



COMMONWEALTH of VIRGINIA

Office of the Governor

Marilyn B. Tavenner
Secretary of Health and Human Resources

December 3, 2008

The Honorable Timothy M. Kaine
Governor of Virginia
Third Floor, Patrick Henry Building
P.O. Box 1475
Richmond, VA 23218

Dear Governor Kaine:

I am pleased to forward to you my Report on Item 282.C of the *2008 Appropriation Act*. On my behalf, the Department of Mental Health, Mental Retardation and Substance Abuse Services collaborated with the Virginia Association of Community Services Boards, consulted with staff of the Senate Finance Committee Human Resources Subcommittee, and worked with the Office of the Executive Secretary of the Supreme Court of Virginia to address Item 282.C.

I hope that you and your staff find the information in this report helpful. My staff and I are available at your convenience to answer any questions you may have about this report.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marilyn B. Tavenner".

Marilyn B. Tavenner

MBT/jsr

Attachment

cc: James S. Reinhard, M.D.
Karl R. Hade
Frank L. Tetrick, III
Paul R. Gilding
Ruth Anne Walker
Steve Harms
Heidi Dix



COMMONWEALTH of VIRGINIA

Office of the Governor

Marilyn B. Tavenner
Secretary of Health and Human Resources

December 3, 2008

The Honorable Lacey E. Putney, Chairman
House Appropriations Committee
General Assembly Building
Room 947
P.O. Box 406
Richmond, Virginia 23218

Dear Delegate Putney:

I am pleased to forward to you my Report on Item 282.C of the *2008 Appropriation Act*. On my behalf, the Department of Mental Health, Mental Retardation and Substance Abuse Services collaborated with the Virginia Association of Community Services Boards, consulted with staff of the Senate Finance Committee Human Resources Subcommittee, and worked with the Office of the Executive Secretary of the Supreme Court of Virginia to address Item 282.C.

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cc: James S. Reinhard, M.D.
Karl R. Hade
Frank L. Tetrick, III
Paul R. Gilding
Ruth Anne Walker
Robert P. Vaughn
Susan E. Massart



COMMONWEALTH of VIRGINIA

Office of the Governor

Marilyn B. Tavenner
Secretary of Health and Human Resources

December 3, 2008

The Honorable Charles J. Colgan, Chairman
Senate Finance Committee
General Assembly Building
Room 626
P.O. Box 396
Richmond, Virginia 23218

Dear Senator Colgan:

I am pleased to forward to you my Report on Item 282.C of the *2008 Appropriation Act*. On my behalf, the Department of Mental Health, Mental Retardation and Substance Abuse Services collaborated with the Virginia Association of Community Services Boards, consulted with staff of the Senate Finance Committee Human Resources Subcommittee, and worked with the Office of the Executive Secretary of the Supreme Court of Virginia to address Item 282.C.

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Marilyn B. Tavenner

MBT/jsr

Attachment

cc: James S. Reinhard, M.D.
Karl R. Hade
Frank L. Tetrick, III
Paul R. Gilding
Ruth Anne Walker
Betsey Daley
Joe Flores

**Report On Item 282.C
of the 2008 Appropriation Act**

**To The Governor
and the Chairmen of the House Appropriations and
Senate Finance Committees of the General Assembly**

**Presented By
The Honorable Marilyn B. Tavenner
Secretary of Health and Human Resources**

November 1, 2008

Report on Item 282.C of the 2008 Appropriation Act

BACKGROUND

Item 282.C of the 2008 *Appropriation Act* requires the Secretary of Health and Human Resources (HHR), in consultation with the Executive Secretary of the Supreme Court of Virginia (OES), to develop a reporting system to collect information on emergency custody orders (ECOs), temporary detention orders (TDOs), and mental health commitment hearings by fiscal year. The data shall include, but not be limited to, the number of ECOs, TDOs, and commitment hearings that occur each year by locality, and the estimated cost, duration, location, and disposition of each proceeding. The information collected shall comply with all relevant state and federal health privacy laws and shall not include any personal identifiable information. The data collected shall be reported to the Governor, the Chairmen of the Senate Finance and House Appropriations Committees, and the Supreme Court by November 1, 2008, and each year thereafter.

