



COMMONWEALTH of VIRGINIA

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COMMISSIONER

DEPARTMENT OF
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Monday, November 8, 2021

The Honorable Ralph Northam, Governor of Virginia
Patrick Henry Building
1111 East Broad Street
Richmond, VA 23219

The Honorable Janet D. Howell, Chair
Senate Finance Committee
The Honorable Luke E. Torian, Chair
House Appropriations Committee
900 East Main Street
Richmond, VA 23219

Dear Governor Northam, Senator Howell, and Delegate Torian,

Item 321.D of the *2021 Appropriations Act* (Chapter 552) requires the Department of Behavioral Health and Developmental Services (DBHDS) to develop a program of alternative transportation for adults and children under a temporary detention order and report annually. The language states:

Out of this appropriation, \$2,500,000 the first year and \$4,500,000 the second year from the general fund shall be provided to the Department of Behavioral Health and Developmental Services to provide alternative transportation for adults and children under a temporary detention order. The department shall structure the contract to phase in the program over a three-year period such that in year three the contract will result in the provision of services statewide. The department shall report on the disbursement of the funds to the Governor and Chairmen of the House Appropriations and Senate Finance Committees no later than November 1, 2018. Annually, thereafter on October 1, the department shall report to the Governor and Chairmen of the House Appropriations and Senate Finance Committees on the effectiveness and outcomes of the program funding.

In accordance with this item, please find enclosed the combined report. Staff are available should you wish to discuss this request.

Sincerely,

Alison G. Land, FACHE
Commissioner

Department of Behavioral Health & Developmental Services

CC:

Vanessa Walker Harris, MD

Susan Massart

Mike Tweedy



Report on Alternative Transportation Program Annual Report (Item 321.D of the 2021 Appropriations Act.)

To the Governor and Chairpersons of the Senate Finance and Appropriations and
House Appropriations Committees

Monday, November 8, 2021

Preface

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Executive Summary

After entering into a contract with G4S Secure Solutions to develop a statewide system of alternative transportation for individuals under a Temporary Detention Order (TDO) in May of 2019, DBHDS has worked closely with stakeholders and G4S to build infrastructure, develop ongoing training for transport staff and make this service available to individuals across the Commonwealth. While the past year has brought unprecedented challenges for our mental health system, with the collaboration of our stakeholders, this program has become a viable service available for all adults and children who qualify as of March 2021. With over 3,000 successful transports completed, the program is poised to expand, improve and continue innovating to ensure that individuals in crisis receive safe, recovery oriented, trauma-informed transport in the least restrictive way possible. With the initial rollout complete, the focus will now be on building confidence in the service in order to increase utilization in all areas of the Commonwealth and to look for opportunities to expand upon the service to include transportation as part of the entire continuum of care from admission to discharge.

Introduction

Historically in the Commonwealth, the primary responsibility for transportation of individuals experiencing a mental health crisis who are under a Temporary Detention Order (TDO) has fallen to law enforcement. Although the Code of Virginia §37.2-810 allows a magistrate to designate an alternative transportation provider if another entity “is available to provide transportation, willing to provide transportation, and able to provide transportation in a safe manner”, this option for alternative transportation was rarely exercised due to limitations of providers to be able to execute the transport safely and securely. Following legislation passed in 2014 designating state psychiatric hospitals as the bed of last resort, law enforcement has been increasingly taxed with longer transports to TDO facilities across the state. In 2015, the Department of Behavioral Health and Developmental Services (DBHDS) in conjunction with Mount Rogers Community Services Board piloted a program to contract with a vendor to provide non-law enforcement transportation for individuals under a TDO that would be recovery-oriented, less stigmatizing, and meet the criteria for safe transport for individuals in crisis. This pilot was successful, and in 2017 the General Assembly required DBHDS and the Department of Criminal Justice Services (DCJS) to convene a workgroup to develop a model to provide alternative transportation across the Commonwealth (HB1426 and SB1221).

