BHC Behavioral Health Commission

Virginia's crisis system and civil commitment process

November 12, 2024

Interim Briefing

In this study

Background

Civil commitment process

Virginia's crisis system

Interaction of civil commitment and crisis system

Direction of final report

Study request

- SB 574 directs BHC staff to study how to align civil admissions laws and processes with new crisis response services
  - Identify barriers to maximizing the use of crisis services for individuals who are (or who risk becoming) involved in the civil commitment process
  - Make recommendations for any changes needed to fully leverage crisis services and minimize civil commitments
- Interim briefing today
  - Overview of civil commitment process and current crisis system
  - Update of progress in building crisis system
- Final report in 2025

Research activities

- Interviews with DBDHS[1], DMAS[1], OES[1], VACP[1], VACSB[1], and subject matter experts
- Analysis of data on 988, mobile crisis, crisis facilities, and Marcus Alert
- Review of statutes and regulations, reports, information, and national research pertaining to civil commitment and crisis services

[1]DBHDS=Department of Behavioral Health and Developmental Services; DMAS=Department of Medical Assistance Services; OES=Office of the Executive Secretary of the Supreme Court of Virginia; VACP=Virginia Association of Chiefs of Police; VACSB=Virginia Association of Community Services Boards

In brief

- The expansion of Virginia's crisis system could provide several alternatives to the current civil commitment process, including diversion
- 988 call volume is increasing but may be driven by inappropriate provider behavior
- Availability of public mobile crisis teams is expanding
- Crisis facility capacity is increasing and many localities are expanding the types of services offered

In this study

Background

Civil commitment process

Virginia's crisis system

Interaction of civil commitment and crisis system

Direction of final report

Civil commitment process orders evaluation and involuntary psychiatric treatment for certain individuals in a mental health crisis

- Civil commitment process leads to court-ordered, involuntary psychiatric treatment if assessment and evaluation find that an individual meets certain criteria
- Individuals subject to civil commitment must meet all 3 statutory criteria
  - Have a mental illness and, as a result, are likely in the near future to harm self or others, or suffer harm from inability to care for self
  - Need hospitalization or treatment
  - Unwilling or incapable of volunteering for hospitalization or treatment
- Process has multiple phases

Note: §§37.2-800 through 37.2-847 describe the civil commitment process

Civil commitment process includes 3 phases with differing timeframes for assessment and treatment, as needed

Initiation

Petition by any responsible person, treating physician, or upon motion of magistrate

Emergency Custody Order (ECO)

8 hours

- Issued by magistrate or law enforcement agency (LEA)
- LEA takes custody
- CSB prescreens to assess whether meet TDO criteria
  - Release if criteria not met
- CSB identifies treatment facility

Temporary Detention Order (TDO)

72 hours

- Issued by magistrate
- LEA or alternate provider transports to facility
- Treatment may be initiated
- Independent evaluator assesses if meet commitment criteria