This report describes the activities of the Department of Mental Health, Mental Retardation and Substance Abuse Services (Department) on behalf of the Secretary of Health and Human Resources and with the Office of the Executive Secretary in response to this budget item. Since the language in Item 282.C requires reporting by fiscal year, and since the amendments to Chapter 8 of Title 37.2 of the *Code of Virginia* that substantially revised statutory provisions related to the involuntary civil admission process only took effect on July 1, 2008, Fiscal Year (FY) 2009, only limited information is available to include in this first report. However, the Department is working closely with community services boards and the behavioral health authority (CSBs) and the OES to produce more data on this subject in time for consideration during the 2009 session of the General Assembly.

As the Department noted in its *Report on the Allocation of Funds in Item 316.KK of the 2008 Appropriation Act*, there is a dearth of usable data about the civil commitment process, and this lack of systemic data continues to make it very difficult to project fiscal impacts for implementing statutory changes in the involuntary commitment process.¹ Along with this lack of usable data, another complication in gathering data about the involuntary civil commitment process is the high degree of variability with which it is implemented or administered across the state. For example, while the concept of an emergency custody order may appear to be fairly clear and uncomplicated, the manner in which statutory provisions for ECOs are implemented varies considerably across Virginia. In some localities, few if any ECOs are issued by magistrates; instead, law enforcement officials take individuals into custody, as authorized by the statute, but there is no paper order issued by a magistrate. While there is no authoritative information about the prevalence of this practice, most individuals familiar with the process indicate there could be thousands of ECOs executed by law enforcement officials each year. It would be virtually impossible to obtain information about the estimated cost, duration, location, or disposition of those paperless ECOs. Similarly, the manner in which temporary detention orders are issued and executed varies greatly, particularly regarding duration and location, and

¹ *Report on the Allocation of Funds in Item 316.KK of the 2008 Appropriation Act*, September 1, 2008, page 4.

the availability of documentation about those TDOs also varies widely across the state. Finally, the location and scheduling of commitment hearings varies considerably across the state. In the absence of current systemic data, this report includes some anecdotal information about the experience of affected stakeholders to date as they have implemented the statutory changes and preliminary data demonstrating first quarter outcomes regarding ECOs, TDOs, commitment hearings, and MOTs. The report also contains a discussion of how more consistent statewide data will be gathered for the FY 2009 report.

PROCESS

The Department, on behalf of the Office of the Secretary of Health and Human Resources, has worked closely with the Virginia Association of Community Services Boards (VACSB) on responding to Item 282.C, particularly through its Data Management Committee (DMC), which advises the VACSB on data and information issues, needs, and activities. The Department has also consulted with staff of the House Appropriations and Senate Finance Committees' Human Resources Subcommittees about Item 282.C, and collaborated with the Office of the Executive Secretary.

Collaboration with the Virginia Association of Community Services Boards

The Department began working in mid-June with the VACSB, primarily through the DMC and also with the VACSB Emergency Services Council, on how to address reporting requirements in Item 282.C. Initially, the Department developed a survey of CSBs (Appendix A) to identify the potential availability and sources of this information and methods to collect it. Because CSBs voiced concerns about the scope of the survey and emphasized that involuntary civil commitment is primarily a judicial process, not a clinical one, the Department cancelled the survey.

The Department and the DMC subsequently developed a matrix of the reporting requirements in Item 282.C to more clearly identify which organizations might be able to best produce various pieces of the requested information. The matrix has evolved through 11 versions, reflecting meetings with and comments by the DMC or the Office of the Executive Secretary and further refinements in their understanding of the reporting requirements in Item 282.C. The latest revision of the matrix is attached (Appendix B).

The Department will continue to collaborate with the DMC and the VACSB Executive Directors Forum on responding to the reporting requirements in Item 282.C. Through this collaboration, the Department and the VACSB will identify the most effective and efficient way for CSBs and the Department to provide some preliminary FY 2009 data to the General Assembly during its 2009 session.

Consultation with House Appropriation and Senate Finance Committee Staff

A meeting was held with staff of the Health and Human Resources Subcommittees of the House Appropriations and Senate Finance Committees in June about the requirements in Item 282.C. An early version of the matrix of reporting requirements (Appendix B) was shared with them.

