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Virginia Department of Behavioral Health and Developmental Services

DBHDS Behavioral Health Update and Priorities

Behavioral Health Subcommittee
Joint Commission on Health Care
August 20, 2014

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Commissioner
Virginia Department of Behavioral Health and Developmental Services

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Overview

- DBHDS Core Principles
- Mental Health Law Changes and Update
- Psychiatric Bed Registry Demonstration and Update
- DBHDS Vision and Transformation

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Core Principles

- Individuals can and do recover from mental illness and substance use disorders.
- Across the entire Commonwealth, Virginians should have access to quality mental health services.
- Interventions should be focused on prevention and early intervention.
- Services must be individualized, consumer-driven and family-focused.
- To best promote recovery, interventions should be holistic, and include necessary primary health care, housing and employment supports.

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New Mental Health Laws and Operational Changes

- Change in the emergency custody order (ECO) and the temporary detention order (TDO) period.
- Mandated communication among state hospitals, CSBs and law enforcement.
- Updated medical clearance guidelines.
- Update regional protocols for CSBs and state hospitals.
- State-operated psychiatric hospitals are “last resort.”
- Bed registry implementation and monitoring.

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Reported Type I Events

Year-to-Date
Type 1 TDO Exceptions
January - June 2014

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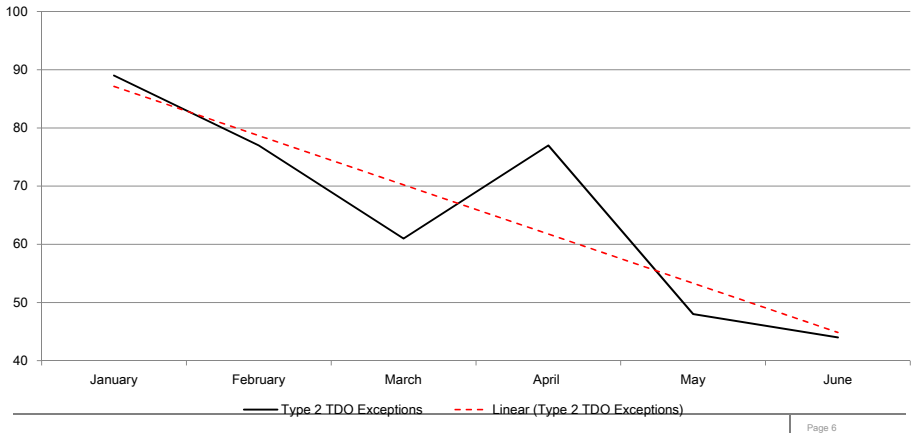
Reported Type II Events

Year-to-Date
Type 2 TDO Exceptions
January - June 2014



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Change in ECO and TDO Periods

Emergency Custody Order Period

- Changed from 4 hours with a possible 2 hour extension to a maximum of 8 hours.
- No extension in the ECO period.
- Began tracking exceptions to prior standard in January and collecting data on exceptions.

Temporary Detention Order Period

- Maximum changed from 48 to 72 hours.

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Mandatory Communication

New laws direct when:

- Law enforcement contacts CSB.
- CSB contacts primary state hospital.
- Individuals are informed in writing of the ECO/TDO process.

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Medical Clearance Guidelines

- Updated these guidelines to reflect the level of medical care state hospitals are capable of providing.
- Guidance emphasizes physician to physician communication.
- Working with EDs to ensure that state hospitals can provide the care required of an incoming admission.
- New legislation did not contemplate medical issues or intend for transfer without regard for medical stability.
  - May need statutory revision to clarify this point.

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Revised Regional Protocols

- Outline regional protocols for emergency services.
- Ensure that updated, correct information is available throughout the region.
- Identify emergency contacts within CSBs, private hospitals and state hospitals.
- Require CSB reporting of TDO exceptions to DBHDS.

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State Hospitals as Last Resort

- DBHDS worked to address these issues in advance of the effective date of the legislation to the extent possible.
- Conducted a "soft launch" of the new legislation to identify pressure points and resolve them.
- State hospital admissions increased 20% in the first half of calendar year 2014.
- Concerns about capacity and medical clearance.
- DBHDS received $12.9M over the biennium for 50 additional beds at designated state hospitals.

