*Commonwealth of Virginia*

September 30, 2014

Governor McAuliffe,

Pursuant to Executive Order 12, please find attached the final report of the Governor's Taskforce on Improving Mental Health Services and Crisis Response.

The Taskforce has worked diligently to ensure that the obligations of the executive order were met in its efforts to examine the system for possible improvements and in its consideration of recommendations. The Taskforce approved 25 recommendations to help expand access to Virginians with mental health needs, strengthen administrative processes and to improve quality of services throughout the Commonwealth.

Reforming Virginia's mental health system involves a multitude of stakeholders, such as lawmakers, mental health professionals, the criminal justice system and advocates. Including the Taskforce, several other initiatives are currently engaged in this process; for example, an internal DBHDS full-scale transformation effort and the Joint Subcommittee Studying Mental Health Services in the Commonwealth in the 21st Century are both looking at ways to improve on Virginia's existing structure and services. It will take continued attention and investment well into the future to make substantial and much-needed improvements to the system.

We are committed to bringing positive changes to Virginia's public mental health system so that Virginians with mental health needs and their families have access to the services system they need and deserve.

Thank you for your leadership continuing the Taskforce.

Sincerely,

Ralph S. Northam
Lieutenant Governor

William A. Hazel, Jr., M.D.
Secretary of Health and Human Resources

Brian J. Moran
Secretary of Public Safety and Homeland Security

# Report of the Governor's Taskforce on Improving Mental Health Services and Crisis Response

## TABLE OF CONTENTS

# Executive Summary

In November 2013, a terrible tragedy occurred in Bath County, Virginia when a Virginia state senator lost his beloved son to suicide after being unable to access an inpatient psychiatric bed through the involuntary admission process. In the aftermath, there was a tremendous outcry for improvements to Virginia's fragmented and chronically-underfunded public mental health system.

Following the situation closely, former Governor Robert McDonnell issued an executive order that was fully supported and reissued by Governor Terry McAuliffe (Executive Order 12), creating the Governor's Taskforce on Improving Mental Health Services and Crisis Response. The Taskforce, composed of experts across disciplines, was charged with recommending solutions that will improve Virginia's public mental health system. Ten responsibilities detailed in the executive order directed the Taskforce to examine not only those procedures and services that will close gaps in the safety net, but also review what services are most needed to help prevent crises. The ten responsibilities areas requiring examination included:

1. System protocols and procedures
2. Crisis services
3. Emergency custody and temporary detention periods
4. Telepsychiatry
5. Cooperation among courts, law enforcement and mental health systems
6. Veterans, servicemembers and their families
7. Public and private psychiatric bed capacity
8. Early intervention and ongoing supports
9. Families and loved ones
10. Mental health workforce development

The Taskforce met five times from January to August 2014 to address system challenges and consider recommendations. In addition, four workgroups and two subgroups were created in specific issue areas to examine ways to improve the system by filling in gaps in services, strengthening procedures and making impactful investments. The workgroups developed recommendations for the Taskforce's consideration.

**The Taskforce approved 25 recommendations**. The recommendations are consistent with the scope of the responsibilities in Executive Order 12 and are categorized in the following areas:

- **Expanding Access** – Access recommendations bolster the delivery of services consistently across the Commonwealth, including emergency services when a mental health crisis occurs, and services to intervene early and prevent crises from developing.
- **Strengthening Administration** – Administration recommendations include those that increase flexibility, improve communication and ease navigation through the complex mental health system.

- **Improving Quality** – Quality recommendations include those that help ensure appropriate clinical responses and successful outcomes.

With the approval of the 25 recommendations and the completion of the final report, the Taskforce has fulfilled its initial obligations under Executive Order 12. In addition, in meeting its obligations under the executive order, the Taskforce also recognized the importance of addressing the needs of those individuals with substance-use disorders. The Taskforce will continue to meet as needed to support efforts to reform Virginia's mental health system.

# Section I: Introduction

In recent years, groups of experts, advocates, policy-makers and others have collaborated to study Virginia's mental health system and make recommendations for improvement. In particular, following the tragedy at Virginia Tech, Virginia's leaders drew upon the investigation by the Virginia Tech Review Panel and the study of the Commission on Mental Health Law Reform to strengthen the civil commitment process through legislation so that individuals with serious mental illness could receive needed help in a timely manner. The 2008 budget included an infusion of state funds to build core community services such as emergency services, case management, and outpatient treatment. Unfortunately, many of these gains were lost as a result of the economic downturn. In 2013, targeted investments were made to Virginia's mental health system upon recommendations from the Governor's Taskforce on School and Campus Safety.

In November 2013, the debate about mental health and the challenges facing Virginia's mental health system was renewed when, in a terrible tragedy, a state senator lost his beloved son to suicide after being unable to access a psychiatric bed through the involuntary admission process. Investigations and reviews of the tragedy reinforced that no quick fixes existed that would substantially reform Virginia's complicated and chronically underfunded mental health system. It became clear that Virginia must reevaluate how it can better serve those with mental health needs and examine ways to improve the system by filling in gaps in services, strengthening procedures and making more strategic investments.

