



The State Hospital Census and DBHDS Key 2021 Initiatives

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

April 20, 2021

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Commissioner

Virginia Department of Behavioral Health
and Developmental Services

Presentation Overview

State Hospital Census Challenges

DBHDS Key Initiatives

- Geriatric Population
- Accelerating Discharges
- Extraordinary Barriers to Discharge List (EBL)



The Adult State Hospital Census is Dangerously High

COVID-19 Admissions Closures in FY 2021

- Catawba
- Central State
- N VA Mental Health Institute
- Piedmont Geriatric Hospital
- S VA Mental Health Institute
- SW VA Mental Health Institute

**At its highest point so far in FY 2021,
the statewide census was at 112%**

Extreme Activity July 2020 – March 2021		
Hospital	Admissions	Discharges
Catawba	322	382
Central State	374	651
Eastern State	438	827
N VA Mental Health Institute	824	898
Piedmont Geriatric	123	175
S VA Mental Health Institute	191	256
SW VA Mental Health Institute	530	595
Western State	772	1,081
Total	3,574	5,386

	Eastern State	Western State
2019	99%	97%
2020	99%	96%
2021	97%	97%

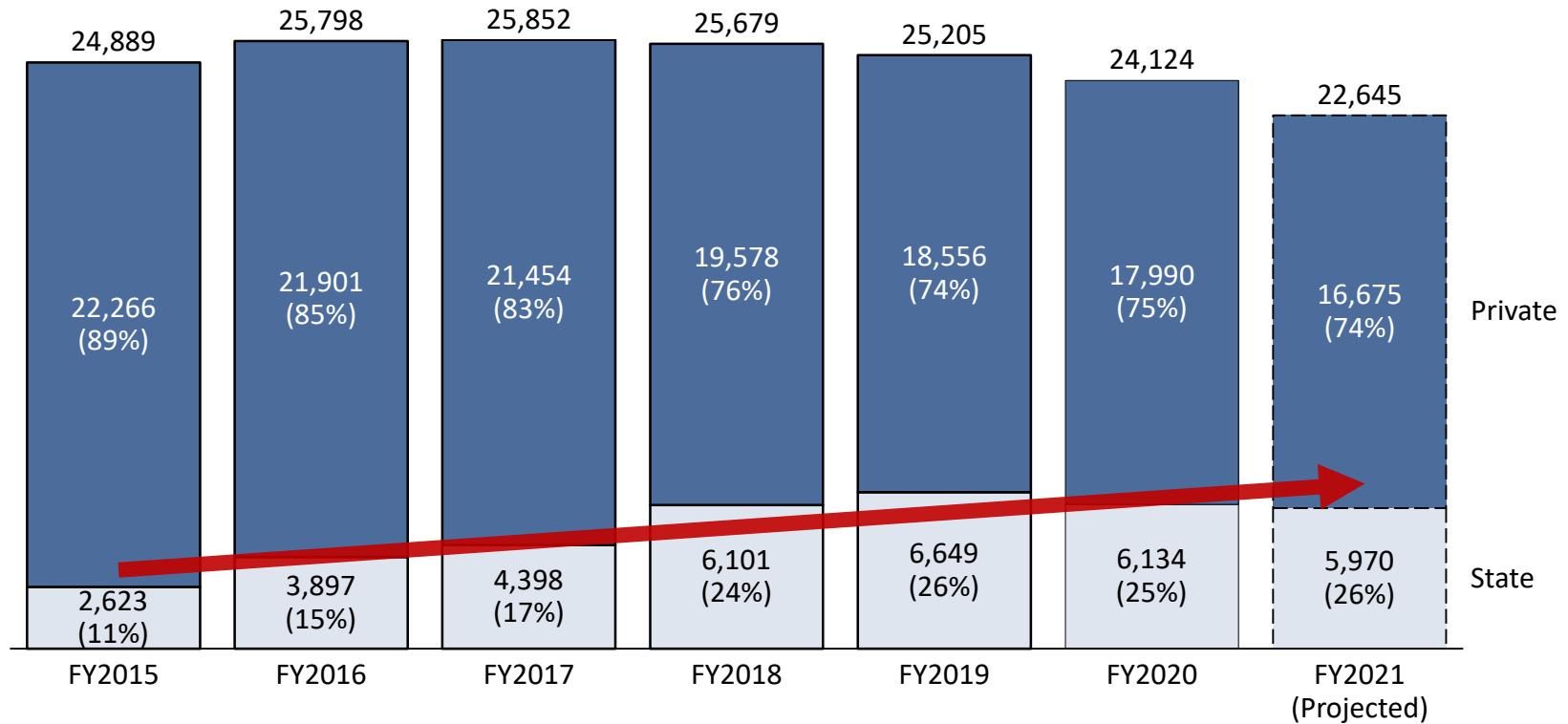
**ESH and WSH are the only
state hospitals that did not
close admissions due to
COVID-19**

