



OFFICE OF THE GOVERNOR OF THE COMMONWEALTH OF VIRGINIA

HOSPITAL CENSUS UPDATE

SECRETARY OF HEALTH AND HUMAN RESOURCES

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JOINT SUBCOMMITTEE STUDYING MENTAL HEALTH
SERVICES IN THE COMMONWEALTH IN THE 21ST
CENTURY

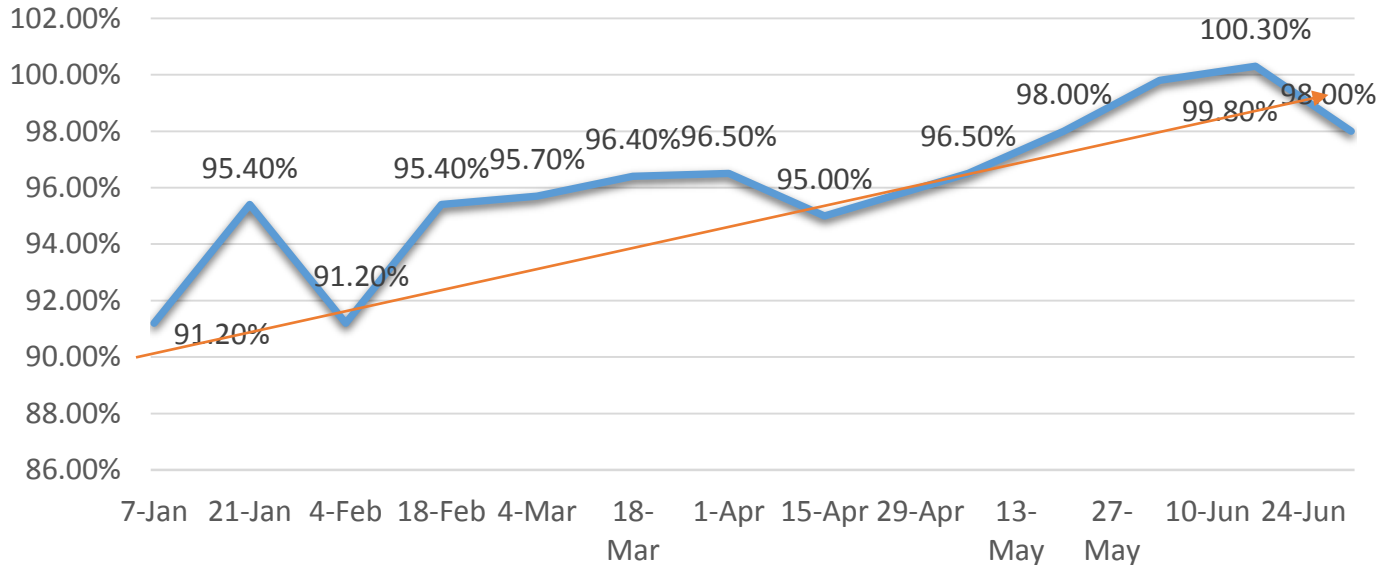
OCTOBER 7, 2019

PRESENTATION OVERVIEW

- Current Hospital Census Status
- Need for Temporary Beds at Catawba
- Extraordinary Barriers List (EBL)

CALENDAR YEAR 2019 STATE HOSPITALS CENSUS TRENDS

Percent of Adult and Geriatric Beds Filled in State Hospitals



As of September 16, 2019, the state hospitals were operating at 101% capacity

TEMPORARY BEDS AT CATAWBA

- This summer DBHDS initiated action to add temporary beds to Catawba Hospital's current operating capacity in order to continue to meet its legal obligations under 37.2-809 "Bed of Last Resort" and 19.2-169.2
- 56 beds will be added; 28 in FY 2020 and 28 beds in FY 2021
- DBHDS using \$4.15M of special funds in FY20
- DBHDS will request additional general funds of \$9.3 million in FY 21 and \$10.3 million in FY 22 to operate these beds
- Timeline (following approval/funding and as staff are hired, trained and deployed):



