



**Report on the Implementation of
New Mental Health Services and Monitoring
of Civil Commitment Process Changes
(Item 316.LL)**

**to the Governor and Chairs of the
House Appropriations and Senate Finance Committees**

December 29, 2009



COMMONWEALTH of VIRGINIA

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

JAMES S. REINHARD, M.D.
COMMISSIONER

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Voice/TDD (804) 371-8977
www.dbhds.virginia.gov

December 28, 2009

The Honorable Lacey E. Putney, Chairman
House Appropriations Committee
P.O. Box 127
Bedford, Virginia 24523

Dear Delegate Putney:

I am pleased to forward to you my report on Item 316.LL in the *2009 Appropriation Act*. Item 316.LL requires me to submit a report to your committee on the implementation of new services funded in this item and a report describing CSB performance on participation in the civil commitment process. The attached report addresses both requirements.

By the end of FY 2010, these once-new services will be well-established and CSBs have demonstrated their ability to implement the significant changes in the civil commitment statutes successfully.

I hope that you 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 blue ink that reads 'James Reinhard'.

James S. Reinhard, M.D.

JSR/prg
Attachment

pc: The Honorable Marilyn B. Tavenner
Robert P. Vaughn
Susan E. Massart
Heidi R. Dix

Frank L. Tetrick, III
Paul R. Gilding
Ruth Anne Walker



COMMONWEALTH of VIRGINIA

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Voice/TDD (804) 371-8977
www.dbhds.virginia.gov

JAMES S. REINHARD, M.D.
COMMISSIONER

December 28, 2009

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 316.LL in the *2009 Appropriation Act*. Item 316.LL requires me to submit a report to your committee on the implementation of new services funded in this item and a report describing CSB performance on participation in the civil commitment process. The attached report addresses both requirements.

By the end of FY 2010, these once-new services will be well-established and CSBs have demonstrated their ability to implement the significant changes in the civil commitment statutes successfully.

I hope that you 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 blue ink that reads "James Reinhard".

James S. Reinhard, M.D.

JSR/prg
Attachment

pc: The Honorable Marilyn B. Tavenner
Betsey Daley
Joe Flores
Heidi R. Dix

Frank L. Tetrick, III
Ruth Anne Walker
Paul R. Gilding

Report On Item 316.LL of the 2009 Appropriation Act

Background

Item 316.LL the *2009 Appropriation Act* requires the Department of Behavioral Health and Developmental Services (Department), in cooperation with the Virginia Association of Community Services Boards (VACSB) and with input from the Senate Finance and House Appropriations Committees, to develop and maintain a reporting process to monitor the implementation of (i) the new services funded in this item and (ii) changes to the civil commitment process included in Senate Bill 246, House Bill 499, House Bill 599 and House Bill 560 from the 2008 session of the General Assembly. Item 316.LL also requires the Department and VACSB to identify specific data elements or performance measures that will be reported through this process. Item 316.LL further requires the Commissioner to report on implementation of these new services no later than December 1, 2008 and each year thereafter, and to submit a report describing the reporting process to measure CSB performance on participation in the civil commitment process no later than December 1, 2008 and a report on that performance beginning no later than December 1, 2009 and each year thereafter.

Item 316.LL requires the Commissioner to submit two reports, one on implementation of the new services funded in item 316, and a second describing CSB performance on participation in the civil commitment process. This report responds to both of these requirements.

The Commissioner made presentations on the implementation of Mental Health Law Reform services funded by item 316 to the House Appropriations Committee in September 2008 and the Senate Finance Committee in October 2008. The presentations described the Department's process for allocating these funds to community services boards and the behavioral health authority, hereinafter referred to as CSBs, and for approving proposals submitted by CSBs. These presentations also discussed the funds appropriated for additional mental health services for children and adolescents and jail diversion services.

Implementation of New Services Funded in Item 316 in FY 2009

The Commissioner's presentations also summarized the proposals for the Mental Health Law Reform funds that had been approved by the Department. This information is presented in the table on the next page. The table displays data about proposed numbers of full-time equivalents (staff hired to provide services), individuals to be served, state funds supporting services, and total costs of services for various activities in emergency, outpatient, and case management services that are related to the civil commitment process. The total amount of state general funds approved for all CSB proposals is \$9,908,286. The remainder of the FY 2009 appropriation of \$10.3 million in item 316.KK for Mental Health Law Reform activities is earmarked for two purposes: (i) \$250,000 for the partial-year implementation of a residential crisis stabilization program in Southside Virginia (the Danville-Pittsylvania, Piedmont, and Southside CSBs), and (ii) \$141,713 for any unanticipated costs related to the Code changes documented during their implementation. The Department allocated \$70,000 to each CSB from \$2.8 million appropriated for mental health services for children and adolescents to increase the availability of specialized services in its service area. The Department allocated \$3 million for jail diversion and reentry services through an RFP process to 10 CSBs: Alexandria, Arlington, Chesterfield, Fairfax-Falls

Church, Hampton-Newport News, Middle Peninsula-Northern Neck, New River Valley, Portsmouth, Rappahannock Area, and Virginia Beach.

