

**Joint Subcommittee to Study Mental Health Services  
in the Commonwealth in the 21st Century  
Work Group #3: Crisis and Emergency Services**

Meeting Summary

Thursday, June 23, 2016

Senate Room 2, The Capitol, Richmond, Virginia

The Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century's (the Joint Subcommittee's) Crisis and Emergency Services Work Group (the Work Group) held its first meeting of the 2016 interim on Thursday, June 23, 2016, at the Capitol in Richmond.

**Introductions and Opening Remarks; Update on Activities of the Expert Advisory Panel**

Following the call to order and opening remarks, the Work Group invited John Oliver, chair of the Crisis and Emergency Services expert advisory panel, to update the members on the activities of the panel. Mr. Oliver began by noting that the panel has met via conference call three times in 2016, on May 3, May 17, and June 8. He reported that the panel has identified four main subject areas in need of immediate attention: (i) the development of regional psychiatric emergency services (PES) units; (ii) the use of telepsychiatry in the crisis context; (iii) the use of a medical or other alternative model of transportation for individuals in crisis in place of the current law-enforcement model; and (iv) the identification of a core service model of treatment services for those in crisis. A subcommittee has been formed for each of these subject areas, composed of two to three experts from the panel.

With respect to the PES units, Mr. Oliver explained that the units, various versions of which exist in other states, could provide emergency psychiatric care to an individual for up to 24 hours, giving individuals in mental health crisis a safe place in the community where they can be engaged in active treatment for a period of time before a decision is made on their need for hospitalization or other care. Mr. Oliver noted that such a model would allow more time for engagement with an individual in crisis in a therapeutic setting, with an emphasis on recovery and individual decision making. This model, Mr. Oliver explained, could result in fewer involuntary hospitalizations and lessen the psychiatric boarding problem at hospital emergency departments. He noted that psychiatric boarding has both financial and other costs, including impeding emergency department physicians and staff from treating individuals in the department with nonpsychiatric emergencies. Delegate Garrett asked that Mr. Oliver and the panel produce some data on these actual costs.

Mr. Oliver then discussed the need for increased use of telepsychiatry. He noted that there is a need to make these services more readily available in rural communities and in urban communities, where there are shortages of psychiatrists for emergency care. Mr. Oliver stated that the subcommittee of panelists assigned to this work group is tasked with addressing some limits to increased use of telepsychiatry, including 2015 changes to state law. Senator Barker noted that a similar model was proposed in 2011 in Northern Virginia, and that a discussion with the individuals behind that model may be helpful going forward. Mr. Oliver stated that he and

the panel would look into this model. Delegate Garrett asked Mr. Oliver and the panel to report on the metrics and outcomes from other states with robust telepsychiatry models, including their cost and payment structures, outcomes in terms of individual success, and cost savings to the state.

As to the need for a medical or alternative model of transportation for those in crisis, Mr. Oliver noted that the development of an alternative to the law-enforcement model would reduce trauma and stigma for persons in crisis and enable law enforcement to be involved in such transport only when actually needed to ensure safety. Mr. Oliver noted that other states, including New Jersey, California, Colorado, and North Carolina, have developed some successful models that the panel plans to examine.

Mr. Oliver then spoke on the identification of a core service model of emergency services for those in crisis that should be available across the state, which would include the key prevention, treatment, and transition services that help to reduce the need for emergency interventions.

Mr. Oliver then noted that one ongoing need that the panel has discussed at each meeting and that affects every aspect of mental health care reform is workforce development. He explained that there are not enough qualified mental health professionals available to do the work that needs to be done. Mr. Oliver reported that the panel feels that, to enable reform efforts, educating, recruiting, and keeping high-quality mental health care providers should be a high priority at the state level. Delegate Garrett asked Mr. Oliver and the panel to look into which areas of the state have greater workforce development deficiencies and gather data to fully quantify these deficiencies.

#### **Presentation: John Jones, Virginia Sheriffs' Association**

Mr. Jones presented to the Work Group, primarily focusing on the impact of mental health transports on law enforcement. Mr. Jones provided an overview of the workload of sheriffs across the state, noting that sheriffs are the primary law enforcement in 86 counties. He reported that from June 30, 2014, through June 30, 2015, there were almost two million calls for sheriff service, of which calls 75% required a deputy to be dispatched. In terms of sheriff staffing, he stated that the current statutory staffing standard requires one deputy for each 1,500 individuals in a county. However, he noted, the staffing is currently 218 sheriffs short of compliance with this statutory staffing standard.

