



## COMMONWEALTH of VIRGINIA

NELSON SMITH  
COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Fax (804) 371-6638  
[www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)

October 1, 2023

To: Governor Glenn A. Youngkin  
The Honorable Janet Howell, Co-Chair, Senate Finance and Appropriations  
Committee  
The Honorable George Barker, Co-Chair, Senate Finance and Appropriations  
The Honorable Berry Knight, Chair, House Appropriations Committee

From: Nelson Smith, Commissioner, Department of Behavioral Health and  
Developmental Services

RE: Item 311 E. of the 2018 Appropriations Act

Item 311 E 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 and Developmental Services (DBHDS) to provide alternative transportation for adults and children under a temporary detention order. The language reads:

*E. 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.*

Please find enclosed the report in accordance with Item 311.E DBHDS staff are available should you wish to discuss this request.

cc: Secretary John Littel



Virginia Department of  
Behavioral Health &  
Developmental Services

**Alternative Transportation Program  
Annual Report  
(Item 311.E. of the 2018 Appropriation  
Act.)**

## **Executive Summary**

After issuing a Request for Proposals in October of 2019, DBHDS entered 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. This service was designed to be a less restrictive alternative to a law enforcement transport and to provide trauma informed and recover oriented support to individuals experiencing a mental health crisis. DBHDS staff worked closely with stakeholders and G4S in the first year of operation to build infrastructure, develop ongoing training for transport staff and make this service available to adults and children across the Commonwealth. The full rollout was completed in March of 2021.

In October of 2021, G4S was purchased by Allied Universal (AUS) who became the DBHDS Contractor for the service via a Novation Agreement signed in November of 2021. While the service has completed over 5,000 successful transports since the beginning, there has been an overall decline in the percentage of TDO transports since AUS acquired the contract in fiscal year 2022. The reasons for this decline are multifaceted including staff recruitment and retention challenges, budget constraints, and the overall shortage of available TDO beds. DBHDS issued a Letter to Cure to AUS at the end of April 2022 to engage AUS executive management in a discussion around their failure to meet the contract's minimum standards for TDO transport percentages and determine if their response was adequate to ensure a continued contract prior to the renewal deadline in July of 2022. To date, the current terms of the contract have been extended through September 30, 2022, to allow time for agreed upon terms of corrective action to take effect and to allow time for the SB 202 Workgroup to make recommendations for a possible expansion of services for alternative custody.

## **Preface**

Item 311 E 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 and Developmental Services (DBHDS) to provide alternative transportation for adults and children under a temporary detention order. The language reads:

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## **Introduction**

As with any new program, there have been both successes and challenges during the first year of full implementation. The COVID pandemic brought additional challenges that have impacted the entire system of behavioral health care. With these challenges, new opportunities may be on the horizon based on lessons learned in the initial years of operation and identified needs for transportation and custody of individuals experiencing a behavioral health crisis. This report will outline the challenges for the alternative transportation program during fiscal year 2022 and break down utilization regionally to explore the differences between regional needs and resources that have impacted utilization. In addition, it will explore opportunities on the horizon for both alternative transportation and custody. It will also outline the implementation of a program for discharge transportation from state facilities based on a pilot at both Western State and Catawba Hospitals during fiscal year 2022.

## **Background**

### **Regional Implementation**

Beginning in May of 2019, DBHDS and G4S began a structured, regional rollout of alternative transportation services with the goal to be completed 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% 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 throughout the state, the decision was made to establish eight hub locations in order to meet the contractual demands. After taking over the contract, Allied has made several adjustments in hub locations and is assessing whether or not they will relocate some of the hubs based on staffing needs, requests for transports and response times.

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. The service became available in Region 1 on January 28, 2020. Region 5 began services in August 2020, Region 2 in November 2020, and Region 4 in February 2021.

