



# Discussion of potential 2025 staff work

November 4, 2024

Executive Committee



## Meeting goals

- Review results and priorities from survey of BHC Executive Committee members
- Discuss scope of potential studies and monitoring efforts
- Achieve consensus on 2025 priorities if possible, or provide guidance for staff to develop a proposal for EC review prior to December meeting of full Commission

## In this presentation

■ Topic selection framework

Results from BHC EC survey

Discussion and prioritization

# BHC's vision, mission, and purpose

## Vision

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Virginia has a full continuum of high-quality, effective, and efficient behavioral health<sup>1</sup> services accessible to all persons in the Commonwealth.

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## Mission

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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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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.

<sup>1</sup>"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
  - \_ Consider all perspectives when developing recommendations
  - \_ Offer continuity

# 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

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

Role	Description
1. <b>Map current initiatives</b> 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. <b>Monitor implementation</b> 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</b> 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. <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</b> 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.

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Topic selection framework

■ **Results from BHC EC survey**

Discussion and prioritization



## Survey results: potential study topics

Study topic	Avg. Score	Responses distribution			
	0 - 4, 0=lowest	Strongly support	Support, prefer other topic	Do not support in 2025	Do not support
1. Implementation and effectiveness of Marcus Alert	2.7	67%	33%	0%	0%
2. Availability of mental health services in Virginia jails	2.7	67%	33%	0%	0%
3. Utilization and effectiveness of MOT / AOT	2.2	50%	17%	33%	0%

- Other:
- Concerned about the heavy burden of local funding required for support waivers
  - The TDO/ECO burden on law enforcement and communities continues to be a critical issue. Respectfully, I request further study and discussion on how to more fully engage community-based response such as area hospitals.

# Potential study: Implementation and effectiveness of Marcus Alert

- Scope:
  - Review where and how Marcus Alert has been implemented to date
  - Analyze early impacts on diversion away from the criminal justice system and toward crisis services, and on involuntary commitment
  - Examine the barriers to adopting Marcus Alert in all localities and weigh against potential benefits
  - Provide options and recommendations for maximizing the effectiveness and the utilization of Marcus Alert practices statewide
- Member suggestion:
  - Include neurological dysfunctioning within full consideration of mental health crises in evaluating diversion responses

## Potential study: Availability of mental health services in Virginia jails

- Scope:
  - \_ Analyze characteristics of jail population with mental illness
  - \_ Conduct environmental scan of mental health services, treatment, and practices available vs. needed in Virginia jails
  - \_ Examine barriers to (a) providing appropriate services and treatment to inmates with serious mental illness and (b) meeting comprehensive standards of care
  - \_ Provide options and recommendations for addressing barriers to the treatment of all inmates with serious mental illness
- Member suggestion:
  - \_ Would like to receive feedback from Virginia jails to determine insight on feasibility, support or opposition

## Potential study: Utilization and effectiveness of MOT / AOT

- Scope:
  - \_ Analyze the current utilization of mandatory outpatient treatment (MOT) statewide
  - \_ Identify any barriers to higher utilization
  - \_ Review statutory guidance for MOT in Virginia and other states
  - \_ Examine the effectiveness of MOT in meeting legislative intent
  - \_ Provide options and recommendations for maximizing the effectiveness and utilization of MOT
- Member suggestion:
  - \_ Would like to look at several models of Assisted Outpatient Treatment program. Please make sure you consider Kendra's law - which passed in New York.

## Survey results: potential programs to monitor

Program	Budget	Avg. Score	Responses distribution				Frequency
	FY25-26 (\$M)	0 - 4, 0=lowest	High priority	Medium priority	Low priority	Not a priority	Preference
1. Discharge Assistance Planning (DAP)	71.0	2.6	80%	--	20%	--	Ongoing
2. Dropoff centers / CITACs	24.6	2.6	80%	--	20%	--	Ongoing
3. Crisis system buildout	148.6	2.5	50%	50%	--	--	Ongoing
4. Marcus Alert system	23.0	2.4	40%	60%	--	--	Periodic
5. Census reduction pilot projects	27.0	2.0	40%	40%	--	20%	Periodic
6. Housing for the seriously mentally ill	16.0	2.0	25%	50%	25%	--	Ongoing
7. Alternative transportation and custody	29.0	1.8	25%	50%	--	25%	As needed
8. Va. Mental Health Access Program (VMAP)	29.6	1.4	--	60%	20%	20%	As needed
9. Discharge transportation program	2.3	0.8	--	--	75%	25%	n/a

Note: More details about each program available in handout

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# Existing 2025 staff commitments

Activity	Timeframe	FTEs	Lead analyst
<b>Studies</b>			
Study on crisis services and civil commitment system	Dec '24 – Oct '25	0.9	John
<b>Ongoing monitoring</b>			
STEP-VA	Dec '24 – Apr '25	0.4	Abby
Project BRAVO	May '25 – Sep '25	0.4	Abby
<b>Remaining availability</b>			
2025 completion	Nov '24 – Nov '25	1.0	Claire
2025 start	Oct '25 – into 2026	0.6	All
TOTAL		3.3*	

\*0.3 additional FTE due to start in fall 2024



**Next meeting**

**November 12, 2024 at 2:00**

**General Assembly Building**

**Senate Room A - 305**

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