

Governor's Taskforce on Improving Mental Health Services and Crisis Response

March 23, 2015

1 p.m. – 4 p.m.

West Reading Room, Patrick Henry Building, Richmond

DRAFT Agenda

1:00 p.m. – 1:15 p.m.

Welcome

The Honorable Ralph S. Northam, M.D., Lieutenant Governor, Chair

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

The Honorable Brian Moran, Secretary of Public Safety and Homeland Security, Co-Chair

1:15 p.m. – 3:00 p.m.

Progress Updates

DBHDS Update

Debra Ferguson, Ph.D., Commissioner, DBHDS

2015 General Assembly Session Legislative and Budget Update

Joe Flores, Deputy Secretary, Health and Human Resources

Implementation Update on the Taskforce's 25 Recommendations

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

Opioid Taskforce Update

Jennifer Lee, MD, Deputy Secretary, Health and Human Resources

Center for Behavioral Health and Justice Update

The Honorable Brian Moran, Secretary of Public Safety and Homeland Security, Co-Chair

3:00 p.m. – 3:30 p.m.

Discussion

The Honorable Ralph S. Northam, M.D., Lieutenant Governor, Chair

3:30 p.m. – 3:50 p.m.

Public Comment

3:50 – 4:00 p.m.

Concluding Remarks

The Honorable Ralph S. Northam, M.D., Lieutenant Governor, Chair

4:00 p.m.

Adjourn

Notes:

* *There may be a 15 minute break at the call of the Chair.*

* * *Materials provided to the task force members are available at <http://www.dbhds.virginia.gov/individuals-and-families/mental-health-services/mental-health-task-force>. Comments from the public may also be made through the same webpage.*



Virginia Department of
Behavioral Health &
Developmental Services

Governor's Task Force on Improving Mental Health Services & Crisis Response

DBHDS Transformation Update and Additional Activities

March 23, 2015

Phase One - Commissioner's Transformation Teams

Four initial focus areas of the Transformation Initiative

- Adult Behavioral Health
- Adult Developmental Services
- Children & Adolescent Behavioral Health Services
- Services to Individuals Who are Justice-involved

Adult Behavioral Health Questions

1. What should core and mandated services be and should they be limited to, or broader than SMI?
2. How can Virginia ensure that co-occurring disorders are best treated? (Consider integration of physical and behavioral health)
3. How can Virginia maximize access and how can quality and accountability be best assured?

Adult Developmental Services Questions

1. What core and mandated services should be provided, and how can we best assure quality and accountability in delivery? (Consider use of natural supports and performance measurement)
2. How can the system maximize access to services and supports for people with developmental disabilities, and eliminate the waiting list?
3. Should case management be required for everyone?

Children & Adolescent Behavioral Health Questions

1. How should Virginia promote early intervention and prevention? (Consider the role of schools, screening, transition age youth and substance abuse)
2. What are the core and mandated services and how can quality and accountability be best assured in delivery?
3. How should the system of care principles be operationalized to help children & families and how can Virginia address system fragmentation?

Justice-involved Services Questions

1. What are the behavioral health and developmental services needs of incarcerated persons and what best practices should be adopted to provide for mental health and substance abuse needs?
2. What is the role of CSBs, providers, and the state hospital in delivering services to incarcerated persons?
3. How should persons with behavioral health and developmental disabilities be diverted from the criminal/juvenile justice system and how can the system best support their re-entry to services?

