

Bed Census

Overview

DBHDS and partners face numerous barriers to reducing the census at our state facilities including the bed of last resort law, increased forensic population, staffing shortages, and extraordinary barriers to discharge. DBHDS is actively working to improve Virginia's services for people experiencing a behavioral health crisis. These efforts include community capacity building initiatives through STEP-VA, crisis system transformation, work with private hospital systems to provide diversion services for individuals referred to state hospitals who cannot be stabilized in the community, and minimizing the pain points that partners experience during the delay period through programs such as alternative custody and transportation.

Background

After the Bed of Last Resort law went into effect in 2014, there was an increase in the daily number of state hospital admissions of individuals under a TDO between FY 2013 and FY 2019 of growing by 389%. There was a slight decrease in state hospital Temporary Detention Order (TDO) admissions in FY 2020 and FY 2021, with a more significant increase in FY 2022 as some state hospital beds were temporarily not operational due to COVID-19 and the staffing crisis. Finally, as the number of admissions of individuals under forensic orders increased significantly each year between FY22 and FY24, the number of TDO admissions has decreased slightly. However, total census remains high.

Evaluations, TDOs, and TDO Admissions, FY2013-FY2024

	Avg. Daily Evals	Avg. Daily Executed TDOs	Avg. Daily State Hospital TDO Admissions	Total Evals	Total TDOs Executed	Total State Hospital TDO Admissions	% Evals Resulting in TDOs	Estimated % TDO admits to private/ community hospitals**	% TDO Admits to State Hospitals
FY2013	-	-	3.7	-	-	1,359	-	-	-
FY2014	-	-	4.3	-	-	1,579	-	-	-
FY2015	229	68	6	83,701	24,889	2,192	29.7	91.2%	8.8%
FY2016	262	71	9.6	96,041	25,798	3,497	26.9	86.5%	13.5%
FY2017	256	71	10.5	93,482	25,852	3,827	27.7	84.6%	15.4%
FY2018	251	70	14.7	91,718	25,679	5,357	28.0	80.6%	19.4%
FY2019	239	69	18.2	87,490	25,205	6,649	28.8	76.1%	23.9%
FY2020	208	64	14.8	75,805	23,512	5,412	31.4	77%	23%
FY2021	187	63	14.4	68,421	22,864	5,240	33.4	77.1%	22.9%
FY2022	178	58	8.2	64,767	21,099	3,005	32.6	85.8%	14.2%
FY2023	159	56	7.2	57,980	20,255	2,642	34.9	87%	13.0%
FY2024	156	57	6.5	56,895	20,725	2,378	36.4	88.5%	11.5%

Local Inpatient Purchase of Services (LIPOS) contracts with private hospitals to provide acute, short-term mental health psychiatric inpatient services instead of admitting these individuals to inpatient treatment in state

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hospitals. There has been a significant decline in LIPOS usage by private hospitals. The Virginia Hospital and Healthcare Association (VHHA) attributes the decrease in uninsured individuals under a TDO to the increased rates of voluntary admissions. The CSB regions also note that implementation of Medicaid expansion has also contributed to the decreased use of LIPOS. This further accounts for the trend in increased admissions and census pressures on the state hospitals.

Regional LIPOS Beds

LIPOS	Admissions	Bed Days	Spent
Region 1	154	858	\$424,800.00
Region2	427	4441	\$4,354,496.00
Region 3a	10	63	\$27,507.00
Region 3b	51	168	\$150,564.00
region 3c	55	419	\$148,320.00
region 4	185	1415	\$771,625.00
region 5	369	2154	\$1,436,460.00
Total	1251	9518	\$7,313,772.00

In addition, DBHDS contracts with private hospitals to purchase beds with the intention of diverting individuals from state hospital admission when a bed of last resort is requested by a CSB. Typically, private bed purchase by DBHDS occurs during the TDO bed search during the ECO period. If no private bed can be located and a state hospital admission is requested, the state hospital can access the DBHDS LIPOS contract to request admission. Currently there is one contract held by DBHDS for this purpose, with Universal Health Services (UHS). This contract serves children and adolescents, and includes inpatient diversion beds, as well as stepdown beds at residential treatment centers.

