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## Joint Subcommittee Studying Mental Health Services in the Commonwealth in the 21st Century

May 22, 2019, at 1:00 p.m.

Pocahontas Building, Senate Committee Room A

[dls.virginia.gov/interim\\_studies\\_MHS.html](https://dls.virginia.gov/interim_studies_MHS.html)

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The Joint Subcommittee Studying Mental Health Services in the Commonwealth in the 21st Century (the Joint Subcommittee) met in Richmond with Senator R. Creigh Deeds, chair, presiding.<sup>1</sup> The meeting began with introductions and opening remarks followed by presentations and discussion. Materials presented at the meeting are accessible through the [\*Joint Subcommittee's website\*](#).

### **Presentation: Comments on Children's Mental Health Services**

*Margaret Nimmo Holland, Executive Director, Voices for Virginia's Children*

Ms. Holland described the need for mental health services for children in the Commonwealth and highlighted several factors the General Assembly should consider when making decisions about mental health services for children. She explained that the child population in Virginia has grown since 1990 and that this increase has mostly been in minority populations, such as Hispanic and Asian populations. She noted that diversity in Virginia's child population continues to increase. Ms. Holland posed several questions to the members, encouraging them to consider the effects of policy change on children, the expertise informing decision making, the priorities behind policy decisions, the workforce capacity required to implement policy changes, and the interconnectivity of policy changes across systems.

### **Presentation: Overview of the SB 1488 Work Group**

*Marvin Figueroa, Deputy Secretary of Health and Human Resources*

Deputy Secretary Figueroa provided an update from the stakeholder work group convened in accordance with SB 1488 (Hanger, 2019). He said that state-operated hospitals are under tremendous strain and operating at near full capacity on a daily basis. There has been a 294% census increase over the last five years at the Commonwealth's state hospitals for individuals with mental illness and the census continues to rise at an annual increase of about 2%. The SB 1488 work group (the work group) was convened in the 2019 Session with the purpose of examining the causes of the high census while also focusing on the evaluation process for those under an emergency custody order (ECO), individuals with medically complex conditions, individuals who are intoxicated, and evidence for the most appropriate setting for treatment. The work group will consider extending the period for an ECO, devising ways to deal with the transfer of custody for an individual under an ECO, diverting people from emergency rooms, and

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<sup>1</sup>**Members Present:** Senator Emmett W. Hanger, Jr., Senator George L. Barker, Senator Janet D. Howell, Senator R. Creigh Deeds, Delegate Robert B. Bell, Delegate Margaret B. Ransone, Delegate Patrick A. Hope, Delegate Vivian E. Watts

**Members Absent:** Senator John A. Cosgrove, Jr., Delegate Todd E. Pillion, Delegate L. Nick Rush, Delegate T. Scott Garrett

assessing the current evaluation process. Additionally, according to Budget Item 310 CC.1 of the 2019 Appropriation Act (HB 1700), the work group is charged with developing options for diverting more admissions to private hospitals, increasing community services to reduce temporary detention orders (TDOs), and developing a right-sizing plan. The work group consists of law-enforcement officials, private hospitals, community service boards, advocates, and state agencies. The work group has expanded to include a wide variety of members so that no one organization is shouldering a disproportionate responsibility for any issue identified and in order to foster understanding among the different groups and stakeholders.

The work group has held two meetings in 2019. The April meeting focused on the role of the bed registry. One major takeaway was the recognition of a need for more comprehensive data and the work group is now assessing what data will be useful and reviewing any helpful data that already exists. At the May meeting, the work group heard from a national expert who spoke about the roles of public psychiatric facilities in other states and how other states are leveraging Medicaid funds to assist mental health hospitals and facilities. A recurring topic of discussion is the need to ensure individuals are taken care of before they are in crisis in their communities and how to provide the care individuals need and deserve throughout the process. At the next meeting, the work group plans to evaluate the issue of law-enforcement officers maintaining custody of individuals during the ECO period. The work group will be looking for ways to shorten the time law-enforcement officers are involved and how other states are currently handling this situation. The goal is for the work group to have a final report for the General Assembly by October 15.

