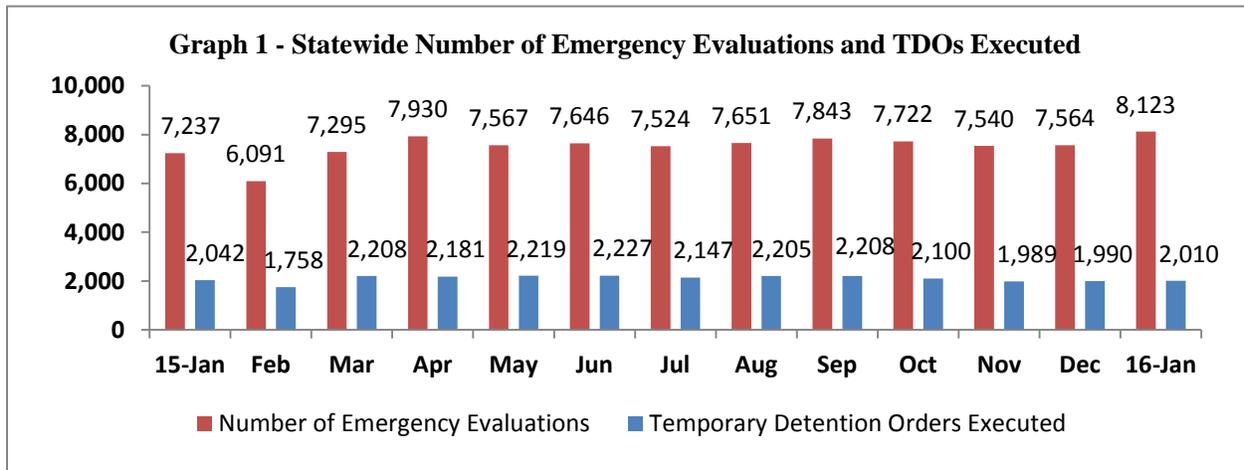


This document is the seventh monthly report of data collected from community services boards (CSBs) and partnership planning regions for fiscal year 2016 (FY 2016). There are 39 CSBs and one behavioral health authority in Virginia, referred to in this report as CSBs. The following sections contain the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

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 January 2016 was 8,123, a 7% increase from December 2015. 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 January, there were 2,010 executed TDOs, a slight increase from December. There was one TDO issued and not executed. **About 75% of the emergency evaluations reported in January (6,113 of 8,123) did not result in a TDO.** For the current report month, there were an average of 262 emergency evaluations completed and about 65 TDOs issued and executed each day across the state compared to the December counts, these figures were slightly higher. Graph 1 reports the numbers of evaluations and executed TDOs for January 2016 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 eight events in January. Each event triggers submission of an incident report to members of the DBHDS Quality Team within 24 hours of the event. The members receiving the 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. The report is reviewed with particular attention on actions taken to resolve the event and what is done by the CSB to prevent such occurrences in the future. Additional information and follow up questions are asked of the CSB as 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, and identifies, monitors, and analyzes trends and oversees the implementation of continuous quality improvement measures.

The details of each of the eight reported events are described below.

1. This individual was seen in an emergency department while under a magistrate-issued ECO. This individual was determined to meet TDO criteria and a TDO was obtained. Local law enforcement volunteered to transport the individual upon learning an alternate form of transportation would not be available for several hours. Upon the arrival at the facility of involuntary detention, the individual was found to have died during transport. DBHDS reviewed the event with the CSB with a recommendation to the CSB on reviewing the usage of alternate transportation. The DBHDS Office of Licensing investigated this event as well. The CSB has met with the law enforcement agency to discuss this event and practices to prevent recurrence of an event such as this.

2. This individual was initially evaluated with a family member in a CSB office. The individual and family member were requesting hospitalization at the time of the assessment. Per agency protocol, the CSB sent them to the local emergency department for medical screening while trying to locate an appropriate inpatient psychiatric facility. The family member became frustrated with the length of time it was taking to locate a willing facility so the evaluator spoke with the family member who agreed to remain with the individual in the emergency room until an appropriate placement could be located. A short while later when a facility was found, the evaluator sought a TDO. However, the evaluator was informed by a nurse in the emergency department that the individual and family member had left the premises. The nurse reported notifying local law enforcement of their departure. The evaluator coordinated with law enforcement during multiple attempts to locate the individual to no avail. The CSB and the hospital have made an agreement to have the CSB inform individuals if a TDO will be pursued and if so, the name of the accepting temporary detention facility. The CSB evaluator will exercise his clinical judgment balanced with the responsibility to inform the individuals of their intentions pursuant to state code.

