COMMONWEALTH of VIRGINIA

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INTERIM COMMISSIONER

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September 29, 2017

TO: The Honorable R. Creigh Deeds, Chair, Joint Subcommittee to
Study Mental Health Services in the Commonwealth in the 21st Century
The Honorable Mark D. Obenshain, Chair, Senate Courts of Justice Committee
The Honorable David B. Albo, Chair, House Courts of Justice Committee
The Honorable T. Scott Garrett, Member, House of Delegates
The Honorable George L. Barker, Member, Senate of Virginia

Fr: Jack Barber, MD
Interim Commissioner

Pursuant to House Bill 1426 (Garrett) and Senate Bill 1221 (Barker), which instructed the Commissioner of the Department of Behavioral Health and Developmental Services and the Director of the Department of Criminal Justice Services to "*develop a model for the use of alternative transportation providers to provide safe and efficient transportation of individuals involved in the emergency custody or involuntary admission process as an alternative to transportation by law enforcement*", please find enclosed the report on the Alternative Transportation Workgroup.

Staff at the department are available should you wish to discuss this report.

Sincerely,

Jack Barber, M.D.

Enc.

Cc: William A. Hazel, Jr., M.D.
Joe Flores
Members, Alternative Transportation Workgroup

COMMONWEALTH of VIRGINIA

Department of Criminal Justice Services

Francine C. Ecker
Director

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September 29, 2017

Memorandum

TO: Delegate David B. Albo, Chairman
Senator George L. Barker
Senator Robert Creigh Deeds
Delegate T. Scott Garrett
Senator Mark D. Obenshain, Chairman

FROM: Francine C. Ecker, Director

RE: Alternate Transportation Providers Report

Attached is a report on Alternate Transportation Providers pursuant to Acts of Assembly, Chapters 94 and 97 of the 2017 General Assembly Session.

Attachment

Virginia Department of Behavioral Health & Developmental Services

ALTERNATIVE TRANSPORTATION WORKGROUP

Final Report

HB 1426 (Garrett)/SB 1221 (Barker)

October 1, 2017

DBHDS Vision: A Life of Possibilities for All Virginians
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Alternative Transportation Workgroup Final Report

HB 1426 (Garrett)/SB 1221 (Barker)

Preface

House Bill 1426 (Garrett) and Senate Bill 1221 (Barker) require the Commissioner of the Department of Behavioral Health and Developmental Services and the Director of the Department of Criminal Justice Services to develop a model for alternative transportation for individuals involved in emergency custody or temporary detention in Virginia. The language reads:

> *§ 1. The Commissioner of Behavioral Health and Developmental Services (the Commissioner) and the Director of Criminal Justice Services (the Director) shall, in conjunction with the relevant stakeholders, including the Virginia Association of Community Services Boards, the National Alliance on Mental Illness–Virginia, the Department of Medical Assistance Services, the Office of Emergency Medical Services, Mental Health America of Virginia, VOCAL, Inc., the Virginia Hospital and Healthcare Association, the Virginia Association of Health Plans, the Office of the Executive Secretary of the Supreme Court of Virginia, the Virginia Association of Chiefs of Police, the Virginia Sheriffs' Association, the Virginia Association of Regional Jails, and the University of Virginia Institute of Law, Psychiatry, and Public Policy, develop a model for the use of alternative transportation providers to provide safe and efficient transportation of individuals involved in the emergency custody or involuntary admission process as an alternative to transportation by law enforcement.*
>
> *The model shall include criteria for the certification of alternative transportation providers, including the development of a training curriculum required to achieve such certification, and shall identify the appropriate agency responsible for providing such training and such certification. Further, the Commissioner and the Director shall identify any barriers to the use of alternative transportation in the Commonwealth and detail the costs associated with the implementation of such a model, along with the cost savings and benefits associated with the successful implementation of such a model.*
>
> *The model shall be completed by October 1, 2017, and reported to the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century, the House Committee for Courts of Justice, and the Senate Committee for Courts of Justice. The report on such model shall also be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports no later than the first day of the 2018 Regular Session of the General Assembly and shall be posted on the General Assembly's website.*

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Executive Summary

State laws require a magistrate issuing an emergency custody order (ECO) or temporary detention order (TDO) to specify a law enforcement agency that will provide transportation of a person to the location for evaluation or temporary detention (Va. Code §§ 37.2-808 and 37.2-810). These laws also allow the magistrate to consider transportation other than by law enforcement if identified by the community services board (CSB) evaluator. The alternative transportation could be provided by a family member or friend of the individual, a representative of the CSB, or an alternative provider trained to safely provide transportation.

Currently, alternative transportation is offered in a variety of forms in Virginia. However, these alternative providers are underutilized as CSB evaluators and magistrates have no formal method of identifying the provider, verifying whether the alternative provider can safely transport patients, and determining whether the alternative provider is qualified. The lack of statewide standards for determining whether someone can safely transport a person deters the use of alternate transportation providers.

The Department of Behavioral Health and Developmental Services (DBHDS) explored the feasibility of using an alternative transportation provider in 2015. In conjunction with Mount Rogers CSB, DBHDS piloted a year-long program that provided transportation by an alternative provider for individuals under a TDO. Specific details about the Mount Rogers Pilot are addressed in this report; however, **a significant finding of the program is that every individual transported by the alternative provider safely arrived at his/her destination without incident**.

Encouraged by the preliminary findings of the pilot program, in 2017 the General Assembly passed House Bill 1426 (Delegate Garrett) and Senate Bill 1221 (Senator Barker) requiring the DBHDS Commissioner and the Director of the Department of Criminal Justice Services (DCJS) to develop a model for alternative transportation for individuals in emergency custody or temporary detention in Virginia. The bills further required the model be developed in conjunction with a variety of stakeholder groups and state agencies.

A workgroup consisting of those stakeholders and agencies, and chaired by staff from DBHDS and DCJS, held three meetings during May and July 2017. The workgroup discussed the topics required in the legislation, which included the model for alternative transportation, criteria for certifying providers, training for the providers, responsible state agency, possible costs, cost savings, and barriers to providing the service.

After discussing and reviewing several options, the workgroup agreed on a model that implements a regionally based transportation service within each of the five primary DBHDS regions (see Appendix D), with state oversight and certification of providers. The workgroup identified DBHDS as the most appropriate agency to oversee the process, to include issuing requests for proposals (RFP) for transportation in each region. Each RFP would be tailored to regional needs and specify standardized criteria for the vehicles, drivers, training, and operational procedures. Twenty-four hour dispatch services must be provided by either the transportation provider or in agreement with an existing local or regional dispatch service. The workgroup also identified potential statutory changes that would be needed to implement the model and several cost models that should be considered by policy makers.

The workgroup recommended a request for information (RFI) be sent out by DBHDS to solicit information from potential providers on costs of services and how they would provide 24/7 dispatch. This RFI was issued on August 1, 2017 with a close date of September 1, 2017. As of September 1, three responses have been received. .See Appendix E and F for RFI and responses)

Finally, the workgroup discussed possible cost savings such as integration with existing Medicaid transportation providers, and barriers to implementing a model.

The results of these discussions and recommendations on an alternative transportation model are included in this report.

Introduction

Virginia has historically relied upon a law enforcement based involuntary commitment process. Chapter 8 of § 37.2 of the *Code of Virginia* describes a two-step commitment process for emergency custody orders (ECO) and temporary detention orders (TDO). When a responsible party provides a sworn petition or a treating physician makes a recommendation that an individual experiencing a mental health crisis could cause serious harm to himself/herself or others, or could suffer harm due to the lack of ability to care for themselves, a magistrate may issue an ECO. The magistrate must specify the primary law enforcement agency to execute the ECO and provide transportation to an appropriate location (Va. Code § 37.2-808). In the majority of cases, this location is a hospital emergency department, with the next most common location being a community services board (CSB) crisis intervention assessment center.[1] Once at the location, the individual is evaluated by a CSB clinician to determine if he or she meets the criteria for further hospitalization under a TDO. The individual is also evaluated to determine whether medical treatment is necessary to stabilize the patient prior to hospitalization. The timeframe for the ECO process was changed in 2014 from four hours with an additional two hour extension to no more than eight hours (Va. Code § 37.2-808).

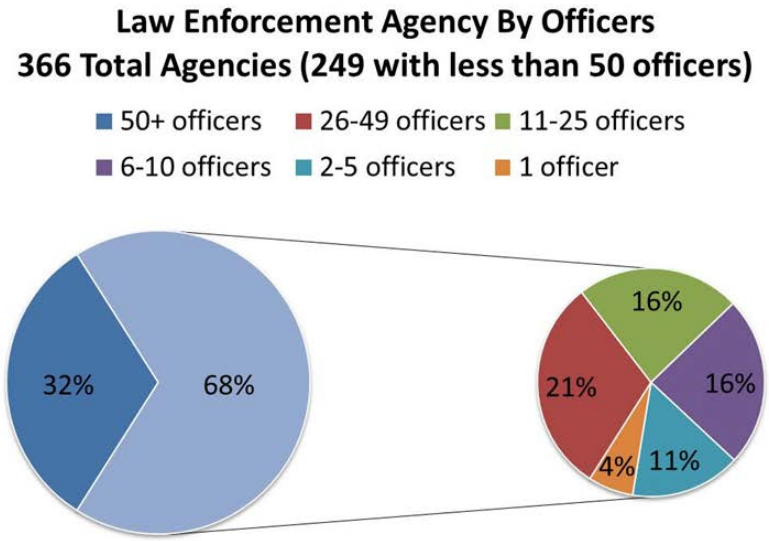
If the CSB employee determines the individual meets the criteria for temporary detention, the clinician makes that recommendation to the magistrate. This recommendation must also include the location of temporary detention to which the individual can be transported and the primary law enforcement agency responsible for the transportation. Once the TDO is issued by the magistrate and executed by law enforcement, the designated law enforcement agency is responsible for transporting the individual to the specified facility.

