

Monthly and SFY to Date (July 1, 2014-June 30, 2015)  
Emergency Services Activity and Temporary Detention Order (TDO) Exception Report Summary  
August 2014

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**Background:**

Community Services Boards (CSBs)<sup>[1]</sup> collect and report data on exceptional events associated with emergency custody orders (ECOs), temporary detention orders (TDOs), and involuntary admissions under the new statutes effective July 1, 2014, as well as the factors contributing to these events.<sup>[2]</sup> The Department of Behavioral Health and Developmental Services (DBHDS) requires this data to be submitted monthly by each geographic region.<sup>[3]</sup> This document is the second monthly report of data collected to date for fiscal year 2015. Counts of events are calculated and presented for each month and quarter for ease of comparison and trend analysis.<sup>[4]</sup>

DBHDS also requires CSBs to report within 24-hours any event involving an individual who has been determined to meet TDO criteria for whom the *“system or systems fail or are unable to meet the needs of an individual (e.g., TDO not executed within 24 hours after issuance or other significant sentinel event) determined to meet TDO criteria”* (Herr, n.d.). There were two such events during the month of August, 2014, as described below.

- An individual who was not under an ECO was evaluated by a CSB evaluator in a community hospital emergency department (ED). The CSB concluded that the individual met TDO criteria and should be detained in a psychiatric hospital. While the CSB searched for an available bed, the individual eloped from the emergency department. There was no police or security presence in the ED because the person had come to the ER voluntarily. An ECO was immediately obtained but the individual could not be located and the search for the individual and the detention bed ended after 8 hours when the ECO became void. Two days later, it was discovered that the individual resided in a neighboring CSB catchment area. The second CSB was notified and a wellness check by the local police was conducted. The individual and the individual’s family reported to the police that there was no need for mental health services and no further action was taken. The individual was known to the second CSB and was receiving outpatient services from the CSB.
- An individual was brought by police under an ECO to a local hospital emergency department. An evaluation was completed by the CSB evaluator who determined that a TDO was needed. A bed search was begun. The CSB evaluator located a detention bed, but the law officer having custody of the person in the ED went off duty and information about the TDO being sought was not communicated to the second officer who replaced him. When the ECO time period expired, the officer having custody awakened the individual and informed him that he could leave. A magistrate

<sup>[1]</sup> There are 39 Community Service Boards and 1 Behavioral Health Authority in the Commonwealth, referred to in this report as CSBs.

<sup>[2]</sup> See Appendix A for complete detailed listing of these definitions.

<sup>[3]</sup> See Appendix B for a complete listing of CSBs within each of the seven Partnership Planning Regions.

<sup>[4]</sup> In addition, data is reported both statewide and by region throughout the report and in Appendix C.

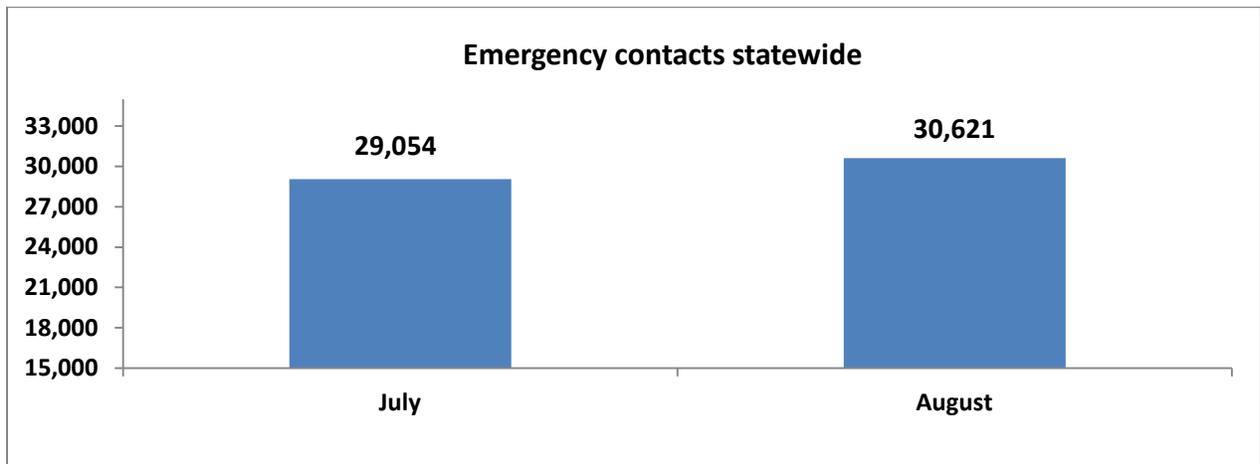
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issued the TDO and police executed the order at the individual’s home. The individual was then safely transported and admitted to the facility of temporary detention.

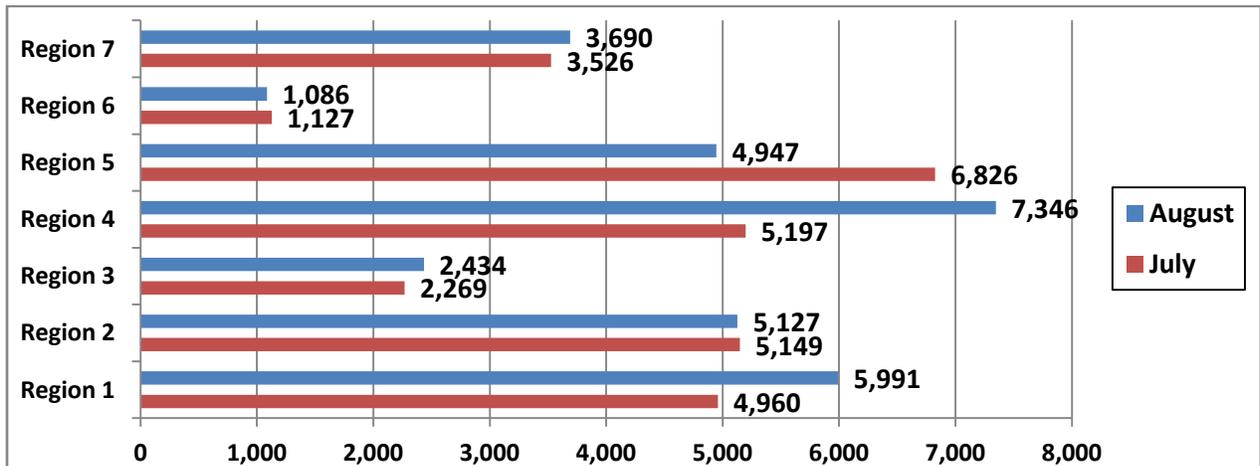
Both of these incidents were reported to DBHDS and necessary follow up actions, i.e., working with ED staff and law officers to refine communications and security procedures, were initiated by the CSBs to prevent these events from occurring in the future.

