

# Joint Subcommittee on Mental Health Services in the 21st Century

## Recommendations for the 2019 Session

### **Work Group 1 Recommendations**

The Joint Subcommittee voted to adopt the following recommendations proposed by Work Group 1 - Service System Structure and Financing:

- Express support for expediting the planning for replacement of Central State Hospital. Three million dollars was included in the Appropriations Act of 2018 for detailed capital project planning for Central State Hospital.
- 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.
- Amend § 37.2-808 to extend the duration of an emergency custody order to allow service of a temporary detention order.
- Amend § 37.2-1104 to provide that a magistrate may issue a medical temporary detention in all cases; currently, a magistrate may issue the medical temporary detention order only if the court is unavailable.
- 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.
- 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.
- 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.
- Provide funding (\$500,000) for a psychiatric emergency center pilot program.

### **Work Group 1 - Recommendations of the Joint Commission on Health Care related to Telemedicine**

The Joint Subcommittee voted to support the following recommendations of the Joint Commission on Health Care, upon recommendation of Work Group 1 - Service System Structure and Financing:

- Introduce a Budget Amendment allocating \$1.1M General Funds to support the third year of activities related to the Appalachian Telemental Health Initiative – Virginia Pilot.
- In order to offset unspent funds allocated for the Appalachian Telemental 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.

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- 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.
- Introduce legislation mandating that the Department of Medical Assistance Services designate schools as allowable telehealth originating sites.
- Reintroduce a Budget Amendment in the 2019 Session to allocate \$671,000 General Funds in the first year, and \$704,550 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.
- 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.
- 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.
- 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 and implementation plan and related costs by October 2019.

### **Work Group 2 Recommendations**

The Joint Subcommittee voted to adopt the following recommendations proposed by Work Group 2 - Criminal Diversion:

- Introduce legislation creating a new Code section that requires 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.
- Amend § 9.1-101 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.

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- 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.
- Amend the Code to authorize the State Board of Corrections to establish minimum standards for behavioral health services in local correctional facilities.

### **Other Recommendations**

The Joint Subcommittee also adopted a recommendation that a resolution be introduced extending the Joint Subcommittee for an additional two years.