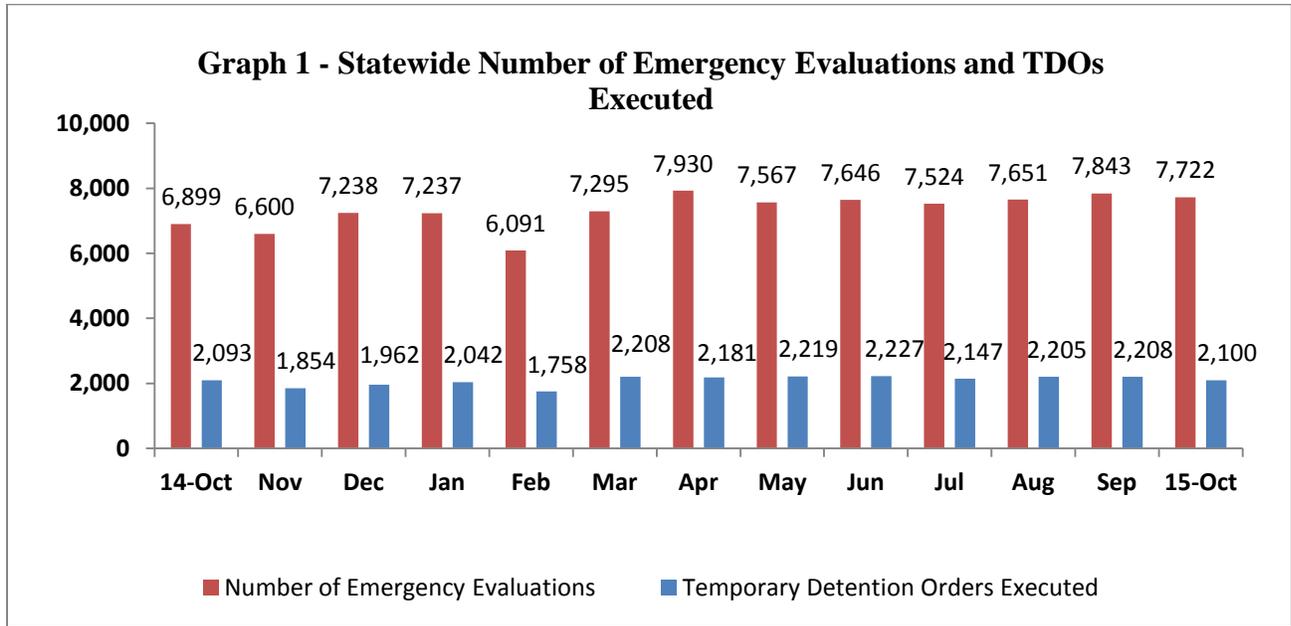


This document is the fourth monthly report of data collected from community services boards (CSBs) and partnership planning regions for fiscal year 2016 (FY 2016). There are 39 and one behavioral health authority in Virginia, referred to in this report as CSBs. The following sections contain the summaries and graphs of the monthly data reported to the Department of Behavioral Health and Developmental Services (DBHDS) through October 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 October was 7,722, which is a 2% decrease from September. 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 October, there were 2,100 executed TDOs, which is a 5% decrease from September. **About 73% of the emergency evaluations reported in October (5,622 of 7,722) did not result in a TDO.** For the current report month, there were an average of 249 emergency evaluations completed and about 68 TDOs issued and executed each day across the state. Compared to the September counts, these figures were slightly lower. Graph 1 reports the numbers of evaluations and executed TDOs for October, 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 seven events in October. 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 the seven events reported in October are described below.

1. This individual was assessed while subject to an ECO. The determination of a need for hospitalization was made and the individual was willing to accept voluntary admission. While the voluntary admission was being coordinated by the emergency department staff, the individual left the emergency room. The magistrate declined to issue a new ECO citing this was not a new event. Law enforcement was notified and began a search for the individual. A TDO was obtained and was available for execution upon the location of the individual. Law enforcement located the individual after several hours and executed the TDO. The CSB reviewed the actions of staff leading up to the individual leaving the emergency department

against medical advice. The CSB met with the law enforcement agency involved to discuss the actions taken by the officers on the scene. The CSB also met with the emergency department administration to enhance the cooperation of the staff with maintaining the safety of their patients who have been determined to be in need of a TDO.

2. This individual was evaluated on a voluntary basis after presenting to the emergency department. The evaluator determined the individual was in need of inpatient psychiatric treatment. When the evaluator informed the individual of this decision, the person refused to accept voluntary admission, became agitated, and left the emergency department. The evaluator contacted law enforcement for assistance. Law enforcement began searching for the individual while the CSB evaluator obtained an ECO from the magistrate. The individual later phoned the emergency department but declined to disclose his location. When law enforcement was informed of this contact, the officer reported speaking with the individual on the phone at length and the individual denied the need for hospitalization. The individual phoned the CSB the next morning to speak with the emergency services manager. The individual continued to decline to disclose his location and the need for any services at the time. The individual agreed to call the emergency services manager back but did not and no further contact with the individual has been made despite the efforts of the CSB. The CSB reviewed the event with law enforcement to emphasize the importance of executing orders issued by the magistrate based upon the evaluation of a mental health professional.
3. This individual was evaluated while under an ECO in an emergency department following the family's request for police assistance in their home. The evaluator determined the individual met the criteria for a TDO; however, the individual required medical intervention. The hospital admitted the individual with an agreed upon plan to call the CSB prior to discharge. During the medical admission, the hospital notified the CSB the individual had left the medical floor. A family member was notified by the CSB and informed the CSB when the individual's location was known. Law enforcement transported the individual back to the emergency department and the CSB evaluator learned the original accepting psychiatric facility was no longer willing to accept the individual. The evaluator began searching for bed space at other facilities. A TDO was issued and executed without further incident. Quality Review Committee members recommended the CSB meet with its hospital partners to ensure cooperation and collaboration with maintaining the safety of individuals with identified behavioral health concerns. The CSB meets with its hospital partners quarterly to address any issues and concerns.
4. This individual was seen initially on a voluntary basis in an emergency department. She was cooperative and willing to seek inpatient treatment. After the evaluation was completed and a transfer for psychiatric care was initiated, she began requesting to leave the emergency department. An ECO was sought by the CSB from the magistrate. Before the ECO could be issued, the individual left the emergency department. Law enforcement was notified. Law