**Graph 1. Emergency contacts statewide**

Emergency contacts are events requiring any type of CSB emergency service involvement or intervention. There were 30,621 emergency contacts reported statewide during the month of August, which is a 5% increase from July. Graph 1 displays the statewide number of emergency contacts for July and August. Graph 1a displays the breakdown by region (corresponds with Table 1, Appendix C).



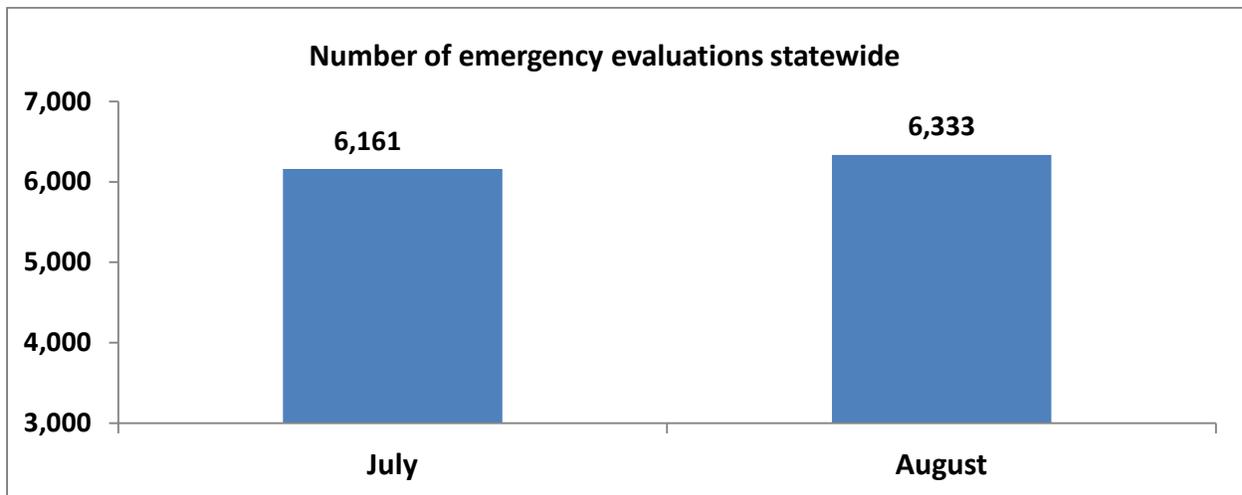
**Graph 1a. Emergency contacts by region**



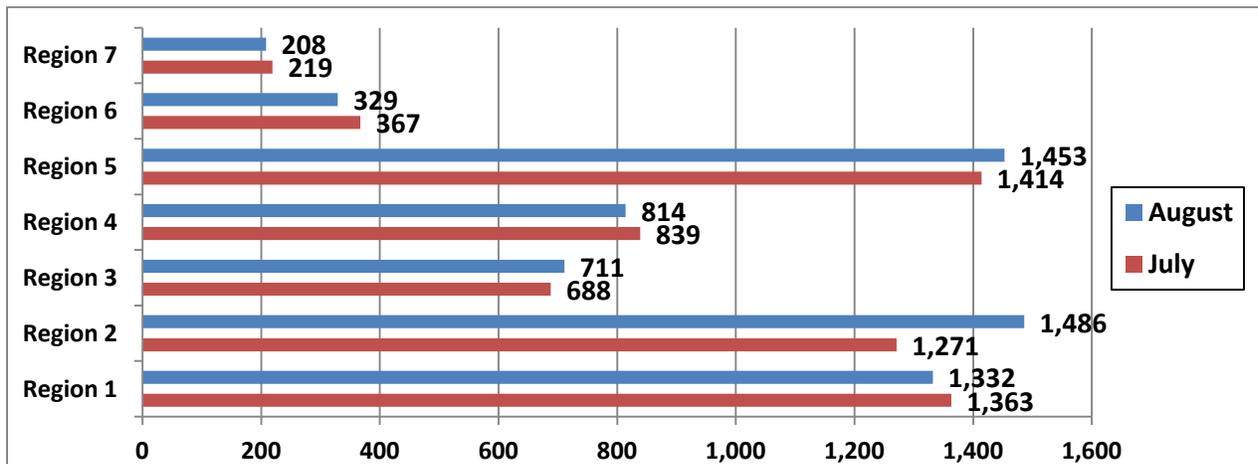
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**Graph 2. Emergency evaluations statewide**

Emergency evaluations are full, in-person clinical examinations conducted by CSB emergency services staff for individuals who are in crisis (these exams may also be conducted electronically by two-way video and audio communication). The statewide number of emergency evaluations reported in August was 6,333, which is an increase of about 3% from July (Graph 2). Graph 2a displays this data, by region (corresponds with Table 2, Appendix C). The figures for emergency contacts and emergency evaluations, as well as TDOs reported in subsequent pages of this report, may represent duplicated (i.e., not mutually exclusive) counts of individuals because an individual may have made contact, or been evaluated or detained on more than one occasion and could therefore be included two or more times in any of these categories.