The meeting resulted in clarification of the need for more data from the court system and/or the Department about the operation of the involuntary civil commitment process, especially regarding the fiscal impact of the mental health law reform legislation and potential budget requests related to that legislation in the 2009 session. It was agreed that presentation of data would be acceptable in general statements and trends, rather than large amounts of detailed, specific data, which should reduce data collection and reporting efforts by the CSBs and result in better, more usable data. Department and committee staffs agreed to the following specific aspects of the data identified in Item 282.C:

Estimated Cost: A sampling approach on estimated cost, rather than requiring CSBs to collect extensive data about estimated cost all of the time, is sufficient to respond to this data element. Data can be collected on estimated cost information for one month each quarter, ensuring that CSBs already collecting or readily able to gather, estimated cost information be included in the sample.

Location: A sampling method related to location will also suffice to capture this data element. Again, CSBs that already collect or could readily gather location information on ECOs and TDOs from their information systems will be included in any sample.

Duration: Sampling also appeared to be a feasible approach for this data. There seemed to be some consensus that the important pieces of information being sought are how many ECOs are extended and how many consumers are released at the end of the six hour period due to inability to find a TDO placement, rather than measuring the exact length of each ECO.

Disposition: The intent of this data element is to measure movement through the commitment process. Data will be collected on how many people come into the system through ECOs and how many individuals progress to the next stage. For example, how many people were released at the expiration of ECOs and how many individuals advanced to a TDO.

Collaboration with the Office of the Executive Secretary

Department staff consulted periodically with staff at OES during the development of the reporting responsibilities matrix. The Department incorporated feedback from OES into several versions of the matrix, and the final version in Appendix B reflects discussions with OES staff and HHR. The matrix in Appendix B indicates that the courts will generate information about TDOs, commitment hearings, and mandatory outpatient treatment review hearings from the district court case tracking database or the OES billing database.

Office of the Secretary of Health and Human Resources Involvement

Department staff met with the Secretary in July to provide a status report on efforts to address Item 282.C and a copy of the second version of the reporting requirements matrix. Subsequently, the Commissioner of the Department and the Executive Secretary met with the Secretary to update her on the status of Item 282.C.

Other Related CSB and OES Data Collection Efforts

The Item 282.C reporting requirements matrix in Appendix B reflects the current approaches that OES, the Department and CSBs plan to employ to collect the data as outlined on the matrix. Per the second footnote on that matrix, the Department and CSBs are committed to integrating the data to be collected by CSBs, wherever feasible, into the automated Community Consumer Submission (CCS).² However, at this point, reporting on the specific data mentioned in Item 282.C will be done manually for the CSB data.

OES will use two primary sources for its portion of the data collection. Data will be extracted from the “e-Magistrate System” for ECOs and TDOs. The “Courts Case Management System” will be the source for data related to civil commitments, as well as MOT and other orders that originate from the court.

Another source of data related to requirements in Item 282.C is one of the performance measures in Exhibit B of the FY 2009 Community Services Performance contract for CSBs. Performance measure I.B.3 will provide some information about the number of involuntary adult commitment hearings attended by CSBs.³ The boards will report the following data for this measure about CSB attendance at commitment hearings for a one month period each quarter.

- Number of commitment hearings for adults attended by the Board’s preadmission screening evaluators in its service area for its own consumers or on behalf of other Boards.
- Number of commitment hearings for adults attended by the Board’s preadmission screening evaluators outside of its service area for Board consumers.
- Number of commitment hearings for adults attended by the Board’s preadmission screening evaluators outside of its service area on behalf of other Boards.

A copy of the reporting form for Exhibit B is attached (Appendix C).

² The CCS is a software application that extracts individual consumer and service data from local CSB information systems and transmits it each month to the Department. One CCS feature that will provide some data related to requirements in Item 282.C is the consumer designation code. This code is a mechanism in the structure of the CCS application that enables CSBs and the Department to link specific consumers to particular initiatives or episodes of care. Modifications to the CCS application for FY 2009 established a new consumer designation code to identify consumers who were subject to mandatory outpatient treatment (MOT) orders, pursuant to § 37.2-817 of the Code of Virginia. When a consumer is admitted to a CSB for mental health services under an MOT order, a consumer designation code is assigned to the person in a type of care record in the CCS. This record includes the date on which services under the MOT order were initiated and will include a date on which those services end. This code enables the CSB and the Department to link demographic, clinical, and service information about the person to the MOT order.

