 30 youth with a Serious Emotional Disturbance that negatively effects their school performance
 - Classrooms are located at Fairfield Elementary, Bettie F. Williams Elementary and Green Run Elementary
 - Youth are transported each day by school bus or Department of Human Services transportation to the host school location
 - The program is operated to help children learn the skills necessary to be successful in a school setting in order to prevent youth from being held back or placed in an alternative setting



Dr. Heidi Kulberg



Virginia Beach Department of Public Health

Overview

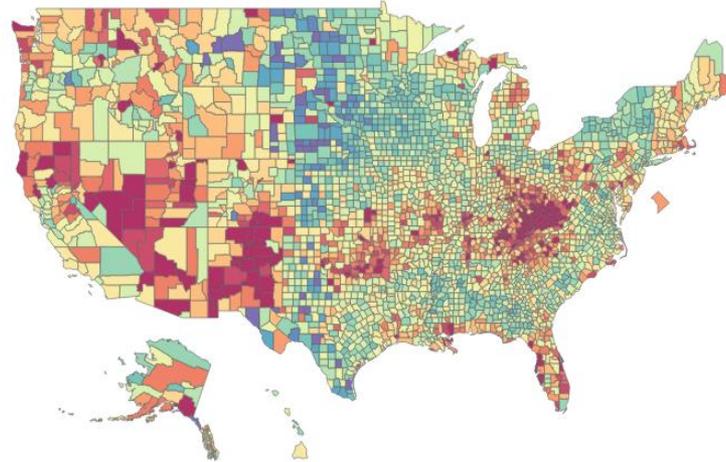
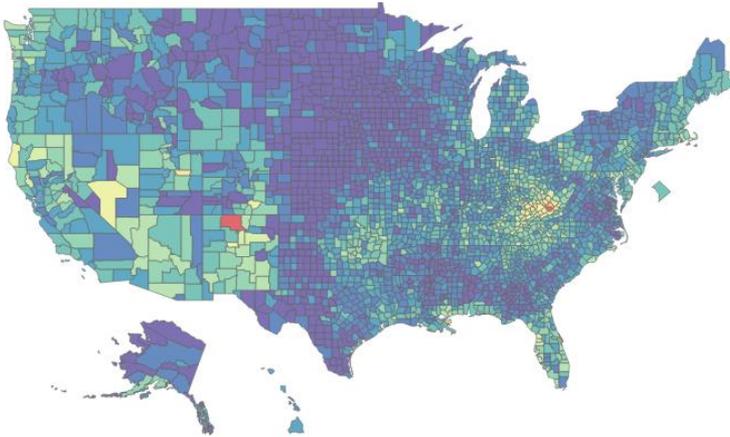
- Opioid impact by the numbers
- Five Policy Approach
- Addiction as a chronic disease



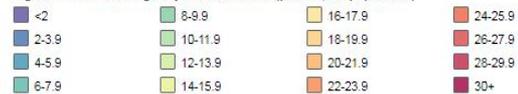
Overdose Death Rates

1999

2016



Legend for estimated age-adjusted death rate (per 100,000 population)

