

# ALL IN!

*DBHDS Monthly Update from Commissioner Ferguson*

June 2015



*DBHDS staff complete their National Mental Health First Aid Training.*

## WELCOME

Welcome to the June edition of ALL IN! Thank you to everyone who made the six week transformation team recommendation public comment period a success! We held four town hall-style meetings throughout the Commonwealth during May and received additional feedback through the DBHDS website since mid-April. I am now in the process of reviewing [all of the comments](#) you've provided to help us refine the recommendations. Over the next few weeks, my team and I will be finalizing and prioritizing the recommendations. We will identify those we can implement administratively and those that will need legislative action or budgetary support.

The goal of this transformation process is to become a high performing, high value, behavioral health and developmental disability system. Our efforts are grounded in the goal of achieving excellence in behavioral healthcare and developmental disability services in the Commonwealth and focusing on health and wellness for all Virginians. My colleague, Commissioner Marissa Levine of the Virginia Department of Health, is committed to making Virginia the healthiest state in the nation. DBHDS wholeheartedly supports this goal and is committed to high performance and high value and ultimately, a healthier Virginia.

Meanwhile, as always, there is a great deal of work going on. We have presentations before the General Assembly on June 15 where we provide an update on Medicaid Waiver Redesign and on June 23 where we provide an update on significant Medicaid certification issues at Eastern State Hospital's Hancock Geriatric Treatment Center.

## UPDATES and INFORMATION

**Transformation Team Update** - Throughout May, the Transformation Team co-chairs took their Teams' work on the road to Charlottesville, Wytheville, Williamsburg, and Woodbridge. They presented the first round of [recommendations](#) to the general public. Advocates, family members, experts, and individuals with lived experience took this opportunity to offer [public comment](#), which is the third step in the Transformation Team process.

**New Initiative Tackles Growing Mental Health Crisis in Jails** - The Council of State Governments (CSG) Justice Center, the National Association of Counties (NACo) and the American Psychiatric Foundation (APF) are collaborating to reduce the number of individuals who are in the justice system and also struggling with mental health and/or substance abuse issues. [Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails](#) incorporates expertise from law enforcement, jail administrators, the legal system, community corrections, providers, people with mental illnesses and their families, mental health and substance use program directors, and other key stakeholders into a strategic, long-term plan.

**New Mental Health Laws Take Effect July 1, 2015** - Unless otherwise stated in legislation, all bills passed by the General Assembly and signed by the Governor take effect on July 1 of each year. As we approach the effective date for the bills that passed this year, we wanted to provide you with a list of all of the bills relating to mental health, DD, and substance use that become law at the end of this month.

[HB 1693](#) - [Bell, Robert B.](#); [SB 1263](#) - [Deeds](#) - Civil admission process; alternative transportation. Provides 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. Current law prohibits the use of alternative transportation when there exists a substantial likelihood that the person will cause serious physical harm to himself or others. The bill also provides liability protection for alternative transportation providers.

[HB 1694](#) - [Yost](#); [SB 966](#) - [Barker](#) - Temporary detention order; custody. Removes the requirement that a person subject to a temporary detention order remain in the custody of the community services board for the duration of the order. This requirement was in conflict with other Code sections that require that such person remain in the custody of law enforcement until custody is transferred to a facility or to an alternative transportation provider.

[HB 1717](#) - [LeMunyon](#) - Psychiatric treatment of minors; objecting minor. Amends the criteria for admitting an objecting minor 14 years of age or older for psychiatric treatment to match the criteria for determining whether a nonobjecting minor or a minor younger than 14 years of age should be admitted. The bill also provides that if a minor 14 years of age or older who did not initially object to treatment objects to further treatment, the mental health facility where the minor is being treated shall immediately notify the parent who consented to the minor's treatment and provide to such parent a summary, prepared by the Office of the Attorney General, of the procedures for requesting continued treatment of the minor.

[HB 1458](#) - [O'Bannon](#) - Naloxone or other opioid antagonist; pharmacist may dispense in cases of opiate overdose. Provides that a pharmacist may dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a prescriber and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, that a person may possess and administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opiate overdose, and that firefighters and law-enforcement officers who have completed a training program may possess and administer naloxone in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. The bill also provides that a person who in good faith prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opioid overdose shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if acting in accordance with the provisions of § 54.1-3408 or in his role as a member of an emergency medical services agency. The bill contains an emergency clause.