Since the tragedy, Virginia has been working to ensure that the mental health safety net responds effectively to all individuals and families in crisis and that better access to non-emergency services is available in order to prevent crises. For example, Governor McAuliffe supported important system changes and funding for services that help assure the care and safety of persons experiencing mental health crises. The General Assembly made critical changes to Virginia's civil commitment laws and created a subcommittee to study the mental health system for the next four years. The Department of Behavioral Health and Developmental Services (DBHDS) worked with system partners to strengthen existing policies, ensure smooth implementation of new laws, and launch a full-scale internal effort to transform the system.

In addition, an executive order was signed by former Governor McDonnell and reissued by Governor McAuliffe creating a Taskforce of experts across disciplines to seek and recommend solutions that will improve Virginia's mental health crisis services and help prevent crises from developing: The Taskforce was named the Governor's Taskforce on Improving Mental Health Services and Crisis Response.

The Taskforce was asked to examine not only those procedures and services that will help close gaps in the safety net, but also review what services are most needed to help prevent crises. Specifically, Executive Order 12 states:

*The mental health system for emergency services is dependent upon cooperation and communication from a variety of partners, including community services boards, law enforcement, the judicial system and private hospitals. Effective collaboration among these many parties ensures the most favorable outcomes for people in crisis. While emergency mental health services work for most people, it is critical that the mental health safety net responds effectively to all individuals and families in crisis.*

*While bolstering our ability to respond to mental health crises when they occur, we must continue to seek ways to intervene early and prevent crises from developing. Virginia has crisis prevention services in place, such as outpatient psychiatric consultation, suicide prevention, Program of Assertive Community Treatment (PACT) services, and rehabilitation services. These services are in high demand, and are not consistently available across the Commonwealth.*

# Section II: Taskforce Structure and Responsibilities

## Responsibilities of the Taskforce

Executive Order 12 specified that, "*Because the system is multifaceted, the solutions must be as well*." The order directed that the Taskforce examine the following areas for possible recommendations:

1. **System Protocols and Procedures** – Recommend refinements and clarifications of protocols and procedures for community services boards, state hospitals, law enforcement and receiving hospitals.
2. **Crisis Services –** Review for possible expansion the programs and services that assure prompt response to individuals in mental health crises and their families such as emergency services teams, law enforcement crisis intervention teams (CIT) and secure CIT assessment centers, mobile crisis teams, crisis stabilization centers and mental health first aid.
3. **Emergency Custody and Temporary Detention Periods –** Examine extensions or adjustments to the emergency custody order and the temporary detention order period.
4. **Telepsychiatry –** Explore technological resources and capabilities, equipment, training and procedures to maximize the use of telepsychiatry.
5. **Cooperation Among Courts, Law Enforcement and Mental Health Systems** – Examine the cooperation that exists among the courts, law enforcement and mental health systems in communities that have incorporated crisis intervention teams and cross systems mapping.

6. **Veterans, Servicemembers and Their Families** – Identify and examine the availability of and improvements to mental health resources for Virginia's veterans, service members, and their families and children.
7. **Public and Private Psychiatric Bed Capacity** – Assess state and private provider capacity for psychiatric inpatient care, the assessment process hospitals use to select which patients are appropriate for such care, and explore whether psychiatric bed registries and/or census management teams improve the process for locating beds.
8. **Early Intervention and Ongoing Supports** – Review 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, housing, employment and case management.
9. **Families and Loved Ones** – Recommend how families and friends of a loved one facing a mental health crisis can improve the environment and safety of an individual in crisis.
10. **Mental Health Workforce Development** – Examine the mental health workforce capacity and scope of practice and recommend any improvements to ensure an adequate mental health workforce.

## Taskforce Membership

The Taskforce is comprised of 42 members, chaired by Lt. Governor Northam and co-chaired by HHR Secretary Hazel and Public Safety and Homeland Security Secretary Moran. Membership includes leaders in the mental health field, law enforcement, judicial system, private hospitals, and individuals receiving services and their families. The Taskforce's membership includes the following individuals or their designees:

- The Task Force shall be chaired by the Lieutenant Governor.
- The Task Force shall be co-chaired by the Secretaries of Health and Human Resources and Public Safety and Homeland Security;
- The Attorney General of Virginia;
- Secretary of Veterans and Defense Affairs;
- Chief Justice of the Supreme Court of Virginia;
- Commissioner of the Department of Behavioral Health and Developmental Services;
- Commissioner of the Department of Social Services;
- Director of the Department of Medical Assistance Services;
- Superintendent of the Virginia State Police;
- At least three community services board emergency services directors;
- At least three law enforcement officers, including at least one sheriff;
- At least two executive directors of community services boards;
- At least two magistrates;
- At least two private hospital emergency department physicians;
- At least two psychiatrists;
- At least one representative of a state mental health facility;

- At least two representatives from Virginia's private hospital systems;
- At least two individuals receiving mental health services;
- At least one member from a statewide veterans organization;
- At least two family members of individuals receiving services; and
- Two members of the House of Delegates and two members of the Senate of Virginia.

