COMMONWEALTH of VIRGINIA

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November 1, 2024

To: Governor Glenn A. Youngkin, Governor of Virginia
The Honorable L. Louise Lucas, Chair, Senate Finance & Appropriations Committee
The Honorable Luke E. Torian, Chair, House Appropriations Committee

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

RE: Item 301.D of the 2024 Special Session I Appropriations Act

Pursuant to Item 301.D of the 2024 Appropriations Act, the purpose of this letter is to report on the status of the expansion of therapeutic intervention and discharge planning services at Central State Hospital and Southern Virginia Mental Health Institute. The language reads:

> *D. Out of this appropriation, $5,062,489 the first year and $5,062,489 the second year from the general fund is provided for therapeutic intervention and discharge planning services seven days a week at Central State Hospital and Southern Virginia Mental Health Institute. The Department shall report annually by August 1 to the Governor and the Chairmen of House Appropriations and Senate Finance and Appropriations Committees on the impact on length of stay, number of discharges occurring during the expanded service time, and overall impact on discharge planning and the census of the affected facilities.*

cc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

DBHDS

Virginia Department of Behavioral Health and Developmental Services

Annual Report on Item 301.D of the 2024 Special Session I Appropriations Act

August 1, 2024

DBHDS Vision: A Life of Possibilities for All Virginians

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Introduction

Historically, state hospitals had provided the full continuum of treatment primarily during business hours, Monday through Friday, with a decrease to essential services in the evenings, on weekends, and holidays. The full continuum of treatment includes assessments and interventions from all treatment team members (nursing staff, social work staff, psychiatric providers, recreational therapy, and psychology), an assortment of group treatment options provided throughout the day, forensic evaluation and treatment, and discharge planning. Following the passage of SB260 in 2014 (known as the Bed of Last Resort law), the state hospitals began experiencing a significant increase in patient admissions during non-business hours. However, while admissions moved to a 24/7 model, full active treatment and discharge planning did not.

In 2022, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) submitted a budget request to fund positions to pilot a program of enhanced treatment and discharge services seven days per week at two Virginia state hospitals – Southern Virginia Mental Health Institute (SVMHI) in Danville and Central State Hospital (CSH) in Petersburg. Item 301.D included $5,062,489 in funding to add 17 new positions at SVMHI, and 23 new positions at CSH. This was an effort to transition to the full continuum of treatment and was a result of continuous efforts to address the state hospital bed census, which is consistently at or above 95 percent of beds. This extremely high census has led to dangerous consequences, including increased staff turnover and vacancy in key positions, safety concerns for patients and staff, individuals in crisis experiencing extended wait times for treatment, and an increased burden on law enforcement as they provide transportation and custody for individuals waiting for treatment. Both hospitals have seen significant changes for the better regarding the ability to provide active treatment, assessment, and evaluation during non-business hours, as well as length of stay of patients, specifically forensic patients and continue to make implementation adjustments to ensure efficiencies.

Pilot Program Successes

Southern Virginia Mental Health Institute (SVMHI)

In FY 2024, staff worked to develop community partnership for weekend discharges. SVMHI was able to garner support and buy-in from regional partners to start a few weekend discharges. They have secured a full-time psychiatric nurse practitioner that works Tuesday through Saturday and has allowed for treatment team meetings on Saturdays.

In addition, SVMHI saw a 35 percent increase in patient engagement outcomes on the weekends because of this pilot program. This result correlated with increased group offerings and staffing available to provide active treatment during non-business hours, including recreational therapists, a peer specialist, and a direct care associate. The data for patient engagement at SVMHI clearly shows an increase with patient engagement with the addition of these staff, and a decrease in patient engagement when staff numbers are reduced (see Figures 1 and 2).

Figure 1.

