



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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May 1, 2024

To: The Honorable L. Louise Lucas, Chair, Senate Finance & Appropriations Committee
The Honorable Luke Torian, Chair, House Appropriations Committee

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

Re: Item 317 B, 2023 Appropriation Act

Item 317.B. of the 2023 Appropriation Act directs DBHDS to provide the number of individuals served, and services provided by the Discharge Assistance Program (DAP). The language reads:

B. The Department of Behavioral Health and Developmental Services shall report by November 1 of each year to the Secretary of Finance and the Chairmen of the House Appropriations and Senate Finance Committees on the number of individuals served through discharge assistance plans and the types of services provided.

Please find enclosed the report in accordance with Item 317 B. DBHDS staff are available should you wish to discuss this request.

Cc: Secretary Janet V. Kelly



Discharge Assistance Program (DAP) Report

(Item 317 B, 2023 Appropriation Act)

May 1, 2024

DBHDS Vision: A Life of Possibilities for All Virginians

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Introduction

Discharge Assistance Program (DAP) must be initiated to address barriers to discharge from state psychiatric hospitals. These plans, called “IDAPPs” can include one-time costs, such as transportation and apartment setup, and ongoing costs, like services and residential expenses.

Within this context, more detail is included below about the dollars expended, types of services provided, and number of individuals served by 790 Grant to Localities DAP funds for FY 2023.

Individual Plans FY 2023

- For FY 2023, 1,239 individuals have been served with IDAPPS. \$29,984,812 in DAP has been spent supporting ongoing and one-time cost for these individuals. These individuals have been served with 24-hour supervised care and housing, community-based services, and medication and startup costs for community transition. Of those served, 397 were new hospital discharges (32 percent). The average length of stay in the state hospital for those new discharges was 565 days.
- Depending on circumstances and needs, individuals may have multiple IDAPPs including one time, ongoing, or a combination of both. The 1,239 individuals served during FY 2023 represented 1,397 IDAPPs. The average statewide cost of an ongoing plan is \$33,960 annually. The average statewide cost of a one-time plan is \$11,964.
- The majority of DAP (85.9 percent) is spent on some level of supervised residential services. This includes nursing homes, assisted living and small group homes. The chart below provides additional details:

Categories	Total Spent	% of Total Spent
Outpatient/Medication Monitoring - 310 and 312	\$11,694.01	0.03%
Assertive Community Treatment - 350	\$41,569.60	0.22%
Case Management - 320	\$192,291.18	0.85%
Psychosocial Rehab/Day Support 425	\$438,388.63	1.98%
Highly Intensive Residential 501	\$1,094,348.77	4.61%
Intensive Residential 521	\$1,710,965.48	5.77%
Supervised Residential 551	\$23,692,444.13	69.78%
Supervised Residential Memory Care	\$2,396,235.43	5.76%
Supportive Residential 581	\$844,649.67	3.71%
Rental Subsidy	\$420,422.29	2.00%
Transportation	\$180,775.54	0.65%
Personal Needs	\$77,190.43	0.13%
Medications	\$120,147.76	0.20%
Other	\$1,562,438.81	4.30%

Infrastructure Funding

- \$3,353,533 was provided to support three assisted living facilities to serve individuals exclusively who were discharged from state hospitals. These include one facility each in Nelson County, Western Tidewater, and Pulaski County, operated by the local community services boards. These facilities are designed to serve a minimum of 140 hospital discharges annually. In FY 2023 this service supported 170 individuals.

- \$1,750,000 was provided for contracted intensive and transitional community residential programs for Eastern State Hospital discharges. Services included 24-hour intensive care, supervision and support, medication education and monitoring, engaging/transition to community-based activities, and transitioning to a lower level of care as appropriate.

DAP Rate Study

FY 2023, under the direction of the General Assembly, DBHDS contracted with BerryDunn to complete a rate study on the supervised residential payment rates. This service does not have identified public pay rates (i.e., Medicaid). Therefore, DAP was paying provider determined rates. This methodology has created inconsistencies in services provided per rate. In FY 2024, DBHDS will implement the results of the rate study creating a system of payment based on the identified needs of patients through the uniformed assessment instrument.