

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

Meeting Summary

Tuesday, December 6, 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 sixth meeting of 2016 on Tuesday, December 6, 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., Delegate Peter F. Farrell, Delegate T. Scott Garrett, Delegate Margaret B. Ransone, Delegate Luke E. Torian, Delegate Vivian E. Watts, and Delegate Joseph R. Yost.

Review of Recommendations for 2017 Session

Work Group #1: Service System Structure and Financing

Senator Hanger, the chair of Work Group #1, explained that the work group, with the assistance of its expert advisory panel, has developed four legislative proposals:

- Endorse the goal of the Commonwealth's public mental health system providing access to 10 services that would ensure that 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:
 - Emergency services
 - Same day access to mental health screening services;
 - Outpatient primary care screening and monitoring services;
 - Crisis services;
 - Outpatient mental health and substance abuse services;
 - Psychiatric rehabilitation services;
 - Peer support and family support services;
 - Mental health services for members of the armed forces and veterans;
 - Care coordination services; and
 - Case management services, including targeted mental health case management 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 the Department of Behavioral Health and Developmental Services (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 Community Service Boards;
 - 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 the Department of Medical Assistance Services (DMAS) of the potential use of the Involuntary Mental Commitment Fund for both involuntary and voluntary temporary detention.

The Joint Subcommittee voted unanimously to support Work Group #1's proposals, with Delegate Garrett abstaining from voting on the first proposal.

Work Group #2: Criminal Justice Diversion

Delegate Bell, the chair of Work Group #2, enumerated three legislative proposals for the 2017 Session:

- Provide authority to the Board of Corrections 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 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.

The Joint Subcommittee voted unanimously to support Work Group #2's proposals.

Work Group #3: Mental Health Crisis and Emergency Services

Delegate Garrett, the chair of Work Group #3, presented two legislative proposals for the 2017 Session:

- 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.

The Joint Subcommittee voted unanimously to support Work Group #3's proposals.

Work Group #4: Housing

Delegate Ransone and Mira Signer, chair of the Housing work group's expert advisory panel, discussed four legislative proposals:

- 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 DMAS, in consultation with other agencies and stakeholders, to research and recommend strategies for financing permanent supportive housing through Medicaid reimbursement.

As to the proposal to amend the Virginia Housing Trust Fund, several questions arose about what that 20 percent of the Fund is now used for. The Joint Subcommittee decided to postpone discussion on this proposal until they received more information. The first and third proposals were adopted unanimously by the Joint Subcommittee. The fourth proposal was adopted with a 9-2 vote, with Senator Cosgrove and Delegate Garrett voting against it.

Discussion on a Resolution Extending the Joint Subcommittee

Senator Deeds then presented a proposal that would require the Joint Commission on Health Care to continue to make recommendations on issues related to the organization, delivery, financing, management, and oversight of publicly funded behavioral health care services in the Commonwealth at the expiration of the Joint Subcommittee's four-year charge. Alternative recommendations were made to instead request that the General Assembly approve a resolution extending the Joint Subcommittee's charge for another two years. This alternative proposal garnered unanimous support from the Joint Subcommittee.

Public Comment and Adjournment

Senator Deeds then invited members of the audience to offer public comment. After one member of the public spoke, the meeting was adjourned.

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.