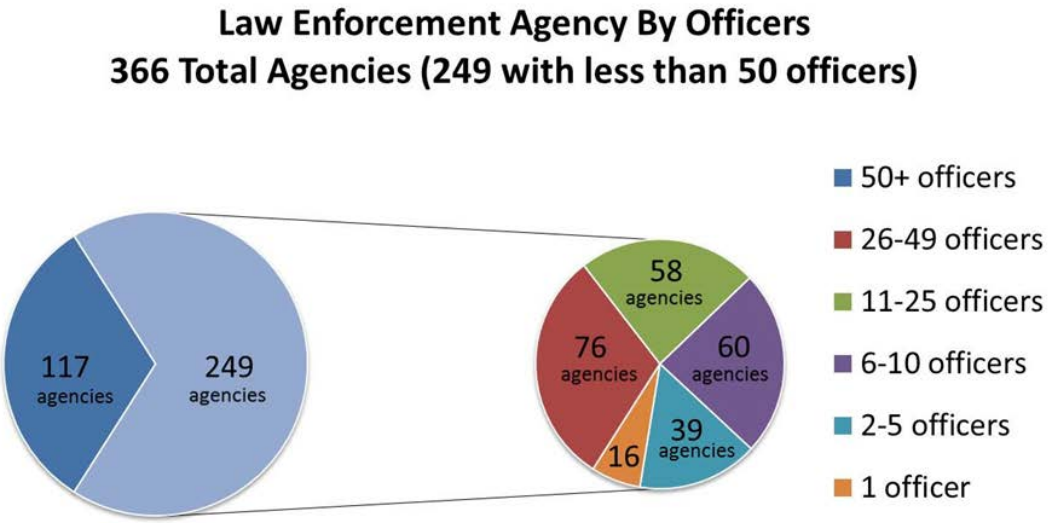
Despite the availability of alternative transportation providers, such providers are underutilized in Virginia. There appear to be two key perceptions by some magistrates (1) that law enforcement transport is necessary to ensure individual and public safety; and (2) that law enforcement can provide the fastest and most efficient method of transportation for individuals in a mental health crisis.[2]

Providing this type of transportation service creates an excessive burden on law enforcement agencies across the commonwealth. Some transports require officers to travel from one part of the state to the other, depending on the hospitalization needs of the individual. It is not uncommon for officers to drive more than eight hours in one direction. For safety reasons many agencies prefer to send two officers for longer trips, thus depriving local communities of law enforcement protection and service.[3]

Of the 366 law enforcement agencies within the commonwealth, 68 percent employ fewer than 50 officers.[4] Pulling one or two officers from their normal duties to provide TDO transportation is very draining on small agencies and can impede agencies' ability to protect and serve their citizens. The images below describe the availability of officers in law enforcement agencies across the commonwealth.

[1] A follow-up review of Virginia's practice of conducting emergency evaluations for individuals subject to involuntary civil admission (H.B. 2368), DBHDS, 2016.
[2] Alternative Transportation in the Commonwealth, Christine A. Mihelcic, Institute for Law, Psychiatry, and Public Policy, 2017.
[3] Virginia Sheriffs' Association Presentation to Joint Subcommittee to Study Mental Health Services in the Twenty-First Century, June 23, 2016; http://dls.virginia.gov/groups/mhs/7%20VSA-pp.pdf.
[4] Department of Criminal Justice Services, Law Enforcement Division, 2017.





For example:

- The Town of Pulaski's police department, which employs only 31 officers, had to begin an "on-call" program to ensure that an officer is available at any time to fulfill the number of transportation requests.
- In May 2017, it took an officer 23 hours from start to finish providing transportation for a TDO.
- In August 2017, the Smyth County Sheriff's Office had seven involuntary commitment transports during one shift. Three of these seven involved transports from the county to Central State Hospital in Petersburg, approximately 300 miles away.

Additionally, when law enforcement officers provide transportation, it "criminalizes" mental illness, creating a sense of stigma for the person in crisis and oftentimes deepening that person's trauma. Individuals transported by law enforcement may be restrained with handcuffs and placed in the back of a marked law enforcement patrol vehicle for transport. This type of treatment, though lawful and appropriate for public safety officials, can compound the mental health crisis of the individual and lead to longer recovery periods. While increasing the number of Crisis Intervention Training (CIT) and Mental Health First Aid (MHFA) training for officers may help reduce these practices and improve the transportation experience,[5] it does not change the stigma that a police response is necessary for a person in mental health crisis.

To address this issue, in 2015, DBHDS began a pilot program in conjunction with Mount Rogers CSB to provide alternative transportation for individuals under a TDO. DBHDS contracted with Steadfast Security, LLC to transport individuals 18 years of age and older under a TDO from the counties of Bland, Smyth, Wythe, Grayson, Carrol, and the Town of Galax. The program criteria required unarmed drivers wearing plain clothes, unmarked vehicles, and driver training in MHFA and crisis intervention. The use of restraints during transportation was prohibited.

During the 14 month pilot program, a total of 1,159 people served with a TDO in the Mount Rogers CSB catchment area were transported by either law enforcement or Steadfast. Of those, 687 (59 percent) were transported by law enforcement and 472 (41 percent) were transported by Steadfast. While there were cases in which law enforcement was chosen to conduct transports because the risk of flight or harm was present, in about half of cases law enforcement was chosen because the officer was already at the scene and there was only a short distance to the facility. Due to increased familiarity and comfort with the use of alternative transportation, over half of TDO transports were provided by Steadfast by the end of the pilot program.

The program had a 100 percent success rate with the alternative transports, consistently positive experiences and reports from patients and family members regarding the different experience and impact for individuals in crisis, and the relief provided to law enforcement. Notably, the set-up costs for the program were higher than expected due to the initial setup cost of the 24/7 dispatch.[6] In addition to the link provided below, also see the section on Program Costs and Potential Savings in this report for more information on the pilot cost. The charts below show the number of transports during the pilot period and the reasons why transports were conducted by law enforcement.

January 1, 2106 to March 13, 2017

TDO Transports	1,159
Law Enforcement (59%)	687
Steadfast (41%)	472

[5] Alternative Transportation in the Commonwealth, Christine A. Mihelcic, Institute for Law, Psychiatry, and Public Policy, 2017.
[6] DBHDS Presentation to Joint Subcommittee to Study Mental Health Services in the Twenty-First Century, June 23, 2016; http://dls.virginia.gov/groups/mhs/8%20Alt%20Trans.pdf.

Reasons for Law Enforcement Transport

High safety risk to harm self	73
High safety risk to harm others	78
Risk for elopement	152
Ambulance required	15
Physician did not support	7
Pre-screener did not support	4
Magistrate denied	30
Short Distance	311
Other	17

Based on the outcomes of the Mount Rogers Pilot, DBHDS and DCJS began discussing the creation of a statewide model for alternative transportation.

Alternative Transportation Workgroup

Purpose

Pursuant to House Bill 1426 and Senate Bill 1221, DBHDS and DCJS convened the workgroup to make recommendations on the following tasks:

- develop a model for the use of alternative transportation providers to provide safe and efficient transportation of individuals involved in the emergency custody or involuntary admission process as an alternative to transportation by law enforcement;
- include criteria for the certification of alternative transportation providers, including the development of a training curriculum required to achieve such certification;
- identify the appropriate agency responsible for providing such training and such certification;
- identify any barriers to the use of alternative transportation in the commonwealth; and
- detail the costs associated with the implementation of such a model, along with the cost savings and benefits associated with the successful implementation of such a model.

Membership

The 2017 legislation listed relevant stakeholders that the two agencies should consult with while developing the model. The agencies convened a workgroup consisting of representatives of these stakeholder groups. The membership of this workgroup is listed below.

Organization	Member
Department of Behavioral Health and Developmental Services (DBHDS)	*Stacy Gill* *Stephen Craver*
Department of Criminal Justice Services (DCJS)	*Teresa Gooch*
Virginia Association of Community Services Boards (VACSB)	*Jennifer Faison* *Lisa Moore*
National Alliance on Mental Illness Virginia (NAMI)	*Stephany Melton*
Department of Medical Assistance Services (DMAS)	*Ali Faruk*
Office of Emergency Medical Services (OEMS)	*Michael Berg*

Organization	Member
Mental Health America Virginia (MHAV)	*Anna Mendez*
Virginia Organization of Consumers Asserting Leadership (VOCAL)	*Daniel Barrows*
Virginia Hospital & Healthcare Association (VHHA)	*Jennifer Wicker*
Virginia Association of Health Plans (VAHP)	*Stephanie Lynch*
Office of the Executive Secretary (OES)	*Jonathan Green* *Mason Byrd*
Virginia Association of Chiefs of Police (VACP)	*Chief Tony Sullivan*
Virginia Sheriffs Association (VSA)	*Major Tom Woody* *Captain Kenny Epling*
Virginia Association of Regional Jails (VARJ)	*Superintendent Bobby Russell*
University of Virginia Institute for Law, Psychiatry, and Public Policy (ILPP)	*John Oliver* *Ashleigh Allen* *Jane Hickey*
Co-Chairs	*Will Frank, DBHDS* *Shannon Dion, DCJS*

Meetings

The workgroup met three times between May and July 2017. Each meeting focused on specific topics contained within the legislation. Workgroup members were provided with materials on the topics to be discussed prior to each meeting.

Meeting 1 – Monday, May 1 2017, 1:00pm-4:00pm, DBHDS Central Office

The workgroup began its work by discussing some guiding principles for the process. The workgroup decided that it should select a model that is a true alternative to law enforcement providing the transportation and that focuses on the behavioral health and recovery of the individual. The group determined that it would focus on identifying and developing a model for alternative transportation only for individuals under a TDO. This decision was based on the fact that individuals under a TDO have already been deemed safe from weapons, narcotics, and medically cleared, making it functionally different and more immediately feasible than providing alternative transportation for individuals under an ECO.

Two presentations provided members with a framework of alternative transportation currently provided in Virginia and in North Carolina. Stacy Gill, Director of Mental Health Services at DBHDS, presented material and data on the Mount Rogers CSB Alternative Transportation Pilot. Ms. Gill explained the program's history, cost, and structure.

Chris Roberts, Dallas Clark, and Robert Garsa, from G4S Secure Solutions, gave a presentation on their patient support services program in North Carolina. This presentation was an opportunity for the workgroup to learn about successful transportation efforts in other states. G4S, formally known as Wackenhut, is an international security business and asserts to be the largest provider of emergency medical services (EMS) in the world. For the past four years, it has been providing alternative transportation services in North Carolina. The company developed this service after Dallas Clark, a retired deputy sheriff from Tennessee, suggested a Tennessee model could work in North Carolina. G4S

then developed standard operating procedures which are used across the state and adaptable for hospitals and law enforcement agencies.

Their services provide transportation for custody orders based on a wheel and spoke model. The company has transport vehicles stationed at offices and hospitals that are dispatched to service by a 24-hour call center. This provides a cost effective service that includes a fixed number of vehicles in service and one staff member per shift. The service is shared among clients and if one client does not use the service, there is no cost. G4S developed in-house software to track the time of calls for service, dispatch, travel, miles, patient ID by code, etc. which allows them to analyze data and prepare reports.

The G4S communications center is based in Asheville, staffed by people trained to take calls and dispatch drivers, and to communicate with drivers en route. The dispatch training includes CIT so they can assist drivers with the transported person when necessary. The communication process utilizes smartphone tablet technology to support the G4S proprietary software, to include sign-off at pickup and drop off.

The G4S presentation addressed how they support a positive patient experience, to include gender matching of patients and drivers, in-car cameras on the driver and patient that only the supervisor has access to. If there is no claim of an incident, the footage is destroyed. Vehicles used by G4S have low key markings. Transportation staff comes from a variety of backgrounds, including the medical field, military, and law enforcement. The supervisor is a state certified law enforcement officer (allowed under North Carolina law) who also has a degree in psychology.

A typical vehicle is all wheel drive to be prepared for most weather conditions. In inclement weather, when the parties agree that transportation cannot be safely conducted, no transports are made. The company is currently researching how to increase the volume of transports when multiple patients need to be transported to the same location or in the same direction. To fill that need, they are researching the viability of using partitions in the vehicle.

Finally, the patient support transport tools in each vehicle include a secure box for each patient's personal effects and medications which are sealed at the pick-up and unsealed at the drop-off. The cars contain a partition between the driver and patient to prevent physical interaction and allow custom climate control for the patient. Each vehicle contains GPS technology which pings every five minutes during the transportation. This allows dispatch to locate the vehicle in the event the driver cannot communicate.

