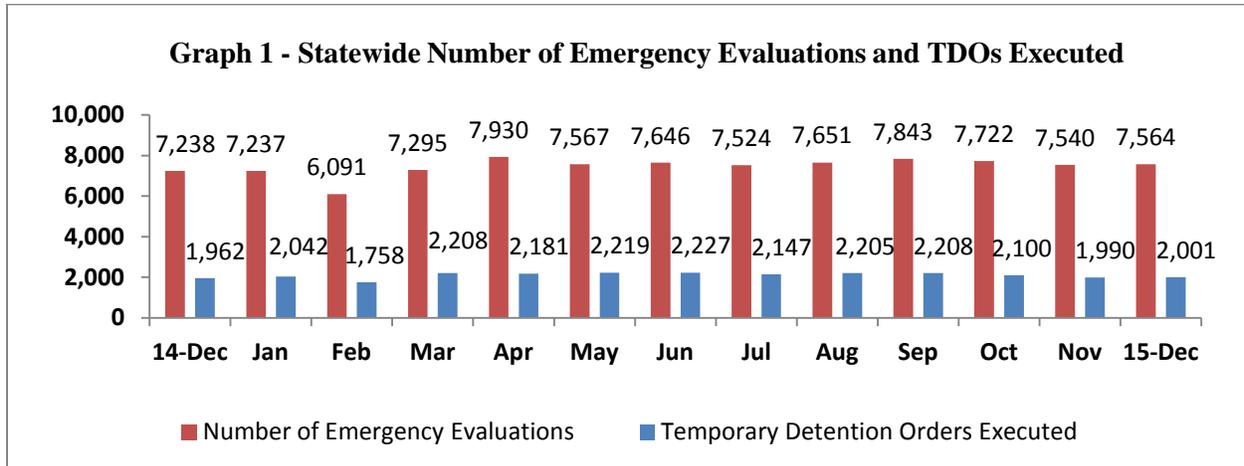


This document is the sixth monthly report of data collected from community services boards (CSBs) and partnership planning regions for fiscal year 2016 (FY 2016). There are 39 and one behavioral health authority in Virginia, referred to in this report as CSBs. The following sections contain the summaries and graphs of the monthly data reported to the Department of Behavioral Health and Developmental Services (DBHDS) through December 2015.

CSBs collect and report data on exceptional events associated with emergency custody orders (ECOs), temporary detention orders (TDOs), and involuntary admissions under the revised statutes effective July 1, 2014, and the factors contributing to these events. DBHDS requires this data to be submitted monthly by each CSB. DBHDS also requires case-specific reports from individual CSBs within 24 hours of any event involving an individual who has been determined to require temporary detention for whom the TDO is not executed for any reason, whether or not an ECO was issued or in effect. Previous reports are available on the Department of Behavioral Health and Developmental Services (DBHDS) website at <http://www.dbhds.virginia.gov/professionals-and-service-providers/mental-health-practices-procedures-and-law/data>.

Graph 1. Statewide Emergency Evaluations and TDOs Executed

Emergency evaluations are comprehensive in-person clinical examinations conducted by CSB emergency services staff for individuals who are in crisis. The number of emergency evaluations reported statewide in December was 7,564, a slight increase from November. A TDO is issued by a magistrate after considering the findings of the CSB evaluation and other relevant evidence, and determining that the person meets the criteria for temporary detention under § 37.2-809 or § 16.1-340.1 of the Code of Virginia. A TDO is executed when the individual is taken into custody by the law enforcement officer serving the order. In December, there were 2,001 executed TDOs, a slight increase from November. **About 73% of the emergency evaluations reported in December (5,563 of 7,564) did not result in a TDO.** For the current report month, there were an average of 244 emergency evaluations completed and about 64 TDOs issued and executed each day across the Commonwealth. Compared to the November counts, these figures were slightly higher. Graph 1 reports the numbers of evaluations and executed TDOs for December, 2015 and the preceding 12 months to show trends.