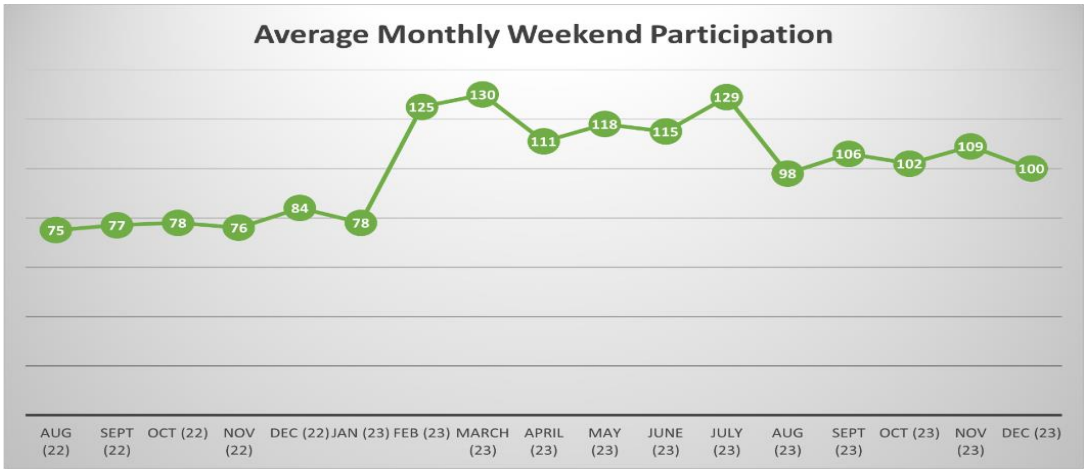
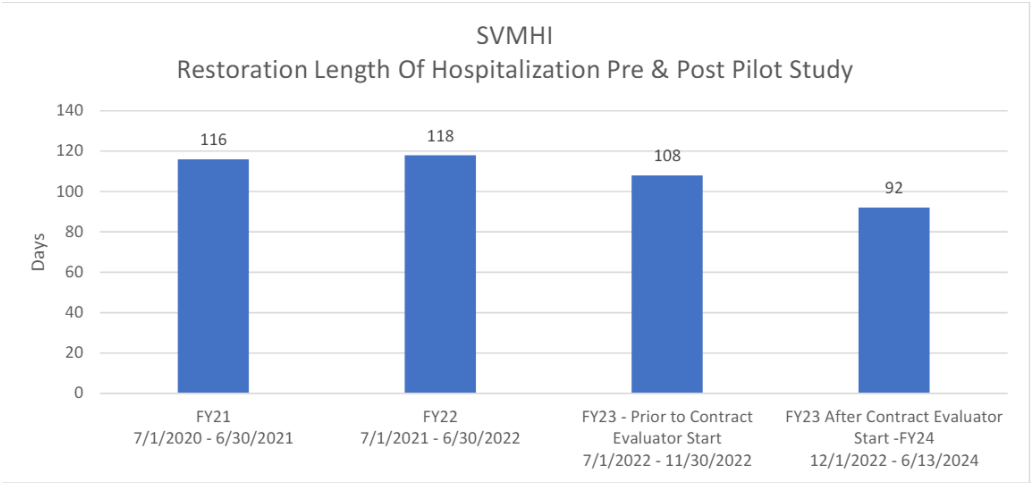


Figure 2.

Unexpected outcomes were seen for forensic services. SVMHI hired a contract evaluator as part of the pilot program specifically to provide services to patients who were admitted under forensic restoration of competency orders. As a result, SVMHI saw a decrease in the average length of stay of patients under a "restoration" legal status from 108 days to 92 days (Figure 3, below).

Figure 3.



Part of the reason for the success in forensic services is the creation of the Restoration Coordinator position, developed as a part of this pilot. This position manages every single restoration patient from the time they arrive until the time of their departure and is responsible for all logistics, virtual assessments, restoration groups, individual counseling, correspondence with the courts, improved Comprehensive Treatment Plan (CTP) documentation and documentation overall for the evaluator. They are the main point of contact to ensure efficiency and accuracy. This is a clinical position, and the staff is trained for competency and sanity which allows them to be more knowledgeable about when a person is ready for formal evaluation. This position allows for complete oversight and allows for personalized/individualized interventions to occur for the patient to match their needs while monitoring for readiness for re-evaluation.