Commonwealth Center for Children and Adolescents (CCCA) Challenges

- FY 2020 - CCCA admissions trended significantly downward during the last quarter due to stay at home order.
- FY 2021 - Steady increases in admissions, but CCCA is currently only able to staff 32 of 48 beds.
 - Staffing dipped during facility closure in September due to COVID-19 outbreak.
 - DBHDS is working to restore staffing levels through active recruitment and retention efforts.
- September 2021 - Anticipated admissions surge with the return of in-person learning.
- DBHDS is in the process of securing a \$4.5M emergency contract with a major children's healthcare system for diversion.
- Actively working with new leadership at VTCC to find partnership opportunities.



State Hospital Temporary Detention Order (TDO) Admissions Trend Upward



Staffing Shortages are Leaving Facilities Overwhelmed

- **Staffing vacancies are well over 20% and up to 52% in facilities across the Commonwealth.**
- Current direct care compensation falls well below market value.
- DBHDS had over 1,000 state facility vacancies in March 2020. These shortages have been exacerbated by the pandemic.
- Facilities are funded to operate at 90% staffing, but with the current vacancies, state hospitals are operating at staffing levels as low as 48% 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)	20%	30%	11%	37%	34%	6%	27%	13%	19%	8%	11%	30%
Providers (internists, psychiatrist)	8%	32%	7%	52%	4%	8%	10%	0%	11%	8%	9%	25%

DBHDS Continues to Contract with Providers

	Contract Name	Description or Purpose
Emergency COVID-19 Contracts	ALF Services at Commonwealth Senior Living	Diversion or step down of eligible state geriatric patients to Assisted Living Facility
	Fellowship CSU	Adult step-down beds from state facilities during COVID
	CSU Agreement (Exhibit D)	Agreement with CSB CSUs for diversion
Contracts that existed prior to COVID-19	Diamond Healthcare adult/geriatric	Diversion or step down of eligible TDOs and long term stays
	Gateway Homes ALF and TGH	Assisted living facilities and Transitional Group Homes
	Poplar Springs	Diversion of eligible TDOs
	Jewish Family Services/ Guardianship	Guardianship services for those discharged from state facilities
	Funds to be Reinvested from Contract Underspending	Additional dollars for census initiatives
New FY21 funds for diversion/ step-down contracts	Children's Inpatient Funds	Diversion of children who would otherwise go to CCCA (CHKD)
	Various CSB - Exhibit D	CSB Residential Beds, more funds for IDAPs, transitional housing
	Mt Rogers Nursing Home	Providing specialized BH staff at the nursing home for those with extraordinary behavioral health needs
	RFP for LTC/ALF services	Solicitation of proposals to address Memory Care, ALF and LTC needs of patients ready for discharge at State Facilities.
	VHHA Pilot Programs	Various contracts to relieve census pressures

