Overview
Governor’s Taskforce on Improving Mental Health Services and Crisis Response

Joint Subcommittee to Study Mental Health Services in the 21st Century
September 9, 2014

The Honorable Bill Hazel, MD
Secretary, Health and Human Resources

The Honorable Brian Moran
Secretary, Public Safety and Homeland Security
Executive Order 12
Continuing the Task Force on Improving Mental Health Services and Crisis Response

• On April 8, 2014, Governor McAuliffe signed EO12 to continue the work of the taskforce.
• Charged with duties to help improve Virginia’s mental health crisis services and help prevent crises from developing.
• Reviewed existing services and challenges in the mental health system and made recommendations, including legislative and budget proposals, for critical improvements to procedures, programs and services.
Taskforce Membership

• 42 members, chaired by Lt. Governor Northam and co-chaired by HHR Secretary Hazel and Public Safety and Homeland Security Secretary Moran.

• Includes leaders in the mental health field, law enforcement, judicial system, private hospitals, and individuals receiving services and their families.

• Four workgroups and two subgroups were created:
  o Crisis Response Workgroup
  o Ongoing Treatment & Support Workgroup
  o Public Safety Workgroup
  o Technical Infrastructure & Data Workgroup
  o Family/Loved Ones Subgroup
  o Workforce Development Subgroup
## Meetings

<table>
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<th>Date (2014)</th>
<th>Meeting</th>
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<tr>
<td>January 7</td>
<td>Full Taskforce Meeting #1</td>
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<td>January 24</td>
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<td>January 28</td>
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**5 Full TF / 4 Meetings of the Workgroups/Subgroups**
Recommended:

• A 12-hour ECO period that includes tiered levels of notification every 4 hours. (4 hours after execution of the ECO, if the CSB prescreener believes that the individual meets the commitment criteria and has not been able to locate a bed, the prescreener shall notify the state hospital serving the region. 8 hours after execution of the emergency custody order, if neither the CSB prescreener nor the state hospital serving the region has been able to locate a bed, the DBHDS Central Office shall be notified. DBHDS Central Office may assist in the search for a bed and as a safety net, the state hospital serving the region will ultimately be designated as the facility of temporary detention if a private bed cannot be located.)

• Law enforcement agency that executes the emergency custody order notify the applicable CSB upon execution.

• A two year sunset clause should be on recommendations to ensure that any new laws are meeting the needs of the Commonwealth.
Supported/Endorsed:

• The Governor’s proposal to extend the period of temporary detention from the current 48 hours to 72 hours with a minimum period of 24 hours prior to a commitment hearing.

• The Governor’s budget for new mental health funding but also agreed that the amount of funding was a step in the right direction, but not substantial enough to make a significant, positive impact on the system. More funding would need to be included in the future.

• Expanding secure assessment centers (drop-off centers) and crisis stabilization units for children and adults across the Commonwealth as the highest priorities for funding.

• Expanding access to telepsychiatry.

• Expanding funding for CIT training for law enforcement officers throughout the Commonwealth.
June Recommendations

• Establish a “center of excellence” to use resources (public and private) to address behavioral health needs, including criminal justice, substance use disorder, housing, employment, etc. Each community should establish a position/committee/group to ensure best practices are actually implemented and analyze instances when programs do not work as intended.

• Virginia needs to invest in CIT programs (and CIT assessment centers) so that every Virginia community has a functional CIT program and assessment center.

• Develop a mechanism so alternative transportation (ambulance, EMS, secure cab, etc) is available in all communities. Would require funding and Code change to give transportation providers the authority to detain individuals.
June Recommendations

• Develop a single consistent statewide process for data and oversight structure to maximize the use of telepsychiatry and video-technology.

• 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.

• Refine the COPN process so it more effectively addresses needs for any additional psychiatric beds in some areas of Virginia.
October 1 Report - Access

**Access** – Recommendations that bolster the delivery of services consistently across the Commonwealth, including emergency services when a mental health crisis occurs, and services to intervene early and prevent crises from developing.

- Expand crisis intervention teams.
- Expand telepsychiatry.
- Implement Mental Health First Aid programs in every planning district.
- Improve behavioral health resources for veterans, service members, and their family and children, specifically ensure greater cooperation with the VA and enhance community linkage for veterans who are incarcerated.
Administration – Recommendations that increase flexibility, communication and ease navigation through the complex mental health system.

- Create the Center of Excellence.
- Improved jail services such as:
  - Ensure all jails have readily accessible, evidence-based, trauma-informed services for people with mental illness.
  - Develop a system to notify community providers when an individual with behavioral health needs is discharged from jail to enhance continuity of care.
Quality – Recommendations that help ensure appropriate clinical responses and successful outcomes.

- Resources for Families – Mechanism of support for families and individuals in crisis.
- Primary Care Education and Incentives.
- Recruiting and Retention.
Next Steps

• Final report due to the Governor October 1, 2014.
• The meetings of the workgroups have concluded.
• The full Taskforce will continue to meet as needed.
• At least one meeting of the full taskforce anticipated before the 2015 General Assembly Session.