Interim Progress Report
Joint OIG and DBHDS
Temporary Detention Order
Barriers Report

Joint Commission on Healthcare
Behavioral Health Subcommittee
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The Office of the Inspector General (OIG) was introduced to the term “streeted” by emergency services personnel from HPR V during its follow-up review of the impact on Hampton Roads of the 2010 downsizing of Eastern State Hospital (ESH). The follow-up review occurred during December 2010 & January 2011.

The concept of “streeting” was first profiled in the OIG Semi-Annual Report covering the period October 1, 2010 to March 31, 2011.

"Streeted" Defined

- According to the HPR V definition, a person is considered "streeted" when that individual is determined to meet the criteria for a TDO described below, but is released from custody because an accepting facility cannot be located to admit the person.
- Based on anecdotal reports, the OIG subsequently estimated that approximately 200 people had been *streeted* throughout the Commonwealth during the previous twelve months.
- Criteria for temporary detention: "to determine whether the person meets criteria for temporary detention…[a person] (i) has a mental illness and that there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future, (a) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or (b) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs, (ii) is in need of hospitalization or treatment, and (iii) is unwilling to volunteer or incapable of volunteering for hospitalization or treatment." (*Code of Virginia* § 37.2-808 B)

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JOINT INITIATIVE

- Beginning July 15, 2011, following a brief pilot program, the OIG and the DBHDS launched a joint statewide initiative. All forty (40) Community Services Boards (CSB) & Behavioral Health Authorities (BHA) are participating in this study.
- The goal of this survey is to provide a empirical data for understanding the extent and contributing factors associated with individuals in-crisis who are "streeted".

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This initiative's instrument for data collection was created with input from the OIG, DBHDS, CSBs and the private hospital association.

It is designed to identify "stress points" in service delivery for persons determined to meet TDO criteria by screening professionals.

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The review is also designed for the initial data to be routed through the regional mangers for the 7 planning partnership regions (PPR) so that emerging patterns, specific to each region, can be recognized and considered. CSBs & BHAs in each region are as follows:

PPR 1 (NORTHWESTERN VA) - Central Virginia, Harrisonburg-Rockingham , Northwestern , Rappahannock Area, Rappahannock-Rapidan, Region Ten, Rockbridge Area, and Valley

PPR 2 (NORTHERN VA) - Alexandria, Arlington, Fairfax-Falls Church, Loudoun County and Prince William

PPR 3 (SOUTHWESTERN VA) – Cumberland Mtn., Dickenson County, Highland, Mount Rogers, New River Valley and Planning District One

PPR 4 (CENTRAL VA) – Chesterfield, Crossroads, District 19, Goochland-Powhatan, Hanover, Henrico and Richmond BHA

PPR 5 (EASTERN VA) – Chesapeake, Colonial, Eastern Shore, Hampton-Newport New, Middle Peninsula-Northern Neck , Norfolk, Portsmouth, Virginia Beach and Western Tidewater

PPR 6 – (SOUTHERN VA) – Southside, Danville-Pittsylvania and Piedmont Community Services

PPR 7 (CATAWBA REGION) – Alleghany /Highlands and Blue Ridge Behavioral Healthcare

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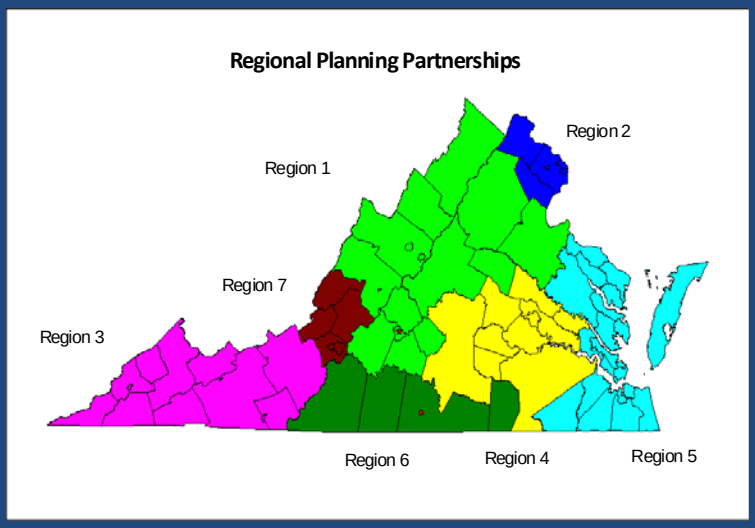

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The two key components of this joint review are:

1. The number of persons identified as meeting the criteria for TDO for which no accepting facility could be located and the TDO was not executed; and,
2. The number of individuals for whom the TDO was executed but the time that it took for a willing facility to be located extended beyond the 6 hour limit established by the *Code*. [§ 37.2-808 H]

The OIG and DBHDS have designated these key components as **quality indicators** to measure the performance of the chain of providers involved in the TDO process.

