Virginia Department of Behavioral Health & Developmental Services

DBHDS Update on State Mental Health Hospitals

State of the Bed Census, Staffing Shortages, and Current and Future Efforts to Ensure the Safety of our State Hospitals

Joint Subcommittee on Health and Human Resources Oversight

October 5, 2021

Agenda

I. Update on the Bed Census Crisis

II. Staffing Efforts at State Facilities

III. Long-Term Staffing Strategies

IV. Strengthening Partnerships with Private Providers

V. Next Steps: Priorities for the Upcoming Biennium

BED CENSUS CRISIS

Update on the state mental health hospitals

All State Hospitals are Now Open to Admissions

- On July 9, 2021 DBHDS ordered five of Virginia's eight adult state hospitals to close civil TDO admissions to reduce their bed capacity and build staffing levels.
- No existing patients were discharged in an unsafe manner. As staffing improved, hospitals reopened on a limited basis and beds are being incrementally increased.
- DBHDS used emergency facility funds to procure additional contract staff, and for direct care recruitment and retention bonuses. ARPA funds will extend the bonuses to the end of the fiscal year.
- Called on private hospitals to make all available beds for TDO treatment open to accept all types of patients.
- Virginia needs every possible step down and long-term care facility to accept patients who are ready for discharge from state facilities.
- **All state hospitals are now reopened.**

Picture of Bed Census Given Staff Shortages

	Total Capacity (all admission types)	Current Capacity (staffed beds)*	Total Census	Total Utilization
Catawba (50 geriatric beds)	110	99	87	87.88%
Central State (excluding max security)	166	140	140	100.00%
Eastern State (40 geriatric beds)	302	242	241	99.59%
Northern Virginia Mental Health Institute	134	134	121	90.30%
Piedmont (123 geriatric beds)	123	85	78	91.76%
Southern Virginia Mental Health Institute	72	54	53	98.15%
SW Virginia Mental Health Institute (41 geriatric beds)	179	175	171	97.71%
Western State	246	177	177	100.00%
Commonwealth Center for Children & Adolescents	48	18	18	100.00%

*Staffed beds may remain understaffed versus the staffing grid at a particular facility and/or unit. In that case, the staffing level to reduce incidents/injuries has been reached and is continuing to be monitored.

NOTES: (1) Not reflected here, Catawba reopened 14 beds on 9/24 and Central State reopened 7 beds on 9/29.

(2) ***This is a point-in-time picture of the census from 10/4/21****. The census fluctuates daily. There are times when all of these hospitals are operating at 100 percent of their staffed capacity.*

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Census Given Staff Shortages June-Present

	June 1	July 1	August 1	August 16	Sept. 1	Sept. 16	Oct. 4
Total Capacity (all admission types)	1,332	1,332	1,332	1,332	1,332	1,332	1,332
Current Capacity (staffed beds)*	1,332	1,332	1,307	1,195	1,195	1,084	1,106
Total Census	1,288	1,271	1,127	1,092	1,051	1,060	1,069
Total Utilization	96.7%	95.4%	86.2%	91.4%	87.9%	97.8%	96.65%

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Extraordinary barriers to discharge (EBL) in 2021

The timeframe that constitutes placement on the EBL list changed from 14 days to 7 days in the new CSB Performance Contract

Month	# on list
January	210
February	217
March	220
April	207
May	188
June	183
July	167
August	226

STAFFING EFFORTS AT OUR FACILITIES

Progress made from new funds to strengthen state hospital staffing

New Funds to Strengthen Staffing and Census

2021 Special Session allocated bonuses for Direct Care Staff at Behavioral Health Hospitals and Training Centers

- FY 2022- $45 million for bonuses to direct care staff
- FY 2023- Governor's intention to fund $76.9 million for salary adjustments

ARPA funds will expand pilot programs for individuals with dementia who are ready for discharge and need nursing care

