



---

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

December 6, 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)

---

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.<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](#).

### **Discussion: Implementation of Behavioral Health Redesign and STEP-VA**

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

*Dr. Alexis Aplasca, Chief Clinical Officer, Department of Behavioral Health and Developmental Services*

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

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

Dr. Ward and Dr. Aplasca presented to the members on the plan and vision of Behavioral Health Redesign (Redesign) and how Redesign and STEP-VA work together. Dr. Ward noted that Medicaid is currently the largest payer of behavioral health services in the Commonwealth and that Medicaid expansion includes populations that have not had access to mental health care for a long time. She also noted that Virginia is currently paying for mental health services that have not been updated for almost 20 years and the current rates are outdated. She further pointed out the lack of availability, access, and alternatives to inpatient treatment in Virginia have contributed to the rising state hospital census. Considering all of this, Dr. Ward said, Redesign is a natural response to all of the different system needs Virginia has at this time.

Dr. Aplasca discussed the current priorities for Redesign, which involve helping with the state inpatient bed crisis. She talked about how many Virginians are seeking mental health care through emergency rooms while in a state of crisis because there is a lack of community-based crisis response services. The lack of such services contributes to a cycle of emergency room visits and inpatient hospitalization. She talked about how addressing the needs of individuals currently admitted to inpatient hospitals is a priority, and Redesign services in the proposed budget include high acuity, intensive services that are effective in reducing admission and

---

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

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

recidivism. The current budget proposal for Redesign seeks permission to implement six evidence-based services that provide options for diversion from or step-down out of inpatient hospitals: (i) partial hospitalization programs (PHP); (ii) intensive outpatient programs (IOP); (iii) Program of Assertive Community Treatment; (iv) multi-systemic therapy; (v) functional family therapy; and (vi) comprehensive crisis services. Dr. Ward gave an overview of each of those services to the members of the General Assembly, who remarked that it seems like the PHP and IOP may be the most urgent for Virginia right now, and they inquired about increasing the focus on those services. Dr. Ward expressed that while the PHP and IOP are critical, they view each of the services as equal parts of a puzzle.

Next, Dr. Ward and Dr. Aplasca provided a look at how the STEP-VA and Redesign initiatives are similar and different. STEP-VA addresses only people who are served through community services boards (CSBs), and Redesign addresses any of the 1.4 million people in Virginia who are served through Medicaid. STEP-VA ensures that all 40 CSBs provide access to nine core service categories, and Redesign ensures that all public and private health care providers who accept Medicaid, including CSBs, will have rates established or refreshed for various behavioral health services. Services in STEP-VA are defined within nine distinct steps and may encompass one or more types of services and are based on service categories in the CSBs. Redesign includes individual services that are part of a comprehensive continuum. For STEP-VA, service categories have been defined and an implementation timeframe is laid out in the Code of Virginia. For Redesign, implementation is multi-phased and can be modified to align with the priorities of Virginia.

Dr. Ward and Dr. Aplasca further described how STEP-VA and Redesign support each other and work together. They said continuing to work on these two initiatives through a combined effort will provide various benefits, including Medicaid rates that provide sustainability for STEP-VA services and other CSB services, maximizing state general funds in the mental health system, and avoiding development of differential public and private systems of care. The presenters exhibited how the two initiatives support each other by illustrating crisis services provided by each and by walking the members through a hypothetical. Members noted how the various services discussed would be ideal, but they asked how long it would take to actually implement them across Virginia. Dr. Ward stated that the regulatory process would require about an 18-month timeframe.

Commissioner Signer and Dr. Jobe-Shields then provided a brief update to the members on the current status of the implementation of STEP-VA and the projections for the implementation timeline. The projected activities between December 2019 and June 2020 include monitoring and supporting implementation of same day access and primary care screening, supporting CSBs in installation of outpatient and crisis services, utilizing the results of the comprehensive needs assessment and gathering additional feedback to improve the implementation process, and collaborating with the executive and legislative branches to acquire funding for STEP-VA.

### **Discussion: Recommendations for 2020 Session**

The Joint Subcommittee discussed various items and suggestions that were proposed during the interim. The Joint Subcommittee agreed to continue discussions on the following items:

- Behavioral Health Redesign
- STEP-VA



- Providing additional resources to treat individuals with behavioral health needs and acute, medically complex health care needs, including:
  - Development of a funding stream and mechanism similar to the Local Inpatient Purchase of Services Funds to allow community services boards to pay for admission to private hospitals for a combination of medical and psychiatric services;
  - Evaluation of the need for specialized beds for geriatric and medically complex patients; and
  - Creation of a specialized inpatient rate for individuals with intellectual disabilities and developmental disabilities (ID/DD) and mental health treatment needs and designation of additional resources to support specialized training for individuals providing services to this population.
- Providing additional resources for individuals who are intoxicated or require detoxification and who are experiencing a mental health crisis, including:
  - Evaluating the Crisis Intervention Team Assessment Center (CITAC) model as an option for diverting individuals from state hospitals; and
  - Amending statutory provisions for involuntary temporary detention of individuals in need of medical services to include intoxicated individuals;
- Establishing a Civil Commitment Work Group to continue to examine the Commonwealth's civil commitment process to identify ways to improve the process and reduce trauma for those involved in the process.
- Extending the emergency custody period to up to 24 hours for all individuals or for individuals with acute medical conditions or who are intoxicated;
- Improving the evaluation process to facilitate quicker access to services by expanding the categories of individuals who may conduct an evaluation pursuant to § 37.2-808;
- Enhancing data collection, including:
  - Mandating the reporting of daily bed utilization by psychiatric wards and hospitals, additional patient diagnosis information, staffed capacities, and reasons for denial of admissions;
  - Revising the bed registry to allow for better data collection and monitoring of the emergency custody process; and
  - Leveraging emergency department care coordination technology to improve care for individuals with psychiatric needs through better linkages and coordination;
- Virginia Behavioral Health Practitioner Student Loan Forgiveness Program to address behavioral health care workforce shortages.
- Legislation creating a pilot program to facilitate the sharing of data regarding individuals in jails who have received services from a CSB that would utilize existing data from diverse systems, match data about individuals who have received services from CSBs and individuals who are in jails, and notify CSBs regarding the need to communicate



