

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

LEO ECO/TDO Work Group - DRAFT Recommendations for Consideration

1	<p>Provide funding for clinical staffing and law enforcement at existing CITACs to allow existing CITACs to fully meet local demand.</p> <p>In its October 2020 report titled <i>Crisis Intervention Team Assessment Centers (CITAC) Expansion Plan</i>, the Department of Behavioral Health and Developmental Services (DBHDS) estimated that it would cost \$13,033,621 after revenue offsets to expand all existing crisis intervention team assessment centers (CITACs) to operate 24/7.</p> <p>Because most existing CITACs are capturing the majority of the crisis calls occurring in the area served during existing hours and some CITACs may not see utility in expanding hours of operation, it is likely that the cost of expanding existing CITACs to fully meet local demand would be less than the total amount stated above.</p>
2	<p>Provide funding to up to five existing CITACs to establish regional receiving centers by expanding the scope of services to include medical and psychiatric services, peer services, and case management.</p> <p>In its October 2020 report titled <i>Crisis Intervention Team Assessment Centers (CITAC) Expansion Plan</i>, DBHDS offered two options for establishing regional receiving centers.</p> <p>OPTION 1: Create regional receiving centers in five localities that demonstrate high CITAC utilization. To reduce the cost of this option, other existing CITACs in close proximity to a regional receiving center would be closed, with all emergency mental health diversions in the area served by the closed CITACs diverted to the regional receiving center. DBHDS determined that this option, including revenue offsets, would cost \$16,947,043 to implement.</p> <p>OPTION 2: Create regional receiving centers in five localities that demonstrate high CITAC utilization. Allow all existing CITACs to continue to operate for a specified number of hours during the day and divert cases arising outside of operating hours to the regional receiving center for services. DBHDS determined that this option, including revenue offsets, would cost \$23,498,356.</p>
3	<p>Provide funding to DBHDS to add and retain staff at state hospitals, including:</p> <ul style="list-style-type: none"> • Referral, sign-on, retention, certification, and other bonuses • Increased starting pay to compete with private sector and other industries • Increased pay to retain existing employees • Shift differentials • VA-529 contributions and student loan repayment assistance • Funding to address other issues that make employment at state hospitals less attractive, e.g., safety and security issues <p>An estimate of funding necessary to accomplish this recommendation is not available at this time.</p>

4	<p>Provide funding for private behavioral health facilities to staff beds at the facility that are currently licensed but not staffed.</p> <p>The amount of funding that would be necessary to help private behavioral health facilities in the Commonwealth staff all licensed beds to the level necessary to accept patients is not available at this time.</p> <p>At the June meeting, Jennifer Wicker, Director of Intergovernmental Affairs for the Virginia Hospital and Healthcare Association, reported that a single health system operating multiple facilities in the Commonwealth indicated it would cost an additional \$6.5 million to open 40 beds for adolescents, including funding for three physicians and 38 other staff positions. The same health system reported that it would cost an additional \$2 million to open an additional 18 beds for adults, including funding for one physician and 14 other staff positions. These costs assume the following rates of pay:</p> <ul style="list-style-type: none"> • Behavioral health technician - \$32.50/hour • Registered nurse - \$85/hour • Locum physician - \$300/hour • Employed physician - \$168.27/hour
5	<p>Provide funding to incentivize private behavioral health facilities to open more units or modify existing units to accept more challenging patients, including patients with a history of aggressive behavior or patients with complex medical needs, directly or as a step-down from DBHDS facilities.</p> <p>A cost estimate for this item requires additional information, including the types of changes necessary to modify existing units to accept more challenging patients and the number of facilities to be modified.</p>
6	<p>Explore options for reducing the impact of the forensic population on availability of beds for individuals involved in the TDO/civil commitment process, including establishing designated forensic-only facilities that are separate from facilities that provide services for individuals who are subject to a TDO/civilly committed.</p>
7	<p>Incentivize private hospitals to provide security necessary to allow a LEO to transfer custody of individuals who are subject to a temporary detention order to the facility and return to work.</p> <p>An estimate of funding necessary to accomplish this recommendation is not available at this time.</p>
8	<p>Expand the contract with G4S, the company currently contracted to provide alternative transportation to individuals in the involuntary commitment process, to provide security to allow law-enforcement officers to transfer custody of individuals who are subject to a temporary detention order to the facility at which the evaluation will be performed.</p> <p>At the May meeting, John Jones, Executive Director of the Virginia Sheriffs' Association, reported that an additional \$4,359,416 for the biennium would be needed to expand the Commonwealth's contract with G4S to accomplish this goal.</p>

9 Provide funding to localities to cover the cost of overtime pay for deputies who remain with individuals who are subject to a temporary detention order until a bed is found.

At the May meeting, John Jones, Executive Director of the Virginia Sheriffs' Association, reported that an additional \$3,867,972 would be required to cover the cost of overtime pay for deputies who remain with individuals who are subject to a temporary detention order until a bed is found.