



Health and Human Resources Update

May 16, 2016

The Honorable William A. Hazel, Jr., M.D.
Secretary of Health and Human Resources,
Virginia



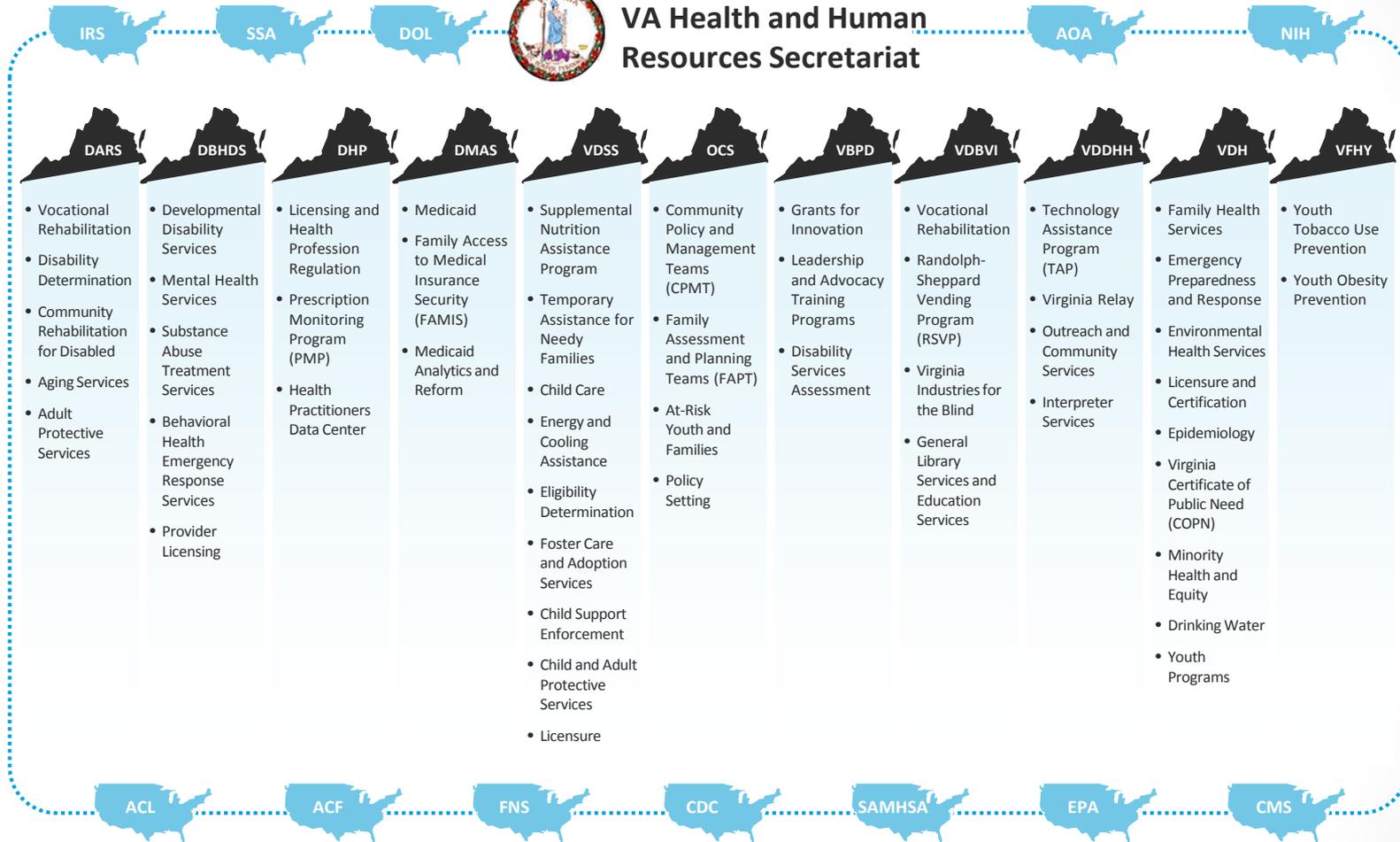
Silos Come in Many Forms...



