



Commonwealth of Virginia
Office of the Governor

Executive Order

NUMBER TWELVE (2014) (UPDATED as of April 24, 2015)

CONTINUING THE GOVERNOR'S TASK FORCE ON IMPROVING MENTAL HEALTH SERVICES AND CRISIS RESPONSE

Importance of the Taskforce

Virginians have experienced tremendous heartache as a result of mental health tragedies. It is incumbent upon us to reevaluate how we can better serve our fellow Virginians with mental health needs and examine ways to improve the system by filling in gaps in services and making impactful investments. Collaborative groups of experts, advocates, policy-makers and others have assessed certain aspects of the system and affected critical changes over the years. In particular, following the tragedy at Virginia Tech, Virginia's leaders drew upon work done by the Virginia Tech Review Panel and the Commission on Mental Health Law Reform to study and investigate the tragedy in order 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 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. Last year, targeted investments were made to Virginia's mental health system upon recommendations from the Governor's Taskforce on School and Campus Safety.

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.

Virginia's mental health system has moved away from the days of overcrowded state mental institutions toward a community-based system for individuals to receive treatment in their homes and communities. However, the mental health system remains extremely complex and difficult to navigate for families seeking assistance and for workers within the system. Though state law helps guide the process, practices and services are locally developed. This system allows flexibility to

implement the policies that work best for particular regions, though the protocols have not always been in writing and variations have existed across the Commonwealth.

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.

Since taking office, my administration and I have been committed to finding and supporting measures to assure the care and safety of persons suffering mental health crises along with their families, neighbors, and members of the community. Lawmakers acted quickly this session to make numerous changes to Virginia's mental health laws. Among the changes is extending the emergency custody order (ECO) period from a maximum of six to a total of eight possible hours. This change will give clinicians more time to locate an available psychiatric bed during the ECO period. Our legislators also extended the temporary detention order period from 48 to 72 hours to help ensure individuals have enough treatment time to stabilize prior to the court hearing which determines involuntary admission to a psychiatric hospital.

To help Virginia improve its mental health crisis response, the Department of Behavioral Health and Developmental Services (DBHDS) has taken steps since the beginning of 2014 to outline clear and specific statewide expectations for securing a private or a state psychiatric bed when an individual qualifies for a temporary detention order. In turn, partners across Virginia's seven DBHDS Partnership Planning Regions, including community services boards and state and private hospitals, have incorporated state guidance into tightened and clarified admission procedures for the regions' private and state psychiatric beds. In addition, in a collaborative effort among DBHDS, Virginia Health Information, the Virginia Hospital and Healthcare Association and the 40 local community services boards, Virginia launched an online psychiatric bed registry to help clinicians locate available beds in an emergency situation. While the changes that have been made in recent months have been critical, more solutions are needed to improve Virginia's complicated and chronically underfunded mental health system. Because the system is multifaceted, the solutions must be as well.

Through this Executive Order, I am calling on leaders in the mental health field, law enforcement communities, the judicial system, private hospitals, and individuals receiving mental health services, to seek and recommend solutions that will improve Virginia's mental health crisis services and help prevent crises from developing.

To accomplish this, in accordance with the authority vested in me by Article V of the Constitution of Virginia and under the laws of the Commonwealth, including but not limited to §§ 2.2-134 and 2.2-135 of the *Code of Virginia*, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby continue the Governor's Task Force on Improving Mental Health Services and Crisis Response.

Governor's Task Force on Improving Mental Health Services and Crisis Response

The Task Force's responsibilities shall include the following:

- Recommend refinements and clarifications of protocols and procedures for community services boards, state hospitals, law enforcement and receiving hospitals.
- 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), secure assessment centers, mobile crisis teams, crisis stabilization centers and mental health first aid.
- Examine extensions or adjustments to the emergency custody order and the temporary detention order period.
- Explore technological resources and capabilities, equipment, training and procedures to maximize the use of telepsychiatry.
- 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.
- Identify and examine the availability of and improvements to mental health resources for Virginia's veterans, service members, and their families and children.
- 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.
- 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.
- 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.
- Examine the mental health workforce capacity and scope of practice and recommend any improvements to ensure an adequate mental health workforce.

Task Force Membership

- 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;

Membership shall include the following individuals or their designees:

- 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.

The Governor may appoint other members as he deems necessary.

Task Force Staffing and Funding

Necessary staff support for the Task Force's work during its existence shall be furnished by the Office of the Governor, and the Offices of the Secretary of Health and Human Resources and the Secretary of Public Safety and Homeland Security, as well as other agencies and offices designated by the Governor. An estimated 750 hours of staff time will be required to support the work of the Task Force.

Necessary funding to support the Commission and its staff shall be provided from federal funds, private contributions, and state funds appropriated for the same purposes as the Task Force, as authorized by § 2.2-135 of the *Code of Virginia*, as well as any other private sources of funding that may be identified. Estimated direct costs for this Commission are \$5,000 per year.

The Task Force shall commence its work promptly and suggest legislative and budgetary proposals that will enable the implementation of identified recommendations. The Task Force shall make recommendations on an ongoing basis and shall provide a final report to the Governor no later than October 1, 2015. The Task Force shall issue such other reports and recommendations as necessary or as requested by the Governor.

Effective Date of the Executive Order

This Executive Order shall be effective upon signing and, pursuant to §§ 2.2-134 and 2.2-135 of the *Code of Virginia*, shall remain in force and effect for one year from its signing unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia, this 24th day of April, 2015.



Terence R. McAuliffe, Governor

Attest:

Levar M. Stoney, Secretary of the Commonwealth