2027 BHC staff workplan

Purpose of selecting study and monitoring priorities

- Study and monitoring priorities adopted by the Commission annually are the foundation for its workplan
- Guiding principles for priorities
  - Achieves the **highest impact** toward its strategic goals
  - Addresses **systemic issues** impacting a **large number of Virginians**
  - Aligns with the **Commission's roles**
- Other work is assigned by the General Assembly through legislation or the budget
  - Takes precedence but may not be best aligned with BHC goals or roles
  - Often not finalized until late March or later

BHC has identified 5 major roles

1. Map current initiatives and track progress
2. Monitor & evaluate performance of existing programs
3. Conduct research to address unresolved system issues
4. Build and maintain institutional knowledge
5. Facilitate legislative and budgetary action

BHC executive committee vets potential priorities and makes recommendations to the full Commission

- BHC members polled in October 2025 to solicit study ideas
- Other potential study topics identified by staff based on member discussions and issues that surfaced during research
- Program monitoring and performance evaluation schedule based on initiatives with high cost and/or high impact
- Executive Committee (EC) convened in November 2025 to discuss and made recommendations to full Commission on studies and priorities for 2026 & 2027
- Full Commission adopted recommended studies and priorities for 2026 and 2027 during December 2025 meeting; EC confirmed priorities in October 2026

BHC members voted to include the following workstreams in the Commission's 2027 workplan

Roles / staff workstreams	Source	Scheduled completion
1. Tracking current efforts		
a. Improvements in the behavioral health system	BHC directed	Ongoing
2. Monitoring program implementation		
a. Discharge from state hospitals — Discharge Assistance Program (DAP) — Census reduction pilot programs	BHC directed	Summer / fall 2027
3. Conducting research		
a. Utilization & effectiveness of mandatory/assisted outpatient treatment (MOT/AOT)	BHC directed	Fall 2027
b. Efficiency of the competency restoration process	BHC directed	Fall 2027
4. Building and maintaining knowledge		
a. BHC meetings at service locations	BHC directed	Summer 2027
b. Participation in workgroups	Stakeholders	Ongoing
5. Facilitating legislative and budget actions		
a. BHC legislative agenda	BHC directed	Winter 2027

Approved study – 2027 completion
Utilization & effectiveness of mandatory/assisted outpatient treatment

- **Scope:**
  - Examine mandatory outpatient treatment (MOT) utilization in Virginia and identify the factors that limit its use
  - Explore MOT and assisted outpatient treatment (AOT) models and accountability mechanisms in other states
  - Identify the steps needed to implement alternative models that may be viable in Virginia
  - Provide options and recommendations to maximize utilization and effectiveness
- **BHC strategic goals:** Complete continuum of care; effective and efficient services

Approved study – 2027 completion
Efficiency of the competency restoration process

- **Scope:**
  - Review utilization of inpatient and outpatient competency restoration services and factors impacting referrals to each setting
  - Analyze impact of current restoration orders and treatment settings on the state behavioral health system
  - Identify other states' approaches to judicial discretion and dismissal for certain charges, and initiatives used to reduce re-admissions
  - Provide options and recommendations for improving the effectiveness and efficiency of competency restoration
- **BHC strategic goals:** Lower criminal justice involvement

DAP and census reduction pilot programs up for review in 2027 according to current program monitoring schedule

Program	Budget			Review cycle	
	FY23-24 ($M)	FY25-26 ($M)	% Change	First time	Most recent
1. STEP-VA	237.9	266.2	12%	2023	2025
2. Project BRAVO / Behavioral Health Redesign	552.1	865.9	57%	2023	2026
3. Permanent Supportive Housing (PSH)	113.4	175.0	54%	2024	2024
4. Crisis system build out	98.0	148.6	52%	2024	2025
5. Dropoff centers / CITACs	24.6	24.6	0%	2025	2025
6. Marcus Alert	13.5	29.0	115%	2025	2025
7. Discharge Assistance Program (DAP)	**71.0**	**71.0**	**0%**	**2027**	**2027**
8. Census reduction pilot programs	**55.4**	**27.0**	**-51%**	**2027**	**2027**
9. Others[1]					

Note: More details about each program available in handout; [1]For details about other programs, see handout