Annual Statistical Report Adult Civil Commitment Proceedings in Virginia FY 2016

University of Virginia Institute of Law, Psychiatry and Public Policy

AA Allen and TM Ko January, 2017

Contents

Introduction
Sources of Data
Emergency Custody Orders
Temporary Detention Orders
Initial Commitment Hearings
Involuntary Commitment Orders
Recommitment Hearings
Mandatory Outpatient Treatment
Judicial Authorizations of Treatment
Alternative Transportation Orders

Funded by the Virginia Department of Behavioral Health and Developmental Services in cooperation with the Office of the Executive Secretary of the Supreme Court of Virginia

Introduction

Informed oversight of the civil commitment process requires accurate data regarding the number, distribution and characteristics of Emergency Custody Orders (ECOs), Temporary Detention Orders (TDOs), commitment hearings and judicial dispositions. Under the auspices of the Commission on Mental Health Law Reform (2006-2011), the courts and mental health agencies collaborated to collect data needed for monitoring and informing policy. Annual statistical reports were published by the Commission through fiscal year 2011 (FY 2011). Upon expiration of the Commission, this responsibility was assumed by the Institute of Law, Psychiatry and Public Policy at the University of Virginia (hereafter the Institute), under contract with the Department of Behavioral Health and Developmental Services of the Commonwealth of Virginia, based on data provided by the Department of Behavioral Health and Developmental Services through an agreement with the Office of the Executive Secretary of the Supreme Court of Virginia. In this report, the Institute presents data for FY 2008 through FY 2016 regarding the numbers of ECOs, TDOs, commitment hearings and commitment orders pertaining to adults and, to the extent possible, assesses whether commitment practices have changed over time. It also includes data pertaining to judicial orders authorizing transportation of adults involved in commitment proceedings.

Sources of Data

Court clerks at General District Courts maintain records of civil commitment cases concerning adults using the General District Court Case Management System (GDC-CMS)¹. The GDC-CMS is maintained by the Office of the Executive Secretary of the Supreme Court and used by each District Court to enter and track its cases. Data related to civil commitment hearings, ECOs, and TDOs in each district are entered into that district court's GDC-CMS by individual court clerks throughout the Commonwealth.

The eMagistrate System is used by magistrates in all thirty-two judicial districts to issue arrest processes, bail processes, and other orders including ECOs and TDOs. Each time an ECO or TDO is issued, it is entered into the eMagistrate System. ECOs and TDOs are counted in the eMagistrate System regardless of whether the order is executed.

Emergency Custody Orders

The best available source of data regarding issued ECOs is the eMagistrate System because all ECOs issued by magistrates are entered into the system. Data on ECOs issued for adults are available for FY 2008 through FY 2016. According to data extracted from the eMagistrate System, 7,972 ECOs were issued for adults in FY 2016. This is a 10.5% increase over the 7,215 ECOs that were issued for adults in FY 2015, and a 23.8% increase over the 6,438 ECOs that were issued for adults in FY 2014 (Table 1). The number of issued ECOs for adults decreased each year from FY 2009, when 6,835 were issued, to FY 2012, reaching a low point in FY 2012 and then increasing markedly from FY 2014 through FY 2016 (Figure 1). The volume of ECOs issued began to rise markedly in the fourth quarter of FY14, and have not decreased since that time. ECO counts for each fiscal quarter of FY16 were the highest on record, surpassing the previously record high ECO counts from FY15 (Figures 2-3).

According to data from the eMagistrate System, there were about 660 ECOs issued for adults per month during FY16 (See Table 2 and Figure 4). The number of ECOs issued per month follows a roughly seasonal pattern. In general, more ECOs are issued during the late spring and summer months of May-August. The fewest ECOs were issued in November, with only 518 ECOs issued. Quarterly trends show that the fourth and first quarter of each fiscal year tend to have higher numbers of ECOs issued, while the second and third quarters tend to have fewer ECOs (Figure 2).

Table 1: Annual Frequency of ECOs Issued for Adults, FY08-FY16

Fiscal Year	# ECOs
2008	5962
2009	6835
2010	6409
2011	6362
2012	5975
2013	6000
2014	6438
2015	7215
2016	7972

¹Note that a small percentage (0.14%) of GDC-CMS cases were excluded from this report due to questions about coding; examples include cases for which the hearing date is incorrect by more than several months, the case number is incorrect and may represent a duplicate, and cases for which a disposition code has been mistyped and cannot be accurately interpreted. These cases are under review and will be added to the sample once they have been resolved. Cases that cannot be resolved will not be included in future reports.