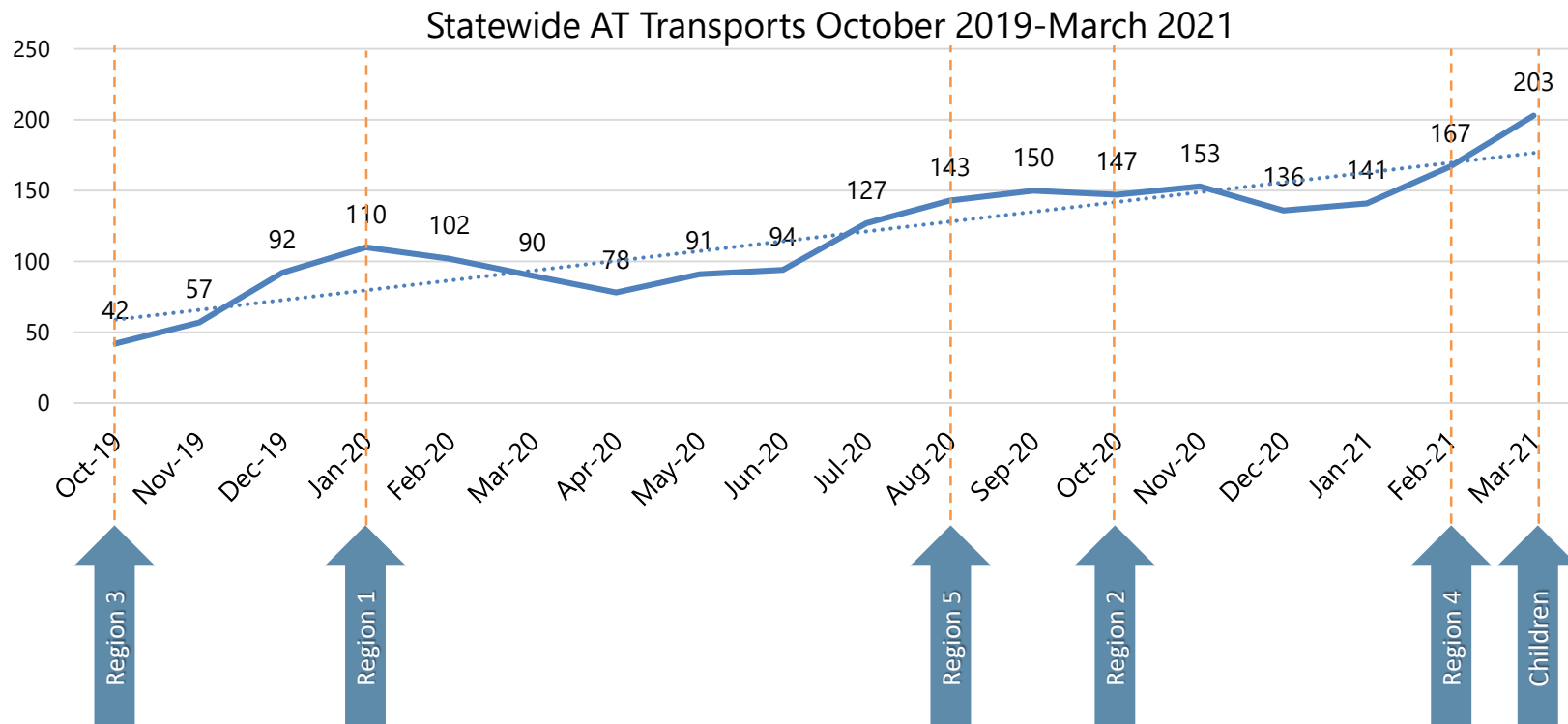
Law Enforcement Is Stuck When Admissions Are Delayed

- Admission delays due to COVID-19 are requiring law enforcement to stay with some patients for several hours or days before a bed becomes available.
- DBHDS is not denying admission during these times, but staff are working to create safe and appropriate bed space.
- Patients may not be receiving treatment during these delays.
- Delays are creating resource strains for many law enforcement departments, particularly rural departments.
- DBHDS is working with the Administration, law enforcement, and providers to explore ways to address these delays.
- State hospitals and CSBs continue to work diligently to expedite safe discharges to free up bed space and prevent admission delays whenever possible.



