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Virginia Department of Behavioral Health and Developmental Services

Update from the Department of Behavioral Health and Developmental Services

BHC Subcommittee, Joint Commission on Health Care
June 28, 2012

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Challenges to Virginia's Behavioral Health System

- Need for a range of crisis and emergency services for persons experiencing behavioral health crises including acute inpatient care.
- Need for housing and community supports to prevent crises and enable community integration, including enabling individuals to be discharged from state hospitals.
- Need for timely access to services and effective management of forensic patients involved in the criminal justice system.

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Root Causes of Challenges to BH Service Delivery System

- Inherent complexity of the population to be treated and served.
- Limited capacity and significant regional/local variations.
- Best practices increasing but not universally accessible.
- Complex interagency system dynamic
- Current economic climate resulting in service reductions (fewer beds) at time when population continues to increase.

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Active Planning to Identify Issues and Solutions

- DBHDS, CSBs and system stakeholders have worked diligently to understand our challenges, document our needs, and respond to them accordingly.
- June 2010: ***Creating Opportunities*** strategic plan for advancing community-focused services in Virginia.

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Creating Opportunities Task Forces

- BH Emergency Response System TF
- State Hospital Effectiveness /Efficiency TF

Issues Identified:

- difficulty accessing inpatient treatment under certain circumstances;
- patients unable to be discharged in a timely manner;
- the impact of increased forensic referrals to state hospitals;
- need for community service capacity building to help prevent and respond to crises, divert persons from hospitalization and jail, and to facilitate timely discharge from hospitalization.

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DBHDS Prioritized Response to Needs

1) Through *Creating Opportunities Emergency Response* Initiative, DBHDS Has Identified Priorities for Crisis Service Capacity Building:

- Local Acute Inpatient Hospital (LIPOS)
- Substance Use Detox and Other SUD services
- Crisis Intervention Teams (CIT) and similar BH/CJ Intervention
- Therapeutic Drop-Off for Law Enforcement, or similar program
- Psychiatric Evaluation and Medication Administration within 24 hours

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Prioritized Response, con't.

2) Non-Crisis Service Capacity Building: The *Creating Opportunities Emergency Response Report* also reported the following highest priorities for capacity-building in non-crisis services:

- Case management, especially intensive case management
- Mental Health Supports (in home daily support of individuals)
- Psychiatric Services and Medication Management
- PACT (Program of Assertive Community Treatment)
- Peer Support
- Wrap-Around Services

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Prioritized Response: Forensics Background

3) Through *Creating Opportunities Forensic Subcommittee*, DBHDS is Addressing Several Forensic Issues:

- Background: Under Virginia law, DBHDS is responsible for several types of forensic services, including:
  - Inpatient evaluation and restoration of competency to stand trial for jail inmates;
  - Inpatient treatment of unrestorably incompetent defendants (URIST);
  - Emergency inpatient psychiatric treatment of jail inmates;
  - Evaluation and treatment of Not Guilty By Reason of Insanity (NGRI) acquittees;
  - Inpatient evaluations of sanity at the time of offense.
- These services are provided exclusively by DBHDS facilities.

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Prioritized Response: Forensics Background

Increase in use of beds for forensic patients:

- In FY 2002, an estimated 26% of available beds (469 of 1,804 beds) were utilized by forensic inpatients.
- Currently 36% of available beds (545 of 1,514 beds) serve forensic inpatients.

Result:

- Fewer state hospitals beds for civil patients (i.e., non-forensic admissions such as TDOs).
- More restricted access for forensic referrals.

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Prioritized Response: Forensics

4) DBHDS Has Reduced Waiting Lists for Admission of Jail Inmates:

- Prioritized referrals from jails based on acuity.
- Immediate admission for emergency treatment.
- Waitlists only for inpatient competency restoration, or evaluations of competency or sanity.

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Priority Action = Results

Since August 2011 :

- Decreased waitlist at CSH by 46% (from 41 to 22)
- Decreased waitlist at ESH by 40% (from 43 to 26)
- Average wait time for admission from jail has decreased by over 50% (65 days in Aug 2011 to 30 days in June 2012)
- Of the 48 individuals on the waitlist on June 15, 2012, 10 were receiving active services from a CSB, in hopes of diverting inpatient admission.

