

# Virginia's Behavioral Health System: Community Hospitals' Perspective:

Presented by:

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# Temporary Detention Order Admissions FY 2015 & FY 2018

**Virginia's behavioral health system serves people who are under a temporary detention order (TDO).**

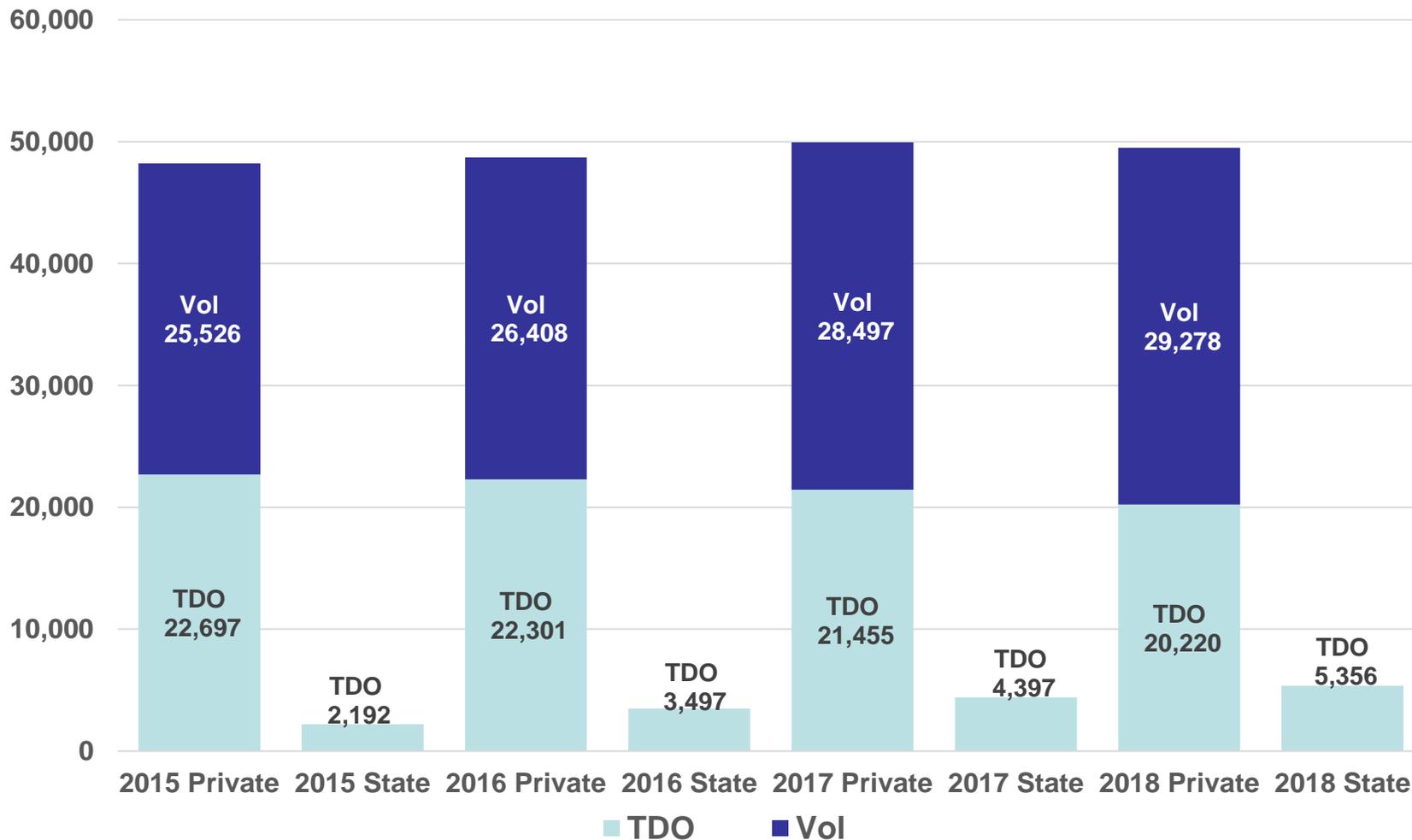
- FY 2015 community hospitals admitted 90% of TDOs
- FY2018 community hospitals admitted 80% of TDOs
  
- FY 2015 – involuntary admissions = 22,697
- FY 2018 – involuntary admissions = 20,220
  
- An overall decrease of 2,477 admissions.

# Voluntary Admissions FY 2015 & FY 2018

**Virginia's behavioral health system serves people who meet criteria for inpatient care and are willing to do so voluntarily (voluntary patients).**

- Currently, community hospitals admit 100% of voluntary patients.
- FY 2015 – voluntary admissions = 25,526
- FY 2018 – voluntary admissions = 29,278
- An overall increase of 3,752 admissions
- FY 2015 – FY 2018, community hospitals admissions increased by 1,275 patients.