TDO Exception Reports

When certain high risk events occur during the evaluation and TDO process, CSBs report these incidents on a case-by-case basis as they occur. These involve individuals who are evaluated and need temporary detention, but do not receive that intervention. There were four events in December. Each event triggers submission of an incident report to members of the DBHDS Quality Team within 24 hours of the event. Team members receiving initial reports are Daniel Herr, Assistant Commissioner of Behavioral Health, Stacy Gill, Director of Behavioral Health Services, and Mary Begor, Crisis Intervention Community Support Specialist. Team members review each report for the description of the initial actions taken to resolve the event and the actions of the CSB to prevent such occurrences in the future and for comprehensiveness and completeness and responds accordingly, if needed. CSBs continue to update DBHDS until the situation is resolved and follow up is completed. On a monthly basis, the reported events are presented to the Behavioral Health Quality Review Committee, which reviews follow-up actions for thoroughness and sufficiency; identifies, monitors, and analyzes trends; and oversees the implementation of continuous quality improvement measures.

The details of the four events reported in December are described below.

1. This individual was under a law enforcement issued ECO when custody was transferred from local law enforcement to an officer at an assessment site. This individual was evaluated for a TDO and determined to meet criteria for a TDO. Prior to the order being executed the individual left the emergency department without the officer's knowledge. Upon discovery of his absence, local law enforcement was notified and a search began. The individual was located and the TDO was executed. DBHDS recommended a review of the policies for the assessment center to increase the security of individuals meeting TDO criteria. The CSB has instituted stronger measures with the officers assuming custody in the center to include having the individual remain within sight of the officer at all times.

2. This individual was a minor seen in the presence of her legal guardian within an emergency department. The individual was evaluated and inpatient psychiatric treatment was recommended. The individual and guardian were not supportive of this so the evaluator began the process for a TDO. The guardian attempted to leave the ED with the minor and was informed the police would be notified and an ECO obtained if they left. The police were notified for assistance with keeping the family in the ED until the TDO could be obtained. Upon the officer's arrival the officer informed the guardian there was currently no order mandating they remain so the guardian left with the minor. An ECO was requested and issued by the magistrate. The family returned to the ED later and the TDO was issued and executed. DBHDS reviewed the event and suggested the CSB facilitate a discussion with the law enforcement agency involved regarding the officer's actions in the ED. The CSB did this and was informed by the law enforcement agency that this is not in compliance with the agency's protocols and they would conduct an internal investigation.

3. This individual initially presented to an outpatient counseling services seeking help. After the evaluation began the individual abruptly left the counseling center. The evaluator had not completed the evaluation and no determination could be made on the individual's need for services based on the information gathered. The CSB contacted law enforcement for assistance and obtained an ECO from the magistrate. Multiple attempts by the CSB and law enforcement were made to locate the individual to no avail. The individual was never located. The CSB reviewed the event to determine how to increase the security of the outpatient counseling center and then revised internal policy and procedures based on findings from the reviews. Quality Review members appreciate the challenge of evaluating individuals who are not subject to an ECO.

