

**JOINT SUBCOMMITTEE STUDYING MENTAL HEALTH SERVICES IN THE
COMMONWEALTH IN THE 21ST CENTURY**

ENACTED RECOMMENDATIONS (2014-2017)

2014 Recommendations/2015 Session

- **HB 1693 (Bell, Robert B.) / SB 1263 (Deeds) - Civil admission process; alternative transportation.** Provided that a magistrate may authorize alternative transportation for a person subject to an emergency custody order or temporary detention order when there exists a substantial likelihood that the person will cause serious physical harm to himself or others and providing liability protection for alternative transportation providers. (Chapters 297 and 308)
- **SB 1264 (Deeds) - Law-enforcement access to involuntary admission and incapacity information.** Provided that certain information related to persons adjudicated incapacitated or ordered to involuntary inpatient or outpatient treatment or to persons who were subject to a temporary detention order who agreed to voluntary admission may be disseminated to a full-time or part-time employee of a law-enforcement agency for purposes of the administration of criminal justice. (Chapter 540)
- **HB 2118 (Cline) / SB 1265 (Deeds) - Acute psychiatric bed registry; frequency of updating.** Required state facilities, community services boards, behavioral health authorities, and private inpatient psychiatric service providers to update information included in the acute psychiatric bed registry whenever there is a change in bed availability for the facility, board, authority, or provider or, if no change in bed availability has occurred, at least once daily. (Chapters 34 and 116)

2015 Recommendations/2015 Session

- **House Bill 543 (Watts) / Senate Bill 566 (Barker) - Involuntary psychiatric admission from local correctional facility.** Clarified that for the purposes of petitioning for the involuntary psychiatric treatment of an inmate in a local correctional facility, the petition shall be filed by the sheriff or other person in charge of the local correctional facility where the inmate is incarcerated. (Chapters 599 and 357)
- **House Bill 1110 (Bell, Robert B.) / Senate Bill 567 (Deeds) - Temporary detention; notice of recommendation; communication with magistrate.** Provided that the magistrate conducting a temporary detention hearing shall consider, if available, information provided by the person who initiated emergency custody. The bill also required the community services board evaluating a person for temporary detention, if the evaluator recommends that the person not be subject to temporary detention, (i) to notify, if present, the person who initiated emergency custody of such recommendation in addition to the current obligation to notify the petitioner and an onsite treating physician; (ii) to promptly inform the person who initiated emergency custody that the community services board will facilitate communication between such person and the magistrate if such person disagrees with the recommendation of the community services board; and (iii) to arrange for the person who initiated emergency custody to communicate, upon request, with the magistrate as soon as practicable prior to the expiration of the period of emergency custody. Finally, the bill imposed a duty on health care providers providing services to a person subject to emergency custody, temporary detention, or involuntary admission proceedings to make a reasonable attempt to notify the person's family member or personal representative and clarified that such representative includes an

agent named in an advance directive; currently, such health care provider has discretion as to whether to make such notification. (Chapters 569 and 693)

2016 Recommendations/2017 Session

- **House Bill 1549 (Farrell) / Senate Bill 1005 (Hanger) - Community services boards and behavioral health authorities; services to be provided.** Provided that, effective July 1, 2019, the core of services provided by community services boards and behavioral health authorities shall include (i) same-day access to mental health screening services and (ii) outpatient primary care screening and monitoring services for physical health indicators and health risks and follow-up services for individuals identified as being in need of assistance with overcoming barriers to accessing primary health services. The bill provided that, effective July 1, 2021, the core of services provided by community services boards and behavioral health authorities additionally shall include (a) crisis services for individuals with mental health or substance use disorders, (b) outpatient mental health and substance abuse services, (c) psychiatric rehabilitation services, (d) peer support and family support services, (e) mental health services for members of the armed forces located 50 miles or more from a military treatment facility and veterans located 40 miles or more from a Veterans Health Administration medical facility, (f) care coordination services, and (g) case management services. The bill also required DBHDS to report annually regarding progress in the implementation of the bill. (Chapters 683 and 607)
- **Item 315(GG), Appropriation Act of 2017.** Provided \$4.9 million in FY 2018 to implement same-day access for community behavioral health services
- **Item 30(B), Appropriation Act of 2017.** Directed the Joint Commission on Health Care to study options for increasing access to telemental health services, including the issues and recommendations set forth in the report of the Telemental Health Work Group, and report its recommendations to the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century.
- **House Bill 1551 (Farrell) / Senate Bill 1006 (Hanger) - Commitment hearings; sharing of records and information.** Required the Office of the Executive Secretary of the Supreme Court to provide electronic data, including individually identifiable information, on proceedings pursuant to the Psychiatric Treatment of Minors Act (§ 16.1-335 et seq. of the Code of Virginia) and the Emergency Custody and Voluntary and Involuntary Civil Admissions Act (§ 37.2-800 et seq. of the Code of Virginia) to DBHDS upon request and provides that DBHDS may use such data for the purpose of developing and maintaining statistical archives, conducting research on the outcome of such proceedings, and preparing analyses and reports for use by DBHDS. The bill requires DBHDS to take all necessary steps to protect the security and privacy of the records and information provided pursuant to the provisions of the bill in accordance with the requirements of state and federal law and regulations governing health privacy. (Chapters 188 and 719)

