Northern Virginia Regional Projects Office

Serving Alexandria, Arlington, Fairfax-Falls Church, Loudoun, and Prince William Community Services Boards

Region 2 Admission Protocols

I. Introduction/Intent of Regional Protocols – Northern Virginia Mental Health Institute (NVMHI) has a bed capacity of 134 and accepts both civil and forensic admissions. With recent legislative changes, as well as ongoing efforts to divert individuals suffering from mental illness from jails to psychiatric treatment, NVMHI is often at capacity. As a result, the region (including staff from the Community Services Boards [CSBs] and NVMHI) has collaborated closely to assure that the psychiatric acute care/crisis needs of individuals living in Northern Virginia are met. These strategies include, but are not limited to, a close monitoring of trends and needs across all settings in our continuum of care, close collaboration with our private hospital partners, use of crisis stabilization units and other diversion programs, Mandatory Outpatient Treatment (MOT), and collaboration with our local law enforcement officers. Criteria used to monitor our resources have been developed and are updated regularly based upon changing circumstances. These criteria and procedures are outlined below.

II. Individuals under ECO

A. Adults (18-64)

1. Notification of State Facility - When an Emergency Custody Order (ECO) is executed or when an individual has been taken into custody, law enforcement will contact their CSB Emergency Services, and that CSB will call NVMHI.
    a. Contact Information for NVMHI: Call Admissions Department office at 703-207-7170 and Fax 844-526-3971. Call Main Line at 703-207-7100.
2. If the ECO evaluation is completed and no state hospital bed is needed, contact NVMHI as soon as possible. If the ECO evaluation is completed and Temporary Detention Order (TDO) bed is needed, the CSB will conduct a search for a bed in a private psychiatric hospital and will document all private hospital contacts on their CSB's identified Bed Tracking Form (which contains all of the DBHDS-required denial codes).
3. The ES Clinician should follow these steps to secure a bed for someone under an ECO requiring a TDO:

14150 Parkeast Circle, Suite 115
Chantilly, Virginia 20151
703-531-2150, Fax 703-653-9562
www.fairfaxcounty.gov/csb/region

a. If appropriate, contact the regional Crisis Stabilization Units (CSUs) to determine bed availability and/or eligibility for admission. If no bed is available or appropriate, move to Step b.
b. Contact the following regional and near-regional hospitals to determine bed availability and/or eligibility for admission:

- Dominion Hospital
- Inova Fairfax Hospital
- Inova Loudoun Hospital
- Inova Mt. Vernon Hospital
- Novant Prince William Hospital
- Virginia Hospital Center
- Spotsylvania Regional Medical Center
- The Pavilion at Williamsburg Place
- Poplar Springs

c. If no bed is available at any of the regional or near-regional hospitals, contact NVMHI to notify them of the status. Solution finders have been identified for the above private hospitals and are posted on the NVRPO website at https://www.fairfaxcounty.gov/community-services-board/sites/community-services-board/files/assets/documents/pdf/hospital-contacts.pdf. At hospitals where beds were available but could not be accessed with an initial telephone call, Emergency Clinicians and/or Emergency Managers will contact solution finders to discuss barriers and potential solutions.
d. If there is still no willing private facility, contact NVMHI for admission of an uninsured individual; if time allows, Emergency Services (ES) staff will continue to search for a private bed for those individuals who are insured.
e. If no bed is available at NVMHI, or the individual has insurance, the Psychiatric Bed Registry may be used to contact hospitals that have beds available. Notify NVMHI when a bed is secured.
f. If the ECO evaluation and/or bed search has not been completed after 5 hours from the time of execution, the CSB will notify NVMHI, submit paperwork for medical clearance to NVMHI, and will continue to search for a psychiatric bed in a private facility.
g. If no private psychiatric bed has been secured after 7 hours, the CSB must notify NVMHI, and one of two options will occur; NVMHI will exceed its established capacity or the NVMHI Hospital Director or designee will facilitate an admission to another state hospital or a partner hospital with whom DBHDS has entered a contractual agreement.
h. At no later than 7 hours, a TDO is issued with a location of NVMHI or other state facility as identified by the NVMHI Hospital Director (see Section V, part E for more details). If an individual has not yet been

medically cleared for admission, the TDO should be issued "To NVMHI (or alternate state facility) pending medical clearance." A patient should NOT be transported to NVMHI until they have been medically cleared by NVMHI.

