

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

Meeting Summary

Wednesday, October 26, 2016

General Assembly Building
Richmond, Virginia

The Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century (the Joint Subcommittee) held its fifth meeting of 2016 on Wednesday, October 26, 2016, at the General Assembly Building in Richmond, Virginia. Members present included Senator R. Creigh Deeds (chair), Delegate Robert B. Bell (vice-chair), Senator George Barker, Senator John A. Cosgrove, Senator Emmett W. Hanger, Jr., Senator Janet D. Howell, Delegate Peter F. Farrell, Delegate T. Scott Garrett, and Delegate Joseph R. Yost.

Update on the Activities of Work Group #2: Criminal Justice Diversion

Delegate Bell, the chair of Work Group #2, updated the Joint Subcommittee on its activities. He noted that at its meeting earlier in the day, the work group heard testimony from three former employees of the Office of the State Inspector General (OSIG) concerning deficiencies in the investigation conducted by OSIG into the death of Jamycheal Mitchell while in the custody of the Hampton Roads Regional Jail. The work group then discussed what entity would be best equipped to investigate in-custody deaths of inmates in jails with relevant stakeholders, including representatives of the sheriffs and the regional jails. Delegate Bell reported that the work group is exploring the possibility of providing the Board of Corrections (BOC) with the authority to conduct such investigations but that discussions were still ongoing.

Delegate Bell then enumerated the three legislative proposals developed in conjunction with the expert advisory panel assisting the work group that would be presented at the final meeting of the Joint Subcommittee in December:

- Provide authority to an appropriate entity, possibly BOC, to investigate in-custody deaths in jails.
- Require the use of a standardized instrument upon intake of persons into jails to screen for mental illnesses.
- Require the Department of Behavioral Health and Developmental Services (DBHDS) to develop a plan for the provision of discharge planning services for persons being released from jail that ensures that each jail in the Commonwealth has access to such services. The plan shall include an estimate of the cost of providing discharge planning services as well as an estimate of any cost savings that may result from the provision of such services.

Delegate Bell concluded by noting that the work group plans to focus on specific models for diverting persons with mental illness from the criminal justice system during the 2017 interim.

Update on the Activities of Work Group #3: Mental Health Crisis and Emergency Services

Delegate Garrett, the chair of Work Group #3, updated the Joint Subcommittee on its activities. Delegate Garrett explained that the work group, with the assistance of its expert advisory panel, had concentrated on three topics:

- The use of alternative transportation providers for persons subject to the emergency custody and involuntary admission processes.
- The use and availability of telemental health services.
- The establishment of psychiatric emergency services units.

With regard to telemental health services, Delegate Garrett noted that the work group strongly recommends expansion of the use of such services, particularly in areas of the Commonwealth where the needs of the community for mental health services outstrip the number of mental health service providers available. However, the work group has identified several impediments to expanding the use of telemental health services, the most problematic one of these being federal laws affecting the ability of medical professionals to prescribe medication for a patient without a "face-to-face" interaction.

Turning to alternative transportation, Delegate Garrett described the existing pilot program established pursuant to a DBHDS grant in the Mt. Rogers community services board (CSB) service area and remarked that the program has successfully transported numerous individuals without incident during its operation.

Finally, as to the establishment of psychiatric emergency services units, Delegate Garrett explained that such units are designed as an alternative to hospital emergency departments as a means for individuals experiencing mental health crises to obtain treatment. Delegate Garrett noted that such units may reduce the costs associated with psychiatric boarding (i.e., the length of time an individual experiencing a mental health crisis waits in a hospital emergency department for a psychiatric inpatient bed); however, the work group and its expert advisory panel are still attempting to determine the costs associated with psychiatric boarding in the Commonwealth and the potential cost benefits that may result from the establishment of psychiatric emergency services units.

Delegate Garrett then stated that the work group would be presenting two legislative proposals at the final meeting of the Joint Subcommittee in December:

- Require DBHDS and other relevant stakeholders to develop a model for the use of alternative transportation providers, including the criteria for the certification of such providers and the costs and benefits associated with the implementation of the model.
- Amend Virginia's laws to facilitate the use of telemental health services to the extent allowable under federal law.

Update on the Helping Families in Mental Health Crisis Act

Stuart Gordon, Director of Policy, National Association of State Mental Health Program Directors, via conference call, provided an overview of the provisions of the federal legislation currently before the U.S. Congress that establishes the Helping Families in Mental Health Crisis Act (Act). Mr. Gordon stated that the U.S. House of Representatives version of the Act (H.R. 2646) has passed the House while the U.S. Senate version (S. 2680) has been voted out of the

Senate Health Education Labor and Pensions Committee but has not been acted on by the full Senate.

Mr. Gordon highlighted the provisions of both versions of the Act as well as the differences between the two versions. Among the Act's provisions are the following:

- Creation of a National Treatment Referral Routing Service to assist individuals in locating mental health treatment providers.
- Grants for states to enhance community-based crisis response systems and to develop and maintain a database of available beds at inpatient and other facilities.
- Requirement that a state receiving mental health block grants include in its plan a description of how the state will provide a community-based system of care for persons with mental illness and coordinate the delivery of services to such persons.
- Grants to states for treatment and recovery for homeless persons with substance use disorders.
- Grants for jail diversion programs.
- Grants for training of mental health professionals for underserved communities.
- Requirement that the Office of Civil Rights of the U.S. Department of Health and Human Services ensure that mental health providers and patients and their families have adequate information on the appropriate uses and disclosures of protected health information under the Health Insurance Portability and Accountability Act.