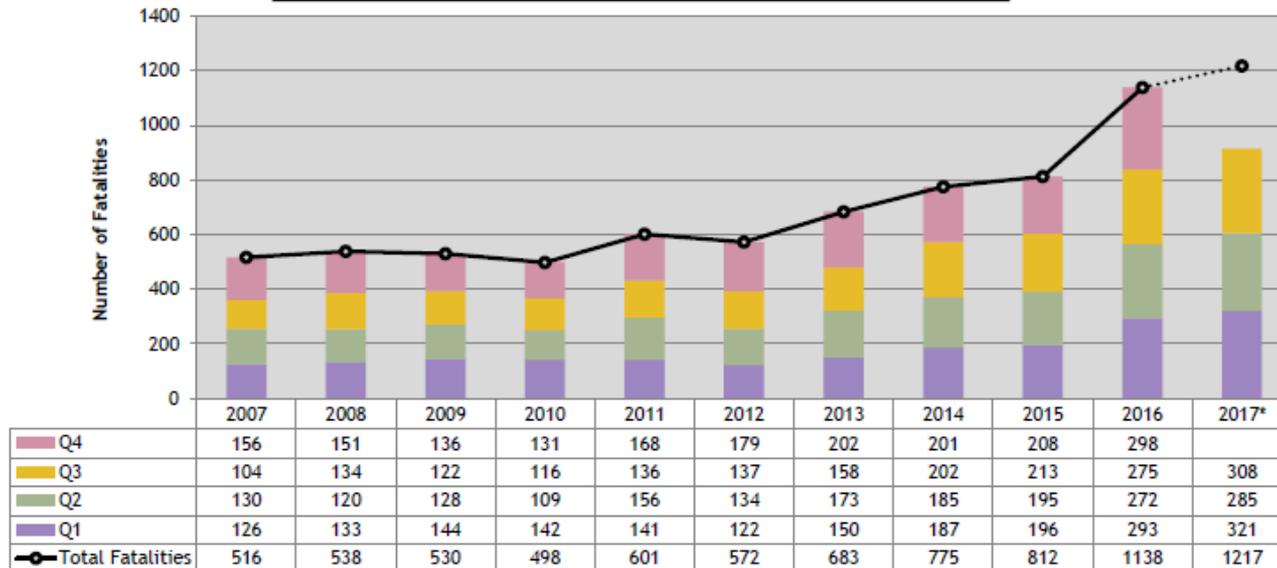


Source: <https://www.cdc.gov/nchs/data-visualization/drug-poisoning-mortality/index.htm>

All Opioids

From 2007-2015, opioids (fentanyl, heroin, U-47700, and/or one or more prescription opioids) made up approximately 75% of all fatal drug overdoses annually in Virginia. However, this percentage is increasing each year due to the significant increase in fatal fentanyl and/or heroin overdoses which began in late 2013 and early 2014. Fatal opioid overdoses increased by 40.1% in 2016 when compared to 2015.

Total Number of Fatal Opioid Overdoses by Quarter and Year of Death, 2007-2017
 ('Total Fatalities' for 2017 is a Predicted Total for the Entire Year)



*All Opioids include all versions of fentanyl, heroin, prescription opioids, U-47700, and opioids unspecified

