1	SENATE BILL NO. 176
2	AMENDMENT IN THE NATURE OF A SUBSTITUTE
3	(Proposed by the Senate Committee on Education and Health
4	on February 8, 2024)
5	(Patron Prior to SubstituteSenator Favola)
6	A BILL to amend and reenact §§ 37.2-809, 37.2-809.1, 37.2-815, 37.2-816, and 37.2-817 of the Code of
7	Virginia, relating to civil commitments and temporary detention orders; definition of mental
8	illness; neurocognitive disorders and neurodevelopmental disabilities; Secretary of Health and
9	Human Resources to evaluate placements for certain individuals; report.
4.0	
10	Be it enacted by the General Assembly of Virginia:
11	1. That §§ 37.2-809, 37.2-809.1, 37.2-815, 37.2-816, and 37.2-817 of the Code of Virginia are amended
12	and reenacted as follows:
13	§ 37.2-809. Involuntary temporary detention; issuance and execution of order.
14	A. For the purposes of this section:
15	"Designee of the local community services board" means an examiner designated by the local
16	community services board who (i) is skilled in the assessment and treatment of mental illness, (ii) has
17	completed a certification program approved by the Department, (iii) is able to provide an independent
18	examination of the person, (iv) is not related by blood or marriage to the person being evaluated, (v) has
19	no financial interest in the admission or treatment of the person being evaluated, (vi) has no investment
20	interest in the facility detaining or admitting the person under this article, and (vii) except for employees
21	of state hospitals and of the U.S. Department of Veterans Affairs, is not employed by the facility.
22	"Employee" means an employee of the local community services board who is skilled in the
23	assessment and treatment of mental illness and has completed a certification program approved by the

24 Department.

25 "Investment interest" means the ownership or holding of an equity or debt security, including
26 shares of stock in a corporation, interests or units of a partnership, bonds, debentures, notes, or other equity
27 or debt instruments.

28 B. A magistrate shall issue, upon the sworn petition of any responsible person, treating physician, 29 or upon his own motion and only after an evaluation conducted in-person or by means of a two-way 30 electronic video and audio communication system as authorized in § 37.2-804.1 by an employee or a 31 designee of the local community services board to determine whether the person meets the criteria for 32 temporary detention, a temporary detention order if it appears from all evidence readily available, 33 including any recommendation from a physician, clinical psychologist, clinical social worker, or licensed 34 professional counselor treating the person, that the person (i) has a mental illness and that there exists a 35 substantial likelihood that, as a result of mental illness, the person will, in the near future, (a) cause serious 36 physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening 37 harm and other relevant information, if any, or (b) suffer serious harm due to his lack of capacity to protect 38 himself from harm or to provide for his basic human needs; (ii) is in need of hospitalization or treatment; 39 and (iii) is unwilling to volunteer or incapable of volunteering for hospitalization or treatment. Behaviors 40 or symptoms that manifest from a neurocognitive disorder, including dementia, or a neurodevelopmental 41 disability, including a developmental disability or intellectual disability, as defined in the most recent 42 edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric 43 Association are not sufficient, in themselves, to justify a finding of mental illness within the meaning of 44 this section. The magistrate shall also consider, if available, (a) information provided by the person who 45 initiated emergency custody and (b) the recommendations of any treating or examining physician licensed 46 in Virginia either verbally or in writing prior to rendering a decision. Any temporary detention order 47 entered pursuant to this section shall provide for the disclosure of medical records pursuant to § 37.2-48 804.2. This subsection shall not preclude any other disclosures as required or permitted by law.

49 C. When considering whether there is probable cause to issue a temporary detention order, the
50 magistrate may, in addition to the petition, consider (i) the recommendations of any treating or examining
51 physician, psychologist, clinical social worker, or licensed professional counselor licensed in Virginia, if

available, (ii) any past actions of the person, (iii) any past mental health treatment of the person, (iv) any
relevant hearsay evidence, (v) any medical records available, (vi) any affidavits submitted, if the witness
is unavailable and it so states in the affidavit, and (vii) any other information available that the magistrate
considers relevant to the determination of whether probable cause exists to issue a temporary detention
order.

D. A magistrate may issue a temporary detention order without an emergency custody order
proceeding. A magistrate may issue a temporary detention order without a prior evaluation pursuant to
subsection B if (i) the person has been personally examined within the previous 72 hours by an employee
or a designee of the local community services board or (ii) there is a significant physical, psychological,
or medical risk to the person or to others associated with conducting such evaluation.

