JLARC
JOINT LEGISLATIVE AUDIT AND REVIEW COMMISSION

November 12, 2024

Virginia's State Psychiatric Hospitals

Behavioral Health Commission Briefing

Study resolution

- Review state psychiatric hospitals, including:
  - admissions criteria and utilization trends
  - alternative placements for some patients
  - staffing
  - patient safety and treatment quality
  - discharge criteria and planning process
  - DBHDS oversight

Commission resolution (November 2022)

Primary research activities

- Analyzed data on state hospital admissions, discharges, and patient safety incidents
- Surveyed state hospital staff and CSB staff
- Visited all state hospitals and several private hospitals
- Interviewed key stakeholders in Virginia and nationally
  - state hospital leadership and staff
  - staff at DBHDS, other state agencies
  - representatives of private hospitals and advocacy groups
  - national experts
- Reviewed national research and other states' approaches

In brief

State psychiatric hospitals' lack of control over admissions, including for patients who would not benefit from psychiatric treatment, places patients and staff at risk.

Many private psychiatric hospitals could admit more patients without exceeding safe operating levels.

An increase in forensic patients at state hospitals, especially for competency restoration, has significantly reduced beds available for civil admissions.

Concerns related to pay, personal safety, scheduling, and support from hospital leaders are driving state hospital staffing difficulties.

In brief (cont'd)

Staffing difficulties have led to increased overtime and contractor costs and contributed to unsafe environments.

Physical incidents between patients occur at every state hospital, and ensuring patient safety is difficult because of high patient volumes, the characteristics and mix of patients, staffing challenges, and facility deficiencies.

Despite recent efforts undertaken by DBHDS, the Commonwealth Center for Children and Adolescents continues to have operational and performance issues, and operational costs have increased substantially.

In this presentation

Background

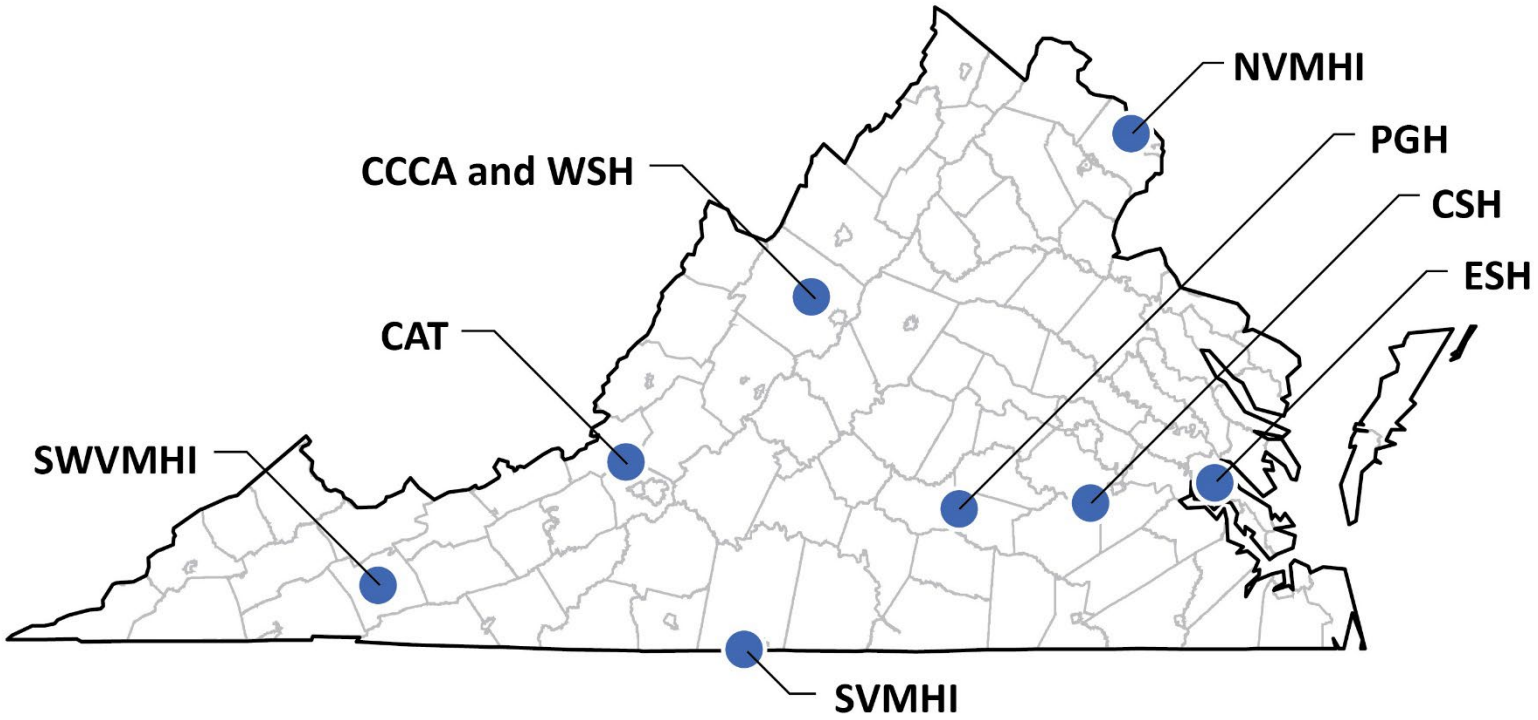
Inappropriate admissions to state psychiatric hospitals

