



# COMMONWEALTH of VIRGINIA

ALISON G. LAND, FACHE  
COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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January 7, 2020

The Honorable Thomas K. Norment, Jr., Co-chair  
The Honorable Emmett W. Hanger, Jr., Co-chair  
Senate Finance Committee  
The Honorable S. Chris Jones, Chair  
House Appropriations Committee  
900 East Main Street,  
Richmond, VA 23219

Dear Senator Norment, Senator Hanger, and Delegate Jones:

Item GG of Section 310 of the 2019 Appropriation Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to facilitate a mental health coordination workgroup in the Northern Virginia region:

*GG. The Department of Behavioral Health and Developmental Services shall facilitate a mental health coordination workgroup in the Northern Virginia region so that public and private providers of services and advocates for such services may collectively determine how to develop the most effective and most comprehensive services for persons who need such services. This mental health coordination workgroup shall seek agreement on how the services provided can best promote mental health, help people receive services needed when they are needed, provide intensive treatment when needed, ensure that crisis care is provided, provide care management in ways that help maintain mental health, and provide the supportive services necessary for individuals with mental health needs to live fully within the community. Participants in the workgroup shall include but not be limited to community services boards, state facilities and programs, private hospitals, partial hospitalization and crisis stabilization programs, residential treatment facilities, private community providers, criminal justice personnel, consumers and advocates for consumers, and others. The department shall facilitate the initiation of the workgroup and once it is fully operational shall allow it to operate independently, however the department may continue to participate in the workgroup to provide assistance as needed. The department shall report on the composition, participation and any actions of the workgroup to the Chairmen of the House Appropriations and Senate Finance Committees by November 30, 2019.*

This letter provides an update on the effects of this workgroup. DBHDS worked with the Northern Virginia Regional Office (Region 2) to facilitate an initial meeting of the Mental Health Coordination Workgroup on June 28, 2019. The Region 2 Office coordinates regional funding and programs across all Community Services Boards (CSBs) in the region. Examples include funding to purchase local inpatient behavioral health care (LIPOS) and the REACH program for individuals with developmental disabilities who need behavioral supports.

The Mental Health Coordination Workgroup was initially formed by inviting additional participants to the longstanding Region 2 Regional Management Group (RMG) convened by the Region 2 Office. The Mental Health Coordination Workgroup also receives information about the work of the various Behavioral Health subgroups that report up to the RMG (described below). As a result, the RMG has assumed responsibilities for all the tasks set forth in Item GG of Section 310 of the 2019 Appropriations Act.

As required by the budget language, participants who attended the first Mental Health Coordination Workgroup represented CSBs, DBHDS, private hospitals, and other community-based providers. Attendees included: DBHDS, Loudon CSB, Fairfax CSB, Northern Virginia Mental Health Institute (NVMHI), Arlington CSB, Prince William CSB, Alexandria CSB, Virginia Healthcare & Hospital Association (VHHA), Novant Hospital, Dominion Hospital, HCA Healthcare, North Springs Hospital, and INOVA Hospital. Consumer advocates, consumers, and criminal justice personnel were invited, but did not attend.

At the June 28th meeting, the Workgroup reviewed the community services available in Region 2 for those at high risk of hospitalization and discussed how Emergency Services use these and other services to divert individuals from inpatient hospitalization, including at NVMHI. The Workgroup identified the following items for further discussion and examination:

- Improving access to crisis stabilization units for individuals under a temporary detention order or as a diversion or step-down option;
- A regional pilot to purchase beds to serve individuals with high acuity using an enhanced rate; and
- Targeted increases in temporary detention order (TDO) acceptance rates at Region 2 private hospitals to relieve pressure on NVMHI census.

The Workgroup requested that each CSB continue to meet with their local partners on an ongoing basis, disseminate information from the RMG to their local partners, and provide feedback and recommendations from their local partners to the RMG to address these concepts as well as other areas of concern. Additionally, the Workgroup tasked five regional sub workgroups to report on their activities to develop and improve coordination of mental health services for individuals in Northern Virginia. Those subgroups are: Regional Utilization Group; Older Adult Service Stakeholders; Emergency Services Managers; Regional Crisis Stabilization; and Regional Child Behavioral Health Managers.

In addition to the initial “launch” meeting on June 28<sup>th</sup>, the Workgroup as the RMG also met on July 26<sup>th</sup>, August 23<sup>rd</sup>, September 27<sup>th</sup> and October 25<sup>th</sup> to coordinate the work of the five subgroups that report up to it and understand the issues and challenges discussed within each subgroup. The subgroups met as follows:

- **Sub-group #1: Regional Utilization.** This group met on July 25<sup>th</sup>, August 22<sup>nd</sup>, September 26<sup>th</sup> and October 24<sup>th</sup> and included private hospital partners at its September meeting;
- **Sub-group #2: Older Adult Service Stakeholders.** This group met on July 19<sup>th</sup> and October 18<sup>th</sup>. Each of these meetings included private hospital partners;
- **Sub-group #3: Emergency Services Managers.** This group met on August 1<sup>st</sup> and September 5<sup>th</sup>
- **Sub-group #4: Regional Crisis Stabilization.** This group met on July 8<sup>th</sup>, August 12<sup>th</sup>, September 9<sup>th</sup>, and October 14<sup>th</sup>; and
- **Sub-group #5: Regional Child Behavioral Health Managers.** This group met on August 5<sup>th</sup> and continue to meet every other month.

