

## SJ47 Recommendations for 2019 Session

SJ47 RECOMMENDATION	2019 SESSION LEGISLATION
<p>Amend § 37.2-808 to extend the duration of an emergency custody order to allow service of a temporary detention order.</p>	<p>No legislation introduced.</p>
<p>Amend the Code to clarify authority of private hospitals and community services boards to share information about a patient as part of the discharge planning process.</p>	<p>No legislation introduced.</p>
<p>Request that the Department of Behavioral Health and Developmental Services facilitate a stakeholder group to study options for addressing the treatment needs of individuals in mental health crisis who have complex medical needs.</p>	<p><b>SB1488</b> (Hanger) (Chapter 609 of the Acts of Assembly) directs the Secretary of Health and Human Resources to convene a stakeholder work group to examine the causes of the high census at the Commonwealth’s state hospitals for individuals with mental illness including: (i) the impact on such census of the practice of conducting evaluations of individuals who are the subject of an emergency custody order in hospital emergency departments, the treatment needs of individuals with complex medical conditions, the treatment needs of individuals who are under the influence of alcohol or other controlled substances, and the need to ensure that individuals receive treatment in the most appropriate setting to meet their physical and behavioral health care needs and (ii) the potential impact on such census of extending the time frame during which an emergency custody order remains valid, revising security requirements to allow custody of a person who is the subject of an emergency custody order to be transferred from law enforcement to a hospital emergency department, diverting individuals who are the subject of an emergency custody order from hospital emergency departments to other more appropriate locations for medical and psychological evaluations, and preventing unnecessary use of hospital emergency department resources by improving the efficiency of the evaluation process. The work group shall analyze how such issues affect both adults and children, and shall report recommendations for both short- and long-term solutions to the Chairmen of the Joint Subcommittee, House Appropriations, House Courts of Justice, Senate Finance, and Senate Courts of Justice by November 1, 2019.</p>

<b>SJ47 RECOMMENDATION</b>	<b>2019 SESSION LEGISLATION</b>
<p>Request that the Virginia Department of Corrections develop policies to improve the exchange of offender medical information, including electronic exchange of information for telemedicine, telepsychiatry, and electronic medical chart access by health care providers and report on the policies, implementation plan, and related costs by October 2019.</p>	<p><b>HB 2499</b> (Watts) (Chapter 202 of the Acts of Assembly) directs the Department of Corrections to develop policies to improve the exchange of offender medical and mental health information, including policies to improve access to electronic medical records by health care providers and electronic exchange of information for telemedicine and telepsychiatry and to report by October 1, 2019, on its progress in developing such policies to the Chairmen of the Joint Subcommittee, the House Committee on Health, Welfare and Institutions, and the Senate Committee on Education and Health.</p>
<p>Request that the Virginia Department of Corrections develop policies to improve the exchange of offender medical information, including electronic exchange of information for telemedicine, telepsychiatry and electronic medical chart access by health care providers and report on the policies, implementation plan, and related costs by October 2019. (Hanger)</p>	<p><b>Item 391.T.</b> directs the Director of the Department of Corrections to “develop policies to improve the exchange of offender medical information, including electronic exchange of information for telemedicine, telepsychiatry, and electronic medical chart access by health care providers,” consistent with the December 4, 2018, recommendations of the Joint Subcommittee on Mental Health Services in the 21st Century, and to provide a report detailing its policies and implementation plan to the Joint Subcommittee no later than October 1, 2019.</p>
<p>Resolution to continue the work of the Joint Subcommittee for two additional years (through 2021).</p>	<p><b>SJ301</b> (Deeds) (Passed Senate and House) Continues the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the Twenty-First Century for two additional years, through December 1, 2021.</p>
<p>Amend the Code to require the Office of the Executive Secretary of the Supreme Court to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local specialty dockets established in accordance with the Rules of Supreme Court of Virginia and submit a report of these evaluations to the General Assembly.</p>	<p><b>HB 2665</b> (Stolle) (Chapter 13 of the Acts of Assembly) and <b>SB 1655</b> (Cosgrove) (Chapter 51 of the Acts of Assembly) require the Office of the Executive Secretary of the Supreme Court to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local specialty dockets established in accordance with the Rules of Supreme Court of Virginia and submit a report of these evaluations to the General Assembly by December 1 of each year.</p>