Source: Matt Gentry, *The Roanoke Times*

Alternative Transportation is Now Available Statewide



Finding Solutions for Patients with Dementia

- Pilot with Mt. Rogers CSB
- \$3.5 million for diversion and discharge of individuals with a diagnosis of dementia
- Workgroup to identify existing services for individuals with dementia and make recommendations to improve the quality and availability of care for those with dementia



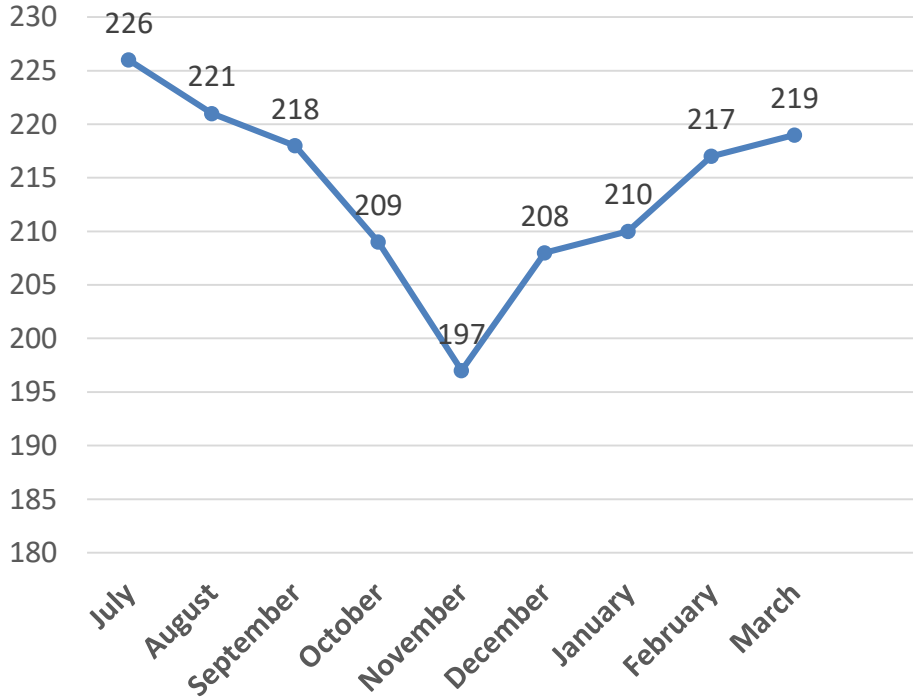
Expediting Discharge is Critical



- Expediting the discharge process for patients clinically ready for discharge
- Opening bed space for individuals in crisis
- Adapting to accelerated TDO cycle
- Forming workgroup to review barriers and provide recommendations (SB1304 (2021))
- Harnessing Electronic Health Record ability

Extraordinary Barriers List (EBL)

FY21 EBL by Month



Barriers (3/31/2021)

Primary barrier	# of patients
No willing provider-nursing home/ALF/Other (supervised residential)	51
NGRI process	47
Awaiting discharge – date scheduled	34
Awaiting completion of CSB tasks (DAP contracts, scheduling appointments, etc.)	33
Guardian barriers (waiting on circuit court hearing)	20
Patient/family resistant to discharge	15
Other (forensic status, medical barriers, etc.)	9
No willing provider-PSH (waiting on apartment availability)	5
No willing provider- DD services	3
DD waiver process	2
Total	219

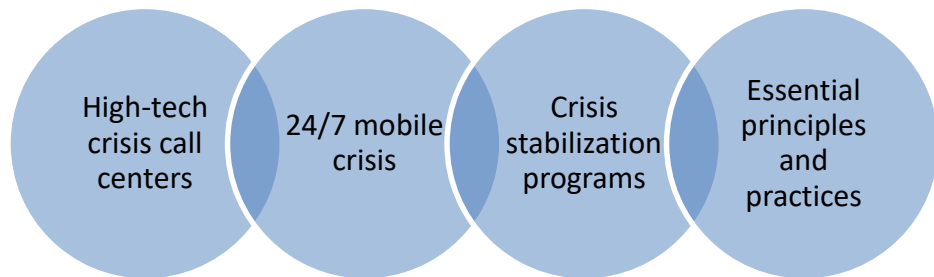
QUESTIONS?

