A map of Northern Virginia is shown in the background, divided into several colored regions: a large pink region in the northwest, a large green region in the east and south, a purple region in the southwest, and several smaller yellow and orange regions along the Potomac River. The text is overlaid on this map.

***Northern Virginia Regional
Strategic Planning Project***

**Strategic Plan and
Recommendations**

Submitted to the Commissioner,
Virginia Department of Mental Health, Mental
Retardation and Substance Abuse Services

Draft: May 20, 2005

DRAFT

INTRODUCTION TO THE MENTAL HEALTH PLAN

The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) tasked the state facilities and community services boards with describing the future need for psychiatric beds and community alternatives to offset the number of public psychiatric beds. With its rapidly growing population, Northern Virginia is challenged to predict an ever-increasing need for psychiatric inpatient beds as well as create diversion and discharge programs to reduce the number of admissions to and length of stay in psychiatric hospitals.

Data gleaned from a variety of sources suggests that population will grow by 26.7% by 2020, adding over a half million people to this Northern Virginia area. As shown in Appendix A, all age groups are expected to increase:

- children and adolescents to increase by 127,500 (23.7%)
- adults by 312,000 (23.2%)
- older adults, ages 65 – 84, by 99,800 (68.3%)
- elderly persons, 85 years and older, by almost 7,000 (40.3%).

While continuing the past regional planning efforts that focused on adult mental health services, this year's planning was broadened to focus on children/adolescents, older adults, and persons with co-occurring mental illness and substance abuse, as well as the adult population. The result of this expansion is a better understanding of the different needs of each population and the recognition of commonalities among the service recommendations.

Of particular concern to the planning group is the future use of all state operated or funded psychiatric inpatient beds and in particular those beds at the Northern Virginia Mental Health Institute (NVMHI). In addition to providing services to persons who need intensive and intermediate psychiatric inpatient care, NVMHI currently serves adults who could conceivably receive services in the community for acute hospitalization or rehabilitation services. As a result of several meetings with representatives from the private psychiatric hospitals, an agreement was reached that the private hospitals would strive to take 95% of the TDOs (temporary detention orders) and the community services boards will attempt to increase crisis care and rehabilitation services. If these efforts are successful, almost the entire capacity of the NVMHI will be used for persons who need intensive or intermediate care.

Attempting to adhere to the principle that, whenever possible, persons should be served in their own communities, the work groups reviewed the places where people get mental health services. Clearly, many people – children and adolescents, adults in need of forensic services, adults with NGRI (Not Guilty by Reason of Insanity) status, and older adults -- leave Northern Virginia to receive inpatient psychiatric services. This trend is especially troublesome for young people and for older adults – both groups are dependent upon family and other support systems to facilitate recovery. Although most children receive inpatient care locally, a small number of youth are sent to Commonwealth Center for Children and Adolescents in Staunton for inpatient services and a much larger number are sent outside their community in order to receive intensive residential services.

Older adults, however, leave the area in greater numbers to receive inpatient services at the Eastern State Hospital (ESH) in Williamsburg. With relatively few local options, older adults who need acute or more extensive care travel to ESH, the state hospital that provides Intermediate Care Facility services for Northern Virginia and other parts of the state. A preferred treatment option for older adults is to keep people in place and to bring services to them. With this in mind, the Older Adults Work Group developed an innovative model for serving people in Northern Virginia and recommends that a state hospital unit be relocated to this area.

The Steering Committee recognizes in this planning exercise that new or expanded community alternatives are needed to keep pace with the demand for inpatient service. However, they are also concerned about structural issues that may negatively impact services, including:

- the need for regular inflationary adjustments to state funding and reimbursement rates
- the lack of affordable housing in Northern Virginia
- the need for affordable medical care by all segments of the population
- (other issues may be added by the Steering Committee)
-
-

This report is produced to respond to the DMHMRSAS' request for strategic planning data for the next three biennia. Northern Virginia is providing additional information of service needs and strategies through 2020. The format for this report is built around worksheets that DMHMRSAS provided to capture the psychiatric inpatient and community service needs for children/adolescent, adults (including those with co-occurring disorders and in need of forensic services) and older adults. Each section of this report contains an introduction, a list of community services to offset the need for inpatient psychiatric beds and the completed DMHMRSAS forms relating bed needs and community services for each of three biennia (2006-2008, 2008-2010, 2010-2012) as well as forms for 2012-2020.

Adult Inpatient and Community Services

This year the Adult Mental Health Work Group (MHWG) focused on the appropriate uses of Northern Virginia Mental Health Institute (NVMHI). In particular, the MHWG identified four levels of inpatient care (acute, intensive, intermediate and rehabilitation) currently provided at NVMHI. The MHWG suggests that

- NVMHI emphasize providing intensive and intermediate care
- the private hospitals provide the bulk of acute care, especially TDOs (temporary detention orders), a position with which the Private Psychiatric Hospital Work Group agrees
- the community services boards provide acute care in the form of crisis care beds and rehabilitation services.

The impact of this recommendation is shown in Appendix B and reflected in the service recommendations for both inpatient and community services.

The MHWG continued to place special emphasis on services for forensic patients at NVMHI and Western State Hospital (WSH). At any given time this year, about 30 patients in NGRI (Not Guilty by Reason of Insanity) status are at NVMHI, occupying almost a quarter of the NVMHI bed capacity. Only about half of these NGRI patients have earned unescorted community privileges that enable them to focus primarily on community reintegration. The other NGRI patients are at a privilege level that does not allow independent community reintegration activities. The amount of time a patient takes to move through the NGRI gradual release process varies but typically exceeds one year and may take several years. After considerable deliberation, the MHWG is recommending that those NGRI patients who do not yet have unescorted community privileges be transferred to a step-down facility or other inpatient program that would be designed to address the unique treatment needs of this group. At this level of privilege, the focus of a specialized program for NGRI patients should include recovery, vocational skill development, substance abuse treatment and relapse prevention.

Other forensic patients are also of concern because an increasing number of them are being transferred from local jails this year to WSH, where they receive treatment for mental illness or evaluation for competency to stand trial. Not only are an increasing number being transferred but lengths of stay are longer than they were last year. While mental health services are established in some local jails, some inmates have severe mental illness that is best treated in a psychiatric hospital. Recognizing the impact on psychiatric inpatient bed usage, the MHWG identified several strategies to improve forensic services. These are listed in Appendix C.

Working in conjunction with the MHWG, the Co-occurring Disorders (MH/SA) Work Group (CODWG) developed a continuum of services for persons with co-occurring disorders and defined which of these services could potentially reduce the use of psychiatric hospital beds. A list of recommended services may be found in Appendix D.