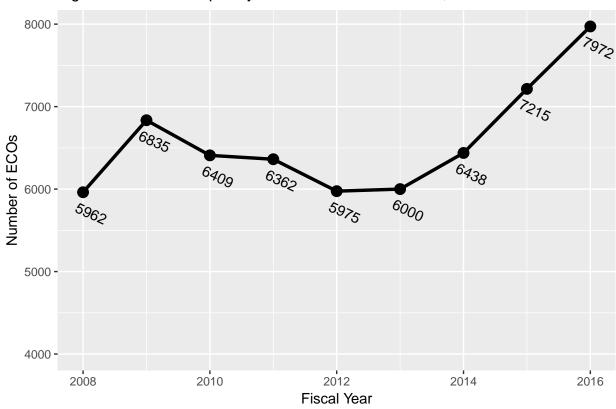


Figure 1: Annual Frequency of ECOs Issued for Adults, FY08-FY16

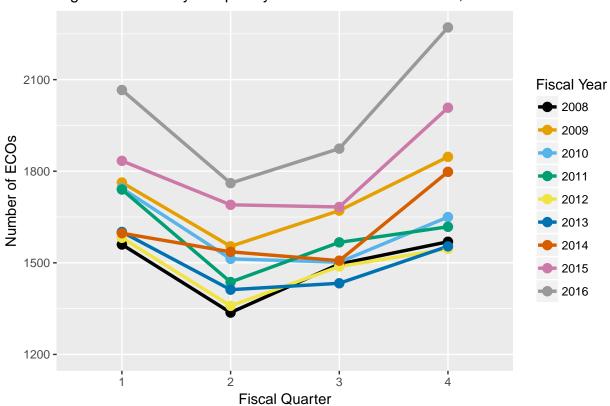


Figure 2: Quarterly Frequency of ECOs Issued for Adults, FY08–FY16

Figure 3: Quarterly ECO Trends (Adults Only), FY08-FY16

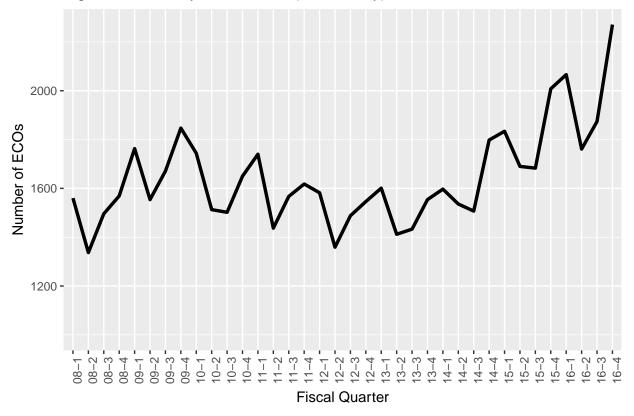


Table 2: Monthly Frequency of ECOs Issued for Adults, FY08-FY16

Month	2008	2009	2010	2011	2012	2013	2014	2015	2016
Jul	509	640	582	616	539	550	564	594	689
Aug	540	556	591	574	548	543	534	620	697
Sep	511	567	571	550	495	508	499	620	680
Oct	494	517	525	520	459	495	533	587	610
Nov	454	484	488	482	406	446	466	507	518
Dec	389	553	500	435	494	471	537	596	633
Jan	521	532	501	575	485	525	538	583	611
Feb	457	520	422	457	475	440	450	482	546
Mar	518	619	579	535	528	468	519	618	717
Apr	519	592	528	581	528	503	571	641	676
May	502	610	556	490	524	548	579	681	791
Jun	548	645	566	547	494	503	648	686	804
Total	5962	6835	6409	6362	5975	6000	6438	7215	7972

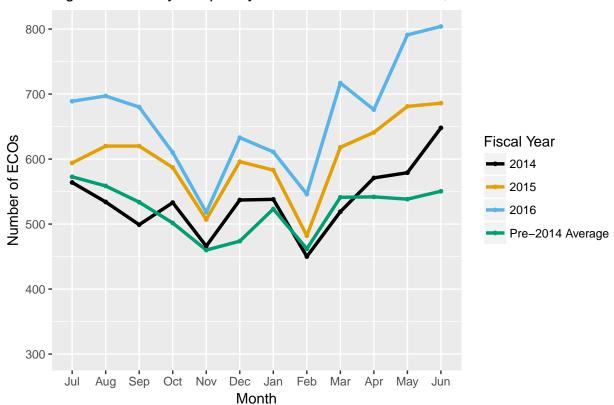


Figure 4: Monthly Frequency of ECOs Issued for Adults, FY08–FY16

When people are taken directly into custody by law enforcement officers acting without a court order (ECO) and brought to a mental health facility based on the officer's own observations, no formal court paper is issued, executed or filed. The number of instances of emergency custody assumed by law enforcement officers without an order ("orderless emergency custody") is not formally tracked and must be estimated. In the Institute's April 2013 study² of emergency evaluations conducted by Community Services Boards (CSBs), 27.9% of the individuals evaluated that month were in police custody at the time of the evaluation, and only 32.2% of these individuals were being held under a magistrate-issued ECO. CSB evaluators indicated that 55.0% of individuals in police custody were under orderless emergency custody at the time, and 12.8% of these individuals were transported by the police, presumably voluntarily, without an ECO. This confirms that the total number of people taken into "emergency custody" is substantially greater than the number of ECOs issued by magistrates as documented by eMagistrate.

Temporary Detention Orders

All TDOs issued by a magistrate pursuant to Va. Code § 37.2-809 are entered into the eMagistrate system; as a result, the eMagistrate system provides more accurate data regarding the number of TDOs issued each month than does the GDC-CMS. The GDC-CMS database only records those TDOs that law enforcement officers have attempted to serve and for which they have submitted the "return of service" copies to the district court clerks. Upon receipt of a "return of service" copy from the law enforcement officer tasked with service of process, the clerk enters the TDO into the GDC-CMS database.

²This report, titled "A Study of Face-to-Face Emergency Evaluations Conducted by Community Services Boards in April 2013", can be found at http://www.ilppp.virginia.edu/PublicationsAndPolicy/DownloadPDF/66.

The numbers of ECOs and TDOs issued have been increasing since the November 2013 tragedy involving State Senator Creigh Deeds and his son, Gus Deeds, and the subsequent reforms that went into effect July 1, 2014.³ According to the eMagistrate System, 23,745 TDOs were issued for adults in FY 2016. This is a 4.1% increase over the 22,804 TDOs that were issued for adults in FY 2015, and a 12.8% increase over the 21,055 that were issued for adults in FY 2014 (Figure 5). Although the increase from FY15 to FY16 remained sizeable (4.1%), it was not as large as the increase from FY14 to FY15 (8.3%). The amount of growth in TDOs in FY16 is also not as large as the amount of growth in ECOs for the same year (4.1% vs. 10.5%).

TDO counts were higher than those in FY 2015 in every month except December and January of FY 2016 (Table 4 and Figure 8). The number of TDOs executed in each quarter of FY16 was higher than each corresponding quarter of FY15. Note that the quarterly counts for each quarter of FY16 are the highest observed in the available data. However, the greatest proportional growth in counts occurred in the 4th quarter of FY14 and the 1st quarter of FY15—the growth in these periods was 11.6% and 9.4%, respectively (Figure 6).

Another important TDO figure is the number of TDOs that were executed (served) during FY16. Whereas the eMagistrate system more accurately documents the number of TDOs issued, the GDC-CMS is the only database that records whether or not the TDO was executed. The TDOs entered in the GDC-CMS include all of those which law enforcement attempted to serve and for which they then submitted the return of service copy to the district court clerks. Based on these data, an estimated 22,866 TDOs for adults were executed during FY 2016. This estimation is based on calculating the proportion of TDOs that were executed in FY16 according to GDC-CMS data (96.3%) and multiplying this proportion by the total number of TDOs recorded by eMagistrate (23,745). Note that this estimate is based only on TDOs for which the district court clerks received a return of service copy. As long as law enforcement officers do not submit a significant portion of the return of service copies to the district courts, this figure can only be roughly estimated.

Table 3: Annual Frequency of TDOs Issued for Adults, FY08-FY16

Fiscal Year	# TDOs
2008	20981
2009	22306
2010	20932
2011	20420
2012	20059
2013	19971
2014	21055
2015	22804
2016	23745

 $^{^3} The$ Inspector General's Report on this incident can be found at http://osig.virginia.gov/media/2562/2014-bhds-006bathcountyci.pdf

