



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

September 23, 2019, at 1:00 p.m.

Pocahontas Building, Senate Committee Room A

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The Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century (the Joint Subcommittee) met in Richmond with Senator R. Creigh Deeds, chair, presiding.¹ 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: Department of Behavioral Health and Developmental Services Update

Mira Signer, Acting Commissioner, Department of Behavioral Health and Developmental Services

Commissioner Signer presented an update on pending projects within the Department of Behavioral Health and Developmental Services (DBHDS). These projects include the implementation of STEP-VA, modifications to the provision of crisis services, addressing the hospital census, the addition of beds at Catawba State Hospital, and the progress of the SB 1488 Work Group.

The Commissioner began by reviewing the status of implementation of each step of STEP-VA, including milestones to date and future tasks for completion. She highlighted the formulation of the STEP-VA Advisory Committee (STAC), successes of implementation of same-day access, and investments made in building staff capacity for interventions that are evidence-based and trauma-informed. The Commissioner discussed the shortcomings of the current crisis system in Virginia. She reviewed the planned future crisis system key elements, including development of a crisis hotline and a mobile crisis response mechanism. Hallmarks of the planned future crisis response system include allowing the caller to define the crisis, 24-hour, seven-day-a-week availability, the ability to serve individuals in their natural environments and to build on natural support structures, the utilization of specialized trained staff, and the ability to connect individuals to follow-up services and supports. The Commissioner highlighted how other states have benefited from implementing best practices in their crisis response systems.

Commissioner Signer then addressed the hospital census crisis and how the census pressures may be addressed. She reviewed statewide temporary detention order and hospital admission trends and explained that, in response to this emergent crisis, DBHDS is temporarily adding 56 beds over the next two years at Catawba State Hospital. The Commissioner concluded by

¹ **Members Present:** Senator R. Creigh Deeds, Senator George L. Barker, Delegate Lashrecse D. Aird, Delegate Robert B. Bell, Delegate T. Scott Garrett, Delegate Patrick A. Hope, Delegate Margaret B. Ransone, Delegate L. Nick Rush, Delegate Vivian E. Watts

Members Absent: Senator John A. Cosgrove, Jr., Senator Emmett W. Hanger, Jr., Senator Janet D. Howell

highlighting the topics covered by the SB 1488 Work Group and providing an overview of the work group's meetings to date, as well as topic plans for future meetings.

Throughout the presentation, Commissioner Signer responded to questions from the Joint Subcommittee members regarding the effectiveness of the current implementation of same-day access, the potential role of telemedicine services in the implementation of STEP-VA, and the costs associated with adding beds at Catawba State Hospital.

Presentation: Behavioral Health Redesign Update: Advancing Proactive, Evidence-Based Solutions

Dr. Alyssa M. Ward, Ph. D., LCP, Department of Medical Assistance Services

Dr. Lisa Jobe-Shields, Deputy Director, Community Behavioral Health, Department of Behavioral Health and Developmental Services

Dr. Ward and Dr. Jobe-Shields co-presented on the status of the Behavioral Health Redesign (BH Redesign) on behalf of the Department of Medical Assistance Services (DMAS) and DBHDS. Dr. Ward described the goals and vision of the BH Redesign. These goals include establishing a full continuum of mental health services from prevention services to acute services, adopting solutions with measurable effectiveness and quality, and ensuring the coordination of systems across state agencies. The overall vision of the BH Redesign is to provide high quality, evidence-based, trauma-informed, and cost-effective mental health care to Medicaid members.

Dr. Ward highlighted BH Redesign efforts since May 2019. She explained that more than 20 stakeholder work group meetings have occurred, a Mercer Rate Study and Fiscal Impact Analysis is being completed, and efforts are underway to align the BH Redesign with other key initiatives. Dr. Ward described six critical BH Redesign services: the Partial Hospitalization Program (PHP), Multi-Systemic Therapy (MST), the Program of Assertive Community Treatment (PACT), the Intensive Outpatient Program (IOP), Functional Family Therapy (FFT), and Comprehensive Crisis Services.

Dr. Jobe-Shields discussed these service priorities in more detail and explained how a mobile response mechanism could be more successful in linking members to appropriate services. She explained how a lack of alternative crisis services has contributed to the increasing number of temporary detention orders and explained how programs like PACT can help to permanently decrease capacity and reliance on state psychiatric beds. Dr. Jobe-Shields explained how the BH Redesign leverages Medicaid dollars to support the alignment of multiple behavioral health efforts, including the implementation of the Family First Prevention Act, the Juvenile Justice Transformation, and the Governor's Children's Cabinet Work Group on Trauma-Informed Care.

Dr. Ward concluded by summarizing how BH Redesign implementation will support Virginia's ability to apply for the §1115 Serious Mental Illness Waiver Opportunity. This waiver would provide new federal dollars to pay for an adult psychiatric residential treatment benefit, creating new capacity and alternatives to temporary detention orders. Dr. Ward stressed that Virginia must first implement the BH Redesign to be considered eligible for the waiver.



Public Comment

Several citizens and advocates addressed the Joint Subcommittee and shared their personal experiences, expressed various concerns, and made suggestions regarding mental health services in the Commonwealth.

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

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