



2024 workplan



May 7, 2024

Briefing

BHC's vision, mission, and purpose

Vision

Virginia has a full continuum of high-quality, effective, and efficient behavioral health¹ 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

To study and make 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; and to provide ongoing oversight of behavioral health services and the behavioral health service system in the Commonwealth.

¹"Behavioral health" refers to the full range of mental health and substance abuse services, § 30-401

BHC approach to realizing its vision

- Use strategic, proactive approach to setting priorities
- Focus on addressing systemic issues
- Rely on information from full-time, policy research staff
 - _ Conduct independent, objective, nonpartisan research
 - _ Offer continuity

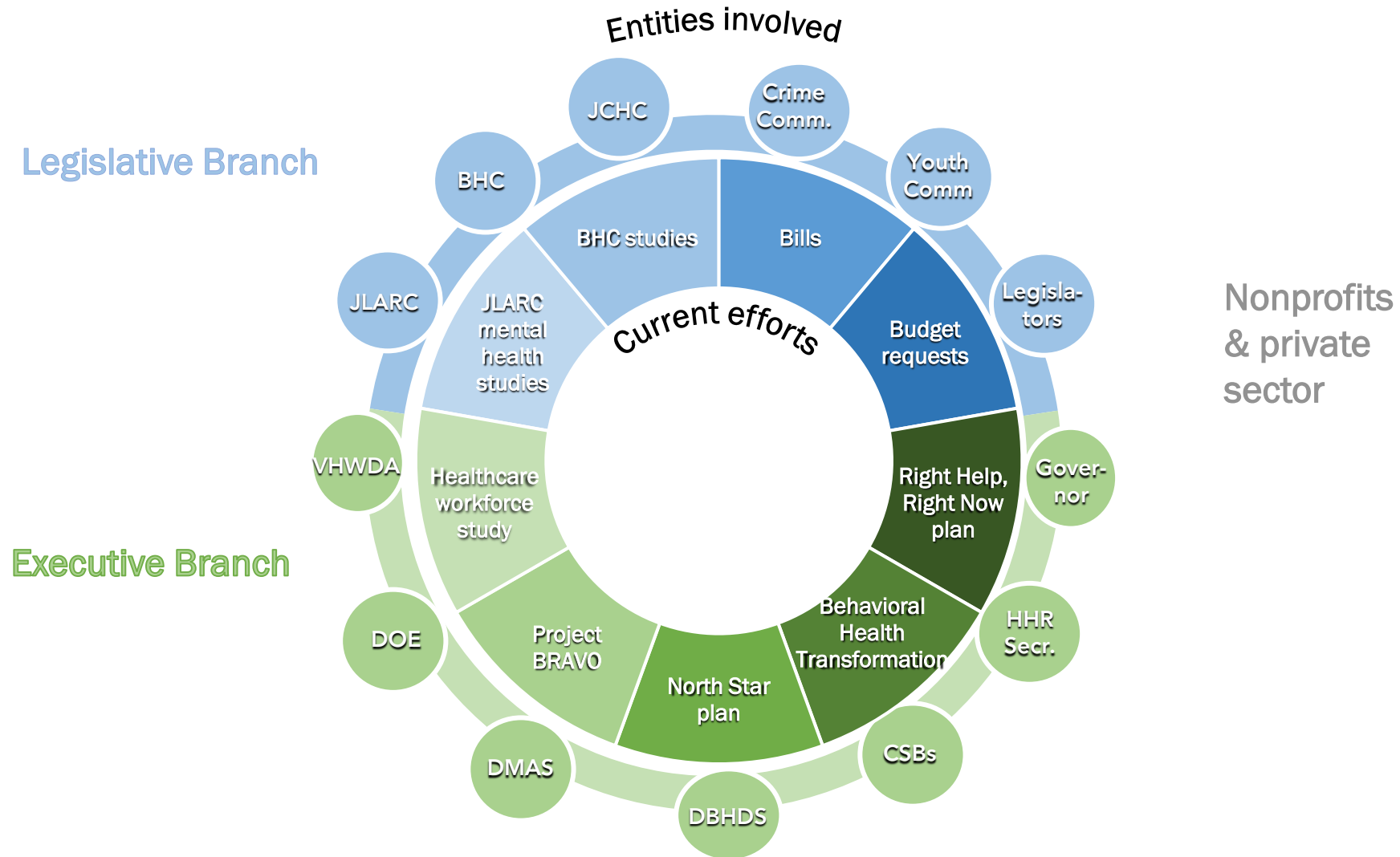
BHC strategic framework guides efforts toward the highest priority goals and most impactful initiatives