[HB 1833](#) - [Gilbert](#); [SB 1186](#) - [Obenshain](#) - Naloxone; administration by law-enforcement officers. Provides that a pharmacist may dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a prescriber and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, that a person may possess and administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opiate overdose, and that firefighters and law-enforcement officers who have completed a training program may possess and administer naloxone in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. The bill also provides that a person who in good faith prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opioid overdose shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if acting in accordance with the provisions of §

54.1-3408 or in his role as a member of an emergency medical services agency. The bill contains an emergency clause.

**HB 2118** - [Cline](#); **SB 1265** - [Deeds](#) - Acute psychiatric bed registry; frequency of updating. Requires 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.

**HB 2303** - [Wright](#) - Sexually violent predators; notice of hearings, conditional release plan. Requires the Department of Behavioral Health and Developmental Services, in preparing a conditional release plan for a sexually violent predator, to notify the attorney for the Commonwealth, the chief law-enforcement officer, and the local governing body for the locality that is the proposed location of the predator's residence upon his conditional release. The bill also provides that such attorney for the Commonwealth shall receive a copy of any petition (i) for the conditional release of a predator, (ii) to take a conditionally released predator into emergency custody, (iii) for the release of a predator taken into emergency custody, or (iv) to modify or remove conditions on a predator's release.

**HB 2368** - [Garrett](#) - Involuntary civil admissions; evaluations. Directs the Commissioner of Behavioral Health and Developmental Services, in conjunction with relevant stakeholders, to review the current practice of conducting emergency evaluations for individuals subject to involuntary civil admission and to develop a comprehensive plan to authorize psychiatrists and emergency physicians to evaluate individuals for involuntary civil admission where appropriate to expedite emergency evaluations. The review and recommendations shall be completed by November 15, 2015 and reported to the Governor, the Joint Subcommittee Studying Mental Health Services in the Commonwealth in the 21st Century, the House Committee on Health, Welfare and Institutions, and the Senate Committee on Education and Health.

**SB 773** - [McWaters](#) - Psychiatric treatment of minors; objecting minor. Amends the criteria for admitting an objecting minor 14 years of age or older for psychiatric treatment to match the criteria for determining whether a nonobjecting minor or a minor younger than 14 years of age should be admitted. The bill also provides that if a minor 14 years of age or older who did not initially object to treatment objects to further treatment, the mental health facility where the minor is being treated shall immediately notify the parent who consented to the minor's treatment and provide to such parent a summary, prepared by the Office of the Attorney General, of the procedures for requesting continued treatment of the minor.

**SB 779** - [McWaters](#) - Psychiatric treatment of minors; duration of admission, petition for judicial approval. Increases from 96 to 120 hours the length of time a minor 14 years of age or older who objects to admission for inpatient treatment or who is incapable of making an informed decision may be admitted to a willing mental health facility.

**SB 855** - [Marsden](#) - Capital cases; determination of mental retardation. Requires that the results of an intelligence test given in the process of determining whether a capital case defendant is mentally retarded must be reported as a range of scores calculated by adding to and subtracting from the defendant's test score the standard error of measurement for such test.

**SB 1052** - [Hanger](#) - Developmental disabilities; definition. Defines "developmental disability" as a severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment, or a combination of mental and physical impairments, other than a sole diagnosis of mental illness; (ii) is manifested before the individual reaches 22 years of age; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and (v) reflects the individual's need for a combination and sequence of special interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

**SB 1114** - [Barker](#) - Emergency custody order; temporary detention for testing, observation, and treatment. Provides that a court or magistrate may issue an order for temporary detention for medical testing, observation, and treatment for a person who is also the subject of an emergency custody order for evaluation and treatment of mental illness. Upon completion of any required testing, observation, or treatment, the hospital emergency room or other appropriate facility in which the person is temporarily detained shall notify the nearest community services board, and a designee of the community services

board shall complete the evaluation as soon as is practicable but prior to the expiration of the order for temporary detention for testing, observation, or treatment.

**SB 1264 - Deeds** - Involuntary admission and incapacity information; access by law-enforcement. Provides 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.