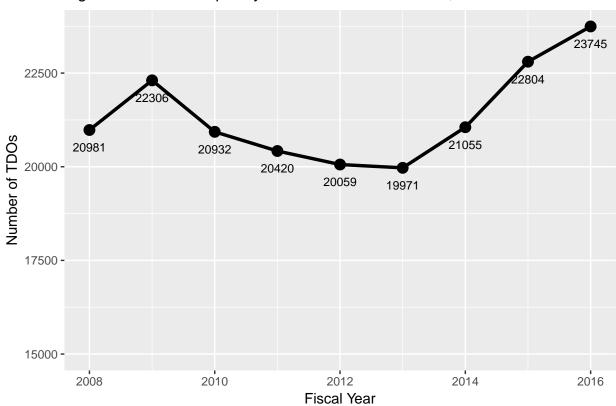


Figure 5: Annual Frequency of TDOs Issued for Adults, FY08–FY16

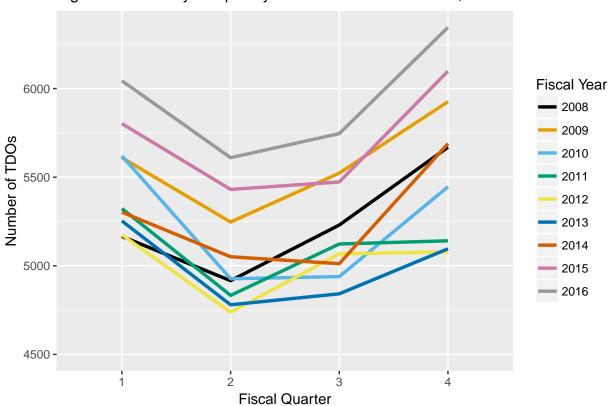


Figure 6: Quarterly Frequency of TDOs Issued for Adults, FY08–FY16



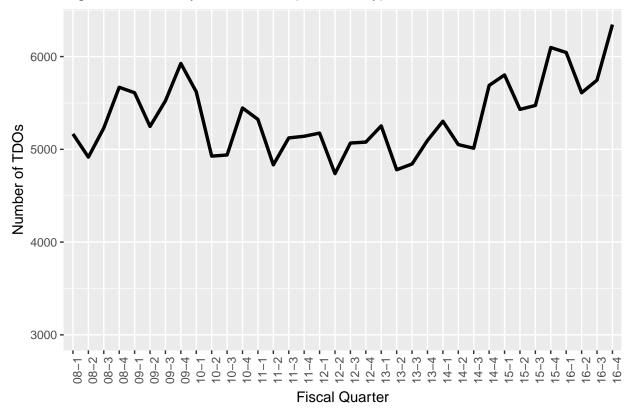


Table 4: Monthly Frequency of TDOs Issued for Adults, FY08-FY16

Month	2008	2009	2010	2011	2012	2013	2014	2015	2016
Jul	1744	1943	1882	1810	1804	1823	1769	1857	2026
Aug	1749	1847	1927	1785	1620	1801	1816	1947	1989
Sep	1673	1820	1811	1728	1751	1629	1718	1998	2029
Oct	1692	1785	1721	1660	1581	1618	1798	1910	1958
Nov	1641	1656	1559	1543	1506	1504	1599	1639	1792
Dec	1583	1806	1647	1630	1651	1658	1654	1882	1860
Jan	1798	1784	1750	1792	1582	1761	1723	1885	1872
Feb	1603	1666	1438	1579	1699	1490	1609	1599	1806
Mar	1829	2073	1751	1752	1787	1591	1680	1989	2068
Apr	1868	1946	1774	1764	1663	1689	1856	2003	2004
May	1935	1981	1846	1716	1737	1769	1942	2019	2157
Jun	1866	1999	1826	1661	1678	1638	1891	2076	2184
Total	20981	22306	20932	20420	20059	19971	21055	22804	23745

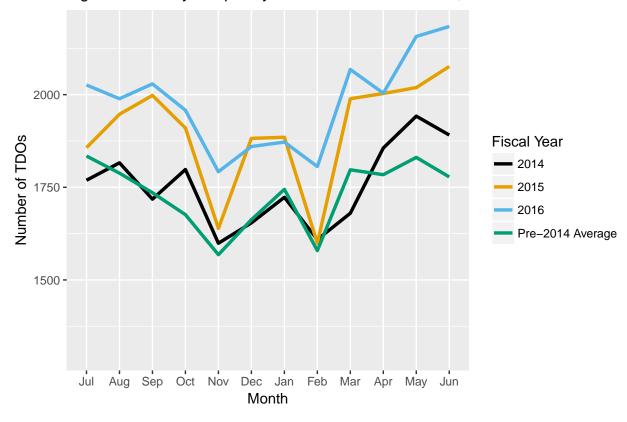


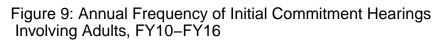
Figure 8: Monthly Frequency of TDOs Issued for Adults, FY08-FY16

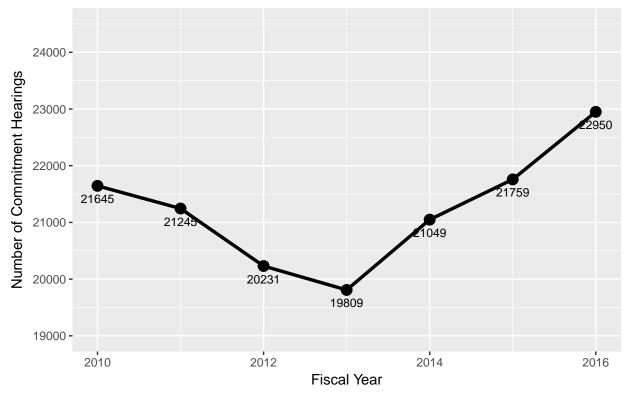
Initial Commitment Hearings

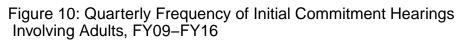
The only source of data on the number of initial commitment hearings and the dispositions of these hearings is the Supreme Court's GDC-CMS. Note that whereas eMagistrate data are available from January 2007 onwards, monthly GDC-CMS data are only available starting October 2008. There were 22,950 adult commitment hearings in FY16. This is a 5.5% increase over the 21,759 initial adult commitment hearings that were held in FY15 (Table 5).

Table 5: Annual Frequency of Initial Commitment Hearings Involving Adults, FY10-FY16

Fiscal Year	# Commitment Hearings
2010	21645
2011	21245
2012	20231
2013	19809
2014	21049
2015	21759
2016	22950







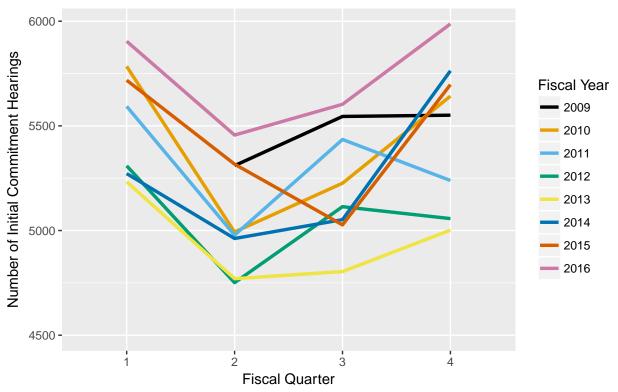


Figure 11: Quarterly Initial Commitment Hearing Trends (Adults Only), FY09–FY16

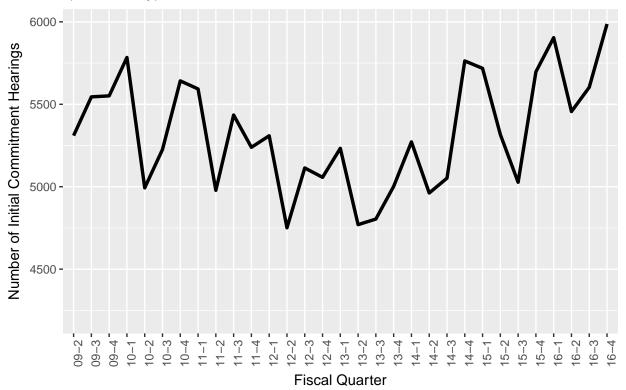


Table 6: Monthly Frequency of Initial Commitment Hearings Involving Adults, ${\rm FY}09\text{-}{\rm FY}16$