³ Pursuant to subsection B of § 37.2-815 of the *Code of Virginia*, a preadmission screening evaluator or, through a mutual arrangement, an evaluator from another Board, shall attend each commitment hearing for adults, original (up to 30 days) or recommitment (up to 180 days), held in the Board’s service area or for a Board’s consumer outside of its service area in person, or if that is not possible, the preadmission screening evaluator shall participate in the hearing through two-way electronic video and audio or telephonic communication systems, as authorized by subsection B of § 37.2-804.1 of the *Code of Virginia*, for the purposes of presenting preadmission screening reports and recommended treatment plans and facilitating least restrictive dispositions.

OUTCOMES

While very little standardized, automated data is currently available about the involuntary civil commitment process, the Department and OES have received some preliminary data and anecdotal information about the effects of the mental health law reform legislation effective on July 1, 2008.

Preliminary Data and Anecdotal Impressions of the Impact of the Mental Health Law Reform Legislation

The report referenced in the footnote on page 1 included a brief discussion of some anecdotal information regarding changes to the civil commitment process. The most common anecdotal information on the implementation of the mental health law reform legislation reports an emerging trend of fewer mandatory outpatient treatment (MOT) orders. The use of MOT was authorized prior to July 1, 2008, but in a much less prescribed or standardized manner, and use of MOT orders varied tremendously across the state before July 1. After July 1, in many localities where MOT had been used, it is now used less frequently. Preliminary data indicates use of involuntary commitment does not appear to have changed significantly, except that MOT orders have dropped sharply by all accounts – almost none – but it is not clear exactly why. However, this decline has been attributed to the greatly increased complexity of the statutory provisions governing MOT and a reluctance on the part of some special justices to use it.

The following information is presented with the understanding that more data collection is needed, and more analysis of existing data is warranted:

Preliminary Data on ECOs, TDOs, and Commitment Orders⁴

1) **Data from ILPPP** assumes the following:

- Comparison of data from July 1 – Sept 30, 2008 (“Q1” FY 2009) with data collected in the May 2007 survey.
- The use of two sources:
 - a. Supreme Court’s CMS, using adult cases only, no recommitment hearings, and commitment of jail inmates. [**Note** – may inappropriately include judicial authorization of treatment data.]
 - b. On-line survey for CSBs (October 2008) to better understand MOT data

Number of hearings

- Approximately 1800 hearings per month in Q1 appears to be an increase over 2007, but magnitude of increase is unknown.
- Not able to estimate number of TDOs per month in Q1 but likely higher than May 2007
- Q1 dispositions (involuntary, voluntary, dismissed, MOT) similar to May 2007 with a few key points:

⁴ Data received from the Institute of Law and Public Policy, and the Virginia Association of Community Services Boards, as presented to the Commission on Mental Health Law Reform, October 30-31, 2008, Williamsburg.

- a. Only 20 MOT orders in Q1 (down from 73, or 5.7%, of all dispositions for May 2007)
- b. Rates of hospitalization relatively constant (about 80%) but slightly higher involuntary (5-7% of all dispositions) after reforms in effect.

Number of ECOs

- Difficult to ascertain total ECO situations due to “paperless” ECOs
- July through Sept shows monthly decline in actual ECO orders issued

MOT

- 20 cases in Q1 (vs 73 in May 2007)
 - a. 8 localities had 1 MOT
 - b. 1 locality had 2 MOT
 - c. 1 locality had 11 MOT (Danville – note SJ just retired here)
- Still unraveling milestones of these cases (# hearings, CSB plans received, monitoring, reviews, etc)
- CSB perceptions of frequency of MOT after vs. before July 1.
 - a. 57.7% report “never” used now (vs 18.5% before July 1)
 - b. 34.6% report “rarely” used now (vs 63% before July 1)
 - c. 3.8% report “sometimes” used now (vs 14.8% before July 1)
- Most likely causes of MOT decline
 - a. MOT criteria same as commitment criteria [though same before too] – 62.9%
 - b. Burden on judges - 59.2%
- Least likely causes for decline
 - a. Burden on CSB – 59.2%
 - b. Insufficient funding – 57.7%
 - c. Judges having to verify MOT is available – 53.8%