After Mr. Gordon completed his presentation, Senator Deeds asked if the Act could be characterized as primarily dealing with funding changes instead of making substantive changes to the law. Mr. Gordon agreed with that characterization. Senator Deeds also inquired if the Act reformed the Substance Abuse and Mental Health Services Administration (SAMHSA) in any way, and Mr. Gordon explained that the Act elevated the position of administrator of SAMHSA to the level of an assistant secretary. In response to Senator Deeds' question regarding whether the Act would pass, Mr. Gordon replied that there will be efforts to pass something during the lame duck congressional session but that he could not predict whether those efforts would be successful.

Update on the Activities of Work Group #4: Housing

Senator Howell, the chair of Work Group #4, updated the Joint Subcommittee on its activities. Senator Howell stated that it is well-established that the best practices for reducing hospitalization and criminal justice utilization and improving stability for persons with serious mental illness is permanent supportive housing. He laid out four legislative proposals developed by the work group in conjunction with its expert advisory panel, all of which relate to permanent supportive housing and will be presented at the final meeting of the Joint Subcommittee in December:

- Provide \$10 million in new funding for permanent supportive housing targeted to address frequent users of high-cost systems (i.e., state psychiatric hospitals and jails).

- Amend the Virginia Housing Trust Fund to require that 20 percent of the Fund be used for (i) supportive services and predevelopment assistance for permanent supportive housing for the homeless and (ii) temporary rental assistance.
- Require the Department of Housing and Community Development, in consultation with other agencies and stakeholders, to develop and implement strategies for housing individuals with serious mental illness.
- Require the Department of Medical Assistance Services (DMAS), in consultation with other agencies and stakeholders, to research and recommend strategies for financing permanent supportive housing through Medicaid reimbursement.

Senator Howell stressed that the \$10 million in new funding for permanent supportive housing is only a first step and that \$100 million would be required to cover the estimated 5,000 individuals in the Commonwealth who are in need of permanent supportive housing.

Update on the Activities of Work Group #1: Service System Structure and Financing

Senator Hanger, the chair of Work Group #1, updated the Joint Subcommittee on its activities. Senator Hanger began by noting that the work group was considering a mechanism for continuing the work of the Joint Subcommittee after it concludes its study in 2017.

Senator Hanger then proceeded to explain that the work group, with the assistance of its expert advisory panel, has developed four legislative proposals that will be presented at the final meeting of the Joint Subcommittee in December:

- Endorse the goal of the Commonwealth's public mental health system providing access to 10 services that would ensure all individuals with mental illness receive needed services and fully fund the statewide implementation of two of these 10 services: same day access to mental health screening and timely access to assessment, diagnostic, and treatment services (estimated cost: \$1.5 million in FY 2017, \$12.3 million in FY 2018, and \$17.3 million annually thereafter) and outpatient primary care screening and monitoring services (estimated cost: \$3.72 million in FY 2019 and \$7.44 million annually thereafter). The 10 service goals are as follows:
 - Same day access to mental health screening and timely access to assessment, diagnostic, and treatment services;
 - Outpatient primary care screening and monitoring services;
 - Crisis services;
 - Person-centered mental health service treatment planning services;
 - Outpatient mental health and substance abuse services;
 - Targeted mental health case management;
 - Psychiatric rehabilitation services;
 - Peer support and family support services;
 - Mental health services for members of the armed forces and veterans; and
 - Care coordination services.
- Request the Joint Commission on Health Care (JCHC) to review the work group's report on telemental health services and develop recommendations for increasing the use of telemental health services.

- Amend Va. Code § 37.2-818 to allow transmission of records related to involuntary admission proceedings to DBHDS to enable it to maintain statistical archives and conduct research on the consequences and characteristics of such proceedings.
- Manage the utilization of Virginia's state hospitals through the following:
 - Implementation of the census reduction initiatives adopted by DBHDS and the CSBs;
 - Development of budget requests by DBHDS for FY 2018 to stabilize and maintain state hospital utilization at no more than 90 percent of capacity;
 - Continued study by the work group of the statutory, policy, financing, and administrative elements of the current mental health system that are not aligned with the work group's strategic and operational objectives; and
 - Study by DBHDS and DMAS of the potential use of the Involuntary Mental Commitment Fund for both involuntary and voluntary temporary detention.

Senator Hanger noted that during the 2017 interim the work group would be studying restructuring the catchment areas of the CSBs, the financing of Virginia's mental health system, and the potential for the provision of mental health services by private providers.

Upon completion of the reports from the work groups, Senator Deeds discussed the need for a continuing entity to continue the work of the Joint Subcommittee after the expiration of its four-year charge and expressed his preference that JCHC be given sufficient resources to continue the work on an ongoing basis.

Public Comment

The Joint Subcommittee then received public comment from several family members of individuals with mental illness as well as advocates for individuals in need of mental health services.

Materials

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.