Commonwealth Center for Children and Adolescents

State hospitals intended to be the last resort placement for seriously mentally ill individuals

- State hospitals provide short- and long-term inpatient psychiatric treatment for individuals with a serious mental illness
- Various sections of state law require that patients be admitted to state hospitals only after all other treatment options have been considered
- About 5,000 patients were admitted to state hospitals in FY23, almost all involuntarily
- State general funds comprised 89% of total funding for state hospitals in FY23 ($495 million)

Virginia operates nine state psychiatric hospitals; eight for adults, one for children and adolescents



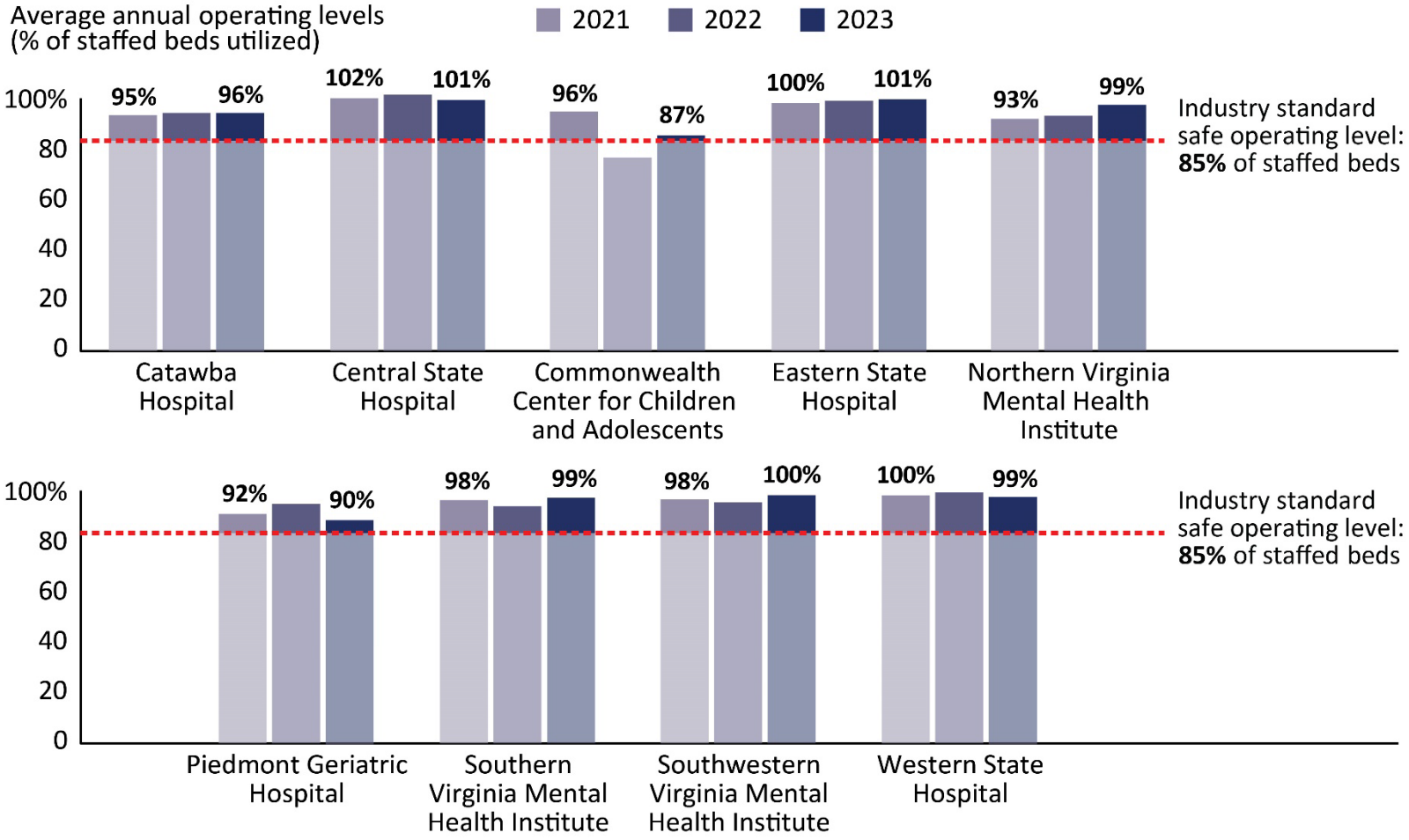
Note: CAT = Catawba Hospital, CCCA = Commonwealth Center for Children and Adolescents, CSH = Central State Hospital, ESH = Eastern State Hospital, NVMHI = Northern Virginia Mental Health Institute, PGH = Piedmont Geriatric Hospital, SVMHI = Southern Virginia Mental Health Institute, SWVMHI = Southwestern Virginia Mental Health Institute, WSH = Western State Hospital.

Patients may be admitted from the community or through the criminal justice system

- 53% of patients admitted to state hospitals are from the community ("civil admissions")
  - Temporary detention order (TDO) (*shorter-term involuntary treatment)*
  - Civil commitment order *(longer-term involuntary treatment)*
- Patients are also admitted from the criminal justice system ("forensic admissions")
  - Inpatient competency restoration for criminal defendants
  - TDOs for jail inmates, treatment for NGRI acquittees

Note: NGRI = not guilty by reason of insanity

State hospitals have been operating at levels considered within the industry to be unsafe



High operating levels at state psychiatric hospitals have contributed to civil and forensic waitlists

- In FY23, 8,538 individuals under a civil TDO were placed on the state hospital civil waitlist
  - Needed inpatient treatment
  - At least 235 were never admitted to an inpatient facility for further evaluation or treatment—instances the 2014 Bed of Last Resort law was intended to prevent
  - Prolonged waits adversely affect patients, law enforcement, emergency rooms
- From March 2023 through July 2023, 508 criminal defendants were delayed admission to a state hospital
  - At least 16 states have been sued for similar delays

In this presentation

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Inappropriate admissions to state psychiatric hospitals

Commonwealth Center for Children and Adolescents

Individuals may be admitted to state hospitals involuntarily through civil commitment process

- Individuals may be admitted under civil TDO or civil commitment if they are imminent threat to self or others due to a mental illness and need inpatient treatment
  - Other facilities, including private psychiatric hospitals, must be considered first
- Before admission, all individuals must first be evaluated by a CSB preadmission screening clinician
- Civil admissions accounted for around half of admissions in FY23

