



Virginia Department of  
Behavioral Health &  
Developmental Services

# DBHDS Priorities and North Star Plan

BH Commission

April 26, 2022

**Nelson Smith**

Commissioner

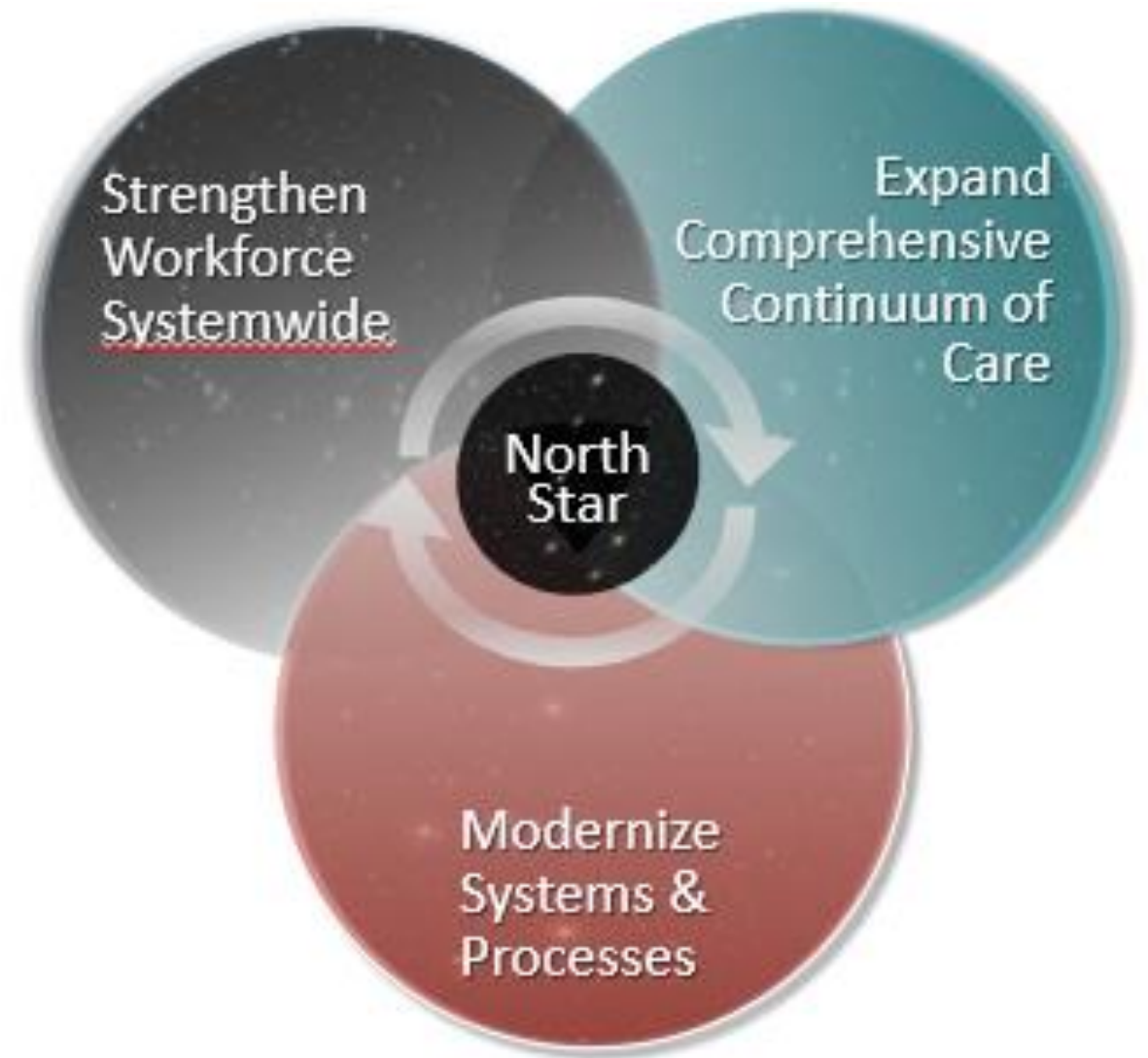
Virginia Department of Behavioral Health  
and Developmental Services

**DBHDS Vision: A life of possibilities for all Virginians**

# North Star Objectives by December 2025

## Objectives

1. Develop a robust, strong, well-trained, and sustainable workforce.
2. Increase access, grow capacity, and ensure quality of care in the most integrated setting across a comprehensive continuum of care for individuals with mental health disorders, substance use disorders, and developmental disabilities.
3. Modernize Systems and processes that leverage best practices to drive and sustain high-quality service outcomes.



