

COMMONWEALTH of VIRGINIA

DEPARTMENT OF

MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

JAMES S. REINHARD, M.D. COMMISSIONER Post Office Box 1797 Richmond, Virginia 23218-1797 December 16, 2004

Telephone (804) 786-3921 Voice/TDD (804) 371-8977 www.dmhmrsas.state.va.us

The Honorable John H. Chichester, Chairman Senate Finance Committee State Senate of Virginia General Assembly Building, Room 626 P. O. Box 406 Richmond, VA 23218

Dear Delegate Chichester:

Pursuant to Chapter 585 (HB 887) and Chapter 619 (SB 426), enclosed are the quarterly reports for the third and fourth quarter for 2004 and the first quarter report for 2005 for children and adolescents not admitted to acute psychiatric inpatient care or residential treatment.

As you are already aware, to fulfill the legislative intent of Chapter 585 and Chapter 619, in 2002 the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHRMSAS) issued reporting instructions and forms for children and adolescents not admitted to licensed acute care or residential treatment facilities to all community policy and management teams and each community services board. Additionally, the Department met with an interagency workgroup to simplify and improve the data collection process. Changes were made to the reporting requirement for acute care and the two-page data form separated into two different forms, one for acute care and one for residential treatment.

After an analysis of the quarterly reports submitted, the Department is concerned about the value of the data being collected and respectfully requests that no other quarterly reports be sent until an improved methodology and improvements to the data collection process are made to accurately report children in need of acute care and residential treatment facilities. The Community Services Boards and Community Policy and Management Teams have not reported instances of children or adolescents who were not admitted for treatment or if an admission was denied since December 2003. Indicating that there does not appear to be a crisis in the need for children's beds.

I welcome any questions or comments you have about the report or the request to suspend further reporting until improvements to the methodology and data collection process are made. Any communication should be directed to Shirley Ricks, Director of Child and Family Services at 786-0992 or <u>Shirley.ricks@co.dmhmrsas.virginia.gov</u>.

The Honorable John H. Chichester December 16, 2004 Page 2

Thank you for your support as we work to improve services for children.

Sincerely,

Remband

James S. Reinhard, M.D.

Enclosure

Copy:

Ray Ratke Frank Tetrick, III Shirley Ricks Amy Atkinson Susan Massart Joe Flores



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JAMES S. REINHARD, M.D. COMMISSIONER Post Office Box 1797 Richmond, Virginia 23218-1797 December 16, 2004

Telephone (804) 786-3921 Voice/TDD (804) 371-8977 www.dmhmrsas.state.va.us

The Honorable Vincent F. Callahan, Jr., Chairman House of Representatives General Assembly Building, Room 947 P. O. Box 406 Richmond, VA 23218

Dear Delegate Callahan:

Pursuant to Chapter 585 (HB 887) and Chapter 619 (SB 426), enclosed are the quarterly reports for the third and fourth quarter for 2004 and the first quarter report for 2005 for children and adolescents not admitted to acute psychiatric inpatient care or residential treatment.

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The Honorable Vincent F. Callahan, Jr. December 16, 2004 Page 2

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JAMES S. REINHARD, M.D. COMMISSIONER Post Office Box 1797 Richmood, Virginia 23218-1797

December 16, 2004

Telephone (804) 786-3921 Voice/TDD (804) 371-8977 www.dmhmrsas.state.va.us

The Honorable Phillip A. Hamilton, Chairman Virginia Commission on Youth General Assembly Building, Suite 517 B Richmond, VA 23218

Dear Delegate Hamilton:

Pursuant to Chapter 585 (HB 887) and Chapter 619 (SB 426), enclosed are the quarterly reports for the third and fourth quarter for 2004 and the first quarter report for 2005 for children and adolescents not admitted to acute psychiatric inpatient care or residential treatment.

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Children's Inpatient Acute Care Facilities

And

Residential Treatment Facilities Quarterly Report

March 31, 2004 Inpatient Acute Care Facilities (n≈18)				June 30, 2004 Inpatient Acute Care Facilities (n=18)				September 2004 Inpatient Acute Care Facilities (n=18)			
Licensed	54	253	307	Licensed	54	259	313	Licensed	54	247	301
Staffed	51	243	294	Staffed	51	234	285	Staffed	51	199	250
Difference	3	10	13	Difference	3	25	28	Difference	3	48	51
Residential Treatment Facilities (n=25)				Residential Treatment Facilities (n=25)				Residential Treatment Facilities (n=25)			
	Under Age 14	Ages 14-17	Total		Under Age 14	Ages 14-17	Total		Under Age 14	Ages 14-17	Total
Licensed	166	1,479	1,645	Licensed	187	1,542	1,729	Licensed	89	1,446	1,535
Staffed	163	1,181	1,344	Staffed	172	1,146	1,318	Staffed	83	1,038	1,121
Difference	3	298	301	Difference	15	396	411	Difference	6	408	414

Footnotes to the Data by Quarter:

March

Inpatient Acute Care Facilities:

• Acute care facilities reported 13 fewer staffed beds than licensed beds

- Capacity for licensed beds = 307
- Staffed = 294
- One facility closed
- Decreased capacity for acuity
- One facility did not report

Residential Treatment Facilities:

- One facility did not report data
- Residential facilities reported 301 fewer staffed than licensed beds.
- 3 units closed
- 9 of the 25 residential facilities reported data for youth under the age of 14
- Low census affecting 554 unused licensed beds (9 facilities)
- Capacity for licensed beds = 1,645
- Staffing = 1,344

June

Inpatient Acute Care Facilities:

- Acute care facilities reported 28 fewer staffed beds than licensed beds.
- One facility moved and is no longer serving children
- Lack of referrals
- Lack of space
- Swing beds for children and adults

Residential Treatment Facilities:

- Residential facilities reported 411 fewer staffed than licensed beds.
- 9 of the 26 residential facilities reported data for youth under the age of 14
- Low census affecting 360 under utilized licensed beds (65)
- Decreased capacity
- One facility is closing
- One facility was sold
- One facility changing focus

September

Inpatient Acute Care Facilities

- Acute care facilities reported 51 fewer staffed beds than licensed beds
- The following reasons for not staffing to licensed capacity were reported
 - 1. Size of unit and acuity of patients does not allow for total licensed capacity (1)
 - 2. No staff (1)
- Did not report, resulting in missing data on 38 beds (4)
- Closed services

Residential Treatment Facilities:

- 4 facilities did not report data on 315 licensed beds
- Residential facilities reported 414 fewer staffed than licensed beds
- 4 of the 26 residential facilities reported data for youth under the age of 14
- Low census affecting 286 unused licensed beds (3)
- One facility closed
- No staff (1)
- No longer licensed by DMHMRSAS