i. If a private bed is located after the TDO has been issued (VA code 37.2-809), but before the individual is admitted to NVMHI, the CSB will:

- Notify Law Enforcement;
- Notify NVMHI;
- Designate the alternative facility on the prescreening report; and
- Send Notice of Alternative Facility of Temporary Detention (Form DC-4044) to the clerk of the issuing jurisdiction.

j. If an alternate bed (as determined by CSB and NVMHI) is located after admission to NVMHI and prior to the TDO hearing (VA code 37.2-809), CSB will:

- Obtain Transportation Order from their magistrate (Form DC-4046);
- Send Notice of Alternative Facility of Temporary Detention (Form DC-4044) to the clerk of the issuing jurisdiction; and
- Designate the alternative facility on the prescreening report.
- Individual will be transported and admitted to the alternate placement.

k. If an individual is placed at NVMHI, the CSB shall send their CSB's completed Bed Tracking Log (that contains the DBHDS-required denial codes) to NVMHI, along with the final prescreening, if applicable.

l. Within 24 hours of the TDO, the ES Clinician shall notify the CSB Discharge Planner of the admission to a state hospital.

m. If an admission results in NVMHI exceeding its capacity, the following will occur the next business day:

- The NVMHI Social Work Director will notify the CSB Discharge Planners, Aftercare Managers, ES Managers, and the Regional Projects Office, who will work together with NVMHI to bring NVMHI back to no more than their capacity as soon as possible;
- If the individual can be moved to a bed in a private hospital, the Emergency Services staff who completed the Prescreening will take the lead in locating that bed and arranging the transfer; and
- The Regional Office will conduct a review of the process with a focus on utilization management and quality clinical care.

n. NVMHI will assure that Nursing Supervisors, Primary Care Physicians (PCP), Psychiatrists/Psychiatric Nurse Practitioners, and Admissions staff are familiar with responsibilities related to bed unavailability and time

frames for contacting supervisors and other state hospitals. Emergency Managers will assure that their staff have current information regarding bed availability, bed registry access, contact information at relevant private facilities (CSB Hospital Log, Solution-Finders List, updated lists are on the web site at https://www.fairfaxcounty.gov/community-services-board/region), time frames for contacting and receiving responses from private providers, and time frames for contacting supervisors regarding a potential inability to find a needed hospital bed for an individual.

B. Geriatric (65+)

1. Notification of State Facility - When an ECO is executed or when an individual has been taken into custody, law enforcement will contact their CSB Emergency Services, and that CSB will call Piedmont Geriatric Hospital (PGH) using the following protocols:

- **24 hour contact to Admission Coordinator: 434-294-0112**

When receiving a notification of ECO, PGH will anticipate the following information:

- Patient Name/Initials;
- DOB;
- Gender;
- CSB;
- ES Clinician Name and Contact Information; and
- ECO Start Time.

2. If the ECO evaluation is completed and no state hospital bed is needed, contact PGH as soon as possible. If the ECO evaluation is completed and TDO bed is needed, the CSB will conduct a search for a private psychiatric hospital bed facility, and will document all private hospital contacts on their CSB's identified Bed Tracking Form.

3. Follow the steps outlined in section II, part 3, with the following caveats:

- Skip step d, and go straight to step e.
- Contact the PGH Admission On-Call (AOC) staff at the **5th hour** to begin dialogue regarding the possible need for a state hospital last resort bed, utilizing the same contacts listed in **II.B.1**.
- At the 5th hour, send the following information:
  - CSB Prescreening
  - Bed Tracking Log (progress made so far)
  - The following labs and tests to rule out medical illness and medically induced psychiatric symptoms:
    - Physical Exam to include vital signs, allergies, current medications and medical problems;
    - CBC;
    - CMP;

- UA, UDS;
- Chest x-ray;
- EKG;
- BAL and/or medication levels if patient is symptomatic (Ex. Lithium, Depakote); and
- Other testing, as requested by a PGH Physician.