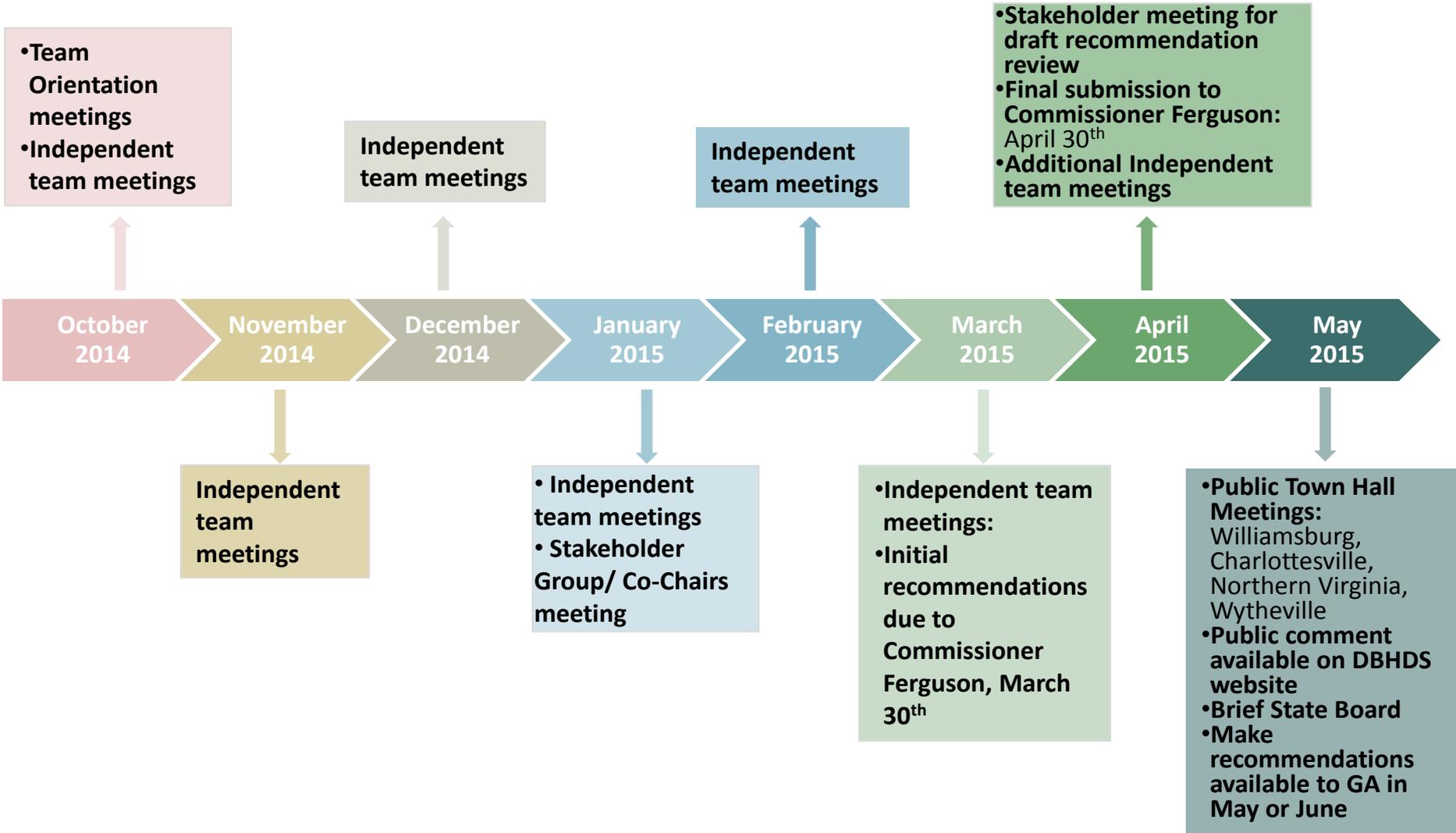
Phase Two – Stakeholder Group

- Receives recommendations from the transformation teams
- Establishes a review process for recommendations
- Meets with the Co-Chairs of each transformation team to provide input and consultation for the Team recommendations

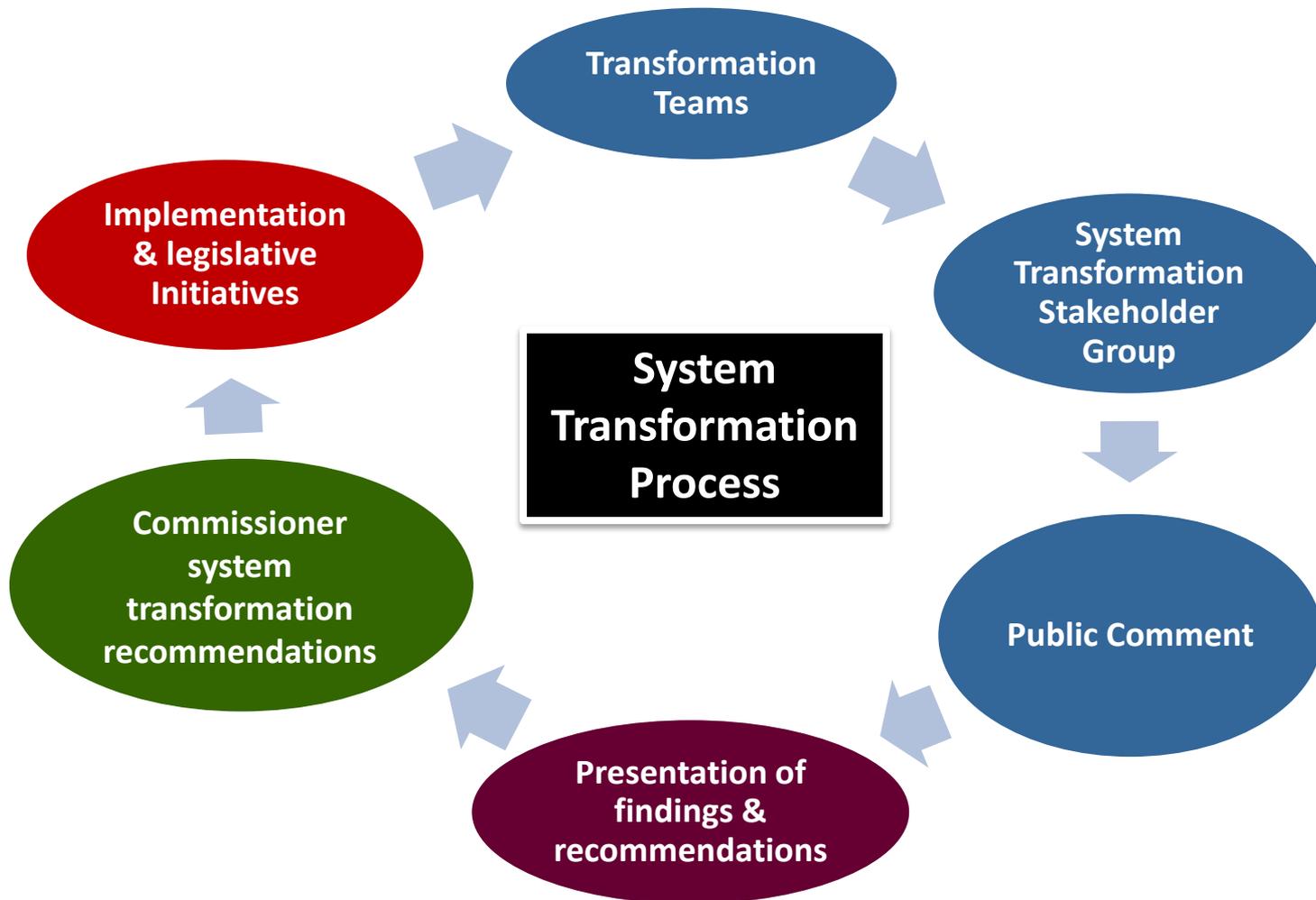
Phase Three - Public Comment Period

- Recommendations included in special edition of ALL IN!
- Recommendations will be posted on the DBHDS website along with a way to submit public comment.
- Transformation teams will hold public meetings across the Commonwealth:
 - Williamsburg,
 - Charlottesville
 - Wytheville
 - Northern Virginia
- Presentations as needed will be made to relevant stakeholder groups.

