

Region IV Emergency Services Protocols (6/13/14)-DRAFT
Effective 7/1/2014

Emergency Custody Order (ECO) Notification to CSBs, to State Facilities:

1. Law Enforcement (LE) will be instructed to notify the CSB Emergency Services (ES) department serving its locality, regardless of where the ECO'd individual resides. CSB ES departments will be responsible for providing the phone number by which LE can directly contact ES on a 24/7/365 basis.
 - a. **LE must provide ES, at a minimum, the name and DOB of individual, and the ECO start time.**
2. If the CSB receiving the call from LE is notified by LE that an ECO is being transferred out of the receiving CSB's jurisdiction, then the CSB shall notify the evaluating CSB immediately via phone using a phone number that is operational 24/7/365.
3. LE will be responsible for providing the individual with a copy of the ECO procedures and protections document, whenever there is a paper ECO.
 - a. The designated ES evaluator will, during the course of the face-to-face assessment, verify with the individual that s/he received a copy of the document from LE.
 - b. **In the event of a "paperless" ECO, it may be more practical for the ES evaluator to provide the individual a copy of this document at the time of the evaluation.**
4. The designated ES evaluator contacts the appropriate state facility, upon being notified by LE, that an ECO has been issued. **At a minimum, ES will provide the state facility with: the individual's initials, evaluator's name and CSB affiliation, ECO start time.**
 - a. **For adults <65 y.o., all ECO notifications by a Region IV CSB will go to Central State Hospital (CSH).** The ES evaluator will send an **email OR text message** to the designated CSH email address: **ECONotification.csh@dbhds.virginia.gov**
 - b. **For an ECO'd individual aged 65+, the evaluator will contact Piedmont Geriatric Hospital (PGH) as soon as possible at:**
 - i. **Voicemail** message to **434-767-4926** (the current admissions office) OR
 - ii. **Email** to: **PGHECONotification@dbhds.virginia.gov**
 - c. **For an ECO'd minor, the evaluator will contact Commonwealth Center for Children & Adolescents (CCCA) at: 540-332-2120** (admissions line).

Bed Registry/Bed check lists

Region IV Emergency Services staff will utilize a combination of bed check lists and the Bed Registry to locate available beds in inpatient psychiatric hospitals, regional Crisis Stabilization Units and the State hospitals. Each CSB/BHA will also maintain a **current** list of all the Region IV contracted (Acute Care

Project) facilities. Notes about calls to each facility may be maintained on the bed check list, bed registry site or noted directly on the prescreening supplement.

Admission to a state facility (CSH, CCCA, Piedmont)

- 1) Attempts are always made to first locate a local acute bed before considering the state facility.
- 2) Region IV ES evaluators are required to call the contracted hospitals and confirm refusal to admit before seeking a state hospital bed.
 - a. All contracted hospitals within the region are contacted, but (as of 7/1/13) 4 of them are located outside the region: Rappahannock, Virginia Baptist (Centra), The Pavilion at Williamsburg Place and Riverside. Every contracted hospital within the region is called, in addition to any out-of-region contracted hospital(s) that are located within 2 hours of the individual's local CSB.
- 3) **ES evaluator will contact the appropriate state facility, after the ECO evaluation has been completed, only if/when it appears the individual will require admission to that state facility.** If a local bed has been secured or if the individual does not require a TDO, then the evaluator will not need to contact the state facility. Disposition is documented on the prescreening form.
- 4) **Prior to the expiration of the 8 hour ECO period, and regardless of how many contracted hospitals have already refused admission, a call is made and the prescreening is faxed to notify the facility that a state hospital bed may be needed.**
 - a. **For CSH**, the contact will be made with the Director of Social Work or designee **no later than hour 6**. The ES evaluator will alert CSH to special circumstances, like medical concerns, severity of ID, etc. creating the challenge to finding a local bed.
 - b. **For PGH**, if, **after 5 hours**, a community bed has not been secured, the ES evaluator requests PGH Medical Screening and Assessment via 1) telephone call to the appropriate number shown on the attachment below: "Medical Information Needed for a TDO Admission", and 2) fax as also stated on that page.
 - c. **For CCCA**, if, **after 5 hours**, a community bed has not been secured, the ES evaluator calls the Admissions line and follows the admissions procedures as described in the CCCA "Bed Management Plan" attached below.
- 5) The bed search continues in the remaining time in case there is an available and appropriate bed at another contracted facility.
- 6) If, during the remaining hours of the 8-hour ECO period, the ES evaluator secures a local hospital bed, s/he will make direct contact with the state facility to notify that a state hospital bed will not be required.
- 7) Only on rare occasions will the Region IV state facility simultaneously conduct a local bed search in conjunction with the ES evaluator.

