

**Joint Subcommittee to Study Mental Health Services
in the Commonwealth in the 21st Century
December 16, 2014
General Assembly Building
Richmond, Virginia**

The Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century (the Joint Subcommittee) met on Tuesday, December 16, 2014, at the General Assembly Building in Richmond, Virginia.

Presentation: Recommendations of the Governor's Taskforce on Improving Mental Health Services and Crisis Response - The Honorable Bill Hazel, Secretary of Health and Human Resources

The Honorable Bill Hazel, Secretary of Health and Human Resources, presented information on recommendations of the Governor's Taskforce on Improving Mental Health Services and Crisis Response (the Taskforce). The Taskforce was created by Executive Order No. 68 (2013) (McDonnell) and continued by Executive Order 12 (2014) (McAuliffe) to seek and recommend solutions that will improve Virginia's mental health crisis services and help prevent mental health crises from developing. Responsibilities of the Taskforce included:

- Recommending refinements and clarifications of protocols and procedures for community services boards (CSBs), state hospitals, law enforcement, and receiving hospitals.
- Reviewing for possible expansion the programs and services that ensure prompt response to individuals in mental health crises and their families, such as emergency services teams, law-enforcement crisis intervention teams (CIT), secure assessment centers, mobile crisis teams, crisis stabilization centers, and mental health first aid.
- Examining extensions or adjustments to the emergency custody order (ECO) and the temporary detention order (TDO) period.
- Exploring technological resources and capabilities, equipment, training, and procedures to maximize the use of telepsychiatry.
- Examining the cooperation that exists among the courts, law enforcement, and mental health systems in communities that have incorporated CIT and cross-systems mapping.
- Identifying and examining the availability of and improvements to mental health resources for Virginia's veterans, service members, and their families and children.
- Assessing state and private provider capacity for psychiatric inpatient care and the assessment process hospitals use to select which patients are appropriate for such care and exploring whether psychiatric bed registries and/or census management teams improve the process for locating beds.
- Reviewing for possible expansion those services that will provide ongoing support for individuals with mental illness and reduce the frequency and intensity of mental health crises. These services may include rapid, consistent access to outpatient treatment and

psychiatric services, as well as co-located primary care and behavioral health services, critical supportive services such as wrap-around stabilizing services, peer support services, PACT services, and housing, employment, and case management services.

- Recommending how families and friends of a loved one facing a mental health crisis can improve the environment and safety of an individual in crisis.
- Examining the mental health workforce capacity and scope of practice and recommending any improvements to ensure an adequate mental health workforce.

The Taskforce met 23 times and delivered final recommendations to the Governor on October 1, 2014. Recommendations were categorized into three areas: recommendations to strengthen administration of, recommendations to expand access to, and recommendations to improve quality of, mental health services. The final recommendations can be found in the Taskforce's final report on the website of the Department of Behavioral Health and Developmental Services (DBHDS).

Following the presentation, the Joint Subcommittee voted to support the recommendations, with particular emphasis on the following:

Recommendation 1. Secure Assessment Centers and Crisis Stabilization Units - The Taskforce supports expanding secure CIT assessment centers (drop-off centers) and crisis stabilization units for children and adults across the Commonwealth as the highest priorities for funding.

Recommendation 2. Crisis Intervention Teams - Expand funding for CIT program development, including training for law-enforcement officers throughout the Commonwealth. Virginia needs to invest in CIT programs (to include CIT assessment centers) so that every community in Virginia has a functional CIT program including an assessment center.

- Investment needs to include ongoing funding for CIT training, CIT coordinators, and related expenses associated with operating a CIT program.
- Communities should be encouraged to incorporate college and campus safety/police departments into their CIT programs.
- In addition, DBHDS and the Department of Criminal Justice Services (DCJS) (and others) should work to develop a CIT-like training curriculum for jail personnel to enhance the identification and treatment of individuals with mental illness in jails (see Recommendation 8).

Recommendation 8. Center for Behavioral Health and Justice - The vision of the intergovernmental Center for Behavioral Health and Justice (the Center) should be to identify and utilize Virginia's resources (both public and private) to more effectively address behavioral health needs within the Commonwealth.

- One significant initial focus would be to address the behavioral health care needs of individuals involved in all aspects of the criminal justice system.
- The Center would serve as a coordinating center utilizing a multisystems approach including lead staff from DBHDS and DCJS, as well as private and public universities, CSBs, law enforcement, representatives from Virginia's court system, individuals with

lived experience with the behavioral health care/criminal justice system(s), community members, and family members.

- In addition, the Center would serve as a coordinating entity for communities, which should be required to establish a position/committee/group to liaison with the Center, ensure best practices are actually implemented, and analyze instances when treatment/criminal justice/diversion programs do not work as intended.
- The Center should also serve as a statewide oversight system to make sure communities are engaged in oversight review, and the state should make funding to a community contingent on demonstration that the community is providing oversight and utilizing evidence-based programs.
- The Center would also serve as a resource for programs such as family, veterans, and jail services and technological resources.

Recommendation 10. Alternative Transportation - Virginia needs to effect a paradigm shift away from having law enforcement be primary transporters for mental health issues (from ECO to TDO).

- Virginia should develop a mechanism whereby alternative transportation (via ambulance, EMS, secure cab, etc.) is available in all communities.
- Both law enforcement and the CSB emergency services clinician should make recommendations regarding and the magistrate should determine whether an individual should be transported by law enforcement or could safely be transported via alternative transportation.
- While the Code of Virginia currently allows for alternative transportation, it is restricted to occasions when the individual is incapacitated. Additionally, there is no funding mechanism to support alternative transportation.
- Virginia would need to invest in funding this service but would also need to ensure transportation providers are trained/qualified to provide services.
- The Code of Virginia would also need to give transportation providers the authority to detain individuals, and the Commonwealth would need to address liability issues.

Recommendation 14. Virginia Criminal Information Network (VCIN) - Enable first responders (police officers) to gain access to the TDO database already in VCIN. Add training requirements for VCIN.

Recommendation 15. Protected Health Information (PHI) Disclosures - Develop legislation that (i) authorizes sharing of PHI between CSBs, law-enforcement agencies, health care entities and providers, and families and guardians about individuals who are believed to meet the criteria for temporary detention (whether or not they are in custody or ultimately detained) and (ii) contains a “safe harbor” provision for practitioners and law-enforcement officers who make such disclosures and act in good faith. DBHDS should develop a disclosure “toolkit” for practitioners and law enforcement that can support effective, consistent understanding of disclosure and information sharing in the emergency context.

Recommendation 20. Resources for Families - Look at mechanisms of support for families and individuals in crisis and increase functionality, utilization, and support of psychiatric advance directives, complete with education on what a model advance directive should include.

- Educate as to other forms of support through technology such as apps for mental health support, electronic brochures, resource information, mental health first aid, healthy lifestyles information, and other electronic forms of communication.
- Consider having all information available on existing web pages with links to other pages as needed.
- Consider a registry for advance directives/clearinghouse. The Virginia Department of Health maintains a registry, so a change to the Code of Virginia should be considered to add mental health.
- Strive for no wrong door or path to get information.

Recommendation 25. 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.