The following information pertains to psychiatric inpatient bed needs and community alternatives to hospitalization and reflects the recommendations of the work groups dealing with adult mental

health services. The data show that 266 inpatient psychiatric beds will be needed for public sector consumers by 2020. The MHWI identified the need for three types of inpatient beds:

- beds at NVMHI and WSH
- private sector beds purchased by the CSBs and NVMHI (i.e., DAD funds) for commitments and treatment
- private sector beds used for TDOs
- specialized program beds for people on NGRI status.

As shown in the following pages, the list of community services required to offset the expanded use of inpatient beds is extensive.

Community Services to Offset Need for Adult Inpatient Psychiatric Hospital Beds

2006-2008	2008-2010	2010-2012	2010-2020
<u>ICRT+</u> <ul style="list-style-type: none"> ▪ Capacity to meet very high intensity behavioral needs ▪ Capacity to attend to higher than average medical needs ▪ “hospital without walls” ▪ Offset 1:1 	<u>ICRT+</u> <ul style="list-style-type: none"> ▪ Capacity to meet very high intensity behavioral needs ▪ Capacity to attend to higher than average medical needs ▪ “hospital without walls” ▪ Offset 1:1 	<u>ICRT+</u> <ul style="list-style-type: none"> ▪ Capacity to meet very high intensity behavioral needs ▪ Capacity to attend to higher than average medical needs ▪ “hospital without walls” ▪ Offset 1:1 	
<u>24/7 Non-transitional Housing</u> <ul style="list-style-type: none"> ▪ ALOS greater than 18 months, may be permanent ▪ Resident attends day program off-site ▪ Offset 30:1 for every 30 residents, offset 1 hospital bed) 	<u>24/7 Non-transitional Housing</u> <ul style="list-style-type: none"> ▪ LOS greater than 18 months, may be permanent ▪ Resident attends day program off-site ▪ Offset 30:1 for every 30 residents, offset 1 hospital bed) 		
<u>24/7 Transitional Housing</u> <ul style="list-style-type: none"> ▪ ALOS about 18 months, then step-down ▪ Offset 52:1 for every 52 residents, offset 1 hospital bed) 			<u>24/7 Transitional Housing</u> <ul style="list-style-type: none"> ▪ ALOS about 18 months, then step-down ▪ Offset 52:1 for every 52 residents, offset 1 hospital bed)
<u>ICT/PACT</u> <ul style="list-style-type: none"> ▪ With housing ▪ Offset: 1.7: 1 (for every 1.7 consumers in PACT, offset 1 hospital bed) 	<u>ICT/PACT</u> <ul style="list-style-type: none"> ▪ With housing ▪ Offset: 1.7: 1 (for every 1.7 consumers in PACT, offset 1 hospital bed) 	<u>ICT/PACT</u> <ul style="list-style-type: none"> ▪ With housing ▪ Offset: 1.7: 1 (for every 1.7 consumers in PACT, offset 1 hospital bed) 	<u>ICT/PACT</u> <ul style="list-style-type: none"> ▪ With housing ▪ Offset: 1.7: 1 (for every 1.7 consumers in PACT, offset 1 hospital bed)

2006-2008	2008-2010	2010-2012	2010-2020
<u>ALF</u> <ul style="list-style-type: none"> ▪ Assisted living ▪ 24/7 staffing ▪ Meals served ▪ Assistance with ADLs though short of nursing home level of care ▪ Similar to Tall Oaks, Cardinal House, Sunrise ▪ Offset: 15:1 (for every 15 residents in an ALF, offset 1 hospital bed) 	<ul style="list-style-type: none"> ▪ 		<u>ALF</u> <ul style="list-style-type: none"> ▪ Assisted living ▪ 24/7 staffing ▪ Meals served ▪ Assistance with ADLs though short of nursing home level of care ▪ Similar to Tall Oaks, Cardinal House, Sunrise ▪ Offset: 15:1 (for every 15 residents in an ALF, offset 1 hospital bed)
<u>Nursing Home</u> <ul style="list-style-type: none"> ▪ Ability to handle aggressive behavior ▪ Some adult patients may have early dementia ▪ Offset: 17:1 (for every 17 nursing home residents, offset 1 hospital bed) 			
		<u>Crisis Care</u> <ul style="list-style-type: none"> ▪ Stabilization ▪ TDOs ▪ 23 hour detention ▪ Respite ▪ Offset: 1.25:1 (for every 1.25 residents, offset one hospital bed) 	
<u>Crisis Stabilization and Social Detox</u> <ul style="list-style-type: none"> ▪ Will use 3-5 days on average 			
<u>MH/SA Residential Treatment</u> <ul style="list-style-type: none"> ▪ 6 month program ▪ Similar to Cornerstones in Fairfax ▪ Offset: 12:1 (for every 12 residents, offset 1 hospital bed) 	<u>MH/SA Residential Treatment</u> <ul style="list-style-type: none"> ▪ 6 month program ▪ Similar to Cornerstones in Fairfax ▪ Offset: 12:1 (for every 12 residents, offset 1 hospital bed) 	<u>MH/SA Residential Treatment</u> <ul style="list-style-type: none"> ▪ 6 month program ▪ Similar to Cornerstones in Fairfax ▪ Offset: 12:1 (for every 12 residents, offset 1 hospital bed) 	<u>MH/SA Residential Treatment</u> <ul style="list-style-type: none"> ▪ 6 month program ▪ Similar to Cornerstones in Fairfax ▪ Offset: 12:1 (for every 12 residents, offset 1 hospital bed)

2006-2008	2008-2010	2010-2012	2010-2020
<u>24/7 MH/SA Transitional Housing</u> <ul style="list-style-type: none"> ▪ ALOS about 18 months, then step-down ▪ Offset 52:1 for every 52 residents, offset 1 hospital bed) 	<u>24/7 MH/SA Transitional Housing</u> <ul style="list-style-type: none"> ▪ ALOS about 18 months, then step-down ▪ Offset 52:1 for every 52 residents, offset 1 hospital bed) 	<u>24/7 MH/SA Transitional Housing</u> <ul style="list-style-type: none"> ▪ ALOS about 18 months, then step-down ▪ Offset 52:1 for every 52 residents, offset 1 hospital bed) 	<u>24/7 MH/SA Transitional Housing</u> <ul style="list-style-type: none"> ▪ ALOS about 18 months, then step-down ▪ Offset 52:1 for every 52 residents, offset 1 hospital bed)
<u>NGRI to State Program Outside Region</u> <ul style="list-style-type: none"> ▪ Move NGRI patients who have no community privileges to step-down facility out of region 			

