Advisory Panel on Mental Health Crisis Response and Emergency Services

Meetings: The panel has met three times (May 3, May 17 and June 8) by conference call.

Consensus on Key Needed Changes: After sharing individual perspectives on what is working, what is not working, and what is needed in regard to crisis response and emergency services, both on a service level and a systems level, the panel developed a consensus on the key needed changes across three major categories of care:

A. Prevention and Community Treatment
1. The need for a standardized set of "core" community services that are available equally throughout Virginia.
2. The critical need for stable housing.

B. Intervention
1. The need for standardized set of "core" emergency services that are available equally throughout Virginia.
2. The need to properly understand and address the problem of psychiatric boarding in hospital EDs, including not only individuals in the ED under an ECO but also individuals who are in mental health crisis in the ED but who are not under an ECO.
3. The need for a regional Psychiatric Emergency Services Unit – providing individuals in mental health crisis with a safe place in the community where they can be engaged in active treatment and helped with their crisis for a period of time before a decision is made on whether inpatient psychiatric care – or other care. An emergency services model that allows for more time for engagement with the individual in mental health crisis, in a therapeutic setting, where the emphasis is placed on consumer choice and recovery, would result in fewer involuntary hospitalizations and less coercion.
4. The need for a medical model of transport for individuals in mental health crisis instead of the current law enforcement model, to reduce trauma and stigma for persons in crisis, to make transport more readily available, and to enable law enforcement to be involved only when actually needed to ensure safety.
5. The need for increased use of tele-psychiatry, not only to make emergency psychiatric services more readily available in rural communities but also to make them available in urban communities, where there is also a shortage of psychiatrists for emergency care.

C. Transition from Crisis
1. The need to invigorate Mandatory Outpatient Treatment (MOT) as an option to involuntary commitment
2. The need for prompt follow-up services in the community following discharge

Priorities for Action: The panel identified these key areas as the most important for our immediate focus and work:

1. The regional Psychiatric Emergency Services (PES) Unit
A work group made up of Alison Land, Ted Stryker, Kurt Hooks, Derek Curran, and Dr. Lo was formed, with the following key tasks:
(1) research and develop data to provide numbers demonstrating the current crisis in psychiatric boarding in the ED and the costs incurred by the EDs and their hospital systems as a result (and illustrating, if possible, the resulting impacts on the persons in crisis because of the delays in treatment)

(2) research models for a regional PES unit already operating in other jurisdictions, including any data that may help to demonstrate the efficacy of those models, both in terms of costs incurred and outcomes experienced by patients.
(3) describe a possible regional PES unit model for Virginia, and what changes in Virginia statutes, regulations, policies and practices, and what appropriations, might be needed to make such a unit possible.

2. The use of tele-psychiatry in mental health crisis response

A work group made up of Jane Hickey, Melissa Lucy and Alison Land (along with a Sentara physician chosen by Ms. Land) was formed. Because federal and state statutes, enacted to limit drug prescription abuses, have enacted restrictions that create major challenges for telemedicine more broadly, this group will be linking its work to that of another initiative involving the staff of the UVA telemedicine program and other interested parties, so that we are part of a single coordinated initiative on this.
Related key tasks of this group include:
(1) research and develop data to provide numbers demonstrating the need for tele-psychiatry in both the rural and urban settings
(2) research models for tele-psychiatry, with a particular emphasis on the model developed by UVA
(3) describe a possible model for the use of tele-psychiatry in both the rural and urban setting, and what changes in Virginia statutes, regulations, policies and practices, and what appropriations, might be needed to implement tele-psychiatry in each setting.

3. The medical/alternative model for transport in mental health crises

A work group made up of Jane Hickey, Becky Sterling, and Dean Barker was formed, with the following key tasks:
(1) research and develop data demonstrating the costs of the current law enforcement transport system
(2) research existing alternative transport models in other states and the pilot projects currently being carried out in Virginia
(3) describe a possible model for medical/alternative transport in Virginia, and what changes in Virginia statutes, regulations, policies and practices, and what appropriations, might be needed to implement medical and other alternative transport as the "default" transport for persons in mental health crisis

4. Core Services model

A work group made up of Jim Martinez and Janet Lung was formed to research, review and report on the proposed "core" services set out in the CCBHC demonstration project, STEP VA, and the Transformation Team recommendations to identify the current consensus in the field on the core services that identify an effective community-based behavioral healthcare system, with a particular focus on emergency response services.

Other Important Matters: The panel notes that other important matters beyond these priorities remain on the agenda, including: the use of mandatory outpatient treatment; developing consensus on medical screening guidelines; drug formularies; and the impact of financing on treatment decision-making in emergencies. Every meeting noted the fact that the ongoing shortage of qualified mental health professionals will undermine any effort at reform.

The panel's next scheduled meeting is August 3, 2016 at 3 p.m The work groups will be meeting between now and then.