

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

Agenda

- 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

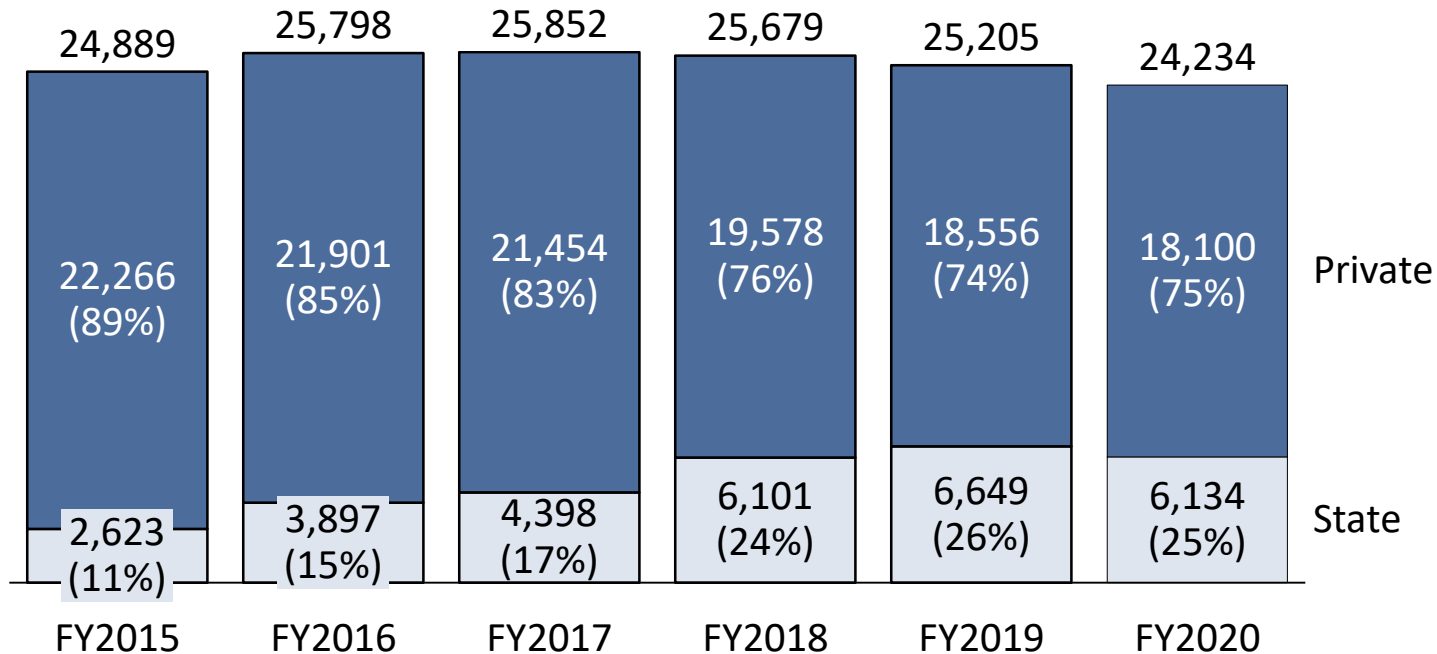
- IV. Findings from Workgroups and Studies