- Sets forth what the BHC intends to do, and how
 - **Goals** that the BHC should prioritize over the next 3 to 5 years to most significantly improve the behavioral health system
 - **Roles** that the BHC should play to most effectively help achieve these goals
- Establishes a strategic vision, not a tactical plan
 - Works in tandem with annual workplan, which contains tactical initiatives to address specific issues with Virginia's system
- Provides a rubric against which to weigh decisions about future work, and policy options and recommendations

BHC strategic goals based on prior work, Commission discussions, and stakeholder input

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

Numerous entities involved in improving the behavioral health system



BHC roles complement and build on existing efforts while adding unique value

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.

BHC staff supports Commission in performing its roles

- BHC agency has 3.5 FTEs
 - _ Nathalie Molliet-Ribet, Executive Director (02/22)
 - _ John Barfield, Associate Policy Analyst (04/24)
 - _ Claire Pickard Mairead, Assistant Policy Analyst (07/22)
 - _ Agnes Dymora, Executive Assistant & Office Manager (02/22)*
 - _ COVES fellow June-August 2024**
- BHC staff can have variety of backgrounds, including advanced degrees in public policy and related research-based disciplines

*Half time spent with BHC

**COVES=Commonwealth of Virginia Engineering & Science Fellowship

Variety of methods used to conduct robust and objective research

Data analysis

Primary research

- Service utilization
- Workforce
- Budget and spending
- Criminal justice

Interviews & site visits

Primary research

- Stakeholders
- Service providers
- Program staff
- Subject-matter experts

Surveys

Primary research

- State and local staff
- Providers
- Customers

Literature review

Secondary research

- Academic research
- Journal articles
- Best practices in other states

Work can be referred to the BHC through multiple avenues

- Joint resolution of the General Assembly
 - Language in Appropriation Act
 - Direction of full Commission
 - Letter from Committee Chair
 - Request from BHC member
 - Staff recommendation
- Legally required
- Subject to vote of full Commission

BHC considers several factors when approving staff work

- Whether legally required
- Size and experience of staff
- Alignment with BHC strategic goals and roles
- Complexity of work
- Time available to complete work
- Time sensitivity of issue
- Type of expertise needed

Potential workstreams for 2024 BHC workplan

Roles / staff workstreams	Source	Tentative completion
1. Tracking current efforts		
a. Crisis services implementation*	Budget language, SB 574	December 2024
b. Healthcare workforce programs	Staff recommendation	September 2024
2. Monitoring program implementation		
	BHC directed	
a. Permanent supportive housing		TBD / October 2024
b. Key system metrics		Quarterly
c. Follow ups on STEP-VA*		December 2024
3. Conducting research		
a. Aligning crisis services	SB 574	November 2024 (interim), October 2025 final**
b. Study of HB 267 / SB 357***	Referral by letter	TBD / October 2024
4. Building and maintaining knowledge		
	BHC directed	
a. BHC meetings at service locations		2024
b. BH 101 training		2024
c. Youth mental health learning cohort		November 2024
5. Facilitating legislative and budget actions		
a. BHC legislative agenda	BHC directed	November/December 2024

*Tentative, subject to contents of final budget; **Bill due date July 2025 – recommend Oct 2025; ***Referred from Virginia Disability Commission
 Prioritization needed from Commission; both workstreams cannot be undertaken comprehensively in 2024 due to staffing constraints

Mapping current efforts and tracking progress on crisis services and workforce programs for behavioral health care providers

