



OFFICE OF THE GOVERNOR OF THE COMMONWEALTH OF VIRGINIA

OVERVIEW OF SB1488 WORKGROUP

SECRETARY OF HEALTH AND HUMAN RESOURCES

DANIEL CAREY, M.D.

JOINT SUBCOMMITTEE STUDYING MENTAL HEALTH SERVICES IN THE

COMMONWEALTH IN THE 21ST

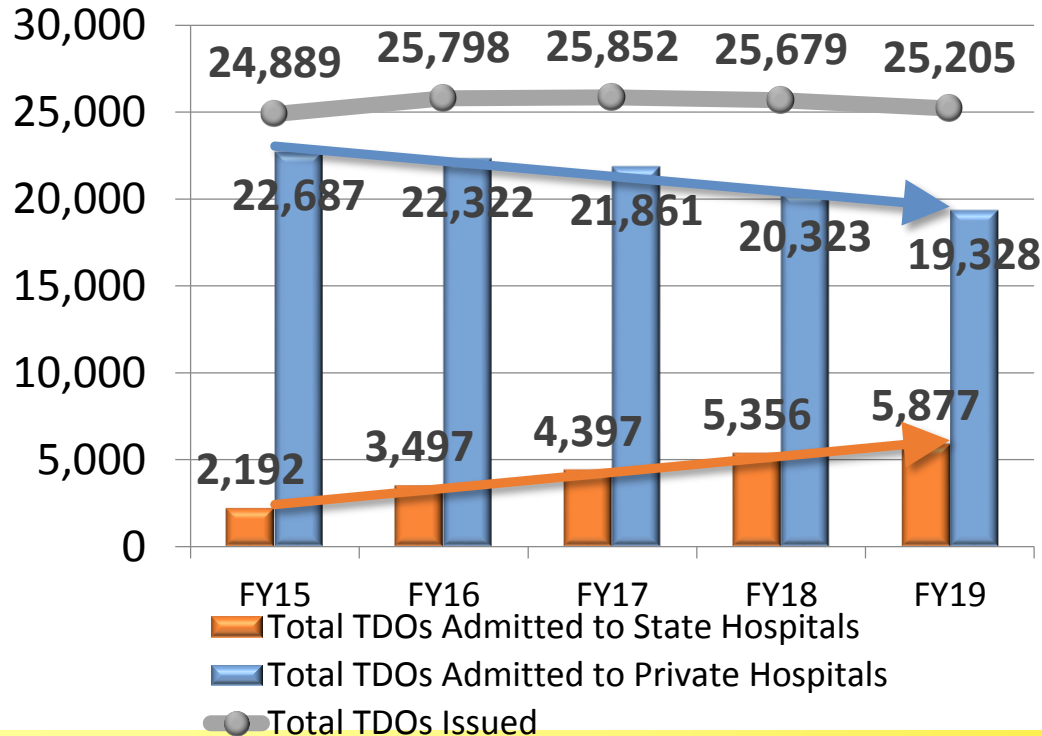
CENTURY

NOVEMBER 12, 2019

PRESENTATION

- Background
- SB1488 Workgroup Charge and Process
- Workgroup Report
- Recommendations
- Coordination with Right Sizing

