

# Southside Behavioral Health Consortium - Region VI

## Admissions Protocols

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## Southside Behavioral Health Consortium - Region VI

### Protocols for Admissions to Southern Virginia Mental Health Institute

#### Purpose

Southern Virginia Mental Health Institute (SVMHI) is a seventy-two-bed psychiatric inpatient treatment facility of the Commonwealth of Virginia. SVMHI admits individuals served by Piedmont Community Services (PCS), Danville-Pittsylvania Community Services (DPCS), Southside Community Services and Charlotte County (Crossroads Community Services).

Being a public facility of the Commonwealth of Virginia, it is an explicit role for SVMHI to serve as a “safety net” for those in need of inpatient care to ensure a safe, secure and caring environment by which individuals might receive swift and clinically appropriate interventions when no lesser level of care sufficient to the degree of need or when no private care resources are available. This document will disclose specific criteria for admissions, specific procedures and roles for the varying types of admissions and will also provide procedures to follow when the SVMHI’s certified bed census is at 48 or above and an individual is in need of state inpatient psychiatric care.

The partnership between Community Services Boards, private providers of care and services, advocacy groups and SVMHI has provided a cornerstone on which collaborative solutions are commonplace, with primary interest of building a system of care in our communities that matches the needs of the individuals we serve.

SVMHI will provide current information to the *Virginia DBHDS Bed Registry* whenever there is an admission, a bed placed on hold for a pending admission, a discharge from the facility or at the end of each shift (of three shifts) when there are no changes in bed status to report.

Forty-eight beds are certified for:

- Individuals experiencing acute psychiatric crises, including those exacerbated by use of alcohol, drugs or other chemical substances, who are substantially at-risk of harm to self or to others and/or they cannot provide basic self-care or self-protection due to their psychiatric conditions;
- Individuals whose acute psychiatric crises have been treated in a private inpatient psychiatric setting but substantial risk of harm persists, requiring transfer for intermediate to long-term care;
- Individuals with forensic status who are court-ordered to SVMHI for restoration to competency and those individuals who are incarcerated in local and regional jails and are in need of acute psychiatric treatment in an inpatient setting, pending trial or after sentencing, and
- Individuals, who have been adjudicated Not-Guilty-by Reason of Insanity (NGRI), who are on conditional release in the community and are in need of acute psychiatric treatment in an inpatient setting.

Twenty-four noncertified beds are designated for individuals who have the legal status of Not Guilty By Reason of Insanity (NGRI).

## **Admission Criteria**

### **1. Sources of Referral**

CSB Emergency Services: A CSB Certified Emergency Services Pre-admission Screener must evaluate whether a presenting individual's mental status and accompanying behaviors pose a substantial threat of harm to self or to others or that a substantial risk of harm is evident due to the individual's inability to care for his/her basic needs or protect himself/herself due to a mental illness or co-occurring disorder. If that level of risk is determined, the CSB Pre-admissions Screener may refer the individual for admission to SVMHI if lesser restrictive community-based alternatives for intervention are not appropriate to the level of safety and care required and a reasonable number of private inpatient facilities are not willing or do not have capacity to admit the individual. The *Regional Utilization Management Plan* includes the list of private inpatient providers used by Region VI CSBs.

CSB Representative: A qualified CSB clinician, who assesses and determines that an individual receiving treatment in a private inpatient psychiatric facility requires a longer length of stay in an inpatient environment, may refer the individual for transfer to SVMHI. The clinician will make the determination based on criteria for continuing length of stay.

Special Court Order (SCO): Judges of criminal courts within the region issue special court orders to admit individual for restoration of competency, for emergency treatment pending trial or after sentencing or individuals who have been adjudicated Not Guilty by Reason of insanity (NGRI) when Conditional Release has been revoked. Individuals with NGRI pleas in Temporary Custody may be admitted directly to SVMHI when serious safety and security risks are not evident.

#### Another State Inpatient Psychiatric Facility:

The Central State Hospital Forensic Unit refers individuals with NGRI legal status for transfer to SVMHI when the individuals demonstrate sufficient psychiatric stability and pose no serious safety and security risks. The individuals referred to SVMHI were adjudicated NGRI by a court within a regional jurisdiction. The purpose of the transfer is to prepare the individuals for a graduated transition to an appropriate community setting and Conditional or Unconditional Release.

Another state psychiatric facility may refer an individual for transfer to SVMHI due to humanitarian reasons or when the individual resides in the SVMHI service area.