Current System



VA Health and Human Resources Secretariat



A Focus on Value

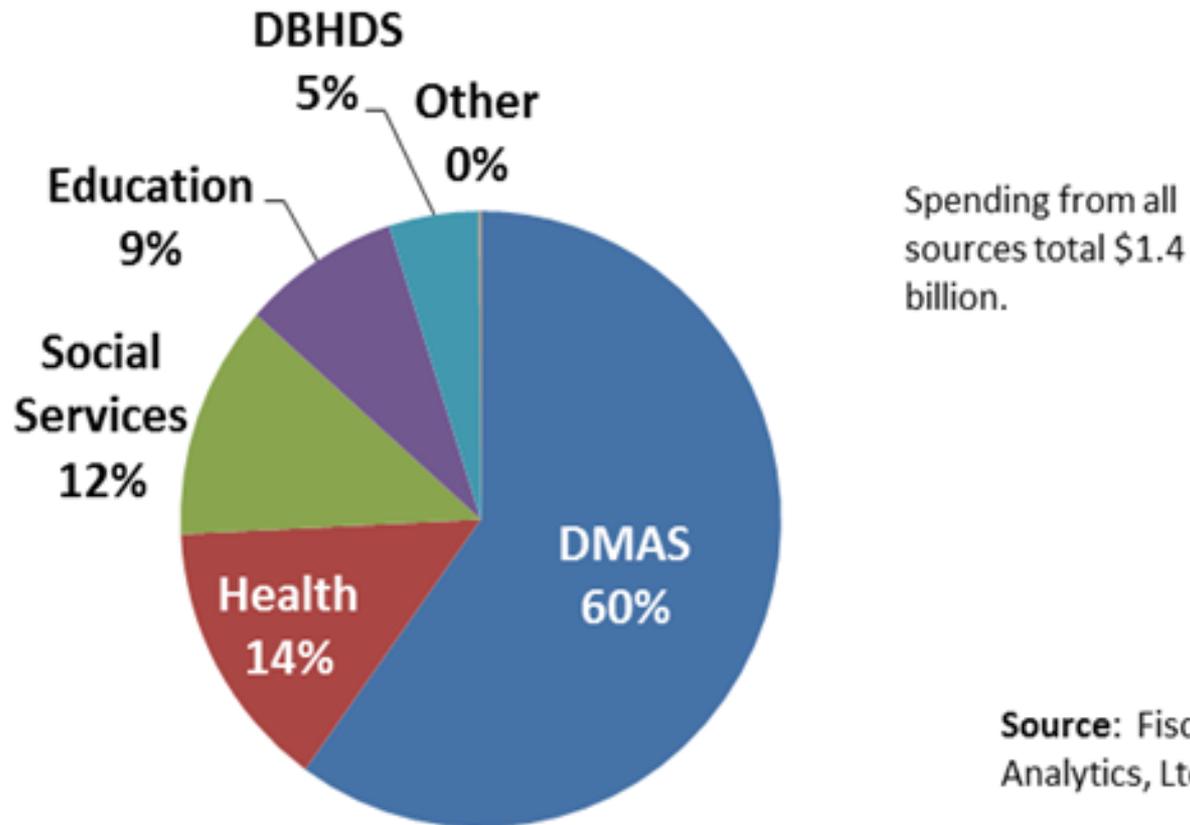
What do we do?

How well do we do it?