REVISED WORKSHEET: MH INPATIENT BEDS NEEDED BY THE REGION

REGION: II DATE (CIRCLE): 2006-08

ADULTS

ASSUME NO MAJOR CHANGES IN THE REGION'S COMMUNITY SERVICES CAPACITY

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service (This number should include all the psychiatric beds that are needed.)	231 (85% occupancy)
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO* (all ages)	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above, i.e., all the psychiatric beds that are projected as needed by the Region.)	To be provided

ASSUME CREATION OR EXPANSION OF CERTAIN SPECIFIED COMMUNITY SERVICES

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	NVMHI: 6; Private 16 (+15 in reserve for TDOs)
Intensive Care	NVMHI: 54; WSH: 29
Intermediate Care	NVMHI: 54
Rehabilitation	NVMHI: 15
Undesignated (NGRI out of region)	TBD: 16
Undesignated	TBD: 6
Total Number of Beds Needed According to Levels of Inpatient Service	196
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	To be provided
Commitment and Court-Mandated Admission (CMA)*	To be provided
NGRI	To be provided
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	To be provided
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above.)	To be provided

If the Following Additional Community Service Capacity Was in Place in the Region:

<i>Services Needed</i>	<i>Preferred Location(s)</i> Identify the CSB area(s), if possible, or if this would be a regional service	<i>Capacity Needed</i>
ICRT+	Regional	6 beds
24/7 Non-transitional Housing	TBD	16 beds
24/7 Transitional Housing	TBD	14beds
PACT/ICT w/ Housing	CSBs	2 teams
ALF	Regional	10 beds
Nursing Home	TBD	12 beds
Crisis Stabilization and Social Detox	TBD	28 beds
MH/SA Residential Treatment	Regional	10 beds
24/7 MH/SA Transitional Residential	Regional	8 beds
NGRI to a state program out of region	Out of Region	16 beds

REVISED WORKSHEET: MH INPATIENT BEDS NEEDED BY THE REGION

REGION: _____ II _____ DATE (CIRCLE): 2008-10

COMPLETE SEPARATELY FOR EACH POPULATION GROUP: CIRCLE THE APPLICABLE GROUP:

ADULTS

ASSUME NO MAJOR CHANGES IN THE REGION'S COMMUNITY SERVICES CAPACITY

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service (This number should include all the psychiatric beds that are needed.)	240 (85% occupancy)
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above, i.e., all the psychiatric beds that are projected as needed by the Region.)	To be provided

ASSUME CREATION OR EXPANSION OF CERTAIN SPECIFIED COMMUNITY SERVICES

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	NVMHI: 6; Private 17 (+15 in reserve for TDOs)
Intensive Care	NVMHI: 54; WSH: 31
Intermediate Care	NVMHI: 54
Rehabilitation	NVMHI: 15
Undesignated (NGRI out of region)	TBD: 17
Undesignated	TBD: 2 - 37
Total Number of Beds Needed According to Levels of Inpatient Service	231
Total Number of Beds Needed According to Levels of Inpatient Service if community services requested for 2006-2008 are funded	196
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	To be provided
Commitment and Court-Mandated Admission (CMA)*	To be provided
NGRI	To be provided
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	To be provided
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above.)	To be provided

If the Following Additional Community Service Capacity Was in Place in the Region:

<i>Services Needed</i>	<i>Preferred Location(s)</i> Identify the CSB area(s), if possible, or if this would be a regional service	<i>Capacity Needed</i>
MH/SA Residential Treatment	Regional	10 beds
24/7 MH/SA Transitional Residential	Regional	16 beds
24/7 Supported Non-transitional Group Home	Regional	6 beds
ICRT+	Regional	6 beds
PACT	CSBs	1 team

* If a Region cannot separate its projected number of needed TDO and Commitment/CMA beds, it should indicate this in a footnote and insert a combined TDO and Commitment/CMA bed number in the TDO bed need row.

REVISED WORKSHEET: MH INPATIENT BEDS NEEDED BY THE REGION

REGION: _____ II _____ DATE (CIRCLE): 2010-12

COMPLETE SEPARATELY FOR EACH POPULATION GROUP: CIRCLE THE APPLICABLE GROUP:

ADULTS

ASSUME NO MAJOR CHANGES IN THE REGION'S COMMUNITY SERVICES CAPACITY

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service (This number should include all the psychiatric beds that are needed.)	245 (85% occupancy)
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above, i.e., all the psychiatric beds that are projected as needed by the Region.)	To be provided

ASSUME CREATION OR EXPANSION OF CERTAIN SPECIFIED COMMUNITY SERVICES

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	NVMHI: 6; Private 17 (+15 reserve for TDOs)
Intensive Care	NVMHI: 54; WSH: 31
Intermediate Care	NVMHI: 54
Rehabilitation	NVMHI: 15
Undesignated (NGRI out of region)	TBD: 17
Total Number of Beds Needed According to Levels of Inpatient Service if 2010-2012 request is Funded	235
Total Number of Beds Needed According to Levels of Inpatient Service if community services requested for 2006-2008, 2008-2010 and 2010-2012 requests are funded	191
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	To be provided
Commitment and Court-Mandated Admission (CMA)*	To be provided
NGRI	To be provided
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	To be provided
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above.)	To be provided

If the Following Additional Community Service Capacity Was in Place in the Region:

<i>Services Needed</i>	<i>Preferred Location(s)</i> Identify the CSB area(s), if possible, or if this would be a regional service	<i>Capacity Needed</i>
ICRT+	TBD	6 beds
MH/SA Residential Treatment	Regional	10 beds
24/7 MH/SA Transitional Residential	Regional	16 beds
Crisis Care	TBD	8 beds
PACT	CSB	1 team

* If a Region cannot separate its projected number of needed TDO and Commitment/CMA beds, it should indicate this in a footnote and insert a combined TDO and Commitment/CMA bed number in the TDO bed need row.

