



COMMONWEALTH of VIRGINIA

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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ALISON G. LAND, FACHE
COMMISSIONER

July 9, 2021

Dear Partners and Providers,

In numerous communications to you over the past year, I have sounded alarm bells about the rising patient census in Virginia's state mental health hospitals, detailed DBHDS' exhaustive attempts to resuscitate these facilities, and conveyed our urgent need for partnership. Since Bed of Last Resort Laws went into place, the number of temporary detention order (TDO) admissions to state hospitals rose from 3.7 patients a day in FY 2013 to at or over 18 a day currently, or a 392 percent increase. Keep in mind that all operational activity to support and treat this huge increase in patients also increased proportionally.

But the challenges faced by the state hospitals are now an immediate crisis for two reasons: First, the level of dangerousness is unprecedented and second, recent admissions are occurring in an environment that is no longer adequately staffed. Without doubt, the pandemic drove many workers to positions that pose less risk to their personal health and wellbeing and shattered an already fragile staffing milieu. DBHDS currently stands at 1,547 direct patient support staff vacancies out of approximately 5,500 state staff across our facilities. We have experienced 108 new resignations over the past two weeks. Exit interviews indicate a direct correlation with work hours mandated and lack of safety. For years, DBHDS has attempted to cushion its staffing levels with international nurses, locum tenens, and other staffing contracts. Not only are these staffing contracts incredibly expensive - sometimes 3 times our regular staff salaries - but now the contract staff are increasingly not renewing or leaving before their contract is over. Similar to state staff, contract staff are finding the unrelenting stress, required overtime, and dangerous environment exhausting and untenable.

As more state and contract staff are leaving, those left behind must carry on all aspects of patient care without adequate reinforcement. The result is a dangerous environment where staff and patients are at increasing risk for physical harm and where effective treatment to help patients recover is much harder to deliver. There have been 63 serious injuries of staff and patients since July 1st and we are currently experiencing 4.5 incidents/injuries per day across the state facilities. As a result of low staffing levels, the Commonwealth Center for Children & Adolescents can only safely operate 18 of its 48 beds. We have held off bed reductions in the adult state hospitals for as long as possible.

Despite our aggressive recruiting and retention strategies, state hospitals continue to lose staff while admissions continue to rise. It is no longer feasible to operate all state beds in a safe and therapeutic environment. **As a result, I have ordered five of Virginia's eight adult state hospitals to reduce their bed capacity to a point that allows them to consolidate their staffing levels, which involves temporarily closing admissions to these state hospitals effective immediately.** This will include Catawba Hospital, Central State Hospital, Eastern State Hospital, Piedmont Geriatric Hospital, and Western State Hospital. We are monitoring staffing levels at Northern Virginia Mental Health Institute, Southern Virginia Mental Health Institute, and Southwestern Virginia Mental Health Institute, but staffing levels at those three hospitals are acceptable for now but cannot accept patients over their full capacity.

Importantly, no existing patients will be discharged in an unsafe manner. The bed capacity reduction will occur through attrition. This will allow state hospitals to temporarily take capacity offline until the patient volume comes closer in line with current staffing levels. Once the hospitals reach that point, we will be able to take admissions consistent with discharges to ensure safety. As staffing improves, we will be able to incrementally increase the beds. This offers our best chance to continue to deliver services without a total disruption. In an effort to give immediate help to staff during this crisis, DBHDS will be using emergency facility funds to procure additional contract staff to relieve some of the workload, and for staffing recruitment and retention bonuses to reward facility direct care staff for their tremendous efforts during this crisis. These funds will only last through the first quarter of this year, so we are working on longer-term options to help our exhausted staff and improve safety.

For our partners, I understand you will feel the pain of this situation nearly as much as we do, and this will be very similar to the DBHDS closures during COVID outbreaks. Thankfully, private hospitals and other community settings are not currently experiencing outbreaks, and patients under a temporary detention order who are waiting for a bed should be fully diverted to those private beds. **The Commonwealth needs all available private beds for temporary detention treatment open to accept patients, even those patients that might be challenging, or might need behavior management.** In addition, **the Commonwealth needs every possible step down and long term care facility to be ready to accept patients who are ready for discharge from state facilities.** We have accelerated every effort to discharge patients to community services, from targeting special populations in state hospitals to developing more contracts with private facilities for step down and transition services.

As a result, my sincere hope is this admissions closure will not last a day longer than it needs to. We will keep working diligently to find solutions to improve staff to patient ratios and plan to reopen beds incrementally as staffing levels improve. More discharges will allow us to accept more admissions as well. In addition, we are working closely with the Administration on immediate relief for existing state hospital staff and on short and long term census solutions. More time is needed before we can act on these plans. In the meantime, DBHDS will continue building its staffing levels at every hospital. We will do everything in our power to ensure a safe environment and to stabilize staffing throughout the system so additional beds can be reopened as soon as it is safe. State hospital staffing is clearly at the level where it must be addressed right now, without delay.

Finally, if you would like to learn more about staffing in state hospitals, here are excerpts and quotes from media stories in the last three months alone.

