



# Workplan

## 2024

Commonwealth of Virginia

## **Behavioral Health Commission**

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Nathalie Molliet-Ribet, Executive Director  
John Barfield, Associate Policy Analyst  
Claire Pickard Mairead, Assistant Policy Analyst  
Agnes Dymora, Executive Assistant and Office Manager

### **Purpose**

The Commission is established in the legislative branch of state government for the purpose of studying and making recommendations for the improvement of behavioral health services and the behavioral health service system in the Commonwealth to encourage the adoption of policies to increase the quality and availability of and ensure access to the full continuum of high-quality, effective, and efficient behavioral health services for all persons in the Commonwealth. In carrying out its purpose, the Commission shall provide ongoing oversight of behavioral health services and the behavioral health service system in the Commonwealth, including monitoring and evaluation of established programs, services, and delivery and payment structures and implementation of new services and initiatives in the Commonwealth and development of recommendations for improving such programs, services, structures, and implementation.

# 2024 BHC Workplan

The Behavioral Health Commission (BHC) uses a structured yet flexible process to plan staff work each year. This process takes into consideration the size and experience level of current staff; the complexity of the work being proposed; the amount of time available to complete the work; the degree of flexibility afforded by the entity proposing the work; the time sensitivity of the work; and the type of research needed. The BHC’s workplan also places higher priority on those initiatives that are expected to help the Commission progress most significantly toward its goals while also playing the roles it has adopted in its strategic framework.

The final 2024 workplan presented in this document was approved by the Commission during its June 12<sup>th</sup> meeting.

## Summary of work referred to the Commission in 2024

Studies and other work can be referred to the Behavioral Health Commission in several ways, but they must generally be approved by the full commission before they are assigned to staff. The Commission can direct staff to work on initiatives that support the goals set forth in its strategic framework. In addition, the BHC can receive work from joint resolutions or legislation passed by the General Assembly, language in the Appropriation Act, letters from Committee chairs, requests from BHC members, and staff recommendations.

### Work to be completed in 2024

The initiatives included in the 2024 workplan are organized into four categories that correspond to the roles that the BHC adopted in its strategic framework: (1) tracking new initiatives; (2) monitoring program implementation and performance; (3) conducting research; (4) building and maintaining knowledge; and (5) facilitating legislative and budget action.

Initiatives	Complexity	Expected completion	Source
<b>Tracking current efforts</b>			
<b>1. Crisis services implementation</b> Map out efforts aimed at developing the crisis system and obtain detailed progress updates	L/M	December	Budget language, SB 574
<b>2. Healthcare workforce programs</b> Leverage JCHC work to identify programs that bolster behavioral health care workforce and assess their performance	L	September	Staff recommendation

Initiatives	Complexity	Expected completion	Source
<b>Monitoring program implementation and performance</b>			
1. Permanent supportive housing	M	TBD / October	BHC directed
2. Report on key metrics	M	Ongoing	BHC directed
3. Follow ups on STEP-VA	L/M	December	BHC directed / budget language
<b>Conducting research</b>			
<b>1. Current civil admissions laws and processes in Virginia</b> Make recommendations for changes related to Virginia's current civil admissions process that may be needed to fully leverage crisis services.	H	November (interim)  October 2025 (final)	Senate Bill 574 (2024)
<b>2. Minimizing assaults on law enforcement &amp; avoidable arrests of individuals in crisis</b> Research the factors that contribute to assaults on law enforcement by people in a mental health crisis and avoidable arrests of people in crisis; make recommendations to reduce both of these occurrences.	M	November	Referral by letter
<b>Building and maintaining knowledge</b>			
1. BHC meetings at service locations	M	2024	BHC directed
2. BH 101 training	L/M	2024	BHC directed
3. Competency restoration academy	L/M	July	Stakeholders
4. Youth mental health learning cohort	L/M	November	Stakeholders
<b>Facilitating legislative and budget actions</b>			
1. BHC legislative agenda	H	November / December	BHC directed

## **Description of initiatives to be completed in 2024**

Studies and other activities are assigned to BHC staff, who are responsible for developing a research plan laying out how the work will be conducted and completed by its due date. Research plans are reviewed by the Executive Director, who provides continuous guidance, feedback, and quality control throughout the course of each assignment to ensure that final products are objective, substantiated, comprehensive, and on point.

The studies and activities in the 2024 workplan are summarized below. The legislation associated with the study is included in the appendix.