Based on the recommendations from the HB1426 and SB1221 report, in 2018 the General Assembly allocated \$2.5 million the first year of the biennium and \$4.5 million the second for DBHDS to contract and provide alternative transportation services across the Commonwealth (Item 311 E.)¹. DBHDS decided to pursue a statewide contract to develop a comprehensive and coordinated system of TDO transportation. A Request for Proposals was issued October 15, 2018 and a contract was awarded to G4S Secure Solutions, Inc. on May 20, 2019. Activities and expenditures by G4S in FY20 focused on start-up activities, hiring and training staff, stakeholder training and the rollout operations. During FY2021, DBHDS completed the rollout to all DBHDS regions, and the program is now available to children and adults across the Commonwealth. As with any new program, there have been both successes and challenges. A global pandemic has brought additional challenges that have impacted the entire system of care but has presented new areas for consideration for mental health crisis transportation as a whole.

Background

Regional Implementation

Beginning in May of 2019, DBHDS and G4S began a structured, regional rollout of alternative transportation services with the goal of completion prior to the June 2021 deadline for full implementation. The dispatching center was set up in Arlington, Virginia and potential hub locations were identified statewide that would allow G4S to meet its contractual obligation to be on scene for patient pick-up within two hours, 90 percent of the time in all areas of the Commonwealth. In their original proposal, G4S suggested five primary hub locations with “hover” stations supplementing the hubs. However, upon further discussion and travel

¹ <https://rga.lis.virginia.gov/Published/2017/RD337/PDF>

throughout the state, the decision was made to establish eight hub locations in order to meet the contractual demands.

Meetings with CSB executive directors, CSB Emergency Services staff, regional advocates, hospitals, magistrates, and law enforcement began in DBHDS Region 3 in July of 2019. Region 3 was selected as the first region to begin the service since the original program was piloted in this region and, historically, had the highest number of TDOs. In addition, individuals from Region 3 were being transported the farthest for available inpatient beds. G4S began services to Region 3 on October 7, 2019. Stakeholder trainings were held throughout Region 1 in the first two weeks of December 2019 and G4S began providing the service on January 28, 2020.

The COVID outbreak caused some setbacks in the planned rollout schedule. Region 2 had scheduled stakeholder trainings at the beginning of April 2020, which had to be postponed due to prohibitions on large gatherings. DBHDS staff then developed webinar-based training to take the place of the previously planned in-person meetings. Region 2 elected not to move forward with the planned opening of the service at the beginning of May due to the impact and stress on their system of care due to COVID-19. DBHDS began working with Region 5 stakeholders who agreed to move forward with training activities via webinar. Ultimately, Region 5 began services in August 2020, Region 2 in November 2020, and Region 4 in February 2021.

Children and Adolescents:

A stakeholder group was convened in June 2019 to finalize protocols for the children's alternative transportation program. A final version of these protocols was completed in August 2019 with some outstanding concerns around the contract language in which G4S was required to transport parents/guardians of children and adolescents under a TDO and return the parent/guardian home after admission to the TDO facility. On January 9, 2020, DBHDS received a letter from G4S Vice President, David Kamperin, requesting a review of this requirement due to legal and liability concerns around transporting someone who is not the subject of the TDO and the clinical appropriateness of providing such transports. Since the stakeholder group had similar concerns, DBHDS leadership sought guidance from the Office of the Attorney General. The resulting guidance led to a contract modification in March 2020, in which the requirement to transport parents/guardians was taken out of the contract to reduce the risk of concerns raised by both the stakeholders and G4S's legal team and to align with the successful business practices G4S has in their North Carolina programs.

With protocols finalized, G4S piloted the service for children and adolescents in the fall of 2020 in Region 3. The service became available statewide on March 15, 2021.