Following the presentation, the Joint Subcommittee members suggested the work group consider inviting the Department of Criminal Justice Services (DCJS) to join future meetings, given their role in training law-enforcement officers, so that DCJS can gain a better perspective on mental health issues affecting the Commonwealth and share any issues they are encountering in the training process. Members also inquired about whether the work group is looking at overcrowding at children's facilities. There is currently only one state facility for children and Deputy Secretary Figueroa reported that the work group is looking at developing solutions to ensure their appropriate care.

Members of the Joint Subcommittee also inquired about the process by which hospitals in other states take custody of individuals who are subject to emergency custody orders and the differences in systems based on a medical rather than a legal model of emergency custody. Mr. Figueroa noted that states' models differed with regard to the emergency custody process, but that the work group would examine different approaches to the custody and commitment issues.

Members also noted that they had heard from law-enforcement officers that the bed registry is not useful, partly because the information in the registry is not accurate. Representatives of the work group responded that they had heard similar concerns from law-enforcement officers and community service boards and would continue to explore the issue. Joint Subcommittee members also noted concerns, voiced by law-enforcement officers, that alternative transportation contractors may be located too far away from some localities. Mr. Figueroa noted that agreements with the contractors required contractors to respond to requests for transportation within certain time limits and that contractors would be required to be located accordingly.

### **Presentation: Children's Services: Current System and Opportunities**

*Nina Marino, Director, Office of Child and Family Services, Department of Behavioral Health*



*and Developmental Services*

Ms. Marino described the existing children's mental health service system in the Commonwealth. She noted that Virginia ranks 23rd in the country overall for mental health care for children under 18 years of age, which is an improvement from past years. Virginia ranks 41 out of 51, however, for mental health workforce availability, indicating a major deficiency and the importance of integrating behavioral health into primary health care.

Ms. Marino noted that the existing system is very complex, with many different agencies involved. The majority of funding for our current community based services provided by the Department of Behavioral Health and Developmental Services (DBHDS) is for treatment services, generally for children served through the Department of Juvenile Justice or children receiving crisis. In addition, the Commonwealth has a robust tertiary prevention part C program for infants and toddlers ages 0-3 years old that are already showing some sort of cognitive, behavioral, or developmental delay. Other initiatives focused on improving children's mental health services include the Virginia Mental Health Access Program, Behavioral Health Redesign, Families First Prevention Services Act, STEP-VA, and other applications of evidence-based practices.

With regard to inpatient mental health services for children, Ms. Marino noted that there is only one state psychiatric hospital for children in the Commonwealth: the Commonwealth Center for Children & Adolescents (CCCA). Similar to Virginia's state hospitals for adults with mental illness, inpatient admissions have increased at CCCA. The number of readmissions at CCCA has also increased, prompting the question of what services or programs are missing to prevent readmissions. Involuntary admissions are also increasing at CCCA, which are driven by civil TDOs. Members commented on the stark difference in voluntary admissions from 33% in 2013 to 0% in 2018 and asked if there is any indication where those voluntary admissions are now going. DBHDS does not currently have data on children admitted outside of CCCA but could try to get information from other hospitals. There has also been a dramatic decrease in the average length of stay at CCCA. The hospital used to be a place for kids to go if they needed a longer time to get stable, but now the average length of stay is much shorter. These shorter stays might indicate that there are children admitted to CCCA that have benefited from other programs or services, preventing them from needing to go to the psychiatric facility. The fact that state-funded inpatient services for children are provided at a single location in the Commonwealth creates several challenges. The fact that many families must travel long distances to be with children receiving care creates financial and other burdens for families, resulting in a lack of family engagement and difficulties around discharge planning.