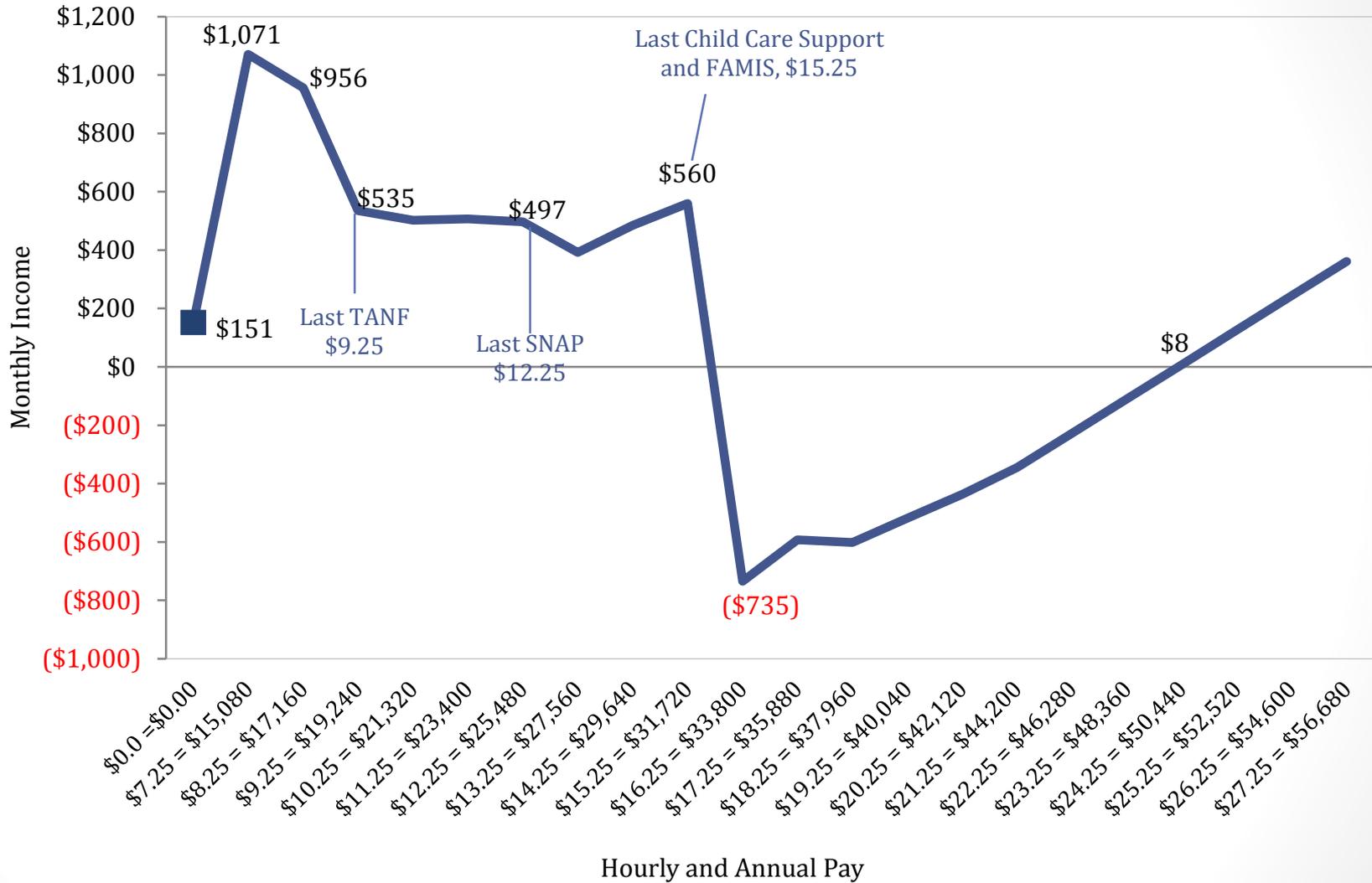
How much does it cost?

