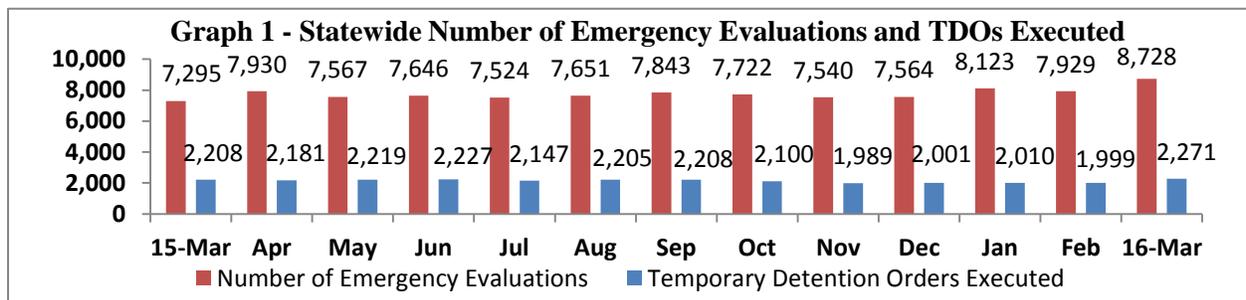


This document is the ninth monthly report of data collected from community services boards (CSBs) and partnership planning regions for fiscal year 2016 (FY 2016). There are 39 CSBs and one behavioral health authority in Virginia, referred to in this report as CSBs. The following sections contain the summaries and graphs of the monthly data reported to the Department of Behavioral Health and Developmental Services (DBHDS) through March 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 March 2016 was 8,728, a 10% increase from February 2016. 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 March, there were 2,271 executed TDOs, a significant increase from February 2016. **About 74% of the emergency evaluations reported in March (6,457 of 8,728) did not result in a TDO.** For the current report month, there was an average of 281 emergency evaluations completed and about 73 TDOs issued and executed each day across the state. Compared to the February counts, these figures were much higher. Graph 1 reports the numbers of evaluations and executed TDOs for March 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 March. 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.

As a result of the event reviews, DBHDS implemented a change to the report form to include a separate section to indicate if the person had a confirmed or suspected intellectual or development disorder (IDD) and whether REACH, the crisis response system for individuals with IDD and their families, was contacted. Events related to the contacting of REACH were not included in this review of reports.

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

1. The CSB was contacted to assess this individual at a local hospital. The individual was not willing to accept treatment after being determined to need inpatient psychiatric treatment. The CSB evaluated the individual and determined the need for a TDO. The CSB began the process of locating a bed for the individual. The parents of the individual were staying with the individual in the emergency department and a hospital security officer was also observing the individual but did not have legal custody of the individual. When the evaluator returned to the individual's room, the evaluator learned the individual had left after making a request to go to the bathroom. The individual was not able to be found in the emergency department. The individual's parents were still in the person's room however the security officer was not. The individual's mother reported hospital security had left the room about 15 minutes prior. Subsequently, the individual requested to use the bathroom. The CSB reports they were not notified of the removal of security officer and this was not in accordance with the hospital's policies. The CSB obtained a TDO and notified law enforcement that they were looking for the individual. The individual was never located.

The CSB contacted the hospital administration regarding the removal of security from the room. The hospital recognizes their security protocols were not followed and will re-train all security personnel on the protocols.

2. This individual was brought to the emergency department by her mother following the recommendation of law enforcement who had been called to the home for the individual's behavior. The individual required lengthy medical treatment prior to being considered for psychiatric treatment. The CSB was contacted to evaluate the individual after the emergency department located a bed for the individual. However, the placement was not acceptable to the family due to distance. The CSB arrived and completed an evaluation determining the individual did need inpatient treatment. The individual's mother did not accept this determination. The emergency department brought in hospital security followed by local law enforcement to assist with the behaviors of the individual and family. The CSB went to obtain a TDO from the magistrate only to learn the individual and family left the emergency department. Law enforcement declined to intervene as there was no ECO in effect. The CSB notified the law enforcement agency in the individual's home city for assistance with locating the individual. Law enforcement officers were unable to locate the family as there was no response to the door of the family home when they attempted contact. The family of the individual would not take phone calls from the CSB until the next day when the family reported the individual was going to be admitted voluntarily to a facility. The CSB verified this with the facility.