After the presentations, the workgroup began discussing three possible frameworks for a statewide alternative transportation model. These were:

- Single source provider through request for proposal
- Statewide certification process for providers
- Local contracting with provider

The workgroup decided to select a model at the following meeting.

Meeting 2 – Tuesday, May 30, 2017, 1:00pm-4:00pm, DBHDS Central Office

At its second meeting, the workgroup continued discussing the type of framework a statewide alternative transportation model would require.

Members raised the importance of stressing the true impact and cost to law enforcement in providing this type of transportation service. They acknowledged the risk to the public when officers are taken off the street to do this. DCJS noted that there are approximately 20,000 certified law enforcement officers serving 366 agencies. The majority of these agencies have fewer than 50 officers and many of them have fewer than 25 officers.

The members considered three different models and discussed positives and negatives for each. The tables below describe the three options considered by the workgroup in more detail.

Option 1: Statewide Contract

Overview	Managing Entity	Funding	Pros	Cons
In this model, a State Agency would issue a request for proposals for a single contractor to provide alternative transportation services across the state. The RFP would list requirements such as vehicle specifications, driver training, 24-7 dispatch ability, emergency protocols, etc. The provider would be responsible for meeting these requirements to be awarded contract. State funds would be allocated for this contract. 1–2 staff would likely need to be employed to manage program.	DBHDS DSS DCJS OEMS/VDH Other	Money would need to be allocated for managing agency to hire staff and build infrastructure. Money would also need to be allocated to fund contract with provider. Provider could become Medicaid Provider though DMAS to cover Medicaid eligible individuals.	Statewide consistency in quality of service provided; gives magistrates assurance the provider is reliable. Existing examples of statewide infrastructure (ex: DMAS transports). Statewide dispatch system would allow better communication and identification of availability. Easier for patients to get a ride home.	Huge endeavor for one company to provide statewide service. Lack of competition may not help decrease service (ex: response time for pick up). Vendors may cherry pick locations to serve, potentially ignoring rural areas.

Option 2: Statewide Certification Process

Overview	Managing Entity	Funding	Pros	Cons
In this model, a State Agency would establish a certification process for alternative transportation providers. The certification process would include vehicle specifications, driver training, emergency protocols, 24-7 dispatch, etc. The provider seeking certification would need to pay a certification fee and	DBHDS DSS DCJS OEMS/VDH Other	Money would need to be allocated for managing agency to hire staff and build infrastructure. In this model, provider would likely get reimbursed for transports.	Multiple providers available to all localities.	May result in disproportional coverage across the commonwealth.

Overview	Managing Entity	Funding	Pros	Cons
show that their business model includes these criteria and the provider would be subject to regular inspections. Certified alternative transportation providers would be listed on the agency website for CSB and magistrate reference. Staff would be hired by the certifying agency to manage the program. (2–3 centralized staff or 1 centralized and 5 regional staff).		Money would need to be allocated for this service. Provider could become Medicaid Provider though DMAS to cover Medicaid eligible individuals.		

Option 3: Local or Regional Contract

Overview	Managing Entity	Funding	Pros	Cons
In this model, local law enforcement agencies or CSBs could contract with alternative transportation provider of their choosing. This could be a contract with a private provider, MOU with local off duty law enforcement, regional jail, etc. This model would leave the establishment of the program up to the local or regional entities involved. The contract or MOU should involve vehicle specifications, driver training, emergency protocols, 24-7 dispatch, etc.	Law enforcement CSBs Local or regional hospitals Local or regional jails	Money would have to be allocated by the local entity (law enforcement, CSB, etc.) for this service. Local entity could become or may already be Medicaid Provider though DMAS to cover Medicaid eligible individuals.	Localities can tailor incentives for businesses to contract with managing entities. Utilizes existing regional resources. Localities have decision making authority and flexibility.	No consistency or equity in quality or availability of service throughout the state; quality would vary by locality. Akin to maintaining status quo for current services.

It was decided that tweaking Option 1 to provide regional RFPs, instead of one state-wide contract, would ensure coverage of all areas of Virginia and be tailored to specific regional needs.

The group also suggested a single state-wide 24-7 toll free phone number for the program. This would provide a simple method of contacting a provider and avoid confusion. The group suggested that DBHDS issue a Request for Information (RFI) to examine how potential providers would respond to the RFP and determine their estimated costs for providing the service. DBHDS issued the RFI on August 1, 2017 and received three responses by the September 1 closure date. See Appendix E and F for the RFI and responses.

Next the workgroup discussed what criteria should be required of providers for this service. After reviewing the Request for Proposals issued for the Mount Roger's pilot program, members agreed that the criteria described in the RFP were appropriate and suggested additional criteria to be included. The criteria are described in the recommendations section of this report.

Finally, the workgroup discussed which state agency should be responsible for implementing the model. Several agencies were contemplated, including the DBHDS, the Department of Medical Assistance Services (DMAS), the Department of Health (VDH), and DCJS. The group acknowledged that while most agencies were capable of overseeing the program, the novelty of this responsibility would be challenging for any agency. After initially focusing on DMAS because of its existing statewide infrastructure, the workgroup ultimately decided DBHDS was the best agency to oversee the program to ensure a recovery-focused experience. The group also suggested that DMAS assist and guide DBHDS in the process, utilizing DMAS' expertise in Medicaid transportation services.

Meeting 3 – Tuesday, July 17, 2017, 1:00pm-4:00pm, DBHDS Central Office

At the third and final meeting, the workgroup focused on potential costs, cost savings, and barriers to implementing such a model. DBHDS presented various cost models based on information gained from the Mount Rogers pilot program. DBHDS used previous statewide TDO data, average distance traveled, mileage, labor, and possible dispatch to develop these cost models.

The group discussed other areas that could impact cost of a program. The University of Virginia Institute of Law, Psychiatry, and Public Policy (ILPPP), shared highlights of an ILPPP study of alternative transportation, which helped illustrate some of the barriers to implementing such a program. These barriers included:

- Hesitation by CSB staff and magistrates in recommending and ordering alternative transportation due to safety concerns.
- Need for CSB staff and magistrates to be trained to recognize when alternative transportation is appropriate.
- Lack of funding for increasing use of alternative transportation.
- Current Virginia code designates law enforcement as the presumed means for transportation.
- Need for law enforcement to "serve" TDO while transportation provider provides service.
- How to integrate Medicaid and other potential funding streams into program to off-set costs.

The workgroup then focused on potential cost savings. Some of those savings could be found in local existing dispatch being utilized instead of DBHDS or the provider creating a new dispatch system. There could also be cost savings in tying this program in with the existing Medicaid system. Finally, the group discussed next steps. They decided that alternative transportation for children would need to be discussed further and recommended a pilot program to collect more information. They also thought there would need to be more discussion on the use of peers in the program to see the benefit of involving individuals with lived experience in the matter. Lastly, the group thought it would be helpful to discuss how the Medicaid model could be used to offset some of the cost of the program.

Recommendations

The Alternative Transportation Workgroup recommended that:

The commonwealth establish a statewide alternative transportation system to provide transportation for individuals under a TDO from a location to a facility ordered by a magistrate. This system should be safe, behavioral health recovery focused, relieve the stress on law enforcement, and reduce the stigma of mental illness and substance use disorders.
DBHDS should be the primary agency responsible for overseeing the implementation and use of a statewide system. DBHDS should issue requests for proposals for an alternative transportation provider in each of the five primary DBHDS regions. (See Appendix D)

Criteria for Vehicles	
Shall be registered in Virginia with valid state inspection.	Have a supply of disposable scrub suit tops and bottoms and slippers for the individuals receiving services to wear if needed.
Be in good working condition and cleaned for each use.	Have a supply of bottled water if needed for the individuals receiving services during transport.
Meet the Department of Transportation Commercial Vehicle licensing requirements.	Have a supply of comfort items, such as a blanket, if needed for individuals receiving services during transport. Blankets must be professionally laundered between uses.
Have front and rear passenger door locks that can only be operated by the driver.	Vehicles shall have a locked container to carry patient property.
Have a safety partition installed between the driver and passenger areas.	Adequately heated and cooled based on prevailing weather conditions.
Ensure the security of the partition between the rear passenger area and the trunk.	Adequate communications capabilities.
Have separate video camera and recording systems capable of viewing both the driver, the front of the vehicle, and the passenger and passenger area. The video recording should be maintained for two months and be made available to DBHDS for review upon request.	

Criteria for Drivers	
Maintain a calm, compassionate and respectful manner.	Pass a criminal background check as performed by the Contractor and provided to the department.
Have the appropriate current and valid state issued driver's license.	Proof of insurance.
Wear appropriate attire that does not resemble law enforcement uniforms. Driver must display ID, identifying them and the contractor. Drivers shall maintain a professional appearance.	Have no more than 5 points on driver's license.
Be proficient in English.	

Training Criteria for Drivers	
An introduction to mental health and population specific characteristics that includes trauma informed care and recovery based approaches.	Human Rights
Crisis Intervention Team training.	Custody Protocols
De-escalation training.	HIPAA and Confidentiality

Operational Procedures	
Provider shall receive transportation request through a toll–free telephone number from the CSB Evaluator. Requestor will supply the Contractor with the following information, which the provider shall document:	Name and organization of requestor
	Originating location where person is to be picked-up.
	Assigned, secondary location where person is to be transported.
	Name of person to be transported.
	Receiving facility at drop-off location
Upon receiving a transportation request, the provider shall dispatch a driver to the originating location for the individual's transportation. Response time from request of service to pickup of the individual shall be within 120 minutes for 90% of the time.	
At originating location, the driver will:	Make contact with the requestor;
	Identify him/herself as the transportation driver;
	Verify information provided in the initial request for service to include:
	Name of the individual,
	Location of final destination,
	Facility to receive the individual being transported;
	Warmly greet individual receiving transportation service;
	Secure in a designated lockable area of vehicle any personal effects;
	Drive the individual using the most efficient route to the final destination;
	Interact with the individual at all times in a courteous, respectful manner consistent with the principles of a recovery oriented, person-centered, and trauma informed system of care;
	Provide reasonable opportunities to use the restroom while providing appropriate supervision and monitoring; and
	Ensure the safety of the individual.
At destination location, the driver will complete the following:	Ensure a safe arrival at accepting facility for individual; and
	Document the delivery by obtaining signature of an employee at the receiving facility

Dispatch Services
That a 24-7 dispatch system be structured to assist in the timely deployment of transportation and ensure the safe transport and arrival at facility.

The workgroup reached a consensus on several additional items. Specifically:

That DBHDS issue a Request for Information (RFI) to determine how providers would provide this service, their estimated costs, and how they would provide dispatch. See Appendices E and F.
That the commonwealth create a pilot program to look at the use of alternative transportation for children and adolescents.
That a quality and review committee be established to monitor the implementation of this model and continue the discussion of other factors that could impact alternative transportation in Virginia. These topics could include but are not limited to the use of peer services, alternative transportation for children and adolescents, use of Medicaid as payment, and stakeholder involvement.
That legislation be introduced to amend Va. Code §37.2-810 of the Code of Virginia to allow alternative transportation to be the primary form of transportation for individuals under a TDO and law enforcement to be used when no alternative transportation provider can be located or can provide the service safely.
That educational resources be provided to CSB evaluators and magistrates to ensure they are aware of safe alternative transportation providers and the criteria to provide transportation for individuals under a TDO.
That the Advisory Panel on Mental Health Crisis Response and Emergency Services for the Joint Subcommittee Studying Mental Health Services in the Commonwealth in the 21st Century continue the discussion on funding for a statewide alternative transportation program and integration with Medicaid.