## FY 2022

The program for Alternative Transportation in Virginia became fully operational in March of 2021 just before the end of the previous fiscal year. In December 2022, AUS reported that 40% of the available positions for drivers and hub supervisors were vacant due in part to pandemic related resignations and due to lack of hiring during the period from the takeover from G4S in October through the end of the year. AUS had frequent turnover in the Virginia Project Manager Position in the initial months of the transition from G4S and this has only begun to stabilize since the Letter to Cure in April. This turnover in leadership and the large percentage of staff vacancies led to a significant downward trend in TDO transports. The following graphic outlines the results from month to month:

### Statewide Civil TDOs and Percentage Transported by G4S/AUS in FY 2022

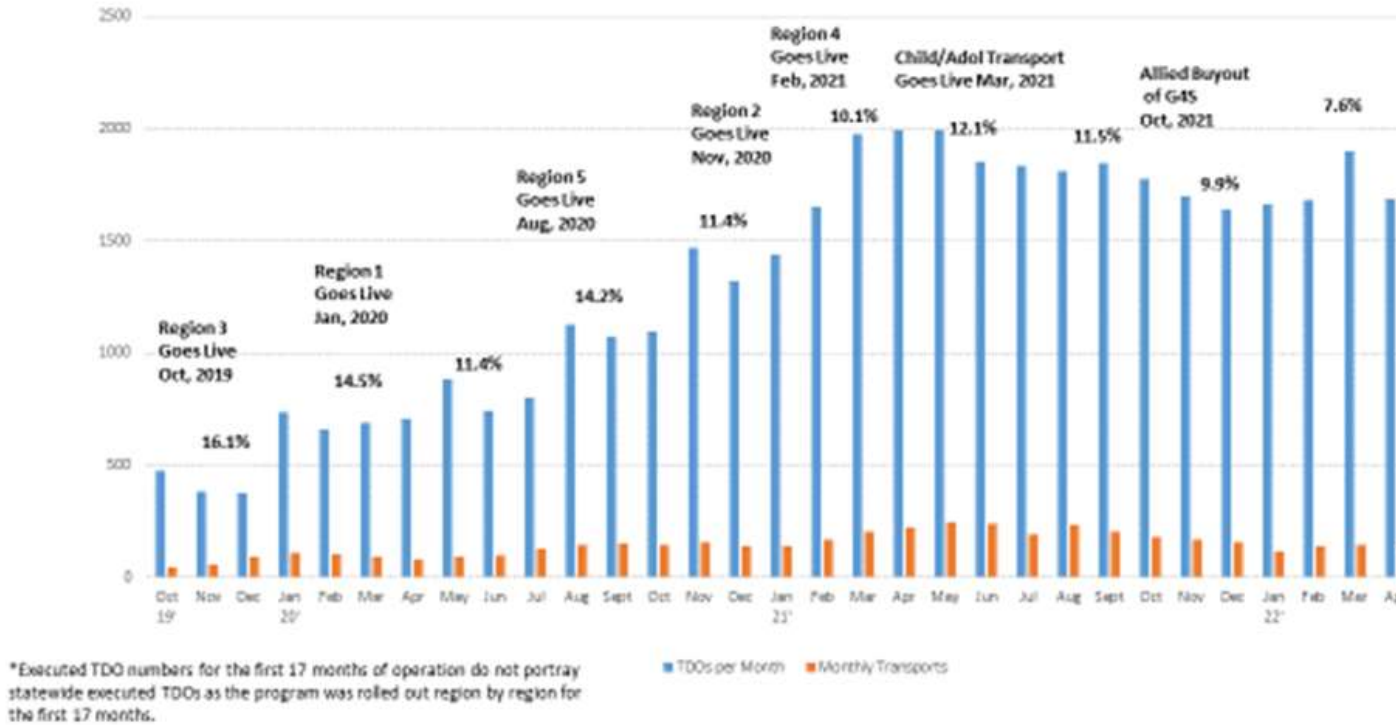
2021-22	Region 1 TDOs	Region 2 TDOs	Region 3 TDOs	Region 4 TDOs	Region 5 TDOs*	TOTAL TDOs	of Allied AT	Percentage of AT Transports
July	368	326	380	289	473	1836	195	10.62%
August	397	332	370	261	452	1812	233	12.86%
September	410	326	364	262	486	1848	204	11.04%
October	384	325	325	257	485	1776	183	10.30%
November	339	290	379	227	464	1699	170	10.01%
December	328	312	307	257	437	1641	156	9.51%
January	315	290	355	287	417	1664	113	6.79%
February	318	299	342	261	459	1679	139	8.28%
March	423	316	388	271	498	1896	145	7.65%
April	392	278	333	259	427	1689	136	8.05%
May	377	321	372	267	482	1819	117	6.43%
June	366	329	355	241	472	1763	134	7.60%

DBHDS staff worked with the Procurement Office to address the concerns around lack of performance by AUS. The drop was also significant because G4S had been able to sustain a slow but gradually increasing trend in utilization over the initial 2 years of project implementation prior to the announcement of the takeover by AUS.

