BHC Behavioral Health Commission

Workplan

2025

Commonwealth of Virginia

Behavioral Health Commission

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Delegate Rodney T. Willett

Nathalie Molliet-Ribet, Executive Director
John Barfield, Associate Policy Analyst
Claire Pickard Mairead, Associate Policy Analyst
Abigail Cornwell, 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.

2025 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 2025 workplan presented in this document was approved by the Commission during its December 10, 2024, meeting. Because no new work was directed to the BHC during the 2025 legislative session, the workplan presented in December is now considered final.

Summary of work undertaken by the Commission in 2025

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.

The initiatives included in the 2025 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. The table on the following page summarizes the work that will be undertaken in each category in 2025.

Description of initiatives to be completed in 2025

Each item on the annual workplan is assigned to a BHC staff member, who is 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.

2025 BHC workplan initiatives	Complexity	Expected completion	Source
Tracking current efforts			
Crisis services implementation	L/M	Ongoing	BHC directed
Monitoring program implementation and performance			
1. STEP-VA	M	Summer	BHC directed
2. Discharge Assistance Program (DAP)	M/H	Fall	BHC directed
3. Project BRAVO	H	Spring 2026	BHC directed
4. Key system metrics	M	Ongoing	BHC directed
Conducting research			
1. **Civil admissions and crisis services** Identify changes that may be needed to fully leverage crisis services for individuals involved in the civil commitment process.	H	October	Senate Bill 574 (2024)
2. **Implementation and effectiveness of the Marcus Alert System** Examine where and how Marcus Alert has been implemented and identify changes that may be needed to maximize effectiveness and utilization.	H	September	BHC directed
3. **Local match for CSB funding** Determine funding contributed by each locality toward CSB local match, identify factors impacting matching amount, and review alternative funding options.	L/M	September	BHC directed
4. **Behavioral health services in Virginia jails** Conduct environmental scan of behavioral health services and needs in Virginia jails and identify opportunities to improve access to treatment for jail inmates with serious mental illness.	H	2026	BHC directed
Building and maintaining knowledge			
1. BHC meetings at service locations	M	July	BHC directed
2. Behavioral health & criminal justice coalition	L/M	Ongoing	Stakeholders
Facilitating legislative and budget actions			
BHC legislative agenda	H	December	BHC directed

The studies and activities in the 2025 workplan are summarized below. Legislation or other source documents associated with studies and monitoring efforts are included in the appendix.

Tracking current efforts

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 studies on crisis services and civil commitment and on the Marcus Alert system, staff will obtain information about and report on the progress realized in strengthening Virginia's crisis system and responses to mental health crises. Specifically, information will be gathered regarding new crisis services and resources created and under development, their locations and, to the extent data is available, their effectiveness in improving outcomes.

Monitoring program implementation and performance

Source: BHC directed
Staff lead: Abigail Cornwell; Key metrics: Nathalie Molliet-Ribet
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 help 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 2025:

- **STEP- VA.** STEP-VA expands access to essential behavioral health services by supporting all 40 CSBs in delivering nine core services statewide. The General Assembly has appropriated more than $424M between FY18 and FY26 to STEP-VA. The full implementation of STEP-VA would create a continuum of care that ensures that Virginians can receive the behavioral health services they need when and where they need them. BHC staff will examine the implementation status of all nine service components, evaluate performance on established metrics, and compare Virginia's

approach to the federal Certified Community Behavioral Health Clinic (CCBHC) model that STEP-VA was originally based on.

- **Discharge assistance planning (DAP)**. DAP provides support for individuals in state hospitals who are clinically ready for discharge but who face barriers to community placement. The General Assembly has appropriated $142M between FY23 and FY26 to maintain and expand Individualized Discharge Assistance Program Plans (IDAPPs). An effective DAP program can help reduce extraordinary barriers to discharge, promote recovery in the least restrictive settings, and improve the availability of psychiatric beds. BHC staff will assess how DAP is being implemented across the state and evaluate its effectiveness in increasing discharge rates and improving long-term outcomes for individuals receiving these services.
- **Project BRAVO.** Project BRAVO integrates evidence-based behavioral health services into Virginia's Medicaid program. In FY23, more than $256M was spent on Project BRAVO services. Effective implementation can improve access to a continuum of services, reduce emergency department visits, and provide alternatives to hospitalization. BHC staff will assess how Project Bravo has changed the availability and utilization of services since its implementation and examine the future direction of Virginia's Behavioral Health Redesign initiative, which is the next phase of Project BRAVO.