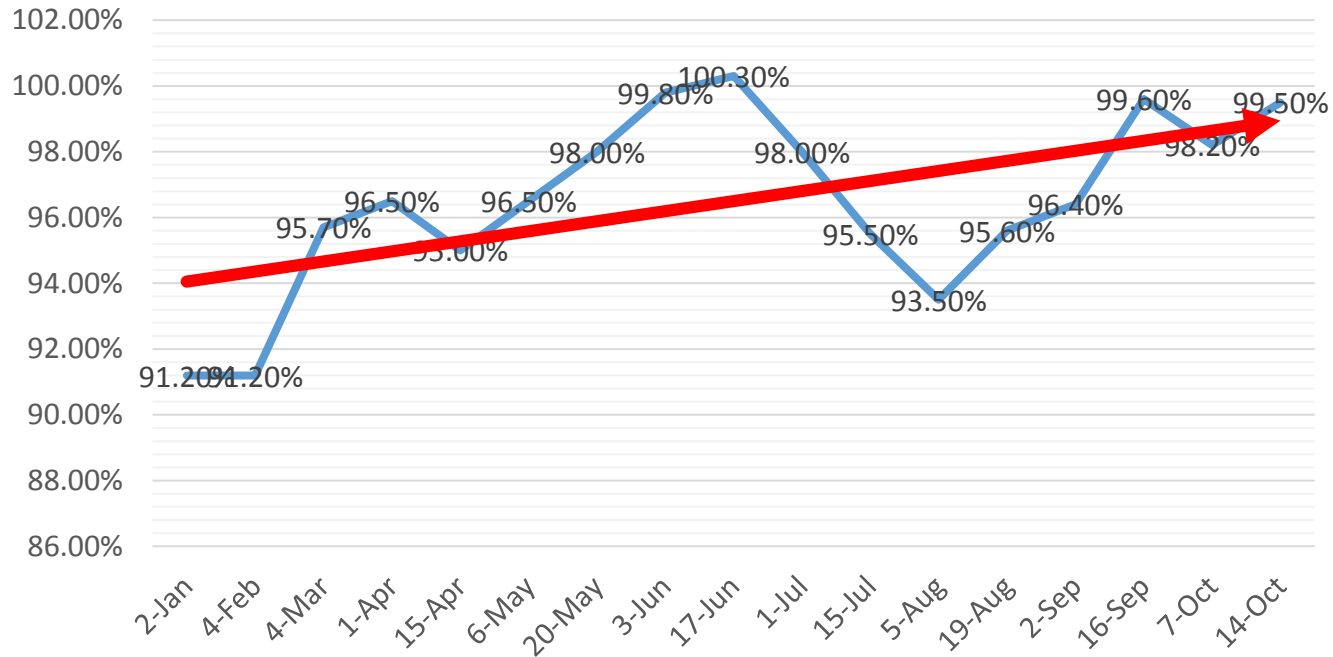
STATEWIDE TDOs AND HOSPITAL ADMISSION TRENDS



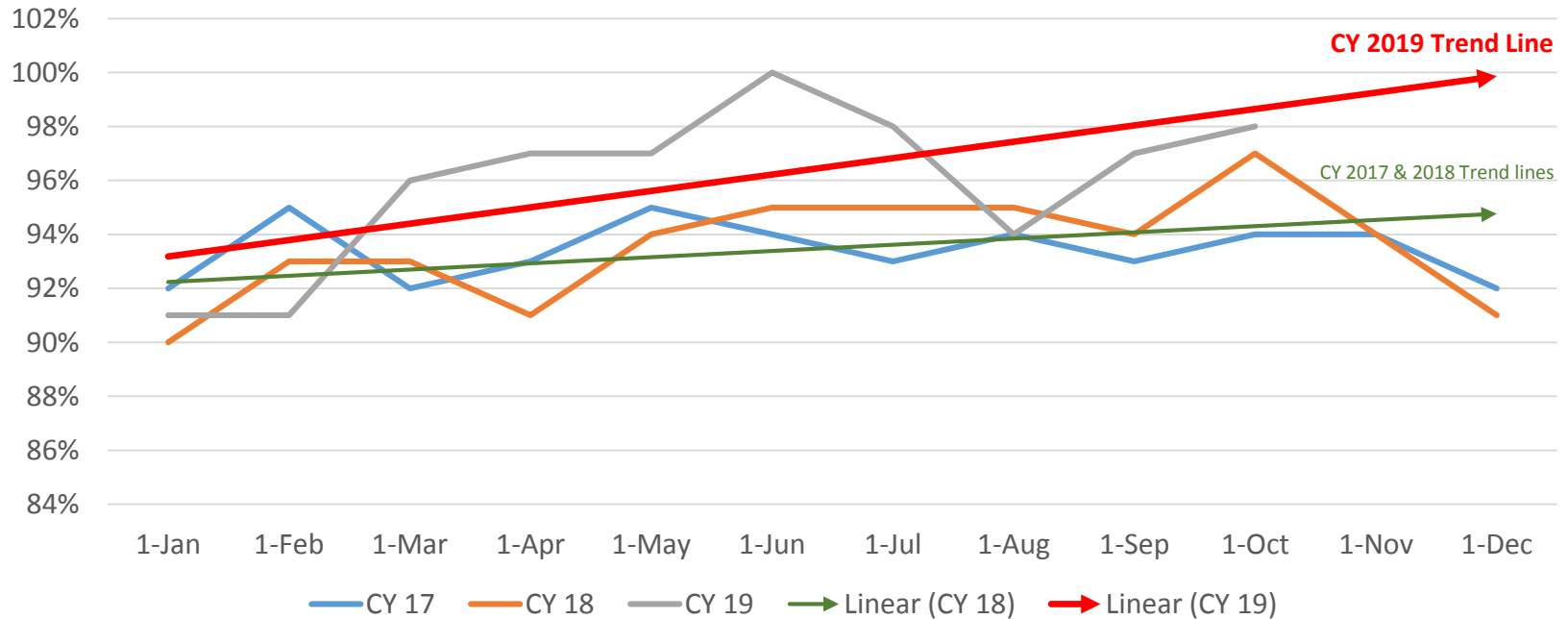
- 70% of admissions to state hospitals are civil TDOs.
- 600 to 1,200 additional individuals admitted each year to state hospitals.
- Use 30 more beds each year.
- Funded bed use = 97%
- Staffed bed use = 127%.