SJ47 RECOMMENDATION	2019 SESSION LEGISLATION
<p>Amend § 9.1-102 to require the Department of Criminal Justice Services to establish training standards and publish and periodically update model policies for law-enforcement personnel regarding sensitivity to and awareness of persons experiencing behavioral health or substance abuse crises, including chronic homeless inebriates.</p>	<p><b>HB 2666</b> (Bell, Robert B.) (Passed By Indefinitely in House Courts) and <b>SB 1489</b> (Deeds) (Passed By Indefinitely in Senate Courts) would have required the Department of Criminal Justice Services to establish training standards and publish and periodically update model policies for law-enforcement personnel for sensitivity to and awareness of persons experiencing behavioral health or substance abuse crises.</p> <p>NOTE: Senate Courts of Justice Passed By Indefinitely with Letter, requesting the Department of Criminal Justice Services study the issue and report to the Chairman of the Senate Committee on Courts of Justice by November 1, 2019.</p>
<p>Amend the Code to clarify that the personnel of a state, regional, or local correctional facility may receive medical and mental health information and records from any health care provider concerning any person committed to such correctional facility, even over the objection of such committed person, for the treatment of such person.</p>	<p><b>HB 1942</b> (Bell, Robert B.) (Passed both houses) authorizes the State Board of Corrections (the Board) to establish minimum standards for behavioral health services in local correctional facilities, including (i) requirements for behavioral health screening and assessment for all individuals committed to local correctional facilities, the delivery of behavioral health services in local correctional facilities, and the sharing of medical and mental health information and records concerning individuals committed to local correctional facilities; (ii) requirements for discharge planning for individuals with serious mental illness assessed as requiring behavioral health services upon release from local correctional facilities; (iii) requirements for at least one unannounced annual inspection of each local correctional facility to determine compliance; and (iv) provisions for billing the sheriff in charge of a local correctional facility or superintendent of a regional correctional facility by a community services board that provides behavioral health services in the local or regional correctional facility. The bill also allows the person in charge of a state, regional, or local correctional facility, or his designee, to receive from a health care provider medical and mental health information and records concerning a person committed to such correctional facility, even when such committed person does not provide consent or consent is not readily obtainable, when such information and records are necessary (a) for the provision of health care to the person committed, (b) to protect the health and safety of the person committed or other residents or staff of the facility, or (c) to maintain the security and safety of the facility. The bill clarifies that the administrative personnel of a state, regional, or local correctional facility may receive medical and mental health information and records from any health care provider concerning any person committed to such correctional facility as necessary to maintain the safety of the facility, its employees, or other prisoners.</p> <p>The Governor’s proposed amendment would require the coordination of services provided pursuant to a discharge plan with the family of the individual who is subject to the plan, as appropriate.</p>

SJ47 RECOMMENDATION	2019 SESSION LEGISLATION
<p>Amend the Code to authorize the State Board of Corrections to establish minimum standards for behavioral health services in local correctional facilities. The minimum standards shall provide for forensic discharge planning which includes the coordination of providing behavioral health services throughout a person's term of incarceration and formulating a plan of providing care upon such person's release from a local correctional facility.</p>	<p>Incorporated into <b>HB 1942</b> (Bell, Robert B.) (Passed House and Senate; Governor’s Recommendation pending).</p>
<p>Request that the Department of Behavioral Health and Developmental Services prepare a plan to "right size" the state hospital system, including appropriate capacity and distribution of capacity, and take steps to transition from the current system to the right-sized system. (Hanger)</p>	<p><b>Item 310.CC.1.</b> directs DBHDS to establish a workgroup to examine the impact of TDO admissions on state behavioral health hospitals and develop options to relieve the census pressure on state behavioral health hospitals, which shall “take into account the need to take short-term actions to relieve the census pressure on state behavioral health hospitals in order to develop a plan for the right sizing of state behavioral health hospital system.”</p> <p><b>Item 310.CC.2.</b> directs DBHDS to develop a conceptual plan to “right size” the state behavioral health hospital system, including future capacity and distribution of capacity, that aligns with the action plan recommended by the work group established pursuant to CC.1. DBHDS shall submit the conceptual plan to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2019.</p> <p><b>Item 310.CC.3.</b> directs DBHDS to include, as part of the conceptual plan developed pursuant to CC.2., a proposal for construction of a new Central State Hospital which shall “establish the scope of the new hospital within the ‘right sized’ system and the appropriate timeline to coincide with efforts to relieve census pressures” on the state hospital system.</p>
<p>Require the Department of Medical Assistance Services designate schools as allowable telehealth originating sites. (Howell)</p>	<p>Proposed amendment to Item 303 (<b>303 #9s</b>) would have granted DMAS “authority to designate schools as allowable telehealth originating sites for the purpose of billing the Department of Medical Assistance Services an originating site fee.”</p> <p>303 #9s was included in the Senate budget but not included in the conference report.</p>