Month	2009	2010	2011	2012	2013	2014	2015	2016
Jul	NA	2005	1861	1790	1804	1820	1863	2010
Aug	NA	1942	1901	1765	1881	1748	1842	1942
Sep	NA	1837	1831	1754	1548	1704	2013	1952
Oct	1832	1695	1687	1660	1713	1754	1970	1916
Nov	1585	1589	1600	1527	1499	1539	1498	1785
Dec	1893	1709	1691	1564	1558	1669	1849	1755
Jan	1796	1805	1943	1615	1755	1729	1782	1648
Feb	1687	1494	1628	1719	1509	1620	1397	1904
Mar	2062	1927	1864	1780	1540	1703	1848	2051
Apr	1902	1846	1760	1707	1671	1861	1859	1821
May	1898	1804	1815	1688	1796	1920	1816	2139
Jun	1751	1992	1664	1662	1535	1982	2022	2027
Total	NA	21645	21245	20231	19809	21049	21759	22950

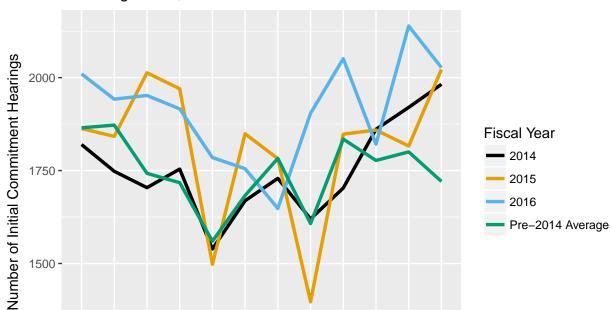


Figure 12: Monthly Frequency of Initial Commitment Hearings Involving Adults, FY09–FY16

The GDC-CMS database also provides information on the dispositions of initial hearings held in FY16. As shown in Table 7, during FY16, 59.8% of the hearings resulted in involuntary admissions, 20.2% resulted in voluntary hospitalizations and 18.9% of the cases were dismissed. Only 1% of hearings resulted in mandatory outpatient treatment (MOT) orders. Compared to the data from FY15, the proportion of involuntary admissions and MOT orders in FY16 was slightly lower, and the proportion of case dismissals and voluntary hospitalizations increased.

Feb

Mar

Apr

May

Jun

Sep

Jul

Oct

Nov

Dec Jan

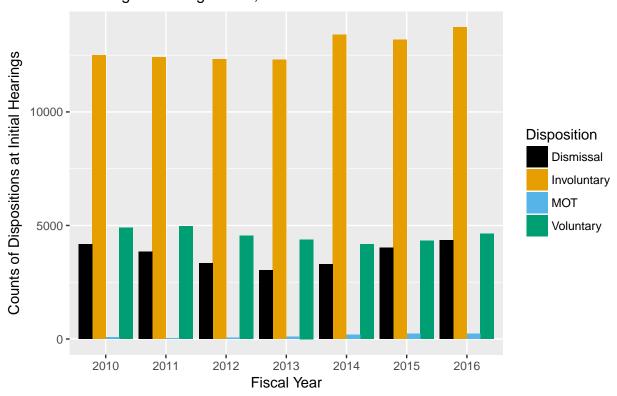
Month

When compared to the data from FY14, the proportion of involuntary admissions in FY16 was lower, whereas case dismissals, MOT orders, and voluntary admissions all increased slightly in FY16. Notably, though the proportion of involuntary admissions in FY16 is lower than that of FY15 and FY14, the absolute frequency of involuntary admissions is at an all-time high (Figure 13).

Table 7: Proportions of Dispositions at Initial Commitment Hearings Involving Adults, FY10-FY16

Fiscal Year	Dismissal	Involuntary	MOT	Voluntary
2010	19.2%	57.8%	0.4%	22.6%
2011	18.1%	58.4%	0.1%	23.4%
2012	16.5%	60.8%	0.3%	22.5%
2013	15.3%	62%	0.5%	22.1%
2014	15.6%	63.6%	0.9%	19.8%
2015	18.5%	60.6%	1.1%	19.9%
2016	18.9%	59.8%	1%	20.2%

Figure 13: Frequencies of Dispositions at Initial Commitment Hearings Involving Adults, FY10–FY16



Involuntary Commitment Orders

As illustrated in Figure 14, the numbers of involuntary commitment orders at initial hearings increased from FY13 to FY14, decreased slightly from FY14 to FY15, and then increased again by approximately 4.2% from FY15 to FY16 (from 13,176 to 13,735). The decrease in involuntary commitment orders at initial hearings between FY14 and FY15 is largely attributable to decreases in orders in the third and fourth quarter of FY15 relative to the third and fourth quarter of FY14 (see Figure 15). Whereas counts of involuntary commitment orders began to drop during the third and fourth quarters of FY15, the counts of ECOs and TDOs continued to increase during this time period (with the exception of the month of February).

The number of commitment orders started to increase again in the first quarter of FY16. Quarterly commitment order counts for FY16 were higher in the first, third, and fourth quarters of FY16 than in the corresponding quarters for FY15 (Figure 15). Notably, involuntary commitment orders at initial hearings were at an all-time high for FY16 (Figure 14).

Table 8: Annual Frequency of Commitment Orders for Adults (Initial Only), FY10-FY16

Fiscal Year	# Involuntary Commitment Orders
2010	12500
2011	12407
2012	12310
2013	12288
$2014 \\ 2015$	13392 13176
2016	13776

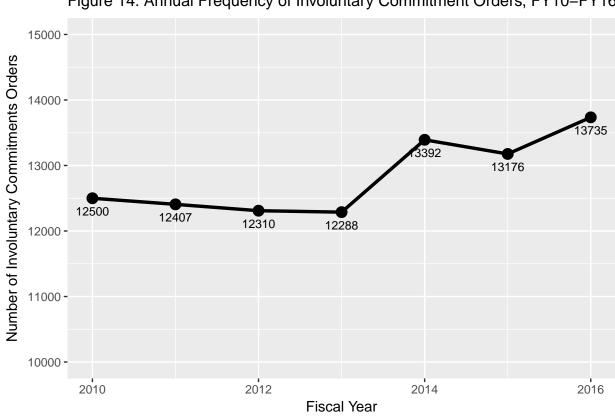
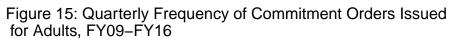