### **Map and track progress of new initiatives**

*Source: BHC directed*

*Staff lead: Nathalie Molliet-Ribet*

*Scheduled completion: ongoing*

Mapping new and planned initiatives and analyzing their scope and content can provide valuable insight into their interactions and potential impacts on the behavioral health system. This understanding will enable the Commission to identify proposals that warrant legislative support and areas that require further study and investigation.

### *Crisis services implementation*

As part of the BHC study on crisis services and civil commitment, staff will obtain information about and report on the progress realized in strengthening Virginia's crisis system. Specifically, information will be gathered regarding new crisis services created and under development, their locations, and to the extent data is available, their effectiveness in improving outcomes.

### *Healthcare workforce programs*

The BHC will leverage the work conducted by the Joint Commission on Healthcare (JCHC) and the Virginia Healthcare Workforce Development Authority (VHWDA) on addressing healthcare workforce shortages in Virginia. Specifically, the JCHC will present to the BHC the results from its study on the "Performance of Health Care Workforce Programs", with an emphasis on behavioral health workforce programs. The VHWDA will also brief the Commission on its major initiatives, program performance, and initiatives related specifically to the behavioral health workforce.

### **Monitoring programs**

*Source: BHC directed*

*Staff lead: Abby Cornwell; Kiara Brown, COVES fellow*

*Scheduled completion: ongoing*

Monitoring the implementation and performance of mature initiatives that have received state funding can help identify implementation challenges and design flaws, drive accountability, and ensure that expected results are met. By monitoring programs and initiatives, the BHC can help provide the resources needed to address implementation challenges and determine when state funding should no longer be invested. The following programs have been identified as top priorities for monitoring during 2024:

### *STEP- VA follow ups*

During the 2024 Session, budget language offered by BHC members directed DBHDS and the Secretary of HHR to make data and metrics available, develop final STEP-VA performance measures and benchmarks for all services, and ensure that performance measures are designed to capture outcomes in CSB performance contracts. DBHDS was also directed to identify the unmet need for each STEP-VA service and estimate the cost of satisfying the need. Results from these initiatives are required to be reported to the BHC by December 1, 2024.

### *Permanent Supportive Housing (PSH)*

PSH integrates basic behavioral and primary health care services with stable housing for individuals with a mental illness. The General Assembly has appropriated more than \$380M between FY16 and FY26 to expand access to PSH. Effective implementation can promote wellness, prevent homelessness, avoid unnecessary hospital admissions, and facilitate discharge from inpatient care. Evaluating utilization and outcome data can help gauge the effectiveness of PSH in improving long-term outcomes.

## **Report on key metrics**

*Source: BHC directed*

*Staff lead: Nathalie Molliet-Ribet*

*Scheduled completion: ongoing*

Key metrics help show how various components of the behavioral health system are performing; tracking and analyzing these metrics on an ongoing basis can help identify trends and gain insight into the factors that explain improvements or deteriorations. Information related to behavioral health services has historically been made available by a variety of state agencies and other entities, but it has not been reported on a consistent basis or in a common, user-friendly format. Producing a standard, routinely updated report on selected behavioral health metrics will help ensure that BHC members have consistent access to relevant, complete, objective, and timely information and analysis needed to understand the key issues affecting Virginia's behavioral health system.

BHC staff will continue to build upon the report developed in 2022 and work with Commission members to identify any additional metrics that may be of value. Staff will also

work with partner agencies and other entities to ensure that the selected data is available, reliable, and easily obtainable. The report will be updated quarterly and will be revised as needed to capture emerging priorities and evolving needs.

### **Complete a study of current civil admissions laws and processes in Virginia**

*Source: 2024 legislative session*

*Staff lead: John Barfield*

*Scheduled completion: October 2025 (Interim report November 2024)*

Senate Bill 574, which was enacted during the 2024 Session of the General Assembly, directs the Behavioral Health Commission to study how to effectively align current civil admissions laws and processes with new behavioral health and crisis response services and resources in the Commonwealth.

Virginia continues to build out its crisis response services to create a comprehensive continuum of crisis care that aligns with best practices from the Crisis Now model. However, it is unclear whether these new crisis services and resources are being fully utilized by individuals who are under a civil commitment order (ECO, TDO, or involuntary admission order). The BHC will identify how recent and continuing investments in Virginia's crisis services and resources can best be leveraged to prevent unnecessary involvement in the civil admissions process and to deliver high quality care in a less restrictive environment to individuals already involved in the civil commitment process.