FY 2009 Mental Health Law Reform: Approved CSB Proposals (Item 316.KK) ¹				
Service	FTEs ²	Consumers	State Funds³	Total Cost⁴
Emergency Services/Crisis Intervention	42.39	8,640	\$2,555,080	\$3,350,744
Emergency Services/Preadmission Screening	14.50	3,909	\$812,078	\$843,970
Emergency Services/Independent Examination	0.53	192	\$39,691	\$39,691
Emergency Services/Hearing Attendance	24.44	8,066	\$1,604,254	\$1,831,025
Emergency Services/Post Hearing Follow Up	4.75	665	\$259,293	\$259,293
Emergency Services/Mandatory Outpatient Treatment	4.45	820	\$278,622	\$301,614
Total for Emergency Services	91.02	22,292 ⁵	\$5,549,018	\$6,626,337
Outpatient Services	17.78	2,674	\$1,280,278	\$1,343,663
Outpatient Services/Medication Management	8.82	2,135	\$1,074,209	\$2,364,304
Mandatory Outpatient Treatment	5.00	275	\$261,205	\$273,650
Total for Outpatient Services	31.60	5,084 ⁵	\$2,605,692	\$3,981,617
Case Management Services	27.85	2,854	\$1,522,222	\$1,589,272
Case Management Services/Mandatory Outpatient Treatment	3.50	205	\$221,354	\$221,354
Total for Case Management Services	31.35	3,061 ⁵	\$1,743,576	\$1,810,626
Grand Totals for Approved CSB Plans	153.97	30,441 ⁵	\$9,908,286 ⁶	\$12,428,580

¹ Figures reflect proposals of all 40 CSBs, which were approved by the Department.

² Figures in this column reflect the full-time equivalents (FTEs), the staff that CSBs project hiring in FY 2009 to provide these services.

³ State funds reflect the uses, proposed by CSBs and approved by the Department, of the funds allocated from Item 316.KK of the 2008 *Appropriation Act* and communicated to CSBs in the Commissioner's June 30, 2008 memorandum.

⁴ The difference between State Funds and Total Cost figures for some of the services reflects additional projected revenues from other sources, such as Medicaid fees.

⁵ This figure does not represent an unduplicated number of individuals projected to be served, since some individuals may receive more than one service within a core services category (Emergency, Outpatient, or Case Management Services) or among those categories.

⁶ The total amount of State Mental Health Law Reform Funds (Item 316.KK) the Department originally allocated to the 40 CSBs was \$9,799,999. Due to the exceptionally large number of individuals living in the Fairfax-Falls Church CSB's service area, the Department allocated an additional \$108,287 to this CSB bringing the total allocated to the 40 CSBs to \$9,908,286. The additional funds allocated to the Fairfax-Falls Church CSB were based on the methodology used in the initial allocations to CSBs.

Report On Item 316.LL of the 2009 Appropriation Act

Once the Department approved CSB proposals, staff developed a stand-alone reporting mechanism, in collaboration with the VACSB's Data Management Committee, for CSBs to report their implementation of approved proposals. This report collects the same information shown in the table on the preceding page from each CSB on the implementation of its approved proposal. This reporting mechanism is described in more detail in Report Document No. 425 (2008), submitted on December 1, 2008. The following table displays the actual information about those services in FY 2009.

