

Temporary Detention Order (TDO) Exception Report Summary  
Monthly (January – June, 2014) and Year-to-Date

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**Background:**

On January 1, 2014, Community Services Boards/Behavioral Health Authority<sup>[1]</sup> (CSB/BHA) began collecting data pertaining to TDO exceptions and the factors contributing to same. The DBHDS now requires this data to be submitted monthly by region<sup>[2]</sup>. January – June, 2014 data is reported and discussed below.

**Exception Definitions**<sup>[3]</sup>:

DBHDS tracks and aggregates data on two types of TDO exceptions. These are:

**TYPE I Event:** Where a TDO was sought but not obtained due to lack of willing facility.

**TYPE II Event:** Where a TDO was obtained and executed; but more than 6 hours elapsed.

**Factors Contributing to TDO Exceptions**<sup>[3]</sup>:

There are a number of factors that contribute to TDO exceptions. The following factors are tracked in this report:

1. Unable to locate any available inpatient or CSU bed (i.e., no capacity).
2. Unable to identify willing accepting facility within the allotted six hours.
3. Unable to access bed at state hospital within the allotted six hours.
4. Medical admission prevented behavioral health admission.
5. TDO to other than psychiatric inpatient unit or CSU.
6. Specialized program for persons with ID/DD unavailable.
7. Specialized program for persons 65 years of age and older unavailable.
8. Specialized program for persons younger than 18 unavailable.
9. Other

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<sup>[1]</sup> There are 39 Community Services Boards and 1 Behavioral Health Authority in the Commonwealth.

<sup>[2]</sup> See Appendix for a listing of CSBs and BHA within each of the seven Partnership Planning Regions.

<sup>[3]</sup> These definitions have been replaced with new performance monitoring metrics that reflect the new legislation that became effective July 1, 2014. The July TDO Exception report will list these new metrics and include data from July.

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**Data:**

Table 1  
REPORTED TYPE I EVENTS

	January	February	March	April	May	June	Year-to-Date
Region 1	1	2	1	0	0	0	4
Region 2	0	0	0	1	0	0	1
Region 3	2	1	3	3	0	0	9
Region 4	1	0	0	1	1	1	4
Region 5	4	4	1	1	1	0	11
Region 6	2	0	2	0	0	0	4
Region 7	2	1	4	0	0	0	7
<b>TOTAL</b>	<b>12</b>	<b>8</b>	<b>11</b>	<b>6</b>	<b>2*</b>	<b>1**</b>	<b>40</b>

\* One individual was reported as a Type I event but did not meet ECO criteria.

\*\*One individual was reported as a Type I event but was not under an ECO. See page 7 for detail.