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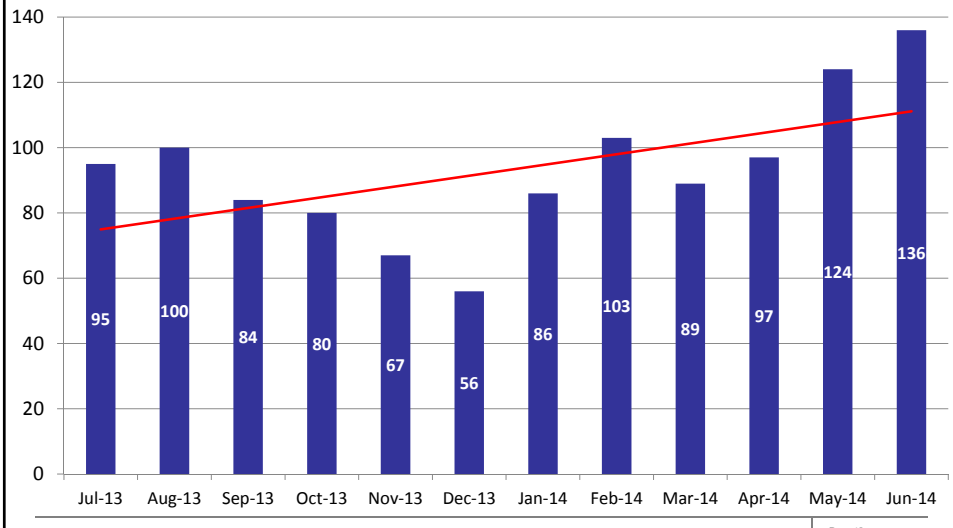
Impact on State Hospitals
Adult Civil TDOs FY 2014



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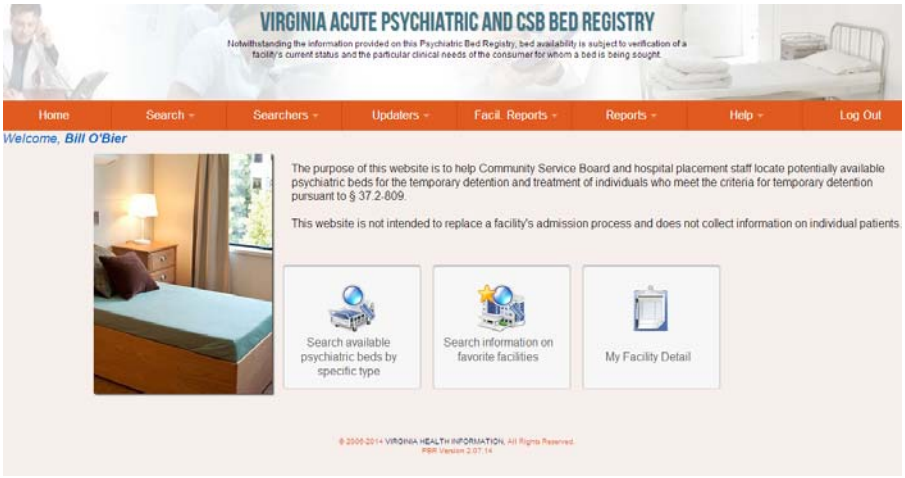
Psychiatric Bed Registry



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Registry Search Capabilities