Children's Services

Total Spending on Children (0-5) in FY 2014



Benefits Interaction



City of Richmond

Reality: Issues Cross Agencies and Secretariats

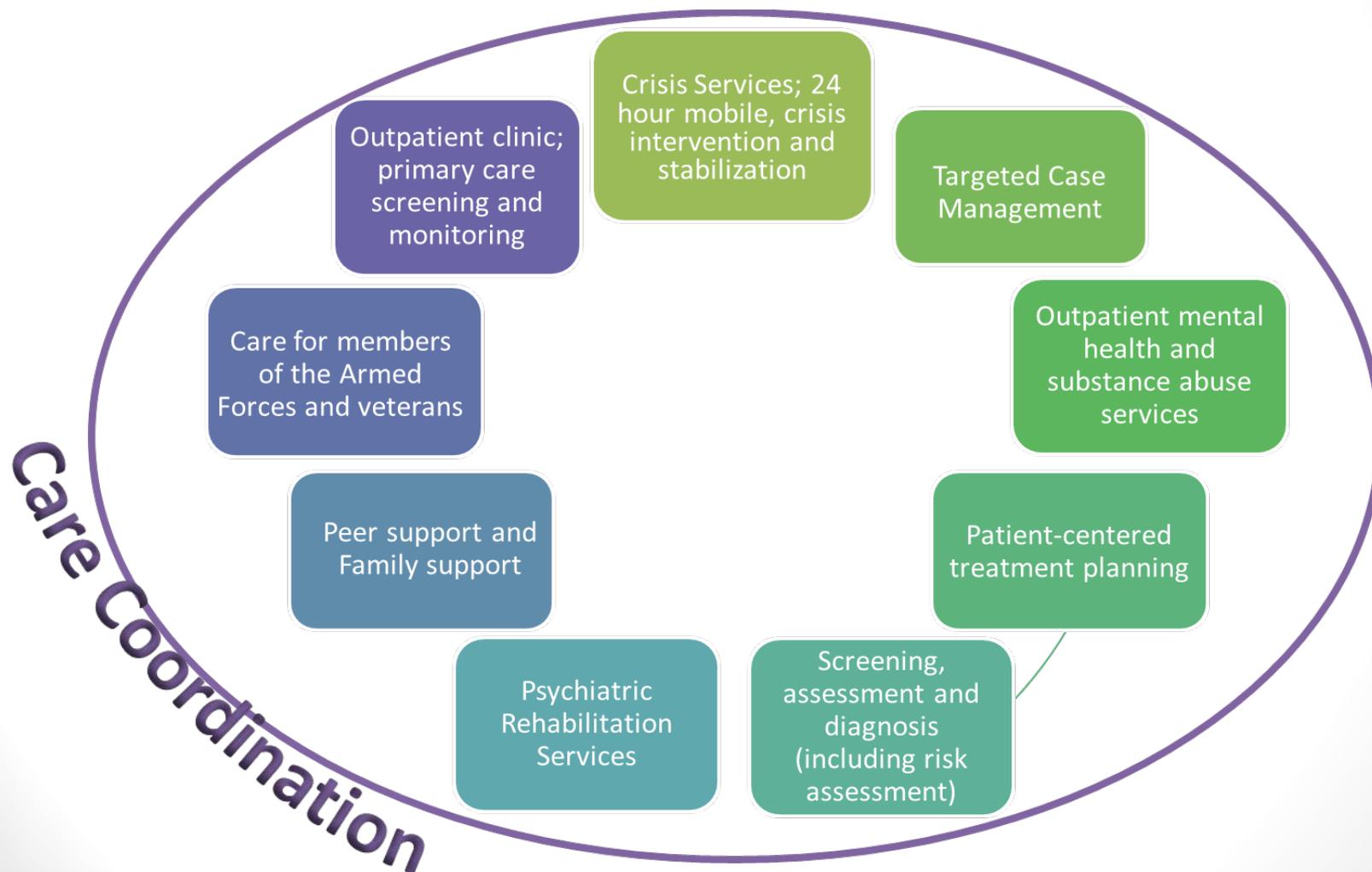
- Transitioning Issues
 - Mental Health
 - Opioid and Heroin Overdose Epidemic
 - Department of Justice Settlement
 - Homelessness
 - Children's Cabinet
 - Plan for Well-Being
- Agency-Specific Issues
- Agency Staffing
- Assigned Studies

