Virginia Department of Behavioral Health & Developmental Services

Update on State Hospital Bed Census and DBHDS Initiatives

Joint Subcommittee to Study Mental Health Services in the 21st Century

July 15, 2021

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Commissioner
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and Developmental Services

Agenda

I. Update on state hospital bed census crisis

II. Overview of ARPA funding requests

BED CENSUS CRISIS

Update on the state mental health hospitals

Bed Census and Utilization

	Total Capacity	Total Census	Total Utilization
Catawba (50 geriatric beds)	110	98	**89%**
Central State (excluding max security)	166	165	**99%**
Eastern State (117 geriatric beds)	302	276	**91%**
Northern Virginia Mental Health Institute	134	128	**96%**
Piedmont (123 geriatric beds)	123	106	**86%**
Southern Virginia Mental Health Institute	72	70	**97%**
SW Virginia Mental Health Institute (41 geriatric beds)	179	170	**95%**
Western State	246	230	**93%**
Commonwealth Center for Children & Adolescents	18	17	**94%**

Notes:
State hospitals are funded to 90 percent capacity
CCCA is currently open with a limited number of beds – 18 beds are currently operational (= 100% utilization)

Data current as of 1128 HRS 14 July 2021

Staffing Levels More Urgent Now

- ***Staffing vacancies are well over 20% and up to 53% in facilities across the Commonwealth.***
- Current direct care compensation falls well below market value.
- DBHDS had over 1,000 state facility vacancies in March 2019. These shortages have been exacerbated by the pandemic and now stand at **1,547**.
- Facilities are funded to operate at 90% staffing, but with the current vacancies, state hospitals are operating at direct care staffing levels as low as 60-70% in some facilities.
- At the same time, state hospitals are frequently operating at 100%+ bed utilization.
- Safety of both staff and patients is a significant and serious concern.

	CCCA	CH	CSH	ESH	HDMC	NVMHI	PGH	SEVTC	SVMHI	SWVMHI	VCBR	WSH
Direct Care (DSAs, LPNs, RNs)	**36%**	**30%**	**21%**	**38%**	**35%**	11%	**37%**	17%	**25%**	12%	**26%**	**24%**
Practitioners (internists, psychiatrist	0%	0%	17%	**53%**	0%	4%	**27%**	**27%**	**33%**	5%	**100%**	0%

Reduced Capacity at CCCA

- Despite aggressive recruiting and retention strategies, CCCA continues to lose staff. It is no longer feasible to operate 24 beds in a safe and therapeutic manner.
- **Effective June 30, CCCA reduced its capacity by an additional six beds, for a total of 18 beds.**
- We are working diligently to improve staff to patient ratios and plan to reopen beds as staffing levels improve.
- CCCA is also working intensely with community providers to take admissions, identifying current patients who are appropriate for step-down to other community residential providers, and working with CSBs to ensure services are available for those who are ready to be discharged.

Temporary Admission Closures at State Hospitals

- The level of dangerousness in state hospitals is unprecedented, and recent admissions are occurring in an environment that is no longer adequately staffed.
- **DBHDS has ordered five of Virginia's eight adult state hospitals to temporarily reduce their bed capacity.** This involves temporarily closing admissions to these state hospitals effective immediately in order to allow the hospitals to consolidate their staffing levels. This will include Catawba Hospital, Central State Hospital, Eastern State Hospital, Piedmont Geriatric Hospital, and Western State Hospital.
  - We are monitoring staffing levels at Northern Virginia Mental Health Institute, Southern Virginia Mental Health Institute, and Southwestern Virginia Mental Health Institute, but staffing levels at those three hospitals are acceptable for now but cannot accept patients over their full capacity.
- No existing patients will be discharged in an unsafe manner. As staffing improves, we will incrementally increase the beds.
- DBHDS will be using emergency facility funds to procure additional contract staff to relieve some of the workload, and for staffing recruitment and retention bonuses to reward facility direct care staff for their tremendous efforts during this crisis.
- We are also calling on community hospitals to offer all available private beds for temporary detention treatment open to accept patients, even those patients that might be challenging, or might need behavior management. In addition, the Commonwealth needs every possible step down and long term care facility to be ready to accept patients who are ready for discharge from state facilities.

DBHDS ARPA REQUESTS

Additional detail on proposals for American Rescue Plan Act funds

ARPA Purpose and DBHDS Focus

ARPA Purpose and Allowable Activities

DBHDS' requests align with the purpose and allowable activities of ARPA State and Local Recovery - $4.3 billion (Sec 9901).