- At the 7th hour, PGH will make every effort to complete their medical screening/clearance and provide their disposition. If it is not, however, the TDO should be made to PGH as "TDO pending medical clearance." A patient should NOT be transported to PGH until the physician has cleared them.
- If PGH does not have an available bed, the Facility Director will coordinate with another state facility for a diversion bed, and this will be communicated to the ES Clinician (see Section V, part E for more details).

C. Youth (0-17)

1. Notification of State Facility - When an ECO is executed or when an individual has been taken into custody, law enforcement will contact their CSB Emergency Services, and that CSB will call Commonwealth Center for Children & Adolescents (CCCA) at 540-332-2120.

2. If the ECO evaluation is completed and no state hospital bed is needed, contact CCCA as soon as possible. If the ECO evaluation is completed and TDO bed is needed, the CSB will conduct a search for a private psychiatric hospital bed facility, and will document all private hospital contacts on their CSB's identified Bed Tracking Form.

3. Follow the steps outlined in section II.A.3, with the following caveats:

- Contact the Regional and near-Regional hospitals with child/adolescent beds:
  - Dominion
  - North Spring
  - Poplar Springs
  - Snowden
- Skip step d and go straight to step e.
- If the bed search is not successful by hour 5, the prescreener will notify the CCCA Admissions Coordinator at hour 5 via telephone call and fax the Prescreening Report to CCCA.
- At hour 7, if a bed has not been identified, the prescreener will contact CCCA to request a TDO bed acceptance pending medical clearance if youth is in the ED.

- If a youth is in the ED, lab results, MAR, physician review of systems and physical exam must be received for CCCA RN/MD review prior to transport of an accepted admission.
- The Admissions Coordinator will review medical concerns and consult as needed with the RN and physician to determine if additional medical information is necessary or if medical issues require attention prior to admission.
- If there is no bed available, CCCA may divert patients to a partner hospital with whom DBHDS has entered a contractual agreement (see Section V. Part E for more details) to provide acute care to patients who would otherwise be admitted to CCCA.

III. Individuals not under ECO, requiring TDO

A. Adults (18-64)

1. The ES Clinician will notify NMVHI that he/she is searching for a TDO bed.
2. Follow steps outlined in Section II, 3, a-e.
3. If no bed is available, alert NVMHI of need for a bed.
4. Keep individual in originating hospital, Emergency Department, Mental Health (MH) center or police station until bed is available at NVMHI or a private hospital.
5. For TDO admissions, NVMHI is mandated to go over capacity or arrange an admission at another state facility. If no ECO is in place but a TDO is determined to be needed, and a thorough bed search has been completed without an ability to locate a private bed, NVMHI will be contacted, and they will accept the individual or facilitate an admission to either another state hospital or to a partner hospital with whom DBHDS has entered a contractual agreement.
6. If the admission will result in NVMHI exceeding its capacity, the following will occur:
    - The NVMHI Social Work Director will work with NVMHI and the CSB Discharge Planners to create space by identifying individuals at NVMHI who may be able to be discharged. Potential options include: individuals identified for discharge for same or next day, individuals capable of being moved to a CSU for step-down purposes, individuals who are NGRI and have passes as part of their treatment plan, review of bed holds. If week day hours, Discharge Planners will also review LIPOS and CSU individuals and determine whether LIPOS or CSU individuals can be discharged in order to create a bed in a private hospital or CSU (if appropriate);

- If the individual can later be transferred to a bed in a private hospital, the ES staff who completed the Prescreening will take the lead in locating that bed and arranging the transfer;
- NVMHI Social Work Director will notify the Regional Office and the Regional Office will conduct a review of the process with a focus on utilization management and quality clinical care.

7. If an individual is placed at NVMHI, the CSB shall send the completed Bed Tracking Log to NVMHI along with the prescreening.
8. Within 24 hours of the TDO, the ES Clinician shall notify the CSB discharge planner of the admission to a state hospital.

