

**DBHDS**

Virginia Department of  
**Behavioral Health and  
Developmental Services**

# Overview of Virginia's Public Geriatric Mental Health System

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**DBHDS Commissioner**

# Closure of the SWVMHI Geriatric Unit

- Southwestern Virginia Mental Health Institute's (SWVMHI) 20-bed geriatric unit has been scheduled to close by June 30, 2011 in accordance with the 2010 Virginia Appropriations Act.
- There are currently 21 geriatric patients at SWVMHI.
- Based on availability, the unit will admit individuals until October 31, 2010.
- The unit will stop admissions on November 1, 2010.

# Transition Plan

Specific details of this plan will be developed well in advance of the June 30 closure date. In general:

- For current patients, discharge planning efforts will be continued to discharge individuals back to their home communities or closer to family members before June 2011.
- Discharge by June may not be possible or practical for some. For those individuals:
  - High quality care will continue at SWVMHI until June 30.
  - Based on availability, patients will be transferred to Catawba, near Roanoke, with Piedmont Geriatric, in Burkeville, as backup.
  - Some individuals not tied to the local area may be transferred to Piedmont.
- For new admissions for persons from the SW, geriatric beds at Catawba, will be used to keep travel time for families to a minimum, with Piedmont as backup.
- SWVMHI will work closely with family/guardians during the transition.

# Partnerships to a Safe Closure

- Collaborative planning meetings have been held with DBHDS and the directors of SWVMHI, Catawba Hospital, and Piedmont Geriatric Hospital beginning in April 2010.
- Notification to CSBs, families, and legal guardians began in summer 2010, as part of regular recovery service planning process.
- Regular meetings continue with the members of the SW Board for Regional Planning, including Discharge Planners at the CSBs.
- A monthly review of all geriatric patients began in September with CSB and facility staff to bring regional resources to the discharge plan.
- Other stakeholders have been notified, including chief magistrates and administrators/CEOs of nursing homes, ALFs, general hospitals, and private psychiatric hospitals.

# Staffing Plan

30 positions will be reduced and geriatric staff will be transferred to other units with the goal of avoiding layoffs to the fullest extent possible.

- Vacant positions held open beginning summer 2010.
- Typical nursing staff attrition of 4 per month.
- As the geriatric census decreases, the unit's nursing staff will be moved into the vacant positions on other units.
- Most senior staff will have the choice to stay on the remaining ward. Less senior staff will be offered positions on other units using a modified priority transfer policy.
- Staffing in other departments will be adjusted by attrition or absorbed into other duties.
- Each department is looking at ways to use fewer staff and to decrease costs.

# Virginia's Public Geriatric Care Services

The variety of clinical and inpatient services to address the complex recovery, treatment, and support needs of older adults are intended to promote optimal performance in behavioral management, cognition, interpersonal skills, self-care and leisure time development.

## **Inpatient Interventions**

Communication skills  
Physical fitness and Relaxation skills  
Community Outings  
Kitchen activities  
Reminiscing and Music  
Symptom management  
Money management  
Individual and family psycho-education, symptom management  
Independent living skills

## **Clinical Services**

Psychiatric assessment and stabilization  
Medication management  
Nutritional management  
Psycho-social rehabilitation programming  
Psychiatric and rehabilitative therapies  
Discharge planning (in collaboration with CSBs)

