DBHDS Update

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

November 16, 2020

Alison Land, FACHE
Commissioner
Virginia Department of Behavioral Health and Developmental Services
I. State Hospital Census Update
   a. Hospital Census Status
   b. Impact of COVID-19
   c. EBL and Contracting Efforts

II. CSBs, Providers, & Impact of COVID-19

III. STEP-VA Status
   a. Steps to Date
   b. Marcus Alert

IV. Findings from Workgroups and Studies

V. 2021 DBHDS Priorities

VI. Questions and Discussion
STATE HOSPITAL CENSUS
Statewide TDOs and Hospital Admission Trends

- State hospitals serve about **1,500** additional individuals per year.
- The number of TDOs issued has been fairly level for several years (around 25,000).
- Yet, state hospitals are experiencing increasing admissions of TDO patients.
- **81%** of TDO admissions to state hospitals are civil TDOs.
Temporary impact of covid-19 on TDO admissions to state hospitals

- TDO admissions were down in March, April, and May compared to the previous year.
- In June 2020 and July 2020, admissions were up compared to 2019.

Source: Avatar admissions data. All TDO admissions between January 1, 2019 and October 31, 2020.
## Census on November 12, 2020

<table>
<thead>
<tr>
<th>Facility</th>
<th>Total Capacity</th>
<th>Total Census</th>
<th>Total Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catawba (50 geriatric beds)</td>
<td>110</td>
<td>109</td>
<td>99%</td>
</tr>
<tr>
<td>Central State (excluding max security)</td>
<td>166</td>
<td>167</td>
<td>101%</td>
</tr>
<tr>
<td>Eastern State (117 geriatric beds)</td>
<td>302</td>
<td>293</td>
<td>97%</td>
</tr>
<tr>
<td>Northern Virginia Mental Health Institute</td>
<td>134</td>
<td>130</td>
<td>97%</td>
</tr>
<tr>
<td>Piedmont (123 geriatric beds)</td>
<td>123</td>
<td>119</td>
<td>97%</td>
</tr>
<tr>
<td>Southern Virginia Mental Health Institute</td>
<td>72</td>
<td>61</td>
<td>HOLD* 85%</td>
</tr>
<tr>
<td>SW Virginia Mental Health Institute (41 geriatric beds)</td>
<td>175</td>
<td>151</td>
<td>HOLD* 86%</td>
</tr>
<tr>
<td>Western State</td>
<td>246</td>
<td>240</td>
<td>98%</td>
</tr>
<tr>
<td>Commonwealth Center for Children &amp; Adolescents</td>
<td>48</td>
<td>21</td>
<td>HOLD* 44%</td>
</tr>
</tbody>
</table>

Notes:
- State hospitals are funded to 90 percent capacity
- Admissions are currently closed at Southwestern Virginia Mental Health Institute because of an outbreak
- CCCA is currently open with a limited number of beds
The number of patients age 65+ admitted to state hospitals has increased, even with a temporary drop in April affecting the number for FY2020.

Source: Avatar admissions data. All patients age 65 and older. Includes all state hospitals.
Number of admissions to CCCA

Without the drop in admissions related to COVID-19, admissions for FY 2020 would have been similar to FY 2019.

Source: Avatar admissions data.
State Facility Response to COVID-19

- **Response Actions:**
  - Visitation restrictions are in place across the system.
  - Aggressive plans in place for infection control and isolation of presumed positive and positive cases.
  - Facilities holding weekly calls with Section Chiefs for continued collaboration and problem solving.
  - In October, DBHDS facilities received a federal allotment of ~15,000 Abbott BINAX Now Rapid Antigen tests which will be used to implement a robust screening program for COVID-19 among staff and patients.

- **Guidance and Resource Needs:**
  - In accordance with EO 70, current operational guidance is for delay of admissions at 100% census. Census remains at critical levels for adult and geriatric populations. Admissions are temporarily on hold at SWVMHI and SVMHI due to COVID outbreaks.
  - Current operational guidance is denial of admission for all positive patients.
  - PPE resources are tracked and have stabilized with ongoing procurement requests as needed.
  - Crisis Standards of Care were created in the Spring and operationalized in coordination with VDEM if needed to execute.
## COVID-19 Impact on Facility Finances