- V. 2021 DBHDS Priorities

- VI. Questions and Discussion

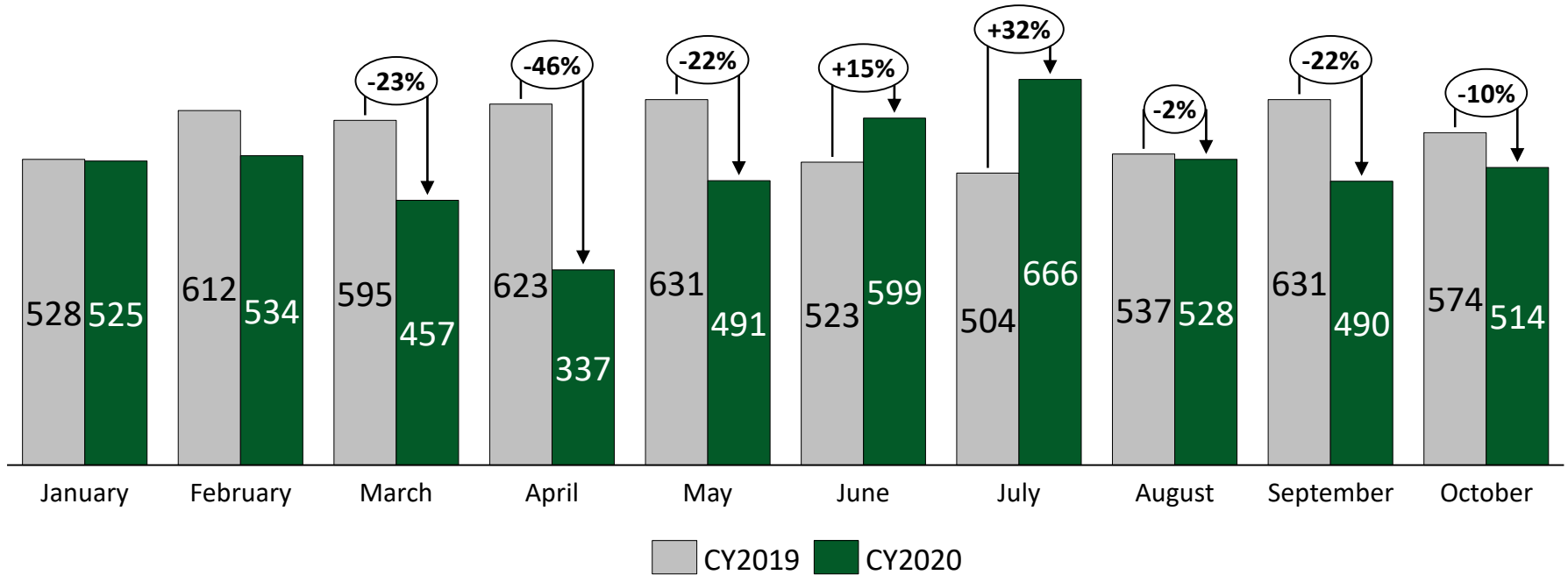
STATE HOSPITAL CENSUS

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

Census on November 12, 2020

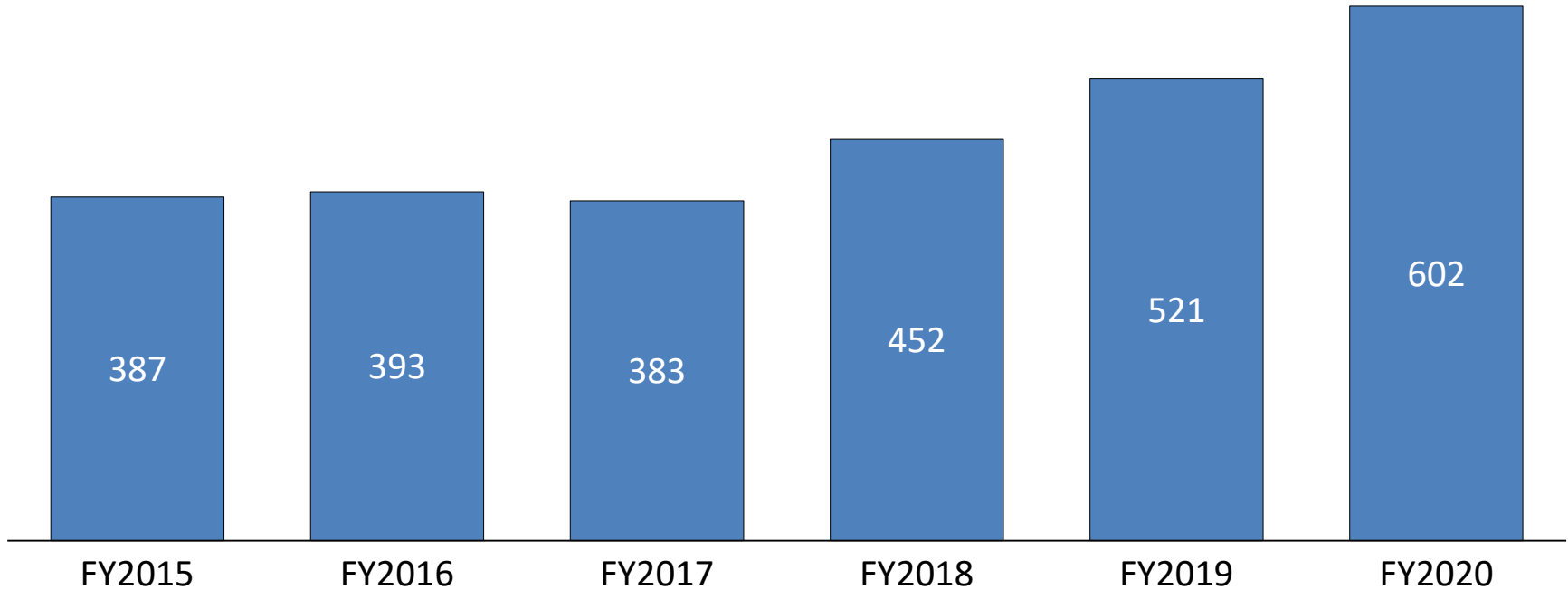
	Total Capacity	Total Census	Total Utilization
Catawba (50 geriatric beds)	110	109	99%
Central State (excluding max security)	166	167	101%
Eastern State (117 geriatric beds)	302	293	97%
Northern Virginia Mental Health Institute	134	130	97%
Piedmont (123 geriatric beds)	123	119	97%
Southern Virginia Mental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