E. An employee or a designee of the local community services board shall determine the facility 62 63 of temporary detention in accordance with the provisions of § 37.2-809.1 for all persons detained pursuant 64 to this section. An employee or designee of the local community services board may change the facility 65 of temporary detention and may designate an alternative facility for temporary detention at any point 66 during the period of temporary detention if it is determined that the alternative facility is a more 67 appropriate facility for temporary detention of the person given the specific security, medical, or 68 behavioral health needs of the person. In cases in which the facility of temporary detention is changed 69 following transfer of custody to an initial facility of temporary custody, transportation of the person to the 70 alternative facility of temporary detention shall be provided in accordance with the provisions of § 37.2-71 810. The initial facility of temporary detention shall be identified on the preadmission screening report 72 and indicated on the temporary detention order; however, if an employee or designee of the local 73 community services board designates an alternative facility, that employee or designee shall provide 74 written notice forthwith, on a form developed by the Executive Secretary of the Supreme Court of 75 Virginia, to the clerk of the issuing court of the name and address of the alternative facility. Subject to the 76 provisions of § 37.2-809.1, if a facility of temporary detention cannot be identified by the time of the 77 expiration of the period of emergency custody pursuant to § 37.2-808, the person shall be detained in a 78 state facility for the treatment of persons with mental illness and such facility shall be indicated on the

79 temporary detention order. Except as provided in § 37.2-811 for inmates requiring hospitalization in 80 accordance with subdivision A 2 of § 19.2-169.6, the person shall not be detained in a jail or other place 81 of confinement for persons charged with criminal offenses. Except as provided in § 37.2-811 for inmates 82 requiring hospitalization in accordance with subdivision A 2 of § 19.2-169.6 or in subsection C of § 37.2-83 813 for persons prior to transfer to the facility of temporary detention, the person shall remain in the 84 custody of law enforcement until either (i) the person is detained within a secure facility or (ii) custody 85 has been accepted by the appropriate personnel designated by either the initial facility of temporary 86 detention identified in the temporary detention order or by the alternative facility of temporary detention 87 designated by the employee or designee of the local community services board pursuant to this subsection. 88 The person detained or in custody pursuant to this section shall be given a written summary of the 89 temporary detention procedures and the statutory protections associated with those procedures.

90 F. Any facility caring for a person placed with it pursuant to a temporary detention order is 91 authorized to provide emergency medical and psychiatric services within its capabilities when the facility 92 determines that the services are in the best interests of the person within its care. The costs incurred as a 93 result of the hearings and by the facility in providing services during the period of temporary detention 94 shall be paid and recovered pursuant to § 37.2-804. The maximum costs reimbursable by the 95 Commonwealth pursuant to this section shall be established by the State Board of Medical Assistance 96 Services based on reasonable criteria. The State Board of Medical Assistance Services shall, by regulation, 97 establish a reasonable rate per day of inpatient care for temporary detention.

98 G. The employee or the designee of the local community services board who is conducting the 99 evaluation pursuant to this section shall determine, prior to the issuance of the temporary detention order, 100 the insurance status of the person. Where coverage by a third party payor exists, the facility seeking 101 reimbursement under this section shall first seek reimbursement from the third party payor. The 102 Commonwealth shall reimburse the facility only for the balance of costs remaining after the allowances 103 covered by the third party payor have been received.

H. The duration of temporary detention shall be sufficient to allow for completion of the
examination required by § 37.2-815, preparation of the preadmission screening report required by § 37.2-

106 816, and initiation of mental health treatment to stabilize the person's psychiatric condition to avoid 107 involuntary commitment where possible, but shall not exceed 72 hours prior to a hearing. If the 72-hour 108 period herein specified terminates on a Saturday, Sunday, legal holiday, or, if the individual has been 109 admitted to a facility of temporary detention, day or part of a day on which the clerk's office is lawfully 110 closed, the person may be detained, as herein provided, until the close of business on the next day that is 111 not a Saturday, Sunday, legal holiday, or, if the individual has been admitted to a facility of temporary 112 detention, day or part of a day on which the clerk's office is lawfully closed. The person may be released, 113 pursuant to § 37.2-813, before the 72-hour period herein specified has run.