# FY 2009 Statewide Geriatric Beds

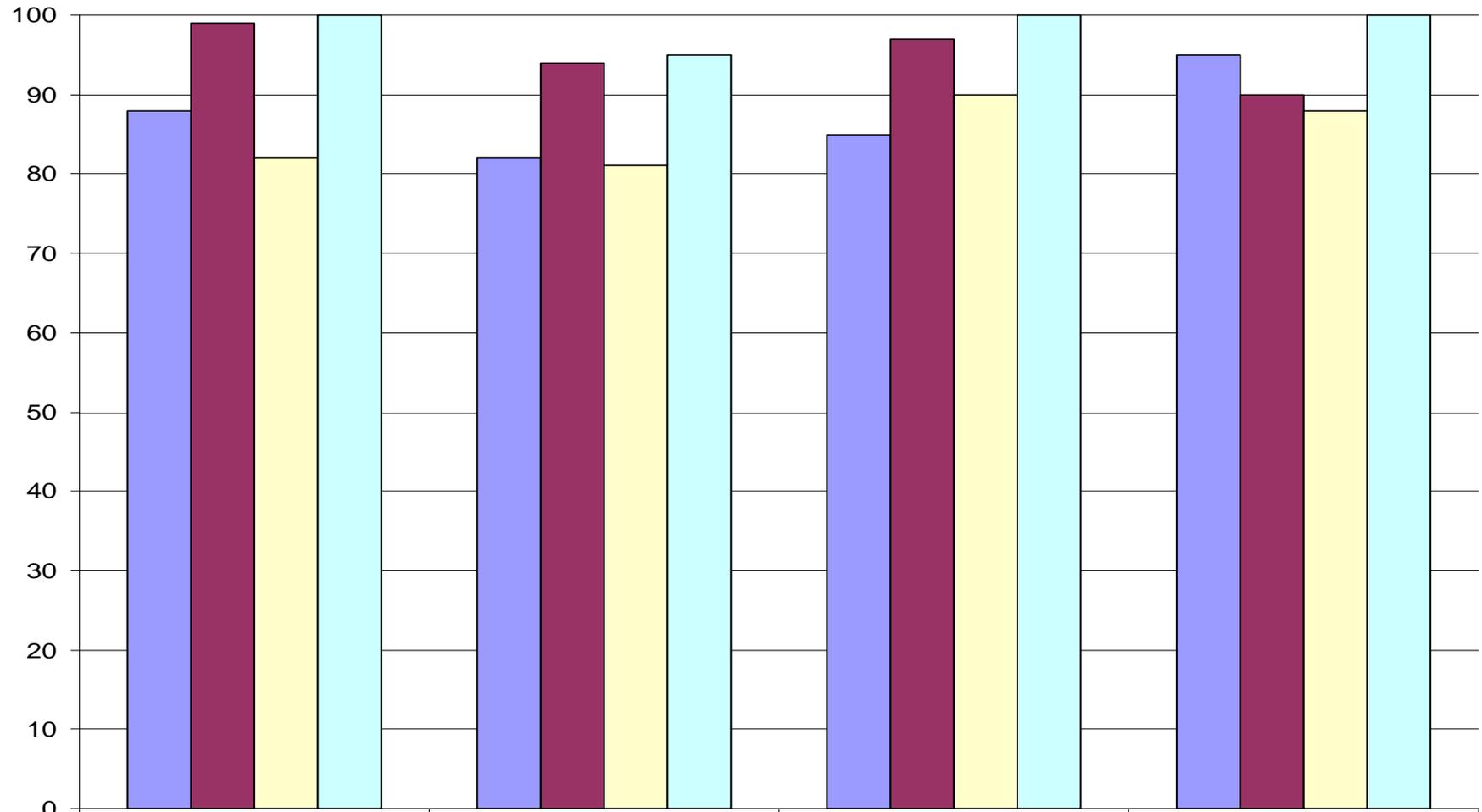
Name	Location	Beds	Average Census
Catawba Hospital	Catawba	60	54
Eastern State Hospital	Williamsburg	150	145
Hiram Davis	Petersburg	10	9
Piedmont Geriatric Hospital	Burkeville	135	112
Southwestern Virginia Mental Health Institute	Marion	20	17
<b>TOTAL</b>		<b>375</b>	<b>338</b>

# Length of Stay

FY	Length of Stay			
	SWVMHI	Catawba	PGH	Eastern State
2006	74	84	113	464
2007	76	88	127	374
2008	108	92	144	311
2009	107	80	146	212
2010	52	86	126	154