DBHDS Transformation Timeline



System Transformation Process Design



Next Steps

- Implementation
- New Questions
- Additional Teams, examples include:
 - Workforce Development
 - Physical Health Integration

Additional Activities

- Consultation for providing services to individuals with Traumatic Brain Injury.
- Study Group on Civil Commitment and Completion of TDOs.
- DBHDS and Virginia's Wounded Warrior Program will examine how to strengthen behavioral health services for veterans.
- DBHDS is initiating a Private Provider Forum to begin examining the role of private providers in our system.



A Review of 2015 Budget and Legislation Related to Behavioral Health

Joe Flores, Deputy Secretary
Secretary of Health & Human Resources
March 23, 2015



Overview

- A Quick Look Back at 2014
- Review of Behavioral Health Components of --
A Healthy Virginia Plan
- Details on Budget and Legislative Actions from
the 2015 Session
- Conclusion

Looking Back at 2014 Budget Action

Budget Provisions Related to Behavioral Health (General fund dollars in millions)			
Backfill loss of Federal Revenues at ESH	\$10.0	Expand Therapeutic Assessment “Drop-Off” Centers	\$9.0
Require the Commonwealth to be Provider of Last Resort	\$8.5	Increase Funding for Youth Outpatient Mental Health Services	\$7.5
Add New PACT Programs	\$4.8	Expand Adult Services Capacity at ESH	\$4.4
Acute Medical Costs for ECO & TDO Changes (DMAS)	\$2.8	Increase Access to Tele-Psychiatry	\$1.7
Support Peer Recovery Programs	\$1.6	Adds funds for Children’s Mental Health Services	\$1.5
Add Resources for Discharge Assistance (DAP) Planning	\$0.8	All other behavioral health spending initiatives	\$10.5
TOTAL, New General Funding Spending			\$63.2

2014 Budget Action

- The 2014 General Assembly considered even more funding for behavioral health but a worsening budget outlook dampened those efforts.

Strategies Used to Close the 2014 Budget Shortfall (General fund dollars in millions)	
Set-Aside Reversion Accounts (eliminated most new spending)	\$846.1
Anticipated Withdrawals from the Rainy Day Fund	\$705.0
Initial budget reduction strategies (As of June 2014)	\$1,541.1
Remaining budget shortfall (As of September 2014)*	\$881.5
TOTAL General Fund Budget Reductions	\$2,432.6

* Remaining shortfall addressed through balances and transfers, across the board reductions to state agencies, higher education and aid to localities, as well as \$272 million in unspecified reductions.

Bottom line: *Last fall, everyone was bracing for cuts!*

Summer 2014 (A Healthy Virginia Plan)

Closing the Coverage Gap

Governor McAuliffe remained committed to “closing the coverage gap” in spite of the pessimistic revenue outlook and lukewarm reception in the General Assembly.

A Healthy Virginia

After charging Secretary Hazel with developing a plan to expand access to health care, in September 2014 the Governor unveiled “A Healthy Virginia” plan.

Behavioral Health Focus

While not a substitute for expansion, many of the plan’s provisions are designed to expand access to health care including behavioral health services.

Key Elements of Governor McAuliffe's *A Healthy Virginia Plan*

Outreach

- **Step 1** - *Insuring people with serious mental illness through the Governor's Access Plan (GAP).*
- **Step 2** - *Signing up more eligible children for Medicaid and FAMIS.*
- **Step 3** - *Signing up more Virginians on the Federal Marketplace.*
- **Step 4** - *Informing Virginians of their health options with an improved website.*
- **Step 5** - Allowing eligible state workers to insure their children through FAMIS.

Access

- **Step 6** - Providing dental benefits to pregnant women in Medicaid and FAMIS.
- **Step 7** - Accelerating veterans' access to care.

***Italics* denotes initiatives designed to expand access to behavioral health services.**

Innovation

- **Step 8** - *Transforming health care delivery through an innovation grant.*
- **Step 9** - *Improving coordination of care for people with serious mental illnesses.*
- **Step 10** - *Reducing prescription drug and heroin abuse.*

Governor's Access Plan (GAP) for Medical and Behavioral Health Services

GAP

Why

- Without access to treatment, uninsured Virginians with serious mental illness (SMI) are often unable to find or sustain employment, struggle with housing, experience isolation, are unnecessarily hospitalized and often seek care in emergency rooms.

GAP

How

- Provide coverage for primary care, specialty care, labs, pharmacy, and behavioral health services for uninsured Virginians with SMI.

GAP

Goal

- To cover up to 20,000 uninsured adults who have income under 100 percent of the federal poverty level (\$11,670 for an individual).

GAP

Funding

- \$13.1 million GF in FY 2015 and \$77.3 GF in FY 2016 and an equal amount of federal Medicaid matching funds.

GAP

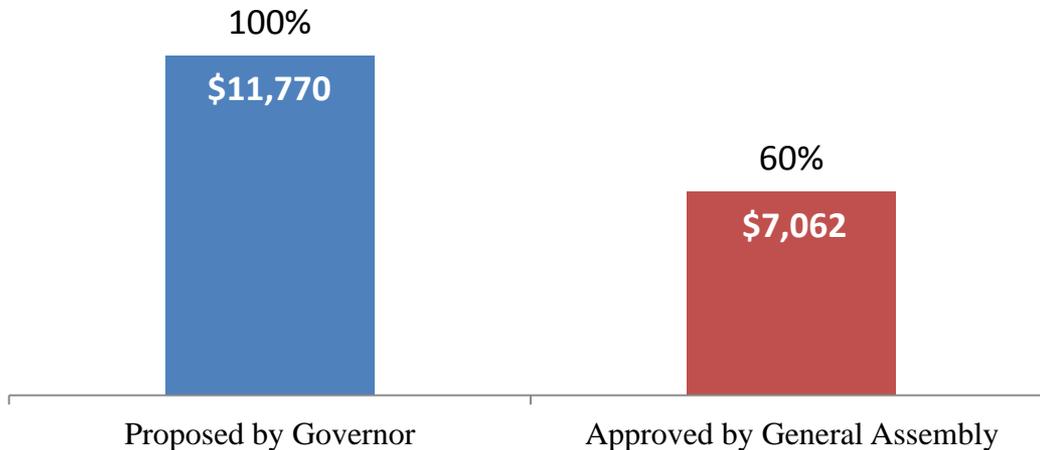
Status

- Received federal waiver approval on Friday, January 9, 2015
- Began enrollment on Monday, January 12, 2015.
- To date, more than 1,000 individuals have enrolled.