114 I. If a temporary detention order is not executed within 24 hours of its issuance, or within a shorter 115 period as is specified in the order, the order shall be void and shall be returned unexecuted to the office of 116 the clerk of the issuing court or, if the office is not open, to any magistrate serving the jurisdiction of the 117 issuing court. Subsequent orders may be issued upon the original petition within 96 hours after the petition 118 is filed. However, a magistrate must again obtain the advice of an employee or a designee of the local 119 community services board prior to issuing a subsequent order upon the original petition. Any petition for 120 which no temporary detention order or other process in connection therewith is served on the subject of 121 the petition within 96 hours after the petition is filed shall be void and shall be returned to the office of 122 the clerk of the issuing court.

J. The Executive Secretary of the Supreme Court of Virginia shall establish and require that a magistrate, as provided by this section, be available seven days a week, 24 hours a day, for the purpose of performing the duties established by this section. Each community services board shall provide to each general district court and magistrate's office within its service area a list of its employees and designees who are available to perform the evaluations required herein.

K. For purposes of this section, a health care provider or designee of a local community services
 board or behavioral health authority shall not be required to encrypt any email containing information or
 medical records provided to a magistrate unless there is reason to believe that a third party will attempt to
 intercept the email.

132 L. If the employee or designee of the community services board who is conducting the evaluation 133 pursuant to this section recommends that the person should not be subject to a temporary detention order, 134 such employee or designee shall (i) inform the petitioner, the person who initiated emergency custody if 135 such person is present, and an onsite treating physician of his recommendation; (ii) promptly inform such 136 person who initiated emergency custody that the community services board will facilitate communication 137 between the person and the magistrate if the person disagrees with recommendations of the employee or 138 designee of the community services board who conducted the evaluation and the person who initiated 139 emergency custody so requests; and (iii) upon prompt request made by the person who initiated emergency 140 custody, arrange for such person who initiated emergency custody to communicate with the magistrate as 141 soon as is practicable and prior to the expiration of the period of emergency custody. The magistrate shall 142 consider any information provided by the person who initiated emergency custody and any 143 recommendations of the treating or examining physician and the employee or designee of the community 144 services board who conducted the evaluation and consider such information and recommendations in 145 accordance with subsection B in making his determination to issue a temporary detention order. The 146 person who is the subject of emergency custody shall remain in the custody of law enforcement or a 147 designee of law enforcement and shall not be released from emergency custody until communication with 148 the magistrate pursuant to this subsection has concluded and the magistrate has made a determination 149 regarding issuance of a temporary detention order.

M. For purposes of this section, "person who initiated emergency custody" means any person who
initiated the issuance of an emergency custody order pursuant to § 37.2-808 or a law-enforcement officer
who takes a person into custody pursuant to subsection G of § 37.2-808.

N. In any case in which a person subject to an evaluation pursuant to this section is receiving
services in a hospital emergency department, the treating physician or his designee and the employee or
designee of the local community services board shall disclose to each other relevant information pertaining
to the individual's treatment in the emergency department.

157 § 37.2-809.1. Facility of temporary detention.

158 A. In each case in which an employee or designee of the local community services board as defined 159 in § 37.2-809 is required to make an evaluation of an individual pursuant to subsection B, G, or H of § 160 37.2-808, an employee or designee of the local community services board shall, upon being notified of 161 the need for such evaluation, contact the state facility for the area in which the community services board 162 is located and notify the state facility that the individual will be transported to the facility upon issuance 163 of a temporary detention order if no other facility of temporary detention can be identified by the time of 164 the expiration of the period of emergency custody pursuant to § 37.2-808. Upon completion of the 165 evaluation, the employee or designee of the local community services board shall convey to the state 166 facility information about the individual necessary to allow the state facility to determine the services the 167 individual will require upon admission.

168 B. If upon notification from the employee or designee of the local community services board a 169 state facility has reason to believe that the individual's behaviors or symptoms are solely a manifestation 170 of a neurocognitive disorder or neurodevelopmental disorder, the state facility may require that a licensed 171 psychiatrist or other licensed mental health professional reevaluate the individual's eligibility for a 172 temporary detention order under § 37.2-809 before the individual is admitted. If the licensed psychiatrist 173 or other licensed mental health professional determines the individual's behaviors or symptoms are solely 174 a manifestation of a neurocognitive disorder or neurodevelopmental disorder, the state facility shall 175 promptly authorize the release of the person held under a temporary detention order pursuant to § 37.2-176 809 and the employee or a designee of the local community services board shall provide a discharge plan.

