



COMMONWEALTH of VIRGINIA

JAMES W. STEWART, III
COMMISSIONER

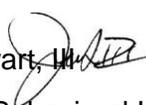
DEPARTMENT OF
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August 26, 2013

To: Michael F. A. Morehart
State Inspector General
Commonwealth of Virginia

From: James W. Stewart, III 
Commissioner
Department of Behavioral Health & Developmental Services

Subject: OSIG Inspections of the State Facilities Operated by the Department of Behavioral Health and Developmental Services (DBHDS) pursuant to the Code of VA § 2.2-309.1

I am writing in response to your letter of August 12, 2013, regarding the OSIG Inspections of the State Facilities Operated by the Department of Behavioral Health and Developmental Services (DBHDS). Thank you for this summary of issues identified during the FY2013 series of inspections of our state facilities and for your offer for DBHDS staff to meet with members of the OSIG Team to discuss the identified issues and subsequent recommendations. Based on our review of the OSIG identified focus areas and recommendations, I do not believe there is a need to meet on this report at this time.

DBHDS responses to each of the OSIG recommendations follow:

Focus Area No 1: Active Treatment and Discharge Planning

1. A – It is recommended that DBHDS review options for enhancing the discharge planning process in the behavioral health facilities by adopting initiatives developed for the training centers.

DBHDS Response: *DBHDS will convene a group consisting of representatives from the mental health facilities, Community Service Boards, Regional Planning Councils and other stakeholder groups to review the Discharge Protocol for the state hospitals and identify opportunities to strengthen the transition from facilities to community based services and provide support for sustained recovery. The target date for this project will be February 28, 2014*

1. B – Consistent with public safety and sound clinical practice, it is recommended that DBHDS develop a strategy for aligning discharge/release protocols and programs for VCBR residents with those of other DBHDS facilities.

DBHDS response: *As observed in the SOIG letter, VCBR presents distinct challenges that are not experienced by any of our behavioral health facilities, and the uniqueness of VCBR is certainly evident in the process involved with how individuals are deemed eligible for discharge/release. As is the case with individuals who reenter the community following the completion of a sentence to Virginia’s Department of Corrections (DOC) facilities, those who are determined SVP and are either conditionally released directly from prison to the community or from VCBR to the community, face tremendous challenges finding suitable and acceptable housing and other resources needed for successful community living.*

Aligning the discharge/release protocols and programs for VCBR residents with those of Virginia’s state hospitals and training centers presents particular challenges given the differences in the populations served and the increased focus on public safety with the SVP group. For background, the following summary of the conditional release process for sexually violent predators is provided.

Per Virginia Code § 37.2-912, any individual committed shall be placed in the custody of the Department (DBHDS) for control, care, and treatment until such time as the respondent's mental abnormality or personality disorder has so changed that the respondent will not present an undue risk to public safety. The DBHDS Office of Sexually Violent Predators Services (OSVP) is responsible for the development of conditional release plans for individuals found SVP by the courts and who are eligible for community release, either from a DOC facility or from VCBR. The conditional release plans for SVP individuals released directly from both DOC facilities and from VCBR are developed either by or under the supervision of the staff of the DBHDS OSVP using a plan format that follows a set of values and principles based on community containment. The home plan portion of the draft conditional release plans are forwarded to the DOC Office of Community Corrections by the DBHDS OSVP. The Office of Community Corrections evaluates the appropriateness of the home plan using an established tool and by physically visiting the proposed residence and interviewing the people who reside there or who own the residence. They evaluate the selected community for appropriateness. They then convey the results of the home plan evaluation to the DBHDS Office of SVP Services. The SVP Services Office then attaches the home plan evaluation to the conditional release plan and forwards this material to the court, defense attorney and the Office of the Attorney General. The plan is then entered into evidence and the court uses this evidence to either approve or disapprove the individual’s conditional release. If the individual is released, the court order and the conditional release plan are forwarded to the Office of Community Corrections. That Office then forwards the plan to the local Office of Parole and Probation. The DBHDS has a memorandum of understanding (MOU) with the Department of Corrections (DOC) that provides for continued supervision and monitoring of SVP individuals who are placed on conditional release.

At VCBR when the treatment team recommends that the person is appropriate for consideration for conditional release and intends to make this recommendation to the court as part of the annual review, VCBR staff begin to work with the individual to identify a community to which the individual wishes to be released and to identify potential housing and employment. When appropriate and as staff resources are available, VCBR staff arranges community visits and make contact with the local Parole and Probation Office to familiarize the individual with its location and the assigned officer. The conditional release plans for VCBR residents are then developed by either the staff of the DBHDS OSVP or the clinical staff of VCBR depending upon workload. VCBR has two staff working with residents on discharge planning and has recently hired a third. VCBR teams work closely with the DOC to identify opportunities for housing,

support and ways to enhance the discharge and monitoring process.