BHC staff will identify challenges and barriers to maximizing the utilization of crisis services to improve the care provided to those already involved in the civil commitment process, and to minimize individuals' involvement in and advancement through each phase of the civil admissions process when less restrictive and less expensive crisis services would be more appropriate alternatives.

### **Complete a limited study on minimizing assaults on law enforcement & avoidable arrests of individuals in crisis**

*Source: 2024 legislative session*

*Staff lead: Claire Mairead*

*Scheduled completion: November 2024*

Senate Bill 357 and House Bill 267, which were passed by the 2024 General Assembly and vetoed by the Governor, would have created an affirmative legal defense for people charged with assaulting a law enforcement officer while they were experiencing a mental health crisis. This approach would not, however, address any negative effects of arrests on individuals in crisis, nor would it help decrease assaults on law enforcement officers. This study will examine pre-trial processes for stemming the flow of people in a mental health crisis into the criminal justice system and for reducing assaults on law enforcement.

BHC staff will identify factors that contribute to assaults on law enforcement by individuals experiencing a mental health crisis as well as avoidable arrests of individuals in crisis. Staff will analyze the impacts of those assaults and arrests on individuals, law enforcement, and state and local governments. The study will also include an overview of initiatives already underway to improve interactions between law enforcement and individuals in a mental health crisis and of the opportunities to maximize the impacts of those initiatives.

## 2024 Commission meeting schedule

Meetings of the Behavioral Health Commission will take place on the following dates in 2024. The schedule of presentations is subject to change.

Date	Planned presentations
May 7	<ul style="list-style-type: none"> <li>- 2024 workplan recommendations and member discussion</li> <li>- Key metrics</li> </ul>
<i>June 12</i>	<ul style="list-style-type: none"> <li>- Overview of updated 2024 workplan</li> <li>- Legislative and budget summaries</li> <li>- Site visit to Chesterfield County Jail</li> </ul>
July 9	<ul style="list-style-type: none"> <li>- DBHDS overview of the forensic population</li> <li>- Site visit to Central State Hospital</li> <li>- Update on new Central State Hospital building</li> </ul>
<i>August</i>	<ul style="list-style-type: none"> <li>- <i>No meeting</i></li> </ul>
September 10	<ul style="list-style-type: none"> <li>- Visit to CRC/CSU</li> </ul>
October 1	<ul style="list-style-type: none"> <li>- Staff presentation on Permanent Supportive Housing</li> <li>- JCHC report on behavioral health care workforce programs</li> <li>- VHWDA overview of healthcare workforce initiatives</li> </ul>
November 12	<ul style="list-style-type: none"> <li>- Staff presentation on SB 574 study / interim report</li> <li>- Staff presentation on minimizing arrests and assaults</li> </ul>
December 10	<ul style="list-style-type: none"> <li>- Finalize recommendations</li> <li>- Finalize 2025 workplan priorities</li> <li>- HHR Sec report on crisis spending</li> <li>- HHR Sec report on CCBHC implementation plan</li> <li>- DOE report on flexible funding to school divisions for mental health</li> <li>- DBHDS report on revisions to CSB performance contract and improvements re. measures; changes to STEP-VA performance measures and benchmarks anticipated to be included in CSB performance contracts; needs assessment for STEP-VA services</li> </ul>



## **Other organizational products**

### **Annual legislative and budget proposal**

To facilitate legislative action, staff works with BHC members to develop a legislative and budget proposal that acts upon multiple policy options and recommendations that originate from BHC staff research or from research conducted by other legislative study commissions (e.g., JLARC, JCHC, VHWDA). Legislative action pertaining to the structure of the Commission may also be taken. A policy option or recommendation cannot be adopted and included in the proposal if a majority of the Senate members or a majority of the House members appointed to the Commission (i) vote against the recommendation or (ii) vote for the recommendation to fail notwithstanding the majority vote of the Commission.

Once a list of adopted options and recommendations has been finalized in late November / early December, BHC staff request bills to be prefiled and work with staff from the Division of Legislative Services, Senate Finance and Appropriations Committee, and House Appropriations Committee to draft language that operationalizes Commission recommendations. Each recommendation is introduced by a BHC member as a bill or budget amendment, as appropriate.