DBHDS has no recommendations at this time.

3. This individual was admitted to a residential crisis stabilization unit as a step down from a stay at Southern Virginia Mental Health Institute (SVMHI). The individual quickly became anxious and attempted to leave the unit. Initially, staff was able to redirect the individual to stay and engage in activities. After several hours the individual assertively left the unit. DPCS immediately obtained an ECO and notified local law enforcement. The ECO expired prior to law enforcement locating the individual. The individual presented to a local emergency department approximately two days later where an emergency evaluation was conducted by the CSB and the individual was detained to a hospital.

The CSB has reviewed their admission criteria and practices at the crisis stabilization unit to improve the screening for individuals who are being discharged from inpatient treatment to the crisis stabilization unit. The CSB holds regular partnership meetings to discuss concerns with hospitals in their area.

4. This individual presented as a self-referral to outpatient services at the CSB wanting to get back on medications. During the evaluation, the individual was determined to be in need of inpatient treatment and this was discussed with the individual. The individual

declined to accept inpatient treatment and left the assessment site. A petition for an ECO was completed and the ECO was issued. Law enforcement was unable to locate the individual prior to the expiration of the ECO. In addition to trying to contact the individual, the CSB attempted to contact the individual's family members. The family reported the individual had left the area to return to Richmond, VA. The CSB continued their efforts to make contact with the individual and were able to reach the individual's mother who reported the individual was safe. The mother declined to disclose the individual's location. The CSB discussed the ECO process with her and provided her the contact information for ES. She agreed to have the individual seek services following the week.

The CSB maintained contact with the individual's mother to ensure the person's safety through the weekend.

The CSB reviewed their policies on evaluating individuals in an unsecured location and determined when there is not an ECO is it highly unlikely the staff at the outpatient clinic will do anything except call for law enforcement assistance should an individual try to leave the clinic.

5. This individual was evaluated at a local emergency department and determined to meet criteria for a TDO. While the CSB was searching for a bed, the individual had two medical events requiring immediate medical attention. The individual agreed to the medical treatment and was admitted to the hospital on a voluntary basis. The CSB maintained contact with the hospital until it was determined to be safe for the individual to be discharged from medical services. The CSB obtained a TDO and no loss of custody occurred.

The CSB handled this event with no concerns from DBHDS.

6. The individual was evaluated while under an ECO and was determined to meet criteria for a TDO. The CSB located a bed for the individual and attempted to obtain the TDO from the magistrate. After faxing the information to the magistrate, the CSB was requested to submit the entire preadmission screening report to the magistrate. When the CSB called to check on the status of the TDO, the CSB was informed the magistrate was busy. The magistrate issued the TDO and no loss of custody occurred despite the expiration of the ECO about 10 minutes before the TDO was issued.

The CSB met with the magistrate's office to discuss ways to expedite the process for TDO petition reviews so that the ECO period does not end prior to the issuance of the TDO. The CSB continues to try to build a collaborative relationship with their community stakeholders.

7. The individual, a minor, was evaluated while under an ECO at a local sheriff's department. The individual met criteria for a TDO so the CSB secured a bed for the individual. The CSB submitted a petition for TDO to the magistrate which was returned with a request for different wording on the petition. As requested, the CSB completed the petition and faxed it back to the magistrate, which resulted in the TDO being issued after the ECO expired. The magistrate expressed reluctance to issue the TDO due to concerns about obtaining medical clearance for the minor prior to transportation to the state hospital. The magistrate stated a desire to research this further and call the CSB back. The magistrate became busy with other items so the CSB contacted the magistrate again requesting the TDO be issued. The TDO was subsequently issued with no loss of custody.