Note: TDO = temporary detention order; CSB = community services board

2014 Bed of Last Resort law removed state hospitals' ability to deny civil admissions

- Under current law, state hospitals do not have the authority to deny admission to an individual under a civil TDO, even if the admission is inappropriate or unsafe
- Inability to deny admissions applies only to state psychiatric hospitals and started in 2014
  - Private psychiatric hospitals are prohibited under state regulations from admitting patients if they cannot adequately care for them
  - Law superseded state hospital admissions policies designed to ensure appropriate and safe admissions

Finding

Individuals who do not need psychiatric treatment are being placed under TDOs and admitted to state psychiatric hospitals, risking their safety and complicating hospital operations.

Some who do not need or benefit from inpatient psychiatric treatment are being admitted

- Individuals solely with
  - neurocognitive disorders (e.g., dementia)
  - neurodevelopmental disorders (autism spectrum disorders, developmental disabilities)
- Often placed on the same units as patients with serious mental illnesses and are at increased risk of victimization
- These admissions delay the individual's receipt of more appropriate treatment and complicate state hospital efforts to maintain safety for all patients
- Frequently reported as a concern by state hospital staff

Placements of these individuals allowed under current law's broad definition of "mental illness"

- Individuals may only be placed under a TDO or civilly committed if they have a "mental illness," as defined under state law
  - Current definition can allow individuals who solely have a neurocognitive or neurodevelopmental disorder to meet the criteria for a civil TDO or civil commitment
- Other states specify in law that neurodevelopmental and neurocognitive disorders are not mental illnesses
- Individuals with these disorders comprise a relatively small proportion of total state hospital admissions, but use disproportionately more bed days

Recommendations 1, 2, and 3

The General Assembly may wish to

(i) specify that behaviors and symptoms that are solely a manifestation of a neurodevelopmental disorder or neurocognitive disorder, as determined by a qualified and competent mental health professional, are excluded from the definition of "mental illness" for the purposes of temporary detention orders and civil commitments;

(ii) allow state hospitals to have a licensed mental health professional re-evaluate a patient before admission if the facility has reason to believe their symptoms or behaviors are solely a manifestation of a neurocognitive or neurodevelopmental disorder; and

(iii) delay the enactment of both provisions until July 2025.

Recommendation 4

The General Assembly may wish to consider directing the secretary of health and human resources to (i) evaluate the current availability of placements for individuals with neurocognitive and neurodevelopmental disabilities who would otherwise be placed in a state psychiatric hospital; (ii) identify and develop alternative strategies to support these patient populations, including, but not limited to, enhanced Medicaid reimbursements and a Medicaid waiver for individuals with neurocognitive disorders, and (iii) report the results of its work no later than October 1, 2024.