2) Data from VACSB survey assumes the following:

- Data incomplete as of Nov 1, 2008 (36 CSBs out of 40 responding)
- Compares July 1 – Sept 30 2008 (Q1 FY 2009) with same quarter last year (Q1 FY 2008)

Number of TDOs

- Statewide increase of 8% - however, the range is extreme, from a decrease of 57% to an increase of 119%

Number of Inpatient Commitments

- Statewide increase of 24% - but again, range is extreme, from a decrease of 45% to an increase of 27%

Number of MOTs

- Statewide decrease 84% (from 67 to 11) with some CSBs having 100% decrease (i.e. none this year) and some having none last year but one this year so far.

3) DMHMRSAS facility census (All psychiatric facilities) – July 1-Oct 30, 2008

- Weekly census has been very stable – between 1450-1485 - at DMHMRSAS psychiatric facilities (including CCCA but excluding VCBR)

Also, there appears to be no clear trend yet in the numbers of temporary detention orders issued or inpatient psychiatric beds used. However, once some of the Item 282.C data is collected on a preliminary basis for FY 2009, these observations may be revised based on that data.

CONCLUSION

The language in Item 282.C reflects the need to obtain information about the involuntary civil commitment process, particularly relative to a possible budget request for additional funds to implement mental health law reform statutory changes. As previously noted, there has been an absence of systematic, readily available data about that process before the mental health law reform legislation was enacted by the 2008 General Assembly Session. The Department, along with CSBs, and OES are taking steps to remedy this situation.

OES has begun to access data housed in two of its databases and will continue to refine the information collected to coincide with the elements required in Item 282.C. In the short run, the Department and CSBs will have to rely on manual ad-hoc reporting mechanisms developed specifically to address Item 282.C. Over time, reporting requirements that are feasible and meaningful will be incorporated into automated reporting systems whenever possible. However, it should be noted that the five percent reduction of state general funds for CSBs implemented in FY 2009, which will be addressed through administrative efficiencies and savings, will inevitably erode the information technology infrastructure resources of many CSBs and adversely affect their ability to respond to less urgent or meaningful reporting requirements.

Finally, Item 282.C requires a report on emergency custody orders, temporary detention orders, and mental health commitment hearings by fiscal year. Since the mental health law reform legislation has been in effect for only four months, the first report to cover all of FY 2009, would be submitted by November 1, 2009. However, recognizing the need for some intermediate data and the utility of any data that could be provided, the Department and OES will collect as much of the data identified in Item 282.C as possible for the first half of FY 2009 and provide this information to the Governor and the House Appropriations and Senate Finance Committees by the end of January 2009.

Appendix A: Survey Sent to CSBs on June 17, 2008

Item 282 the 2008 Appropriation Act requires the Secretary of Health and Human Resources, in consultation with the Executive Secretary of the Supreme Court, to develop a reporting system to collect information on emergency custody orders (ECOs), temporary detention orders (TDOs), and mental health commitment hearings by fiscal year. The data shall include the number of ECOs, TDOs, and commitment hearings that occur each year by locality, and the estimated cost, duration, location, and disposition of each proceeding. The information collected shall comply with all relevant state and federal health privacy laws and shall not include any personal identifiable information. The data collected shall be reported to the Governor, the Chairmen of the Senate Finance and House Appropriations Committees, and the Supreme Court by November 1, 2008 and each year thereafter.

The Department recognizes that meeting these reporting requirements will be an evolving process, beginning with data collection that relies on ongoing or periodic paper-driven collection and reporting activities and moving towards integration of data tracking into our electronic reporting systems. To this end, the Department is conducting this survey on behalf of the VACSB Data Management Committee (DMC) as part of our joint efforts to determine how best to respond to the reporting requirements in the Appropriation Act, including those in item 282. Cheri Warburton, representing the Emergency Services Council on the DMC Executive Committee, indicated that CSB Emergency Services Directors at CSBs are identifying how they would collect and report information related to the mental health law reform legislation. This survey seeks information about how each CSB is planning to respond to the reporting requirements in item 282, for example, the potential sources of this data, staff responsible for collecting it, and methods for collecting the data. This information will assist the Department and the DMC in planning how they will provide the data required by item 282. Please include only information in this survey about data that the CSB will be collecting (e.g., do not attempt to estimate or project the costs of other agencies such as courts, law enforcement, magistrates, or detention facilities related to these proceedings or to collect data that will be on the forms or in the systems of other agencies, such as dispositions on involuntary commitment orders).

