

COMMONWEALTH OF VIRGINIA

*Joint Commission on Health Care
Behavioral Health Care Subcommittee
August 3, 2016*

FY 2015 Unannounced Inspection of the Commonwealth Center for Children & Adolescents

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OFFICE OF THE STATE INSPECTOR GENERAL

BACKGROUND

§ 2.2-309.1. Additional powers & duties; behavioral health & developmental services.

- **“Provide inspections of & make policy & operational recommendations for state facilities & for providers, including licensed mental health treatment units in state correctional facilities, in order to prevent problems, abuses, & deficiencies in & improve the effectiveness of their programs & services...”**
- **“The State Inspector General shall conduct unannounced inspections at each state facility at least once annually ...”**

BACKGROUND *(CONTINUED)*

- **“Keep the General Assembly & the Joint Commission on Health Care fully & currently informed by means of reports ... concerning significant problems, abuses, & deficiencies relating to the administration of the programs & services of state facilities & of providers ...”**

BACKGROUND (CONTINUED)

June 29, 2015:

OSIG conducted the annual unannounced inspection of the Commonwealth Center for Children & Adolescents (CCCA)

BACKGROUND (CONTINUED)

Purpose: Assess the impact of § 37.2.809.1[B], Facility of temporary detention on CCCA

“Under no circumstances shall a state facility fail or refuse to admit an individual who meets the criteria for temporary detention pursuant to § [37.2-809](#) unless an alternative facility that is able to provide temporary detention & appropriate care agrees to accept the individual for temporary detention ...”

CCCA

CCCA - “an acute care mental health facility”

- **48 beds**
- **4 units**
 - **Units 1 & 2: Child/Pre-adolescent (up to age 14)**
 - **Units 3 & 4: Adolescent (13-17 years old)**

CCCA TDO ADMISSIONS

PERCENTAGE OF CCCA ADMISSIONS UNDER A TDO FY 2011 Through FY 2015

Fiscal Year	Total Admissions	TDO Admissions	Percentage Of TDO Admissions
2011	780	449	58%
2012	775	426	55%
2013	691	392	57%
2014	833	499	60%
2015	759*	560	74%

*Data provided by CCCA

ADMISSIONS BY HEALTH PLANNING REGION

ADMISSIONS TO CCA BY HEALTH PLANNING REGION			
FY 2015			
HPR	Admissions	Percentage of Total Admissions	
I	232	31%	
II	92	12%	
III	177	23%	
IV	132	17%	
V	126	17%	
TOTAL	759	100%	

COMMUNITY BASED ACUTE BEDS

NUMBER OF COMMUNITY-BASED ACUTE BEDS FOR CHILDREN AND/OR ADOLESCENTS AS OF JULY 1, 2015

FACILITY NAME	DBHDS LICENSED BEDS	STAFFED BEDS
Bon Secours Maryview Medical Center	16	12*
Carillion Medical Center	12	12
Centra Health/ Virginia Baptist	20	20
Chippenham & Johnston Willis Hospitals	19	19
Dominion Hospital	52	52
INOVA Fairfax Hospital	6	0*
INOVA Mount Vernon Hospital	6	0*
Kempsville Center for Behavioral Health	48	48
Lewis Gale Medical Center	24	12*
Poplar Springs Hospital	45	45
Riverside Behavioral Health	20	7*
Mary Washington Healthcare-Snowden at Fredericksburg	12	10*
Virginia Commonwealth University Medical Center	26	24*
Newport News Behavioral Center	24	12*
Leland House (Crisis Stabilization Unit)	8	8
St. Joseph's Villa (Crisis Stabilization Unit)	6	6
TOTAL	344	287

Data Provided by DBHDS Licensing Office

DIVERSE POPULATIONS

- **Psychiatric Disorders**
- **Intellectual & Developmental Disabilities**
- **Autism Spectrum Disorders**
- **Learning Disorders**
- **Substance Use Disorders**
- **Forensically Involved**
- **Medically Complex**

OSIG OBSERVATION No. 1

- **Virginia lacks adequate community-based services, supports, & appropriate treatment settings to serve children & adolescents with intellectual & developmental disabilities (ID/DD), Autism Spectrum Disorder (ASD), & forensic involvement.**
- **Until adequate programs are operational in the community, CCCA will continue to face challenges with bed capacity & possession of the staffing & programmatic resources necessary to provide quality services to diverse populations.**

OSIG OBSERVATION No. 1 RECOMMENDATION

The Virginia General Assembly should approve funding for the development of community-based child & adolescent treatment programs including crisis services, integrated treatment for children & adolescents with co-occurring needs (including ID/DD, ASD), & the forensically involved.

The General Assembly should also require DBHDS to publish a plan for development of such services on their website & require updates semi-annually & include targeted outcomes, dates, & responsible parties.

