

## **PARTNERSHIP PLANNING REGION VII ECO/TDO ADMISSION PROTOCOL**

Partnership Planning Region VII serves individuals and communities for the Community Services Board (CSB) of Blue Ridge Behavioral Healthcare (BRBH). The following processes are followed during assessment, referral, and inpatient admission of individuals experiencing a psychiatric crisis and in need of a Temporary Detention Order (TDO). The underlying principle is that the individual is the most important part of the process-receiving the right treatment, in the right setting, at the right time, improving his/her chances for recovery, as well as ensuring the individual's safety and that of the public. Individual client circumstances and clinician judgment of appropriate placements make each emergency assessment unique. The goal of this protocol is to ensure that appropriate placement is found for all TDO eligible individuals within allotted time frames and to ensure that no one who requires a TDO admission is released to the community without receiving adequate treatment.

### **Preadmission Screening Procedure:**

- As soon as practical, or as otherwise specified, after an individual has been taken into custody on either a paper or paperless Emergency Custody Order (ECO), Law Enforcement (LE) notifies the CSB, which is responsible for conducting the evaluation. The contact number for BRBH is 549-981-9351.

Information to be provided by LE to the CSB includes the circumstances around the initiation or serving of the ECO and location, any identifying information, destination of LE with the individual, estimated time of arrival, and current behavioral disposition of the individual.

- All individuals taken into emergency custody will be provided with a written summary that explains the ECO procedure. This information will be provided by the law enforcement officer who takes the individual into custody as soon as practical upon taking emergency custody of the individual, or by the CSB prescreener per CSB policy and procedure.
- For every ECO, there are at least 3 contacts made to Catawba Hospital. There are several points at which the third contact can be made, dependent upon the final disposition of the case, as outlined below.
- CATAWBA HOSPITAL CONTACT #1- Upon notification of the ECO, CSB staff will notify Catawba Hospital that the individual will be transported to the facility upon issuance of a TDO if no other facility of temporary detention can be identified by the time of the expiration of the period of emergency custody. Call is to be made to the Director of Social Work during normal daytime work hours and to the Nursing Supervisor during evenings and on weekends at 540-375-4289. (Number is the same for both daytime and evenings/weekends.)

- Once the CSB Emergency Services (ES) clinician has completed the prescreening assessment and determined that a TDO is needed, medical screening is requested, if not already completed, if the individual is currently at a hospital.
- CATAWBA HOSPITAL CONTACT #2- Upon completion of the evaluation, the CSB conveys information about the individual necessary to allow Catawba Hospital to determine the services the individual will require upon admission. If the CSB clinician assesses that admission to Catawba Hospital is likely, the clinician will fax the preadmission screening and any available medical information to Catawba at 540-375-4399 during regular working hours and 540-375-4374 during evenings and weekends by hour 5.5 of the ECO (hour 4.5 for geriatric admissions). It is acceptable to fax the prescreening to Catawba earlier in the process, (e.g., simultaneously while faxing the information to private providers for determination of acceptance). The quality of the communicated information is very important in facilitating an admission and determining the needed services for the individual.

#### **Obtaining a Psychiatric Bed for a TDO:**

- CSB Emergency Services clinicians consider the possible appropriateness of CSU before calling local hospitals. Exclusion criteria for CSU would be current chronic medical condition not controlled by medication, inability to perform ADLs, acute suicidal ideation with clear intent, aggressive acting out behaviors, being acutely psychotic, posing a significant flight risk, or refusing treatment. Following review of all of the information received from the prescreener, CSU calls the doctor on call for medical clearance for admission.
- If CSU is not appropriate, Connect or RESPOND® are contacted; the first call is usually dependent on which hospital is currently serving the client. A local bed is always preferable.
  - Connect and RESPOND® will review all information on the patient if there are available beds, before discussing the admission with the physician, who then will make the final decision regarding the admission.
  - If the individual is accepted for hospital admission, Connect or RESPOND® calls the unit for a bed assignment and contacts the CSB with bed information.
  - CATAWBA HOSPITAL CONTACT #3- CSB staff notify Catawba Hospital that a state facility bed is not needed.
  - If there are no beds available or admission denied, the ES clinician is notified by Connect or RESPOND®.
  - Hospitals will respond with acceptance or denial of the admission as soon as possible from time of the call by the ES clinician.
- If a bed is not available through Connect or RESPOND®, the ES clinician will review the Psychiatric Bed Registry for information to assist in determining bed availability, and begin making calls as indicated for an available bed outside the region. Should a regional psychiatric

