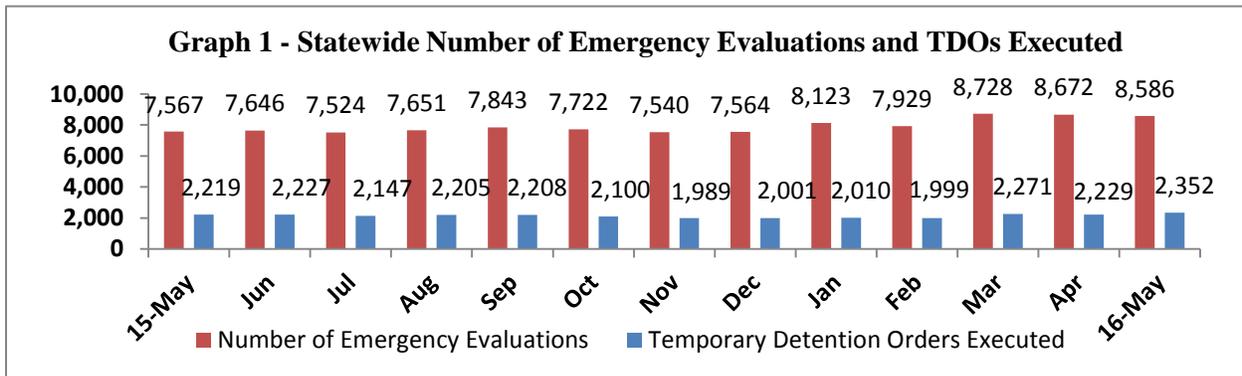


This document is the eleventh monthly report of data collected from community services boards (CSBs) and partnership planning regions for fiscal year 2016 (FY 2016). There are 39 CSBs and one behavioral health authority in Virginia, referred to in this report as CSBs. The following sections contain the summaries and graphs of the monthly data reported to the Department of Behavioral Health and Developmental Services (DBHDS) through May 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 May 2016 was 8,586, a 1% decrease from April 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 May, there were 2,352 executed TDOs, an increase of 6% from April 2016. **About 73% of the emergency evaluations reported in May (6,234 of 8,586) did not result in a TDO.** For the current report month, there was an average of 277 emergency evaluations completed and about 76 TDOs issued and executed each day across the state. Compared to the April counts, these figures were about the same. Graph 1 reports the numbers of evaluations and executed TDOs for May 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 two events in May. 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 Services Coordinator. 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 modified the report form to include a section 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 were contacted. Events related to the contacting of REACH were not included in this review of reports.

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

1. This individual was evaluated in a local emergency department after refusing medical treatment following a suicide attempt. The individual was determined to meet criteria for a TDO; however, the individual refused recommended medical treatment. When the clinician and physician left the room to discuss treatment options, the individual left the emergency department with IV still attached. Law enforcement was contacted and assisted with locating the individual. The individual was not located. As a result of this incident, the CSB implemented additional protocols for individuals deemed to

meet TDO criteria while held in the emergency department. In addition, the CSB collaborated with the emergency department staff to determine ways in which safety of the individual may be maintained when experiencing a behavioral health crises.

DBHDS reviewed the events in the report and had no additional recommendations.

2. The CSB was called to evaluate an individual who had been admitted to a medical unit of the hospital. During the admission process, the individual left the unit and was found attempting to climb through a drain pipe into a pond. Law enforcement and EMS secured the individual and transported the individual back to the medical facility. Law enforcement contacted the CSB to report that the individual was not under an ECO. Law enforcement later called the CSB reporting an ECO was in place and was retroactive to the time the individual was located approximately 2.5 hours earlier. The CSB notified the treating physician and began attempts to secure placement. All hospitals contacted declined the admission due to concerns about the individual's medical instability despite the treating physician's insistence that the individual was medically stable. The CSB attempted to have the treating physician secure a medical TDO to allow for additional time for testing and treatment. The physician refused and reiterated the opinion of the medical stability of the individual. Numerous hospitals were contacted and all reported an unwillingness to accept the individual due to abnormal lab values. The director of the emergency department was contacted and arranged to have the individual admitted to an affiliated hospital with a behavioral health unit; thus, prompting the CSB to cancel the TDO to a state hospital. The treating physician disagreed with the plan to transfer the individual to the affiliated hospital. As a result, the CSB requested another TDO from the magistrate in order to have the individual admitted to a state hospital.

The CSB met with law enforcement to reinforce the obligation of law enforcement to notify the CSB as soon as an individual is taken into custody. The CSB also met with the medical director and the director of the emergency department to discuss the ECO/TDO process and this particular event. They discussed the facilities responsibility to work collaboratively with stakeholders such as the CSB and law enforcement during the involuntary commitment process.

DBHDS reviewed the event and supported the actions of the CSB in their actions with the other stakeholders.

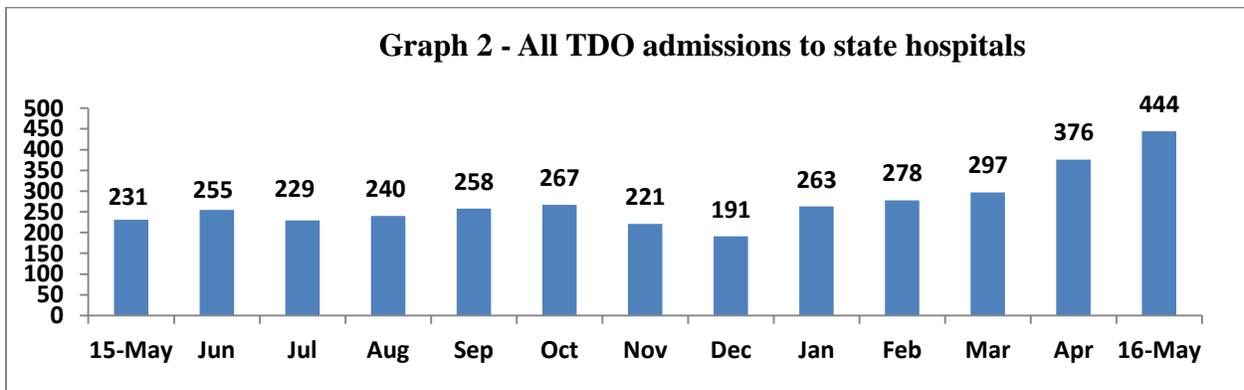
The DBHDS Quality Review Team reviewed each of these reports on the events as they were submitted. The team works with each CSB to ensure events are reviewed by the CSB and with community partners involved in the events to strengthen the safety of individuals determined to be in need of involuntary hospitalization. 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 2,352 TDOs executed in May, 444 (19%) 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 April, there were 44 admissions without ECOs to a state hospital, which is a decrease of 4% from March.

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

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

facilities contacted, traumatic brain injuries, and behavioral needs exceeding the capabilities of the alternate hospitals contacted.

