Institute of Law, Psychiatry, and Public Policy

Annual Statistical Report Adult Civil Commitment Proceedings in Virginia FY 2017

KM Faris, AA Allen, and TM Ko January, 2018

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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 Virginia Department of Behavioral Health and Developmental Services (DBHDS), based on data provided by DBHDS 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 2017 regarding the numbers of ECOs, TDOs, commitment hearings and commitment orders pertaining to non-forensic adults including geriatric patients (and juveniles when stated), and, to the extent possible, assesses whether commitment practices have changed over time. It also includes data pertaining to judicial orders authorizing alternative transportation of adults involved in commitment proceedings. Tables and figures are generally arranged in descending increments of time for each series of data presented, with the first table and figure for each section displaying annual data then quarterly data then monthly data.

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 orders are executed.

The DBHDS maintains data pertaining to all ECOs, TDOs, and crisis evaluations in the Commonwealth. These data are reported by Health Planning Region (HPR) managers and include all types of ECOs (described in detail below). All age groups are included in these data. As such, any analyses comparing these with other data from the GDC-CMS or eMagistrate system will be conducted using both juvenile and adult ECOs and/or TDOs. DBHDS recently began collecting these data in December of FY 2016 and thus figures related to these data will have a truncated time period. For a more detailed analysis of changes in TDO rates and possible contributing factors, see the ILPPP report entitled Rise in Temporary Detention Orders in Virginia, 2013-2017: Possible Contributing Factors.²

Magistrate-Issued Emergency Custody Orders

There are two types of emergency custody that may be used for individuals. The first is the "magistrate-issued ECO" (ECO) which is issued by a magistrate and therefore captured in the Supreme Court eMagistrate System. The second type is "orderless emergency custody" (OEC) described in Va. Code § 37.2-808 (G) and (H). OECs are initiated by a law enforcement officer and do not involve a magistrate. Because they do not involve a magistrate, instances of orderless emergency custody are not captured in the eMagistrate data. However, DBHDS collects data on both types of emergency custody and therefore it is possible to compare the totals from each data source to calculate the number of orderless emergency custody cases that occur.

eMagistrate data on ECOs issued for adults are available for FY 2008 through FY 2017. According to data extracted from the eMagistrate System, 8,429 ECOs were issued for adults in FY 2017. This is a 5.7% increase over the 7,972 ECOs that were issued for adults in FY 2016, and a 16.8% increase over the 7,215 ECOs that were issued for adults in FY 2015 (Table 1). The number of ECOs for adults decreased each year from FY 2009, when 6,835 were issued, to FY 2012, when 5,975 were issued, and then increased markedly from FY 2014 through FY 2016. The number has continued to increase, albeit less rapidly, through FY 2017 (Figure 1). The volume of ECOs issued began to rise markedly in the fourth quarter of FY14, and continued increasing until the fourth quarter of FY17 when they decreased below those issued in the fourth quarter of FY16. However, the ECO counts for the first three fiscal quarters of FY17 were the highest on record (Figures 2-3).

According to data from the eMagistrate System, an average of 702 ECOs were issued for adults per month during FY17 (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. It is notable that in FY17 this pattern was different for May and June when ECO counts dropped below counts from corresponding months of FY16. The fewest ECOs were issued in November, with only 609 ECOs issued. Overall, 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).

¹Note that a small percentage (0.15%) 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.

²Rise in Temporary Detention Orders in Virginia, 2013-2017: Possible Contributing Factors. S A Larocco, R J Bonnie, H Zelle. August 2017. Found here: https://uvamentalhealthpolicy.org/s/RisingTDOs8.pdf

Table 1: Annual Frequency of ECOs Issued for Adults, FY08-FY17 $\,$

Fiscal Year	# ECOs
2008	5962
2009	6835
2010	6409
2011	6362
2012	5975
2013	6000
2014	6438
2015	7215
2016	7972
2017	8429