<b>SJ47 RECOMMENDATION</b>	<b>2019 SESSION LEGISLATION</b>
<p>Express support for expediting the planning for replacement of Central State Hospital. (Hanger)</p>	<p>Proposed amendment to C-43.50 (<b>C-43.50 #1s</b>) would have authorized DBHDS “to proceed to full detailed planning for Central State Hospital. To the extent possible, the Department should use the previously developed plans for Western State Hospital.”</p> <p>C-43.50 #1s did not report from Senate Finance</p> <p><b>NOTE:</b> Item 310.CC.3. directs DBHDS to include, as part of the conceptual plan developed pursuant to CC.2., a proposal for construction of a new Central State Hospital which shall “establish the scope of the new hospital within the ‘right sized’ system and the appropriate timeline to coincide with efforts to relieve census pressures” on the state hospital system.</p>
<p>Provide funding for a psychiatric emergency center pilot program. (Rush, Barker)</p>	<p>Proposed amendments to Item 312 (<b>312 #1h &amp; 312 #1s</b>) would have provided \$500,000 from the general fund for the second year “to New River Valley Community Services to develop a pilot program creating a psychiatric emergency center.”</p> <p>312 #1h did not report from House Appropriations. 312 #1s was included in Senate budget but not included in the conference report.</p>
<p>Introduce a Budget Amendment allocating \$1.1M from General Funds to support the third year of activities related to the Appalachian Telemental Health Initiative – Virginia Pilot. (Garrett, Deeds)</p>	<p>Proposed amendments to Item 312 (<b>312 #2h &amp; 312 #2s</b>) would have added \$1.1 million from the general fund in the second year for the Appalachian Telemental Health Initiative for the purpose of supporting the third year of activities related to the initiative, bringing the total second year funding to \$2.2 million.</p> <p>312 #2h did not report from House Appropriations. 312 #2s did not report from Senate Finance.</p>
<p>In order to offset unspent funds allocated for the Appalachian Telemental Health Initiative – Virginia Pilot that will revert to the State General Fund at the end of SFY 2019, introduce Budget language during the 2019 Session to bring the unspent funds forward from the previous State Fiscal Years. (Barker)</p>	<p><b>Item 312.OO.</b> provides that any funds appropriated to the Appalachian Telemental Health Initiative, a telemental health pilot program, “that remain unspent at the end of each fiscal year shall be carried forward to the subsequent fiscal year.”</p>

SJ47 RECOMMENDATION	2019 SESSION LEGISLATION
<p>Reintroduce a Budget Amendment in the 2019 Session to allocate \$671,000 from General Funds in the first year, and \$704,550 from General Funds in the second year, of the FY 2019-2020 State Budget, in order to increase psychiatrist rates paid by the Department of Medical Assistance Services. (Garrett, Barker)</p>	<p>Proposed amendments to Item 303 (<b>303 #20h &amp; 303 #17s</b>) would have provided \$704,550 from the general fund and \$704,550 from nongeneral funds in the second year to increase reimbursement rates for services provided by psychiatrists by an amount that does not exceed the appropriated amounts, effective July 1, 2019.</p> <p>303 #20h did not report from House Appropriations. 303 #17s did not report from Senate Finance.</p>
<p>Introduce a Budget Amendment in the 2019 Session to allocate State General Funds to increase the Department of Medical Assistance Services telehealth originating site facility fee to 100% of the Medicare rate, including annual Medicare fee increases. The Department of Medical Assistance Services could estimate the amount of a proposed budget increase by analyzing past usage plus an adjustment to account for an expected increase in volume that may result from an increase in the facility and psychiatrist fees. (Deeds)</p>	<p><b>Item 303.XXX.</b> Effective July 1, 2019, DMAS shall “increase the telehealth originating site facility fee to 100 percent of the Medicare rate and shall reflect changes annually based on any changes in the Medicare rate.” Federally Qualified Health Centers and Rural Health Centers are exempted from the reimbursement change.</p>
<p>Request that the Joint Legislative Audit and Review Commission study community services board funding in the Commonwealth, including current funding for community services boards, the current formula and criteria used to determine funding for each community services board, and alternatives to such formula and criteria.</p>	<p>A letter was sent to the Joint Legislative Audit and Review Commission requesting that the Commission study community services board funding in the Commonwealth, including current funding for community services boards, the current formula and criteria used to determine funding for each community services board, and alternatives to such formula and criteria. The request was approved at the Commission’s December meeting and a final report is expected in June 2019.</p>

<b>SJ47 RECOMMENDATION</b>	<b>2019 SESSION LEGISLATION</b>
<p>Create a workgroup to explore models of contracting for telepsychiatry services for community services board clients in order to increase access and streamline administrative costs. A workgroup could include representatives from the Department of Behavioral Health and Developmental Services, the Virginia Association of Community Services Boards, state mental health facilities, and other appropriate participants.</p>	<p>SJ47 Work Plan for 2019.</p>
<p>Express support for the University of Virginia to convene a strategic development team to establish a clinical fellowship in telepsychiatry, with the understanding that State General Funds may be required at a future date, and request that the team provide a work plan, budget, and timeline for implementation by October 1, 2019.</p>	<p>No legislation introduced.</p>