**Graph 2a. Emergency evaluations by region**

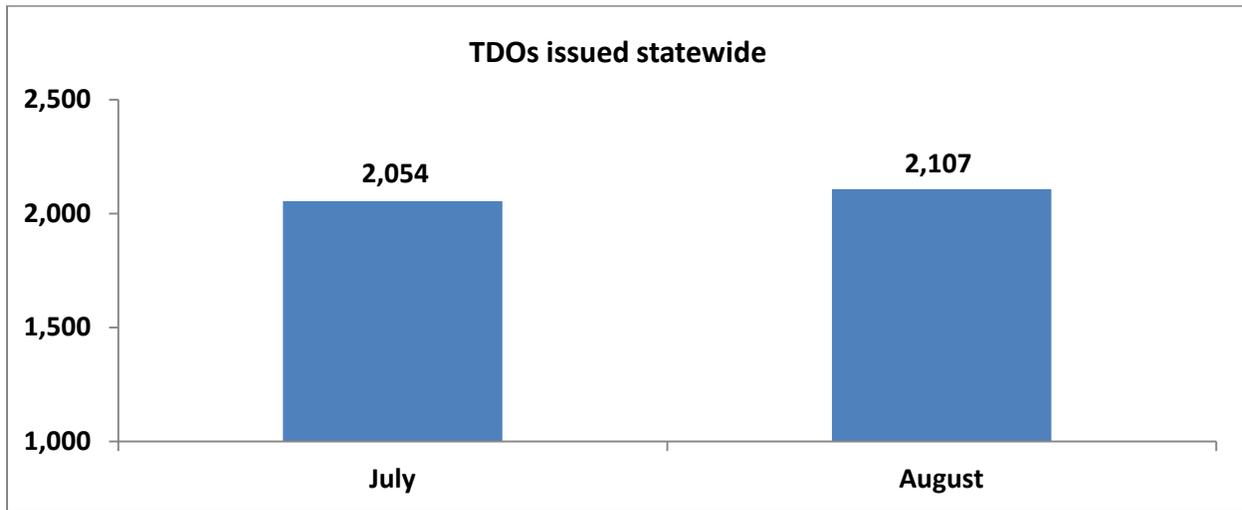


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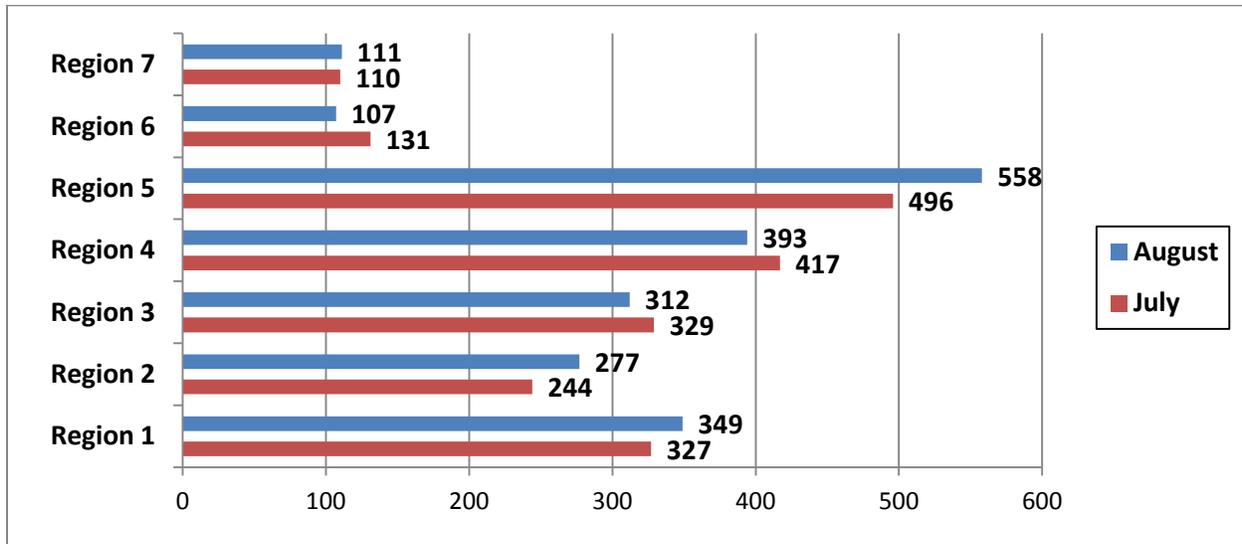
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**Graph 3. TDOs issued statewide**

A TDO is issued by a magistrate after considering the results 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. A TDO is executed when the individual is taken into custody by the officer serving the order. There were 2,107 TDOs issued (Graph 3), in August and 2,106 TDOs executed (Graph 4). Graphs 3a and 4a display this data by region (corresponds with tables 3 and 4, Appendix C). This is a slightly less than 3% increase from July for both categories. **Sixty-six percent of the emergency evaluations in August (4,226 of 6,333) did not result in a TDO.**



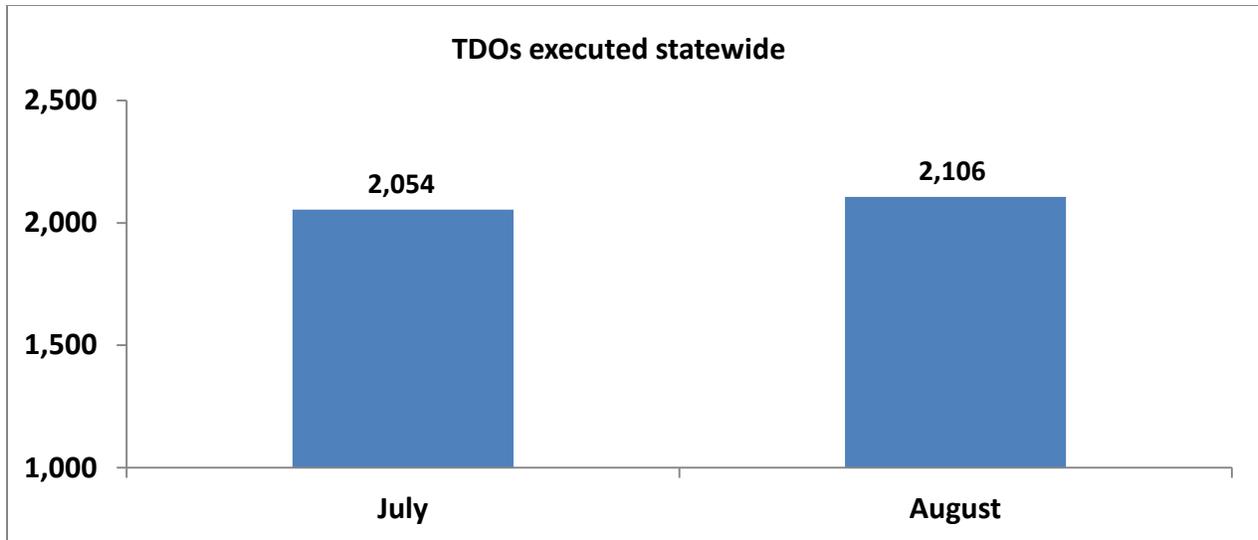
**Graph 3a. TDOs issued by region**



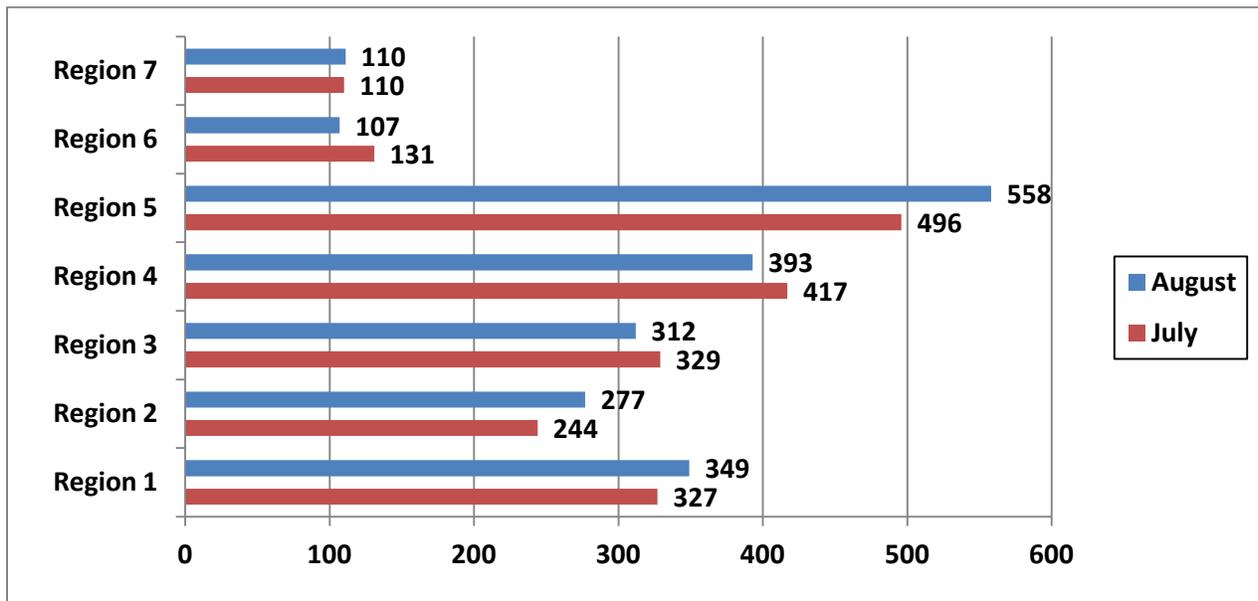
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**Graph 4. TDOs executed statewide**