Commitment hearing

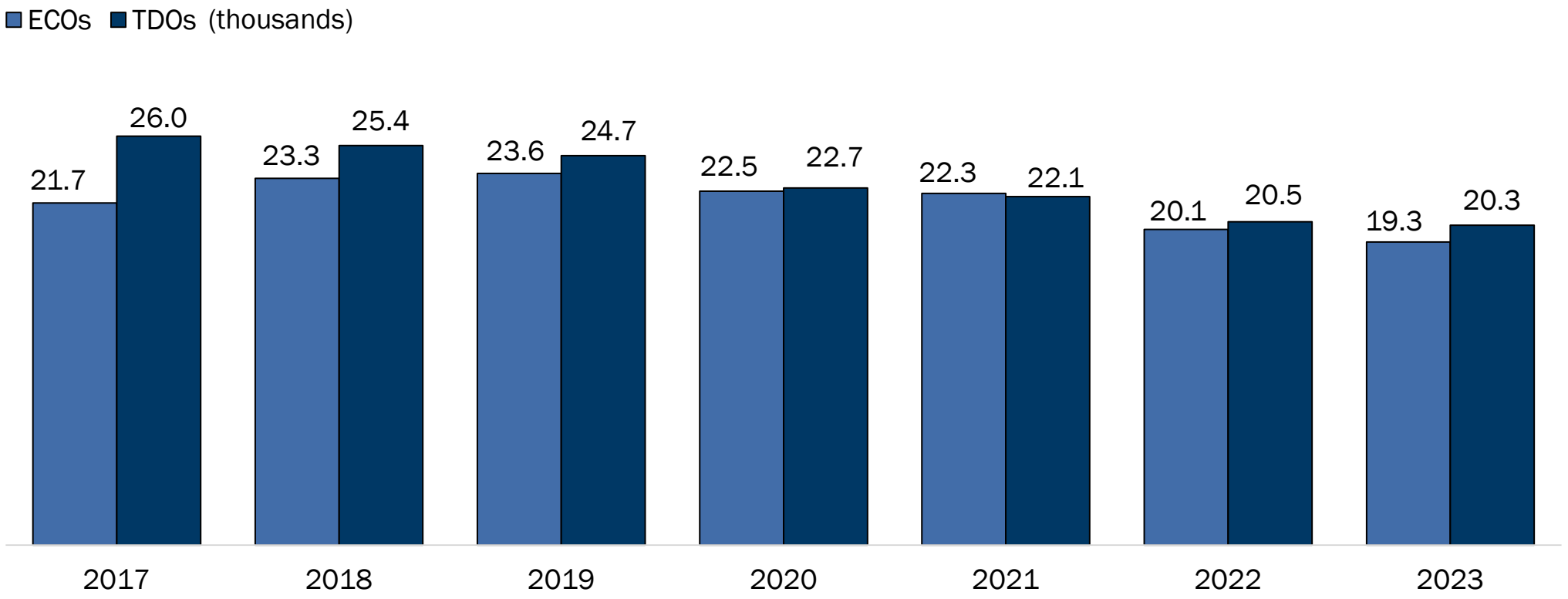
Involuntary admission

30 days*

- Ordered by special justice or district court judge
- Hearing results in either:
  - Voluntary admission to facility
  - Involuntary admission to facility
  - Mandatory outpatient treatment
  - Release if criteria not met

*Court can order extensions up to 180 days

Number of TDOs has steadily decreased since 2017 but remains around 20,000 annually



Current civil commitment process relies heavily on inpatient treatment and emergency departments

- Assessments and evaluations tend to be conducted in emergency departments
- Law enforcement seldom transfers custody to a facility during ECO/TDO stages
- Current civil commitment process geared toward involuntary admission to hospital rather than to a less restrictive environment

In this study

Background

Civil commitment process

Virginia's crisis system

Interaction of civil commitment and crisis system

Direction of final report

Virginia has adopted “Crisis Now” model to implement comprehensive system of crisis services

SOMEONE TO CALL

988
Crisis call centers

SOMEONE TO RESPOND

Mobile crisis response teams

SOMEWHERE TO GO

Crisis stabilization sites (CRCs & CSUs)

CURRENT DEFAULT

Emergency departments & psychiatric facilities

988 and regional crisis call centers offer someone to call for individuals experiencing a mental health crisis

- 988 was formerly the National Suicide Prevention Lifeline
- Callers are routed to the nearest regional crisis call center
- Call center counselors use multilevel triage framework to determine best course of action based on level of urgency
  - Achieve resolution over the phone
  - Make referrals to local resources
  - Dispatch mobile crisis team
  - Request law enforcement response

Mobile crisis teams provide response for callers who need in-person support or services

- Offered 24/7 as emergency mental health service
- Teams of clinicians who deploy to an individual's location in the community
  - Law enforcement not involved unless requested for backup
- Provide rapid response, assessment, and early intervention to individuals in crisis

Crisis receiving and crisis stabilization facilities offer an alternative, less restrictive placement to psychiatric hospitals

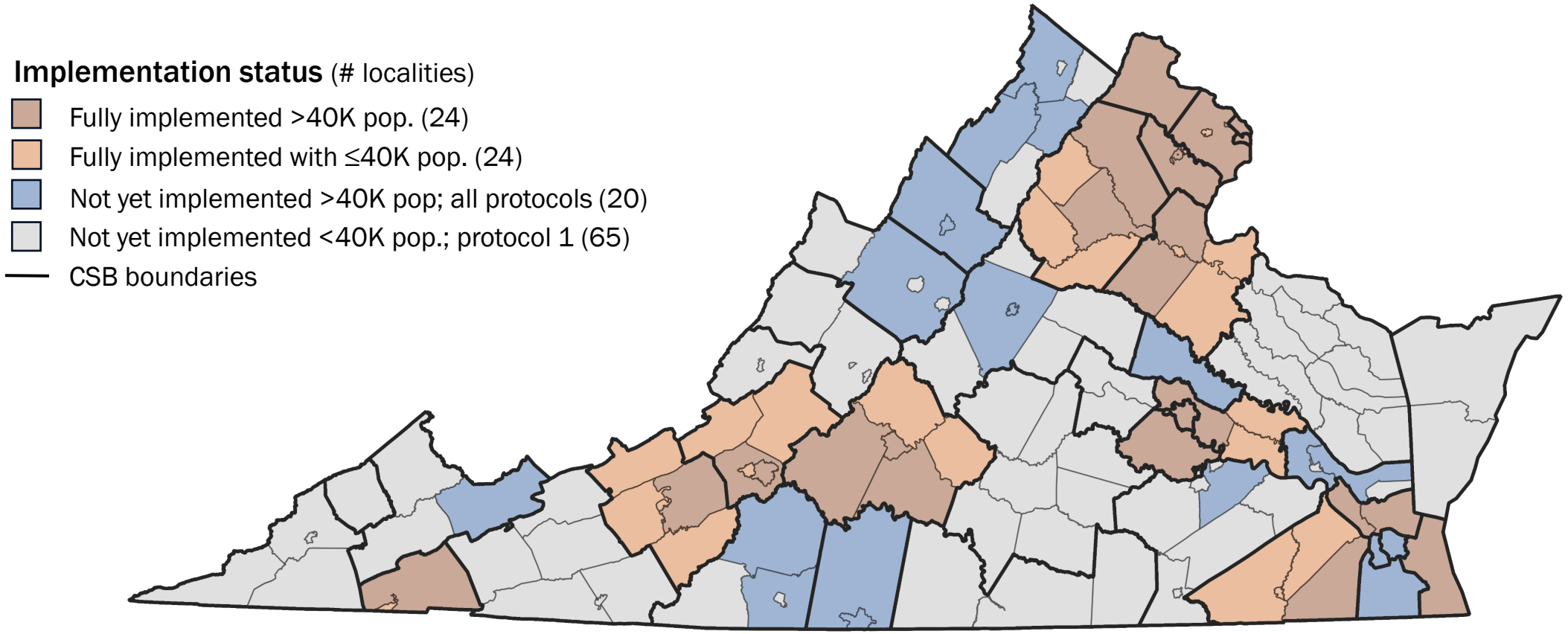
- Community-based mental health facilities that provide assessment and stabilization to individuals experiencing a behavioral health crisis
  - 23-hour Crisis Receiving Centers (CRCs) provide “chairs” used to perform observations, conduct assessments, and provide supportive care
  - Crisis Stabilization Units (CSUs) have beds that can be used for several days for crisis intervention and stabilization to avoid hospitalization
- Operate like an ED: accept walk-ins, ambulance, fire, and police drop-offs
  - All crisis facilities expected to accept custody of individuals under an ECO or TDO

