

Virginia Association of Local Health Officials Conference

Office of the Secretary of Health and Human Resources

September 30, 2024



Agenda

- *Right Help, Right Now*
- HB 888/SB 176 Workgroup
- Stand Tall – Stay Strong – Succeed Together
- Safe and Sound Task Force



RIGHT HELP. RIGHT NOW.

Transforming Behavioral Health Care for Virginians



The Commonwealth's Behavioral Health Plan is founded on six pillars

An aligned approach to BH that provides access to **timely, effective, and community-based care** to reduce the burden of mental health needs, developmental disabilities, and substance use disorders on Virginians and their families

1: We must strive to ensure **same-day care for individuals experiencing behavioral health crises**

2: We must **relieve the law enforcement communities' burden** while providing care and **reduce the criminalization of behavioral health**

3: We must **develop more capacity** throughout the system, going beyond hospitals, especially to enhance community-based services

4: We must **provide targeted support for substance use disorder (SUD)** and efforts to prevent overdose

5: We must **make the behavioral health workforce a priority**, particularly in underserved communities

6: We must **identify service innovations and best practices** in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop means to close capacity gaps

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Transforming Behavioral Health Care for Virginians

150+

state government employees
representing...

16+

state agencies including CSA,
DBHDS, DCJS, DHP, DJJ, DMAS,
DOE, DSS, DVS, ODGA, Schev,
VADOC, VA Healthy Youth,
VDH, VFHY, VPB ...

60+

hours of coaching and
support provided (e.g.,
“office hours”) by *RHRN*
Program Office to organize
Implementation and...

300+

external stakeholders engaged

25+

Stakeholder Groups

125+

Initiatives in progress

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Transforming Behavioral Health Care for Virginians

Snapshot of Key Accomplishments

- Surpassed the goal of 70 mobile crisis units with over 90 in operation currently
- Integration of 911 and 988 and 211 resources have been integrated into Virginia Crisis Connect to be utilized by 988 call center staff
- Phased in funding for the 3,440 waiver slots to cover the Priority 1 waiting list with funding to support the workforce
- Devised, validated, and rolled out training for key stakeholders in the TDO process: DSS, DARS, nursing homes, and assisted living facilities
- Expanded current VMAP footprint through increased training and recruitment among Virginia-licensed pediatricians
- Expanded access to primary prevention community training options
- Develop and launch a comprehensive youth-focused primary prevention education campaign addressing fentanyl
- Expansion of REVIVE! Training throughout the community, schools, businesses and faith organizations
- Over 17 months from Oct 22 to April 24 saw increases in CPRS and RPRS of 60% and 152%, respectively, far exceeding expectations
- Establishing a Masters degree Psychology Practitioner, Behavioral Health Technician, and Behavioral Health Technician Assistant credentials
- Launching the Behavioral Health Reserve Corps as part of the Medical Reserve Corp