There was one TDO that was issued but not executed during the month of August. In this instance, an unexecuted TDO was voided by the magistrate because the individual required admission to a medical unit for an acute physical health condition. The decision regarding the medical admission occurred prior to the execution of the TDO.

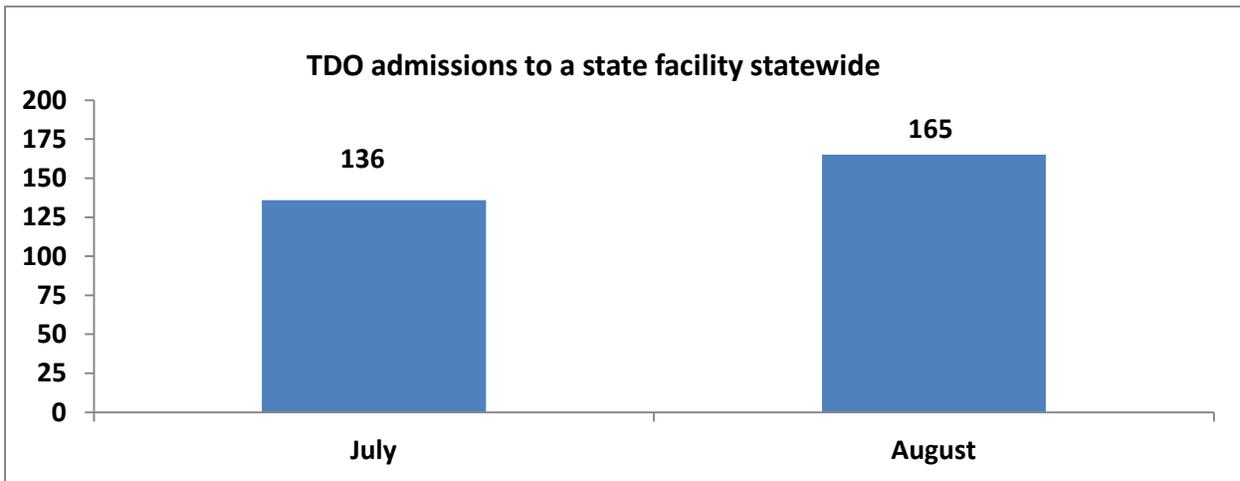


**Graph 4a. TDOs executed by region**

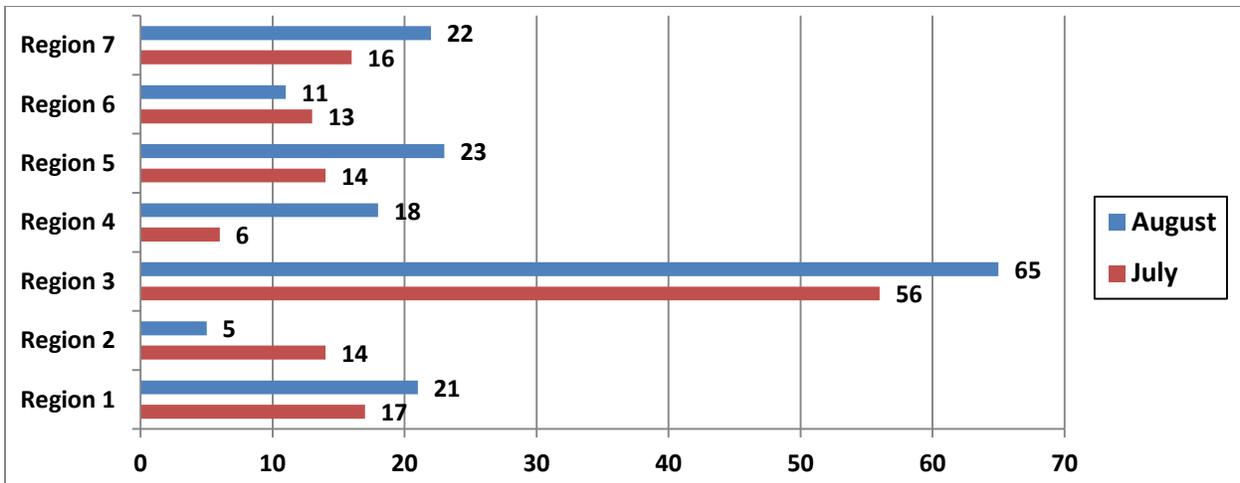


**Graph 5. TDO admissions to a state facility statewide**

Of the 2,106 TDOs executed in August, 165 (8%) resulted in the individual being admitted to a state facility<sup>[5]</sup> (Graph 5). Graph 5a displays this data by region (corresponds with Table 5, Appendix C). This is an increase of 21% from July. Each region has in place specific admission protocols for individuals meeting TDO criteria. These protocols have been developed collaboratively within the region and are revised as individual and system needs change in each community. The variance among regions in the number of state facility TDO admissions reflects each region’s unique resources and protocols.