### **Executive summary**

Every year, the chairman of the Behavioral Health Commission is required to submit to the General Assembly and to the Governor an executive summary of the work completed by the Commission during the calendar year. The executive summary is prepared by staff, using materials presented to BHC members during the course of the year. The document also conveys the recommendations adopted by the Commission. Once approved by the Chair of the Commission, the summary is submitted no later than the first day of the next regular session of the General Assembly.

## **Other initiatives**

### **Participation in collaborative learning opportunities**

*Policy Academy on competency to stand trial and competence restoration - SAMHSA and John D. & Catherine T. MacArthur Foundation*

Virginia was selected as one of seven states to participate in a two-day Policy Academy, which brought together multidisciplinary teams of state and local leaders from across the state. The BHC was asked to join the Virginia team. Other members include a judge; a jail superintendent; a Commonwealth's Attorney; a CSB director; and representatives from the DBHDS Forensic Division, Virginia Indigent Defense Commission, the Office of the Executive Secretary of the Supreme Court of Virginia, and DCJS. The group will form a Behavioral

Health and Criminal Justice Coalition, which will continue to meet on a monthly basis to work on the goals set forth during the Academy related to competency restoration, which are to “reduce the criminalization of mental illness, promote equitable jail and criminal diversion, and limit the over-reliance on the competency system in favor of advancing recovery.”

*Workgroup on placements for people with neurocognitive disorders and neurodevelopmental disabilities – Va. Secretary of Health and Human Resources*

Pursuant to JLARC recommendations supported by the BHC, HB 888 (Watts) and SB 176 (Favola) passed during the 2024 legislative session and included an enactment clause directing the Secretary of Health and Human Resources to convene a workgroup to evaluate the availability of current placements for individuals with neurocognitive disorders and neurodevelopmental disabilities who would otherwise be placed in state psychiatric hospitals; identify and develop alternative placements and services; specify funding or statutory changes needed to prevent inappropriate placements; and provide recommendations for training related to implementation of the language subject to reenactment. BHC staff were invited to be part of the workgroup. The group will meet starting in August 2024 and issue a final report with recommendations in October 2024.

*Learning cohort on financing strategies for healing-centered approaches to supporting youth mental health - Annie E. Casey Foundation*

Voices for Virginia’s Children was selected as one of seven partners to form a team that will participate in a learning cohort with the goal of building participants’ capacity to leverage resources to scale and sustain youth mental wellness supports. Voices invited BHC staff and one provider of youth mental health services to join their team. The learning cohort will include a series of six virtual meetings held monthly between April and December 2024 to share information, provide opportunities for peer learning, and support each participating organization in developing local priorities for action. In addition, teams will receive one-on-one coaching from the cohort facilitators to support the development of an action plan.

# Appendix

## **Requests for studies**

# Study of current civil admissions laws and processes in Virginia

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## Bill language (SB574, 2024)

### VIRGINIA ACTS OF ASSEMBLY -- 2024 SESSION

#### CHAPTER 601

*An Act to direct the Behavioral Health Commission to study how to effectively align current civil admissions laws and processes with new behavioral health and crisis response services and resources in the Commonwealth; report.*

[S 574]

Approved April 5, 2024

**Be it enacted by the General Assembly of Virginia:**

**1. § 1.** *That the Behavioral Health Commission shall study how to effectively align current civil admissions laws and processes, including those processes related to licensing, regulations, training, and reimbursement that may need to change to better achieve alignment, with new behavioral health and crisis response services and resources in the Commonwealth. In conducting its work, the Behavioral Health Commission shall convene a work group including (i) mental health consumers; (ii) representatives from (a) public and private behavioral health providers; (b) law-enforcement agencies, including the Virginia Sheriffs' Association and the Virginia Association of Chiefs of Police; (c) advocacy groups such as the disAbility Law Center of Virginia; (d) academic centers such as the Institute of Law, Psychiatry and Public Policy at the University of Virginia; (e) community services boards; (f) executive branch agencies such as the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services; and (g) the Office of the Executive Secretary of the Supreme Court of Virginia; and (iii) the Governor of Virginia or his designee. The Behavioral Health Commission shall make recommendations for any statutory, regulatory, licensing, training, and reimbursement changes related to Virginia's current civil admissions process that may be needed to fully leverage crisis services and shall report such recommendations to the Chairmen of the Senate Committee for Courts of Justice, the Senate Committee on Rehabilitation and Social Services, and the House Committee for Courts of Justice by July 1, 2025.*