Notes: State hospitals are funded to 90 percent capacity

Admissions are currently closed at Southwestern Virginia Mental Health Institute because of an outbreak

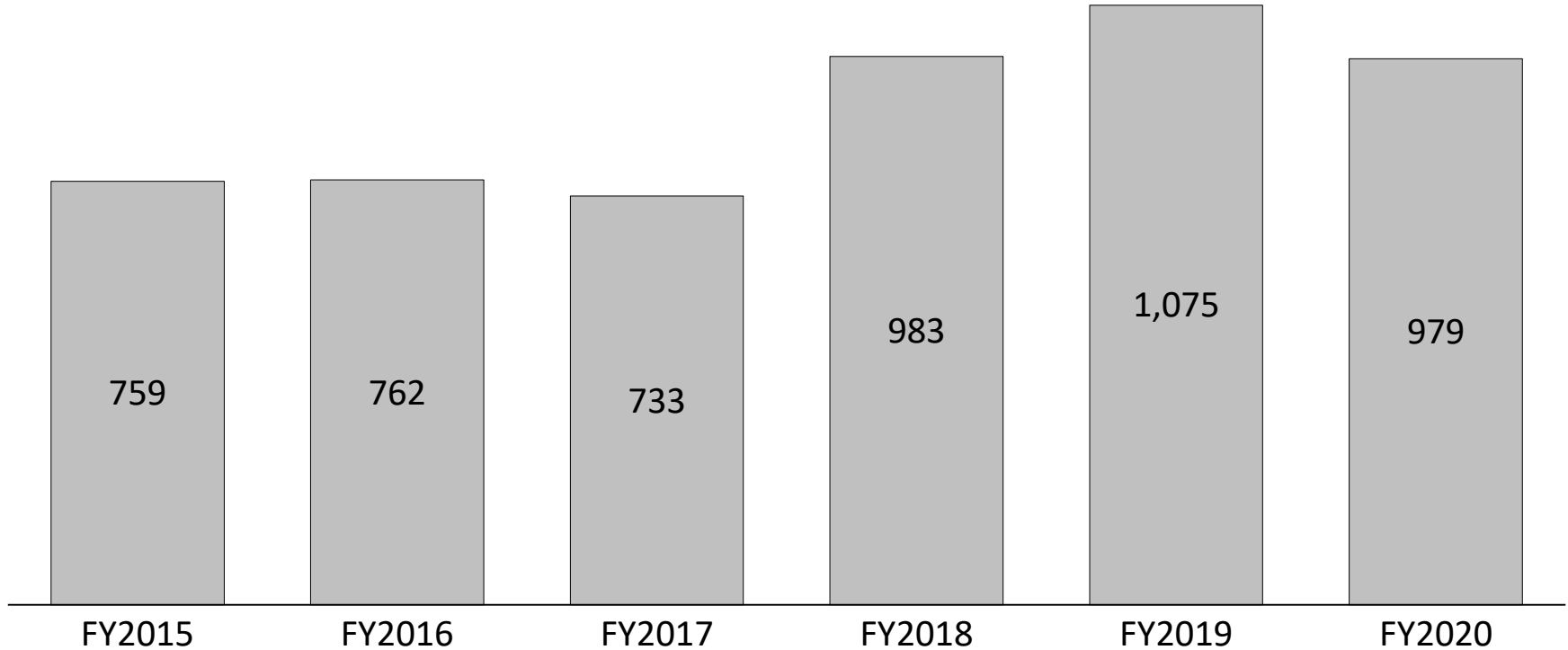
CCCA is currently open with a limited number of beds

Number of patients age 65+ admitted to state hospitals



The number of patients 65 and older has increased, even with a temporary drop in April affecting the number for FY2020.