<table>
<thead>
<tr>
<th></th>
<th>COVID-19 Expenses as of October 31, 2020</th>
<th>COVID-19 Revenue as of October 31, 2020</th>
<th>CARES Act FY 2021</th>
<th>Rural Relief Medicare</th>
<th>Total Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Personnel</td>
<td>Supplies</td>
<td>Equipment</td>
<td>Total Expenses</td>
<td>Infection Control</td>
</tr>
<tr>
<td>Catawba</td>
<td>$20,052</td>
<td>$67,085</td>
<td>$29,368</td>
<td>$116,505</td>
<td>$24,111</td>
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<tr>
<td>CCCA</td>
<td>$56,780</td>
<td>$79,364</td>
<td>$0</td>
<td>$136,144</td>
<td>$11,554</td>
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<td>Central Office</td>
<td>$0</td>
<td>$678,589</td>
<td>$0</td>
<td>$678,589</td>
<td>$0</td>
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<tr>
<td>Central State</td>
<td>$0</td>
<td>$135,331</td>
<td>$1,496</td>
<td>$136,827</td>
<td>$40,040</td>
</tr>
<tr>
<td>Eastern State</td>
<td>$0</td>
<td>$199,324</td>
<td>$0</td>
<td>$199,324</td>
<td>$19,442</td>
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<tr>
<td>Hiram Davis</td>
<td>$62,297</td>
<td>$0</td>
<td>$2,564</td>
<td>$64,861</td>
<td>$10,136</td>
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<tr>
<td>NVMHI</td>
<td>$230,317</td>
<td>$210,912</td>
<td>$7,220</td>
<td>$448,449</td>
<td>$0</td>
</tr>
<tr>
<td>Piedmont</td>
<td>$0</td>
<td>$112,995</td>
<td>$2,426</td>
<td>$115,421</td>
<td>$4,140</td>
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<tr>
<td>SEVTC</td>
<td>$96,044</td>
<td>$41,660</td>
<td>$0</td>
<td>$137,704</td>
<td>$2,405</td>
</tr>
<tr>
<td>VCBR</td>
<td>$0</td>
<td>$7,064</td>
<td>$0</td>
<td>$7,064</td>
<td>$4,710</td>
</tr>
<tr>
<td>Western State</td>
<td>$0</td>
<td>$115,526</td>
<td>$0</td>
<td>$115,526</td>
<td>$0</td>
</tr>
<tr>
<td>SVMHI</td>
<td>$0</td>
<td>$97,111</td>
<td>$1,052</td>
<td>$98,163</td>
<td>$0</td>
</tr>
<tr>
<td>SWVMHI</td>
<td>$244,463</td>
<td>$23,929</td>
<td>$5,751</td>
<td>$274,143</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$709,953</td>
<td>$1,768,890</td>
<td>$49,877</td>
<td>$2,528,720</td>
<td>$116,538</td>
</tr>
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</table>

Virginia Department of Behavioral Health & Developmental Services
Extraordinary Barriers List (EBL)

2020 EBL by Month

Barriers (10/30/2020)

<table>
<thead>
<tr>
<th>Primary barrier</th>
<th># of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awaiting discharge – date scheduled</td>
<td>38</td>
</tr>
<tr>
<td>Awaiting completion of CSB tasks (DAP contracts, scheduling appointments, etc.)</td>
<td>17</td>
</tr>
<tr>
<td>Guardian barriers (waiting on circuit court hearing)</td>
<td>11</td>
</tr>
<tr>
<td>NGRI process</td>
<td>50</td>
</tr>
<tr>
<td>No willing provider-ALF</td>
<td>27</td>
</tr>
<tr>
<td>No willing provider- DD services</td>
<td>5</td>
</tr>
<tr>
<td>DD waiver process</td>
<td>3</td>
</tr>
<tr>
<td>No willing provider-nursing home</td>
<td>35</td>
</tr>
<tr>
<td>No willing provider-other (supervised residential)</td>
<td>5</td>
</tr>
<tr>
<td>No willing provider-PSH (waiting on apartment availability)</td>
<td>7</td>
</tr>
<tr>
<td>Patient/family resistant to discharge</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>209</td>
</tr>
</tbody>
</table>
DBHDS Strategies to Address Census

- Continue to engage community providers in developing programs and services for BH/DD patients
- Engage the CSBs and community/private hospitals regarding admissions to settings other than state hospitals
- Maximize incentives, recruitment, and retention strategies to maintain workforce
- Balance efforts for front and back door initiatives
Activities to Address the Census – Re-allotted Dollars