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Last Resort Diversion LIPOS Contracts with UHS (July – May)

	Number of Children & Adolescents Diverted	Total Funds to Purchas Children & Adolescent beds
FY 2022 (July-May)	30	\$568,176
FY 2023	210	\$418,786
FY 2024	135	\$237,776

Issues

Bed of Last Resort

- When no state bed is open for a Bed of Last Resort admission, the state hospitals do not deny the admission, but the admission is delayed until a bed can be freed.
 - In FY 2023 approximately 8,450 individuals experienced a delay in admission. These patients waited an average of 44.9 hours for a bed. Unfortunately, at this time we don't have accurate data for FY 2024 due to the work being done at VCC.
- Virginia's state hospital system is operating at an 85 percent or above utilization rate of total bed capacity; however, the hospitals are typically at 100 percent capacity or above staffed bed capacity ongoing.
 - Research and national standards show that operating at 85 percent of capacity is optimal for both patients and staff. Utilization rates significantly above 85 percent can compromise the quality of care and impact patient and staff safety.
- State hospitals have experienced a dramatic increase in patient drop-offs by law enforcement without proper medical clearance, state hospital acceptance, or an available staffed bed.
 - In FY 2024, there was a total of 899 law enforcement drop-offs, primarily in the Southwestern and Western portions of the Commonwealth. This is a significant increase over 460 in FY 2022 but a slight decrease from the 927 that occurred in FY 2023. The number of drop-offs to Southwestern Virginia Mental Health Institute began decreasing in April 2024 when the alternative custody program with Steadfast Security was implemented in parts of that region.

Forensic Patients

- In Virginia, the forensic population within state hospitals has grown 151.6% between FY 2013 and FY 2024 with restoration of incompetent defendants and emergency treatment from jail driving this growth.
- Approximately 60% of beds are occupied by patients with a forensic status but in certain hospitals like Central State and Eastern State, those numbers are approaching 80-90% of available beds occupied by forensic patients.
- As of December 23, 2024, 60.2% of patients in Virginia State Hospital beds were of a forensic legal status. At Eastern State Hospital, 91.5% of available beds were occupied by forensic patients; and at Central State Hospital, 82.4% of available beds were occupied by forensic patients.

Staffing Shortages

- Staff turnover and vacancy rates have grown along with the increase in average daily census at the state hospitals. The vacancy rates have increased as the state hospitals struggle to retain current staff

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and successfully recruit new staff. The major factors impeding recruitment and retention of direct care staff continue to be safety concerns, high patient acuity, mandatory overtime, and poor compensation.

- In FY 2022, state hospitals experienced increased census and critical staffing shortages.
 - The staffing shortages reached critical levels at the beginning of FY 2022, prompting a temporary admissions closure of five state hospitals while expediting appropriate discharges to move staff/patient ratios to safer levels.
 - All adult/geriatric state hospital beds that were temporarily offline due to staffing shortages are back online. In addition, WSH has added 56 additional beds in the past year. CCCA still struggles with having sufficient direct care staff and is currently opening 24 of 48 beds.

Extraordinary Barriers to Discharge

- The lack of community-based housing and support services further compounds state hospital census pressures.
 - In FY 2021 and FY 2022, the percentage of individuals in state hospitals that were considered clinically ready for discharge, but unable to leave due to a lack of appropriate community resources, remained stable at 16 percent. (*On July 1, 2022, the definition of EBL was updated to include additional individuals.*)
 - In FY 2023 and FY 2024, EBL decreased to 13-15% of the overall census. 35% of individuals identified on the EBL are discharged within 30 days.

Successes

- During the 2022 General Assembly Session, DBHDS worked with law enforcement to ease the pain points of custody without causing additional harm to the already fragile state hospital system. The new legislation allows an alternative custody provider to relieve law enforcement and take custody of a person under a TDO.
- As another good faith effort, in 2023, DBHDS began a partnership with a private security company in Southwest Virginia, Steadfast Security, to begin piloting a program of Alternative Custody in CSB catchment areas with high amounts of TDO admissions. Since the program went live in April 2024, over 3500 hours of law enforcement time have been saved.

Discharge Projects

- In FY 2024 DBHDS continued work with private providers and CSBs to increase discharge and diversion efforts.
 - DBHDS continues to work with private hospital systems to provide diversion services for individuals referred to state hospitals. This included a 6-month learning collaborative for private psychiatric facilities on discharge planning and resources.
 - DBHDS entered into three partnerships to develop 72 mental health group home beds for patients discharging or diverting from state facilities. This included a home for borderline personality individuals, which is nonexistent in Virginia.

Initiatives

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- Contracting with private providers to divert admissions, specifically a contract for child and adolescent inpatient beds.
- Development of a program that will assist private hospitals with complex discharges in order to assist them in accepting more individuals who would otherwise be admitted to state hospitals.
- Worked on ways to target special populations like children and older adults, which has included specialized dementia programs, community geriatric teams, and adding a Central Office staff member who solely focuses on census management at CCCA.
- Developed ways to accelerate discharges, including even more oversight of the EBL and state hospital flow through, and partnerships that included the development of over 100 specialized mental health group home beds.
- DBHDS is in the process of working to expand the pilot alternative custody program that is currently in place in Southwest Virginia. This pilot has shown great outcomes in terms of reducing law enforcement hours spent with individuals experiencing behavioral health crises.
- Implemented two pilot programs at various state hospitals to focus on census management and patient flow, including a pilot of 7 day a week active treatment and discharges, and a program that will enable state hospitals (rather than CSBs) to be responsible for discharge planning for individuals who will have a length of stay of 30 days or less.

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