

SJ47 — Recommendations for the 2020 Session

LEGISLATION		
<p>The General Assembly should amend statutory provisions for involuntary temporary detention of individuals in need of medical services to include intoxicated individuals.</p>	<p>SB 738 (Deeds) — Signed by the Governor, Chapter 1267 of the Acts of Assembly</p> <p>HB 1452 (Hope) — Signed by the Governor, Chapter 1233 of the Acts of Assembly</p>	<p>Clarifies that a person can be subject to a temporary detention order for observation and treatment related to intoxication where the person is located, upon a finding that (i) probable cause exists to believe the person is incapable of making or communicating an informed decision regarding treatment due to intoxication and (ii) the medical standard of care calls for observation, testing, or treatment within the next 24 hours to prevent injury, disability, death, or other harm to the individual resulting from such intoxication. The bill limits the duration of such temporary detention to 24 hours.</p> <p>The bill also clarifies that a person subject to emergency custody due to a mental illness pursuant to § 37.2-808 shall remain in custody until (a) a temporary detention order is issued in accordance with § 37.2-809; (b) an order for temporary detention for observation, testing, or treatment is entered in accordance with § 37.2-1104, ending law-enforcement custody; (c) the person is released; or (d) the emergency custody order expires.</p> <p>The bill directs the Department of Behavioral Health and Developmental Services to convene a work group to develop standard policies and procedures regarding medical temporary detention orders.</p>

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<p>The General Assembly should improve 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.</p>	<p>HB 1351 (Watts) was continued to 2021 by voice vote.</p> <p>DBHDS will study the issues raised by this bill during the 2020 interim.</p>	<p>As introduced, the bill would have expanded the category of individuals who may evaluate a person who is the subject of an emergency custody order to determine whether the person meets the criteria for temporary detention to include any person described in the definition of "mental health professional" in § 54.1-2400.1 who (i) is skilled in the diagnosis and treatment of mental illness, (ii) has completed a certification program approved by the Department of Behavioral Health and Developmental Services, and (iii) complies with regulations of the Board of Behavioral Health and Developmental Services related to performance of such evaluations.</p> <p>NOTE: HB 1699 (Aird) (signed by the Governor, Chapter 918 of the Acts of Assembly) and SB 768 (barker) (signed by the Governor, Chapter 919 of the Acts of Assembly) direct the Commissioner of the Department of Behavioral Health and Developmental Services to establish a workgroup to (i) review the current process for conducting evaluations of persons who are subject to emergency custody orders to determine whether they meet the criteria for temporary detention, including any challenges or barriers to timely completion of such evaluations and factors giving rise to delays in completion of such evaluations, and (ii) develop a comprehensive plan to expand the individuals who may conduct effective evaluations of persons who are subject to emergency custody orders to determine whether they meet the criteria for temporary detention. The work group shall report its findings and conclusions and the comprehensive plan to the Governor and the Chairmen of the House Committee on Health, Welfare and Institutions, Senate Committee on Education and Health, and Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century by December 1, 2020.</p>
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<p>The General Assembly should enhance data collection, including:</p> <ul style="list-style-type: none"> • 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. 	<p>SB 739 (Deeds) — Signed by the Governor, Chapter 235 of the Acts of Assembly</p> <p>HB 1453 (Hope) — Signed by the Governor, Chapter 367 of the Acts of Assembly</p>	<p>Directs the Department of Behavioral Health and Developmental Services to establish a work group to evaluate the role of, and make recommendations related to improving the structure and effectiveness of, the psychiatric bed registry in collecting and disseminating information about the availability of acute psychiatric beds in the Commonwealth. The work group shall report its findings, conclusions, and recommendations to the Governor and the Chairmen of the Senate Committee on Education and Health, the House Committee on Health, Welfare and Institutions, and the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century by November 1, 2020.</p>
<p>The General Assembly should amend subdivision A 1 of § 53.1-133.03 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.</p>	<p>SB 748 Hanger - incorporated into SB 656 (Boysko), which was signed by the Governor; Chapter 837 of the Acts of Assembly</p> <p>HB 1328 (Watts) — Signed by the Governor; Chapter 836 of the Acts of Assembly</p>	<p>Provides that a health care provider who has been notified that a person to whom he has provided services within the last two years is committed to a local or regional correctional facility shall, upon request by the local or regional correctional facility, disclose to the local or regional correctional facility where the person is committed any information necessary to ensure the continuity of care of the person committed. The bill also provides protection from civil liability for such health care provider, absent bad faith or malicious intent.</p>
<p>The General Assembly should increase the length of the initial order for mandatory outpatient treatment from 90 days to 180 days.</p>	<p>HB 713 (Hope) was tabled by the House</p>	<p>As introduced, this bill would have extended from 90 days to 180 days the maximum time period a court may order mandatory outpatient treatment for adults and juveniles. The</p>