Marcus Alert system is an integral part of Virginia's implementation of Crisis Now model

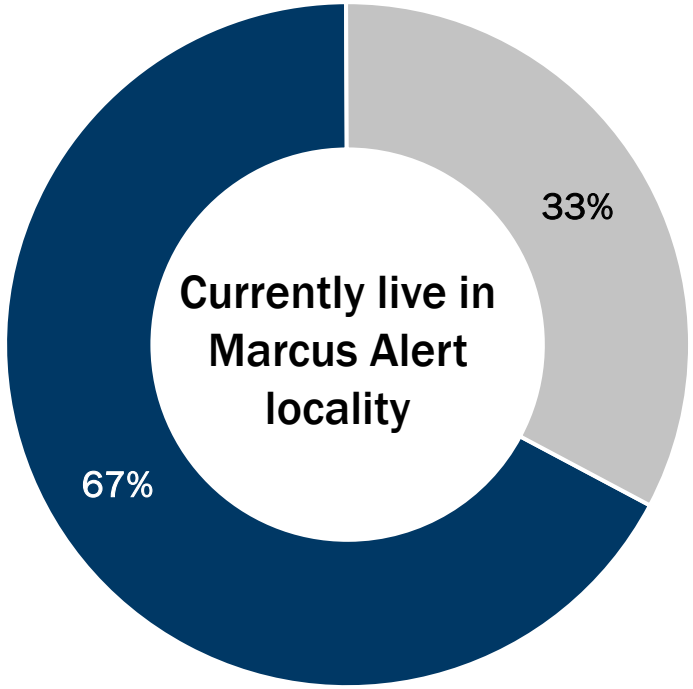
- Three protocols designed to improve traditional law enforcement response to mental health crises by leveraging other partners and resources

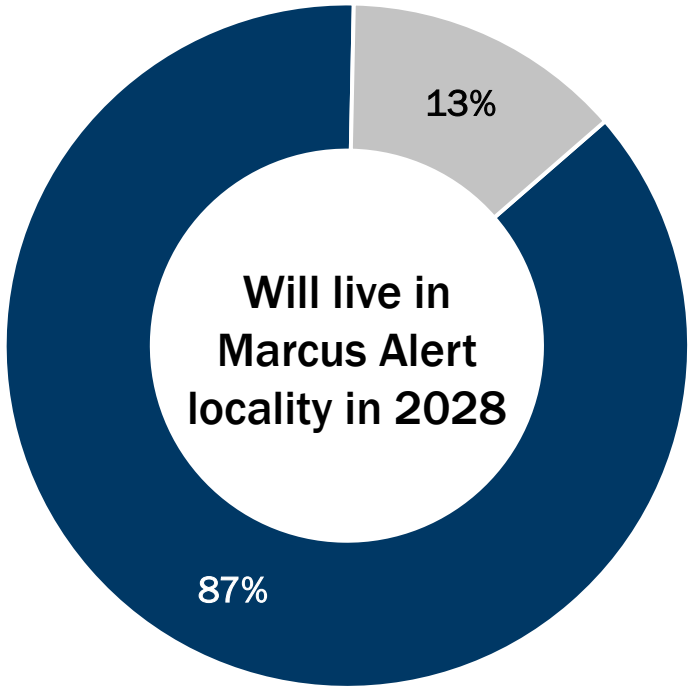
  (1) Coordination between 911 and 988
  (2) Co-responder teams that include clinicians and law enforcement
  (3) Specialized law enforcement response
- Localities with populations ≤ 40K are exempt from protocols 2 and 3
- Program must be implemented statewide by 2028

Marcus Alert system will be implemented in phases through 2028



2/3 of Virginians currently live in localities where Marcus Alert is fully implemented and most will in 2028