State Correctional Facility: A State Correctional Facility may transfer individuals, referred to as Mandatory Parolees, who are released from their sentences but ordered for Involuntary Civil Commitment to a state psychiatric facility for continuing psychiatric treatment. Normally, the individuals transferred to SVMHI are those who resided in the SVMHI service area prior to their offenses.

## 2. **Age**

Individuals admitted to the facility must be at least 18 years of age and not older than 64 years of age.

## 3. **Residency**

- The individual resides within the catchment areas served by Danville-Pittsylvania Community Services, Piedmont Community Services, Southside Community Services or Charlotte Count, VA (Crossroads Community Services).
- The individual is a resident outside of the catchment areas of the named CSBs but a pre-admission screening was required and it was determined by the CSB conducting the evaluation that the individual needs inpatient psychiatric treatment.
- The individual is a resident outside of the catchment areas of the named CSBs but a Special Court Order is issued for admission by the court of the jurisdiction in which the individual's offenses occurred.
- The individual resides outside of the catchment areas of the named CSBs but prefers to relocate to a community setting within one of the named CSBs' catchment areas.

## 4. **Medical Status and Other Conditions**

**Medical Status:** SVMHI is a state psychiatric inpatient facility, treating primary mental disorders and co-occurring disorders. Although an individual may be referred for treatment intervention due to substantial risk of harm to self and others or inability to care or protect oneself, he/she requires medical screening to ensure that he/she receives care and treatment for any medical condition in the appropriate health care environment. SVMHI has limitations in capacity to treat and care for many medical conditions. Therefore, prior to an individual's physical admission into the facility, the SVMHI physician will request a medical screening with specified tests conducted by hospital emergency department. In some cases, medical screenings are performed by medical staff of regional correctional facilities, if the individual is incarcerated.

After reviewing the screening results, the SVMHI may require further testing, a period of observation and/or treatment if:

- The individual's lab work indicates a medical condition that is significantly unstable;
- The individual requires detoxification and/or medical observation for alcohol or drug withdrawal or overdose;
- The individual requires IV fluids or medications, inpatient telemetry monitoring or surgical procedures due to a medical condition.

**Limits of Capacity of SVMHI to Treat Medical Conditions:** After the individual's medical condition is addressed by a health care provider in the appropriate treatment environment, the individual can be safely transported and admitted to SVMHI.

SVMHI does not have the capacity to treat primary medical conditions which may have symptoms and behaviors that are similar to psychiatric disorders. Those conditions include primary delirium, dementia, brain injury due to tumor, surgery or stroke, traumatic brain injury or brain disease unless there is clear evidence of a co-occurring serious psychiatric disorder. Individuals, who have a primary medical condition with accompanying physical combativeness, posing threat of serious injury to others, will be considered for an emergency admission by TDO, on a case-by-case basis when there is no other safe alternative for care and treatment available to prevent imminent harm and if SVMHI has adequate capacity to safely address their medical needs during the emergency admission.

**Language Barriers:** SVMHI provides equal opportunity for all individuals who have language barriers to have equal access to treatment and service and to make informed decisions about their care when inpatient psychiatric treatment is necessary. SVMHI will assess the individual's language limitations and his/her preference of language and communication. SVMHI will arrange for qualified interpreter services for those whose primary language is other than English and the individual has limited understanding of English. For individuals who are deaf or hearing impaired, TTY access is available and qualified interpreters proficient in American Sign Language will be available through contact with Virginia Department for the Deaf and Hard of Hearing. SVMHI complies with Department Instruction 209 (RTS) 95, on which the facility's policies and procedures are based for the provision of language access services.

**Intellectual or Developmental Disability:** SVMHI does not provide services to individuals who primarily have intellectual or developmental disabilities unless the individuals have evidence of co-occurring serious mental disorders. Community-based resources, through CSB programs, regional programs, such as REACH, or private services providers offer crisis stabilization services to individuals who have intellectual or developmental disabilities and are experiencing crises and will be contacted first. However, if individuals' behaviors pose serious threat of harm to self or others, emergency admission will be considered on a case-by-case basis, when there is no safe alternative available to prevent imminent harm.

