



# DBHDS Forensic Services and Key Updates

## Behavioral Health Commission

**Nelson Smith, Commissioner**  
Department of Behavioral Health &  
Developmental Services


July 9, 2024

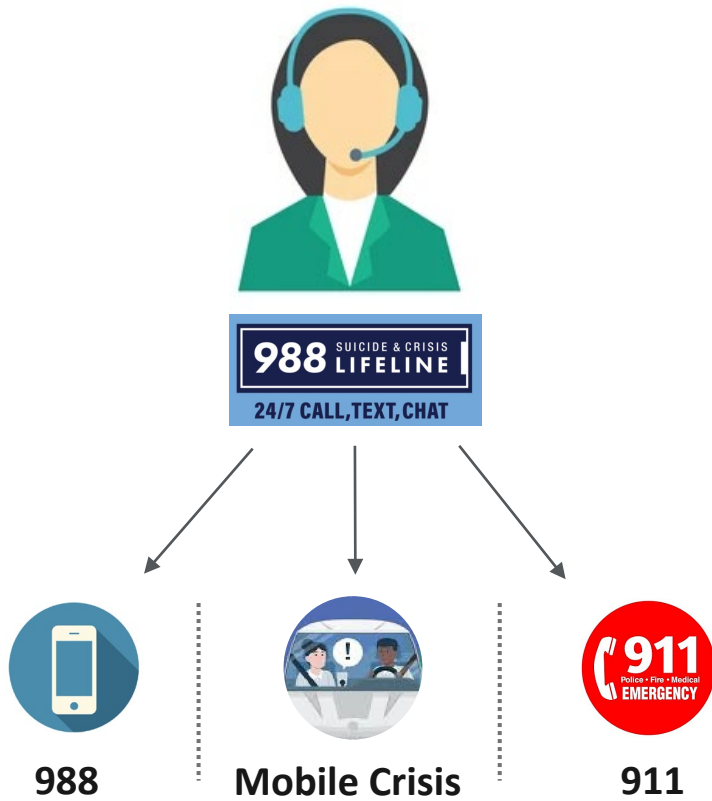




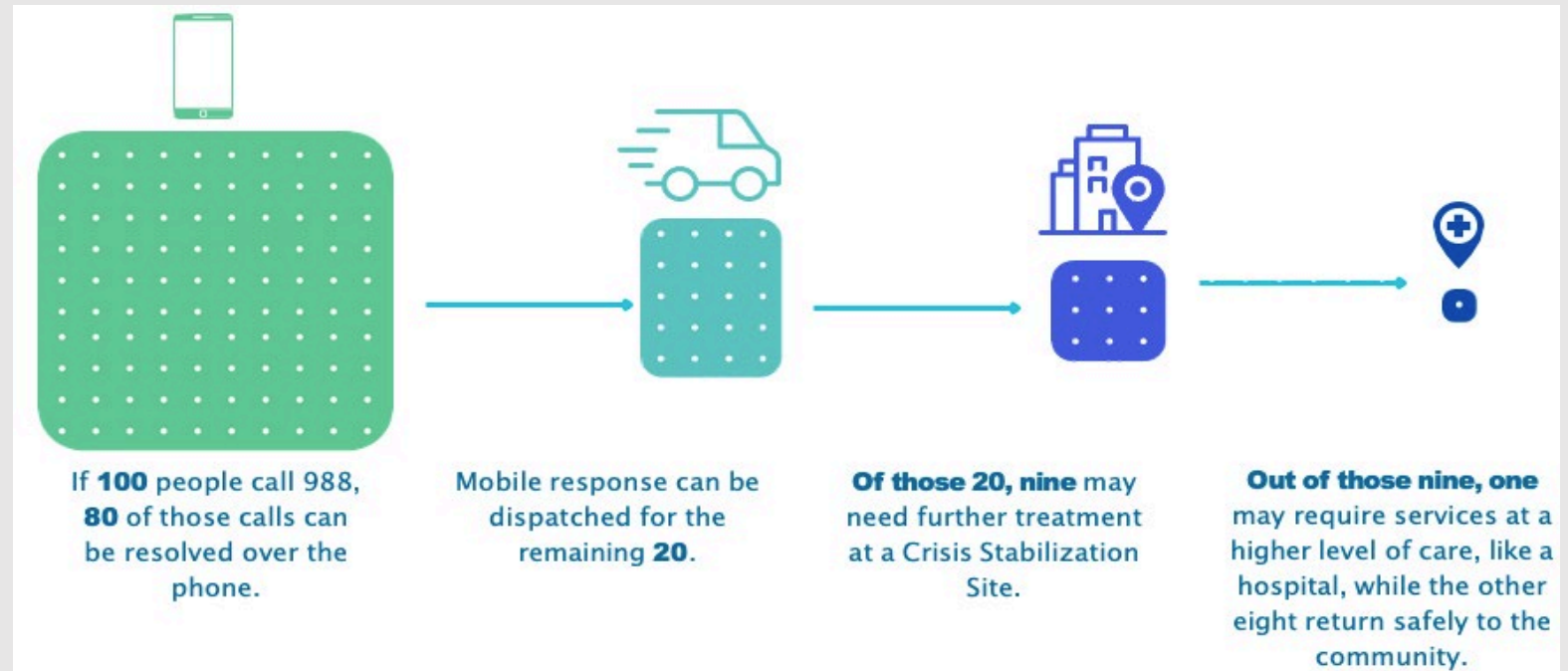
**RIGHT HELP.  
RIGHT NOW.**

Transforming Behavioral Health Care for Virginians

1. Ensure same-day care for individuals experiencing behavioral health crises
  2. Relieve law enforcement's burden and reduce the criminalization of mental health
  3. Develop more capacity throughout the system, going beyond hospitals, especially community-based services
  4. Provide targeted support for substance use disorder and efforts to prevent overdose
  5. Make the behavioral health workforce a priority, particularly in underserved communities