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<p>The General Assembly should authorize a judge or special justice to convene a status conference to review compliance with the mandatory outpatient treatment plan or discharge plan.</p>	<p>Committee on Appropriations.</p> <p>This bill has been referred to the Joint Subcommittee for study during the 2020 interim.</p>	<p>bill provided that any order for mandatory outpatient treatment may include provisions for periodic reviews to monitor the person's (i) access to and satisfaction with services and supports provided under the treatment plan and (ii) compliance with the mandatory outpatient order. The district court judge or special justice may require attendance at such conferences by the person, the community services board staff member responsible for monitoring the person's compliance with the order, and such other persons as deemed appropriate. If agreed upon by the person and monitoring community services board, the judge or special justice may (a) allow such review conferences to be conducted through an electronic video and audio or telephonic communication system and (b) make adjustments to the treatment plan.</p>
<p>The General Assembly should eliminate 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.</p>	<p>HB 700 (Hope) was tabled by the House Committee on Appropriations.</p> <p>This bill has been referred to the Joint Subcommittee for study during the 2020 interim.</p>	<p>As introduced, this bill would have eliminated the patient consent requirement for minors age 14 or older and adults before mandatory outpatient treatment may be ordered but would not change the requirement that a minor's parents must agree to abide by the minor's treatment plan.</p>

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<p>The General Assembly should provide that a community services board (CSB) petitioning the court for enforcement of a mandatory outpatient treatment order due to material noncompliance with the order must also allege that noncompliance occurred despite efforts by the CSB to assist the person.</p>	<p>HB 702 (Hope) was continued to 2021 in the House Committee on Health, Welfare and Institutions.</p> <p>This bill has been referred to the Joint Subcommittee for study during the 2020 interim.</p>	<p>As introduced, this bill would have clarified that a community services board must make efforts to assist a person with complying with the provisions of a mandatory outpatient treatment order or order authorizing discharge to mandatory outpatient treatment following inpatient treatment and that only in cases in which a person fails to comply with a mandatory outpatient treatment or order authorizing discharge to mandatory outpatient treatment following inpatient treatment despite efforts of the community services board to assist the person may the community services board petition for review of the mandatory outpatient order or order authorizing discharge to mandatory outpatient treatment following inpatient treatment.</p>
<p>The General Assembly should clarify 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.</p>	<p>HB 699 (Hope) was tabled by the House Committee on Appropriations.</p>	<p>As introduced, this bill would have clarified the types of evidence that may be considered by a court in determining whether continued mandatory outpatient treatment is warranted; clarified the criteria that a court is required to consider when reviewing or determining whether to rescind or continue a mandatory outpatient order or order for mandatory outpatient treatment following inpatient treatment; provided that if a person who is the subject of a mandatory outpatient treatment order or order authorizing discharge to mandatory outpatient treatment following inpatient treatment files a petition for rescission of the order, the court shall appoint an examiner to</p>
<p>The General Assembly should provide 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.</p>	<p>This bill has been referred to the Joint Subcommittee for study during the 2020 interim.</p>	

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<p>The General Assembly should clarify 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.</p>		<p>personally examine the person to determine whether he meets the criteria for inpatient admission or mandatory outpatient treatment; limited the frequency with which a person who is the subject of a mandatory outpatient treatment order or order authorizing discharge to mandatory outpatient treatment following inpatient treatment may petition for review of such order to no more than once during each 90-day period following entry of such order; and made clear that a mandatory outpatient treatment order or order authorizing discharge to mandatory outpatient treatment following inpatient treatment remains in full force and effect unless rescinded by the court and that revocation of a person's agreement to abide by a mandatory outpatient treatment plan or discharge plan that has been approved by the court shall not rescind the mandatory outpatient treatment order or order authorizing discharge to mandatory outpatient treatment following inpatient treatment.</p>
<p>The General Assembly should allow a magistrate to change the designated alternative transportation provider at any time until such time transportation actually begins.</p>	<p>SB 602 (Hanger) — Incorporated into SB 603 (Hanger) by the House Committee on Health, Welfare and Institutions.</p> <p>HB 1117 (Bell) — Incorporated into HB 1118 (Bell) by the House Committee on Health, Welfare and Institutions.</p>	<p>As introduced, this bill would have established procedures for changing the transportation provider designated to provide transportation to a minor or a person who is the subject of a temporary detention order.</p>

