

Envisioning Mental Health Services in the 21st Century - Short List of Recommendations

- Continue implementation of STEP-VA: fully fund same day access and outpatient primary care screening and monitoring services by 2019; fund additional services required by CHAP 607/683) by 2021.
- Provide funding for expansion of telemental health infrastructure - funding the Appalachian Tele-mental Health Network Initiative (\$1.1 million per year for 3 years).
- Provide additional funding to establish and maintain broad access to permanent supportive housing for persons with serious and persistent mental illness.
- Provide additional funding to establish and maintain transition housing and supports to serve as a temporary community placement for individuals transitioning from psychiatric hospitals to permanent supportive housing (individuals awaiting placement in permanent supportive housing).
- Provide funding to support implementation of DBHDS "community integration plan" to reduce number of individuals on the extraordinary barriers list awaiting release from state hospitals (this will help reduce the overall state hospital census).
- Provide funding for an alternative transportation model to reduce demands on law enforcement.
- Reduce the overall number of TDO admissions to reduce burden on hospitals, especially state hospitals - consider further study to identify factors that prevent private hospitals from admitting patients under a TDO and propose legislative or executive actions to remove those barriers and review models for providing crisis care that could provide cost-effective alternatives to emergency departments and inpatient admissions to mental health facilities (e.g. psychiatric emergency centers) and develop recommendations.
- Take steps to develop capacity to provide mental health treatment for individuals in jails by better linking with service providers.
- Improve diversion out of the criminal justice system in cases in which it is appropriate.
- Ensure cooperation between DBHDS and DMAS to align behavioral health services and mechanisms of accountability for Medicaid enrolled clients and uninsured clients receiving services through CSBs so the public and private mental health systems operate under a single seamless set of requirements for all clients, with all clients managed uniformly using standardized managed care practices and tools, regardless of payment source.
- Support DBHDS plan for fiscal realignment of the public behavioral health system.