Once conditional release is granted and the individual is released from VCBR, the individual reports directly to his probation officer (PO). The PO is responsible for implementing the conditional release plan, including connecting the individual with sex offender treatment and establishing GPS supervision. The DOC Office of Community Corrections has contracts with licensed private sex offender treatment providers throughout the state.

The CSBs are not involved in the development of SVP conditional release plans because the responsibility by Code falls to the DBHDS Office of SVP Services. This is appropriate as the primary role of the SVP program in Virginia is assuring public safety and the role of VCBR is rehabilitation of sexual offenders.

The Clinical Director of VCBR reports that while the majority of VCBR residents have been diagnosed with a personality disorder, only between 10% and 15% of VCBR residents have a major mental illness and these residents make slower progress in their sex offender rehabilitation and therefore to date fewer of these individuals have been recommended for conditional release. A significantly higher percentage of VCBR residents have a history of substance abuse. CSBs as well as a range of private (including non-profit) treatment agencies are certainly appropriate referral resources for individuals with mental illness, substance abuse and intellectual disabilities, and for those needing specific treatment services including psychotropic medication evaluation and monitoring. In communities across the state, the Offices of Probation and Parole have contractual arrangements with local private providers and/or with the Community Services Boards for the provision of substance abuse services. The availability of behavioral health services is not consistently adequate across the state for individuals reentering from both Virginia's correctional facilities and from VCBR.

1. C – It is recommended that DBHDS' Division of Children's Services conduct a study of the factors that have resulted in the increased readmission rate at CCCA. At the study's conclusion, it will be important to develop strategies for reversing this trend, as well as assessing the effectiveness of the currently funded treatment programs to assure that the limited resources are being utilized in the most effective manner.

DBHDS Response: *As pointed out in the SOIG letter, CCCA serves as an acute care facility for youth. In fact, CCCA is the only state hospital that provides only acute treatment and short-term stays and the only facility that serves children and youth. All of the other state hospitals, including Southwestern Virginia Mental Health Institute (SWVMHI), serve only adults and provide primarily intermediate and longer term treatment. For this reason it is difficult to compare CCCA to other state hospitals on a number of factors including the utilization rate or bed turnover rate.*

The rate of readmission at CCCA within 30 days of admission has varied over the past six years from just over 9% to 14%. In FY2011 and FY2012, this rate increased from 9.6% to the 12-13% range and final calculations for the year that ended in June 2013 revealed that the 30 day readmission rate for FY2013 had returned to 9.8%. The chart that follows summarizes the CCCA readmission rate for the past six fiscal years.

FY	Total Admissions	Readmissions w/in 30d	Readmissions w/in 12m
2008	605	48 (9.6%)	Not available
2009	605	86 (14.2%)	155 (25.6%)
2010	564	56 (9.9%)	118 (20.9%)
2011	780	86 (12.3%)	203 (26.0%)
2012	775	107 (13.8%)	225 (29.0%)
2013	691	68 (9.8%)	166 (24.0%)

We strongly agree with the Team that the community capacity for children's services after acute hospitalization is critical to the success of children and youth and CCCA achieving its mission. The need for additional community based children's services to provide early intervention and divert admissions is critical to the success of our youth and to reduce readmissions to CCCA. At the direction of the General Assembly, DBHDS studied the role of CCCA and the availability of community child/adolescent behavioral health services in 2010/2011. The report, entitled Item 304.M Final Report – A Plan for Community-Based Children's Behavioral Health Services in Virginia, determined that community services for this population are sorely lacking across the state and recommended a plan for expanding capacity. Consistent with this plan and as observed in the OSIG letter, the General Assembly has provided limited funding for expansion of children's behavioral health services in each of the last two legislative sessions. The FY13 funding supported regional crisis response services in Regions I, III and IV. FY14 funding extended these services in Regions II and V. Crisis response is important in diverting admissions. Further expansion of children's behavioral health services will be required to fill the gaps in the comprehensive services array that support children returning from CCCA.

DBHDS will convene a workgroup consisting of representatives from the Central Office, Community Service Boards, Regional Planning Councils and leadership of CCCA to review the data related to readmissions to CCCA and identify opportunities to support youth as they transition to the community. The target date for this project will be February 28, 2014.

Focus Area No 2: Staffing Patterns, Turnover, and Overtime

2. A – It is recommended that DBHDS Central Office, in conjunction with CVTC facility leadership, develop strategies for addressing the unique challenges in staffing for this facility with a focus on mitigating the negative effects of excessive overtime on staff.

DBHDS Response: *DBHDS is already developing strategies for retention of staff during the transition period from training centers to community based services. In addition, the DBHDS Human Resources Office in collaboration with the staff of CVTC will conduct a study to determine the needs of CVTC and make recommendations to reduce the reliance on overtime. The target date for this project will be December 20, 2013.*

Focus Area No3: Staff Attitudes and Knowledge Regarding Recovery-Oriented and Person Centered Practices

No issues were identified by the Team in this focus area. Staff surveys demonstrated that the respondents have become increasingly knowledgeable of recovery-oriented and person-centered principles. As a result there has been a measurable improvement in their attitudes regarding the effectiveness of these practices on the persons served, particularly regarding community integration. The Team commends DBHDS for its efforts in this important area.

