



FREDERICKSBURG REGIONAL
CONTINUUM OF CARE
partners ending homelessness

CoC Board Meeting

July 22, 2021

- Introductions
 - Welcome new members:
 - Cait Woodward – Loisann’s Hope House
 - Tammy Torres - Empowerhouse
 - Kim McClellan – Fredericksburg Area Association of Realtors
 - William Suggs – City of Fredericksburg Planning Department
- Approve June 24, 2021 Minutes (ACTION ITEM)
- Emergency Housing Voucher Partnership
 - Approve Emergency Housing Voucher MOU (ACTION ITEM)
- Unsheltered Homeless Summit Update
- Funding and Performance Election Update
- CoC Staffing
- Upcoming Events/Tasks
 - Funding Interest Session (7/26)
 - Board Orientation (TBD)
 - CoC Annual Report
 - Authentic Stakeholder Engagement
- Correspondence

Next meeting: August 26, 2021 at 2PM



FREDERICKSBURG REGIONAL
CONTINUUM OF CARE

CoC Board Meeting

Date: June 24, 2021

Time: 2pm

Location: Virtual via GoToMeeting

MEETING CALLED BY	Aisha Balogun (AmeriCorps VISTA)
TYPE OF MEETING	Regular
NOTE TAKER	Liz Heflin (GWRC)
ATTENDEES	<p>Christian Zamas (Individual) Clay Mihoulides (Crismarr Realty) Dave Cooper (TBC) Joe Hargove (Individual) Karen McLaughlin (Stafford DSS) Kathy Anderson (Empowerhouse) Leslie Martin (University of Mary Washington) Michelle Swisher (Spotsylvania Schools) Wendy Sneed (Caroline DSS)</p> <p>Timothy Baroody (City of Fredericksburg) William Sugg (City of Fredericksburg) Cait Woodward (Loisann's Hope House) Kate Gibson (GWRC) Aisha Balogun (AmeriCorps VISTA) Liz Heflin (GWRC)</p>
ABSENT	<p>Lisa Crittenden (Loisann's Hope House) Alexander Reidell (Legal Aid Works) Lori Yelverton (Micah Ministries)</p>

DISCUSSION	
<p>Joint CoC-City of Fredericksburg Summit Discussion</p> <ul style="list-style-type: none"> City Manager, Timothy Baroody, introduced his proposal for a co-sponsored summit held by the CoC and the City of Fredericksburg. This would include local providers and regional 	

representatives who would discuss funding and how it can be used to prevent and end homelessness. The purpose of this summit would be to identify the gaps of service in the region and to create a regional solution to address them. The summit would likely occur in late summer or early fall.

Approve May 27, 2021 Minutes

- Kathy Anderson moved to approve the May minutes. Michelle Swisher seconded the motion. The motion passed unanimously.

New Board Member Endorsement

- Christian introduced City of Fredericksburg representative, William Sugg, who is the new Community Development Planner.
- Leslie Martin moved to endorse William's appointment to fill Susanna Finn's vacant seat and Clay Mihoulides seconded the motion. The motion passed unanimously. William will be approved at the July Full CoC Membership Meeting.

State and Federal Funding Updates

- Kate Gibson presented the new federal funding going into effect in the next few months. Specifically, the CARES ACT and ARPA will provide funds to support shelters and the construction of new, affordable housing projects.
- The CoC received additional \$486,000 in non-congregate shelter. Micah Ministries was the only applicant for the funds and was allocated the full amount to support hotel shelter through March 31, 2022.
- Virginia Housing is awarding between 1-3 million dollars to each Planning District Commission, depending on size. Planning District 16 is eligible for 2 million dollars, which will be used to develop affordable housing units.
- DHCD is receiving HOME Grants and ARPA funding. This potentially will be used to create affordable and special needs housing, as well as converting motels/hotels into housing.

Emergency Shelter Funding Updates

- Christian presented the subcommittee's findings. In the future, the committee will explore the gaps in service and present it to the Board.

CoC Updates

- Christian provided an update on the CoC Committees:
 - The System Planning Committee is primarily working on the EHV's. These will be released beginning July 1st; MOUs are due July 31st. There will be an additional meeting on July 8th to establish a plan.
 - The Discharge Planning Committee met and is assessing its relationship to other community efforts.
 - The Funding and Performance Committee approved the movement of funds to prevention services. Additionally, they approved the reallocation of funds from GWRC to Micah and Empowerhouse.
- LHH received a new donation from the philanthropic arm of the Silver Company. This includes 3 new homes located on Lafayette Street.
- Sam Shoukas will be returning on Monday, June 28th 2021.
- Summer intern Liz Heflin's last day is Wednesday June 30, 2021.