- **Senate Bill 1063 (Deeds) - State Board of Corrections; membership; powers and duties; review of death of inmates in local correctional facilities.** Authorized the State Board of Corrections (the Board) to conduct a review of the death of any inmate in a local or regional correctional facility in order to determine the circumstances surrounding the inmate's death and whether the facility was in compliance with the Board's regulations. The bill required the Board to develop and implement policies and procedures for the review of the death of any inmate that occurs in any local or regional correctional facility. The bill provided that the Board (i) may request the Department of Corrections to conduct a death review if the Board determines that it cannot adequately conduct such review because the Board is already in the process of conducting another review and (ii) shall request the Office of the State Inspector General to review the operation of any entity other than a correctional facility if such review is necessary to complete the death review. Finally, the bill also specified requisite qualifications for individuals appointed to the Board. (Chapter 759)
- **Item 394(O), Appropriation Act of 2017.** Provided \$100,000 in Fiscal Year 2018 to fund a single FTE to carry out the provisions of Senate Bill 1063 regarding reviews of deaths of inmates in local or regional correctional facilities by the State Board of Corrections.
- **Item 70(J)(2), 2017 Appropriation Act.** Required that every person admitted to a local or regional correctional facility be screened for mental illness using a scientifically validated instrument designated by the Commissioner of Behavioral Health and Developmental Services.
- **Item 70(J)(3), 2017 Appropriation Act.** Required that the Compensation Board review its jail staffing standard with respect to the provision of mental health and medical treatment in jails, including evaluation of the costs and benefits of requiring all jails to conduct a mental health assessment within 72 hours of completion of an initial screening indicating need for mental health services.
- **House Bill 1784 (Bell, Robert B.) / Senate Bill 941 (Cosgrove) - Forensic discharge planning services; local and regional correctional facilities.** Directed the Commissioner of Behavioral Health and Developmental Services, in conjunction with the relevant stakeholders, to develop a comprehensive plan, by November 1, 2017, for the provision of forensic discharge planning services at local and regional correctional facilities for persons who have serious mental illnesses who are to be released from such facilities. (Chapters 192 and 137)
- **House Bill 1426 (Garrett) / Senate Bill 1221 (Barker) - Emergency custody or involuntary admission process; alternative transportation model.** Directed the Commissioner of Behavioral Health and Developmental Services and the Director of Criminal Justice Services, in conjunction with the relevant stakeholders, to develop a comprehensive model for the use of alternative transportation providers to provide safe and efficient transportation of individuals involved in the emergency custody or involuntary admission process as an alternative to transportation by law enforcement. The bill required that the model be completed by October 1, 2017, and reported 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. (Chapters 94 and 97)

- **House Bill 1767 (Garrett) / Senate Bill 1009 (Dunnavant) - Practice of telemedicine; prescribing.** Provided that a health care practitioner who performs or has performed an appropriate examination of a patient, either physically or by the use of instrumentation and diagnostic equipment, for the purpose of establishing a bona fide practitioner-patient relationship may prescribe Schedule II through VI controlled substances to the patient, provided that the prescribing of such controlled substance is in compliance with federal requirements for the practice of telemedicine. The bill also authorized the Board of Pharmacy to register an entity at which a patient is treated by the use of instrumentation and diagnostic equipment for the purpose of establishing a bona fide practitioner-patient relationship and is prescribed Schedule II through VI controlled substances to possess and administer Schedule II through VI controlled substances when such prescribing is in compliance with federal requirements for the practice of telemedicine and the patient is not in the physical presence of a practitioner registered with the U.S. Drug Enforcement Administration. (Chapters 110 and 58)
- **Item 315 (AA), Acts of Assembly of 2017.** Provided an additional \$4.9 million in FY 2018 for permanent supportive housing, increasing the total amount available from \$4,270,500 to \$9,170,500.
- **Item 313, Acts of Assembly of 2017.** Provided \$100,000 in each year for a single FTE at DBHDS to oversee the Permanent Supportive Housing program.
- **Item 108(H), Acts of Assembly of 2017.** Directed the Department of Housing and Community Development, in conjunction with other agencies and stakeholders, to develop and implement strategies that may include potential Medicaid financing for housing individuals with serious mental illness and to report annually on such strategies and their implementation.