- FY 2022- $1.65 million
- FY 2023 – Governor's intention to fund $1.65 million

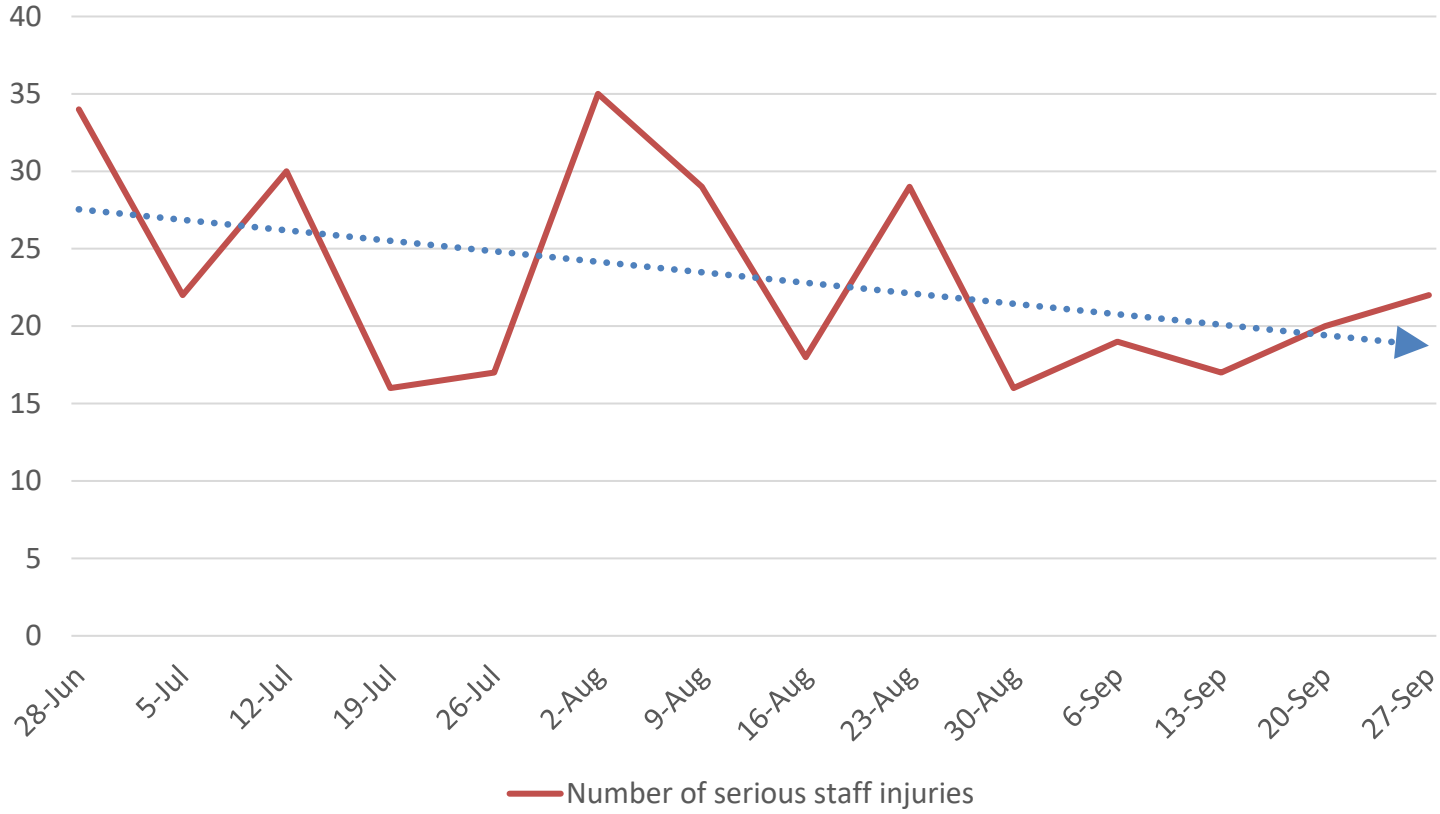
ARPA funds for permanent supportive housing

