LOB #266:

EMERGENCY AND CRISIS SERVICES

Purpose

To provide a continuum of emergency services for individuals with mental illness, substance use disorder and/or intellectual disability to assess and stabilize crisis situations, ensure the short-term safety of the individual and the community, and link individuals to services to address ongoing needs. Services are provided 24/7, 365 days of the year, at the CSB Merrifield Center. In addition, a Mobile Crisis Unit staffed by emergency services personnel operates 7 days a week, 365 days a year, from 8 a.m. to midnight, and detoxification services are provided 24/7, 365 days a year at the Fairfax Detoxification Center in Chantilly, with a second Mobile Crisis Unit approved by the Board of Supervisors as part of the *FY 2015 Carryover Review* set to begin operations in January, 2016.

Description

Mandated by the Code of Virginia, **CSB Emergency Services** provides a comprehensive walk-in service for individuals at-risk who are experiencing an acute crisis related to mental health, substance abuse, and/or behavioral issues. Presenting problems include psychosis, intoxication, suicidality, aggression and illness impacting the individual's ability to care for themselves. Emergency Services provide recovery-oriented crisis intervention, crisis stabilization, risk assessments, evaluations for emergency custody orders and temporary detention orders, voluntary and involuntary admission to public and private psychiatric hospitals, and three regional crisis stabilization units. Psychiatric and medication evaluations are also provided, including prescribing and dispensing medications.

Mandated by the Code of Virginia, the **Mobile Crisis Unit (MCU)** is the mobile component to Emergency Services that responds in the community to evaluate and intervene with individuals who are at risk of serious physical harm to themselves or to others, or who lack capacity to protect themselves from harm or to provide for their basic needs. The MCU prioritizes cases by level of risk, such that the highest risk cases at any given time are responded to first. Services include crisis intervention, crisis stabilization, risk assessments, evaluations for emergency custody orders and temporary detention orders, voluntary and involuntary admission to public and private psychiatric hospitals, and assistance to the three regional crisis stabilization units. One of the primary objectives of the MCU is to provide assistance to public safety personnel (e.g., police, fire/rescue), which enables them to respond to other, non-psychiatric emergencies. In FY 2015, this program served 1,708 individuals. (This is an unduplicated number; individuals who may have been served multiple times during the year are only counted once.)

Emergency/MCU also includes three 24/7 rapid response teams:

- **Hostage/Barricade**. Responds to hostage/barricade incidents involving the County's Special Weapons and Tactics (SWAT) team and police negotiators. On scene services include: developing a psychological profile of the hostage-taker; gathering critical clinical information; monitoring negotiations and recommending negotiating strategies and tactics; acting as a resource to the incident commander on decisions that a situation is no longer negotiable and tactical assault is warranted; facilitating involuntary psychiatric hospitalization when needed; treating released hostages; working with families of victims; recommending crowd control strategies when needed; and working with families of the hostage-taker/barricader, particularly if the incident ends in his or her death. The team also provides regular clinical training for police members of the team and participates in training "first responder" police officers, including participating in training simulations.
- **Critical Incident**. Provides support and intervention to public safety staff, other County employees and local residents who have been exposed to a psychologically traumatic event such as line of duty deaths, death of a child, mass or multiple casualty events, workplace violence or the traumatic death of a co-worker. Services range from on-scene work for long duration public safety

events to quick debriefings immediately after an event, to full-scale, formal Critical Incident Stress Debriefings. Examples of critical incident services include working with Fairfax County public safety personnel after they had been deployed to help in major emergency efforts, such as the Oklahoma City bombing, the embassy bombing in Nairobi and earthquakes in Armenia, the Philippines, Turkey and elsewhere. Examples of local critical incidents include debriefings after a fatal elevator accident, after an employee suicide and after a violent death in a County park.

- **Disaster Response.** The CSB Critical Incident Response Team also works on-scene with victims, survivors and families in disaster situations such as plane crashes, weather emergencies or other mass casualty incidents, and provides emergency psychological services at emergency evacuation shelters set up by the American Red Cross and the Department of Family Services.

Finally, the Mobile Crisis Unit serves as the "lead" for the CSB in the provision of Crisis Intervention Training for local law enforcement officers from the Police and Sheriff's Department of Fairfax County, the Cities of Fairfax and Falls Church, and the Towns of Herndon and Vienna.

Mandated by the Code of Virginia, the **Civil Commitment Program** provides "independent evaluators" (clinical psychologists) to evaluate individuals who have been involuntarily hospitalized prior to the civil commitment hearing. The evaluators also provide expert testimony to assist the court in reaching decisions about the need and legal justification for longer-term involuntary hospitalization. During FY 2015, this program served 978 individuals (unduplicated).