REACH is a trauma-informed development disabilities response system providing mobile crisis services, such as intensive community crisis supports, crisis therapeutic homes, intensive transition supports and crisis prevention planning. Services are available through the CSBs and within the Health Planning Region in which the CSB is located (See *DBHDS Developmental Disabilities Crisis Response System, January 6, 2014*). The CSB Emergency Services clinician will conduct a pre-screening assessment of the individual in crisis and refer for REACH services. Referral for inpatient treatment and care will be only as a last resort to ensure safety and security.

**5. Legal Status**

An individual may be admitted to SVMHI’s certified beds with one of the following legal statuses:

- Voluntary
- Temporary Detention Order
- Criminal Temporary Detention Order
- Involuntary Commitment
- Court Voluntary
- Emergency revocation of conditional release of an individual with NGRI status
- Special Court Order for restoration of competency to stand trial or emergency treatment pending trial or after sentencing

**Admission Procedures**

**1. Referral Contacts**

The CSBs in Region VI utilize the following private inpatient psychiatric facilities:

| Facility  | Phone #       | CSB             |
|---|---------------|-----------------|
| <b>Within Region VI</b>                             |               |                 |
| Danville Regional Medical Center (Danville)         | (434)799-2243 | DPCS, PCS SCS   |
| Martinsville Memorial Hospital (Martinsville)       | (276)666-7477 | PCS, DPCS       |
| <b>Outside of Region VI</b>                         |               |                 |
| Carilion St. Alban’s Hospital (Radford)             | (800)572-3120 | PCS             |
| Carilion Roanoke Memorial Rehab Center (Roanoke)    | (540)981-8181 | PCS,DPCS        |
| Lewis-Gale Hospital (Salem)                         | (540)776-1100 | PCS, DPCS       |
| Lewis-Gale Alleghany Regional Hospital (Low Moor)   | (540)862-6713 | PCS, DPCS       |
| Life Center of Galax (Galax) – SA/ med detox        | (800)345-6998 | DPCS, PCS, SCS  |
| Virginia Baptist (Lynchburg)                        | (434)947-4444 | DPCS, PCS       |
| New Horizons (Lynchburg)- SA/Med detox              | (434)200-4446 | DPCS            |
| Southside Regional Medical Center (Petersburg)      | (804)765-5595 | SSCS, DPCS      |
| Poplar Springs Hospital (Petersburg)                | (804)733-6874 | DPCS, PCS, SCS  |
| Tucker Pavilion – Chippenham Hospital (Richmond)    | (804)323-8846 | SSCS, DPCS      |
| Southern Virginia Regional Medical Center (Emporia) | (434)348-4580 | SSCS, DPCS, PCS |
| Pavilion at Williamsburg Place (Williamsburg)       | (800)582-6066 | SSCS            |
| Snowden-Mary Washington Healthcare (Fredericksburg) | (540)741-3914 | DPCS, SCS, PCS  |
| Twin County Hospital                                | (276)236-1731 | PCS             |

The CSBs in Region VI utilize the following Residential Crisis Stabilization Units:

**Foundation House** (operated by DPCS)  
 126 Main St., Danville, VA  
 Phone # **(434) 799-2477**

PCS also utilizes:

**Rita J. Glinecki Recovery Center** (operated by Blue Ridge Behavioral Health)  
3003 A Hollins Rd. NE, Roanoke, VA 24012  
Phone # **(540) 344-6208** FAX # (540) 344-9112

### **State Psychiatric Facilities Other Than SVMHI**

Piedmont Geriatric Hospital (Adults 65 and older)  
M-F 7:30 AM-4:00 PM: Phone: (434) 294-0112 FAX: (434) 767-2352  
Evening/Weekend/Holiday: Phone: (434) 767-4401  
(Utilized by DPCS and SSCS)

Catawba Hospital (Adults 65 and older)  
Admissions: Phone: (540) 375-4300 FAX: (540) 375-4399

Commonwealth Center for Children and Adolescents  
Admissions: Phone: (540) 332-2120 FAX: (540) 332-2202

SVMHI (Adults, ages 18-64)

- Admission Social Worker  
Monday - Friday 8:00 AM – 4:30 PM  
Phone #: **(434) 773-4266** Fax #: **(434) 791-5405**

The admissions social worker responds to all types of admission referrals, including referrals for transfer to SVMHI. The admissions social worker consults with the SVMHI Forensic Coordinator regarding referrals to admit and individuals by Special Court Order and forensic-related referrals for transfer from other state psychiatric facilities.