- 8) If no other ACP facility has an appropriate bed and the ECO period is ending (approaching 8 hours), arrangements are then made for state hospital admission, with acceptance at the facility pending medical clearance, utilizing the *Medical Screening and Medical Assessment Guidance Materials* issued by DBHDS on April 1, 2014.
- a. **In the event medical clearance is not completed within 8 hours** (i.e. high BAC; incomplete labs or other medical testing) or the individual's co-morbid medical condition(s) cannot be managed by the receiving state facility, then:
 - i. The state hospital physician should communicate with the ER physician. If the ER physician decides to send anyway, then the individual must come to the state hospital and the state hospital will need to plan what it will do. This may include immediate transport to the nearest ER or attempting to secure medical admission elsewhere. Even though the new law requires a state facility to accept an individual for temporary detention if an alternative facility cannot be found, the requirements of EMTALA, if applicable to the sending facility, must still be met by the sending facility. Transferring an individual to a facility that has stated it cannot safely manage the individual's medical condition is taking a risk on the part of the sending hospital, which could be liable under EMTALA for an inappropriate transfer. The best scenario for the individual in a situation where the state facility is not able to meet the individual's medical needs would likely be for the ER physician to keep and treat the individual until he is stable enough to be transferred to the TDO facility, though this will require collaboration with law enforcement.
- 9) If it becomes apparent that the individual will be TDO'd to CSH and **CSH is at census and cannot accept an admission**, then the CSH Director will conduct a search among other state facilities to locate an available and appropriate bed. The Director of Social Work will serve as the intermediary and communicate admissions instructions to the ES evaluator.

Special populations

If the person is under 18 years of age:

The Commonwealth Center for Children & Adolescents (CCCA) has developed its own Bed Management Plan (updated June 2014), which is inserted into these protocols (see below).

If the person is 65 years and older:

Piedmont Geriatric Hospital (PGH) maintains one "safety net" bed and will consult with the ES worker about the appropriateness of a PGH admission when a local acute care bed is not available. Consultation may include referrals to potential community-based geriatric facilities not already contacted. PGH will only accept individuals who are medically cleared by a PGH physician. For more information, please refer to the updated "Medical Information Needed for a TDO Admission" attached to these protocols.

If the person in crisis has an intellectual disability, the following two steps are routinely taken:

1. ID Director from the CSB serving the individual is called
2. Region IV REACH Program is contacted

If the person in crisis is deaf, the following steps are routinely taken:

Given that federal regulations require all hospitals to provide interpreter services as necessary, the Admission Protocol should be followed for individuals who are deaf or severely hard of hearing as for any other adult person. As mandated by State Code, the Virginia Department for the Deaf and Hard of Hearing maintains a directory of Qualified Interpreter Services and works to remove communication barriers. Under some circumstances, such an individual who uses ASL may be admitted to Western State Hospital from any region, though typically after being hospitalized within their primary region.

Other:

In general, ES workers, acute care providers, and state facility staff will continue to be responsive to the unique needs of the individual in crisis, which may include language or other communication barriers, physical limitations, etc., by providing appropriate support and interventions.

Individual Meets TDO Criteria: Role of CSB and Law Enforcement

ES evaluator will communicate to LE that LE will remain on scene until TDO is secured and individual can be safely transported to the accepting facility.

If the individual was not under an ECO initially but meets TDO criteria, the 8 hour custody period does not apply. However, if during the time the ES evaluator is conducting a bed search, the individual is no longer voluntarily willing to remain onsite, the ES evaluator should pursue an ECO and seek LE assistance with preventing the individual from leaving before securing a local or state hospital bed.

LE will be responsible for providing the individual with a copy of the TDO procedures and protections document at the time the individual is served with the TDO petition. The designated ES evaluator will verify with the individual that s/he received a copy of the document from LE.

Transporting Individual/Changes in TDO Accepting Facility

Before LE initiates transport of individual to any hospital under a TDO, ES evaluator will be sure s/he has direct contact phone number for the LE officer providing transport, in the event the accepting facility changes en route.

The evaluating ES program will contact the clerk of the court by the next business day to provide and update on the change in TDO accepting facility.

Communication

All regional procedures regarding state hospital admission are reviewed by DBHDS. Once finalized, they will be distributed to all CSB executive and clinical directors, state facility representatives, regional leaders, ES managers and ES clinicians, including PRN staff.

CSBs will be responsible for communicating with their local Law Enforcement Agencies about the provisions of the Code and these policies in particular, to ensure all are clear on their roles and responsibilities under the new Code.