# All Admission Volume Trends: Private & State Psychiatric Facilities FY 2015- FY 2018



# Increase in Emergency Evaluations, TDOs Issued & Executed FY 2015 & FY 2018

## Comparison of Emergency Evaluations, TDOs Issued & Executed

### FY2015

- 83,675 Emergency Evaluations Conducted
- 24,912 TDOs Issued
- 24,898 TDOs Executed
- 29% of Emergency Evaluations became Executed TDOs

### FY2018

- 91,718 Emergency Evaluations Conducted
- 25,756 TDOs Issued
- 25,679 TDOs Executed
- 28% of Emergency Evaluations became Executed TDOs

### FY2015 – FY2018

- 8,043 more Emergency Evaluations
- 844 more TDOs Issued
- 781 more TDOs Executed

# Increase in Emergency Evaluations, TDOs Issued & Executed FY 2015 – FY 2018

**70% of Emergency Evaluations Do Not Become TDOs.**

Final Disposition Varies:

- Voluntarily admitted
- Admitted in crisis stabilization unit (CSU)
- Discharged
- Jailed

# TOP Reasons A Bed May Not Be Available

- **Staffing**
- **Bed Blocks: Patient Acuity, Infection Control**
- **Longer Lengths of Stay**
- **Anti-ligature Renovations, Construction**

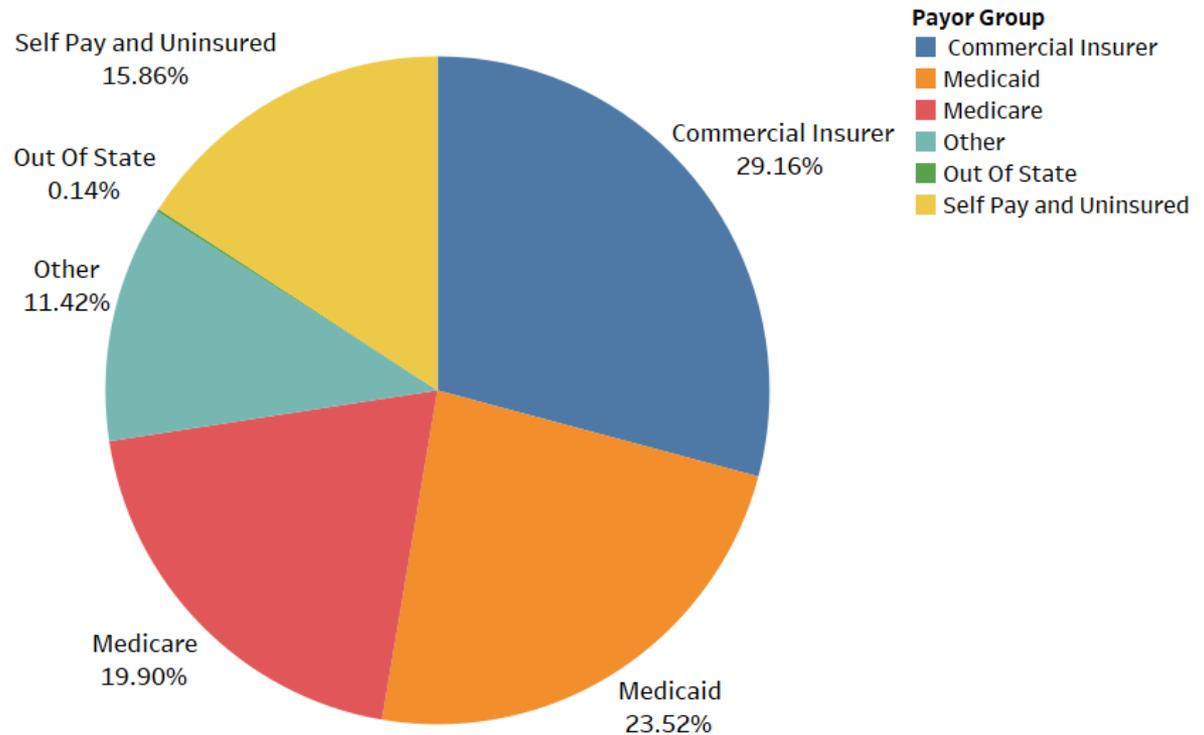
# Staffing Challenges: Licensed Beds vs. Staffed Beds

**Community hospitals make up 1,799 of the licensed psychiatric beds in Virginia's behavioral health system.**

- Out of 43 facilities, 6 operate at full licensed capacity.
- A recent survey conducted by VHHA, from January 1 – March 31, 2019 shows that the occupancy rate for community hospitals based on **staffed beds** was 87%.
- The industry standard for psychiatric bed occupancy is 85%.
  - *54% of facilities are operating at or above 85% occupancy.*
  - *69% of facilities are operating at or above 80% occupancy.*

# 2018 Psychiatric Bed Discharges by Payor Mix

- **Medicaid and Medicare payor groups were responsible for 43.42% of the psychiatric bed discharges in 2018.**
- **“Other” includes: county or state employees, federal employees, worker’s compensation, and managed assistance payors.**



# Opportunities and A Path Forward...

## Short-Term Opportunities

- VHHA will work with its membership to develop a plan to increase admissions to facilities operating below 85% occupancy rate.
- VHHA is currently working with the Virginia Association of Community Services Boards (VACSB) to improve access to CSUs, as well as identify shared patients/clients with high rates of readmissions for intervention.