Program Costs and Potential Savings

While developing potential cost models for a statewide alternative transportation program, DBHDS staff used the Mount Rogers pilot as a model. There are three main components of cost identified from that model: an hourly fee for each employee; a daily fee for a 24-7 dispatch center; and then a mileage fee for each mile driven. Additionally, the pilot contained educational resources and a standardized process for transportation that ultimately led to more usage of alternative transportation by emergency evaluators and magistrates. By using a similar model as the pilot, with increased education and processes, it is estimated that 50 percent of TDOs statewide could utilize a provider for alternative transportation. Based on TDO data from FY 2016, it is estimated that Virginia could see 12,879 alternative transports statewide.

One of the reasons that the southwest pilot was costly was due to the number of drivers used. Upon reviewing the alternative transportation information from the pilot it was determined that a smaller work force of drivers could be utilized and still maintain adequate coverage. This analysis assumes that a team is comprised of three individuals, one for each 8-hour shift of the day. Each region would be allocated funding for a certain number of teams based upon their historic number of TDOs. The following chart shows the projected daily number of transports needed in the region and then a projection for the number teams need to ensure that a region is able to handle the projected daily number of transports.

	FY 2016 TDO Data	50 % of TDOs	Transport Need Per Day Region	# Teams Coverage for One a Day
Region 1	4353	2177	5.96	6
Region 2	3576	1788	4.90	5
Region 3	7010	3505	9.60	10
Region 4	4409	2205	6.04	6
Region 5	6409	3205	8.78	9

The pilot utilized a daily dispatch service. It is believed that the existing dispatch network setup among local municipalities could handle the call volume if agreements among the regions can be reached. It is estimated that statewide there would be 36–50 calls for transport state wide each day. The dispatch during the pilot was the largest item in the overall cost of the program. If dispatch services can be handled locally or regionally through existing law enforcement dispatch services, then Virginia may see some cost savings in the program.

There is little available data on how much time and resources are committed to these types of transports performed by law enforcement officers. However, any reduction in law enforcement officers' time transporting TDOs would allow them to re-engage in other important duties involved with protecting and enforcing laws in their communities. The only potential labor cost savings might be the overtime of the officers if overtime were incurred by officers during transport.[7] Some localities offer their officers compensatory time in exchange for overtime hours providing transportation over long distances.

[7] Virginia Sheriffs' Association Presentation to Joint Subcommittee to Study Mental Health Services in the Twenty-First Century, June 23, 2016; http://dls.virginia.gov/groups/mhs/7%20VSA-pp.pdf.

The incalculable savings will be in the safety of our communities and the recovery of the individuals receiving transportation. For example, instead of being restrained and transported by law enforcement, the individuals will be transported in a more recovery focused method which will impact their overall treatment in the facility and community. Additionally, there will be savings in having law enforcement officers staying in their localities protecting their communities instead of providing transportation, sometimes over long distances. Virginia has 366 law enforcement agencies. Of those agencies, 249 agencies have 50 or less officers, 168 agencies have 25 or less officers, 115 agencies have 10 or less officers, 55 agencies have 5 or less officers and 16 agencies have one officer. Clearly, for some agencies, if multiple officers or deputies are transporting individuals under TDOs, there may only be one or two officers or deputies on duty to cover the entire jurisdiction.[8]

Conclusion

The DBHDS commissioner and the DCJS director agree with the workgroup recommendations. A model program to provide alternative transportation providers to five regions of the commonwealth with state oversight would ensure maximum coverage statewide, provide all Virginians who need the service be treated using a recovery focused transportation, and reduce the stigma associated with being transported by marked officers and vehicles.

The two agencies also agree that the stated list of criteria would allow for focus on the behavioral health needs of the individual while also ensuring that safety continues to be a priority.

The agencies agree that DBHDS, with the support of DMAS, would be the best state agency to manage this program. This additional responsibility would require resources for DBHDS, specifically funds to hire two full time employees. These two employees would be responsible for managing the RFP process, contracting with providers, developing or linking existing dispatch services among all five regions, ensuring providers and drivers comply with training and contract requirements, receiving any complaints, managing a quality review committee, and monitoring the program for implementation issues.

The agencies also agree that 24-7 dispatch would be vital to perform this service and suggest that dispatch services be integrated into existing infrastructure (such as Medicaid transport) or that dispatch services be included as a requirement within the RFP, such that the provider is responsible for providing dispatch services.

Finally, the agencies agree that continuing discussion is needed to ensure alternative transportation for ECO and TDO patients is provided in a patient focused manner. A quality review committee could monitor the implementation of this model and continue collecting data, identifying and solving challenges, and calculating the benefits to adopting this type of model. The quality review committee could then provide additional recommendations for future programs aimed at providing alternative transportation for other populations, such as children and adolescents.

The DBHDS commissioner and the DCJS director submit the workgroup's recomendations to the Chairs and members of the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century, the House Committee for Courts of Justice, and the Senate Committee for Courts of Justice.

[8] Alternative Transportation in the Commonwealth, Christine A. Mihelcic, Institute for Law, Psychiatry, and Public Policy, 2017.

Alternative Transportation Pilot

Mt. Rogers Community Service Board

Stacy Hamilton Gill, LCSW
Behavioral Health Community Services Director

Alternative Transportation Pilot Background

- A Temporary detention order (TDO) most often results in the need for an individual to be transported from the location of the mental health evaluation to a hospital.

- In Virginia, such transportation is likely provided by a law enforcement officer (sheriff's deputy or a local police officer).

- Regardless of the risk level presented by the individual, law enforcement transport includes:

✓ An armed, uniformed officer
✓ Restraints
✓ A marked police vehicle

Alternative Transportation Pilot Background

This leads to the individual under a TDO to feel stigmatized, criminalized, and traumatized and often results in a reluctance to engage with the system and seek help for mental health issues in the future.

Alternative Transportation Pilot Background

- Virginia law allows the use of alternative transportation providers under certain conditions.

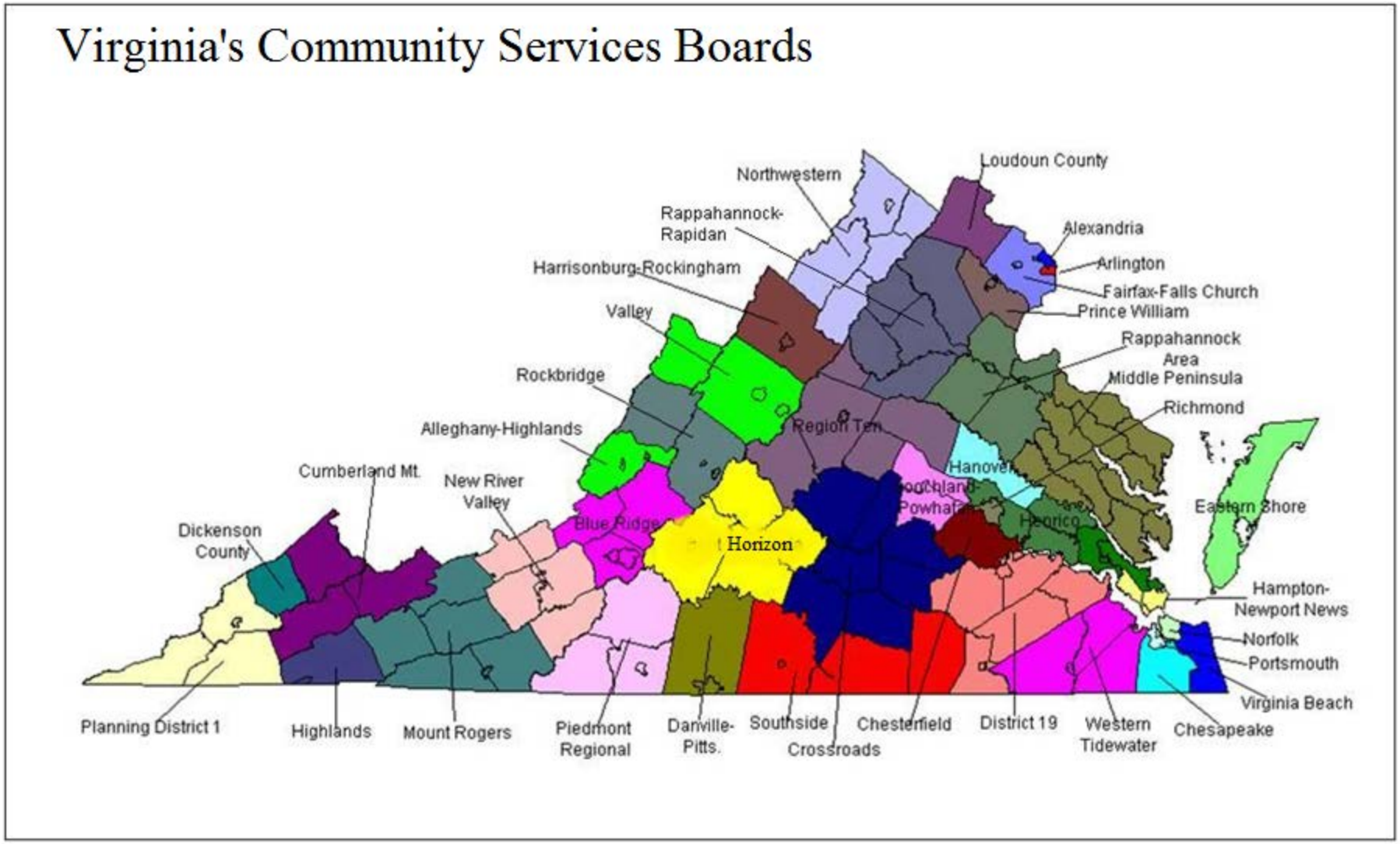
- Alternative transportation providers may include family members, community services board staff, ambulances, taxis, etc.

- Alternative transportation providers are very rarely used for a variety of reasons including custody issues, liability concerns and lack of funding.