B. Geriatric (65+)

1. Follow the steps outlined above in Section II.B.3, without the time constraints of the ECO.

C. Youth (0-17)

1. Follow the steps outlined above in Section II.C.3, without the time constraints of the ECO.

IV. Medical Assessment & Screening

A. Medical Assessments – In addition to the guidance listed below, please see the Criteria for Medical Assessment Prior to Admission to a Psychiatric Hospital, Inpatient Psychiatric or Crisis Stabilization unit (ADULTS) from DBHDS and VHHS https://dbhds.virginia.gov/assets/doc/about/masg/adults-medical-and-screening-guidelines-11-5-2018.pdf

1. NVMHI is a freestanding, psychiatric facility with limited medical care capability for individuals who require laboratory, x-ray or other diagnostic tests, therapeutics, oxygen or any kinds of drains or tubes. Stabilization of acute medical problems prior to admission is critical for the individual's safety. Medical stabilization without providing active treatment or diagnosis of underlying condition (i.e., transfusion, sodium supplementation, lowering of BP) for the sole purpose of transportation is not acceptable.
    a. Medical Screenings
        i. Minimum Required Information is needed:
            - Vital Signs (within the last 2 hours);
            - Urine Drug Screen;
            - Blood Alcohol Level;
            - Medical History

- Physical/Neurological Exam;
- Urine Pregnancy Test (if applicable);
- CSB Preadmission Screening Form.

ii. Additional Required Information, when requested or for Individuals 60 years of age and older:
- Comprehensive Metabolic Panel;
- CBC;
- Urinalysis;
- CIWA Score;
- Medication Blood Levels (when applicable);
- If pregnant and in second or third trimester, OB ultrasound;
- If new onset mental status change or psychosis: Head CT.

iii. If the results of the tests/assessments listed above and/or the described presentation of individual being assessed suggest a potential medical issue, additional tests may be required (i.e. Medical Clearance) to assure an individual's safety at NVMHI.

iv. If refusal of labs/tests/assessments exceeds 1 hour, Admissions staff will forward the incomplete medical screening information to PCP for medical clearance and clinical appropriateness.

b. Medical Clearance

i. Acute medical problems or intoxication may mimic psychiatric symptoms and may be suspected in individuals who have no previous psychiatric history. Frequent causes of acute delirium include: pneumonia, infections, dehydration, organ failure, some cancers and a stroke. These individuals need to be treated in an acute care facility prior to admission to NVMHI. To rule out medically induced psychiatric symptoms and to ascertain whether this individual can be appropriately treated at NVMHI, additional tests may be recommended depending on results to assure that this individual can be cared for at NVMHI.

ii. A PCP is on call 24/7 and works as follows:
- PCP is available for MD to MD communication to clarify what is needed for NMVHI to medically clear the individual;
- PCP reviews the tests results;
- NVMHI PCP medically clears the individual for admission as appropriate;

- NVMHI Admissions staff inform the CSB that NVMHI is ready to accept the individual. Only at this point should individuals be transported to NVMHI;
- If NVMHI does not medically clear the individual, reasons will be provided to the CSB staff person who will need that information as they search for beds at other hospitals.

iii. Doctor-to-Doctor Dispute Resolution Protocol – Both CSB and NVMHI Admissions Staff shall follow up with their respective parties for outcomes of each stage and to move through the stages efficiently. Admissions will provide contact numbers when requested by CSBs.

- Stage 1: When there is a disagreement between the referring physician and receiving physician about any requested laboratory work or evaluations, and/or admission, the physicians should attempt to resolve the matter amicably.
- Stage 2: If such resolution cannot be reached between the physicians, the referring physician may request that the dispute be escalated to the Medical Director (or designee) of the referring facility to initiate a discussion with the Medical Director (or designee) of the receiving facility for resolution.
- Stage 3: If the matter remains unresolved or the Medical Director is unavailable, the Medical Director (or designee) at the referring facility may request that the dispute be brought to the Chief Medical Officer (or equivalent) of the receiving facility for resolution. This discussion should be facilitated by either the referring facility's Medical Director (or designee) or the Chief Medical Officer (or equivalent).

c. ECOs

i. As described in Section II, individuals under an ECO who need a TDO bed and no bed is available privately, will be admitted to a state facility.

ii. If the state facility PCP believes the individual's medical needs exceed the capabilities of the state facility, the state hospital physician will communicate that information to the ER physician.

iii. The requirements of EMTALA must be met by the sending facility and sending an individual to a hospital that cannot safely manage the individual's medical condition is not acceptable.

iv. An optimal option would be for ER physician to keep and treat the individual until he/she is stable enough to be transferred to the TDO facility (see next section, IV.B.) and/or consider the appropriateness of a medical TDO (see section IV.E.).