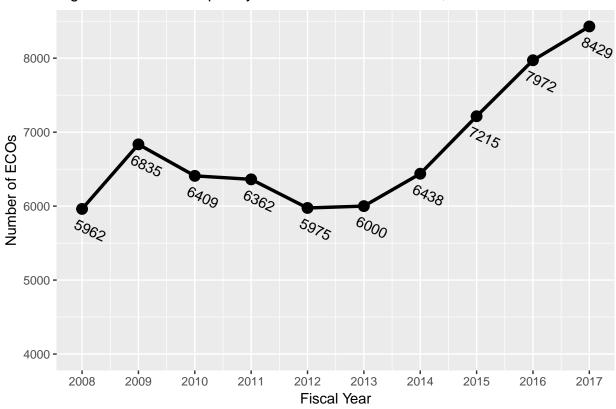


Figure 1: Annual Frequency of ECOs Issued for Adults, FY08–FY17

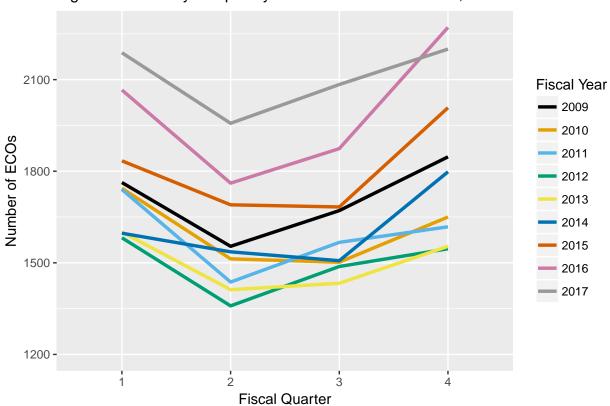


Figure 2: Quarterly Frequency of ECOs Issued for Adults, FY09–FY17



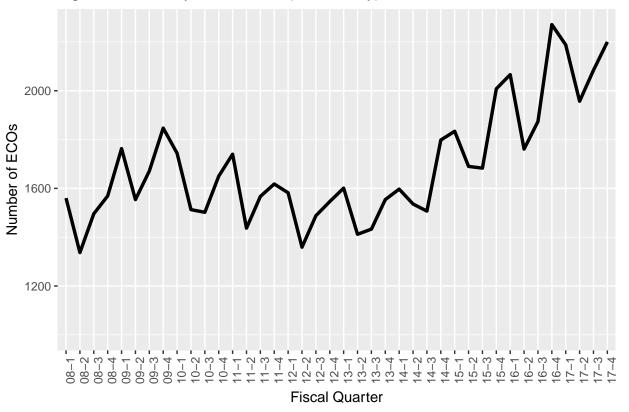


Table 2: Monthly Frequency of ECOs Issued for Adults, FY08-FY17

Month	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Jul	509	640	582	616	539	550	564	594	689	720
Aug	540	556	591	574	548	543	534	620	697	787
Sep	511	567	571	550	495	508	499	620	680	681
Oct	494	517	525	520	459	495	533	587	610	654
Nov	454	484	488	482	406	446	466	507	518	609
Dec	389	553	500	435	494	471	537	596	633	694
Jan	521	532	501	575	485	525	538	583	611	742
Feb	457	520	422	457	475	440	450	482	546	618
Mar	518	619	579	535	528	468	519	618	717	724
Apr	519	592	528	581	528	503	571	641	676	685
May	502	610	556	490	524	548	579	681	791	725
Jun	548	645	566	547	494	503	648	686	804	790
Total	5962	6835	6409	6362	5975	6000	6438	7215	7972	8429

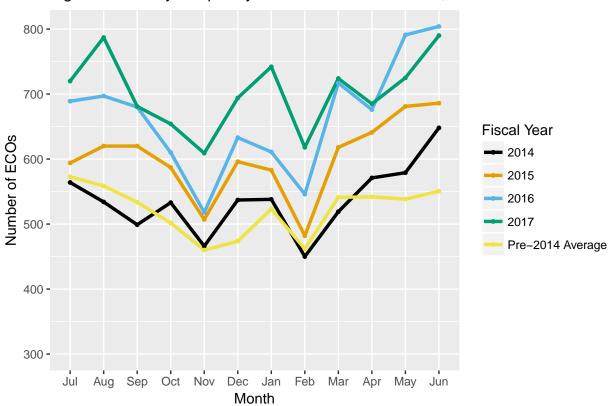


Figure 4: Monthly Frequency of ECOs Issued for Adults, FY08–FY17

Orderless Emergency Custody

In the following figures, frequency of instances of emergency custody is broken down by type of emergency custody (i.e., Magistrate-Issued or Orderless). These figures include emergency custody for both juveniles and adults, given that the data source for OECs did not provide sufficient data to distinguish between age groups. The data on total number of instances of emergency custody is also limited to a small range of time points beginning in the third quarter of FY16 through the fourth quarter of FY17.