Legislative and Budget Actions

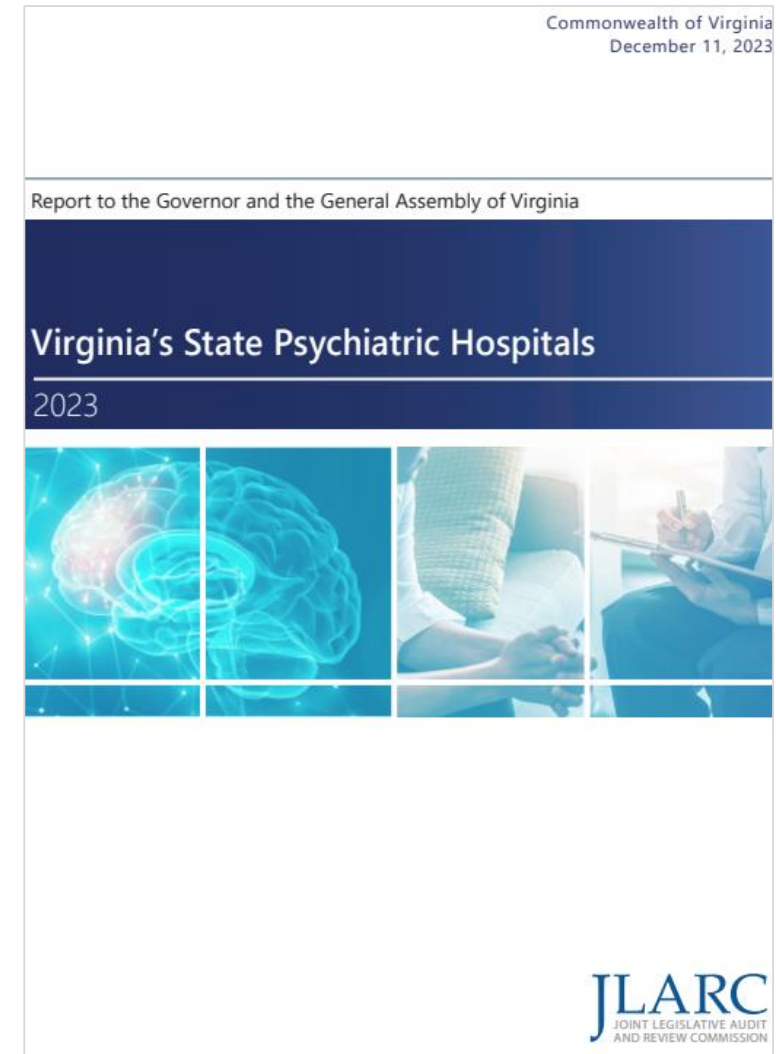
- The Governor signed [24 bills](#) during the 2023 Legislation Session and [31 bills](#) during the 2024 Legislative Session totaling 55 bills to date directly related to *Right Help, Right Now*. Several of these bills include:
 - ü HB 823 /SB 497 - Defines “available” criteria for authorizing alternative transportation
 - ü HB 1038 (Incorporated into HB 1336) - Expands use of technology for storing and dispensing drugs in certain facilities
 - ü SB 403 - Establishes registered behavioral health technicians / behavioral health technicians assistants
 - ü HB 601/SB 543 - Health Insurance coverage standards for behavioral health crisis services
 - ü HB 1242/SB 546 – Allows the presence of others during an emergency custody and temporary detention orders
 - ü HB 1187/SB 614 – Criminalizes the use of Xylazine, a common horse tranquilizer, when intended for Human consumption
 - ü SB 469 – Establishes a Class 6 felony for the manufacturing, selling, giving, and distributing of adulterated or misbranded drugs
- The Governor has signed almost \$1.4 billion in new spend since the beginning of *Right Help, Right Now*. This includes funding in the areas of crisis, children’s mental health, prevention, post crisis, workforce, opioid response and prevention, and DD/ID waivers.

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Transforming Behavioral Health Care for Virginians



- The Joint Legislative Audit and Review Commission (JLARC) reported on Virginia’s State Psychiatric Hospitals in 2023
- Found individuals with a primary diagnosis of neurocognitive disorders and neurodevelopmental disabilities accounted for 10% of state psychiatric hospital discharges in FY 2023
 - Some had co-occurring mental health diagnoses
- These individuals had longer lengths of stay, staff reported they lacked expertise to care for these patients, and were at higher risk of victimization
- JLARC Recommendations 1-4 are based on these findings and inform SB176/HB888



HB888 (Watts) / SB176 (Favola) Summary

1. Specifies that for the purpose of civil commitments and TDOs, behaviors and symptoms that manifest from a neurocognitive disorder or neurodevelopmental disability are excluded from the definition of mental illness and are, therefore, not a basis for placing an individual under a TDO or committing an individual involuntarily to an inpatient psychiatric hospital.

Provides that if a state facility has reason to believe that an individual's behaviors or symptoms are solely a manifestation of a neurocognitive disorder or neurodevelopmental disability, the state facility may require that a licensed psychiatrist or other licensed mental health professional reevaluate the individual's eligibility for a TDO before the individual is admitted and shall promptly authorize the release of an individual held under a TDO if the licensed psychiatrist or other licensed mental health professional determines the individual's behaviors or symptoms are solely a manifestation of a neurocognitive disorder or neurodevelopmental disability.

3. The provisions of the first enactment of this act shall not become effective unless reenacted by the 2025 Session of the General Assembly.