- BHC staff to develop wholistic map of efforts aimed at developing crisis system and obtain detailed progress updates
 - BHC offered budget language directing HHR Secretary to report on plan for spending 2023-2024 crisis funding by December 2024, with semi-annual updates*
- Leveraging JCHC work to identify programs that bolster behavioral health care workforce and to assess their performance
 - JCHC reviewing all health care workforce programs, including behavioral health, in 2024

Staff lead: Nathalie Molliet-Ribet
Scheduled completion: December 2024, ongoing

*Tentative, subject to contents of final budget

Monitoring and evaluating performance of permanent supportive housing

- Permanent supportive housing (PSH) integrates basic behavioral health services and primary care with stable housing for individuals with a serious mental illness
- Effective implementation can promote wellness, prevent homelessness, avoid unnecessary hospital admissions, and facilitate discharge from inpatient care
- PSH has received increasing funding through a variety of agencies and programs
 - _ \$70M through DBHDS in FY24, up from \$17M in FY21
- Some outcomes are tracked, but no comprehensive evaluation of all PSH components
- BHC staff to analyze utilization and outcome data across funding streams and evaluate effectiveness of PSH in improving long-term outcomes
 - _ Identify potential improvements needed
 - _ Help evaluate whether / how much additional funding should be invested

Note: Workstreams cannot be undertaken comprehensively in 2024 due to staffing constraints

Staff lead: TBD / Claire Mairead
Scheduled completion: TBD / October 2024, ongoing

Reporting on key metrics with objective, timely analysis of systemic issues of interest to members

- Data and objective analysis has not been consistently available to legislators wishing to understand major issues facing the behavioral health system
 - E.g., state hospital capacity and waitlists; TDO patients in private hospitals
- Multiple metrics have been tracked consistently since 2022 to form a baseline, identify trends, and provide early warnings
- Staff will continue working with BHC members and agency staff to identify opportunities to improve report and keep metrics relevant
 - Balance against reporting burden on agencies

Staff lead: Nathalie Molliet-Ribet
Scheduled completion: Quarterly, ongoing

Following up on STEP-VA recommendations

- BHC 2023 report on STEP-VA found that the program:
 - _ has not fully achieved its goal to expand access, in part due to funding constraints
 - _ lacks adequate metrics and data to determine whether quality has improved
- BHC members introduced one bill and 12 budget amendments to implement report options and recommendations during 2024 session
- Budget language in conference report* would direct new data and metrics to be reported to the BHC by December 2024
 - _ HHR Secretary: plans for building crisis services system using 2023-2024 funding; plans for implementing CCBHC
 - _ DBHDS: reducing administrative burden on CSBs; final STEP-VA metrics and benchmarks; extent and cost of unmet need for STEP-VA services
 - _ DBHDS and DMAS: changes in CSB Medicaid billing

*Tentative, subject to contents of final budget

Staff lead: Nathalie Molliet-Ribet
Scheduled completion: December 2024

Researching how to align civil admissions laws and processes with Virginia's evolving crisis system

- Virginia has invested millions to build a crisis response system in recent years but has not fully modernized the statutory/regulatory infrastructure needed for services to be fully used
- Civil commitment process appears especially misaligned with delivery of crisis services, creating barriers for treating patients in least restrictive environment
 - _ Civil TDOs directed to inpatient hospitals by statute
 - _ 9% of the 20,000+ civil TDOs were admitted to state hospitals in FY23
- SB 574 (Deeds) directs the BHC to study how to effectively align current civil admissions laws and processes with Virginia's crisis response system
- Staff will examine how to optimize the use of crisis services, especially for individuals under ECO/TDO
 - _ Identify key statutory, regulatory, licensing, training, and reimbursement pain points and make recommendations to address them
- Interim briefing November 2024, final briefing fall 2025

Staff lead: John Barfield, Nathalie Molliet-Ribet
Scheduled completion: November 2024, interim

Researching alternative legal options for certain individuals with mental illness and other disorders* charged with assault & battery on law enforcement