DBHDS Response: *We are pleased to hear that this inspection determined that respondents have become increasingly knowledgeable of recovery-oriented and person-centered principles and that there has been measureable improvement in attitudes regarding the effectiveness of these practices. DBHDS has made training in this area a priority for some time.*

Focus Area No 4: The Environment of Care

4. A – Enhanced performance measures are still needed in many process areas of DBHDS service provision. It is recommended that DBHDS develop and publish a plan for addressing performance enhancement of the state-operated facilities, including measureable objectives so that publicized outcomes can be verified.

DBHDS Response: *DBHDS has been reviewing the data collected by facilities to identify the existing quality measures being used by the facilities as well as those that can be developed from existing data. A committee will be created including Central Office Facility staff, Quality Management, facility directors and the Medical Director to review this information and identify the key quality measures to standardize using patient and individual data from the electronic health record that is being implemented facility-wide. The electronic health record pilot phase has been completed and will expand to all mental health facilities beginning in October. The intent is to identify a process for the use of existing data on measures already collected and those that would be developed and display them in a format that could be utilized across facilities. This would allow for comparisons across facilities with common data elements to identify trends that should be analyzed as part of the ongoing quality improvement efforts. The target date for this project is February 28, 2013.*

4. B – No recommendation is offered at this time. OSIG staff will monitor the use of double-bunking as census growth continues.

4. C – It is recommended that DBHDS develop a plan for addressing the impact of the closure of SVTC on the Petersburg campus, particularly as it relates to CSH.

DBHDS Response: *DBHDS has studied the impact of the closure of SVTC on the Southside Campus and on CSH at length.*

In the past, funds have not been available to properly secure buildings which are no longer needed and not in use. Building 42 is an example of such a building. Whether the building is boarded or not has little, if any bearing on the sightlines of the campus.

- *DBHDS is working with DGS/DRES to establish how these buildings can best be used and in what manner the property can be disposed of to provide the maximum income to the DBHDS Trust Fund. This includes:*
 - *Selling the entire North Campus (66.274 acres). This parcel will be declared surplus and may be sold in its entirety, or sold in subdivided lots.*
 - *Declaring all of the property which faces U. S. 1 as surplus from the edge of the right-of-way to 500 feet onto the South Campus. This will occur from Seventh and U. S. 1 to Albemarle Street and U. S. 1.*
 - *Declaring all of the property from Albemarle Street to Interstate 85 and from U. S. 1 to the east property line as surplus. This parcel contains two cemeteries and*

DGS/DRS will be working with DBHDS to determine how best this can be marketed.

- *DBHDS is also requesting capital funding to replace Central State Hospital. This replacement building will take the shape of the new Western State Hospital and provide a modern facility for the Central State Hospital patients and staff.*
 - *The intended location would require the demolition of several of the older buildings, including Building #42*
 - *Funds will also be requested to demolish additional buildings to set Central State Hospital apart from the surplus property and provide proper security distances.*
 - *To the extent possible, as many functions as possible will be included in the replacement facility so that travel outside the building by patients will be reduced to the minimum level possible.*
- *DBHDS is extremely concerned about security on the campus and securing the buildings against unlawful entry and the potential for “squatters” is a significant concern. In order to minimize the cost of maintaining these buildings, a prescribed method of abandonment has been developed, which includes:*
 - *Disconnecting the electrical service*
 - *Draining of all mechanical systems, including fire sprinkler systems*
 - *Removal of all combustible materials and Furniture, fixtures and movable equipment*
 - *Securing the perimeter against entry.*
- *DBHDS is currently working to re-establish the use of Building #93, #94 and #95 by Central State Hospital.*
 - *Buildings #93 and #95 have had their mechanical systems renovated*
 - *Building #94 is currently undergoing a similar renovation.*
 - *An architect has been hired to investigate the manner in which these buildings can best be used until the new Central State Hospital is constructed.*
- *DBHDS is also looking into the possible use of Building #112 as a potential central kitchen/commissary for all of the DBHDS state hospitals.*
- *DBHDS will also study the possible use of Building #51 as the central laundry facility for all or a part of the DBHDS state hospital system.*

The purpose of the foregoing is to minimize the funds which need to be expended to continue to maintain the buildings that are no longer in use. It is the intent of DBHDS not to leave the Southside campus unprotected and vulnerable during the upcoming period of transition.

Cc: The Honorable William A. Hazel, M.D. – Secretary HHR
Keith Hare – Deputy Secretary HHR
Matt Cobb – Deputy Secretary HHR
Olivia Garland, Ph.D. – DBHDS Deputy Commissioner
Don Darr – DBHDS Assistant Commissioner for Finance & Administration
Heidi Dix – Executive Advisor for DOJ Settlement Agreement
Kathy Drumwright – Assistant Commissioner for Quality Management
John Pezzoli – DBHDS Assistant Commissioner for Behavioral Health