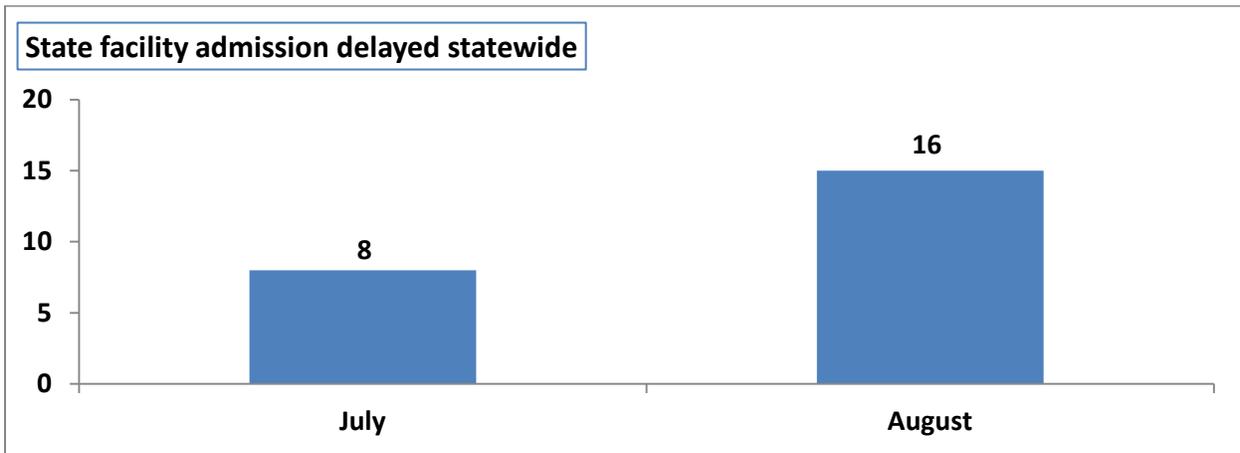
**Graph 5a. TDO admissions to a state facility by region**



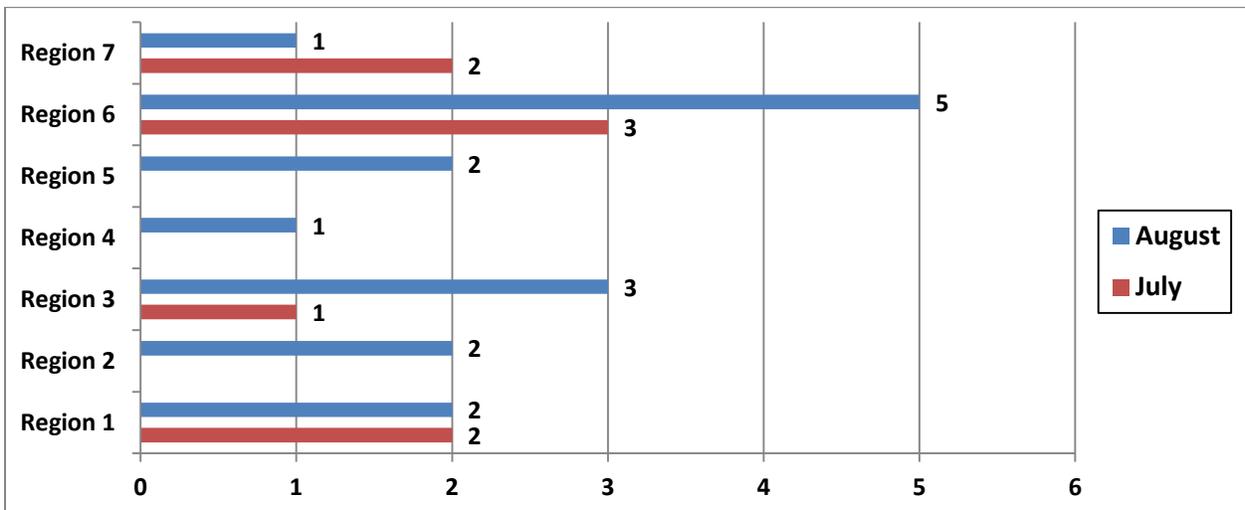
<sup>[5]</sup> Source DBHDS AVATAR admitting CSB data.

**Graph 6. State facility admission delayed statewide**

In August, there were sixteen occasions wherein the state hospital was deemed the “facility of last resort”<sup>[6]</sup> but admission could not be accomplished before the ECO time period expired due to medical treatment needs, such as dangerous levels of intoxication (Graph 6). Graph 6a displays this data by region (corresponds with Table 6, Appendix C). This is a 100% increase from July. Every region reported at least one such event in August while only four regions reported delay of “last resort” admissions in July, 2014. . DBHDS is monitoring this data closely to identify factors contributing to this trend line and will work with the regions to address those factors.



**Graph 6a. State facility admission delayed by region**

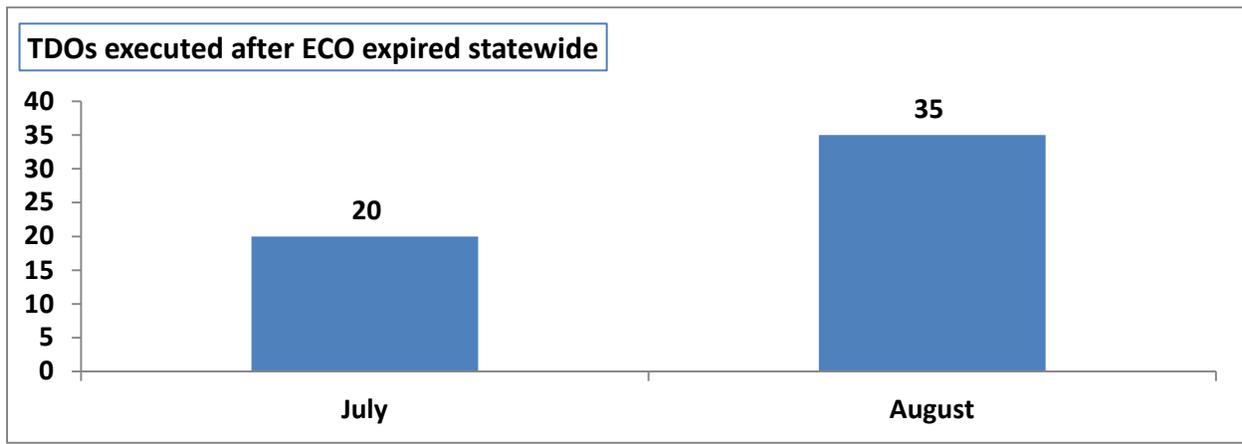


<sup>[6]</sup> ECO expired; last resort admission delayed/refused due to medical, transportation or other issue.

