

### Background

An ongoing challenge facing Virginia's mental health system is the need for robust community-based mental health services and supports and supportive housing to prevent crises and enable community integration of adults with serious mental illness, including enabling individuals to be discharged from state hospitals.<sup>i</sup> This challenge plays out daily in the Department of Behavioral Health and Developmental Disabilities' (DBHDS) "Extraordinary Barriers to Discharge" List. There are approximately 150 - 160 people on the (DBHDS) Extraordinary Barriers List (EBL) at any given time<sup>ii</sup>. Despite being determined to be clinically ready-for-discharge, these individuals face extraordinary barriers to discharge due to lack of capacity, resources, and services in the community and therefore **remain hospitalized indefinitely while awaiting discharge**. According to the DBHDS Inspector General's April 25, 2012 *OIG Review of the Barriers to Discharge in State-Operated Adult Behavioral Health Facilities Report-In-Brief*, **lack of community-based supported housing is the most often cited barrier to discharge from state hospitals**.

### How do individuals get placed on the barriers to discharge list?

Individuals whose discharge exceeds the protocol's defined 30-day time limit are identified, and the barriers that prohibit their timely discharge are documented on the *Extraordinary Barriers to Discharge Form*. **These individuals are then placed on the Extraordinary Barriers List (EBL) where they remain until either discharged, or their condition deteriorates and they are no longer considered clinically ready for discharge.**

### Length of Time of Extraordinary Barriers List (EBL)

During the time of review conducted by the DBHDS Office of Inspector General (OIG), of the 153 individuals on the EBL for July 2011, 36% (55 people) had been on the list for a period of more than six months. **Twenty-four individuals, or 16%, had been on the list for more than one year.** Of the 75 individuals reviewed by the Office of the Inspector General during on-site inspections, 48% (or 36 people) remained on the list for a period of up to 60 additional days and 28% (or 21 people) remained on the list for 90 days.

**"Most significant is the fact that for each day an individual remains at the inpatient level of care after being clinically ready for discharge, and for which they have actively engaged in planning, constitutes both a waste of limited state resources and contrary to the integration mandate of the *Olmstead* decision."**

DBHDS Office of Inspector General

### Impact on Inpatient Capacity

Acute and intensive treatment beds in DBHDS state-operated psychiatric hospitals have decreased, while the population has grown by approximately 13% during the last decade. Forensic patients (i.e. Not Guilty By Reason of Insanity) use an increasingly large proportion of all DBHDS inpatient beds – approximately 36% of all state behavioral health beds are occupied by forensic patients (*OIG Review of Behavioral Health Forensic Services*, OIG Report 200-11, October 2011) further limiting access to acute and intensive beds for civil admissions in DBHDS hospitals. In 2012, the Office of the Inspector General recommended creating additional community capacity to serve discharge-ready individuals in part to address the problem of inadequate access to inpatient care and unexecuted temporary detention orders.

### Discharge Assistance Planning (DAP)

- First DAP initiatives began in FY 98, at Northern Virginia Mental Health Institute and Catawba State Hospital. The goal was to discharge identified long-stay patients who no longer required

hospitalization but who could not be supported in the community without specialized services and supports.

- Methodology was to develop Individualized Service Plan (ISP) for each targeted DAP recipient, identify the costs of care to be provided, and fund the ISP through the CSB delivering services and supports. Funds follow the person.
- Additional DAP investments followed in successive years, and were linked to the Commonwealth's response to Supreme Court *Olmstead vs LC* decision, a ruling that requires states to eliminate unnecessary segregation of persons with disabilities and to ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs.
- Last specific DAP appropriation was FY 07.

Percentage of Individuals on the Extraordinary Barriers List by Facility

Percentage of Individuals on the Extraordinary Barriers List By Facility			
CAT	12.5%	PGH	10%
CSH	3.8%	SVMHI	22%
ESH	17%	SWVMHI	5%
NVMHI	22%	WSH	7.6%

OIG Review of the Barriers to Discharge in State-Operated Adult Behavioral Health Facilities, April 25, 2012

Additional Discharge Assistance Planning Funds Are Needed

The Governor's proposed \$750,000 for FY 2014 will serve roughly 14 people on the EBL. Additional Discharge Assistance Planning funds are needed to serve more people who are currently residing in state hospitals awaiting discharge. **Failure to discharge people who are ready places a strain on valuable bed space that is needed by others in acute psychiatric crisis, and runs counter to the *Olmstead* mandate requiring that services to persons with disability be provided in the most integrated setting possible.** To be most effective, DAP funds should be used to provide community-based permanent housing and recovery-oriented mental health services and supports.

Budget amendments 315 #1s (Sen. Hanger), 315#5s (Sen. Howell), 315 #7h (Chief Patron Del. Scott (Edward), Co-Patron Del. Landes), and 315 #10h (Chief Patron Del. Hope, Co-Patron Del. Landes) provide additional DAP funds for Fiscal Year.

<sup>i</sup> DBHDS Presentation to HHR Subcommittee, Senate Finance Committee January 7, 2013.

<sup>ii</sup> DBHDS Inspector General's April 25, 2012 *OIG Review of the Barriers to Discharge in State-Operated Adult Behavioral Health Facilities* Report-In-Brief