

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

Thursday, June 23, 2016

**The Capitol
Richmond, Virginia**

The Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century (the Joint Subcommittee) met on Thursday, June 23, 2016, at the Capitol in Richmond. Members present included Senator Creigh Deeds (chair), Delegate Robert Bell (vice-chair), Senator George Barker, Senator John Cosgrove, Senator Emmett Hanger, Senator Janet Howell, Delegate Peter Farrell, Delegate Scott Garrett, Delegate Margaret Ransone, Delegate Vivian Watts, and Delegate Joseph Yost.

Update on Certified Community Behavioral Health Clinics

Dr. Jack Barber, Interim Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS), provided an update on the recent improvements in Virginia's behavioral health system and on the DBHDS Certified Community Behavioral Health Clinic (CCBHC) model of mental health service delivery. The CCBHC model is a mode of behavioral health service delivery described in the federal Excellence in Mental Health Act (the Act). This model of service delivery provides a comprehensive range of mental health and substance use disorder services, prioritizes underserved and special populations, includes quality and performance measures to enhance quality of services, utilizes a prospective payment system, and requires ongoing oversight over service delivery to ensure uniform access to a full range of behavioral health services. The Act establishes a grant program to facilitate adoption of the model by participating states. Currently, Virginia is receiving a planning grant. As part of the grant process, DBHDS is working with eight community services boards (CSBs) to determine what changes may be necessary in their existing array of services and operational procedures to comply with the requirements of the Act and to develop plans that comply with those requirements.

Dr. Barber described the services that each of the eight CSBs would be required to provide under the CCBHC model. The required services are behavioral health crisis services; screening, assessment, and diagnosis, including risk assessment; person-centered treatment planning, risk assessment, and crisis planning; outpatient mental health and substance use services; outpatient clinic primary care screening and monitoring; targeted case management; psychiatric rehabilitation services; peer support and family support, including parent peer support for children; intensive community-based mental health care for members of the armed forces and veterans; and care coordination. Dr. Barber explained that each of the eight CSBs is mostly ready to implement or ready to implement with remediation the required services.

Dr. Barber then described what he termed the Virginia model for behavioral health. The Virginia model would integrate the CCBHC model recommendations with those of the Transformation Team. The Virginia model would encompass the required services under the CCBHC grant and would also include medication-assisted treatment for opiate addiction; in-home children's services; and housing, employment, education, and social services in addition to primary care to provide true care coordination. The model would provide critical support for

individuals at risk for incarceration, those in crisis, and those in need of stable housing. Implementation of the Virginia model would require building in services over several biennia beginning with same-day access and primary care screening.

Dr. Barber explained that under the Virginia model the behavioral health needs of jail inmates would be the responsibility of CSBs. In addition, the model would include diversion, screening, assessment, and release planning. Diversion and planning for services post-release require that services are accessible and sufficiently comprehensive to meet individual needs. To provide such services, every jail should have at least one staff member to aid in coordinating release planning, and each CSB should have at least one staff member to coordinate release planning for individuals.

Dr. Barber noted that a crisis system that relies on inpatient beds or crisis stabilization units is expensive and not recovery oriented. A true crisis system has the capacity to make acute medications available and provide next-day referrals for assessment and establishment of a plan of care, emergency housing, and direct referrals for social supports. Such system requires a robust community behavioral health system that is well integrated with the crisis response system.

Dr. Barber then spoke about access to housing as an integral component to a community behavioral health system. The lack of stable housing reflects psychosocial distress and impedes individuals from getting past such distress. Dr. Barber explained that housing is a key determinant of health and individuals who are homeless are at greater risk for poor health. Homelessness is correlated with high health care costs, and the high proportion of complex health needs and co-occurring health and behavioral health disorders increases the number, intensity, and scope of the services needed. Homelessness also increases the likelihood of excessive use of hospitals and crisis services. In addition to the relationship to poorer health outcomes and higher costs, lack of housing can be a key factor in recurrent arrests, loss of sobriety, and lack of adherence to prescribed medications for psychiatric or medical reasons.

Finally, Dr. Barber noted that Virginia must continue to focus on building a system of responsive, consistent community-based services that go beyond responding to each crisis. The system Virginia builds needs to connect critical partners in housing and the criminal justice system and needs to be closely integrated with crisis services. The basic framework of the CCBHC model, tailored to meet current and future needs of the Commonwealth, will give Virginia the opportunity to build the system it needs.

Update on the Activities of the Work Groups

Each of the four work groups met in the morning prior to the Joint Subcommittee meeting and reported the results of their meetings to the full Joint Subcommittee.

Senator Hanger updated the Joint Subcommittee on the activities of Work Group 1 (Service System Structure and Financing). Dr. Richard Bonnie, Director of the Institute of Law, Psychiatry and Public Policy at the University of Virginia School of Law and Chairman of the System Structure and Financing Expert Advisory Panel (the Panel), provided an update on the Panel's activities. Daniel Herr, Assistant Commissioner of Behavioral Health Services, DBHDS, provided information about CSB performance contracts. In addition, Mike Tweedy, Legislative Fiscal Analyst, Health and Human Resources, Virginia Senate Finance Committee, provided an overview of public mental health service system financing in the Commonwealth.

Delegate Bell updated the Joint Subcommittee on the activities of Work Group 2 (Criminal Justice Diversion). The work group received an update on activities of the criminal justice diversion expert advisory panel. The work group also received a summary of recommendations of justice-involved transformation teams from Dr. Michael Schaefer, Assistant Commissioner for Forensic Services, DBHDS.

Delegate Garrett updated the Joint Subcommittee on the activities of Work Group 3 (Crisis and Emergency Services). The work group received an update on activities of the crisis and emergency services advisory panel from John Oliver of the Institute of Law, Psychiatry and Public Policy at the University of Virginia. The group also heard presentations from John Jones of the Virginia Sheriffs' Association and Will Frank of DBHDS.

Senator Howell updated the Joint Subcommittee on the activities of Work Group 4 (Housing). The work group heard a presentation on permanent supportive housing from Kristin Yavorsky of DBHDS. The work group also received an update on the activities of the expert panel. In addition, the work group discussed the group's work plan.

Public Comment and Adjournment

Senator Deeds then invited members of the audience to offer public comment. Jill Hankin of the Virginia Poverty Law Center asked the Joint Subcommittee to consider the opportunity to improve the mental health service system by expanding the Medicaid program. Ms. Hankin indicated that thousands of low income adults need better access to care and Medicaid expansion offers the opportunity to provide that service. She noted that expansion is not a silver bullet, but it is a financing mechanism that would provide federal funding to pay at least 90 percent of the cost of behavioral health services for low income adults. After public comment was offered, the meeting was adjourned.

Materials and Next Meeting

Presentations and materials from the meeting can be found on the website of the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century at http://dls.virginia.gov/interim_studies_MHS.html.

The next meeting of the Joint Subcommittee is scheduled for August 22, 2016, at 1:00 p.m. in the Capitol in Richmond.