Arlington Connection

September 5-11, 2018

Virginia Hospital Center: Balancing Needs

Interviewed on April, 25, 2018 about community need and funding the CR2, Adrian Stanton, business development & community relations vice president at Virginia Hospital Center, and Maryanne Boster, director of corporate communications, said VHC is working with the task force composed of representatives from NAMI (National Alliance for Mental Illness), AMHA (Arlington Mental Health Alliance), and others, created in 2017 to attempt to find a way forward which would satisfy the Arlington County residents' concerns over mental health services.

"Right now, the County Board will either approve or deny our site application for redevelopment of the Edison site based on whether conditions the board believes are valid are met. VHC is trying to take four conditions the task force identified and turn them into workable ones. With respect to increasing in-patient beds, modifying the unit, and addressing the issue of the ER, we hear what they are saying," said Stanton. "We have been meeting for almost a year. We are down to finalizing the actual wording of each of those areas. We understand the ER should be modified to have a better situation for people with mental health issues. The one thing we cannot do is the creation of a pediatric unit. "

"We've explained to them that in order to get a pediatric unit and specialized psychiatric staff they'd want to come to a hospital with pediatric subspecialists. That isn't something we can do operationally."

"We've created methodology to come up with number of beds at the appropriate time based on the certificate of need (COPN); that number is blank for a reason because we have a formula that we would use once the COPN is done — that's at least a year out. We can't do that until we get the expansion approved. But that formula would increase the number of beds."

"We currently have 18-19 psychiatric beds; we are licensed for 40 total beds. The State of Virginia looks at beds for behavioral health without differentiating between psychiatric and substance abuse beds. We have 18 for psychiatric patients, but we also have five beds we are licensed for that we can't use because we don't have the space today. Once we get the expansion we could put five in right away. The methodology is based on the Temporary Detention Orders (TDOs)."

"Based on what the county tells us the number of cases has gone up; we are keeping better statistics on TDOs. We capture the numbers on our system and the county includes the ones that don't even come to the hospital."

"If we get the site, we can expand our ER services; we were talking about expanding the Emergency Department outpatient services to Edison so we can free up space near the ER. That would allow us to address the question of a separate ER for mental health patients."

"With regard to the CR2, we didn't oppose a team being created to concentrate on Arlington and Alexandria, but our question was: what role can we play in that? The task force said, 'We don't need expertise, we need money.' So they are asking for a check. But our ability is in providing medical expertise. How can we leverage what we feel is our best resource? There is no clear guidance on whether we would be the only people cutting the check." "Our preference is to provide medical services. No one has outlined the initial cost or the annual cost going forward. Is there a business plan for how this gets started and maintained? We're not even sure who funds the CR2."

Following Stanton's firm "no" on pediatric beds, he was briefed on the need for two additional CR2 clinicians, not a unit, by Debra Warren of DHS and by Naomi Verdugo, of AMHA, who indicated as of late August, he remained unwilling to put VHC funds towards the CR2.

Stanton does not necessarily think the hospital is the right place to meet the community's mental health needs. "We review trends on an annual basis," he said, "and we ask: what do we need to do to meet the growing health care needs and how are those needs changing? On the mental health side of things, there are a lot of things that are needed to support what we do on the inpatient side. How do we get more of those outpatient type services so there is a safety net for people in need? They don't always need inpatient services.

If it gets to that point, then it's because there wasn't a support system in the first place. A mental health issue often moves to a more medical or surgical issue. Take depression: a person is having trouble, but doesn't have the resources or safety net to address the problem.

So the way they deal with it is to take drugs or have a drink. It escalates, and then there is a car accident. Or in the case of the autistic kid who walked out of the house and was at risk for getting hurt, what were the right services to prevent him from doing that?"