Trends

No Data Available

Legend:
Increase, Decrease, Steady

Key Performance Areas

No Data Available

Productivity

No Data Available

Legend:
Improving, Worsening, Maintaining

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

EXECUTIVE PROGRESS REPORT March 2014

Background & History

State Hospitals and Medical Center

The Department of Behavioral Health and Developmental Services (DBHDS) operates nine state mental health facilities (state hospitals) and a medical center that 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.

Eight state hospitals serve adults:

o Catawba Hospital (CH) near Salem,

o Central State Hospital (CSH) near Petersburg,

o Eastern State Hospital (ESH) in Williamsburg,

o Piedmont Geriatric Hospital (PGH) in Burkeville,

o Northern Virginia Mental Health Institute (NVMHI) in Falls Church,

o Southern Virginia Mental Health Institute (SVMHI) in Danville,

o Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, and

o Western State Hospital (WSH) in Staunton

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

The Hiram Davis Medical Center (HDMC) in Petersburg provides medical and skilled nursing services to individuals receiving state facility services who have serious physical and medical care needs.

Primary Product & 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 ESH, 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). Robust state geriatric center partnerships with community psychiatric hospitals are enabling acute care to be increasingly provided in community hospitals and

partnerships with nursing facilities are focusing centers' services and supports on transitioning individuals residing in state geriatric centers to the community.

State hospital inpatient medical services include a broad range of medical, dental, laboratory, and nursing services, but most predominantly include skilled nursing, infirmary services, and acute medical or surgical care. Services are provided in state hospital medical/surgical units at ESH, SWVMHI, WSH, and HDMC or by referral to local acute care hospitals through the DBHDS special hospitalization program.

Customer Base

State hospitals have around 3,500 admissions and 3,600 discharges annually. Individuals receiving state hospital services 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.

Proportionately greater numbers of adults receiving services in state hospitals are involved with criminal justice system. Over the past ten years, the percentage of state hospital beds occupied by adult forensic patients has increased from 28.9% to 40.1%.

Older adults with psychiatric needs receiving services in state hospital geriatric centers represented 18% of total hospital bed days in FY 2013. This rate is due in large part because the Commonwealth lacks community alternatives that provide specialized programs and providers trained to address the specific needs of older adults with mental health or substance use disorders.

Customer Listing

No Data Available

Key Agency Statistics

The following statistics provide a snapshot of state hospital operations during FY 2013:

Finances

Funds depicted in the table below are general fund dollars and non-general funds derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to patient care.

Fund Sources

No Data Available

Revenue Summary Statement

Revenue collections include fees from Medicaid, Medicare, private insurance, private payments and Federal entitlement programs related to patient care.

Key Risk Factors

- *State hospital discharge delays:* Some persons who are determined by their treatment teams to be clinically ready for

discharge face barriers to discharge because community supports and housing arrangements meeting their specific needs are not available. On average, 140-150 individuals wait for discharge because they have extraordinary barriers. One-third are civil patients with special needs, one-third are geriatric patients who need nursing home placements, and one-third are forensic patients who are committed as not guilty by reason of insanity and whose services need court approval. Delayed discharges increase pressure on local hospital emergency rooms, law enforcement, and individuals who would benefit from state hospital services.

- *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 competence restoration whenever possible, many persons who could be served on an outpatient basis are instead referred to state hospitals. Additional development of 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) would offset the increasing demand for state hospital beds by adults with a forensic status.
- *Management of jail inmate forensic service demand:* Although DBHDS reduced its jail inmate admission waitlist from 111 in 2007 to an average of 15 in 2013, maintaining this progress will require ongoing diligence and aggressive utilization management.
- *Facility capital requirements:* With the completion of the new WSH, 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. CSH is the remaining hospital that needs to be replaced.

Performance Highlights

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. First year ACAs resulted in a concerted focus to completely revamp assessment and treatment planning in preparation for electronic health record implementation. Second year ACAs were completed in early 2013 and included a new consumer peer review component.

An important measure of hospital performance is the use of beds by individuals with forensic status. Increased use of beds by forensic admissions means that fewer beds are available for civil patients. State hospitals are safely and appropriately diverting forensic admissions and improving forensic patient management and review and oversight processes. Over the past five years, DBHDS has made significant progress in reducing state hospital waitlists for jail inmate admissions. To safely divert forensic admissions, DBHDS provided outpatient competency restoration in all 7 regions and allocated $144,000 to CSBs to provide 116 adults with outpatient competency restoration services in either the community or in jail.