Woodburn Place Crisis Care offers individuals experiencing an acute psychiatric crisis an alternative to hospitalization. It is an intensive, short-term (7-10 days), community-based residential program for adults with severe and persistent mental illness, including those who have co-occurring substance use disorders. In FY 2015, 45 percent of those who received Crisis Care services had both mental health and substance use disorders, and 2 percent had an intellectual disability. Services include comprehensive risk assessment; crisis intervention and crisis stabilization; physical, psychiatric and medication evaluations; counseling; psychosocial education; and assistance with daily living skills. During FY 2015, this program served 463 individuals (unduplicated).

The **Fairfax Detoxification Center** provides a variety of services to individuals who are in need of assistance with their intoxication/withdrawal states. Length of stay depends upon the individual's condition and ability to stabilize. The center provides clinically managed (social) and medical detoxification; buprenorphine detoxification; daily acupuncture; health, wellness, and engagement services; assessment for treatment services; HIV/HCV/TB education; universal precautions education; case management services; referral services for follow-up and appropriate care; and an introduction to the 12-Step recovery process. The residential setting is monitored continuously for safety by trained staff. The detox milieu is designed to promote rest, reassurance and recovery. During FY 2015, this program provided a total of 6,259 bed days.

Benefits

There is a critical need in the community for emergency and crisis intervention services for individuals experiencing crises related to mental illness and substance use disorders. The goal is to provide immediate response to crises, thereby limiting outcomes such as incarceration, hospitalization, community disruption, and serious medical and psychiatric complications.

Benefits and Value: Individuals in acute crisis require immediate intervention to protect their own and others' lives and health. These services intervene to stabilize an acute situation, thus promoting individual and community safety. CSB emergency and detoxification services routinely work in partnership with other emergency response agencies including police, sheriff, courts, and magistrates to intervene and stabilize high-risk emergency situations.

The goal of Emergency and Crisis Services is to ensure safety – for individuals with serious mental illness, substance use disorders, and co-occurring disorders and for the community at large.

Mandates

Emergency/Mobile Crisis Unit

- Code of Virginia § 37.2-500 mandates provision of emergency services as core service within the Community Services Board.
- Code of Virginia § 37.2-505 mandates CSB complete preadmission screenings as required by the court under §37.2-805 or §37.2-814 et seq.
- Code of Virginia § 16.1-338 for minors under the age of 14 or a non-objecting minor fourteen years of age or older, mandates the CSB to complete an evaluation and preadmission screening for any person requesting admission to a state hospital, including private psychiatric beds purchased with state funds.
- Code of Virginia § 16.1-339. Objecting Minors: For minors fourteen years of age or older who are objecting to psychiatric hospitalization, mandates the CSB to complete an evaluation and provide a written report to including findings as to whether the minor (1) has a mental illness that (2) is serious enough to warrant inpatient treatment and (3) is reasonably likely to benefit from the treatment.
- Code of Virginia § 16.1-340 mandates the evaluation of a minor who is the subject of an Emergency Custody Order.
- Code of Virginia § 16.1-340.1 mandates the emergency psychiatric admission of minors under a Temporary Detention Order pursuant to Code of Virginia § 37.2-808 et seq. Those code sections mandate the CSB to (1) complete an "in person" evaluation of minors prior to the issuance of a Temporary Detention Order, (2) provide a clinical recommendation to the Magistrate regarding the issuance of such an order, (3) complete a preadmission screening report and (4) locate a bed for the detainee; and mandates that all CSB emergency clinicians who initiate involuntary hospitalization on a minor must be certified after having successfully completed a specialized training program as approved by the Virginia Department of Behavior Health and Developmental Services.
- Code of Virginia § 16.1-340.4 mandates CSB to provide a preadmission screening report to the Juvenile and Domestic Relations District Court (JDRDC) prior to a hearing under §16.1-342.
- Code of Virginia § 16.1-344 mandates CSB to attend the civil commitment hearing.
- Code of Virginia § 16.1-345 mandates the CSB to designate the inpatient treatment facility for minors committed under this section.
- Code of Virginia § 16.1-347 mandates the fees and expenses for many of the services provided under § 16.1-388 through § 16.1-342.
- Code of Virginia § 37.2-804 provides for fees and expenses for many of the services provided under § 37.2-809 through § 37.2-817.
- Code of Virginia § 37.2-805 mandates the CSB to complete an evaluation and a preadmission screening for any person requesting admission to a state hospital, including private psychiatric beds purchased with state funds.
- Code of Virginia § 37.2-808 mandates CSB evaluation of individuals under an Emergency Custody Order.
- Code of Virginia § 37.2-809 mandates that all CSB emergency clinicians who initiate involuntary hospitalization must be certified, after having successfully completed a specialized training program as approved by the DBHDS and mandates the CSB to (1) complete an in-person evaluation of patients prior to the issuance of a Temporary Detention Order, (2) provide a clinical recommendation to the Magistrate regarding the issuance of such an order, and (3) locate a bed for the detainee.
- Code of Virginia § 37.2-816 and § 37.2-817 mandates the CSB to provide a preadmission screening report for the civil commitment hearing and mandates the CSB to find a commitment bed at a willing facility.

