

This document is the first monthly report of data collected from community services boards (CSBs) and regions for fiscal year 2016 (FY 2016). There are 39 Community Services Boards and 1 Behavioral Health Authority in the Commonwealth, referred to in this report as CSBs. The following sections contain the summaries and graphs of the monthly data reported to DBHDS through July, 2015.

Community Services Boards (CSB's) collect and report data on exceptional events associated with emergency custody orders (ECO's), temporary detention orders (TDO's), and involuntary admissions under the new statutes effective July 1, 2014, as well as the factors contributing to these events. The Department of Behavioral Health and Developmental Services (DBHDS) requires this data to be submitted monthly by each CSB and geographic region. DBHDS also requires case-specific reports from individual CSB's 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.

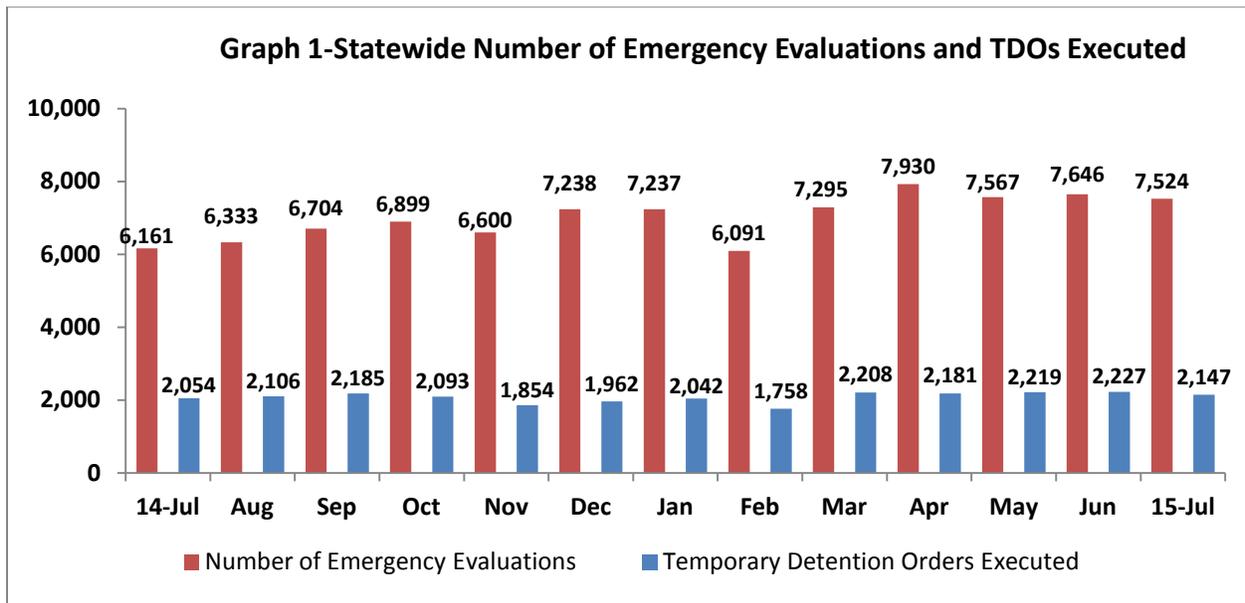
DBHDS has made formatting and content changes to the FY 16 report beginning in July 2015. The purpose of the formatting changes is to streamline the report and enhance the clarity, conciseness, and focus of the data presented. The report also no longer includes the number of emergency contacts state wide due to ongoing definitional challenges and variations in reporting. These variations are primarily a result of CSB emergency services receiving a combination of crisis and non-crisis calls which contribute to inconsistent reporting and skew the data. Finally, as a result of House Bill 1694 effective July 1, 2015 which eliminated the CSBs' responsibility for custody, the report no longer contains a section on execution of TDOs following the expiration of an ECO. Additionally, DBHDS learned that reporting on this element varied across the state and resulted in an inconsistent focus on certain CSBs. Any loss of custody or failure to receive inpatient treatment during after the expiration of the ECO will continue to be reported by the CSB within 24 hours and described in this report.

Previous reports are available on the Department of Behavioral Health and Developmental Services (DBHDS) website.

Graph 1. 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 July was 7,524, which is a 1% decrease from June, 2015 and generally reflects a slight downward trend since April, 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 July, there were 2,147 executed TDOs, which is a 3% decrease from June, 2015, which was the highest month reported in FY 2015. **About 71% of the**

emergency evaluations reported in July (5,377 of 7,524) did not result in a TDO. Individuals not found to meet the TDO criteria are referred for less restrictive services including such things as medication management, outpatient counseling, residential crisis stabilization or detoxification, and voluntary inpatient psychiatric treatment. For the current report month, July 2015, there were an average of 243 emergency evaluations completed and 72 TDOs issued and executed each day across the Commonwealth. Compared to the June counts, these figures show a slight decrease in emergency evaluations, and for TDOs issued and executed. Graph 1 reports the numbers of evaluations and executed TDOs for July, 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 events involve individuals who are evaluated and need temporary detention, but do not receive that intervention. There were four such events in the July 2015 reporting period. Each of these events triggers submission of an incident report to the DBHDS Quality Team within 24 hours of the event. The Quality Team members are Daniel Herr, Assistant Commissioner of Behavioral Health, Stacy Gill, Director of Behavioral Health Services, and Mary Begor, Crisis Intervention Community Support Specialist. The reports describe the incident initial actions to resolve the event and prevent such occurrences in the future. In each case, the DBHDS Quality Team reviews the incident report and the actions of the CSB for comprehensiveness and sufficiency and responds accordingly if additional follow up is needed. CSBs continue to update DBHDS until the situation has resolved and follow up is completed. On a monthly basis, the Quality Team reports these events 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 each situation are below.

