



COMMONWEALTH of VIRGINIA

JAMES W. STEWART, III
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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December 1, 2011

The Honorable Charles J. Colgan, Chair
Senate Finance Committee
10th Floor, General Assembly Building
910 Capitol Street
Richmond, VA 23219

Dear Senator Colgan:

In response to recommendations from Governor McDonnell's Prisoner and Juvenile Offender Re-entry Council, the 2011 General Assembly amended the *Appropriation Act* to add language in Item 304.O. requiring the Department of Behavioral Health and Developmental Services (DBHDS) to work with criminal justice stakeholders to develop a medication formulary that would provide consistency for offenders moving from criminal justice settings into community behavioral health services. Specifically, Item 304.O. states:

O. The Department of Behavioral Health and Developmental Services shall, in coordination with the Department of Corrections, the Department of Juvenile Justice, the Virginia Sheriffs' Association, and the Virginia Regional Jail Association, develop a formulary for the dispensing of medications to offenders who have been released from prisons, juvenile correctional centers, and jails that will provide consistency as those offenders move from incarceration in the criminal justice system to being served by community behavioral health programs. Not less than 30 days prior to implementing the changes authorized in this paragraph, the Commissioner of Behavioral Health and Developmental Services shall report to the Chairmen of the House Appropriations and Senate Finance Committees the proposed changes to the formulary and any additional costs or savings associated with the change.

The purpose of this letter is to report on the status of this effort.

DBHDS convened a representative Criminal Justice-Behavioral Health Formulary Workgroup including members from the Departments of Corrections (DOC) and Juvenile Justice (DJJ), the Regional Jail Association, the Virginia Sheriffs' Association, and the Virginia Association of Community Services Boards, as well as DBHDS staff. Membership includes both medical/clinical and administrative leadership. The workgroup met in June, September and November, and has begun to consider several issues, as described below.

First, the workgroup examined the feasibility of developing a standard formulary. This is a complex matter given the number of providers and payors that are currently involved in the delivery and funding of medication to offenders. For example, currently many jails contract with health care providers to serve their inmates and each health care provider may have a different formulary and pharmacy procedures, including

preferred drug lists. In addition, the Virginia Department of Corrections operates its own pharmacy using its own procedures, as do DBHDS facilities. Community services boards use their own prescribers but contract with commercial pharmacies for their consumers' drugs.

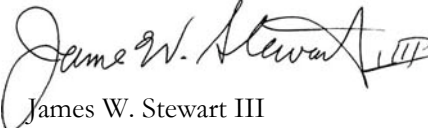
The workgroup examined a range of formularies, including the DOC psychotropic medication formulary, the DBHDS inpatient psychiatric facility formularies, and formularies from 35 Virginia jails that were provided to DBHDS in 2010. This analysis revealed that practices vary considerably regarding prescriber discretion and payment for medications. In addition, there are significant gaps in the service system. For example, indigent persons with serious mental illness, including offenders, generally have access to medications through CSBs, but those offenders with less serious disorders have difficulty accessing affordable medications on an ongoing basis.

At this time, the consensus of the workgroup is that within the current structure described above, the laudable product envisioned by the General Assembly - a single formulary - is not feasible, and cannot be developed unless a comprehensive system of medication access intentionally designed around a single formulary is created and funded. The workgroup is attempting to determine if other states have implemented a single formulary approach, but this is a concept that requires further study before implementing such a concept in Virginia. The workgroup concluded that such an analysis might best be conducted by a legislative research body with more technical capability for a broad review, such as the Joint Commission on Health Care.

Given the above, the workgroup has been focusing on related options that would improve consistency across the system by enhancing medication access best practices, and strengthening jail and prison communication and collaboration with community services boards. With this objective in mind, the workgroup is in the process of identifying and examining national and Virginia models and approaches that effectively ensure continuity of care with respect to medications for released offenders. The workgroup is also following the work of two Re-Entry Council subcommittees that are (1) examining the possible use of the Local Inmate Data System (LIDS) to enhance coordination between jails and behavioral health providers, and (2) refining the former DOC-VACSB-DBHDS Memorandum of Understanding to create a template for localities regarding re-entry planning and service coordination for persons with behavioral health service needs. The workgroup is also evaluating a patient assistance program initiative to allow improved access to medications for released indigent offenders.

In summary, the workgroup is in the early stages of research on the concept of a single formulary, but meanwhile has identified some important areas of improvement. DBHDS will continue to make periodic reports on the progress of this work. If you would like any additional information, please let me know.

Sincerely,



James W. Stewart III

Cc: Hon. William A. Hazel Jr., M.D.
Hon. R. Edward Houck
Joe Flores
John Pezzoli
Jim M. Martinez



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The Honorable Lacey E. Putney, Chair
House Appropriations Committee
General Assembly Building
P.O. Box 406
Richmond, VA 23218

Dear Delegate Putney:

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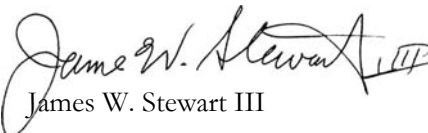
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