**DBHDS Offers National Mental Health First Aid Instructor Training** - Earlier this month, DBHDS offered an [instructor training](#) for Adult Mental Health First Aid (MHFA) in Hampton, VA. Soon after the training dates were announced, all classes were fully booked. Similar to a CPR or first aid class, MHFA helps communities better understand mental illness and respond to psychiatric emergencies. This MHFA instructor training teaches potential instructors to deliver to future participants an 8-hour overview of mental health issues, signs and symptoms, and a model for delivering mental health first aid in crisis and non-crisis situations.

**DBHDS Central Office Receives Mental Health First Aid Training** - In May, Commissioner Ferguson and DBHDS executive staff received MHFA training. This event was part of a larger effort to ensure all DBHDS staff who work in the Central Office get trained and certified in MHFA. The more individuals who are trained, the more we can reduce the stigma of mental illness and effectively help individuals who are struggling.

**DBHDS Selected to Attend Zero Suicide Academy** - The Zero Suicide selected [DBHDS and 19 other health and behavioral healthcare organizations](#) to attend the second annual 2015 Zero Suicide Academy. This event is an [intensive two-day workshop](#) that teaches participants how to implement the innovative Zero Suicide framework. Zero Suicide is made possible by the 2012 National Strategy for Suicide Prevention, the National Action Alliance for Suicide Prevention (Action Alliance), and the Suicide Prevention Resource Center (SPRC).

**Suicide Prevention Conference in Southwest Virginia** - In early August, there will be a suicide prevention conference in southwest Virginia. Experts will provide facts on suicide and train participants on how to help individuals who have a mental health issue. Keynote speakers include Kevin Hines and Stan Collins. The conference will be held at the Southwest Virginia Higher Education Center, One Partnership Circle, Abingdon, VA 24210. [Pre-registration](#) is required.

**Chesterfield County Wins National Association of Counties Award for MHFA** - The National Association of Counties (NACo) has awarded Chesterfield County a 2015 Achievement Award for its program titled "Mental Health First Aid and Applied Suicide Intervention Skills Training for County Employees." This award is in the category of Personnel Management, Employee Training and Employee Benefits. NACo's annual Achievement Award is designed to recognize innovative county government programs. Awards will be presented at the 2015 Annual Conference and Exposition July 10-13 in Mecklenburg County, N.C.

**Participate in Dartmouth College's InSHAPE Study** - Individuals who face serious mental illness (SMI) have a reduced life-expectancy of 25-30 years. People with SMI are at a higher risk for obesity, diabetes, and cardio vascular disease. To better address this unhealthy trend, Dartmouth College is working on [InSHAPE](#) to determine how to apply evidence-based health solutions. More information is available [here](#). [Deadline is Friday, June 12.](#)

**DBHDS Survey on Emergency Custody Order (ECO) and Temporary Detention Order (TDO) Process** - If you have experienced an Emergency Custody Order (ECO), Temporary Detention Order (TDO) or court-ordered involuntary admission to a mental health hospital or outpatient treatment, DBHDS asks that you give some of your time by answering a few [survey questions](#). Sharing your experience will contribute to decisions about how mental health and addiction treatment can be improved in Virginia.

**Update on OneMind, DBHDS Electronic Health Records System** - Developments continue on OneMind, DBHDS's electronic health record system. In late May, the Business Analytics Center of Excellence (BACOE) completed adding three new data sources to the OneSource data warehouse: Online License Information System (OLIS), Crisis Intervention Team (CIT), and Jail Diversion. When each data source is added, analytical data cubes and critical reports are built. In addition, training is offered to users in the new knowledge domain. Feedback from the user community has been positive. OneSource also offers data from AVATAR, CCS3/CSB, CHRIS, and IDOLS.

**Second Group Completes Certification for DBHDS Cultural & Linguistic Competence (CLC) Training Facilitators** - Earlier this month, 22 individuals were selected from peer organizations, CSBs, facilities, and licensed private providers from around the state to be trained as [Certified Cultural and Linguistic Competence Training Facilitators](#). Selected participants demonstrated effective intercultural development and committed to offer training in their regions in return

for the training. Developed in partnership with Virginia Tech’s Institute of Language and Culture, the Office of Cultural & Linguistic Competence developed a curriculum that targets strategies for the reduction of disparities in behavioral health and developmental services and explores the nexus between individual intercultural development, the provision of culturally competent services, and the implementation of the National Standards for Culturally and Linguistically Appropriate Services.