1. The individual was evaluated while on a law enforcement initiated ECO and determined to not meet criteria for a TDO. Within several hours, law enforcement was dispatched to the individual's home, and the individual was taken back into custody under a magistrate-issued ECO. The individual was aggressive and uncooperative in his home with his parents warranting another evaluation based on the additional information. During the re-evaluation, the evaluator determined the individual met criteria for a TDO; however the individual was in need of a medical evaluation prior to hospitals being willing to accept the individual for a TDO. While the medical clearance was being completed and the search for an appropriate bed was being conducted, the magistrate called to state the ECO had expired as it had been more than eight hours since the initial law enforcement ECO began. The evaluator obtained a bed at the regional state hospital and no loss of custody occurred.

2. An individual was evaluated while under a magistrate-issued ECO and was determined to be willing to seek voluntary hospitalization and deemed to have the capacity to admit himself to a hospital. Law enforcement and the evaluator left the individual in the emergency room while the transfer was being arranged by the emergency department staff. The individual left and the CSB was notified of the individual's absence. The CSB notified local law enforcement and obtained a TDO from the magistrate. However, the TDO was never executed because the individual's whereabouts were unknown. Both law enforcement and the evaluator made multiple attempts to locate the individual, and this culminated in reaching the individual by phone and the individual denying the need for treatment and refusing to disclose his current location. The individual was willing to accept referrals to local, private community resources.

3. After evaluation but prior to the TDO issuance and execution, an individual not under an ECO left an emergency department. An ECO was sought and obtained from the magistrate; however, the individual was not located. The address provided to the emergency department was no longer the individual's address. The CSB notified local hospitals and CSBs surrounding their locality of the individual's need for services. However, no contact was made with the individual. The CSB met with the emergency department administrators to discuss this event and to identify where the protocols for the hospital did not effectively provide for the safety of the individual under evaluation in the emergency department. As a result of the meeting the hospital instituted stricter protocols and the CSB will support the hospital with these protocols by notifying hospital administration when they are not being followed.

4. The individual was evaluated by the emergency evaluator while under an ECO initiated by law enforcement. The emergency room was outside of the officer's locality. While the evaluator was seeking an appropriate bed for the individual for a TDO, the ECO expired and the officer stated

he would leave the individual in the emergency department without supervision. The evaluator contacted the local police department for assistance with maintaining custody of the individual. Local police arrived at the emergency department and assisted with maintaining custody of the individual. The electronic system used by the magistrate to issue TDOs was not operational for an hour due to routine maintenance and as a result the issuance of the TDO was delayed. There was no loss of custody of the individual, and the TDO was executed without any further delays. The CSB reviewed this event with the law enforcement agency who agreed to maintain custody of individuals when an ECO expires while waiting on the TDO to be issued or executed.

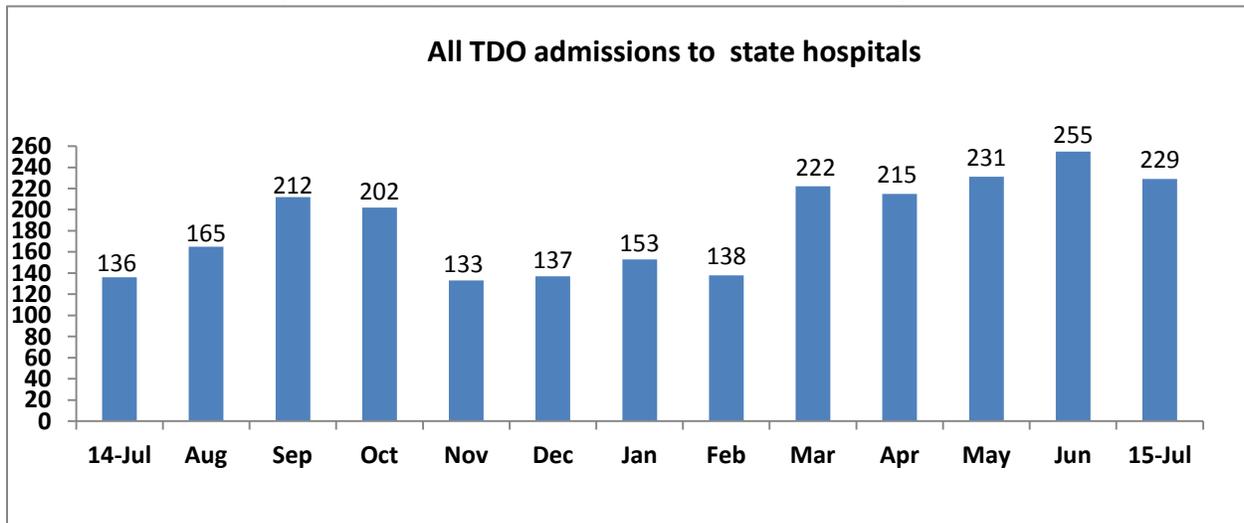
The DBHDS Quality Review Team reviewed each of these reports on the events as they were submitted. The team works with each CSB to ensure events are reviewed by the CSB and with community partners involved in the events to strengthen the safety of individuals determined to be in need of involuntary hospitalization.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