Another important success at SVMHI is the development of a quality assurance and performance improvement (QAPI) initiative to focus on documentation of active treatment will assist with patient care and census management by providing a more accurate clinical picture of each patient's progress and assists both psychiatric providers and social workers with assessing discharge readiness. Additionally, higher quality treatment documentation illustrates clinical stability and community placement potential to potential community providers, which facilitates more efficient discharges. SVMHI is conducting monthly audits to assess the quality of active treatment/group documentation, as well as opportunities for staff coaching and support.

Finally, SVMHI staff, in collaboration with DBHDS Central Office staff, is in the process of developing a facility-specific clinical dashboard that tracks not only patient length of stay, but the factors that impact length of stay, including psychiatric and developmental diagnoses, medical complexity, housing needs/homelessness, substance use needs, history of challenging behaviors, status of entitlement applications, family support, location within the state, treatment engagement, ability to make informed treatment decisions, and the involvement of a substitute decision maker (if applicable).

Central State Hospital (CSH)

The pilot program's implementation at CSH has focused extensively on patients who are ordered to the hospital for restoration of competency to stand trial, as this has been a major stressor on the census. The following successes in pilot implementation have been seen at CSH over the course of the past two years since the funds were appropriated:

- A nurse practitioner was hired and assigned to a new, specific role of Restoration Project Manager. This has made a significant impact in the efficiency of restoration evaluation and treatment services. CSH has seen a significant increase in the number of patients who are able to receive restoration services at any given time. This position also conducts frequent review of patient medications and inter-hospital referrals.
- With addition of staff funded through this pilot, CSH has been able to significantly expand the number of staff and the staff roles who can provide restoration services. This has included additional trainings for individual restoration service providers.

- CSH has implemented a model of assessing patients under a restoration order for individual restoration services immediately upon arrival, which was a change from previous practice. This has facilitated quicker initiation of services.
- CSH is currently facilitating an initiative that focuses on direct service associates and group note documentation for patients under restoration orders.
- As mentioned previously for SVMHI, CSH is also involved in the development of an IT solution which will provide a facility-specific dashboard with metrics and data related to patient length of stay and patient flow.

Challenges

Both SVMHI and CSH have experienced similar challenges with the implementation of this pilot program. These include:

- **Recruitment of staff to fill the positions allocated to the pilot program** – This has been the most significant challenge experienced during the pilot program rollout during the past two years, though not surprising given the workforce challenges already experienced by state hospitals and the behavioral health system across Virginia. Both hospitals have experienced this, though the specific positions that were the most challenging were different at each hospital:
    - SVMHI has been the most challenged in hiring psychiatric providers, while CSH has been the most challenged in hiring social workers.
    - Both hospitals have been forced to be creative in hiring positions. This has included pivoting from psychiatrists to other types of prescribers, considering part-time or contracted positions, and, for CSH, considering hiring bachelors-level discharge planners and case managers, rather than masters-level social workers.
    - At this time, neither hospital has been able to recruit for and fill all positions associated with these pilot programs.
- **Increasing discharges that occur during non-business hours** – While both hospitals have seen success in implementing increased evaluations, assessments, and active treatment that occurs during non-business hours, only SVMHI hospital has seen a change in the number of patients who are discharged during non-business hours (evenings, nights, weekends, and holiday). Leadership staff at both hospitals noted that the ability to discharge is contingent on other partners being willing and able to provide services on the weekends. This includes most notably community services boards (CSBs), outpatient providers, and jails.
- **The pilot did not include funding for CSBs to provide non-business hours services** – Although CSBs are mandated by the Code of Virginia to provide the majority of discharge planning services for individuals in state hospitals, they provide these services almost exclusively during business hours. Most private outpatient behavioral health services are also only provided during business hours.
- **Weekend staff shortages in jails** – For forensic patients returning to jails, although the state hospitals indicate that they can discharge patients to jails during non-business hours, jails note that they are frequently experiencing staff shortages on the weekends that

prohibits providing the mental health care and transportation services needed to implement discharges during non-business hours.