bed not be available, the CSU can be optimally utilized for stepdowns from both state and acute care facilities.

- Multiple bed placements can be pursued simultaneously. Every reasonable effort will be made to locate a private hospital bed before seeking a State hospital bed. The list of primary and secondary hospitals which can be called are attached as Addendum A of this protocol. If a private hospital bed is secured, CSB staff notify Catawba Hospital that a state facility bed is not needed (CATAWBA HOSPITAL CONTACT #3).
- CSB staff will document which private hospitals were called, the time the calls were initiated, the response received, and the time of the responses.
- In cases where 1) the individual has a significant medical condition requiring acute medical evaluation and/or treatment, or needs additional time to complete routine medical evaluation, and 2) the individual also meets TDO criteria, then the TDO may be issued to a psychiatric facility contingent on resolution of the medical issues or evaluation, to include the use of a “two-stop TDO”. The TDO would be served and then the individual would continue to complete needed medical evaluation/treatment prior to transport to the psychiatric facility. Transport would not occur to the TDO facility until the acute medical evaluation/treatment occurred.
- Catawba Hospital may conduct its own additional search for an alternative placement facility in collaboration with the CSB, after being notified of the ECO or receiving assessment information. If successful, Catawba Hospital would call the CSB with the information.
- Admission to the Salem VA Medical Center can be considered for qualifying veterans. The VA will review ECO/TDOs during work hours (M-F 8-4:30). If the individual is already in a non-VA bed, the VA may accept after the hearing if it is an appropriate admission.
- Deaf or hearing impaired individuals will be treated as any other individual without discrimination and Western State Hospital may be considered if the individual knows ASL.
- For individuals with confirmed or suspected intellectual disability, the ES clinician will contact REACH (formerly START) for crisis response, consultation, and resources at 1-855-887-8278.
- CATAWBA HOSPITAL CONTACT #3- For adult (non-geriatric) individuals, when the ECO reaches the 7 hour mark from the time it was executed and a private hospital bed has not been secured, the CSB prescreener will notify Catawba Hospital Social Work Director or Nursing Supervisor that a TDO bed search for a private facility has been unsuccessful and that admission will be needed to Catawba Hospital. At the time of the call to Catawba, all additional relevant client

information/prescreening form will also be faxed to Catawba. This call should be made even earlier if the clinician has the needed information and perceives that there is difficulty obtaining a bed.

- Catawba will begin immediate review of the information faxed for any additional medical considerations/testing which may be needed. The Catawba physician reviews for medical clearance. The Nursing Supervisor also looks at the information for any potential nursing issues. If there are medical clearance issues, the Catawba physician contacts the ER physician to discuss. If there are any problems, the Catawba Chief of Staff is notified. After hours, the Nursing Supervisor calls the social worker on call to review the information.
- The Social Work Director during the day or the Nursing Supervisor afterhours notifies the CSB of acceptance.
- If no bed is available at Catawba, the Hospital Director contacts other State facilities for possible placement.
- All individuals detained will be provided with a written summary that explains the TDO procedures and the statutory protections associated with those procedures. This information will be provided by the law enforcement officer who serves the TDO or by the CSB prescriber by CSB policy and procedure.
- If the individual is detained in Catawba at the expiration of the 8 hour period because a private facility of temporary detention could not be identified, the CSB and the state facility may continue to attempt to identify an alternative facility for an additional 4 hours.
- The CSB may change the facility of temporary detention and may designate an alternative facility at any point during the period of temporary detention. The alternative facility must be more appropriate given the specific security, medical, or behavioral needs of the individual. The CSB will provide notice to the clerk of the name and address of the alternative facility.
- If the facility of temporary detention is changed, transportation is provided as follows:
  - If law enforcement or an alternative transportation provider has custody of the individual when the change is made, the individual will be transported to the alternative facility.
  - If the individual has been transported to the initial TDO facility, the CSB will request the magistrate to enter an order specifying an alternative transportation provider, or, if no alternative transportation provider, the local law enforcement agency where the person resides or is located if the 50-mile rule is applicable.