  6. Identify service innovations and best practices in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps
- 



**1) Someone to talk to** *988*      **2) Someone to respond** *Mobile Crisis*      **3) A place to go** *Crisis Centers*



## 988



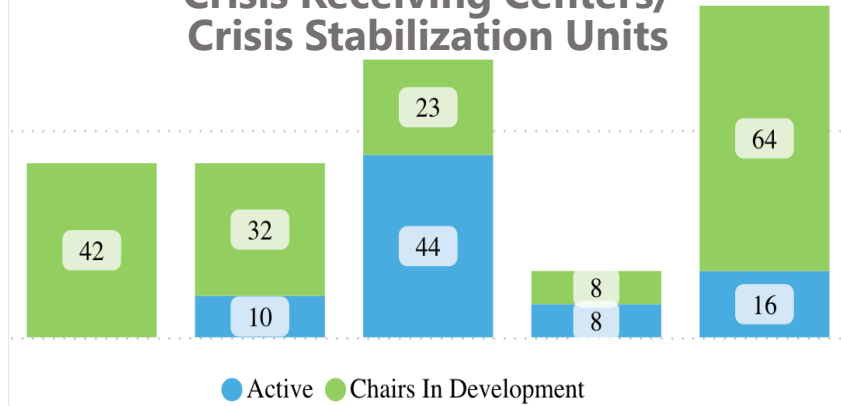
- [988va.org website](https://www.988va.org)
- 988 is like 911 for mental health
- Anyone in mental distress can call or text 988 and trained crisis call center staff will help right away
- Nearly 12,000 calls in May
- About 80% of calls to 988 can be resolved on the phone

## Mobile Crisis



- Teams are deployed by 988 or regions to race directly to people in crisis.
- Mobile crisis teams can resolve 70% of the cases they handle
- Virginia now has 98 mobile crisis teams.
- The goal is 140 teams across Virginia