CALENDAR YEAR 2019 STATE HOSPITALS CENSUS TRENDS

Percent of Adult and Geriatric Beds Filled in State Hospitals



STATE HOSPITAL CENSUS TRENDS COMPARING CALENDAR YEARS 2017, 2018, AND 2019



LEGISLATION AND BUDGET LANGUAGE

SB1488

Overall charge- examine the causes of the high census at the Commonwealth's state hospitals for individuals with mental illness with a specific focus on:

- Evaluation process for those under an Emergency Custody Order (ECO)
- Individuals with medically complex conditions
- Individuals who are intoxicated
- Most appropriate setting for treatment

Consider:

- Extending the time frame for an ECO
- Transfer of custody for an individual under an ECO
- Diverting individuals from emergency room departments
- Assessing the evaluation process

WORKGROUP MEMBERS

Law
Enforcement
Officials

Provider
Groups

Community
Services
Boards

Advocates

State Agencies

WORKGROUP GOALS

- Goal: Develop short and long term solutions to reducing pressures on the census in state hospitals for individuals with mental illness
- Topics covered:
 - Discussion of causes of the high state hospital census
 - Diverting more admissions from state hospitals
 - Intoxicated and medically complex individuals
 - Emergency Custody Order (ECO) timeframe
 - Custody during ECO period
 - Alternatives to emergency departments for evaluation and assessment
 - Improving data collection and quality
 - Increasing community services

OVERVIEW OF WORKGROUP MEETINGS

Meeting Date	Discussion
April 2019	Understanding the census crisis from all perspectives
May 2019	Overview of the civil commitment process National Perspective
June 2019	Overview of alternative sites for TDO assessment Discussion of ECO time frame extension
July 2019	Overview of civil commitment process for medically complex and intoxicated individuals
August 2019	Presentation and discussion of policy recommendations for children
October 2019 pt. I	Review workgroup adult recommendations and discuss policy options
October 2019 pt. II	Review workgroup child recommendations Discuss feedback on draft report

WORKGROUP REPORT

- I. Preface
- II. Introduction and Background
- III. Workgroup Charge and Process
- IV. Workgroup Discussion
- V. Recommendations
- VI. Conclusion

TDO WORKGROUP RECOMMENDATION OVERVIEW – ADULTS & CHILDREN

Consensus Recommendations

1. Support the Continued Build Out of Community-Based Services and Supports

- Continue implementation of STEP-VA
- Support efforts toward proposed Medicaid Behavioral Health Redesign
- Increase utilization of Crisis Stabilization Units (CSUs)
- Support expansion of Mobile Crisis
- Additional crisis services system resources

2. Address Behavioral Health Workforce.

- Support existing efforts to address behavioral health workforce

3. Reduce Trauma and Improve the Civil Commitment Process.

- Establish a Civil Commitment Workgroup

4. Provide Additional Resources to Treat Individuals with Medically Complex Conditions

- Modification of Local Inpatient Purchase of Service (LIPOS) Funds
- Determine the necessity for more specialized beds for geriatric and medically complex patients
- Provide a specialized inpatient rate for individuals with ID/DD

5. Provide Additional Resources for Individuals who are Intoxicated or Require Detoxification

- Assess current CITAC model
- Amend Medical TDO language to include intoxicated individuals

TDO WORKGROUP RECOMMENDATION OVERVIEW – ADULTS & CHILDREN

Non-Consensus Recommendations

1. Extend the Emergency Custody Order (ECO) Period

- Extend the ECO period for individuals requiring additional observation, testing, and treatment
- Extend the ECO Period for individuals requiring substance intoxication or withdrawal