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Prioritized Response: Forensics

5) Additional Actions to Manage Forensic Beds:

- ESH: additional 25 beds [former geriatric beds] for forensic patients.
- ESH psychologist into Hampton Roads Regional Jail to provide services to inmates on wait list.
- CSH and HPR IV now allow direct admission of low-risk forensic patients to civil units.
- CSH is referring waitlist patients to the HPR IV jail team and CSBs.
- DBHDS amended NGRI placement policies for low-risk NGRI patients placement in other state hospitals (not CSH).

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Prioritized Response: Forensics Longstanding Concerns

6) Convened Multi-Agency Forensic Workgroup:

- Increasing use of state hospital beds by forensic patients.
- Admission wait list for jail inmates.
- Lack of community-based competency restoration capacity.
- Long lengths of stay before discharge for NGRI patients, etc.

Through August 2012, the workgroup is studying :

- All forensic patient categories.
- All admission, treatment, and discharge processes and management procedures.
- Recommendations for policy, funding, and legislative action.

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Prioritized Response: Forensics

7) Initiated Adult Outpatient Competency Restoration Services:

- CSBs receive no funds specifically for adult restoration services.
- Starting July 1: $144,000 ongoing funding for adult outpatient competency restoration services provided by CSBs either in community or jail.
- Anticipated result is reduction of at least 160 referrals to state hospitals.

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Prioritized Response: BH-CJ

8) Continuing Development of Behavioral Health-Criminal Justice Initiatives:

- **Cross-System Mapping** – a planning process to "map" the consumer's step-by-step experience in the system, identify gaps in services, capitalize on identified opportunities for diversion or system improvement, and create a local action plan.
- **Crisis Intervention Teams (CIT)** - a 40-hour training program for law officers to reduce the use of force and restraint, and divert persons from arrest and link them to mental health supports whenever possible.

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Prioritized Response: BH-CJ

Cross-Systems Mapping

- Conducted 29 Cross-System Mapping workshops; 11 additional workshops in the near future.
- In May: convened 18 original sites to share self-assessment data, provide technical assistance, and plan next steps for development.

26 Crisis Intervention Teams (CIT) are in operation in Virginia.

- Since 2001, trained approximately 4,000 officers and first responders.
- 9 CIT programs have "drop-off" sites to reduce time spent by officers on MH-related calls (5 of these programs provide 24/7 access).
- 2012 General Assembly approved $600,000 annually for additional drop off sites.

Jail Diversion

- DBHDS also funds 10 CSBs to provide jail diversion and jail treatment programs.

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Prioritized Response: BH-CJ

9) Medical Screening Protocol:

- More consistent and efficient protocols for medical screening and assessment are needed to facilitate timely access to care for individuals in crisis and to minimize wait times for law enforcement.
- DBHDS will refine and reissue the *2007 Medical Screening and Assessment* protocols for adoption by CSBs, public and private facilities and emergency departments.
- This will improve communication, coordination of care, make screening/assessment more consistent, and reduce unnecessary delays in treatment.

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Prioritized Response: Bed Registry

10) Virginia Acute Psychiatric and CSB Bed Registry:

- Bed registry software is completed and is hosted by Virginia Health Information (VHI).
- Enable CSB and hospital users to more efficiently search for available beds anywhere in Virginia.

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Prioritized Response: Transportation

11) Reducing Demands on Law Enforcement for Transportation:

- DBHDS encourages CSBs and regions to utilize existing statutory and other options to the fullest extent, e.g.:
  - Development of therapeutic "hand-off" as allowed by law.
  - Use of persons other than law officers to transport for temporary detention (TDOs) as allowed by law.
  - Use of tele-video technology (for evaluations, hearings, etc) as allowed by law.

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Summary

- The Commonwealth's continuum of service capacity is not yet sufficient to prevent difficulty accessing care and treatment.
- Added support in FY13/14 biennium
  - Additional therapeutic "hand-off" capacity to enable law enforcement and behavioral health providers to divert more persons from the criminal justice system ($600,000 appropriation).
  - Additional funding for crisis stabilization and psychiatric services for children.

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Improvements That Will Bring Immediate Relief

- LIPOS: to expand purchase of inpatient care for adults.
- DAP: Discharge Assistance Planning for discharge of long-term patients.
- Adult Competency Restoration: to occur in community settings or jail, reducing referrals to state facilities.
- PACT: Assertive Community Treatment teams reduce emergency service and hospital utilization, criminal justice involvement, and improve housing stability for complex, difficult-to-serve individuals in the community.
- Law Enforcement “Hand-off” Sites (as funded in FY 2013-14) and other jail diversion programs.