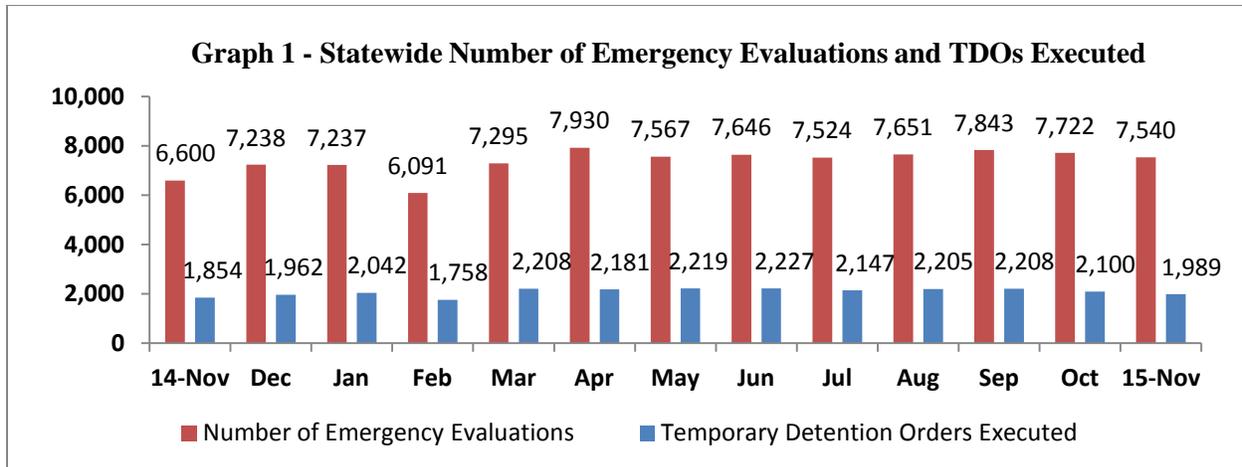


This document is the fifth monthly report of data collected from community services boards (CSBs) and partnership planning regions for fiscal year 2016 (FY 2016). There are 39 and one behavioral health authority in Virginia, referred to in this report as CSBs. The following sections contain the summaries and graphs of the monthly data reported to the Department of Behavioral Health and Developmental Services (DBHDS) through November 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 November was 7,540, which is a 2% decrease from October. 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 November, there were 1,990 executed TDOs, which is a 5% decrease from October. **About 74% of the emergency evaluations reported in November (5,550 of 7,540) did not result in a TDO.** For the current report month, there were an average of 243 emergency evaluations completed and about 64 TDOs issued and executed each day across the Commonwealth. Compared to the October counts, these figures were slightly lower. Graph 1 reports the numbers of evaluations and executed TDOs for November, 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 five events in November. 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 each of the five reported events are described below.

1. This individual was evaluated for a TDO in an emergency department. The individual was a minor who is in the foster care system. The individual initially agreed with the recommendation for inpatient hospitalization but proceeded to leave the emergency department when the evaluator left the room to make the arrangements. The CSB notified the local law enforcement and provided a description of the individual. The individual was located by law enforcement and taken into custody under a law enforcement issued ECO while the evaluator obtained the TDO from the magistrate. The TDO was executed without further delay. The CSB met with the administration of the emergency department and security department to reinforce the need for facility compliance with their own established safety protocols with every individual. The CSB reviewed their

own procedures and made adjustments to provide continuity of care among evaluators and direct observation of individuals determined to be at a risk for leaving or who meet TDO.

2. This individual was evaluated while subject to an ECO. The individual had complex medical needs and had not been participating in recommend outpatient medical care prior to the ECO which complicated the medical screening process. The individual was determined to meet criteria for a TDO and a bed search was conducted. No private psychiatric hospital was willing to accept him due to his medical acuity and current medical needs. The state hospital was contacted and was also reluctant to admission for the same reasons and arranged for the physicians from each hospital to consult with each other. Following the physicians' conversation, a decision was made for him to remain in the emergency department until one of his major medical needs could be addressed overnight despite the ECO expiration. The individual was transported to the state hospital the next morning. There was no loss of custody despite the ECO expiring prior to the TDO issuance. DBHDS reviewed this event with the state hospital and clarified expectations for managing such circumstances. The CSB provided education to the emergency department on the process of obtaining medical detention orders which may have been appropriate for this individual.
3. This individual voluntarily presented to an admissions department at a psychiatric hospital for evaluation. The CSB was contacted to evaluate the individual for a TDO. After the evaluation, the individual left the facility prior to the TDO being issued. Law enforcement was notified and provided a description of the individual and the vehicle she was driving. The CSB made attempts to locate the individual by contacting family members to no avail. The individual was not known to the CSB prior to this evaluation. The individual was never located. The CSB met with the hospital administration to discuss protocols for maintaining the safety of individuals being evaluated in the hospital. The hospital is implementing additional protocols to help prevent individuals from leaving once the determination for a TDO is made.
4. 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, it was determined after this decision the individual had medical needs warranting a medical admission so a medical detention order was obtained. The individual was reassessed by the CSB after 24 hours and it was determined the individual needed continued inpatient medical treatment. The CSB maintained contact with the hospital and completed another evaluation when his medical treatment was completed. During this evaluation it was determined the individual was no longer meeting TDO criteria or in need of inpatient psychiatric care. Outpatient appointments were confirmed and the individual was given information on contacting the CSB should there be a need. Quality Review members view medical treatment as an appropriate step prior to the