- Shift Administrator  
Monday-Friday 4:30 PM until 8:00 AM next morning  
24-hours Saturday, Sunday, Holidays  
Shift administrator office: Phone # **(434) 773-4250** Fax #: **(434) 791-5410**  
SVMHI Main Phone # (434) 799-6220

The shift administrator responds to referrals from CSB emergency services to admit individuals needing immediate inpatient care, whether as a voluntary admission or by Temporary Detention Order.

## **2. Emergency Custody Order Procedures**

When an eight (8) hour Emergency Custody Order is obtained from a magistrate or by a “paperless” ECO, the law enforcement agency of jurisdiction will:

- Provide the individual with a written summary of the emergency custody procedures and the statutory protections associated with those procedures;
- Transport the individual to a site where the individual can be evaluated by a qualified CSB emergency services clinician.
- Contact the designated CSB emergency services clinician, as soon as possible, to inform him/her of the ECO and provide any demographic and situational information. The contact numbers for the respective CSBs are as follows:

### **Piedmont Community Services – Martinsville & Henry County**

M-F 8:30 AM to 5:00 PM: (276)632-7128

Evening/Weekend/Holiday: (276)632-7295

### **Piedmont Community Services – Franklin County Clinic (Rocky Mount)**

M-F 8:30 AM – 5:00 PM: (540)483-0582

Evening/Weekend/Holiday: (540)489-5490

### **Piedmont Community Services – Patrick County (Stuart)**

M-F 8:30 AM – 5:00 PM: (276)694-4361

Evening/Weekend/Holiday: (276)694-2962

### **Danville-Pittsylvania Community Services**

M-F 8:30 AM – 5:00 PM: (434)793-4922

Evening/Weekend/Holiday: (434)793-4922

### **Southside Community Services – Halifax County (South Boston)**

M-F 8:30 AM – 5:00 PM: (434)572-2936

Evening/Weekend/Holiday: (434)572-2936

### **Southside Community Services – Brunswick County (Lawrenceville)**

M-F 8:30 AM-5:00 PM: (434)848-04121

Evening/Weekend/Holiday: (434)848-4148

### **Southside Community Services-Mecklenburg County (Boydton)**

M-F 8:30 AM-5:00 PM: (434)738-0154

Evening/Weekend/Holiday: (434)738-0154

### **Crossroads Community Services-Charlotte County**

M-F 8:30 AM-5:00 PM: (434)542-5187

Evening/Weekend/Holiday: (434)392-8886

The emergency services clinician will notify the state facility that an ECO has been issued [SVMHI: M-F 8:00 AM-4:30 PM: (434)773-4266 Evening/Weekend/Holiday: (434)773-4250] and that the individual will be transported to the facility upon issuance of a TDO, if an alternative facility cannot be identified by the expiration of the 8-hour ECO.



The emergency services clinician will conduct a clinical evaluation to assess whether the individual is in need of treatment and no lesser restrictive alternative exists except inpatient treatment. If an individual is in need of inpatient treatment and the individual is unwilling or not capable of voluntary admission, the clinician will begin seeking a willing facility to accept the individual into care.

When the emergency services clinician completes the evaluation and determines that the individual requires inpatient care, the clinician will FAX the pre-screening information to the state facility. The clinician will continue searching for a private facility willing to admit the individual into care. The emergency services clinician may rely on the local list of private inpatient providers and/or access the Virginia Acute Psychiatric Bed & CSB Registry ([www.vhi.org/pbr](http://www.vhi.org/pbr)) to locate an acute care unit that accepts individuals with TDO status.

### **3. Temporary Detention Order Procedures**

When a willing facility is located, the emergency services clinician will follow the procedures to obtain a Temporary Detention Order (TDO). The clinician will notify the state facility when a private facility bed is secured.

Prior to the law enforcement officer's transporting the individual to execute the TDO, The officer will provide the individual with a written summary of the temporary detention procedures and of the statutory protections associated with those procedures.

For TDO procedures specific to SVMHI or other state-operated facilities, refer to Section 4: *Referrals to SVMHI*.

Beginning with the notification of the ECO until the disposition and admission of the individual to inpatient care, the emergency services clinician will document on the Pre-screening Supplemental Form:

- Time and date that clinician is notified of the ECO
- Time and date the clinician notifies the state facility of the ECO
- Location of the ECO evaluation site
- Time and date of the ECO pre-screening evaluation
- Name of each private hospital contacted to refer the individual, the time of contact and a brief statement of the reason for which the admission was denied
- Place where individual is admitted and status (medical facility, CSU, private or state facility)
- Time of call to state facility to refer individual for admission
- Time of calls to change TDO site (if applicable)
- Time of call to notify state facility when an alternative TDO site is secured.