With regard to emergency services for children, Ms. Marino noted that the number of children receiving emergency services has increased substantially since 2016. However, the availability of services for children in crisis is limited. Lack of mental health service providers is a major issue. Ms. Marino stated that DBHDS is working to determine the scope of need with regard to mental health services providers. DBHDS is also working to establish a more robust and comprehensive crisis continuum of care to help connect children to services in their communities. DBHDS believes this can be accomplished with a system that includes a single point of access with a "no wrong door" approach, a robust triage process, mobile response and stabilization services, and robust community services and community collaboration. DBHDS recommendations on priorities for children's services include support and funding for Behavioral Health Redesign, continued support and funding for mobile crisis services, additional funding to



fully implement Pediatric Mental Health Access programming, and expansion of early intervention and prevention programs.

### **Presentation: Update on the Medicaid Behavioral Health Redesign**

*Dr. Alyssa M. Ward, Behavioral Health Clinical Director, Department of Medical Assistance Services*

*Nina Marino, Director, Office of Child and Family Services, Department of Behavioral Health and Developmental Services*

Dr. Ward provided an update on the implementation of the Behavioral Health Redesign (Redesign). She noted that Medicaid is the largest payer of behavioral health claims in Virginia and has a membership with a high need for mental health services. The vision for Redesign is focused on incorporating evidence-based programs from a trauma-informed perspective that will be cost effective. The Redesign is focused on integrating services into environments where people already show up for care, such as schools or pediatric clinics. The long-term goal is to increase investment in prevention and early intervention services, eventually reducing demand for crisis services. The STEP-VA program has served as a good foundation for Redesign, which will align with other successes in Virginia's children's health services system and build on current momentum.

Dr. Ward and Ms. Marino highlighted key overall changes to the continuum of services and to specific services, which included new partial hospitalization and intensive outpatient programs. The new partial hospitalization and intensive outpatient programs may provide alternatives to TDOs and inpatient hospitalization. A member asked how the future Therapeutic Day Treatment Services program would differ from what is currently in place and inquired whether there would be placement into school systems or private entities. The presenters noted that this is a question on the mind of many stakeholders and would be one of the greatest challenges to the implementation process. The presenters and DBHDS staff have been working with a school-based service task force run through the Governor's Children's Cabinet to devise specifics. A member asked whether there had been any push back from the school system against implementing more mental health care into public schools. The presenters and their staff have started conversations with the Department of Education and various school systems and understand that different localities have different capacities requiring different strategies to achieve reforms.

### **Presentation: Family First Prevention Act**

*Carl Ayers, Director, Division of Family Services, Department of Social Services*

Mr. Ayers presented on the Family First Prevention Act (Family First). He noted that for 50 years, our system has been designed to elicit a response after something such as abuse has already happened and has sought ways to treat the family to ensure it does not happen again. Family First is intended to shift the child welfare system to a new model focused on preventing children from entering foster care in the first place. The Family First model will accomplish this goal by providing services to children and families, including (i) mental health prevention and treatment services, (ii) substance abuse prevention and treatment services, and (iii) in-home parent skill-based programs. The Department of Social Services (DSS) is working with the Department of Medical Assistance Services (DMAS) and DBHDS to align its Family First program with the Behavioral Health Redesign in order to improve the quality and effectiveness of service.



## Public Comment

Several citizens addressed the Joint Subcommittee and expressed various concerns regarding mental health services at private hospitals. One citizen noted the disparity of resources between state and private hospitals and stated that while state facilities must accept patients, private hospitals are able to deny admission for any reason at all. She was personally aware of several instances in which consumers across Virginia were denied the truth about the availability of beds in hospitals. Citizens were also concerned about transportation services and situations in which consumers find themselves in hospitals far away from where they live with no way to get home. Another citizen suggested that the Deeds Commission create an expert panel to look at workforce development.

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For more information, see the [Joint Subcommittee's website](#) or contact the Division of Legislative Services staff:

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