COMMONWEALTH CENTER FOR CHILDREN & ADOLESCENTS
Bed Management Plan
June 2014

DBHDS maintains only 48 acute inpatient psychiatric hospital beds for Virginians who are under 18 years of age. These beds are at the Commonwealth Center for Children & Adolescents (CCCA) in Stanton, which serves the entire commonwealth. With this 48-bed limit, CCCA and its community partners, including private hospitals, juvenile detention and correctional centers, and community services boards (CSBs), have been successful in meeting all emergency hospitalization needs utilizing the plan below.

CCCA serves as the safety net for children and adolescents who require acute inpatient psychiatric care and cannot be admitted to or remain in any other child/adolescent psychiatric hospital in Virginia. All valid referrals are accepted for admission assuming adequate exploration of alternative placements, medical clearance, and available bed space. To date the system has been able to meet the emergency placement needs of all children and adolescents through appropriate diversions and bed management at CCCA through discharge planning.

Unlike the eight regional DBHDS psychiatric hospitals serving adults, CCCA does not have a back-up hospital within the system to accept patients if full. This, along with a high volume of admissions and a short average length of stay, intensifies the need for active and effective bed management at the facility and community levels. In addition to the steps taken by CCCA and community partners related to admissions and discharges described below, it is of course the case that adequate support for community-based crisis management services, as well as those services providing pre-crisis interventions, will both prevent hospitalizations that would otherwise be necessary and aid in more rapid discharges, thus preserving space at CCCA for necessary admissions and maximizing the number of children and adolescents who can be served close to home.

Admissions Process

- CCCA accepts referrals of young people up to 18 years of age who are in need of inpatient psychiatric hospitalization from the entire Commonwealth
- Our Intake/Admissions Office is staffed 24 hours a day, 7 days a week, and we accept admissions 24 hours a day, 7 days a week (540-332-2120)
- The CCCA Admissions Coordinator or designee receives all referral calls for potential admissions. The Admissions Coordinator reviews all referrals for appropriateness for admission based on criteria set in the Psychiatric Treatment of Minor's Act (see §16.1-335 *et seq.*)
- Other than admissions ordered pursuant to VA§ 16.1-275 or 16.1-356 (court-ordered evaluations), all admissions must first be prescreened by a CSB
- Any calls not from CSBs (other than in cases of VA§ 16.1-275, in which we still request though cannot require a CSB prescreen), are referred to the CSB for appropriate pre-admission prescreening
- Our Intake/Admission Specialist consults in every referred case with the CSB Emergency Services Prescreener to
 - Gather information about the reasons hospitalization is being considered and alternatives that have been tried and that may be available
 - Reviews all referrals for appropriateness for admission based on criteria set in the Psychiatric Treatment of Minor's Act

- Consider the need for hospitalization, and if hospitalization is needed the availability of other options, particularly those that keep the child or adolescent close to home
- While the Intake/Admission Specialist may encourage the prescriber to explore options not considered, including providing names of alternative hospitals, we will accept any child/adolescent who is ultimately determined by the CSB to need emergency hospitalization and has no other option
- There is no minimum number of other hospitals that must be called; admission elsewhere will be encouraged if possible, with greater emphasis if the child/adolescent is from far away and/or we have fewer available beds
- The Uniform Prescreening Report must be received prior to acceptance for admission
- If there are active medical issues, the Intake/Admission Specialist will consult with our on-call physician to determine if medical clearance is necessary
- The specific process (method of transport, ways of obtaining consent, etc.) is dependent on the type of admission (e.g., Voluntary, Involuntary, Objecting Minor, TDO) and the specific needs of the child/family
- In cases in which we believe an admission to be inappropriate, we may exert considerable pressure on the community to identify alternatives. Assuring the appropriateness of admissions serves to prevent unnecessary and possibly distressing separation of the child/adolescent from his/her community, avoid unnecessary resource utilization, and maintain available bed space for appropriate admissions

Bed Management

A. Diversion

The only time CCCA would defer a valid admission is if it is at or near capacity. Because the 48 beds are the only public acute psychiatric beds for the entire Commonwealth, and because admissions are unpredictable and may be heavy (e.g., 20 or more admissions in a week or 5 or more admissions in a day) there are times when capacity becomes an issue. When we are near or at capacity,

