



# DBHDS Update

## Behavioral Health Commission

May 17, 2022

**Nelson Smith**  
 Commissioner  
 Virginia Department of Behavioral Health  
 and Developmental Services

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

## Alternative Custody and Pilot Program



This is actually a very sad photo on a number of levels. It's Thursday night. This photo was taken outside of Chippenham Hospital. Each one of these police cars represent an officer who has someone in mental health crisis in their care and custody. Each officer is waiting with these members of their respective communities - often for over ten hours - to deliver these patients to mental health professionals who can begin providing assistance and care. A number of these patients are children.  
 -- Facebook post from Chesterfield Police Chief Katz

Alternative Custody Program	DBHDS Off-Duty Custody Pilot
Magistrates allow custody transfer of individuals under TDOs from LE to alternative custody provider	DBHDS will provide hourly payments for off-duty LE to maintain custody of individuals under TDOs
Dependent on new signed contract with a provider	Requires MOUs with local law enforcement agencies
Statewide	Pilot in SWVA where reopening state hospital beds is especially challenging
Waiting for passage of General Assembly appropriation of new funds	Re-purposing DBHDS' own existing funds
Also allows auxiliary police officers to serve as alternative transportation/custody providers	Localities may prefer to use these dollars to expand CITACs to reduce administration
Subject to availability of funds	Subject to availability of funds



## Alternative Custody Workgroup

### Workgroup Goals

Develop recommendations that will reduce law enforcement time maintaining custody of individuals subject to ECOs and TDOs through strategies to:

- ✓ allow law enforcement to transfer custody of individuals who are subject to ECOs or TDOs to another person
- ✓ increase the availability of beds for individuals subject to ECOs or TDOs including CITACs, CRCs, state and private hospitals

