

Joint Subcommittee to Study Mental
Health Services in the 21st Century:
2017 Legislative Update

Jt. Subcommittee 2017 Recommendations

On Dec. 6, 2016, the Jt. Subcommittee endorsed 12 legislative or budgetary proposals that had been developed by its work groups:

- 4 from Work Group #1: Service System Structure & Financing
- 3 from Work Group #2: Criminal Justice Diversion
- 2 from Work Group #3: Crisis & Emergency Services
- 3 from Work Group #4: Housing

The Jt. Subcommittee also endorsed a proposal to extend its work for two years

Jt. Subcommittee

2017 Recommendations

Extend the operation of the Jt. Subcommittee for two years

- **PASSED:** Budget Item 1(V) extends the work of the Jt. Subcommittee until December 1, 2019
- **PASSED:** Budget Item 6(D) appropriates \$250,000 to support the work of the Jt. Subcommittee, including authorizing the hiring of a contractor to
“evaluate the current [community-based system of service delivery] along with alternative delivery systems to provide the necessary information and assistance to the subcommittee in determining the most appropriate delivery system, or modifications to the current delivery system, that ensures access, quality, consistency and accountability.”

Jt. Subcommittee

2017 Recommendations

Service System Structure & Financing Work Group Recommendations

RECOMMENDATION 1: Expand CSB mandated services to include the core services included in the STEP-VA model and fully fund same day access & outpatient primary care screening

- **PASSED:** 2017 Acts Ch. 607 (SB 1005 (Hanger)) & 2017 Acts Ch. 683 (HB 1549 (Farrell))
- **PASSED:** Budget Item 315(GG) appropriates \$4.9 million in FY2018 to implement same day access for community behavioral health services
 - Budget Item 306(XXX)(1)(b) expands eligibility for the GAP program from 80% to 100% of the federal poverty level effective Oct. 1, 2017
 - Budget Item 306 appropriates \$2.0 million in general funds & \$2.0 million in matching Medicaid funds in FY2018 to support GAP expansion

Jt. Subcommittee

2017 Recommendations

Service System Structure & Financing Work Group Recommendations

RECOMMENDATION 1: Expand CSB mandated services to include 10 core services included in the STEP-VA model

- **Bill summary:** Effective July 1, 2019, the core of services provided by CSBs & BHAs shall include:
 - Same-day access to mental health screening services and
 - Outpatient primary care screening and monitoring services
- Effective July 1, 2021, the core of services provided by CSBs & BHAs shall expand to include:
 - Crisis services for individuals with mental health or substance use disorders;
 - 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 & veterans;
 - Care coordination services; and
 - Case management services

Jt. Subcommittee 2017 Recommendations

Service System Structure & Financing Work Group Recommendations

RECOMMENDATION 2: The Joint Commission on Health Care should study options for increasing access to telemental health services, including the issues and recommendations set forth in the report of the Telemental Health Work Group and report recommendations to the Jt. Subcommittee

- **PASSED:** Budget Item 30(B)
 - Increased to a two-year study; report due on Nov. 1, 2018

Jt. Subcommittee

2017 Recommendations

Service System Structure & Financing Work Group Recommendations

RECOMMENDATION 3: Allow for transmission of records related to involuntary admission proceedings to DBHDS to enable DBHDS to maintain its statistical archives and conduct research on the consequences and characteristics of such proceedings

- **PASSED:** 2017 Acts Ch. 188 (HB 1551 (Farrell)) & 2017 Acts Ch. 719 (SB 1006 (Hanger))
- **Bill Summary:** Requires the Executive Secretary of the Supreme Court to provide electronic data, including individually identifiable information, on ECO, TDO, and commitment proceedings to DBHDS upon request and provides that DBHDS may use such data for the purpose of developing and maintaining statistical archives, conducting research on the outcome of such proceedings, and preparing analyses and reports. DBHDS is required to take all necessary steps to protect the security and privacy of the records and information provided in accordance with state and federal law and regulations governing health privacy.

Jt. Subcommittee

2017 Recommendations

Service System Structure & Financing Work Group Recommendations

RECOMMENDATION 4: DBHDS & DMAS should study the use of the Involuntary Mental Commitment Fund including:

- Potential use of the IMCF to fund both involuntary temporary detention and voluntary treatment to reduce the use of involuntary treatment;
- Potential benefits of transferring management of the IMCF from DMAS to DBHDS; and
- Any other strategies for improving use of the funds in the IMCF to improve access to behavioral health services
- **Did Not Pass:** House Bill 1550 (Farrell) & Senate Bill 1007 (Hanger)

Jt. Subcommittee

2017 Recommendations

Criminal Justice Diversion Work Group Recommendations

RECOMMENDATION 1: Authorize the State Board of Corrections to conduct reviews of in-custody death of inmates in jails in order to determine the circumstances surrounding the inmate's death and whether the facility was in compliance with BOC regulations