The survey consists of a separate form for each type of proceeding (ECOs, TDOs, and commitment hearings). The survey also includes a separate form for mandatory outpatient treatment (MOT) proceedings conducted pursuant to § 37.2-817.2 through § 37.2-817.4, even though item 282 does not mention them specifically, because these procedural hearings are different than regular commitment hearings. Please complete this fourth form if you have identified how your CSB will be collecting information about MOT hearings; if you have not, please enter "Not completed" in the Source(s) and Method(s) columns. Please complete the identifying information (e.g., name of CSB, contact person) at the top of each form. In the spaces provided for each type of data to be reported, briefly describe:

- the sources available to the CSB for this data (e.g., preadmission screening forms, the CSB's financial management system, clinician logs, clinical records),
- who will be responsible for collecting the data (e.g., emergency services workers, case managers, IT staff), and

- the methods that will be used to collect it (e.g., review of all preadmission screening forms, sampling records, extracting financial or service data from the CSB's IT system, or estimating CSB staff hours and travel costs relating to a proceeding).

Please share this survey with the appropriate staff in your CSB, including your Emergency Services Director, and return a completed survey via e-mail as a saved Word document to me by the close of business on July 1, 2008. The Department and VACSB DMC thank you for your cooperation and assistance in gathering information about how CSBs are planning to respond to the reporting requirements in item 282. Please call (804-786-4982) or e-mail me if you have any questions about this survey. Paul Gilding

Item 282 Reporting Requirements Survey: Page 1 - Emergency Custody Orders		
Name of CSB:		
Contact Person:		
Contact Person Phone No.:		E-Mail Address:
Data to be Reported for Each Locality by Fiscal Year	Source(s) for Data and Staff Responsible for Collecting Data	Method(s) for Collecting the Data
Number of Proceedings		
Estimated Cost of Proceedings		
Duration of Proceedings		
Location of Proceedings		
Disposition of Proceedings		

Item 282 Reporting Requirements Survey: Page 2 – Temporary Custody Orders

Name of CSB:		
Data to be Reported for Each Locality by Fiscal Year	Source(s) for Data and Staff Responsible for Collecting Data	Method(s) for Collecting the Data
Number of Proceedings		
Estimated Cost of Proceedings		
Duration of Proceedings		
Location of Proceedings		
Disposition of Proceedings		

Item 282 Reporting Requirements Survey: Page 3- Involuntary Commitment Hearings

Name of CSB:		
Data to be Reported for Each Locality by Fiscal Year	Source(s) for Data and Staff Responsible for Collecting Data	Method(s) for Collecting the Data
Number of Proceedings		
Estimated Cost of Proceedings		
Duration of Proceedings		
Location of Proceedings		
Disposition of Proceedings		

Item 282 Reporting Requirements Survey: Page 4- Mandatory Outpatient Treatment Hearings

Name of CSB:		
Data to be Reported for Each Locality by Fiscal Year	Source(s) for Data and Staff Responsible for Collecting Data	Method(s) for Collecting the Data
Number of Proceedings		
Estimated Cost of Proceedings		
Duration of Proceedings		
Location of Proceedings		
Disposition of Proceedings		

Appendix B: 2008 Appropriation Act Item 282 Reporting Requirements¹				
Data Reported for Each Locality by Fiscal Year²	Emergency Custody Orders (ECOs)	Temporary Detention Orders (TDOs)	Involuntary Commitment Hearings³	MOT Review Hearings⁴
Number	CSBs ⁵	Courts	Courts	Courts
Estimated Cost ⁶	CSBs ⁵	DMAS, CSBs	Courts, OES, CSBs	Courts, OES, CSBs
Duration	Courts ⁵	CSBs ⁸	Courts ⁹	Courts ⁹
Location	CSBs ⁵	CSBs ⁸	Courts ⁹	Courts ⁹
Disposition	CSBs ⁵	NA ¹⁰	Courts	Courts