- We contact CSB Emergency Services Departments and inform them, noting our available beds at the time and requesting that they divert if at all possible;
- Forensic admission referrals for Court Ordered Evaluation pursuant to §16.1-275 of the Code of Virginia will be placed on a waiting list and will be admitted as bed space allows in the order in which the referral was received or as otherwise determined appropriate. Court Ordered Evaluations are ordered for children not in psychiatric crisis, but for whom an evaluation of treatment needs is warranted. These children are most often in detention centers and therefore in a safe place to await admission to CCCA;
- Forensic admission referrals for Evaluation of Competency to Stand Trial pursuant to §16.1-356 will be placed on a waiting list and will be admitted as bed space allows in the order in which the referral was received or as otherwise determined appropriate. Such children are in juvenile detention centers or in the community as determined appropriate by a judge and will remain in that setting to await admission;
- When CCCA is full and a child who has been prescreened by a CSB and found to meet criteria for emergency civil voluntary or involuntary admission per the Code of Virginia cannot be safely admitted, the CSB will be notified and encouraged to implement a crisis/safety management plan and maintain the child in the community or in the present placement until bed space at CCCA is available if that is determined to be a safe option;
- If diversion strategies are unsuccessful, attempts will be made to have the child admitted to a private inpatient facility utilizing TDO admission, Medicaid, or other third party means;
- Admission may be deferred for patients who are in a safe place (e.g., another facility or detention) until space becomes available
- If attempts to find an alternative bed are not successful and a community safety plan is not a safe option, the child will be accepted for admission as soon as s/he can be safely admitted. If there is more than one

such child, pending admissions will be prioritized in consultation with CSB referral staff, taking into account acuity of the situation and safety of the child.

B. Discharge

The availability of beds for admission is dependent on patients being discharged when clinically appropriate. Clinical teams always work closely with families and communities to facilitate timely discharge, working together to manage challenges that include delays before desired community-based resources become available or the absence of such resources, differences of opinion about clinical readiness for discharge or discharge placement options, transportation availability, etc. When CCCA nears capacity, we also

- Encourage families and communities to rapidly identify and develop discharge options and support plans
- Discharge any patients who may be safely discharged but remain in the hospital based on clinical discretion

PIEDMONT GERIATRIC HOSPITAL
Medical Information Needed for a TDO Admission

REMINDER TO ED PHYSICIAN: Your physician-to-physician telephone conversation with the PGH physician is a mandatory element of an appropriate transfer.
As a final step before you discharge an accepted pt, the PGH clinician will provide the PGH physician's name & phone number so you can call them.

Brief Description of Piedmont Geriatric Hospital:

PGH is a 123-bed, freestanding, long term geropsychiatric facility. It has limited medical care capability for acute cases that require immediate laboratory, x-ray, or other diagnostic tests. To maximize patient safety, we encourage stabilization of acute medical problems prior to admission.

TDO Admission to PGH:

The TDO process requires admission candidate screening by CSB (Community Service Board) Emergency Services staff to determine that the individual suffers from mental illness requiring inpatient care and that there is no less restrictive alternative available. Once it is determined that a bed is available, the next step is to assess per DBHDS' *Medical Screening and Medical Assessment Guidance, Second Edition, effective 4/1/2014*.

The CSB is requested to fully complete the Uniform Pre-admission Screening form to include:

- all medications (including psychotropics)
- known allergies

If the individual is known to the CSB or if there are records available from a community living situation, please fax the most recent psychiatric evaluations and general treatment information. Please ensure that family/emergency contact persons are made aware of the pending admission to Piedmont and provide contact information to PGH.

If an individual on TDO is not committed at the hearing, CSB staff are expected to facilitate appropriate discharge from PGH, including transportation.

Medical Clearance:

Behavioral symptoms such as confusion, agitation, and aggression are frequently caused by acute medical problems in the geriatric population. This is particularly probable in persons who have no previous psychiatric history. Frequent causes of acute delirium in the elderly include: pneumonia, urinary tract infection, dehydration, organ failure, and CVA. These individuals are best served in an acute care facility prior to referral to PGH. **To rule out medically induced psychiatric symptoms, the following are essential:**

- Physical examination
- Chest X-ray
- Current medications
- CBC
- EKG
- Urinalysis
- Comprehensive Metabolic Panel (Chem. 20)

The following tests are recommended, based on the physician's assessment:

- CT Scan and MRI of the head, as clinically appropriate
- Urine drug screen & Blood alcohol level, if clinically indicated
- Cardiac enzymes, based on the individual's medical history and current cardiac condition

A member of our medical staff is on call to consult with ER, Hospital, and Community Physicians regarding any issues/problems identified. Please contact us early in the process so we may assist in expediting the screening process.

**To contact the Admissions Clinician call 434-294-0112; fax 434-767-2352,
7:30am-4pm weekdays.**

**After 4pm, weekends, or holidays, call 434-767-4401; fax number will be designated by the
On-Call Admissions Clinician.**

6/4/2014