Issue 1: Mental Health

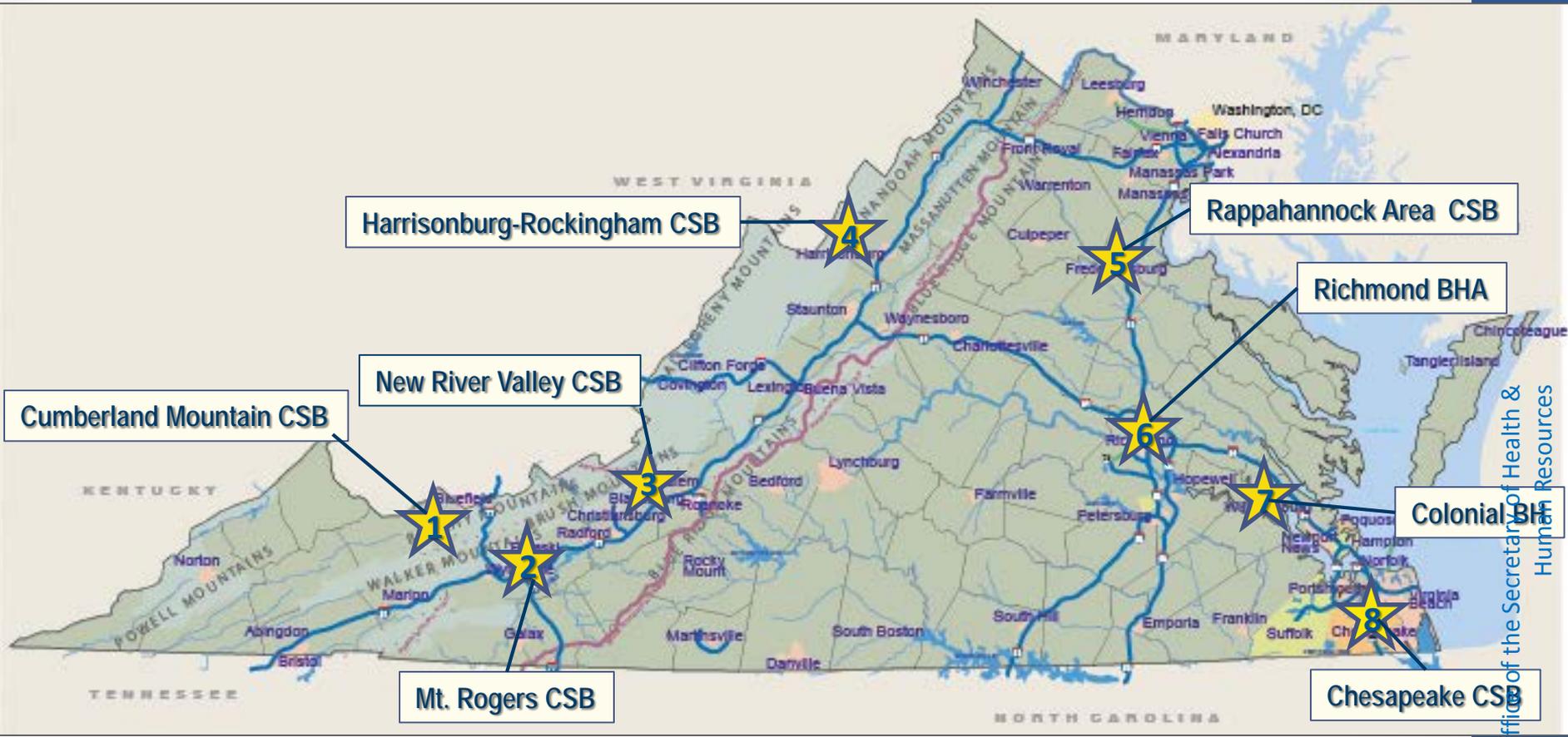
Shared Vision

- Governance?
- Alignment between community, jails, prisons, and state hospitals
- Minimum service standards and quality measures

