



# Commission meeting

December 2, 2025

Briefing



## In this presentation

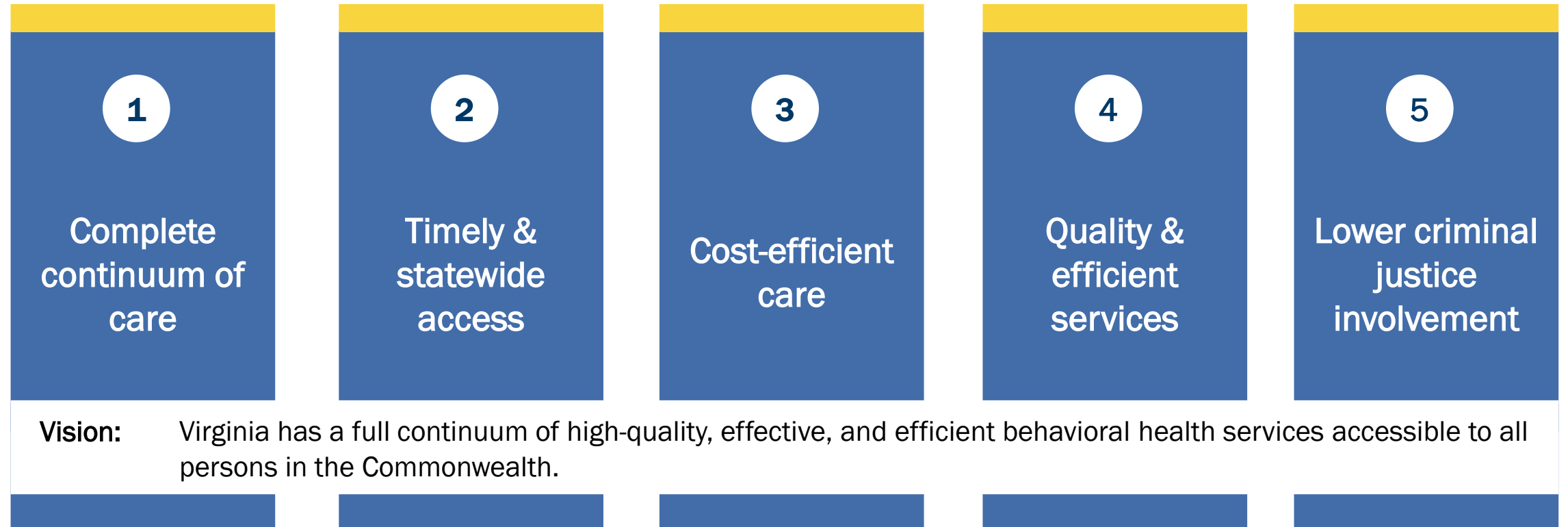
Mental Health Virginia's Warm Line

**BHC preliminary work plan for 2026**

Potential addition to legislative agenda

Addressing policy issues on developmental disabilities

# BHC strategic goals provide a framework for evaluating potential study and monitoring priorities



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

- BHC members polled in October 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 options based on past initiatives with high cost and/or high impact
- BHC Executive Committee convened in November to discuss poll results and make recommendations to full Commission on potential studies and priorities
- Full Commission votes on tentative workplan in December

BHC has already assigned staff with one study and two programs to monitor, leaving capacity for one major product

2026 activities	Timeframe	FTEs	Lead analyst
Ongoing monitoring			
■ BRAVO / Behavioral Health Redesign	Dec '25 – May '26	0.6	Abigail
■ Discharge Assistance Program (DAP)	May '26 – Sep '26	0.4	Abigail
Studies			
■ Study on behavioral health services in Virginia jails	Dec '25 – Oct '26	1.0	Claire
Remaining availability			
2026 completion	Dec '25 – Nov '26	1.0	John
TOTAL		3.0	

## *Approved study – 2026 completion*

### **Behavioral health services in Virginia jails**

#### Scope:

- Conduct environmental scan of behavioral health services, treatment, and practices available vs. needed in Virginia jails
- Review & update proposed baseline standards for behavioral health treatment
- 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

# Project BRAVO / Behavioral Health Redesign and DAP up for review in 2026 according to current program monitoring schedule

Program	Budget			Review cycle		
	FY23-24 (\$M)	FY25-26 (\$M)	% Change	Frequency	First time	Most recent
1. STEP-VA	237.9	266.2	11%	Biennial	2023	2025
2. Project BRAVO / Behavioral Health Redesign	538.4	n/a	n/a	Biennial	2023	2026
3. Permanent Supportive Housing (PSH)	113.4	175.0	54%	Periodic	2024	2024
4. Crisis system build out	98.0	148.6	52%	Periodic	2024	2025
5. Dropoff centers / CITACs	24.6	24.6	0%	Periodic	2025	2025
6. Marcus Alert	13.5	29.0	115%	Periodic	2025	2025
7. Discharge Assistance Program (DAP)	71.0	71.0	0%	Periodic	2026	2026
8. Others <sup>1</sup>						

