



COMMONWEALTH of VIRGINIA

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COMMISSIONER

DEPARTMENT OF
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July 21, 2020

The Honorable Janet D. Howell, Chair
Senate Finance Committee
The Honorable Luke Torian, Chair
House Appropriations Committee
900 East Main Street
Richmond, VA 23219

Dear Senator Howell and Delegate Torian:

Pursuant to Item 310.HH of the 2019 Appropriation Act, this letter includes the plan to manage the census at Catawba Hospital. Specifically, the language requires:

HH. The Department of Behavioral Health and Developmental Services shall develop and implement a plan to manage the census at Catawba Hospital and to reduce the number of staffed beds to 110 by no later than June 30, 2021. As part of the plan the department shall consider all opportunities to maximize the use of funding provided for the purpose of reducing the census across the state mental health hospitals. The department shall submit its plan to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by June 30, 2020.

Accordingly, I submit this letter to fulfill these requirements.

Background on Catawba Hospital Census and Capacity

During FY 2019, the Department of Behavioral Health and Developmental Services (DBHDS) state psychiatric hospitals were operating substantially over census resulting in limited capacity to safely and effectively support individuals 65 and older in geriatric beds. DBHDS requested that Catawba Hospital develop a plan to utilize an unoccupied unit to add additional geriatric bed capacity and to recruit and hire any necessary additional staff.

Prior to the plan's implementation, Catawba Hospital had 50 beds dedicated to adult individuals and 60 beds dedicated to geriatric individuals for a total of 110 staffed beds.

To address the growing census of geriatric individuals, Catawba Hospital developed two 28-bed project plans. The first project plan proposed to add 6 beds by the end of November 2019, another 6 beds by the end of February 2020, and an additional 16 beds by the end of June 2020 when renovation of the unused unit would be completed and ready for occupancy. The second 28-bed project plan was proposed for FY 2021. With these two plans in action, the total staffed bed capacity of Catawba Hospital would be 166 by FY 2021. DBHDS proceeded with the implementation of the first 28-bed project in August 2019.

For the first 28-bed project plan, an employee recruitment and hiring plan was developed and operationalized with the strategy of increasing the census on the two existing geriatric units at Catawba Hospital from 60 to 72 through the use of additional bed space available within those units. The remaining 16 beds would be implemented in the unused unit when the renovation project was completed and ready for occupancy. Architecture and engineering renovations for all patient units were planned prior to the bed expansion project to target ligature mitigation. While the space would have been utilized for the new beds, funding for these renovations was allocated in a separate anti-ligature fund and was not included in the project proposal cost. Per the approved plan, the first 6 additional beds were brought online in November 2019 and were rapidly filled. Employee hiring continued, and the second 6 beds were brought online at the end of February 2020 and were also rapidly filled.

Reducing Staffed Beds at Catawba Hospital

In March 2020, DBHDS was informed that funding would not be approved by the General Assembly to maintain or continue the expansion of geriatric beds at Catawba Hospital. Catawba Hospital halted the expansion and began preparations to return the geriatric census of 60 as soon as practical.

Catawba Hospital took an initial step of lowering its geriatric capacity from 72 to 66 in late March 2020 while the actual geriatric census remained at or above 72 due to the census pressures within the service delivery system. The additional occupied beds were considered “overflow” beds while the Catawba Social Work Department, Community Services Boards (CSBs), and DBHDS Central Office staff worked on strategies to safely move geriatric patients ready for discharge to community placements as rapidly as possible. The reduction in geriatric census was also aided by a slight decrease in geriatric admissions at the outset of the COVID-19 pandemic. In addition, DBHDS developed contracts with private providers such as Commonwealth Senior Living which owns a number of Adult Living Facilities to accept individuals from state hospitals with challenging behaviors or histories that would otherwise have been difficult to place.

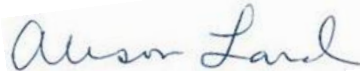
Catawba Hospital further decreased their geriatric capacity in early May 2020 back to its original 60 geriatric beds and 50 adult beds for a total of 110 staffed beds. Despite continued discharge efforts, the geriatric census has continued to vary with up to 6 inpatients over-census since that time. A brief period of bed availability at Piedmont Geriatric Hospital in late May 2020 allowed Catawba Hospital to divert some geriatric

admissions to that facility and prevented the Catawba Hospital geriatric census from going higher. To this point, however, the combined census of the geriatric units in state hospitals (Catawba Hospital, Eastern State Hospital, Piedmont Geriatric Hospital, and Southwestern Virginia Mental Health Institute) remains significantly over-capacity.

Reducing the bed capacity at Catawba Hospital did not require furlough or dismissal of employees since the initial hiring focus was on direct-care staff to expand care and treatment resources on the existing units. Therefore, when the expansion project was not funded, most of the staff who had been hired were absorbed into the current workforce. A number of potential staff that had been interviewed and selected for positions but had not yet been extended or accepted offers were not hired. Those vacant positions and others associated with the geriatric bed expansion were eliminated. Remaining funds resulting from Catawba savings have been consumed by COVID-19 related expenses, including the purchase of PPE and staff incentives.

Staff at the Department are available should you wish to discuss this request.

Sincerely,

A handwritten signature in blue ink that reads "Alison Land". The signature is written in a cursive style and is positioned above the printed name and title.

Alison Land
Commissioner

Cc:
The Honorable Daniel Carey, MD
Vanessa Walker Harris, MD
Susan E. Massart
Mike Tweedy