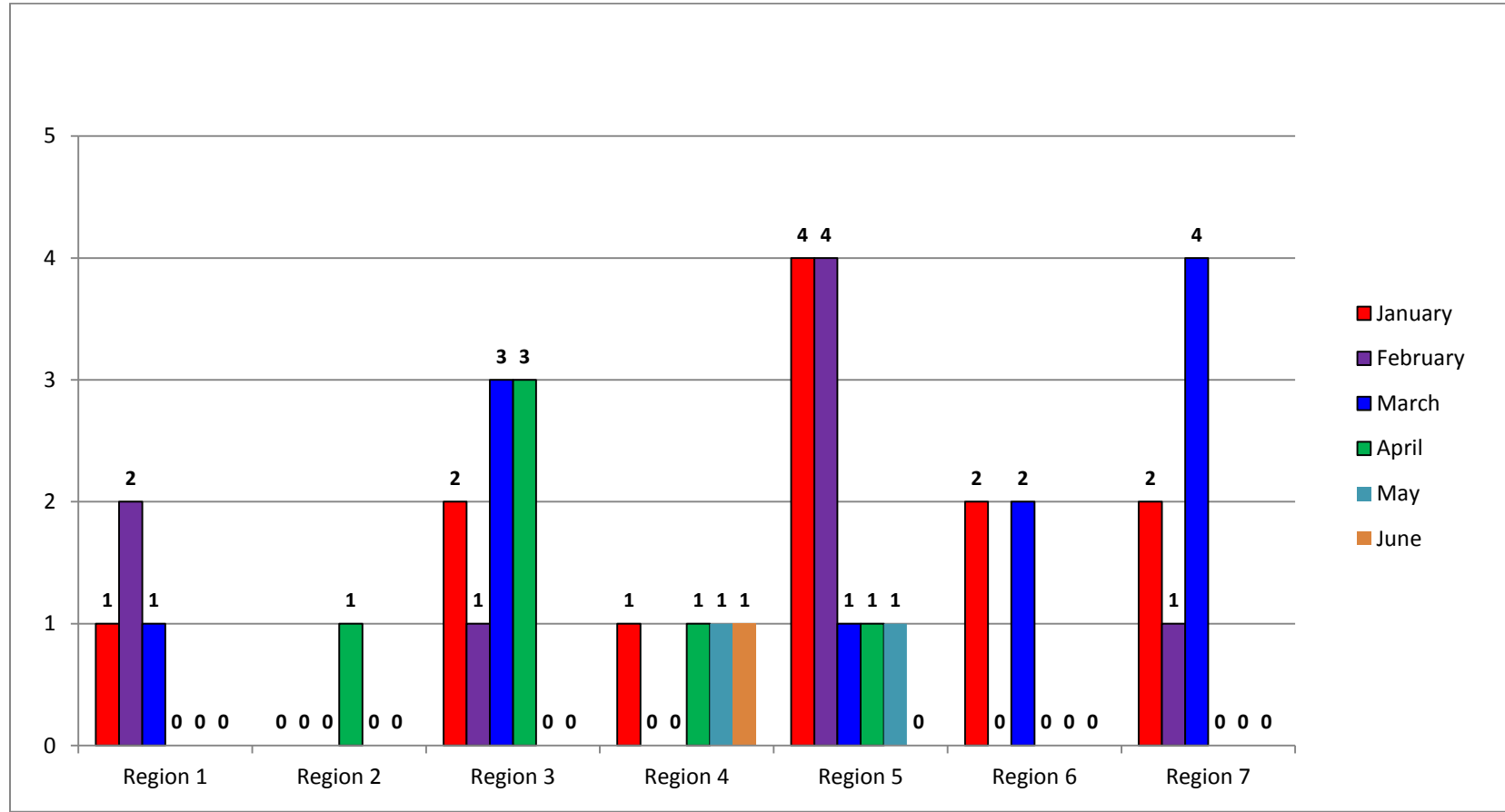
Table 2  
REPORTED TYPE II EVENTS

	January	February	March	April	May	June	Year-to-Date
Region 1	26	14	9	24	12	12	97
Region 2	3	3	5	4	1	8	24
Region 3	3	3	5	6	3	4	24
Region 4	14	7	5	4	3	2	35
Region 5	9	2	7	4	8	1	31
Region 6	6	5	3	0	2	5	21
Region 7	28	43	27	35	19	12	164
<b>TOTAL</b>	<b>89</b>	<b>77</b>	<b>61</b>	<b>77</b>	<b>48</b>	<b>44</b>	<b>396</b>

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Graph 1: Reported Type I\* Events

