Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century

Meeting Summary

Monday, August 22, 2016

The Capitol
Richmond, Virginia

The Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century (the Joint Subcommittee) met on Monday, August 22, 2016, at the Capitol in Richmond, Virginia. Members present included Senator Deeds (chair), Delegate Bell (vice-chair), Senator Cosgrove, Senator Howell, Delegate Farrell, Delegate Watts, and Delegate Yost.

Update on the Activities of the Work Groups

Each of the four work groups met in the morning prior to the Joint Subcommittee meeting and reported the results of its meeting to the full Joint Subcommittee. Sarah Stanton of DLS, on behalf of Work Group 1 (Service System Structure and Financing), reported that Work Group 1 first heard an update on the activities of the expert advisory panel. The group then received a presentation on the steps taken toward the implementation of the Certified Community Behavioral Health Centers (CCBHC) model that involved discussion of certain service definitions and service descriptions, a Community Services Boards (CSB) needs assessment, and various data collection models. Next, Work Group 1 heard a presentation regarding the local government perspective on publicly funded mental health services.

Delegate Bell and Delegate Watts updated the Joint Subcommittee on the activities of Work Group 2 (Criminal Justice Diversion). Following an update on the activities of Work Group 2's expert advisory panel, the Honorable Jacqueline F. Ward Talevi, Chief Judge, General District Court, 23rd Judicial District, presented on the mental health dockets in the Roanoke and Salem General District Courts. Michelle Albert of the Alexandria Department of Community and Human Services then presented on the Collaboration for Recovery and Reentry Program based in Alexandria. Finally, Work Group 2 heard from Bobby Russell, Superintendent of the Western Virginia Regional Jail and President of the Virginia Association of Regional Jails. Mr. Russell presented information regarding how in-custody deaths in regional jails are investigated.

Delegate Yost updated the Joint Subcommittee on three presentations heard at the Work Group 3 (Crisis and Emergency Services) morning meeting, the focus of which was telepsychiatry. First, Dr. Richard Merkel and Dr. Anita Clayton from the University of Virginia School of Medicine presented an overview of telepsychiatry and spoke about the University of Virginia's telepsychiatry program. Next, Work Group 3 heard from Ted Stryker and Dr. Stephanie Loveridge of Centra Health, who spoke generally about the overwhelming need for mental health services in the Commonwealth and how telepsychiatry may help meet that need. Finally, the work group heard from Stephanie Lynch of the Virginia Association for Health Plans and Dr. Renee Miskimmin of Virginia Premier Health, Inc. on the biggest challenges in the pyschiatry field generally, and how telepsychiatry may assist in addressing those challenges. Delegate Yost noted that much of the discussion in the morning meeting focused on existing barriers to the expansion of telepsychiatry.

Senator Howell reported on behalf of Work Group 4 (Housing). The work group first heard from Brian Campbell and Karen Kimsey of the Department of Medical Assistance Services, who addressed, among other points, possible ways to access more federal funding for housing assistance for the mentally ill. Marti Knisley of the Technical Assistance Collaborative then presented on the North Carolina settlement agreement with the Department of Justice. Finally, Work Group 4 received an update on the activities of the expert advisory panel.

Update on Certified Community Behavioral Health Centers

Dr. Jack Barber, Interim Commissioner of the Department for Behavioral Health and Developmental Services (DBHDS), provided an update on the recent improvements in Virginia's behavioral health system and on the DBHDS Certified Community Behavioral Health Center (CCBHC) model of mental health service delivery. The CCBHC model is a mode of behavioral health service delivery described in the federal Excellence in Mental Health Act. The model provides a comprehensive range of mental health and substance use disorder services, prioritizes underserved and special populations, includes quality and performance measures to enhance quality of service, utilizes a prospective payment system, and requires ongoing oversight over service delivery to ensure uniform access to a full range of behavioral health services.

Dr. Barber first updated the Joint Subcommittee on recent progress improving Virginia's behavioral health system. He noted, among other improvements, improvements in the jail waiting list. In September 2015 the list included 85 individuals, 75 of whom had been waiting more than seven days. As of August 15, 2016, the list included only 22 individuals, only six of whom had been waiting more than seven days. He also noted that a planning grant for CCBHCs had been completed and that a plan had been developed for a multiyear, stakeholder-involved transformation initiative for system change. Dr. Barber pointed out that although there has been a dramatic increase in emergency admissions at state hospitals in the last two years, a hospital bed has been provided for everyone needing one under a temporary detention order since July 1, 2014.

Dr. Barber then touched on new standards and processes for emergency evaluators, a joint effort of DBHDS and the Virginia Association of Community Services Boards. He noted that all new emergency evaluator hires must have a master's degree or a doctorate and that all supervisors must be licensed and have at least two years of experience. He then indicated that DBHDS is working with state hospitals, including Eastern State Hospital (ESH) and the Commonwealth Center for Children & Adolescents (CCCA), to strengthen operations and improve processes and staffing. He noted that ESH has an 18-month goal for restoration of its acute psychiatric certification. The current CCCA 18-month goal includes a change in processes to reduce the average length of stay for an individual to 14 days.