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Bed Registry Search Example

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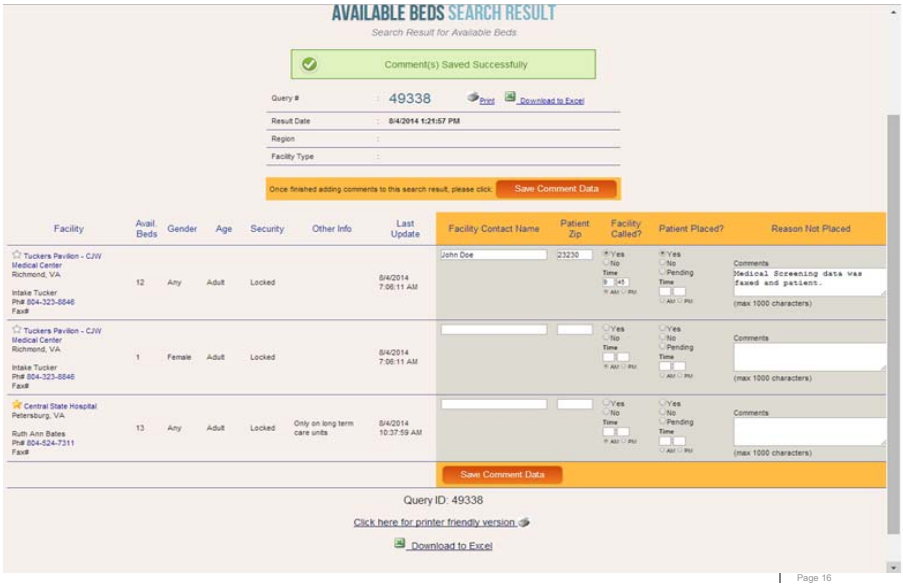
Bed Registry Search Results



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Anecdotes From the Field

We look to make sure we are updating at least every eight hours (even if there is no change in status) and my staff is instructed to update whenever they are in the registry looking for a bed or when they become aware of a change in our census.

[The bed registry] has been of value on occasion; however, [my CSB] has 4 hospitals with psych beds in our catchment. With this many hospitals, our practice is usually to just call the closest hospital. 90% of the folks that we prescreen will end up at one of these 4 hospitals. If they are full, then we would default to the registry.

You all have done a great job with this project and it looks like it is headed in the right direction. The system still has work to be done because this is not going to fix everything.

We've had CSB pre-screeners call and say they checked a few hours ago and we had no beds but now show available beds and they are confused and wonder if we are updating our registry often enough. We explain that we cannot list a bed as available until the patient has officially been discharged which is why the registry may appear to be updated slowly at times.

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DBHDS Vision for Mental Health

- Grounded in the principles of recovery and resiliency.
- Provides access to high quality services across Virginia.
- Includes well-functioning and responsive emergency services.
- Commits to prevention and early intervention.
- Deflects individuals with mental illnesses from inappropriate service systems (like criminal justice).
- Increased emphasis on children's behavioral health issues: particularly transition age youth.

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DBHDS Transformation

- **Commitment to Best Practices Implementation**
  - Calling on national expertise
  - Incorporating lessons learned from other states
  - Utilizing previous data, studies, and recommendations from former and current task forces and commissions
- **Accountability**
  - New Performance Contract Addendum
  - Bed registry implementation and monitoring
- **Transparency**
  - Information available on new DBHDS website
- **Communication**
  - Commitment to regular communication with stakeholders about changes in practice and policy
- **Collaboration**
  - Working with system partners to incorporate their input

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Transformation Method

- Commissioner-convened small transformation teams focused on four areas (initially):
  - Adult behavioral health,
  - Adult developmental services,
  - Children's behavioral health, and
  - Justice-involved behavioral health and developmental disability services.
- Identify structures and processes to aid, enhance and expand services delivery.
- Report on key deliverables in 6, 12, 18 and 24 months.

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Reports and Studies

- Governor's Taskforce on Improving Mental Health and Crisis Response
- SJ 47 Subcommittee on Mental Health
- SB 627 Workgroup on Training Center Closures

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DBHDS Vision:
"A Life of Possibilities for All Virginians"

Our Mission:

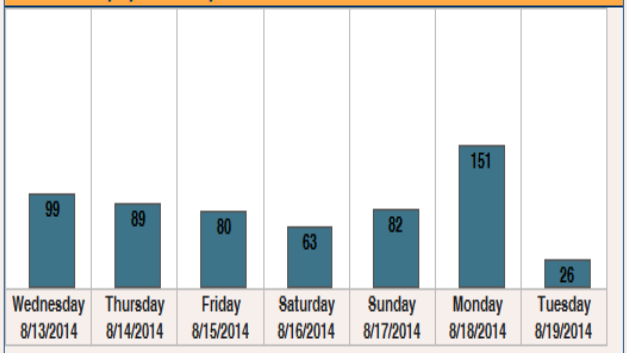
"Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life"