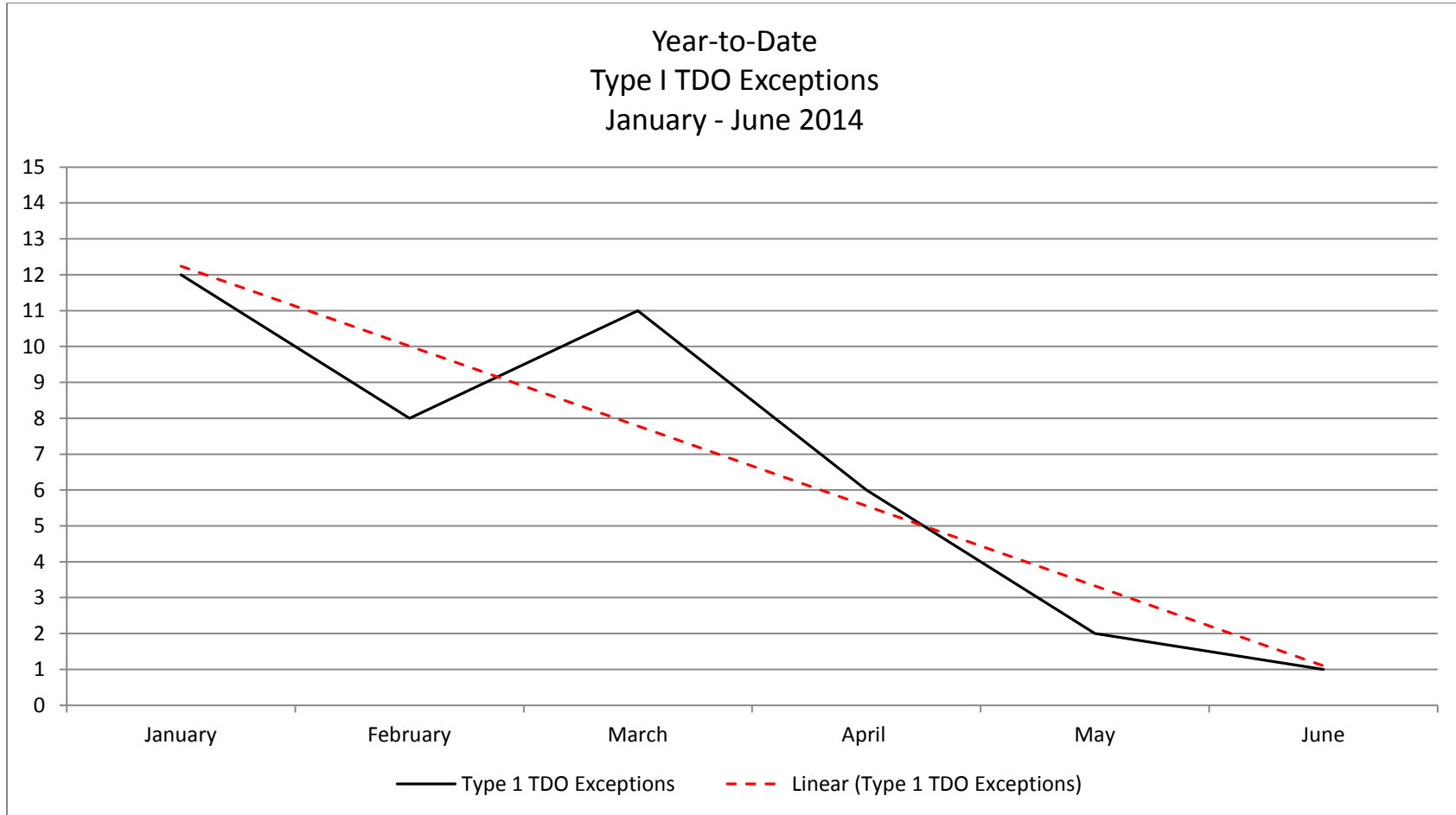
TYPE I TDO EXCEPTIONS  
 January - June 2014



\* TDO sought but not obtained due to lack of willing facility (This definition is no longer applicable as a result of new legislation that took effect July 1, 2014)