2015 Session (Budget)

- The introduced budget included general fund savings exceeding \$300 million from Medicaid of which \$99 million is related to reforms for behavioral health services.
 - Those savings offset the cost of the GAP for individuals with serious mental illness during the biennium.

Eligibility Level for Governor's Access Plan (GAP) for
People with Serious Mental Illness
(Income as Percent of Poverty)



Legislative Changes to the GAP

- Reduces GAP eligibility from 100% to 60% of poverty.
- Permits individuals with income up to 100% of poverty to enroll in the program until May 15, 2015.
- Allows individuals to remain on the program until their annual redetermination or July 1, 2016 which ever comes first.

NOTE: As of March 9, 2015, 1,095 have enrolled in the program including 69 individuals with income between 61 and 100% of poverty.

2015 Session (Budget)

Approved Budget Item	GF Dollars in millions
Creates Three New PACT Programs (Currently fund 20 teams)	\$3.0
Adds Funding for Local Inpatient Bed Purchase of Services	\$2.2
Provides Resources for Permanent Supportive Housing	\$2.1
<i>Increases Funding for Children’s Mental Health Services</i>	\$2.0
Addresses Growing Special Hospitalization Costs	\$1.9
<i>Funds Six Additional Therapeutic Assessment “Drop Off” Centers (Expect to fund 24 centers with current funding)</i>	\$1.8
Increases Staffing at WSH and CCCA	\$0.8
* <i>Italics</i> denotes task force recommendation.	

2015 Session (Legislation that Passed)

- Several pieces of legislation enacted by the 2015 General Assembly “fine-tuned” changes made last year.

Bill #	Patron(s)	Brief Description
SB 1265 & HB 2118	Deeds, Cline & Hope	Refines “Real-time” Updates to Bed Registry (DBHDS Agency Bill).
SB 1114	Barker	Addresses Detention of Individuals with Medical Needs (DBHDS Agency Bill).
SB 1263 & HB 1693	Deeds & Bell, Rob	Expands Option of Alternative Transportation under a TDO
SB 966 & HB 1694	Barker & Yost	Corrects language passed last year that gave CSBs custody of individuals under a TDO

2015 Session (Legislation that Passed)

- Other legislation passed by the General Assembly made more substantive policy changes relating to emergency services and the dissemination of admissions information to law enforcement.

Bill #	Patron(s)	Brief Description
HB 2368	Garrett	Requires DBHDS to develop a comprehensive plan to authorize psychiatrists and emergency physicians to evaluate individuals for involuntary civil admission.
SB 1264	Deeds	Allows information related to voluntary or involuntary treatment to be disseminated to law-enforcement for the administration of criminal justice.

2015 Session (Legislation that Did Not Pass)

- Several legislative initiatives related to emergency services were not enacted by the 2015 General Assembly.

Bill #	Patron(s)	Brief Description
SB 1408	Deeds	Requires DBHDS to establish benchmarks and standards for emergency services provided by CSBs and conduct annual reviews of emergency services provided.
SB 1409	Deeds	Requires DBHDS to enter into agreements with providers experienced in the provision of emergency services to provide guidance on such services to CSBs.
SB 1410	Deeds	Requires certification for crisis intervention specialists and licensure for supervisors. Also requires CSBs to employ or contract with certified crisis intervention specialists for evaluations for emergency custody or temporary detention.

Conclusion

- Over the past two years, substantive policy changes have been made and significant resources provided to enhance the array of community- and facility-based services available in the Commonwealth.
- The Governor's Mental Health task force has been instrumental in highlighting gaps and recommending improvements that need to be addressed.
- To sustain that progress, continuous oversight and attention must be paid to ensure quality services are available statewide.



Questions?



Appendices

Supporting Enrollment in the Federal Marketplace

FFM Enrollment Why

- An estimated 300,000 Virginians have no health insurance but may qualify for tax credits to purchase insurance through the Federal Marketplace.

FFM Enrollment How

- Launched a marketing campaign to promote the affordability of plans and the availability of consumer assistance and contracted to hire outreach specialists and in person application assisters

FFM Enrollment Goal

- To help up to 160,000 Marketplace-eligible, uninsured Virginians to purchase health insurance.

FFM Enrollment Funding

- \$4.3 M federal grant for marketing and hiring of 21 outreach specialists (Virginia Poverty Law Center)
- \$9.3 M federal grant to hire 118 FTE in person assisters, (Virginia Community Healthcare Association)

FFM Enrollment Status

- At the end of the open enrollment period on February 15, 2015, 385,000 Virginians selected a new plan or been automatically re-enrolled in coverage on the Federal Marketplace.
- 208,000 Virginians obtained new policies through the Federal Marketplace

Informing Virginians of their Health Care Options

CoverVa

Why

- Virginians who are looking for insurance coverage and financial help to pay for it must be able to access thorough, Virginia-specific information about potential health care coverage.

CoverVa

How

- Enhance the coverva.org website to educate Virginians about their health care options, including Marketplace, Medicaid/FAMIS, GAP, and Veteran's care, and link them to appropriate application sites.

CoverVa

Goal

- To educate Virginians looking for information and application assistance, and to facilitate applying for the right programs through the right doors.