² 'Opioids Unspecified' are a small category of deaths in which the determination of heroin and/or one or more prescription opioids cannot be made due to specific circumstances of the death. Most commonly, these circumstances are a result of death several days after an overdose, in which the OCME cannot test for toxicology because the substances have been metabolized out of the decedent's system.

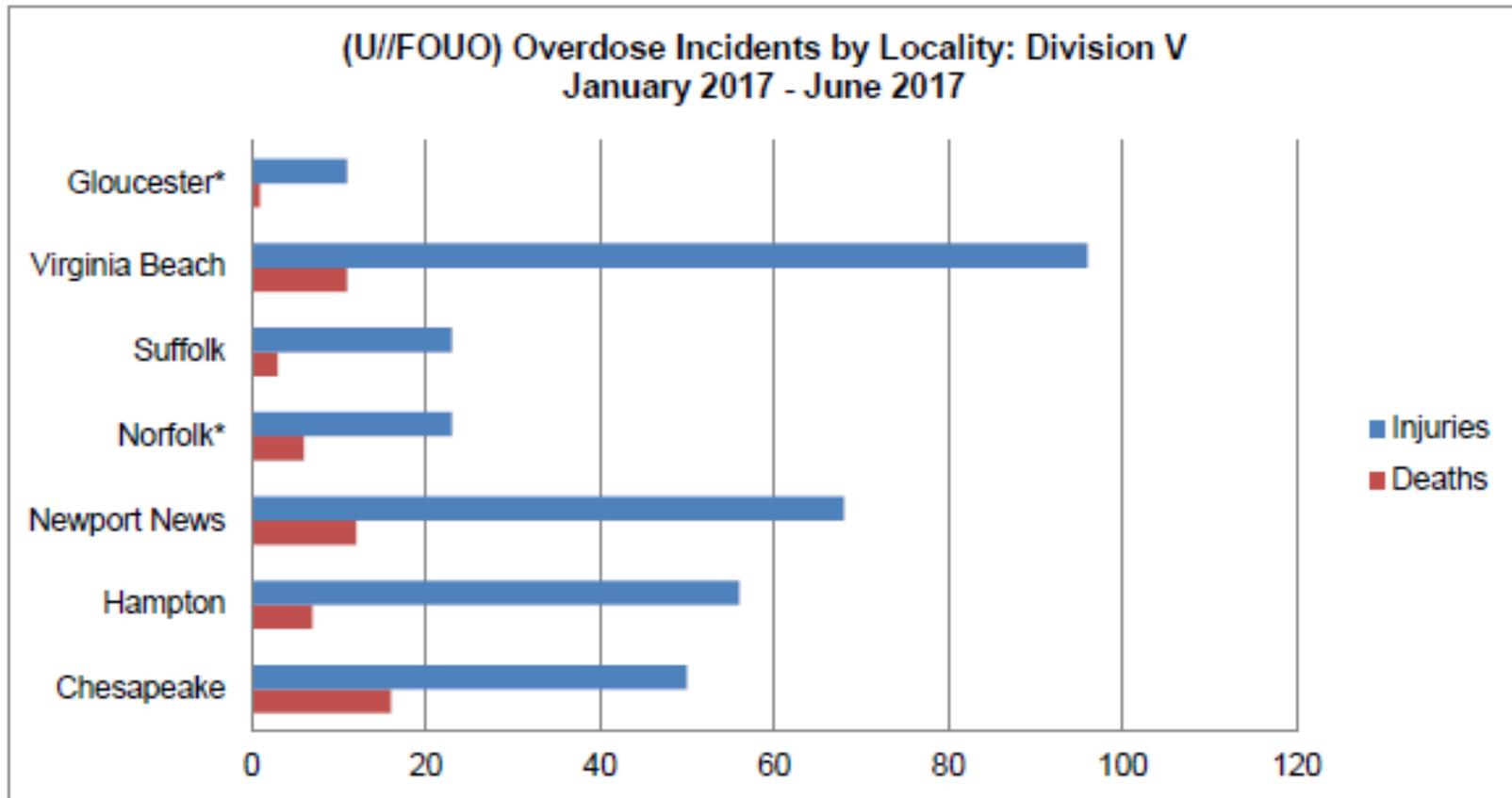
³ Fatal opioid numbers have changed slightly from past reports due to the removal of fentanyl from the category of prescription opioids, as well as the addition of buprenorphine, levorphanol, meperidine, pentazocine, propoxyphene, and tapentadol added to the list of prescription opioids.