3. The individual was seen while on a law enforcement issued ECO following a self-inflicted injury warranting emergency medical treatment. The CSB conducted the preadmission screening evaluation and was informed by the treating physician the individual was in need of a medical admission for continued medical treatment. The physician obtained a Medical TDO and the CSB requested a one-to-one aide be placed at the individual's bedside. The CSB developed a plan with the hospital staff to notify the CSB when the individual was medically able to be transferred or to call law enforcement if the individual left the hospital. The individual was re-evaluated when the medical treatment was concluded and a TDO was pursued without any loss of custody. DBHDS reviewed the event and had no recommendations as the individual's medical and behavioral health needs were met.

4. This individual was seen on a voluntary basis in an emergency department after seeking help for hypertension. The emergency department requested the individual be evaluated by the CSB. The individual was assessed and determined to meet the criteria for a TDO. The individual's belongings were given to the person accompanying her to the emergency department in accordance with the emergency department's established protocols. The individual became verbally aggressive with the hospital staff and proceeded to leave the premises with her friend. It was noted by the CSB evaluator that the individual was fully clothed upon her departure. Law enforcement was notified and a search for the individual began. The search continued into the next day and concluded when a local store called law enforcement about the individual. The individual was taken into custody and the TDO was executed. DBHDS reviewed the event. The CSB discussed the need to revise the protocols for maintaining individual's belongings when they are being evaluated by the CSB. The protocols were amended by removing the option of the

belongings remaining with anyone accompanying the individual to the emergency department. No further recommendations by DBHDS were made.

5. The individual was seen on a voluntary basis in the emergency department with reports of increased depression and suicidal ideation. The individual became apprehensive about the process during the assessment and requested to leave. The evaluator sought and obtained an ECO to complete the evaluation. The determination was made after the evaluation that the individual met the criteria for a TDO. The CSB arranged for a facility of detention and obtained a TDO. The individual left the emergency department while the TDO paperwork was being finalized with law enforcement. The facility was searched and visual recordings were watched to determine the individual's whereabouts. The law enforcement officer left the facility to search for the individual. The individual was subsequently located and the TDO was executed. DBHDS reviewed the event and recommended a review of the steps taken in the emergency department which led to the individual's ability to leave while under an ECO. DBHDS recommended the CSB work along with law enforcement to prevent individuals from having the opportunity to leave the emergency department while under an ECO.
6. After voluntarily calling for help, this individual was brought to the emergency department by law enforcement. The CSB was called to evaluate the individual for a TDO. A TDO was supported by the CSB; however the individual was seen walking out of the emergency department by the CSB staff following the evaluation. The staff member contacted law enforcement for assistance. Law enforcement was able to locate the individual and return him to the emergency department. An ECO was obtained from the magistrate so that the individual's medical needs could be addressed and a temporary detention facility could be located. A TDO was later issued and executed. DBHDS reviewed the event and recommended the CSB work with the administration of the emergency department on methods to prevent individuals determined to be in need of psychiatric hospitalization from leaving the premises.
7. The individual was assessed in a hospital emergency department and determined to be in need of inpatient psychiatric treatment but unwilling to consent to the treatment. As a result, the CSB was contacted for a TDO evaluation. The individual was not subject to an ECO. The CSB completed the preadmission screening evaluation and determined hospitalization was needed. The individual continued to refuse to accept treatment and walked out of the emergency department. The evaluator contacted law enforcement and obtained an ECO from the magistrate. The individual lived in another area of the state so the home CSB was contacted as well. The individual was later located at his residence and taken into custody under an ECO. The individual was evaluated by the CSB of residence and determined to not meet criteria for a TDO at that time. DBHDS reviewed the event and recommend the CSB meet with the administration of the emergency

department to develop policy and procedures for individuals' presenting with behavioral health needs.