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

State Facility Response to COVID-19

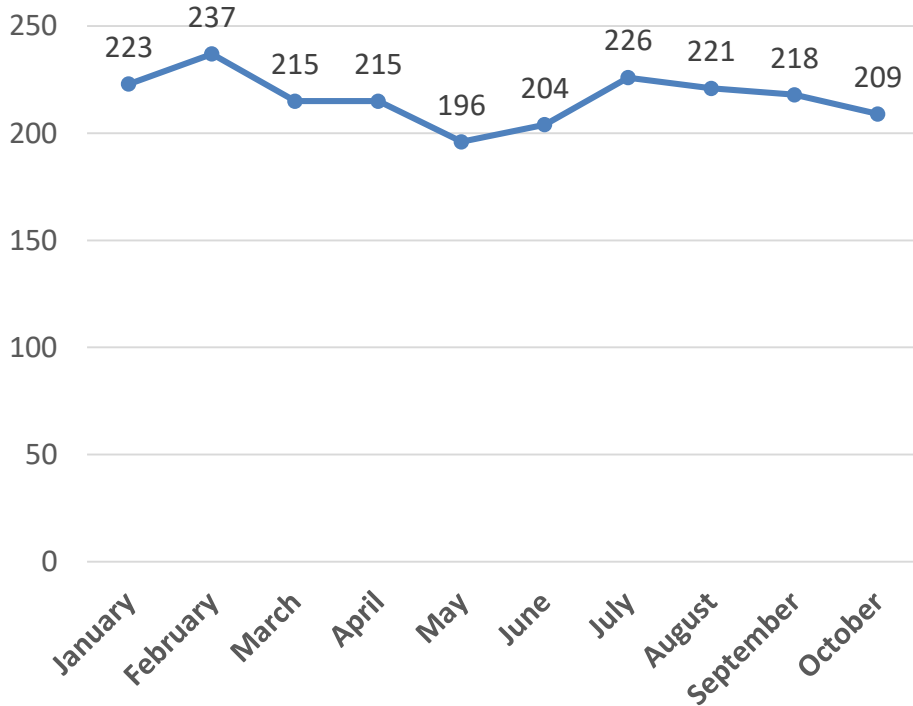
- **Response Actions:**
 - Visitation restrictions are in place across the system.
 - Aggressive plans in place for infection control and isolation of presumed positive and positive cases.
 - Facilities holding weekly calls with Section Chiefs for continued collaboration and problem solving.
 - In October, 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

	COVID-19 Expenses as of October 31, 2020				COVID-19 Revenue as of October 31, 2020					
	Personnel	Supplies	Equipment	Total Expenses	CARES Act FY 2021			Rural Relief Medicare	Total Revenue	
					Infection Control	PPE	Other			
Catawba	\$20,052	\$67,085	\$29,368	\$116,505	\$24,111	\$38,359		\$0	\$6,052,249	
CCCA	\$56,780	\$79,364	\$0	\$136,144	\$11,554	\$32,731		\$0		
Central Office	\$0	\$678,589	\$0	\$678,589	\$0	\$284,101		\$0		
Central State	\$0	\$135,331	\$1,496	\$136,827	\$40,040	\$150,123	Census Control	\$1,849,400		\$0
Eastern State	\$0	\$199,324	\$0	\$199,324	\$19,442	\$6,767	Testing	\$1,842,100		\$0
Hiram Davis	\$62,297	\$0	\$2,564	\$64,861	\$10,136	\$100	Hazard Pay	\$669,312		\$0
NVMHI	\$230,317	\$210,912	\$7,220	\$448,449	\$0	\$0	Special Hospitalizatic	\$1,003,815		\$0
Piedmont	\$0	\$112,995	\$2,426	\$115,421	\$4,140	\$42,261		\$0		
SEVTC	\$96,044	\$41,660	\$0	\$137,704	\$2,405	\$16,641		\$0		
VCBR	\$0	\$7,064	\$0	\$7,064	\$4,710	\$0		\$0		
Western State	\$0	\$115,526	\$0	\$115,526	\$0	\$0		\$0		
SVMHI	\$0	\$97,111	\$1,052	\$98,163	\$0	\$0		\$0		\$2,782,177
SWVMHI	\$244,463	\$23,929	\$5,751	\$274,143	\$0	\$0		\$0		\$2,468,108
Total	\$709,953	\$1,768,890	\$49,877	\$2,528,720	\$116,538	\$571,084		\$5,364,627	\$5,250,285	\$11,302,534

Extraordinary Barriers List (EBL)