¹ Courts generate information from the district court case tracking database or Office of the Executive Secretary (OES) billing database. CSBs and the Department of Medical Assistance Services (DMAS) report their information to the Department of Mental Health, Mental Retardation and Substance Abuse Services (Department), which reports this information to the Secretary of Health and Human Resources. Item 282 requires an annual report of collected data to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, and the Supreme Court by November 1 of each year, starting on November 1, 2008. Since the statutory changes only take effect on July 1, 2008, this first report could not provide annual information for FY 2008. Therefore, the first report should only describe how the information is being collected and will be reported by November 1, 2009 for FY 2008.

² CSBs will report FY 2009 information by emailed Excel spreadsheet reports. To the extent possible, reporting requirements will be incorporated into automated databases and reporting systems in FY 2010 or future years. Locality needs to be clarified; does it mean general district court district, CSB service area, or each city and county within a general district court district or CSB service area?

³ Includes recommitment hearings.

⁴ Although not mentioned specifically in Item 282, mandatory outpatient treatment (MOT) review hearings conducted pursuant to § 37.2-817.2 through § 37.2-817.4 are included because they might constitute a significant impact of the MH reform legislation.

⁵ CSBs can collect this information from preadmission screening forms completed by their staff or from other manual or automated records. The number of ECOs includes the numbers of orders issued and the instances where a law enforcement officer takes a person into emergency custody, reported as separate counts. Location information could be collected from a sample of CSBs periodically during the fiscal year. Disposition means issuance of a TDO or release from custody.

⁶ Each organization reports information about estimated costs in its possession. For example, the OES reports its estimated or actual direct costs, including any reimbursed to other individuals or organizations (e.g., independent examiners, attorneys), for commitment and MOT review hearings, the DMAS reports its actual costs associated with TDOs from the Involuntary Commitment Fund, CSBs report their estimated or actual costs associated with all of these activities, and courts report their estimated or actual costs associated with commitment and MOT hearings. Estimated CSB cost data could be collected from a sample of CSBs periodically (e.g., one month per quarter) during the fiscal year.

⁷ Duration for ECO means number of ECOs for which magistrates granted a two-hour extension.

⁸ Duration means from the time the person is detained to the time a commitment hearing occurs or the person is released. Location is where the person is detained, normally a hospital or crisis stabilization program. These data will be obtained from the records of a sample of CSBs periodically (e.g., one month per quarter) during the fiscal year.

- ⁹ Duration means the actual length of the commitment or MOT review hearing; it does not include other activities associated with the hearing. Location means the place of the hearing. These data could be obtained through a survey during the fiscal year.
- ¹⁰ Disposition, except in extremely rare circumstances when a facility director discharges a person, means going to an involuntary commitment hearing. Therefore, this item does not need to be collected; it can be inferred by comparing the numbers of TDOs and commitment hearings.

Appendix C: Exhibit B Reporting Form

FY 2009 Performance Contract Exhibit B Required Measures Report: Data Reported Quarterly to the Department - Page 1			
Date of Report:		Quarter: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Quarter	
CSB Name:		Contact Name:	
Contact Telephone Number:		E-Mail Address:	
Exh. B	Expectation or Goal Measure	Data	Data Reported
I.A.2	Percentage of consumers hospitalized through the civil involuntary admissions process in a state hospital, private psychiatric hospital, or psychiatric unit in a public or private hospital and discharged to the Board who keep scheduled face-to-face (non-emergency) service visits within seven days of discharge from the hospital or unit. ¹		Number of consumers who kept scheduled face-to-face (non-emergency) service visits within seven days of discharge from the hospital or unit in this quarter.
			Number of consumers who were discharged to the Board from the hospital or unit in this quarter.
		%	Enter 1 st number ÷ by 2 nd number x 100 in data column.
I.B.3	Pursuant to subsection B of § 37.2-815 of the Code of Virginia, a preadmission screening evaluator or, through a mutual arrangement, an evaluator from another Board, shall attend each commitment hearing for adults, original (up to 30 days) or recommitment (up to 180 days), held in the Board's service area or for a Board's consumer outside of its service area in person, or if that is not possible, the preadmission screening evaluator shall participate in the hearing through two-way electronic video and audio or telephonic communication systems, as authorized by subsection B of § 37.2-804.1 of the Code of Virginia, for the purposes of presenting preadmission screening reports and recommended treatment plans and facilitating least restrictive dispositions. ²		Number of commitment hearings for adults attended by the Board's preadmission screening evaluators in its service area for its own consumers or on behalf of other Boards.
			Number of commitment hearings for adults attended by the Board's preadmission screening evaluators outside of its service area for Board consumers.
			Number of commitment hearings for adults attended by the Board's preadmission screening evaluators outside of its service area on behalf of other Boards.

