



Executive Summary

2023

Report Document #75

Commonwealth of Virginia
2024

Behavioral Health Commission

Membership

Senator R. Creigh Deeds, Chair

Delegate John G. Avoli

Senator George L. Barker

Delegate Emily M. Brewer

Delegate Tara A. Durant

Senator Barbara A. Favola

Senator Emmett W. Hanger Jr.

Delegate Patrick A. Hope

Senator T. Montgomery "Monty" Mason

Delegate Sam Rasoul

Delegate Vivian E. Watts

Staff

Nathalie Molliet-Ribet, Executive Director

Sarah Stanton, Chief Policy Analyst

Claire Pickard Mairead, Associate Policy Analyst

Agnes Dymora, Office Manager/Executive Assistant

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.



The Honorable Glenn Younkin
Governor of Virginia
Patrick Henry Building, 3rd Floor
1111 East Broad Street
Richmond, Virginia 23219

Members of the Virginia General Assembly
Virginia General Assembly Building
201 N 9th St
Richmond, Virginia 23219

Dear Governor Younkin and Members of the General Assembly:

Please find enclosed the executive summary of the Behavioral Health Commission. This report, which summarizes the activities of the Commission in 2023, fulfills the requirements of § 30-407 of the Code of Virginia.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "R. Creigh Deeds". The signature is written in a cursive, flowing style.

R. Creigh Deeds, Chair

2023 BHC Executive Summary

The General Assembly authorized the Behavioral Health Commission (BHC) in 2021 through the Code of Virginia, [Title 30, Chapter 63](#). The BHC is charged with encouraging the adoption of policies and making recommendations that will provide Virginians with access to a full continuum of high-quality and efficient behavioral health services. The Commission also provides ongoing oversight of behavioral health services and the behavioral health service system by monitoring and evaluating established programs, services, delivery and payment structures, and the implementation of new services and initiatives in the state.

The BHC conducted the following activities in 2023 to accomplish its mission.

Strategic framework

During the April 2023 meeting, Commission members adopted a strategic framework that will help guide the work of the BHC over the next few years. A complete version of the BHC’s strategic framework is available [here](#).

Vision, mission, and purpose

BHC members formalized the vision, mission, and purpose of the Behavioral Health Commission, as set forth in statute.

Vision

Virginia has a full continuum of high-quality, effective, and efficient behavioral health services accessible to all persons in the Commonwealth.

Mission

To improve behavioral health services and the behavioral health system in Virginia by encouraging the adoption of policies that increase and ensure access to a full continuum of high-quality, effective, and efficient behavioral health services for all Virginians, when and where they are needed.

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.

Strategic goals

The BHC identified and prioritized key strategic goals that will help realize the Commission’s vision and fulfill its mission. These strategic goals will also be used to select and prioritize the work undertaken by BHC staff.

Strategic Goal	Description
1. Complete continuum of care	Individuals can receive the most appropriate services for their needs because an adequate supply of services is available along the entire continuum of behavioral health care and prevention.
2. Timely access to services statewide	Individuals can receive the services they need when and where they need them.
3. Cost-efficient care for everyone	Sufficient funding is available for the state and providers to build and operate services and patients can afford the services they need.
4. Effective and efficient services	Behavioral health services are high-quality and effective, and provided efficiently.
5. Lower inappropriate criminal justice involvement	Individuals with behavioral health disorders are not unnecessarily involved in the criminal justice system, and those who are involved with the criminal justice system receive appropriate treatment that also mitigates recidivism.

BHC roles

To realize the Commission’s vision and mission, Commission members adopted five specific roles that will most effectively contribute toward improving Virginia’s behavioral health system.