In this study

Background

Civil commitment process

Virginia's crisis system

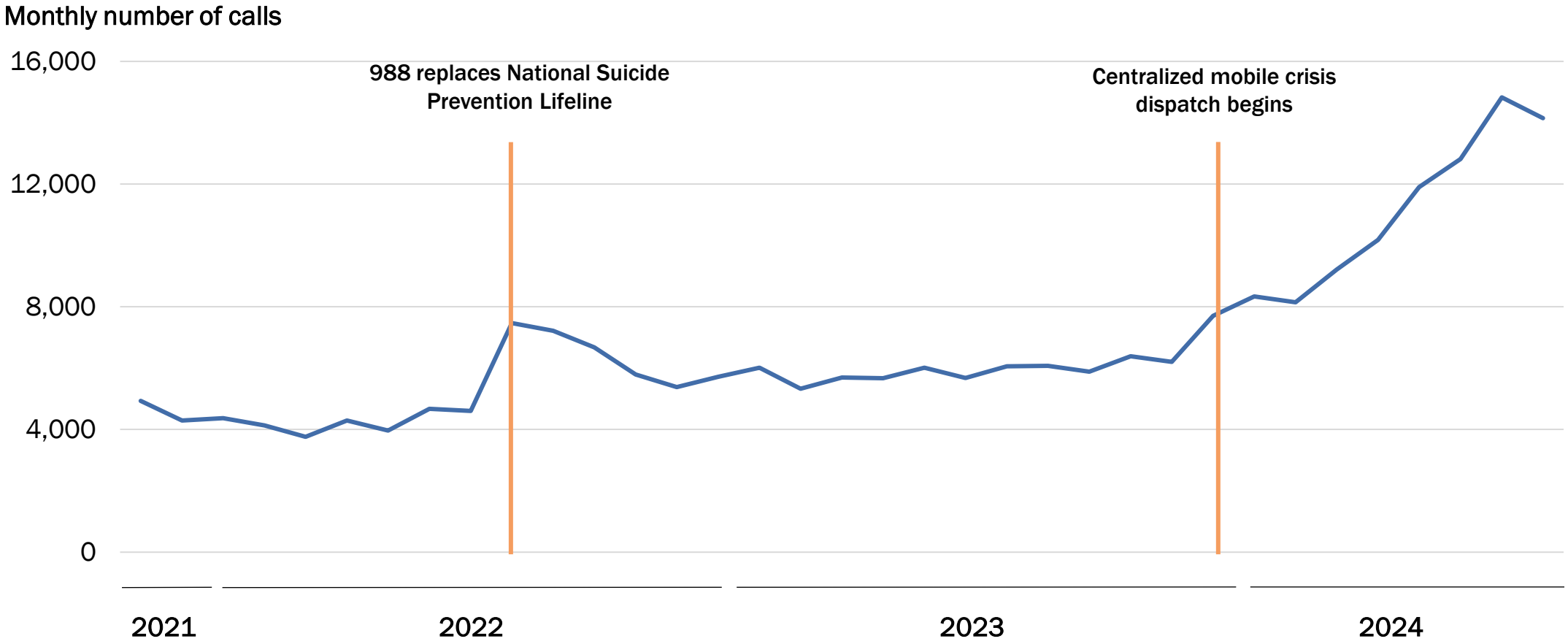
Interaction of civil commitment and crisis system

Direction of final report

988 could improve experience of individuals who meet ECO criteria and reduce ECOs by defusing crises and deploying most appropriate responders

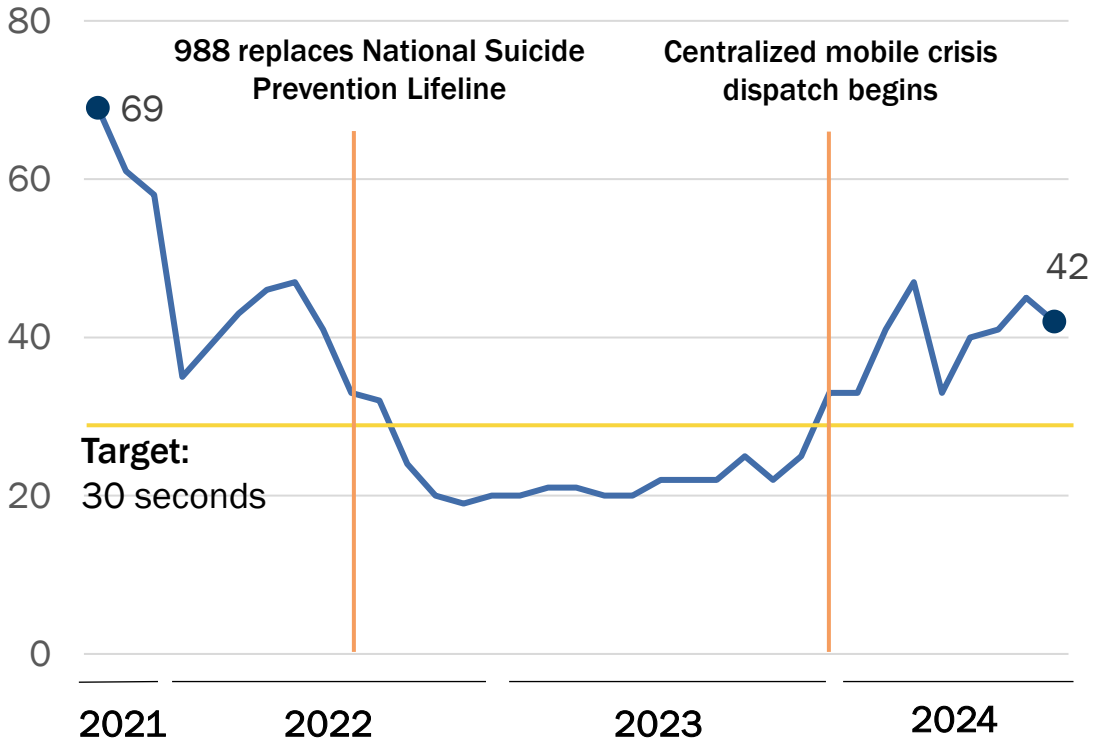
- Tiered response framework ensures appropriate services and responders are deployed to address individual circumstances
- 988 provides an alternative to 911 and traditional law enforcement response
  - Trained call center can resolve crisis on the phone, sometimes with referrals to community-based services
  - Dispatch of private and public mobile crisis teams can help resolve crises in the field before they escalate
  - 988 & 911 coordination via Marcus Alert also facilitates joint clinician and law enforcement response to crises that pose a threat to public safety