Opioid Overdoes Deaths in Hampton Roads 2007 – 2016



<http://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>

Virginia State Police: Division V



*(U//FOUO) Partial reporting

** (U//FOUO) Jurisdictions not listed did not provide heroin overdose statistics during the reporting period.

5 Policy Addiction Framework in VA

- 1. Harm reduction**
- 2. Treatment**
- 3. Prevention- legal opiates**
- 4. Prevention- illegal opiates**
- 5. Culture changes**



Harm Reduction

- Reduce overdose deaths- Naloxone
 - First responders- Police
 - REVIVE!- lay persons
 - Standing order with pharmacies
 - New law: HB1453/SB848- community origins
- Reduce spread of infectious disease
 - New law: HB2317- needle exchange, testing for Hep C and HIV, connect to treatment
- NAS prevention

Naloxone in Virginia Beach



2017

- 274 patients
- Ages: 13-96 years
 - 42 average
- 66% M / 33% F
- EMS/Fire: 239
- Police: 33 (12%)
- Layperson: 2

REVIVE!

REVIVE!

OPIOID OVERDOSE AND NALOXONE EDUCATION FOR VIRGINIA

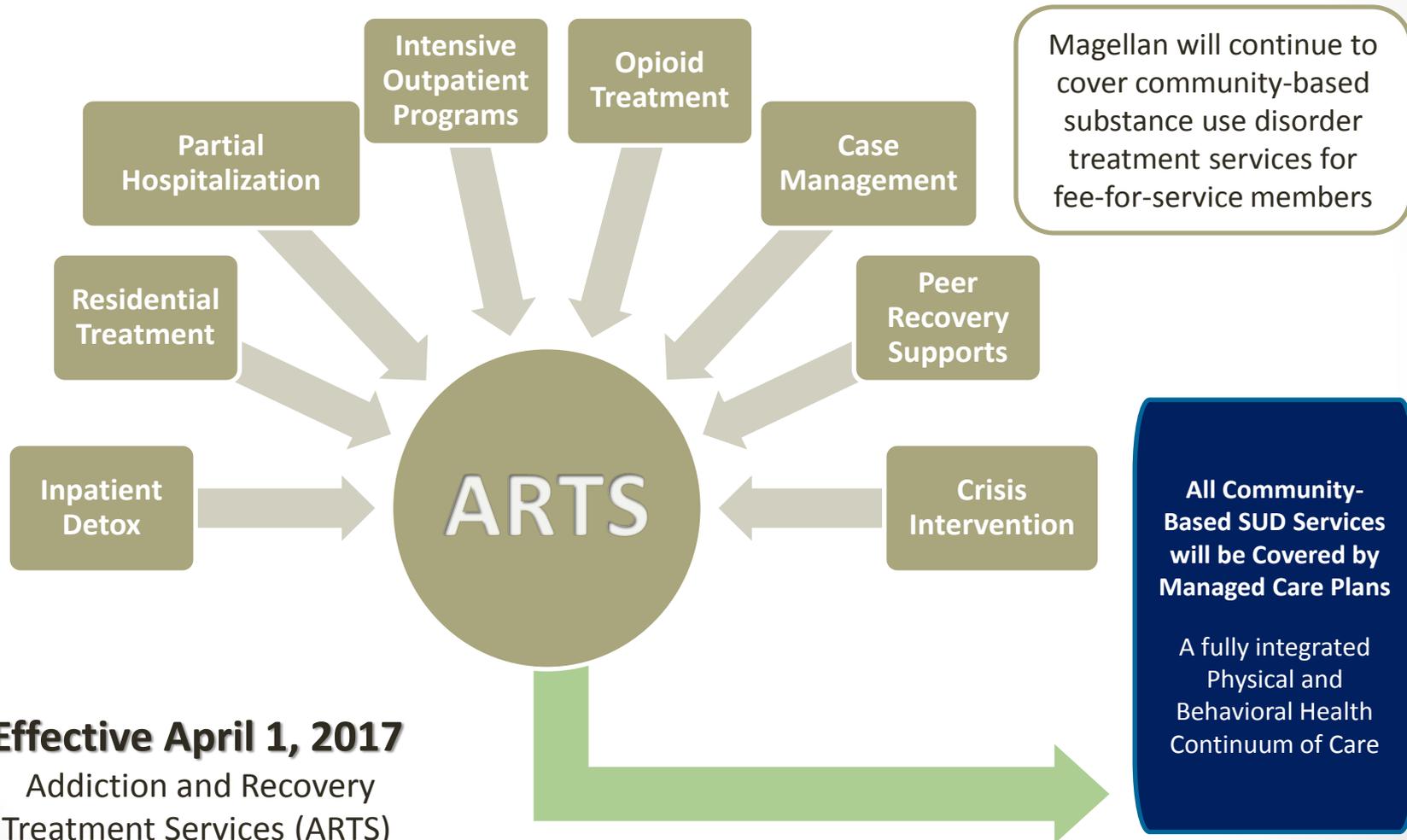


<http://www.dbhds.virginia.gov/individuals-and-families/substance-abuse/revive>

Treatment: Medication Assisted Treatment (MAT)

- Use of medications in combination with counseling and behavioral therapies for SUD
- Recovery rates of 40-60%
 - 5-20% in abstinence-only models
- Medications
 - Methadone
 - Buprenorphine: Now available in outpatient offices
 - Naltrexone

Improve Access Through DMAS Payment Reform



Effective April 1, 2017

Addiction and Recovery
Treatment Services (ARTS)

Peer Recovery Supports effective July 1, 2017

Treatment in Virginia

The screenshot shows a Google Maps interface with a sidebar on the left titled "Addiction and Recover...". The sidebar contains a search bar and a list of treatment levels with checkboxes and "All items" links:

- This is a catalog of Addiction and Recovery Treatment (ART) providers of Virginia. Click on the treatment level or 7,067 views
[SHARE](#)
- Office Based Opioid Treatment (addi...
[+ All items](#)
- Opioid Treatment Program (take-ho...
[+ All items](#)
- Intensive Outpatient (6-9+ hours/wee...
[+ All items](#)
- Partial Hospitalization (20+ hours/we...
[+ All items](#)

The map displays a geographical area of Virginia, including the York River and Chesapeake Bay. Numerous red and blue plus signs are scattered across the map, representing treatment providers. The map includes standard Google Maps controls like a zoom slider and a "Sign in" button in the top right corner.

<https://www.google.com/maps/d/viewer?mid=1px9XvltN7rXZ6vrTgXgPGIHTew&hl=en&ll=37.07271048132946%2C-76.52389526367187&z=9>

Prevention: Rx Drugs

- Reduce the supply
- Proper storage and disposal
- Better pain management



Other Substance Abuse or Dependence Elevates Risk for Heroin Abuse or Dependence

Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...



ALCOHOL

are

2x



MARIJUANA

are

3x



COCAINE

are

15x



Rx OPIOID PAINKILLERS

are

40x

...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

Magnitude of Rx Drug Problem

- 259 million Rx for painkillers in 2012
 - ~ bottle for every American adult
- 2016: 215 million opioid Rx dispensed
 - Rate of 66.5/100 person
- 2/3 of people misusing Rx opioids get them from friends and family
- 50% get them for free



Address the Rx Opioids

- Reduce inappropriate prescribing
 - Prescribing guidelines
 - Educating clinicians
 - Prescription monitoring programs
 - Patient empowerment/education
- Reduce diversion of meds
 - **Drug Take Back boxes**
 - Law enforcement
- CDC RxAwareness campaign
 - <https://www.cdc.gov/rxawareness/about/index.html>