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•The Inspector General attended regional meetings across the state and met with Emergency Services Managers to discuss their unique perspective(s) on this issue.

•These meetings and the bi-monthly regional outcome report have raised the consciousness of regional issues that were largely off-the-radar. Prior to OIG interest, there was not an awareness among ES Directors that “streeting” was a statewide problem.

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The information presented in this interim report is from the first six weeks of this three-month initiative; representing the reporting periods from July 15, 2011 through August 25, 2011.

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Number of Cases

- During the six-week period of this interim review, there were 194 cases meeting the two criteria established for the study.
- Of the total cases, 119 or 61.34% began with the issuance of an emergency custody order (ECO).
- 145 of the cases involved individuals for whom a TDO was executed but exceeded the 6-hour time limit established for ECOs in VA Code. Of these 145 cases, 77% began as an ECO.
- 49 involved individuals who met the criteria for a TDO but a TDO was not executed. The reasons why the TDO was not executed vary and does not mean that all of the individuals were “streeted”; of these 49 cases, 27 began as an ECO.

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Specific Outcomes

Detained	8
Arrested	1
Medically Admitted	7
Remained in ED & released	7
Supported Setting (family)	2
Community Support Programs	13
Released with no further care	11

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Breakdown by Region

Region	> 6 Hrs	"Streeted"
PPR 1 (NW Virginia)	20	4
PPR 2 (NOVA)	10	4
PPR 3 (SW Virginia)	26	21
PPR 4 (Central Virginia)	17	3
PPR 5 (Hampton Roads)	35	15
PPR 6 (South Virginia)	7	2
PPR 7 (Catawba Region)	30	0
Totals	**145**	**49**

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Profiles of Cases

- The average age of those individuals that were determined to meet the criteria for a temporary detention order was 44.
  - Of this number, 26 or 13.4% were over the age of 65.
- Narratives provided by the CSBs and Behavioral Health Authorities revealed that many of the cases involve persons with complex histories and/or presentations, such as:
  - Co-morbid psychiatric and medical issues
  - Challenging behaviors, aggressive behaviors
  - Intellectual Disabilities
  - Substance Dependence and Use Issues, and
  - Placement concerns associated with age

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Payor Sources

- Of all the cases, 144 or 74% had a payor source
- The payor source percentages of all the cases are as follows:
  - Medicare 27%
  - Medicaid 37%
  - Private Insurance 9%
  - Veteran's Affairs >1%
  - LIPOS Project Funds 1%
  - Self Pay 7%
  - Uninsured , No self pay 17%

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Other Preliminary Information

- The majority (63%) of the initial contacts or pre-screenings occurred in hospital emergency rooms. The remaining contacts took place in hospital psychiatric units and other community settings including CSB offices and local law enforcement facilities.
- Surprisingly, approximately 40% of all crisis contacts were initiated between 0800 and 1700 hours.
- The average length of time for executing a TDO across all regions was 16.34 hours.
  - PPR V had the longest average length of time of all the regions, which was 31.62 hours
- The majority of TDOs were executed to a facility within the partnership planning region for the CSB/BHA .

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Primary Barriers

- Of the 49 cases for individuals who met the criteria for a TDO, the primary reasons cited for denial of admission to a private facility were:
  - No beds available (32 cases)
  - Medical acuity of the person (9 cases)
  - Acuity or level of care issues for the person (7 cases)
  - Geography or distance (1 case)
- The primary reasons for denial to a state-operated facility were:
  - No beds available (17 cases)
  - Medical acuity of the person (8 cases)
  - Inability for bed availability to be confirmed (3 cases)
  - No reason provided (21 cases)

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Impressions

- The issue of persons being “streeted” is a statewide concern with the largest number of cases occurring in Hampton Roads and Southwest Virginia.
- The data reveals that the recently established safety net bed admissions process at ESH has been used to assist with persons in HPR V, but HPR V still “streeted” 15 individuals during this six-week period.
- Many of the cases in this preliminary review involve individuals with complicated psychiatric and medical histories and the resulting need for medical clearance contributes to a delay in executing the TDO in a timely manner.
- Communication challenges between the attending ER physicians and admitting physicians in both the private and state facilities contributes to the delay.
- For the state facilities, the number of persons who are ready for discharge but cannot be placed because of limited community and/or funding resources decreases the number of available beds for admissions.

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Further Consideration

- The data collected suggests that further study will be required in the following areas:
  - A detailed evaluation to understand the reason(s) behind the 21 cases who were denied admission to a state facility without explanation.
  - A clearer understanding of the reported disconnect between ER physicians and physicians in private and state facilities around the definition of “medical clearance” of a patient.
  - Examining the correlation between the recent acute bed capacity issue at SWVMHI and the significant number of “streeted” individuals in PPR 3 during the study period.

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