# Statewide Geriatric Occupancy Percentage

■ Catawba ■ Eastern ■ Piedmont ■ SWVMHI



	2010	2009	2008	2007
■ Catawba	88	82	85	95
■ Eastern	99	94	97	90
■ Piedmont	82	81	90	88
■ SWVMHI	100	95	100	100

# SWVMHI Catchment Area

<b>CSB</b>	<b>Miles to SWVMHI</b>	<b>Miles to Catawba</b>	<b>Miles to Piedmont</b>
Cumberland Mountain	47	115	254
Dickenson County	90	194	310
Highlands	30	134	251
Mount Rogers	25	82	196
Planning District 1	80	184	301

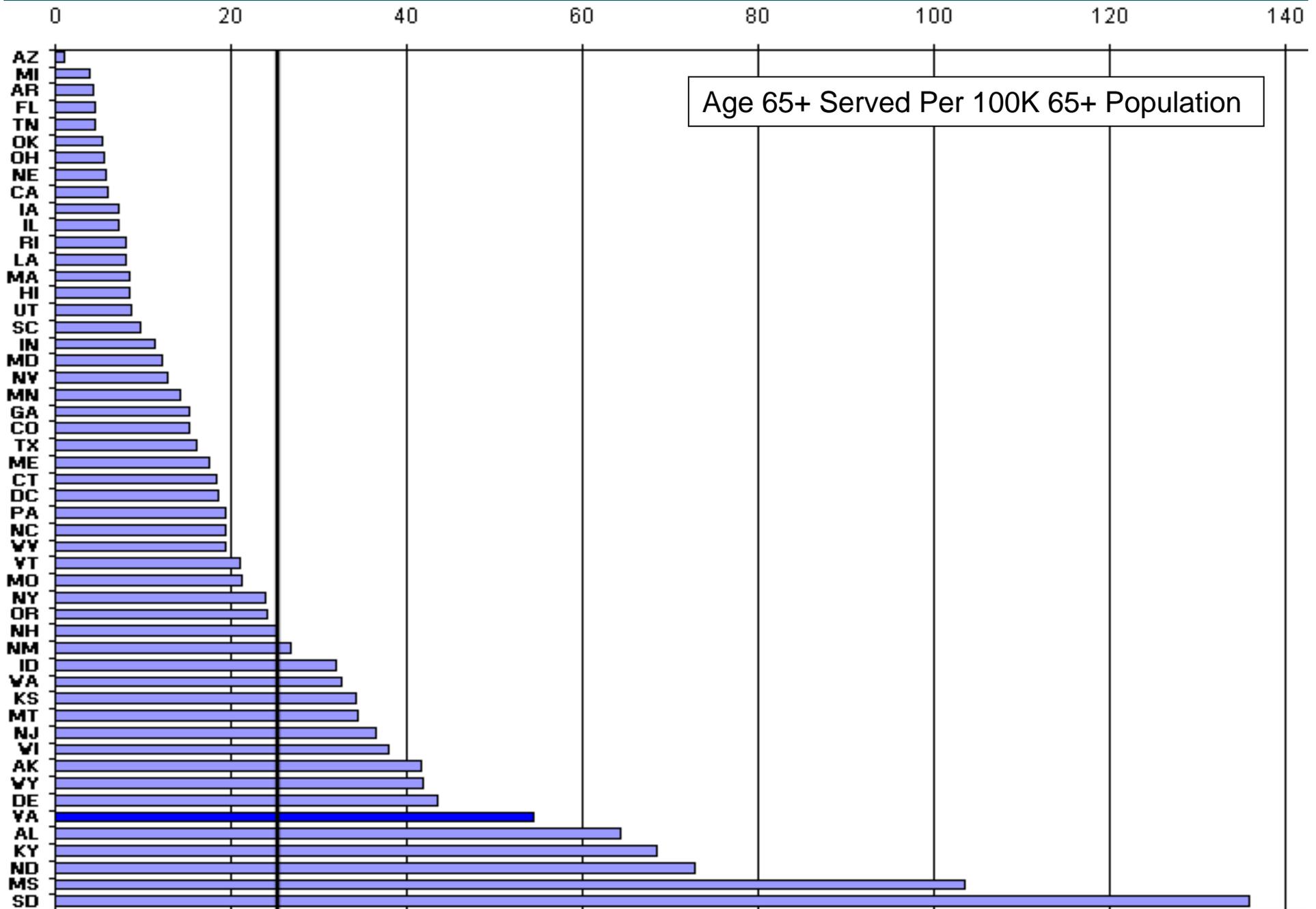
# Catawba Catchment Area

<b>CSB</b>	<b>Miles to Catawba</b>
Alleghany Highlands	46
Blue Ridge Behavioral Healthcare	17
Central Virginia	68
Harrisonburg-Rockingham	117
New River Valley	23
Northwestern	179
Piedmont	68
Rockbridge Area	60
Valley	90

# Piedmont Geriatric Hospital Catchment Area

<b>CSB</b>	<b>Miles to PGH</b>
Alexandria	128
Arlington County	156
Chesterfield	48
Crossroads	14
Danville-Pittsylvania	91
District 19	48
Fairfax-Falls Church	154
Goochland-Powhatan	42
Hanover County	69
Henrico Area	62
Loudoun County	174
Prince William County	150
Rappahannock Area	109
Rappahannock Rapidan	122
Region Ten	80
Richmond	55
Southside	54

# Older Adults Served in State Hospitals Nationwide



# State-Operated Nursing Homes

## Number of States Where Nursing Homes and Other ICF-MI and SNF Providers are SMHA-Operated

Unspecified	Yes	No
17	13	21

# Eastern State Hospital Hancock Geriatric Center Decertification

- While conducting a series of surveys at Hancock, the federal Center for Medicaid and Medicare Services (CMS) found deficiencies in specific areas of care and programmatic processes.
- After each visit, plans of correction were implemented to address problems; however, with subsequent visits, surveyors found different issues under the same categories.
- As a result, the center was decertified and is currently not receiving Medicaid for patients there.
- This only affects the geriatric center, not the hospital's adult or forensic populations.
- The center will remain decertified until the surveyors revisit and deem the hospital in sufficient compliance with the regulations.