#### **4. Referrals to SVMHI**

When a referral is made by the CSB emergency services clinician (Pre-screener), the admissions social worker or the shift administrator will ask whether attempts were made to admit the individual to private psychiatric units. A reasonable number of attempts are expected to be made, at least five, unless the individual's behaviors are violent to the extent that there is high probability that a private provider would not accept the individual for admission.

If the emergency services clinician is in a situation when the eight-hour Emergency Custody Order (ECO) will expire within 60 minutes, the CSB emergency services clinician will inform the admissions social worker or shift administrator and state that there is no sufficient time left to seek a private inpatient provider for admission. As a state facility, SVMHI shall not fail or refuse to admit an individual who meets the criteria for a TDO unless an alternative facility accepts the individual. The admissions social worker or shift administrator will proceed to execute the next steps in the admissions process with the emergency services clinician (Refer to Section 7: *Acceptance for Admission*).

After the individual is accepted for admission by SVMHI, the CSB has seventy-two (72) hours to locate an alternative private facility willing to admit the individual at any point during the 72-hour period.

- If a private facility agrees to accept the individual during the time that law enforcement is transporting the individual to SVMHI, the emergency services clinician will contact law enforcement to proceed to transport the individual to the newly identified TDO site. The clinician will promptly notify SVMHI of the change in TDO site. The clinician will also notify the court Clerk of the name and address of the alternative TDO, complete and submit the change form to the Clerk.
- After the individual has been admitted to SVMHI and an alternative private facility will accept the individual with TDO status, the clinician will contact the magistrate to obtain a Transportation Order for law enforcement to transport the individual to the alternate facility. The clinician will promptly notify SVMHI of the change in TDO site. The clinician will also notify the court clerk of the name and address of the alternative TDO site, complete and submit the change form to the Clerk.

#### **5. Data and Documents Required Prior to SVMHI Accepting an Individual for Admission**

The following information is to be sent to the admissions social worker or shift administrator by FAX, using the designated FAX numbers listed in Section 4: *Referrals to SVMHI*.

- Completed Uniform Pre-admission Screening Form (except for Special Court Order referrals) or the Special Court Order directing the admission
- Standard set of lab test results for medical clearance  
Standard lab tests include:
  - a. Vital signs
  - b. History & Physical
  - c. CBC

- d. CMP
  - e. U/A
  - f. Drug screen/BAL<0.08
  - g. EKG if positive for stimulant drugs or history of cardiac disease
  - h. Cardiac enzymes (CPK, CPKMB, Troponin-I) if positive for cocaine, amphetamine, PCP, methamphetamine, overdose of tricyclic antidepressant
  - i. Anticonvulsive/ Mood Stabilizer levels, if prescribed
  - j. Pregnancy test for females of child-bearing age
- Complete list of current medications
  - Current History and Physical
  - Progress notes (physician and nursing) for the last five days, if the individual is being referred for transfer
  - Warrant, indictment, criminal complaint to indicate current charges/convictions, if the individual is incarcerated
  - Third party reimbursement information, if available
  - For acute admission referrals, the name of the ED Attending Physician conducting the medical evaluation and the phone number

## **6. Documents Required at the Time of Arrival of the Individual Being Admitted**

- Petition for Involuntary Commitment
- Temporary Detention Order
- ED summary/transfer documents
- Commitment documents (if individual is being transferred)
- MARS (if individual is being transferred)

## **7. Acceptance for Admission**

### **a. Acute Admissions**

1. The CSB emergency services clinician makes the determination that the individual meets the criteria for inpatient evaluation and treatment prior to the referral. The admissions social worker or shift administrator determines whether the individual meets the criteria for admission to SVMHI, based on the criteria stated in this document. The SVMHI physician will determine whether the facility has the capacity to treat any medical need the referred individual might have or whether further testing, observation or treatment is necessary prior to the individual's being transported to SVMHI.
2. If the individual meets the criteria for admission to SVMHI, the admissions social worker or shift administrator will state to the CSB emergency services clinician, *"The individual is accepted, pending the SVMHI physician's determination of when the individual is medically appropriate for admission."*

3. Although the SVMHI physician may determine that further testing, observation or treatment is indicated before the individual can be transported for admission, the CSB emergency services clinician will be enabled to obtain a Temporary Detention Order (TDO), when the individual is not willing or capable of being admitted on a voluntary basis. It is crucial that the CSB emergency services clinician communicate to the hospital Emergency Department attending physician that the individual cannot be admitted to SVMHI until the SVMHI physician is satisfied that the individual is medically stable to be admitted.