- In cases where an individual is not under an ECO and has agreed to an evaluation that has resulted in a determination that the individual meets TDO criteria, the CSB is not limited to a certain period of time within which to conduct a bed search. A thorough bed search will be conducted. If the CSB is having difficulty locating a bed, Catawba Hospital should be notified. Ultimately, if the CSB is unable to locate a bed after conducting a thorough bed search, Catawba Hospital should be called and will accept the individual for admission. If, during the time the CSB is conducting the bed search, the patient is no longer voluntarily willing to remain, the CSB should pursue an ECO or, if the magistrate is unwilling to issue an ECO, a TDO to the state facility.

**Minors:**

- The procedure for seeking inpatient admission for children and adolescents is the same as the procedure outlined above for adults. If no private facilities are available, a placement at Commonwealth Center for Children and Adolescents (CCCA) will be sought. The CCCA Admissions and Bed Management Plan is attached as Addendum B.

**Geriatric Admissions:**

- Catawba Hospital geriatric admissions cover a larger catchment area than adults and includes areas served by the following CSBs:
  - Blue Ridge Behavioral Healthcare
  - Alleghany Highlands Community Services
  - Horizon Behavioral Health
  - Harrison-Rockingham CSB
  - New River Valley CSB
  - Northwestern CSB
  - Piedmont CSB
  - Rockbridge CSB
  - Valley CSB
- The procedures for seeking a psychiatric admission for a geriatric individual will follow the same steps indicated above. However, because geriatric admissions often present an increased likelihood of challenges, particularly related to medical screening and assessment issues, contact should be made with Catawba Hospital earlier in the process to allow more time to adequately process the referral in a manner that is conducive to the safety of the patient and the appropriateness of the placement.
- When seeking a psychiatric admission for a geriatric individual and a bed at a private facility has not been found, the CSB prescreener will contact Catawba Hospital at the 4.5 hour mark of the ECO (or prescreening) process to arrange the likely admission (CATAWBA CONTACT #2). The

final decision to utilize a state hospital bed will be made by hour 7 of the ECO. (CATAWBA CONTACT #3).

### **Medical Assessment:**

- The region appreciates the clinical, legal and ethical importance of medical assessment to eliminate possible medical causes for a person's presenting psychiatric symptoms and signs. As there are a number of rapidly lethal medical conditions that may manifest common psychiatric symptoms, the ability to identify these conditions and make appropriate early interventions is vital. A wide range of medical conditions and treatments may result in abnormal behavior, and many medical disorders may produce or exacerbate psychiatric symptoms in patients with pre-existing mental illness. Failure to detect and diagnose underlying medical disorders may result in significant and unnecessary morbidity and mortality, invasion of an individual's life and constitutionally guaranteed liberties, and liability to community systems and transferring physicians. Transfer of patients with acute or unstable medical conditions from a local hospital to a state facility may constitute a violation of the *Comprehensive Omnibus Budget Reconciliation Act (COBRA) of 1996* (as revised) and the *Emergency Medical Treatment and Active Labor Act (EMTALA)*. Individuals whose medical assessments indicate the presence of an acute or unstable medical condition should be referred for immediate treatment in an appropriate medical facility.
- The reason that the patient presents in the ED guides the scope of the medical assessment. Additional medical assessment tests requested by a potential admitting facility may impact the timeline of the process. Communication with physicians is key to making the right decisions with all available medical information. The state hospital physician and the emergency room (ER) physician must discuss any cases where the state hospital physician believes the individual's needs exceed the capabilities of the state hospital. If resolution cannot be obtained within the 8 hour time frame and the ER physician still approves of the TDO to Catawba, the individual will come to Catawba and Catawba will decide how to proceed. However, the best scenario in this situation where the state facility is unable to meet the individual's medical needs would be for the ER physician to keep and treat the individual until he/she is stable enough to be transferred to the TDO facility with collaboration of law enforcement. A "Medical TDO" might best serve the medical needs of the patient and should be considered: Law states: § 37.2-810 "... *The order may include transportation of the person to such other medical facility as may be necessary to obtain further medical evaluation or treatment prior to placement as required by a physician at the admitting temporary detention facility. Nothing herein shall preclude a law-enforcement officer or alternative transportation provider from obtaining emergency medical treatment or further medical evaluation at any time for a person in his custody as provided in this section. Such medical evaluation or treatment shall be conducted immediately in accordance with state and federal law...*" The second edition of the *Medical Screening and Medical Assessment Guidance Materials*, issued by DBHDS on 4/1/14 provides a framework for consistent medical screening and medical assessment in practice. For additional information