FY 2009 Mental Health Law Reform Services: Annual Report on Services Delivered						
Service	Service Capacity	Units of Services	Individuals Served	State Funds	Total Funds¹	Total Cost
Crisis Intervention	35.87 FTEs	25,258 Hours	6,865	\$2,470,809	\$3,272,374	\$2,684,625
Preadmission Screening Evaluation	16.23 FTEs	10,746 Hours	4,951	\$987,286	\$1,072,995	\$988,097
Independent Examination	0.50 FTEs	0.0 Hours	0	\$39,691	\$39,691	\$0
Commitment Hearing Attendance	18.75 FTEs	13,830 Hours	6,724	\$1,311,573	\$1,559,788	\$1,314,821
Post Hearing Follow Up/Discharge Planning	11.14 FTEs	2,968 Hours	2,916	\$197,741	\$246,384	\$237,717
Mandatory Outpatient Treatment	1.64 FTEs	1,622 Hours	102	\$130,022	\$130,022	\$85,210
Total for Emergency Services	84.13 FTEs	54,424 Hours	21,558²	\$5,137,122	\$6,321,254	\$5,310,470
Total for Acute Inpatient Services	0.11 Beds	38 Bed Days	9	\$44,823	\$44,823	\$28,689
Outpatient Services	18.58 FTEs	19,404 Hours	4,243	\$1,520,600	\$1,570,331	\$1,100,894
Medication Management Services	7.11 FTEs	5,979 Hours	2,289	\$917,421	\$927,145	\$587,406
Mandatory Outpatient Treatment	1.40 FTEs	16 Hours	5	\$183,969	\$1,444,004	\$1,386,766
Total for Outpatient Services	27.09 FTEs	25,399 Hours	6,537²	\$2,621,990	\$3,941,480	\$3,075,066
Case Management Services	26.74 FTEs	18,800 Hours	4,100	\$1,677,371	\$1,714,702	\$1,367,761
Mandatory Outpatient Treatment	2.64 FTEs	3,738 Hours	465	\$233,345	\$233,610	\$114,907
Total for Case Management Services	29.38 FTEs	22,538 Hours	4,565²	\$1,910,716	\$1,948,312	\$1,482,668
Grand Totals	140.60 FTEs 0.11 Beds	102,361 Hours 38 Bed Days	32,669²	\$9,714,651	\$12,255,869	\$9,896,893

¹The differences between state funds and total funds figures reflect additional revenues from other sources such as Medicaid fees.

²This figure does not represent an unduplicated number of individuals receiving services, since some individuals may receive more than one service within a category (e.g., Emergency, Inpatient, Outpatient, or Case Management Services) of services or among those categories.

Report On Item 316.LL of the 2009 Appropriation Act

Reporting Process to Measure CSB Performance on Participation in the Civil Commitment Process

The Department worked collaboratively with the VACSB, through its Data Management Committee and Executive Directors Forum, to identify ways to collect data and measure performance related to the implementation of the changes in the civil commitment process enacted by the 2008 Session of the General Assembly. The two principle means of accomplishing this are (i) changes in the Community Consumer Submission (CCS), the automated information system extract software used by CSBs to report data about individuals served and services to the Department monthly, and (ii) implementation of two stand-alone paper reporting processes. However, the Department and CSBs are committed to integrating the data collected through these separate reporting processes, wherever feasible, into the CCS.

Changes in the Community Consumer Submission (CCS)

The CCS is a software application that extracts data about individuals served and services received from local CSB information systems, and transmits it each month to the Department. One CCS feature that will provide some data related to the civil commitment process is the consumer designation code. This code is a feature in the CCS application that enables CSBs and the Department to link specific individuals to particular initiatives or episodes of care. Modifications to the CCS application for FY 2009 established a new consumer designation code to identify individuals who were subject to mandatory outpatient treatment (MOT) orders, pursuant to § 37.2-817 of the *Code of Virginia*. When an individual is admitted to a CSB for mental health services under an MOT order, a consumer designation code (905) 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 the date on which those services ended. This code enables the CSB and the Department to link demographic, clinical, and service information about the person to the MOT order. Using this feature, the CSB and the Department will be able to identify the types, amounts, duration, and cost of CSB services received under an MOT order.

The Department also worked with the VACSB Data Management Committee and the Executive Directors Forum to modify the CCS for FY 2010 to include service subtype codes that will enable CSBs and the Department to identify subtypes of emergency services related to the civil commitment process. This modification will produce information in FY 2010 about the number of individuals under emergency custody orders or in the emergency custody of a law enforcement officer or under temporary detention orders who were seen by CSB staff, the number of commitment hearings attended and the CSB staff time involved, and the number of mandatory outpatient treatment order review hearings attended and the CSB staff time involved.

Individuals Served by CSBs Under Mandatory Outpatient Treatment Orders

Because this was a new feature of the CCS software in FY 2009, not all CSBs may have been able to implement complete data collection in the first year, so reports may have undercounted the number of MOT orders in which CSBs were involved. In FY 2009, eight CSBs reported serving 28 individuals under MOTs and the average length of time these individuals were served under MOT orders was 94.33 days.