PBR STATEWIDE DASHBOARD

Bed Counts as of 8/19/14 10:35 AM

Licensed Beds	Available Adult Beds	Available Child Beds	Available Adult Beds - Region	Available Child Beds - Region
- Adult Beds: 2,996	- Any: 107	- Any: 50	CSB Reg 1: 29 CSB Reg 5: 54	CSB Reg 1: 13 CSB Reg 7: 1
- Child Beds: 332	- Female: 37	- Female: 12	CSB Reg 2: 13 CSB Reg 6: 20	CSB Reg 2: 15 CSB Reg 99: 5
Staffed Beds	- Male: 36	- Male: 13	CSB Reg 3: 9 CSB Reg 7: 11	CSB Reg 4: 19
- Adult Beds: 2,816	Total: 180 (6.01% Lic Beds)	Total: 75 (22.59% Lic Beds)	CSB Reg 4: 44	CSB Reg 5: 22
- Child Beds: 316	Total: 180 (6.39% Stf Beds)	Total: 75 (23.73% Stf Beds)		

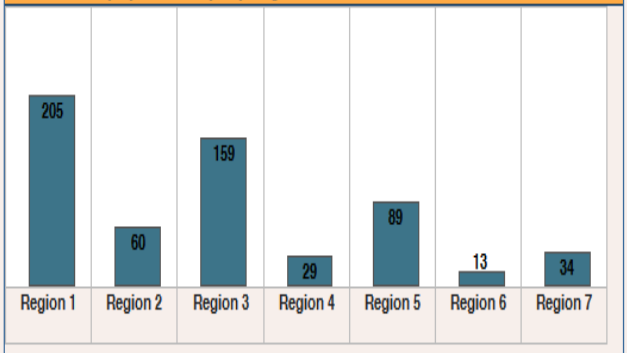
Search Activity by Last 7 Days



Facilities Not Updated Yesterday or Today

All facilities up to date.

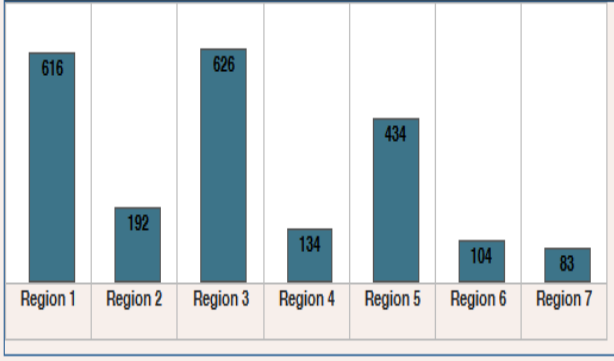
Search Activity by Last 7 Days by Region



Most Active Searchers for Last 7 Days

New River Valley CSB (Reg 3) - 66
Highlands Community Services CSB (Reg 3) - 45
Northwestern CSB (Reg 1) - 40
Augusta Health (Reg 1) - 31
Blue Ridge Behavioral Health CSB (Reg 7) - 31
Horizon Behavioral Health CSB (Reg 1) - 26
Rappahannock Rapidan CSB (Reg 1) - 26
Valley CSB (Reg 1) - 24
Fairfax-Falls Church CSB (Reg 2) - 22
Portsmouth CSB (Reg 5) - 22

Search Activity by Last 30 Days by Region



Most Active Searchers for Last 30 Days

New River Valley CSB (Reg 3) - 246
Highlands Community Services CSB (Reg 3) - 124
Northwestern CSB (Reg 1) - 104
Rappahannock Rapidan CSB (Reg 1) - 82
Riverside Behavioral Health Center (Reg 5) - 82
Valley CSB (Reg 1) - 72
Augusta Health (Reg 1) - 71
Horizon Behavioral Health CSB (Reg 1) - 68
Region Ten CSB (Reg 1) - 60
Fairfax-Falls Church CSB (Reg 2) - 60

