



# Executive Summary

## 2024

Report Document #57

Commonwealth of Virginia  
2025

# **Behavioral Health Commission**

## **Membership**

Senator R. Creigh Deeds, Chair

Delegate Patrick A. Hope, Vice Chair

Senator Lashrecse D. Aird

Delegate Ellen H. Campbell

Delegate Carrie E. Coyner

Senator Tara A. Durant

Senator Barbara A. Favola

Delegate Adele Y. McClure

Delegate Joseph C. Obenshain

Senator Russet W. Perry

Delegate Vivian E. Watts

Delegate Rodney T. Willett

## **Staff**

Nathalie Molliet-Ribet, Executive Director

John Barfield, Senior Policy Analyst

Claire Pickard Mairead, Associate Policy Analyst

Abigail Cornwell, 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 9<sup>th</sup> 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 2024, 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

# 2024 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 2024 to accomplish its mission.

## Strategic framework

In 2023, Commission members adopted a strategic framework to 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.

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### Vision

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

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### 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.

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### Purpose

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## 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. <b>Conduct research to improve understanding of the behavioral health system and its components</b>	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. <b>Build and maintain institutional knowledge</b>	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. <b>Facilitate legislative and budgetary action to implement recommendations</b>	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 2024 is shown below, and a full copy of the workplan is available [here](#). The activities conducted and reports published to address the 2024 workplan items are summarized in subsequent sections of this document.

Initiatives	Complexity	Expected completion	Source
<b>Tracking current efforts</b>			
1. Crisis services implementation	L/M	December	Budget, SB 574
2. Healthcare workforce programs	L	September	Staff
<b>Monitoring program implementation and performance</b>			
1. Permanent supportive housing	M	October	BHC directed
2. Report on key metrics	M	Ongoing	BHC directed
3. Follow ups on STEP-VA	L/M	December	Budget

Initiatives	Complexity	Expected completion	Source
<b>Conducting research</b>			
1. Current civil admissions laws and processes in Virginia	H	Nov. (interim) Oct. '25 (final)	SB 574
2. Minimizing avoidable arrests of people in crisis & assaults on LEOs	M	November	Referral by letter
<b>Building and maintaining knowledge</b>			
1. BHC meetings at service locations	M	2024	BHC directed
2. Competency restoration academy	M	July - ongoing	Stakeholders
3. Workgroup on HB888 / SB 176	L/M		
4. Youth mental health learning cohort	L/M	November	Stakeholders
<b>Facilitating legislative and budget actions</b>			
1. BHC legislative agenda	H	December	BHC directed

### Staff reports

During 2024, the BHC staff completed and briefed two studies (one interim) and one monitoring report 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.

### Minimizing avoidable arrests of individuals in crisis and assaults on law enforcement

The Disability Commission asked the BHC to examine strategies to minimize avoidable arrests of individuals experiencing a mental health crisis, which would also result in fewer assaults on law enforcement officers. To conduct the study, BHC staff performed interviews with law enforcement personnel and associations, the Department of Behavioral Health and Developmental Services (DBHDS), the Department of Criminal Justice Services (DCJS), the Virginia Crisis Intervention Team Coalition (VACIT), the Virginia Indigent Defense Commission (VIDC), and individuals with lived experience; surveyed all local police and sheriff's departments; analyzed data on assault and battery, arrests, and state hospital forensic admissions; and reviewed the research literature on effective practices and other states. Key findings included:

- The majority of assaults on law enforcement officers do not result in serious injury, but those that do can be debilitating;
- Arrests can have a lasting and devastating impact on people in crisis and can stress local and state resources;
- Crisis intervention training (CIT teams) and training are prevalent in Virginia;
- Response to mental health crises should ideally include or be led by clinicians; and

Delays in TDO admissions and lack of treatment options may worsen the incidence of assaults and arrests.

The following policy options and recommendations were identified to address key issues:

- Option 1 - Include funding in the Appropriation Act to support the development and establishment of additional co-response programs between law enforcement officers and clinicians.
- Option 2 - Include language and funding in the Appropriation Act directing DBHDS to establish a program to provide funding for safety improvements to private hospitals that agree to increase the percentage of involuntary admissions they accept.
- Option 3A - Amend the Code of Virginia to delay the arrest of persons alleged to have committed certain crimes while under an ECO, TDO, or involuntary admission order until they are no longer under a civil commitment order.
- Option 3B - Amend the Code of Virginia to clarify that law enforcement has no obligation to arrest a person who has allegedly committed a crime while under an ECO/TDO/involuntary admission order.