OSIG OBSERVATION No. 2

- **CCCA's physical plant & unit design is not suited to effectively manage the treatment needs of the diverse populations admitted for care & treatment.**
- **When the facility is operating at or near capacity there is limited flexibility in making appropriate housing assignments based upon the above considerations, often resulting in an increased use of one-to-one or two-to-one staffing to ensure safety.**
- **CCCA treatment units were not designed for the exceptional care needs of the ID/DD/ASD population.**

OSIG OBSERVATION No. 2 RECOMMENDATION

- **DBHDS & the State Board of Behavioral Health & Developmental Disabilities in collaboration with the CSBs & the Virginia Hospital & Healthcare Association (VHHA) should review & revise the mission of the CCCA & define the patient population best served at CCCA & those best served in other settings.**
- **They should also develop short-term alternative treatment settings for children & adolescents with co-occurring special needs until such time as alternative settings are fully funded & operational.**

OSIG OBSERVATION No. 3

Staff overtime hours & costs, high turnover rates, position vacancies, & increased incidents of aggression by the patients are significant human resources risks.

TURNOVER RATES FOR RNS & DIRECT CARE STAFF				
Fiscal Year	RN Managers	RNs	Direct Care Associate III	Direct Case Associate II
2013	22.2%	12.1%	45%	59.6%
2014	0.0%	20.5%	12.9%	56.1%
2015	54.5%	72.7%	33.3%	80.3%

OSIG OBSERVATION No. 3 (CONTINUED)

OVERTIME HOURS FOR RNs & DIRECT CARE STAFF

Fiscal Year	Registered Nurses	Direct Care Staff
2013	2,343.1	10,297.6
2014	1,451.9	12,206.4
2015	2,058.2	14,104.5

OSIG OBSERVATION No. 3 (CONTINUED)

- **While a number of new direct care & nursing positions were authorized for CCCA in the prior year, the facility has not revised its Master Staffing Plan in response to changes in patient mix, position vacancies, over-time hours, & increases in aggressive behaviors on units.**
- **Master Staffing Plans must reflect current patient mix, staff competencies, & programming requirements.**

OSIG OBSERVATION No. 3 RECOMMENDATION

CCCA develop a revised Master Staffing Plan to address current facility needs based upon patient mix, skill sets needed, & programming needs.

The revised Master Staffing Plan should be utilized to determine current nursing position needs & to guide recruitment & retention efforts.

OSIG OBSERVATION No. 4

CCCA staff are not receiving adequate training related to the care of the diverse populations being treated at the facility.

The presence of sufficiently trained & qualified staff is fundamental to the successful operation of any organization.

Staff must have a level of confidence in their skills in order to provide quality care to patients entrusted to their care.

OSIG OBSERVATION No. 4 RECOMMENDATION

CCCA develop & implement a training curriculum for new & existing staff at all levels that addresses skills in treating children & adolescents with ID/DD, ASD, medically complex presentations, & forensic involvement.

DBHDS UPDATES

In 2011 DBHDS reports that they developed a strategic plan to address some of these areas & requested \$19.3 million dollars in funding over several years.

Since that time, over \$10 million dollars has been dedicated to the development of children's crisis services.

This year DBHDS advised OSIG that they will update their annual report to the GA to include additional recommendations relevant to the development of the CCBHC model. OSIG fully supports this plan.

DBHDS UPDATES (CONTINUED)

DBHDS utilizes a monthly review of hospital indicators including leadership, vacancies, overtime critical events, length of stay, & readmission rates, etc.

These indicators are being utilized for all facilities to determine health & risk areas, identify trends, & develop proactive plans to intervene when necessary with support, resources, & technical assistance.

At CCCA, they are helping guide revised business & clinical practices & unit structures.

DBHDS UPDATES (CONTINUED)

In recent months DBHDS has hired an experienced Chief Nurse Executive from one of the other facilities who will work with DBHDS & each of the hospitals, as needed, to address recruitment & retention of nursing staff, develop & implement a state-wide matrix for staffing plans.

She is currently working with CCCA to support nursing administration & staffing issues, including working on a Master Staffing Plan based on parameters utilized by other DBHDS facilities.

DBHDS UPDATES (CONTINUED)

In addition to the items detailed, beginning in June, DBHDS initiated a comprehensive review of CCCA's assessment processes, treatment programming, clinical & nursing staffing & structures, & business operations, identifying 5 core areas for improvement.

DBHDS & CCCA leadership are meeting weekly to develop an action plan with identified responsible parties & target dates for implementation. The plan will be completed by the end of August for implementation prior to the increase in admissions experienced during the school year.

COMMONWEALTH OF VIRGINIA

The seal of the Office of the State Inspector General is a circular emblem. It features a central shield with a plow and a sheaf of wheat, symbolizing agriculture. The shield is set against a background of a map of Virginia. The words "OFFICE OF THE" are written in a circle around the top, and "FOR GENERAL" around the bottom. The letters "SIG" are prominently displayed in the center of the seal.

Thank you!

Questions?

OFFICE OF THE STATE INSPECTOR GENERAL