2016-18 Executive Progress Report

Commonwealth of Virginia
Secretary of Health and Human Resources

Mental Health Treatment Centers

At A Glance

Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life

Staffing 3915 Salaried Employees, 0 Contracted Employees, 4425 Authorized, and 671 Wage Employees.

Financials Budget FY 2017, $374.12 million, 79.01% from the General Fund.

Trends Legend ↑ Increase, ↓ Decrease, → Steady

Key Perf Areas ↑ Re-admissions within one year

Productivity → Administration & support costs

Legend ↑ Improving, ↓ Worsening, → Maintaining

For more information on administrative key, and productivity measures, go to www.vaperforms.virginia.gov

Background and History

Agency Background Statement

State Hospitals and Medical Center

The Department of Behavioral Health and Developmental Services (DBHDS) operates nine state mental health facilities (state hospitals). Eight state hospitals serve adults:

- Catawba Hospital (CH) near Salem,
- Central State Hospital (CSH) near Petersburg,
- Eastern State Hospital (ESH) in Williamsburg,
- Piedmont Geriatric Hospital (PGH) in Burkeville,
- Northern Virginia Mental Health Institute (NVMHI) in Falls Church,
- Southern Virginia Mental Health Institute (SVMHI) in Danville,
- Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, and
- Western State Hospital (WSH) in Staunton.

The Commonwealth Center for Children and Adolescents (CCCA) in Staunton is the only state hospital for children and adolescents with serious emotional disturbance.

Major Products and Services

State hospitals provide highly structured intensive inpatient services, including a range of psychiatric, psychological, psychosocial rehabilitation, nursing, support, and ancillary services. Specialized programs are provided to older adults, children and adolescents, and individuals with a forensic status.

Hospital forensic services include inpatient pretrial evaluation, competency restoration, and a variety of clinical and inpatient interventions. At CSH, a maximum security forensic unit has perimeter and internal security and security staffing equivalent to a medium security correctional center and an intermediate security unit has a medium correctional center level of perimeter security. Three hospitals have medium security units or programs, ESH, SVMHI, and WSH, with specialized staff and a minimum of two levels of locked security to prevent escape. Adults with a forensic status also receive services on state hospital civil units.

Geriatric centers at SWVMHI, CH, and PGH provide a variety of specialized clinical and inpatient interventions in areas of behavioral management,

cognition, interpersonal skills, self-care, and leisure time development that are specifically designed to address the unique and complex recovery, treatment, and support needs of older adults (65 years and older).

Customers

Customer Summary

The nine state mental health hospitals operated by the Department of Behavioral Health and Developmental Services (DBHDS) are under tremendous strain as they are weathering a 157 percent increase in temporary detention order (TDO) admissions and a 54 percent increase in total admissions since FY 2013. This follows “last resort” legislation passed in 2014 requiring state hospitals to accept admissions of individuals under a TDO if no alternate treatment location is found within the eight hour emergency custody order period. This high admissions rate, in combination with having approximately 200 individuals in our state hospitals clinically ready for discharge but who cannot leave because the right community services are unavailable, has resulted in an unsustainable utilization rate for the state hospitals. This consistently high utilization rate places both staff and patients alike in potentially unsafe conditions, and leading to increases in turnover rates among critical staff.

In addition to this dramatic increase in admissions, state hospitals are experiencing an increase in individuals who have significant or complex needs or serious conditions requiring specialized services and supports. Many have co-occurring combinations of mental health and substance use disorders, significant behavioral challenges, or acute or chronic medical conditions. Children and adolescents receiving care are among the most challenged and traumatized children in Virginia.

Customer Table

Predefined Group	User Defined Group	Number Served Annually	Potential Number of Annual Customers	Projected Customer Trend
Consumer	Individuals served in state hospitals	6,683	7,552	Stable

Finance and Performance Management

Finance

Financial Summary

Funds depicted in the table below are general fund dollars and nongeneral funds derived from the collection of fees from Medicaid, Medicare, private insurance, and private payments.