Issue 1: CCBHC Service Model



Issue 1: Virginia's Eight Proposed CCBHCs



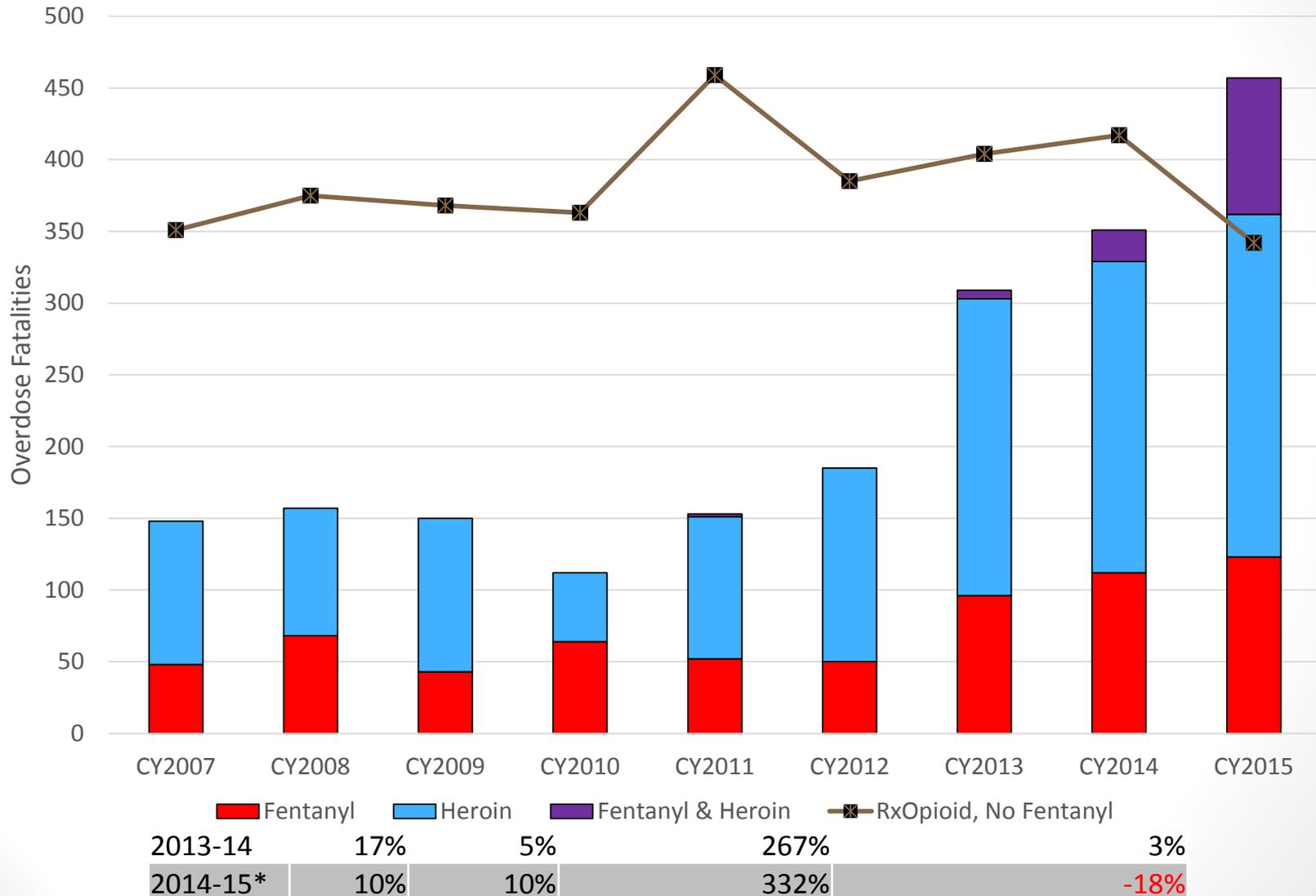
- | | |
|--------------------------------|---|
| 1. Cumberland Mountain CSB | 5. Rappahannock Area CSB |
| 2. Mt. Rogers CSB | 6. Richmond Behavioral Health Authority |
| 3. New River Valley CSB | 7. Colonial Behavioral Health |
| 4. Harrisonburg-Rockingham CSB | 8. Chesapeake CSB |

Center for Behavioral Health and Justice

Goals- Review existing services and challenges in the mental health system and make recommendations for critical improvements to procedures, programs and services, and to help improve Virginia's mental health crisis services and help prevent crises from developing

- In June 2015: **7,054** individuals identified as having mental illness in the jails (2015 *Mental Illness in Jails Report*, Compensation Board)
- **16.81%** of total jail population was reported as suffering from some form of mental illness
- **7.87%** reported as suffering from “serious mental illness”
- Female inmates disproportionately more likely to be identified as mentally ill compared to male inmates

Issue 2: Overdose and Addiction Crisis



Issue 2 : Overdose and Addiction Crisis

- **Naloxone:**
 - Made Naloxone and Naloxone training accessible to first responders throughout Virginia
 - Allowed pharmacists to dispense naloxone under proper protocols
- **Provider Education and PMP:**
 - Mandated Continuing Medical Education for providers regarding proper prescribing, addiction, and treatment
 - Expanded mandatory PMP registration and amended use of PMP data
 - Added morphine equivalent doses per day (MEDD) score to PMP patient reports
 - Reduced dispenser reporting time from 7 days to 24 hours, allows clinical consultation with pharmacists regarding patient history, and place copy of PMP report in patients' medical history
 - Unsolicited reports on egregious prescribing/dispensing behavior to agency enforcement
 - Requires query of PMP for all opioid prescriptions over 14 days
- **Other:**
 - Creation of Health and Criminal Justice Data Committee to share opioid-related data across agencies
 - Required hospices to notify pharmacies about the death of a patient
 - State website (live July 2016) as a resource for both public and professional consumption
 - Medicaid SUD benefit over the biennium will significantly increase treatment infrastructure in Virginia through an expanded network of MAT providers