In this presentation

Background

Inappropriate admissions to state psychiatric hospitals

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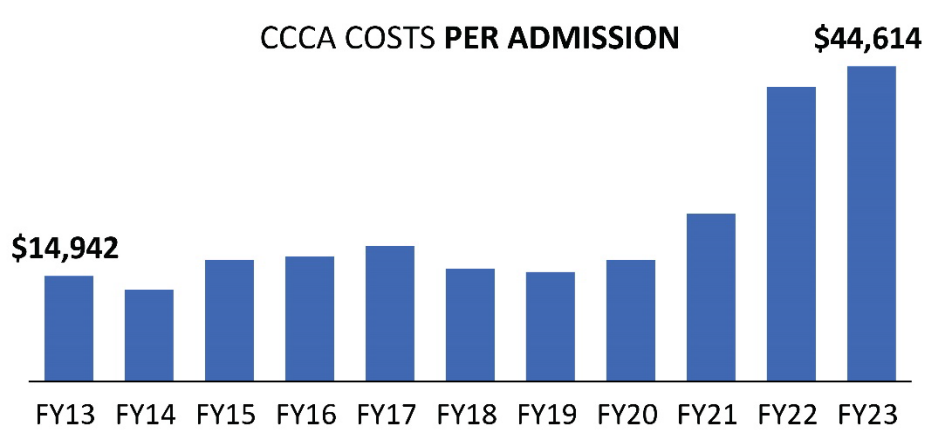
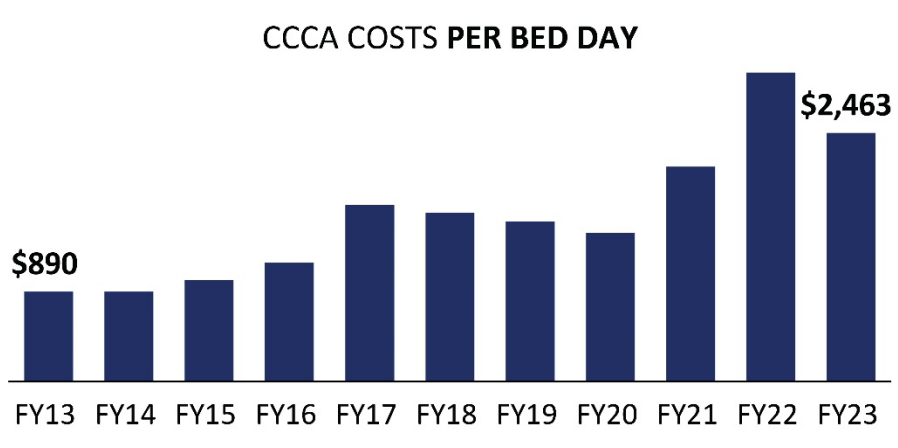
Finding

State psychiatric hospital for children and youth has persistent operational and performance issues, and operational costs have increased substantially.

CCCA costs have increased over the past decade

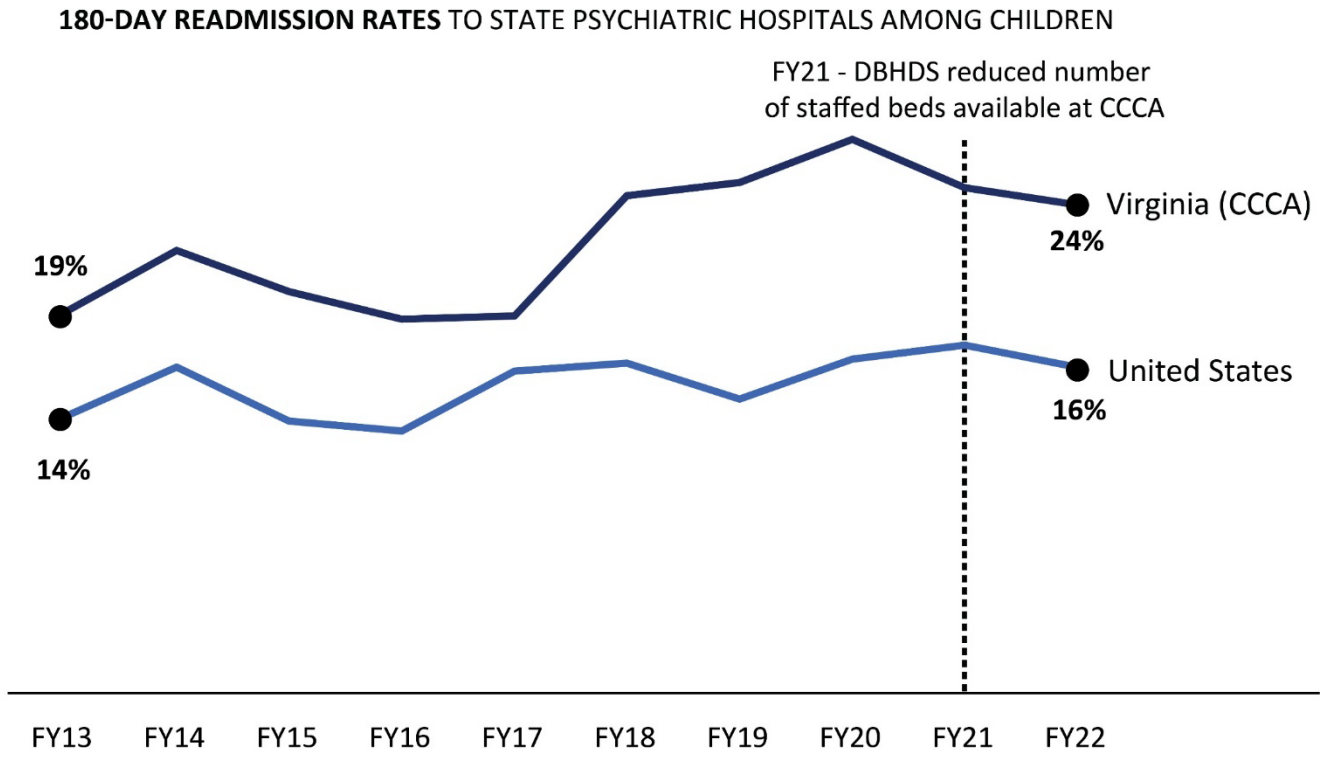
- Total CCCA costs increased from $10.3 million in FY13 to $18.2 million in FY23