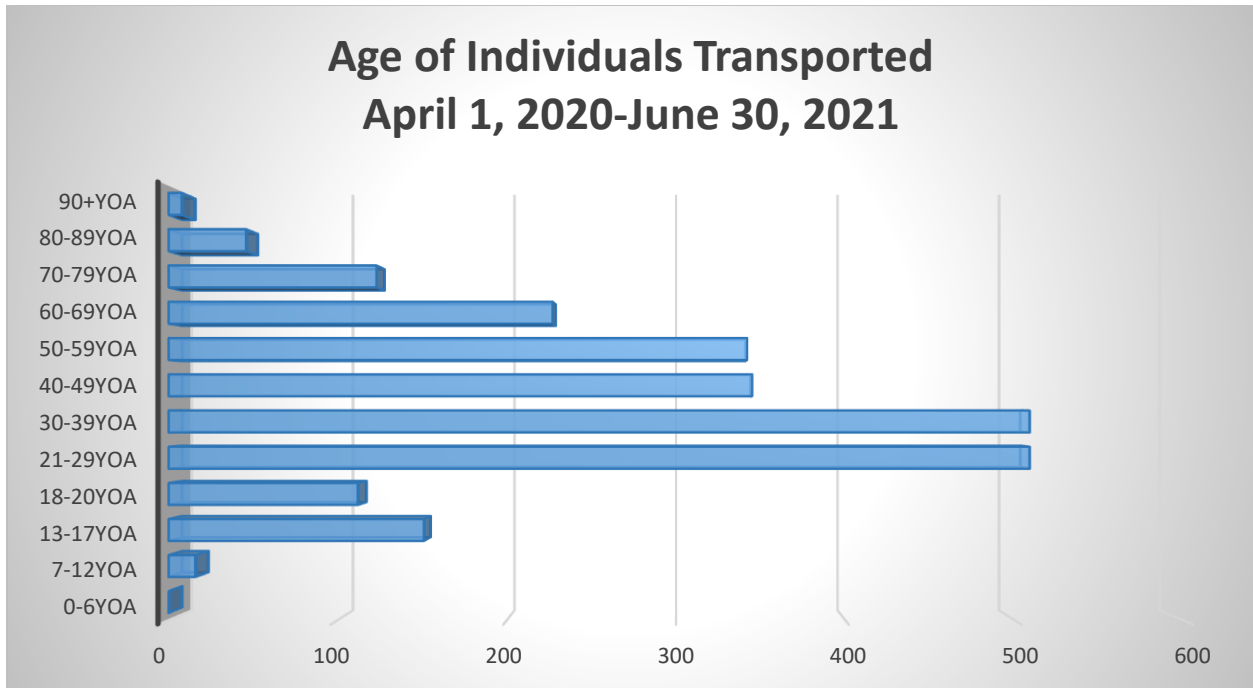
Program Accomplishments in FY21

The program for Alternative Transportation in Virginia is now fully implemented and operational statewide. The regional rollout was accomplished on time due to the dedication of numerous stakeholders and partners who worked diligently to ensure forward progress. Through partnerships with various stakeholders including CSBs, hospitals (private and state facilities) and existing G4S office locations, G4S has 9 hubs operating in Marion, Salem, Danville, Fairfax, Warrenton, Staunton, Norfolk, Richmond and Charlottesville. G4S maintains a fleet of 23 vehicles statewide and has 53 FTE slots for Healthcare Support Personnel. They completed

2,066 transports in FY 21 with over 3,000 completed as of this writing since the program began in 2019.

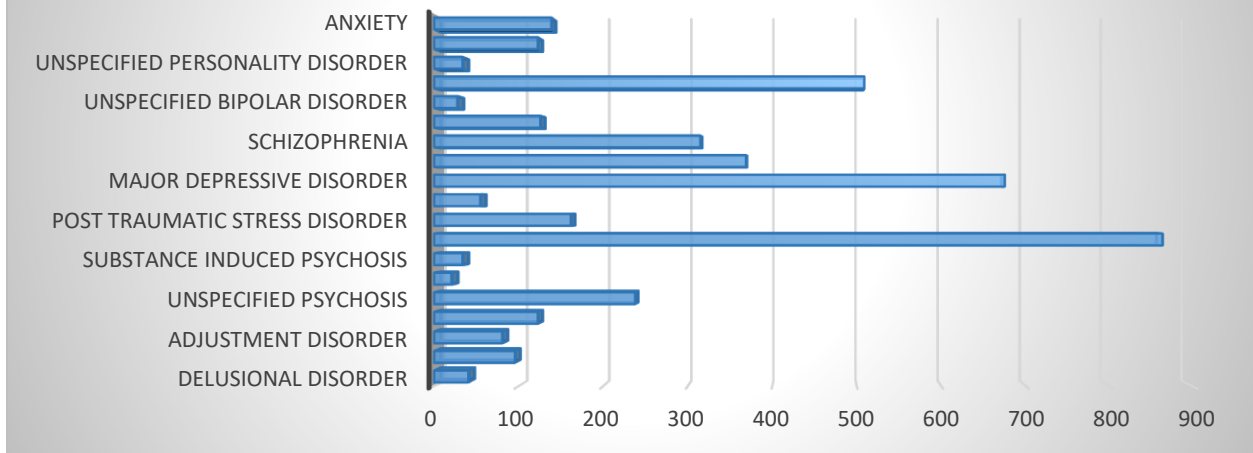
Who is being transported?