Role	Description
1. Map current initiatives and track progress	Mapping the scope and content of current efforts to improve the behavioral health system in order to understand the interactions between and potential implications for the behavioral health system to identify proposals that warrant legislative support and areas for further study and investigation.
2. Monitor implementation of funded initiatives	Monitoring implementation and performance of initiatives that have been funded by the General Assembly to identify implementation challenges and unintended

	consequences and to ensure that funded initiatives yield expected results.
3. Conduct research to improve understanding of the behavioral health system and its components	Conducting research to address issues identified through mapping and monitoring and other issues identified by the Commission and to fill gaps in knowledge and improve understanding of the behavioral health system and its component parts.
4. Build and maintain institutional knowledge	Building and maintaining institutional knowledge through mapping, monitoring, and research, educating new legislators and others regarding the behavioral health system and issues affecting the behavioral health system, and maintaining institutional knowledge about past initiatives and efforts.
5. Facilitate legislative and budgetary action to implement recommendations	Using all information obtained through research and monitoring to develop an impactful, actionable legislative agenda that BHC members sponsor in the General Assembly

Annual workplan

To operationalize its multi-year strategic framework, the BHC adopts an annual workplan that lays out the work that will be undertaken by staff, and how that work relates to the strategic goals identified by the Commission. A summary of the work directed to BHC staff in 2023 is shown below, and a full copy of the workplan is available [here](#). The activities conducted and reports published to address the 2023 workplan items are summarized in subsequent sections of this document.

Roles / staff workstreams	Complexity	Source
1. Tracking current efforts		
a. Map current efforts and track progress	H	BHC directed
2. Monitoring program implementation		BHC directed
a. STEP-VA	H	
b. Project BRAVO	M	
c. Key metrics	M	
3. Conducting research		
a. Maximizing school-based MH services	H	2022 Appropriation Act
b. Limited scope study of EDCOT	M	2023 committee referral

Staff reports

During 2023, the BHC staff completed and briefed two studies and two monitoring reports that included several policy options and recommendations. BHC members voted after the presentation of the studies and reports on the options and recommendations they wished to support as a Commission during the upcoming legislative session.

School-based mental health services

The 2022 Appropriation Act directed the BHC to study how to maximize school-based mental health services in Virginia. The study found that youth in Virginia schools are experiencing significant mental health challenges, and that while most schools provide some degree of mental health services for their students, the nature and intensity of those services varies widely between schools and between divisions. The study also found that nearly half of the students who needed more intensive services were not able to access care at school, and that preventative services were more common.

Since 2020, many school mental health services and supports have been provided using federal pandemic relief funding. The expiration of those funds in 2024 will present significant challenges to divisions that wish to maintain the same level of mental health services and supports for their students. One recommendation and four policy options were offered to help maintain and improve access to school-based mental health services and supports:

Recommendation

1. Provide funding for DMAS to commission a study of a major Medicaid-funded school-based mental health service (therapeutic day treatment or TDT) and consider developing improved or new services.

Policy options

1. Continue to fund the School-Based Mental Health Integration Pilot for two additional years, and require DBHDS to develop performance measures for participating divisions.
2. Direct DMAS and DOE to revise their interagency agreement in order to move additional resources to DOE to assist divisions with the Medicaid billing process.
3. Direct DOE to develop, in collaboration with DBHDS and DMAS, a new program and mechanism for funding mental health services in Virginia schools.
4. Provide one-time funding to school divisions to assist them in maintaining mental health services after the expiration of federal pandemic relief funding, until DOE has designed a more permanent funding mechanism.

Expedited diversion to court-ordered treatment (EDCOT)

Expedited diversion to court-ordered treatment (EDCOT) is a criminal justice diversion strategy that is intended to move individuals with mental illness out of the criminal justice system and into court-ordered mental health treatment through a civil commitment process. Legislation introduced during the 2023 Session of the General Assembly sought to implement the concept of EDCOT but was ultimately not enacted.