Workgroup Direction

1. Evaluate the current availability of placements for individuals with neurocognitive disorders and neurodevelopmental disabilities who would otherwise be placed in state psychiatric hospitals;

2. Identify and develop placements and services other than state psychiatric hospitals that would better support such individuals, especially individuals whose behaviors or symptoms are solely a manifestation of such disorders and disabilities, including through enhanced Medicaid reimbursements and a Medicaid waiver for individuals with neurocognitive disorders;

3. Specify any additional funding or statutory changes needed to prevent inappropriate placements of such individuals in state psychiatric hospitals;

4. Provide recommendations for training of magistrates and CSBs related to the implementation of this act.

HB 888/SB 176

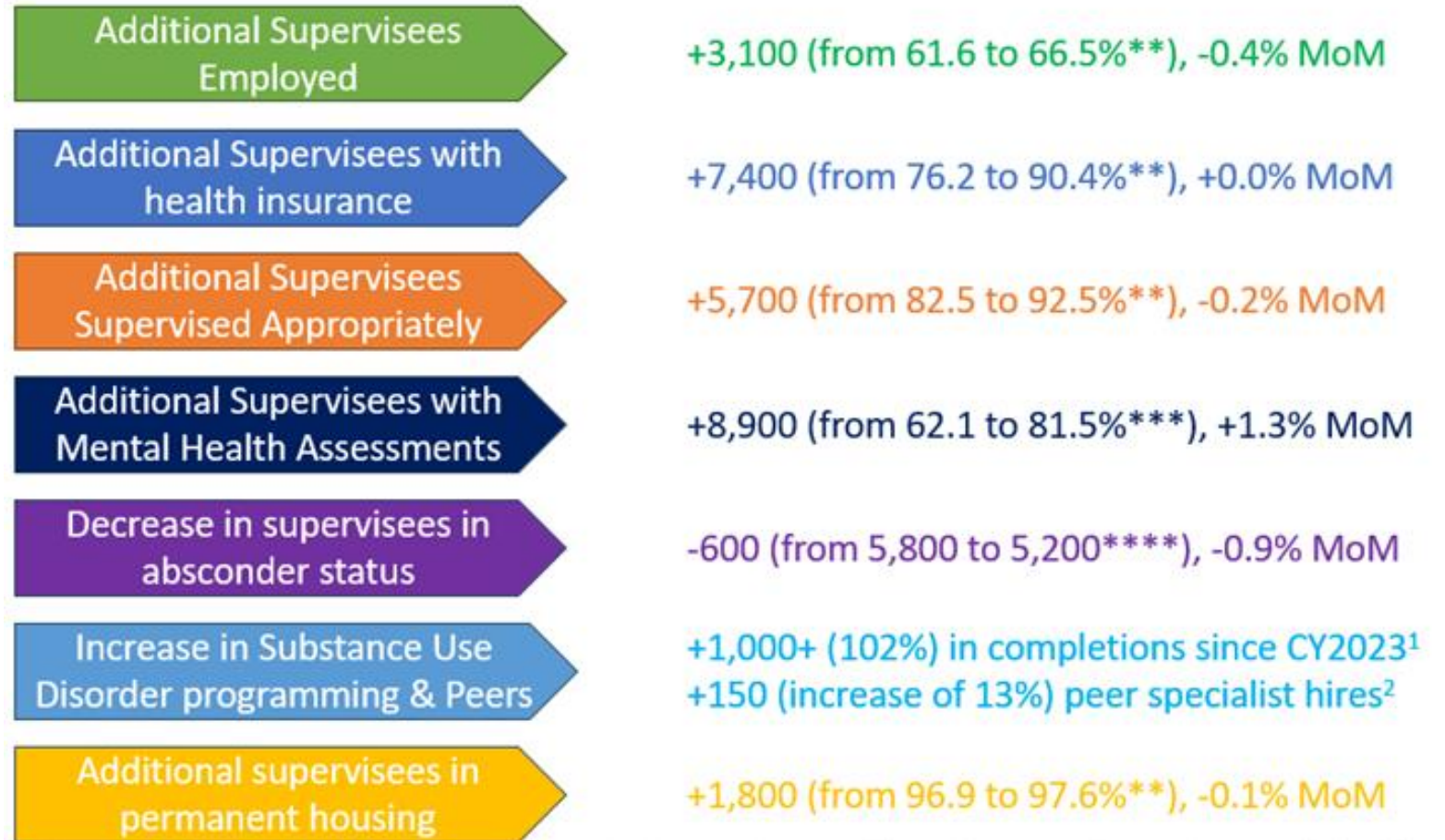
- Meeting #5: October 11, 2024
- Review of the draft recommendations:
 - Long term care and support services
 - Crisis services
 - Inpatient psychiatric specialty services
 - Workforce training
 - Communication and care coordination
 - Support for caregivers
- Several stakeholders voiced concerns about re-enacting the bill