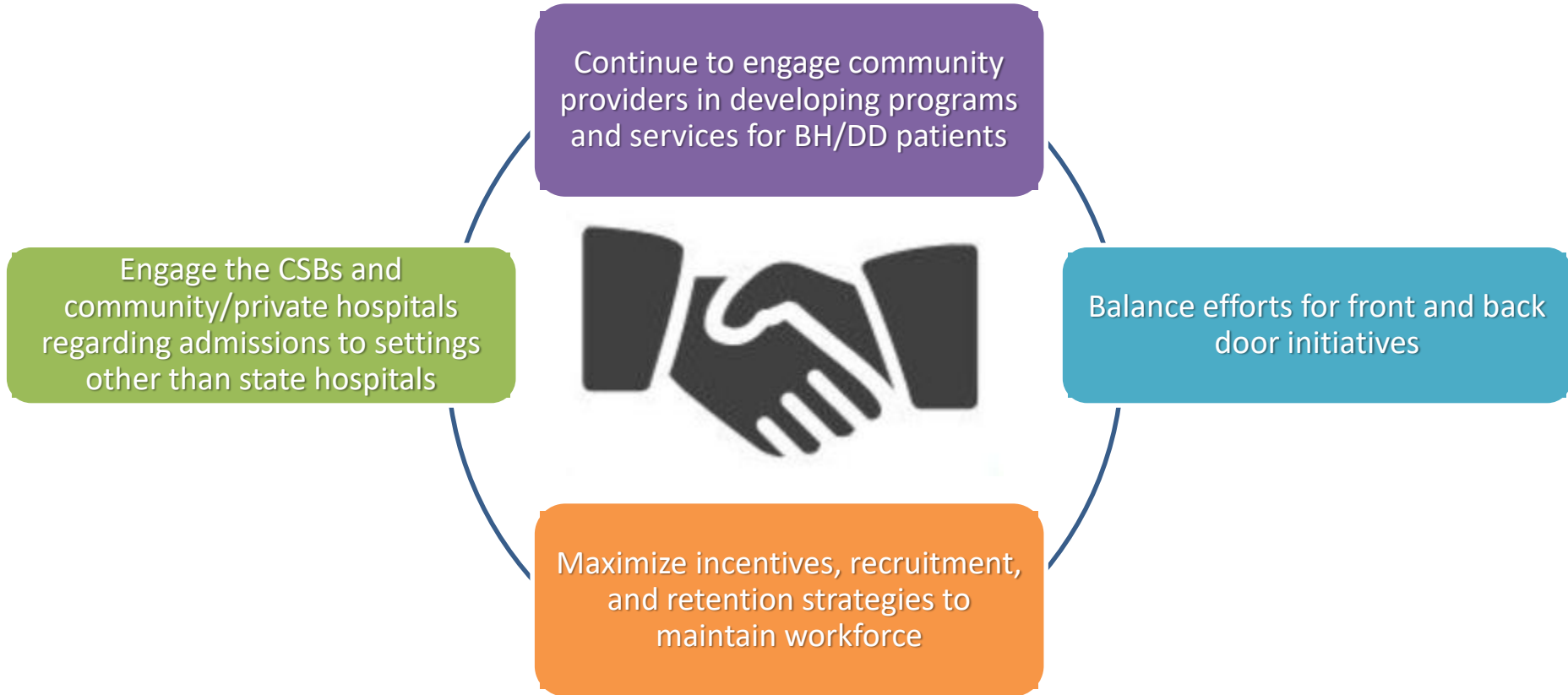
2020 EBL by Month



Barriers (10/30/2020)

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

DBHDS Strategies to Address Census



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

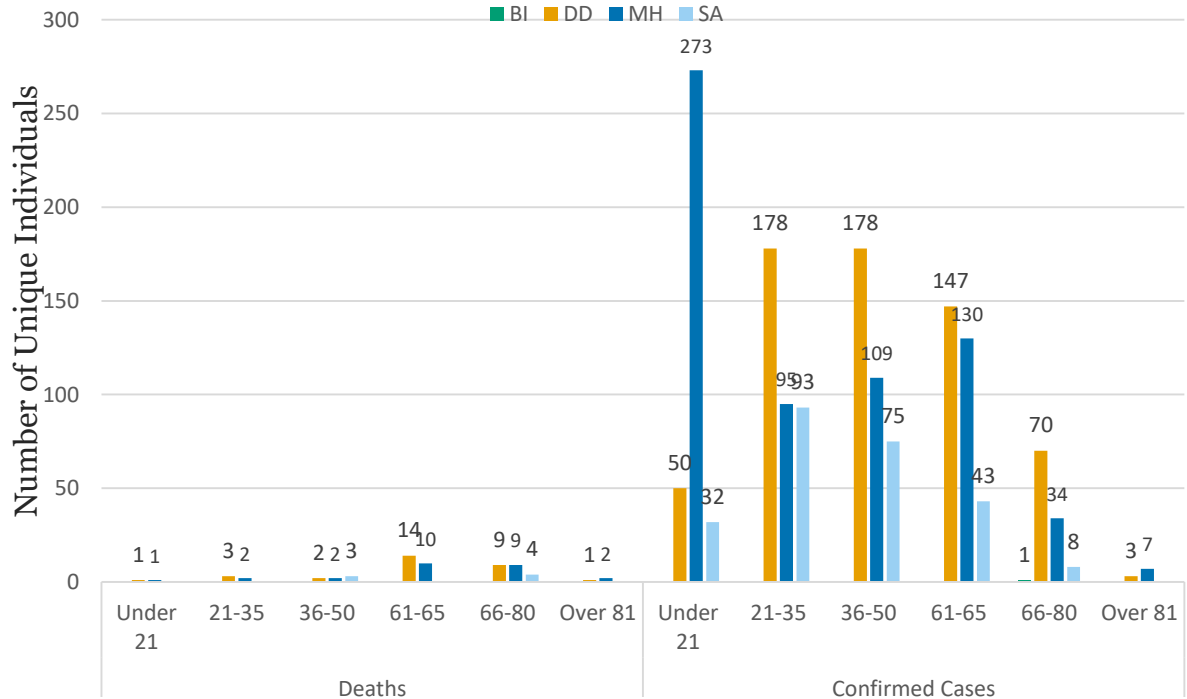
Impact on DBHDS-licensed providers and CSBs

