



COMMONWEALTH CENTER FOR CHILDREN & ADOLESCENTS

Bed Management Plan

June 2014

DBHDS maintains only 48 acute inpatient psychiatric hospital beds for Virginians who are under 18 years of age. These beds are at the Commonwealth Center for Children & Adolescents (CCCA) in Stanton, which serves the entire commonwealth. With this 48-bed limit, CCCA and its community partners, including private hospitals, juvenile detention and correctional centers, and community services boards (CSBs), have been successful in meeting all emergency hospitalization needs utilizing the plan below.

CCCA serves as the safety net for children and adolescents who require acute inpatient psychiatric care and cannot be admitted to or remain in any other child/adolescent psychiatric hospital in Virginia. All valid referrals are accepted for admission assuming adequate exploration of alternative placements, medical clearance, and available bed space. To date the system has been able to meet the emergency placement needs of all children and adolescents through appropriate diversions and bed management at CCCA through discharge planning.

Unlike the eight regional DBHDS psychiatric hospitals serving adults, CCCA does not have a back-up hospital within the system to accept patients if full. This, along with a high volume of admissions and a short average length of stay, intensifies the need for active and effective bed management at the facility and community levels. In addition to the steps taken by CCCA and community partners related to admissions and discharges described below, it is of course the case that adequate support for community-based crisis management services, as well as those services providing pre-crisis interventions, will both prevent hospitalizations that would otherwise be necessary and aid in more rapid discharges, thus preserving space at CCCA for necessary admissions and maximizing the number of children and adolescents who can be served close to home.

Admissions Process

- CCCA accepts referrals of young people up to 18 years of age who are in need of inpatient psychiatric hospitalization from the entire Commonwealth
- Our Intake/Admissions Office is staffed 24 hours a day, 7 days a week, and we accept admissions 24 hours a day, 7 days a week (540-332-2120)
- The CCCA Admissions Coordinator or designee receives all referral calls for potential admissions. The Admissions Coordinator reviews all referrals for appropriateness for admission based on criteria set in the Psychiatric Treatment of Minor's Act (see §16.1-335 *et seq.*)
- Other than admissions ordered pursuant to VA§ 16.1-275 or 16.1-356 (court-ordered evaluations), all admissions must first be prescreened by a CSB
- Any calls not from CSBs (other than in cases of VA§ 16.1-275, in which we still request though cannot require a CSB prescreen), are referred to the CSB for appropriate pre-admission prescreening

- Our Intake/Admission Specialist consults in every referred case with the CSB Emergency Services Prescreener to
 - Gather information about the reasons hospitalization is being considered and alternatives that have been tried and that may be available
 - Reviews all referrals for appropriateness for admission based on criteria set in the Psychiatric Treatment of Minor's Act
 - Consider the need for hospitalization, and if hospitalization is needed the availability of other options, particularly those that keep the child or adolescent close to home
- While the Intake/Admission Specialist may encourage the prescreener to explore options not considered, including providing names of alternative hospitals, we will accept any child/adolescent who is ultimately determined by the CSB to need emergency hospitalization and has no other option
- There is no minimum number of other hospitals that must be called; admission elsewhere will be encouraged if possible, with greater emphasis if the child/adolescent is from far away and/or we have fewer available beds
- The Uniform Prescreening Report must be received prior to acceptance for admission
- If there are active medical issues, the Intake/Admission Specialist will consult with our on-call physician to determine if medical clearance is necessary
- The specific process (method of transport, ways of obtaining consent, etc.) is dependent on the type of admission (e.g., Voluntary, Involuntary, Objecting Minor, TDO) and the specific needs of the child/family
- In cases in which we believe an admission to be inappropriate, we may exert considerable pressure on the community to identify alternatives. Assuring the appropriateness of admissions serves to prevent unnecessary and possibly distressing separation of the child/adolescent from his/her community, avoid unnecessary resource utilization, and maintain available bed space for appropriate admissions

Bed Management

A. Diversion

The only time CCCA would defer a valid admission is if it is at or near capacity. Because the 48 beds are the only public acute psychiatric beds for the entire Commonwealth, and because admissions are unpredictable and may be heavy (e.g., 20 or more admissions in a week or 5 or more admissions in a day) there are times when capacity becomes an issue. When we are near or at capacity,

- We contact CSB Emergency Services Departments and inform them, noting our available beds at the time and requesting that they divert if at all possible;
- Forensic admission referrals for Court Ordered Evaluation pursuant to §16.1-275 of the Code of Virginia will be placed on a waiting list and will be admitted as bed space allows in the order in which the referral was received or as otherwise determined appropriate. Court Ordered Evaluations are ordered for children not in psychiatric crisis, but for whom an evaluation of treatment needs is warranted. These children are most often in detention centers and therefore in a safe place to await admission to CCCA;
- Forensic admission referrals for Evaluation of Competency to Stand Trial pursuant to §16.1-356 will be placed on a waiting list and will be admitted as bed space allows in the order in which the referral was received or as otherwise determined appropriate. Such children are in juvenile detention

centers or in the community as determined appropriate by a judge and will remain in that setting to await admission;

- When CCCA is full and a child who has been prescreened by a CSB and found to meet criteria for emergency civil voluntary or involuntary admission per the Code of Virginia cannot be safely admitted, the CSB will be notified and encouraged to implement a crisis/safety management plan and maintain the child in the community or in the present placement until bed space at CCCA is available if that is determined to be a safe option;
- If diversion strategies are unsuccessful, attempts will be made to have the child admitted to a private inpatient facility utilizing TDO admission, Medicaid, or other third party means;
- Admission may be deferred for patients who are in a safe place (e.g., another facility or detention) until space becomes available
- If attempts to find an alternative bed are not successful and a community safety plan is not a safe option, the child will be accepted for admission as soon as s/he can be safely admitted. If there is more than one such child, pending admissions will be prioritized in consultation with CSB referral staff, taking into account acuity of the situation and safety of the child.

B. Discharge

The availability of beds for admission is dependent on patients being discharged when clinically appropriate. Clinical teams always work closely with families and communities to facilitate timely discharge, working together to manage challenges that include delays before desired community-based resources become available or the absence of such resources, differences of opinion about clinical readiness for discharge or discharge placement options, transportation availability, etc. When CCCA nears capacity, we also

- Encourage families and communities to rapidly identify and develop discharge options and support plans
- Discharge any patients who may be safely discharged but remain in the hospital based on clinical discretion