

# STATE PSYCHIATRIC HOSPITALS

## *Virginia's State Psychiatric Hospitals, 2023*

### RECOMMENDATIONS

**Excluding neurocognitive disorders from state's mental illness definition** ► The General Assembly may wish to consider amending the Code of Virginia, which defines “mental illness” for the purpose of temporary detention orders and civil commitments, to specify that behaviors and symptoms that are solely a manifestation of a neurocognitive disorder, as determined through an appropriate evaluation by a mental health professional who is competent in the assessment of psychiatric illnesses in individuals with neurocognitive disorders, are excluded from the definition of mental illness, and therefore, are not a basis for placing an individual under a temporary detention order or committing them involuntarily to an inpatient psychiatric hospital. The legislation's effective date should be delayed until July 1, 2025. (Recommendation 1)

**Excluding neurodevelopmental disorders from state's mental illness definition** ► The General Assembly may wish to consider amending the Code of Virginia, which defines “mental illness” for the purpose of temporary detention orders and civil commitments, to specify that behaviors and symptoms that are solely a manifestation of a neurodevelopmental disorder, as determined through an appropriate evaluation by a mental health professional who is competent in the assessment of psychiatric illnesses in individuals with neurodevelopmental disorders, are excluded from the definition of mental illness, and therefore, are not a basis for placing an individual under a temporary detention order or committing them involuntarily to an inpatient psychiatric hospital. The legislation's effective date should be delayed until July 1, 2025. (Recommendation 2)

**Authority to re-evaluate TDO eligibility for patients** ► The General Assembly may wish to consider amending the Code of Virginia to give state psychiatric hospitals the authority to (i) have a licensed psychiatrist or other licensed mental health professional reevaluate an individual's eligibility for a temporary detention order before they are admitted if the facility has reason to believe that their symptoms and behavior are solely a manifestation of a neurocognitive or neurodevelopmental disorder, and (ii) deny admission to individuals for whom this is found to be the case. The legislation's effective date should be delayed until July 1, 2025. (Recommendation 3)

**Placements and services for individuals with neurocognitive and neurodevelopmental disorders** ► The General Assembly may wish to consider including language in the Appropriation Act directing the secretary of health and human resources to (i) evaluate the current availability of placements for individuals with neurocognitive and neurodevelopmental disorders who would otherwise be placed in a state psychiatric hospital, (ii) identify and develop alternative strategies to support these patient populations, including through, but not limited to, enhanced Medicaid reimbursements and a Medicaid waiver for individuals with neurocognitive disorders, and (iii) report the results of its work to the House Appropriations and Senate Finance and Appropriations committees no later than October 1, 2024. (Recommendation 4)

**Ensuring individuals have no urgent medical needs before state hospital admission** ► The General Assembly may wish to consider amending the Code of Virginia to allow state psychiatric hospitals to delay admission of an individual under a temporary detention order until the state psychiatric hospital has determined that the individual does not have urgent medical needs that the state hospital cannot treat. (Recommendation 5)

**State funds to help private psychiatric hospitals admit more involuntary patients** ► The General Assembly may wish to consider including language and funding in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to establish a program for state-licensed psychiatric hospitals (commonly referred to as “private psychiatric hospitals”) to provide funding for those hospitals that agree to increase the percentage of involuntary inpatient admissions they accept and demonstrate the need for funding to safely admit such patients. Funds could be provided to cover one-time and ongoing costs for creating and filling additional security positions, providing staff training on how to safely treat these patients, and making safety improvements to the facilities. (Recommendation 7)

**Expanding eligibility of state funds for patients facing significant discharge barriers to private psychiatric hospitals** ► The General Assembly may wish to consider including language and funding in the Appropriation Act to expand the discharge assistance provided by the Department of Behavioral Health and Developmental Services (DBHDS) to individuals facing substantial barriers to discharge from inpatient psychiatric units and facilities licensed by DBHDS (commonly referred to as “privately operated”). (Recommendation 8)

**Conditioning future COPNs for inpatient psychiatric hospitals on accepting involuntary admissions** ► The General Assembly may wish to consider amending § 32.1-102.4 of the Code of Virginia to require the commissioner of the Virginia Department of Health to condition the approval of any certificate of public need for a project involving an inpatient psychiatric service or facility on the agreement of the applicant to accept patients under a temporary detention order whenever the provider has the capacity and capability to do so. (Recommendation 10)