### **Aligning crisis services (interim)**

The 2024 General Assembly passed HB 574 (Deeds), which directed BHC staff to study how to align civil admissions laws and processes with new crisis response services. The study will identify the barriers to maximizing the use of crisis services for individuals who are (or who risk becoming) involved in the civil commitment process and make recommendations for any changes needed to fully leverage crisis services and minimize civil commitments.

In the first phase of the study, BHC staff performed interviews with DBDHS, the Department of Medical Assistance Services (DMAS), the Office of the Executive Secretary of the Supreme Court of Virginia (OES), the Virginia Association of Chiefs of Police, the Virginia Association of Community Services Boards (VACSB), and subject matter experts; analyzed data on 988, mobile crisis, crisis facilities, and Marcus Alert; and reviewed statutes and regulations, reports, information, and national research pertaining to civil commitment and crisis services. The interim briefing included an overview of the civil commitment process and current crisis services and provided an update on the progress made in building Virginia's crisis system. No policy options/recommendations were provided during this briefing. The final report will be released in 2025.

### **Monitoring Permanent Supportive Housing**

The 2024 workplan directed staff to monitor Permanent Supportive Housing (PSH) on an ongoing basis due to its size, growth, and potential impact on individuals with a serious mental illness (SMI). The report, which was presented during the November meeting, examined the implementation status of PSH, assessed performance using available metrics, and set the stage for more thorough performance evaluation in subsequent years.

BHC staff performed interviews with DBHDS and national housing experts; reviewed Virginia's legislation and budget and reports and information from DBHDS, the Department of Housing and Community Development (DHCD), Community Services Boards (CSBs), and



other entities regarding PSH; reviewed the national research literature on PSH; and analyzed data on the need for PSH and on the availability, use, and performance of DBHDS' PSH program for individuals with SMI (PSH for SMI). Key findings included:

- PSH is an evidence-based practice that combines long-term housing with voluntary support services for individuals facing challenges with stable housing;
- Virginia has created several programs that offer permanent housing, including one specifically for individuals with serious mental illness;
- The implementation and utilization of Virginia's PSH for SMI program has been hindered by the scarcity of housing and gaps in services; and
- The PSH for SMI program shows several positive outcomes for participants but appears to be underutilized as a discharge option from state hospitals

The following policy options and recommendations were identified to address key issues:

- Recommendation 1 - Include in the Appropriation Act language directing DMAS and DBHDS to examine opportunities for Medicaid to cover some costs associated with PSH for SMI.
- Recommendation 2 - Include in the Appropriation Act language directing DBHDS to (i) examine how to best include PSH in discharge protocols, and (ii) develop a statewide training curriculum on PSH and discharge planning.

## Key metrics

BHC staff report 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.

Stakeholders are also invited to report on relevant metrics. For example, DBHDS Commissioner Nelson Smith gave an update on the implementation of crisis services, trends in temporary detention orders (TDOs), and shifts in the population treated in state hospitals during the July meeting. Commissioner Smith provided another update on the status of the state's crisis system in December, and presented an overview of the agency's new [CSB dashboard](#). This dashboard, along with the one [tracking the implementation of DBHDS' strategic plan](#), provides up-to-date, informative data to legislators and the public.

## Commission meetings

The Behavioral Health Commission met as a whole seven times, and the Executive Committee met twice during 2024 on the dates listed below. Three BHC meetings were held in facilities that provide behavioral health services and each included a tour for members and BHC staff. 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](#).

- May 7
- June 3 (*Executive Committee meeting*)
- June 12 – Chesterfield County Jail
- July 9 – Central State Hospital
- September 10 – New River Valley Community Services
- October 1
- November 12
- November 4 (*Executive Committee meeting*)
- December 10

## **Legislative options and recommendations**

BHC members voted to support the recommendations and options listed below and to sponsor corresponding legislation and budget amendments in the 2025 legislative session. All policy options/recommendations listed below can be found in the [2025 BHC legislative packet](#).

### **Staff monitoring**

#### *Permanent Supportive Housing*

- Recommendations 1 and 2 were unanimously approved by all present commission members.

