



COMMONWEALTH of VIRGINIA

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COMMISSIONER

DEPARTMENT OF
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October 20, 2022

To: The Honorable Janet D. Howell, Chair, Senate Finance Committee
The Honorable Barry D. Knight, Chair, House Appropriations Committee
Secretary of Finance Stephen E. Cummings

From: Nelson Smith, Commissioner of the Department of Behavioral Health & Developmental Services

RE: Item 317 D of the 2022 Appropriations Act regarding COVID-19 surveillance and testing at state facilities

Background

Item 317 D of the 2022 Appropriations Act provides \$2,142,601 in FY 2022 and \$4,282,202 in FY 2023 for surveillance and testing costs for the patients and staff to manage COVID-19 outbreaks at state facilities. The language states:

Out of this appropriation, \$2,142,601 the first year and \$4,282,202 the second year from non-general funds is provided for the surveillance and testing costs of residents and staff in order to avoid and manage COVID-19 outbreaks at state facilities. The department shall coordinate with the Virginia Department of Health (VDH) and local health districts as appropriate to coordinate its testing and surveillance activities in order to access federal ELC Enhancing Detection Expansion grant funding provided to VDH through the Centers for Disease Control. The Department of Behavioral Health and Developmental Services shall report quarterly to the Secretary of Finance and the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees on the expense of these funds, including the number of tests administered.

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Centers for Disease Control. The Department of Behavioral Health and Developmental Services shall report quarterly to the Secretary of Finance and the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees on the expense of these funds, including the number of tests administered.

COVID-19 testing has been conducted at all Department of Behavioral Health and Developmental Services (DBHDS) facilities based on plans coordinated with the Virginia Department of Health (VDH) since the onset of the pandemic. The testing protocols have varied depending on the rate of infections within each facility and the input of the local health departments serving the area where the facility is located. In facilities that have experienced outbreaks, this testing has occurred as frequently as twice per week for all individuals receiving services as well as all staff who might come into contact with a potentially COVID-positive individual.

Current Status of Testing and Expenditures

During the past 15 months, COVID-19 outbreaks at individual facilities have led the local health departments to recommend halting admissions for periods of time from 14 to 28 days, depending on the type of individuals that the particular facility serves. Where these plans have been enacted, admissions have been restarted after the agreed-upon period of quarantine has elapsed. During these periods of quarantine, testing has been conducted more frequently and has, at times, been required of all patients as well as direct care staff. There were periodic limits on or closures to state facility admissions in some of the state hospitals during the latter part of the first quarter, during the second quarter and during the early part of the third quarter due to needing to activate and maintain quarantine and isolation units. Currently, however, **there are no state facilities that are closed to admissions due to COVID-19 and there have been no closures during the fourth quarter of FY 2022 or the first quarter of FY 2023.**

The Omicron variant of COVID-19 increased the number of COVID-positive staff and patients in state facilities which, in turn, increased the amount of and expenditures for testing during the latter part of the second quarter of FY 2022 and the early part of the third quarter of FY 2022. There were also enhanced numbers of tests required for unvaccinated staff during the early part of the third quarter that were not required during the latter part. These two factors led to decreasing numbers of tests utilized for each month during the third and fourth quarters. There were some slight increases in the number of positive patient and staff COVID tests during portions of the fourth quarter of FY 2022 and the first quarter of FY 2023, likely due to the BA.5 variant, but it does not appear that this led to the need for significantly increased testing. There are also changes in the testing requirements for unvaccinated DBHDS employees and changes in the testing protocols for employees potentially exposed to COVID-19 that have decreased the demand for tests.

The number of COVID-19 tests administered at DBHDS state facilities during the first quarter of FY 2022 was 8131 although these were not funded from 326E due to most facilities having stocks of testing materials on hand. Since that time, the number of tests administered by DBHDS facilities and the expenditures from the funds provided through 326E are outlined in Table 1.

Table 1.

Quarter	Tests	326E Funds Utilized
Quarter 1, FY2022	8,131	0
Quarter 2, FY2022	14,823	\$189,218
Quarter 3, FY2022	18,961	\$42,915
Quarter 4, FY2022	1,142	\$40,128
Quarter 1, FY2023	1,622	\$107,454

Current Status of 317.D Appropriations

The federal ELC Enhancing Detection Expansion grant was awarded in August 2021 to the Virginia Department of Health (VDH). To receive these federal funds from VDH, DBHDS needs to be a sub-recipient. DBHDS has worked with VDH to establish a memorandum of agreement (MOA) to create the required relationship and the structure to meet federal sub-recipient guidelines required by the grant. This MOA was signed in October 2021. Distribution of funds will continue on a monthly basis to DBHDS, as the grant is disbursed through reimbursement. Because the appropriation for FY 2021 was allocated retroactively, exact expenditures for this item are not available for FY 2021.

cc: The Honorable John Littel, Secretary, Health & Human Resources