State hospitals can be used as a temporary detention facility for individuals not in emergency custody and in need temporary detention, and the admission would not be considered a "last resort" admission. State hospitals can also be utilized for temporary detention if the hospital is determined to be the facility of choice based on the individual's specific needs. Of the 2,147

TDOs executed in July, 229 (11%) resulted in admission to a state hospital. ^[1]

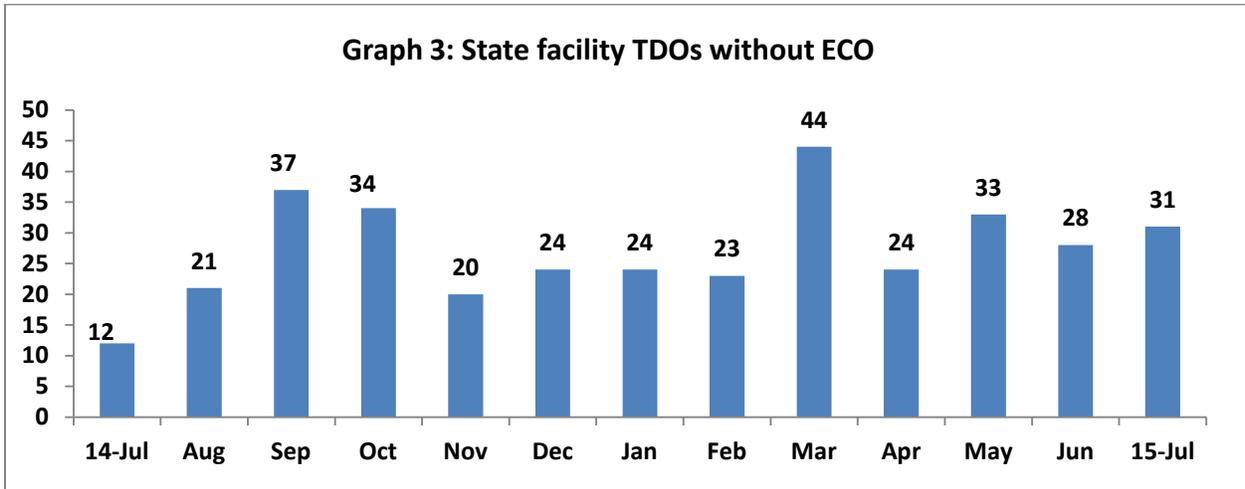


Graph 3. State hospital TDOs without ECOs

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, along with how many alternate facilities were contacted and the reason(s) for the inability to locate an alternate facility. In July, 2015 there were 31 such admissions to a state hospital, which is an increase of 11% from June, 2015 with a total of 422 contacts made for an average of 13 alternate facilities contacted to secure these admissions. Thirteen were due to a lack of capacity of the alternate facilities contacted by the CSB, and four of the admissions were for specialized care due to the individual’s age (children and adolescents or adults aged 65 and older). Other reasons for these admissions were diagnosis 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 Summary
July 2015



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July 2015

APPENDIX A

Partnership Planning Region	Community Services Board
1 Northwestern Virginia	Alleghany Highlands CSB Harrisonburg-Rockingham CSB Horizon Behavioral Health Northwestern Community Services Rappahannock Area CSB Rappahannock-Rapidan CSB Region Ten CSB Rockbridge Area Community Services Valley CSB
2 Northern Virginia	Alexandria CSB Arlington County CSB Fairfax-Falls Church CSB Loudon County Department of Mental Health, Substance Abuse and Developmental Services Prince William County CSB
3 Southwestern Virginia	Cumberland Mountain CSB Dickenson County Behavioral Health Services Highlands Community Services Mount Rogers CSB New River Valley Community Services Planning District One Behavioral Health Services
4 Central Virginia	Chesterfield CSB Crossroads CSB District 19 CSB Goochland-Powhatan Community Services Hanover CSB Henrico Area Mental Health & Developmental Services Richmond Behavioral Health Authority
5 Eastern Virginia	Chesapeake Integrated Behavioral Healthcare Colonial Behavioral Health Eastern Shore CSB Hampton-Newport News CSB Middle Peninsula-Northern Neck CSB Norfolk CSB Portsmouth Department of Behavioral Healthcare Services Virginia Beach CSB Western Tidewater CSB
6 Southern Region	Danville-Pittsylvania Community Services Piedmont Community Services Southside CSB
7 Catawba Region	Blue Ridge Behavioral Healthcare