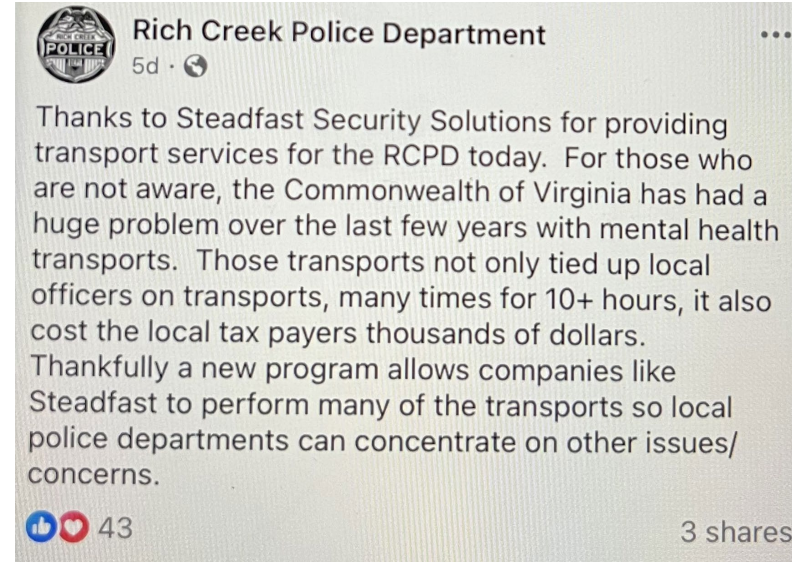
## Crisis Receiving Centers/ Crisis Stabilization Units



- Community stabilization of mental health crises for walk-ins, ambulance, fire and police drop-offs
- Stabilize crises and safely discharge about 65% of individuals without needing longer-term inpatient care
- Virginia now has 264 active beds and chairs, with 287 more in development
- More projects underway later in 2024