988 call volume nearly tripled since fall 2021, accelerating in 2024 to reach 14,000+/month due to certain providers' behavior



Speed to answer and proportion of calls answered have been negatively impacted by higher call volume

Speed to answer
(seconds)



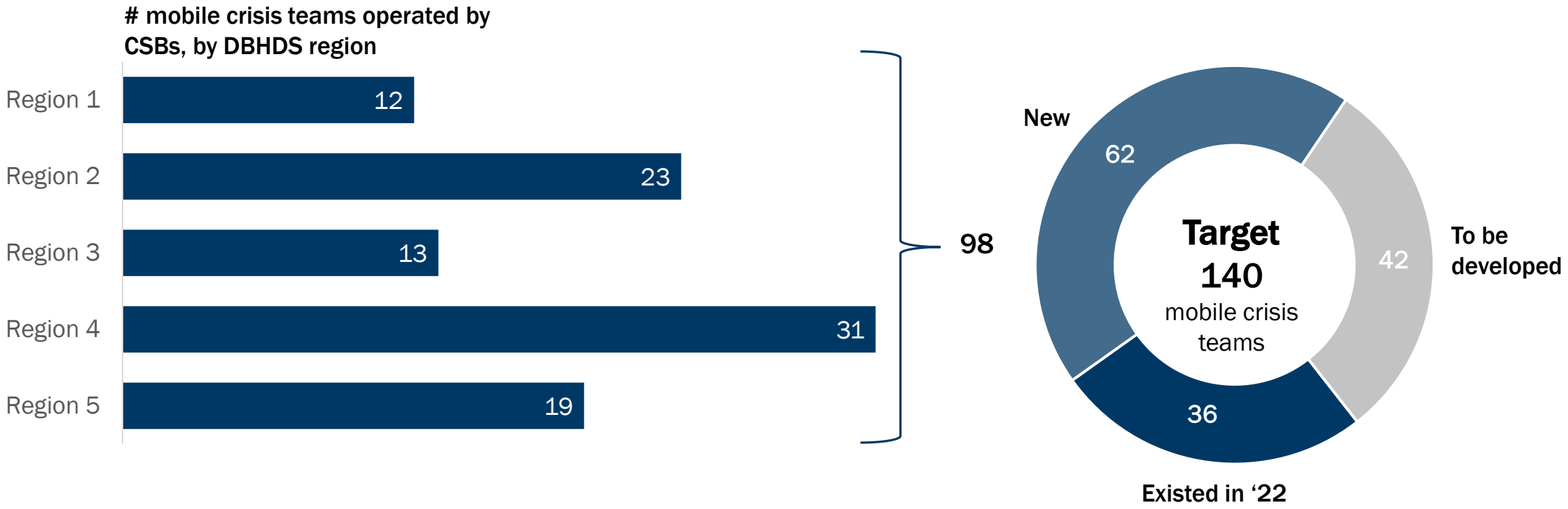
Calls answered by regional call centers
(percent of total call volume)

Period	Average answer rate	Target
Prior to 988 Oct '21 – June '22	82%	94%
988 until central dispatch July '22 – Nov '23	90%	
Since central dispatch Dec '23 – Aug '24	85%	

Enhanced network of mobile crisis teams could reduce unnecessary law enforcement involvement and prevent some ECOs through de-escalation

