

# **Measures Needed to Facilitate Effective Emergency Interventions while Reducing TDO Admissions to State Hospitals**

## **A Proposal for a Study by the Expert Advisory Panel for the Joint Subcommittee to Study Mental Health Services in the 21<sup>st</sup> Century**

**December 19, 2017**

### **The Problem**

- There has been a dramatic increase in TDOs statewide since FY 2015 and this has been accompanied by a disproportionately large rise in TDO admissions to state hospitals. Generally speaking, monthly TDO admissions to state hospitals have more than doubled and recently have averaged ~ 450/month. State hospital census now routinely exceeds 95%, far exceeding the safety target of 85%. This is not what the General Assembly intended in enacting the “last resort” requirement in 2014.
- For reasons stated in the SJ 47 Expert Panel Report, this alarming pattern cannot be permitted to continue. Spending hours in transit to state hospitals far from home for what is often a brief period of hospitalization is not good for patients in crisis, and the bulge in acute admissions creates unsafe conditions in the state hospitals. Reserving this many beds for TDO admissions on a permanent basis also substantially undermines the system transformation to which the General Assembly is committed.
- Concrete steps are needed to reduce state hospital TDO admissions in the short run and to establish the conditions needed for a permanent solution that enables people to receive needed treatment before a crisis develops and provides effective emergency care in the person’s community when a crisis does occur.
- Stakeholders welcome the opportunity to participate in a collaborative, problem-solving study under the aegis of the Joint Subcommittee

### **Proposed Action**

The Expert Advisory Panel shall assemble a task force to conduct a collaborative study on: Measures Needed to Facilitate Effective Emergency Interventions while Reducing TDO Admissions to State Hospitals.

- The Task Force should include representatives from VHHA, DBHDS, ILPPP, CSBs, VOCAL, MHAV and NAMI. Other stakeholder groups, including law enforcement, judges and emergency department physicians, should be consulted as needed.
- Research support, as needed, will be provided by ILPPP, DBHDS, and DLS.

- State and private hospitals and CSBs are expected to share statistical data needed for the inquiry.
- The Task Force, with support of its constituent member organizations, should convene fact-finding meetings enabling providers and recipients of emergency mental health services, and other stakeholders, to comment on strengths and weaknesses of the current system and to offer proposals for improvement.

**Charge:**

- Identify the factors that currently prevent private hospitals from admitting more patients under a TDO and propose possible legislative or executive actions that can be taken to remove these impediments as soon as possible
- Review service models, such as psychiatric emergency centers, more robust crisis stabilization units, and community recovery centers, that could provide cost-effective alternatives to emergency departments and inpatient admission to mental health facilities, and suggest possible approaches for implementing such models in Virginia;
- Consider whether amendments to Title 37.2, chapter 8 of the Virginia Code would facilitate successful crisis care, while reducing the need for temporary detention orders and involuntary treatment, alleviating pressures on emergency departments, and facilitating TDO admissions to private hospitals when hospitalization is indicated

**Time Frame**

- Immediately identify the factors contributing to the current hospital admission patterns and develop, as soon as possible, recommendations for collaborative actions by DBHDS, CSBs, VHHA and acute care psychiatric hospitals.
- Prepare legislative recommendations and budget items, if needed, on or before 11/30/18.
- Prepare a final report and accompanying recommendations by July 30, 2019