When the magistrate is contacted to obtain the TDO, the CSB emergency services clinician will communicate the need for the individual to be transported, prior to transport to the TDO facility, for medical evaluation and medical treatment as may be required by a physician at the temporary detention facility.

4. When the lab results and medical evaluation reports are received, the admissions social worker or shift administrator will organize the reports that have been faxed and relay the information to the SVMHI physician on-call, along with the name and phone number of the ED attending physician.
5. After review of the medical reports, the SVMHI on-call physician will communicate to the admissions social worker or shift administrator that the individual has no apparent medical barriers to admission. If the SVMHI physician has questions or concerns about the individual's medical stability, the SVMHI physician will directly contact the ED attending physician toward resolving the questions or concerns. The SVMHI physician may request further testing, retesting or a period of observation. Inpatient medical treatment may be indicated. The SVMHI physician will communicate the outcome to the admissions social worker or shift administrator, who will relay the information to the CSB emergency services clinician. The individual will continue to be on a TDO until medically stable to be admitted to SVMHI.
6. When the individual is determined to be medically appropriate for admission, the CSB emergency services clinician will be notified. The CSB emergency services clinician will notify the ED attending physician and law enforcement officers that the individual is ready for transport to the facility for admission.
7. The CSB emergency services clinician, with cooperation of ED staff, will ensure that law enforcement officers who will transport the individual to SVMHI are provided with the necessary documents to relay to the SVMHI shift administrator at the time of arrival. Those documents include the signed Petition for Involuntary Commitment, (issued by the magistrate at the time of the ECO) a signed Temporary Detention Order (issued by the magistrate at the time of the ECO) and ED summary /transfer documents

**b. Transfers from Private Inpatient or Other State Facilities**

1. Referrals for transfer from private inpatient providers will be received Monday – Friday, from 8:00 AM – 4:30 PM by the admissions social worker. The referral will be made by a CSB clinician who has assessed the clinical necessity of an individual to be transferred for longer term treatment. The CSB clinician will request that the private provider send by FAX the required data and documentation (see Admissions procedures #3) to the admissions social worker. The admissions social worker will coordinate the transfer arrangements with the private inpatient provider.

If SVMHI is at maximum capacity, the individual will be placed on a waiting list for transfer. Those individuals on the waiting list whose inpatient stay and treatment are covered by CSB Local Inpatient Purchase of Service (LIPOS) funds will be priority for transfer.

In the instance when an individual’s symptoms and behaviors cannot be safely managed by a private provider, due to current serious dangerousness, CSB Emergency Services will be notified. The CSB Emergency Services Clinician will refer the individual for an immediate transfer.

2. Referrals for a transfer of an individual from another state psychiatric facility are received Monday-Friday, from 8:00 AM - 4:30 PM, normally by the admissions social worker, if the individual is not one with NGRI status subject to civil transfer from Central State Hospital (CSH). Such requests may be for humanitarian reasons or due to the individual’s preference to be treated at SVMHI. The admissions social worker will relay the request to the SVMHI facility director, who will consult with the referring facility director prior to a decision to accept the transfer. If accepted, the admissions social worker will coordinate the transfer arrangements with the admissions staff of the referring facility.

Civil transfers of individuals with NGRI status from CSH are normally received by the SVMHI Forensic Coordinator, who facilitates the arrangements with the CSH Forensic Coordinator.

**c. Special Court Orders**

Regardless of the means of initial contact, Special Court Orders for admission to SVMHI are forwarded to the SVMHI admissions social worker, who facilitates arrangements for the admission of the individual.

**8. Acute Admissions when SVMHI is at Full Census or Delay in Executing Procedures**

SVMHI maintains 48 beds on civil units for acute admissions and there are instances when the census is at full capacity. However, SVMHI, as a state facility, continues its commitment to act

as a “safety net” for individuals in its region who are experiencing psychiatric emergencies when timely appropriate alternatives are not available. Therefore, the following procedures are established for referrals for acute admissions when SVMHI is at full capacity or when there is excessive delay in obtaining acceptance for a referral.