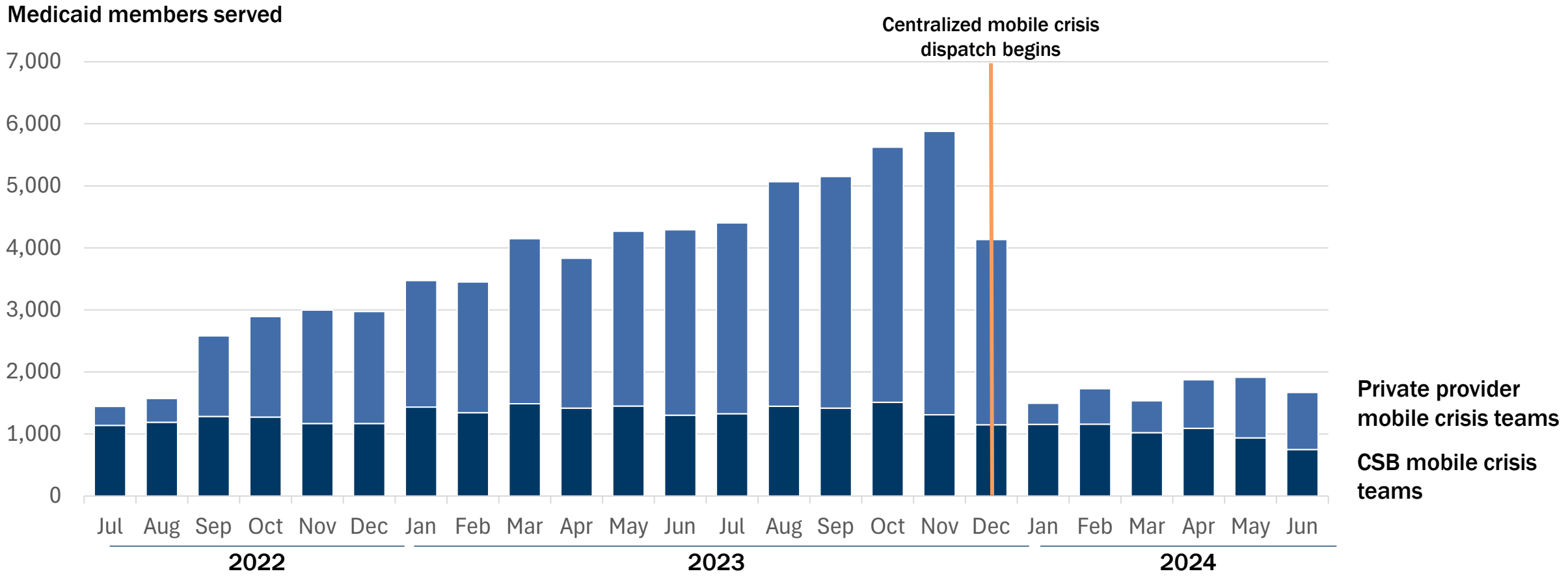
- Appropriate response type may resolve more crises in the field before they escalate
- Improved mobile crisis response time may resolve more crises in the field before they escalate
- Marcus alert co-response and law enforcement best practices may reduce unnecessary law enforcement encounters that result in ECOs

98 mobile crisis teams currently operated by CSBs*, up from 36 in 2022

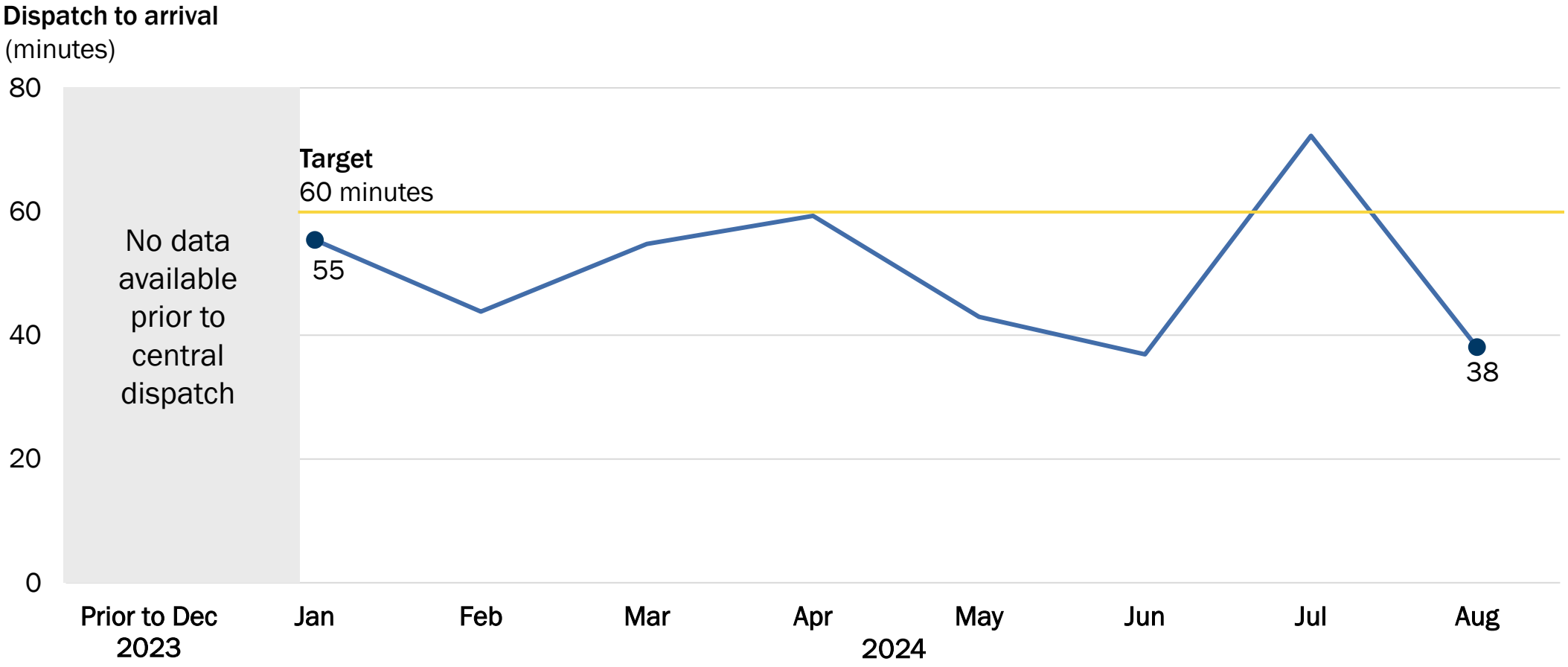


*As of October 2024

2022 - 2023 increase in private mobile crisis services tempered by start of central dispatch