The BHC directed staff to conduct a limited-scope study to identify factors that may constitute barriers to effective implementation of EDCOT in Virginia. This limited-scope study provided an overview of the EDCOT process and benefits both in concept and as operationalized in the 2023 legislation. The report also described concerns identified during interviews with a variety of stakeholders that would be involved in the EDCOT process if it were implemented. Two mutually exclusive policy options, intended to provide additional information about the feasibility of implementing an EDCOT process in Virginia, were provided:

1. Direct the Office of the Executive Secretary of the Supreme Court of Virginia, in collaboration with the Department of Behavioral Health and Developmental Services (DBHDS), to undertake a study of existing jail diversion programs that serve individuals with mental illness in the Commonwealth and in other states; determine the extent to which an EDCOT process could serve individuals not otherwise diverted through such existing programs and the feasibility of implementing such program; and evaluate whether existing programs may be more efficient and effective than an EDCOT process.
2. Direct JLARC to study options for maximizing the availability and effectiveness of diversion opportunities for individuals with mental illness who are involved in the criminal justice system in Virginia, including the extent to which an EDCOT process could benefit the state and eligible individuals compared to existing diversion programs, and to provide recommendations about the diversion programs that Virginia should offer to optimize individual outcomes public safety, and state resource.

Monitoring STEP-VA

The System Transformation Excellence and Performance in Virginia (STEP-VA) initiative was intended to strengthen Virginia's behavioral health system by improving access to, the quality of, and accountability for behavioral health services provided by community services boards (CSBs). Since 2017, the General Assembly has appropriated more than \$420 million to roll out essential behavioral health services required by STEP-VA and the Department of Behavioral Health and Developmental Services (DBHDS), CSBs, and other stakeholders have worked together to initiate statewide delivery of essential, publicly funded behavioral health services and to implement monitoring, oversight, and quality improvement measures to accomplish these goals.

STEP-VA has enhanced access to several essential behavioral health services since its launch, but access to has been constrained, and their quality is largely unknown. Three of

the nine essential services required by the STEP-VA initiative have not yet been initiated statewide, and the availability of the remaining six services has been constrained in response to resource limitations. The performance measures intended to ensure quality have not been finalized for all services, and the finalized measures do not all adequately capture CSB performance and service quality. It is not clear to what extent the availability of initiated services meets legislative intent because the General Assembly did not articulate how widely STEP-VA services should be made available. Ten recommendations and four policy options were provided:

Recommendations

1. Clarify the intent of the STEP-VA initiative regarding access to essential behavioral health services and the scope of the STEP-VA service components that CSBs are required to provide to achieve full implementation.
2. Direct DBHDS to work with DMAS to develop and implement a process to assess the extent to which CSBs are billing for Medicaid-eligible services, and to provide technical assistance and training, in coordination with Medicaid managed care organizations (MCOs), on appropriate Medicaid billing and claiming practices to relevant CSB staff.
3. Direct DMAS to work with MCOs to standardize policies, procedures, and requirements that CSBs must follow to receive Medicaid reimbursements, including documentation, training, and credentialing requirements.
4. Direct DBHDS to report annually to the State Board of Behavioral Health and Developmental Services and to the Behavioral Health Commission on average salaries, turnover, and vacancy rates, by position type, across community services boards.
5. Direct DBHDS to amend CSB performance contracts to require that any funding appropriated by the General Assembly to CSBs for staff compensation only be used for staff compensation.
6. Direct DBHDS to identify requirements related to documentation and reporting of CSB behavioral health services and eliminate any requirements of direct care staff that are not essential to ensuring consumers receive effective and timely services or are duplicative or conflicting
7. Require DBHDS to finalize performance measures for every STEP-VA service component that has been initiated statewide by December 1, 2024, and finalize benchmarks for every STEP-VA service component that has been initiated statewide by December 1, 2025.
8. Require DBHDS to report to the Behavioral Health Commission on the changes to STEP-VA performance measures and benchmarks anticipated to be included in community services board performance contracts by December 1, 2024.

9. Require DBHDS to report to the Behavioral Health Commission and the State Board of Behavioral Health and Developmental Services by October 1, 2024, and at least quarterly thereafter, on the status of the agency's data exchange initiative.
10. Direct the Secretary of Health and Human Resources to report by December 1, 2024, on the administration's plan for how funds appropriated during the 2023 Session of the General Assembly will be spent to expand and modernize the comprehensive crisis services system and report semiannually thereafter.