# Opportunities and A Path Forward...

## Long-Term Opportunities

- VHHA will work with DBHDS to increase admissions for special populations (i.e. medically-complex, ID/DD, SUD) in community hospitals.
- Increase community supports to reduce reliance on inpatient services.
- Increase community supports to improve safe discharges for geriatric patients.

# Summary of VHHA Proposals Presented to DBHDS and the HHR Secretariat

- **Reduce Inpatient Admissions** through the establishment of a Medicaid benefit for mental health partial hospitalization (PHP) and intensive outpatient (IOP)
- Improve access to crisis services for patients with a substance use disorder (SUD) diagnosis
- Hospital/CSB Collaborative for ID/DD Dually Diagnosed Beds
  - Will divert 87 of 111 state admissions

# Community Hospitals' Investment: Additional Bed Capacity

**Additional 159 inpatient beds between Fall of 2018 – mid 2022  
(approximately 4,986 annual admissions)**

*Children's Hospital of the King's Daughters (Norfolk)*

- 60 C&A beds by 2022

*Kempsville Center for Behavioral Health (Norfolk)*

- 20 C&A beds by January 2020

*Mary Washington Hospital – Snowden (Fredericksburg)*

- 20 High acuity beds by mid-late 2020

*North Spring Behavioral Healthcare (Leesburg)*

- 24 C&A beds by early-2020

*Poplar Springs (Petersburg)*

- 35 Adult beds in October 2018

# Community Hospitals: Successful Initiatives

Across the Commonwealth, Virginia's hospitals and health systems have taken steps to address gaps in our behavioral health system.

These examples of effective collaborations and programs by VHHA members can serve as models for statewide partnerships.

- Augusta Health
- Bon Secours Mercy Health
- Novant Health UVA Prince William Medical Center
- Sentara Healthcare
- University of Virginia Health System
- Virginia Commonwealth University Health System\*

*\*Additional details can be found at the end of the presentation.*

# Details of Successful Community Hospital Initiatives

- **Augusta Health**
- **Bon Secours Mercy Health**
- **Novant Health UVA Prince William Medical Center**
- **Sentara Healthcare**
- **University of Virginia Health System**
- **Virginia Commonwealth University Health System**

# Augusta Health

- Focused on increasing the number of residents connected to appropriate mental health services by expanding mental health screenings and referrals, increasing the proportion of primary care physicians who screen adult patients for depression during office visits, increasing transportation support for mental health appointments, and increasing psychiatric providers in community settings.

# Bon Secours Mercy Health

- Since 2016, Bon Secours Mercy Health has maintained an overflow contract for adults, children, and geriatric patients.
- In October 2018, Bon Secours Mercy Health opened a crisis triage center at Richmond Community Hospital. It will begin operating 24/7/365 on January 1, 2020.

# Novant Health UVA Prince William Medical Center

- Novant Health UVA utilizes a clinical support team that is available and onsite seven days a week to support safe disposition and discharge of all patients, including TDOs.
- It has also engaged the local CSB about the need to expedite patient screenings for CSUs. Novant and the CSB are examining options such as tele-assessment and allowing the hospital to complete any assessment document with the facts for CSU screening.

# Sentara Healthcare

- The system has recruited the necessary providers to increase bed capacity by ten beds at Sentara Obici, eight beds at Sentara Norfolk General (with eight more anticipated to open in the third quarter of 2019), and five beds at Sentara RMH.
- Sentara has also implemented step-down and diversion programs, including Partial Hospitalization (PHP) and Intensive Outpatient (IOP) programs at Sentara Halifax and Sentara Virginia Beach General, and an IOP program at Sentara RMH.
- Sentara has also expanded its psychiatric emergency response services team to support 24/7 coverage for assessment and disposition to appropriate levels of care for all patients, including TDOs, at 10 Sentara facilities.

# University of Virginia Health System

- In 2014, UVA Health System signed a memorandum of understanding designating the hospital as the drop-off for emergency custody orders (ECOs). Additionally, last year, UVA worked to increase inpatient capacity at Region-10's Wellness Recovery Center.

# Virginia Commonwealth University Health System

- For children and adolescents - additional discharge support, information, and referral could be provided to the Commonwealth Center for Children and Adolescents (CCCA) staff and patient parents through the Virginia Treatment Center for Children's (VTCC) Children's Mental Health Resource Center to avoid readmission due to a lack of follow up services in the community.
- Regional Education Assessment Crisis Response and Habilitation (REACH) team services could be utilized to assist hospital staff when admitting patients with ID/DD or Autism Spectrum in managing behavior and discharge placement. Additional focus should be placed on patients with the highest likelihood of readmission and convening collaborative network meetings of hospitals and CSB staff to increase intensive case management and wrap around services to reduce readmissions and increase successful transitions to the community.