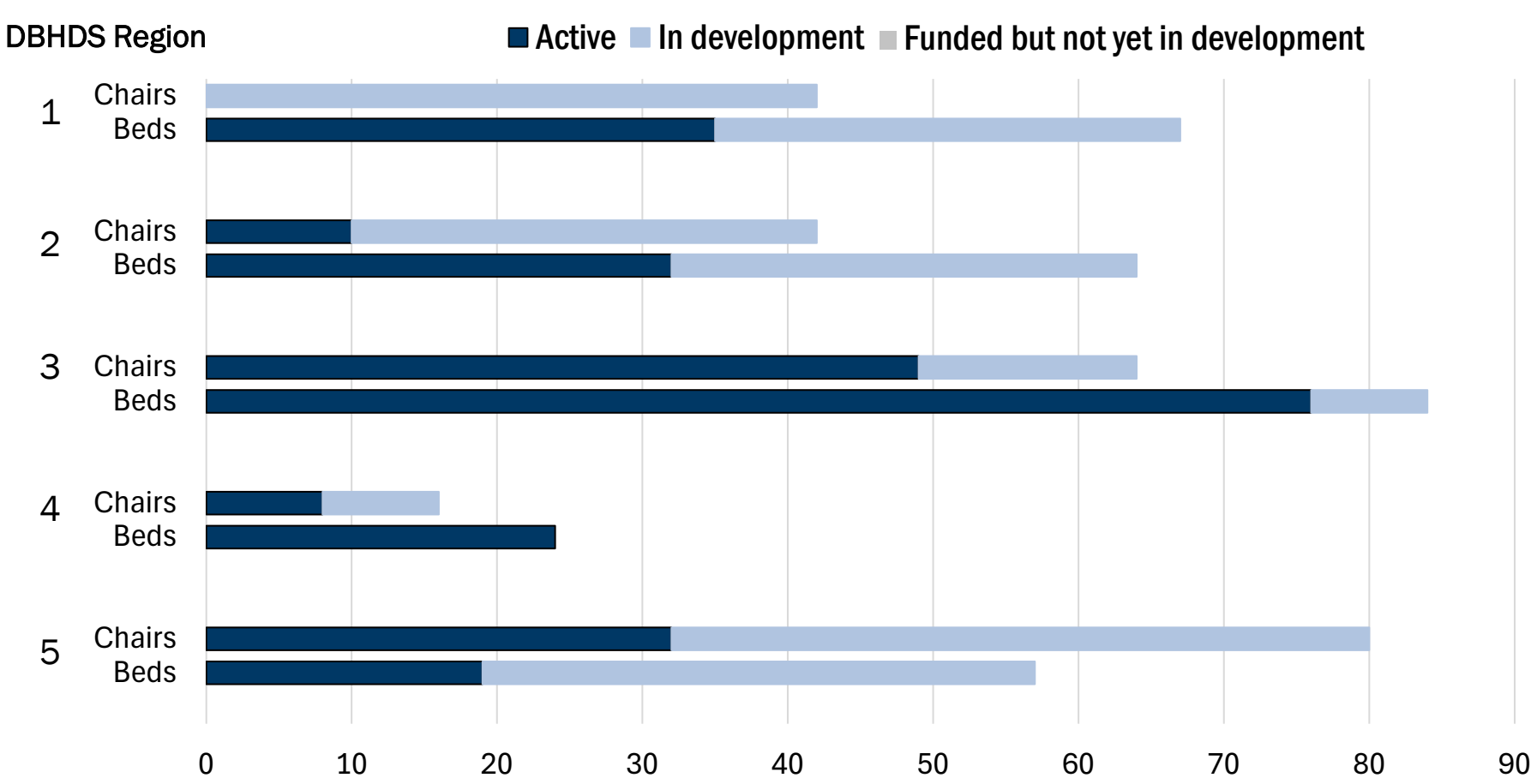
Mobile crisis response time has met 60-minute target most months since central dispatch began

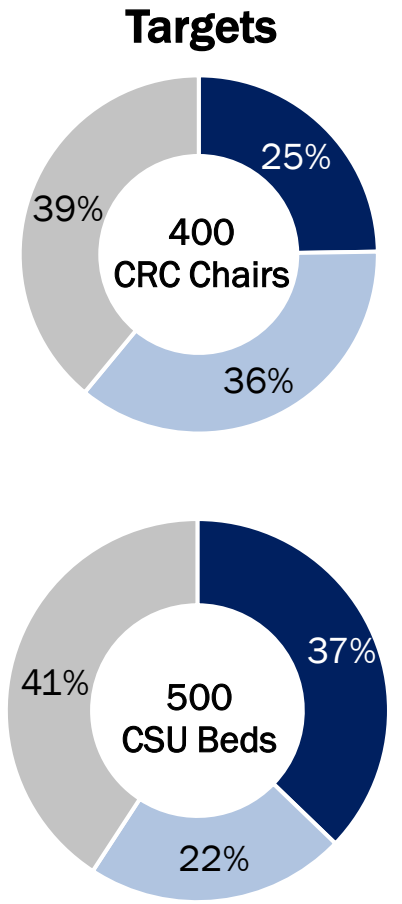


Greater utilization of crisis facilities could reduce ECOs that become TDOs and TDOs that become civil commitments