Key metrics also help show how various components of the behavioral health system are performing, while 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 carefully 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 has been reporting on key metrics since 2022. Because of improvements in the availability of information from the Department of Behavioral Health and Developmental Services (DBHDS) and extensive changes in their systems from which data is extracted, staff will work with the agency to identify data that is available, reliable, and easily obtainable. Commission members will also be involved in identifying metrics that are insightful. The report will be updated quarterly and will be revised as needed to capture emerging priorities and evolving needs.

Conducting research

Aligning the civil admissions and crisis services systems

Source: SB 574 (2024)
Staff lead: John Barfield
Scheduled completion: October 2025

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 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 follows best practices identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Crisis Now model. However, it is unclear whether these new crisis services and resources are being fully utilized by individuals who are, or are at risk of being, under a civil commitment order (ECO, TDO, or involuntary admission order). BHC staff 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 deliver quality care in a less restrictive environment to individuals already involved in the civil commitment process.

BHC staff will identify challenges and barriers to leveraging crisis services in order to reduce involuntary commitments, improve the care provided to those involved in the civil commitment process, and minimize individuals' advancement through each phase of the civil admissions process. Staff will also identify and evaluate opportunities to better align statutory, regulatory, licensing, training, and reimbursement processes to improve the integration of Virginia's expanding crisis services with the state's civil commitment process.

Implementation and effectiveness of the Marcus Alert System

Source: BHC directed
Staff lead: Claire Mairead
Scheduled completion: September 2025

The "mental health awareness response and community understanding services" alert system, or Marcus Alert system, was created by the General Assembly in 2020 with the goal of transforming how Virginia responds to individuals experiencing behavioral health crises. The study will assess where and how the system has been implemented to date across Virginia's localities, plans for future implementation, and how effective it has been to date. The Marcus Alert system encompasses three protocols: connecting 911 to 988, establishing memoranda of agreement between law enforcement and clinicians, and providing specialized training for law enforcement. Jurisdictions must also have a plan for responding

to each Marcus Alert level of urgency and a voluntary database that individuals with a mental illness can participate in.

BHC staff will analyze the early impacts of Marcus Alert implementation on diversion away from the criminal justice system and toward clinical services. The study will also examine any barriers preventing comprehensive adoption in all localities by the 2028 deadline, weighing implementation challenges against potential benefits. Staff will investigate how comprehensively the system is being utilized by individuals in crisis and what obstacles might limit its effectiveness. Through this analysis, staff will develop specific recommendations to maximize the effectiveness of the Marcus Alert system, which may include strategies to address implementation barriers, improve system utilization, and better align funding, staffing, and interagency coordination to fulfill the system's goals of providing appropriate behavioral health responses to persons in crisis.

CSB local matching funds

Source: BHC directed
Staff lead: Nathalie Molliet-Ribet
Scheduled completion: September 2025

Per statute, state funding for CSB operational expenses and the construction of facilities is capped at 90 percent of the total amount of state and local matching funds provided for these expenses. As a result, CSBs are expected to contribute a minimum of 10 percent toward their expenditures, typically from their local governments, unless they receive a waiver from DBHDS. The purpose of the matching requirement is to maximize the amount of financial support available to serve individuals in need of CSB services. As of November 2024, 12 out of 40 CSBs had fallen short of meeting the 10% match, while many CSBs had invested significantly more than the minimum requirement. The list of localities that did not meet the minimum match is not readily available.

Securing local funding can be more challenging for localities that are under-resourced and when CSBs serve multiple localities. Yet, the current funding allocation model is based primarily on historical allocations and does not take into consideration any local characteristics that might impact local ability to meet funding requirements. Along with the availability of waivers, this practice deviates from the funding allocation methods used by several major programs that require local match funding, such as K-12 and local departments of health.

