

## Mental Health America of Virginia

### Virginia 2020 Legislative Session – Summary Highlights

(As of 03/17/2020 - Some bills and the budget are pending approval by the Governor and final veto session)

**The recently completed 2020 Virginia legislative session was noteworthy for several reasons.** Of most interest to mental health advocates, several bills passed that will increase awareness of mental health issues, improve mental health training for medical care providers, public safety officers and teachers, and improve our criminal justice system. The approved budget also includes the largest increase ever for mental health services. Below are some of the highlights from our perspective.

**Increased recognition of the need to divert individuals with a mental illness from the criminal justice system, to provide appropriate treatment within the system, and provide a way back to community participation afterwards.**

[HB674/SB 240](#) allows for the **removal of firearms from a person posing a substantial risk of danger.** The bill involves balancing individual rights with safety. We supported this version of an extreme risk protection order law, as it is designed to decrease suicide by firearm and harm to others based on behavior evidence and with layers of procedural due process.

[SB 116](#) A bill to **exclude from eligibility for the death sentence** someone with a severe mental illness passed the Senate with bipartisan support, but was never heard in the House Courts Committee, which also decided to postpone all death penalty bills until next session. We understand that the Virginia State Crime Commission may study death penalty related legislation and bring forth recommendations next year.

[SB 622](#) gives the state **Board of Corrections** a new name and clarifies their role as having full oversight over Virginia's local and regional jails. The process began with their charge two years ago to review deaths of inmates in jails in response to tragic conditions surrounding the death of an inmate with severe mental illness.

[SB 215](#) requires the Board to **publish annually its investigative reviews of inmate deaths** and post its findings and recommendations on the Board's website. Sharing information with the public in an easily accessible format is vital to engaging the public's trust and holding those in authority accountable for citizens held in their custody.

[HB 1284](#) also is about providing transparency in how and when **isolated confinement is used in our local and regional jails.**

[SB 818](#) creates a statute for **Behavioral Health Dockets in Virginia**, parallel to the Virginia Drug Treatment Court statute, under the oversight of the State Supreme Court. It standardizes the process and essential features for local courts to provide enhanced community supervision and treatment when mental health and substance use are factors behind an individual's criminal offense.

[SB 656](#) provides better **continuity of medical and mental health care for someone who becomes incarcerated**. It clarifies that community health care facilities can share certain limited information with the jail about someone who has been under their care during the previous year.

[HB 1540](#) helps those formerly convicted of certain “**barrier crimes**” to employment in a behavioral health agency. It carves out very limited exceptions so that a behavioral health agency that wants to hire the person may have an opportunity to do so.

[SJ 35](#) creates a joint legislative subcommittee to **study the entire issue of barrier crimes** and criminal history, all the various statutes involved and recommend improvements in the interest of the public, employers and the individuals directly affected.

**The General Assembly took steps to combat the opioid crisis** by passing several bills allowing for possession and administration of Naloxone in life-threatening circumstances ([HB 908](#) [SB 566](#) [SB 836](#) [SB 903](#)); however, the assembly failed to pass [HB 532](#) (left in Courts of Justice) which would have provided immunity from prosecution for people who reported overdoses.

**Breaking the perceived stigma against getting help for a mental health problem begins with increased education and training for those in the helping professions. Several bills passed to help ensure our public safety officers, medical providers and teachers have the tools they need to understand mental health and trauma, and how to get help.**

[HB 42](#) The Board of Medicine will annually communicate to relevant practitioners the importance of **screening patients for prenatal and postnatal depression** and other depression. It includes those who provides primary, maternity, obstetrical, or gynecological health care services, and will encourage practitioners to screen every patient who is pregnant or who has been pregnant within the previous five years. The Board will provide information to practitioners regarding the factors that may increase susceptibility of certain patients to prenatal or postnatal depression or other depression, including racial and economic disparities, and encourage providers to remain cognizant of the increased risk of depression for such patients.

[SB 561](#) addresses training, treatment, support and compensation for **post-traumatic stress disorder incurred by a law-enforcement officer or firefighter**. It establishes compulsory training standards for recognizing and managing stress, self-care techniques, and resiliency. It requires mental health awareness training for personnel, to include training regarding the following: Understanding signs and symptoms of cumulative stress, depression, anxiety, exposure to acute and chronic trauma, compulsive behaviors, and addiction; Combating and overcoming stigmas; Responding appropriately to aggressive behaviors such as domestic violence and harassment; and Accessing available mental health treatment and resources; Employers of law-enforcement officers or firefighters shall make peer support available and refer an officer or firefighter seeking mental health care services to a mental health professional.

[HB 1419](#) and [SB 171](#) require **school resource officers and school security officers** to receive training on mediation and conflict resolution, including de-escalation techniques;

disaster and emergency response; awareness of cultural diversity and implicit bias; working with students with disabilities, mental health needs, substance abuse disorders, or past traumatic experiences; and student behavioral dynamics, including current child and adolescent development and brain research.

[SB 619](#) [HB 74](#) **Teacher awareness training** – Requires local school boards to require each full-time “teacher and other relevant personnel, as determined by the school board,” to complete a mental health awareness training or similar program at least once. The original senate bill required the training to occur each time the teacher license is renewed.

[HB 1508](#) **School counselors**: Effective with the 2021-2022 school year, local school boards shall employ one full-time equivalent school counselor position per 325 students in grades kindergarten through 12. The senate had wanted the ratio to be one counselor per 250 students, but this is still good progress as a statewide minimum at a time of significant increases in student mental health concerns.

