

Meeting Minutes



Behavioral Health Care Subcommittee
Thursday, June 28, 2012
1:00 p.m.
Senate Room B – General Assembly Building

Present: Delegate Robert H. Brink
Delegate David L. Bulova
Delegate R. Rosalyn R. Dance
Delegate T. Scott Garrett
Delegate Algie T. Howell, Jr.
Delegate Riley E. Ingram
Delegate John M. O'Bannon, III

Senator George L. Barker
Senator Harry B. Blevins
Senator Charles W. Carrico, Sr.
Senator Linda T. Puller

The Honorable William A. Hazel, Jr.

Call to Order

The Joint Commission was called to order by Senator Linda T. Puller, chair in the absence of the Subcommittee Co-Chairs.

Ms. Snead summarized remarks, related to issues addressed in the reports of the Office of the Inspector General (OIG), that were submitted by the Virginia College of Emergency Physicians, National Alliance on Mental Illness – Virginia, Virginia Association of Community Services Boards and several CSBs, and Virginia Office for Protection and Advocacy. Ms. Snead indicated she would work with interested Subcommittee members and stakeholders regarding the submitted remarks and OIG report findings in developing potential policy options for JCHC's Decision Matrix.

Inspector General Douglas Bevelacqua presented a review of the findings and recommendations in the following OIG reports:

1. Behavioral Health Forensic Services
2. Emergency Services: Individuals Meeting Statutory Criteria for Temporary Detention not Admitted to a Psychiatric Facility for Further Evaluation and Treatment
3. Barriers to Discharge in State-Operated Adult Behavioral Health Facilities

Inspector Bevelacqua stated that the Direct Aid Program (DAP) funding in FY 2012 – \$11,345,347 went directly to CSBs and that \$7,586 was allocated to regional funding. He suggested that the DAP funding warrants further review to understand the formula and the effectiveness of funds provided.

Commissioner James Stewart presented an update on the challenges of Virginia's behavioral health system including 11 priority needs identified through the DBHDS *Creating Opportunities*

strategic plan initiative. With regard to the use of State beds for forensic patients, Commissioner Stewart noted that the demand for forensic beds is dropping; DBHDS has been able to free up some beds by transferring lower-risk forensic patients to civil units and by transferring some low-risk NGRI patients to other State hospitals. Furthermore, by this August the Multi-Agency Forensic Workgroup will have recommendations to address forensic patients that he will be able to share with the BHC Subcommittee in the fall.

Richard J. Bonnie, L.L.B. discussed the issue of increasing the maximum time period of temporary detention orders from 48 to 72 hours and recommended making the change in statute.

There being no further business, the meeting was adjourned. The next Behavioral Health Care Subcommittee meeting is scheduled for Tuesday, October 16th at 1:00 p.m.

Prepared by: Sylvia A. Reid
Operations Manager

Date: July 11, 2012