Note: Figures adjusted for inflation. CCCA = Commonwealth Center for Children and Adolescents

CCCA readmission rates are higher than national rates



Note: CCCA data is based on state fiscal year. United States data is based on federal fiscal year

CCCA performs poorly on other key metrics relative to all other state hospitals

Metric	CCCA performance	CCCA performance relative to other eight state hospitals
Average annual turnover (FY21 to FY23)	88%	Highest
Vacancy rate (excluding temporary contractors) (June 2023)	43%	Highest
Patient-to-staff physical incident rate	99 incidents per 1,000 patient days	Highest
Patient restraint rates	17.1 hours per 1,000 patient hours	Highest *(40 times the national rate*)*
Patient-to-patient physical incident rate	73.9 per 1,000 patient bed days	Highest
Percentage of human rights complaints that were substantiated	32%	Highest

*Compared with the Joint Commission's national benchmarks for use of restraint among children ages 13—17 at public and private inpatient psychiatric facilities.

DBHDS central office has recently tried to preserve CCCA's accreditation, improve staffing

- In May 2023, CCCA received 28 citations after an unannounced inspection by the Joint Commission, a national accreditation agency
  - CCCA was determined to be an immediate threat to the health and safety of patients, according to DBHDS
- DBHDS central office has taken steps to address operational and performance issues, including leadership changes, on-site hiring assistance, and training changes
- Still, DBHDS reports that CCCA "continues to struggle to meet minimum operating and clinical standards"

Plan should be developed to close CCCA and find or develop alternative placements for youth

- Other states contract with private providers to serve youth who require inpatient mental health treatment
  - Georgia, Louisiana, Tennessee
- Some youth could be more appropriately served in crisis stabilization units or residential treatment centers
- Staffing resources could be reassigned to Western State Hospital, which is 2.5 miles away and experiencing staffing difficulties

Relatively small number of youth would need alternative placements

- CCCA serves relatively few youth (~24 at a time), so the total number of youth needing a bed at a private hospital or another inpatient psychiatric facility (e.g., crisis stabilization unit) would be relatively low
  - Fewer than 2 patients admitted to CCCA per day, on average, between FY21 and FY23
- There are 552 privately operated inpatient psychiatric beds for youth in Virginia, according to DBHDS

Recommendation 32

The General Assembly may wish to consider directing DBHDS to develop a plan to close CCCA and find or develop alternative effective, safe, and therapeutic placements for children and youth who would otherwise be admitted to CCCA.

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