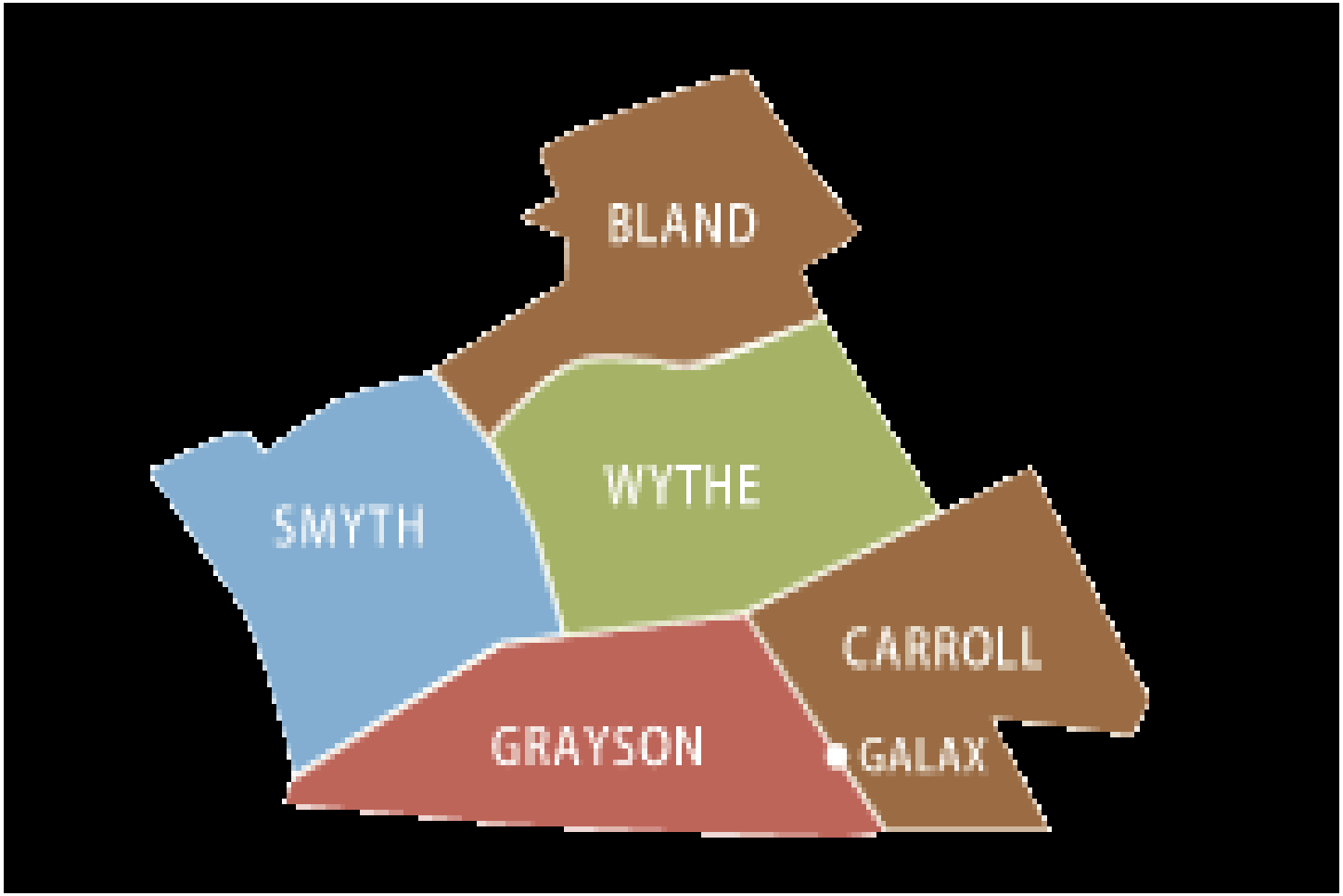
Purpose and Scope of the Pilot

- Sponsored by DBHDS with one time funds
- Began November 16, 2015 in the Mt. Rogers Community Services Board area
- Expected to operate through late spring 2017
- Transport is for adults 18 years and older

Mt. Rogers Community Services Board



Mt. Rogers Community Services Boards



The Pilot

- DBHDS contracted with Steadfast Security, LLC for this pilot.

- Individuals are transported:

✓ By an unarmed driver dressed in plain clothes
✓ Without restraints
✓ In an unmarked vehicle
✓ Drivers are trained in Mental Health First Aide and a CIT like four day training.

❖ Every individual transported by Steadfast has arrived at the destination safely and without incident (approximately 500 individuals).

How is the decision made?

- Law enforcement vs. Steadfast: which is appropriate?

✓ Ultimately it's the magistrate's decision.

✓ He or she considers any information available from any source about the individual and the current situation in order to make the decision.

✓ The CSB evaluator uses established protocol to make a recommendation to the magistrate.

✓ Alternative transportation is assumed unless the individual does not meet the protocol guidelines.

Protocol

- Complete the risk assessment and recommend Alternative Transportation if the individual meets all of the following criteria:
  - Is age 18 or older.
  - Displays no current self-injurious behavior that may result in serious injury during transportation (e.g. opening wounds, head banging, self-strangulation, clawing skin).
  - Has no current display of assaultive or aggressive behaviors toward law enforcement, hospital staff or CSB staff.
  - Is a low risk for elopement.
  - Is ambulatory or requires minimal assistance (e.g. gentle guiding touch for stability).

Elements of the Service

- Staffing: 3 drivers from 1 p.m. until 1 a.m.

  2 drivers from 1 a.m. until 1 p.m.
- 24/7 Dispatch, 1 staff every 8 hours
- Cars equipped with radios, cameras, safety divide between front and back seat, safety locks on back doors
- Hands off approach by drivers.
- Unmarked cars and plain clothes.
- Dispatchers and drivers required to take MHFA and CIT like training provided by DBHDS staff at SWVMHI.

The Numbers

- January 1, 2106 to March 13, 2017
  1159 TDO Transports
  687 Law Enforcement (59%)
  472 Steadfast (41%)

- Reasons for Law Enforcement Transport

High Safety risk to harm self	73
High safety risk to harm others	78
Risk for elopement	152
Ambulance required	15
Physician did not support	7
Pre-screener did not support	4
Magistrate denied	30
Short Distance	311
Other	17

The Cost

Unit	**Cost**	**Cost Per Unit**	**Total Cost** 8/1/2016-10/31/2016	**% of Total Expenditures**
5 Drivers	$1,875 per day	$31.25 per hour	$172,500	76.2%
Cost for Dispatch Services	$484 per day	$20.16 per hour	$44,117	19.7%
Mileage Cost	$.57 per mile	$91.68 per trip	$9,534	4.2%

Pricing

- Drivers: $31.25 per hour, $10.05 per hour for training
- Dispatch: $14,544.00 per month
- Mileage: $0.575 cents per mile
- Costs of vehicles, insurance, etc. are included in the per hour cost.
- MHFA and CIT like training was provided at no cost by DBHDS staff.

Pros and Cons

Pros

- All participants arrived safely at their destination safely and without incident.
- Reduced time spent transporting for LEO.
- Reduced trauma and stigmatization for the individual.

Cons

- Set up and operations of dispatch was costly.

Lessons Learned

- All partners need to be brought into such a project in the planning stages including receiving facilities.
- It's likely dispatch may be provided in a more cost efficient manner.
- Although alternative transportation was assumed unless the risk assessment ruled out individuals, it took a while for CSB evaluators and Magistrates to be comfortable with using the service.
- The pilot went from using alternative transportation about 30% of the time at the beginning to almost 50% of the time currently.

Questions

Contact Information

Stacy Hamilton Gill, LCSW

Behavioral Health Community Services Director

Stacy.gill@dbhds.virginia.gov

804-225-3829

ALTERNATIVE TRANSPORTATION WORKGROUP
Final Report
HB 1426 (Garrett)/SB 1221 (Barker)
Appendix B

Rethinking Mental Health Patients Transportation Services

Securing Your World

Who We Are

G4S Secure Solutions

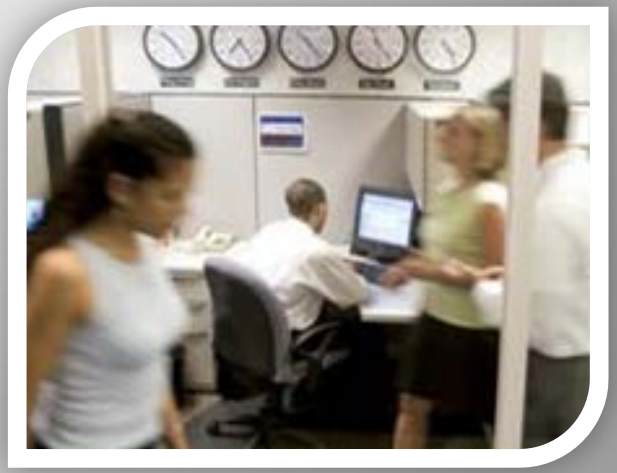
- Established in 1954 as Wackenhut Security
- Largest Security Service Solutions provider in the World and in Virginia.
- History of our NC Mental Health Patients Transportation Services

Keys to Success in NC

- Efficient Service Delivery back to Community
- One Point of Contact for Paperwork Transfer
- Scalable Cost of Service at an Efficient Price
- Uniformed Procedures that can be Duplicated
- Transport Service after Patient Discharge or Relocation Between or/to New Treatment Facility
- G4S Staff is ***CIT*** Trained
- Uniformed Reporting Procedures via SecureTrax™ Incident Reporting
- Reduced Burden on Law Enforcement and Long Waits for Patients in Medical ED Rooms
- Reduction of Wait Times for Transports Opens Beds for other Medical Insurance Billings

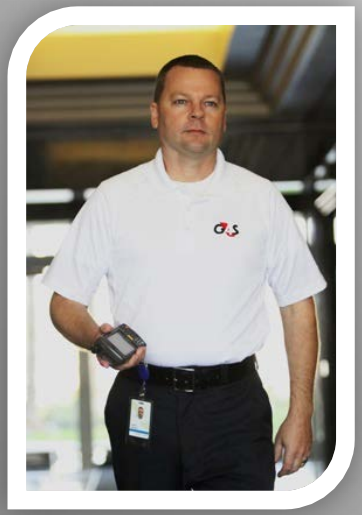
Communications Center

- 24/7 availability
- Toll-free number
- Trained customer service representatives
- Integrated with PeopleSoft and RISK 360 systems to allow access to account information
- Immediate communication with local area office personnel to resolve issues and arrange after hour security coverage.



Patient Support Services

- Male and Female Support Staff
- Low Profile Vehicles for Discrete Transport
- All Transport Staff are selected from Multiple Career fields



All persons qualified to provide services will be carefully vetted to determine their desire / makeup and suitability to handle this responsibility.

Patient Support Staffing is CIT Trained

Typical Vehicle

Patient Support Transport Tools

Secure, Safe, Accountable Transportation

- Secured Passenger Compartment (climate controlled)
- First Aid, Fire Extinguisher, Road Safety Equipment
- Secure lockers for personal effects and medical records
- GPS telemetric for constant home base tracking transport vehicle to include speed monitoring
- SecureTrax™ for trip record keeping
- Discrete Car Markings – in keeping w/ state statues
- Always on video monitoring of front and back seats.

Sample of typical ongoing projects

Hospital funded:

Carolina Health Care (Charlotte, NC): Serving 8 counties, pick up at 15 hospitals (CHS Affiliate) transporting to over 35 treating facilities thru out NC. Service for 32 months, 9,500 transports and 475,000 miles driven. (475 hrs./week, 3 vehicles)

County, Law enforcement funded:

Wake County and Wake County Sheriffs Department (Raleigh, NC): Servicing all hospitals in Wake county and transporting to all treating facilities in NC. Taken over all transports for law enforcement in Wake county. Service for 28 months, 4,750 transports and 700,000 miles driven. (772 hrs./week, 4 vehicles)

Multi-Group Association funded:

Hub based system out of Asheville and Hickory NC, servicing as many as 12 hospitals and 30 treating facilities. In service for 42 months and providing 5,240 transports and 375,000 miles driven. (84 hrs./week, 2 vehicles)

How we do it

A typical request for service....