Mr. Jones then reported that there has been an 8.3% increase in mental health transports by law enforcement over the past two years, from 4,621 completed by law enforcement in 2013 to 5,003 completed by law enforcement in 2015. He noted that the State Compensation Board Staffing Standard for Mental Health transportation is three hours per in-jurisdiction transport and 4.5 hours per out-of-jurisdiction transport. The time spent on these transports, Mr. Jones continued, can present a drain on both the financial and the time resources for sheriffs, whose primary mission is public safety.

Mr. Jones acknowledged that, while there are instances where law enforcement should be utilized to transport those individuals who pose a danger to themselves or others, in many cases geriatric individuals, or very young individuals, who do not pose a danger to themselves or to the public are being transported by law enforcement, resulting in both a drain on law-enforcement resources and a dehumanizing experience for the individual being transported. On this point,

Delegate Garrett asked Mr. Jones to collect data on the percentage of law-enforcement transports made for which, from the sheriffs' perspective, law enforcement involvement was needed.

Mr. Jones then proposed reforms to the current system, including (i) expanding the support of assessment centers, (ii) funding the existing staffing standards, (iii) using alternative transportation whenever possible to allow sheriffs to devote more time to their primary public safety mission; and (iv) provide alternative transportation options for nonviolent individuals.

**Presentation: Will Frank, Department of Behavioral Health and Developmental Services**

Mr. Frank updated the Work Group on the Southwest Virginia Alternative Transportation Pilot Program, a program funded by the Department of Behavioral Health and Developmental Services (DBHDS) and which began operating in the Mt. Rogers area of Southwest Virginia at the beginning of 2016. Mr. Frank first provided background on the pilot program, noting that individuals with mental illness are typically transported by law-enforcement officers in a police vehicle and, most likely, in handcuffs. In addition to often feeling marginalized, criminalized, and traumatized from the experience, families and individuals receiving assistance have reported that this criminal-like transportation can serve as a roadblock to seeking intervention. Mr. Frank continued that, in 2015, HB 1693 and SB 1263 allowed alternative transportation providers to be considered by a magistrate for anyone under a temporary detention order (TDO) or civil commitment.

Mr. Frank then explained that the pilot is recovery focused; transportation of individuals in crisis is via unmarked cars by drivers wearing casual uniforms who have gone through training, similar to Crisis Intervention Training, prior to providing transportation. The program was designed with the support of community services boards (CSBs), DBHDS, and local law enforcement. Because no infrastructure existed prior to the creation of the program, the program was built from the ground up, including the creation of a dispatch center operating 24 hours a day. The alternative transportation provider is Steadfast Security, a company with experience transporting individuals for the Department of Juvenile Justice.

The pilot process begins with a CSB emergency services worker recommending the utilization of alternative transportation to a magistrate judge in appropriate circumstances on the basis of findings during the crisis evaluation process. If the magistrate approves of the use of alternative transportation, custody of the individual is then transferred to the alternative transportation provider. Mr. Frank listed some of the reasons law enforcement may be a more appropriate transport provider, including the risk of elopement; risk of an individual to harm himself or others; instances where an ambulance may be required for transportation; or instances where a law-enforcement officer's proximity to the arrival destination is closer than that of an alternative provider, which saves time for the completion of the transfer. Mr. Frank noted that the provider only has the authority to transport the individual and is not authorized to physically restrain the individual.

Mr. Frank reported that between January 1, 2016, and May 16, 2016, 367 total TDO transports were completed in the pilot program area. Of those, 116 individuals were transported by the alternative transportation provider, all of whom arrived safely at their destination. In terms of the results of the program so far, Mr. Frank reported that the program has been very effective

and has provided relief, from both a financial and time standpoint, for local law enforcement. To this point, Delegate Garrett asked DBHDS to provide data on those costs savings.

He anticipates the program will close in the next six months due to a lack of funds. If the program were to continue, Mr. Frank noted, alternative financial models should be explored. Mr. Jones emphasized that the pilot program has eased the burden on law enforcement in the Mt. Rogers area and expressed concerns regarding the termination of the pilot program in the coming months.

### **Final Comments and Next Meeting**

The Work Group is tentatively planning to focus on the expert advisory panel's identification of the need for increased use of telepsychiatry at the next Work Group meeting. A date has not yet been set.