B. TDO pending medical clearance (§37.2-810)

1. A TDO pending medical clearance allows the individual to be legally held beyond the 8 hours that the ECO allows so that further medical evaluation or treatment may occur that will allow for safe placement at the identified psychiatric facility.

C. Individuals using Substances

1. NVMHI does not admit individuals who are intoxicated and have a history of significant withdrawal symptoms (i.e., seizures, DTs). NVMHI does not have the capability for intubation or providing ventilator support or inserting IVs if the need should arise. The BAL cutoff is .250. An individual cannot be admitted if he/she is obtunded or is having difficulty breathing or regulating their airway or have an underlying medical condition that cannot be appropriately treated at NVMHI. Methadone is not available after 4:45pm; NVMHI cannot conduct an after-hours admission for individuals who will require Methadone upon admission.

D. **Pregnant women**

1. NVMHI will accept women who are pregnant. However, if the woman is in the 2nd or 3rd trimester, a current ultrasound is necessary prior to acceptance for admission.

2. Pregnant women who are substance using and who are referred for CSB services must be seen within 48 hours of the referral. If evaluated for hospitalization, the individual's pregnancy and substance use must be highlighted during medical screening and/or clearance, along with any withdrawal symptoms (past or present).

E. Medical TDO regulations (§37.2-1104B)

1. The CSB is to re-evaluate any individual who was the subject of an ECO and required a Medical TDO prior to their discharge from a medical facility, or at the expiration of the Medical TDO. The evaluation is to be

conducted upon the completion of the observation, testing or treatment that occurred during the Medical TDO.
2. The medical facility where the individual is being treated is responsible for notifying the CSB before the individual is to discharge, or upon the expiration of the Medical TDO.

V. Special Populations

A. Individuals with Intellectual and/or Developmental Disabilities

1. In any preadmission screening involving an individual with either a documented or suspected Intellectual Disability or Developmental Disability, the regional REACH program will be contacted on the Regional Crisis and Referral Line at 855-897-8278 as soon as the prescreener is aware that a I/DD diagnosis may be present. It is understood that REACH may not be able to divert a psychiatric admission at the time of the preadmission screening; however, a REACH consultation may indicate additional resources to resolve the crisis or, in many cases, begin the process of expediting discharge planning or facilitating step-down admissions to the REACH Crisis Therapeutic Home.
2. The REACH Program will identify a clinical staff member as the point person for all hospital admissions. This person will have responsibility for acting as the point of contact for all hospitals so that the hospitals have one contact point to consult with regarding hospital admissions, discharges and planning for aftercare.

B. Individuals who are Deaf or Hard-of-Hearing

1. For adults who are deaf, hard of hearing, late deaf, or deafblind, consult with staff at Western State Hospital (WSH) if no beds are available in community hospitals or NVMHI. Only on rare occasions would an individual who is deaf be directly referred to WSH. As mandated by State Code, VDDHH (Virginia Department for the Deaf and Hard of Hearing) maintains a directory of Qualified Interpreter Services and works to remove communication barriers. CSBs and NVMHI will each ensure that an American Sign Language (ASL) interpreter is secured to provide an emergency evaluation and/or treatment.

C. Individuals who are Non-English Speaking

1. CSBs and NVMHI will utilize on-site or telephonic interpretation services for all individuals who are non-English speaking.
2. CSB ES will communicate to potential facilities when an individual is non-English Speaking, so that proper interpretation services can be identified.

3. CSBs will notify the courts if there is a need for interpretation services at the Commitment Hearing.

D. Individuals who are Incarcerated

1. NVMHI will prioritize forensic transfers from the Loudoun and Alexandria Adult Detention Centers over civil transfers from private hospitals. TDOs from the community will take priority over forensic transfers. Please refer to the Jail Transfer Policy and Procedures at NVMHI for further information about Forensic Admissions.