The program continues to develop capacity to support a wide variety of individuals appropriate for the service. Through the end of FY21, 187 were pediatric transports with the youngest being 7 years of age. The distribution of ages transported is as follows:



Diagnoses of individuals being transported are varied but for the most part fall into a depressive category. DBHDS continues to work with CSB Emergency Services staff and magistrates to identify and refine definitions of who is clinically appropriate for alternative transportation versus a law enforcement transport.

Most Common Primary Diagnosis for Individuals April 1, 2020-June 30, 2021



Distance Traveled

The average round trip mileage for a transport at the end of FY21 was 167 miles. These averages vary month to month and from region to region but indicate that G4S is being utilized for longer transports versus short ones. The average trip length in Region 1 is 233 miles which is currently the highest among the four regions that are operational. Region 3 averages 208 miles, Region 5 averages 124 miles per transport and Region 2 averages 132 miles. Region 4 currently maintains a trip average of 147 miles.

Response Times

It is often faster for law enforcement to take on a shorter distance transport than wait for the G4S driver to arrive. While G4S is meeting the contractually required two-hour response time for 90 percent of transports, there is variation in responses depending upon staffing levels and geographic location of the request. The inability to respond within two hours may be because the nearest hub is already doing a transport or because of lack of staff available to drive. As the program has expanded statewide, dispatch is able to monitor where the nearest staff/vehicle is located and will offer an estimated response time for the request. Law enforcement may choose to wait for the estimated time, or may go ahead and take the individual themselves, particularly if the TDO location is a short drive away. There have also been instances in which a magistrate declines to issue the AT Order if an estimated response time is over two hours. A number of magistrates have provided feedback that it is their interpretation that if the response will be over two hours, this does not meet the code criteria of “available” for transport, so they default to a law enforcement transport.

In order to work within the current budget, G4S allocates a specified number of hours to each hub location to cover their staffing costs. This results in “dark hours” at some hubs. Dark hours may also have to be implemented if a particular hub experiences staffing shortages. Dark hours at one hub may increase response times since a transport vehicle may have to come from a hub farther from the requested location. The limited number of staffing hours in addition to staff

shortages in some localities (particularly in Fairfax and Norfolk) has led to a higher incidence of unfulfilled requests for transport.

Utilization

The contract requires that G4S eventually build to transporting 50 percent of all TDOs statewide. The percentage of TDO transports statewide never exceeded 15.84 percent in FY21, but G4S completed an increasing number of transports each month as the program rolled out.