- $5M for PSH in Northern Virginia to assist with bed crisis at state facilities

Authorization and Use of Funding to Address Critical Staff Shortages

- The Governor authorized DBHDS to use internal one-time revenue reserve, emergency resources of $24M to address staffing crisis
  - Retention bonuses for direct care staff
  - Emergency staffing contract(s) – GQR system-wide contract, 196 positions 13 weeks (thru mid November)
- The General Assembly authorized $45M in ARPA SLR federal funding to support retention bonuses through end of FY 2022 and until the Commonwealth can execute compensation increases to 75th percentile in base budget ($76.9M ARPA SLR set aside for FY 2023).
- The Governor authorized use of facility end of FY 2021 GF balances totaling $6.9M for supporting these activities in the current fiscal year.
- DBHDS has recruitment/retention bonus plans and staffing contract in place with current year-to-date expenditures of $9.2M for the retention plan and $1.9M for the GQR contract through the end of the 1st quarter.
- DBHDS identified an ongoing contract staffing need to address anticipated shortages anticipated through the end of the fiscal year (beyond end of GQR contract) and submitted a budget request of $17.5M GF to continue these system-wide efforts.

Weekly Serious Injuries are Decreasing



35% decrease

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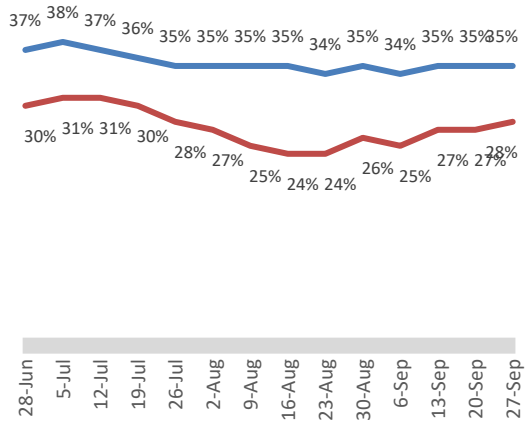
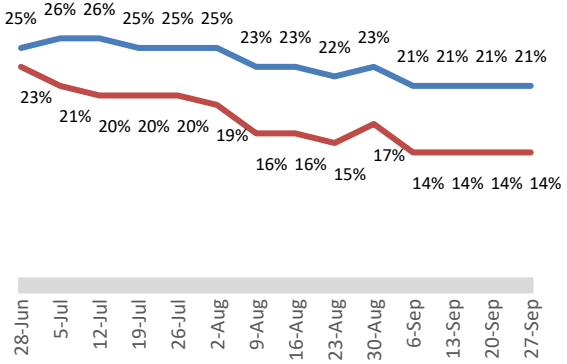
Vacancy Rates are Gradually Declining

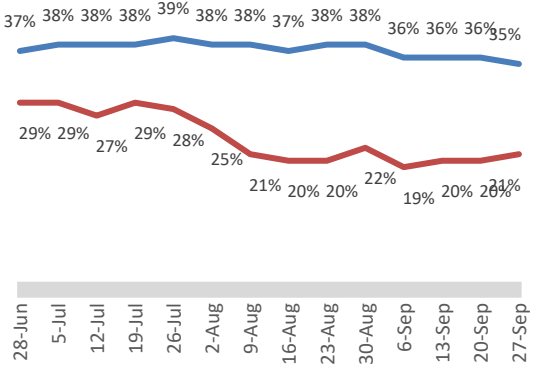
Direct Care Associates



Registered Nurses



Licensed Practical Nurses



Vacancy Rates

Vacancy Rates including Contract Workers

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The Balance is Shifting between Separations and New Hires

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LONG-TERM STAFFING STRATEGIES

Raising staffing standards and avoiding future workforce crises

Strategy to Retain Staff Long-Term

- As census has grown over years, DBHDS has taken many actions to retain staff
  - Bonuses, A-529 Contributions, Student Loan Repayment, Shift Differential, Alternate Pay Bands, CMEs, etc
- With support of the Governor and General Assembly, recent emergency actions include:
  - Use reserve balances to provide Q1 retention bonuses, funding approved for FY22 Q2, Q3, and Q4 bonuses
  - Commissioner declared internal organization state of emergency to procure contract direct care staff
- DBHDS working with Administration to explore methods to:
  - Increase salaries for direct care to market rate averages or above
  - Identify salary increases and bonuses for clinical and other key staff
  - Continue recruitment and retention bonuses for direct care
  - Potentially extend contract for direct care services