## Workgroups and Subgroups

Four workgroups and two subgroups were formed to support the work of the taskforce. The groups included:

- **Workgroup on Crisis Response –** Focus on improving timely access to appropriate emergency intervention for individuals with mental illness and their families who are experiencing crises.
- **Workgroup on Ongoing Treatment and Supports –** Examine the capacity of the mental health system to provide ongoing services and supports that promote the health and well-being of individuals with mental illness, and enable these individuals to avoid crises.
- **Workgroup on Public Safety –** Examine the interface between criminal justice and mental health systems, including collaboration between courts, jails, law enforcement and mental health systems to deliver ongoing services.
- **Workgroup on Technical and Data Infrastructure –** Examine the use of technology and technical infrastructure in the mental health system, the availability and use of data for service delivery and policy development, and related subjects.
- **Subgroup on Workforce Development –** Make recommendations to help improve Virginia's mental health workforce.
- **Subgroup on Family/Loved Ones –** Make recommendations for how families and friends of a loved one struggling with a mental illness can improve the environment and safety of an individual in crisis.

## Recommendation Development

Since its formation in January 2014, the Taskforce met five times and reviewed existing services and challenges in the mental health system.

In support of the Taskforce, the four workgroups met four times and the two subgroups met once. Workgroup efforts were based on the ten Taskforce responsibility areas specified in Executive Order 12. Each workgroup examined the ten responsibilities through the lens of the description of the workgroup. In this way the workgroups and subgroups developed recommendations for critical improvements to procedures, programs and services for the full Taskforce's consideration.

During its five meetings, the full Taskforce examined the system and possible improvements and considered recommendations from the workgroups. As a result, the Taskforce approved 25 recommendations for the Governor's consideration. The Taskforce also considered additional recommendations, many of which were held for further review at future meetings of the Taskforce or referred to DBHDS for examination in its internal transformation effort.

# Section III: Recommendations to Expand Access

***Access*** *– Access recommendations bolster the delivery of services consistently across the Commonwealth, including emergency services when a mental health crisis occurs, and services to intervene early and prevent crises from developing.*

*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.

**Addresses Executive Order responsibility for:** Crisis Services.

**Additional Action:** Funding required.

*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/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)

**Addresses Executive Order responsibility for:** Crisis Services.

**Additional Action:** Funding, curriculum development and implementation required.

*Recommendation 3.* **Telepsychiatry -** Expand access to telepsychiatry.

**Addresses Executive Order responsibility for:** Telepsychiatry.

**Additional Action:** Funding required.

*Recommendation 4.* **Explore technological resources** - Develop a single consistent statewide process for data and oversight structure to maximize the use of telepsychiatry and video-technology.

- Develop a technology and implementation plan.
- Consider development of a telehealth office in DBHDS as a point of coordination.
- Look at the scope of practice issues that could impact the use of this technology.

**Addresses Executive Order responsibility for:** Telepsychiatry.

**Additional Action:** Include in Center for Behavioral Health and Justice (Recommendation 8).

*Recommendation 5.* **Mental Health First Aid (MHFA) –** Recommendations for MHFA included several items:

- Implement MHFA in every planning district.
- Expand MHFA among Virginia's schools and universities.
    - Create partnerships with the Department of Education with the goal of training primary and secondary public school teachers in Virginia.
    - This could be incorporated within the offices of disability services at the schools.
    - A partnership with the State Council of Higher Education for Virginia is strongly encouraged to implement this initiative.

**Addresses Executive Order responsibility for:** Ongoing services and supports.

**Additional Action:** Funding required.

*Recommendation 6.* **Behavioral Health Resources for Veterans, Service Members and Their Families -** Virginia needs to identify and examine the availability of and improvements to behavioral health resources for veterans, service members, and their family and children.

- There needs to be greater cooperation between Virginia's service providers and the VA system and a streamlining of the referral process.
- Enhancement of services should include better linkages to community resources for Veterans who are incarcerated.
- **Problem-Solving Courts** - Virginia should encourage the funding and expansion of problem-solving courts and Veterans tracks across the Commonwealth.
    - Each community should have the option to develop such courts if the community determines it meets the local needs and there is sufficient local interest (on the part of the judiciary, the Commonwealth Attorney's office, the defense bar, pre-trial services, and the Community Services Board) to make the program successful.
        - Look at use of problem-solving courts for behavioral health and veterans as a means to look at how recipients get involved in and agree to services to minimize entry at crisis levels of care.

**Addresses Executive Order responsibility for:** Veterans, servicemembers and their families.

**Additional Action:** Funding required; Include in Center for Behavioral Health and Justice (Recommendation 8).

*Recommendation 7.* **Access to Psychiatric Services -** Improve access to consistent psychiatric services in a timely manner using a benchmark standard, as exists in other health care fields, and make resources available to accomplish this goal. At a minimum, emergency service providers statewide should have access to a prescriber, if not a psychiatrist, to reduce the use of hospitalization as the means to access medication.