[HB 386](#) and [SB 245](#) The **anti-conversion therapy bill** prohibits counseling someone under 18 years of age that seeks to change an individual’s sexual orientation or gender identity.

[SB 280](#) **Mental Health Parity** - The bill codifies an existing requirement that the Bureau of Insurance make an annual report regarding claims for mental health and substance use disorder benefits. It also requires JLARC to examine the information compiled by the Bureau of Insurance from 2017 through 2020 and any other information it deems relevant to determine if insurance companies are actually covering mental health conditions in the same way they are covering other health conditions. JALRC is to report its findings and any recommendations regarding mental health and substance abuse disorder benefits parity with medical and surgical benefits and access to mental health and substance abuse disorder services.

Attempts to amend portions of the state’s convoluted **mandatory outpatient treatment laws** failed to pass this year. A stakeholder workgroup had developed several recommendations for improvement, but the work was not complete, the bills met with strong differences of opinion, and now the charge falls back to the work group to recommend a comprehensive overhaul. We believe this is the better way to proceed.

## **The Budget**

[For additional context, see a recent Richmond Times-Dispatch opinion piece by MHAV’s Executive Director and the MHAV Board President: [budget-presents-great-opportunity/article](#) ]

The biennial state budget adopted by the General Assembly includes many of our priorities and other initiatives that we support:

- **A Behavioral Health Student Loan Repayment Program** \$1.6M in each year of the biennium plus a position at VDH to administer the program. *More on the program:*
  - Eligible practitioners include psychiatrists, licensed clinical psychologists, licensed clinical social workers, licensed professional counselors, child and adolescent psychiatrists, and psychiatric nurse practitioners.
  - Practitioners must agree to a minimum of two years of practice for the behavioral health provider with the ability for two one-year renewals. The program shall require preference be given to applicants choosing to practice in underserved areas which must be a federally designated mental HPSA or Medically Underserved Areas (MUA) within the Commonwealth.
  - Practitioners are required to practice at Community Services Boards, behavioral health authorities, state mental health facilities, free clinics, federally qualified health centers and other similar health safety net organizations in order to be eligible for the program.
  - The award amount is up to 25 percent of student loan debt, not to exceed \$30,000 per year for Tier I professionals or \$20,000 per year for Tier II professionals.
  
- **Mandates DMAS to amend its managed care contracts to ensure service authorizations are handled timely and to report data on MCO compliance**
  
- **Dental Coverage for Medicaid Members** – Provides state and federal funding for a comprehensive dental benefit to Medicaid recipients beginning on January 1, 2021 (\$8.7 M in general funds and \$23.4 M in non-general funds the first year and \$25.3 M from the general funds and \$67.7 M in non-general funds the second year). *Currently Virginia Medicaid recipients are not covered for routine dental care. This will be life changing for many people.*
  
- **Additional Funding for STEP – VA** in the Governor’s budget and the Conference Committee kept that in the budget:
  - \$2 M the first year and \$2 M the second year for **crisis detoxification services**.
  - \$7,800 M the first year and \$14 M the second year for **crisis services** for individuals with mental health or substance use disorders.
  - \$4. M the first year and \$3.8 M the second year for **military and veteran services**.
    - \$2.8 M the first year and \$5.3 M the second year from for **peer support and family services**.
    - \$3.2 M the first year and \$3.2 M the second year from the general funds for **ancillary costs of expanding services at Community Services Boards** and Behavioral Health Authorities.
  - **Outpatient Services Step of STEP – VA was Almost Fully Funded**
  
- **Permanent Supportive Housing** – \$5.6 M the first year and \$11.4 M the second year to increase the number of individuals with SMI that can access permanent supportive

housing services. *This funding will support more than 1,000 additional individuals in stable housing.*

- **Crisis Intervention Team Assessment Centers (CITACs):** Directs DBHDS to develop a plan to convert CITACs to 24-hour, seven-day operations and moving toward regional CITAC sites.
- **Additional State Hospital Beds at Catawba:** Eliminates \$9.4 million the first year and \$10.4 million the second year from the general fund and 60 positions provided in the introduced budget to support the expansion of 56 beds at Catawba Hospital. The Department of Behavioral Health and Developmental Services made the decision to add 56 beds to the hospital during fiscal year 2020 to deal with census issues without consulting the General Assembly or proposing to add the beds through the normal budget process. This amendment does provide up to \$5.0 million in special fund appropriation for costs related to transitioning patients from those beds.
- **Pilot Programs to Reduce State Hospital Census Pressures** \$7.5 million the first year and \$7.5 million the second year from the general fund is for the Department of Behavioral Health and Developmental Services (DBHDS) to pursue alternative inpatient options to state behavioral health hospital care through the establishment of two-year pilot projects that will reduce census pressures on state hospitals.
- **Transportation for Individuals from State Hospitals** \$150,000 the first year and \$150,000 the second year for transportation costs of patients from state hospitals to their homes after being discharged as a result from an admission under a Temporary Detention Order. Oftentimes individuals under a TDO are transported to a state facility that is hours away from their home and therefore upon discharge may have difficulty getting transportation back to their home location.
- **Adverse Childhood Experiences Initiative** \$143,260 each year from the general fund and 1.5 positions to expand the Adverse Childhood Experiences (ACE) initiative.