- Stated **USE OF FUNDS** - State Fiscal Recovery Funds … meet pandemic response needs and rebuild a stronger, and more equitable economy as the country recovers. Use these funds to:
  - **Support public health expenditures**, by, e.g., funding COVID-19 mitigation efforts, medical expenses, **behavioral healthcare**, and certain **public health and safety staff**
  - **Provide premium pay for essential workers**, offering additional support to those who have and will bear the *greatest health risks* because of their service in critical infrastructure sectors
  - Optimization / Business Process Improvement in area of Public Healthcare – especially in IT and Data Management
    - Integrate service delivery over the continuum
    - Achieve efficiency and effectiveness of Service Delivery
    - Enhance accountability
    - Great use of one-time funds / resources with long term impacts

DBHDS Areas of Focus

ARPA Fund Proposal for State Hospital Census

DESCRIPTION	FUNDS FY 2022	FUTURE FY	DBHDS Priority
Address recruitment and retention through increased direct care staff compensation – Brings critical direct care staffing position salaries to the 75th percentile. Annual step increases to ensure retention.	$75M	Will have ongoing need in FY23+ of same annual amount	High
Provide critical security and safety infrastructure and contract staffing – Addresses emerging issues in facilities, as reflected in worker compensation and serious incident reporting. This was originally proposed and approved by Governor in 2019, but unallotted and eliminated. This includes all 12 facilities.	$6M	Will have ongoing need in FY23+ of same annual amount	High
Install discharge infrastructure and contracting staffing to address bed census crisis – 39 more state hospital/equivalent contract staff to speed state hospital discharges. CSBs do this and it delays discharges.	$3M	Will have ongoing need in FY23+ of same annual amount	High
Expand dementia program and residential treatment pilot statewide – Additional NH location for individuals with primary diagnosis of dementia in appropriate environment.	$5M	If adopted this pilot would have ongoing need in FY23+	High
Address CCCA infrastructure and lost revenue – CCCA experienced a $4.5M drop in revenue in FY21 due to certification issues and low census during unit closures. CCCA anticipates fully billing by December 2021.	$4.5M	$0	Medium
Implement statewide sitter ER initiative (alternative transportation) pilot – Amends the current G4S contract for alternative transportation to provide sitter services for individuals with a TDO awaiting transfer to a BH inpatient bed instead of LEOs.	$3.4M	Will have ongoing need in FY 23+ of same annual amount	Medium
Continue and expand telehealth / telemedicine services – Support for telehealth at state facilities that meets CMS and state regulatory requirements to improve access to specialty medical and psychiatric care, increase access to transitional care from the state facilities, and minimize transportation/staffing needs for patients to and from medical services.	$2M	Will have need in FY23-FY26 of $2M	Medium

ARPA Fund Proposal for Community Capacity

DESCRIPTION	FUNDS FY 2022	FUTURE FY	DBHDS Priority
Complete build out community crisis system – For crisis intervention: additional funds (up to $13.9M) for additional adult and children's MCT; up to $7M to improve CITACs to crisis receiving centers. Additional mobile crisis teams will help meet soaring MH demands and ensure teams are available 24/7.	$20M	Ongoing need in FY23+ of same annual amount	High
Complete final STEP-VA planning – Planning for the implementation of the final 3 steps of STEP-VA. External evaluations regarding current care coordination expectations, needs, and requirements, data sharing agreements, development of protocols for transition services, and identification of best practices and guidance documents. Investigations into the administrative requirements associated with current case management services across all 40 CSBs. Improvements to current psychiatric rehabilitation services including investigation/discovery on misalignment between existing service needs and Medicaid psychiatric rehabilitation payment model and recommendations.	$3M	Carryforward funds from FY22 to future years as project progresses	High
Implement care coordination step of STEP-VA – Care coordination is provided through case management, hospital liaison services, discharge planning, Medicaid managed care organizations, and other services.	$6.5M	Ongoing need in FY23+ of same annual amount	High
Implement case management step of STEP-VA – This step ensures that target populations have access to high quality case management services, and that case management services meet needs related to same day access, hospital discharge, and other areas.	$4M	Ongoing need in FY23+ of same annual amount	High
Implement psychiatric rehabilitation step of STEP-VA – Psychiatric rehabilitation services are needed for those living with serious mental illness to live, work, and receive care for chronic MH disorders in the least restrictive environment.	$3.4M	Ongoing need in FY23+ of same annual amount	High