I am deeply grateful for your partnership during this crisis.

Sincerely,

A handwritten signature in blue ink that reads "Alison G. Land". The signature is written in a cursive style with a large, prominent "A" and "L".

Alison G. Land, FACHE
Commissioner

- ['Dangerously high' census at mental hospitals puts burden on law enforcement](#)

By Michael Martz, Richmond Times-Dispatch

April 20, 2021

...The pandemic also has triggered an exodus of employees — direct care workers and medical providers — from the state hospitals, which Land said are “overwhelmed” and operating at 60% to 75% of full staffing. Commonwealth Center for Children and Adolescents in Staunton has enough staff to treat 32 patients in the 48-bed facility, which is expected to face a surge in demand when in-school instruction fully returns in September. “It’s a steep uphill climb, and we’re not making the progress we need to make,” the commissioner said of state efforts to fill more than 1,000 staff vacancies at the institutions in March....”

- [Staffing shortages are overwhelming Virginia’s psychiatric hospitals](#)

By Kate Masters, Virginia Mercury

April 21, 2021

Staffing shortages have left Virginia’s mental hospitals overwhelmed as the facilities continue to struggle with a surging patient population. It’s a problem that’s only grown worse since the start of the COVID-19 pandemic. Alison Land, DBHDS commissioner, told state lawmakers Tuesday that low pay, burnout and growing workloads are pushing employees out of the field. In many cases, the shortages leave available staff scrambling to respond to a high-need patient population. Assaults and injuries within facilities are common, Land said — a difficult cycle that leads to more turnover. “This is a very complex, acute patient mix that’s coming in,” Land told the agency’s board in a similar presentation last week. “And it’s low pay that we’re able to offer them. So you see how a serious situation begins to emerge.” But at its highest point in fiscal 2021, the statewide census was at 112 percent of its total capacity. “So, we obviously have morale issues with the current workforce,” said Angela Harvell, the agency’s deputy assistant commissioner for facility services, “They work a significant amount of overtime. And we’ve had to tap into other positions at the facility — administrative staff, professional clinical staff — just to maintain our hospital coverage.”... That makes burnout a significant concern amid record census counts.

- [We have a capacity problem – the number of court-ordered hospitalizations at Eastern State Hospital has soared](#)

By Dave Ress, Daily Press

May 16, 2021

Juggling staff and sometimes moving patients, to try to keep contact between the most upset competency restoration or TDO patients and the generally much calmer longer-term patients is a challenge in a hospital that often operates at 100% of its capacity.

It’s basically up to the staff to keep the place secure, and to ensure that everyone stays safe. That, too, is a challenge for Eastern State, which like the other Virginia state hospitals, struggles to find and keep enough staff. When, for instance, there are no beds free in the hospital’s 40-bed geriatric unit — there are currently 58

geriatric patients — and no space in the building set aside for them and for other longer-term patients, hospital administrators make a point to arrange one-to-one staff-to-patient coverage.

- [\\$50 million sought to restart Virginia's stalled 'tourism engine'](#)

By Michael Martz, Richmond Times-Dispatch

June 15, 2021

Virginia lawmakers also face an urgent demand for money to hire and retain workers in critical state jobs, such as state mental hospitals that have been overwhelmed by admissions of people who don't belong in them but can't be refused because they have nowhere else to go. "We can't control our front door," said Alison Land, DBHDS commissioner. Two hospitals for adults — Central State near Petersburg and Eastern State near Williamsburg — are completely full, with no beds to spare. Three others are 99% full and three others also are operating at more than 90% of capacity. At the same time, nearly 200 patients are ready to leave, but can't because communities lack services or places for them to live. Almost all of the hospitals face serious staffing shortages, both for direct care jobs and professional positions. "We're extremely alarmed about our low staffing levels. ... We need to be able to operate safely," Land told the Senate committee.

- [Virginia's 'dangerously' full and short-staffed mental hospitals seek federal funds](#)

By Jenna Portnoy, Washington Post

June 20, 2021

"Virginia's state mental hospitals are "dangerously" full, and staffing shortages are leaving facilities "overwhelmed" — a long-standing problem that has been exacerbated by the pandemic, according to the state agency in charge of the facilities. In March 2020, as the pandemic set in, the department had more than 1,000 job vacancies, including nurses, internists and psychiatrists. By early this month, the number had ballooned to about 1,300, "leaving facilities overwhelmed," Land, the state commissioner, said in the presentation. Across the state, job vacancies in mental health hospitals were well over 20 percent — and in some cases, up to 50 percent, she said. During the pandemic, not only were people hesitant to work with a population in need of acute care, they could earn as much elsewhere without exposing themselves and their families to the coronavirus, Land said.