DAP
- $7.5 million in FY21 and $10 million in FY22 for discharge assistance plans

Pilots
- $3.75 million in FY21 and FY22 for state hospital census reduction pilot programs
SYSTEM-WIDE COVID-19 IMPACT

Impact on DBHDS-licensed providers and CSBs
COVID-19 Cases, Outbreaks, and Deaths

DBHDS-licensed providers

- COVID-19 related deaths: 63 total
- Residential outbreaks reported: 133
- COVID-19 positive cases: 1,612 total

*Data as of 11/9/20
Community Delivery System Impact

- DBHDS is tracking the impact of COVID-19 on the delivery of behavioral health and developmental services.
- Both CSBs and private providers have reported significant changes to service delivery including implementing telehealth, temporarily suspending certain services, stopping new admissions, and more.
- The most widespread disruptions appear among day support and residential services.
  - 201 day support services are being temporarily suspended.
  - 27 residential and crisis stabilization services have stopped accepting new admissions or are temporarily suspending admissions.

Number of Impacted Services by CSB or Private Provider*

<table>
<thead>
<tr>
<th>Type of Service Adjustment</th>
<th>CSB</th>
<th>DBHDS Licensed Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementing telehealth</td>
<td>479</td>
<td>286</td>
</tr>
<tr>
<td>Temporarily suspending operations</td>
<td>111</td>
<td>117</td>
</tr>
<tr>
<td>Changing capacity</td>
<td>73</td>
<td>38</td>
</tr>
<tr>
<td>Temporarily suspending admissions</td>
<td>28</td>
<td>71</td>
</tr>
<tr>
<td>Changes to staffing</td>
<td>42</td>
<td>54</td>
</tr>
<tr>
<td>Not accepting any new admissions</td>
<td>62</td>
<td>8</td>
</tr>
<tr>
<td>Modifying admissions policies</td>
<td>23</td>
<td>37</td>
</tr>
<tr>
<td>Request to provide a licensed service in an unlicensed location</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Moving or changing locations</td>
<td>14</td>
<td>21</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>834</strong></td>
<td><strong>672</strong></td>
</tr>
</tbody>
</table>

*Data as of 10/1/20
CSBs have remained financially stable by reducing staff to match program demand in programs affected by COVID-19 restrictions (Day Programs) and quickly transiting to tele-health for other programs.
CARES Act Funding for CSBs

• CSBs will receive reimbursement for PPE and Telehealth/Telework Expenses incurred in July and August 2020 ($245,363)

• Expense Reimbursement Amounts
  – July reimbursement ($114,350)
    • PPE $76,482
    • Telehealth/Telework $37,868
  – August ($131,014)
    • PPE $100,899
    • Telehealth/Telework $30,115
Demand for Behavioral Health Services is Anticipated to Grow

Sources:
- Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62354 COVID-19 cases in the USA

- Additional estimated deaths of despair in Virginia due to the economic impact of COVID-19: 1,720
- U.S. adults who say COVID-19 has impacted their mental health: 45%
- Additional fatal overdoses compared to the same quarter last year: 245
- Individuals who have been infected with COVID develop a psychiatric illness within 90 days. Individuals with pre-existing mental illness are 65% more likely to be diagnosed with COVID: 1 in 5
• Virginia received a federal grant to develop VA COPES.
• VA COPES provides emotional support, listening and referrals for Virginians who struggle to cope during the pandemic.
• Call or text 877-349-6428
• The warmline hours are currently:
  – Monday – Friday, 9 a.m. - 9 p.m., and
  – Saturday and Sunday, 5 p.m. - 9 p.m.
STEP-VA STATUS

Continuing to build core services amidst a pandemic
System Transformation Excellence and Performance (STEP-VA)

**Implemented**
- Same Day Access
- Primary Care Screening
- Crisis Detox

**Underway**
- Outpatient Services
- Mobile Crisis
- Crisis Dispatch

**Next Steps**
- Additional Outpatient Services
- Additional Mobile Crisis Services
- Military Services
- Peer and Family Services

**Future Steps**
- Case Management
- Psychiatric Rehabilitation
- Care Coordination

Virginia Department of Behavioral Health & Developmental Services
Crisis Services

FOUR CORE ELEMENTS FOR TRANSFORMING CRISIS SERVICES

HIGH-TECH CRISIS CALL CENTERS
These programs use technology for real-time coordination across a system of care and leverage big data for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis.