ARPA Fund Proposal for Community Capacity

DESCRIPTION	FUNDS FY 2022	FUTURE FY	DBHDS Priority
Behavioral Health Enhancement (BRAVO) – New services lines to include training and transition costs. CSBs are reimbursed 3-9 months after service billing – funds would assist in this transition period.	$3M	Will have need in FY23-FY26 of same amount	Medium
Create community wellness pilot – Provides direct services in support of independent, rapid re-housing, food security, transportation, rapid access to mental health including telehealth support, crisis care and wrap around support for people with BH and/or co-occurring disorders and families that have experienced disruption due to the pandemic, targeting families with school aged children, families of essential workers, and families with long term impacts related to the pandemic including housing and food insecurity.	$3M	Carryforward funds from FY22 to future years as project progresses	Low
Support equity at Intercept Zero - crisis system development – Support small private providers, particularly those already underrepresented for the: 1) development of partnerships between Black/BIPOC/peer owned or led crisis service businesses and the public regional mobile crisis hubs, 2) professional development and supports for crisis service training (focus on anti-racism, disability justice, and language access), 3) analysis and reporting of race-based and health disparities in crisis services and ensuring equity is a central consideration in planning, oversight, and evaluation of the success of the Marcus Alert system.	$1.5M	Will have need in FY23 of same annual amount, FY24+ $750,000 ongoing amount	Low
Behavioral Health Equity/Public Payment Reform – Provide a funding buffer to ensure CSB continuity of operations and implementation of STEP-VA to implement payment reforms. MHBG ARPA funds proposed to study options for payment reform, to provide assurances that recommended changes can be implemented as we transition to a modernized payment system. Includes funding for 5 regional offices to be developed.	$1M	Will have varying need in FY23-FY26+	Low
Local Marcus Alert implementation Funding (including 9-8-8 Planning and Implementation Grants) – Provides for 15 one time planning grants $250,000. Ten areas funded for $600,000 for local Marcus Alert implementation (ongoing), and 15 areas $450,000 for local Marcus Alert implementation (ongoing).	$3.8M	Will have add'l need as planning/ implementation occurs. Ongoing need of $3M FY26+	Low

Block Grant **Supplemental** Funding

Consolidated Appropriations Act	American Rescue Plan Act
Passed December 2020	Passed March 2021
Plan submitted to SAMHSA April 5, 2021 -- APPROVED	Plan due to SAMHSA July 2, 2021 -- SUBMITTED
Must be expended by March 2023 (funding available as of March 2021)	Must be expended by September 2025
$39.3M Substance Abuse Prevention and Treatment Block Grant (regular funds ~$40M/year)	$33.98 million Substance Abuse Prevention and Treatment Block Grant
$20.7M Community Mental Health Services Block Grant (regular funds ~$14M/year)	$35.78 million Community Mental Health Services Block Grant
Additional portion ($825M) of Community Mental Health dollars were provided directly to localities through Community Mental Health Center grants	Dollars become available September 1, 2021
Spending in line with existing block grant parameters	Spending in line with existing block grant parameters

ARPA Proposal for Equity, Data and Quality

DESCRIPTION	FUNDING	DBHDS Priority
Health Information Exchange w/ CSBs and Private Providers of Behavioral and Mental Health Services – Design and Implement a BH Information Exchange to make single patient record across multiple service providers. Include all facilities, CSBs, and private hospitals. Improved patient data and ability to share records is a critical need for both the quality of patient of outcomes, reducing bed census demands in state facilities, and improving Quality Improvement programs across behavioral and mental health providers.	$40M One-time Estimate $1 million ongoing	High
Improve hospital data, financial and administrative management and infrastructure – Key management applications including HR, billing, administration, and facilities management are antiquated or out of date systems. Updating will improve decision making and lead to more efficient operations and reduce operating expense and maximize billing revenue as well as standardize applications. Ex: the current food management platform is both non-compliant with VITA and aging out of vendor support.	$25M One-Time <$1 million ongoing	High
Support increased critical human rights and licensing staff to ensure effective ASAM and BHE implementation – COVID-19 increase people's BH needs. In addition, CRP and ARPA funding --along with STEP-VA and BRAVO implementation--will increase the number of BH providers in Virginia. Additional licensing staff and human rights staff are required to address increased demand for providers to become licensed and operate in Virginia.	$2.5M Annual/Ongoing	High
Implement DEI training and other one-time projects – Supports DBHDS DEI to include staff training across its system. This is part of larger effort to bring awareness to this important strategy and develop a plan to address.	$1M Annual/Ongoing	Medium