CoverVa

Funding

- Utilized a portion of funds from \$4.3 M federal grant

CoverVa

Status

- Re-launched November 15, 2014, and daily unique site visits are averaging 3,000 – 4,000 hits daily

Prioritizing the Health of Virginia's Veterans

Veterans Why

- Virginia has experienced the largest increase in its veterans population of any state since 2000. That growth is putting a strain on access to care at VA facilities. Hampton VA Medical Center currently has the longest wait times in the nation for primary care.

Veterans How

- Work with federal and health care partners to provide timely access to quality care for veterans living in Virginia

Veterans Goal

- Almost 800,000 Virginians are veterans, representing one in ten Virginians.

Veterans Funding

- \$16.4 B in new funding for VA system approved by Congress (2014), including \$10 B over the next 3 years for private providers to see veterans who live >40 miles from a VA medical site or are experiencing long wait times

Veterans Status

- Virginia convened a leadership summit including leaders from the VA and from hospitals and health systems to improve access to care.
- Early success: four Virginia Federally Qualified Health Centers (22 sites of care) have signed on through the Veterans Choice Program

Medicaid Behavioral Health Homes

BHH

Why

- Half of all individuals who are intensive users of the health care system have a behavioral health diagnosis.
- Many medical providers lack specialized experience to treat mental health conditions.

BHH

How

- Establish care coordination for individuals with serious mental illness through an enhanced care and case management approach using an integrated primary, behavioral, substance abuse and long-term services

BHH

Goal

- To provide services to adults and children with behavioral health diagnoses currently receiving Medicaid services in one of the six contracted managed care organizations.

BHH

Funding

- \$8.6 M in GF and \$8.6 M from federal Medicaid matching funds (**NOTE:** Funding was not approved by the 2015 General Assembly).

BHH

Status

- Begins July 2015

Reducing Prescription Drug and Heroin Abuse

Opioid Abuse Why

- In 2013, more than 900 Virginians died from an overdose. The number of deaths from prescription drug overdose has doubled in the past decade, and heroin deaths have doubled in just two years.
- The rates of ER visits and treatment admissions related to prescription drugs have risen dramatically, driving healthcare costs up

Opioid Abuse How

- Reduce availability of prescription opioids
- Increase access to naloxone
- Educate the public, providers, and users

Opioid Abuse Goal

- Reduce the number of deaths from abuse and misuse of prescription drugs and heroin and decrease the rate of ER visits and treatment admissions attributable to drug overdoses.

Opioid Abuse Status

- Governor McAuliffe signed Executive Order 29, creating the Task Force on Prescription Drug and Heroin Abuse to coordinate statewide efforts to combat prescription drug and heroin abuse and addiction.

Appendix II (Additional Detail on Legislation that Passed)

- **SB 1265 (Deeds) and HB 2118 (Cline/Hope)** - Defines the term “Real-Time” when used in the psychiatric bed registry whenever there is a change in bed availability or at a minimum once a day. [Recommended by the task force.]
- **SB 1114 (Barker)** – Allows an individual subject to an Emergency Custody Order then temporarily detained for medical testing, observation or treatment to be evaluated by CSBs to determine whether the individual meets the criteria for a Temporary Detention Order (TDO).
- **SB 1263 (Deeds) and HB 1693 (Bell, Robert)** – Expands the Use of Alternative Transportation under a TDO by providing liability protection for alternative transportation providers when a magistrate authorizes alternate transportation.
- **SB 966 (Barker) and HB 1694 (Yost)** - Corrects language from 2014 legislation that gave CSBs custody of individuals under a TDO. Removes the requirement that a person subject to a TDO temporary detention order remain in the custody of the CSB for the duration of the order. This requirement was in conflict with other Code sections that require that such person remain in the custody of law enforcement until custody is transferred to a facility or to an alternative transportation provider.

Appendix II (Additional Detail on Legislation that Passed)

- **HB 2368 (Garrett)** - Directs the Commissioner of Behavioral Health and Developmental Services to develop a comprehensive plan to authorize psychiatrists and emergency physicians to evaluate individuals for involuntary civil admission.
- **SB 855(Marsden) and SB 1264 (Deeds)** – Provides that certain information related to persons adjudicated incapacitated or ordered to involuntary inpatient or outpatient treatment or to persons who were subject to a temporary detention order who agreed to voluntary admission may be disseminated to a full-time or part-time employee of a law-enforcement agency for purposes of the administration of criminal justice.

2015 Session (Additional Detail on Legislation That Did Not Pass)

- **SB 1408 (Deeds)** – Requires DBHDS to establish benchmarks and standards for emergency services provided by CSBs to conduct annual reviews of emergency services provided by CSBs to determine the extent to which they meet such benchmarks and standards.
- **SB 1409 (Deeds)** – Requires DBHDS to enter into agreements with health care providers experienced in the provision of emergency services for the provision of technical assistance and guidance to employees and designees of CSBs who conduct evaluations for emergency custody and temporary detention and who provide other emergency services.
- **SB 1410 (Deeds)** – Crisis intervention specialists. Provides for the certification of crisis intervention specialists and crisis intervention specialist licensed clinical supervisors. The bill also requires CSBs to employ or contract with certified crisis intervention specialists for evaluations for emergency custody or temporary detention.



Recommendations Governor's Taskforce on Improving Mental Health Services and Crisis Response

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

March 23, 2014

Taskforce Recommendations

- The Taskforce delivered its recommendations to the Governor on October 1, 2014.
- The report contained 25 recommendations to improve Virginia's behavioral health system.
- The recommendations were categorized into three areas:
 1. Recommendations to Expand Access
 2. Recommendations to Strengthen Administration
 3. Recommendations to Improve Quality
- The Joint Subcommittee to Studying Mental Health Services in the Commonwealth in the 21st Century endorsed all of the Taskforce's recommendations but gave specific priority to eight recommendations, numbers 1, 2, 8, 10, 14, 15, 20, 25

Access Recommendations

1. PRIORITY RECOMMENDATION. Secure Assessment Centers and Crisis Stabilization Units – Expand secure CIT assessment centers (drop-off centers) and crisis stabilization units for children and adults.