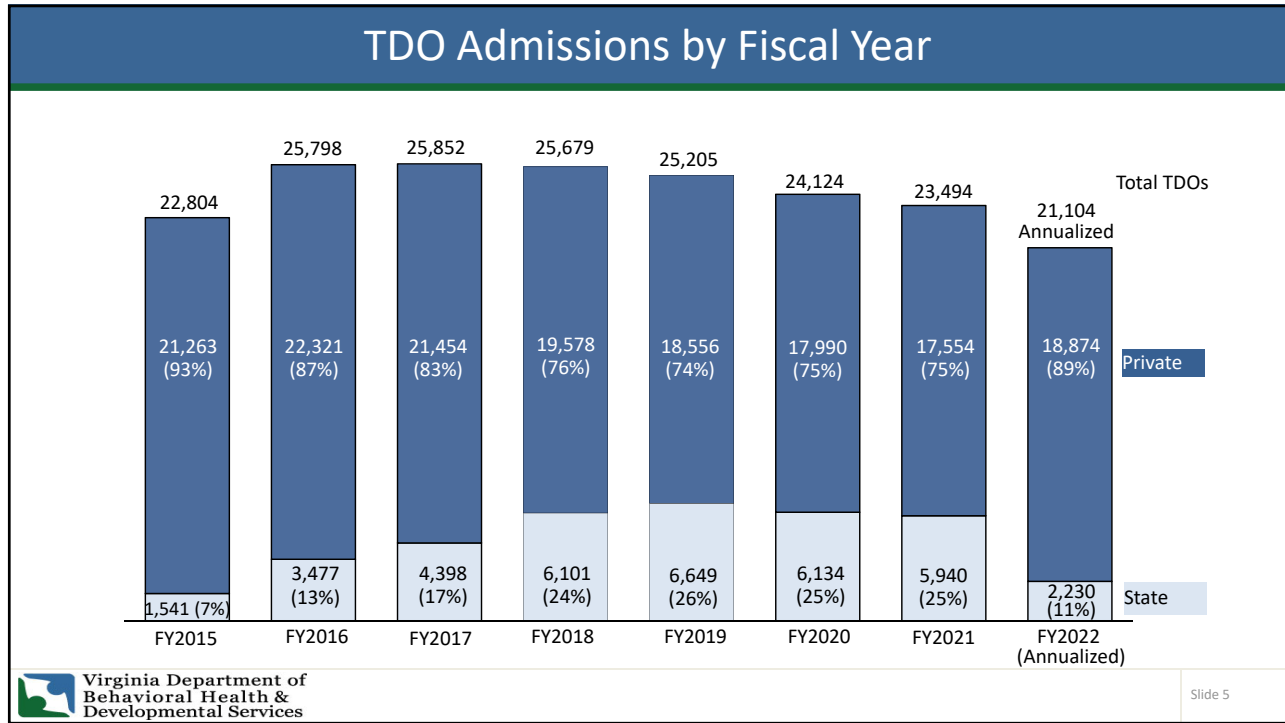


The Secretaries of Health & Human Resources and Public Safety & Homeland Security will study options to increase the use of alternative custody for individuals subject to ECOs or TDOs to reduce the time law-enforcement officers are required to maintain custody and mitigate the burden custody places on local law-enforcement officers and agencies

## DBHDS Suicide Prevention in FY 2021

*Suicide is the 10<sup>th</sup> leading cause of death in the U.S. and the 2<sup>nd</sup> leading cause of death for people 10 to 34 years of age.*  
 – Centers for Disease Control and Prevention

<b>Lock and Talk Virginia</b> – Promotes safe and responsible care of lethal means; encourages conversations around mental wellness	Distributed 6,247 medication boxes and 2,960 safety gun locks
<b>Applied Suicide Intervention Skills Training (ASIST)</b> Helps caregivers recognize risk for suicide, intervene and link those at risk to care	Trained 3,640 individuals
<b>SafeTALK</b> helps participants connect people with thoughts of suicide to appropriate resources	Trained 2,539 individuals
<b>Mental Health First Aid (MHFA)</b> – Curriculums for target populations: adults, youth, higher education, public safety, older adults, rural communities, and Spanish speakers	Trained 76,854 individuals in the eight-hour course



### State Hospital Bed Capacity – May 2022

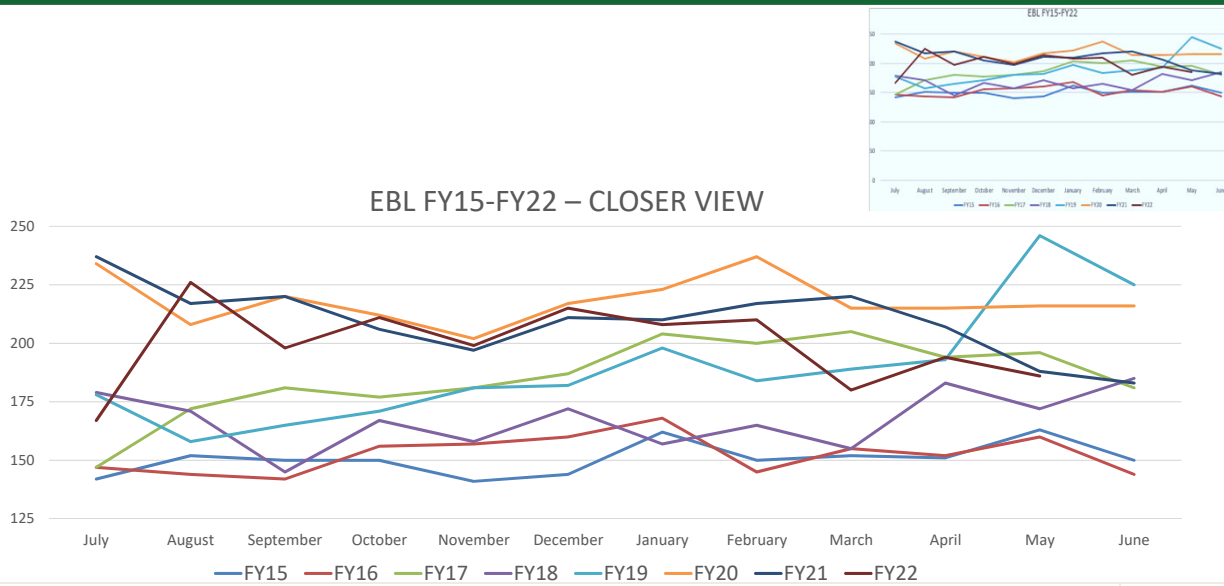
	Total Capacity (all admission types)	Current Capacity (staffed beds)*	Current Census	Total Utilization (staffed beds)
Catawba (adult and geriatric)	110	102	105	103%
Central State (excluding VA's only max security unit)	166	152	155	102%
Eastern State (adult and geriatric)	302	245	243	99%
Northern Virginia Mental Health Institute	134	128	127	99%
Piedmont (all geriatric)	123	85	84	99%
Southern Virginia Mental Health Institute	72	60	58	97%
SW Virginia Mental Health Institute (adult and geriatric)	179	175	169	97%
Western State	246	177	191	108%
Commonwealth Center for Children & Adolescents	48	24	24	100%