BHC staff will analyze variation in the amount of local funding invested relative to state funding, and relative to other jurisdictions within the same CSB. Interviews will be conducted with local government staff to identify the factors most closely associated with variation in local contributions. Staff will also review alternative funding requirements and incentive mechanisms, and determine the potential impact of adopting alternatives on the state and local governments

Behavioral health services in Virginia jails

Source: BHC directed
Staff lead: Claire Mairead
Scheduled completion: 2026

The rate of mental illness in jails has increased by over 50 percent in the last decade—from 14.0% of inmates in 2014 to 21.1% in 2024. Many jails lack adequate resources or capacity to provide appropriate treatment for inmates with serious mental illness, which can destabilize the jail environment, create safety concerns, and lead to increased use of jail temporary detention orders (TDOs) and competency restoration services. The rising forensic population in state hospitals has contributed to the bed crisis in state facilities, and a waitlist now exists for forensic patients in need of acute mental health treatment even though their admission is prioritized under state law. This study will assess the current landscape of behavioral health services available in Virginia jails compared to those needed to meet the population's needs.

BHC staff will conduct an environmental scan of behavioral health services, treatment, and practices in Virginia jails and review proposed baseline standards for behavioral health treatment. The study will examine barriers to providing appropriate services for inmates with serious mental illness and meeting baseline standards of care. Staff will analyze how these barriers affect jail operations and inmate outcomes, including impacts on length of stay and recidivism. Through this analysis, staff will provide options and recommendations for addressing these barriers, including funding considerations necessary to achieve baseline standards of behavioral health treatment in jails.

Building and maintaining knowledge

Part of the impetus for creating the BHC was to build expertise among Commission members and staff. In addition to the knowledge acquired from staff research and during meetings, several Commission meetings are typically held at service providers' locations each year. During these meetings, members and staff have an opportunity to tour the provider facility and observe how services are delivered, and to ask providers about challenges and best practices. This year, both the June and July meetings will be held offsite to visit new types of service providers.

BHC staff also actively engage in activities that expand their understanding of the behavioral health system and its challenges, including workgroups. In 2025, Commission staff will continue to participate in a cross-agency group tackling issues at the intersection of behavioral health and criminal justice.

Facilitating legislative and budget actions

To facilitate action on Commission priorities, staff works with BHC members to develop a legislative and budget proposal that acts upon a range of options and recommendations that originate from BHC staff research or from research conducted by other legislative study commissions (e.g., JLARC). 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 and (ii) vote for the recommendation to fail notwithstanding the majority vote of the Commission.

Once a list of recommendations has been finalized in November, 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. The outcome of each bill and budget amendment is tracked and reported by staff.

2025 Commission meeting schedule

Meetings of the Behavioral Health Commission will take place on the following dates in 2025. The schedule of presentations is subject to change.

Date	Planned presentations
June 3	– BHC impact – Budget and legislative overview – Site visit
July 8	– Staff presentation on STEP-VA implementation and performance – Site visit
August	*No meeting*
September 9	– Staff presentation on Marcus Alert system implementation and effectiveness – Staff presentation on CSB local match funding
October 7	– Staff presentation on the civil admissions and crisis services systems
November 12	– Staff presentation on DAP program implementation and performance *(tentative)* – OES presentation of findings from EDCOT report – Discussion and vote on 2025 options and recommendations
December 2	– Review of 2026 legislative packet – Discussion of 2026 workplan priorities

Other organizational products

Executive summary

Every year, the Chair 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.

Presentations to other entities

BHC staff are invited by other legislative bodies and outside organizations to present on study findings or about the BHC every year. A list of presentations made each year is available in that year's Executive Summary report.