Governor Glenn Youngkin Announces Stand Tall-Stay Strong-Succeed Together Initiative to Improve Reentry Success, Prevent Recidivism

Executive Order 36 formally establishes a first-in-the-nation proactive, dynamic, data-driven and comprehensive cross-government approach, to support re-entry success and prevent recidivism.

Achieved improvement for probationers across multiple metrics*



*All numbers do not account for supervisees impacted no longer under supervision and are comparisons to the respective baseline number for each measure.

** Since April 2023

*** Since August 2023 when metric was first tracked

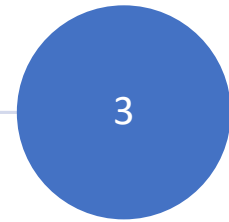
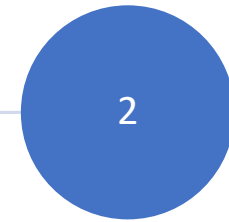
**** Since May 2023 when metric was first tracked

1 year over year

2 Since October 2023



Safe and Sound Objectives



Phase 1: End the problem of youth in care sleeping in local department of social services offices, hotels, or other unsuitable locations

Phase 2: Develop a “reservoir” of safe and appropriate placements for youth particularly expanding capacity for kinship and relative placements.

Phase 3: Propose and execute policy and system reforms



Root Causes

Lack of support for relatives and fictive kin who step up to care for children

Lack of capacity to place children who enter care with relative foster parents

Gaps across the continuum of care (e.g. mental health services, specialty services, certain levels of care)

System siloing and poor coordination; process and organizational complexity

Workforce challenges

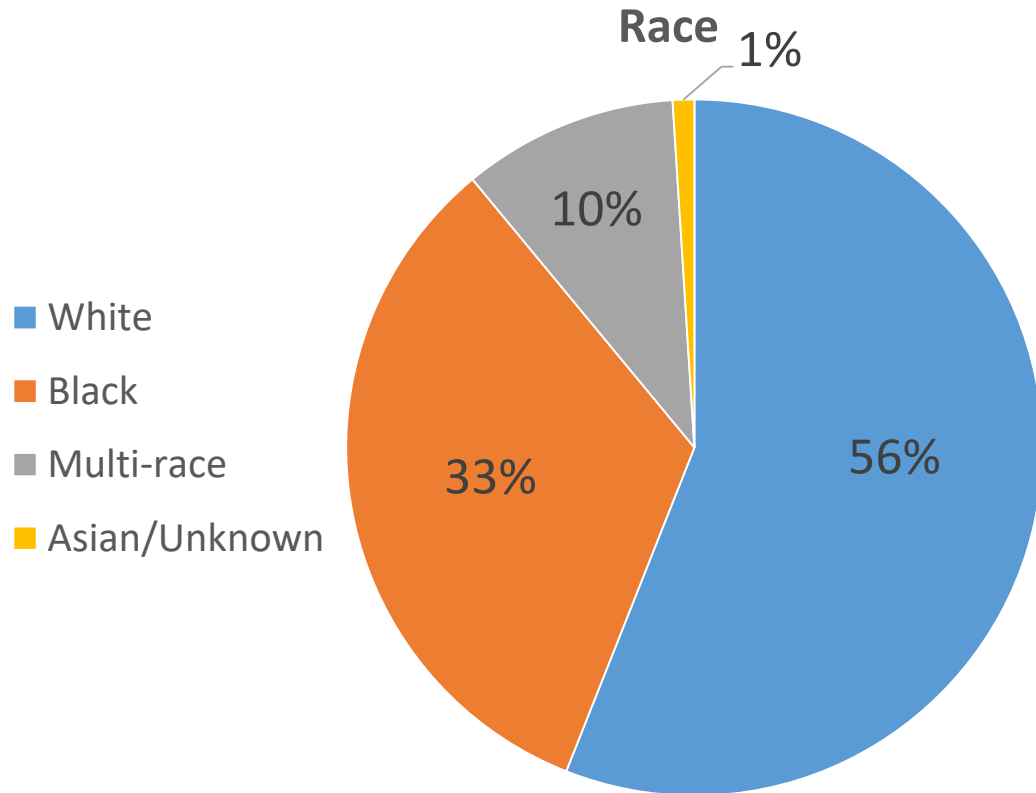
Fragmented financing (e.g. multiple Medicaid plans, kids in foster care spread across plans)