# Strengthening Workforce

## Objective 1: Develop a robust, strong, well-trained, and sustainable workforce



### Recruitment

- Robust approach for recruitment of LPN & RN staff
- Unified process to maximize recruitment tools
- Ramp up HR Teams to support approach
- Establish recruitment programs with colleges and universities
- Provide opportunities for LPN & RN clinicals in facilities
- Meaningful participation in job fairs & conventions
- Provide useful promotional giveaways that represent DBHDS & facilities
- Establish uniform orientation program for Nursing students that showcase welcoming workplace & benefits of DBHDS employment
- Offer APNA membership for current and new RNs
- Provide Funding



### Retention

- Gather information from other organizations & applicants with regard to what is needed to attract and retain staff
- Establish programs that provide additional safety & security for staff
- Create pathways for staff to advance into Nursing careers
- Establish program for DSP Career Pathways participants to attain Associates Degree
- Provide opportunity for RNs to gain Psychiatric Nursing Certification
- Develop & enhance partnerships with Virginia Community College System (VCCS) to facilitate pathways from state schools to state service at DBHDS
- Standardize and utilize Grow-Your-Own programs at all facilities
- Provide Funding



### Engagement

- Adapt Stay Interview program to better inform and support supervisors to capture employee expectations & aspirations
- Provide more training opportunities at facility & department level that recognizes leadership potential and enhances supervisory and management skills
- Implement a meaningful and sustainable Mentoring program
- Utilize Capstone & VPSL projects
- Include VPSL graduates in DBHDS & facility projects/stretch assignments
- Strategically involve staff at all levels in committees/workgroups
- Review, enhance or replace TOVA to ensure staff have the best tools to assist, support & protect staff and individuals receiving services
- Mandate facility level routine departmental staff & leadership meetings, employee forums, etc., inviting CO leadership as appropriate

*A DBHDS Three-Pronged Approach to Workforce Planning*

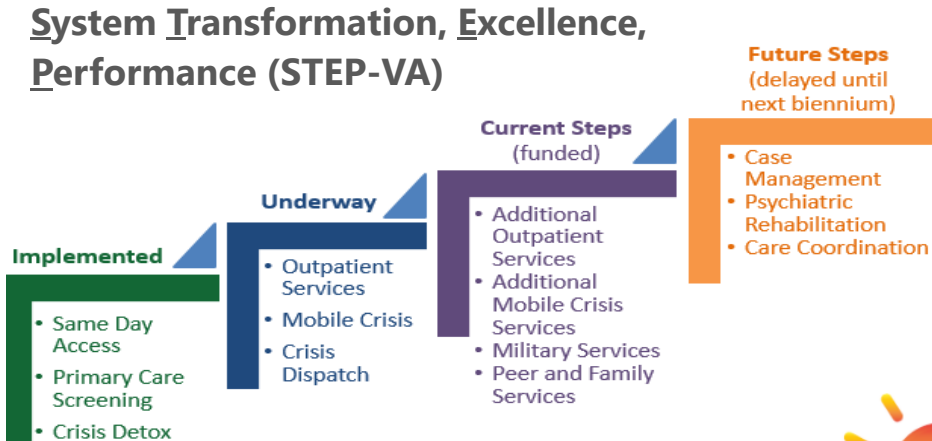


# Expanding the Continuum of Care

Objective 2: Increase access, grow capacity, and ensure quality of care in the most integrated setting across a comprehensive continuum of care for individuals with mental health disorders, substance use disorders, and developmental disabilities.

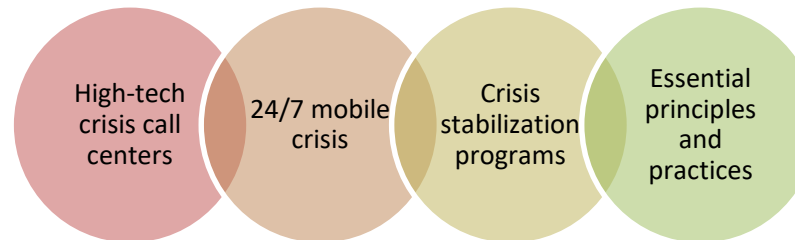
## AN IMBALANCED SYSTEM

A majority of state general fund dollars and newly appropriated federal ARPA funds support just a small percentage of the people in Virginia's public behavioral health and developmental disability system



**PROJECT  
BRAVO**

## Transforming Crisis Services



# Modernizing Systems and Processes

**Objective 3:** Modernize Systems and processes that leverage best practices to drive and sustain high-quality service outcomes.