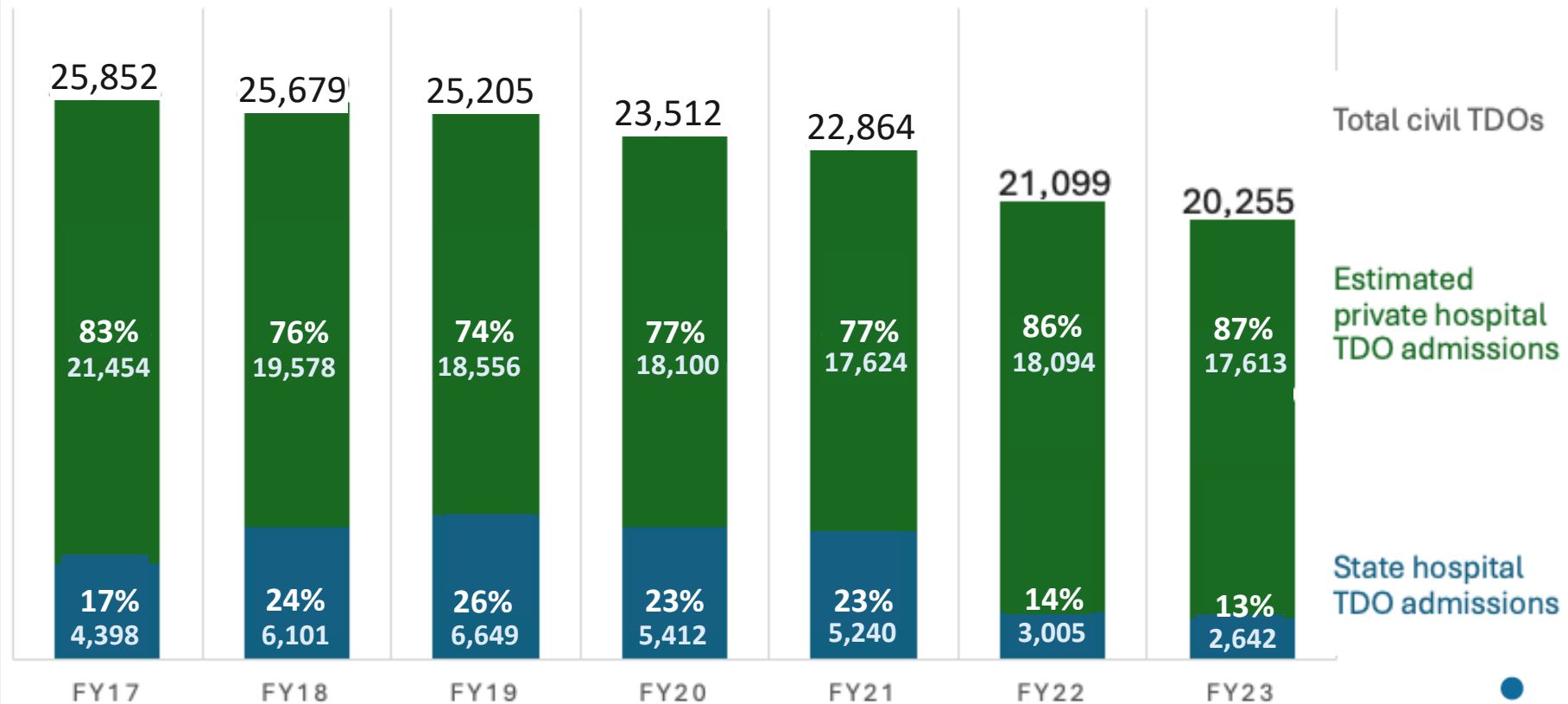
## Initial Pilot Results

- Reduced law enforcement (LE) drop-offs at the state facility prior to a bed being available.
- Average response time from LE call to transfer custody is 50 minutes.
- Average length of custody for Steadfast is 15 hours prior to transport to the TDO facility.
- Average travel time for transports to the TDO facility is 3 hours.
- In April and May, 34 of 41 individuals (83%) were transported to a private facility instead of the state hospital bed of last resort because custody was maintained in the emergency room prior to transport.





- TDO numbers skyrocketed in 2014 with new Bed of Last Resort laws, but % of private TDO admissions dropped.
- Staffing crisis in the pandemic caused many state hospital beds to close.
- Since wait times for TDO beds began increasing, total numbers of TDOs has declined.
- Private hospitals average 18,265 TDO admissions over the last 5 years.
- Reduction of state hospital civil TDO admissions, but forensic admissions increased **93%** from FY14 – FY23.