Education in School

- VBCPS Health Curriculum - Grades 1-10
 - Awareness of Rx medication-proper use
 - Understanding risky behavior with drug use
 - Identify ways to manage stress and anxiety
 - Understand effects of drugs
 - Identify resources for helping someone who may be using drugs
 - Evaluate effects of drug use on the body
 - Develop a personal plan to prevent substance use



Prevention: Law Enforcement Response

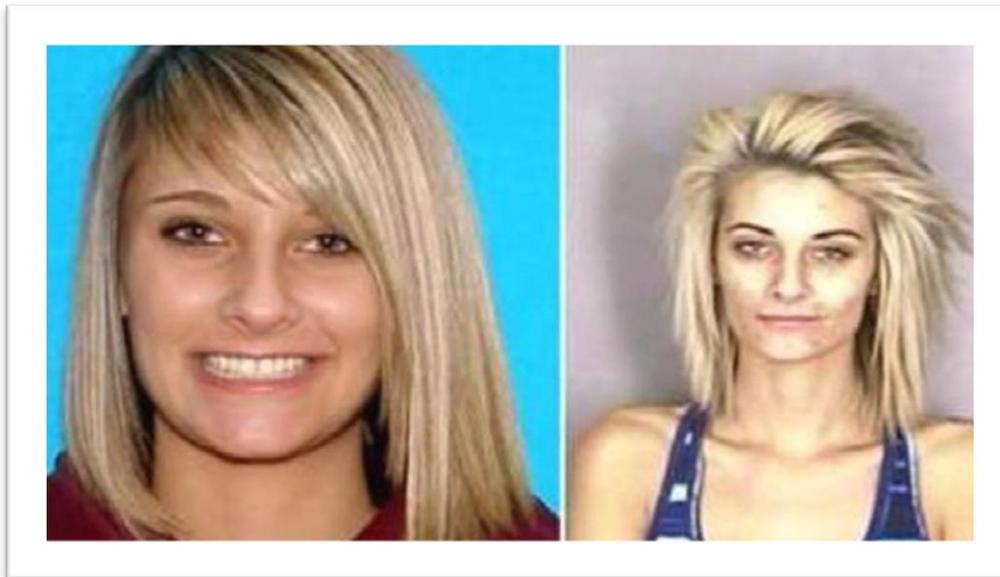
- Prevention
 - Rx Drug Take Back boxes
 - Education programs
- Professional (drug) Diversion
- Drug Enforcement
- Drug Task Forces
 - Cross jurisdiction
 - Data sharing
- Harm Reduction
 - Naloxone- 1st responder
 - REVIVE!

State and Federal Task Forces

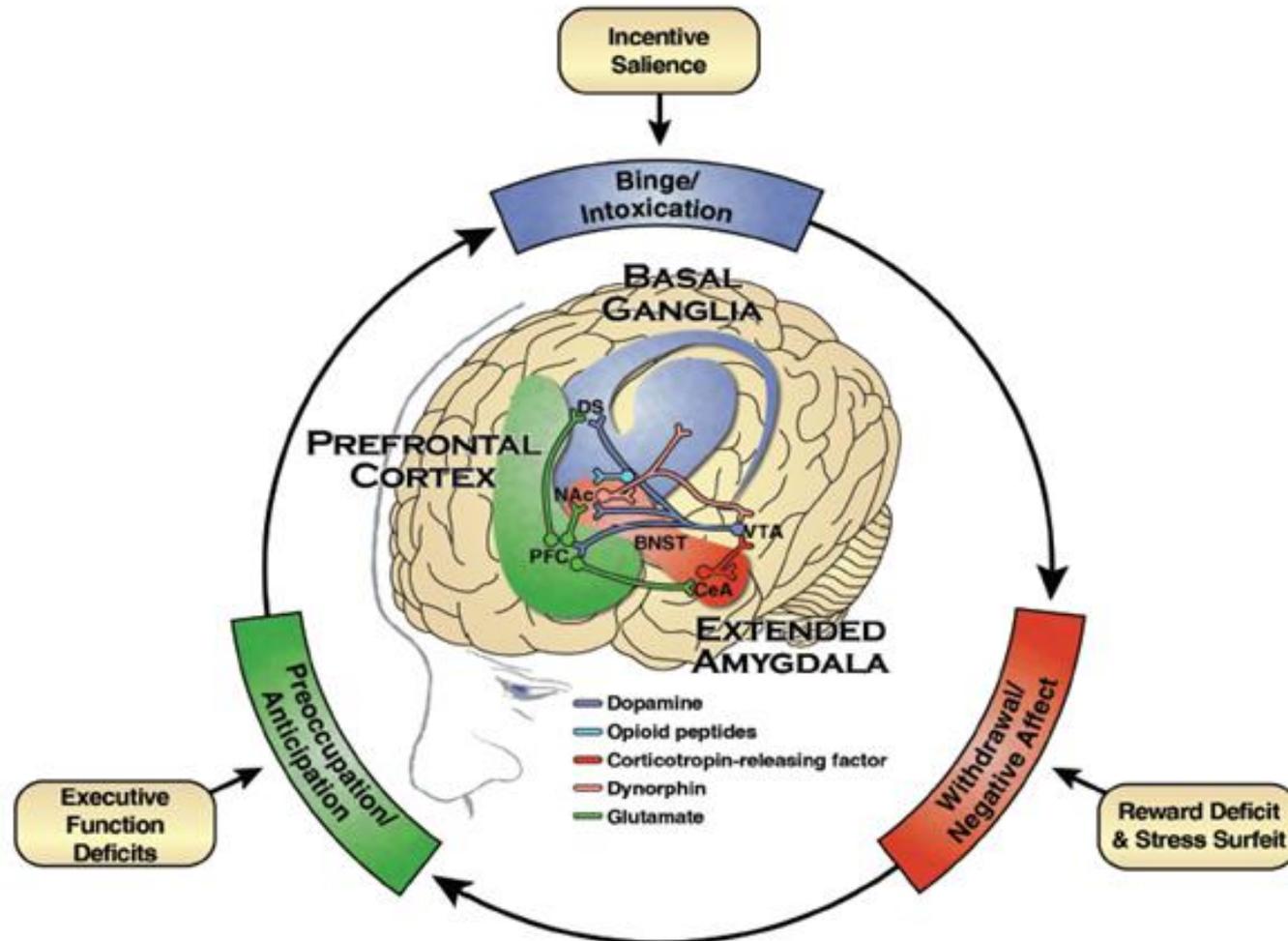
- Division V State Task Forces
 - Hampton Roads Peninsula Drug Initiative
 - Eastern Shore Task Force
- Federal Task Forces
 - Border Enforcement Security Team
 - FBI Safe Streets Task Force
 - ATF
 - DEA
- High Intensity Drug Trafficking Areas (HIDTA)