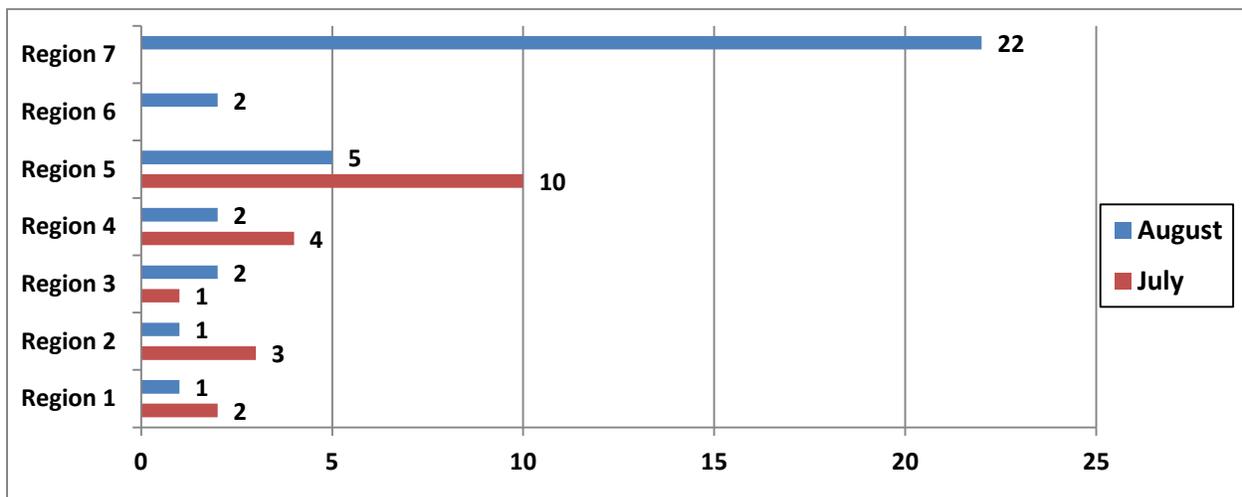
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**Graph 7. TDO executed after ECO expired statewide**

In August, there were 35 (<2%) reported cases where a TDO was issued but not executed until after the ECO period had ended (Graph 7). Graph 7a displays this data by region (corresponds with Table 7, Appendix C). This is a 75% increase from July. In all of these cases the individuals remained in an emergency department or crisis assessment center and were not released. Verbal interventions, physical security (such as a locked emergency department), and the presence of law enforcement were strategies used to maintain custody. DBHDS is monitoring this data closely to identify factors contributing to this trend line and will work with the regions to address those factors.



**Graph 7a. TDO executed after ECO expired by region**



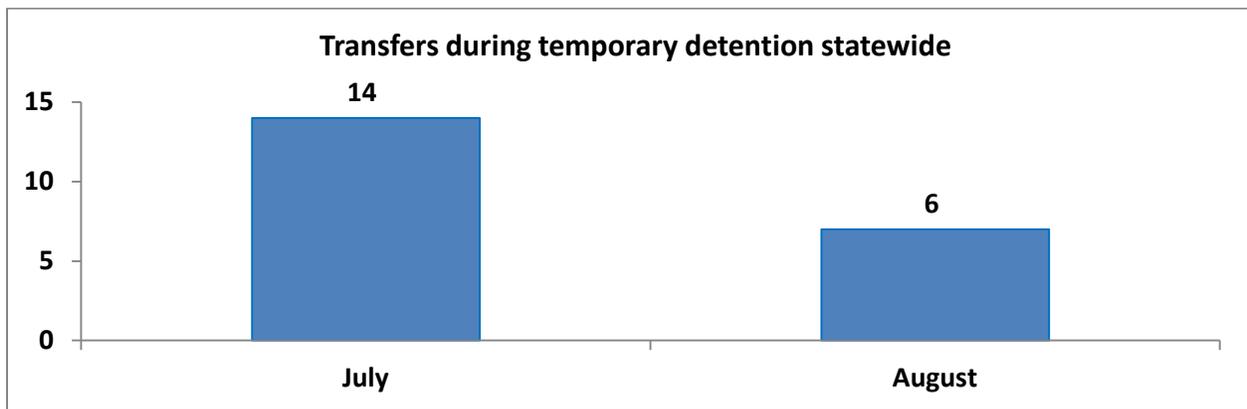
Note: Region 7 has a locked annex in one local emergency department that is frequently used to hold individuals while hospital staff conduct medical assessments and to provide treatment regardless of whether a TDO is being issued or not.

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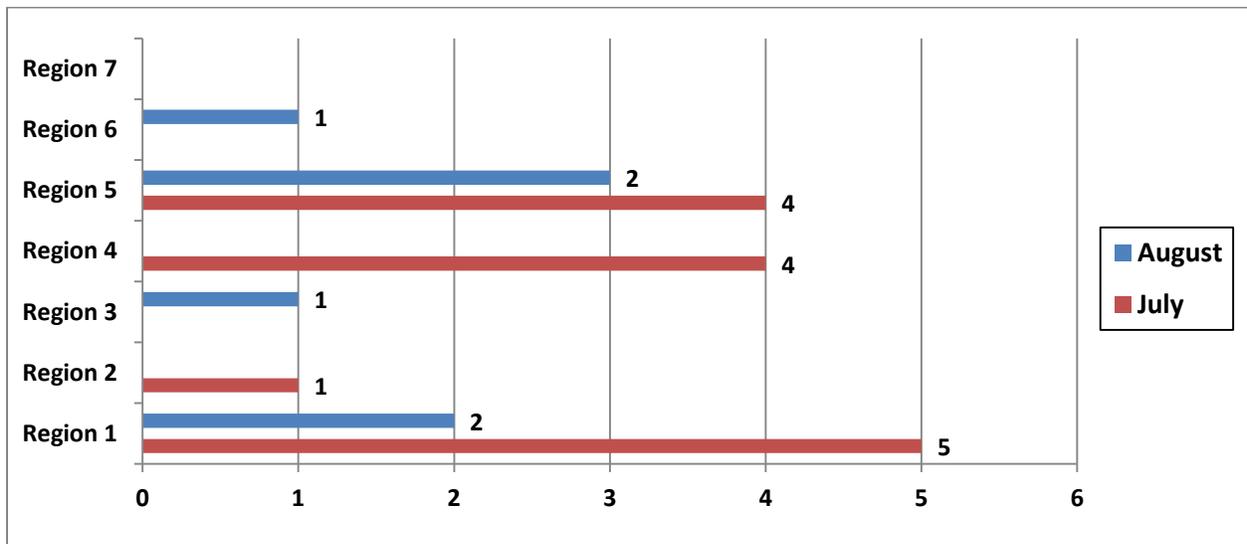
**Graph 8. Transfers during temporary detention statewide**

Section § 37.2-809.E. of the *Code of Virginia* allows an individual to be transferred from one temporary detention facility to another more appropriate facility in order to address an individual’s security, medical or behavioral health needs. This provision was used 6 times (<1%) during August (Graph 8), which is a 57% decrease from July. Graph 8a displays this data by region (corresponds with Table 8, Appendix C). Regions 2, 4 and 7 did not report any of these transfers in August.

- 4 of these transfers were from state facilities to private facilities to assist with managing state psychiatric bed capacity.
- 2 cases were transfers from a medical facility to a psychiatric hospital due to decreased level of medical care needs.