24/7 MOBILE CRISIS
Mobile crisis offers outreach and support where people in crisis are. Programs should include contractually required response times and medical backup.

CRISIS STABILIZATION PROGRAMS
These programs offer short-term “sub-acute” care for individuals who need support and observation, but not ED holds or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care.

ESSENTIAL PRINCIPLES & PRACTICES
These must include a recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.
Marcus Alert and Crisis Services

- The behavioral health response can come from **community care teams**, a team of mental health services providers that may include peer recovery specialists and law enforcement, or **mobile crisis teams**, which may not include law enforcement.

- The development of **mobile crisis teams** is one of the STEP-VA steps. DBHDS continues working with CSBs on planning and implementation, as well as with DMAS on the four crisis Behavioral Health Enhancement rates. This step is critical to supporting the workforce and infrastructure necessary to meeting the goals of the Marcus Alert as well as diverting individuals from inpatient hospitalization.

**Marcus Alert Timeline**

- **July 1, 2021:** DBHDS with DCJS shall develop a written plan
- **July 1, 2021-Jan 1, 2022:** public service campaign
- **Dec. 1, 2021:** DBHDS shall establish five Marcus alert programs
- **July 1, 2022:** every locality shall have established local protocols
- **July 1, 2023:** DBHDS shall establish five additional programs
- **July 1, 2026:** All CSB/BHA areas shall have established Marcus alert system
# STEP-VA Funding and Status to Date

<table>
<thead>
<tr>
<th>STEP-VA “step”</th>
<th>Status</th>
<th>Existing Funding (prior to 2020)</th>
<th>GA 2020 Appropriated</th>
<th>Unallotted</th>
<th>Remaining</th>
<th>General Assembly 2020 Special Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same Day Access</td>
<td>Implemented</td>
<td>$10,795,651</td>
<td>$10,795,651</td>
<td>$0</td>
<td>$10,795,651</td>
<td>$10,795,651</td>
</tr>
<tr>
<td>Primary Care Screening</td>
<td>Implemented</td>
<td>$7,440,000</td>
<td>$7,440,000</td>
<td>$0</td>
<td>$7,440,000</td>
<td>$7,440,000</td>
</tr>
<tr>
<td>Detoxification (Crisis Services)</td>
<td>Implemented</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$0</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Jul-20</td>
<td>$15,000,000</td>
<td>$21,924,980</td>
<td>($6,924,980)</td>
<td>$15,000,000</td>
<td>$21,924,980</td>
</tr>
<tr>
<td>Mobile Crisis</td>
<td>Apr-21</td>
<td>$7,800,000</td>
<td>$13,954,924</td>
<td>($6,154,924)</td>
<td>$7,800,000</td>
<td>$13,954,924</td>
</tr>
<tr>
<td>Crisis Dispatch</td>
<td>Jul-21</td>
<td>$4,697,020</td>
<td>($4,697,020)</td>
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<td>$4,697,020</td>
<td>$4,697,020</td>
</tr>
<tr>
<td>Veterans Services</td>
<td>Jul-21</td>
<td>$3,840,490</td>
<td>($3,840,490)</td>
<td>$0</td>
<td>$3,840,490</td>
<td>$3,840,490</td>
</tr>
<tr>
<td>Peer Support &amp; Recovery Services</td>
<td>Jul-21</td>
<td>$5,334,000</td>
<td>($5,334,000)</td>
<td>$0</td>
<td>$5,334,000</td>
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<tr>
<td>Psychological Rehab/Skills</td>
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<td>$0</td>
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<td>$0</td>
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<td>$0</td>
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<tr>
<td>Care Coordination</td>
<td>TBD</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>Case Management</td>
<td>TBD</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>Cross-Step Infrastructure*</td>
<td>ongoing</td>
<td>$3,200,000</td>
<td>($3,200,000)</td>
<td>$0</td>
<td>$3,200,000</td>
<td>$3,200,000</td>
</tr>
</tbody>
</table>

*Cross-step infrastructure refers to billing and data management staff as well as data analytics support for CSBs.
KEY WORKGROUP FINDINGS

Takeaways from workgroups around medical TDOs, TDO evaluators, the bed registry, and discharge assistance planning
**Medical TDO Workgroup (HB1452/SB738)**

**Key Goals**

1. Understand changes to code regarding medical temporary detention orders (TDOs)
2. Gather input around and develop necessary policies and procedures for medical TDOs

**Stakeholders**

- Department of Medical Assistance Services
- Virginia College of Emergency Physicians
- Office of the Executive Secretary
- The Medical Society of Virginia
- The Psychiatric Society of Virginia
- Virginia Association of Police Chiefs
- Virginia Sheriffs’ Association
- Virginia Association of Community Services Boards
- Virginia Hospital and Healthcare Association

**Takeaways and Recommendations**

The workgroup collaboratively developed a set of policies and procedures to inform the medical TDO process.

