Commission meeting

June 2, 2026

Briefing

In this presentation

- BHC crisis study highlights

BHC study on crisis services and the civil commitment system briefed November 2025

- SB 574 (2024) directed BHC staff to study how to align the civil commitment process and the crisis services system
  - Identify barriers to maximizing access to crisis services for individuals who are (or at risk of becoming) involved in the civil commitment process
  - Make recommendations for any changes needed to fully leverage crisis services and minimize civil commitments

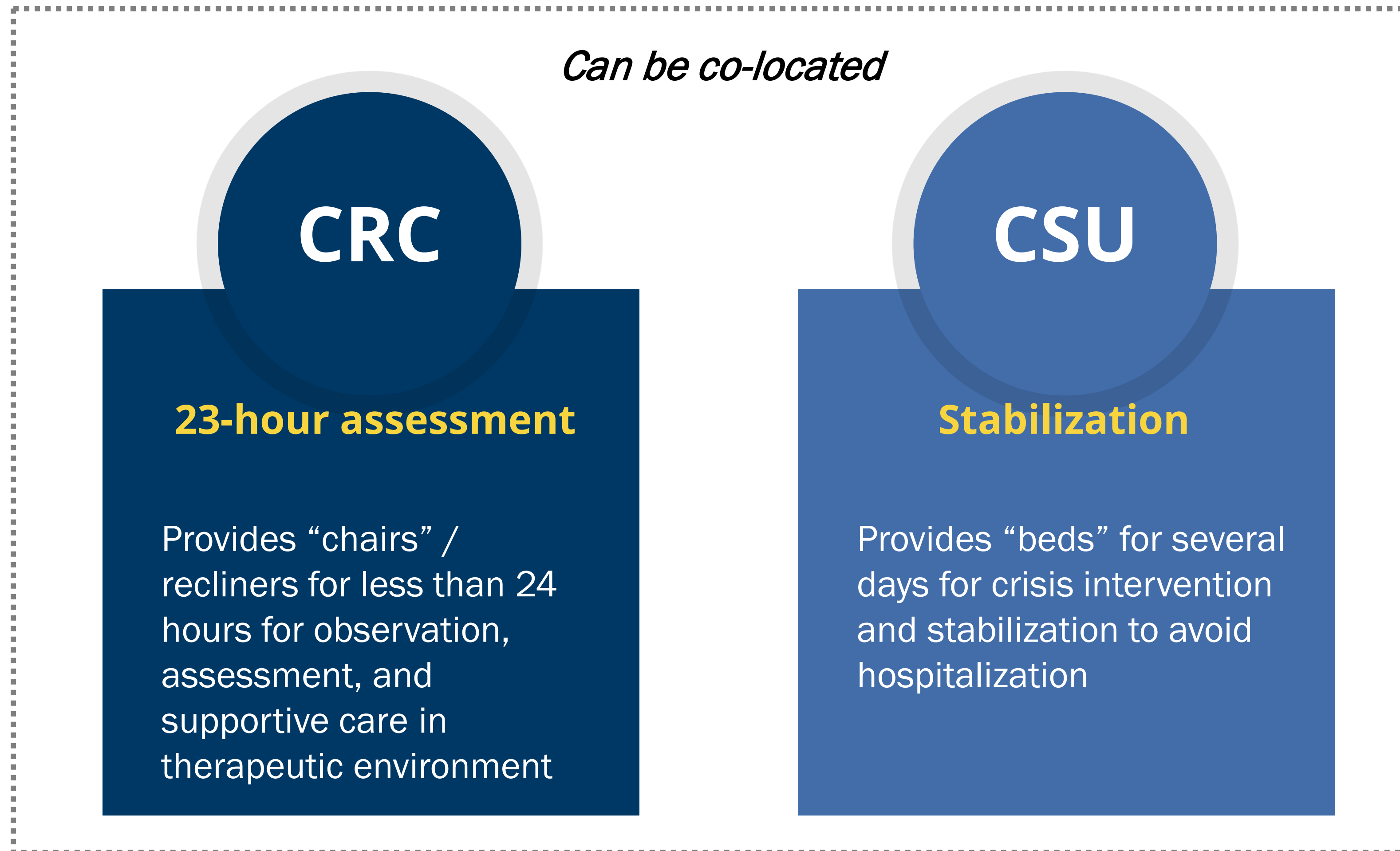
Full benefits of a crisis system accrue when services are provided to population under civil commitment order, or at imminent risk

