



COMMONWEALTH of VIRGINIA

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COMMISSIONER

DEPARTMENT OF
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The Honorable Janet D. Howell, Chair, Senate Finance Committee
The Honorable Luke E. Torian, Chair, House Appropriations Committee
14th Floor, Pocahontas Building
900 East Main Street
Richmond, VA 23219

Dear Senator Howell and Delegate Torian:

Item 320 CC.2 of the 2020 *Appropriations Act* directs the Department of Behavioral Health and Developmental Services (DBHDS) to provide a quarterly report on the establishment of pilot projects with alternative inpatient options to state behavioral health hospital care to reduce census pressures on state hospitals. The language states:

2. The department shall report quarterly on projects awarded with details on each project and its projected impact on the state behavioral health hospital census. The report shall be submitted to the Chairs of House Appropriations and Senate Finance and Appropriations Committees no later than 30 days after each quarter ends.

In accordance with this item, please find enclosed the combined report for Item 320 CC.2 for the first quarter of fiscal year 2022 (July 1, 2021-September 30, 2021). Staff are available should you wish to discuss this request.

Sincerely,

Nelson Smith
Commissioner

Department of Behavioral Health & Developmental Services

CC:

The Honorable John Littel
Susan Massart
Mike Tweedy



Report on Item 320 CC.2

Report on the Establishment of Census Pilot Projects

To the Chairs of House Appropriations and Senate Finance and Appropriations
Committees

Introduction

Item 320 CC of the 2020 Appropriations Act provides \$3,750,000 in FY20 and \$7,500,000 in FY21 in order to pursue alternative inpatient options to care at the Commonwealth's state mental health hospitals as well as step-down options for patients ready to discharge on the Extraordinary Barriers List. The language states:

CC.1. Out of this appropriation, \$3,750,000 the first year and \$7,500,000 the second year from the general fund is provided for the Department of Behavioral Health and Developmental Services (DBHDS) to pursue alternative inpatient options to state behavioral health hospital care or to increase capacity in the community for patients on the Extraordinary Barriers List through the establishment of two-year pilot projects that will reduce census pressures on state hospitals. Proposals shall be evaluated on: (i) the expected impact on state hospital bed use, including the impact on the extraordinary barrier list; (ii) the speed by which the project can become operational; (iii) the start-up and ongoing costs of the project; (iv) the sustainability of the project without the use of ongoing general funds; (v) the alignment between the project target population and the population currently being admitted to state hospitals; and (vi) the applicant's history of success in meeting the needs of the target population. No project shall be allocated more than \$2.5 million each year. Projects may include public-private partnerships, to include contracts with private entities. The department shall give preference to projects that serve individuals who would otherwise be admitted to a state hospital operated by DBHDS, that can be rapidly implemented, and provide the best long-term outcomes for patients. Consideration may be given to regional projects addressing comprehensive psychiatric emergency services, complex medical and neuro-developmental needs of children and adolescents receiving inpatient behavioral health services, and addressing complex medical needs of adults receiving inpatient behavioral health services. Any unexpended balance in this appropriation on June 30, 2021, shall be reappropriated for this purpose in the next fiscal year to fund project costs.

2. The department shall report quarterly on projects awarded with details on each project and its projected impact on the state behavioral health hospital census. The report shall be submitted to the Chairs of House Appropriations and Senate Finance and Appropriations Committees no later than 30 days after each quarter ends.

The census at the Commonwealth's eight mental health hospitals has been persistently and dangerously high. Though TDO admissions across Virginia have decreased slightly in recent years, Virginia state facilities' share of TDO admissions are increasing year after year compared to private facilities. This current trend began when the Bed of Last Resort statute was passed in 2014, requiring an individual to be transported to a state hospital at the end of the 8-hour ECO period if no other bed is available. On average, the state hospital census in FY21 is consistently above 85 percent, considered safe operating capacity, and more frequently above 95 percent.

The current process of identifying an available bed for an individual subject to a TDO is done largely via phone calls and based on each hospital's milieu at the time. There is no central source of information on why there was a refusal from a private hospital. There is, however, documentation within each individual pre-screening form for the reasons. The most common reason listed for refusal is the level of acuity of the patient (specifically historical or current aggression). Other common reasons for refusal include patients who have an exclusionary diagnosis (developmental disabilities or dementia), medical comorbidities, and concerns about housing and placement post discharge. The hospital census pilots in 320 CC of the Appropriations Act as well as other contracts with private hospitals described below seek to either

support private or community hospitals in taking these high acuity patients or take on populations that may be more appropriately served in a private hospital (e.g., children under age 12).