Culture Changes

- Remove stigma
- Awareness of developing brain
- Chronic disease
- Culture of pain and suffering has to change



Neurobiology of Addiction



Addiction Prevention

- 70% vs. 27% develop a SUD
 - <13 y.o. when first try illicit drug= 70%
 - > 17 y.o. when first try = 27%
- EtOH: 4 times more likely to become addicted
 - <15 y.o. first use
- 4-23% from trying it to developing a SUD



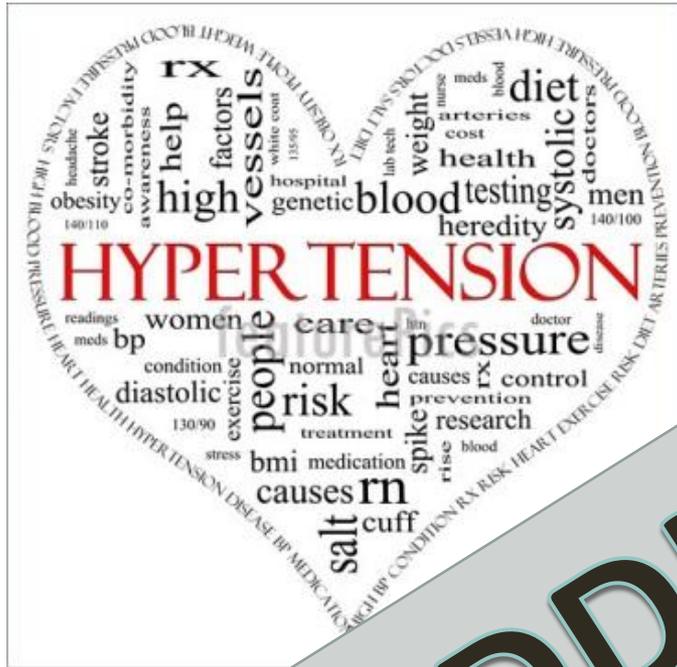
U.S. Surgeon General Report: Nov 2016

1 IN 7

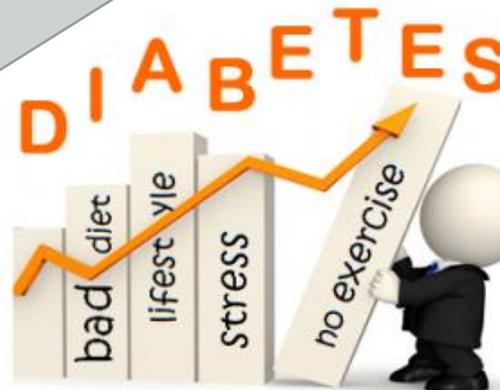
20.8 MILLION

78 A DAY
(91...116)

Addiction as a Chronic Disease



ADDICTION



Call to Action

- Reduce the stigma- share information with others about addiction as a chronic disease
- Be an empowered patient and empower others
- Properly dispose of unused medications
- Attend and encourage REVIVE! training
 - <http://dbhds.virginia.gov/developmental-services/substance-abuse-services/revive>
- Connect to treatment:
 - <https://www.google.com/maps/d/viewer?mid=1px9XvltN7rXZ6vrTgXgPGIHTew&hl=en&ll=37.07271048132946%2C-76.52389526367187&z=9>
- Learn more about addiction and recovery
 - www.VaAware.com
 - www.GHRConnects.org

Glinda O'Neill



Sentara Healthcare

Current Services in Hampton Roads

- Inpatient Units – Dual Licensed for MH & SA
 - SNGH – 20 Beds, 6 Geriatric/Medical Psych
 - SVBGH – 24 Beds
 - SOH – 15 Beds
- Sentara Medical Group Psychiatry Practice
 - Dr. Matthew Angelelli – Adult
 - Dr. Matthew Sachs – Adult, Child & Adolescent
 - Dr. Noah Matilsky – Adult, Child & Adolescent
- Psych Emergency Response Services (PERS)
 - Face to Face and Telepsych into 8 Facilities for ED and Inpatient response

Key Challenges for Sentara

- **Provider Shortages** that impact Optimization of Inpatient Bed Capacity (13 additional beds)
 - SNGH – 8 Beds (Adult - Geriatric and Med-Psych)
 - SOH – 5 Beds (Adult – General)
- **Outpatient Levels of Care**
 - Substance Use Population
 - Geriatric Population
 - SMI Population
- **Reduction of ED Boarding**

Strategic Update

■ **Telepsych Expansion**

- SMG Psychiatry staffed July 2017
- Telepsych consult services will expand to include SOH and SLH
- PERS telepsych assessments have expanded to SAMC



■ **Specialty Units/Services**

- High Acuity Unit - SNGH
 - Facility renovations identified
 - Architect drawing finalized, RFPs out for construction work

Updates – Workforce Development

- **Physician/Provider**
 - New MD/NP model in place for SOH
- Nursing Specialty Certifications and RN to BSN meeting **Magnet** journey goals
- Multiple **LCSW/LPC** internships and supervision underway



Improving LOS for Behavioral Health Patients in our EDs

Initiatives:

- RN Intake Coordinator
- Discharge Expectations
- Psychiatry Consultation in EDs
- Statewide Medical Screening and Assessment
Guidelines

Summary

- 13 more adult inpatient beds coming online
- All Beds dual licensed for MH and SA
- High Acuity and Geriatric beds at Norfolk General
- Focus on throughput to open beds and speed patients out of ED
- Recruiting providers to ensure capacity to maintain beds and provide consults into EDs
- Building technical capacity for Telepsych services

Brooke Hemphill



Virginia Beach Psychiatric Center

Virginia Beach Psychiatric Center

- Jennifer Kelly, CEO
- Dr. Robert Light MD, Medical Director
- 100-bed freestanding acute psychiatric hospital
- Partial Hospitalization Program
 - Mental Health
 - Substance Abuse
- Supports adults 18+
- 24-hour crisis services (627-LIFE)
- Community Liaisons
- Court proceedings on site

Assessment and Referral Center - ARC

- 627-LIFE (5433)
- Master's Level Clinicians
- Mobile Assessment Teams
- Level of care assessments
- Temporary Detainment Order (TDO)
- Outpatient referrals available

Our Programs: Acute Inpatient Care

- The purpose of our Acute Inpatient Program is to evaluate, stabilize and treat individuals who are experiencing a crisis situation and need immediate intervention. These programs are designed for the acute treatment of patients with emotional disorders including, but not limited to:
 - Schizophrenia
 - Delusional Paranoid Disorders
 - Psychotic Disorders
 - Debilitating Character Pathology
 - Major Affective disorders which exhibit severe behavioral problems

Five Distinct Units

- Center for Emotional Recovery- 16 beds
- Center for Intensive Evaluation-23 beds
- Rapid Stabilization Unit-23 beds
- Transitional Care Unit-16 beds
- Center for Dual Treatment-20 beds (ARTS Provider)
- Programming: Each unit offers unique programming specific to the diagnosis of admission and can be tailored to individual needs.