**Addresses Executive Order responsibility for:** Public and private bed access.

**Additional Action:** Funding required.

# Section IV: Recommendations to Strengthen Administration

***Administration*** *– Administration recommendations include those that increase flexibility, improve communication and ease navigation through the complex mental health system.*

*Recommendation 8.* **Center for Behavioral Health and Justice** - The vision of the intergovernmental Center for Behavioral Health and Justice 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 healthcare needs of individuals involved in all aspects of the criminal justice system.
- This Center would serve as a coordinating center utilizing a multi-systems approach including lead staff from DBHDS, DCJS, as well as private and public universities, CSBs, law enforcement, representatives from Virginia's court system, individuals with lived experience with the behavioral healthcare/criminal justice system(s), community members, and family members.
- In addition the Center for Behavioral Health and Justice would serve as a coordinating entity for communities which should be required to establish a position/ committee/ group to liaison with the Center and 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 (See recommendations 2, 4, 6, 11, 12, 13, and 20.

**Addresses Executive Order responsibility for:** Ongoing services and supports.

**Additional Action:** Coordination among multiple state agencies; Some funding may be required.

*Recommendation 9.* **Improving Communication Throughout System -** Establish a process and a structure that ensures regular communication among the public and private agencies and organizations involved in the mental health delivery system at both the state and regional level. The purpose would be to enhance communications, identify and share best practices and provide a regular venue for problem-solving. The Department of Behavioral Health and Developmental Services would be the lead agency for this effort. DBHDS needs to be staffed to support this recommendation.

**Addresses Executive Order responsibility for:** System protocols and procedures.

**Additional Action:** Funding required.

*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 and the Magistrate would determine whether 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.
- *Code of Virginia* would also need to give transportation providers the authority to detain individuals and the Commonwealth would need to address liability issues.

**Addresses Executive Order responsibility for:** Crisis Services.

**Additional Action:** Funding required; Legislative action required.

*Recommendation 11.* **Veterans Collaboration -** Improve coordination between private hospitals and VA hospitals, and support crisis response clinicians to collaborate with veterans to meet their needs by (a) establishing a "point person" at

each CSB to coordinate between VA and CSB, (b) increasing financial support to the Virginia Wounded Warrior Project, and (c) continuing to educate the public and CSBs about the needs of veterans and .0military families.

**Addresses Executive Order responsibility for:** Veterans, servicemembers and their families

**Additional Action:** Funding required; Include in Center for Behavioral Health and Justice (Recommendation 8).

*Recommendation 12.* **Jail Services -** All jails in Virginia should be required to have readily accessible, evidenced based, trauma-informed treatment for individuals in jail across the continuum of the criminal justice system. Such services should either be available in all jails and/or there should be mechanisms in place to transfer the inmate to a jail which has these services. Center for Behavioral Health and Justice (See Recommendation 8) should be tasked with identifying the resource needs to accomplish this goal along with the cost to provide this level of care.

**Addresses Executive Order responsibility for:** Cooperation among courts, law enforcement and mental health systems.

**Additional Action:** Funding required; Include in Center for Behavioral Health and Justice (Recommendation 8).

*Recommendation 13.* **Jail Discharge Notification -** Virginia should develop a computerized notification system so that CSBs and other community providers (who request notification) can be advised when an individual with behavioral health needs is discharged from jail with the goal of increasing post-release engagement in treatment and to enhance continuity of care.

**Addresses Executive Order responsibility for:** Cooperation among courts, law enforcement and mental health systems.

**Additional Action:** Include in Center for Behavioral Health and Justice (Recommendation 8).

*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.

**Addresses Executive Order responsibility for:** Cooperation among courts, law enforcement and mental health systems.

**Additional Action:** Legislative action may be required.

*Recommendation 15.* **Protected Health Information (PHI) Disclosures -** Develop legislation that (a) 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 (b) 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.

**Addresses Executive Order responsibility for:** Cooperation among courts, law enforcement and mental health systems.

**Additional Action:** Legislative action required.

*Recommendation 16.* **Certificate of Public Need (COPN) -** Currently, there appears to be a need for more psychiatric beds in some areas, but the COPN process can prevent providers from opening more beds in these areas. The COPN process should be refined so that it more effectively addresses state needs, and incentivizes providers to respond to state needs, particularly specialized services for complex or challenging cases.

**Addresses Executive Order responsibility for:** Public and private bed access.

**Additional Action:** Legislative action required.

*Recommendation 17.* **Notification during the ECO Period -** The law enforcement agency that executes the emergency custody order notify the applicable community services board upon execution.

**Addresses Executive Order responsibility for:** System protocols and procedures.

**Additional Action:** This recommendation was included among the Taskforce's initial recommendations in January 2014. The General

Assembly included this requirement as part of its changes to Virginia's civil commitment laws.

*Recommendation 18.* **Emergency Custody Order Period -** The Taskforce recommends a 12-hour emergency custody order period that includes tiered levels of notification every four hours.

- Four hours after execution of the emergency custody order, if the CSB prescreener believes that the individual meets the commitment criteria and has not been able to locate a bed, the prescreener shall notify the state hospital serving the region.
- Eight hours after execution of the emergency custody order, if neither the CSB prescreener nor the state hospital serving the region has been able to locate a bed, the Department of Behavioral Health and Developmental Services Central Office shall be notified.
- DBHDS Central Office may assist in the search for a bed and as a safety net, the state hospital serving the region will ultimately be designated as the facility of temporary detention if a private bed cannot be located.

**Addresses Executive Order responsibility for:** Emergency custody and temporary detention periods.

**Additional Action:** This recommendation was included among the Taskforce's initial recommendations in January 2014. The General Assembly ultimately adopted an ECO for a period not to exceed 8 hours from the time of execution.