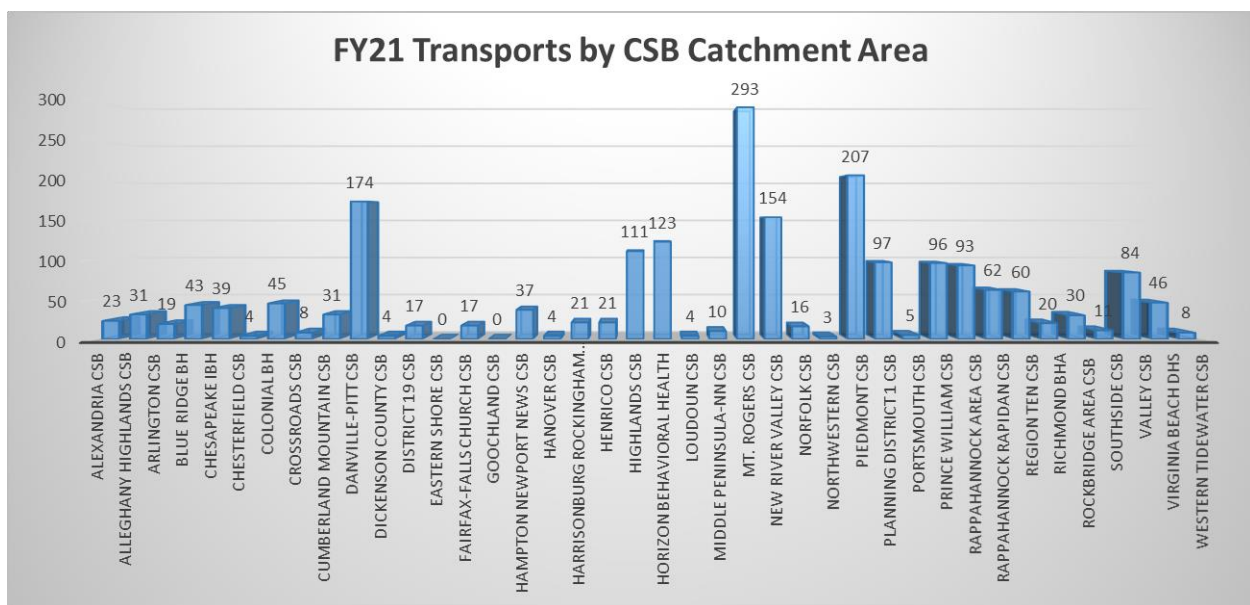
Statewide TDOs								
2020-21	Region 1 TDOs	Region 2 TDOs	Region 3 TDOs	Region 4 TDOs	Region 5 TDOs	TOTAL TDOs	Number of G4S AT Transports	Percentage of AT Transports
July	436*		366*			802	127	15.84%
August	371*		345*		409*	1125	143	12.71%
September	333*		316*		426*	1075	150	13.95%
October	348*		336*		411*	1095	147	13.42%
November	323*	323*	355		467*	1468	153	10.42%
December	296*	269*	319	n/a	438*	1322	136	10.29%
January	324*	301*	346	n/a	470*	1441	141	9.78%
February	351*	286*	328	264*	420*	1649	167	10.13%
March	384	344	420	331	495	1974	203	10.28%
April	436	347	386	330	493	1992	219	10.99%
May	418	341	382	316	534	1991	246	12.35%
June	404	333	379	296	442	1854	234	12.62%
*Represents adult and older adult civil TDOs only								
Region 5 opened AT on 8/25/20								
Region 2 opened AT on 11/10/20								
Region 3 opened for adolescents on 11/9/20								
Region 4 opened 2/9/21								
Statewide youth transports opened 3/15/21								

Utilization across the Commonwealth varies widely from region to region and even more widely from CSB catchment area to catchment area. Region 3 has the highest utilization rate (25-30% of TDOs transported monthly) which may be due to the service being piloted there and to stakeholders having the highest level of comfort with using this type of transport. G4S has also had staffing issues during the pandemic, resulting in them having to turn down some requests, particularly overnights and weekends. In addition, there are some pockets of the state where magistrates are not approving AT orders for a variety of reasons.

The following chart identifies the number of transports requested and those completed by region each month of FY2021.