1. The CSB emergency services clinician will contact the emergency services supervisor on-call to provide specific information about the situation.
2. CSB emergency services coordinators and supervisors are provided monthly SVMHI administrator on-call schedules and any subsequent updates. During the hours of 8:00 AM and 5:00 PM, Monday – Friday, the emergency services supervisor may contact the SVMHI clinical director at (434) 773 4229 or (434) 799-6220 (SVMHI main number). All other times, the CSB emergency services supervisor may contact the administrator on-call listed on the schedule.
3. The specific difficulties concerning the admission referral will be relayed and the two parties will collaborate on a problem resolution. If the situation involves bed reassignments on the care units to accommodate the new admission, the clinical director or administrator on-call will consult with the unit nurse managers to communicate the need and to be informed of the arrangement to be made.
4. The CSB emergency services supervisor will be informed of the arrangement and will relay the information to the CSB emergency services clinician. The clinical director or administrator on-call will confirm acceptance with the admissions social worker or shift administrator. Communications between the CSB emergency services clinician and the admissions social worker or shift administrator will resume for completing the procedures for the individual’s admission.

The SVMHI facility director will collaborate with regional CSBs, regional private inpatient providers and/or other state psychiatric facilities to develop contingency plans in the event that there are multiple referrals for admission when the facility is at full capacity. After exhausting all other options, the SVMHI facility director is ultimately responsible to locate a safe and secure bed for an individual who requires a psychiatric inpatient care. Whenever necessary, the SVMHI facility director will contact the facility director of another state psychiatric facility to request admission of an individual when no other local options are available.

5. When SVMHI has exceeded bed capacity, the SVMHI clinical director will notify the members of the Regional Utilization Management Committee and the individuals’ respective SVMHI treatment teams to initiate urgent review of individuals receiving services from SVMHI who are clinically ready for discharge. The purpose of the urgent review will be to determine if there are individuals whose discharge plans can be accelerated. If so, the behavioral health directors of the CSBs will dispatch the

Discharge Liaisons to complete the discharge planning for the individuals who can be expeditiously discharged, in collaboration with the treatment teams' social workers.

### **Southside Behavioral Health Consortium Utilization Management Plan**

The Southside Behavioral Health Consortium (SBHC) maintains a regional plan for effectively managing the utilization of inpatient psychiatric beds for adult individuals receiving services (See *Southside Behavioral Health Consortium Utilization Management Plan 2014*). The plan will be coupled with the Regional Admissions Protocols in order to emphasize the necessity of planned management throughout the regional system of behavioral health care. The plan will be reviewed annually by the Regional Utilization Management Committee and submitted to the SBHC with revisions as indicated. The plan includes the following:

- Objectives to be met in order to fulfill effective utilization management
- Management of admissions to private behavioral health providers and utilization of LIPOS funds to purchase bed days
- Management of admissions to the regional residential crisis stabilization services (Foundation House) and utilization of LIPOS to purchase bed days
- Management of Admissions and Discharges from SVMHI
- SVMHI internal utilization management relating to the individual's clinical course of treatment.

### **Annual Review of Protocols**

The SBHC will review the Protocols for Admissions to SVMHI annually, from the date adopted and approved. The SBHC will also review periodic evaluation reports submitted by the RUM Committee and direct the execution of strategies developed to address and remedy challenges and difficulties encountered in fulfilling the protocols' essential purpose.

# Piedmont Geriatric Hospital

A LEADER IN GERIATRIC PSYCHIATRY

Burkeville, Virginia  
434-767-4401

## Capabilities List

Piedmont Geriatric Hospital (PGH) is a long-term geropsychiatric facility, operated by the Virginia Department of Behavioral Health and Developmental Services (DBHDS). It is the only Virginia state facility that exclusively treats elderly persons (65+ years of age) who are in need of inpatient treatment for mental illness, meet the requirements for voluntary or involuntary admission as determined by their mental health center (CSB) and do not have a medical condition that requires priority treatment in an acute care hospital.