Status of Census Contracts

DBHDS has been working with private providers to develop contracts for alternative inpatient settings as well as step-down options for state hospital patients.

As of the date of this report, two pilot projects have been implemented respective to Item 320 CC, with two additional pilot projects in development. Of the \$7,500,000 appropriated for these projects in FY22, \$1,250,000 has been spent thus far. The active pilot projects include:

1. A contract with Riverside Behavioral Health in Hampton for a pilot addiction services program specifically targeted towards patients who are currently in state psychiatric hospitals or who would otherwise be served by a state psychiatric hospital. This program will offer inpatient detox, intensive outpatient substance use disorder services, and partial hospitalization services. This contract was finalized in June 2021. Developments related to this pilot project include:
 - a. Program has received licenses for Additional Intensive Outpatient, Outpatient Addiction, and Outpatient Behavioral Health
 - b. Completed renovation of six bed detox unit
 - c. Inpatient ligature conversation project has begun
 - d. Intensive Outpatient opened on September 27th
 - e. The detox program's anticipated go-live date is October 26th
2. A contract with Carillion, based out of Roanoke, for a pilot comprehensive psychiatric emergency program (CPEP). This program is based on a model that is utilized in the emergency room that has been successfully implemented in other states. This program provides immediate emergency psychiatric services to patients in the emergency department, and will serve to divert patients from hospitalization at state psychiatric hospitals by redirecting to ambulatory care, or inpatient hospitalization at Carillion inpatient psychiatric units. This contract was also finalized in June 2021 and has already begun serving a small amount of patients. Project developments include:
 - a. An average of 25 patients per month who were stabilized and discharged to the community, rather than inpatient hospitalization
 - b. An average of 25 patients per month were diverted from state hospitalization to community inpatient providers

Table 1: Current Contracts with Providers for Diversion and Discharge of Patients from State Hospitals

The following table details each existing contract with private providers for diversion from state hospital admissions as well as step-down options for patients ready for discharge from a state hospital.

Contract	Description or Purpose	Status	Projected annual cost	Expended as of 9/30/21	Expended as of 12/31/21	Expended as of 3/31/22	Expended as of 6/30/22	Estimate # of individuals served	Remaining
Riverside Addiction Services	Pilot program of inpatient detox, IOP, and PHP for individuals who would otherwise be served by a state hospital	Active	\$2,500,000	\$625,000				11	\$1,875,000
Carilion CPEP	Pilot comprehensive psychiatric emergency program to divert individuals from state hospitalization	Active	\$2,500,000	\$625,000				155	\$1,875,000
Gateway Homes TGH and PSH for adults and children	Transitional Groups Homes and Permanent Supportive Housing for individuals discharging from state hospitals	Active	\$5,200,000	\$1,399,447				52	\$3,800,553
Exhibit Ds for CSB assisted living facilities	Specialized assisted living facilities for individuals discharging from state hospitals	Active	\$4,368,000	\$1,092,000				110	\$3,276,000
Jewish Family Services/ Guardianship	Provide guardianship services for those discharged from state facilities	Active	\$726,000	\$143,950				89	\$582,050
Exhibit Ds with Mt. Rogers and Western Tidewater for children's CSUs	Provide diversion and stepdown options for children and adolescents who would otherwise be served by CCCA	Active	\$632,860	\$158,215				14	\$474,645
UHS for diversion of children and adolescents	Provide inpatient beds for diversion of children who would otherwise go to CCCA.	Active	\$1,000,000	\$213,300				12	\$786,700
Various CSB Exhibit Ds for transitional housing programs	CSB transitional housing programs for individuals discharging from state hospitals	Active	\$2,500,000	\$614,900				32	\$1,885,100

Mt. Rogers Nursing Home	Provides for expansion of nursing home beds for those with extraordinary behavioral health needs by providing specialized BH staff at the Nursing home.	Active	\$865,000	\$865,000				45	\$0
Regional IDAPPs	Funding for individual DAP plans for CSB regions	Active	\$3,500,000						\$3,500,000
Western Tidewater Dementia Services	Provide Memory Care beds and specialized interdisciplinary team for dementia care	Active	\$1,200,000	\$1,200,000				24	\$0
			\$24,991,860	\$6,936,812	\$	\$	\$	379	\$18,055,048

