SB1488

Overall charge - examine the causes of the high census at the Commonwealth’s state hospitals for individuals with mental illness with a specific focus on:

• Evaluation process for those under an Emergency Custody Order (ECO)
• Individuals with medically complex conditions
• Individuals who are intoxicated
• Most appropriate setting for treatment

Consider:

• Extending the time frame for an ECO
• Transfer of custody for an individual under an ECO
• Diverting individuals from emergency room departments
• Assessing the evaluation process

Budget Language Item 310 CC

Overall charge - examine impact of Temporary Detention Order (TDO) admissions on state behavioral health hospitals. Specifically develop options to:

• Divert more admissions to private hospitals
• Increase community services to reduce number of TDOs
• Develop right sizing plan
Workgroup Members

- Law Enforcement Officials
- Private Hospitals
- Community Services Boards
- Advocates
- State Agencies
### Workgroup Participants

- Department of Behavioral Health and Developmental Services
- Department of Medical Assistance Services
- Institute of Law, Psychiatry and Public Policy
- Medical Society of Virginia
- Mental Health America of Virginia
- National Alliance on Mental Illness Virginia
- Office of the Attorney General
- Office of the Executive Secretary
- Psychiatric Society of Virginia
- VOCAL Virginia
- Virginia Association of Community Services Boards
- Virginia Association of Chiefs of Police
- Virginia College of Emergency Room Physicians
- Virginia Hospital and Healthcare Association
- Virginia Sheriffs' Association
- Voices for Virginia’s Children
- Secretary of Public Safety and Homeland Security
Workgroup Goals

• Goal: Develop short and long term solutions to reducing pressures on the census in state hospitals for individuals with mental illness

• Topics to be covered:
  • Custody during ECO period
  • CSB Emergency Services worker role
  • Emergency Custody Order (ECO) timeframe
  • Alternatives to emergency departments for evaluation and assessment
  • Bed Registry
  • Right sizing state hospital system
  • Financial realignment
April Meeting Summary and Findings

Presenters:
- Department of Behavioral Health and Developmental Services
- Virginia Hospital and Healthcare Association
- Law Enforcement Officials
- Virginia Association of Community Services Boards - Emergency Services Worker Role
- Advocates - Individual and Family Perspective
- ILPPP - Summary of Recommendations to SJ47

Major Takeaways:
- There is a need for more comprehensive data
- Evaluations take a relatively short period of time, most time under a TDO is spent searching for a bed
- National perspective on successful bed registries in other states will be helpful
- Between 2012-2017 there was an increase of 10,000 miles in law enforcement transport of mental health patients annually
- Further discussion is needed around involuntary vs. voluntary admissions
May Meeting Summary and Findings

Presenters:
• DBHDS - Overview of Civil Commitment Process and Voluntary vs. Involuntary Population
• NASMHPD - National Look at Solutions to Census Pressures

Major Takeaways:
• The bed registry can be a useful tool for data collection
• There needs to be a clear defined role for state hospitals
• CIT Assessment Centers are key in a quick handoff with law enforcement and appropriate services for the individual
• Crisis Services are an important component to reforming the system
• The ECO period is currently too short to find the most appropriate bed for a patient
Next Steps for Evaluation

Custody

- Law enforcement must maintain custody of individuals during the ECO period. This can be difficult for law enforcement and puts a strain on resources, particularly in rural jurisdictions. We will be looking into the utilization of CITACs and custody is transfers to the hospital or another party to alleviate this burden.

Emergency Custody Order Period

- Extend/Modify 8 hour Emergency Custody Order (ECO) “bed of last resort requirement” in order to reduce the number of individuals who are involuntary admitted to private and public inpatient behavioral units or hospitals. Modifying the ECO period would potentially reduce unnecessary involuntary admissions.
## Timeline for Completion

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<tr>
<td>April 22&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>Workgroup Meeting #1</td>
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<td>May 20&lt;sup&gt;th&lt;/sup&gt;</td>
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<td>June 24&lt;sup&gt;th&lt;/sup&gt;</td>
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<td>August 1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>Draft Report Due to Workgroup for Comment</td>
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