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

Deaths and Confirmed Cases by Age Range and Service Area



*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*

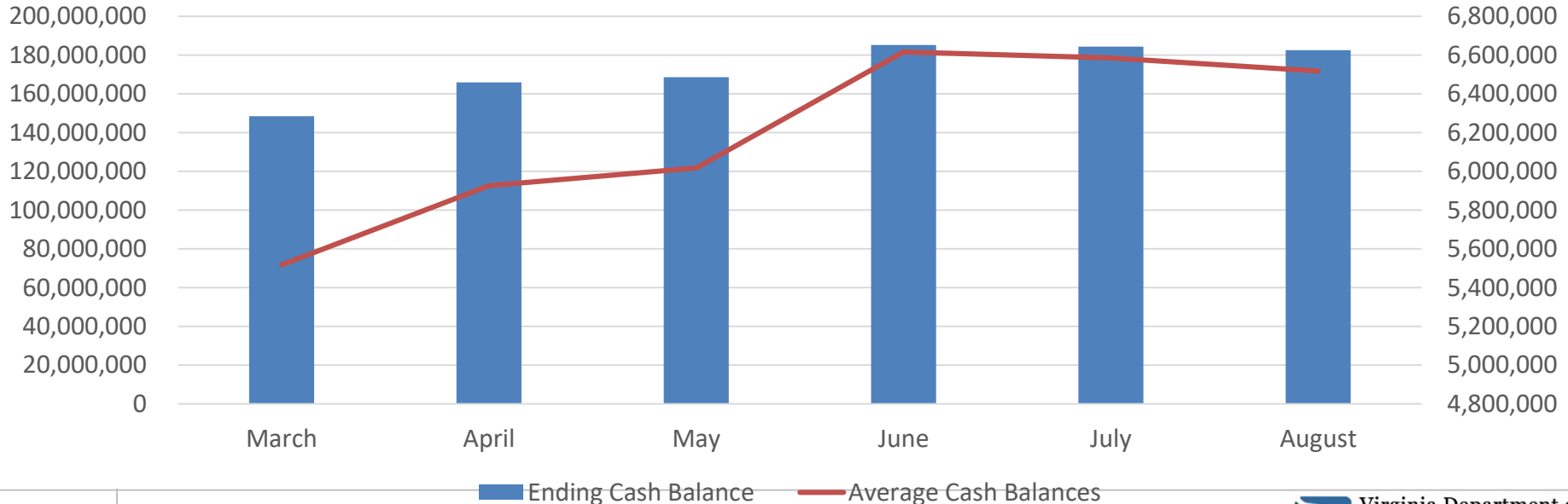
Type of Service Adjustment	CSB	DBHDS Licensed Provider
Implementing telehealth	479	286
Temporarily suspending operations	111	117
Changing capacity	73	38
Temporarily suspending admissions	28	71
Changes to staffing	42	54
Not accepting any new admissions	62	8
Modifying admissions policies	23	37
Request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

*Data as of 10/1/20

COVID-19 Impact on CSBs

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.