The CSB integrated the practice of obtaining medical clearance earlier in the process for all possible admissions. The CSB identified having this be accomplished by transferring custody of the individual to the CIT center at the emergency department to help obtain the medical screening and evaluations earlier in the process.

8. This individual was evaluated at the request of a local juvenile detention center and was determined to meet criteria for a TDO. Due to the juvenile's legal status, the individual had to be admitted to CCCA. However, CCCA was at capacity and no overflow beds were available. The juvenile detention center agreed to monitor the individual until a bed could be secured the next day. The CSB worked to obtain a bed the next day only to learn there were still no beds available. CCCA agreed to the admission later in the day but required that a transportation order be issued so the individual could be returned to the detention center upon discharge. The CSB was unable to obtain the order since the court offices were closed for the day. The CSB contacted CCCA the next morning and the issue of transportation was resolved.

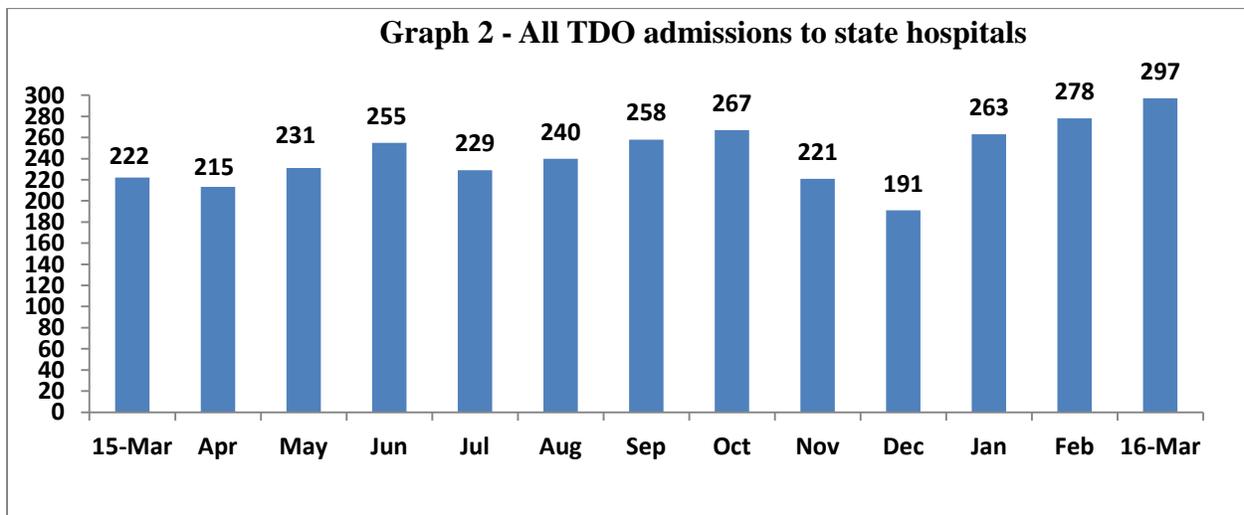
The CSB requested clear protocol from CCCA on the process of admitting juveniles from the detention center and the use of transportation orders.

The DBHDS Quality Review Team reviews each of the event reports on the events when they are 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 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 was facility of choice for the individuals. **Of the 2,271 TDOs executed in February, 297 (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 March, there were 30 admissions without ECOs to a state hospital, which is a decrease of 3% from February.

Individuals are admitted to a state hospital as a “last resort” with or without a preceding ECO due to: 1) a lack of capacity of the alternate facilities contacted by the CSB, 2) specialized care due to the individual’s age (children and adolescents or adults aged 65 and older), 3) diagnoses of intellectual or developmental disability, 4) medical needs beyond the capability of the alternate facilities contacted, 5) traumatic brain injuries, and 6) 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
March 2016