| Capabilities  | Yes/No | Capabilities   | Yes/No |
|---|--------|--|--------|
| <b>Primary Care Clinician Services</b>                      |        | <b>Interventions</b>   |        |
| Physicians/Psychiatrist on-site M-F, 8:30 a.m. to 5:00 p.m. | Yes    | Isolation – contact isolation                                | Yes    |
| Physician/Psychiatrist on-call after-hours/weekends/holiday | Yes    | IV Fluids – short term                                       | Yes    |
| RN on unit 24/7   | Yes    | IV Antibiotics/Medications – short term, limited medications | Yes    |
| Stat labs with turnaround less than 2 hours                 | Yes    | Continuous electronic monitoring (VS, O2 sat, etc)           | No     |
| Routine X-rays on site M-F, 8:30 a.m. to 5:00 p.m.          | Yes    | PICC Insertion   | No     |
| Stat X-rays – Outside labs                                  | No     | PICC Management  | Yes    |
| EKG/Stat EKG 24/7   | Yes    | Wound Care – MWP   | Yes    |
| Bladder Ultrasound  | No     | Surgical Drain Management                                    | No     |
| Venous Doppler  | No     | Tracheostomy Management                                      | Yes    |
| Arterial Blood Gas  | No     | Analgesic Pumps  | No     |
|   |        | Dialysis   | No     |
|   |        | Chemotherapy   | No     |



**Therapies on Site**

Occupational Yes

Physical Yes

Respiratory No

Speech – part-time Yes

**Nursing Services**

Frequent vital signs (e.g. every 2 hours) Yes

Intake and Output monitoring Yes

Weights Yes

Accuchecks for blood glucose monitoring Yes

O2 saturation Yes

Nebulizer treatments Yes

INR –Labs sent out Yes

Feed through G or J tube Yes

Medical Detox No

Basic CPR plus AED Yes

Advanced CPR (ACLS) No

**Social and Psychology Services**

Licensed Social Worker Yes

Psychological Evaluation and Counseling Yes

**Pharmacy Services**

Emergency kit with common medications for acute conditions available Yes

New medications filled within 8 hours Yes

**Emergency Services**

911 to ED in 20 min. Yes

## **PIEDMONT GERIATRIC HOSPITAL**

### **Medical Information Needed for a TDO Admission**

**REMINDER TO ED PHYSICIAN:** Your physician-to-physician telephone conversation with the PGH physician is a mandatory element of an appropriate transfer.

**As a final step before you discharge an accepted pt, the PGH clinician will provide the PGH physician's name & phone number so you can call them.**

Brief Description of Piedmont Geriatric Hospital:

PGH is a 123-bed, freestanding, long term geropsychiatric facility. It has limited medical care capability for acute cases that require immediate laboratory, x-ray, or other diagnostic tests. To maximize patient safety, we encourage stabilization of acute medical problems prior to admission.

TDO Admission to PGH:

The TDO process requires admission candidate screening by CSB (Community Service Board) Emergency Services staff to determine that the individual suffers from mental illness requiring inpatient care and that there is no less restrictive alternative available. Once it is determined that a bed is available, the next step is to assess per DBHDS' *Medical Screening and Medical Assessment Guidance, Second Edition*, effective 4/1/2014.

The CSB is requested to fully complete the Uniform Pre-admission Screening form to include:

- all medications (including psychotropics)
- known allergies

If the individual is known to the CSB or if there are records available from a community living situation, please fax the most recent psychiatric evaluations and general treatment information. Please ensure that family/emergency contact persons are made aware of the pending admission to Piedmont and provide contact information to PGH.

**If an individual on TDO is not committed at the hearing, CSB staff are expected to facilitate appropriate discharge from PGH, including transportation.**

Medical Clearance:

Behavioral symptoms such as confusion, agitation, and aggression are frequently caused by acute medical problems in the geriatric population. This is particularly probable in persons who have no previous psychiatric history. Frequent causes of acute delirium in the elderly include: pneumonia, urinary tract infection, dehydration, organ failure, and CVA. These individuals are best served in an acute care facility prior to referral to PGH. **To rule out medically induced psychiatric symptoms, the following are essential:**

- Physical examination - Chest X-ray - Current medications
- CBC - EKG
- Urinalysis - Comprehensive Metabolic Panel (Chem. 20)

The following tests are recommended, based on the physician's assessment:

- CT Scan and MRI of the head, as clinically appropriate
- Urine drug screen & Blood alcohol level, if clinically indicated
- Cardiac enzymes, based on the individual's medical history and current cardiac condition

A member of our medical staff is on call to consult with ER, Hospital, and Community Physicians regarding any issues/problems identified. Please contact us early in the process so we may assist in expediting the screening process.

**To contact the Admissions Clinician call 434-294-0112; fax 434-767-2352, 7:30am-4pm weekdays.**

**After 4pm, weekends, or holidays, call 434-767-4401; fax number will be designated by the**

**On-Call Admissions Clinician.**