How cost of program is determined

The components of the pricing are as follow:

1.Number of hours per week that client wants for transport (exam. 8 hours/day =56 hours per week)

Note: *Number of hours per week will be multiplied by cost per hour(labor) for this location.*

2. Vehicle can be provided by client, or we provide vehicle for a weekly amortized cost for vehicle needed for project with all equipment.

3. If we provide vehicle, $.44 per mile driven is charged to cover all gas and maintenance of vehicle.

Total weekly cost of the program is the sum of these components

Pricing Example

-Next Page-

	FY 2016 TDO Data	0.5	Transport Need Per Day Region	Goal Coverage for One a Day	Individuals Per Region 24 hour period	Projected Cost	COL Adjus	Adjust Cost
Region 1	4353	2177	5.96	6	18	$ 1,576,800		$ 1,576,800
Region 2	3576	1788	4.90	5	15	$ 1,314,000	0.15	$ 1,511,100
Region 3	7010	3505	9.60	10	30	$ 2,628,000		$ 2,628,000
Region 4	4409	2205	6.04	6	18	$ 1,576,800		$ 1,576,800
Region 5	6409	3205	8.78	9	27	$ 2,365,200		$ 2,365,200
Total	25757	12879		36	108			

Hours of Coverage	Projected Hours Per Trip Urban	Projected Hours Per Trip Rural
Region 1	2	4.5
Region 2	3.5	6
Region 3	2	4.5
Region 4	2	4.5
Region 5	3.5	6

Hours of Coverage	Projected Hours Utilized Urban	Projected Hours Utilized Rural	% Coverage Utilized
52,560	2337	4537	13.1%
43,800	6058	342	14.6%
87,600	3229	8508	13.4%
52,560	3364	2351	10.9%
78,840	9596	2777	15.7%

LABOR

# Employees	Hours Per Employee	$ Per Hour	Based on TDO	Based on Utilization 50%
3	8	30	36	$ 9,460,800

$30 Per Hour 2 a day 1 at night $ 734.62

The pilot program included vechicle maintenance in the hourly rate.

If a different contract not using this methodology is used then cost for vehicle is probably required.

DISPATCH

Flat rate Or Pay Per Number of Calls

MILEAGE $.58 a Mile 0.58

Region	Population Urban	Population Rural	Urban Trips	Rural Trips	Miles Per Urban Trip	Miles Per Rural Trip	Projected Mileage Cost	Rural Trips
Region 1	808,450	697,645	1168	1008	40	150	$ 27,105	$ 87,712
Region 2	2,159,442	71,181	1731	57	40	150	$ 40,158	$ 4,964
Region 3	537,997	630,117	1614	1891	40	150	$ 37,452	$ 164,491
Region 4	977,253	303,515	1682	522	40	150	$ 39,024	$ 45,451
Region 5	1,547,858	261,344	2742	463	40	150	$ 63,605	$ 40,272
			Average Pilot Mileage					
MT Rogers	22,125	98,759	130					

FINAL PROJECTED COST

	Labor	Dispatch	Projected Mileage Cost	Total Cost
Region 1	$ 1,576,800	$ -	$ 114,817	$ 1,691,617
Region 2	$ 1,511,100	$ -	$ 45,122	$ 1,556,222
Region 3	$ 2,628,000	$ -	$ 201,943	$ 2,829,943
Region 4	$ 1,576,800	$ -	$ 84,475	$ 1,661,275
Region 5	$ 2,365,200	$ -	$ 103,877	$ 2,469,077
Total	$ 9,657,900	$ -	$ -	$ 10,208,134

DBHDS Regional Designations

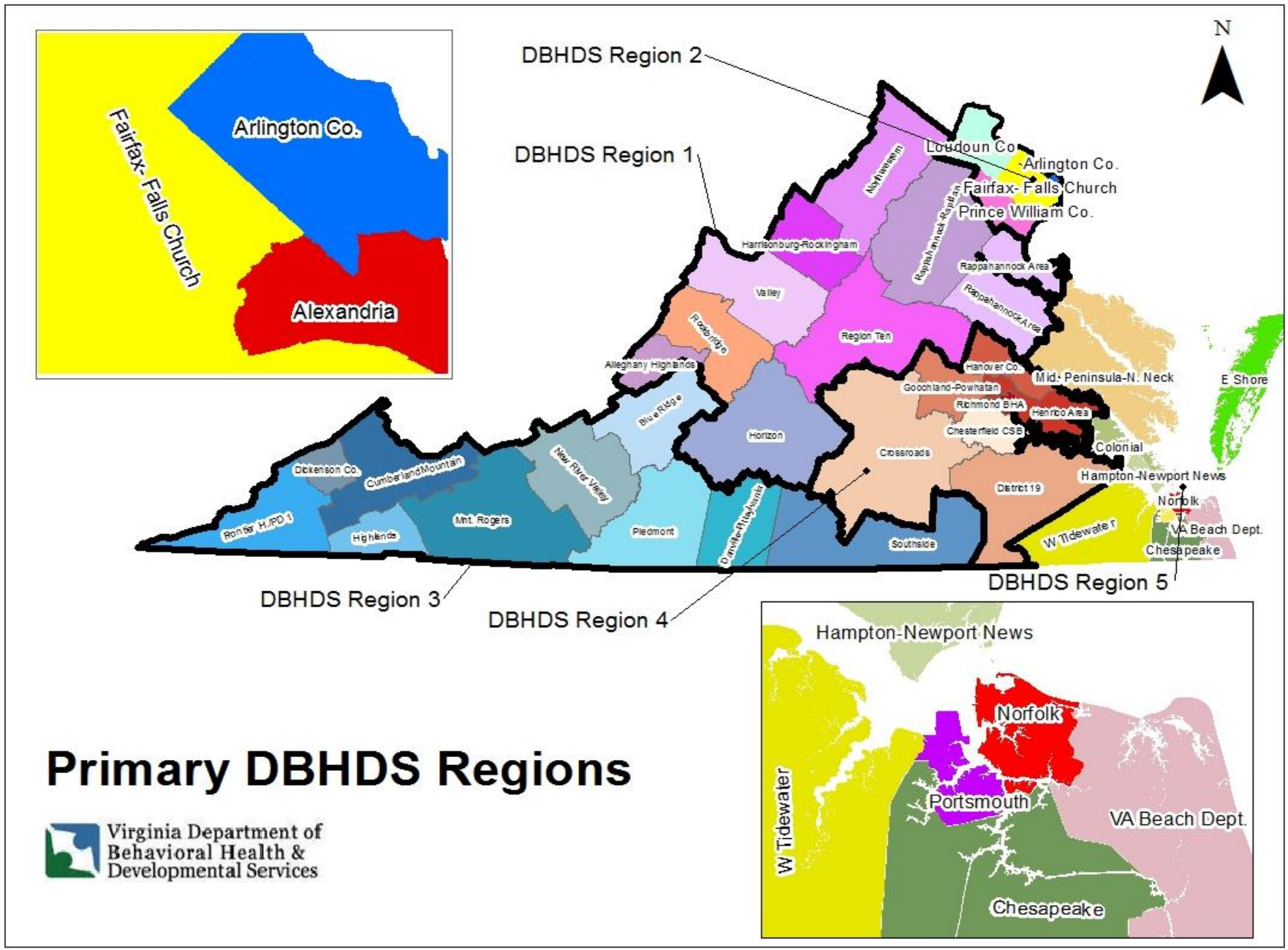
The Primary DBHDS Regions will be used generally by almost all of DBHDS, including the Behavioral Health Services; Forensic Services; Finance, Administration, and Technology; and Quality Management and Development Divisions and the Offices of Human Rights and Licensing.

Primary DBHDS Regions	
DBHDS Region 1 (9 CSBs)	**DBHDS Region 3** (continued)
Alleghany Highlands CSB	New River Valley Community Services
Harrisonburg-Rockingham CSB	Piedmont Community Services[2]
Horizon Behavioral Health	Planning District One Behavioral Health Services
Northwestern Community Services	Southside CSB[2]
Rappahannock Area CSB	**DBHDS Region 4** (7 CSBs)
Rappahannock-Rapidan CSB	Chesterfield CSB
Region Ten CSB	Crossroads CSB
Rockbridge Area Community Services	District 19 CSB
Valley CSB	Goochland-Powhatan Community Services
DBHDS Region 2 (5 CSBs)	Hanover County CSB
Alexandria CSB	Henrico Area MH and Developmental Services
Arlington County CSB	Richmond Behavioral Health Authority
Fairfax-Falls Church CSB	**DBHDS Region 5** (9 CSBs)
Loudoun County Department of Mental Health, Substance Abuse and Developmental Services	Chesapeake Integrated Behavioral Healthcare
	Colonial Behavioral Health
Prince William County CSB	Eastern Shore CSB
DBHDS Region 3 (10 CSBs)	Hampton-Newport News CSB
Blue Ridge Behavioral Healthcare[1]	Middle Peninsula-Northern Neck CSB
Cumberland Mountain CSB	Norfolk CSB
Danville-Pittsylvania Community Services[2]	Portsmouth Department of Behavioral Healthcare Services
Dickenson County Behavioral Health Services	
Highlands Community Services	Virginia Beach CSB
Mount Rogers CSB	Western Tidewater CSB

[1] Part of sub-region 3.a in Region 3 [2] Part of sub-region 3.b in Region 3

There are two sub-regions in Region 3, sub-regions 3.a and 3.b, related to the catchment areas of Catawba Hospital (adult psychiatric beds) and Southern Virginia Mental Health Institute respectively, utilization of beds in those state hospitals, and the allocation and use of DAP and LIPOS funds. CSBs in these sub-regions are part of Primary DBHDS Region 3 for all other purposes.

Region 3 Sub-regions	CSBs
Sub-region 3.a	Blue Ridge Behavioral Healthcare
Sub-region 3.b	Danville-Pittsylvania Community Services
	Piedmont Community Services
	Southside CSB



Primary DBHDS Regions

Virginia Department of Behavioral Health & Developmental Services

Virginia Department of Behavioral Health and Developmental Services

COMMONWEALTH OF VIRGINIA

DBHDS CENTRAL OFFICE, 13TH FLOOR

1220 BANK STREET

RICHMOND, VIRGINIA 23218

REQUEST FOR INFORMATION (RFI) 2017-XX

FOR:

Alternate Transportation Provider for Persons Subject to Temporary Detention Order (TDO)

Issue Date:	August 1, 2017
Due Date/Time:	September 1, 2017 at 4 pm EDT
Single Point of Contact:	
Telephone:	(804)
E-mail Address:	

NOTE: This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia*, §2.2-4343.1 or against a Supplier because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

DBHDS is committed to increasing procurement opportunities for small, women-owned, and minority-owned (SWaM) businesses.

