

Work Group #1 (System Structure and Financing) of the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century held its first meeting of the 2017 interim on Monday, June 12, 2017, at the Capitol in Richmond. Following introductions and opening remarks, the Work Group heard the following presentations.

**Update on Activities of the System Structure and Finance Expert Advisory Panel
Richard Bonnie, Director, Institute of Law, Psychiatry and Public Policy, University of
Virginia School of Law**

Dr. Bonnie Chair of the System Structure and Financing Expert Advisory Panel (the Panel), provided an update on the activities of the Panel. Dr. Bonnie noted that at the beginning of the 2016 interim, the Panel concluded that the existing service system structure should be preserved and, rather than making significant changes to the system, the General Assembly should focus on addressing eight key needs identified as necessary for improving the statewide system of delivering publicly funded mental health services for children and adults. These included (i) ensuring access to a full array of core services; (ii) aligning services provided and mechanisms of accountability across the system and providers; (iii) assuring timely, safe, and effective provision of emergency services; (iv) developing an integrated data system to collect, protect, and ensure the appropriate and timely sharing of data; (iv) identifying and utilizing the most appropriate criteria and measures for monitoring outcomes and performance; (v) strengthening oversight and authority of the state to ensure that goals of the publicly funded mental health system are being met; (vi) facilitating local and regional cooperation in providing services; (vii) developing an effective system of reeducating, training, and retaining a skilled workforce; and (viii) using such workforce effectively and efficiently to provide necessary services. Actions taken during the 2017 Session of the General Assembly indicate that the General Assembly has begun to address some of these issues.

Looking forward to the 2017 interim and beyond, Dr. Bonnie reported that the Panel will continue to focus on realigning the fiscal relationship between the state hospitals and community services boards; monitoring efforts of the Departments of Medical Assistance Services and Behavioral Health and Developmental Services to align mental health services provided to uninsured clients of community services boards with those provided to Medicaid covered clients enrolled in managed care; developing and supporting an integrated data system to collect and share information about individuals served, services provided, and the outcomes and impacts of those services; developing criteria and measures of outcomes for publicly funded services; and supporting the integration of behavioral health and primary medical care services. The Panel will also begin to examine the authorities and responsibilities of state agencies in delivering mental health services and the roles, needs, and responsibilities of local governments in the delivery of mental health services in the Commonwealth. The Panel will also continue to monitor federal actions related to health care reform.

More information on the work of the System Structure and Financing Expert Advisory Panel can be found on the Joint Subcommittee's website at:
<http://dls.virginia.gov/groups/mhs/Work%20Plan%20for%20SSF%20Panel%20061217.pdf>.

**Update on Activities of the Department of Behavioral Health and Developmental Services
Jack Barber, Interim Commissioner, Department Behavioral Health and Developmental Services**

Dr. Barber provided an update on activities of the Department of Behavioral Health and Developmental Services. He provided an overview of current demands on the public behavioral health system and recent successes in reducing waiting lists and improving access to services. Dr. Barber also described current challenges facing the public behavioral health system and recent successes in transforming the system, including progress in implementing the STEP-VA model. Key among these successes is the implementation of same day access to assessment and screening. Funding provided by the General Assembly during the 2017 Session will allow 18 community services boards to move forward with implementation. Dr. Barber also highlighted the work being done in service process quality management, next steps for implementation of STEP-VA, efforts to provide behavioral health services for uninsured Virginians, workforce issues affecting state hospitals, an increase in the number of individuals on the extraordinary barriers to discharge list, the impact of stable housing on state hospitals and permanent supportive housing initiatives underway in the Commonwealth, and the status of the justice-involved transformation team's recommendations. Dr. Barber's presentation can be found on the Joint Subcommittee's website at:
<http://dls.virginia.gov/groups/mhs/same%20day%20updates.pdf>.

**Update on Development of an Alternative Transportation Model Pursuant to House Bill 1426 (2017)/Senate Bill 1221 (2017)
Will Frank, Director of Legislative Affairs, Department of Behavioral Health and Developmental Services; Shannon Dion, Director of Policy and Legislative Affairs, Department of Criminal Justice Services**

Mr. Frank and Ms. Dion provided an update of activities related to development of an alternative transportation model pursuant to House Bill 1426 and Senate Bill 1221. The bills directed the Commissioner of Behavioral Health and Developmental Services and the Director of Criminal Justice Services, in conjunction with relevant stakeholders, to develop a model for the use of alternative transportation providers to provide safe and efficient transportation of individuals involved in emergency custody or involuntary admission process as an alternative to transportation by law enforcement. The legislation provided that the model should include criteria for the certification of alternative transportation providers, including the development of a training curriculum required to achieve such certification, and should identify the appropriate agency responsible for providing such training and such certification. The legislation also directed the Commissioner and the Director to identify any barriers to the use of alternative

transportation in the Commonwealth and detail the costs associated with the implementation of such a model, along with the cost savings and benefits associated with the successful implementation of such a model. The Commissioner and the Director are required to complete the model by October 1, 2017, and to report on the model to the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century, the House Committee for Courts of Justice, and the Senate Committee for Courts of Justice.

