



# Recommendations Governor's Taskforce on Improving Mental Health Services and Crisis Response

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

---

*The Honorable William A. Hazel, Jr., M.D.  
Secretary of Health and Human Resources, Virginia  
December 16, 2014*



## **Executive Order 12**

### **Continuing the Task Force on Improving Mental Health Services and Crisis Response**

- On April 8, 2014, Governor McAuliffe signed EO12 to continue the work of the taskforce.
- Charged with duties to help improve Virginia's mental health crisis services and help prevent crises from developing.
- Reviewed existing services and challenges in the mental health system and made recommendations, including legislative and budget proposals, for critical improvements to procedures, programs and services.

# Taskforce Membership

- 42 members, chaired by Lt. Governor Northam and co-chaired by HHR Secretary Hazel and Public Safety and Homeland Security Secretary Moran.
- Includes leaders in the mental health field, law enforcement, judicial system, private hospitals, and individuals receiving services and their families.
- Four workgroups and two subgroups were created :
  - Crisis Response Workgroup
  - Ongoing Treatment & Support Workgroup
  - Public Safety Workgroup
  - Technical Infrastructure & Data Workgroup
  - Family/Loved Ones Subgroup
  - Workforce Development Subgroup

# Meetings

Date (2014)	Meeting
	5 Full TF / 4 Meetings of the Workgroups/Subgroups
January 7	Full Taskforce Meeting #1
January 24	4 Workgroup Meetings #1
January 28	Full Taskforce Meeting #2
March	4 Workgroup Meetings #2
April	Full Taskforce Meeting #3
May	4 Workgroup Meetings #3
June	Full Taskforce Meeting #4
July	4 Workgroup/2 Subgroup Meetings #4
August	Full Taskforce Meeting #5

# DBHDS Transformation Initiative

- The Commissioner kicked off a two-year transformation initiative in October 2014.
- Initially, transformation teams will look at:
  - Adult Behavioral Health;
  - Adult Developmental Services;
  - Child & Adolescent Behavioral Health Services; and
  - Justice-involved Services.
- The teams will review current systems, research best practices and develop initial recommendations.
- Transformation Stakeholder Groups will provide consultation and input on recommendations.
- Public comment will be provided as a part of the process.

# Taskforce Recommendations

- The Taskforce delivered its recommendations to the Governor on October 1, 2014.
- The report contained 25 recommendations to improve Virginia's behavioral health system.
- The recommendations were categorized into three areas:
  1. Recommendations to Strengthen Administration
  2. Recommendations to Expand Access
  3. Recommendations to Improve Quality
- An emerging theme of the recommendations revolves around the development of an intergovernmental Center for Behavioral Health and Justice.

# Administrative Recommendations

**Center for Behavioral Health and Justice** – The vision of the intergovernmental Center for Behavioral Health and Justice should be to identify and utilize Virginia's resources (both public and private) to more effectively address behavioral health needs within the Commonwealth.

- Address the behavioral healthcare needs of individuals involved in all aspects of the criminal justice system.
- Serve as a coordinating center among state agencies and communities.
- Serve as a resource for programs such as family, veterans and jail services and technological resources.

*Additional Action: Coordination among multiple state agencies; Some funding may be required.*

# Administrative Recommendations

- **Alternative Transportation** – Make alternative transportation (ambulance, secure cab) available in all communities. *Code* change needed to give transportation providers authority to detain individuals and liability issues need to be addressed.  
*Additional Action: Funding required; Legislative action required.*
- **Jail Services** – Require jails to have readily accessible evidenced-based, trauma-informed treatment for inmates.  
*Additional Action: Funding required; Include in Center for Behavioral Health and Justice.*
- **Jail Discharge Notification** – Develop a computerized system so communities can request notification when an individual with behavioral health needs is discharged from jail to enhance continuity of care.  
*Additional Action: Include in Center for Behavioral Health and Justice.*



# Administrative Recommendations

- **Virginia Criminal Information Network (VCIN)** – Enable first responders to gain access to the TDO database already in VCIN. Add training requirements for VCIN.  
*Additional Action: Legislative action may be required.*
- **Protected Health Information (PHI) Disclosures** – Develop legislation that:
  - Authorizes sharing of PHI between CSBs, law enforcement, health care, and families/guardians about individuals who meet temporary detention criteria, and
  - Contains “safe harbor” for those who make such disclosures in good faith.

*Additional Action: Legislative action required.*

# Administrative Recommendations

- **Improving Communication Throughout System** – Ensure regular communication among public and private agencies involved in the mental health delivery system at the state and regional level. DBHDS would be the lead agency and needs to be staffed to support.  
*Additional Action: Funding required.*
- **Veterans Collaboration** – Improve coordination between private hospitals and VA hospitals, and support crisis response clinicians to collaborate with veterans to meet their needs:
  - Establish “point person” at each CSB to coordinate with the VA ,
  - Increase financial support to the Virginia Wounded Warrior Project, and
  - Continue to educate about the needs of veterans and military families.*Additional Action: Funding required; Include in Center for Behavioral Health and Justice*
- **Certificate of Public Need (COPN)** – Refine COPN process to more effectively address needs for psychiatric beds, and incentivize providers to respond to state needs, particularly specialized services for complex or challenging cases.  
*Additional Action: Legislative action may be required.*

# Administrative Recommendations

The October 1 report also included initial recommendations developed by the Taskforce in January 2014. The following were addressed by the General Assembly:

- Emergency Custody Order Period.
- Notification during the ECO Period.
- Temporary Detention Order Period.