*Recommendation 19.* **Temporary Detention Order Period -** The Taskforce endorses the Governor's proposal to extend the period of temporary detention from the current 48 hours to 72 hours with a minimum period of 24 hours prior to a commitment hearing.

**Addresses Executive Order responsibility for:** Emergency custody and temporary detention periods.

**Additional Action:** This was included among the Taskforce's initial recommendations. The General Assembly extended the TDO period to 72 hours but did not include a 24-hour minimum.

# Section V: Recommendations to Improve Quality

***Quality Recommendations*** *– Quality recommendations include those that help ensure appropriate clinical responses and successful outcomes.*

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

- Educate as to other forms of support through technology like 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 advanced directives/clearinghouse. VDH maintains a registry so code change should be considered to add mental health.
- Strive for no wrong door or path to get information.

**Addresses Executive Order responsibility for:** Families and loved ones.

**Additional Action:** Include in Center for Behavioral Health and Justice (Recommendation 8).

*Recommendation 21.* **MH Nurse Practitioner/Physician Assistant Training and Continuing Medical Education -** Promote Psychiatric-Mental Health Nurse Practitioner and Physician Assistant training and behavioral health oriented continuing medical education programs in Virginia and consider expanding the Nurse Practitioner's and Physician Assistant's scope of practice to provide additional psychiatric services, particularly in underserved areas.

**Addresses Executive Order responsibility for:** Mental health workforce development.

**Additional Action:** Funding required.

*Recommendation 22.* **Primary Care Education and Incentives -** Strengthen the capacity of primary care physicians and other clinicians practicing in primary care settings to effectively serve individuals with complex behavioral health needs across the lifespan by promoting inter-professional clinical education, offering financial and other incentives to providers that adopt this collaborative model, assigning peer support specialists to serve as navigators and case managers to assist with linkages to behavioral health service providers. The Commonwealth should consider providing such supports to primary care physicians and private outpatient clinicians in exchange for their participation in the Medicaid program.

**Addresses Executive Order responsibility for:** Mental health workforce development.

**Additional Action:** Funding required.

*Recommendation 23.* **Recruiting and Retention -** Implement recommendation #18 of the Joint Commission on Health Care's "Impact of Recent Legislation on Virginia's Mental Health System" Final Report [SJR 42 (2008)] to "Support and facilitate the creation of programs to aid in recruiting and retaining mental health professionals in specialties that are in short supply, and particularly in areas of the State where supply is lowest or where turnover is highest.

- Such programs should include repayment for educational loans, psychiatric fellowships, tax credits and other innovative means of developing and keeping mental health professionals in the State."
- Enhance efforts to increase the diversity of mental health providers and ensure culturally competent care.

**Addresses Executive Order responsibility for:** Mental health workforce development.

**Additional Action:** Funding required.

*Recommendation 24.* **Direct Support Professional -** Implement recommendation #12 of the Supreme Court Commission on Mental Health Law Reform's 2010 Report of the Workforce Development Committee of the Task Force on Access to Services to expand the DBHDS Direct Support Pathway Program "to create a new level of direct service position, entitled Direct Support Professional, in Virginia for state facilities, CSBs and private providers." The Commonwealth should consider requiring completion of the online training component of this program by all direct care staff providing services in licensed community behavioral health programs.

**Addresses Executive Order responsibility for:** Mental health workforce development.

**Additional Action:** Funding required.

*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.

**Addresses Executive Order responsibility for:** Public and private bed access.

**Additional Action:** Refer to DBHDS.

# Section VI: Continuation of the Taskforce

## Continuation of the Taskforce

The last scheduled meeting of the full Taskforce was held on August 11, 2014. At this meeting, the Taskforce approved its final recommendations.

The Taskforce now will be convened as needed to support Virginia's major efforts to improve its mental health system. The meetings of the workgroups have concluded. At least one meeting of the full Taskforce is anticipated before the 2015 General Assembly Session.