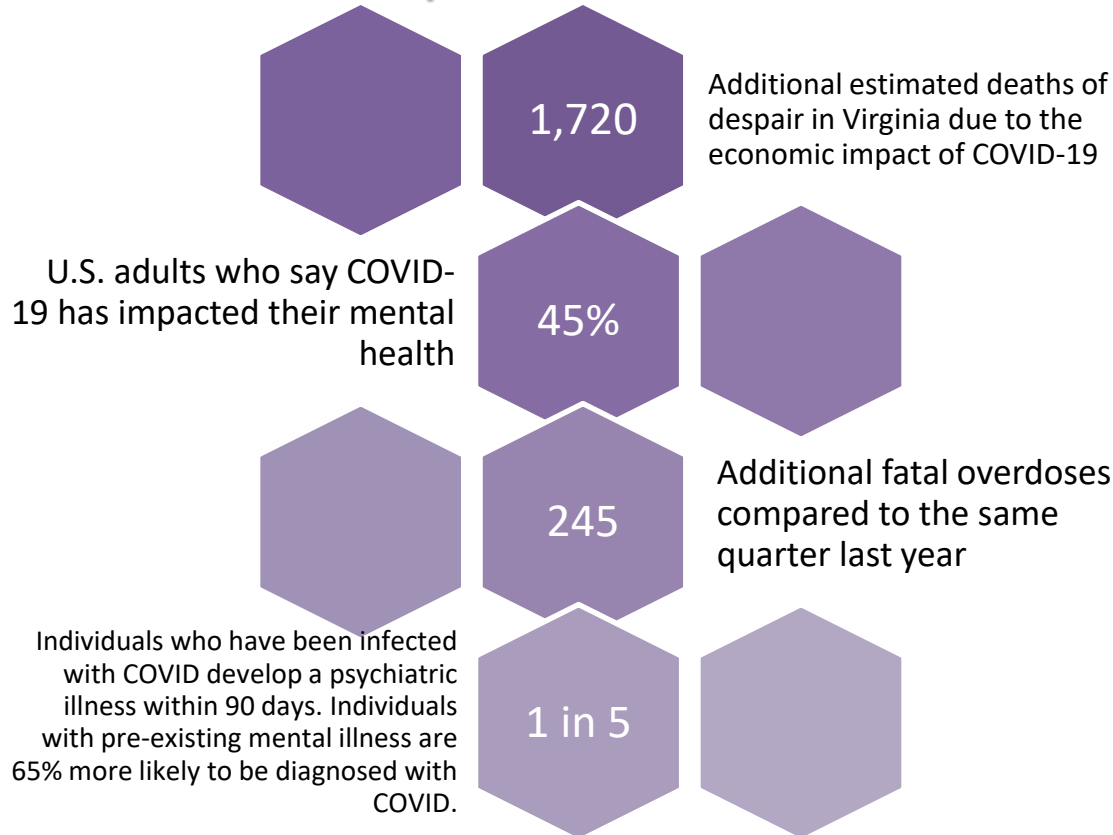
Monthly Cash Balances



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

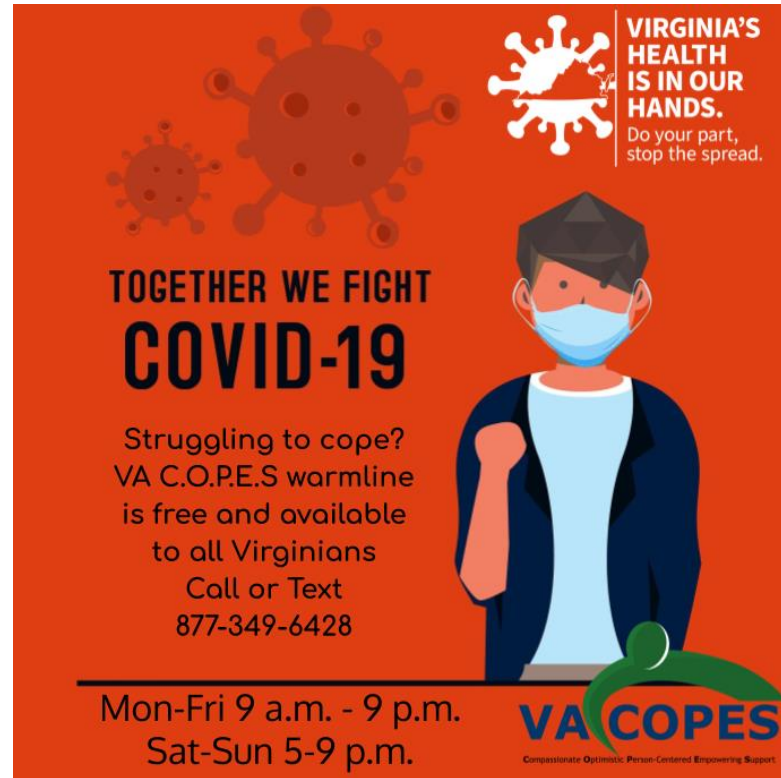
Demand for Behavioral Health Services is Anticipated to Grow



Sources:
Robert Graham Center, Wellbeing Trust. May 2020.
KFF Coronavirus Poll. March 2020.
Office of the Chief Medical Examiner, Fatal Drug Overdose Quarterly Report. October 2020.
Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62354 COVID-19 cases in the USA
Maxime Taquet, Sierra Luciano, John R Geddes, Paul J Harrison. Nov 2020.

VA COPES: COVID-19 Warmline

- 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.