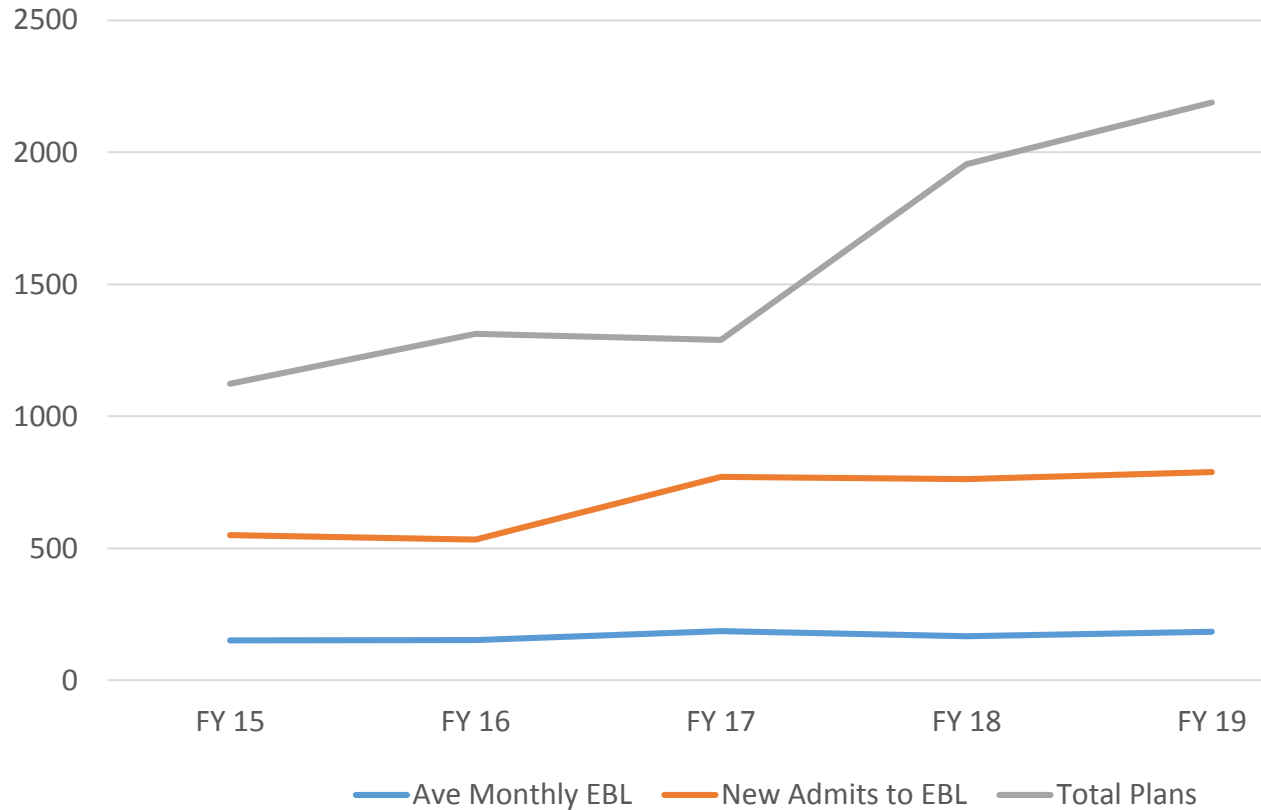
TEMPORARY BEDS AT CATAWBA

- Adding beds at Catawba is a temporary and emergent necessity
- These beds would be in place until the state hospital census decreases
- We will decrease census over time through:
 - STEP-VA
 - Mobile Crisis
 - Additional step-down levels of care and diversion alternatives such as proposed intensive outpatient (IOP) and partial hospitalization (PHP), and crisis stabilization units
 - Other short and long term actions recommended by SB1488 workgroup

EXTRAORDINARY BARRIERS TO DISCHARGE (EBL)

- An individual is placed on EBL 14 calendar days after they are clinically ready for discharge but are unable to be discharged due to the lack of needed residential programs, -supports, and services.
- Discharge Assistance Plan Funds (DAP) are used for individuals on the EBL to:
 - purchase needed residential program services, housing, services, and supports from existing providers; and
 - Create needed infrastructure such as residential programs including assisted living facilities and group homes
- DAP funds individuals leaving state hospitals and pays for residential programs, housing, services, and supports as long as they are needed.
- Specifically since CY 2016, 147 individuals have been discharged directly from hospitals to PSH.

EBL TRENDS OVER THE PAST FOUR YEARS



WHAT IS NEEDED FOR THE EBL?

- The EBL is first and foremost a result of the need to build a comprehensive community-based system to prevent and divert inpatient admissions and reduce the overall need for inpatient care in state hospitals.
- It is secondarily related to the growing number of individuals admitted to state hospitals.
- In the absence of further investment in full continuum of community based services and the accessibility of local inpatient care, state hospitals will continue to be at or over census.

WHAT DBHDS IS DOING FOR THE EBL?

- In FY 2020, DBHDS is:
 - Building out two community support teams to support hospitals and CSBs with the discharge of the most complex and high needs individuals
 - Establishing two new group homes for individuals with complex medical and intensive supervision needs
 - Implementing a process for assessing every individual on the EBL waiting for a group home or assisted living placement for appropriateness for PACT and PSH
 - Establishing a DAP coordinator position dedicated exclusively to overseeing the use of DAP funds

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