# Appendix A
*Full Taskforce Roster*

## *Taskforce Members*

**The Honorable Ralph Northam, Chair**
Lieutenant Governor

**The Honorable Bill Hazel, MD, Co-Chair**
Secretary of Health and Human Resources

**The Honorable Brian Moran, Co-Chair**
Secretary of Public Safety

**The Honorable Mark Herring**
Attorney General of Virginia

**The Honorable Cynthia Kinser**
Chief Justice of Virginia Supreme Court

**The Honorable John C. Harvey, Jr.,**
Secretary of Veterans and Defense Affairs

**The Honorable Emmett Hanger**
Senate of Virginia

**The Honorable Janet Howell**
Senate of Virginia

**The Honorable Rob Bell**
Virginia House of Delegates

**The Honorable Joseph Yost**
Virginia House of Delegates

**Debra Ferguson, PhD**, Commissioner
Department of Behavioral Health
and Developmental Services

**Cindi Jones**, Director
Department of Medical Assistance Services

**Margaret Schultze**, Commissioner
Department of Social Services

**Colonel Steven Flaherty**, Superintendent
Virginia Department of State Police

**The Honorable Gabriel Morgan**, Sheriff
City of Newport News

**The Honorable James Agnew**, Sheriff
County of Goochland, Goochland

**John Venuti**, Chief
VCU Police Department, Richmond

**Mike O'Connor**, Executive Director
Henrico Area Community Services, Henrico

**Chuck Walsh**, Executive Director
Middle Peninsula-Northern Neck CSB

**Lawrence "Buzz" Barnett**, Emergency
Services Director, Region Ten CSB,
Charlottesville

**Kaye Fair**, Emergency Services Director
Fairfax-Falls Church CSB, Fairfax

**Melanie Adkins**, Emergency Services
Director, New River Valley Community
Services, Blacksburg

**Jeffrey Lanham**, Regional Magistrate
Supervisor, 6th Magisterial Region

**The Honorable Charles Poston**
Judge (Retired), Norfolk Circuit Court

**Daniel Holser**, Chief Magistrate
12th Judicial District

**Bruce Lo, MD**, Chief
Department of Emergency Medicine,
Sentara Norfolk General Hospital, Norfolk

**William Barker, MD**
Emergency Medicine
Fauquier Hospital, Warrenton

**Douglas Knittel, MD**
Psychiatric Emergency Services
Portsmouth Naval Hospital, Portsmouth

**Thomas Wise, MD**
Dept. of Psychiatry
Inova Fairfax Hospital, Falls Church

**Anand Pandurangi, MD**
VCU, Richmond

**Cynthia McClaskey, PhD**, Director
Southwestern Virginia Mental Health
Institute, Marion

**Joseph Trapani**, Chief Executive Officer
Poplar Springs Hospital, Petersburg

**Jean Hovey**

**Scott Syverud**, **MD**, Vice Chair
Clinical Operations
UVA School of Medicine, Charlottesville

**Ted Stryker**, Vice President
Centra Mental Health Services, Lynchburg

**Greg Peters**, President and CEO
United Methodist Family Services,
Richmond

**Teshana Henderson**, CAO
NDUTIME Youth & Family Services,
Richmond

**Becky Sterling,** Consumer Recovery
Liaison, Middle Peninsula-Northern Neck
CSB

**Ben Shaw,** Region 1 Coordinator
Virginia Wounded Warrior Program,
RACSB, Virginia Dept. of Veterans
Services, Fredericksburg

**Rhonda VanLowe,** Counsel
Rolls Royce North America**,** Fairfax

**Tom Spurlock**, Vice President
Art Tile, Inc., Roanoke

**John Kuplinski, Superintendent**
Virginia Peninsula Regional Jail

# Appendix B

*Workgroup and Subgroup Descriptions*

## Workgroup on Crisis Response

The Workgroup on Crisis Response will focus on improving timely access to appropriate emergency intervention for individuals with mental illness and their families who are experiencing crises. Areas to be addressed by this workgroup will include:

- Refinement and clarification of crisis response protocols and procedures for community services boards, public and private hospitals, law enforcement agencies and hospital emergency departments.
- Expansion of crisis response and intervention services that assure 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 units and mental health first aid.
- Potential revisions to the emergency custody and temporary detention statutes and process.
- Effectiveness of collaboration between courts, law enforcement and mental health systems in the delivery of crisis response services, including examination of communities that have developed crisis intervention teams and utilized cross systems mapping strategies for planning and problem-solving.
- Availability of psychiatric beds in Virginia, including processes used by hospitals to select which patients are appropriate for admission, and the use of census management teams to improve the process for locating beds.
- Examination of how families and friends of loved ones facing mental health crises can be taught to improve the environment and safety of individuals in crisis.
- Recommending legislative and budget proposals that will enable implementation of the above.

## Workgroup on Ongoing Treatment and Supports

The Workgroup on Ongoing Treatment and Supports will examine the capacity of the mental health system to provide ongoing services and supports that promote the health and well-being of individuals with mental illness, and enable these individuals to avoid crises. Gaps in needed services will be identified. Areas to be addressed by this workgroup will include:

- Review of current system capacity and needs for services that 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 critical supportive services such as wrap-around stabilizing services, peer support services, programs of assertive community treatment, housing, employment and case management.
- Workforce development issues, including actions that will ensure an adequate, well-trained and capable mental health workforce.
- Recommending legislative and budget proposals that will enable implementation of the above.

## Workgroup on Public Safety

The Workgroup on Public Safety will examine the interface between criminal justice and mental health systems, including collaboration between courts, jails, law enforcement and mental health systems to deliver ongoing services. Areas to be addressed by this workgroup will include:

- Use of cross systems mapping and other collaborative planning strategies to divert individuals with mental illness from the criminal justice system and increase access to mental health services.
- The role of law enforcement in providing efficient transportation for individuals with mental illness in the emergency custody, temporary detention and involuntary admission process.
- Provision of appropriate mental health services to jail inmates.

- Recommending legislative and budget proposals that will enable implementation of the above.

## Workgroup on Technical and Data Infrastructure

The Workgroup on Technical and Data Infrastructure will examine the use of technology and technical infrastructure in the mental health system, the availability and use of data for service delivery and policy development, and related subjects. Areas to be addressed by this workgroup will include:

- Review of technology resources and capabilities, equipment, training and procedures, including use of telepsychiatry, bed registries and other resources.
- Examination of data issues across the mental health, court, law enforcement and related systems, including the use of data to support effective service delivery and policy development, data sharing across agencies at state and local levels, etc.
- Recommending legislative and budget proposals that will enable implementation of the above.