### Statewide Utilization Trends

DBHDS monitors the trends in utilization in several ways. Comparing the number of civil TDOs issued each month to the number of AT transports completed by G4S/AUS tracks progress towards the goal of 50% of TDOs being transported by AT versus law enforcement. This graphic shows trends over the life of the project.

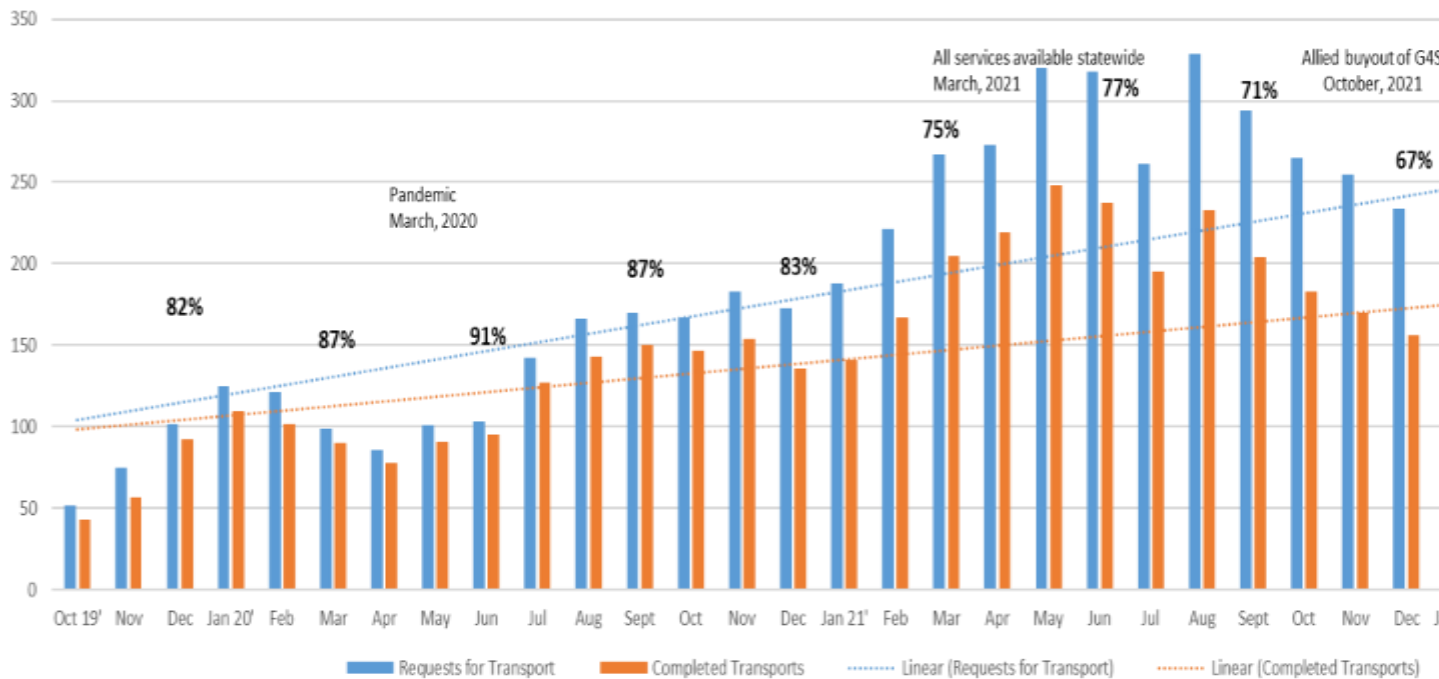
Executed TDOs versus AT Completed Transports  
Oct 2019-June 2022



DBHDS also tracks completion rates. The following graphic demonstrates the number of actual requests for transport against the number of those requests fulfilled by G4S/AUS. G4S was able to fulfill 82-91% of the requests in the first 18 months of operation. As each region came online, there were more requests, but staffing levels were not able to accommodate the requests, so the completion rate dropped. This drop continued after the buyout by AUS. There has been some recovery since the April Letter to Cure but actual requests are decreasing due to a possible lack of faith in the vendor by CSB pre-screeners who initiate the AT request. CSB Pre-screeners have reported frustration in the lack of staffing, and they therefore no longer make the call. As staffing levels are increasing, this is being addressed by DBHDS through regional meetings with ES staff.