Additional Action: Funding required.

Secure Assessment Centers

- In 2013, the GA allocated \$1.8M to fund 6 new secure assessment sites for FY 2015.
- In 2014, the GA allocated \$5.4M for new sites for FY 2016. DBHDS anticipates establishing an additional 20 sites with these funds.
- In 2015, the GA passed a budget which contains \$1.8 GF for an additional 6 secure assessment centers for FY 2016.

Crisis Stabilization Units

- Each program would accommodate 6-16 persons within a highly supervised residential setting licensed to accept persons under civil temporary detention orders.
- Estimated cost based on current 160 beds is \$174,000 per bed per year.

Access Recommendations

2. PRIORITY RECOMMENDATION. Crisis Intervention Teams – Invest in CIT programs so that every community has a functional CIT program including an assessment center.

Additional Action: Funding required.

- There are currently 33 CIT initiatives across Virginia.
- These programs are at various levels of development, which means some are fully operational, some are developing, some are ‘in planning’ and some are new and emerging.
- Also, in 2013, the Office of the Attorney General allocated a portion of the Abbott Pharmaceuticals asset forfeiture funds for training CIT officers to include a statewide Train the Trainer initiative.
- Projected cost \$85,000 per program.

Access Recommendations

3. Telepsychiatry – Expand access to telepsychiatry.

Additional Action: Funding required.

- Virginia has need for access to behavioral healthcare in underserved and geographically remote areas.
- The GA allocated \$1.5M in FY 2013 and \$3.65M in FY 2014 for regional funding of child psychiatry and children's crisis response services.
- In FY 2014, 592 children were served statewide with tele-psychiatry services, 1,329 with face-to-face psychiatry and 268 psychiatry consults were provided to other professionals.
- In addition, the General Assembly allocated \$1,132,000 in FY 2015 and \$620,000 in FY 2016 to fund telepsychiatry.
- DBHDS has allocated FY 2015 funds to 29 CSBs based on two RFPs for equipment and software to increase CSB/BHA capacity to provide telepsychiatry.
- May be included in the Center for Behavioral Health and Justice.
- Additional funding is required for this recommendation.

Access Recommendations

- 4. Explore technological resources** – Develop a single consistent statewide process for data and oversight structure to maximize the use of telepsychiatry and video-technology.
- The GA allocated \$1,132,000 in FY 2015 and \$620,000 in FY 2016 to fund telepsychiatry.
 - DBHDS has allocated FY 2015 funds to 29 CSBs based on two RFPs for equipment and software to increase CSB/BHA capacity to provide telepsychiatry.
 - DBHDS continues to progress in the development of an electronic health record (EHR). The EHR is already in use in one state mental health hospital and will be brought on-line in the other DBHDS facilities over the next two years.
 - DBHDS leadership is meeting this week to discuss the next steps involved in implementing EHR in all state facilities.
 - The advent of the electronic health records will improve DBHDS' ability to share information with other providers and adhere to federal mandates regarding having accessible records. DBHDS has also created a data warehouse and via this warehouse DBHDS will eventually be able to analyze data from various sources to better measure outcomes from various programs, such as jail diversion programs.
 - This recommendation may be included in the Center for Behavioral Health and Justice.

Access Recommendations

5. Mental Health First Aid (MHFA) – Implement MHFA in every planning district. Expand in schools and universities and train primary and secondary public school teachers.

Additional Action: Funding required.

- The GA provided \$600,000 for Mental Health First Aid.
- With this funding, Virginia has moved from 16th in the country with MHFA trainers and the number of people trained to 11th.
- As of March 16, 2015:
 - 168 Instructors were trained in the MHFA Youth program
 - 113 instructors were trained in the Adult MHFA program.
 - 6,348 individuals were trained in MHFA with funding from the General Assembly.

Access Recommendations

- 6. Behavioral Health Resources for Veterans, Service Members and Their Families** – Virginia needs to identify and examine the availability of and improvements to behavioral health resources for veterans, service members, and their family and children. **Problem-Solving Courts** - Virginia should encourage the funding and expansion of problem-solving courts and Veterans tracks across the Commonwealth.
- The Governor convened a Veterans Summit on Nov. 3 to discuss access to services for Virginia veterans.
 - Regional meetings have been scheduled, inviting CSBs and BHAs to attend to be a part of the dialogue.
 - The Secretary of Health and Human Resources and the Secretary of Veterans Affairs visited all VA medical centers in the Commonwealth.
 - DBHDS and Virginia's Wounded Warrior Program are initiating a series of meetings to intensively examine how to strengthen behavioral health services for veterans.
 - Several pieces of legislation were offered but not passed this Session, including the establishment of problem-solving courts and dockets (HB 1630, Lingamfelter, and SB 903, Puller) and coordination of services for veterans among CSBs (HB 2305, Filler-Corn).

Access Recommendations

7. Access to Psychiatric Services – Improve access to consistent psychiatric services in a timely manner using a benchmark standard, as exists in other health care fields, and make resources available to accomplish this goal.

- Some of the Governor’s GAP initiative speaks to this recommendation, particularly expanded psychiatric services and medications to qualifying individuals with serious mental illness.
- It would also be extraordinarily helpful to have after hours access to psychiatric services by all emergency services workers. There would be an additional cost to this.
- DBHDS agency bill, SB 1114 (patroned by Barker), would allow temporary detention for testing, observation, and treatment of person who is the subject of an emergency custody order. This would “prevent harm” so that individuals too medically ill to be transferred to a psychiatric unit or state hospital at the end of the eight hour ECO period can be treated to achieve the necessary stability AND to require that CSB staff assess the person once they have achieved medical stability to determine the need for a Psychiatric TDO.