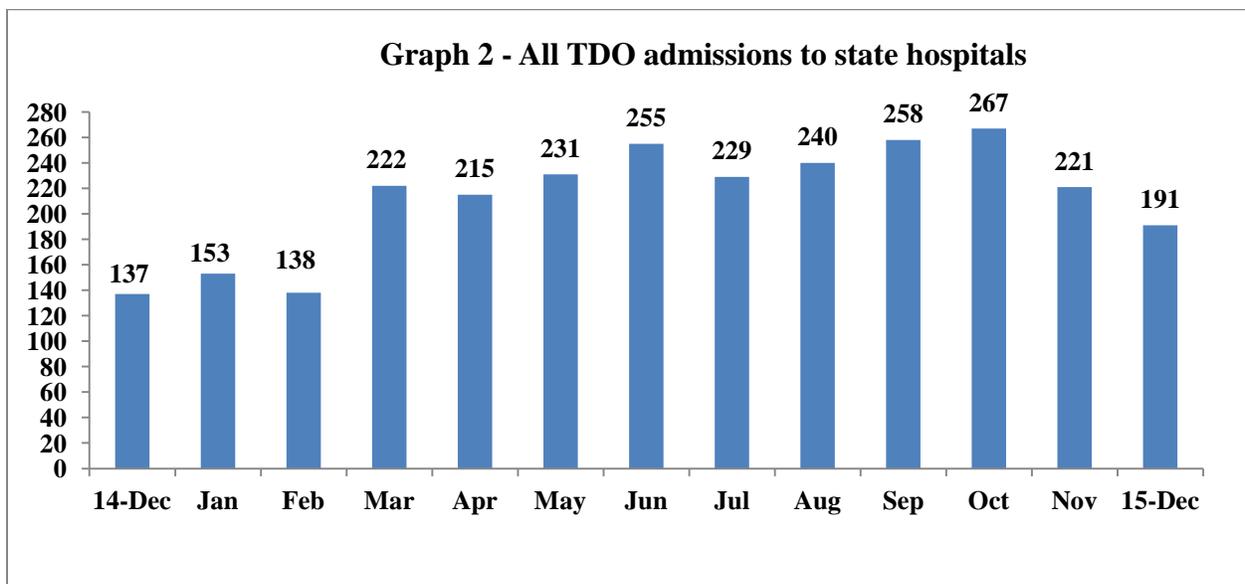
The individual was brought to the emergency department under an ECO for an evaluation. The CSB conducted the evaluation and determined the individual met criteria for a TDO. However, after the decision to seek a TDO, the individual was determined to have medical needs warranting further medical treatment but not medical admission. The TDO was obtained with a clause of "pending medical clearance". The need for medical treatment prevented the individual from being transferred to the facility of detention, so the CSB found a special justice to conduct the commitment hearing in the emergency department. There was confusion and misunderstanding regarding the time the TDO would expire since it had been executed. Law enforcement allowed the individual to leave the facility prior to the commencement of the hearing. The CSB arrived at the facility and was able to evaluate the individual prior to his departure and determined the individual no longer met the criteria for a TDO. The individual was referred to outpatient services. The CSB has scheduled meetings with local law enforcement and magistrates will address this event at this forum. In keeping with DBHDS' recommendation, the CSB will also be meeting with this specific law enforcement agency, medical facility and magistrates to facilitate a more cooperative and collaborative relationship.

DBHDS Quality Review Team reviewed each of these reports on the events as they were submitted. The team works with each CSB to ensure events are reviewed by the CSB and with community partners involved in the events to strengthen the safety of individuals determined to be in need of involuntary hospitalization. DBHDS provides technical assistance to CSBs on developing community partnerships with emergency departments and law enforcement. This includes analyzing each event in a community and adjusting practices to support individuals interacting with the involuntary commitment process in Virginia.

Graph 2: All TDO Admissions to State Hospitals

Under statutory provisions, when an individual is in emergency custody and needs temporary detention, and no other temporary detention facility can be found by the end of the 8-hour period of emergency custody, the state hospital shall admit the individual for temporary detention. CSBs are organized into seven Partnership Planning Regions to manage their utilization of state and local inpatient psychiatric beds. Each region has developed Admission Protocols outlining the process to be followed for accessing temporary detention facilities and for accessing the state hospital as a "last resort" facility for temporary detention.

Virginia state code does not specify the use of state hospitals as facilities of “last resort” for individuals needing temporary detention but not in emergency custody however they may be utilized for temporary detention if the hospital is determined to be the facility of choice based on the individual’s specific needs. Graph 2 includes all TDO admissions to state hospitals including those where the facility was considered as a “last resort” and admissions where the hospital is facility of choice for the individuals. **Of the 2,001TDOs executed in December, 191(10%) resulted in admission to a state hospital.** [1]



[1] Source: DBHDS AVATAR admitting CSB data- Last Resort Data is collected by the CSBs and reported by the regions

Graph 3. State hospital TDOs without ECOs

As the hospitals of “last resort”, state hospitals admit individuals who need temporary detention for whom no alternative placement can be found, whether or not the individual is under an ECO. In December, there were 29 admissions without ECOs to a state hospital, which is a decrease of 19% from November. Reasons for using the state hospitals include the lack of capacity of the alternate facilities contacted by the CSB, admissions for specialized care due to the individual’s age (children and adolescents or adults aged 65 and older), a diagnosis of intellectual or developmental disability, medical needs beyond the capability of the facilities contacted, and behavioral needs exceeding the capabilities of the facilities contacted.