Figure 14: Annual Frequency of Involuntary Commitment Orders, FY10-FY16



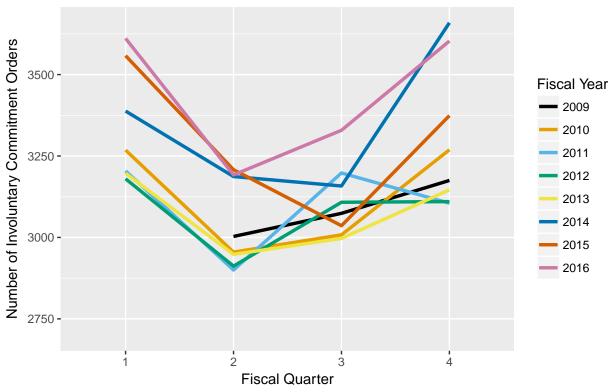


Figure 16: Quarterly Involuntary Commitment Order Trends (Adults Only), FY09–FY16

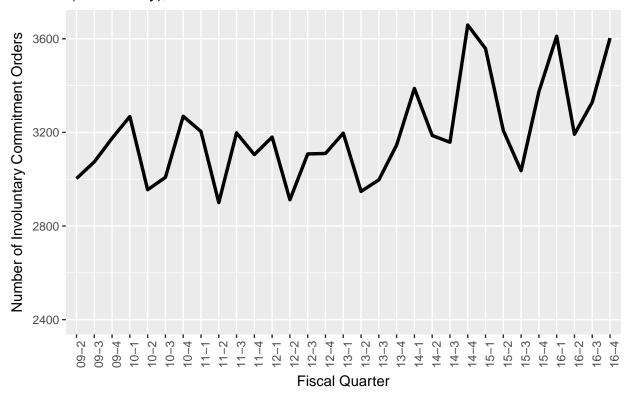
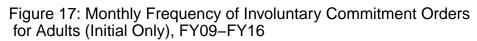
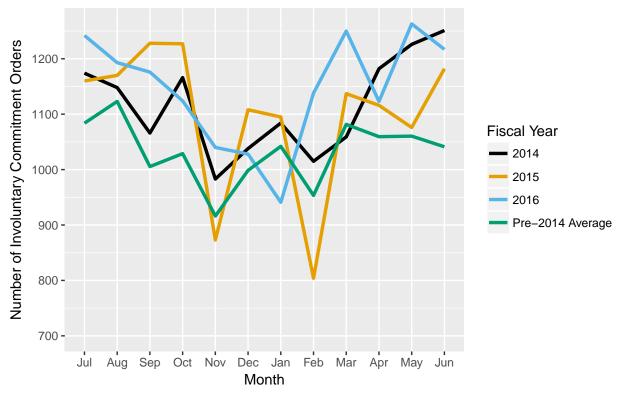
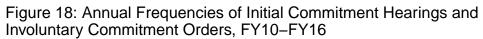


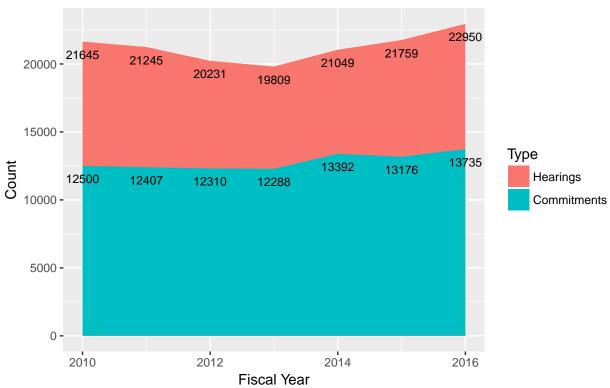
Table 9: Monthly Frequency of Commitment Orders for Adults (Initial Only), FY09-FY16

Month	2009	2010	2011	2012	2013	2014	2015	2016
Jul	NA	1147	1057	1053	1078	1174	1160	1242
Aug	NA	1095	1123	1097	1177	1148	1170	1193
Sep	NA	1026	1024	1030	942	1066	1228	1176
Oct	1062	1001	984	1038	1059	1166	1227	1124
Nov	895	939	899	916	932	983	873	1040
Dec	1046	1015	1017	958	957	1038	1108	1028
Jan	965	1028	1146	984	1087	1084	1095	941
Feb	984	846	956	1027	954	1015	804	1138
Mar	1125	1134	1096	1097	956	1059	1137	1250
Apr	1105	1116	1013	1039	1024	1182	1116	1123
May	1087	1029	1070	1041	1075	1226	1076	1263
Jun	983	1124	1022	1030	1047	1251	1182	1217
Total	NA	12500	12407	12310	12288	13392	13176	13735









Recommitment Hearings

Figure 19 displays the numbers of recommitment hearings during FY10-FY16. There was little change in the volume of recommitment hearings between FY11 and FY13, followed by a 21.3% increase in FY14 and a 9.8% further increase in FY15. The increase was particularly large beginning in the 4th quarter of FY14 (Figure 20). The increasing trend during FY13-FY15 then reversed in FY16. The number of recommitment hearings decreased slightly from 2,741 in FY15 to 2,698 in FY16, a reduction of 1.6%. Nearly all recommitment hearings held in FY16 resulted in continued hospitalization (97.1%), and a very large majority of cases were involuntary hospitalizations (94.5%).

Table 10: Annual Frequency of Recommitment Hearings for Adults, ${\rm FY}10\text{-}{\rm FY}16$

Fiscal Year	# Recommitment Hearings
2010	2316
2011	2008
2012	2031
2013	2058
2014	2496
2015	2741
2016	2698

Figure 19: Annual Frequency of Recommitment Hearings Involving Adults, FY10–FY16

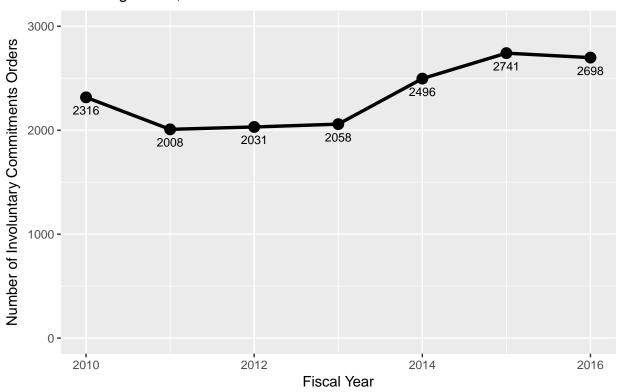
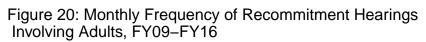
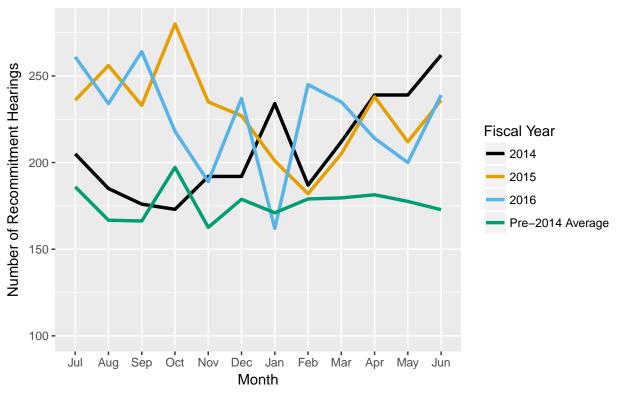