STRENGTHENING PARTNERSHIPS WITH PRIVATE PROVIDERS

Status of contracts for diversion and discharge of state hospital patients

Partnerships for the Adult Population

Partnership	Description	Projected Annual Cost	Est # served as of 9/30/21
CSU Agreement (exhibit D, not contract)	Agreement with CSB CSUs for diversion	$48,000	8
Inpatient Psychiatric Beds with Williamsburg Pavilion (also for geriatrics)	Reduce Adult Bed Census through diversion or step down of eligible TDOs and long term stays	$500,000	100
Gateway Homes TGH and PSH (also for geriatrics)	Transitional Group Homes	$4,200,000	161
Jewish Family Services/Guardianship (also for geriatrics)	Provide guardianship services for those discharged from state facilities	$600,000	137
Carilion Comprehensive Psychiatric Emergency Program (census pilot) (also for children and geriatrics)	Divert individuals in ED from inpatient hospitalization	$2,500,000	50
Riverside Addiction Services Program (census pilot) (also for geriatrics)	Provide inpatient detox, IOP, and PHP in order to divert individuals with SUD from state hospitalization	$2,500,000	In development
CBC Solutions (census pilot) (also for geriatrics)	Provide intensive care coordination and diversion for high utilizers of state hospitals (720 – 1000 pts)	$2,500,000	In development
Inpatient beds at Chesapeake Regional (also for geriatrics)	Provide inpatient diversion beds for adult and geriatric patients (20 beds)		

Partnerships for the Geriatric Population

Contract	Description	Projected Annual Cost	Est # served as of 9/30/21
Contract for ALF Services at Commonwealth Senior Living	Reduce Geriatric census by diversion/step down of eligible patients to assisted living facility	$250,000	65
Three CSB-run ALFs (also for adults)	ALFs for state hospital discharges	$4,368,000	162
Mt Rogers Nursing Home	Provide nursing home beds for those with extraordinary BH needs by providing specialized BH staff at the nursing home	$900,000	41
Mount Rogers CSB	Interdisciplinary older adult specialty team (Exhibit D)	$700,000	In development
Western Tidewater CSB	Memory care beds/specialized interdisciplinary team for dementia care (Exhibit D)	$1,630,000	In development

Partnerships for Children and Adolescents

Contract	Description	Projected Annual Cost	Est # served as of 9/30/21
Inpatient Psychiatric Beds for Children and Adolescents with UHS	Provide inpatient beds for diversion of children who would otherwise go to CCCA	$250,000	108
Gateway Transitional Homes for Adolescents	Transitional Group Homes	$1,500,000	12
Expansion of CHKD Emergency Department Mental Health Intake Expansion	Provide funding for expansion of CHKD emergency department in order to provide increased mental health intake to children in behavioral crisis, to possibly divert from admission to CCCA	$4,135,502 (one-time funds)	In development

Lessons Learned – Private Provider Partnerships

Successful partnerships require:

- ✓ Regular oversight and monitoring
- ✓ Quality review and assurance
- ✓ Regular communication with partners
- ✓ Contracts with performance benchmarks (such as % accepted)

- DBHDS staff resources are critical to ensuring success of private provider partnerships.
- Still, it is a struggle to get most providers to serve individuals that would otherwise be served by a state hospital, due to the level of acuity and aggression. This is especially true for contracts for inpatient beds.