TABLE OF CONTENTS

1. INTRODUCTION

The intent of this Request for Information (RFI) is solely to gather information; it is not a formal procurement. Information received may be used for informational and planning purposes. Nothing in this RFI should be construed as intent, commitment or promise to solicit or procure a solution. Responding to the RFI is not a pre-requisite to submitting a proposal for any subsequent procurement should a formal solicitation be issued. Respondents should not provide any confidential or proprietary information. Information submitted in response to this RFI will become the property of the Commonwealth of Virginia.

DBHDS and the Commonwealth of Virginia will not pay for any information herein requested and provided by Supplier. DBHDS and the Commonwealth of Virginia will not be liable for any costs incurred by the Supplier related to this RFI. All such costs are Supplier's sole responsibility. DBHDS is not at this time seeking proposals and will not accept unsolicited proposals. Supplier must not submit any pricing information for services described in these RFI responses.

Following receipt of responses to this RFI, DBHDS may contact some respondents to clarification meetings to gain additional understanding.

Purpose

This RFI is designed to gather information to assist the Commonwealth in effectively analyzing the cost, procedures and challenges for a statewide program to provide alternative transportation safely for persons subject to a temporary detention order, issued pursuant to Va. Code Section 37.2-810 *et seq*., that decriminalizes the process and reduces stigma. Specifically, the RFI is designed to answer two fundamental questions:

1. How much will it cost the Commonwealth to oversee a regionally based transportation system for persons subject to a TDO who must be transported from one location to another?
2. Could the supplier provide 24-7 dispatch services to ensure safe and timely transportation from originating location to destination and what would be the estimated cost?

The Commonwealth, led by the Department of Behavioral Health and Developmental Services in the Office of the Secretary of Health and Human Services, must assess the impact and cost of issuing five regional state-wide contract(s) to provide a safe method of transportation that focuses on the behavioral health recovery needs of the individual being transported. The information received from RFI respondents will help in the development of the Commonwealth's strategy.

Virginia seeks the most efficient and effective way to manage a statewide system of providing transportation for individuals subject to a TDO. Virginia anticipates needing five regionally based alternative transportation providers which must be able to travel from one part of the state to another, and be available 24 hours a day, 365 days a year.

2. PRESENT SITUATION

Virginia

The Commonwealth of Virginia consists of 134 counties and independent cities with over 8 million residents. The largest metropolitan areas in Virginia are:

1. Washington-Arlington-Alexandria (6.1 million)
2. Virginia Beach-Norfolk-Newport News (1.7 million)
3. Richmond (1.3 million)

Virginia is ranked 35th of the 50 states in geographic size, covering a total of 42,774 square miles. Mean elevation is 950 feet with the highest elevation being 5,729 feet at Mout Rogers in Grayson County. The state maintains over 57,867 miles of highway, including over 1,118 miles of major highways and interstates.

See attached map of DBHDS Primary Regions

Virginia has a significant number of public and private facilities where individuals could be transported to. The Commonwealth of Virginia operates 9 psychiatric hospitals (see attached map). Data shows that most pick-ups occur in a general

hospitals emergency department. There are also 40 Community Services Boards and 60 local and regional jails located throughout the Commonwealth.

24-7 dispatch does not currently exist for this service in Virginia, but could be provided either regionally by provider, regionally though local law enforcement, or by Commonwealth.

In FY16, there were over 25,000 TDO's and it is estimated that law enforcement transported 99% of those individuals.

Region	FY 2016 TDO Data
Region 1	4353
Region 2	3576
Region 3	7010
Region 4	4409
Region 5	6409
Total	25757

Desired Criteria for Vehicles

1. Shall be registered in the State of Virginia with valid state inspection;
2. Be of good working condition and cleaned for each use;
3. Meet the Department of Transportation Commercial Vehicle licensing requirements;
4. Have front and rear passenger door locks that can only be operated by the driver;
5. Have a safety partition installed between the driver and passenger areas;
6. Ensure the security of the partition between the rear passenger area and the trunk;
7. Have separate video camera and recording systems capable of viewing both the driver, the front of the vehicle, and the passenger and passenger area. The video recording should be maintained for two months and be made available to DBHDS for review upon request;
8. Have a supply of disposable scrub suit tops and bottoms and slippers for the individual receiving services to wear if needed;
9. Have a supply of bottled water if needed for the individual receiving services during transport;

10. Have a supply of comfort items (blanket, umbrella) if needed for individuals receiving services consumer during transport. Blankets must be professionally laundered between uses.
11. Vehicles shall have a locked container to carry patient property, and
12. Adequately heated and cooled based on prevailing weather conditions.
13. Adequate communications capabilities

Desired Criteria for Drivers

1. Maintain a calm, compassionate and respectful manner;
2. Have the appropriate current and valid state issued driver's license;
3. Wear appropriate attire that does not resemble law enforcement uniforms. Driver must display ID, identifying them and the contractor. Drivers shall maintain a professional appearance;
4. Be proficient in English;
5. Maintain certification in basic First Aid and Adult CPR;
6. Pass a criminal background check as performed by the Contractor and provided to the department;
7. Proof of insurance; and
8. Have +5 points on drivers license.

Desired Training Criteria for Drivers

1. An introduction to mental health and population specific characteristics that includes trauma informed care and recovery based approaches;
2. Crisis Intervention Team training;
3. De-escalation training;
4. Human Rights;
5. Custody Protocols; and
6. HIPAA and Confidentiality.

Desired Operational Procedures

Provider shall receive transportation request through a toll–free telephone number from the Community Services Board Evaluator. Requestor will supply the Contractor with the following information, which the provider shall document:

- Name and organization of requestor
- Originating location where person is to be picked-up.
- Assigned, secondary location where person is to be transported.
- Name of person to be transported.
- Receiving facility at drop-off location

Upon receiving a transportation request, the provider shall dispatch a driver to the originating location for the individual's transportation. Response time from request of service to pickup of the individual shall be within 120 minutes, 90% of the time.

At originating location, the driver will:

- Make contact with the requestor;
- Identify him/herself as the transportation driver;
- Verify information provided in the initial request for service to include:
  - Name of the individual,
  - Location of final destination,
  - Facility to receive the individual being transported;
- Warmly greet individual receiving transportation service;
- Secure in a designated lockable area of vehicle any personal effects;
- Drive the individual using the most efficient route to the final destination;
- Interact with the individual at all times in a courteous, respectful manner consistent with the principles of a recovery oriented, person-centered, and trauma informed system of care;
- Provide reasonable opportunities to use the restroom while providing appropriate supervision and monitoring; and
- Ensure the safety of the individual.

At destination location, the driver will complete the following:

- Ensure a safe arrival at accepting facility for individual; and
- Document the delivery by obtaining signature of an employee at the receiving facility.

3. SUBMISSION PROCESS

Issue Date:	August 1, 2017
Due Date/Time:	September 1, 2017 at 4 pm EDT
Response Delivery Method:	E-mail attachment and CD or USB stick sent to Single Point of Contact. Note: e-mail must be received by the due date and time; CD or USB stick must be post-marked by the due date, but can be

	received later. E-mail attachments must be limited to 15 MB.
Single Point of Contact:	
Telephone:	(804)
E-mail Address:	
Mailing Address:	
Pricing:	No pricing information should be submitted
Document Format:	Microsoft Word or Adobe PDF document addressing the questions in Section 4 below and with the contact information in Section 5 below.
Suggested page limit	While no responses will be rejected for length, we respectfully request a limit of 30 pages.

4. QUESTIONS

1. Please describe your firm, its experience in relation to providing services to local and state governments, and its potential interest in relation to the RFI. If your firm is interested in providing alternative transportation, please indicate which region(s).
2. Are there any particular concerns with any of the information that has been provided in this RFI? Please explain any concerns and provide any proposed solutions or mitigations to address those concerns.
3. Please describe any additional recommendations and considerations for the Commonwealth in consideration of managing a statewide contract.

5. CONTACT INFORMATION

Please provide your company's contact information.

Contact Information	*Enter your response in this table, pasting it into your submission document and enlarging the box as needed*

Company Name	
Company Mailing Address	
Company Website Address	
Name of Contact Person	
Contact Person E-mail Address	
Contact Person Telephone #	
List of primary service offerings (that might serve local or state governments)	
Years company has been in existence	
Headquarters location	

Thank you for responding to this Request for Information.

6. CONFIDENTIALITY/FREEDOM OF INFORMATION/RIGHTS RESERVED

The Virginia Freedom of Information Act, § 2.2-3700 the Code of Virginia, guarantees citizens of the Commonwealth and representatives of the media access to public records held by public bodies, public officials, and public employees. All materials submitted by respondent shall be shall be handled in accordance with the Freedom of Information Act and any other laws and regulations applicable to the disclosure of documents submitted under this RFI. In no event shall DBHDS, the Commonwealth, or any of their agents, representatives, consultants, directors, officers or employees be liable to a respondent for the disclosure of any materials or information submitted in response to this RFI.

DBHDS may disclose the contents of all responses to this RFI, except the parts that may be treated as exempt or excluded in accordance with the Freedom of Information Act. Each respondent, by submitting a response to this RFI, consents to such disclosure and expressly waives any right to contest such disclosure under the Freedom of Information Act.

If a respondent has special concerns about information which it desires to make available to DBHDS but which it believes constitutes a trade secret, proprietary

information, or other information exempted from disclosure, such respondent shall specifically and conspicuously designate that information by placing "CONFIDENTIAL" in the header or footer of each such page affected, and in a separate letter explain why that material should be exempt from public disclosure. Blanket designations that do not identify the specific information shall not be acceptable and may be cause for DBHDS to treat the entire response as public information. DBHDS will not advise a submitting party as to the nature or content of documents entitled to protection from disclosure under the Freedom of Information Act or other applicable laws, as to the interpretation of such laws, or as to definition of trade secret. The provisions of the Freedom of Information Act or other laws shall control in the event of a conflict between the procedures described above and the applicable law.

DBHDS Regional Designations

The Primary DBHDS Regions will be used generally by almost all of DBHDS, including the Behavioral Health Services; Forensic Services; Finance, Administration, and Technology; and Quality Management and Development Divisions and the Offices of Human Rights and Licensing.