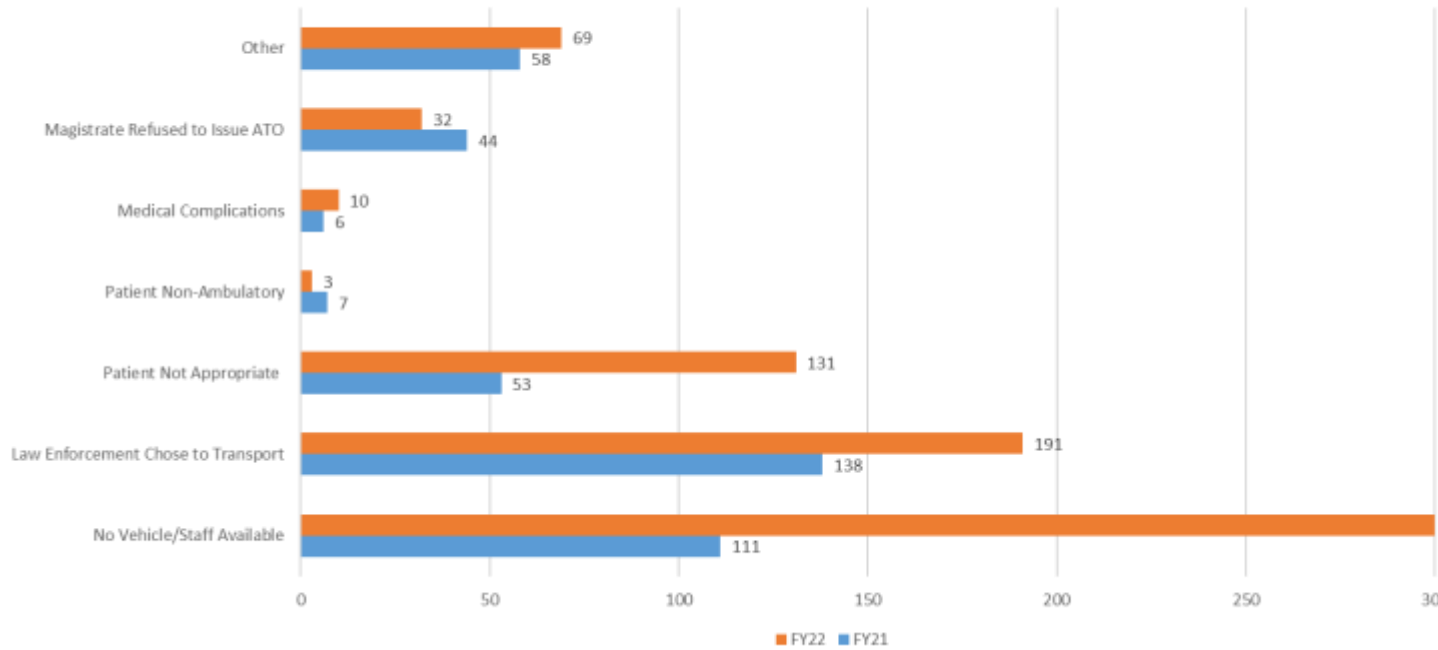


AT Requests versus Completed Transports per Month with Quarterly Completion Rates  
Oct 2019-Jun 2022