(1) **This is a point-in-time picture of the census for 5/9/2022.** 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.

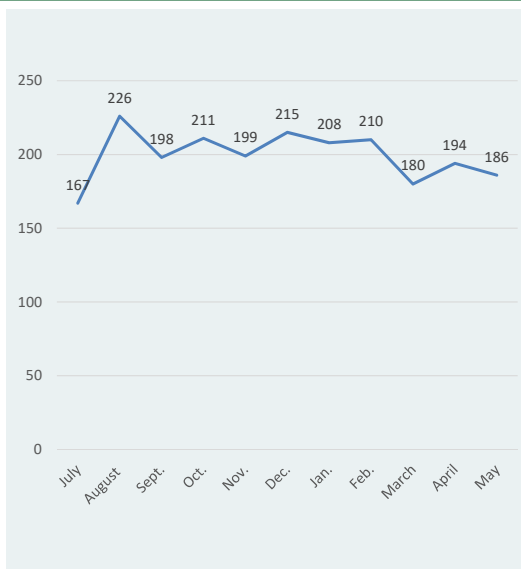
Virginia Department of Behavioral Health & Developmental Services

Slide 6

## Extraordinary Barriers to Discharge List (EBL)



## FY 2022 EBL (as of May 2022)



Primary barrier	# of patients	% of EBL
Awaiting completion of CSB dc planning tasks	29	15%
Awaiting discharge-discharge date scheduled	15	8%
DD waiver process	2	1%
Evaluation Pending	3	1%
Guardianship Barriers	17	9%
NGRI Process	59	30%
No willing provider ALF	25	13%
No Willing Provider - ID/DD Services	9	4%
No Willing Provider - NH	14	7%
No Willing Provider - Other	9	5%
Other	4	2%
Patient and/or family/AR is resistant to discharge	9	5%
<b>Total</b>	<b>195</b>	

## Finding Solutions for Patients with Dementia

- Since March 2021, partnership of DBHDS, Mt. Rogers CSB, and Valley Nursing Home has served 59 people, only two of which have been re-admitted to state hospitals
- Western Tidewater – Tidewater Cover
- Dementia Funding Awards – Region 2 and Mount Rogers CSB
- Positive Approach to Care Program
- Older adult specialist on community Integration team



## Crisis System Transformation Update

- **9-8-8 National Suicide Prevention Lifeline** contact point, in line with federal legislation.
- **23-hour crisis stabilization units (CSUs) and crisis intervention team assessment centers (CITACs)**, together with mobile crisis teams, are vital to the crisis continuum, addressing needs of those experiencing behavioral health crises as well as state hospital census challenges.