Table 11: Monthly Frequency of Recommitment Hearings for Adults, ${\rm FY}09\text{-}{\rm FY}16$

Month	2009	2010	2011	2012	2013	2014	2015	2016
Jul	NA	219	221	144	160	205	236	261
Aug	NA	180	140	179	168	185	256	234
Sep	NA	179	165	154	167	176	233	264
Oct	202	263	178	190	153	173	280	218
Nov	180	145	162	162	164	192	235	189
Dec	207	195	166	171	155	192	227	237
Jan	155	198	152	154	196	234	201	162
Feb	173	185	147	193	197	187	182	245
Mar	195	201	169	163	170	212	205	235
Apr	221	191	164	162	169	239	238	214
May	177	191	175	175	170	239	212	200
Jun	153	169	169	184	189	262	236	239
Total	NA	2316	2008	2031	2058	2496	2741	2698





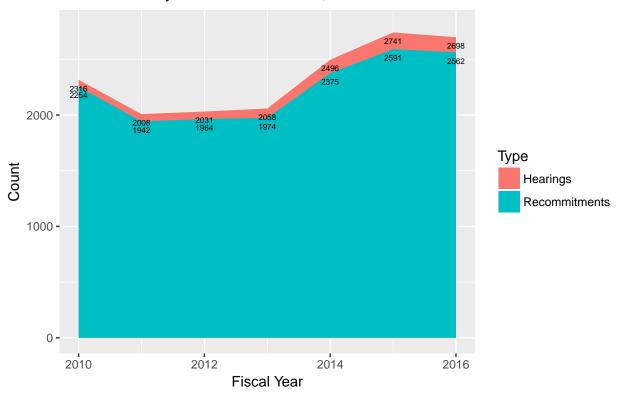


Figure 21: Annual Frequencies of Recommitment Hearings and Involuntary Commitment Orders, FY10–FY16

Mandatory Outpatient Treatment

There are two main types of mandatory outpatient treatment (MOT) authorized by the Virginia Code. The first type is a "direct" MOT order. This type of order is used for a person who is not under a commitment order at the time of the hearing and the MOT order is issued as a "less restrictive alternative" when the person is found to meet the criteria for involuntary admission at the time of the hearing (Va. Code § 37.2-817(D)). Although these "direct" MOT orders have been authorized since 1976, detailed procedures for implementing MOT were not adopted until 2008.

The second general type of MOT order is a "step-down" MOT order. This type of procedure, which went into effect in FY 2011, is used to allow a person to "step down" from an inpatient hospitalization order to an order for mandatory outpatient treatment. This means that after a person has been hospitalized for a predetermined period, they can be discharged on the condition that they adhere to mandatory outpatient treatment. A "step-down" MOT order may be initiated either at discharge, or as the result of a new hearing. In this report, these types of orders are referred to as a discharge "step-down" MOT order and a new hearing "step-down" MOT order⁴, respectively.

A discharge "step-down" MOT order is accomplished procedurally by entry of a dual order (at the time of the involuntary commitment hearing) whereby the special justice (i) enters an order for involuntary admission and (ii) simultaneously authorizes the physician in charge of the person's treatment at the inpatient facility to discharge the individual for monitoring by the responsible CSB under a MOT discharge plan (Va. Code § 37.2-817(C)(1)). The step-down can be accomplished without an additional judicial hearing if the physician

 $^{^4\}mathrm{This}$ type of MOT is also called an "MOT on motion."

concludes that the prescribed criteria have been met. Authority for a physician to enact step-down MOT can be conferred at the time of an initial commitment hearing (in an initial commitment order) or at the time of a recommitment hearing. These types of orders are counted under the "Discharge-Initial" and "Discharge-Recommitment" headings in Tables 7-9 and Figure 24.

In some cases, a new hearing "step-down" MOT is ordered at a hearing not associated with the initial commitment hearing or recommitment hearing. Upon motion of the treating physician, a family member, or the community services board, a hearing can be held at any point prior to the discharge of an individual from involuntary commitment (Va. Code § 37.2-817(C)) or a voluntary admission following a TDO (Va. Code § 37.2-805) to determine whether the individual should be ordered to MOT upon discharge. This type of MOT is counted under the heading "New Hearing" in Tables 7-9 and Figure 24.

MOT Types

- 1. **Direct:** Issued to an individual not currently under a commitment order, at the time of the commitment hearing
- 2. **Step-Down:** Issued in order to allow an individual to "step down" from an inpatient hospitalization order to an order for MOT
 - **Discharge Initial:** Issued concurrently with a commitment order at the time of an initial commitment hearing
 - **Discharge Recommitment:** Issued concurrently with a recommitment order at the time of a recommitment hearing
 - New Hearing: Issued at a standalone hearing motioned for by a treating physician, family member, or CSB

The total number of all types of MOT orders decreased by 5.4% from FY15 to FY16, contrary to the steady growth that had occurred from FY11 to FY15 (Figures 22-Figure 23). Additionally, the proportion of direct MOT orders issued at an initial commitment hearing also decreased from 1.1% in FY15 to 1% in FY16. Despite these decreases, the number of orders for MOT issued in FY16 is high relative to FY12. An increase in the number of direct MOT orders accounted for most of this change (Figure 24). As reported in the FY 2013-2014 Annual Statistical Report, the general increase in MOT orders over the past several years may be attributable to two MOT implementation workshops that were sponsored and conducted by DBHDS and the Office of the Attorney General in December 2012 and October 2013. Nineteen interested CSBs sent teams comprised of CSB representatives, court officials, parents and others interested in MOT implementation to one of these one-day workshops in Henrico and Roanoke. Participants learned Virginia law governing the use of MOT, reviewed national best practices related to MOT implementation, and studied operational procedures from two CSBs (Valley and Prince William) that had historical success operationalizing MOT orders in their communities. Teams also worked with consultants to develop agency- and community-specific MOT implementation plans. Future reports will monitor whether the recent decrease in orders for MOT is a temporary fluctuation or a trend.

Eighteen district courts issued more than one order for MOT in FY16 (Table 13). This is an increase over FY12, during which only 8 district courts issued more than one order for MOT. Thirty-three district courts issued more than one order for MOT at any point between FY09 and FY16 (Table 14). During FY16, Prince William County issued the most direct MOT orders and Nottoway issued the most step-down MOT orders. Of the 69 "step-down" MOT orders issued in FY16 (Table 12), nearly half (44.9%) were issued in Nottoway (Table 13). The annual frequency of MOT orders in district courts with the most MOT orders between FY09 and FY16 can be seen in Figure 25.