Reducing the High State Hospital Census and Filling Significant Workforce Gaps

Top State Hospital Priorities

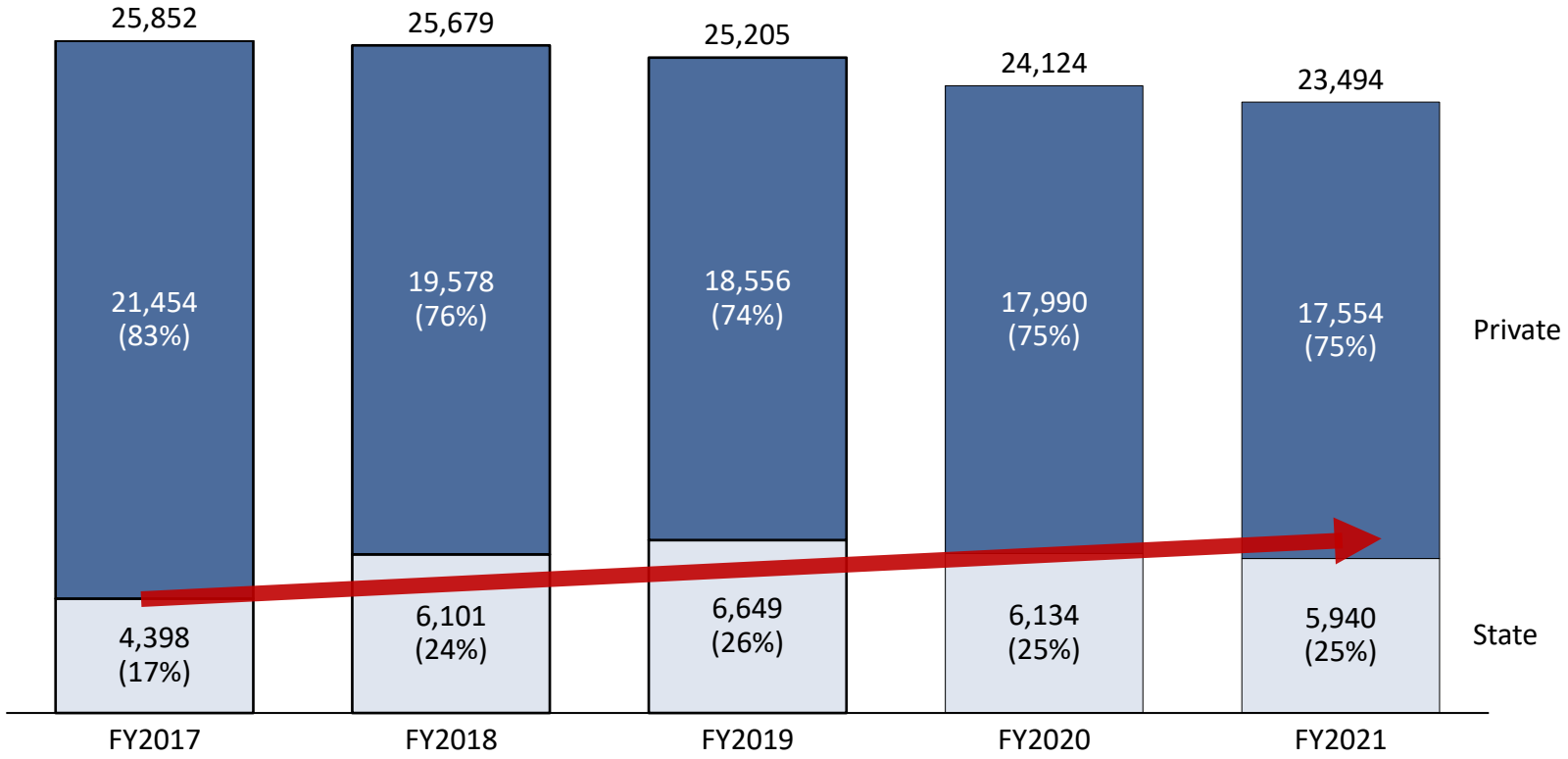
- Invest in immediate state hospital workforce needs.
- Reduce state hospital census through targeted actions and key partnerships.
- Implement enhanced technology for state hospitals.
- Improve hospital operations in order to maximize revenue and improve quality.
- Reduce forensics footprint in state hospitals through supporting increased capacity for outpatient restoration services and court-ordered evaluations.
- Expedite discharge for state hospital patients through additional state hospital capacity for discharge planning, super utilizer program and new step-down services for patients with a primary diagnosis of dementia.

Related Priorities and Critical Needs

- Expanding the availability of high-quality, evidence-based community services
- Initiating community provider capacity solutions
- Building bh/dd workforce as a foundation to success
- Modernizing IT and data systems

POCKET SLIDES

TDO Admissions by Fiscal Year



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