177 B.C. A state facility may, following the notice in accordance with subsection A, conduct a search 178 for an alternative facility that is able and willing to provide temporary detention and appropriate care to 179 the individual, which may include another state facility if the state facility notified in accordance with 180 subsection A is unable to provide temporary detention and appropriate care for the individual. Under no 181 circumstances, other than those specified in this section, shall a state facility fail or refuse to admit an 182 individual who meets the criteria for temporary detention pursuant to § 37.2-809 unless an alternative 183 facility that is able to provide temporary detention and appropriate care agrees to accept the individual for 184 temporary detention and the individual shall not during the duration of the temporary detention order be

released from custody except for purposes of transporting the individual to the state facility or alternative facility in accordance with the provisions of § 37.2-810. If an alternative facility is identified and agrees to accept the individual for temporary detention, the state facility shall notify the community services board, and an employee or designee of the community services board shall designate the alternative facility is on the prescreening report.

190 C.-D. A state facility may conduct a search for an alternative facility that is able and willing to
 191 provide temporary detention and appropriate care to the individual in accordance with subsection B if the
 192 individual is in the custody of an alternative transportation provider.

193 D. <u>E.</u> The facility of temporary detention designated in accordance with this section shall be one
194 that has been approved pursuant to regulations of the Board.

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§ 37.2-815. Commitment hearing for involuntary admission; examination required.

196 A. Notwithstanding § 37.2-814, the district court judge or special justice shall require an 197 examination of the person who is the subject of the hearing by a psychiatrist or a psychologist who is 198 licensed in Virginia by the Board of Medicine or the Board of Psychology and is qualified in the diagnosis 199 of mental illness or, if such a psychiatrist or psychologist is not available, a mental health professional 200 who (i) is licensed in Virginia through the Department of Health Professions as a clinical social worker, 201 professional counselor, marriage and family therapist, or psychiatric advanced practice registered nurse; 202 (ii) is qualified in the assessment of mental illness; and (iii) has completed a certification program 203 approved by the Department. The examiner chosen shall be able to provide an independent clinical 204 evaluation of the person and recommendations for his placement, care, and treatment. The examiner shall 205 (a) not be related by blood or marriage to the person, (b) not be responsible for treating the person, (c) 206 have no financial interest in the admission or treatment of the person, (d) have no investment interest in 207 the facility detaining or admitting the person under this chapter, and (e) except for employees of state 208 hospitals, the U.S. Department of Veterans Affairs, and community service boards, not be employed by 209 the facility. For purposes of this section, the term "investment interest" shall be as defined in § 37.2-809. 210 B. The examination conducted pursuant to this section shall be a comprehensive evaluation of the

211 person conducted in-person or, if that is not practicable, by two-way electronic video and audio

212 communication system as authorized in § 37.2-804.1. Translation or interpreter services shall be provided 213 during the evaluation where necessary. The examination shall consist of (i) a clinical assessment that 214 includes a mental status examination; determination of current use of psychotropic and other medications; 215 a medical and psychiatric history; a substance use, abuse, or dependency determination; and a 216 determination of the likelihood that, as a result of mental illness, the person will, in the near future, suffer 217 serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human 218 needs; (ii) a substance abuse screening, when indicated; (iii) a risk assessment that includes an evaluation 219 of the likelihood that, as a result of mental illness, the person will, in the near future, cause serious physical 220 harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and 221 other relevant information, if any; (iv) an assessment of the person's capacity to consent to treatment, 222 including his ability to maintain and communicate choice, understand relevant information, and 223 comprehend the situation and its consequences; (v) a review of the temporary detention facility's records 224 for the person, including the treating physician's evaluation, any collateral information, reports of any 225 laboratory or toxicology tests conducted, and all admission forms and nurses' notes; (vi) a discussion of 226 treatment preferences expressed by the person or contained in a document provided by the person in 227 support of recovery; (vii) an assessment of whether the person meets the criteria for an order authorizing 228 discharge to mandatory outpatient treatment following a period of inpatient treatment pursuant to 229 subsection C of § 37.2-817.01; (viii) an assessment of alternatives to involuntary inpatient treatment; and 230 (ix) recommendations for the placement, care, and treatment of the person.