Appendix

Monitoring cycle for program implementation and performance

As of December 2024 Program / initiative	Budget FY23-24 ($M)	 FY25-26 ($M)	 Change (%)	Review cycle Frequency	 First time	 Most recent
1. STEP-VA* Funds CSBs to provide the same core offering of nine services to enhance access and consistency, and promotes quality through metrics and oversight	229.6	248.7	5%	Biennial	2023	2025
2. Project BRAVO / Behavioral Health Redesign*,** Expands array of behavioral health services available to Medicaid members and improves quality and cost effectiveness through enhanced service design	538.4	n/a	n/a	Biennial	2023	2025
3. Permanent Supportive Housing (PSH)* Provides housing with tenancy and other supportive services needed to help individuals with a serious mental illness remain stably housed independently	113.4	167.2	47%	Periodic	2024	2024
4. Discharge Assistance Planning (DAP)* Assists individuals who face barriers to discharge from state hospitals with transitioning to community	71.0	71.0	0%	Periodic	2025	2025
5. Dropoff centers / CITACs Provides an alternative location for law enforcement officers (LEOs) to take individuals who need behavioral health assessment and care. LEOs can transfer custody to other officers assigned to CITACs and return to patrol quickly	24.6	24.6	0%	Periodic	--	
6. Crisis system build out Continues implementation of Crisis Now model	98.0	148.6	52%	Periodic	--	
7. Marcus Alert Coordinates 911 and 988 call centers and establishes specialized law enforcement response when responding to a behavioral health crisis	13.5	23.0	70%	Periodic	--	

As of December 2024 Program / initiative	Budget FY23-24 ($M)	 FY25-26 ($M)	 Change (%)	Review cycle Frequency	 First time	 Most recent
8. Census reduction pilot projects Funding to provide community-based services to individuals clinically ready for discharge and to purchase acute inpatient or community-based services as an alternative to state hospital admissions	55.4	27.0	-51%	Periodic	--	
9. Housing for the seriously mentally ill Funds supervised residential care, with priority for individuals on state hospitals' EBL	4.0	16.0	300%	Periodic	--	
10. Alternative transportation and custody (incl. SCOPS) Funds alternatives to law enforcement transportation and custody of individuals under a TDO awaiting a hospital bed	18.2	29.0	59%	As needed	--	
11. Virginia Mental Health Access Program (VMAP) Trains primary care providers to screen for, manage, and treat pediatric mental health conditions	17.7	29.6	67%	As needed	--	
12. Discharge transportation program Provides transportation to individuals from state psychiatric facilities to their homes upon discharge when admissions resulted from a TDO	2.3	2.3	0%	As needed	--	

*Programs currently monitored and evaluated by BHC staff
**Project BRAVO actual expenditures are presented in lieu of a budget. No line-item budget exists for specific Medicaid services

Legislative requests for studies

Aligning the crisis and civil commitment processes in Virginia

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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.

BHC requests for studies

Implementation and effectiveness of the Marcus Alert system

Strategic goals addressed: Lower inappropriate criminal justice involvement

Estimated workload: High

Background: The "mental health awareness response and community understanding services alert system", or Marcus Alert system, was created by the General Assembly in 2020 with the goal of providing a behavioral health, rather than law enforcement, response to individuals in crisis whenever possible. The Marcus Alert system encompasses three protocols: 1) connecting 911 to 988; 2) establishing MOAs between law enforcement and clinicians; and 3) providing specialized training for law enforcement. Localities with a population less than or equal to 40,000 are exempt from protocols 2 and 3. As of December 2024, 17 out of 40 CSBs have implemented Marcus Alert in their catchment areas, and the rest are required to do so by July 1, 2028. BHC members have expressed interest in reviewing the implementation of Marcus Alert thus far in order to ensure a successful roll-out statewide by 2028.

Proposed scope

- Review where and how Marcus Alert has been implemented to date
- Analyze early impacts on diversion away from the criminal justice system and toward crisis services, and on involuntary commitment
- Examine the barriers to adopting Marcus Alert in all localities and weigh against potential benefits
- Provide options and recommendations for maximizing the effectiveness and utilization of Marcus Alert practices statewide

Recent work / work in progress

- § 37.2-311.1 requires DBHDS to report annually by November 15 to the BHC (and other state entities) on the comprehensive crisis system, including updates on the implementation of the Marcus Alert system; the number of 988 calls and mobile crisis responses; a description of the overall function of the Marcus Alert program and the comprehensive crisis system, including a description of any successes and any challenges encountered; and recommendations for improvement of the Marcus Alert system and approved local Marcus Alert programs. The most recent report was published in November 2021.
- Chapter 619 (HB1191, SB361) of the 2022 Acts of Assembly directed DBHDS to report on the findings of a workgroup to study the barriers to implementation for Marcus Alert. This report was published in December 2022 and makes recommendations such as increased funding for law enforcement agencies, increased funding for law enforcement training academies, and the provision of DCJS-approved standardized Marcus Alert training. It is not clear whether any action has been taken to address the workgroup's recommendations.

