






CENTER FOR BEHAVIORAL  
HEALTH AND JUSTICE

Related Introduced 2017 Legislation	Criminal Justice and Behavioral Health Facilities
<b>Goal: Address inequalities in jail and mental health services-develop a minimum standard of care for services in jail</b>	
	<b>Action Steps:</b>
SB940	Training of correction officers on how to administer uniform screening tool. Training will be either live or web based.
SB940	Work with BOC to include uniform screening as part of the minimum standards for jails.
SB941	Estimate the cost of hiring sufficient staff to provide MH services in jail then develop budget proposal.
SB940	Develop/refine training program on use of BJMHS (or similar tool) and begin offering both live and web-based
	CBHJ will convene subject matter expert panel to look at opportunities and barriers to uniform formulary and statewide pharmacy. Group to include those who worked with state pharmacy in past, jail medical providers, CSB pharmacy providers, DOC, etc. May need to consider JLARC study.
SB942	CBHJ to convey recommendations on uniform screening and jail based MH services to BOC (or whatever agency is deemed responsible for oversight of jail based behavioral health treatment).
	All jails link with VJO coordinators at VA.
SB941	DBHDS/ CBHJ will conduct a study to estimate the cost of having discharge planners available in all jails.
	Conduct a study based on the 2016 Mental Illness in Jails report to estimate the likely number of hours of psychiatric care required in each jail and statewide. Estimate cost of services.
	Provide each CSB and jail with a model MOU addressing communication and request that the MOU be executed.
	Have a willing community conduct a point in time survey to estimate need for case management services and use this to produce statewide estimate of need/cost
<b>Goal: Link Veterans to services when appropriate as a means to decrease involvement in the criminal justice system.</b>	
	<b>Action Steps:</b>
	The VRSS system will presented at Sheriff Association and VARJ meetings and an information sheet will also be posted on the CBHJ website
	Veterans Services and VVFS will develop information sheet and share with CBHJ who will publish on website and will distribute to Virginia Sheriff Assoc., VARJ, and VACSB.
	Standardized training module will be developed and disseminated to VACIT coalition.

<b>Goal: Improve access to Medicaid, GAP, Social Security, and other available benefits</b>	
	<b>Action Steps:</b>
	Ongoing discussions will be had with DMAS to advocate for allowing jail inmates to apply for GAP prior to release.
	Ongoing discussions will be had with DMAS (and DSS) to advocate for a change in policy to suspend rather than terminate entitlements.
SB941	DBHDS/ CBHJ will conduct a study to estimate the cost of having discharge planners available in all jails.
<b>Related Introduced 2017 Legislation</b>	<b>Diversion and Re-Entry</b>
<b>Goal: Expand Intercept 2 diversion options</b>	
	<b>Action Steps:</b>
	Collect information on Intercept 2 programs such as Post-Booking diversion programs, Pretrial diversion, and other court based diversion programs that are evidenced based and replicable. Create a catalogue that is Virginia specific.
HB1480, SB933	Provide enhanced BH training to all jail staff to ensure early identification and response to an individual presenting with possible BH needs. If further screening/assessment is required, information should be reported to the individual(s) responsible within each jails chain of command.
	Survey Virginia Courts to determine what mechanisms are already in place to identify individuals with BH needs, and what diversion activities are taking place (both formal and informal).
	Explore the use of court based BH models <a href="http://www.courtinnovation.org/research/improving-outcomes-individuals-co-occurring-disorders-0">http://www.courtinnovation.org/research/improving-outcomes-individuals-co-occurring-disorders-0</a>
<b>Goal: Support/facilitate judicial involvement in ongoing diversion efforts</b>	
	<b>Action Steps:</b>
	TBD during March 2017 committee meeting
<b>Goal: Improve access to Medicaid, GAP, Social Security, and other available benefits for persons released from jail and prison</b>	
	<b>Action Steps:</b>
SB941	Compile catalogue of re-entry services and discharge planning to include GAP, linkage to benefits, etc. (consult HEDIS measures).
SB941	Develop a standardized discharge plan that includes linkage to Medicaid, GAO, SS, and other benefits and services (see NASPD Toolkit: <a href="http://nashp.org/toolkit-state-strategies-to-enroll-justice-involved-individuals-in-health-coverage">http://nashp.org/toolkit-state-strategies-to-enroll-justice-involved-individuals-in-health-coverage</a> )
SB941	Assess what jails are currently doing in regard to re-entry services and discharge planning.
SB941	Work with probation to identify barriers to linkages to different services and strategies to overcome barriers.
SB941	Assist with the proposed legislative study that requires DBHDS to do a study of jail discharge planners and any subsequent implementation.

<b>Related Introduced 2017 Legislation</b>	<b>Data, Technology and Information Sharing</b>
<b>Goal: Expand use of technology</b>	
	<b>Action Steps:</b>
	Survey Virginia Jails regarding their use of tele-psychiatry survey, analyze findings and report ( <i>complete</i> )
SB1009	Provide support to the work of the Joint Commission on Health Care
SB1009	Monitor tele-mental health study resolution and any other legislation pertaining to telemedicine
	Look into Federal CURE's Act to determine how telemedicine is being approached (ie, modifying definitions, impact on restrictions, etc.)
<b>Goal: Use information exchange across the criminal justice and behavioral health system</b>	
	<b>Action Steps:</b>
SB940	Monitor legislation regarding screening in jails
	Research strategies utilized across Virginia localities in relation to information sharing between jails and treatment providers
	Find out status of the EBDM DOC/jail data sharing project
<b>Goal: Develop recommendations for data sharing across contact points within the Criminal Justice System</b>	
	<b>Action Steps:</b>
	Monitor progress of shared Opioid/Data Committee
	Develop a Statewide Continuity of Care Query (e.g., a data match process to help flag individuals who may have a mental health need and who may be eligible for continuity of care services)