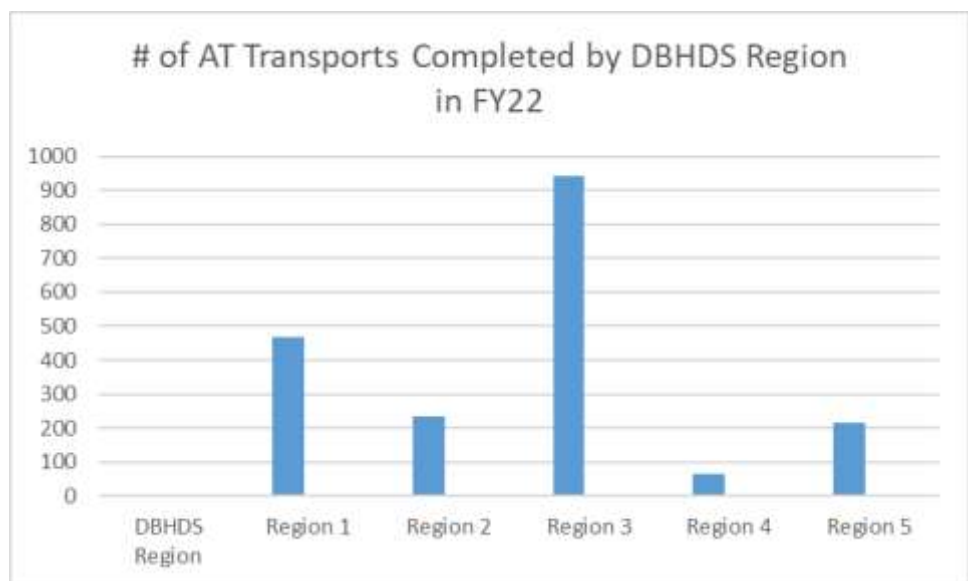


There are multiple factors that influence whether a request for AT takes place. Comparing FY 2021 and FY 2022, having no vehicle or staff available nearly tripled as the reason a request did not result in a transport. Patient not appropriate and law enforcement choosing to do the transport also significantly increased from FY 2021 to FY 2022. This may be due to not only staffing but increased response times that make it more likely that law enforcement does not want to wait for the AT provider to respond. This may also be due to anecdotal reports by CSB Pre-screeners that patients are more highly acute and aggressive or at high risk for elopement which disqualifies individuals from an AT transport.

Reasons Referrals did not Result in Transport per Fiscal Year  
(July 2020-June 2022)



## Region by Region Comparisons



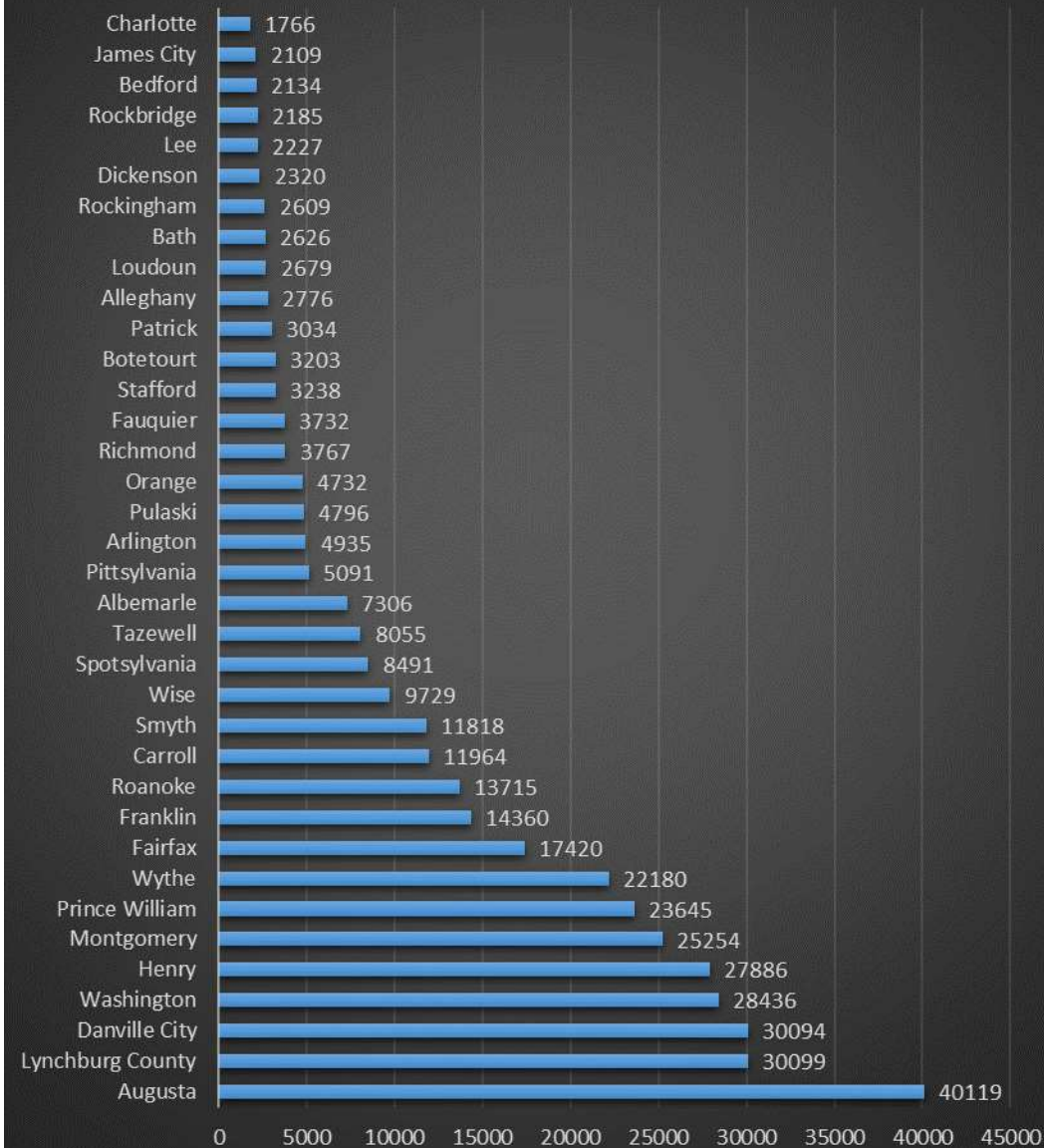
There are significant differences in utilization from region to region. Region 3 continues to have the highest utilization. Regions 1 and 3 have been open the longest and have had better staffing than Regions 2, 4 and 5 where staffing has been restricted by budget and hiring limitations.