Stand-Alone Paper Reporting Processes

In the meantime, the Department instituted two stand-alone paper reporting processes to collect data about the participation of CSBs in the civil commitment process. The first report collects information about the performance measures in Exhibit B of the FY 2009 community services performance contract. A copy of the reporting form for Exhibit B was included as Appendix B in the *Report Document No. 425*, submitted on December 1, 2008.

Performance measure I.B.3 provides some information about the number of involuntary adult commitment hearings attended by CSBs. CSBs report the following data for this measure about attendance at commitment hearings for a one month period each quarter:

- Number of commitment hearings for adults attended by the CSB's preadmission screening evaluators in its service area for its own consumers or on behalf of other CSBs,
- Number of commitment hearings for adults attended by the CSB's preadmission screening evaluators outside of its service area for CSB consumers, and
- Number of commitment hearings for adults attended by the CSB's preadmission screening evaluators outside of its service area on behalf of other CSBs.

Performance measure I.C.1 provides further information related to the civil commitment process. CSBs report data from a two-week sample of their emergency services each quarter on the total number of callers with emergency needs and the number of callers with emergency needs linked with preadmission screening evaluators within 15 minutes of their initial calls.

Finally, performance measure I.C.2 provides additional information related to the civil commitment process. CSBs report data from the two-week sample of their emergency services each quarter on the total number of individuals who saw a certified preadmission screening evaluator for evaluation of possible involuntary hospitalization and the number of those individuals who saw a certified preadmission screening evaluator face-to-face within one hour of initial contact for urban CSBs or within two hours of initial contact for rural CSBs. Urban and rural CSBs are defined and listed in the current Overview of Community Services in Virginia, available on the Department's web site at www.dbhds.virginia.gov/OCC-default.htm.

The statewide summary for Exhibit B measures related to the changes in the civil commitment statutes reported by CSBs for FY 2009 is contained in the table on the next two pages.

Report On Item 316.LL of the 2009 Appropriation Act

Annual Statewide Summary of FY 2009 Performance Contract Exhibit B Measures Related to MH Law Reform Changes			
	Expectation or Goal Measure	Data	Data Reported
I.B.3	Pursuant to subsection B of § 37.2-815 of the <i>Code of Virginia</i> , a preadmission screening evaluator or, through a mutual arrangement, an evaluator from another CSB, shall attend each commitment hearing for adults, original (up to 30 days) or recommitment (up to 180 days), held in the CSB's service area or for a CSB'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.	33,897	Number of commitment hearings for adults attended by CSB preadmission screening evaluators in their service areas for their own consumers or on behalf of other CSBs; reported for one month each quarter. ¹
		4,191	Number of commitment hearings for adults attended by CSB preadmission screening evaluators outside of their service areas for CSB consumers; reported for one month each quarter. ¹
		3,495	Number of commitment hearings for adults attended by CSB preadmission screening evaluators outside of their service areas on behalf of other CSB; reported for one month each quarter. ¹
I.C.1	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. <i>CSBs conduct two-week samples of their emergency services each quarter to monitor access of individuals with emergency needs to preadmission screening evaluators. Samples consist of calls made to emergency services at various times so calls are balanced between business hours and after-hours periods during the week and on weekends.</i>	6,865	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. ²
		7,891	The total number of callers with emergency needs during the two-week sample of emergency services each quarter. ²
		87.0%	First number ÷ by the second number multiplied by 100.

¹ Data reported for one month per quarter has been extrapolated for the whole quarter by multiplying reported values by 3 to produce annualized figures; however, this assumes uniform patterns of hearings that may not reflect the actual reality.

Annual Statewide Summary of FY 2009 Performance Contract Exhibit B Measures Related to MH Law Reform Changes			
	Expectation or Goal Measure	Data	Data Reported
I.C.2	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 CSBs and within two hours of initial contact for rural CSBs.	5,532	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 Board) or two (rural Board) hours of initial contact during the two-week sample of emergency services each quarter. ²
	<i>In the two-week sample of emergency services each quarter, CSBs collect the time within which certified preadmission screening evaluators are available from initial contact for individuals identified with emergency needs.</i>	6,133	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. ²
		90.2%	First number ÷ by the second number multiplied by 100.

² It is important to note that the data for these measures only reports the results of the two-week samples conducted each quarter by CSBs; thus, the actual total numbers of individuals served across the entire fiscal year will be much larger. The point of the two-week samples is to minimize data collection and reporting burdens on CSBs while determining the relative proportions of callers or individuals for whom CSBs meet the measures.