POCKET SLIDES

Crisis System Transformation is Underway

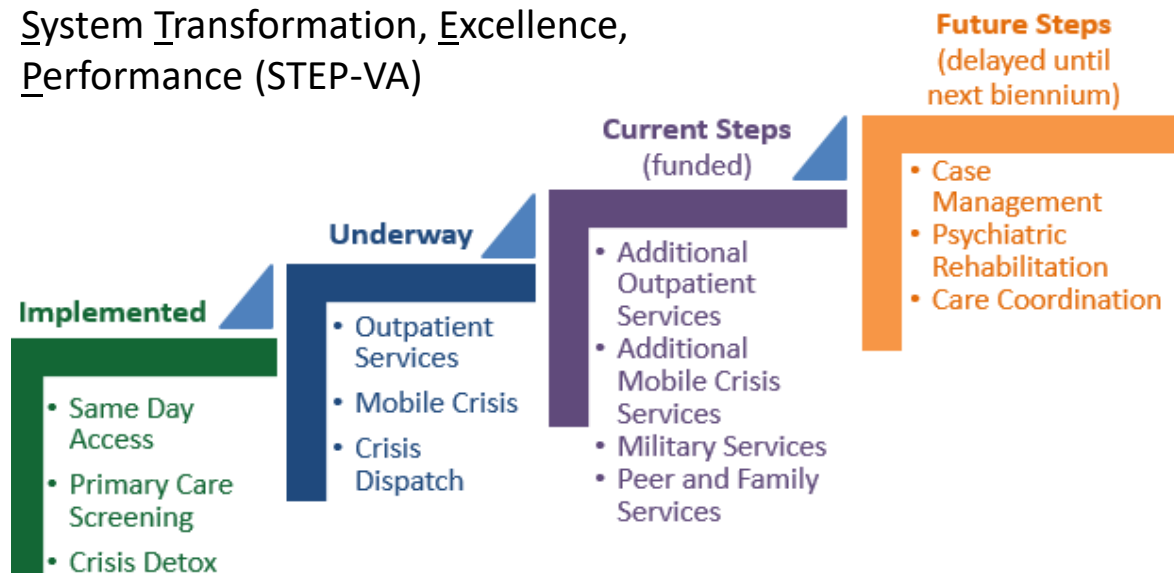
- **Marcus Alert** (2020 Special Session, HB5043/SB5038) stakeholder group is well underway. RFP went out for the crisis call center outlined in the legislation. State plan is due July 1, 2021, with the first five Marcus Alert programs in place by Dec. 1, 2021.
- SB1302 (2021) establishes the crisis call center as the **9-8-8 National Suicide Prevention Lifeline** contact point, in line with federal legislation.
- **23-hour crisis stabilization units (CSUs) and crisis intervention team assessment centers (CITACs)**, together with mobile crisis teams, are vital to the crisis continuum, addressing needs of those experiencing behavioral health crises as well as state hospital census challenges.

Four Core Elements for Transforming Crisis Services



Continuum of Care Development Across the Lifespan Continues

System Transformation, Excellence,
Performance (STEP-VA)



Behavioral Health Redesign
for Access, Value & Outcomes
(BRAVO)

1. Multi-Systemic Therapy
2. Functional Family Therapy
3. Partial Hospitalization Program
4. Intensive Outpatient Program
5. Program of Assertive Community Treatment
6. Comprehensive Crisis Services

Beyond our work implementing these critical community services, DBHDS is prioritizing improvements to health information technology in order to, down the line, implement modern payment structures as well as a framework for quality improvement.

New This Year – GA2021

Bill	Patron	Description
<u>HB2092</u>	Willett	Requires contract staff providing direct care services at our licensed providers to go through a similar background check process as employees providing direct care services.
<u>SB1304</u>	McPike	Changes from 30 days to 72 hours the time during which a CSB can disagree with an individuals' readiness for discharge and creates a workgroup for expediting the discharge process.
<u>SB1302</u>	McPike	designates the crisis call center as the 988 Crisis Hotline Center and directs part of an increased wireless surcharge toward the Crisis Call Center Fund.
<u>HB2166</u>	Hope	Makes changes to the mandatory outpatient treatment (MOT) code to increase its use.
<u>HB1808/SB1154</u>	Orrock and Favola	Requires DBHDS to report to the Commonwealth's designated protection and advocacy system (DLCV) written reports of alleged serious incidents, deaths, abuse, or neglect.
<u>HJ578</u>	Price	Creates a workgroup to study the development of a criminal justice and behavioral health records database for more effective interventions.
<u>SB1220</u>	Favola	Removes an outdated portion of code that required DBHDS facilities to determine the nationality of each person admitted and, if the person was undocumented, report that person to US immigration officials.