Dr. Barber then updated the Joint Subcommittee on the CCBHC model of DBHDS. He noted that DBHDS has been working with eight CSBs to determine what changes may be necessary in the existing array of CSB services and operational procedures to comply with the requirements of the Mental Health Act. He presented the results of a CCBHC service ranking survey evaluating the eight CSBs in 11 different service areas to assess the readiness for CCBHC certification. On the basis of the survey results, none of the eight CSBs are yet ready for CCBHC certification. He noted that the one-time cost to achieve CCBHC certification is estimated to be $6.52 million; ongoing costs are estimated to be $38.02 million.

He reported that 24 states, including Virginia, received federal grant funds to plan for CCBHCs. Out of these states, eight may be awarded funds for a federal demonstration grant; CSBs would receive an increased match of 65 percent federal funds for behavioral health services provided if selected for the demonstration grant. However, some states are determining that the costs to the states to achieve CCBHC certification are greater than the enhanced 65 percent federal match. DBHDS has learned that, due to this determination, up to half of the 24 states have stated that they do not plan to apply for the demonstration grant.

Dr. Barber then noted that the CCBHC planning grant provided an opportunity to promote access, consistency, and accountability in Virginia. He highlighted major accomplishments achieved during the process, including developing a comprehensive definition of core services for Virginia and developing cost models to provide specific services at each of the eight evaluated CSBs. He stated that Virginia still needs ongoing improvements, emphasizing that there is an overreliance on crisis services in Virginia and a considerable variation among CSBs across Virginia in terms of the services offered.

Dr. Barber then spoke about the System Transformation, Excellence and Performance in Virginia (STEP-VA) model. The STEP-VA model builds on federal CCBHC requirements and transformation team recommendations with services Virginians specifically need. He noted that STEP-VA would provide essential support for individuals at risk of being incarcerated, in crisis, and in need of stable housing. Among other inclusions, Dr. Barber noted that the STEP-VA model adds to CCBHC requirements same-day access for assessment at CSBs, medication assistance treatment, and primary care screening requirements. Dr. Barber presented an example of a funding timeline with cost estimates for these additional STEP-VA requirements, based on a needs assessment. Dr. Barber also noted that a similar plan should be developed for jail-based services; he noted that much like the STEP-VA model for CSBs, a basic array of mental health services should be agreed upon.

Finally, Dr. Barber presented on CSB data collection options. Currently, the collection process is difficult and prone to delays. Moreover, the data gathered does not offer CSBs meaningful insight into their own efficiency or effectiveness. DBHDS has identified alternative data collection options and recommends executing a project to move to standard metrics, measures, and data transmissions. The project would involve engagement of a consulting firm, with the end goal of adopting a meaningful use outcome measure and collecting useful data to inform the CSBs and DBHDS and support the needs of individuals in their care.

Overview of the Center for Behavioral Health and Justice

Joe Flores, Deputy Secretary of Health and Human Resources, then gave a presentation on the Center for Behavioral Health and Justice (the Center). He explained that the Center is an interagency collaborative designed to better coordinate behavioral health and justice services in the Commonwealth. The Center was established at the recommendation of the Governor's Task Force for Improving Mental Health Services and Crisis Response. The recommendation included 25 specific recommendations centered around expanding access, strengthening administration, and improving quality of services.

Mr. Flores then reported on Center activities. The Center has drafted a strategic implementation plan, created a Center Advisory Group, convened a Behavioral Health and

Justice Summit, established a special subcommittee to assist its efforts, finalized a website, and assigned dedicated staff to the Center.

In addition, three Action Committees have been established, composed of members of the Center Advisory Group and co-chaired by a member of such group and the Executive Committee. Action Committee 1 is the Technology, Data, and Information Sharing Committee, focusing on an expansion of the use of technology, providing guidelines to communities regarding information sharing, tracking interventions and criminal justice contact to improve handoffs between systems, and tightening the guidelines on transmission of judicial treatment orders. Action Committee 2, the Committee on Diversion and Re-entry, will focus on expanding diversion options; supporting judicial involvement in ongoing diversion efforts; improving access to Medicaid, the Governor's Access Plan, Social Security, and other benefits available to those being released from incarceration; and expanding use of outpatient restoration. Action Committee 3, the Criminal Justice and Behavioral Health Facilities Committee, will address inequities in jail mental health services, ensure jail and prison screening for veterans, and work to improve access to benefits available to those being released from incarceration.

Mr. Flores explained the Center's next steps. The Center will continue to refine the Action Committee work plans and provide technical assistance to localities to promote the use of best practices for justice-involved behavioral health consumers. Mr. Flores anticipates that the Center's website will go live in September 2016.

Discussion: Proposals for the 2017 Session

The Joint Subcommittee had initial conversations about potential legislative proposals for the 2017 Session. Senator Cosgrove began by discussing potential legislation addressing a provision in the Code of Virginia that allows a minor over the age of 14 to refuse inpatient therapy. Delegate Bell spoke about potential legislation addressing the perceived problem of getting the inspector general in to investigate incidents occurring in the jails. Finally, Senator Howell discussed potentially amending the Housing Trust Fund so that 20 percent of that Fund goes towards funding permanent supportive housing and similar housing programs.

Public Comment and Adjournment

Senator Deeds then invited members of the audience to offer public comment. No public comment was offered; as there was no further business before the Joint Subcommittee, the meeting was adjourned.

Materials and Next Meeting

Presentations and materials from the meeting can be found on the website of the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century at http://dls.virginia.gov/interim_studies_MHS.html.

The next meeting of the Joint Subcommittee is scheduled to take place on October 26, 2016, at 1 p.m. in the General Assembly Building in Richmond.