REVISED WORKSHEET: MH INPATIENT BEDS NEEDED BY THE REGION

REGION: _____ II _____ DATE (CIRCLE): 2012-20

COMPLETE SEPARATELY FOR EACH POPULATION GROUP: CIRCLE THE APPLICABLE GROUP:

ADULTS

ASSUME NO MAJOR CHANGES IN THE REGION'S COMMUNITY SERVICES CAPACITY

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service (This number should include all the psychiatric beds that are needed.)	266 (85% occupancy)
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above, i.e., all the psychiatric beds that are projected as needed by the Region.)	To be provided

ASSUME CREATION OR EXPANSION OF CERTAIN SPECIFIED COMMUNITY SERVICES

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	NVMHI: 6; Private 18 (+10 in reserve for TDOs)
Intensive Care	NVMHI: 54; WSH: 34
Intermediate Care	NVMHI: 54
Rehabilitation	NVMHI: 15
Undesignated (NGRI out of region)	TBD: 18
Total Number of Beds Needed According to Levels of Inpatient Service if 2012-2020 request is Funded	253
Total Number of Beds Needed According to Levels of Inpatient Service if community services requested for 2006-2008, 2008-2010 and 2010-2012 requests are funded	199
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	To be provided
Commitment and Court-Mandated Admission (CMA)*	To be provided
NGRI	To be provided
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	To be provided
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above.)	To be provided

If the Following Additional Community Service Capacity Was in Place in the Region:

<i>Services Needed</i>	<i>Preferred Location(s)</i> Identify the CSB area(s), if possible, or if this would be a regional service	<i>Capacity Needed</i>
MH/SA Residential Treatment	Regional	8 beds
24/7 MH/SA Transitional Residential	Regional	16 beds
24/7 Transitional Group Home	TBD	8 beds
ICT/PACT Teams	CSBs	2 teams
ALF	Regional	16 beds

* If a Region cannot separate its projected number of needed TDO and Commitment/CMA beds, it should indicate this in a footnote and insert a combined TDO and Commitment/CMA bed number in the TDO bed need row.

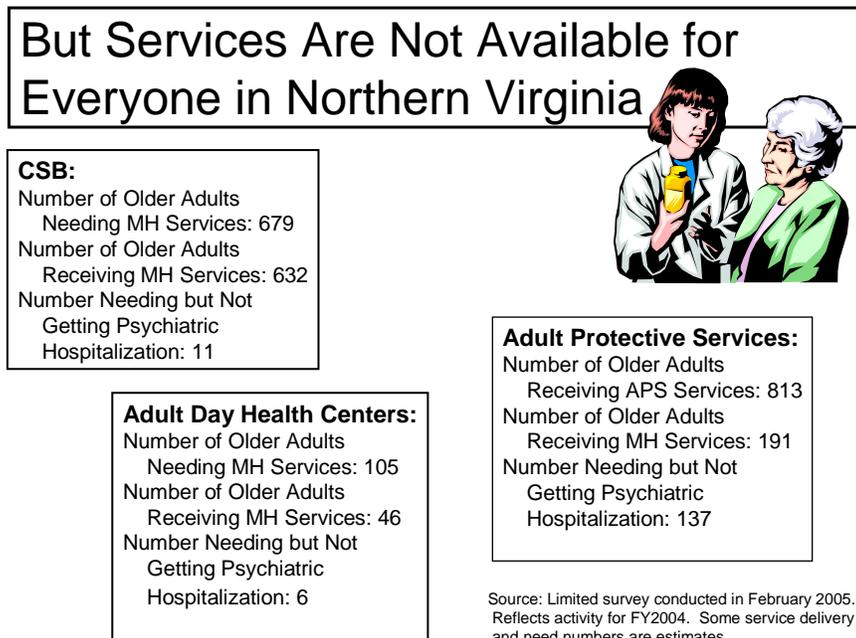
Older Adult Inpatient and Community Services

The Older Adult Mental Health Work Group (OAMHWG), in collaboration with the existing network for housing and services for persons over 65 years of age, structured their work this year in order to

- document the uniqueness of services for older adults (those persons 65 years of age and older)
- describe the lack of state-funded inpatient hospital services for older adults in Northern Virginia
- approximate the unmet need for inpatient services
- develop a model for improved service delivery
- modify the level of inpatient service definitions to apply to older adults.

Among their many activities, the OAMHWG developed surveys to elicit information about the mental health needs of older adults and the availability or lack of services for this group. They obtained information from representatives of the Adult Day Health Services, Adult Protective Services and Community Services Boards in Alexandria, Arlington, Fairfax-Falls Church, Loudoun and Prince William. Please refer to Figure 1 for the results of these surveys.

Figure 1. Survey Results



In addition, they collected data pertaining to inpatient usage at Eastern State Hospital (ESH) in Williamsburg. They noted that ESH offers services at an Intermediate Care Facility (ICF) but not acute care. While some patients benefit from the longer ICF stay, others would be better served within an acute care setting, even though stabilization may take several weeks. They documented that of the 36 Northern Virginians were hospitalized at ESH in FY 2004, 78% needed only short-term, acute care.

Lastly, the OAMHWG modified the levels of inpatient service definitions to that they apply more appropriately to older adults. Please see these revisions in Appendix E.

Key to the work of the OAMHWG is the service model (Figure 1). The model is described as follows:

The Older Adult Network of Housing and Services (yellow) depicts the various places Older Adults might live in the community, and the services that are available to them to support their living as independently as possible. These services are available from both public and private agencies. With few exceptions (Birmingham Green, Lincolnia to a limited extent), the public sector has no control over admissions to these housing options and services. Massive deinstitutionalization from the State psychiatric hospitals in the past two decades coupled with more restrictive screening measures for admission to the State psychiatric hospitals has resulted in eroded trust between the community network and the State system. Transitions between the hospitals and community network as a result have become much more difficult, and utilizing these resources for both front door diversion and back door discharge from the hospital has become extremely challenging. The proposed model seeks to address this erosion of trust between the State services and the community network by proactively responding to crises as they arise and assisting the network in managing consumers where they are, and if this is not possible, assisting the network with transitions between hospitals, housing alternatives and other community supportive services. It is the belief of the Older Adults Workgroup that with this model fewer consumers will require State hospital services, quality of care will be improved, and those who are hospitalized will have a shorter stay.

The chart depicts new services proposed in blue. Central to the collaboration effort will be an ICT/PACT-like team (Intensive Community Treatment/Program for Assertive Community Treatment) which will have staff trained and experienced in working with older adults. This service will be responsible for doing all pre-commitment screenings for persons over 65. This team will also provide a very intensive outreach treatment service which will seek to stabilize consumers in their current environment. This would include both direct treatment and education/consultations to others involved in the consumers' care. By becoming very familiar with all the resources in the network and being responsive to them when they have a crisis, this team will facilitate accessing services both at front door and back door through relationships built on trust.

In order to support the network and to keep people out of psychiatric hospital beds, additional new programs would be:

Psychosocial Day Treatment: To provide long-term day treatment and programming for older mentally ill consumers. This would assist with both diversion and discharge.