**Public Comment Requested for Mandatory Medicaid Managed Care for Long Term Services and Supports -**

Department of Medicaid Assistance Services (DMAS) Commissioner Cindi Jones is [requesting public comment](#) for the Transitioning Remaining Medicaid Fee-for-Service (FFS) Populations into Mandatory Managed Care. Throughout the next few years, DMAS will move the majority of the remaining Medicaid fee-for-service populations into coordinated and integrated managed care models. DMAS is developing initiatives (as described below) to transition the remaining FFS populations and services into managed care. These initiatives will permit an additional 107,000 individuals to benefit from managed care.

<b>Transitioning Remaining Medicaid FFS Populations into Mandatory Managed Care</b>	
<b><i>Proposed Phase I: Enroll Individuals Who Are Eligible for the CCC Program but Choose Not to Participate in CCC Into Mandatory Managed Care</i></b>	<b><i>Proposed Phase II: Enroll Remaining Duals and LTSS Populations into a Mandatory Managed Care Program</i></b>
<b>Anticipated Timeframe: Summer 2016</b>	<b>Anticipated Timeframe: Mid 2017</b>
<ul style="list-style-type: none"> <li>• Transition approximately 37,000 CCC eligible individuals who have chosen not to participate in CCC into a mandatory managed care program for Medicaid services.</li> <li>• Includes primary and acute, LTSS, and behavioral services coordinated by a CCC health plan (Anthem, Humana and Virginia Premier).</li> <li>• Provides care coordination with the goal of improving health outcomes.</li> <li>• Individuals will continue to have the option to enroll in CCC.</li> <li>• This program will be phased-in regionally.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and implement a new managed care program for the remaining LTC populations and services.</li> <li>• Includes primary and acute, LTSS, and behavioral services. The health plans will be selected through a competitive procurement process.</li> <li>• There are two general populations to transition into a new Medicaid managed care program coordinated by a health plan.               <ul style="list-style-type: none"> <li>○ Approximately 50,000 dual eligibles that are currently not in the CCC demonstration regions or are currently excluded from CCC (such as children and individuals in select home and community based waivers).</li> <li>○ Approximately 20,000 non-dual eligibles who receive LTSS either in an institution or through one of DMAS’ six home and community based care waivers.</li> <li>○ At this time the expansion of Medicaid managed care for individuals enrolled in the DS, ID, and, DD Waivers is being considered for their acute and primary care services, only. While DMAS is exploring the feasibility of managed care models for the ID, DD, and DS Waivers, these individuals will continue to receive their HCBS through Medicaid fee-for-service until DBHDS completes the redesign of these waivers.</li> </ul> </li> <li>• This program will be phased-in regionally.</li> </ul>

**June News Stories of Interest**

- CNN -- [Mental illness is no crime](#)
- Suffolk News Herald -- [Bringing mental illness out of the shadows](#)
- Forbes -- [Depression Raises Risk Of Serious Health Problems: More Reason To Get Treated Now](#)
- News & Leader -- [Mental illness knows no boundaries](#)