The second report collects some of the information required by Item 282.C of the *2009 Appropriation Act* regarding emergency custody orders, temporary detention orders, commitment hearings, and mandatory outpatient treatment review hearings. This report was discussed more completely in the *Report Document No. 425*, submitted on December 1, 2008. All CSBs submit the short version of this report twice per year, once by the end of January for the first six months of the fiscal year and once after the end of the fiscal year for the entire fiscal year. Two sample CSBs also submitted the longer, more detailed version of this report. While the data from the sample CSBs is interesting in terms of the relative distributions, the sample is too small to draw any statewide inferences. The statewide summary for these two versions of the Item 282.C report is contained in the table on the next page. This data also is included in the *Report on Item 282.C of the 2009 Appropriation Act*, submitted by the Secretary of Health and Human Resources.

Statewide Summary of FY 2009 Data for Item 282.C		
Data Reported by All CSBs		Data
1.	Numbers of Emergency Custody Orders (ECOs)	
1.a.	Number of Individuals Seen Who Were Under ECOs Issued by Magistrates ¹	5,201
1.b.	Number of Individuals Seen Who Were Under Custody of Law Enforcement Officers Without ECOs (Paperless ECOs)	6,044
2.	Dispositions of Emergency Custody Orders (ECOs)	
2.a.	Number of ECOs Resulting in Temporary Detention Orders (TDOs)	6,696
2.b.	Number of ECOs Resulting in Release of Individuals From Custody	2,962
2.c.	Number of ECOs With Other Dispositions	1,127
Data Reported by Sample CSBs		Data
3.	Location of Emergency Custody Orders (ECOs) ²	
3.a.	Number of ECOs Seen in Non-State Medical Hospital Emergency Departments	0
3.b.	Number of ECOs Seen in Non-State Medical Hospital Psychiatric Units	97
3.c.	Number of ECOs Seen in Other Non-State Medical Hospital Locations	8
3.d.	Number of ECOs Seen in Non-State Psychiatric Hospitals	0
3.e.	Number of ECOs Seen in State Psychiatric Hospitals	4
3.f.	Number of ECOs Seen in Residential Crisis Stabilization Units	0
3.g.	Number of ECOs Seen in Ambulatory (23 hour) Crisis Stabilization Services	144
3.h.	Number of ECOs Seen in Law Enforcement Facilities (Jails or Police Stations)	3
3.i.	Number of ECOs Seen in Homeless Shelters	0
3.j.	Number of ECOs Seen in Other Community Locations	6
4.	Duration of Temporary Detention Orders (TDOs) ³	
4.a.	Number of TDOs With a Duration of up Through 24 Hours	7
4.b.	Number of TDOs With a Duration of More Than 24 up Through 48 Hours	238
4.c.	Number of TDOs With a Duration of More Than 48 up Through 72 Hours	80
4.d.	Number of TDOs With a Duration of More Than 72 up Through 96 Hours	63
4.e.	Number of TDOs With a Duration of More Than 96 Hours	8
5.	Location of Temporary Detention Orders (TDOs)	
5.a.	Number of TDOs Detained in Non-State Med. Hospital Emergency Departments	0
5.b.	Number of TDOs Detained in Non-State Medical Hospital Psychiatric Units	427
5.c.	Number of TDOs Detained in Non-State Psychiatric Hospitals	0
5.d.	Number of TDOs Detained in State Psychiatric Hospitals	4
5.e.	Number of TDOs Detained in Residential Crisis Stabilization Units	0
5.f.	Number of TDOs Detained in Ambulatory Crisis Stabilization Services	0
5.g.	Number of TDOs Detained in Law Enforcement Facilities	3
5.h.	Number of TDOs Detained in Other Community Locations	0

¹ The numbers of ECOs in 1.a may not equal the total numbers of ECOs issued by magistrates because some ECOs are not executed.

² Number of ECOs Seen means number of individuals seen who were under ECOs issued by magistrates or who were under custody of law enforcement officers without written ECOs.

³ Duration means the time between issuance of a TDO and a commitment hearing. The purpose of reporting TDOs by ranges of time is to identify TDOs that are too short (4.a.) or too long (4.e.) to meet the requirements in § 37.2-809 of the *Code of Virginia* and to provide feedback about possible statutory changes in the length of TDOs.

Conclusion

The reporting requirements related to the impact of the changes in the civil commitment statutes, subsection (ii) in Item 316.LL, and the related Item 282.C, were established to monitor and ensure the effective implementation of new initiatives. Those changes have been implemented successfully, and the reporting processes firmly established. By the end of FY 2010, these once-new services will be well-established and part of ongoing base CSB services. More importantly, CSBs have demonstrated their ability to implement successfully the significant changes in the civil commitment statutes enacted by the 2008 Session of the General Assembly.