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Virginia News

MENTAL HEALTH

Va. psychiatric project delayed

Budget cuts and other priorities pushed off track the launch of a Web-based list of available beds

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"The four to six hours are really eaten away by the time it takes to find a willing facility for acceptance," Mauck said. "The state sets the time frames we have to abide by but the state cannot mandate whether or not a private facility will accept our clients for admission."

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Posted: Sunday, December 29, 2013 12:00 am | Updated: 12:23 am, Mon Dec 30, 2013.

BY MICHAEL MARTZ Richmond Times-Dispatch

Eighteen months ago, Virginia's top mental health official said the technology was ready to launch a Web-based registry for psychiatric beds at private and state hospitals, as well as crisis units run by local

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“The four to six hours are really eaten away by the time it takes to find a willing facility for acceptance.”

Donna K. Mauck
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themselves or others.

One of those testifying was Donna K. Mauck, emergency services manager at the Rockbridge Area CSB, which evaluated Gus Deeds on Nov. 18 but said it released him because it couldn't find an appropriate bed in time to hold him under a temporary detention order for further evaluation and treatment.

The problem is especially severe in rural areas, she said, because it's harder to find an appropriate bed, get medical clearance, and admit someone to a psychiatric facility within the four to six hours allowed by state law for holding someone involuntarily under an emergency custody order.

“The four to six hours are really eaten away by the time it takes to find a willing facility for acceptance,” Mauck said. “The state sets the time frames we have to abide by, but the

community services boards.

The software to run the Virginia Acute Psychiatric and CSB Bed Registry “is completed,” said James W. Stewart III, commissioner of the Department of Behavioral Health and Developmental Services, during a presentation to a subcommittee of the Joint Commission on Health Care in June 2012.

The registry, to be operated by Virginia Health Information, would “enable (community services boards) and hospital users to more efficiently search for available beds anywhere in Virginia,” Stewart said.

The registry still isn't operating, but it's expected to go live March 1. The state is speeding the initiative in the aftermath of the attack on a state senator by his son, who killed himself Nov. 19 just 13 hours after he was released from an emergency custody order because no psychiatric bed could be found for him.

“Clearly, since then, we've just kept our foot on the pedal and we're going forward,” said John J. Pezzoli, assistant commissioner for the behavioral health department.

Pezzoli said work was underway to implement the registry before the attack on Sen. R. Creigh Deeds, D-Bath, by his son, Austin C. “Gus” Deeds, at their home in Millboro in rural Bath County.

Stewart's update on the registry 18 months ago occurred the same month that the joint commission received testimony from CSBs about the difficulty of procuring psychiatric beds for people who pose a threat to

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state cannot mandate whether or not a private facility will accept our clients for admission.”

Time is the issue that a bed registry was conceived to address.

“The whole point is to save the folks at the CSBs time when they’re trying to place a person in a bed that might be available,” said Michael T. Lundberg, executive director of Virginia Health Information, a nonprofit that the state first hired in 2009 to develop and operate the registry.

Lundberg said the process of developing the registry has been marked by “stops and starts,” but the implementation began in earnest with a meeting between VHI and state behavioral health officials “a couple of weeks ago.”

Implementation of an electronic psychiatric bed registry is among the recommendations Secretary of Health and Human Resources Bill Hazel made this month to Gov. Bob McDonnell to address problems uncovered by two state investigations of the Deeds tragedy.

McDonnell already had ordered the formation of a task force to, among other things, consider whether a bed registry would improve the prompt availability of psychiatric beds for people experiencing mental health crises.

The delay in establishing a psychiatric bed registry — a concept first raised in 2001 because of concerns over beds for children and adolescents — has caught the attention of legislators on the joint commission, some of whom weren’t aware until recently that the initiative had stalled.

“I would like to know why it took so long to get it accomplished,” said Del. John M. O’Bannon III, R-Henrico, the commission’s vice chairman.

The answer is a combination of budget and staffing cuts along with overriding events, such as the federal decertification of a unit for the elderly at Eastern State Hospital in 2010 and a U.S. Department of Justice investigation of Virginia’s training centers for people with intellectual and developmental disabilities.

“They just didn’t have the staff to get it implemented with all the other things they needed to do,” said Sen. George L. Barker, D-Fairfax, a commissioner who noted that “just until recently, I assumed it was operating.”

Pezzoli, who joined the Department of Behavioral Health and Developmental Services in 2010, acknowledged the problem in an interview Friday. He said the department’s central office lost a third of its staff to budget cuts in 2008 and 2009 that hit especially hard in the office of mental health.

The registry “simply wasn’t the highest priority with the shortage and other demands,” he said.

In August 2010, Stewart told representatives of CSBs, state mental hospitals and private psychiatric facilities that implementation of the registry was delayed in the previous fiscal year “due to the uncertain state budget.”

However, the commissioner said in the Aug. 3, 2010, memorandum, “This memo is to notify you that the registry will become operational over the next few months.”

The next month, the Centers for Medicare & Medicaid Services decertified the Hancock Geriatric Treatment Center at Eastern State in Williamsburg. The behavioral health department’s staff person assigned to the registry was among those sent to Eastern State



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to fix the problems the federal agency found.

“All resources were thrown into getting that hospital in better shape,” Pezzoli said.

Still, after Stewart’s presentation to the joint commission in mid-2012, its members and staff thought the registry had been put in place.

Kim Snead, director of the joint commission, said she found otherwise during a conversation in September with Virginia Health Information’s Lundberg, who was still waiting for the state to begin implementation.

“I was quite shocked to hear it,” Snead said last week.

The registry depends on cooperation among different and diverging interests, including private hospitals that cannot be required to participate but whose role is crucial to ensure access to up-to-date information on available beds.

“Although participation by private hospitals is voluntary, these providers have been partners in this initiative and are expected to participate fully,” Stewart said Dec. 6 in an update on the registry’s status.

Katharine M. Webb, senior vice president at the Virginia Hospital and Healthcare Association, said the registry “requires ongoing commitment and communication from everybody. It’s a partnership.”

Limitations include how often hospitals will be able to update bed availability based on a variety of factors — a person’s gender and age, as well as medical condition and psychiatric diagnosis.

“How much it will help in finding a bed really depends on the immediacy and accuracy of its updates,” Pezzoli said.

The registry also won’t allow emergency services workers to avoid calling hospitals to determine whether a bed is indeed available and whether the facility will accept the person requiring detention and treatment. A bed might be available in a room already occupied by someone of the opposite sex, for example, and many hospitals and crisis stabilization units don’t have the staffing or security to handle potentially violent patients, or those with significant medical needs.

“A psychiatric bed registry is a very good idea,” said Mary Ann Bergeron, executive director of the Virginia Association of Community Services Boards. “If people think it is the answer, they are incorrect.”

But Sen. Stephen H. Martin, R-Chesterfield, a member of the joint commission who has long advocated a registry, said “a thorough and complete and regularly updated bed registry ... would be a very good thing to have.”

“I think the resource is just essential,” Martin said. “If it’s not there, it needs to be there.”

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