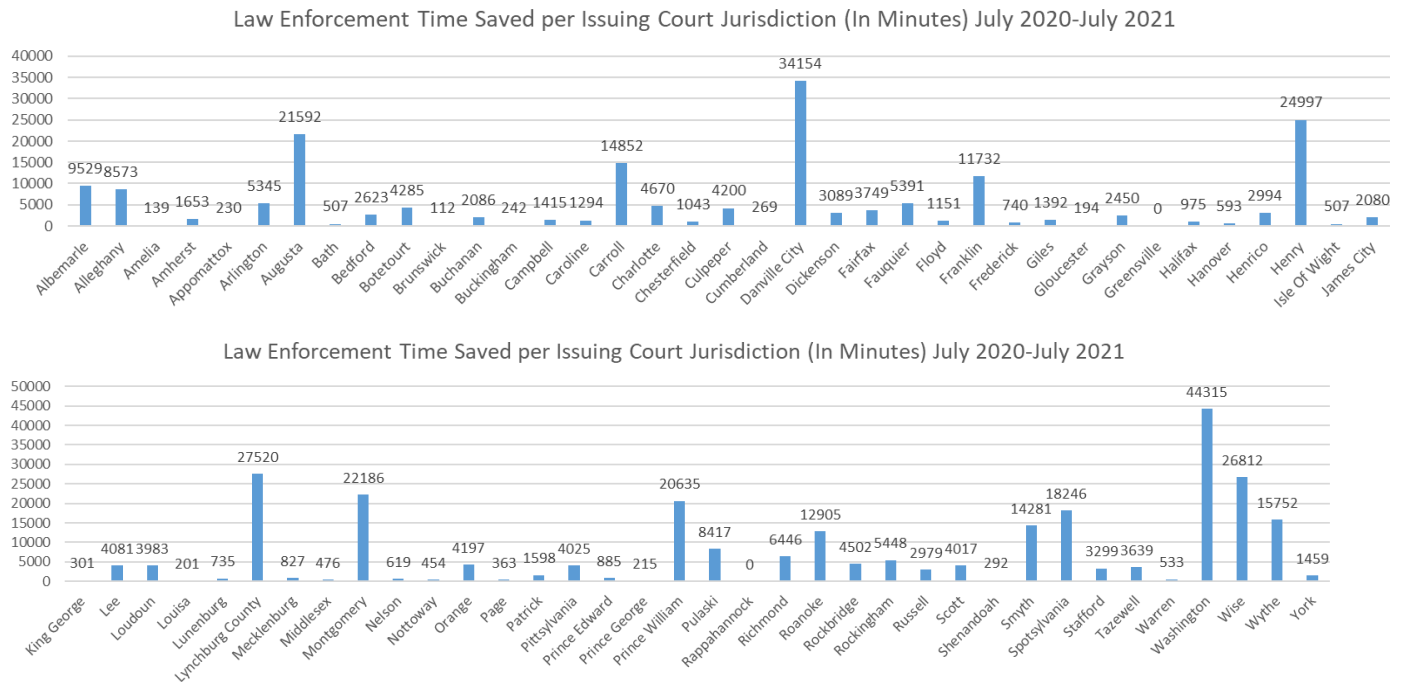
Statewide AT Data FY2021	FY 2020	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL
Region 1	# Requested	48	60	44	44	36	48	56	52	64	59	75	79	665
	# Completed	39	52	36	35	30	35	43	37	45	41	55	59	507
Region 2	# Requested					20	23	21	27	36	27	49	33	236
	# Completed					13	13	13	20	21	19	37	23	159
Region 3	# Requested	94	104	116	105	114	87	84	104	120	115	120	131	1294
	# Completed	88	89	107	98	99	75	67	85	103	103	101	110	1125
Region 4	# Requested							0	11	22	25	20	21	99
	# Completed							0	7	14	21	15	12	69
Region 5	# Requested		2	9	18	12	15	27	27	23	47	54	51	285
	# Completed		2	7	14	11	13	18	18	20	35	38	30	206
Total	Total Requested	142	166	169	167	182	173	188	221	265	273	318	315	2579
	Total Completed	127	143	150	147	153	136	141	167	203	219	246	234	2066

As of June 30, 2021, only two of the 40 CSBs had never utilized the program.



Law Enforcement Time Saved

G4S is able to track which jurisdictions of law enforcement receive the benefit of not having to conduct a transport based on the court location issuing the TDO. The resulting figure is calculated in minutes from the time the vehicle arrives at the pickup location to the time the individual is transferred to the TDO facility and the vehicle returns to the hub and/or clears from the call. The numbers below represent over 7,000 hours of time saved law enforcement jurisdictions.



Members of law enforcement sometimes spend many hours on a transport sitting in hospital emergency departments with the individual being transported, waiting for an available bed in a state facility. By utilizing alternative custody services, sometimes referred to as “sitter services”, time savings could be maximized for law enforcement. These services would allow a G4S employee to be dispatched as an entity of a state hospital and sit with a patient in the emergency department until a state hospital bed becomes available. This service can be added as a part of DBHDS’ contract with G4S with General Assembly authorization.

G4S Becomes Allied Universal

The original contract period was set to expire in May 2021. During this same time, Allied Universal was in the midst of purchasing G4S Secure Solutions. DBHDS opted to renew the contract with G4S for a 1 year period in order to allow time to assess what this buyout would mean for the current service. A new contract was signed in May with G4S. Allied will finalize the buyout in October 2021. DBHDS is committed to working with Allied to ensure a smooth transition.