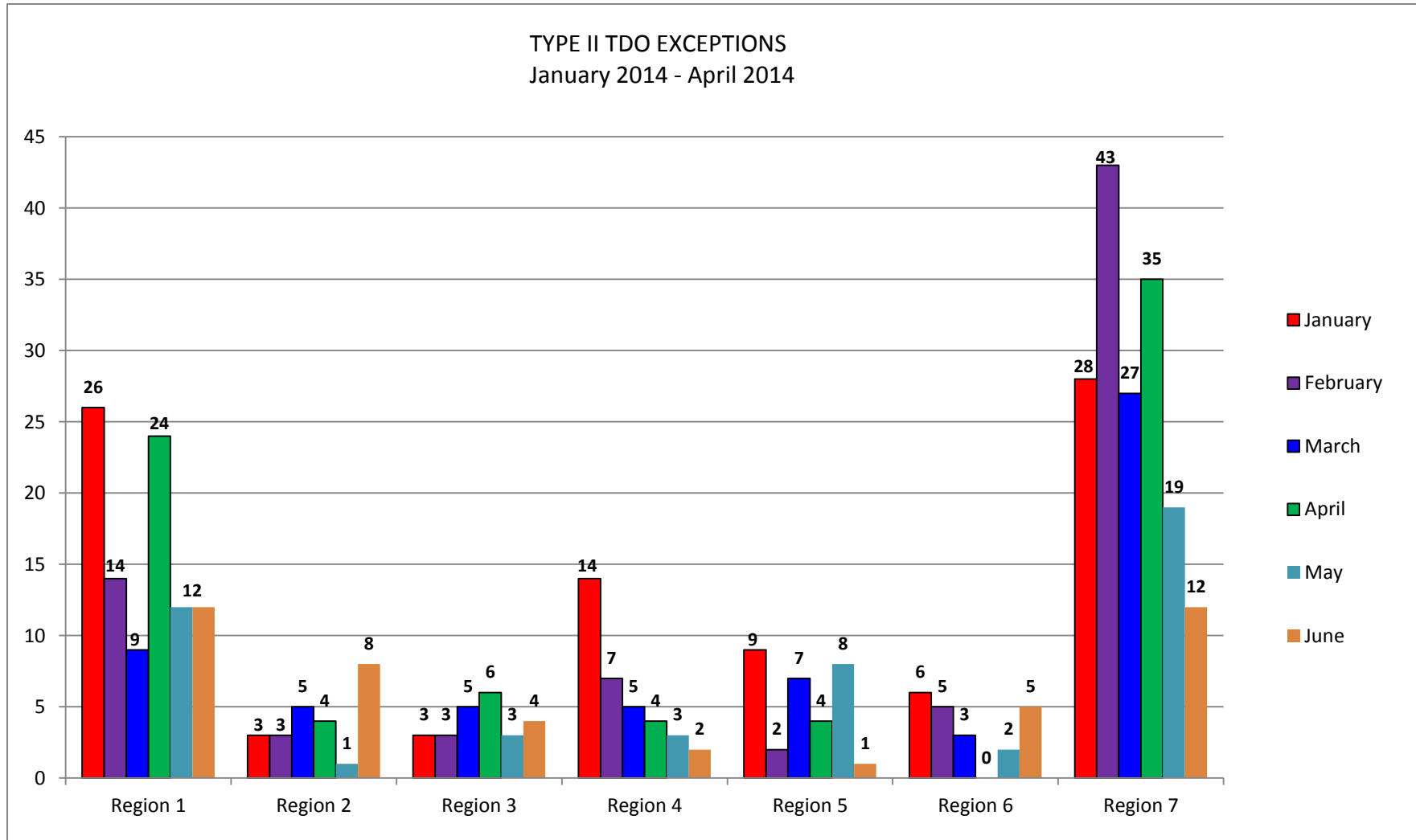
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Graph 2: Reported Type I Event Totals  
(With trend line)



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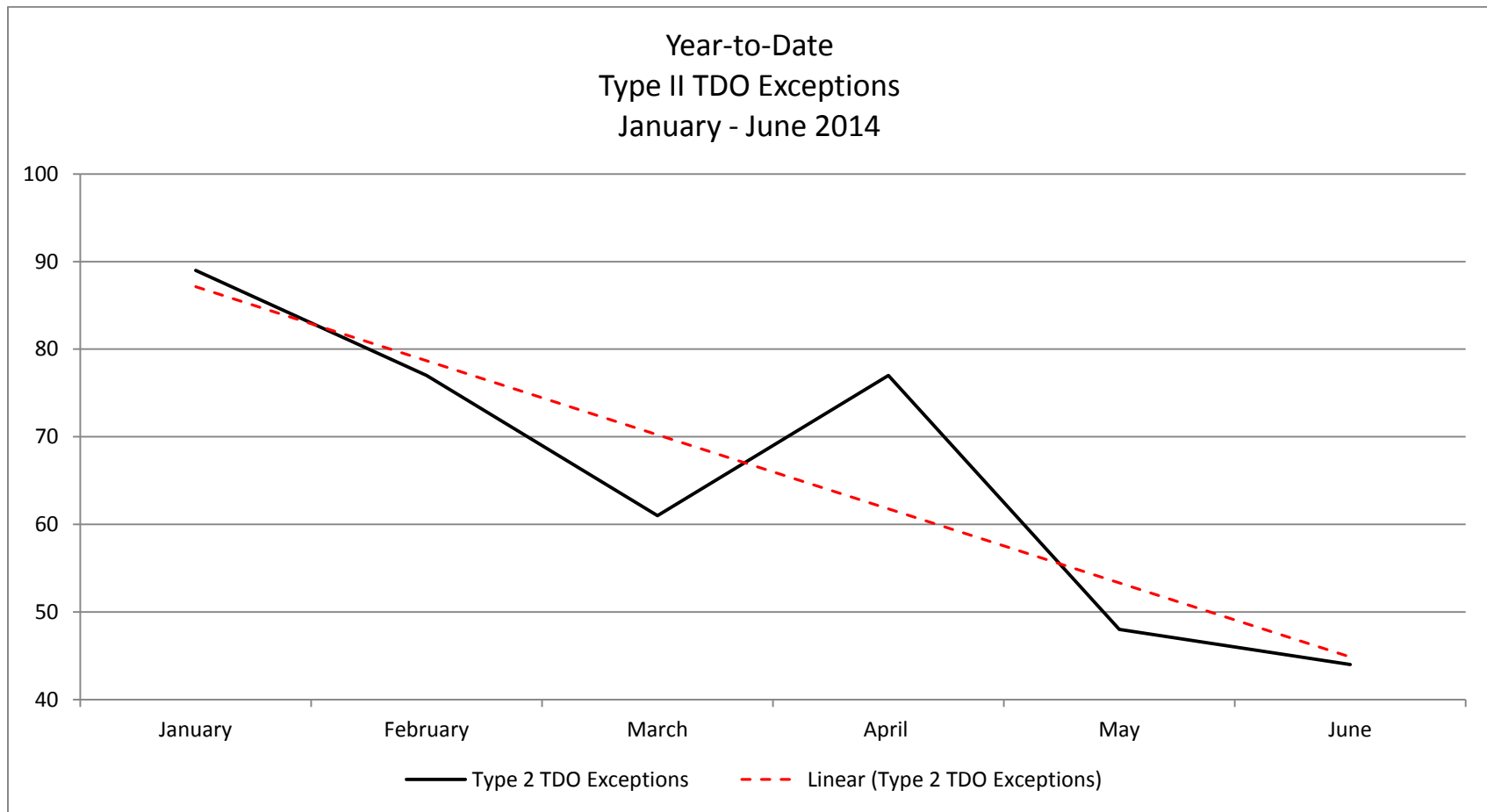
Graph 3: Reported Type II\*\* Events