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<p>The General Assembly should allow a law-enforcement officer in a jurisdiction in which an alternative transportation provider becomes unable to continue to provide transportation for any reason to take custody of the individual and complete transportation.</p>	<p>SB 603 (Hanger) — Signed by the Governor, Chapter 880 of the Acts of Assembly</p> <p>HB 1118 (Bell) — Signed by the Governor, Chapter 879 of the Acts of Assembly</p>	<p>Establishes procedures for changing the transportation provider designated to provide transportation to a minor or a person who is the subject of a temporary detention order and provides that in cases in which an alternative transportation provider providing transportation of a minor or a person who is subject to an involuntary admission order becomes unable to continue providing transportation, local law enforcement shall take custody of the minor or person and provide transportation to the proper facility.</p>
<p>The General Assembly should adopt the Interjurisdictional Compact on Psychology.</p> <p>***This legislation was first discussed at the January 7, 2020, meeting and was not previously considered as a recommendation of the Joint Subcommittee.</p>	<p>SB 760 (Deeds) — Signed by the Governor, Chapter 1162 of the Acts of Assembly</p>	<p>Authorizes Virginia to become a signatory to the Psychology Interjurisdictional Compact. The Compact permits eligible licensed psychologists to practice in Compact member states, provided that they are licensed in at least one member state. The bill has a delayed effective date of January 1, 2021, and directs the Board of Psychology to adopt emergency regulations to implement the provisions of the bill.</p>

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BUDGET AMENDMENTS		
<p>The General Assembly should fully fund implementation of System Transformation, Excellence and Performance in Virginia (STEP-VA).</p>	<p>***Fully funded in the Governor’s introduced budget. This funding was unalloted in the Reconvened Session.</p>	
<p>The General Assembly should provide funding to fully implement each step of Behavioral Health Redesign.</p>	<p>***Fully funded in the Governor’s introduced budget. This funding was unalloted in the Reconvened Session.</p>	
<p>The General Assembly should provide additional resources for individuals who are intoxicated, or require detoxification, who are experiencing a mental health crisis, including Crisis Intervention Team Assessment Centers that provide an option for diverting individuals from state hospitals.</p>	<p>Item 322 #6s (Deeds) — Not included Item 320 #9c – Budget language included to develop a plan to convert Crisis Intervention Team Assessment Centers (CITACs) to 24-hour, seven-day operations and moving toward regional CITAC sites.</p>	<p>Provided \$25.3 million each year from the general fund to convert eight Crisis Intervention Team Assessment Centers (CITAC) to 24/7 operations and to fund regional CITAC sites. These investments would provide additional resources for individuals who are intoxicated, or require detoxification, who are experiencing a mental health issue as an alternative to placements in state mental health hospitals.</p>

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<p>The General Assembly should provide funding for a pilot program to facilitate the sharing of data regarding individuals in jails who have received services from a community services board (CSB) that utilizes existing data from diverse systems, matches data about individuals who have received services from CSBs and individuals who are in jails, and provides appropriate notification of CSBs regarding the need to communicate information about identified individuals to the jail in which the individual is located. Implementation of such pilot program would require:</p> <ul style="list-style-type: none"> • 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 Development Services' (DBHDS) Local Inmate Data System to allow cross-matching of data to identify individuals in jails who have previously received services from a CSB and who meet the criteria for sharing of data between systems. • An appropriation of \$65,000 per year for one full-time equivalent (FTE) position at DBHDS 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. 	<p>Item 322 #1s (Deeds) — Not included Item 322 #7h (Watts) — Not included</p>	<p>Provided \$209,000 the first year and \$65,000 the second year from the general fund and one position for a pilot program to facilitate the sharing of data regarding individuals in jails who have received services from a community service board. The appropriation included a one-time appropriation of \$144,000 for the development of code to facilitate the data sharing, and an ongoing \$65,000 appropriation for one position to administer the pilot program.</p>
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<p>The General Assembly should provide funding to implement a five-year pilot program in six localities to add one mental health counselor to each public middle school and high school in the participating locality. Proposed localities include: Albemarle, Alexandria, Charlotte, Norfolk, Williamsburg, and Wise.</p>	<p>Item 144 #11s (Deeds) — Not included</p> <p>Item 144 #33h (Watts) — Not included</p>	<p>Provided \$12.3 million GF each year to implement a five-year pilot program that provides full-time mental health counselors in middle and high schools in six school divisions. The Department of Education would determine the recipients of the pilot program, taking into consideration geographical representation of the pilot divisions, establish guidelines for the pilots, and develop a report at the end of the five-year pilots.</p> <p>Provided \$1 million in each year to implement a pilot program to provide mental health counselors in selected school divisions. The proposed five-year pilot program would add one mental health counselor in each public middle school and high school in each of six localities selected to participate.</p>
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