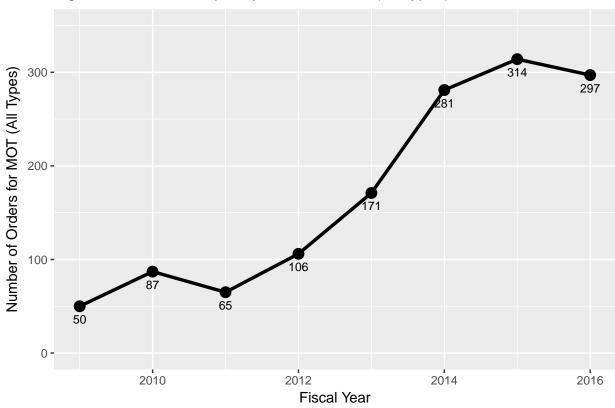


Figure 22: Annual Frequency of MOT Orders (All Types), FY09-FY16



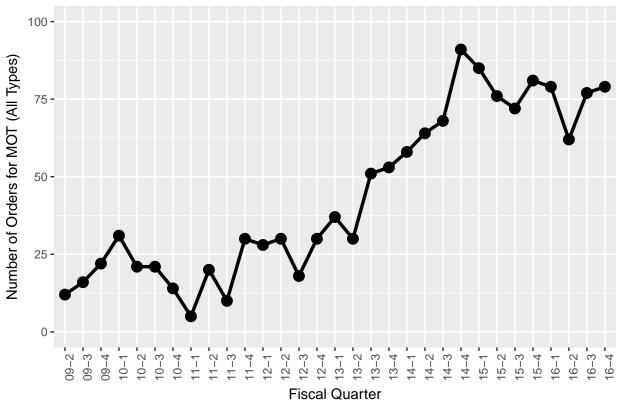


Table 12: Fiscal Year MOT Counts by Type

Fiscal Year	Direct	New Hearing	Discharge Initial	Discharge Recommitment	Total
2009	44	6	0	0	50
2010	86	1	0	0	87
2011	24	5	6	30	65
2012	51	5	6	44	106
2013	102	26	10	33	171
2014	193	33	19	36	281
2015	232	45	30	7	314
2016	228	43	23	3	297

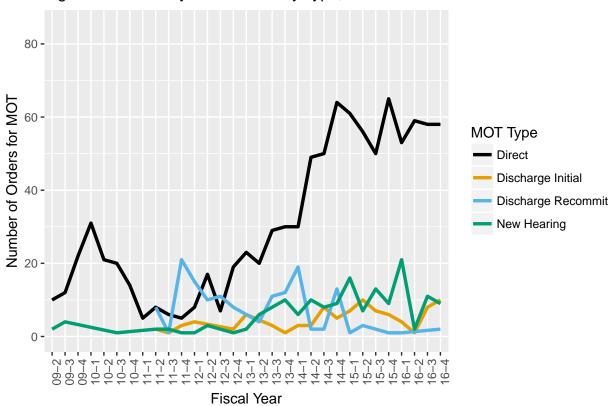


Figure 24: Quarterly MOT Trends by Type, FY09–FY16

Table 13: Frequencies of MOT Types by Locality, FY16

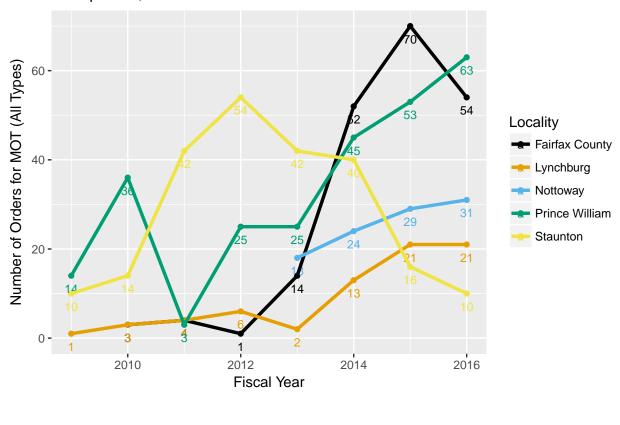
		New Hearing	Discharge	Discharge	Total	
Locality	Direct		Initial	Recommitment		
Albemarle	1	0	0	0	1	
Alexandria	7	0	0	0	7	
Amherst	1	0	0	0	1	
Arlington	1	0	0	0	1	
Augusta	1	0	0	0	1	
Bedford	1	0	0	0	1	
Campbell	2	0	0	0	2	
Charlottesville	2	0	0	0	2	
Colonial Heights	1	0	0	0	1	
Danville	10	1	1	3	15	
Fairfax County	54	0	0	0	54	
Fauquier	1	0	0	0	1	
Henrico	13	1	0	0	14	
Henry	2	0	0	0	2	
Loudoun	10	0	2	0	12	
Lunenburg	1	0	0	0	1	
Lynchburg	7	0	14	0	21	
Montgomery	17	0	0	0	17	
(Christiansburg)						
Nelson	1	0	0	0	1	
Norfolk	1	0	0	0	1	
Nottoway	0	31	0	0	31	
Petersburg	2	0	0	0	2	
Prince William	60	0	3	0	63	
Richmond City	1	0	0	0	1	
Roanoke County	5	0	0	0	5	
Rockingham/	14	0	3	0	17	
Harrisonburg						
Smyth	4	1	0	0	5	
Spotsylvania	1	0	0	0	1	
Staunton	1	9	0	0	10	
Washington	1	0	0	0	1	
Winchester	5	0	0	0	5	
Total	228	43	23	3	297	

Table 14: Frequencies of MOT Types by Locality, ${\rm FY}09$ - ${\rm FY}16$

Logslity	Direct	New Hearing	Discharge Initial	Discharge Recommitment	Total	
Locality						
Albemarle	5	1	0	0	6	
Alexandria	26	0	0	0	26	
Alleghany	1	0	0	0	1	
Amherst	3	0	0	0	3	
Arlington	4	0	0	0	4	
Augusta	13	$\frac{2}{2}$	0	0	15	
Bedford	2	0	0	0	2	
Bristol	1	0	0	0	1	
Campbell	5	0	0	0	5	
Carroll	1	0	0	0	1	
Charlottesville	27	0	0	0	27	
Chesapeake	1	0	0	0	1	
Chesterfield	1	0	0	0	1	
Colonial Heights	1	0	0	0	1	
Culpeper	1	0	0	0	1	
Danville	40	11	3	11	65	
Dickenson	1	0	0	0	1	
Fairfax County	198	0	0	0	198	
Fauquier	3	0	0	0	3	
Fredericksburg	2	0	0	0	2	
Galax	0	0	1	0	1	
Gloucester	1	0	0	0	1	
Hampton	1	0	0	0	1	
Henrico	52	1	0	0	53	
Henry	2	0	0	0	2	
Lancaster	0	1	0	0	1	
Loudoun	48	0	15	0	63	
Lunenburg	1	0	0	0	1	
Lynchburg	27	0	44	0	71	
Martinsville	1	0	0	0	1	
Montgomery	35	0	2	0	37	
(Christiansburg)						
Nelson	1	0	0	0	1	
Norfolk	1	0	0	0	1	
Nottoway	0	102	0	0	102	
Patrick	2	0	1	0	3	
Petersburg	6	0	1	0	7	
Prince William	257	0	7	0	264	
Richmond City	9	0	0	0	9	
Roanoke City	5	0	0	0	5	
Roanoke County	25	0	0	0	25	
Rockbridge/	1	0	0	0	1	
Lexington						
Rockingham/	53	2	9	0	64	
Harrisonburg						
Russell	8	0	0	0	8	
Salem	8	0	0	0	8	
Shenandoah	1	0	1	0	2	
Smyth	26	2	0	0	28	