CSB local matching funds

Strategic goals addressed: Complete continuum of care, timely and statewide access, cost-efficient care

Estimated workload: Low/medium

Background: Per statute, state funding for CSB operational expenses and the construction of facilities is capped at 90 percent of the total amount of state and local matching funds provided for these expenses. As a result, CSBs are expected to contribute a minimum of 10 percent toward their expenditures, typically from their local governments, unless they receive a waiver from DBHDS. The purpose of the matching requirement is to maximize the amount of financial support available to serve individuals in need of CSB services. As of November 2024, 12 out of 40 CSBs had fallen short of meeting the 10% match, while many CSBs had invested significantly more than the minimum requirement. It is not yet known which localities did not meet the minimum match. Securing local funding can be more challenging for localities that are under-resourced and when CSBs serve multiple localities. Yet, the current funding allocation model is based primarily on historical allocations and does not take into consideration any local characteristics that might impact local ability to meet funding requirements. Along with the availability of waivers, this practice deviates from the funding allocation methods used by several major programs that require local match funding, such as K-12 and local departments of health.

Proposed scope

- Determine funding contributed by each locality toward CSB local match and which CSBs have obtained a waiver to deviate from 10% requirement
- Analyze variation among localities in the amount of local funding invested relative to state funding, and relative to other jurisdictions within the same CSB
- Identify the factors most closely associated with variation in local contributions
- Review alternative funding requirements and incentive mechanisms and determine the potential impact of adopting alternatives on the state and local governments

Recent work / work in progress

- JLARC conducted an in-depth study of the CSB funding allocation model in 2019 and reviewed several alternative allocation methods in Virginia, as well as in seven other states. The report includes an estimate of the fiscal impact that each CSB would experience if their required match was based on their local ability to pay. At that time, this approach would have lowered the required match for 23 of the 40 CSBs, increased the match for 10 CSBs, and had no impact on about 7. As of December 2024, no major action had been taken in response to the report.

Behavioral health services in Virginia jails

Strategic goals addressed: Complete continuum of care, effective and efficient services

Estimated workload: High

Background: The rate of mental illness in jails has increased by over 50 percent in the last decade—from 14.0% of inmates in 2014 to 21.1% in 2024, according to data from the State Compensation Board. This presents new challenges for jails, which may lack the resources or capacity to provide adequate levels of treatment for inmates, some of whom are in acute crisis. Untreated mental illness can destabilize the jail environment and create safety concerns for jail personnel and inmates alike. Mentally ill inmates who do not receive treatment may ultimately be placed under a jail TDO and hospitalized in a state facility, and they may need competency restoration services if they decompensate to a point where they are incompetent to stand trial. The rising forensic population in state hospitals has contributed to the bed crisis in state facilities, and a waitlist now exists for forensic patients in need of acute mental health treatment even though their admission is prioritized under state law. The prioritization of forensic patients under a jail TDO has also increased wait times for civil patients seeking a bed.

Proposed scope

- Conduct environmental scan of behavioral health services, treatment, and practices that are available, versus those needed, in Virginia jails
- Review and update proposed baseline standards for behavioral health treatment in jails
- Examine barriers to (i) providing appropriate services and treatment to inmates with serious mental illness and (ii) meeting baseline standards of care
- Provide options and recommendations for addressing barriers to the treatment of all inmates with serious mental illness, including funding necessary to achieve baseline standards of behavioral health treatment in jails

Recent work / work in progress

- HB 1942 (Bell) was passed during the 2019 General Assembly session, requiring the Board of Corrections (now Board of Local and Regional Jails) to establish minimum standards for behavioral health services in local correctional facilities and procedures for enforcing such minimum standards, with the advice of and guidance from DBHDS and the State Inspector General. HB 1942 also required the Chairman of the Board of Corrections to convene a work group to determine the cost of implementing the minimum standards. The work group produced a report in 2019 that laid out 15 recommended minimum standards for behavioral health in jails and estimated a fiscal impact. It is unclear whether the Board of Corrections has taken any steps to begin the regulatory process to establish the minimum standards.
- The State Compensation Board publishes an annual report that includes data on mental illness among inmates and mental health treatment, using self-reports by the jails.


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