- Reduced inpatient psychiatric hospitalization and less pressure on state hospitals
- Reduced ED boarding for individuals under TDO awaiting a hospital bed or medical clearance
- Reduced law enforcement time spent in ED maintaining custody of individuals under an ECO or TDO
- Lower costs compared to inpatient psychiatric admissions

Major takeaways from study – crisis facilities

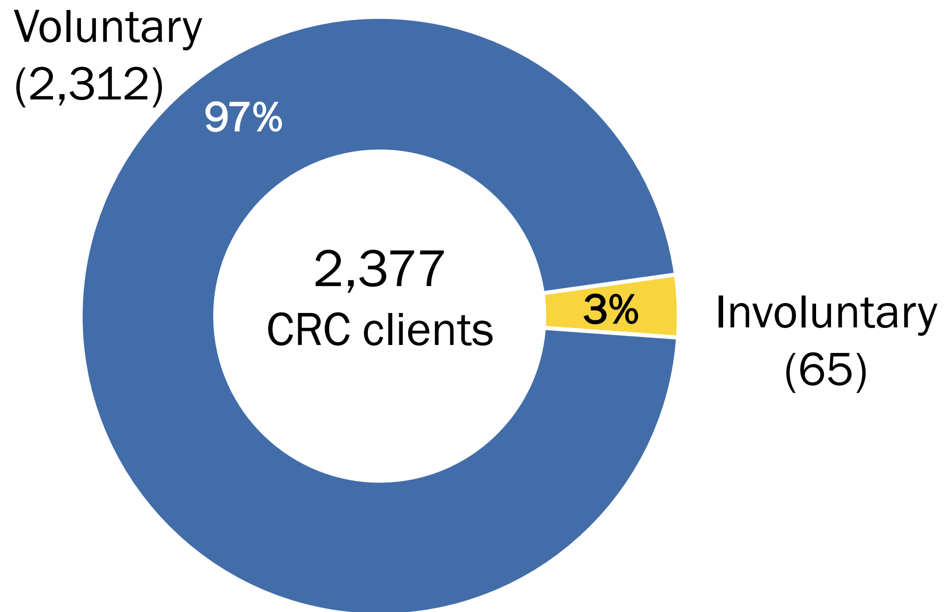
- Virginia's crisis system is geared toward voluntary patients
- Most crisis facilities *do not serve involuntary patients* in Virginia
- Virginia lacks "no-barrier" crisis facilities designed to serve patients regardless of ECO/TDO status and acuity
  - Exceptions: 2 Connections facilities in Prince Williams County and Fairfax/Chantilly

Crisis facilities include crisis receiving centers (CRC) and crisis stabilization units (CSU)