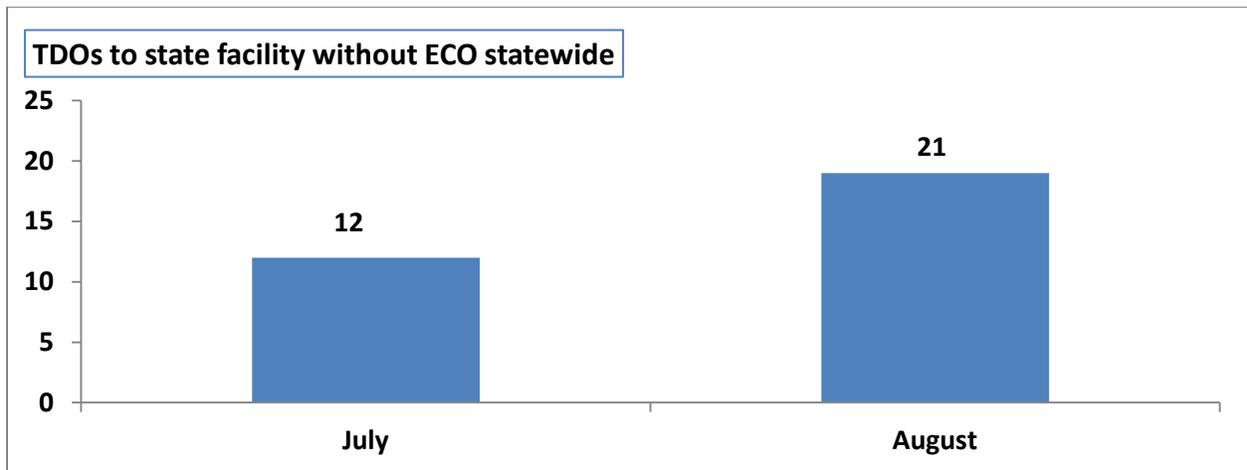
**Graph 8a. Transfers during temporary detention by region**



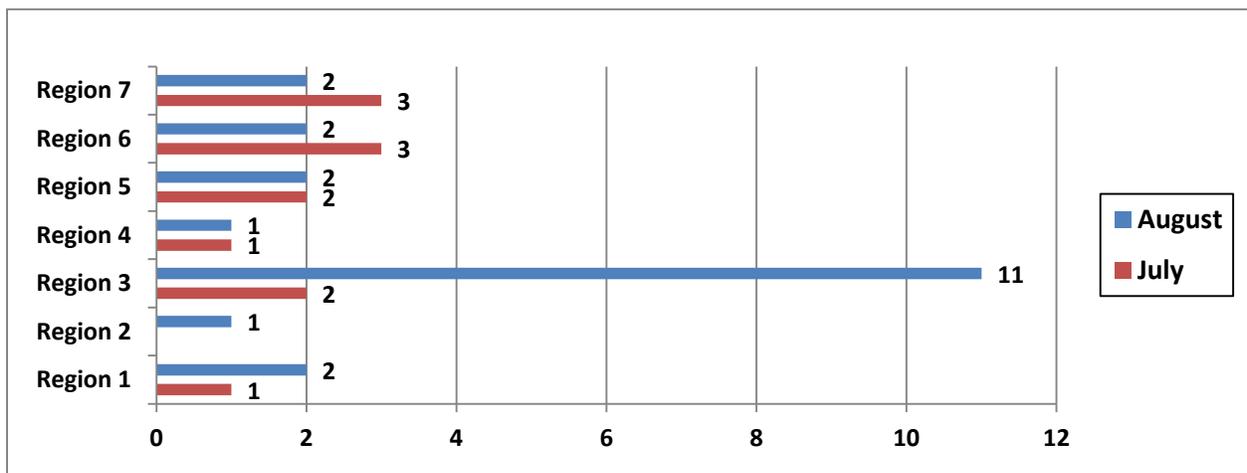
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**Graph 9. State facility TDOs without ECOs statewide**

As the “facility of last resort”, DBHDS facilities will 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 each such admission (“facility of last resort” where no ECO preceded), along with how many alternate facilities were contacted and the reason(s) for the inability to locate an alternate facility. In August, there were 21 such admissions to state facilities, which is a 75% increase from July (Graph 9). DBHDS is monitoring this data closely to identify factors contributing to this trend line and will work with the regions to address those factors. Graph 9a displays this data by region (corresponds with Table 9, Appendix C). A total of 191 contacts were made for an average of 9 alternate facilities contacted in each of these 21 instances. Admissions to these alternate placements were not accepted due to the individuals’ medical acuity, behavioral health symptoms, or advanced age.



**Graph 9a. TDOs to state facility without ECO by region**



Note: Region 3 has the fewest local psychiatric hospital beds available as alternatives to state hospitals

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**Discussion:**

The data in this report is used at the regional and local levels to promote the safety and well-being of individuals experiencing behavioral health crises and to inform positive system change. Local stakeholders and CSBs are communicating to improve local care coordination processes, eliminate system gaps and clarify agency and staff roles in the emergency response system. DBHDS has continued to work closely with CSBs and other system stakeholders to support effective response during the emergency custody and temporary detention process. This collaboration is essential to improving access to care for Virginians, and monitoring and making adjustments to the process will continue as part of ongoing system performance and quality improvement.

Lastly, to emphasize the urgency of these evaluations, Commissioner Debra Ferguson and VACSB Executive Director Jennifer Faison issued a joint memorandum on August 20, 2014, to all CSB/BHAs stating, *“it is critical that our system treat every emergency presentation as an acute and urgent situation that requires persistent efforts to ensure individuals receive necessary and appropriate care. This is a standard of practice to which we must hold ourselves and our system. Those who rely on our emergency response system in times of crisis deserve nothing less than our most determined efforts”* (Ferguson and Faison, n.d.).

References

Herr, D. *TDO Exception and Instruction* [Memorandum]. Richmond, VA: Department of Behavioral Health and Developmental Services.

Ferguson, D. and Faison, J. [Memorandum] Richmond, VA: Department of Behavioral Health and Developmental Services and Virginia Association of Community Services Boards.