Note: More details about each program available in handout

<sup>1</sup>For details about other programs, see handout



## *Recommended study – 2026 completion*

### Availability and effectiveness of SUD<sup>1</sup> programs in Virginia schools

#### ■ **Scope:**

- Identify types and availability of SUD programs in Virginia public schools
- Determine to what extent existing programs follow best practices
- Compare Virginia's approach to school-based SUD prevention with other states'
- Examine barriers to expanding access to evidence-based prevention programs
- Provide options and recommendations to enhance the availability and effectiveness of school-based SUD programs

#### ■ **BHC strategic goal:** Complete continuum of care

<sup>1</sup>SUD: substance use disorder

## *Recommended 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

## *Recommended 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:** Lower criminal justice involvement

## *Study not recommended in 2026-2027*

### Impact of mental health professionals shifting to self-pay

- **Issue:** Many mental health providers are transitioning to self-pay models and no longer accept insurance as a form of payment. This means that many people seeking mental health services must pay out of pocket or forgo treatment. Providers are making this shift, at least in part because of the low reimbursements they receive from commercial insurers, Medicaid, and Medicare.
- **Key questions:** What percentage of Virginia mental health care providers are making this shift? Is that happening across the state or only in certain geographic areas? What are the actual impacts of this trend on Virginians? How many Virginians are forgoing coverage? Have other states been able to address this issue, and how?
- **Recommended by EC:** Direct DMAS to conduct rate study on clinical services impacted by this trend, and determine appropriate Medicaid rate level.

## *Study not recommended in 2026-2027*

### Rightsizing the number of state psychiatric hospital beds in Virginia

- **Issue:** Inpatient services are currently overutilized for both the civil and forensic populations in Virginia, because less restrictive services are often not available to serve individuals in their community. As a result, it is unclear how many psychiatric hospital beds Virginia truly needs to meet demand and end lengthy waiting lists while meeting the needs of individuals in the most appropriate, least restrictive environment possible.
- **Key questions:** To what extent could individuals going to inpatient facilities be served in the community if appropriate services were available? What additional steps could be taken to reduce census in state hospitals? How many beds should be available to meet demand? How much state funding could be reinvested in community-based services if the number of hospital beds was rightsized?
- **Options:** Multi-pronged, phased studies by BHC & others, or JLARC study resolution.

# Many issues that impact bed census at state facilities have been or soon will be evaluated, but additional legislative action is needed

	Examples of potential solutions	Recommendations made / <i>unimplemented</i>	Evaluations performed / <i>planned</i>
Minimize admissions	<ul style="list-style-type: none"> <li>▪ More services in community</li> <li>▪ Diversion from TDO</li> <li>▪ Diversion from criminal justice</li> <li>▪ Lower inappropriate placements</li> </ul>	<ul style="list-style-type: none"> <li>▪ STEP-VA, BRAVO / Redesign</li> <li>▪ Marcus Alert, crisis services</li> <li>▪ Compet. restoration, MOT</li> <li>▪ <i>Develop placements</i></li> </ul>	<ul style="list-style-type: none"> <li>☑ BHC monitoring</li> <li>☑ BHC studies (2025)</li> <li>☑ <i>BHC study (2027)</i></li> <li>☑ JLARC study of state hospitals (2023)</li> </ul>
Provide quality services to minimize readmission	<ul style="list-style-type: none"> <li>▪ Monitor safety</li> <li>▪ Adopt EBPs</li> <li>▪ Develop process to measure outcomes</li> </ul>	<ul style="list-style-type: none"> <li>▪ OSIG reporting to BHC</li> <li>▪ <i>Measure and report on performance</i></li> <li>▪ <i>Assess use of EBPs</i></li> </ul>	<ul style="list-style-type: none"> <li>☑ JLARC study of state hospitals (2023)</li> </ul>
Expedite discharge once appropriate	<ul style="list-style-type: none"> <li>▪ Minimize EBL</li> <li>▪ Prioritize court hearings for forensic patients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Study &amp; <i>develop placements for complex patients</i></li> <li>▪ <i>Address discharge process</i></li> </ul>	<ul style="list-style-type: none"> <li>☑ JLARC study of state hospitals (2023)</li> <li>☑ <i>BHC monitoring (2026)</i></li> </ul>
Leverage admissions and bed capacity at private hospitals	<ul style="list-style-type: none"> <li>▪ Increase private admissions</li> <li>▪ Define role and scope of state hospitals</li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Provide incentives to admit higher-acuity patients, leverage bed registry</i></li> </ul>	<ul style="list-style-type: none"> <li>☑ JLARC study of state hospitals (2023)</li> </ul>