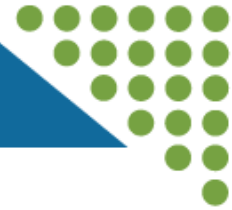




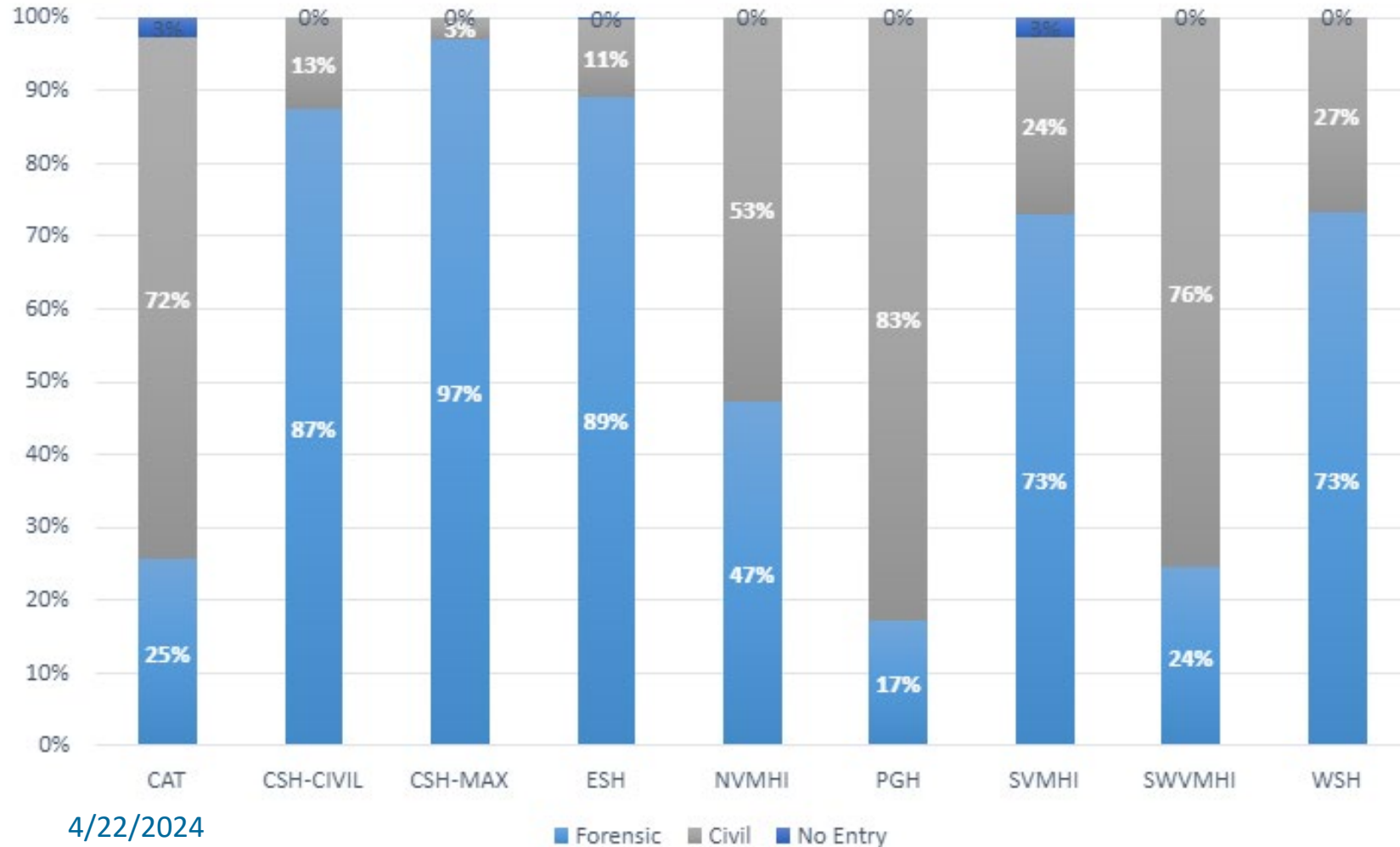
|   | Total Capacity | Current Census | % Current Utilization | % Current Forensic Beds |
|---|----------------|----------------|-----------------------|-------------------------|
| Catawba (adult and geriatric)                         | 110            | 105            | 95%                   | 29%                     |
| Central State (excluding VA's only max security unit) | 166            | 168            | 101%                  | 87%                     |
| Eastern State (adult and geriatric)*                  | 302            | 270            | 94%                   | 92%                     |
| Northern VA Mental Health Institute                   | 134            | 136            | 101%                  | 49%                     |
| Piedmont (all geriatric)                              | 123            | 117            | 95%                   | 20%                     |
| Southern VA Mental Health Institute                   | 72             | 72             | 100%                  | 65%                     |
| SW VA Mental Health Institute (adult and geriatric)   | 175            | 164            | 94%                   | 30%                     |
| Western State   | 272            | 267            | 98%                   | 73%                     |
| Commonwealth Center for Children & Adolescents        | 24             | 20             | 95%                   | --                      |

\* Eastern State has 22 of its 302 beds offline for a renovation project





Current Distribution of Civil vs. Forensic Status per Facility



Forensic admissions to state facilities increased nearly **93%** from FY14 – FY23

The primary driver in forensic admission increases is **restoration orders**, which increased over **143%** from FY14 – FY23