- Kate Gibson thanked the Bboard members Kathy Anderson, Clay Mihoulides, and Lisa Crittenden for their time on the Board. They have all served 3 two-year terms and will be leaving the Board as of June 30, 2021.

Next Meeting: July 22, 2021 at 2pm.

CONCLUSION	
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FREDERICKSBURG REGIONAL
CONTINUUM OF CARE

HUD's Emergency Housing Vouchers Program Prioritization and Referral Guidelines

Purpose

The prioritization and referral guidelines establish standards and principles for the referral of a household to the U.S. Department of Housing and Urban Development (HUD) Emergency Housing Vouchers (EHV) Program. The guidelines seek to support equitable access and utilization of limited resources to meet the permanent housing needs of eligible households. These guidelines will be continuously evaluated for efficacy and impact and may be adjusted based on this evaluation as needed.

Background

The American Rescue Plan (ARP) has provided approximately 70,000 EHVs for eligible public housing agencies (PHAs) around the United States. EHVs are tenant-based rental assistance under the Housing Choice Voucher Program. EHVs will be available beginning July 1 and all EHVs must be leased up by September 2023.

The following vouchers were made available for the Fredericksburg Regional Continuum of Care area:

Local Housing Authority	Localities Covered	Number of Vouchers
Central Virginia Housing Coalition (CVHC)	Stafford, Spotsylvania, King George, Caroline, City of Fredericksburg	40
Central Virginia Resource Coalition (CVRC)	Caroline	25

Eligibility

To be eligible for an EHV, an individual or family must meet one of four eligibility categories:

- Homeless
- At risk of homelessness
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking
- Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability

*Detailed information on household eligibility can be found in Section 8 of PIH Notice [2021-15](#).

In general, the verification that the individual or family meets one of these four eligibility categories is conducted by the CoC's coordinated entry process. The CoC must provide supporting documentation to the PHA of the referring agency's verification that the family meets one of the four eligible categories for EHV assistance.

The Fredericksburg Regional Continuum of Care determines and verifies whether a household meets one or more of the four eligibility categories. After verification is completed, the CoC makes direct referrals to the appropriate local housing authority administering the EHV's.

In addition to meeting specific eligibility requirements applicable to each category, a household is considered ineligible, if:

- Any member of the household is subject to a lifetime registration requirement on a state sex offender registration program
- Any member of the household has ever been convicted of manufacturing methamphetamines on the premises of federally assisted housing
- There are no members of the household who are U.S. citizens or noncitizens with eligible immigration status.

Prioritization

Given the limited number of EHV resources and to provide the most strategic use of all housing resources in our community, the Fredericksburg Regional Continuum of Care is prioritizing the following household types:

Group 1: Recently homeless and for whom providing rental assistance will prevent the household's homelessness or having high risk of housing instability. This includes, but is not limited to, households for whom a "lease-in-place" strategy could be used. Specifically, the household situations to be prioritized in this category are:

- A. Current PSH participants who no longer need case management or are connected to other community case management, who without current rental assistance would be at high risk of homelessness or housing instability ("Move-on" strategy for PSH)
- B. Households enrolled in time-limited subsidy programs, who no longer need case management or are connected to other community case management, and are at risk of timing out of programming and need a permanent housing resource to achieve or maintain housing stability

Group 2: Homeless

- A. Households in non-congregate emergency shelter whose sites are closing
- B. Unsheltered households
- C. Households with long-term (longer than 45 days) enrollment in congregate emergency shelter housing

Group 3: At risk of Homelessness

- A. Households receiving prevention services that are targeted towards households that have a history of homelessness and are at high risk of homelessness

Referral and Selection

Eligible households will be prioritized and targeted for EHV based on the prioritization listed above subject to resource availability. CoC community providers will submit an EHV application for an eligible household to the CoC Program director via email at Shoukas@gwregion.org.

Applications will then be prioritized using the prioritization listing above as well as the prioritization criteria already adopted by the community (see [FRCoC Prioritization Guidelines](#)) to further prioritize subsets. In addition, those in Group 1 will have length of time in the housing program considered in determining prioritization (with those with a longer length of stay prioritized over shorter stays).

Voucher selection will be provided following the order of prioritization. Priority Group 1.A. will receive priority over all other applications submitted for households within the other priority levels. However, if no Group 1.A applications are present, it shall not delay the matching of households within Group 1.B households.