8. This individual presented voluntarily to an emergency department requesting inpatient psychiatric admission. The CSB was contacted to evaluate the individual for a TDO due to concerns regarding the individual's capacity to consent for treatment. The evaluation supported the individual needing inpatient psychiatric care and a TDO would be needed for admission. The evaluator was advised by the attending physician that the individual was not in need of further acute medical treatment so the search for a bed began. While the evaluator was conducting the bed search, the individual became medically unstable and required dialysis. Her medical needs were met and the individual was ready to be transferred to a psychiatric unit. The CSB continued the process for locating a willing facility for the individual and was asked by facilities to hold the individual until the morning commitment hearing was held to see if any beds became available in the community. The individual's medical needs had been determined to best be served by a facility with both medical and psychiatric treatment capabilities. Upon receiving a confirmation of bed space, a TDO was issued and executed. DBHDS reviewed this event with no recommendations as the individual remained safe while having her medical conditions treated prior to her behavioral health needs.

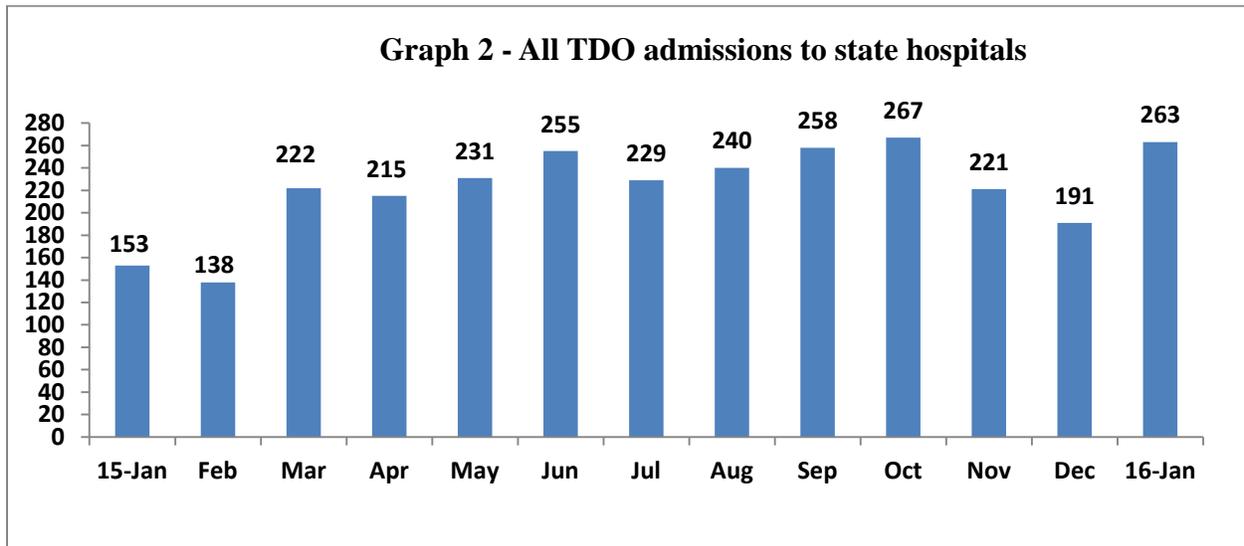
The DBHDS Quality Review Team reviewed each of these reports on the events as they were submitted. The team works with each CSB to ensure events are reviewed by the CSB and with community partners involved in the events to strengthen the safety of individuals determined to be in need of involuntary hospitalization. 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.

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 2,010 TDOs executed in January, 263 (13%) resulted in admission to a state hospital. ^[1]



Graph 3. State hospital TDOs without ECOs

As the hospital of “last resort” DBHDS facilities admit individuals who need temporary detention for whom no alternative placement can be found, whether or not the individual is under an ECO. CSBs report every “last resort” admission where no ECO preceded the admission. In January, there were 32 admissions without ECOs to a state hospital, which is an increase of 10% from December.

Individuals are admitted to a state hospital as a “last resort” with or without a preceding ECO due to a lack of capacity of the alternate facilities contacted by the CSB, specialized care due to the individual’s age (children and adolescents or adults aged 65 and older), diagnoses of intellectual or developmental disability, medical needs beyond the capability of the alternate facilities contacted, and behavioral needs exceeding the capabilities of the alternate hospitals contacted.

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

Temporary Detention Order (TDO) Exception Report
January 2016