Administrative Recommendations

- 8. PRIORITY RECOMMENDATION. Center for Behavioral Health and Justice** – The vision of the intergovernmental Center for Behavioral Health and Justice should be to identify and utilize Virginia’s resources (both public and private) to more effectively address behavioral health needs within the Commonwealth.
- Address the behavioral healthcare needs of individuals involved in all aspects of the criminal justice system.
 - Serve as a coordinating center among state agencies and communities.
 - Serve as a resource for programs such as family, veterans and jail services and technological resources.
 - Coordination among multiple state agencies.
 - Some funding may be required.

Administrative Recommendations

- 9. Improving Communication Throughout System** - Establish a process and a structure that ensures regular communication among the public and private agencies and organizations involved in the mental health delivery system at both the state and regional level. The purpose would be to enhance communications, identify and share best practices and provide a regular venue for problem-solving. DBHDS would be the lead agency for this effort. DBHDS needs to be staffed to support this recommendation.
- The DBHDS Commissioner is currently compiling a monthly newsletter, ALL IN!, that includes major updates and is sent to a wide variety of stakeholders.
 - The Commissioner has also convened a Mental Health Brown Bag group of public and private stakeholders that began meeting in 2014 to support implementation of new civil commitment laws and continues to meet every 6-8 weeks to promote cross-system communication and collaboration.
 - DBHDS is working to have greater transparency of data by posting reports on TDOs and the data dashboard on its website.

Administrative Recommendations

- 10. PRIORITY RECOMMENDATION. Alternative Transportation** – Make alternative transportation (ambulance, secure cab) available in all communities. *Code* change needed to give transportation providers authority to detain individuals and liability issues need to be addressed.
- This issue has been included as a topic of conversation in the DBHDS Mental Health Brown Bag group.
 - DBHDS has issued an RFP for a pilot program concerning alternative methods of transportation.
 - Additional funding would be required for this implementation.
 - Legislation was passed by the General Assembly (see HB 1993 (Bell) and SB 1263 (Deeds)) to allow a magistrate to authorize alternative transportation for a person subject to an emergency custody order or temporary detention order when there exists a substantial likelihood that the person will cause serious physical harm to himself or others. Current law prohibits the use of alternative transportation under these conditions. The bills also provide liability protection for alternative transportation providers.
 - Additional legislation may be required to fully realize this recommendation.

Administrative Recommendations

- 11. Veterans Collaboration** - Improve coordination between private hospitals and VA hospitals, and support crisis response clinicians to collaborate with veterans to meet their needs by (a) establishing a “point person” at each CSB to coordinate between VA and CSB, (b) increasing financial support to the Virginia Wounded Warrior Project, and (c) continuing to educate the public and CSBs about the needs of veterans and military families.
- The Governor held a Veterans Summit in November 2014 to discuss Virginia veterans’ access to services.
 - DBHDS and Virginia’s Wounded Warrior Program are initiating a series of meetings to intensively examine how to strengthen behavioral health services for veterans.
 - Additional funding is required for this recommendation.
 - This recommendation may be included in the Center for Behavioral Health and Justice.

Administrative Recommendations

- 12. Jail Services** - All jails in Virginia should be required to have readily accessible, evidenced based, trauma-informed treatment for individuals in jail across the continuum of the criminal justice system. Such services should either be available in all jails and/or there should be mechanisms in place to transfer the inmate to a jail which has these services.
- Funding is required for this recommendation.
 - The Center for Behavioral Health and Justice should be tasked with identifying the resource needs to accomplish this goal along with the cost to provide this level of care.
- 13. Jail Discharge Notification** - Virginia should develop a computerized notification system so that CSBs and other community providers (who request notification) can be advised when an individual with behavioral health needs is discharged from jail with the goal of increasing post-release engagement in treatment and to enhance continuity of care.
- This recommendation may be included in the Center for Behavioral Health and Justice.

Administrative Recommendations

- 14. PRIORITY RECOMMENDATION. Virginia Criminal Information Network (VCIN) –** Enable first responders to gain access to the TDO database already in VCIN. Add training requirements for VCIN.
- Legislative action is required for this recommendation.
 - Legislation similar to this recommendation passed the 2015 General Assembly (SB 1264, (Deeds)),. This bill authorizes the Central Criminal Record Exchange (CCRE) to disseminate certain information about an individual's involuntary admission, mandatory outpatient treatment (MOT), or voluntary hospitalization following temporary detention to any full-time or part-time employee of the State Police, a local police department, or a local sheriff's office for the purpose of administration of criminal justice.

Administrative Recommendations

- 15. PRIORITY RECOMMENDATION. Protected Health Information (PHI) Disclosures** - Develop legislation that (a) authorizes sharing of PHI between CSBs, law enforcement agencies, health care entities and providers, and families and guardians about individuals who are believed to meet the criteria for temporary detention (whether or not they are in custody or ultimately detained) and (b) contains a “safe harbor” provision for practitioners and law enforcement officers who make such disclosures and act in good faith. DBHDS should develop a disclosure “toolkit” for practitioners and law enforcement that can support effective, consistent understanding of disclosure and information sharing in the emergency context.
- This recommendation requires legislative action.
 - DBHDS will work with the Office of the Attorney General to determine action steps needed to advance this recommendation.
 - This recommendation may be referred to the Joint Subcommittee to Study Mental Health in the Commonwealth in the 21st Century.

Administrative Recommendations

- 16. Certificate of Public Need (COPN)** – Refine COPN process to more effectively address needs for psychiatric beds, and incentivize providers to respond to state needs, particularly specialized services for complex or challenging cases.
- This legislation requires legislative action.
- 17-19.** The October 1 report also included initial recommendations developed by the Taskforce in January 2014. The following were addressed by the 2014 General Assembly:
- Emergency Custody Order (ECO) Period.
 - Notification during the ECO Period.
 - Temporary Detention Order Period.