MEMORANDUM OF UNDERSTANDING – Emergency Housing Vouchers

*This Memorandum of Understanding (MOU) is intended to be a **living document** that **will** evolve and be revised as each party gains experience working with the Emergency Housing Vouchers. It is entered on **July 1, 2021** by and between the following parties:*

Virginia Housing (PHA)
601 S Belvidere St
Richmond VA 23220

Central Virginia Housing Coalition (LHA)
2300 Charles Street
Fredericksburg VA 22401

Fredericksburg Regional Continuum of Care (CoC)
406 Princess Anne Street
Fredericksburg VA 22401

I. Introduction and Goals

- a. Central Virginia Housing Coalition (CVHC) and the Fredericksburg Regional Continuum of Care (CoC) are committed in collaborating efforts in assisting individuals and families who are eligible for the Emergency Housing Vouchers (EHV) in preventing homelessness or having high risk of housing instability in accordance with PIH- 2021-15(HA). The parties herby commit to cooperating with one another to address issues as they arise.
- b. The goal of the EHV is to pair housing subsidies with supportive services and resources that will assist eligible families in overcoming barriers in finding safe affordable housing and promote appropriate use of community-based services.
- c. Identification of staff position at the LHA and CoC who will serve as the lead EHV liaisons.

Lead Liaison :

Name and title of LHA staff position:

BobbiLee Downs, HCVP Housing Specialist, CVHC

Ginger McAlister, HCVP Housing Specialist, CVHC

Name and title of CoC staff position:

Samantha Shoukas, CoC Program Director, George Washington Regional Commission

- II. To be eligible for an EHV, an individual or family must meet one of the four eligibility categories as defined in PIH 2021-15 (HA):
- a. Homeless
 - b. At Risk of Homelessness
 - c. Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking
 - d. Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability.

III Services to be provided to eligible EHV families

A person-centered approach will be used when assisting the families in identifying their needs. The following services will be available to them.

- a. Partnering service providers will support individuals and families in completing applications and obtaining necessary supporting documentation to support referrals and applications for assistance, while aiding households in addressing barriers.
- b. Partnering service providers will support LHA in ensuring appointment notifications to eligible individuals and families and will assist eligible households in getting to meetings with the LHA.
- c. LHA will establish windows of time for EHV applicants to complete intake interviews for EHV.
- d. Partnering service providers will provide housing search assistance for eligible individuals and families.
- e. Partnering service providers will provide counseling on compliance with rental lease requirements.
- f. Partnering service providers will assess individuals and families who may require referrals for assistance on security deposits, utility hook-up fees, and utility deposits.
- g. Partnering service providers will assess and refer individuals and families to benefits and supportive services, where applicable.

IV. LHA Roles and Responsibilities

- a. Coordinate and consult with the CoC in developing the services and assistance to be offered under the EHV services fee.
- b. Accept direct referrals for eligible individuals and families through the CoC Coordinated Entry System.

- c. Commit enough staff and necessary resources to ensure that the application, certification, and voucher issuance processes are completed in a timely manner.
- d. Commit enough staff and resources to ensure that inspections of units are completed in a timely manner.
- e. Designate a staff to serve as the lead EHV liaison.
- f. Submit invoices to the PHA promptly to ensure CoC is reimbursed for the services that was administered timely.
- g. Comply with the provisions of this MOU.

V. CoC Roles and Responsibilities

- a. Designate and maintain a lead EHV liaison to communicate with the LHA.
- b. Refer eligible individuals and families to LHA using the community's coordinated entry system.
- c. Support eligible individuals and households in completing and applying for supportive documentation to accompany admissions application to the LHA (i.e. self-certifications, birth certificate, social security card, etc.).
- d. Attend EHV participant briefings when needed.
- e. Assess all households referred for EHV for mainstream benefits and supportive services available to support eligible individuals and families through their transition.
- f. Identify and provide supportive services to EHV families. (While EHV participants are not required to participate in services, the CoC should assure that services are available and accessible.)
- g. Submit invoices to the LHA for approved support services that were administered.
- h. Comply with the provisions of this MOU.

VI. PHA Role and Responsibilities

- a. Provide continued guidance and updates on HUD program rules and regulations for the EHV Vouchers
- b. Maintain and submit all financial data that is required by HUD
- c. Provide administrative fees and funding for other eligible expenses timely to the LHA

CoC Job Openings



Continuum of Care VISTA

Are you or someone you know dedicated to making lasting change in the community? By joining [VHA's AmeriCorps VISTA Project](#), you can!

AmeriCorps

The **George Washington Regional Commission (GWRC)** and the Virginia Housing Alliance (VHA) are excited to announce the availability of a fulltime AmeriCorps VISTA member position to support local efforts to end homelessness in the City of Fredericksburg and Caroline, King George, Spotsylvania, and Stafford Counties. GWRC is looking for a qualified, dedicated applicant to serve and build capacity within the Fredericksburg Regional Continuum of Care (CoC). This will be the third VISTA that the CoC has hosted for this project. Building on the wonderful work of the past and current VISTAs, the VISTA member will work locally and with other VISTA members placed across the state to provide the human capital necessary to support the transition to a sustainable and more effective homelessness response system, while engaging in the causes of and solutions to homelessness.