- Law enforcement officers (LEOs) are commonly called to respond to crises and associated behaviors involving individuals with mental health or neurocognitive conditions
 - _ Interactions during a crisis can result in physical contact with LEOs
 - _ LEOs can press charges for assault & battery (unwanted touching)
- Assault & battery against an LEO is a felony with mandatory 6-month jail sentence
 - _ Some protections exist but limited to certain groups, charges, or circumstances
- Legislation has been introduced for several years to extend protections to a broader group of individuals with mental health and other disorders*, so far unsuccessfully
 - _ GA passed House Bill 267 (Watts) and Senate Bill 357 (Boysko) in 2024, Governor vetoed
- Virginia Disability Commission referred this issue to the BHC by letter
 - _ Identify the policy implications of this issue
 - _ Determine how they may be addressed

Staff lead: TBD / Claire Mairead
Scheduled completion: TBD / October 2024

*Other disorders may include neurocognitive disorders and neurodevelopmental disabilities
Note: Workstreams cannot be undertaken comprehensively in 2024 due to staffing constraints

Enhancing knowledge of behavioral health delivery system, major issues, and potential solutions

- Hold 3 BHC meetings at provider locations to better understand treatment settings and consumer needs
 - _ E.g., CSB, crisis receiving center; inpatient hospital; regional jail with mental health services
- Provide members with “behavioral health 101” training
 - _ Staff and subject-matter experts present key information about the behavioral health system and major issues
- Staff invited to participate in one of 8 state “learning cohorts” on funding youth mental health services
 - _ Team includes BHC, Voices for Virginia’s Children, ChildSavers
 - _ National project funded by Annie E. Casey Foundation

Staff lead: Nathalie Molliet-Ribet
Scheduled completion: December 2024, ongoing

Facilitating legislative and budget action

- BHC and peer organizations (e.g., JLARC, JCHC, Crime Commission) to present relevant research findings and recommendations to improve Virginia's system
 - BHC members vote throughout the year on which recommendations to adopt as part of the Commission's 2025 legislative agenda
- Finalize BHC recommendations & agenda in November 2024, by prefiling deadline
- Staff to work with DLS on prefiling and drafting bills, and with money committee staff on budget language
 - Support members throughout the session with talking points, presenting to committees and redrafting, as needed

Staff lead: Nathalie Molliet-Ribet
Scheduled completion: December 2024, session

Impact of potential 2024 workstreams on BHC goals

Impact on goals
 ●●● High
 ●●○ Medium
 ●○○ Low
 ○○○ Very low/none

Roles / staff workstreams	Complexity	BHC strategic goals				
		Complete continuum of care	Timely access statewide	Affordable services & funding	Effective & efficient services	Lower crim. justice involvement
1. Tracking current efforts						
a. Crisis services implementation*	L/M	●●○	●●○	●●○	●●○	●○○
b. Healthcare workforce programs	L	●○○	●○○	●○○	●○○	●○○
2. Monitoring program implementation						
a. Permanent supportive housing	M	●●●	●●●	●●●	●●●	●○○
b. Key system metrics	M	●○○	●○○	○○○	○○○	●○○
c. Follow ups on STEP-VA*	L/M	●○○	●○○	●○○	●○○	●○○
3. Conducting research						
a. Aligning crisis services	H+	●●●	●●●	●●●	●●●	●○○
b. Study of HB 267 / SB 357**	M/H	○○○	●○○	●○○	○○○	●●○
4. Building and maintaining knowledge						
a. BHC meetings at service locations	M	●○○	●○○	●○○	●○○	●○○
b. BH 101 training	L/M					
c. Youth mental health learning cohort	L/M					
5. Facilitating legislative and budget actions						
a. BHC legislative agenda	H	●●●	●●●	●●●	●●●	●●●

*Tentative, subject to contents of final budget; **Referred from Virginia Disability Commission; **Prioritization needed from Commission**



Next meeting
June 12, 2024
time and location TBD

Visit bhc.virginia.gov for meeting materials