Good Morning,

My name is Ryan Dudley. I am the Director of Crisis Services for Hampton-Newport News CSB where I have worked for over 26 years.

I wish to provide testimony related to ***HB608*** which would enable a private hospital system within my locality to provide preadmission screening evaluations to determine if an individual with behavioral health needs requires Involuntary Hospitalization.

Efforts to address Virginia's behavioral healthcare system is not a partisan issue. We all want to address this. So, I respectfully request that that each of you consider my comments and true concern today, and how your actions in the coming weeks will have effects for years to come.

While the bill may at first appear to offer some remedy with the behavioral health crises, or perhaps, it may not seem entirely relevant as the single facility currently requesting this is not in your locality, I state unequivocally, that this is <u>not at all correct.</u>

The *CODE purposely* allows **only** Community Services Boards to conduct preadmission evaluations. Despite many formal workgroups including a thorough study of the issue by DBHDS in December of 2021, there has been no recommendation to provide private hospitals with an exception to conduct pre-screenings.

The authority that this private hospital system is requesting, to be clear, is a challenging process based on the number variables within this complex process which MUST respect the liberties of each individual, balance the legal and ethical demands with the clinical needs, and if determined that the issuance of a TDO is necessitated, it DOES deprive an individual of his or her liberties. This must only be considered after ALL LEAST RESTRICTIVE options have been considered and determined to be unavailable.

As noted, studies looking at this specific allowance have consistently highlighted concerns with making changes to this process.

In a 2019, SB1488 Workgroup members expressed that any such *"change would be complex, impacting multiple other processes and could possible leads to inadvertent increase in hospital admissions".*

Again in 2020 – considerations included the conflict of interest of *"clinicians in hospitals with psychiatric units"* and *"potential for real or perceived bias among ER clinicians."*

Such a change has been noted to *"require significant updates to the Code of VA".*

To accomplish this request of **one** provider, in addition of changes to the code, would also require significant adjustments and/or exceptions in many areas including regulatory standards. This includes:

- Changes to Dept of Licensure standards

- DMAS regs & Managed Care protocols
- Changes to local and regional protocols & Statewide protocols
- Significant adjustment or exception made in the orientation, training, oversight, and supervision of Certified Pre-screeners initiated in 2016 by the Deeds Commission

The Code also addresses Financial Considerations. This action is directly contrary to the CODE of VA ensuring that the evaluation which determines that an individual can be involuntarily hospitalized cannot be affected by a party that has a financial interest in the outcome.

CSBs are involved at each phase the BH continuum. Yet, we were left out of this critical discussion. We want to make it know that approval of this bill or any substitution allowing this to occur:

- *Directly contradicts* efforts and GA investments in STEP-VA intended to ensure that Virginians have similar access to a range of behavioral health services regardless of where they live in the Commonwealth.
- *Is inconsistent* with the goals of moving Virginia toward a *Crisis Now system*
- *Is Inconsistent with Governors' Youngkin's Right Help Right Now* legislation and other investments in crisis services
- Allows a private facility the ability to direct and further tax other locally-funded public resources including law environment, magistrates, special justices, public defenders, and our CSB
- And this bill, would counter some of the recommendations identified in the last 2 JLARC studies- instead enabling a private facility to be more selective, which has already led to concerns with psychiatric boarding in the ED, longer durations of custody by LEO, bedside hearings, and the need for patients to seek treatment across the state, not in their home community.

There is a place for public/private partnerships – Respectfully, this is not one of those and a move in this direction would be dangerous and egregious.

Please be clear,

This bill unwinds other portions of the CODE that are very intentional and necessary to be in place, in order to advance a model for one entity THAT HAS NOT YET OPERATED WITHIN our COMMUITY-BASED SYSTEMS. Clearly, private entities have a role in our system, but not one that allows them to silo while encumbering public resources.