Consequences include only 30 state civil beds in Region 5 as of 4/22/24

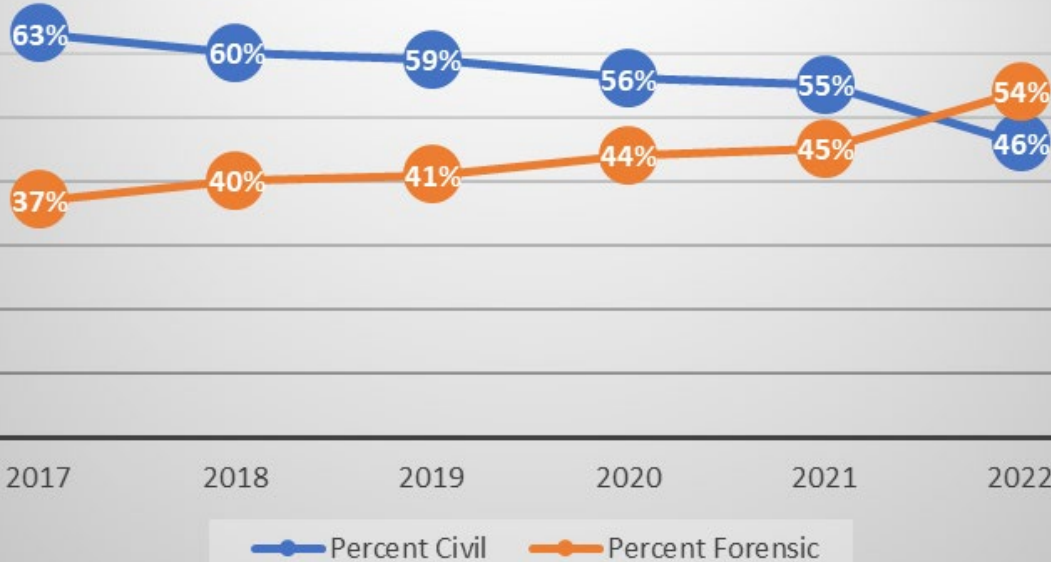
4/22/2024







### Civil vs. Forensic Census



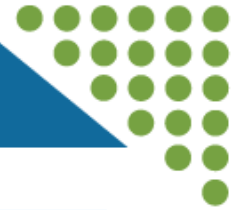
### ADULT FORENSIC ADMISSIONS



People with SMI are more likely to be:

- Arrested and confined in jail
- Not granted bail or not able to pay cash bail
- Confined in jail or a hospital longer than misdemeanor offenders without SMI
- Traumatized by Incarceration or involuntary admission