- **PASSED:** 2017 Acts Ch. 759 (SB 1063 (Deeds))
- **PASSED:** Budget Item 394(O) appropriates \$100,000 if FY 2018 to fund a position to conduct death reviews
- **Bill Summary:** Authorizes BOC to conduct a review of the death of any inmate in a local or regional jail in order to determine the circumstances surrounding the inmate's death and whether the facility was in compliance with the BOC regulations. BOC shall develop and implement policies and procedures for the review of any death. BOC (i) may request DOC to conduct a death review if BOC cannot adequately conduct such review because it is already in the process of conducting another review and (ii) shall request OSIG to review the operation of any entity other than a jail if such review is necessary to complete the death review. The bill also specifies qualifications for BOC members.

Jt. Subcommittee

2017 Recommendations

Criminal Justice Diversion Work Group Recommendations

RECOMMENDATION 2: Require that all persons admitted to jail be screened for mental illness using a scientifically validated instrument designated by DBHDS. If the screening indicates that a person may have a mental illness, a mental health professional must assess his need for services within 72 hours

- HB 1783 (Bell, R.B.) & SB 940 (Cosgrove)
 - **Did Not Pass:** \$4.2 million fiscal impact
- **PASSED:** Budget Item 70(J)(2) & (3):
 - Requires that all persons admitted to a jail be screened
 - The Compensation Board will review its jail staffing standards, including the costs and benefits of providing an assessment of the need for services within 72 hours of screening
- Governor budget amendment to provide \$442,500 in FY 2018 to the Compensation Board to model a staffing standard

Jt. Subcommittee

2017 Recommendations

Criminal Justice Diversion Work Group Recommendations

RECOMMENDATION 3: DBHDS and other relevant stakeholders shall develop a comprehensive plan for the provision of forensic discharge planning services at jails for persons who have serious mental illnesses who are to be released from such facilities. The plan shall require that each facility have access to a discharge planner and shall detail the cost considerations associated with the implementation of the plan

- **PASSED:** 2017 Acts Ch. 137 (SB 941 (Cosgrove)) & 2017 Acts Ch. 192 (HB 1784 (Bell, R.B.))
- Report due on Nov. 1, 2017

Jt. Subcommittee

2017 Recommendations

Crisis & Emergency Services Work Group Recommendations

RECOMMENDATION 1: DBHDS and other relevant stakeholders shall 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 implementation of the model

- **Passed:** 2017 Acts Ch. 94 (HB 1426 (Garrett)) & 2017 Acts Ch. 97 (SB 1221 (Barker))
- DBHDS and DCJS to work in conjunction to develop model
- Report due on Oct. 1, 2017

Jt. Subcommittee

2017 Recommendations

Crisis & Emergency Services Work Group Recommendations

RECOMMENDATION 2: The *Code of Virginia* should be amended to facilitate the use of telemental health services to the extent allowable under federal law

- **PASSED:** 2017 Acts Ch. 58 (SB 1009 (Dunnavant)) & 2017 Acts Ch. 110 (HB 1767 (Garrett))
- **Bill Summary:** Provides that a health care practitioner who performs or has performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment, for the purpose of establishing a bona fide practitioner-patient relationship may prescribe Schedule II through VI controlled substances to the patient, provided that the prescribing of such controlled substance is in compliance with federal requirements for the practice of telemedicine. The Board of Pharmacy may register an entity at which such a patient is treated to possess and administer Schedule II through VI controlled substances when such prescribing is in compliance with federal requirements for the practice of telemedicine and the patient is not in the physical presence of a practitioner registered with the U.S. Drug Enforcement Administration.

Jt. Subcommittee

2017 Recommendations

Housing Work Group Recommendations

RECOMMENDATION 1: Provide \$10 million in FY2017-2018 to increase availability of permanent supportive housing units

- **PASSED:** Budget Item 315(AA) appropriates \$4.9 million in FY2018 for permanent supportive housing (increasing from \$4,270,500 to \$9,170,500)
- **PASSED:** Budget Item 313 appropriates \$100,000 to fund a position at DBHDS to oversee the Permanent Supportive Housing program

Jt. Subcommittee

2017 Recommendations

Housing Work Group Recommendations

RECOMMENDATION 2: Add Budget language requiring the Department of Housing and Community Development to develop and implement strategies for housing individuals with serious mental illness

PASSED: Budget Item 108(H) directs DHCD, in conjunction with other agencies and stakeholders, to “develop and implement strategies, that may include potential Medicaid financing, for housing individuals with serious mental illness” and report annually such strategies and their implementation

Jt. Subcommittee 2017 Recommendations

Housing Work Group Recommendations

RECOMMENDATION 3: Add Budget language requiring DMAS to recommend strategies for financing supportive housing services through Medicaid reimbursement

- **Did Not Pass:** Budget amendment offered by Delegate Yost was not adopted