Virginia Department of Behavioral Health & Developmental Services

SJ47 Law Enforcement Workgroup
DBHDS Hospital Staffing Update

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Problem: State Hospital Census is Dangerously High

	Total Capacity	Total Census	Total Utilization
Catawba (50 geriatric beds)	110	109	99%
Central State (excluding max security)	166	166	100%
Eastern State (117 geriatric beds)	302	298	99%
Northern Virginia Mental Health Institute	134	135	100%
Piedmont (123 geriatric beds)	123	109	89%
Southern Virginia Mental Health Institute	72	69	96%
SW Virginia Mental Health Institute (41 geriatric beds)	179	175	99.4%
Western State	246	241	98%
Commonwealth Center for Children & Adolescents	48	24	**HOLD*** 100%

Notes:
Data as of 6/7/21
State hospitals are funded to 90 percent capacity
CCCA is currently open with a limited number of beds – 24 beds are currently operational (= 100% utilization)

Staffing Shortages are Leaving Facilities Overwhelmed

- ***Staffing vacancies are well over 20% and up to 52% in facilities across the Commonwealth.***
- Current direct care compensation falls well below market value.
- DBHDS had over 1,000 state facility vacancies in March 2019. These shortages have been exacerbated by the pandemic and now stand at 1,289.
- Facilities are funded to operate at 90% staffing, but with the current vacancies, state hospitals are operating at direct care staffing levels as low as 60-70% in some facilities.
- At the same time, state hospitals are frequently operating at 100%+ bed utilization.
- Safety of both staff and patients is a significant and serious concern.

	CCCA	CH	CSH	ESH	HDMC	NVMHI	PGH	SEVTC	SVMHI	SWVMHI	VCBR	WSH
Direct Care (DSAs, LPNs, RNs)	**35%**	**30%**	**20%**	**37%**	**34%**	11%	**35%**	16%	**24%**	11%	**24%**	**22%**
Providers (internists, psychiatrist)	0%	7%	15%	**54%**	0%	5%	**27%**	11%	**33%**	6%	**100%**	0%

Workforce Issue – Why Is This Occurring?

- Stress on DBHDS facilities
  - Cumulative impact of three years of high census – operating near 100%
  - Higher acuity needing more individual attention
  - Frontline workers in COVID response
  - DBHDS has large workforce footprint of low paying jobs (DSAs) more susceptible to market forces
  - Higher incidence of workers compensation / seclusion and restraint increasing

High risk, high stress job – low paying

- Hyper Competitive Market for Scarce Resources
  - Lack of nurses and other direct care employees state-wide
  - Potential hesitancy to join healthcare as state emerges from Pandemic
  - Stiff competition within healthcare – bigger sign-on bonuses, better compensation packages with more attractive work schedules
  - Approaching full employment in most parts of the Commonwealth
  - Perceived increase in low end salaries / hourly rates with move across industries to $15 entry rate
  - Dynamic likely to continue and worsen unless Commonwealth takes steps to address

Simply cannot find employees at current price point

DBHDS Recruitment & Retention Efforts Align with the Private Sector

Incentives

- Bonuses
  - (Referral, Sign-on, Retention, Cert)
- VA-529 Contributions
- Student Loan Repayment
- Shift Differential
- Alternate Pay Bands
- Project-Based Incentives
- VA Loan Repayment Program
- CMEs, up to $3,000 per fiscal year
- Educational and School Assistance Program

Programs

- Stay Interviews
- Military Medics & Corpsmen Program (MMAC)
- Job Fairs (hire on the spot)
- Leadership Development (VPSL, VEI and CMI)
- Academic Partnerships
- Internship/Apprenticeship Programs
- DSP Career Pathway Program
- LPN Career Pathway Program (“grow our own” at WSH)

Staffing Shortages: Next Steps

- DBHDS is working with the Administration to develop strategies to address staffing :
  1. Compensation/Alignment Studies utilizing Mercer dataset
  2. Increase salaries to higher percentile of market for open DSA, LPN, RN and Security positions
  3. Realignment of existing Direct Care Positions with approved salary rates
  4. Yearly salary increases for DSA positions
  5. Increase shift differentials
  6. <u>Future:</u> Address educational background inequities

Additional "Near-Term" Options to Relieve Census Pressure

- Additional options that could have an immediate impact on overall census, in addition to staff salary adjustments:
  - Expansion of the Alternative Transportation provider contract to permit "sitter" services in the Emergency Department when an individual is awaiting transportation after a Temporary Detention Order (TDO)
  - Continuing investment in Dementia Initiatives
  - Investment in expediting discharges
    - Duplicate ALF/NH contract and pilot options
    - Additional state hospital staff focused on discharge process
  - Investment in Crisis Receiving Centers as part of Crisis Continuum
    - Crisis Receiving Centers would be coordinated/linked with CITACs to provide:
      - No refusal drop-off 24/7
      - 23 hour crisis stabilization
      - Outpatient services

REFERENCE SLIDES

Crisis System Transformation is Underway

- **Marcus Alert** (2020 Special Session, HB5043/SB5038) stakeholder group is well underway. RFP went out for the crisis call center outlined in the legislation. State plan is due July 1, 2021, with the first five Marcus Alert programs in place by Dec. 1, 2021.
- SB1302 (2021) establishes the crisis call center as the **9-8-8 National Suicide Prevention Lifeline** contact point, in line with federal legislation.
- **23-hour crisis stabilization units (CSUs) and crisis intervention team assessment centers (CITACs)**, together with mobile crisis teams, are vital to the crisis continuum, addressing needs of those experiencing behavioral health crises as well as state hospital census challenges.

Four Core Elements for Transforming Crisis Services