

disABILITY LAW CENTER

OF VIRGINIA



Protection & Advocacy for Virginians with Disabilities

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April 30, 2021

Commissioner Alison Land
Department of Behavioral Health and Developmental Services
1220 Bank Street
Richmond, Virginia 23219

Dear Commissioner Land,

As you know, dLCV is the designated Protection and Advocacy organization for the Commonwealth of Virginia. We routinely monitor DBHDS-operated institutions. As part of that monitoring, we regularly collect and analyze data from DBHDS. We recently completed an analysis of critical incidents (as reported through the PAIRS system), which raised concerns that we would like to bring to your attention.

In federal FY 20, DBHDS-operated hospitals reported a high number of deaths, with Piedmont Geriatric Hospital (PGH) being a particular area of concern. PGH reported 40% of all of the deaths at state facilities, despite only serving roughly 9% of the system's inpatient consumers. While PGH was certainly affected by COVID-19, the facility attributed less than half of their reported deaths to the pandemic. dLCV believes that environmental deficiencies at PGH, including a lack of staff and no access to call buttons, has contributed to an overall lack of safety and increased mortality rates. dLCV asks DBHDS to urgently address these issues, by allocating additional staff to PGH and making environmental modifications to PGH, including the installation of call buttons for every resident.

As in previous years, some facilities apparently struggled to meet their mandatory reporting requirements. Most notably, Eastern State Hospital (ESH) reported far fewer reports than other comparable facilities, leading to concerns about reporting fidelity. ESH also continues to submit low-quality reports that are severely lacking in detail. ESH's obstruction in this regard has hindered dLCV's and DBHDS' ability to effectively monitor the facility and enforce individuals' rights. dLCV asks DBHDS to increase its oversight over ESH's reporting practices, and ensure that all reports are submitted in accordance with law.

In recent months, post FY 2020, we have seen an increase in self-injury events, particularly those involving swallowing foreign objects, reported by Southwestern Virginia Mental Health Institute and Central State Hospital. While both facilities reported a significant number of incidents in FY 20, we are most concerned about the rates of critical incident reports submitted over the fall and

winter of 2020, and feel that this issue cannot wait until next year's report to be addressed. It is not clear what caused the spike in swallowing incidents, but we feel strongly that Trauma Informed Care (TIC) is the solution. DBHDS and behavioral healthcare providers at large have long accepted that TIC is a necessary element of treating individuals with histories of trauma. While DBHDS has adopted some TIC modalities, including person-centered planning, and screening for treatment contraindications based on trauma, the actual facilities operated by DBHDS have not adopted therapies that are based in TIC. Most notably, DBHDS does not appear to offer Dialectical Behavior Therapy (DBT) at any State Hospital, despite extensive research showing that DBT is effective in reducing self-injurious behaviors. dLCV strongly recommends that DBDHS offer DBT at all state facilities to combat the rising tide of self-injury.

We understand that DBHDS has long been aware of many of the issues explored in this report, and is actively working to improve factors such as staffing and COVID-19 prevention. We are grateful for your recognition of the challenges and your attempts to address them, DBHDS has been effective in addressing issues we have raised in our annual Critical Incident Report in previous years, and we hope that this data sparks a renewed effort to address issues not yet undertaken.

We expect to publish this report on May 28, 2021, and will gladly publish at the same time any response you would like for us to include.

We look forward to working with you and the department to improve the quality of services and safety for individuals served in DBHDS operated facilities. We believe that improvements in data collection and reporting at the DBHDS-operated facilities will be a step in the right direction and will move us toward a better understanding of the data.

Sincerely,

A handwritten signature in blue ink, appearing to read "V. Colleen Miller". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

V. Colleen Miller
Executive Director