## Subgroup on Family/Loved Ones

- Examine what factors would help families and friends support their loved one, whether a child, adult or older adult, through the process of mental illness treatment.
- Examine what factors may be beneficial to friends and families during the course of normal treatment before any crisis arises.
- Recommend how families and friends of a loved one facing a mental health crisis can improve the environment and safety of an individual in crisis.

## Subgroup on Workforce Development

- Examine the mental health workforce capacity and scope of practice and recommend any improvements to ensure an adequate mental health workforce.
- Make recommendations to help improve Virginia's mental health workforce.

# Appendix C

*Workgroup and Subgroup Rosters*

## *Crisis Response Workgroup ROSTER*

- **William Barker, MD,** Emergency Medicine, Fauquier Hospital
- **Lawrence "Buzz" Barnett**, Emergency Services Director, Region Ten CSB, Charlottesville
- **Kirsten Berglund Bradley**
- **Varun Choudhary, MD**, Medical Director, Magellan Behavioral Health
- **Margaret Nimmo Crowe**, Executive Director, Voices for Virginia's Children
- **Kit Cummings**, Lieutenant, Blacksburg Police Department
- **Kaye Fair**, Emergency Services Director, Fairfax-Falls Church CSB, Fairfax
- **Robin Foster, MD,** Virginia Commonwealth University Medical Center
- **Chuck Hall**, Executive Director, Hampton-Newport News Community Services Board
- **Daniel Holser**, Chief Magistrate, 12th Judicial District
- **Karen Kimsey**, Deputy Director, DMAS Complex Care and Services
- **Douglas Knittel, MD,** Psychiatric Emergency Services, Portsmouth Naval Hospital, Portsmouth
- **Jeffrey Lanham**, Regional Magistrate Supervisor, 6th Magisterial Region
- **Bruce Lo, MD**, Chief, Department of Emergency Medicine, Sentara Norfolk General Hospital
- **Cynthia McClaskey, PhD**, Director, Southwestern Virginia Mental Health Institute
- **Sandy Mottesheard,** Member at Large at National Alliance on Mental Illness (NAMI) Virginia
- **Bonnie Neighbor**, Executive Director, VOCAL
- **Ted Stryker**, Vice President, Centra Mental Health Services, Lynchburg
- **Scott Syverud**, **MD**, Vice Chair, Clinical Operations, UVA School of Medicine, Charlottesville
- **Shirley Repta,** Executive Director, Inova Behavioral Health
- **David Rockwell**, Peer Support Provider Henrico Area Community Services
- **Ben Shaw,** Region 1 Coordinator, Virginia Wounded Warrior Program, RACSB, Virginia Dept. of Veterans Services, Fredericksburg
- **Tom Spurlock**, Vice President, Art Tile, Inc.
- **Joseph Trapani**, Chief Executive Officer, Poplar Springs Hospital, Petersburg
- **John Venuti**, Chief, VCU Police Department, Richmond
- **Cindy Wood,** Lieutenant, Henrico Police Department
- **Brian Wood, DO,** Director, Psychiatric Education, VAMC
- **Jason Young**, Executive Director, Community Brain Injury Services

## *Ongoing Treatment and Support Workgroup ROSTER*

- **The Honorable Gabriel Morgan**, Sheriff, City of Newport News
- **The Honorable Dana Lawhorne**, Sheriff, City of Alexandria

- **Richardean Benjamin,** Old Dominion University
- **Jennifer Faison**, Executive Director, Virginia Association of Community Services Boards
- **Jan Brown,** Acting Director, Substance Abuse and Addiction Recovery Alliance (SAARA)
- **Debbie Burcham**, Executive Director, Chesterfield Community Services Board
- **Molly Cheek**, LCSW, President, Dominion Youth Services
- **Steven Crossman, MD,** Associate Professor, VCU Department of Family Medicine
- **William Elwood,** AEGIS Associates, LLC
- **Nancy Fowler**, Program Manager, Office of Family Violence, Virginia Dept. of Social Services
- **Cristy Gallagher,** Research Director, George Washington University
- **Frank Gallagher**, Vice President of Behavioral Health Services, Sentara
- **Tabitha Geary,** Vice President, Washington, DC Office, SapientNitro
- **Neal Graham**, CEO, Virginia Community Healthcare Association
- **Keith Hare,** VP Government Affairs, Virginia Health Care Association
- **Teshana Henderson**, CAO, NDUTIME Youth & Family Services
- **Steve Herrick,** Director, Piedmont Geriatric Hospital
- **Jean Hovey**
- **Lt. Col. Martin Kumer,** Albemarle/Charlottesville Regional Jail
- **John Kuplinski,** Superintendent, Virginia Peninsula Regional Jail
- **David Mangano**, Director of Consumer and Family Affairs, Fairfax County Government
- **Anne McDonnell,** Executive Director, Brain Injury Association of Virginia
- **Paula Mitchell,** VP Behavioral Health Services, LewisGale Medical Center
- **Greg Peters**, President and CEO, United Methodist Family Services
- **Mike O'Connor**, Executive Director, Henrico Area Community Services, Henrico
- **Beth Rafferty,** Director of Mental Health Services, Richmond Behavioral Health Authority
- **Mira Signer,** Executive Director, NAMI Virginia
  **Sunil Sinha, MD**, Chief Medical Officer, Memorial Regional Medical Center, Bon Secours Richmond Health System
- **Terry Tinsley, PhD**, Youth for Tomorrow
  **Chuck Walsh**, Executive Director, Middle Peninsula-Northern Neck CSB, Saluda
- **Tammy Whitlock,** Director, Division of Integrated Care & Behavioral Services
- **Thomas Wise, MD,** Dept. of Psychiatry, Inova Fairfax Hospital