regarding the *Medical Capabilities of Catawba Hospital*, refer to the DBHDS Document, *Psychiatric Unit or State Facility Medical Care Capabilities and Typical Exclusion Criteria*, specific to Catawba Hospital, which accompanies this Protocol as Addendum C.

### **Transfers and Discharge Planning:**

- If an individual is placed in a State facility outside of the region, the CSB of origin will work to get the patient back to this area as soon as possible. The CSB communicates with the out of region State facility, obtains patient information, and works with Catawba or CSU to set up the transfer. The patient would likely not be transferred if he/she were going to be released at the hearing or shortly thereafter.
- Transfers from a private hospital to Catawba are coordinated through the regional Census Management Team (CMT). Individuals are considered for CMT discussion if they need a more intensive level of in-patient care.
- CMT does not discuss the following:
  - Voluntary admissions
  - Individuals on medical units who have not been TDO'd.
  - Admitted patients prior to the TDO hearing will not be discussed, except in the following situation:
    - i. Person is a known consumer of services
    - ii. The hearing is being held that day and staff is certain the patient will be committed.
    - iii. Based on knowledge of person and acuity of current symptoms, the patient requires a different level of care than is currently being provided.
- Based on presentation of patients, the CMT members then discuss the appropriate level of care needed for the individual. They will prioritize based on acuity of patient symptoms for level of care needed and available beds.
- Documentation typically required for transfer from private facility to Catawba includes:
  - The most recent CSB prescreening
  - Current commitment papers
  - History and Physical
  - Medication list
  - Labs (whatever has been done – usually CBC, CMP, UDS)
  - Vitals
  - EKG and chest X-Ray, if they have been done
  - Notes (physician, nursing, social work)

### **Utilization Management:**

- The region has a coordinated process for regional utilization management and review which is carried out by current members of CMT, State hospital discharge planners, CSB emergency service representative, Connect and RESPOND® representatives, CSB Mental Health Director, and Catawba Chief of Staff. Utilization management is done by a core group of the above and will include a critical events notification and timely discussion to process the event and develop solutions for future similar events. The entire group will meet monthly, or bi-monthly, depending upon need, to review current processes and identify issues, promote collaboration between all agencies, review utilization data from admissions through discharges to identify trends, and develop solutions to identified issues. It is important that both the admission and discharge clinicians work together with the ability to expand patient diversions.
- Information on expired ECOs is to be sent to the Regional Manager by the next business day. The Regional Manager will report this information to DBHDS as directed.
- The Regional Manager will collect data on all TDO admissions to Catawba Hospital and report information to the Regional Management Group.

ADDENDUM A-PPR 7 Primary and Secondary Hospital List

ADDENDUM B-CCCA Bed Management Plan

ADDENDUM C-Catawba Hospital Medical Capabilities Protocol