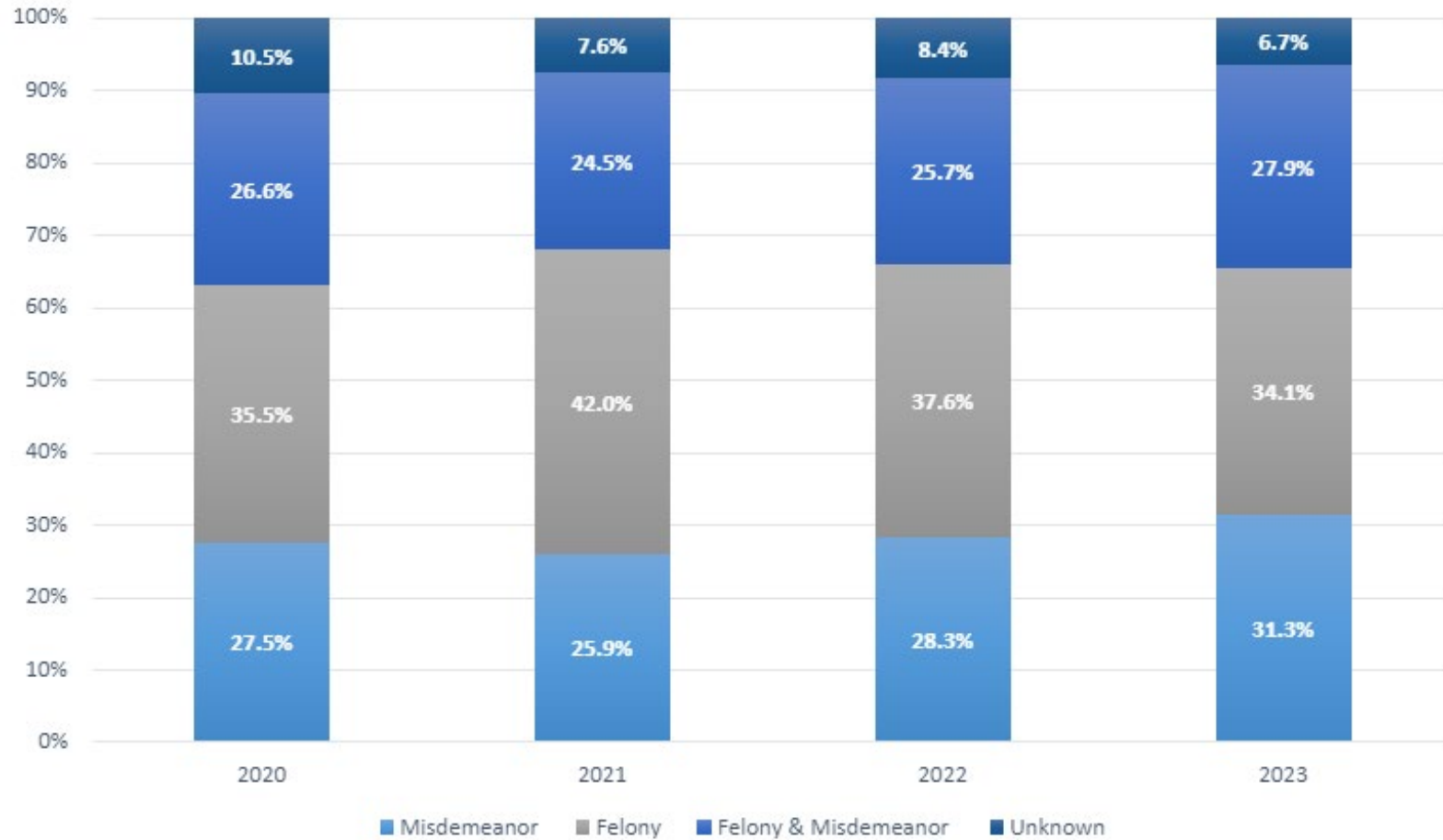
### Restoration Facts

- **Goal:** Achieving factual and rational understanding of legal concepts, and ability to assist defense counsel in legal decision making.
- **Treatment:** Medications, group psycho-educational programming, and individual restoration
- Most defendants are restored.
- Average length of stay is 106 days.
- When restored, defendants are returned to jail.

### Restoration Admissions



FY19-FY23 To Date Percent of Patients per Charge Level and Fiscal Year



- Over 30% of restoration admissions are for misdemeanors
- Take enormous amount of resources and cost to face very minor charges and get timed served



Building capacity through developing a restoration unit at a local regional jail



Working with individual courts that order a high volume of defendants to promote diversion and outpatient restoration.



Training, consultation, peer supervision, and quality checks of forensic evaluators.



Manage grants for numerous jail diversion/forensic discharge planning programs



Examining current hospital processes to include forensic case management, timeliness of forensic evaluations, and forensic discharge protocols



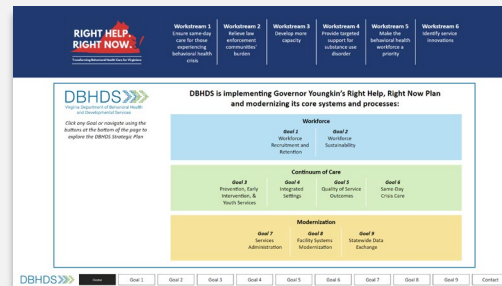
Building stakeholder groups, including CSBs and legal professionals, to work on growing inpatient restoration cases and address high volume of misdemeanor restoration orders



## Link to Public Dashboard

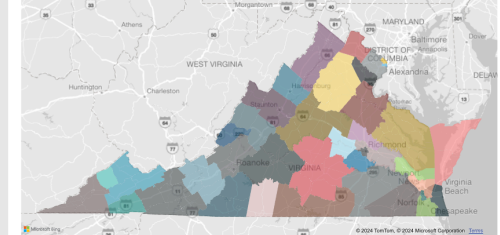
[dbhds.virginia.gov/about-dbhds/strategic-plans/](https://dbhds.virginia.gov/about-dbhds/strategic-plans/)

The dashboard tracks progress as DBHDS works to support individuals by promoting recovery, self-determination, and wellness in all aspects of life. The dashboard is available on the DBHDS website.