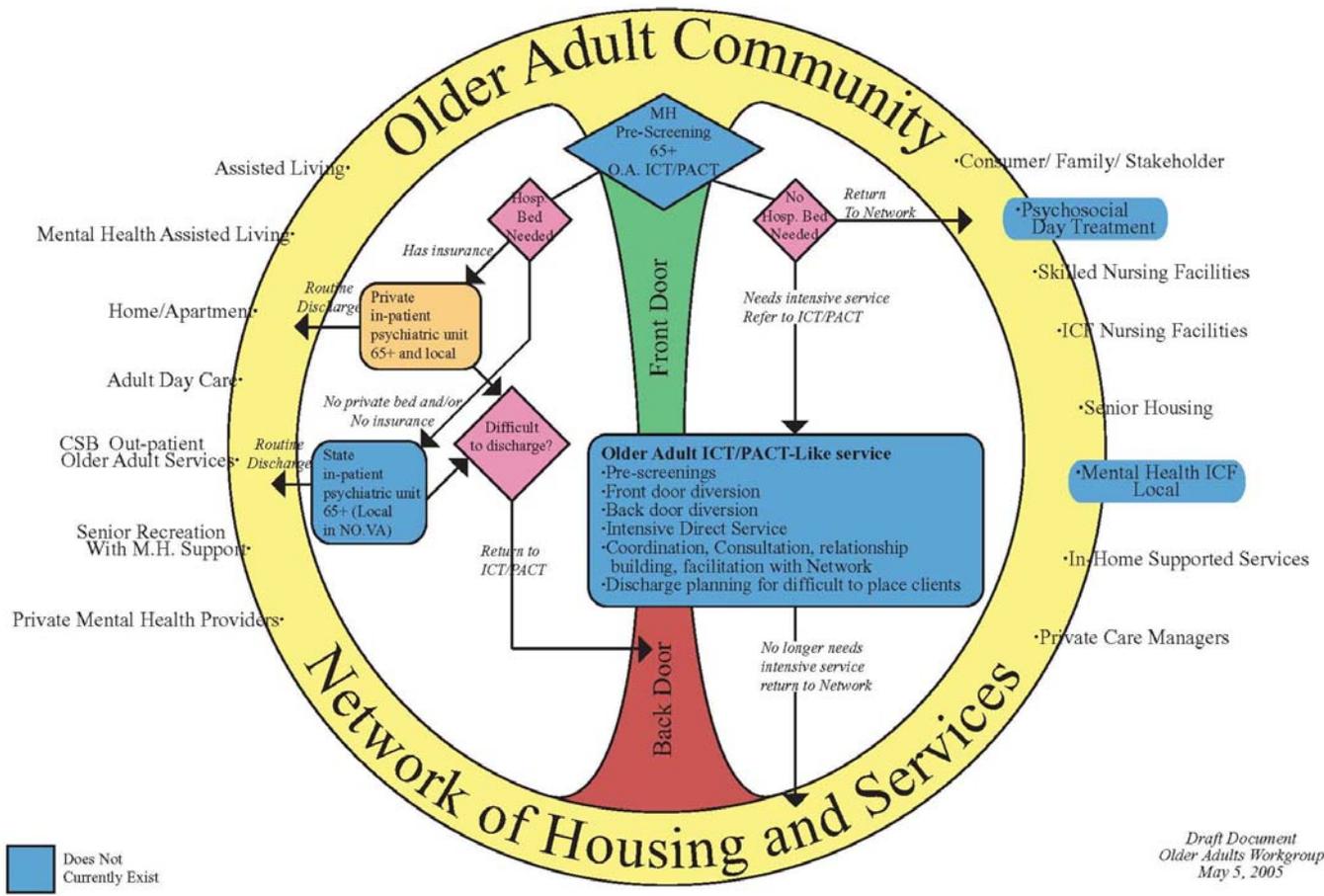
Mental Health ICF: To provide ICF level of care for consumers with mental illness currently hospitalized at Eastern State Hospital long term care units who do not require acute treatment but do require a higher level of behavior management and mental health treatment than traditional nursing homes provide. This would facilitate diversion and discharge.

State inpatient psychiatric unit for persons over 65: This would take the place of Eastern State Psychiatric Hospital Geriatric units. Despite anticipating lower bed day usage because of the proposed added services, the proposed system would only work if there are State psychiatric beds to provide the safety net when all other options fail. Having these beds local would greatly enhance the Older Adult Pact-like service's ability to assist with discharge planning and placement and would keep Northern Virginia's frailest consumers and family visitors from having to travel 3 hours away to Williamsburg.

The chart itself describes how consumers will be channeled based on the decisions made at the three decision points (colored in fuchsia). The Pact-like team will provide services where there are crises or discharge difficulties. It is not intended to take the place of existing services or processes for routine consumer activities. It will, however, replace emergency services as the prescriber for older adult clients.

Figure 2: Older Adult Diversion

Older Adult Diversion 65+
Front Door/ Back Door
Proposed



Community Services to Offset Need for Older Adult Hospital Beds

2006-2008	2008-2010	2010-2012	2010-2020
<u>ICT/PACT-like Service</u> <ul style="list-style-type: none"> ▪ Regional Hub with Satellites ▪ Prescreening for consumers prior to hospital admission with focus on diverting consumer to community service ▪ Intensive outreach treatment service ▪ Direct treatment ▪ Education/consultation with others involved in consumer's care ▪ Offset 10:1 	<u>ICT/PACT-like Service</u> <ul style="list-style-type: none"> ▪ Regional Hub with Satellites ▪ Prescreening for consumers prior to hospital admission with focus on diverting consumer to community service ▪ Intensive outreach treatment service ▪ Direct treatment ▪ Education/consultation with others involved in consumer's care ▪ Offset 10:1 		<u>ICT/PACT-like Service</u> <ul style="list-style-type: none"> ▪ Regional Hub with Satellites ▪ Prescreening for consumers prior to hospital admission with focus on diverting consumer to community service ▪ Intensive outreach treatment service ▪ Direct treatment ▪ Education/consultation with others involved in consumer's care ▪ Offset 10:1
<u>Psychosocial Day Treatment</u> <ul style="list-style-type: none"> ▪ 2 pilot programs ▪ 15 slots each ▪ Divert participants from inpatient service 	<u>Psychosocial Day Treatment</u> <ul style="list-style-type: none"> ▪ 2 pilot programs ▪ 15 slots each ▪ Divert participants from inpatient service 		<u>Psychosocial Day Treatment</u> <ul style="list-style-type: none"> ▪ 2 pilot programs ▪ 15 slots each ▪ Divert participants from inpatient service
<u>Mental Health ICF</u> <ul style="list-style-type: none"> ▪ Local facility in Northern Virginia ▪ Diversion from ESH and private hospitals ▪ Offset 1:1 			
<u>State-Funded Local Inpatient Psychiatric Unit for Older Adults</u> <ul style="list-style-type: none"> ▪ Create a state-funded hospital unit in Northern Virginia to eliminate the need for patients to go to ESH in Williamsburg ▪ Offset: 1:1 			

REVISED WORKSHEET: MH INPATIENT BEDS NEEDED BY THE REGION

REGION: II DATE (CIRCLE): 2006-08

OLDER ADULTS

ASSUME NO MAJOR CHANGES IN THE REGION'S COMMUNITY SERVICES CAPACITY

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service (This number should include all the psychiatric beds that are needed.)	39 (according to ESH census) 74 (ESH census + survey results)
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO* (all ages)	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above, i.e., all the psychiatric beds that are projected as needed by the Region.)	