2. Improving the Evaluation Process

- Expand who is able to conduct a TDO evaluation

3. Enhancing Data Collection

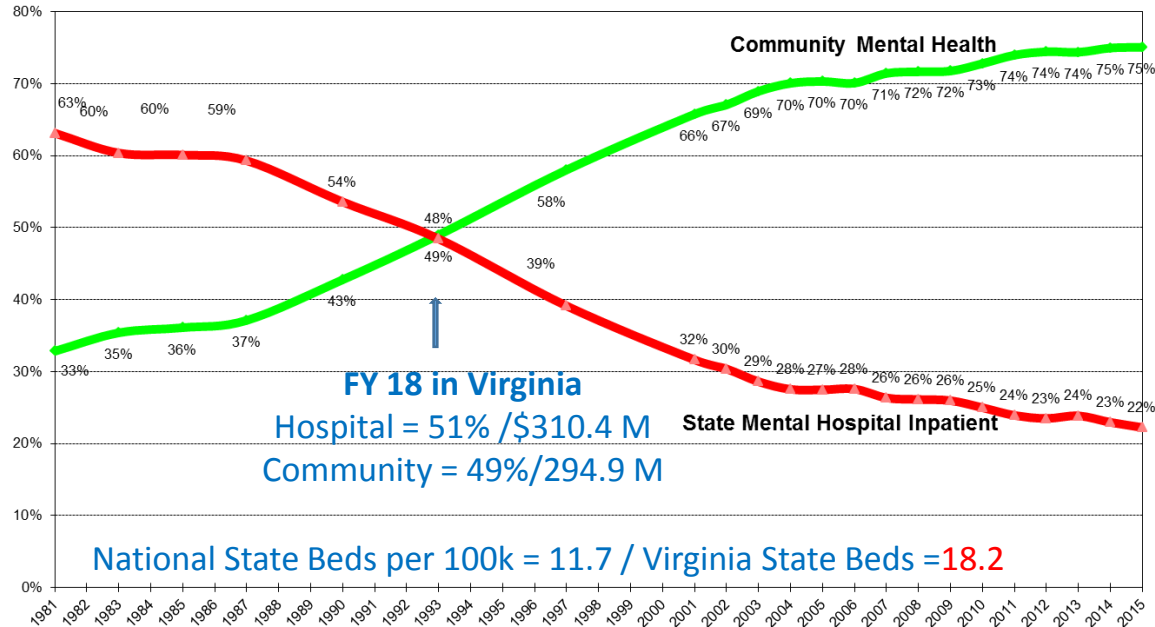
- Mandate data reporting requirements
- Utilize Bed Registry as a data collection tool

4. Clarify the Role of Virginia's State Psychiatric Hospitals

5. Modification of the Bed of Last Resort Legislation

How VIRGINIA COMPARES TO THE NATION

General Fund Dollars Invested in Community Services Relative to State Hospitals



Since FY15, Virginia has invested \$36.9 M in state hospitals and \$31.2 M in communities for census management

VIRGINIA'S BEHAVIORAL HEALTH BEDS



State Hospitals

- 9 hospitals operating 1,491 beds
- 48 child and adolescent beds
- 264 geriatric beds
- 111 Maximum Security forensic beds
- Admit over 8,000 persons (70% are civil TDOs)
- 35% of population has criminal justice involvement
- **Operate at 96 to 100% capacity**

Private Hospitals

- 43 hospitals
- 1,799 beds
- Admit approx. 50,000 persons
- Average length of stay approx. 6.5 day
- 41% are TDOs
- **Operate at 75% capacity**

VIRGINIA'S CORE CHALLENGE FOR STATE HOSPITALS

DEFINING THE ROLE FOR STATE HOSPITALS

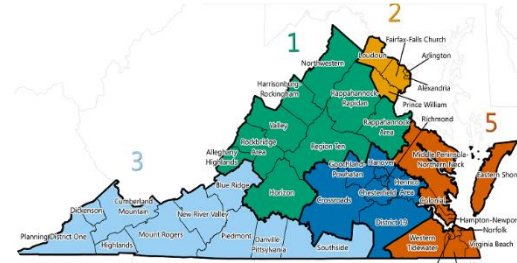


Nationwide - Typical role of state hospitals:

- Serving those with criminal justice involvement
- Providing longer term care for people in community hospitals after a period of stabilization
- Admitting a very small number of high risk individuals directly from the community

Virginia:

Over 73 percent of state hospital admissions are for people in the community who need short-term acute care



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