Admissions, Discharges, and Length of Stay

Each hospital experienced a slight increase in admissions and discharges between FY 2022 and FY 2023. SVMHI is on track to increase for FY 2024; however, it should be noted that the percentage of patients admitted under forensic restoration orders increased significantly for each hospital (56 percent for SVMHI and 42 percent for CSH). Admission and discharges for CSH decreased for FY 2024. For FY 2024, the 87 percent of CSH admissions were forensic; for SVMHI 44 percent of FY 2024 admissions were forensic. See Figure 4 for more information.

Figure 4. Hospital admissions and discharges, FY 2022 through May FY2024

Hospital	Admissions	Discharges
SVMHI	FY 2022: 253	FY 2022: 261
	FY 2023: 270	FY 2023: 264
	FY 2024 (through May) 263	FY 2024 (through May): 260
CSH	FY 2022: 556	FY 2022: 541
	FY 2023: 562	FY 2023: 543
	FY 2024 (through May): 451	FY 2024 (through May): 461

As noted previously, upon implementation of the pilot program at SVMHI, the average length of stay for patients under a forensic restoration order decreased significantly, and this is expected to continue into FY 2024 and FY 2025. While the average length of stay for patients did not change at CSH, they are expected to see a decreased length of stay for patients under restoration orders in FY 2024 because of the efforts of the pilot program.

Figure 5. Average length of stay of patients, FY2022 & FY2023

Hospital	Average LOS FY2022	Average LOS 2023
SVMHI	All patients: 63.5 days	All patients: 77.7 days
	IST (Restoration): 112.4 days	IST (Restoration): 78.6 days
CSH	All patients: 147.7 days	All patients: 177 days
	IST (Restoration): 120.1 days	IST (Restoration): 123.1 days

Conclusion and Recommendations

Both CSH and SVMHI have seen significant changes for the better regarding the ability to provide active treatment, assessment, and evaluation during non-business hours, as well as length of stay of patients, specifically forensic patients. If these pilot programs were continued, DBHDS would recommend to:

- Expand these pilot programs to additional state hospitals beyond SVMHI and CSH. Notably, flexibility and creativity have been key in the implementation of these programs and the ability to hire and fill positions. Each state hospital has unique needs, and this should be considered in any future appropriations language and the allocation of funds.
- Appropriation of funds to the state hospital's discharge partners, specifically the CSBs may be considered to aid in the after-hours discharges. The CSBs are the primary partner in discharge planning, and it can be challenging to create and implement a discharge plan on the weekends without the involvement of the CSB.

In addition, while these pilots were not necessarily envisioned to focus on forensic patients at the time of the initial budget request, the state hospitals have increased their focus on the treatment and discharge of forensic patients, particularly those under a restoration of competency order because of the increase in forensic admissions at the pilot sites. Both hospitals experienced significant increases in the number of patients admitted under this type of forensic order between FY 2022 and FY 2023 and into FY 2024.

In July 2023, 68 percent of all patients at SVMHI were under a forensic order, while 81 percent of patients at CSH were under a forensic order. While still in early stages, initial results of the programs point to success with increased patient flow and decreased length of stay, particularly for forensic patients under a restoration of competency order.

The funds for these programs have allowed CSH and SVMHI to creatively increase efficient evaluation, assessment, and active treatment of patients during non-business hours, which increased patient flow and the ability to discharge patients more quickly. This pilot has shown that having a position focused on project management and coordination of restoration efforts has a significant positive impact on efficient assessment and initiation of restoration services and substantially has decreased the average length of stay for forensic individuals.