The partnership and collaborative efforts between the public and private sectors in Northern Virginia are strong and the sub-groups and RMG continue to meet to address local/regional issues and discuss increasing access to crisis stabilization, a regional pilot for those with high acuity, and potential targeted increased TDO rates. The following information was pulled together by the RMG to help refine these discussions, which are ongoing:

- TDO data from the first four months of FY20 demonstrate an increase of TDO admissions to private hospitals and decreased TDO Last Resort admissions to State hospitals for both Adults and Children. Unfortunately, this has not been the trend for Older Adults (ages 65+).
  - The population in Virginia is aging. According to Weldon Cooper Center, in 2010 older adults were 12% of the state’s population; in 2020, they are projected to be 15% and in 2030 they are projected to be 18%. As a result, admissions to geriatric state hospitals are increasing (a projected 19% increase between FY19 and FY20). Unfortunately, discharges are not keeping pace with the increase in admissions, and older adults are getting “stuck” in both private and state hospitals.

Northern Virginia TDO Admission Trends							
Private Hospitals	Ages Served	FY18 TDO Admissions	FY 19 TDO Admissions	% Change from FY 18	FY 20, July – October, TDO Admissions	FY 20 Annualized TDO Admissions	Projected % Change from FY 19
<b>Dominion</b>	All	701	586	-16%	215	645	10%
<b>Fairfax</b>	All as of FY 19	385	287	-25%	108	324	13%
<b>Loudon</b>	Adult and Older Adult	293	257	-12%	99	297	16%
<b>Mount Vernon</b>	Adult and Older Adult	325	345	6%	145	435	26%
<b>Novant</b>	Adult and Older Adult	169	84	-50%	56	168	100%
<b>Virginia Hospital Center</b>	Adult and Older Adult	252	247	-2%	79	237	-4%
<b>North Spring</b>	Children	31	22	-29%	13	39	77%
<b>State Hospitals</b>							

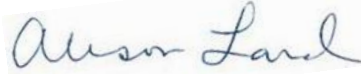
<b>NVMHI</b>	Adult	1181	1,150	-3%	299	897	-22%
<b>Piedmont</b>	Older Adult	36	52	44%	20	60	15%
<b>CCCA</b>	Children	169	154	-9%	34	102	-34%

The RMG identified the following factors contributing to the increase of TDO admissions to private hospitals and a decrease of TDO admissions to state hospitals include the following:

- In FY19, most Northern Virginia private hospitals had beds temporarily offline while they renovated their units to address ligature issues identified by JCAHO. Additionally, several hospitals had staffing shortages, which necessitated the temporary closure of some beds.
  - Novant had approximately half of their beds closed (16) and INOVA Fairfax closed a third of their adult beds (12) and a few child beds throughout FY19.
  - Additionally, other Northern Virginia private hospitals had several beds closed periodically throughout FY19.
  - In FY20, all licensed beds in the region have re-opened, except for INOVA Fairfax, who continue to keep 12 adult beds and 1 child bed offline due to a staffing shortage.
- As a result of the State Hospital census crisis, there have been delays in admissions of Last Resort TDOs, which increases individuals' time spent in Emergency Departments (ED) of private hospitals. While individuals are spending more time in the private hospitals' EDs, there is often turnover in the hospitals' Behavioral Health Units. This turnover creates opportunities for a change in TDO facility from the state hospital to the behavioral health unit in the hospital in which the individual is boarding in the Emergency Department. As a result, more individuals are served in the local private hospital.
- TDOs are decreasing across Northern Virginia (4% decrease in FY19 from prior year and trending towards another 3% decrease in FY20 from prior year). This may reflect an overall decrease in behavioral health hospital admissions, and therefore an increased ability for the Northern Virginia private hospitals to accept TDO admissions.
- Ongoing and consistent collaboration between the public and private sectors for many years has created a strong collaborative network of providers in Northern Virginia to address strategic planning, increased comprehension of the successes and challenges within each sector and collaborative advocacy efforts.

The RMG will continue to meet on a monthly basis to fulfill the tasks and responsibilities of the Mental Health Coordination Work Group set forth in Item GG of Section 310 of the 2019 Appropriations Act. The RMG's efforts and accomplishments will continue to be documented in their meeting minutes.

Sincerely,

A handwritten signature in blue ink that reads "Alison Land". The signature is written in a cursive style and is placed on a light blue rectangular background.

Alison Land  
Commissioner

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