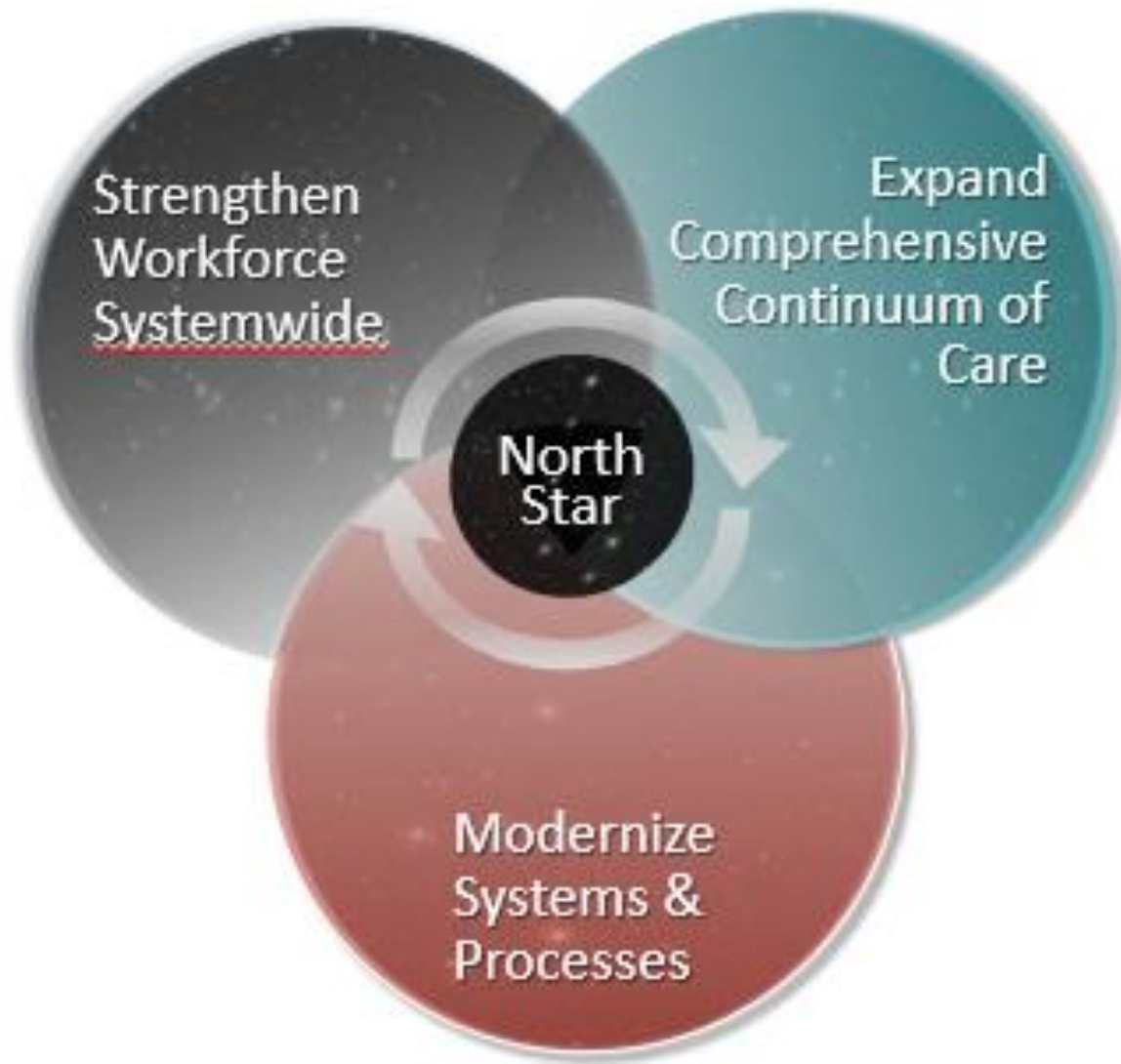




# State Hospital Bed Capacity

|   | Total Capacity (all admission types) | Current Capacity (staffed beds)* | Current Census | Total Utilization (staffed beds) |
|---|--------------------------------------|----------------------------------|----------------|----------------------------------|
| Catawba (adult and geriatric)                             | 110                                  | 102                              | 96             | 94.1%                            |
| Central State (excluding VA's only max security unit)     | 166                                  | 152                              | 152            | 100%                             |
| Eastern State (adult and geriatric)                       | 302                                  | 245                              | 238            | 97.1%                            |
| Northern Virginia Mental Health Institute                 | 134                                  | 128                              | 124            | 96.9%                            |
| Piedmont (all geriatric)                                  | 123                                  | 85                               | 80             | 94.1%                            |
| Southern Virginia Mental Health Institute                 | 72                                   | 60                               | 53             | 88.3%                            |
| SW Virginia Mental Health Institute (adult and geriatric) | 179                                  | 175                              | 174            | 99.4%                            |
| Western State   | 246                                  | 177                              | 176            | 99.4%                            |
| Commonwealth Center for Children & Adolescents            | 48                                   | 20                               | 17             | 85%                              |

(1) **This is a point-in-time picture of the census for 4/5/2022.** The census fluctuates daily. There are times when all of these hospitals are operating at 100% of their staffed capacity. (2) \*Staffed beds may remain understaffed versus the staffing grid at a particular facility and/or unit. In that case, the staffing level to reduce incidents/injuries has been reached and is continuing to be monitored. (3) 204 beds remain offline across the system (excluding 28 beds at CCCA).



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