# Study of assault and battery on law enforcement officer

## Bill language (SB357, identical to HB267)

2024 SESSION

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1

## VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact § 18.2-57 of the Code of Virginia, relating to assault and battery;*  
 3 *affirmative defense; penalty.*

4

[S 357]

5

Approved

6

**Be it enacted by the General Assembly of Virginia:**

7

**1. That § 18.2-57 of the Code of Virginia is amended and reenacted as follows:**

8

**§ 18.2-57. Assault and battery; penalty.**

9

10 A. Any person who commits a simple assault or assault and battery is guilty of a Class 1  
 11 misdemeanor, and if the person intentionally selects the person against whom a simple assault is  
 12 committed because of his race, religious conviction, gender, disability, gender identity, sexual  
 13 orientation, color, or national origin, the penalty upon conviction shall include a term of confinement of  
 14 at least six months.

15

16 B. However, if a person intentionally selects the person against whom an assault and battery resulting  
 17 in bodily injury is committed because of his race, religious conviction, gender, disability, gender  
 18 identity, sexual orientation, color, or national origin, the person is guilty of a Class 6 felony, and the  
 19 penalty upon conviction shall include a term of confinement of at least six months.

20

21 C. In addition, if any person commits an assault or an assault and battery against another knowing or  
 22 having reason to know that such other person is a judge, a magistrate, a law-enforcement officer as  
 23 defined in subsection G, a correctional officer as defined in § 53.1-1, a person directly involved in the  
 24 care, treatment, or supervision of inmates in the custody of the Department of Corrections or an  
 25 employee of a local or regional correctional facility directly involved in the care, treatment, or  
 26 supervision of inmates in the custody of the facility, a person directly involved in the care, treatment, or  
 27 supervision of persons in the custody of or under the supervision of the Department of Juvenile Justice,  
 28 an employee or other individual who provides control, care, or treatment of sexually violent predators  
 29 committed to the custody of the Department of Behavioral Health and Developmental Services, a  
 30 firefighter as defined in § 65.2-102, or a volunteer firefighter or any emergency medical services  
 31 personnel member who is employed by or is a volunteer of an emergency medical services agency or as  
 32 a member of a bona fide volunteer fire department or volunteer emergency medical services agency,  
 33 regardless of whether a resolution has been adopted by the governing body of a political subdivision  
 34 recognizing such firefighters or emergency medical services personnel as employees, engaged in the  
 35 performance of his public duties anywhere in the Commonwealth, such person is guilty of a Class 6  
 36 felony, and, upon conviction, the sentence of such person shall include a mandatory minimum term of  
 37 confinement of six months.

38

39 *It is an affirmative defense to prosecution of an individual for assault or assault and battery under*  
 40 *this subsection if such individual proves, by a preponderance of the evidence, that at the time of the*  
 41 *assault or assault and battery (i) the individual's behaviors were a result of (a) mental illness as defined*  
 42 *in § 37.2-100 or (b) a neurocognitive disorder, including dementia, or an intellectual disability or a*  
 43 *developmental disability such as autism spectrum disorder, as defined in the most recent edition of the*  
 44 *Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, or (ii)*  
 45 *the individual met the criteria for issuance of an emergency custody order pursuant to § 37.2-808.*

46

47 *If such individual does not prove by a preponderance of the evidence that at the time of the assault*  
 48 *or assault and battery his behaviors were a result of his mental illness, intellectual disability,*  
 49 *developmental disability, or neurocognitive disorder but the evidence establishes that his mental illness,*  
 50 *intellectual disability, developmental disability, or neurocognitive disorder otherwise contributed to his*  
 51 *behaviors, the finder of fact may find the accused guilty of a misdemeanor pursuant to subsection A.*

52

53 *Nothing in this subsection shall be construed to allow an affirmative defense for voluntary*  
 54 *intoxication.*

55

56 Nothing in this subsection shall be construed to affect the right of any person charged with a  
 violation of this section from asserting and presenting evidence in support of any defenses to the charge  
 that may be available under common law.

57

58 D. In addition, if any person commits a battery against another knowing or having reason to know  
 59 that such other person is a full-time or part-time employee of any public or private elementary or  
 60 secondary school and is engaged in the performance of his duties as such, he is guilty of a Class 1  
 61 misdemeanor and the sentence of such person upon conviction shall include a sentence of 15 days in  
 62 jail, two days of which shall be a mandatory minimum term of confinement. However, if the offense is

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57 committed by use of a firearm or other weapon prohibited on school property pursuant to § 18.2-308.1,  
58 the person shall serve a mandatory minimum sentence of confinement of six months.