# Access Recommendations

- **Secure Assessment Centers and Crisis Stabilization Units –** Expand secure CIT assessment centers (drop-off centers) and crisis stabilization units for children and adults.

*Additional Action: Funding required.*

- There are currently 16 Secure Assessment sites.
- In FY 2015, the GA allocated \$1.8M to fund 6 new site.
- In FY 2016, the GA allocated \$5.4M for new sites. DBHDS anticipates establishing an additional 20 sites with these funds.

- **Crisis Intervention Teams –** Invest in CIT programs so that every community has a functional CIT program including an assessment center.

*Additional Action: Funding required.*

- There are currently 33 CIT teams across Virginia

# Access Recommendations

- **Telepsychiatry** – Expand access to telepsychiatry.

*Additional Action: Funding required.*

- The GA allocated \$1.5M in FY 2013 and \$3.65M in FY 2014 for regional funding of child psychiatry and children's crisis response services.
- In FY 2014, 592 children were served statewide with telepsychiatry services, 1,329 with face-to-face psychiatry and 268 psychiatry consults were provided to other professionals.
- The GA Assembly allocated \$1.13M in FY 2015 and \$620,000 in FY 2016 to fund telepsychiatry.
- DBHDS has issued an RFP for equipment and software to increase CSB/BHA capacity to provide telepsychiatry.

- **Explore technological resources** – Develop a single consistent statewide process for data and oversight structure to maximize the use of telepsychiatry and video-technology.

*Additional Action: Include in Center for Behavioral Health and Justice.*

# Access Recommendations

- **Mental Health First Aid (MHFA)** – Implement MHFA in every planning district. Expand in schools and universities and train primary and secondary public school teachers.

*Additional Action: Funding required.*

- The GA provided \$600,000 for Mental Health First Aid.
- With this funding, Virginia has moved from 16<sup>th</sup> in the country with MHFA trainers and the number of people trained to 11<sup>th</sup>.
- As of December 11, 2014:
  - 88 Instructors were trained in the MHFA Youth program
  - 127 instructors were trained in the Adult MHFA program.
  - 2,266 individuals were trained in MHFA.
- In October 2014, the Department of Education received **\$9.7 million** to support statewide training for teachers and other school employees to respond to mental health issues and connect troubled students with appropriate school or community-based services.

# Access Recommendations

- **Behavioral Health Resources for Veterans, Service Members and Their Families** – Identify and examine the availability of and improvements to behavioral health resources for veterans, service members, and their family and children.

*Additional Action: Funding required; Include in Center for Behavioral Health and Justice.*

- **Access to Psychiatric Services** – Improve access to consistent psychiatric services in a timely manner using a benchmark standard, as exists in other health care fields, and make resources available to accomplish this goal.

*Additional Action: Funding required.*

# Quality Recommendations

- **Resources for Families** – Look at mechanisms of support for families and individuals in crisis, and increase utilization and support of psychiatric advanced directives.

*Additional Action: Include in Center for Behavioral Health and Justice.*

- **MH Nurse Practitioner/Physician Assistant Training and Continuing Medical Education** – Promote Psychiatric-Mental Health Nurse Practitioner and Physician Assistant training and behavioral health oriented continuing medical education programs in Virginia. Consider expanding their scope of practice to provide additional psychiatric services, particularly in underserved areas.

*Additional Action: Funding required.*



# Quality Recommendations

- **Primary Care Education and Incentives** – Strengthen capacity of primary care providers to effectively serve individuals with complex behavioral health needs across the lifespan. Promote clinical education, offer financial and other incentives, assign peer support specialists to serve as navigators and case managers to assist with linkages to behavioral health service providers.

*Additional Action: Funding required.*

- **Recruiting and Retention** – “Support and facilitate the creation of programs to aid in recruiting and retaining mental health professionals in specialties that are in short supply, and particularly in areas of the State where supply is lowest or where turnover is highest. Such programs should include repayment for educational loans, psychiatric fellowships, tax credits and other innovative means of developing and keeping mental health professionals in the State.”

– Recommendation #18 of JLARC’s “Impact of Recent Legislation on Virginia's Mental Health System”

*Additional Action: Funding required.*

# Quality Recommendations

- **Direct Support Professional** – Expand the DBHDS Direct Support Pathway Program “to create a new level of direct service position, entitled Direct Support Professional, in Virginia for state facilities, CSBs and private providers.”
  - Recommendation #12 of Commission on Mental Health Law Reform Workforce Development Committee

*Additional Action: Funding required.*
- **Psychiatric Bed Registry Reporting** – Fully utilize the data reporting capacity of the psychiatric bed registry and add data fields as necessary to automate data collection to better understand where the gaps or pressure points are.

*Additional Action: Refer to DBHDS.*

# Next Steps

- The meetings of the workgroups have concluded.
- The full Taskforce will continue to meet as needed.

# Questions?