psychiatric hospitalization of this individual and support the actions of the CSB with a re-assessment to determine the individual's needs at the conclusion of the medical treatment.

5. This individual was evaluated for a TDO after presenting on a voluntary basis with family to an emergency department. A TDO was supported following the evaluation and a bed search began. After an extensive bed search no willing facility could be found for admission so the state hospital was contacted as a last resort. The individual was in the emergency department for approximately 26 hours with family or security maintaining custody of the individual who was not under an ECO. The TDO was executed to the state hospital. Quality review members reviewed this event and encouraged the CSB to increase their use of local resources to provide community alternatives for individuals with challenging behaviors due to intellectual or developmental disabilities

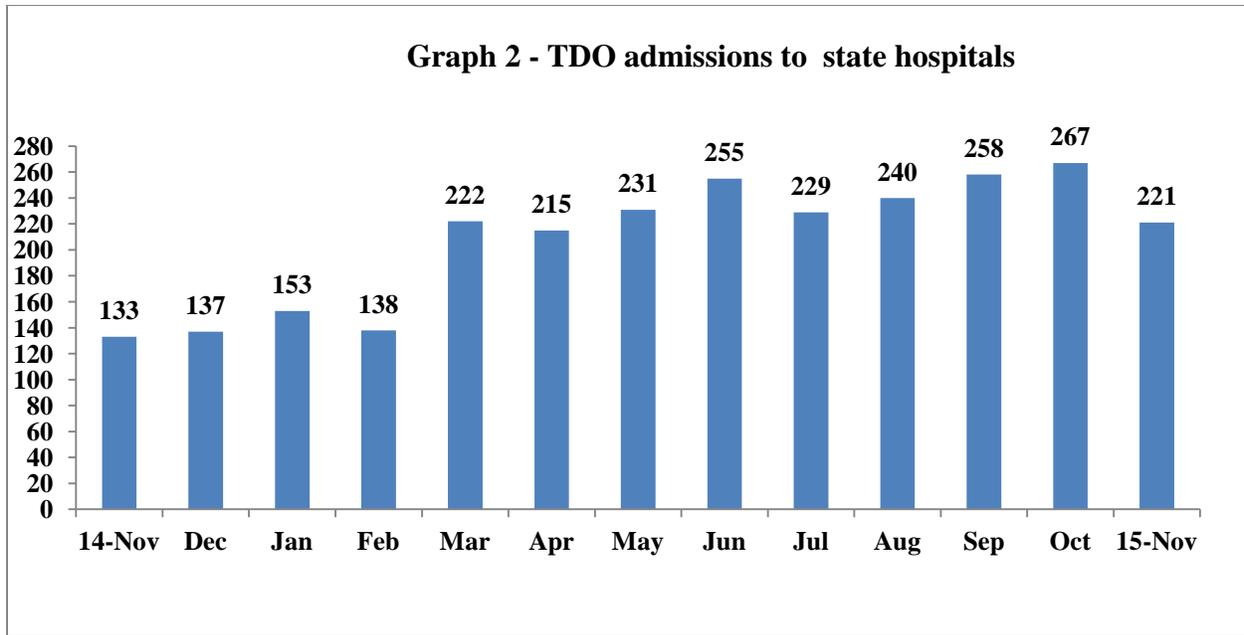
DBHDS Quality Review Team reviewed each of these reports on the events as they were submitted. The team works with each CSB to ensure events are reviewed by the CSB and with community partners involved in the events to strengthen the safety of individuals determined to be in need of involuntary hospitalization. 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 1,990 TDOs executed in November, 221 (11%) resulted in admission to a state hospital.** <sup>[1]</sup>

<sup>[1]</sup> 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 hospital 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. CSBs report every “last resort” admission where no ECO preceded the admission. In November, there were 36 such admissions to a state hospital, which is the same as October. The admissions were 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 alternate facilities contacted, behavioral needs exceeding the capabilities of the alternate hospitals contacted and having pending legal charges with criminal home monitoring in place.