231 C. All such examinations shall be conducted in private. The judge or special justice shall summons 232 the examiner who shall certify that he has personally examined the person and state whether he has 233 probable cause to believe that the person (i) has a mental illness and there is a substantial likelihood that, 234 as a result of mental illness, the person will, in the near future, (a) cause serious physical harm to himself 235 or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant 236 information, if any, or (b) suffer serious harm due to his lack of capacity to protect himself from harm or 237 to provide for his basic human needs, and (ii) requires involuntary inpatient treatment. Behaviors or 238 symptoms that manifest from a neurocognitive disorder, including dementia, or a neurodevelopmental

239 disability, including a developmental disability or intellectual disability, as defined in the most recent 240 edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric 241 Association are not sufficient, in themselves, to justify a finding of mental illness within the meaning of 242 this section. The judge or special justice shall not render any decision on the petition until the examiner 243 has presented his report. The examiner may report orally at the hearing, but he shall provide a written 244 report of his examination prior to the hearing. The examiner's written certification may be accepted into 245 evidence unless objected to by the person or his attorney, in which case the examiner shall attend in person 246 or by electronic communication. When the examiner attends the hearing in person or by electronic 247 communication, the examiner shall not be excluded from the hearing pursuant to an order of sequestration 248 of witnesses.

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§ 37.2-816. Commitment hearing for involuntary admission; preadmission screening report.

250 The district court judge or special justice shall require a preadmission screening report from the 251 community services board that serves the county or city where the person resides or, if impractical, where 252 the person is located. The report shall be admitted as evidence of the facts stated therein and shall state (i) 253 whether the person has a mental illness and whether there exists a substantial likelihood that, as a result 254 of mental illness, the person will, in the near future, (a) cause serious physical harm to himself or others 255 as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, 256 if any, or (b) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for 257 his basic human needs, (ii) whether the person is in need of involuntary inpatient treatment, (iii) whether 258 there is no less restrictive alternative to inpatient treatment, and (iv) the recommendations for that person's 259 placement, care, and treatment including, where appropriate, recommendations for mandatory outpatient 260 treatment. The board shall provide the preadmission screening report to the court prior to the hearing, and 261 the report shall be admitted into evidence and made part of the record of the case. In the case of a person 262 who has been sentenced and committed to the Department of Corrections and who has been examined by 263 a psychiatrist or clinical psychologist, the judge or special justice may proceed to adjudicate whether the 264 person has mental illness and should be involuntarily admitted without requesting a preadmission 265 screening report from the community services board. Behaviors or symptoms that manifest from a

neurocognitive disorder, including dementia, or a neurodevelopmental disability, including a
 developmental disability or intellectual disability, as defined in the most recent edition of the Diagnostic
 and Statistical Manual of Mental Disorders of the American Psychiatric Association are not sufficient, in
 themselves, to justify a finding of mental illness within the meaning of this section.

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§ 37.2-817. Involuntary admission.

271 A. The district court judge or special justice shall render a decision on the petition for involuntary 272 admission after the appointed examiner has presented the report required by § 37.2-815, and after the 273 community services board that serves the county or city where the person resides or, if impractical, where 274 the person is located has presented a preadmission screening report with recommendations for that 275 person's placement, care, and treatment pursuant to § 37.2-816. These reports, if not contested, may 276 constitute sufficient evidence upon which the district court judge or special justice may base his decision. 277 The examiner, if not physically present at the hearing, and the treating physician at the facility of 278 temporary detention shall be available whenever possible for questioning during the hearing through a 279 two-way electronic video and audio or telephonic communication system as authorized in § 37.2-804.1.

280 B. Any employee or designee of the local community services board, as defined in § 37.2-809, 281 representing the community services board that prepared the preadmission screening report shall attend 282 the hearing in person or, if physical attendance is not practicable, shall participate in the hearing through 283 a two-way electronic video and audio or telephonic communication system as authorized in § 37.2-804.1. 284 Where a hearing is held outside of the service area of the community services board that prepared the 285 preadmission screening report, and it is not practicable for a representative of the community services 286 board that prepared the preadmission screening report to attend or participate in the hearing, arrangements 287 shall be made by the community services board that prepared the preadmission screening report for an 288 employee or designee of the community services board serving the area in which the hearing is held to 289 attend or participate on behalf of the community services board that prepared the preadmission screening 290 report. The employee or designee of the local community services board, as defined in § 37.2-809, 291 representing the community services board that prepared the preadmission screening report or attending 292 or participating on behalf of the community services board that prepared the preadmission screening report

293 shall not be excluded from the hearing pursuant to an order of sequestration of witnesses. The community 294 services board that prepared the preadmission screening report shall remain responsible for the person 295 subject to the hearing and, prior to the hearing, shall send the preadmission screening report through 296 certified mail, personal delivery, facsimile with return receipt acknowledged, or other electronic means 297 with documented acknowledgment of receipt to the community services board attending the hearing. 298 Where a community services board attends the hearing on behalf of the community services board that 299 prepared the preadmission screening report, the attending community services board shall inform the 300 community services board that prepared the preadmission screening report of the disposition of the matter 301 upon the conclusion of the hearing. In addition, the attending community services board shall transmit the 302 disposition through certified mail, personal delivery, facsimile with return receipt acknowledged, or other 303 electronic means with documented acknowledgment of receipt.