- Code of Virginia § 19.2-169.6 mandates the CSB to (1) complete an "in person" evaluation of an inmate prior to the issuance of a Temporary Detention Order, (2) provide a clinical recommendation to the Magistrate regarding the issuance of such an order, (3) complete a preadmission screening report and (4) locate an appropriate bed for the detainee. Mandates that all CSB emergency clinicians completing these evaluations be certified by DBHDS.

Civil Commitment Program

- Code of Virginia § 16.1-342 mandates an evaluation of a detained minor by a "qualified evaluator" who is required to attend the commitment hearing as a witness and submit a written report to the court 24-hours prior to the hearing. The report must include the evaluator's opinion regarding whether the minor meets the criteria for involuntary commitment.
- Code of Virginia § 37.2-815 and §37.2-816 mandate an independent evaluation of individuals under a Temporary Detention Order to determine if the individual (1) is or is not so seriously mentally ill as to be substantially unable to care for himself, or (2) does or does not present an imminent danger to himself or others, and (3) does or does not require involuntary hospitalization.
- Code of Virginia § 19.2-169.6 mandates an independent evaluation of an inmate at a local correctional facility who is under a Temporary Detention Order to determine if the individual (1) is or is not so seriously mentally ill as to be substantially unable to care for himself, or (2) does or does not present an imminent danger to himself or other and (iii) does or does not require involuntary hospitalization.

Rapid Respond Teams

- Code of Virginia § 44-146.19E mandates the Critical Incident Stress Management/Disaster Response Team as part of the Fairfax County Disaster Operations Plan.

Trends and Challenges

Trend: Fairfax County is projecting a dramatic increase in the County's older adult population. Between 2005 and 2030, the County expects the 50 and older population to increase by 40 percent, and the 70 and older population to increase by 88 percent. The needs of the older adult population are increasing as well. Emergency/MCU is serving an increasing number of individuals who have a primary diagnosis of dementia or Alzheimer's disease and who are exhibiting violent behavior towards others.

Challenge: The County has virtually no residential/inpatient facilities with the necessary programming and adequately trained staff to provide the interventions needed.

Trend: Emergency/MCU is seeing an increasing number of individuals who are at risk of serious harm to themselves/others. The need for Emergency Custody Orders (ECOs) and Temporary Detention Orders (TDO) is on the rise.

- Emergency Custody Order (ECO)
  - Can be initiated either by a law enforcement officer or magistrate.
  - Criteria include that the "person will, in the near future, (a) cause serious physical harm to himself or others....or (b) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs."
  - CSB has processed 41 percent more ECOs since FY 2012 and 16 percent more since FY 2014.

- Temporary Detention Order (TDO)
  - Can only be issued by a magistrate and, even then, only after an in-person evaluation by a DBHDS certified ES/MCU clinician.
  - CSB has handled 45 percent more TDOs since FY 2012 and 24 percent more since FY 2014.

Challenge: Shortage of psychiatric beds

- While there is a severe shortage of psychiatric beds across the Commonwealth, Northern Virginia has by far the fewest psychiatric beds, both public and private, per capita.
- According to the Virginia Office of the Inspector General, Northern Virginia has only 13.67 beds per 100,000 as compared with Southwest Virginia which has 44.40 beds per 100,000.
- In addition, Northern Virginia also has the fewest crisis stabilization beds per 100,000.

During FY 2015, 56 individuals had to be detained at hospitals outside of Northern Virginia, including hospitals in Petersburg, Williamsburg, and even further away. The long distance that friends and family must travel to support their loved one is a hardship. It is also takes up valuable time and resources of the County's law enforcement personnel required to transport the individual to and from the hospital.

Challenges for the Fairfax Detoxification Center:

- Service capacity does not meet the continuing need for services; the resulting wait time delays the provision of critical services. The average monthly wait time for FY 2015 was 13 days for medical detoxification, 17 days for social detoxification, and 20 days for suboxone treatment.
- Some individuals with alcohol and/or drug-related offenses are sent to jail rather than receiving the treatment they need.
- Lack of insurance coverage for detox services in the community, or lack of insurance coverage for those seeking services creates a high demand for community-based detox services.
- Due to wait times for other services, continuing services are not available at the time of discharge for those who complete detoxification services. Having to wait for these crucial continuing services can contribute to the individual's discouragement and return to substance use.
- Staffing is insufficient to meet the demand for services.
- Individuals receiving services have increasingly complex medical issues.
- The County is experiencing an epidemic in misuse of opiates and heroin and overdose related deaths.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #266: Emergency and Crisis Services			
FUNDING			
Expenditures:			
Compensation	$6,841,693	$6,828,207	$7,939,750
Benefits	2,357,017	2,420,446	2,978,513
Operating Expenses	388,142	706,468	756,850
Work Performed for Others	(1,176,223)	(678,673)	(679,723)
Total Expenditures	$8,410,629	$9,276,448	$10,995,390
Total Revenue	$5,190,301	$5,321,537	$5,505,672
Transfers In:			
Transfer In from General Fund	$3,220,328	$3,954,911	$5,489,718
Total Transfers In	$3,220,328	$3,954,911	$5,489,718
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	87 / 86.5	87 / 86.5	99 / 98.5
Total Positions	87 / 86.5	87 / 86.5	99 / 98.5

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served in Emergency Services	4,791	4,931	5,170	5,170	5,170
Average cost per individual served in Emergency Services	$441	$454	$632	$746	$746
Number of bed days filled at the Fairfax Detoxification Center	3,636	5,585	6,259	7,756	7,756
Cost per bed day at Fairfax Detoxification Center	$829	$575	$526	$519	$519
Percent of crisis intervention/stabilization services provided which are less restrictive than psychiatric hospitalization	89%	89%	73%	75%	75%

During the past fiscal year, Emergency Services served 5,170 individuals through general emergency services and the mobile crisis unit. Prior to FY 2015, the data for number of people served included general emergency services only. During the past year, the mobile crisis unit was added to the number served to more accurately reflect the services provided in this area. It should be noted that since the majority of people served by the mobile crisis unit are also served through general emergency services, most of those served through the mobile crisis unit have been reported as receiving those services. In addition, general emergency services saw an increase in the number of people who arrived in person for services, and will monitor to determine whether this is a one-year increase or a trend. The cost to serve each individual was $632 in FY 2015. This is an increase over the $454 in FY 2014 due to the addition of the mobile crisis unit to this cost center.

In FY 2015, 73 percent of crisis intervention and stabilization services provided by emergency services and the mobile crisis unit were less restrictive than psychiatric hospitalization. This is a significant change from previous years; in FY 2014, 89 percent of emergency services interactions result in an intervention less restrictive than hospitalization. The addition of the mobile crisis unit in this data point also had a tremendous impact on the number of psychiatric hospitalization. Approximately half of the mobile crisis unit responses result in a temporary detention order. In addition, recent changes in mental health legislation have led to a considerable increase in the overall number of temporary detention orders (926 in FY 2014 and 1,150 in FY 2015). Several barriers that previously existed have been addressed through legislative changes such as real-time hospital bed registry and extended time periods for psychiatric placement. Providing the least restrictive intervention remains a critical component of the services provided by emergency services, yet there are many people who truly require the level of care provide through hospitalization. Emergency services will continue to closely monitor the impact of mental health legislation, as well as any service resource needs and service gaps.

The Fairfax Detoxification Center utilized 6,259 bed days in medical and social detox beds during the past fiscal year, which is a 12 percent increase over the 5,585 in FY 2014. The increase can be attributed to a number of factors. Over the past several years, the center has seen a steady increase in those in need of medical detoxification (detox) services rather than social detox services. Medical detox is most often needed and clinically indicated for individuals experiencing withdrawal from alcohol, barbiturates and opiates. There are consistent waiting lists for services for medical beds, and/or for those who need medication for opiate withdrawal. To address the need for medical detox, the center has started to increase the number of medical staff positions by converting clinical, non-medical positions. In addition, significant improvements have been made to documentation processes and the number of bed days utilized is now more accurately reflected.

The cost for a bed day at the detox center was $526 in FY 2015, which continues a trend of decreasing costs over the past three years primarily due to increased utilization. The cost of a bed day in the Fairfax Detox Center is significantly less than alternatives, particularly for those in need of a medical detox. The cost to admit an individual to another hospital-based detox program in Fairfax County is $750 a day, and the daily cost for a hospital-based detox in a neighboring jurisdiction is $800. Individuals who need a medical detox are facing potentially life-threatening withdrawal. This service provides a safe and cost effective environment for people to detox from alcohol and other drugs, and provides an opportunity to further engage them in ongoing treatment services to maintain sobriety.

Grant Support

FY 2016 Grant Total Funding: State funding of $530,387 and 6/6.0 FTE grant positions supports the Emergency and Crisis Services LOB. There is no Local Cash Match associated with this grant. The Department of Behavioral Health and Developmental Services provides funding for outpatient treatment services for individuals under temporary detention orders, emergency custody orders or involved in involuntary commitment proceedings.