- We hope the center will regain its certification by the end of the year.

# Efforts to Regain Certification

Three approaches are being pursued to regain certification. DBHDS is preparing for each scenario:

1. Request for informal dispute resolution (IDR)
2. Seek an appeal of the decision by CMS to decertify the Hancock Center
3. Reapply for full certification

# Preparing for the Revisit

- **Survey Readiness** – A consultant is now identifying gaps in administrative or clinical service and developing plan to help the facility implement any necessary changes.
- **Mock Survey** – A mock survey will be conducted in advance of the CMS visit.
- **Reviewing Standards of Care** - A geriatric psychiatric consultant conducted an independent review of the center in comparison with standards of care and delivered recommendations, which are being implemented.
- **Retraining Staff** – Training has and is being conducted for all Hancock staff focusing on psychiatric care of long-term geriatric patients and CMS requirements.
- **Hiring of staff** – Critical leadership positions are being recruited - director, medical director, nurse executive. Key vacancies have been filled - investigator, director of training, and an assistant nurse executive. 8 additional critical positions that are needed have been identified.
- **Preparing “Plan B”** - DBHDS and DMAS developed a contingency plan in the event that patients must be moved from the Hancock Center to other facilities or alternate care.

# Costs Associated with Decertification and Achieving Recertification

- DBHDS, DMAS and DPB identified anticipated lost revenue during the period of decertification, all one time costs to achieve recertification and any new ongoing expenses.
- Medicaid revenue for Hancock averages \$1.47M per month. From July to December the federal/state match ratio is 62%:38%. This will shift in January due to the impact of federal stimulus money.
- No losses anticipated from Medicare.