ASSUME CREATION OR EXPANSION OF CERTAIN SPECIFIED COMMUNITY SERVICES

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service	7
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above.)	

If the Following Additional Community Service Capacity Was in Place in the Region:		
<i>Services Needed</i>	<i>Preferred Location(s)</i> Identify the CSB area(s), if possible, or if this would be a regional service	<i>Capacity Needed</i>
ICT/PACT-like Regional Hub with Satellites	Regional	1 team
Mental Health ICF – local	Regional	30 beds
State-funded Local Inpatient Psychiatric Unit for Older Adults	Regional	30 beds
Psychosocial Day Treatment	CSB (one)	15 slots

REVISED WORKSHEET: MH INPATIENT BEDS NEEDED BY THE REGION

REGION: _____ II _____ DATE (CIRCLE): 2008-10

COMPLETE SEPARATELY FOR EACH POPULATION GROUP: CIRCLE THE APPLICABLE GROUP:

OLDER ADULTS

ASSUME NO MAJOR CHANGES IN THE REGION'S COMMUNITY SERVICES CAPACITY

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service (This number should include all the psychiatric beds that are needed.)	38 (according to ESH census) 80 (ESH census + survey results)
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above, i.e., all the psychiatric beds that are projected as needed by the Region.)	

ASSUME CREATION OR EXPANSION OF CERTAIN SPECIFIED COMMUNITY SERVICES

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service	69
Total Number of Beds Needed According to Levels of Inpatient Service if community services requested for 2006-2008 are funded	2
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above.)	
If the Following Additional Community Service Capacity Was in Place in the Region:	
<i>Services Needed</i>	<i>Preferred Location(s)</i> Identify the CSB area(s), if possible, or if this would be a regional service
<i>Capacity Needed</i>	
ICT/PACT-like Regional Hub with Satellites	Regional
Psychosocial Day Treatment	CSB (four)
	1 team
	60 slots

* If a Region cannot separate its projected number of needed TDO and Commitment/CMA beds, it should indicate this in a footnote and insert a combined TDO and Commitment/CMA bed number in the TDO bed need row.

REVISED WORKSHEET: MH INPATIENT BEDS NEEDED BY THE REGION

REGION: _____ II _____ DATE (CIRCLE): 2010-12

COMPLETE SEPARATELY FOR EACH POPULATION GROUP: CIRCLE THE APPLICABLE GROUP:

OLDER ADULTS

ASSUME NO MAJOR CHANGES IN THE REGION'S COMMUNITY SERVICES CAPACITY

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service (This number should include all the psychiatric beds that are needed.)	41 (according to ESH census) 85 (ESH census + survey results)
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above, i.e., all the psychiatric beds that are projected as needed by the Region.)	

ASSUME CREATION OR EXPANSION OF CERTAIN SPECIFIED COMMUNITY SERVICES

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service if 2010-2012 request is Funded	85
Total Number of Beds Needed According to Levels of Inpatient Service if community services requested for 2006-2008, 2008-2010 and 2010-2012 requests are funded	18
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above.)	
If the Following Additional Community Service Capacity Was in Place in the Region:	
<i>Services Needed</i>	<i>Preferred Location(s)</i> Identify the CSB area(s), if possible, or if this would be a regional service
NA	<i>Capacity Needed</i>

* If a Region cannot separate its projected number of needed TDO and Commitment/CMA beds, it should indicate this in a footnote and insert a combined TDO and Commitment/CMA bed number in the TDO bed need row.

REVISED WORKSHEET: MH INPATIENT BEDS NEEDED BY THE REGION

REGION: _____ II _____ DATE (CIRCLE): 2012-20

COMPLETE SEPARATELY FOR EACH POPULATION GROUP: CIRCLE THE APPLICABLE GROUP:

OLDER ADULTS

ASSUME NO MAJOR CHANGES IN THE REGION'S COMMUNITY SERVICES CAPACITY

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service (This number should include all the psychiatric beds that are needed.)	52 (according to ESH census) 109 (ESH census + survey results)
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above, i.e., all the psychiatric beds that are projected as needed by the Region.)	

ASSUME CREATION OR EXPANSION OF CERTAIN SPECIFIED COMMUNITY SERVICES

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service if 2012-2020 request is Funded	78
Total Number of Beds Needed According to Levels of Inpatient Service if community services requested for 2006-2008, 2008-2010 and 2010-2012 requests are funded	0
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above.)	
If the Following Additional Community Service Capacity Was in Place in the Region:	
<i>Services Needed</i>	<i>Preferred Location(s)</i> Identify the CSB area(s), if possible, or if this would be a regional service
	<i>Capacity Needed</i>
ICT/PACT-like Regional Hub with Satellites	Regional 1 team
Psychosocial Day Treatment	CSB (four) 60 slots
State-funded Local Inpatient Psychiatric Unit for Older Adults	Regional 30 beds

* If a Region cannot separate its projected number of needed TDO and Commitment/CMA beds, it should indicate this in a footnote and insert a combined TDO and Commitment/CMA bed number in the TDO bed need row.

Children/Adolescent Inpatient and Community Services

The Children and Adolescent Work Group is built upon an existing committee comprised of CSA (Comprehensive Services Act for Children) coordinators, CSB Youth and Family directors and private providers. Although they had several other important issues requiring their attention, they agreed to address the psychiatric bed issue, as well.

Their first task was to adjust the level of service definitions so that they apply to children and adolescents (Appendix F). The Work Group then inventoried the psychiatric hospitals that they use for children and adolescents and observed that most hospitalizations occur at private, not public, hospitals and that most of those private hospitalizations are at one local hospital. For youth, psychiatric hospitalization is a last resort and used as a temporary measure, until other residential treatment or community service is arranged.

The following information pertains to psychiatric inpatient bed needs and community alternatives to hospitalization. In addition, a discussion of the need for youth sexual offender services, a priority issue with the group, is included as Appendix G.