## *Workgroup on Public Safety*
## *ROSTER*

- **Colonel Steven Flaherty**, Superintendent, Virginia Department of State Police
- **The Honorable R. Edwin Burnette Jr.** Judge, 24th Judicial District
- **The Honorable Stacey Kincaid**, Sheriff, Fairfax County
- **The Honorable Tommy Whitt**, Sheriff, Montgomery County
- **Melanie Adkins**, Emergency Services Director, New River Valley Community Services, Blacksburg
- **Jim Bebeau,** Executive Director, Danville-Pittsylvania CS
- **Kevin Fay**, President, Alcalde & Fay

- **Mike Francisco**, NAMI Central Virginia
- **Sue Medeiros,** Chesterfield Department of Mental Health Support Services
- **The Honorable Charles Poston,** Judge (Retired), Norfolk Circuit Court
- **Gary Roche**, Chief, Pulaski Police Department
- **Bobby Russell**, Western Virginia Regional Jail
- **Becky Sterling,** Consumer Recovery Liaison Middle Peninsula-Northern Neck CSB
- **Rhonda VanLowe,** Counsel, Rolls Royce North America
- **John Williams,** Director of Public Safety Novant Prince William Medical Center
- **Gerald Wistein**, Peer Provider Region Ten CSB

# *Technical and Data Infrastructure Workgroup ROSTER*

- **The Honorable James Agnew**, Sheriff, County of Goochland
- **Kent Alford**, MD, Novant Health Prince William Medical Center
- **Warren Austin**, VP for Medical Affairs, Bon Secours Maryview Medical Center
- **Gail Burruss**, Blue Ridge Behavioral Healthcare
- **David Coe**, Executive Director, Colonial Behavioral Health
- **Richard Edelman,** Henrico Area Community Services
- **Cindy Frey,** Admissions NP/Quality Medical Provider, VCU Medical Center
- **Karl Hade**, Executive Secretary, Virginia Supreme Court
- **Christine Hall**, Director, Poplar Springs Clinical Services
- **Mark Kilgus,** Professor, Virginia Tech Carilion School of Medicine & Research Institute
- **Cindy Koshatka,** Manager, Region II Mental Health, Fairfax County
- **Marissa Levine, MD**, Virginia Department of Health
- **Betty Long**, Vice President, Virginia Hospital & Healthcare Association
- **Michael Lundberg**, Executive Director, Virginia Health Information
- **Vicki Montgomery,** Director, Central State Hospital
- **Jake O'Shea, MD,** President, Virginia College of Emergency Physicians
- **William Phipps,** General Manager, Magellan Behavioral Health
- **Scott Reiner,** Comprehensive Services Act for At-Risk Youth and Families (CSA)
- **Cindy Rogers**, Director of Clinical Care Services - Government Programs, Optima Health
- **Lucy Rotich,** Director, Behavioral Medicine Center, Bon Secours Behavioral Medicine Services – Maryview
- **Margaret Schultze**, Commissioner, Department of Social Services
- **Jim Whitley,** Superintendent, Northwestern Regional Adult Detention Center
- **Anne Wilmoth,** State Compensation Board

## *Family/Loved Ones Subgroup*
## *ROSTER*

- **Nancy Fowler**, Program Manager, Office of Family Violence, Virginia Dept. of Social Services
- **Cristy Gallagher,** Research Director, George Washington University
- **David Mangano**, Director of Consumer and Family Affairs, Fairfax County Government
- **Anne McDonnell,** Executive Director, Brain Injury Association of Virginia

## *Workforce Development Subgroup*
## *ROSTER*

- **Richardean Benjamin,** Old Dominion University
- **Paula Mitchell,** VP Behavioral Health Services, LewisGale Medical Center
- **Thomas Wise, MD,** Dept. of Psychiatry, Inova Fairfax Hospital

# Appendix D

*2014 Meeting Schedule*

***2014 Taskforce/Workgroup Meeting Schedule***

| Date | Meeting |
|---|---|
| January 7 | Full Taskforce Meeting 1 |
| January 24 | Workgroup Meetings 1 |
| January 28 | Full Taskforce Meeting 2 |
| March 19 | Workgroup Meetings 2 |
| April 10 | Full Taskforce Meeting 3 |
| May 21 | Workgroup Meetings 3 |
| June 16 | Full Taskforce Meeting 4 |
| July 15 | Workgroup Meetings 4 |
| August 11 | Full Taskforce Meeting 5 |