2017 Mental Health Summit

A Project Proposal: Developing a "Pilot" Psychiatric Emergency Center (PEC) from One (or more) of Our Region's CIT Assessment Centers

Introduction: helping people in mental health crisis

As programs in other parts of the country have demonstrated, a vital need for many people experiencing a mental health crisis is supportive engagement, and the opportunity for time and treatment in a local setting, to help people get through their crisis and – with supports and follow-up care in place – get back to their lives.

A key problem: the lack of a treatment center that addresses the person's crisis period

While significant improvements in mental health crisis response and care have been made, a critical piece is missing – namely, a local psychiatric emergency center that provides a supportive assessment and treatment setting and also provides enough time – up to 24 hours – to enable both the person in crisis and treating clinicians to diagnose the cause of the crisis and how the person can best be helped. Programs that have this critical piece in place report that up to 70% of the people referred to such a center are able to resolve their crises without psychiatric hospitalization.

A growing burden: increasing psychiatric hospitalization under TDOs and continuing psychiatric boarding in hospital EDs

Since 2014, Virginia law has guaranteed a state psychiatric hospital bed for any person in mental health crisis for whom an Emergency Custody Order (ECO) has been entered *if* that person is found by a magistrate, after "pre-admission screening" by a Community Services Board (CSB) evaluator, to meet the criteria for psychiatric hospitalization under a Temporary Detention Order (TDO). Because this evaluation often occurs during the peak of the crisis (the law requires that it be completed within 8 hours of the ECO being entered), many people are found to meet TDO criteria and are hospitalized under a TDO. Eastern State Hospital has experienced a dramatic increase in TDO patients since 2014, severely straining its treatment staff and facilities. The increasing use of the state hospital also takes individuals out of their communities and away from family support during the crisis. At the same time, many people in mental health crisis continue to come to hospital EDs and, while clearly needing treatment, are not under an ECO. These individuals may spend hours or even days in the ED while appropriate services are sought.

A key innovation: Crisis Intervention Teams and CIT Assessment Centers

Beginning in the early 2000's, localities in Virginia started to adopt the Crisis Intervention Team (CIT) model (and its training program) for collaborative responses by police and mental health professionals to persons in mental health crisis, to reduce violent encounters and to divert individuals in mental health crisis from the criminal justice system. More recently, CIT Assessment Centers have been established in 33 sites in Virginia (6 in Hampton Roads), providing sites to which officers can bring individuals (who are in officer custody under a Magistrate's ECO or under the officer's own statutory authority) for mental health evaluation. The Centers have on-site officers who can assume custody of individuals (allowing officers to return to their duties) and provide ongoing site security. These individuals otherwise would have been taken to a hospital ED, where the individual and the officer must wait for a CSB evaluator to arrive. The Centers have been positive and popular, as they reduce the use of the hospital ED, enable officers to return to duty much more quickly, and provide individuals in crisis with a more supportive and understanding response.

The next logical step: transforming CIT Assessment Centers into Psychiatric Emergency Centers (PECs)

Most CIT Assessment Centers function only to provide assessment of individuals in crisis to determine if they meet the criteria for a Temporary Detention Order (TDO). They do not offer active treatment to address the crisis. Some of the current CIT Assessment Centers, with physical adaptations and increased staffing, become Psychiatric Emergency Centers (PECs) that can offer active treatment and can keep people for up to 24 hours to determine what treatment disposition is most appropriate for these individuals. Depending upon their physical capacity and their staffing levels (psychiatrists, psychiatric nurses and other mental health personnel, including trained peer specialists), these PECs could accept referrals from hospital EDs and be a resource for self-referral by individuals in crisis, in addition to both assessing and offering treatment to persons brought in by officers. While Virginia law still requires that a person who is at the facility under an ECO must be evaluated for a TDO within 8 hours of the entry of the ECO, the magistrate would have the option of issuing a TDO for the person to remain at the PEC, so that a supportive environment and active treatment can be offered there. The magistrate can later change the facility designated for TDO placement of a person if, after (up to) 24 hours of care at the PEC, the person still needs psychiatric hospitalization. In addition, individuals who are acutely psychotic or who present behavioral challenges could still be expeditiously placed in a more secure psychiatric hospital under a TDO. Some individuals, including those with serious medical issues, may still need temporary hospital ED placement, but many more individuals who now utilize the hospital ED could be referred to the PEC.

The proposal: a "pilot" PEC for Hampton Roads

The value of PECs has been established in programs operating in other states, and has been recognized by members the SJ 47 Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century. There are already active discussions among some CIT sites (most notably Arlington County and Henrico County) about upgrading their capacity to become PECs, obtaining funding for that upgrade, and becoming "pilot" programs to demonstrate the efficacy of the PEC and provide a model for establishing them throughout the state.

Hampton Roads clearly has the capacity to develop a plan and proposal for creating a PEC pilot program at one of the region's CIT Assessment Center sites. There are well established working relationships among the police departments, CSBs, and area hospital EDs and psychiatric facilities regarding emergency mental health interventions, and a wealth of knowledge and expertise among the medical, mental health and law enforcement professionals involved in these operations. Together, they can identify which of the existing CIT Assessment Center sites is best prepared for development into a PEC. They should also be able to develop a budget proposal for making that development happen and sustaining an ongoing operation.

Funding, of course, remains uncertain. However, the General Assembly showed in the 2017 session that it is willing to fund innovative mental health services that improve people's lives and save money (the new funding for permanent supportive housing being just one example). In addition, because the PEC offers active treatment, and less expensive than psychiatric boarding in the ED and detention in a psychiatric hospital, any PEC proposal should also propose formulas for reimbursement from medical insurance, including Medicaid and Medicare.

The members of the Mental Health Summit have the wherewithal to make a pilot PEC in Hampton Roads a reality. A proposal for a PEC in Hampton Roads, coming from the public-private partnership that exists in the Mental Health Summit, could make the case for the funding needed to make this happen. This can be done. The time to do it is now.