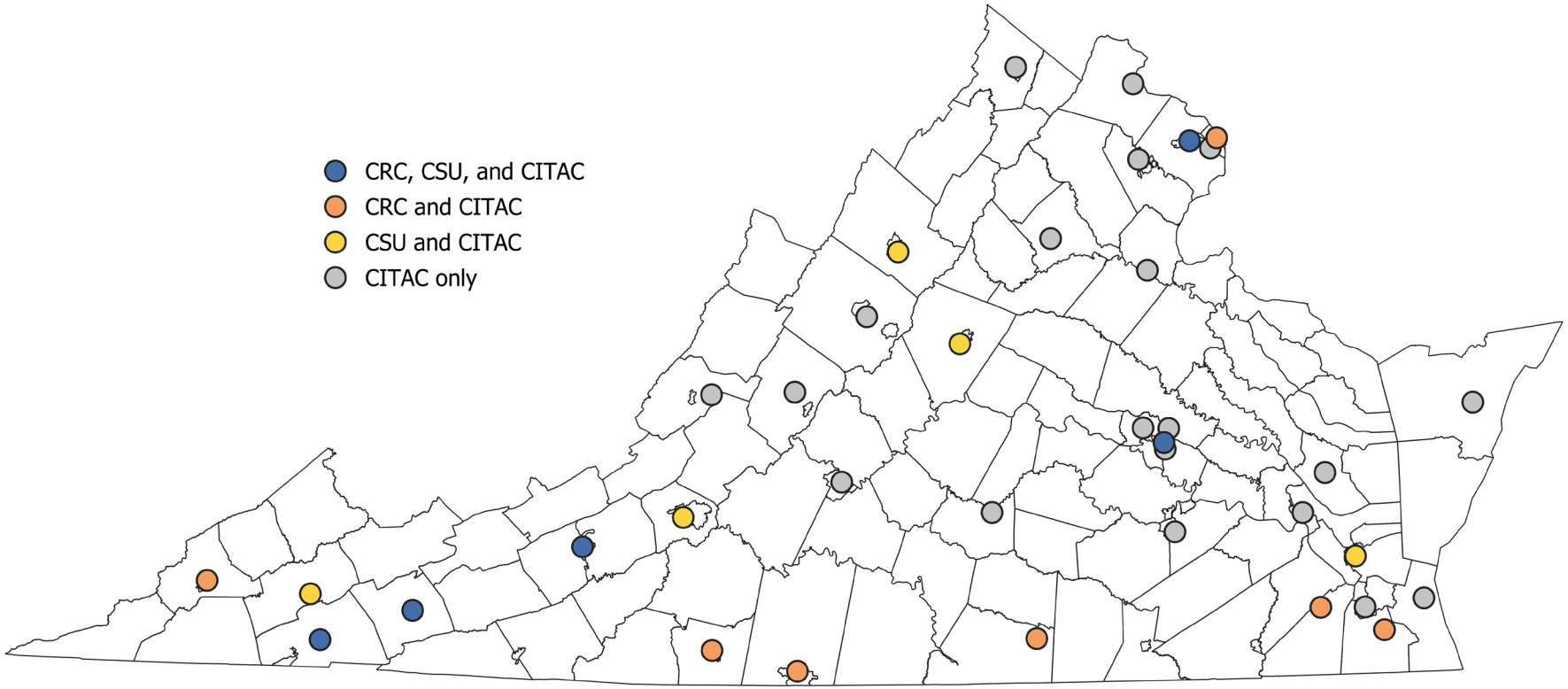
- ECO prescreening at CRCs may reduce the rate of conversion to TDO
  - Therapeutic environment may impact TDO recommendation
- Increasing TDO placement in CSUs may reduce the prevalence of TDOs that progress to involuntary admission
  - Therapeutic environment may impact recommendation for involuntary admission
  - May be more likely to initiate treatment and mitigate need for commitment
- Many benefits of CSU over psychiatric hospitalization, including less restrictive environment, lower costs, and lower state hospital burden

About 1/4 of CRC chair goal and 1/3 of CSU bed goal already realized, with 40% not yet in development





Existing crisis facilities are located throughout Virginia



In this study

Background

Civil commitment process

Virginia's crisis system

Interaction of civil commitment and crisis system

Direction of final report

Three main issues will be examined as part of staff research

- Prevalence of ECOs, TDOs, and civil commitments
- Current utilization of crisis services by individuals who are (or risk being) involved in the civil commitment process
- Opportunities and barriers to reduce involvement in and advancement through civil commitment process, and to provide services in least restrictive environment by fully leveraging crisis services

Final report will be briefed in 2025

- Findings will be presented to the BHC and reported to the Senate Committee for Courts of Justice, the Senate Committee on Rehabilitation and Social Services, and the House Committee for Courts of Justice
- Will include recommendations for any changes needed