59 E. In addition, any person who commits a battery against another knowing or having reason to know  
60 that such individual is a health care provider as defined in § 8.01-581.1 who is engaged in the  
61 performance of his duties in a hospital or in an emergency room on the premises of any clinic or other  
62 facility rendering emergency medical care is guilty of a Class 1 misdemeanor. The sentence of such  
63 person, upon conviction, shall include a term of confinement of 15 days in jail, two days of which shall  
64 be a mandatory minimum term of confinement.

65 F. In addition, any person who commits an assault or an assault and battery against another knowing  
66 or having reason to know that such individual is an operator of a vehicle operated by a public  
67 transportation service as defined in § 18.2-160.2 who is engaged in the performance of his duties is  
68 guilty of a Class 1 misdemeanor. The sentence of such person, upon conviction, shall also prohibit such  
69 person from entering or riding in any vehicle operated by the public transportation service that employed  
70 such operator for a period of not less than six months as a term and condition of such sentence.

71 G. As used in this section:

72 "Disability" means a physical or mental impairment that substantially limits one or more of a  
73 person's major life activities.

74 "Hospital" means a public or private institution licensed pursuant to Chapter 5 (§ 32.1-123 et seq.) of  
75 Title 32.1 or Article 2 (§ 37.2-403 et seq.) of Chapter 4 of Title 37.2.

76 "Judge" means any justice or judge of a court of record of the Commonwealth including a judge  
77 designated under § 17.1-105, a judge under temporary recall under § 17.1-106, or a judge pro tempore  
78 under § 17.1-109, any member of the State Corporation Commission, or of the Virginia Workers'  
79 Compensation Commission, and any judge of a district court of the Commonwealth or any substitute  
80 judge of such district court.

81 "Law-enforcement officer" means any full-time or part-time employee of a police department or  
82 sheriff's office that is part of or administered by the Commonwealth or any political subdivision thereof  
83 who is responsible for the prevention or detection of crime and the enforcement of the penal, traffic or  
84 highway laws of the Commonwealth, any conservation officer of the Department of Conservation and  
85 Recreation commissioned pursuant to § 10.1-115, any special agent of the Virginia Alcoholic Beverage  
86 Control Authority, conservation police officers appointed pursuant to § 29.1-200, full-time sworn  
87 members of the enforcement division of the Department of Motor Vehicles appointed pursuant to  
88 § 46.2-217, and any employee with internal investigations authority designated by the Department of  
89 Corrections pursuant to subdivision 11 of § 53.1-10, and such officer also includes jail officers in local  
90 and regional correctional facilities, all deputy sheriffs, whether assigned to law-enforcement duties, court  
91 services or local jail responsibilities, auxiliary police officers appointed or provided for pursuant to  
92 §§ 15.2-1731 and 15.2-1733, auxiliary deputy sheriffs appointed pursuant to § 15.2-1603, police officers  
93 of the Metropolitan Washington Airports Authority pursuant to § 5.1-158, and fire marshals appointed  
94 pursuant to § 27-30 when such fire marshals have police powers as set out in §§ 27-34.2 and 27-34.2:1.

95 "School security officer" means the same as that term is defined in § 9.1-101.

96 H. "Simple assault" or "assault and battery" shall not be construed to include the use of, by any  
97 school security officer or full-time or part-time employee of any public or private elementary or  
98 secondary school while acting in the course and scope of his official capacity, any of the following: (i)  
99 incidental, minor or reasonable physical contact or other actions designed to maintain order and control;  
100 (ii) reasonable and necessary force to quell a disturbance or remove a student from the scene of a  
101 disturbance that threatens physical injury to persons or damage to property; (iii) reasonable and  
102 necessary force to prevent a student from inflicting physical harm on himself; (iv) reasonable and  
103 necessary force for self-defense or the defense of others; or (v) reasonable and necessary force to obtain  
104 possession of weapons or other dangerous objects or controlled substances or associated paraphernalia  
105 that are upon the person of the student or within his control.

106 In determining whether a person was acting within the exceptions provided in this subsection, due  
107 deference shall be given to reasonable judgments that were made by a school security officer or  
108 full-time or part-time employee of any public or private elementary or secondary school at the time of  
109 the event.