Fund Sources

Fund Code	Fund Name	FY 2017	FY 2018
0100	General Fund	$295,604,718	$298,099,789
0200	Special	$78,312,458	$78,331,714
1000	Federal Trust	$200,000	$200,000

Revenue Summary

Revenue collections include fees from Medicaid, Medicare, private insurance, and private payments.

Performance

Performance Highlights

An important measure of state hospital performance is readmissions of individuals within 30 days of discharge. This measures the effectiveness of hospitals in addressing the treatment needs of admitted individuals completely, working with the individuals’ case managers at local community services boards (CSBs) on discharge planning, ensuring applications for any necessary benefits (e.g., Medicaid or SSDI) have been applied for, preparing the individuals for discharge, and maintaining effective working relationships with the CSBs they serve to avoid unnecessary readmissions soon after discharge. As a result of the dramatic increase in admissions for individuals in a behavioral health crisis under a TDO, the state hospitals are now serving a much more clinical, medically, and behaviorally acute population, with a shorter length of stay and a higher readmission rate. A measure of productivity for state mental health facilities is hospital clinical costs per patient day. Clinical costs include medical and nursing staff, psychologists, social workers, therapists, and other staff and activities that are directly associated with the provision of care to individuals receiving hospital services This measure tracks the overall productivity of its clinical service staff and its ability to identify and address staff capacity issues across hospitals.

Selected Measures

Measure ID	Measure	Alternative Name	Estimated Trend
M792SA12007	Average daily cost of state hospital administration and support services.	Administration & support costs	Maintaining
M792SA12006	Percentage of admissions that involve an individual who discharged from a long stay or episode of care within one year.	Re-admissions within one year	Improving

Key Risk Factors

- ***State hospitals as facilities of "last resort:"*** The 2014 General Assembly amended the Code of Virginia to require state hospitals to accept civil temporary detention order (TDO) admissions if other alternatives have not been identified within the eight hour emergency custody order period. CSBs must notify the primary state hospital serving the CSB's area when an emergency custody evaluation is needed. State hospitals are required to admit any individual for temporary detention who is not admitted to an alternative treatment facility prior to the expiration of the emergency custody period. As noted above, as a result of the change in the civil commitment laws, state hospitals have experienced a 157 percent increase in TDO admissions and a 54 percent increase in total admissions since FY 2013.
- ***Lack of community alternatives:*** Delayed discharges from state mental health hospitals increase pressure on local private hospital emergency departments, law enforcement, and individuals who would benefit from state hospital services. In FY 2015, there was an average of 152.5 individuals who were clinically ready for discharge but who experienced barriers to discharge that extended their hospitalization over 30 days because appropriate community supports and housing arrangements were not available. In FY 2016, there were an average of 184.2 individuals who were found to be clinically ready for discharge for more than 14 days. In FY 2017, DBHDS changed the criteria for individuals to be added to the EBL to those who have been clinically ready for discharge for more than 14 days. So far in FY 2017, there has been an average of 185 individuals on the list each month.
- ***Forensic pressures on state hospital bed capacity:*** With adult civil beds increasingly occupied by adults with a forensic status, fewer state hospital beds are available for civil patients. Even with a statutory preference for outpatient competency evaluations and competency restoration whenever possible, many persons who could be served on an outpatient basis are instead referred to state hospitals. Continued investment in community-focused forensic services such as outpatient and jail-based evaluations, restoration of competency, and treatment for persons found not guilty by reason of insanity (NGRI) and ongoing diligence and aggressive utilization management of hospital jail inmate admission waitlists are required to offset the increasing demand for state hospital beds by adults with a forensic status. In FY 2018, the forensic pressures on the system will increase as a result of the change in law which requires individuals in jail must be admitted within 10 days of receipt of a court order for restoration to competency to stand trial.
- ***Geriatric pressures on state hospital bed capacity:*** Virginia serves many older adults with psychiatric needs in its state hospital geriatric centers (representing 12 percent of total hospital bed days for FY 2014) rather than in the community. This rate is among the highest in the nation, in large part because the Commonwealth lacks adequate community alternatives that provide specialized programs and providers trained to address the specific needs of older individuals with mental health or substance use disorders. Following the change in the civil commitment laws in 2014, the geriatric hospitals experienced an even more dramatic increase in admissions than the adult hospitals. Piedmont Geriatric Hospital experienced a 78 percent increase in admissions. Specialized crisis response services for older individuals with behavioral health disorders are not widely or routinely available across Virginia. Demand is expected to increase as this population group increases. DBHDS is working closely with health and long-term care partners to strengthen the availability of community services and supports for these individuals, including emergency and crisis response services.
- ***Facility capital requirements:*** With the completion of the new Western State Hospital, the average age of state hospital buildings is nearly 50 years old. Many of these older buildings have significant physical plant problems requiring major renovation. Central State Hospital is in critical need of being replaced. A recent survey found that the deferred maintenance needs at state mental health facilities exceeded $294,573,930.