Community Services to Offset Need for Children/Adolescent Hospital Beds

2006-2008	2008-2010	2010-2012	2010-2020
<u>Youth Crisis Care:</u> <ul style="list-style-type: none"> ▪ Acute psychiatric care in Fairfax and Arlington ▪ Offset .75 beds for each bed 	<u>Prescreening Prior to CCCA Admission for Evaluation</u> <ul style="list-style-type: none"> ▪ Prescreening not currently ▪ Anticipate prescreening may result in diversion from hospital to alternative service ▪ Offset (estimate one bed gained at CCCA) 	<u>Sexual Offender Intensive Residential Program</u>	
<u>Transfer Adolescents with Mental Retardation from CCCA to a State Training Center</u> <ul style="list-style-type: none"> ▪ Transfer to behavioral unit at a state training center ▪ Offset (estimate one bed gained at CCCA) 	<u>Health Family Intervention</u> <ul style="list-style-type: none"> ▪ Prevention service ▪ Long-term outcome 	<u>Health Family Intervention</u> <ul style="list-style-type: none"> ▪ Prevention service ▪ Long-term outcome 	<u>Health Family Intervention</u> <ul style="list-style-type: none"> ▪ Prevention service ▪ Long-term outcome
<u>Sexual Offender Intensive Residential Program – Primary Treatment Services</u> <ul style="list-style-type: none"> ▪ 12 beds 			
<u>Sexual Offender Intensive Residential Program – Ste-down Services</u> <ul style="list-style-type: none"> ▪ 12 beds 			

REVISED WORKSHEET: MH INPATIENT BEDS NEEDED BY THE REGION

REGION: II DATE (CIRCLE): 2006-08

CHILDREN/ADOLESCENTS

ASSUME NO MAJOR CHANGES IN THE REGION'S COMMUNITY SERVICES CAPACITY

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service (This number should include all the psychiatric beds that are needed.)	56 beds (CCCA: 8; Private48 for all payment sources)
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above, i.e., all the psychiatric beds that are projected as needed by the Region.)	

ASSUME CREATION OR EXPANSION OF CERTAIN SPECIFIED COMMUNITY SERVICES

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed	
Acute Stabilization		
Intensive Care		
Intermediate Care		
Rehabilitation		
Total Number of Beds Needed According to Levels of Inpatient Service	43	
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed	
TDO*		
Commitment and Court-Mandated Admission (CMA)*		
NGRI		
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)		
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above.)		
If the Following Additional Community Service Capacity Was in Place in the Region:		
<i>Services Needed</i>	<i>Preferred Location(s)</i> Identify the CSB area(s), if possible, or if this would be a regional service	
<i>Capacity Needed</i>		
Youth Crisis Care	Fairfax-Falls Church, Arlington,	16beds
Transfer Adolescents with Mental Retardation from CCA to State Training Center	Behavioral Unit at State Training Center	1 bed
Sexual Offender Treatment – Primary Treatment Services	Regional	12 beds
Sexual Offender Treatment – Step-down Services	Regional	12 beds

REVISED WORKSHEET: MH INPATIENT BEDS NEEDED BY THE REGION

REGION: _____ II _____ DATE (CIRCLE): 2008-10

COMPLETE SEPARATELY FOR EACH POPULATION GROUP: CIRCLE THE APPLICABLE GROUP:

CHILDREN/ADOLESCENTS

ASSUME NO MAJOR CHANGES IN THE REGION'S COMMUNITY SERVICES CAPACITY

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service (This number should include all the psychiatric beds that are needed.)	59 beds (State: 9; Private: 50 for all payment sources)
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above, i.e., all the psychiatric beds that are projected as needed by the Region.)	

ASSUME CREATION OR EXPANSION OF CERTAIN SPECIFIED COMMUNITY SERVICES

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service	52
Total Number of Beds Needed According to Levels of Inpatient Service if community services requested for 2006-2008 are funded	39
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above.)	
If the Following Additional Community Service Capacity Was in Place in the Region:	
<i>Services Needed</i>	<i>Preferred Location(s)</i> Identify the CSB area(s), if possible, or if this would be a regional service
<i>Capacity Needed</i>	
Prescreening Prior to Sending Adolescent to CCCA for 10 day evaluation	CCCA
Youth Crisis Care	Alexandria, Loudoun
Healthy Family Intervention	

* If a Region cannot separate its projected number of needed TDO and Commitment/CMA beds, it should indicate this in a footnote and insert a combined TDO and Commitment/CMA bed number in the TDO bed need row.

REVISED WORKSHEET: MH INPATIENT BEDS NEEDED BY THE REGION

REGION: _____ II _____ DATE (CIRCLE): 2010-12

COMPLETE SEPARATELY FOR EACH POPULATION GROUP: CIRCLE THE APPLICABLE GROUP:

CHILDREN/ADOLESCENTS

ASSUME NO MAJOR CHANGES IN THE REGION'S COMMUNITY SERVICES CAPACITY

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service (This number should include all the psychiatric beds that are needed.)	60 beds (State: 9; Private: 51)
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above, i.e., all the psychiatric beds that are projected as needed by the Region.)	

ASSUME CREATION OR EXPANSION OF CERTAIN SPECIFIED COMMUNITY SERVICES

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed	
Acute Stabilization		
Intensive Care		
Intermediate Care		
Rehabilitation		
Total Number of Beds Needed According to Levels of Inpatient Service if 2010-2012 request is Funded	60	
Total Number of Beds Needed According to Levels of Inpatient Service if community services requested for 2006-2008, 2008-2010 and 2010-2012 requests are funded	40	
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed	
TDO*		
Commitment and Court-Mandated Admission (CMA)*		
NGRI		
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)		
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above.)		
If the Following Additional Community Service Capacity Was in Place in the Region:		
<i>Services Needed</i>	<i>Preferred Location(s)</i> Identify the CSB area(s), if possible, or if this would be a regional service	<i>Capacity Needed</i>
Healthy Family Intervention		
Sexual Offender Intensive Residential	Regional	TBD

* If a Region cannot separate its projected number of needed TDO and Commitment/CMA beds, it should indicate this in a footnote and insert a combined TDO and Commitment/CMA bed number in the TDO bed need row.

REVISED WORKSHEET: MH INPATIENT BEDS NEEDED BY THE REGION

REGION: _____ II _____ DATE (CIRCLE): 2012-20

COMPLETE SEPARATELY FOR EACH POPULATION GROUP: CIRCLE THE APPLICABLE GROUP:

CHILDREN/ADOLESCENTS

ASSUME NO MAJOR CHANGES IN THE REGION'S COMMUNITY SERVICES CAPACITY

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service (This number should include all the psychiatric beds that are needed.)	66 beds (State: 10; Private: 56)
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above, i.e., all the psychiatric beds that are projected as needed by the Region.)	