\*\* TDO obtained and executed but more than 6 hours elapsed (This definition is no longer applicable as a result of new legislation that took effect July 1, 2014)

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Graph 4: Reported Type II Event Totals  
(With trend line)



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**Discussion:**

This summary report includes data collected from January to June 2014 (the most current data available) and the June data is reviewed and discussed below. Clearly, the trend is markedly downward for both types of exceptions.

One Type I event was reported for June (see Table 1 and Graph 1 & 2). This event occurred before the “Soft Launch” on June 16, 2014, wherein the DBHDS system began implementing the new “hospital of last resort” provisions of the new legislation that went into effect on July 1, 2014.

For the reported Type I event in June the case involved an individual who was not under an ECO but who met the criteria for temporary detention. The timeline for that incident is as follows:

- On June 8, 2014 the individual presented to an emergency room. The CSB Emergency Services (ES) was notified by the ER at 12:36pm an individual had presented voluntarily and was in need of an evaluation. Prescreener 1 received the message and responded to the ER.
- Prescreener 1 began the assessment at approximately 1:30pm and concluded at 4:00pm with the decision to seek a TDO on the individual.
- Prescreener 2 arrived at the ER at 3:50pm to relieve Prescreener 1 and was briefed on the situation. Prescreener 1 left the ER to seek the TDO from the magistrate.
- Prescreener 2 was informed by the ER of the individual having left the ER when the Prescreener 2 asked the ER about individual’s lab work about 4:30-4:45pm. The ER nurse and physician confirmed that no lab work had been obtained.
- On June 12, 2013 at 5:12pm, DBHDS was notified by the ES Manager of the CSB of the event. DBHDS and ES Manager arranged for an immediate wellness check by the police and a prescreener to ascertain the status of the individual since leaving the ER. DBHDS advised ES Manager to notify the Executive Director of this event.
- On June 12, 2014 at 9:20pm, the police and Prescreener 3 spoke with the individual at home. Individual was determined to no longer be meet criteria for TDO and denied need or desire for voluntary admission to a psychiatric facility.

While this event does not meet the technical definition of a Type I event, it is nevertheless a critical event that warranted immediate follow-up. Subsequent to this event (and another event involving an elopement from an ER), DBHDS and VACSB issued a joint memorandum to all Executive Directors of CSBs to provide guidance about expected actions in response to an elopement. DBHDS also recommended that the CSB initiate a dialogue with the local medical center emergency room to discuss the importance of maintaining “custody” of an individual who may or may not be subject to an ECO but has been determined to meet the TDO criteria until the TDO is executed. Furthermore, DBHDS recommended additional training for all prescreening staff to emphasize the importance of maintaining custody of an individual determined to meet TDO criteria and the immediacy of follow up by the prescreener if an individual leaves and cannot be located on site. DBHDS requires prescreeners to

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contact the CSB Executive Director in the event of an elopement of an individual who meets the criteria for a TDO (regardless of whether the person presents voluntarily or under an ECO).