The policy/procedures have been finalized, posted to website and sent to stakeholders.

The workgroup also made recommendations regarding the use of medical TDOs:
- Further study of the use of medical TDOs and review of the medical TDO process including whether magistrates should have authority to issue
- The role of the CSB after the medical TDO expires

Key Goals
1. Review the current process for conducting TDO evaluations, including any challenges or barriers to timely completion
2. Develop a comprehensive plan to expand the individuals who may conduct TDO evaluations, and consider other states’ experiences
3. Include specific recommendations for legislative or budget actions necessary to implement the plan

Stakeholders
- Department of Medical Assistance Services
- Virginia Association of Emergency Room Physicians
- Mental Health America Virginia
- National Alliance on Mental Illness
- VOCAL
- Virginia Association of Community Services Boards
- Virginia Association of Counties
- Virginia Association of Chiefs of Police
- Virginia Hospital and Healthcare Association
- Virginia Municipal League
- Virginia Sheriffs’ Association
- Office of the Executive Secretary
- Office of the Attorney General
- Medical Society of Virginia
- Psychiatric Society of Virginia
- Voices for Virginia’s Children

Takeaways and Recommendations
The workgroup narrowed in on two possible areas of expansion for professionals who can conduct TDO evaluations:
1. Expanding eligible providers within the CSB system
2. Expanding to providers in the emergency room

In addition, overarching recommendations to improve and streamline the TDO process include:
- Examining the length of the prescreening form
- Improving the bed registry
- Monitoring quality and consistency of prescreens
- Leveraging peer support specialists

**Key Goals**

1. Evaluate the role of the bed registry in providing information about bed availability and ensuring adequate oversight of the process by which individuals are referred for acute psychiatric services
2. Examine the structure of the registry and types of data to be reported to the registry
2. Make recommendations for improvement

**Stakeholders**

- Virginia Association of Emergency Room Physicians
- Mental Health America Virginia
- National Alliance on Mental Illness VOCAL
- Virginia Association of Community Services Boards
- Virginia Hospital and Healthcare Association
- Medical Society of Virginia
- Psychiatric Society of Virginia
- Department of Medical Assistance Services

**Takeaways and Recommendations**

The workgroup made specific recommendations to the functionality and characteristics the bed registry should have to both increase participation and improve its use in bed placement, including:

- Interoperability with EHRs
- Filterable fields such as clinical exclusion criteria, location, and demographics
- Secure upload of patient information
- Improved user interface
- Flexible user roles
- Customizable reporting and analytics dashboard

Report available at: https://rga.lis.virginia.gov/Published/2020/RD513
**Key Goals**

1. Understand where DAP funds are going and key spending categories
2. Identify effectiveness of allocations for populations leaving state hospitals
3. Make recommendations for creating the services and housing for individuals leaving state hospitals

**Stakeholders**

DAP managers at Community Services Boards
Department of Medical Assistance Services
Department of Social Services
Department for Aging and Rehabilitative Services
Virginia Hospital and Healthcare Association

**Takeaways and Recommendations**

- Create opportunities to support the culture of least restrictive and highly integrated community living options
- Invest in a needs assessment for individuals leaving state facilities and living options
- Invest in and support rate setting for supervised living options
- Partner with DARS and DMAS to develop services for individuals with dementia and traumatic brain injury
- Support IT infrastructure to reduce administrative burden on CSB DAP management
- Partner with DMAS to include MCOs in discharge planning
- Support programs and mental health professionals in nursing facilities

Report available at: https://rga.lis.virginia.gov/Published/2020/RD441
2021 DBHDS PRIORITIES
DBHDS Priorities for the Year Ahead

Ensure patients are getting the most appropriate level of care

Address the state hospital census

Quickly and safely discharge patients ready to go back to the community

Continue progress on the DOJ Settlement Agreement

Work with providers through licensing to strengthen quality services

Continue to support the community behavioral health and developmental services system
QUESTIONS?