- [State workers' next checks will include 5% raises](#)

By Michael Martz, Richmond Times-Dispatch

June 29, 2021

One area that officials say needs urgent attention is staffing at overcrowded state mental hospitals. "This pressure, combined with the high census, means the safety of staff and patients is a significant and serious concern," spokeswoman Lauren Cunningham said Tuesday. The state gave targeted raises for staff at the facilities in 2018 and 2019, but the facilities haven't been able to keep pace with other employers who can pay more. "This environment creates a hyper

competitive market for scarce resources," Cunningham said. "We are continuing intensive recruitment efforts, but the salary gaps are impossible to ignore."

- [Gov. Northam's pay raises could address understaffed state behavioral health facilities](#)

By Nicole Pasia, State of Reform

July 7, 2021

The state must rely on costly resources such as locum tenens, contract staff, and international nursing programs to help fill the vacancies. DBHDS spokesperson Lauren Cunningham said the pressure from spending on these resources, as well as an insufficient patient-provider ratio, is a major concern to staff and patient safety. "The high census makes an already difficult environment extremely challenging and there is already significant stress on DBHDS facilities. Adequate staffing levels are of significant concern throughout the health care industry, as the pandemic is driving many workers to positions that pose less risk to their personal health and well-being. COVID-19 exacerbated this problem and made it more difficult to attract frontline workers. While the private health care industry can provide bigger sign-on bonuses and better compensation packages, DBHDS does not have the flexibility of other health care providers to adapt to market changes. As a result, we lose many staff to other care systems and industries."

- [Helicopters, cash payments and a new public health lab: How state agencies propose spending Virginia's rescue fund money](#)

By Graham Moomaw, Kate Masters, Sarah Vogelsong, and Ned Oliver, Virginia Mercury

July 8, 2021

Virginia's state-run mental hospitals have been struggling for years with rising admissions. But the COVID-19 pandemic pushed them into crisis mode, with outbreaks making it even more challenging to discharge patients and free up bed space. That high patient volume, combined with chronic staffing shortages, have made the facilities "tremendously unsafe," according to Alison Land, commissioner of the state's Department of Behavioral Health and Developmental Services. The agency is requesting more than \$300 million over the next several years to boost employment, the majority of which would go to salary increases for essential frontline workers. Another \$24 million would be dedicated to security guards and safety improvements at aging facilities.

Recent Opinion/Editorials

- [Opinion/Editorial: Shortage in staffing hurts state mental health care](#) – By The Daily Progress, May 2, 2021

...Burdened by increased workloads, coupled with low pay, staff are leaving — only intensifying the load on remaining employees....DBHDS Commissioner Alison Land recently told lawmakers that state are hospitals are operating at roughly 65% to 70% of staffing. But are they running at 65% to 70% occupancy? Of course not. Even as staffing declines, beds are filling up. Most facilities are at or beyond capacity, she said. Caring for those who are mentally ill is one of the most

important jobs in our society. It also is one of the most difficult. Assaults from agitated patients and injuries to staff are not uncommon, Land said.

- [Opinion: Now is the time to prioritize mental health services in Virginia](#) – By Sen. Monty Mason, *Virginian-Pilot*, June 26, 2021

This is like Virginia's past attitude toward mental health — respond with great attention after a crisis. Our approach must change with full time attention, not for one month, but every day.

- [Editorial: Add funds for mental health needs](#) – By *Richmond Times-Dispatch*, July 1, 2021

“...State mental hospitals are suffering under a double burden: Admissions are up, but staffing is down. More patients would indicate the need for more space and more staff. Instead, hospitals are operating with fewer staff — and one of the reasons is that overburdened and burned-out employees simply are quitting, unable to take the strain any longer. Inadequate staffing compounds mental health problems. Patients are unlikely to obtain the full level of care that they need, which can cause their illnesses to worsen — in some cases, even deteriorating into incidents of aggression or violence.

- [EDITORIAL: State still hasn't solved mental health crisis](#) – By *Free Lance-Star*, July 5, 2021

It's not as if the issue hasn't been well-publicized. ... Legislation in 2014 led to the “bed of last resort” law. Yet we still have a situation in which a teen with serious psychiatric issues has to be kept under guard in an emergency room for nearly four days because there are no beds available in a mental facility. The problem lies with how the state feels it should deal with mental health issues. Virginia spends about 75 percent of its mental health funding on inpatient beds. A better way, some experts believe, is to focus on funding community services to keep patients out of mental hospitals altogether. That's a laudable idea, but it requires money. The state is providing funding to expand bed capacity outside the state system, but the private hospitals where those beds reside aren't equipped to provide the same kind of long-term care as state facilities, and some private hospitals are reluctant to admit patients with major mental issues.

- [Editorial: Mental Health Problem Persists](#) – By *Daily Progress*, July 9, 2021

Thus, we have a plan that calls for more intervention from community services to keep people out of mental hospitals and makes beds in those mental hospitals harder and harder to come by, but the state hasn't funded outpatient services and other community services solutions sufficiently. So the number of people left stranded in emergency rooms and elsewhere in private hospitals grows. Virginia needs to either bite the bullet and give more than lip service to the community services solution, or we need to have enough beds in mental hospitals so that a kid having a breakdown doesn't spend 90 hours under guard in an ER while he waits for a bed.