- ***Inadequate technical support capacity:*** As the mental health treatment centers expand use of electronic health records, implement health care reforms, improve performance through technology improvements, and replace aging, expensive technologies with more cost effective solutions, reliance on technical support will increase. An increasing number of mission critical clinical and financial processes rely on technology provided by a limited number of facility and central office information technology staff

Agency Statistics

Statistics Summary

The following statistics provide a snapshot of state hospital operations during FY 2016:

Statistics Table

Description	Value
Children and adolescents served in state hospitals	762
Number of total admissions to all state hospitals	6,082
Number of total discharges from all state hospitals	6,042
Average daily census for all state hospitals	1,308

Management Discussion

General Information About Ongoing Status of Agency

State hospitals have made significant progress changing their cultures to support recovery, self-determination, and empowerment. Recovery-oriented, person-centered, and trauma-informed principles are now increasing the recovery experience for individuals receiving services through peer-to-peer supports, treatment planning partnerships, and educational and career development and job training opportunities.

State hospitals continue to focus on improving bed utilization through aggressive monitoring of service plans and discharge efforts that reduce hospital lengths of stay and enable individuals to be integrated more quickly into the community. In addition, Discharge Assistance Program (DAP) funds are supporting creation of of individualized services and supports for individuals residing in state hospitals who are clinically ready for discharge but have significant barriers to their discharge. Local Inpatient Purchase of Service (LIPOS) private hospital bed purchase funds are being used by CSBs to ensure treatment is provided in the community rather than in more restrictive settings. In FY 2018, both programs received additional funds from the General Assembly. To offset the increasing demand for state hospital beds by individuals with a forensic status, ongoing efforts continue to improve forensic patient management, review, and oversight processes and to safely and appropriately divert forensic admissions when possible. Although the Code of Virginia expresses a preference for outpatient competency evaluations and restoration whenever possible, many persons who could be served on an outpatient basis are instead referred to state hospitals. DBHDS is working to develop community-focused forensic services, including jail evaluations and treatment and outpatient competency restoration services in either the community or jail, to safely and appropriately divert forensic admissions to community alternatives.

DBHDS has implemented annual consultative audits (ACAs) to improve state hospital service delivery. ACAs use a peer-review process involving colleagues from other state hospitals, individuals receiving services, and central office staff to review and provide feedback on facility operations and compliance with oversight and accreditation requirements and offer consultative suggestions to improve service delivery. ACA results are being used to facilitate adoption of best practices and operational efficiencies; standardize procedures, as appropriate; and reduce duplication. Operational efficiencies also should result from the implementation of the electronic health record system (EHR) clinical treatment/medical record, pharmacy, ancillary, and accounts payable modules. DBHDS has also retained nationally recognized experts to conduct mock compliance and quality of care surveys and to provide technical assistance and consultation for areas of identified need in the state hospital system.

With increasingly complex caseloads, state hospitals must maintain sufficient numbers of staff trained in best practice guidelines and evidence-based approaches in the treatment and care of individuals receiving state hospital services. Hospitals are working to improve staff cultural and linguistic competence so they can better address the recovery and communication needs of individuals and families in a culturally relevant manner.

Information Technology

Mental health treatment centers maintain small teams of information technology (IT) staff to support locally developed application systems and their local information technology infrastructure environments. The DBHDS central office Information Services and Technology (IS&T) office provides coordination, guidance, oversight, and support to ensure that these local systems comport to Commonwealth of Virginia (COV) security requirements and to enable required data integration with central office provided systems.