enforcement located the individual and a TDO was executed. The CSB reviewed its process with the hospital administration. It is recognized as an area of concern when an individual presents for behavioral health concerns, has the willingness and capacity to consent for treatment and leaves the assessment site prior to an appropriate disposition. This type of situation is a recognized challenge for the CSB and the emergency department staff since there is no “custody” of the individual if they are voluntary.

5. This individual was brought to the emergency department on an ECO for an evaluation. He was determined to meet criteria for a TDO. However, the individual’s medical needs required acute care so the individual was admitted medically to hospital. The TDO had been issued but not executed when the decision to medically admit was made. The CSB allowed the TDO to expire without execution due to the individual’s medical needs. Upon resolution of the acute medical needs, the individual was seen by an evaluator and was re-assessed. He was determined to no longer meet the criteria for a TDO so a referral for outpatient was made and an appointment scheduled with peer support on a daily basis until the date of appointment. Quality Review Committee members viewed 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.
6. This individual was brought to the emergency department under an ECO for an evaluation. The individual had chronic medical concerns with acute medical needs. The individual was admitted to the medical hospital with a plan for the CSB to be notified when she was ready for discharge. The individual was discharged without a re-assessment completed by the CSB due to the medical facility failing to contact the CSB prior to discharge. Despite numerous attempts by the CSB, there has been no contact with the individual or her family after the discharge. The CSB met with the hospital to review the event and to promote collaboration with following the state statutes for a re-assessment prior to a medical discharge for such individuals.
7. This individual was assessed while under an ECO in an emergency department. The individual was determined to meet TDO criteria however his medical needs were acute and warranted a medical admission. The CSB made a plan with the hospital to complete a re-assessment of the need for psychiatric hospitalization when the individual was medically stable . The CSB completed the re-assessment and the individual was transferred under a TDO to an appropriate facility. Quality Review Committee members viewed medical treatment as an appropriate step prior to the psychiatric hospitalization of this individual.

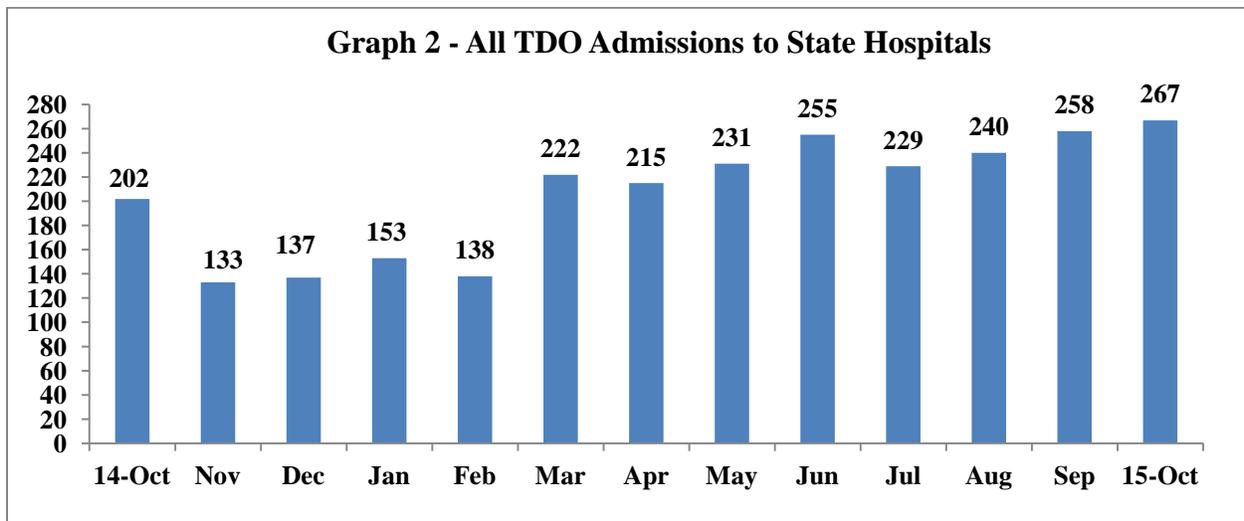
DBHDS Quality Review Team reviewed each of these reports on the events as they were submitted. The team works with each CSB to ensure events are reviewed by the CSB and with community partners involved in the events to strengthen the safety of individuals determined to be in need of involuntary hospitalization. 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 involved in 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 eight-hour period of emergency custody, the state hospital shall admit the individual for temporary detention as the facility of “last resort”. 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 2,100 TDOs executed in October, 267 (13%) resulted in admission to a state hospital.** ^[1]



Graph 3. State hospital TDOs without ECOs

As the hospitals 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, along with

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

how many alternate facilities were contacted and the reason(s) for the inability to locate an alternate facility. In October, there were 36 admissions without ECOs to a state hospital, which is a decrease of 22% from September, with a total of 406 contacts made for an average of just over 11 alternate facilities contacted to secure these admissions. Five were due to a lack of capacity of the alternate facilities contacted by the CSB, and 14 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 facilities contacted, and behavioral needs exceeding the capabilities of the facilities contacted.