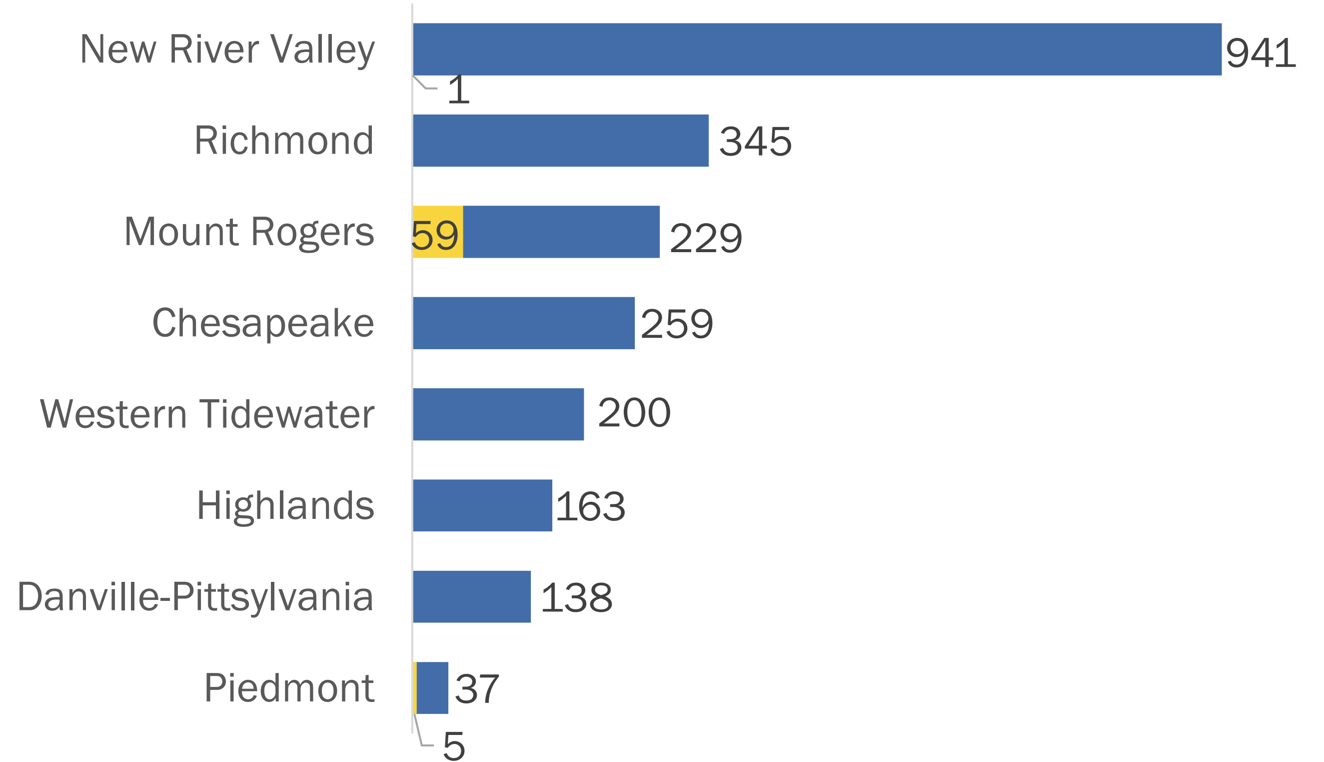


3% of Virginia CRC clients were under an ECO in FY25, mostly concentrated in 1 CRC

% CRC clients by legal status



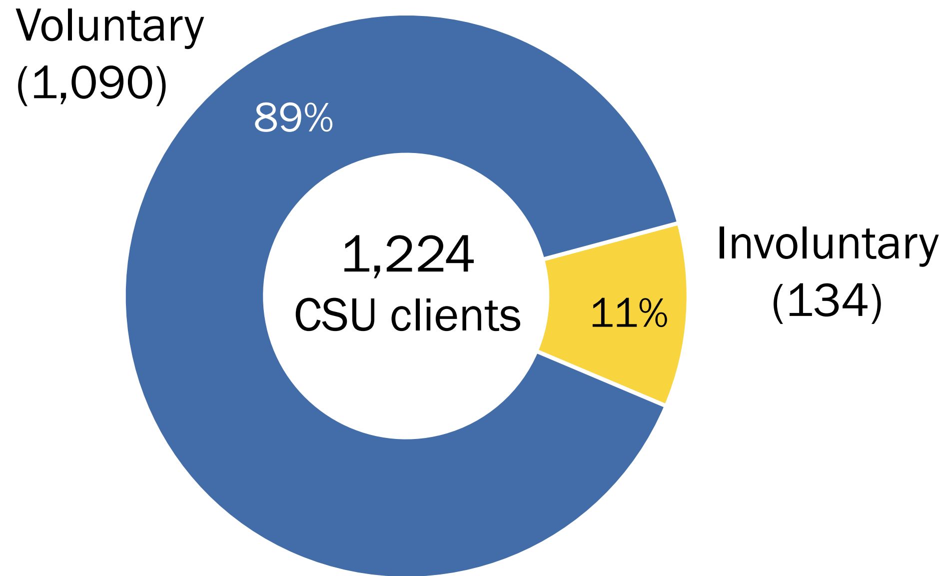
Number of clients accepted by CRC, by legal status