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APPENDIX A

**Data Elements Reported Monthly by CSB/BHAs**

Each CSB/BHA reports four data factors on volume to the region:

1. **Emergency contacts:** This is the total number of calls, cases or events, each month, requiring any type of CSB/BHA emergency service involvement or intervention, whether or not it involves emergency evaluation, and regardless of disposition.
2. **Emergency Evaluations:** This is the total number of emergency evaluations (conducted in-person or by means of a two-way electronic video and audio communication system as authorized in § 37.2-804.1), completed each month, regardless of the disposition
3. **Number of TDOs Issued:** Monthly total of TDOs issued (TDOs are issued by a magistrate)
4. **Number of TDOs Executed:** Monthly total of TDOs executed (TDOs are executed when the individual is served the TDO)

Each CSB/BHA also reports six data elements:

1. Cases where a TDO to a community facility was needed but the primary state hospital was used as a “last resort” because an alternative facility could not be found at the end of 8-hour ECO period.
2. Cases where the primary state hospital could not be used as a “last resort” when needed at the end 8-hour ECO period and a back-up state hospital was used instead.
3. Cases where the state hospital was needed as the “last resort” but admission could not be accomplished at the 8-hour expiration of ECO because of a medical or other issue (e.g., medical condition cannot be treated effectively in state facility, individual is not medically stable for transfer to state hospital, etc.).
4. Cases where a TDO was issued to a community or state facility but the TDO was not executed within the 8-hour ECO time period (i.e., individual no longer in ECO period but “not released” (per statute) pending execution of TDO).
5. Cases where individual was transferred from one TDO facility to another during the period of temporary detention.
6. Cases where individual is not under ECO, but needs TDO admission and no community facility is found for admission, resulting in state hospital admission as “last resort” facility.

For the six factors above, associated descriptor information is reported as well.

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APPENDIX B

Partnership Planning Region	Community Services Board or Regional Behavioral Health Authority
<b>1</b>  Northwestern Virginia	Horizon Behavioral Health Services Harrisonburg-Rockingham CSB Northwestern Community Services Rappahannock Area CSB Rappahannock-Rapidan CSB Region Ten CSB Rockbridge Area Community Services Valley CSB
<b>2</b>  Northern Virginia	Alexandria CSB Arlington County CSB Fairfax-Falls Church CSB Loudon County CSB Prince William County CSB
<b>3</b>  Southwestern Virginia	Cumberland Mountain CSB Dickenson County Behavioral Health Services Highlands Community Services Mount Rogers CSB New River Valley Community Services Planning District One Behavioral Health Services
<b>4</b>  Central Virginia	Chesterfield CSB Crossroads CSB District 19 CSB Goochland-Powhatan Community Services Hanover CSB Henrico Area Mental Health & Developmental Services Board Richmond Behavioral Health Authority
<b>5</b>  Eastern Virginia	Chesapeake CSB Colonial Behavioral Health Eastern Shore CSB Hampton-Newport News CSB Middle Peninsula-Northern Neck CSB Norfolk CSB Portsmouth Department of Behavioral Healthcare Services Virginia Beach CSB Western Tidewater CSB
<b>6</b>  Southern	Danville-Pittsylvania Community Services Piedmont Community Services Southside CSB
<b>7</b> Catawba Region	Alleghany Highlands CSB Blue Ridge Behavioral Healthcare

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APPENDIX C

**Table 1. Number of emergency contacts (corresponds with graph 1a, pg 2)**

Region	July	August	September	Total
Region 1	4,960	5,991	0	10,951
Region 2	5,149	5,127	0	10,276
Region 3	2,269	2,434	0	4,703
Region 4	5,197	7,346	0	12,543
Region 5	6,826	4,947	0	11,773
Region 6	1,127	1,086	0	2,213
Region 7	3,526	3,690	0	7,216
<b>Total</b>	<b>29,054</b>	<b>30,621</b>	<b>0</b>	<b>59,675</b>

**Table 2. Number of emergency evaluations (corresponds with graph 2a, pg 3)**

Region	July	August	September	Total
Region 1	1,363	1,332	0	2,695
Region 2	1,271	1,486	0	2,757
Region 3	688	711	0	1,399
Region 4	839	814	0	1,653
Region 5	1,414	1,453	0	2,867
Region 6	367	329	0	696
Region 7	219	208	0	427
<b>Total</b>	<b>6,161</b>	<b>6,333</b>	<b>0</b>	<b>12,494</b>

**Table 3. Number of TDOs issued (corresponds with graph 3a, pg 4)**

Region	July	August	September	Total
Region 1	327	349	0	676
Region 2	244	277	0	521
Region 3	329	312	0	641
Region 4	417	393	0	810
Region 5	496	558	0	1,054
Region 6	131	107	0	238
Region 7	110	111	0	221
<b>Total</b>	<b>2,054</b>	<b>2,107</b>	<b>0</b>	<b>4,161</b>

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**Table 4. Number of TDOs executed (corresponds with graph 4a, pg 5)**

Region	July	August	September	Total
Region 1	327	349	0	676
Region 2	244	277	0	521
Region 3	329	312	0	641
Region 4	417	393	0	810
Region 5	496	558	0	1,054
Region 6	131	107	0	238
Region 7	110	110	0	220
<b>Total</b>	<b>2,054</b>	<b>2,106</b>	<b>0</b>	<b>4,160</b>

**Table 5. TDO admissions to a state facility (corresponds with graph 5a, pg 6)**

Region	July	August	September	Total
Region 1	17	21	0	38
Region 2	14	5	0	19
Region 3	56	65	0	121
Region 4	6	18	0	24
Region 5	14	23	0	37
Region 6	13	11	0	24
Region 7	16	22	0	38
<b>Total</b>	<b>136</b>	<b>165</b>	<b>0</b>	<b>301</b>

**Table 6. State facility admission delayed (corresponds with graph 6a, pg 7)**

Region	July	August	September	Total
Region 1	2	2	0	4
Region 2	0	2	0	2
Region 3	1	3	0	4
Region 4	0	1	0	1
Region 5	0	2	0	2
Region 6	3	5	0	8
Region 7	2	1	0	3
<b>Total</b>	<b>8</b>	<b>16</b>	<b>0</b>	<b>24</b>

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**Table 7. TDO executed after ECO expired (corresponds with graph 7a, pg 8)**

Region	July	August	September	Total
Region 1	2	1	0	3
Region 2	3	1	0	4
Region 3	1	2	0	3
Region 4	4	2	0	6
Region 5	10	5	0	15
Region 6	0	2	0	2
Region 7	0	22	0	22
<b>Total</b>	<b>20</b>	<b>35</b>	<b>0</b>	<b>55</b>

**Table 8. Transfers during temporary detention (corresponds with graph 8a, pg 9)**

Region	July	August	September	Total
Region 1	5	2	0	7
Region 2	1	0	0	1
Region 3	0	1	0	1
Region 4	4	0	0	4
Region 5	4	2	0	6
Region 6	0	1	0	1
Region 7	0	0	0	0
<b>Total</b>	<b>14</b>	<b>6</b>	<b>0</b>	<b>20</b>

**Table 9. State facility TDOs without ECOs (corresponds with graph 9a, pg 10)**

Region	July	August	September	Total
Region 1	1	2	0	3
Region 2	0	1	0	1
Region 3	2	11	0	13
Region 4	1	1	0	2
Region 5	2	2	0	4
Region 6	3	2	0	5
Region 7	3	2	0	5
<b>Total</b>	<b>12</b>	<b>21</b>	<b>0</b>	<b>33</b>