Sample Dashboard

The Virginia Acute Psychiatric and CSB Bed Registry Initiative Update:

Background:

- The Department of Behavioral Health and Developmental Services (DBHDS) has worked with the Virginia Hospital and Healthcare Association (VHHA), community services board representatives and Virginia Health Information (VHI) to develop a web-based psychiatric bed registry (PBR) to collect, aggregate, and display data on the availability of acute beds in public and private inpatient psychiatric facilities and residential crisis stabilization units (CSUs) of community services boards (CSBs).
- Hosted by VHI, the Virginia Acute Psychiatric and CSB Bed Registry was implemented state wide on March 3, 2014.

Purpose:

- The web-based bed registry is intended to provide descriptive information about each public and private inpatient psychiatric facility and each CSB and private residential crisis stabilization unit to CSB emergency services providers and psychiatric hospitals that need immediate access to inpatient or residential crisis services for individuals.
- The data base includes information about the potential availability of beds at each facility.
- Hospitals and Residential CSUs are currently maintaining program profiles, which includes providing information about the number of beds available at each facility.
- Providers are expected to update the registry whenever there is a change in their census **and** daily.

Benefits

- The registry is a web based program which enables CSBs and psychiatric hospitals to search for acute psychiatric bed availability at all psychiatric hospitals (including state facilities) and crisis stabilization units 24/7.
- It provides information for emergency services staff about potential bed availability and facilities to contact first, but does not eliminate the need to call facilities for updated information and to discuss case specifics.
- The website has public contact information listed for the facilities on the registry. This is one place where mental health professionals can go and obtain information about all of the psychiatric hospitals.
- It is designed to enable CSB and hospital users to more efficiently determine the availability of appropriate beds in Virginia facilities using various search parameters within the registry data base.
- Queries can be tailored to specific needs (e.g., region, patient type, level of security, etc).
- The registry enables DBHDS administrators to monitor and evaluate usage and bed availability through various report features. This ongoing analysis of data is being used to provide feedback to all partners with the goal of increasing the efficiency of emergency services workers' ability to access a bed in an appropriate facility.

Limitations:

- The accuracy, credibility and reliability of the data produced by the use of the bed registry system depend on the users of the website and the frequency of updates.
- Having an "available bed" is a necessary, but not sufficient, requirement to actually access a bed for needed care. Multiple factors may affect the actual availability and/or appropriateness of that bed for a specific proposed individual. The provision of clinical information and medical clearance must be completed before an admission decision can be made.
- The registry does not replace the need to communicate clinical information regarding a potential admission, but is intended to be a useful tool in the facilitation of triage to an appropriate placement.

Implementation and Monitoring:

- DBHDS has worked actively with VHI & VHHA to move the PBR project from planning to testing implementation and on to State Wide Go Live on March 3, 2014. Planning, coordination, implementation and completion of beta testing: Phase 1, Phase 2, and Phase 3 of beta testing were completed before the release of the website.
- A representative group of stakeholders has conveyed every one to two months to review the process and use of the bed registry.
- Improvements to the registry are being implemented and the most recent release of changes to the website was on July 14, 2014. The updates were derived from feedback received from the community.
- It is important to note that recent legislation mandates that the PBR provide real-time information about the number of beds available at each facility. Providers are required to be in compliance with the legislation.
- An automated email from VHI is generated after a facility has not updated the registry in 24 hours, then DBHDS follows up with a personal email and/or phone call. If the facility does not update their census within an hour to two hours after receiving an email and/or phone call then the notification is sent to the director's of the facilities via an email and/or phone call. Virginia Hospital & Healthcare Association (VHHA) is also an active partner and is involved in encouraging and holding facilities accountable for compliance to the legislative requirements.
- There are currently 68 facilities that update the registry and over 1,669 mental health professionals in Virginia who have access to the registry. With most hospitals updating at least twice a day, the website is being updated on average a total of 112 times a day.

If you have technical questions or suggestions about the website (e.g., using your login search features, etc.), please contact:

Deborah Waite
VHI Operations Manager
deborah@vhi.org

For non-technical or general questions regarding the Psychiatric Bed Registry, please contact:

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