The screenshot shows the 'Home Page' of the 'Community Services Boards (CSB) Performance Dashboard'. It features a navigation bar with 'Home', 'CSB Profile', 'Community Need', 'Finances', 'Operations', and 'Program Outcomes'. The main content area includes the DBHDS logo, a welcome message, and a map of Virginia by CSB Catchment Areas. Below the map are icons for 'CSB Profile', 'Community Need', 'Finances', 'Operations', and 'Program Outcomes'. A 'CSB Background' section is also visible on the right side of the dashboard.

Map of Virginia by CSB Catchment Areas

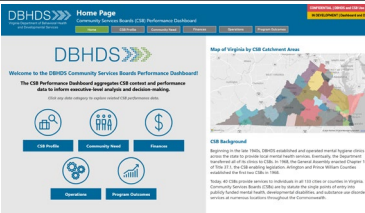
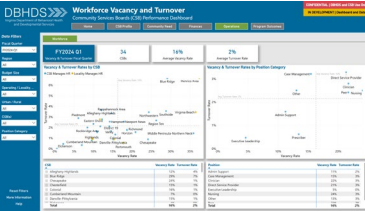

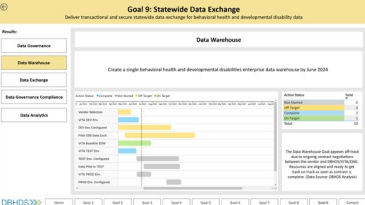


### CSB Background

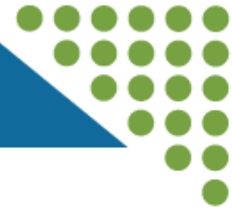
Beginning in the late 1940s, DBHDS established and operated mental hygiene clinics across the state to provide local mental health services. Eventually, the Department transferred all of its clinics to CSBs. In 1968, the General Assembly enacted Chapter 10 of Title 37.1, the CSB enabling legislation. Arlington and Prince William Counties established the first two CSBs in 1968.

Today, 40 CSBs provide services to individuals in all 133 cities or counties in Virginia. Community Services Boards (CSBs) are by statute the single points of entry into publicly funded mental health, developmental disabilities, and substance use disorder services at numerous locations throughout the Commonwealth.



| Currently Addressing   | JLARC   | Dashboard                               | Page  |   |
|--|---------|---|---|---|
| 1. Aggregating CSB performance measures                                      | Rec. 20 | CSB Performance Dashboard – CSB Version | CSB Profile, Community Need, and more               |    |
| 2. Showing CSB staff turnover and vacancy rates by position type             | Rec. 4  | CSB Performance Dashboard – CSB Version | Workforce Turnover & Vacancy Rate                   |    |
| 3. Showing CSB Medicaid revenue  | Rec. 14 | CSB Performance Dashboard – CSB Version | [New Page] Medicaid Revenue (self reported by CSBs) |   |
| 4. Tracking Data Exchange timelines and progress, project risks, and funding | Rec. 19 | DBHDS Goals Dashboard                   | Goal 9 Page   |  |





- Statewide consult and care navigation for adults with substance use disorders to access specialized mental health services and prepare primary care and emergency clinicians to support patients' behavioral health needs.
- Builds on the success of the Virginia Mental Health Access Program (VMAP) for children.
- Provides healthcare providers tools, and training to help effectively diagnose, prescribe, and assist patients in substance use recovery care.
- Three components: Provider education, telephonic consultations and care navigation assistance.
- Plan to expand the program to mental health.
- Partnering with MSV.