¹ The Board agrees to monitor and report quarterly to the Department on this measure.

² The Board agrees to conduct periodic surveys for one month each quarter to gather information on this measure.

FY 2009 Performance Contract Exhibit B Required Measures Report: Data Reported Quarterly to the Department - Page 2

CSB Name:		Report for: Quarter: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Quarter	
Exh. B	Expectation or Goal Measure	Data	Data Reported
I.C.1 ³	Initial telephone responders in emergency services shall triage calls and, for callers with emergency needs, shall be able to link the caller with a preadmission screening evaluator within 15 minutes of their initial calls. Attach the summary and analysis of the quarter's two-week sample of the CSB's emergency services to this report.		Number of callers with emergency needs linked with a preadmission screening evaluator within 15 minutes of their initial calls during the quarterly two-week sample of emergency services. ³
			Total number of callers with emergency needs during the two-week sample of emergency services each quarter. ³
		%	Enter first number ÷ by second number x 100 in data column.
I.C.2 ⁴	When an immediate face-to-face intervention by a certified preadmission screening evaluator is appropriate to determine the need for involuntary hospitalization, the intervention shall be completed by a certified preadmission screening evaluator who shall be available within one hour of initial contact for urban Boards and within two hours of initial contact for rural Boards. Attach the summary and analysis of the quarter's two-week sample of the CSB's emergency services to this report.		Number of individuals who required a face-to-face evaluation for possible involuntary hospitalization who saw a certified preadmission screening evaluator face-to-face within one (urban) or two (rural) hours of initial contact during the two-week sample of emergency services each quarter. ⁴
			The total number of individuals who saw a certified preadmission screening evaluator for evaluation of possible involuntary hospitalization during quarterly two week sample of emergency services. ⁴
		%	Enter first number ÷ by second number x 100 in data column.
I.E.1.	A preliminary assessment shall be initiated at first contact and completed, preferably within 14 but in no case more than 30 calendar days of referral for an individual who has been discharged from a state hospital, a private psychiatric hospital, or a psychiatric unit in a public or private hospital or released from a commitment hearing and has been referred to the Board and determined by the Board to be appropriate for case management services.		Number of consumers referred to the Board for case management services for whom a preliminary assessment was initiated at first contact and completed, preferably within 14 but in no case more than 30 calendar days of referral to the Board.
			Number of consumers referred to the Board and determined to be appropriate for case management.
		%	Enter first number ÷ by second number x 100 in data column.

³ Goal I.C.1, as described in Exhibit B: The Board agrees to conduct a two week sample of its emergency services each quarter to monitor the availability of emergency services 24 hours per day and seven days per week and the access of consumers with emergency needs to a preadmission screening evaluator within 15 minutes of their initial calls. The sample will consist of calls made to its emergency services at various times of the day and night during the work week and on weekends, distributed so that calls are balanced between regular business hours and after-hours periods.

⁴ Goal I.C.2, as described in Exhibit B: The Board agrees to collect, as part of its two week sample of its emergency services each quarter, the time within which the preadmission screening evaluator is available from the initial contact for consumers identified with emergency needs and to monitor achievement of the goal that the evaluator be available within one hour of initial contact for an urban Board or within two hours for a rural Board. Rural and urban Boards are defined and classified in the Overview of Community Services on the Department's web site.

The Board agrees to maintain documentation of these samples, including information about circumstances in which these goals are not met, locally for three years and to report a summary and analysis of the results quarterly to the Department.