Locality	Direct	New Hearing	Discharge Initial	Discharge Recommitment	Total
Spotsylvania	1	0	0	0	1
Stafford	1	0	0	0	1
Staunton	35	41	10	142	228
Sussex	2	0	0	0	2
Washington	3	1	0	0	4
Williamsburg/ James	1	0	0	0	1
City County					
Winchester	9	0	0	0	9
Wythe	1	0	0	0	1
Total	960	164	94	153	1371

Figure 25: Annual Frequency of MOT Orders (All Types) in Top FIPS, FY10–FY16



Judicial Authorizations of Treatment

Court clerks also enter data into the GDC-CMS on the number of judicial authorizations of treatment sought and granted each month. The purpose of judicial authorizations of treatments is to authorize treatment of an adult person who is either incapable of making an informed decision on his own behalf, or is incapable of communicating decisions about care due to a mental or physical disorder; these authorizations can only be granted if the proposed treatment is also found to be in the best interest of the person (Va. Code § 37.2-1101).

A total of 1,979 judicial authorizations of treatment were sought in FY16, a 12.4% increase since FY15. The number of judicial authorizations granted also increased since FY15, from 1,398 to 1,615– a 15.5% increase.

In accordance with past trends, nearly all (95%) judicial authorizations of treatment sought were granted in FY16. Overall, the number of judicial authorizations of treatment that were granted in FY16 is over twice that of FY10 (Figure 26).

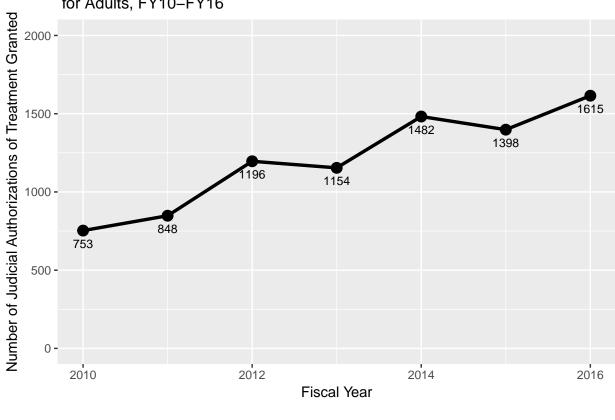


Figure 26: Annual Frequency of Judicial Authorizations of Treatment Granted for Adults, FY10–FY16

Alternative Transportation Orders

In most cases, the magistrate issuing an ECO or TDO will specify that the law-enforcement agency of the jurisdiction in which the person resides or is located is responsible for executing the order and providing transportation to the appropriate ECO or TDO facility. In some cases, after issuing an ECO or TDO, the magistrate will issue an alternative transportation order (ATO), allowing an alternative transportation provider, such as a medical transport provider or a family member to provide transportation to the appropriate facility (Va. Code § 37.2-810). Each time an ATO is issued, it is counted by the eMagistrate system. ATOs are counted by the eMagistrate system regardless of whether they are successfully executed.

The number of ATOs issued per year has increased dramatically since FY10 (Table 15), when ATO legislation first went into effect. Magistrates issued 134 ATOs in FY10 and 487 ATOs in FY16 (Table 15). This increase can be attributed to the start of two programs. First, the Alternative Transportation Pilot, which was sponsored by DBHDS and began in the Mount Rogers Community Services Board area. The pilot created another alternative transportation resource that could be used instead of law enforcement, when appropriate; DBHDS contracted with Steadfast Investigations and Security, LLC, to provide "secure cabs" to transport individuals detained under § 37.2-810. DBHDS officials indicated that the drivers were well-trained

to provide safe transportation without the use of restraints. Note, though, that the pilot could not and was not intended to replace all transportation by law enforcement. Second, Valley CSB has implemented an alternative transport program that utilizes off duty officers from the Middle River Regional Jail (MRRJ) to provide transport for those individuals for whom the magistrate has issued a TDO and a transportation order for the person's transport to another mental health facility. The transporting MRRJ officers have received CIT certification, and drive unmarked MRRJ vehicles equipped with safety panels. Patients normally ride without being placed in restraints. All jail officers participating in this program have also received training concerning the TDO process and associated paperwork. The MRRJ assumes the costs involved in using the vehicles, while the officers are paid an hourly rate from the CSB's CIT Assessment Center grant funds, which were provided by DBHDS.

Table 15 displays the number of ATOs issued for adults under ECOs and TDOs (denoted "ECO" and "TDO") from FY10-FY16. Few ATOs were issued in order to transport an individual under an ECO, with about 98.4% of ATOs in FY16 issued for an individual under a TDO (Table 15). Across FY10-FY15, the most common alternative transportation provider was medical transport (Table 16). Beginning in November 2015, the most common alternative transportation provider was a certified driver. Note that the "certified driver" variable code was created in FY16 in order to accommodate the new alternative transportation programs. It is possible that some ATOs that should have been coded as certified driver were coded as "unknown" during FY10-FY15.

Table 15: Annual Frequency of ATOs Issued for Adults, by Order Type, FY10-FY16

Type	FY10	FY11	FY12	FY13	FY14	FY15	FY16
ECO TDO	7 127	6 136	3 100	4 117	11 102	9 99	8 479
Total	134	142	103	121	113	108	487

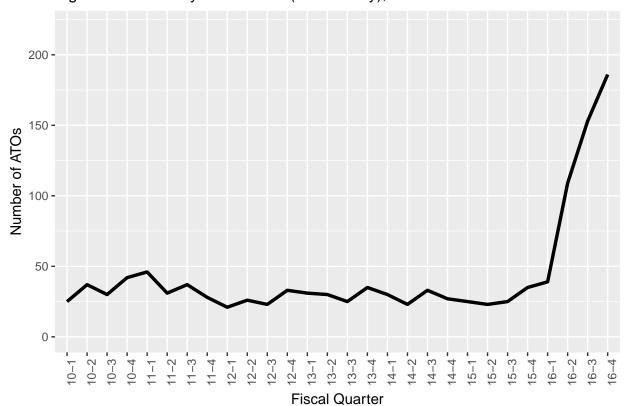


Figure 27: Quarterly ATO Trends (Adults Only), FY10-FY16

Table 16: Annual Frequency of ATOs Issued for Adults, by Transportation Provider, FY10-FY16 $\,$

Transportation Provider	FY10	FY11	FY12	FY13	FY14	FY15	FY16
Certified Driver	0	0	0	0	0	0	301
Family	68	69	38	28	24	15	27
Friend	5	5	2	4	7	0	2
Healthcare Provider	15	9	7	9	7	8	10
Law Enforcement	9	9	9	8	6	7	48
Medical Transport	32	40	36	57	40	54	66
Unknown	5	10	11	15	29	24	33

Acknowledgements

We thank JK Bonnie for her assistance in writing the core R Markdown code used to generate this report and KM Faris for her role in editing the manuscript.