PHP Programs: Substance Use Day Treatment and Mental Health Program

- Virginia Beach Psychiatric Center offers two tracks in the Day Treatment setting. Each occur Monday through Friday, from 9:00 am - 3:00 pm. We offer the Substance Abuse Treatment Program and a Mental Health Program.
- Each patient will be seen by a psychiatrist, a medical doctor, a nurse and a Social Worker. Most managed care / insurance companies accepted and self-pay rates are available.
- We offer patients a holistic approach to recovery, including psycho-social educational groups, creative expression groups and cognitive behavioral groups to help incorporate the mind, body and soul connection. Treatment consists of multiple treatment modalities (individual counseling, group counseling, education groups, family counseling and physician oversight) provided in a coordinated manner to achieve short-term stabilization of immediate crises

Virginia Beach Psychiatric Center: Our Team

- Our multidisciplinary treatment team includes board certified psychiatrists, psychologists, registered nurses, licensed social workers, case managers, and milieu and activity therapists.
- The Team at Virginia Beach Psychiatric Center understands your concerns, symptoms and problems and is dedicated to providing you with the most effective mental health care possible in a safe, confidential and supportive environment

Jennifer Faison



Virginia Association of
Community Services Board

Virginia's CSBs

- Virginia has 40 Community Services Boards (CSBs) that function as the safety net for individuals with behavioral health and developmental disability service needs
- CSBs provide an array of services and supports that are: recovery oriented, person centered, flexible and EFFECTIVE
- CSBs helped change the lives of over 218,000 individuals in FY2017
- CSBs serve individuals with severe behavioral health conditions: nearly 70% of adults served by CSBs have SMI and almost 80% of the children have SED or are at-risk
- CSBs serve individuals regardless of whether they have insurance

Federal Landscape

- Uncertainty over the path forward for the ACA and Medicaid funding has caused instability in the individual insurance market
- Congress had until January 03, 2018 to move forward with reforms under the rules of reconciliation; as no reforms were forthcoming, they have to revert to the normal course for building legislation and moving it through the process
- Of note is the fact that with all of the swirl around the ACA, the 90% match from the federal government has never been in question

STEP - VA

- In 2017, the Virginia General Assembly passed legislation that requires CSBs to provide 10 core services and supports by 2021.
- The General Assembly provided \$4.9M of the approximately \$220M that will be necessary to fully implement this code mandate
- The 10 core services and supports are part of a broader vision of behavioral health care reform in Virginia called STEP-VA (System Transformation, Excellence and Performance in Virginia)

STEP – VA, cont'd.

- The 10 core services and supports are:
 - Behavioral Health Crisis
 - Person-Centered Treatment Planning
 - Outpatient Primary Care Screening and Monitoring
 - Psychiatric Rehabilitation
 - Intensive, Community-Based Mental Health Care
 - for Members of the Armed Services and Veterans
 - Care Coordination
 - Same Day Access (SDA) to Assessments
 - Targeted Case Management
 - Peer Supports
 - Outpatient Behavioral Health Services

STEP – VA, cont'd.

- Same Day Access (SDA) and primary care screening are mandated to come online first; they must be in place in all 40 CSBs by 2019
- SDA is a change in business practice which allows individuals to have a full clinical assessment on the same day they request CSB services, to receive a referral to the appropriate program area(s) identified through the assessment process and to have their “first offered” clinical appointment within 10 days of their assessment
- SDA eliminates “no-show” appointments and is proven to increase engagement and retention in services

STEP – VA, cont'd.

- Depending on whether the CSB directly provides primary care screening and monitoring of key health indicators and health risk pursuant to criteria, primary care screening is defined as either: (a) an assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the consumer's primary care provider (with appropriate referral and follow-up), or (b) a basic physical assessment.

Commonwealth Coordinated Care Plus

- Commonwealth Coordinated Care Plus (CCC+) is a Medicaid managed care initiative
- Six (6) managed care organizations are now contracted with Medicaid to manage the lives of 200,000 individuals who were previously in a Medicaid fee-for-service environment
- CSBs have had to contract with these entities for outpatient care, early intervention services, addiction recovery treatment services (ARTS) and community mental health rehabilitation services (CMHRS)
- Over 200,000 Medicaid members have been enrolled in this mandatory program by region and by disability category, with the majority of them having been enrolled on January 1, 2018

2018 VACSB Budget Priorities

- The VACSB advocated strongly for the General Assembly to step up and fully fund the services and supports that they have mandated in the Code of Virginia
- We also sought additional Waiver slots for individuals with Developmental Disability so that we can begin to chip away at the 11,000 person waiting list for Waivers
- Finally, we sought a rate increase for case management for our early intervention programs; that rate has not changed in almost 10 years

Dannette R. Smith



Human Services Department Director

Questions