With respect to Type 2 events (see Table 2 and Graph 3 & 4), Regions I and Region VII continue to report the highest numbers of Type 2 events, in fact, these two regions account for 55% (24 of the 44) of the Type 2 events in the month of June. However, the overall trend continues downward. Region VII's Type 2 events ranged from 00:30 minutes to 28:35 hours beyond the six hour ECO period. The reasons for all of the Type 2 events can be classified as follows:

1. Complex medical needs, high acuity conditions (degree of intoxication, length of time needed to medically stabilize, waiting on lab work), refusal of lab work by individual, wheelchair bound individual.
2. Late notification of Emergency Services by Law Enforcement that an ECO had been issued; transportation to assessment site by law enforcement took several hours.
3. Need for specialty services (i.e. child/adolescent, co-occurring MH/SUD with acute intoxication, ID/DD or geriatric).
4. Inability to locate a willing private hospital or private hospital changed decision to accept well into ECO period.
5. Admission to a medical facility with attached psychiatric unit needed for insurance coverage.
6. Legal issue- outstanding warrants for legal charges.

Pursuant to new legislation, effective July 1, 2014, state hospitals become the “hospital of last resort”. While this legislation means that there should be no Type 1 or Type 2 events, as defined here, after July 1, DBHDS will continue to track the factors that contribute to the inability to locate a community hospital bed necessitating a state hospital admission and cases that may exceed the new, 8 hour ECO limit. DBHDS has also provided consultation and technical assistance to Regions reporting a high number of Type 2 events. At the local and regional levels, CSBs have enhanced their dialogue with the other stakeholders operating in the TDO process to improve the outcomes for all Virginians in need of the civil commitment process.



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Twenty-two CSB/BHAs of the 40 CSB/BHAs (55%) reported no Type 1 or Type 2 events for June, 2014. These were:

**Region I**

Harrisonburg-Rockingham CSB  
Rappahannock Area CSB  
Rappahannock-Rapidan CSB  
Rockbridge Area CSB

**Region II**

Arlington CSB  
Loudoun CSB

**Region III**

Dickenson County BHS  
Highlands CS  
Planning District 1 CSB

**Region IV**

Chesterfield CSB  
Crossroads CSB  
Goochland-Powhatan CS  
Hanover CSB  
Henrico CSB

**Region V**

Chesapeake CSB  
Colonial Behavioral Health  
Eastern Shore CSB  
Hampton – Newport News CSB  
Middle Peninsula –Northern Neck CSB  
Norfolk CSB  
Portsmouth DBHS  
Virginia Beach CSB

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APPENDIX

**Table of Partnership Planning Regions**

Partnership Planning Region	Community Service Board or Regional Behavioral Health Authority
<b>1</b>  Northwestern Virginia	Horizon Behavioral Health Services Harrisonburg-Rockingham CSB Northwestern Community Services Rappahannock Area CSB Rappahannock-Rapidan CSB Region Ten CSB Rockbridge Area Community Services Valley CSB
<b>2</b>  Northern Virginia	Alexandria CSB Arlington County CSB Fairfax-Falls Church CSB Loudon County CSB Prince William County CSB
<b>3</b>  Southwestern Virginia	Cumberland Mountain CSB Dickenson County Behavioral Health Services Highlands Community Services Mount Rogers CSB New River Valley Community Services Planning District One Behavioral Health Services
<b>4</b>  Central Virginia	Chesterfield CSB Crossroads CSB District 19 CSB Goochland-Powhatan Community Services Hanover CSB Henrico Area Mental Health & Developmental Services Board Richmond Behavioral Health Authority
<b>5</b>  Eastern Virginia	Chesapeake CSB Colonial Behavioral Health Eastern Shore CSB Hampton-Newport News CSB Middle Peninsula-Northern Neck CSB Norfolk CSB Portsmouth Department of Behavioral Healthcare Services Virginia Beach CSB Western Tidewater CSB
<b>6</b>  Southern	Danville-Pittsylvania Community Services Piedmont Community Services Southside CSB
<b>7</b>  Catawba Region	Alleghany Highlands CSB Blue Ridge Behavioral Healthcare