information about identified individuals to the jail in which the individual is located. Implementation of the pilot program would require:

- A one-time \$144,000 appropriation to pay for development of computer code to facilitate the automatic collection of data from the Department of Behavioral Health and Developmental Services' LIDS system to allow cross-matching of data to identify individuals in jails who have previously received services from a community services board and who meet the criteria for sharing of data between systems.
- An appropriation of \$65,000 per year for 1 full-time equivalent position at the Department of Behavioral Health and Developmental Services to facilitate notification of CSBs regarding clients who are currently in jail who meet the criteria for sharing of data between systems and about whom the CSB will need to share information with the jail
- Amending § 53.1-133.03(1) to establish the obligation of health care providers who have been notified that an individual to whom they have provided services is incarcerated to disclose to the jail any information necessary and appropriate for the continuation of care and to provide legal protections for health care providers who provide such information.
- Providing funding to fully implement the provisions of SB 1406 (2019), which required school boards to increase the number of school counselors employed by the board to ensure the following ratios for the 2019-2020 school year:
  - For elementary schools: one school counselor available for at least one hour for every 75 students; one school counselor available full time for schools with 375 students; for schools with more than 375 students, one additional school counselor available for one hour per day for every 75 students over 375.
  - For middle schools: one school counselor available for at least one hour for every 65 students; one school counselor available full time for schools with 375 students; for schools with more than 325 students, one additional school counselor available for one hour per day for every 65 students over 325.
  - For high schools: one school counselor available for at least one hour for every 60 students; one school counselor available full time for schools with 300 students; for schools with more than 300 students, one additional school counselor available for one hour per day for every 60 students over 300.
- Amending the Code of Virginia to further reduce staff-to-student ratios for school counselors to ensure one full-time school counselor for every 250 students in grades K through 12.
- Amending the Code of Virginia to establish staffing ratios for other specialized instructional support staff, including school psychologists, school social workers, and school nurses that reflect national recommendations, including:
  - One school psychologist for no more than 500 to 750 students (National Association of School Psychologists)
  - One school social worker for every 250 general education students (National Association of School Social Workers)



- One school nurse for every 750 students (National Association of School Nurses)
- Taking steps to implement universal mental health screenings in schools statewide. As a preliminary step, a proposal would create a multidisciplinary team composed of school counselors, school psychologists, school social workers, school administrators, and others, including student family members, teachers, resource officers, and community partners to evaluate the need for, the benefits and risks of, and the barriers to implementing universal mental health screenings in schools, and it would develop plans for implementation.
- Recommendations developed by the work group convened by the Department of Health and Developmental Services and the Institute for Law, Psychiatry and Public Policy at the University of Virginia to study matters related to the use of mandatory outpatient treatment in the Commonwealth, including:
  - Increasing the length of the initial order for mandatory outpatient treatment from 90 days to 180 days.
  - Authorizing a judge or special justice to convene a status conference to review compliance with the mandatory outpatient treatment plan or discharge plan.
  - Eliminating the requirement that the person who will be subject to the mandatory outpatient treatment plan following discharge from a period of involuntary inpatient treatment agree to the proposed outpatient treatment plan prior to discharge.
  - Clarifying that a mandatory outpatient treatment order remains in force until it is rescinded by the court or it expires, even if the person revokes his agreement.
  - Providing that a CSB petitioning the court for enforcement of a mandatory outpatient treatment (MOT) due to material noncompliance with the order must also allege that noncompliance occurred despite efforts by the CSB to assist the person.
  - Clarifying the scope of the examination that can be ordered by the court when a petition for review of a mandatory outpatient treatment order is filed.
  - Providing that the criteria used by the court to determine whether to continue, alter, rescind, or extend a mandatory outpatient treatment order are the same as those used by the court to determine whether to enter the initial order for mandatory outpatient treatment.
- Recommendations made by the work group established by Dr. Richard Bonnie of the Institute of Law, Psychiatry, and Public Policy at the University of Virginia to study issues related to the emergency custody and temporary detention processes in the Commonwealth, which include:
  - Extending the period of emergency custody to the time at which a temporary detention order is executed.
  - Requiring prompt execution of the temporary detention order.
  - Allowing a magistrate to change the designated alternative transportation provider at any time until transportation actually begins.



- Allowing a law-enforcement officer to transport an individual when an alternative transportation provider becomes unable to continue to provide transportation for any reason within his jurisdiction.

Some members expressed concerns about moving forward with the proposal concerning universal mental health screening in schools.

### **Public Comment**

Citizens 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:

Taylor Mey, Attorney, DLS  
tmey@dls.virginia.gov  
804-698-1870

---