Staff Training

During the last year, DBHDS and G4S have partnered to refine the onboarding and training process for new staff. By contract, G4S staff are required to pass background checks, a drug screening, and have an excellent driving record. In addition, they must be certified in CPR and First Aid, CPI and de-escalation techniques, and Mental Health First Aid. Staff must demonstrate understanding of the civil commitment laws, human rights regulations, and HIPAA prior to service. Orientation for new staff takes three to four weeks during which staff attend classes and engage in on the job training by riding along on transports with experienced staff. After completing courses in all of the above areas, staff must pass a final oral examination in front of a panel which includes the G4S Project Manager, their hub supervision and DBHDS

staff. DBHDS has also partnered with the state REACH programs who have developed specialized training in supporting individuals with intellectual and developmental disabilities. All of this training ensures that staff are prepared to support a wide variety of individuals and are building capacity to be able to support individuals with higher levels of acuity.

Quality Assurance

During the past year, DBHDS staff have refined the processes for ensuring quality services and developed partnerships throughout the state to assist with problem-solving and innovation. Through regional Quality Assurance Councils, DBHDS engages all stakeholders, provides ongoing data reports and provides a venue for input into the development of the program. Now that the rollout is complete, these regional councils will collapse into one statewide Quality Assurance Council during the coming year.

The DBHDS Alternative Transportation Coordinator and Liaison have become integrated into existing regional forums and provide regular reporting to localities. In partnership with G4S, the AT Liaison is able to visit hub locations regularly and reviews video from randomly selected transports. These reviews provide invaluable insight into the experience of the person being transported and ensure that G4S staff are providing the highest quality service.

New Pilot Program for Discharge Transportation from State Hospitals

DBHDS partnered with G4S to develop a new program for discharge transportation from state facilities. A contract modification was finalized in July 2021, and Western State Hospital will be the site of a pilot for discharge transports. If successful and dependent on available funding, this should lead to an expansion to other state hospitals in the coming year and contribute to better flow of bed availability.

Challenges

Funding

Now that the alternative transportation program is operational statewide, DBHDS is better able to estimate the true cost of implementation. Billing indicates that an additional \$1.5 million annually will be needed to provide more robust staffing that will meet the demand for the service and eliminate the previously identified “dark hours” at the hubs. This will enable G4S to work towards the goal of eventually taking 50% of all TDO transports statewide.

Replacing damaged or aging vehicles

During the contract renewal negotiations, DBHDS worked with G4S to establish a “Vehicle Replacement Fund” in order to ensure there was a means to repair and replace vehicles on a regular basis and ensure safety for staff and individuals being transported. This had not been negotiated in the first iteration of the contract and needed to be addressed. DBHDS submitted a request to the Governor and the DPB in order to be able to retain any unexpended funds from FY2021 for this purpose.

Staffing

As with most industries, G4S has experienced challenges with staff vacancies and finding qualified applicants. This has been particularly problematic in the northern Virginia area. Hiring

bonuses were implemented in the northern Virginia area in the first quarter of the new fiscal year but this may remain a challenge in the foreseeable future.

Conclusion

While the impacts of the previous year will continue to be felt for some time, the alternative transportation program is working and providing safe, recovery-oriented services to Virginians experiencing a mental health crisis. There is a continued need to build upon the foundation established and increase utilization in order for more individuals to benefit from the service and to relieve law enforcement of some of the burden of TDO transports. In Region 3, where the program has been established the longest, G4S routinely transports 25 to 30 percent of the TDOs each month. This seems to indicate that utilization will increase as stakeholders become more familiar with the service and as drivers increase their ability to support individuals with increased acuity and varied support needs. Other identified areas for growth include transportation for individuals under a committed and/or voluntary status, expanding discharge transportation options, and implementing sitter services.

Moving individuals from emergency rooms to treatment and from treatment back into the community in a way that promotes recovery and reduces trauma is the primary goal. A quote from the G4S District Manager for Patient Transport Services, Greg Truesdell, sums it up nicely:

“G4S plays an integral part in the individual's path to recovery. By taking the opportunity to connect with the individual and assist in their recovery, the conversation during transports between the G4S staff and the individual is organic and has been characterized by patients as therapeutic and memorable. This may be by way of playing music, listening to their hobbies, engaging in sports talk, or simply by listening. G4S staff have received sincere gratitude from the individuals they have transported for playing a part in their recovery.”