ASSUME CREATION OR EXPANSION OF CERTAIN SPECIFIED COMMUNITY SERVICES

Future Inpatient Psychiatric Beds Needed by Service Type or Category	Number of Beds Needed
Acute Stabilization	
Intensive Care	
Intermediate Care	
Rehabilitation	
Total Number of Beds Needed According to Levels of Inpatient Service if 2012-2020 request is Funded	66
Total Number of Beds Needed According to Levels of Inpatient Service if community services requested for 2006-2008, 2008-2010 and 2010-2012 requests are funded	46
Future Inpatient Psychiatric Beds Needed by Type of Legal Status	Number of Beds Needed
TDO*	
Commitment and Court-Mandated Admission (CMA)*	
NGRI	
Other Forensic (e.g., Jail TDO, Emergency Treatment, Evaluation, and Restoration)	
Total Number of Beds Needed According to Legal Status (This number should be equal to or less than the number listed above.)	
If the Following Additional Community Service Capacity Was in Place in the Region:	
<i>Services Needed</i>	<i>Preferred Location(s)</i> Identify the CSB area(s), if possible, or if this would be a regional service
Healthy Family Intervention	<i>Capacity Needed</i>

* If a Region cannot separate its projected number of needed TDO and Commitment/CMA beds, it should indicate this in a footnote and insert a combined TDO and Commitment/CMA bed number in the TDO bed need row.

Appendix A. Northern Virginia Population Growth, Estimates for 2000-2020

	2000		2005		2006-2008		2008-2010		2010-2012		2012-2020		Increase 2005-2020	
	Number	Percentage	Number	Percentage										
0-18 years	487,007		538,674		572,657		591,811		606,049		666,248		127,574	
Growth Rate						1.0630		1.0334		1.0240		1.0993		1.2368
						6.30%		3.34%		2.40%		9.93%		23.68%
19-64 years	1,196,747		1,343,315		1,439,850		1,495,092		1,528,026		1,655,322		312,007	
Growth Rate						1.0719		1.0384		1.0220		1.0833		1.2323
						7.19%		3.84%		2.20%		8.33%		23.23%
65+ years	135,683		163,096		183,287		197,079		211,527		269,775		106,679	
Growth Rate						1.1238		1.0752		1.0733		1.2754		1.6541
						12.38%		7.52%		7.33%		27.54%		65.41%

Appendix B. Proposed Service Arrangements for Adults in Northern Virginia, 2004-2020

	2004/2005 Base		2006-2008		2008-2010		2010-2012		2012-2020		Add'l Beds: 2004-2020		
	State Beds	Local Hosp. 22.9 %	State Beds	Local Hosp.	State Beds	Local Hosp.	State Beds	Local Hosp.	State Beds	Local Hosp.	State Beds	Local Hosp.	State+ Local
Acute Stabilization (TDO+Acute Care)	3.8% NVMHI	Total Usage 23.9 %	5% NVMHI	100% public purchase	5.0% NVMHI	100% public purchase	5.0% NVMHI	100% public purchase	5.0% NVMHI	100% public purchase			
Intensive Care	13.8% NVMHI	Total Usage 29.3 %	42% NVMHI		42% NVMHI		42% NVMHI		42% NVMHI				
Intermediate Care	36.9% NVMHI	Total Usage 23.9 %	42% NVMHI		42% NVMHI		42% NVMHI		42% NVMHI				
Rehabilitation	45.4% NVMHI	Total Usage	11% NVMHI		11% NVMHI		11% NVMHI		11% NVMHI				
Proposed NVMHI Beds	129		129		129		129		129				
Growth Rates			1.0718 7.18%		1.0384 3.84%		1.022 2.20%		1.0833 8.33%				

Appendix C. Recommendations for Forensic Services

Assumption: It is preferable that patients be treated in their own community.

Related Factors:

- Attorneys may advise offender to plead NGRI without fully understanding the consequences of this decision.
- Linkages between CSH and NVMHI should be explored, especially as to the timing of transferring patients to NVMHI. Some NGRI patients are transferred to NVMHI years before they will be eligible for community passes.
- Forensic charges are sometimes related to homelessness.
- Virginia has a risk-adverse posture which may preclude some community services.

<p>NGRI – Inpatient</p> <ul style="list-style-type: none"> • LOS at NVMHI is extensive. • Need statewide specialized inpatient treatment unit focused on : <ul style="list-style-type: none"> ○ Community Re-entry ○ Substance abuse services and Relapse Prevention ○ Pre-vocational and vocational services • Expand NVMHI or other facility? 	<p>NGRI – Community</p> <ul style="list-style-type: none"> • Use of crisis care facility for 48 hour passes • Gradual integration into home community • 24/7 residential placement • Need adequate resources <ul style="list-style-type: none"> ○ Work Adjustment Training (pre-vocational, vocational, supported employment) ○ Club houses ○ Full continuum of services • Co-occurring disorders specialty services
<p>Forensics – Inpatient</p> <ul style="list-style-type: none"> • Specialized contract services • Adequately resourced • Unit in local community for a subset of forensic clients • Can't use WSH unless increase beds 	<p>Forensics – Community</p> <ul style="list-style-type: none"> • Jail or relevant community services • Circuit riders for evaluations (new funds needed) • Look at LOS • Limitations of what can be done in jail, e.g., medications • Need jail diversion • Where is the most ethically and clinically-efficient place to do evaluations? • MH courts • Look closer at client data • Endorse concept of minimum MH services in jail • Co-occurring disorders specialty services

Appendix D. Services for Persons with Co-Occurring Disorders

Persons with Co-occurring Disorders (MH/SA) Should Be Treated In NV with a Full Continuum of Care
All Services Specializing in Co-Occurring Disorders

Inpatient

- **Establish Co-Occurring Disorders Unit**
 - **Contract w/ existing facility**
 - **Build new facility**
 - **Have NVMHI Unit w/ specialized services**
- **Specialized Services:**
 - **Co-Occurring Disorders (COD) groups**
 - **Relapse prevention**
 - **Vocational services**
 - **Discharge planning, incl. readiness steps, e.g., 24 hr or 48 hr passes**
 - **Linkage w/ self-help groups**

Community

- **Up to 23 hr bed social detox stabilization**
- **Crisis Detox facility (contract, build)**
 - Also used for 24 or 48 hr passes
- **Increase COD bed capacity in existing programs**
- **Local 24/7 residential facility**
- **Modified therapeutic community**
- **Halfway house**
- **Intensive and clinical case management services**
- **COD Outpatient and Medication Services**
- **MH/SA services in jail**
- **Jail diversion**
- **Specialty courts**
- **COD staff training: all staff COD capable; some staff COD enhanced**

Appendix E. Service Definitions for Older Adults (to be included in final version)

Appendix F. Level of Service Definitions for Children and Adolescents (to be included in final version)

Appendix G. Youth Sexual Offender Report (to be included in final version)