### **Staff studies**

#### *Minimizing assaults on law enforcement and avoidable arrests of individuals in crisis*

- Options 1 and 2 were unanimously approved by all present commission members.
- Option 3B was modified to add language “directing specific training entities (e.g., DCJS, VSP) to develop and conduct training for law enforcement and others who come into contact with individuals in crisis” and was approved by a 7-3-0 vote.

#### *Maximizing school-based mental health services (2023)*

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

### **Other studies**

#### *JLARC study of state psychiatric hospitals (2023)*

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

## **Staff recommendations**

### *Autism Advisory Council*

- Recommendations 9 and 10 were unanimously approved by all present commission members.

### *Office of the State Inspector General (OSIG)*

- Recommendation 11 was unanimously approved by all present commission members.

### *Behavioral health workforce*

- Recommendation 12 was consolidated with recommendation 13 and was amended to fund one FTE at the Virginia Healthcare Workforce Development Authority (VHWDA) to place greater focus on behavioral health and examine a longer-term structure that may be needed; and to research and develop an incentive program for supervisors of clinical college internships as well as a stipend for students' travel. The amended recommendation was approved unanimously by all members present.

## **Participation in collaborative learning opportunities**

### *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 state team that would 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 included 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 received one-on-one coaching from the cohort facilitators to support the development of an action plan.

### *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. BHC staff was asked to join the Virginia team. Other members of the Virginia team included a judge; a jail superintendent; a Commonwealth's Attorney; a CSB director; and representatives from the DBHDS Forensic Division, VIDC, OES, and DCJS. The group formed a Behavioral Health and Criminal Justice Coalition, which continues 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."

## **Participation in state workgroups**

### *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 met five times from August to October 2024 and issued a final report with recommendations in November 2024.

### *Substance Use Disorder Abatement (SUDA) needs assessment stakeholder group*

VITA and the Office of Data Governance and Analytics (ODGA) were jointly tasked in legislation with conducting a needs assessment of a substance use disorder (SUD) data platform through the eyes of those using and providing SUD data. The BHC was identified as a stakeholder, and staff participated in a kickoff meeting and stakeholder interviews.

## **Presentations to outside groups**

BHC staff were invited to present to several groups on the 2023 study of school-based mental health services. Presentations were given to the following audiences:

- Winter Conference of the Virginia Association of Community-Based Providers (VACBP);
- MTSS for Student Success conference, hosted by the Virginia Tiered System of Supports (VTSS) technical assistance center at Virginia Commonwealth University; and
- K-12 School Based Mental Health Services panel at the 2024 Virginia School Board Association convention.

BHC staff also provided an overview of the BHC and participated in a legislative panel at the VACBP 2024 annual meeting and spring conference.

## **Professional development**

### *National Legislative Program Evaluation Society (NLPES) 2024 Professional Development Seminar*

BHC staff attended the seminar from October 8-10, which provided specialized training designed for state legislative staff working in program evaluation and performance auditing. Staff participated in plenary sessions, concurrent breakout sessions, and roundtable

discussions covering topics such as research methodologies, data analytics, report writing, and evaluating behavioral health programs. The conference offered opportunities to learn from and connect with peers from other state legislative offices while sharing best practices and innovative approaches to legislative program evaluation.

*Data, Designed course on data visualization*

BHC staff attended an intensive two-day workshop on data visualization on July 15-16, hosted virtually by Columbia University's Mailman School of Public Health. Staff learned visualization techniques that brought together data science and design principles to more clearly and artfully present numbers and analyses to members and stakeholders.

**Community**

*COVES fellowship*

The Behavioral Health Commission was selected as a host office for the Commonwealth of Virginia Engineering & Science (COVES) policy fellowship. The COVES policy fellowship program aims to strengthen ties between the scientific community and state government while encouraging and equipping more scientists and engineers to be effective advisors for public policy in Virginia. Through this fellowship program, graduate students and postdoctoral fellows receive science policy and communications training and serve as advisors to their host office.

After several interviews, the BHC was matched with a Ph.D. candidate in Developmental Psychology at VCU. Kiara Brown worked with BHC staff for 12 weeks during the summer of 2024 and laid a strong foundation for its monitoring report on Permanent Supportive Housing.