E. Diversion to another state hospital

1. In circumstances in which a state hospital gets a TDO bed request and they determine that they need to divert, the State Hospital Director is responsible for contacting Hospital Directors at sister state facilities in order to find a diversion bed. The diverting state hospital will then communicate the name and contact info of the receiving state hospital to the CSB ES, who will contact the receiving hospital to facilitate the pre-admission process. It is expected that the diverting hospital will verify that an exhaustive bed search, including state funded diversion beds (subject to contract and availability), has been completed. The diverting hospital will send all information received on the individual to the diversion hospital. ES will send the information to the diversion hospital if the information has not been received by the regional state hospital.

F. **State contract diversion beds**

1. When necessary, State Hospital Directors or designee will facilitate diversion to a state contract diversion bed. The diverting hospital will notify the CSB of the willingness of a private hospital to consider diversion under state contract. ES will send the information to the diversion hospital if the information has not been received by the regional state hospital.

G. Change of facility prior to the expiration of the TDO (§37.2-810)

1. Please see Section II, Part A.3.i and Part A.3.j. for more details
2. Please see Section II, Part A.3.m. for more details.

VI. Psychiatric Bed Registry/Regional Bed Searches (§37.2-308.1)

A. Please see Section II, Part A.3.e for more details.
B. Please see Section II, Part A.3.k for more details.

VII. Utilization Review Process

A. In an effort to manage regional inpatient psychiatric resources so they are available throughout the fiscal year, the Regional Utilization Review and Consultation Team (RUG) reviews and modifies admission criteria for LIPOS,

NVMHI, and CSUs on an as needed basis. Consistent with our mission of using least restrictive community resources, long-term inpatient psychiatric care is not available in our region. The below admission criteria reflect the decisions made by RUG.

1. Definitions:
    - Insured individuals are those who have Medicaid, Medicare and/or commercial insurance;
    - Level I individuals are those who have high acuity/low complexity needs and require acute stabilization;
    - Level II individuals are those who have high acuity/high complexity needs and require intensive care.
2. NVMHI Admissions of Uninsured Individuals:
    a. Uninsured individuals with Level II inpatient clinical needs will be given priority admission to NVMHI over an individual with Level I needs, unless the Level I individual has been on LIPOS for 14 days or more.
3. NVMHI Voluntary Admission of Insured Individual:
    a. A voluntary admission with insurance will be directed to a private hospital.
    b. Any voluntary insured admission is an exception, and must be approved by ES Manager, NVMHI Social Work Director and the NVMHI Hospital Director.
4. CSU Admissions:
    a. Individuals at NVMHI may be admitted to any or our regional CSUs as a step-down admission.
    b. If CSUs are full at the time of an evaluation, individuals can simultaneously be put in a LIPOS or NVMHI bed AND be put on the CSU referral list so that they can be moved to a CSU as soon as a bed becomes available.
5. NVMHI Post-Hearing Admissions:
    a. Following designation of LIPOS funding for post-hearing placement, Emergency staff may continue to make efforts for transfer to NVMHI for 24 hours following the hearing. After that time, ES staff will turn over the transfer process to the CSB Discharge Planner.
    b. Level I uninsured individuals who are post-hearing may stay at the hospital where they were detained or be transferred to NVMHI; an individual who may complete their treatment episode quickly may be better served by remaining at the detention hospital.
6. Transfers to NVMHI and Regional Admissions Committee:

a. Individuals who are recommended for transfer from a private hospital to NVMHI will continue to receive active treatment in the private hospital up until their transfer to NVMHI as a condition of transfer.
b. Transfers of Level II individuals are more likely to occur because of their complex needs. Transfers of Level I individuals may be less likely if inpatient treatment can be completed in a brief episode.
c. An individual's treatment remains the responsibility of the admitting hospital if 1) insurance is either exhausted or denied during the course of the private inpatient treatment, or 2) the individual is uninsured and admitted directly to a hospital without CSB involvement. Exception: These individuals MAY be transferred to NVMHI, but only with the approval of the CSB Aftercare Manager and the NVMHI Social Work Director. If the insurance policy has expired before the course of private inpatient treatment began, the individual is considered to be uninsured.
d. Procedures for Uninsured Transfers - Referral for transfer from a LIPOS hospital to NVMHI occurs after the CSB Discharge Planner determines that the transfer is clinically necessary and directly communicates that decision to NVMHI. Exceptions can be made in unusual circumstances as follows: CSB Emergency Manager has determined the need for transfer at the time of the LIPOS admission and has directly communicated that request to NVMHI, the CSB Discharge Planners, and the Regional Projects Office.
e. Procedures for Transfers of Insured Individuals – Transfers of insured individuals from a private hospital to NVMHI will only occur after regional review.
    i. CSB must first endorse an individual for review; the CSB can then initiate the Regional Admissions Committee review process by contacting the Regional Office at 703-531-2141.
    ii. Regional review involves participation by one person from each of the following: 1) NVMHI, 2) CSB, 3) Hospital requesting transfer and 4) Regional Projects Office. If one of those parties is not available, then the review defaults to three. The requesting hospital should participate to share information and answer questions but will not be a voting member of the Committee.
    iii. The review will occur within one week of paperwork (identified below) being submitted to NVMHI and the Regional Projects Office:
        - CSB Prescreening Form;
        - Medical History and Physical Exam;

- CBC;
- Urinalysis;
- Comprehensive Metabolic Panel;
- Urine Drug Screen;
- Blood Alcohol Level;
- Medication Administration Record;
- Current Admission Psychiatric Assessment;
- Current Psychiatry Progress Notes;
- Current Nursing Progress Notes;
- Legal Status and Commitment Expiration;
- Paperwork for AR/JA (if applicable);
- CIWA (if performed);
- List of vaccines given (if applicable);
- Radiological Studies (if performed);
- Consultation Reports/Notes (if performed); and
- Result of PPD (if given).

iv. Participants in this phone call have set aside the following times for the review: Tuesdays, 10-11am (Loudoun and Alexandria CSBs) and Wednesdays, 2-3pm (Prince William, Fairfax-Falls Church and Arlington CSBs).

v. If this review results in a finding that a transfer to NVMHI is necessary, then the CSB will provide that update to the private hospital.

vi. The individual will be transferred to NVMHI or put on the Transfer Request List on the date of that review and will be admitted, pending bed availability.

B. Quality Improvement Procedures

1. In an effort to manage regional inpatient resources so they are available throughout the fiscal year, RUG reviews and modifies the admission criteria for LIPOS, NVMHI and CSUs on an as needed basis.
    a. RUG meets monthly and includes members from state facilities (NVMHI, PGH and CCCA), CSB Emergency Managers, CSB Aftercare Mangers, CSB Youth Managers, RAFT Director, CSU Managers, REACH Director and the Northern Virginia Regional Projects Office. Private hospital partners join the RUG meeting on a quarterly basis.
    b. RUG agenda items are also addressed at monthly meetings for CSB Emergency Managers and CSB Aftercare Managers.
    c. Recommendations about policies and significant procedures are forwarded to the Regional Management Group (RMG), comprised of

the five CSB Executive Directors and the NVMHI Hospital Director, for their final decision

2. Information from the following sources will be summarized monthly (if available) by the Regional Projects Office and submitted for review to the RUG and RMG:
    - LIPOS, NVMHI, PGH, CCCA and CSU utilization, including utilization per 100,000 and occupancy;
    - TDO analyses;
    - Insured admissions to NVMHI;
    - Extraordinary Barriers List;
    - Detailed review of Reportable Events (ECOs beyond 8 hours, difficulty obtaining TDO beds).

VIII. **Annual Review**

A. CSB Emergency and Aftercare Managers, along with NVMHI Supervisors and Northern Virginia Regional Projects Office will assure that their staff read these Regional Admission Procedures. The region will review and update these regional protocols and submit to DBHDS to be posted on the webpage on an annual basis by June 15.

IX. **Addenda**

A. **CCCA TDO admission protocol**
B. **Piedmont Geriatric admission protocol**
C. **Utilization Management see** https://www.fairfaxcounty.gov/community-services-board/region/regional-utilization-group **utilization reports.**
D. Criteria for Medical Assessment Prior to Admissions to a Psychiatric Hospital, Inpatient Psychiatric or Crisis Stabilization Unit (ADULTS) document from DBHDS and VHHS