The poster features a red background with several white and orange virus icons. On the right, a man wearing a blue surgical mask and a dark blue jacket over a light blue t-shirt is shown from the chest up. In the top right corner, there is a white virus icon next to the text 'VIRGINIA'S HEALTH IS IN OUR HANDS. Do your part, stop the spread.' The central text reads 'TOGETHER WE FIGHT COVID-19' in large, bold, black letters. Below this, it says 'Struggling to cope? VA C.O.P.E.S warmline is free and available to all Virginians Call or Text 877-349-6428'. At the bottom, the hours are listed: 'Mon-Fri 9 a.m. - 9 p.m. Sat-Sun 5-9 p.m.' The VA COPES logo is in the bottom right corner, with the tagline 'Compassionate. Optimistic. Person-Centered. Empowering. Support.' below it.

VIRGINIA'S HEALTH IS IN OUR HANDS.
Do your part, stop the spread.

TOGETHER WE FIGHT COVID-19

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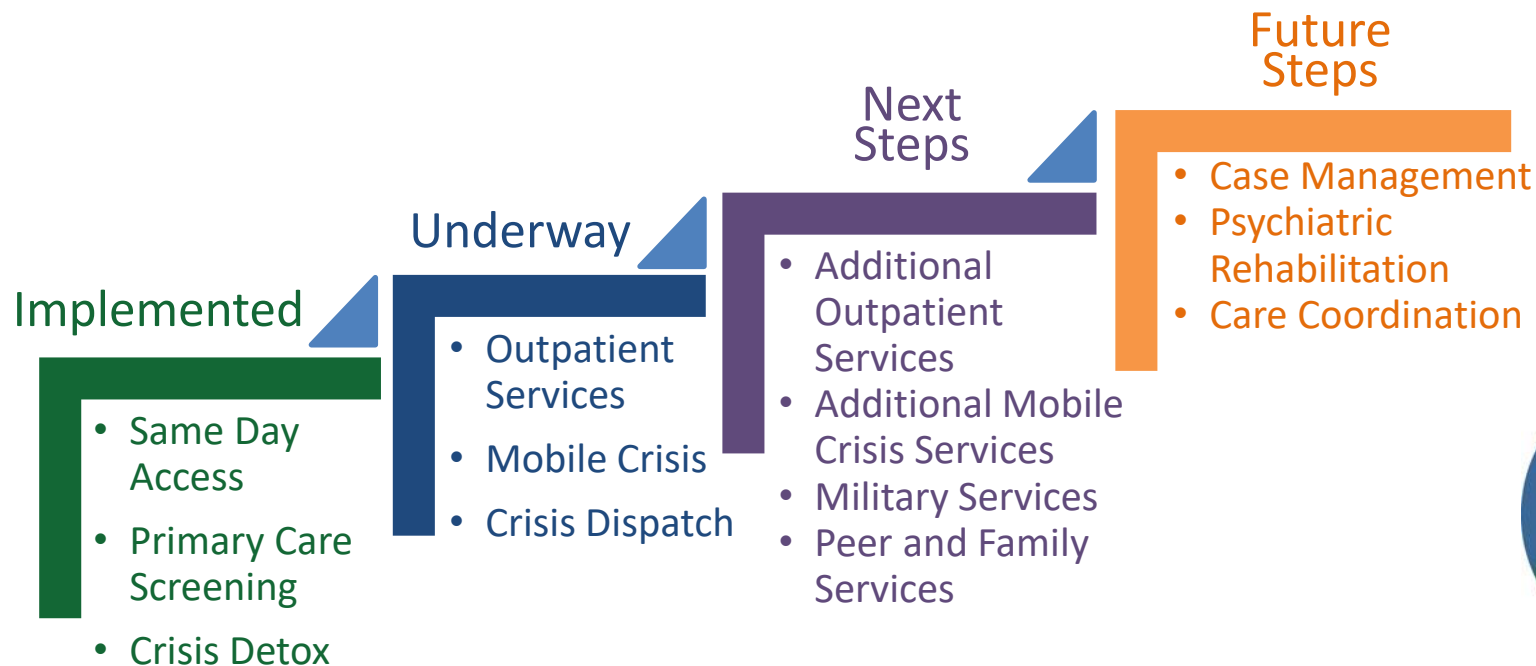
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VA COPES
Compassionate. Optimistic. Person-Centered. Empowering. Support.

STEP-VA STATUS

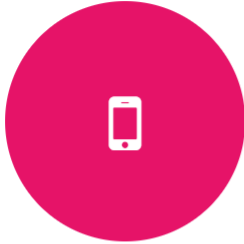
Continuing to build core services amidst a pandemic

System Transformation Excellence and Performance (STEP-VA)



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



STEP-VA Funding and Status to Date

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

*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

TDO Evaluator Workgroup (HB1699/SB768)

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

Workgroup language: <http://lis.virginia.gov/cgi-bin/legp604.exe?ses=201&typ=bil&val=sb768>

Bed Registry Workgroup (HB 1453/SB739)

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

DAP Workgroup (321.C3)

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

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?