Although many of the central office (720) IT goals are intended to support the mental health treatment centers, two are of particular importance. First, the reduction of the Facility Application Inventory, will have the most significant impact on mental health technology operations. A reduced facility application inventory and increased central office support for agency-wide applications will allow facility IT staff to focus on the specific needs of their facility's clinical staff.

Second is the expanded use of the OneMind Electronic Health Record System (EHR). OneMind is a suite of 29 applications that provides an electronic record of patient health information, including patient demographics, progress notes, clinical assessments, medication orders, past medical history, laboratory data and therapy reports. The OneMind EHR is currently in use at three mental health treatment centers to automate and streamline the clinician's workflow, and generate a complete record of any clinical patient encounter. Extending the OneMind EHR to the facilities that do not have it is the agency's highest clinical technology priority.

Workforce Development

State hospitals operate 24 hours a day, seven days a week and depend on a cadre of skilled and dedicated employees in a wide variety of classifications. Most provide direct care or support facility infrastructure. Among the human resource challenges hospitals face are workforce aging; competition for psychiatrists, occupational and physical therapists, nurses, pharmacists, and direct care staff; and turnover due to the difficult nature of the work.

The hospital workforce average age is 45.6 years old and average work tenure is 9.1 years. The direct care turnover rate is 20 percent and the turnover rate for security positions is 19.6 percent. During the next 5 years, 22.7 percent will be eligible to retire with unreduced benefits. Additionally, overtime continues to increase due to higher acuity of patients, increased admissions and the high amount of turnover. The mental health facilities overtime grew by $2 million from fiscal year 2015 to fiscal year 2016.

Additionally, graduates of nursing programs have never used paper records, and some are turning down positions in part because six of the nine hospitals use paper records instead of an EHR. Some doctors also have expressed their concerns of the liability that comes with paper records. This is contributing to an already high vacancy for these skilled positions.The new EHRs and increasing service demands will require skilled staff with cultural and linguistic competence to serve an increasingly diverse population. Technical or clinical expertise, communication and analytic skills, ability to create and apply sophisticated new technologies, and reasoning and problem-solving capabilities will be needed. A variety of classes in performance management, computer skills, linguistics, and use of interpreters are provided to enhance workforce competence.

Physical Plant

DBHDS is responsible for the operation of nine state-owned mental health facilities. The state hospitals, have approximately 3,000,000 square feet of building with an average age of nearly 50 years. Lack of adequate maintenance reserve funding continues to present problems with reference to these older structures.

These facilities consist of over 200 individual buildings served by a variety of mechanical heating and cooling systems ranging from central plant distribution systems to individual package heating and cooling units and in some instances makeshift systems. Replacement of these systems based on age and physical condition has typically been deferred due to an uncertainty of the long-range need for continued use of the buildings. Many buildings are anticipated to remain in use for a defined duration have reached the point of requiring an investment to maintain reliable systems for the remaining duration of their use. Buildings that may reach surplus status require conditioned environments to prevent deterioration, therefore enhancing possible future utilization. Although substantial critical system improvements have been achieved in recent years, a substantial backlog of potential system failures and system inefficiencies remain.

More than 400 acres of the current ESH campus have been declared surplus and will be advertised for sale by the Department of General Services. WSH construction is completed and the building is fully occupied. The old WSH campus has been sold.

The DBHDS six-year Capital Outlay Plan includes the following:

- Replacement of CSH,
- Expansion of WSH,
- Renovation of PGH,
- Improvements at ESH to create a safe adult mental health environment,
- Major system renovations for greater security, and
- Major renovation projects for roofs, infrastructure, abatement of hazardous materials, and HVAC/boilers repairs and replacement.

DBHDS is assessing ways to make facilities more efficient. This includes an examination of food service and laundry operations.

Note: This is one of five DBHDS Executive Progress Reports. See Department of Behavioral Health and Developmental Services (720); Grants to Localities (790); Intellectual Disabilities Training Centers (793); and Virginia Center for Behavioral Rehabilitation (794).