Mr. Frank and Ms. Dion reported that a work group of relevant stakeholders has been formed and that two meetings were held in May to begin the work of developing a model of alternative transportation that focuses on recovery and provides a true alternative to transportation by law enforcement. A third meeting is scheduled for late July and the work group plans to have a draft report available for review by work group participants by August 1. The final report will be made available to the General Assembly by October 1, 2017.

An electronic copy of the presentation can be found on the Joint Subcommittee's website at: <http://dls.virginia.gov/groups/mhs/SJ47%20Alt%20Transpo%20061217.pdf>.

Update on Activities of the Crisis and Emergency Services Expert Advisory Panel

John Oliver, Chair, Crisis and Emergency Services Expert Advisory Panel

Mr. Oliver provided an update on the activities and priorities of the Crisis and Emergency Services Expert Advisory Panel (the Panel) for the 2017 interim. Mr. Oliver noted that during the 2016 interim, the Panel identified four challenges to the emergency mental health services system as top priorities for reform. These included the need for (i) psychiatric emergency centers to provide assessment of and care for individuals experiencing mental health crisis; (ii) increased use of tele-psychiatry to facilitate timely assessment, including pre-admission screening by community services board evaluators, of and treatment for individuals experiencing mental health crisis in underserved areas of the Commonwealth; (iii) alternatives to transportation by law enforcement for people experiencing mental health crisis; and (iv) a standardized set of emergency mental health services that should be available to all individuals experiencing mental health crisis, regardless of where in the Commonwealth that person is located. Looking ahead to 2017, the Panel will focus on these issues as well as the need for a more robust system of mandatory outpatient treatment.

An electronic copy of the presentation can be found on the Joint Subcommittee's website at:
<http://dls.virginia.gov/groups/mhs/ES%20panel%20report%20to%20SJ%2047%20June%202017.pdf>.

Additional information about these initiatives can be found on the Joint Subcommittee's website at:

- Developing a Pilot Psychiatric Emergency Center:
<http://dls.virginia.gov/groups/mhs/PEC%20proposal%20for%20MH%20Summit.pdf>

- Tele-mental Health in Emergency Settings:
[http://dls.virginia.gov/groups/mhs/TPinES_SmartPractices%20FINAL%20\(1\).pdf](http://dls.virginia.gov/groups/mhs/TPinES_SmartPractices%20FINAL%20(1).pdf)
- Variation in Mental Health Services and Funding across Community Services Boards:
<http://dls.virginia.gov/groups/mhs/MHAbbreviated2016-6-12-17.pdf>.

Presentation on Work of the Farley Health Policy Center of the University of Colorado School of Medicine in the Commonwealth

Benjamin Miller, Director, Farley Health Policy Center, University of Colorado School of Medicine

Dr. Miller presented on the work of the Farley Center and policy considerations for advancing mental health in the Commonwealth. Dr. Miller began by emphasizing the need to create a culture of whole health that integrates behavioral health and primary care. He reported that the Farley Center had received a \$1 million grant from the Robert Wood Johnson Foundation to advance the integration of care by providing technical assistance to policy makers and piloting efforts to better connect health care stakeholders. Key elements to be addressed in any process of integration include:

- Access - developing a "no wrong door" policy for entry into the service system
- Attribution - determining who holds the risk for people with mental health needs
- Accountability - holding those involved in the delivery of mental health services accountable in meeting mental health service needs
- Alignment - ensuring that state agencies and other stakeholders are working together in an integrated model of service delivery
- Analytics - building upon a foundation of data and information to develop an effective and efficient service system
- Ask - determining what the Commonwealth needs to do to move forward in developing and implementing an effective, integrated service system.

Dr. Miller noted that Virginia has a unique opportunity to make transformative systems changes that fully integrate behavioral and primary health care. Guiding principles for such a transformation might include standards for mental health and substance use services; oversight of delivery and financing; transparency of process; and accountability of goals, including costs, outcomes, and other quality measures. Five key areas of focus for the Commonwealth include: standards of care and competencies for delivery across multiple settings; workforce; data, information exchange, and coordination of care; payment reform; and development of sound policies to support transformation and integration.

An electronic copy of the presentation can be found on the Joint Subcommittee's website at: <http://dls.virginia.gov/groups/mhs/advancing%20mental%20health.pdf>.

Discussion of 2017 Work Plan

The work group members briefly discussed options for the work plan for the 2017 interim. Staff will coordinate with work group members to develop a plan and will make the plan available at the next work group meeting.