Issue 3: Department of Justice Settlement Agreement

- Developing community investment: integrated care and housing
 - Implementation of redesigned waivers expected July 1
 - Remaining census: 364
- Lessons may apply to development of mental health community services

Issue 4: Homelessness

- Successful initiatives across multiple secretariats - HHR, Commerce & Trade, Education, Public Safety, Veterans
 - Veteran Homelessness
 - First State to Functionally End Veteran Homelessness
 - Housed over 2,000 veterans since October 2014
 - Family Homelessness
 - 25% Reduction since 2010

Continued work to align outcome measures and blend or re-allocate funding streams is crucial.

Issue 5: Children's Cabinet

- Children's Issues as a system
- Coordination of funding streams, programs, and outcomes
- Focus on early intervention and prevention – DJJ and CSA

Cumulative Efforts: Plan for Well-Being

- The Virginia Department of Health plan transcends the boundaries of agency silos
- Renewed focus on local and regional activity and efforts
- Measuring success in things that matter

Agency-Specific Transition Examples

- Foster Care and Adoption
- Child Support Enforcement
- Safe and Quality Child care
- Medicaid Innovations
- Access to Healthcare
- Special Populations
- Emergency Preparedness

Agency Staffing

- Anticipated retirements, no uniform leadership training
- “Strengthening the bench” Subject Matter Experts v. Leaders
- Double-encumbering to develop leadership skills and replace qualified employees

Report: Transition Planning

The Secretary of Health and Human Resources shall report on transition planning for the Health and Human Resources Secretariat, including the **achievement of performance metrics by agencies in the Secretariat, current and emerging challenges facing these agencies, the value of services provided by the agencies, and each agency's strategic plan and executive progress report, as well as cross-agency policy issues.** By September 1, 2016 and semi-annually thereafter until a new Governor is elected and sworn into office

- Working across agencies to
 - Have consistent reporting and outcomes
 - Maintain agency accountability
 - Collaborate judiciously over time

Work Group: High-Cost Drugs

The Secretary of Health and Human Resources, in consultation with the Secretary of Public Safety and the Secretary of Administration, shall convene a work group including, but not limited to, the Department of Medical Assistance Services, Department of Social Services, Department of Health, Department of Behavioral Health and Developmental Services, Department of Corrections, Department of Juvenile Justice, the Compensation Board, the Department of Human Resource Management and other relevant state agencies **to examine the current costs of and protocols for purchasing high-cost medications for the populations served by these agencies.** After conducting the review, the workgroup shall develop **recommendations to improve the cost efficiency and effectiveness of purchasing high-cost medications in order to improve the care and treatment of individuals served by these agencies.** By October 15, 2016.

- Working across secretariats and agencies
 - Workgroup to include stakeholders and groups with financial interest
 - Addresses a driver that is putting pressure on agency budgets
 - Looks at better ways to purchase needed medications

Plan: Data Governance

The Secretary shall develop a plan to address the data governance structure across all agencies in the Health and Human Resources Secretariat in order **to streamline business processes, increase operational efficiency and effectiveness, and minimize duplication and overlap of current and future systems development.** The plan shall consider how agencies can participate in such a structure while adhering to **privacy provisions set forth in state and federal law and regulations.** By October 15, 2016.

- Working across agencies to address the need to share information and data that drives better policy

Report: Electronic Health Records

Be it enacted by the General Assembly of Virginia: 1. § 1. That the Secretary of Health and Human Resources shall work with stakeholders, which shall include representatives of hospitals and other health care providers in the Commonwealth, to **(i) evaluate interoperability of electronic health records systems among health systems and health care providers and the ability of health systems and health care providers to share patient records in electronic format and (ii) develop recommendations for improving the ability of health systems and health care providers to share electronic health records with the goal of ensuring that all health care providers in the Commonwealth are able to share electronic health information to reduce the cost of health care and improve the efficiency of health care services.** By December 1, 2016.

Questions?