2017 Recommendations/2018 Session

Telemental health services. The work group recommended a budget amendment to provide \$1.1 million per year for three years to Appalachian Telemental Health Network Initiative.

- The Senate budget included \$1.1 million in each year to establish the Appalachian Telemental Health Initiative; funding was not included in the House budget.

Alternative transportation. The work group recommended a budget amendment to provide \$1.7 million per year to support and expand alternative transportation pilot programs in the area served by the Mount Rogers Community Services Board and the area served by the Region 10 Community Services Board. After some discussion of the benefits of a pilot program or establishment of a statewide program, the Joint Subcommittee adopted a recommendation that a budget amendment be introduced to provide \$10.2 million to fund statewide implementation of the alternative transportation model proposed in RD 337 (2017) - Virginia Department of Behavioral Health and Developmental Services and Virginia Department of Criminal Justice Services: Alternative Transportation Workgroup Final Report.

- The Senate budget included \$2.5 million in the first year and \$4.5 million in the second year for alternative transportation for adults and children under a temporary detention order; funding was not included in the House budget.

STEP-VA. The work group recommended continued support for ongoing efforts to implement STEP-VA in accordance with the provisions of Chapters 607 and 683 of the Acts of Assembly of 2017. The Governor's proposed budget included \$10.8 million in general funds to expand access to same-day mental health screening and evaluation to every community services board in the Commonwealth and \$ 3,720,000 in the first year and \$7,440,000 in the second year for primary health care screenings for individuals receiving services at community services boards.

- The House budget included funding for same-day access to mental health screening and evaluation services and primary health care screenings for individuals receiving services at community services boards; the Senate budget eliminated funding for primary health care screenings for individuals receiving services at community services boards in the first year and reduced funding for primary health care screenings for individuals receiving services at community services boards to \$3,720,000 in the second year.

Community Integration Plan. The work group recommended continued support for the efforts of DBHDS to reduce the census at state hospitals by improving community integration of individuals with mental illness. The Governor's proposed budget included \$4.8 million in general funds to support needed community services as a result of the mental health facility census and \$6.9 million in general funds to provide discharge planning assistance to assist in discharging approximately 80–90 people on the extraordinary barriers list currently awaiting discharge from state hospitals.

- The House budget included \$4.6 million in general funds to support community services to facilitate reduction of the state hospital census; funding was not included in the Senate budget.
- The House budget included \$6.9 million for discharge assistance planning to assist in discharging people on the extraordinary barriers list; the Senate budget reduced the amount to \$3.4 million for such purpose.

CIT programs in rural communities. The work group recommended a budget amendment to provide DBHDS with \$657,648 in each year to make grants to support development, implementation, and operation of CIT training programs in up to six rural communities and \$1,925,400 to make grants to support development, implementation, and operation of CIT assessment centers in six rural communities.

- The Senate budget included \$657,648 in each year to make grants to support development, implementation, and operation of CIT training programs in six rural communities; funding was not included in the House budget.
- The House Budget included \$900,000 in the first year and \$1.8 million in the second year to support development, implementation, and operation of CIT assessment centers in six rural communities; funding was not included in the Senate budget.

Jail diversion programs. The work group recommended a budget amendment to provide \$708,663 in each year to support creation of diversion programs at Intercept 2 (initial detention/initial court appearance) in up to six rural communities.

- The Senate budget included \$708,663 in each year to support creation of diversion programs at Intercept 2 (initial detention/initial court appearance) in up to six rural communities; funding was not included in the House budget.

Forensic discharge planning. The work group recommended a budget amendment to provide \$4,109,900 in general funds to make forensic discharge planning available at five jails in the Commonwealth for persons with serious mental illness upon their release from jails to allow for better coordination of care, enhance public safety by linking individuals to needed care, and reduce the risk of future criminal justice involvement.

- The Senate budget included \$1.6 million in each year for discharge planning at jails for individuals with serious mental illness; funding was not included in the House budget.

Virginia Housing Trust Fund. The work group recommended a budget amendment to provide \$4.5 million in general funds per year to the Virginia Housing Trust Fund to increase capital investment in order to increase available rental housing and expand access to permanent supportive housing.

- Funding was not included in either the House or Senate budgets.