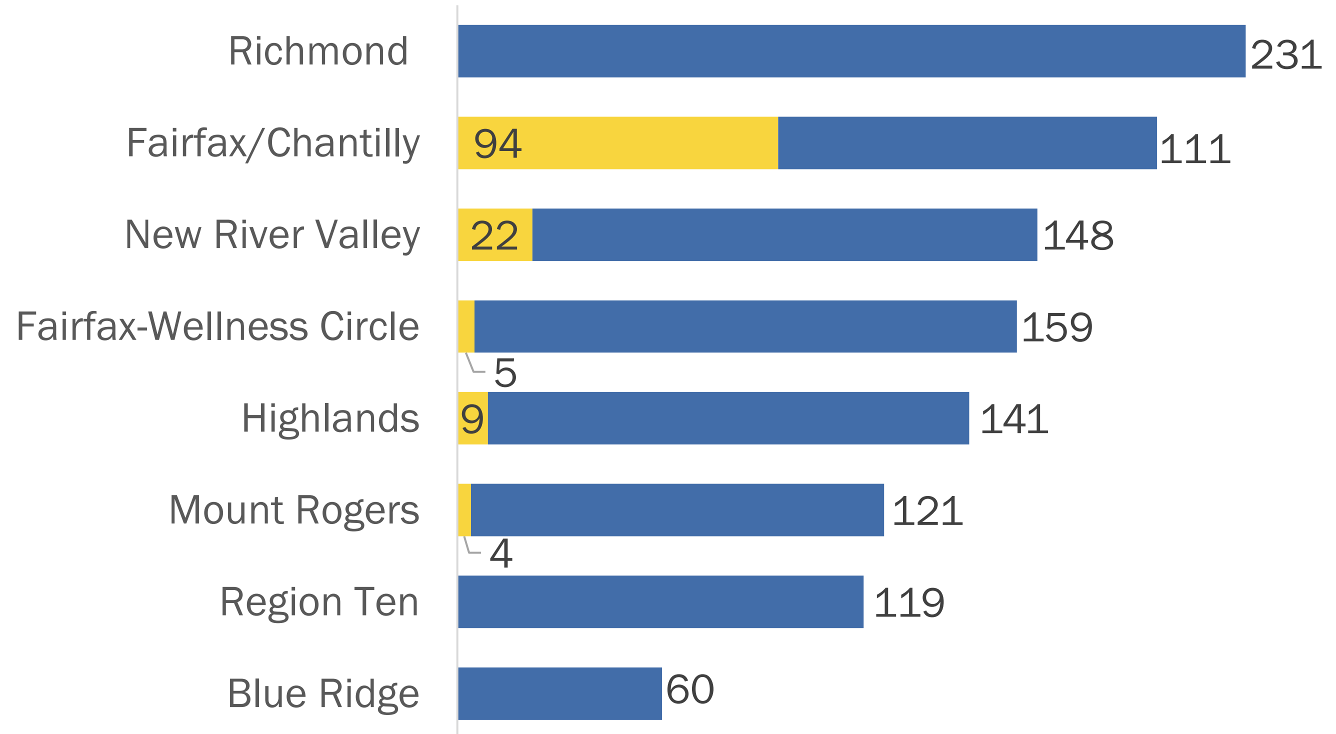
Source: BHC staff analysis of DBHDS CRC & CSU utilization data

11% of CSU clients were under a TDO during first half of 2025, primarily in Fairfax Connections facility

% CSU clients by legal status



Number of clients accepted by CSU by legal status



Source: BHC staff analysis of DBHDS CRC & CSU utilization data

Virginia crisis facilities serve primarily voluntary patients due to differing philosophies and lack of capabilities/funding

- CSBs have differing philosophies on the clinical appropriateness of serving involuntary/high acuity patients in CRCs and CSUs
- CRCs and CSUs may lack capabilities and funding needed to handle involuntary and high-acuity cases
  - Physical infrastructure, staffing, training, rapid law enforcement drop-off

BHC recommendation for 2026-2028 budget amendment; currently in Senate version only

- The General Assembly may wish to consider directing DBHDS to identify strategies to incentivize existing facilities in Virginia to serve individuals subject to an ECO or TDO by modeling a “no-barrier” or “no wrong door” approach
- DBHDS should assess:
  - whether existing facilities can be retrofitted to safely adopt a “no-barrier” or “no wrong door” approach;
  - the estimated cost of retrofitting existing facilities compared to building new facilities;
  - the estimated number of ECOs and TDOs that could be appropriately served in CRCs and CSUs if they followed a “no-barrier” or “no wrong door” approach;
  - how much additional capacity would be required to serve appropriate ECO and TDO patients, while balancing the needs of voluntary patients
- Findings and recommendations should be reported to the BHC by December 1, 2026

Next meeting

July 7, 2026

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