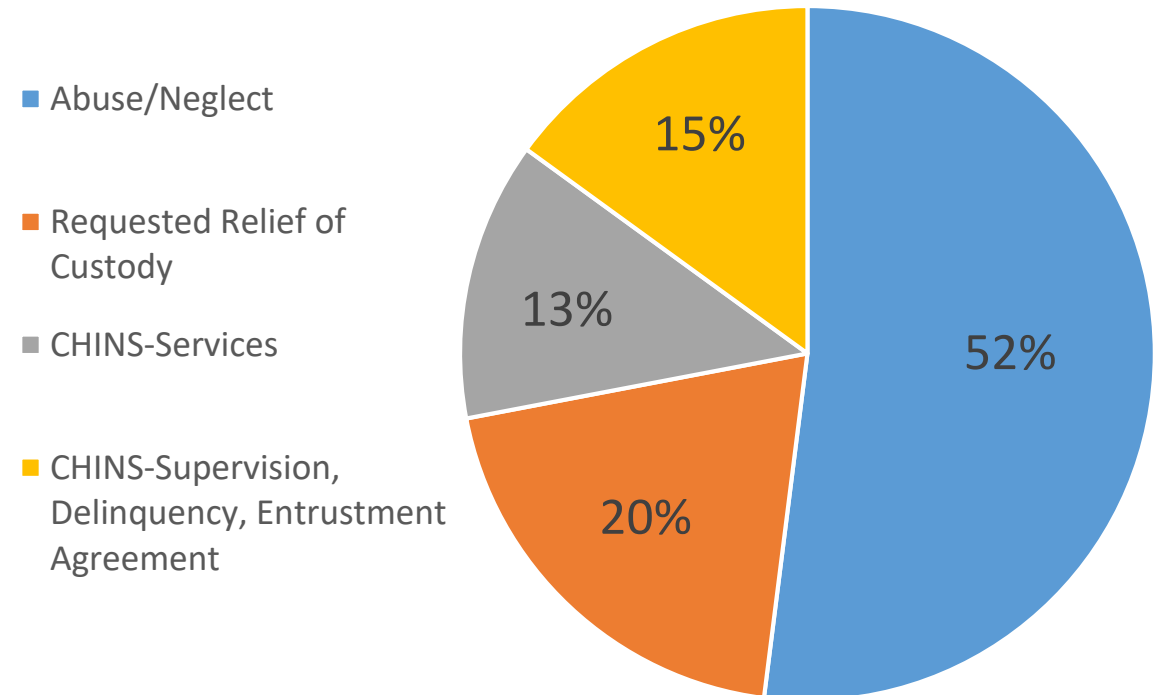
Safe and Sound Demographics

Unmet needs and causes for lack of appropriate level of care and displacement

- Aggressive behavior
- Low IQ (<70)/Developmental Disorder
- Juvenile justice involvement
- Prolonged inpatient hospitalization
- Recent emergency room visit for medical or behavioral health issue
- Barrier to step-down or return to previous placement
- Chronic medical condition
- Trauma, grief/loss
- Length of time in foster care



Legal Basis for Foster Care Entry



Governor's Priorities from the Task Force

Single MCO for foster care youth (RHRN)

- NOIA to Anthem/Elevance

Prevention and building resilience (Safe and Sound)

- Kinship First Legislation



Prioritizing Youth Mental Health

Governor Youngkin's multifaceted approach to youth mental health and wellbeing involves three main initiatives.