## RECENT FACTS & FIGURES

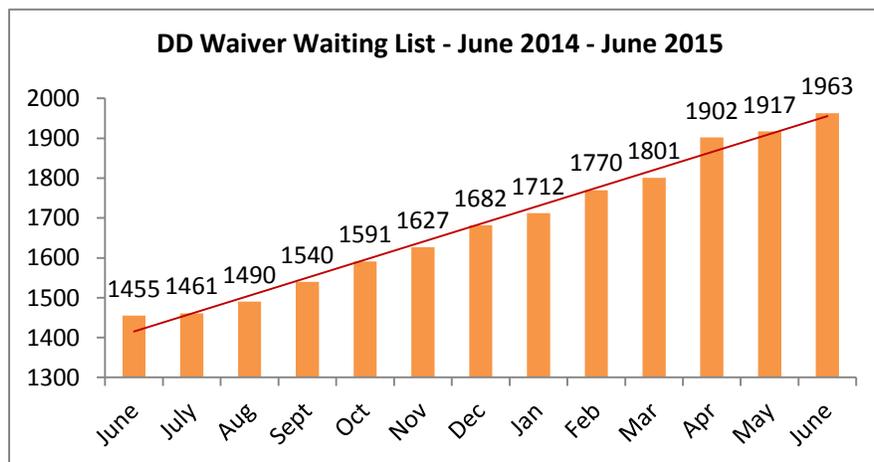
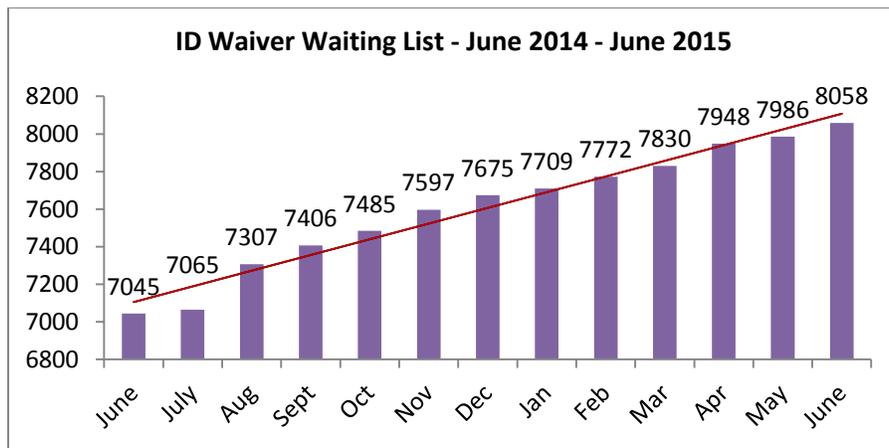
### Training Center Census (June 8, 2015)

Name	July 2012 Census	July 2013 Census	July 2014 Census	June 8, 2015 Census
SVTC - Closed 6/30/2014	201	114	0	0
NVTC - Closure: By 3/30/2016	153	135	107	60
SWVTC - Closure: By 6/30/2018	173	156	144	126
CVTC - Closure: By 6/30 2020	350	301	288	235
SEVTC - Remains open	106	84	75	70
<b>Total</b>	<b>983</b>	<b>790</b>	<b>614</b>	<b>491</b>

### ID and DD Waiver Enrollment and Waiting Lists (June 8, 2015)

	ID Waiver	DD Waiver
<b>Total Slots</b>	<b>10,192</b>	<b>1,013</b>
Urgent Waitlist	4,937	
Non-Urgent Waitlist	3,121	
<b>Total Waitlist</b>	<b>8,058</b>	<b>1,963</b>

### Waiting List Totals from Previous ALL IN! Newsletters



## Mental Health Hospital, Hiram Davis and VCBR Census (June 8, 2015)

Name	June 2015
Catawba	106
Central State Hospital	234
Eastern State Hospital	294
Northern Virginia Mental Health Institute	122
Southern Virginia Mental Health Institute	66
Southwest Virginia Mental Health Institute	166
Western State Hospital	232
Piedmont Geriatric Hospital	113
Commonwealth Center for Children and Adolescents	33
Hiram Davis Medical Center	68
Virginia Center for Behavioral Rehabilitation	371
<b>Total</b>	<b>1,805</b>

## Stay Connected!

- **Waiver Updates Email List** – If you would like to be added to the email list to receive waiver redesign communications, please send your email address and your stakeholder status (e.g., self advocate, family member, provider agency representative, advocacy organization, etc.) to [waiverupdates@dbhds.virginia.gov](mailto:waiverupdates@dbhds.virginia.gov).
- **ALL IN! Email List** – If you are interested in being included on this list, please send your address to the link [here](#).
- **Innovations** – If you would like to highlight an innovative program or service for future editions of ALL IN!, please send your submission (no more than two paragraphs) to the link [here](#).



*DBHDS Cultural & Linguistic Competence (CLC) Training Facilitators completed their training course.*

## Conclusion

As I close this month's edition of ALL IN!, I wanted to share a brief personal story and reflection with you. I recently travelled to San Francisco; a magnificent and vibrant city. However, I was tremendously effected by how the community is ravaged by homelessness. Everywhere I looked I saw evidence of people battling homelessness. It served as a stark reminder of just how critical stable housing is to overall health and wellbeing. As we think about our healthcare system, we must remember that it is not just about the healthcare provided, it is also about ensuring the necessary community supports are in place to help individuals attain and maintain health and wellbeing. A healthy Virginia is our goal.

**Let's BE BOLD Virginia! I'm ALL IN!**

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