MEMORANDUM

To: John Oliver, UVA, ILPPP

From: Jean Post, Director, Northern Virginia Regional Projects Office

Date: October 28, 2018

Subject: Need for 24/7 supervised level of care to build community capacity

The Region 2 concept paper which included a request for ICRT and ALF programs to build community capacity and decrease the number of individual on the EBL and State hospital bed-days used is based on a comprehensive review of barriers to discharge at NVMHI, Piedmont and our private hospital partners own review of barriers to discharge in their hospitals, a point in time study.

On the Region 2 first quarter Extraordinary Barriers List (EBL) for NVMHI, 34 individuals were identified as having extraordinary barrier to discharge. 24 of these 34 individuals had an identified barrier of needing 24/7 supervised level of care in the community, 71%.

On the Region 2 first quarter EBL for Piedmont, 15 individuals were identified as having and extraordinary barrier to discharge. Each of these individuals was identified as needing 24/7 supervised level of care in the community, 100%.

Our private hospital partners completed a point in time survey to track barriers to discharge and found that the most common barrier to discharge is the need for 24/7 supervised level of care in the community.

Based on this review, our greatest need in community capacity building is for 24/7 supervised level of care.

Please let me know if I can be of further assistance.