**Allowing state hospitals to deny patient admissions if doing so would exceed 85 percent of their staffed bed capacity** ► The General Assembly may wish to consider amending the Code of Virginia to grant state psychiatric hospitals the authority to decline to admit any individual under a temporary detention order if doing so will result in the hospital operating in excess of 85 percent of its total staffed capacity. The legislation’s effective date should be delayed until July 1, 2025. (Recommendation 12)

**Salary increases for select occupations at state hospitals** ► The General Assembly may wish to consider including funding in the Appropriation Act to provide salary increases for psychologists, social workers, housekeeping, and food services staff at state psychiatric hospitals that will bring these positions’ salaries within 10 percent of the median salary paid to these positions by other health care employers in the region. (Recommendation 17)

**Reporting state hospitals' staff vacancy and turnover rates** ► The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report annually to the Behavioral Health Commission on average turnover and vacancy rates and salary competitiveness, by hospital and position type, for the state's psychiatric hospitals. (Recommendation 18)

**Flexibility for scheduling nursing shifts at state hospitals** ► The General Assembly may wish to include language in the Appropriation Act directing the Department of Human Resource Management to allow state hospitals to define nursing staff (including psychiatric technicians) who work at least 36 hours per week as full-time staff and not require reductions in pay or other benefits among those staff who work at least 36 hours per week. (Recommendation 19)

**Procuring nursing scheduling software for state hospitals** ► The General Assembly may wish to consider including funding in the Appropriation Act for the Department of Behavioral Health and Developmental Services to procure scheduling software to assist state hospitals in scheduling nursing shifts. (Recommendation 20)

**Funding additional state hospital staff** ► The General Assembly may wish to include language and funding in the Appropriation Act to (i) increase the number of nursing positions allocated to state psychiatric hospitals to a level that would ensure adequate and safe patient care, as determined in 2022 by the Department of Behavioral Health and Developmental Services (DBHDS) and (ii) appropriate the amount of funding necessary to fill those positions. (Recommendation 21)

**Assessing adequacy of state hospitals' staffing levels** ► The General Assembly may wish to consider including language in the Appropriation Act to direct the Department of Behavioral Health and Developmental Services to (i) contract for an assessment of the adequacy of each hospital's planned and actual staffing levels for key positions affecting facility operations, patient and staff safety, and quality of care; (ii) conduct similar assessments of the adequacy of each state hospital staffing levels at least biennially; and (iii) report the results of the initial and ongoing assessments to the Behavioral Health Commission, and any additional funding needed to address any staffing level deficiencies, to the chairs of the House Appropriations and Finance and Senate Finance and Appropriations committees. (Recommendation 22)

**Improving OSIG's oversight of state hospitals** ► The General Assembly may wish to consider including language in the Appropriation Act to direct the Office of the State Inspector General (OSIG) to develop and submit a plan to fulfill its statutory obligation to fully investigate complaints received that contain serious allegations of abuse, neglect, or inadequate care at any state psychiatric hospital and to submit the plan to the chairs of the House Health, Welfare, and Institutions and Senate Rehabilitation and Social Services committees no later than November 1, 2024, and thereafter should provide an annual report on the number of complaints received by OSIG alleging abuse, neglect, or inadequate care at any state psychiatric hospitals along with the number fully investigated by OSIG. (Recommendation 24)

**Designating state hospital staff with discharge planning for state hospital patients with short stays** ► The General Assembly may wish to consider amending (i) §37.2-837 of the Code of Virginia to assign responsibility for leading discharge planning to state psychiatric hospital staff rather than community services boards (CSBs) for patients who are determined to likely need hospitalization for 30 days or less, but stipulate that CSB staff should remain engaged in discharge planning for these patients, and (ii) §37.2-505 of the Code of Virginia to limit CSBs' responsibility for discharge planning to patients who remain in state hospitals more than 30 days. (Recommendation 29)

**Closing the Commonwealth Center for Children and Adolescents** ► The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to develop a plan to (i) close the Commonwealth Center for Children and Adolescents (CCCA) and (ii) find or develop alternative effective, safe, and therapeutic placements for children and youth who would otherwise be admitted to CCCA, and direct DBHDS to submit its plan to the House Appropriations and Senate Finance and Appropriations committees. (Recommendation 32)