Policy options

1. Direct DBHDS to conduct a needs assessment to determine the unmet need for each of the nine service components of STEP-VA and develop an estimate of the cost of satisfying the unmet need for each of the nine STEP-VA service components statewide.
2. Direct DMAS to ensure that comprehensive information about all available managed care organization preferred provider programs is provided to CSBs, including information about which behavioral health services are included in the preferred provider programs and the requirements CSBs must meet to participate in the programs.
3. Direct the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, on plans to implement the Certified Community Behavioral Health Clinic (CCBHC) model in the Commonwealth, how adopting the CCBHC model could improve access to community-based behavioral health services and their quality, and barriers to implementation of the CCBHC model in the Commonwealth.
4. Direct DMAS to examine how Virginia can most effectively and efficiently transition to a prospective payment system as required to fully adopt the Certified Community Behavioral Health Clinic (CCBHC) model and barriers to implementation of a prospective payment system.

Monitoring Project BRAVO

Launched in 2019, the multi-phase Behavioral Health Redesign initiative is intended to improve access to and the quality of Medicaid behavioral health services in Virginia. To achieve these improvements, the initiative facilitates the development of a complete continuum of evidence-based, trauma-informed, and recovery-oriented behavioral health services that yield positive outcomes for individuals receiving services. Project BRAVO includes nine essential behavioral health services selected to improve the well-being of adults and children in need of behavioral health services, and to reduce demand for inpatient psychiatric treatment.

The BHC directed staff to examine the extent to which Project BRAVO and the Behavioral Health Redesign initiative have accomplished their goals. The study described the current

implementation status of each of the nine essential behavioral health services included in Project BRAVO and the extent to which the initiative had expanded access to and the quality of the required services. No recommendations or policy options were included.

Key metrics

BHC staff report quarterly on a variety of metrics related to inpatient psychiatric services in an effort to keep members informed about current issues of interest and aware of developing trends. Objective information and analysis is provided on the capacity of state inpatient hospitals, admissions prompted by temporary detention orders (TDOs), extraordinary barriers to discharge, and other areas.

Commission meetings

The Behavioral Health Commission met 10 times during 2023 on the dates listed below. In addition to BHC staff presentations, numerous stakeholders were asked to brief members throughout the year. All staff and stakeholder presentations, as well as meeting minutes and full videos of the meetings can be found on the [BHC website](#).

- January 9
- April 28
- May 10 (Executive Committee meeting)
- May 16
- July 18
- September 19
- October 17
- November 13
- December 5
- December 13

Legislative options and recommendations

BHC members voted on recommendations and options listed below for introduction during the 2024 legislative session.

BHC study- School-based Mental Health Services

- Recommendation 1 was unanimously approved by all present commission members.
- Options 1-4 were unanimously approved by all present commission members.

BHC study- Expedited Diversion to Court-ordered Treatment (EDCOT)

- Option 1 was unanimously approved by all present commission members.

BHC Monitoring- STEP-VA

- Recommendations 1-8, 10 were unanimously approved by all present commission members.
- Recommendation 9 was amended and approved unanimously by all members present.
- Options 1-4 were unanimously approved by all present commission members.
- Budget Amendments (introduced in 2023 session) were approved unanimously by all members present.

JLARC

CSB Behavioral Health Services (2022)

- Recommendations A, C, D, E, F, G, H, I, J, K, M, O were approved unanimously to be reintroduced during the 2024 session.

Pandemic Impact on Public K-12 Education (2022)

- Recommendation M was approved unanimously to be reintroduced during the 2024 session.

Virginia's State Psychiatric Hospitals (2023)

- Recommendations 1-4 were amended and adopted by a 7-2-0 vote.
- Recommendation 5 was adopted by a unanimous vote.
- Recommendation 7 was amended and adopted by a unanimous vote.
- Recommendation 8 was adopted by a unanimous vote.
- Recommendations 17-18 were adopted by a unanimous vote.
- Recommendation 19 was amended and adopted by a 6-0-1 vote.
- Recommendations 20-22 were adopted by a unanimous vote.
- Recommendation 24 was amended and adopted by a unanimous vote.
- Recommendation 29 was approved by the majority of members present.