## *Study not recommended in 2026-2027*

### **Working with individuals with neurocognitive/developmental disorders**

- **Key questions:** How do other states handle adults in crisis who are neurologically impaired (i.e., autism spectrum, Alzheimer's) when law enforcement has become involved? What is the process for determining danger to self or others? What options are used upon such a determination?
- **Recommended by EC:** Direct DBHDS to examine issue or introduce JLARC study resolution.

## In this presentation

Mental Health Virginia's Warm Line

BHC preliminary work plan for 2026

### Potential addition to legislative agenda

Addressing policy issues on developmental disabilities



## Local match of CSB funding

- **Member recommendation:** Include language in the 2026-2028 Appropriation Act directing the Department of Behavioral Health and Developmental Services to examine alternatives to the current 10% local match requirement for CSBs and to report back to the BHC with recommendations.
- **Explanation:** Current formula is a flat 10% for all CSBs and localities, regardless of size or fiscal situation, and may partly explain some localities' inability to meet the required match. During the November briefing, BHC members expressed interest in replacing the current 10% local match requirement with a new formula that accounts for localities' different abilities to collect revenue and to contribute to their CSBs. DBHDS is well-positioned to make recommendations on a new formula and on enforcement mechanisms for ensuring that localities contribute their required match.
- **Action needed:** Vote on whether to move forward, and identify 1 House and 1 Senate patron.

## In this presentation

Mental Health Virginia's Warm Line

BHC preliminary work plan for 2026

Potential addition to legislative agenda

**Addressing policy issues on developmental disabilities**

## Topic and goal

- During its October 2025 meeting, BHC members discussed the importance of researching and addressing issues affecting individuals with developmental disabilities and how these activities could best be conducted
- In the November 2025 meeting, a second discussion took place but no decision was made or voted on due to lack of quorum
- **Action needed:** discuss and vote on: (i) the BHC's scope of responsibility for ongoing study and monitoring of issues impacting individuals with developmental and other disabilities, and if needed (ii) legislation & budget amendment with patron

## Considerations for expanding scope of BHC

- Current BHC work considers everyone with a behavioral health disorder, including individuals with a co-occurring diagnosis
- Specific issues pertaining to populations with a secondary diagnosis are not examined as part of every study and evaluation
  - Lack bandwidth and expertise in the service systems that support individuals with other conditions
  - Having to report on special populations for all studies and evaluations would require limiting the breadth of research and/or extending the timeline for completion
- Issues involving individuals who do not have a diagnosis of mental illness or substance use disorder are outside of the BHC's statutory purview
  - Expanding scope of BHC would require 3-4 additional staff and new office space & furnishings – est. \$660K / year

# Multiple state entities tasked with examining various disabilities

	Commission	Description	Structure
MH SUD	<b>Behavioral Health Commission</b>	Studies, makes recommendations, and provides ongoing oversight to improve Virginia's behavioral health services and system.	<ul style="list-style-type: none"> <li>Legislative</li> <li>Research</li> <li>Full time staff</li> </ul>
SUD	<b>Addiction and Recovery Council</b>	Recommends policies relevant to substance abuse to the Governor and the General Assembly and the Board of DBHDS, and coordinate programs and activities.	<ul style="list-style-type: none"> <li>Executive</li> <li>No research</li> <li>No full time staff</li> </ul>
All DD	<b>Virginia Board for People with Disabilities</b>	Makes sure people with developmental disabilities (DD) and their families have what they need to live their best lives through policy advocacy, education, community outreach, and evaluation, etc.	<ul style="list-style-type: none"> <li>Executive branch</li> <li>Research</li> <li>Full time staff</li> </ul>
ASD	<b>Autism Advisory Council</b>	Promotes coordination of services and resources among agencies involved in ASD services.	<ul style="list-style-type: none"> <li>Legislative branch</li> <li>No research</li> <li>No full time staff</li> </ul>
All	<b>Virginia Disability Commission</b>	Identifies and recommends legislative priorities and policies to the General Assembly to support developing and reviewing services and funding for Virginians with physical and sensory disabilities.	<ul style="list-style-type: none"> <li>Legislative branch</li> <li>No research</li> <li>No full time staff</li> </ul>



Visit [bhc.virginia.gov](https://bhc.virginia.gov) for meeting materials