**Key:**

-  CJ & BH Facilities Action Committee
-  Diversion and Re-Entry Action Committee
-  Data, Technology and Information Sharing Action Committee

**2017 Session: Introduced Legislation (as of Friday January 6<sup>th</sup>)**

**Governor's Board of Corrections Jail MH Bill**

**HB 1426**

**Emergency custody or involuntary admission process; alternative transportation model.** Directs the Commissioner of Behavioral Health and Developmental Services and the Director of Criminal Justice Services, in conjunction with the relevant stakeholders, to develop a comprehensive model for the use of alternative transportation providers to provide safe and efficient transportation of individuals involved in the emergency custody or involuntary admission process as an alternative to transportation by law enforcement. The bill requires that the model be completed by October 1, 2017, and reported to the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century, the House Committee for Courts of Justice and the Senate Committee for Courts of Justice.

**HB 1480**

**Mental health awareness training; law-enforcement officers, firefighters, and emergency medical services personnel.** Requires the Department of Behavioral Health and Developmental Services (DBHDS) to establish and administer a mental health awareness program for training persons in emergency services professions in recognizing potential mental health issues and assisting themselves and each other with mental health issues. The bill requires DBHDS to create and administer a process by which a program not created by DBHDS can be certified as a qualified mental health awareness program. The bill requires law-enforcement officers, emergency medical services personnel, and firefighters other than volunteer firefighters to participate in a mental health awareness program created or certified by DBHDS once every two years.

**SB 794**

**City of Chesapeake; pilot program for problem-solving docket.** Authorizes the City of Chesapeake to establish a pilot program to promote public safety and reduce recidivism by creating a problem-solving docket to address substance abuse, mental illness, issues unique to military service experienced by veterans, and issues related to previously incarcerated persons. The bill directs the Department of Behavioral Health and Developmental Services, the Department for Aging and Rehabilitative Services, and the Department of Veterans Services to provide assistance to the City of Chesapeake as requested. The bill provides for the City of Chesapeake to report on the pilot program to the Commissioners of the assisting agencies on or before November 30, 2018. The bill has an expiration date of July 1, 2019.

**SB 895**

**Inpatient psychiatric hospital admission; defendant found incompetent.** Removes the prohibition on inpatient psychiatric hospital admission for defendants who have already been ordered to receive treatment to restore their competency to stand trial.

**SB 933**

**DCJS training; jail officers; mental health first aid.** Requires that the compulsory training standards established by the Department of Criminal Justice Services for persons employed as deputy sheriffs and jail officers by local criminal justice agencies include annual training in mental health first aid.

### SB 935

**Inpatient psychiatric hospital admission; defendant found incompetent.** Removes the prohibition on inpatient psychiatric hospital admission for defendants who have already been ordered to receive treatment to restore their competency to stand trial.

### SB 940



**Mental health screening of prisoners at local correctional facilities.** Requires that the staff of a local or regional correctional facility screen persons admitted to the facility for mental illness using a scientifically validated instrument designated by the Commissioner of Behavioral Health and Developmental Services. The bill provides that if the screening indicates that a person may have a mental illness, an assessment of his need for mental services shall be conducted within 72 hours of the time of the screening by a qualified mental health professional.

### SB 941



**Forensic discharge planning services; local and regional correctional facilities.** Directs the Commissioner of Behavioral Health and Developmental Services, in conjunction with the relevant stakeholders, to develop a comprehensive plan, by November 1, 2017, for the provision of forensic discharge planning services at local and regional correctional facilities for persons who have serious mental illnesses who are to be released from such facilities.

### SB 942



**Deaths of inmates in local correctional facilities; review by State Board of Corrections.** Authorizes the State Board of Corrections (Board) to conduct a review of the death of any inmate in a local or regional correctional facility in order to determine the circumstances surrounding the inmate's death and whether the facility was in compliance with the Board's regulations. The bill provides that any review shall be performed by Department of Corrections (Department) staff designated by the Board and requires the Board to submit a report of the findings of a completed investigation to the Governor, the General Assembly, and the Department.

### SB 975

**Community services boards; preadmission screening; regional jail inmates.** Provides that the duties of a community services board include providing preadmission screening services to inmates incarcerated in a regional jail where the locality served by the community services board is a participant in such jail. The bill allows for one or more of the community services boards that serve such localities to enter into a joint agreement regarding the provision of such services. In the absence of an agreement, each community services board is responsible for providing services to inmates convicted in the locality served by the community services board.

### SB 1009



**Practice of telemedicine; prescribing.** Provides that a health care practitioner who performs or has performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment, for the purpose of establishing a bona fide practitioner-patient relationship may prescribe Schedule II through VI controlled substances to the patient, provided that the prescribing of such controlled substance is in compliance with federal requirements for the practice of telemedicine. The bill also authorizes the Board of Pharmacy to register an entity at which a patient is treated by the use of instrumentation and diagnostic equipment for the purpose of establishing a bona fide practitioner-patient relationship and is prescribed Schedule II through VI controlled substances to possess and administer Schedule II through VI controlled substances when such prescribing is in compliance with federal requirements for the practice of telemedicine and the patient is not in the physical presence of a practitioner registered with the U.S. Drug Enforcement Administration.

### Other Bills