A deeper analysis shows that utilization varies widely from CSB to CSB. This may be due to hub locations and the contractor's ability to respond in addition to CSB culture and comfort and experience using the service. The time saved individual law enforcement jurisdictions also highlights this variability in statewide usage. While 66 different jurisdictions have realized the benefits in TDO transport time saved their officers, it is clear that there is disparity between localities.

# Law Enforcement Time Saved (In Minutes) by Issuing Court Jurisdiction July 2020-July 2022



## Law Enforcement Time Saved (In Minutes) per Issuing Court Jurisdiction July 2020-July 2022



DBHDS staff meet regularly with regional CSB emergency services staff to support increased referrals as well as troubleshoot areas of concern. Most feedback is that when transports happen, the experience is positive for the person being transported. Areas of concern include:

- Lengthy response times
- Negative interactions with the AUS dispatcher
- Extra time involved to arrange the transport with AUS and the local magistrate

- Inability of the program to provide a higher level of security and/or restraint to prevent a negative outcome should the individual being transported become aggressive or try to elope.

## **Discharge Pilot and Plans for Expansion**

During fiscal year 2022, DBHDS worked with AUS to pilot a program for discharge transportation for individuals ready for discharge from Western State and Catawba Hospitals. A ride back to an individual's residence can be a significant barrier to discharge for some individuals. This has become increasingly problematic since the bed of last resort legislation in which individuals under a TDO must utilize a state hospital bed if no bed can be found in the private sector. If the state facility in the person's jurisdiction is full, the person may be diverted to another state facility which may be farther from their home and more challenging to find a ride back home when ready for discharge. During the pilot, AUS transported 31 people from Western State, 4 from Catawba and one additional transport of an 18-year-old from CCCA. With the additional allocation in FY 2023, DBHDS plans to expand the contract with AUS to include all state facilities. AUS can then be used as a primary resource for discharge transportation statewide instead of a last resort resource as was it was for the pilot due to limited funds for the pilot. DBHDS is hopeful that this will assist in faster turnover of bed which will allow for increased admissions to state facilities thereby reducing wait times for state beds.

## **Future Contract/Plans for RFP/AC Workgroup Recommendations**

At this writing, the contract with AUS has been extended through September 30, 2022. There are several reasons for this extension. The agreed upon response to the Letter to Cure allows AUS time to implement new strategies in management structure, hiring and retaining staff and additional corrections needed in camera and technology solutions. The impact of COVID on work force and the resulting bed crisis leading to large numbers of individuals awaiting a state bed have also impacted AT and it remains a concern as to how much these systemic changes have influenced decreased utilization of the service.

With the increased wait times for state facility beds, law enforcement has seen increased time needed to maintain custody of individuals awaiting a TDO bed. This resulted in legislative action from SB 202 which established a workgroup to study options for alternative custody. This workgroup will complete its work by October 1, 2022. The recommendations that come from this group, including whether DBHDS will expand the existing contract, will also impact how DBHDS approaches continued AT services.

Regardless of the SB 202 workgroup's recommendations, DBHDS plans to conduct a new RFP/RFI process to see if there are other entities capable of scaling this project statewide or on a regional basis through multiple contracts.

## **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 a small percentage of Virginians experiencing mental health crisis. There is a continued need to build upon the foundation established and increase utilization for more individuals to benefit from the service and to relieve law enforcement of some of the burden of TDO transports. 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.