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## Joint Subcommittee to Study Mental Health Services in the 21st Century

### Work Group 4: Law-Enforcement Officer-Temporary Detention Order/Emergency Custody Order

June 8, 2021, at 10:00 a.m.

Electronic Meeting

<https://studies.virginiageneralassembly.gov/studies/563>

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Work Group 4: Law-Enforcement Officer-Temporary Detention Order/Emergency Custody Order (the Work Group) of the Joint Subcommittee to Study Mental Health Services in the 21st Century (the Joint Subcommittee) met electronically with Senator T. Montgomery Mason, chair, presiding.<sup>1</sup> The meeting began with introductions and opening remarks followed by presentations and discussion. Materials presented at the meeting are accessible through the [Joint Subcommittee's meetings webpage](#).

#### **Presentation: Update on Emergency Department Boarding and Local Law-Enforcement Experience**

*John Jones, Executive Director, Virginia Sheriffs' Association*

Mr. Jones shared data that he recently collected regarding what sheriffs' departments are experiencing when dealing with a temporary detention order (TDO). Out of 19 respondents, he noted that there were 66 total TDOs that exceeded the 72-hour duration, primarily due to lack of bed space. When the 72 hours were up, in some cases, deputies would "stay in place" to provide security, while others released the person who was being held under the TDO. The most common response from law-enforcement officers was that they saw success with drop-off centers, but more staff was needed to maintain hours of operation.

#### **Presentation: Update on Emergency Department Length of Stay and Options for Increasing Private Hospital Bed Availability**

*Jennifer Wicker, Director of Intergovernmental Affairs, Virginia Hospital and Healthcare Association*

Ms. Wicker presented data from a behavioral health/emergency department survey that covered the pre-pandemic period (October 2019–March 2020) and the current period (December 2020–April 2021). She noted the following trends:

- Most behavioral health patients' wait time within the emergency department fell either within a range of four to eight hours or a range of nine to 24 hours;
- Children age zero to 12 remained in the emergency department for the least amount of time;

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<sup>1</sup> Members Present: Senator T. Montgomery Mason, Delegate Patrick A. Hope, Delegate Margaret B. Ransone  
Members Absent: None

- Adults age 18 or older remained in the emergency department for the most amount of time;
- Adolescents age 13 to 17 had the highest boarding time of 25 to 72 hours; and
- The average boarding time across all groups was nine to 24 hours.

Ms. Wicker also presented data regarding the workforce needs and costs associated with opening more beds in a facility or across a health care system, which can be found in the materials on the Joint Subcommittee's meetings webpage.

### **Presentation: Expansion of Emergency Behavioral Health Services in the Commonwealth**

*Alison G. Land, FACHE, Commissioner, Department of Behavioral Health and Developmental Services*

Commissioner Land reviewed the current struggles that the Department of Behavioral Health and Developmental Services (DBHDS) faces, including the very high populations of state facilities and major staff shortages. Currently, DBHDS is focused on recruitment and retention efforts that align with the private sector through incentives, including bonuses, loan repayment, and educational and school assistance, as well as participation in programs such as job fairs and academic partnerships. DBHDS is also working with the Governor's office to develop both short-term and long-term strategies to address staffing issues. Commissioner Land also outlined efforts to relieve some of the pressures caused by high populations in facilities, including expanding alternative transportation, investing in other options for dementia patients, investing in expediting the discharge process, and investing in crisis receiving centers.

### **Presentation: Recommendations for Improving Access to Crisis Intervention Team and Other Crisis Services**

*Jennifer Faison, Executive Director, Virginia Association of Community Services Boards*

Ms. Faison presented information about certain recommendations of the Crisis Intervention Team Assessment Center (CITAC) report as discussed during the prior meeting of the Work Group. The three options for CITAC expansion are as follows:

1. Expand the availability of the existing CITAC sites by having them open 24 hours per day, seven days per week. Ms. Faison noted that this may not be necessary across every single CITAC because not all areas need this type of expansion, so it would be important to look at this expansion on a case-by-case basis.
2. Create regional crisis receiving centers with medical and psychiatric intervention capability. This would expand the role of the existing CITAC sites, and community services boards in some areas would be interested in this option. As with the first recommendation, Ms. Faison noted that this will not be necessary in all areas.
3. Keep the existing CITAC sites' hours as-is, but make sure a regional crisis receiving center is open to receive patients from law-enforcement officers. Ms. Faison said that this is not a bad option, but it may not be as feasible or accessible as the others.

### **Presentation: Virginia Mental Health Access Program**

*Ally Singer Wright, Program Director, Virginia Mental Health Access Program, Medical Society*



*of Virginia Foundation*

*Kelsey Wilkinson, Senior Government Affairs Manager, Medical Society of Virginia Foundation*

Ms. Wright presented an overview of the Virginia Mental Health Access Program (VMAP). VMAP is a solution to a major issue faced by Virginians: an existing workforce shortage in child and adolescent mental health treatment that has been exacerbated by the COVID-19 pandemic. VMAP focuses on education for primary care providers regarding pediatric mental health conditions, access for primary care providers to consult with child and adolescent mental health care workers via five regional VMAP hubs, care navigation, and telehealth visits to assist with VMAP consults. As of April 2021, 505 providers have registered for VMAP, and 451 providers have been trained via VMAP. Data and statistics about both the impact of mental health on Virginia children and Virginia's workforce shortage in child and adolescent mental health treatment can be found in the presentation materials on the Joint Subcommittee's meetings webpage.

### **Public Comment and Directions to Staff**

The members of the Work Group heard public comment and testimony and discussed the next steps in moving forward. The members expressed that the following would be the most important to research further and develop recommendations for:

- Certificate of Public Need (COPN) and licensing conditions;
- Information regarding the portion of patients who are a forensic population;
- Workforce needs, including cost effectiveness for contracted employees vs. department employees;
- Plans and costs for CITAC and regional crisis receiving centers; and
- American Rescue Plan funding.

The members directed Staff to come up with a list of topics for potential recommendations that the Work Group can present to the Joint Subcommittee. No date was set for the next meeting.

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For more information, see the [\*Joint Subcommittee's website\*](#) or contact the Division of Legislative Services staff:

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