

# 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

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**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

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- 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

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- 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 :
  - Crisis Response Workgroup
  - Ongoing Treatment & Support Workgroup
  - Public Safety Workgroup
  - Technical Infrastructure & Data Workgroup
  - Family/Loved Ones Subgroup
  - Workforce Development Subgroup

# Meetings

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Date (2014)	Meeting
January 7	Full Taskforce Meeting #1
January 24	4 Workgroup Meetings #1
January 28	Full Taskforce Meeting #2
March	4 Workgroup Meetings #2
April	Full Taskforce Meeting #3
May	4 Workgroup Meetings #3
June	Full Taskforce Meeting #4
July	4 Workgroup/2 Subgroup Meetings #4
August	Full Taskforce Meeting #5

# Initial Recommendations

January 31, 2014

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## **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 prescriber believes that the individual meets the commitment criteria and has not been able to locate a bed, the prescriber shall notify the state hospital serving the region. 8 hours after execution of the emergency custody order, if neither the CSB prescriber 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.

# Initial Recommendations

January 31, 2014

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## **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

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- 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

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- 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

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**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.

# October 1 Report - Administration

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**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.

# October 1 Report – Quality

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**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

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- 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.