Effectiveness of other state hospital services is measured by adolescent classroom instruction attendance, falls by individuals receiving geriatric services, anti-psychotic poly-pharmacy, pressure ulcer improvements, and readmissions of individuals with long-stays within one year following their discharge. The new WSH design, which meets U.S. Green Building Council's LEED® criteria for SILVER, should reduce operating and energy costs significantly when it is completed in 2013.

Performance Measures

Management Discussion & Analysis

General Information about the Ongoing Status of the Agency

State hospitals have made significant progress in changing their cultures to support recovery, self-determination, and empowerment. Recovery-oriented and person-centered 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 will continue to focus on improving bed utilization through aggressive monitoring of service plans and discharge efforts that reduce lengths of stay and enable individuals to be integrated more quickly into the community. This includes ongoing improvements to current processes for managing the delivery and utilization of services provided to individuals with forensic status and will participate in efforts to divert persons with mental illness who are in crisis from hospital admission.

Results of annual consultative audits (ACAs) should 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 (EHRS) clinical treatment/medical record, pharmacy, ancillary, and accounts payable modules.

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 also 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

The DBHDS IT program provides coordination, guidance, oversight, and support to central office (CO) and state facility IT services, including IT security, Commonwealth IT standards compliance, and web and application development. DBHDS IT goals and priorities are included in the Health and Human Resources Investment Management Strategic Plan for the Secretariat.

Two new requirements are increasing the scope and complexity of IT work and capacity:

- Implementation of an electronic health record system (EHRS), OneMind, to meet meaningful use requirements and allow data exchange
  - Year 1: Implementation began in January 2013 and is being piloted at 3 state hospitals.
  - Year 2: The 11 remaining facilities will begin using OneMind.
  - Year 3: All facilities migrate their billing and reimbursement business processes to OneMind.
- Implementation of data warehouse to support increased quality management and oversight processes required to support the DOJ settlement agreement.

DBHDS IT priority projects related to state facilities include:

- EHRS annual operational, maintenance, and support costs;
- Health information management scanning of pre-EHR documents;
- Facility VITA costs for workstations, scanners, and other COV network-attached devices for EHRS;
- DBHDS data warehouse and business intelligence system management, operational, and maintenance;
- Cardinal Interface financial management system (FMS) upgrade;
- Regional Information Security Officers (ISO) roles state facilities;
- Completion of DBHDS server transformation; and
- Collaborative paperless content management and workflow.

Other internally-financed IT projects related to state facilities include secure DBHDS video conferencing and adoption of federal ICD-10 and DSM-V health-care coding requirements.

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 47.2 years old and average work tenure is 11.5 years. The direct care separation rate is 23.9% and the turnover rate for security positions is 19.6%. In the next 5 years, 21.3% will be eligible to retire with unreduced benefits.

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.

To facilitate comprehensive workforce succession planning, DBHDS has developed SystemLEAD to give participants broad exposure to the competencies that hospital staff who aspire to leadership roles must possess. It includes an individualized assessment and development plan, training and group projects, coaching and mentoring, and special work assignments and cross training. SystemLEAD goals are to:

- Prepare one or more well-qualified internal candidates to assume key leadership positions;
- Retain superior performers who will not leave their hospitals because of lack of opportunity or lack of development; and
- Reduce turnover rates among high-performing participating employees.

The first phase of the program is set to begin in late 2013 or early 2014.

Physical Plant

ESH start-up problems have been resolved and the new buildings are functioning properly. These two new buildings have made many older buildings obsolete. Eleven older structures have been demolished and a large portion of the campus has been declared surplus by DBHDS. The replacement facility for WSH is completed and will be fully occupied before the end of 2013. The existing WSH campus

has been sold. CSH is the remaining state hospital that needs to be replaced.

The system still retains a large number of older buildings with significant physical plant problems, and large campuses which require significant amount of care and upkeep. This, coupled with several state hospitals that are experiencing declining census in their geriatric units, requires a study of how and where services can best be delivered. Expansion of a newer facility could eliminate the need to maintain old facilities.

When WSH is completed, the state hospitals and HDMC will 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 problem with reference to these older structures.

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

- Replacement of CSH
- Expansion of WSH
- Conversion of HGTC at ESH from geriatric environment to adult mental health environment
- Major system renovations for greater efficiency
- Major renovation projects for roofs, infrastructure and HVAC/boilers.

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).