Quality Recommendations

- 20. PRIORITY RECOMMENDATION. Resources for Families** – Look at mechanisms of support for families and individuals in crisis, and increase utilization and support of psychiatric advanced directives.
- This recommendation may be included in the Center for Behavioral Health & Justice.
 - Aspects of this recommendation may also be addressed by the DBHDS Commissioner’s Transformation Teams.
 - Virginia’s Health Care Decisions Act allows individuals to include planning for mental health crisis care in an Advance Directive (AD). Since 2009, DBHDS has been collaborating with UVA and other stakeholders to develop and disseminate public education materials and other resources relating to ADs. DBHDS and partners have created a website (www.virginiaadvancedirectives.org) and developed a model Advance Directive format and other educational resources that are available on the website. DBHDS is also working with CSBs and state facilities to educate individuals with mental illness, family members, and mental health service providers about the positive benefits of ADs for individuals with mental health conditions, and supporting these individuals and organizations to use them in routine practice. The Virginia Advance Directives website includes separate pages for each of these constituencies. This is an ongoing initiative funded through an annual allocation of federal Mental Health Block Grant funds. No additional state resources are necessary for this initiative at this time.

Quality Recommendations

- 21. MH Nurse Practitioner/Physician Assistant Training and Continuing Medical Education** – Promote Psychiatric-Mental Health Nurse Practitioner and Physician Assistant training and behavioral health oriented continuing medical education programs in Virginia. Consider expanding their scope of practice to provide additional psychiatric services, particularly in underserved areas.
- There is a great need for workforce development in the behavioral health field.
 - The Taskforce had a subgroup specifically created along workforce development issues.
 - Ongoing funding is required to implement these recommendations.
 - But there are also existing efforts that may help:
 - Governor’s GAP Initiative – Establishing Mental Health Homes
 - Healthy Virginia Plan
 - Looking at this in the context of Health Workforce Authority
 - And the possibility this could be a special focus of the Commissioner’s transformation team process.
 - Additional funding would be required to implement this recommendation.

Quality Recommendations

- 22. Primary Care Education and Incentives** – Strengthen capacity of primary care providers to effectively serve individuals with complex behavioral health needs across the lifespan. Promote clinical education, offer financial and other incentives, assign peer support specialists to serve as navigators and case managers to assist with linkages to behavioral health service providers.
- There is a great need for workforce development in the behavioral health field.
 - The Taskforce had a subgroup specifically created along workforce development issues.
 - Ongoing funding is required to implement these recommendations.
 - But there are also existing efforts that may help:
 - Governor’s GAP Initiative – Establishing Mental Health Homes
 - Healthy Virginia Plan
 - Looking at this in the context of Health Workforce Authority
 - And the possibility this could be a special focus of the Commissioner’s transformation team process.
 - Additional funding would be required to implement this recommendation.

Quality Recommendations

23. Recruiting and Retention - Implement recommendation #18 of the Joint Commission on Health Care's "Impact of Recent Legislation on Virginia's Mental Health System" Final Report [SJR 42 (2008)] to "Support and facilitate the creation of programs to aid in recruiting and retaining mental health professionals in specialties that are in short supply, and particularly in areas of the State where supply is lowest or where turnover is highest."

- There is a great need for workforce development in the behavioral health field.
- The Taskforce had a subgroup specifically created along workforce development issues.
- Ongoing funding is required to implement these recommendations.
- But there are also existing efforts that may help:
 - Governor's GAP Initiative – Establishing Mental Health Homes
 - Healthy Virginia Plan
 - Looking at this in the context of Health Workforce Authority
 - And the possibility this could be a special focus of the Commissioner's transformation team process.
- Additional funding would be required to implement this recommendation.

Quality Recommendations

24. Direct Support Professional - Implement recommendation #12 of the Supreme Court Commission on Mental Health Law Reform's 2010 Report of the Workforce Development Committee of the Task Force on Access to Services to expand the DBHDS Direct Support Pathway Program "to create a new level of direct service position, entitled Direct Support Professional, in Virginia for state facilities, CSBs and private providers." The Commonwealth should consider requiring completion of the online training component of this program by all direct care staff providing services in licensed community behavioral health programs. There is a great need for workforce development in the behavioral health field.

- The Taskforce had a subgroup specifically created along workforce development issues.
- Ongoing funding is required to implement these recommendations.
- But there are also existing efforts that may help:
 - Governor's GAP Initiative – Establishing Mental Health Homes
 - Healthy Virginia Plan
 - Looking at this in the context of Health Workforce Authority
 - And the possibility this could be a special focus of the Commissioner's transformation team process.
- Additional funding would be required to implement this recommendation.

Quality Recommendations

25. PRIORITY RECOMMENDATION. Psychiatric Bed Registry Reporting –

Fully utilize the data reporting capacity of the psychiatric bed registry and add data fields as necessary to automate data collection to better understand where the gaps or pressure points are.

- This recommendation was referred to DBHDS.
- There are 69 public and private hospitals and crisis stabilization units that access and update the registry.
- There are 1,868 mental health professionals in Virginia who have access to the registry.
- On average, the registry is used more than 2,500 times a month for possible bed searches or for general information gathering purposes.
- A DBHDS agency bill, patroned by Delegates Cline and Hope in the House, along with identical legislation patroned by Senator Deeds in the Senate, defined “real-time.” As a result, every state facility, community services board, and DBHDS-licensed private inpatient provider accessing the bed registry must now update information whenever there is a change in bed availability for the facility, board, authority, or provider or, if no change in bed availability has occurred, at least daily.
- Finally, the Taskforce’s recommendation to better understand where gaps and pressure points are located has been met not through the bed registry but through the comprehensive reporting of TDO exceptions. This report is posted monthly on the DBHDS website.