304 At least 12 hours prior to the hearing, the court shall provide to the community services board that 305 prepared the preadmission screening report the time and location of the hearing. If the representative of 306 the community services board that prepared the preadmission screening report will be present by 307 telephonic means, the court shall provide the telephone number to the community services board. If a 308 representative of a community services board will be attending the hearing on behalf of the community 309 services board that prepared the preadmission screening report, the community services board that 310 prepared the preadmission screening report shall promptly communicate the time and location of the 311 hearing and, if the representative of the community services board attending on behalf of the community 312 services board that prepared the preadmission screening report will be present by telephonic means, the 313 telephone number to the attending community services board.

C. After observing the person and considering (i) the recommendations of any treating or examining physician or psychologist licensed in Virginia, if available, (ii) any past actions of the person, (iii) any past mental health treatment of the person, (iv) any examiner's certification, (v) any health records available, (vi) the preadmission screening report, and (vii) any other relevant evidence that may have been admitted, including whether the person recently has been found unrestorably incompetent to stand trial after a hearing held pursuant to subsection E of § 19.2-169.1, if the judge or special justice finds by clear

320 and convincing evidence that (a) the person has a mental illness and there is a substantial likelihood that, 321 as a result of mental illness, the person will, in the near future, (1) cause serious physical harm to himself 322 or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant 323 information, if any, or (2) suffer serious harm due to his lack of capacity to protect himself from harm or 324 to provide for his basic human needs, and (b) all available less restrictive treatment alternatives to 325 involuntary inpatient treatment that would offer an opportunity for the improvement of the person's 326 condition have been investigated and determined to be inappropriate, the judge or special justice shall by 327 written order and specific findings so certify and order that the person be admitted involuntarily to a 328 facility for a period of treatment not to exceed 30 days from the date of the court order. Behaviors or 329 symptoms that manifest from a neurocognitive disorder, including dementia, or a neurodevelopmental 330 disability, including a developmental disability or intellectual disability, as defined in the most recent 331 edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric 332 Association are not sufficient, in themselves, to justify a finding of mental illness within the meaning of 333 this section. Such involuntary admission shall be to a facility designated by the community services board 334 that serves the county or city in which the person was examined as provided in § 37.2-816. If the 335 community services board does not designate a facility at the commitment hearing, the person shall be 336 involuntarily admitted to a facility designated by the Commissioner. Upon the expiration of an order for 337 involuntary admission, the person shall be released unless (A) he is involuntarily admitted by further 338 petition and order of a court, which shall be for a period not to exceed 180 days from the date of the 339 subsequent court order, (B) he makes application for treatment on a voluntary basis as provided for in § 340 37.2-805, or (C) he is ordered to mandatory outpatient treatment following a period of inpatient treatment 341 pursuant to § 37.2-817.01.

342 2. That the Secretary of Health and Human Resources shall convene a work group of relevant 343 stakeholders, including representatives from local community services boards, the Virginia Hospital 344 and Healthcare Association, and the Office of the Executive Secretary of the Supreme Court of 345 Virginia to (i) evaluate the current availability of placements for individuals with neurocognitive 346 disorders and neurodevelopmental disabilities who would otherwise be placed in state psychiatric 347 hospitals; (ii) identify and develop placements and services other than state psychiatric hospitals 348 that would better support such individuals, especially individuals whose behaviors or symptoms are 349 solely a manifestation of such disorders and disabilities, including through enhanced Medicaid 350 reimbursements and a Medicaid waiver for individuals with neurocognitive disorders; (iii) specify 351 any additional funding or statutory changes needed to prevent inappropriate placements of such 352 individuals in state psychiatric hospitals; (iv) provide recommendations for training of magistrates 353 and community services boards related to the implementation of this act; and (v) report the work 354 group's findings and recommendations to the Chairmen of the House Committee on 355 Appropriations, the Senate Committee on Finance and Appropriations, the House Committee on 356 Health and Human Services, and the Senate Committee on Education and Health by November 1, 357 2024.

358 3. That the provisions of the first enactment of this act shall not become effective unless reenacted359 by the 2025 Session of the General Assembly.

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