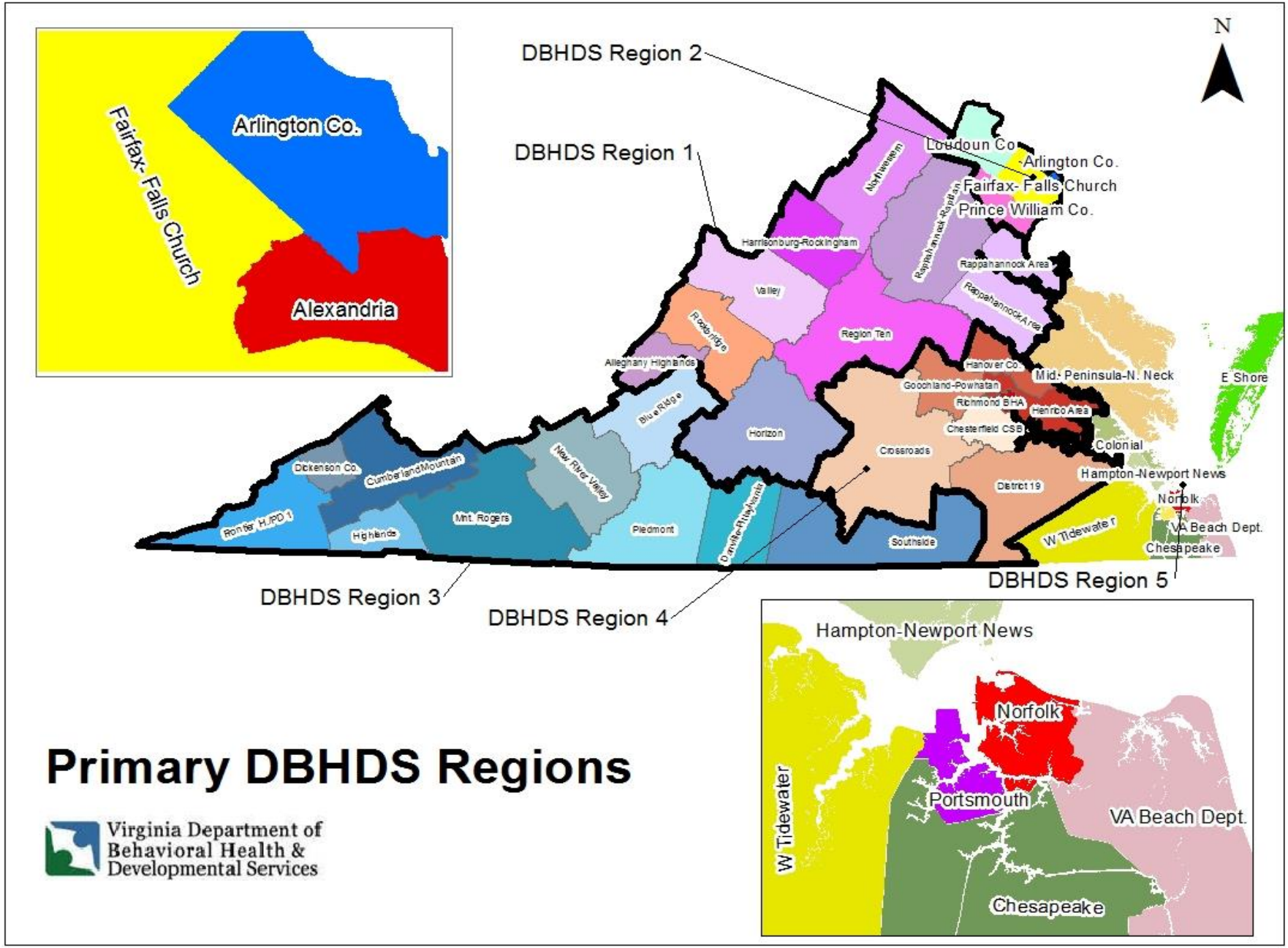
Primary DBHDS Regions	
DBHDS Region 1 (9 CSBs)	**DBHDS Region 3** (continued)
Alleghany Highlands CSB	New River Valley Community Services
Harrisonburg-Rockingham CSB	Piedmont Community Services[2]
Horizon Behavioral Health	Planning District One Behavioral Health Services
Northwestern Community Services	Southside CSB[2]
Rappahannock Area CSB	**DBHDS Region 4** (7 CSBs)
Rappahannock-Rapidan CSB	Chesterfield CSB
Region Ten CSB	Crossroads CSB
Rockbridge Area Community Services	District 19 CSB
Valley CSB	Goochland-Powhatan Community Services
DBHDS Region 2 (5 CSBs)	Hanover County CSB
Alexandria CSB	Henrico Area MH and Developmental Services
Arlington County CSB	Richmond Behavioral Health Authority
Fairfax-Falls Church CSB	**DBHDS Region 5** (9 CSBs)
Loudoun County Department of Mental Health, Substance Abuse and Developmental Services	Chesapeake Integrated Behavioral Healthcare
	Colonial Behavioral Health
Prince William County CSB	Eastern Shore CSB
DBHDS Region 3 (10 CSBs)	Hampton-Newport News CSB
Blue Ridge Behavioral Healthcare[1]	Middle Peninsula-Northern Neck CSB
Cumberland Mountain CSB	Norfolk CSB
Danville-Pittsylvania Community Services[2]	Portsmouth Department of Behavioral Healthcare Services
Dickenson County Behavioral Health Services	
Highlands Community Services	Virginia Beach CSB
Mount Rogers CSB	Western Tidewater CSB

[1] Part of sub-region 3.a in Region 3

[2] Part of sub-region 3.b in Region 3

There are two sub-regions in Region 3, sub-regions 3.a and 3.b, related to the catchment areas of Catawba Hospital (adult psychiatric beds) and Southern Virginia Mental Health Institute respectively, utilization of beds in those state hospitals, and the allocation and use of DAP and LIPOS funds. CSBs in these sub-regions are part of Primary DBHDS Region 3 for all other purposes.

Region 3 Sub-regions	CSBs
Sub-region 3.a	Blue Ridge Behavioral Healthcare
Sub-region 3.b	Danville-Pittsylvania Community Services
	Piedmont Community Services
	Southside CSB



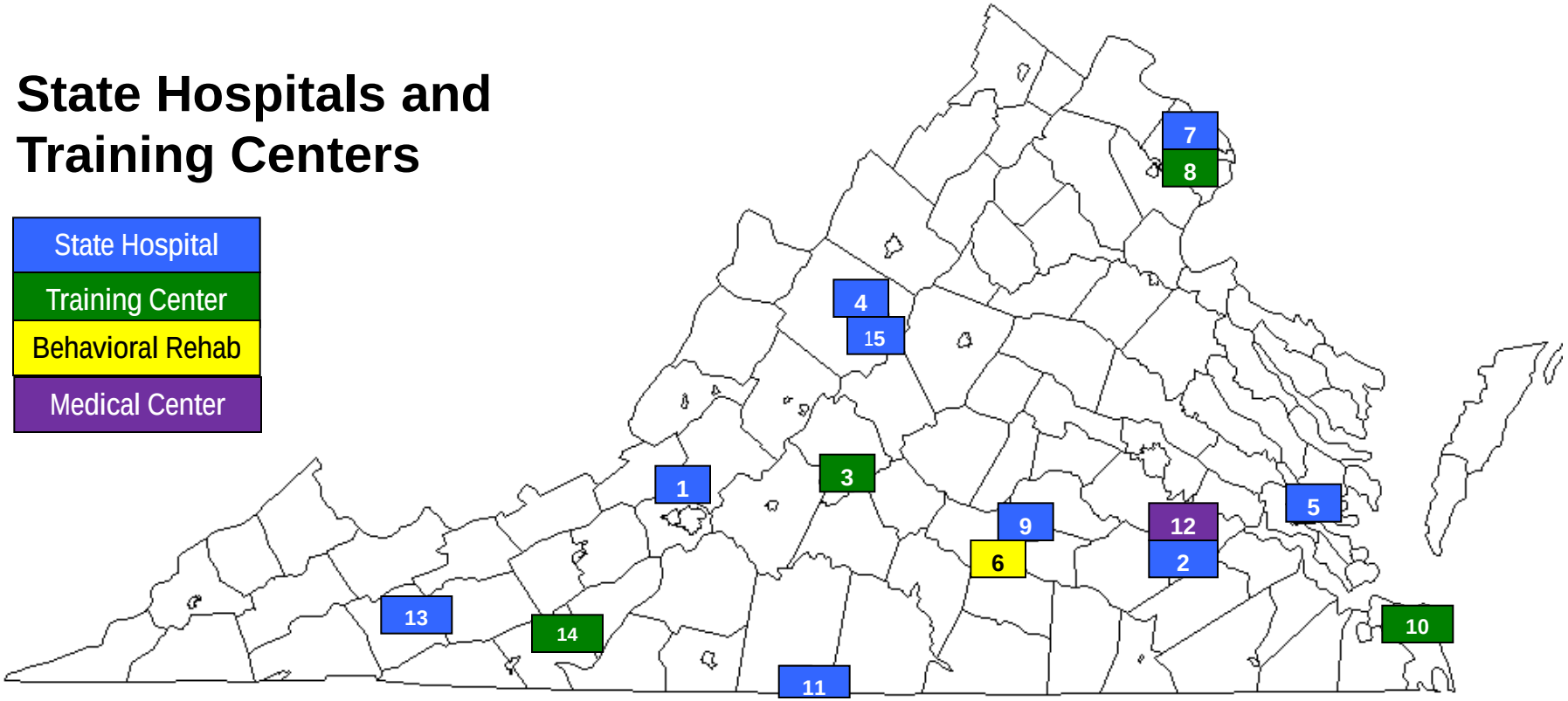
Primary DBHDS Regions

Virginia Department of Behavioral Health & Developmental Services

State Facilities

State Hospitals and Training Centers

State Hospital
Training Center
Behavioral Rehab
Medical Center



	Facility	Location			Facility	Location
1	Catawba Hospital	Catawba		9	Piedmont Geriatric Hospital	Burkeville
2	Central State Hospital	Petersburg		10	Southeastern VA Training Center	Chesapeake
3	Central VA Training Center	Madison Heights		11	Southern VA MH Institute	Danville
4	CCCA	Staunton		12	Hiram Davis Medical Center	Petersburg
5	Eastern State Hospital	Williamsburg		13	Southwestern VA MH Institute	Marion
6	Behavioral Rehabilitation Center	Burkeville		14	Southwestern VA Training Center	Hillsville
7	Northern VA MH Institute	Falls Church		15	Western State Hospital	Staunton
8	Northern VA Training Center	Fairfax				

Responses to Request for Information

Background

DBHDS issued a Request for Information (RFI) on August 1 asking for vendors to submit information on 1.) Their estimate on how much it would cost for the provider to do the service based on the included criteria and 2.) How would the provider handle the 24/7 dispatch and what would the cost be.

The close date for the RFI was September 1. While DBHDS was aware that this short timeframe could limit the number of submissions, this was necessary to ensure the information would be included in the report due to the General Assembly on October 1. DBHDS believes that a longer posting of the RFI would result in more responses

The RFI was sent to over 1,500 potential vendors through over 3,000 emails with 400 failed or returned.

Responses

As of September 1, DBHDS received 3 responses to the RFI.

1. The first response was from US Youth Transit Authority based in Washington DC. US Youth Transit Authority provide secure transports for minors statewide in Vermont and in the District of Columbia. Their drivers are trained in crisis de-escalation, human rights, and patient confidentiality. They currently run a 24/7 dispatch service and will provide cost information later in September.

2. The next response was G4S Secure Solutions. G4S is a national security company that currently provides services across the country including in locations in Virginia. G4S also currently provides transportation for individuals under a custody order in North Carolina. In their response to the RFI, G4S stated that their drivers and vehicles met the criteria listed. They also already have a 24/7 dispatch system that could be used. Their cost estimate for providing this service in the 5 regions is $4,837,300.

3. The last response was from Steadfast Investigations and Security, LLC. Steadfast was the contracted provider for the Mt. Rogers Pilot. Steadfast has experience providing this service in Virginia, in the Southwest region, and working with DBHDS and CSBs. In their response to the RFP, Steadfast estimated the cost of providing 24/7 dispatch as $174,528 a year to cover all 5 regions or $2,908 per region per month.