As the Fredericksburg Regional CoC VISTA member, you will collaborate with local partners to coordinate and improve homeless services, organize and participate in community meetings and initiatives, analyze local data, research national best practices, and more! Though the VISTA will be placed at GWRC, the CoC's Lead Agency, the VISTA will work directly with the CoC's homeless service providers. The VISTA will assist providers with implementing new processes that align with best practices and expectations of the CoC, as well as state and federal funders, in order to meet requirements and stay competitive for funding.

TO APPLY: All interested applicants must apply through the AmeriCorps [portal](#). The GWRC/Fredericksburg CoC specific listing can be found [here](#).



Program Coordinator

The Program Coordinator supports the George Washington Regional Commission (GWRC) staff in providing support to GWRC as a whole as well as across multiple programs, including but not limited to the Fredericksburg Regional Continuum of Care (CoC), and GO Virginia.

A detailed job description can be found [here](#).

TO APPLY: Please email a cover letter, résumé, and three references to careers@gwregion.org. Position is open until filled.

For more information on these positions, please see the Fredericksburg Regional Continuum of Care website: <https://www.fredericksburqcoc.org/about-us/staff/job-announcements/>



Program Coordinator Position Description

Position Summary

The Program Coordinator supports the George Washington Regional Commission (GWRC) staff in providing support to GWRC as a whole as well as across multiple programs, including but not limited to the Fredericksburg Regional Continuum of Care (CoC), and GO Virginia.

The George Washington Regional Commission (GWRC) is the designated planning district commission for Virginia Planning District 16, which includes the counties of Caroline, King George, Spotsylvania, and Stafford and the City of Fredericksburg. In this capacity, GWRC and its sister boards, including the Fredericksburg Area Metropolitan Planning Organization (FAMPO), the Fredericksburg Regional Continuum of Care (CoC), and GO Virginia Region 6, lead regional efforts that address “problems of greater than local significance”. GWRC serves as fiscal and staffing agent for FAMPO, the CoC, and GO Virginia Region 6, and serves as fiscal agent for several other groups and initiatives. In short, GWRC strives to be a broad-based planning and doing organization for the region.

The Fredericksburg Regional CoC is the network of community organizations working together to address homelessness within the City of Fredericksburg and the counties of Caroline, King George, Spotsylvania, and Stafford. The mission of the CoC is to reduce and prevent homelessness by developing, supporting, and promoting a coordinated system of human services and housing opportunities in the Greater Fredericksburg Region.

GO Virginia is a business-led economic development initiative that is changing the way Virginia’s diverse regions collaborate on economic and workforce development activities. GO Virginia supports programs to create more high-paying jobs through incentivized collaboration between business, education, and government to diversify and strengthen the economy of Virginia through both a state board and series of regional councils. GO Virginia Region 6 includes the City of Fredericksburg and the counties of Caroline, Essex, Gloucester, King and Queen, King George, King William, Lancaster, Mathews, Middlesex, Northumberland, Richmond, Spotsylvania, Stafford, and Westmoreland.

Principal Duties and Responsibilities

- Helps coordinate meetings and events, including maintaining contact lists, scheduling, reserving space, sending notices, preparing and distributing packets, coordinating needs such as AV and refreshments, and completing minutes
- Maintains organization-wide and group-specific contact lists
- Oversees communications by maintaining websites, drafting and sending newsletters and other mass news correspondence, and managing social media accounts
- Helps coordinate funding application rounds per program policies & procedures
- Helps with program/project grant monitoring and oversight of subgrantees
- Assists with maintaining key reporting and grant application deadlines
- Proofreads and edits key documents and presentations
- Helps prepare and submit required data and reports
- Helps with community engagement and education
- Helps with special event planning and implementation
- Performs other duties as assigned

George Washington Regional Commission is committed to hiring and retaining a diverse workforce. We are proud to be an Equal Opportunity Employer/Affirmative Action Employer, making a decision without regard to race, sex, national origins, disability, age, color, low-income, or limited-English proficiency.

Qualifications

- Any combination of education and experience equivalent to bachelor's degree or higher
- Excellent organization and attention to detail and ability to multitask
- Ability to maintain effective relationships with co-workers and partner organizations
- Ability to work as a member of a team but also independently, with minimum supervision
- Strong analytical, writing, and communication skills
- Ability to collect, analyze, and interpret data, preferred
- Computer proficiency and experience with Microsoft Office
- Experience with WordPress, Constant Contact, MailChimp, and social media

Compensation: Starting salary negotiable depending on qualifications.

Full-Time Position - 40 hours per week

FY21 CoC Annual Report Outline

Front Cover

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From: Alison Land <alison.land@dbhds.virginia.gov>

Sent: Friday, July 9, 2021 2:17 PM

Subject: Urgent: State Hospital Temporary Admission Closures

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,
Alison

- **'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 healthcare 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 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.