According to the data, OECs account for an average of 57.3% of all emergency custody for juveniles and adults from the third quarter of FY16 to the fourth quarter of FY17 (Table 3). There were on average 3,047 OECs per quarter with the highest numbers in the fourth quarter of FY16 and first quarter of FY17. This seems to indicate a similar seasonal pattern as for ECOs described above. However, data is too limited to draw strong conclusions at this time.

Figure 5 depicts how the proportion has remained fairly stable across fiscal quarters with the smallest difference between the two types occurring in the third quarter of FY17 and the largest in the first quarter of FY17.

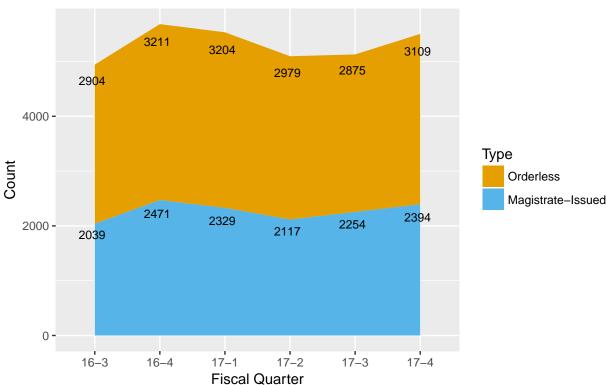


Figure 5: Quarterly Frequency of Emergency Custody for Juveniles and Adults by Type, FY16–FY17

Table 3: Quarterly Frequency of Emergency Custody by Type, ${\rm FY}16\text{-}{\rm FY}17$

Fiscal Quarter	Magistrate ECOs	OECs	Total # ECs
16- 3	2039	2904	4943
16- 4	2471	3211	5682
17- 1	2329	3204	5533
17- 2	2117	2979	5096
17- 3	2254	2875	5129
17- 4	2394	3109	5503
Total	13604	18282	31886

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 records only 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.

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 Although TDO counts remain elevated when compared with pre-2014 averages, the growth rate of TDOs seems to have slowed between FY16 and FY17. The increase from FY16 to FY17 (0.7%) was much smaller than the increase from FY15 to FY16 (4.1%) [Figure 6]. The amount of growth in TDOs in FY17 is also not as large as the amount of growth in ECOs for the same year (0.7% vs. 5.7%).

FY17 monthly TDO counts were lower than those in FY 2016 in every month except August, November, December, and January (Table 5 and Figure 9). Despite this, the number of TDOs executed in each quarter except for the fourth quarter of FY17 was higher than each corresponding quarter of FY16 (Figure 7). Note that the quarterly counts for each quarter (except the fourth) of FY17 are the highest observed in the available data. However, the greatest proportional growth in counts (compared to corresponding quarters from the previous year) occurred in the fourth quarter of FY14 and the third quarter of FY15—the growth in these periods was 11.3% and 9.9%, respectively. Future reports will monitor whether the recent relative plateau in TDOs is a temporary fluctuation or a trend.

We are interested in knowing the number of TDOs that are ultimately served (executed) by law enforcement. After serving or attempting to serve a TDO, law enforcement are to give a return of service copy to general district court clerks for entry into the GDC-CMS database. The GDC-CMS database then maintains data on whether or not TDOs are served. However, these data are incomplete because law enforcement often do not submit a return of service copy to the courts. Because the data are incomplete, we can only produce a rough estimate of the total proportion of TDOs that are served. For FY 2017, we estimate 4 that 22,926 TDOs for adults were served.

Table 4: Annual Frequency of TDOs Issued for Adults, FY08-FY17

Fiscal Year	# TDOs
2008	20981
2009	22306
2010	20932
2011	20420
2012	20059
2013	19971
2014	21055
2015	22804
2016	23745
2017	23906

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

⁴The GDC-CMS database records whether the TDOs that were returned were executed (served) or not. By looking at this variable, we can determine, of those returned, 95.9% were executed. The eMagistrate system records all TDOs issued (though not whether they are returned or if they are executed) therefore multiplying the total number of TDOs from the eMagistrate system (number TDOs issued) by the proportion of returned TDOs which were executed from the GDC-CMS data, we can estimate the number of total TDOs (including returned and non-returned) that were executed. However, this rests on the assumption that there is an equal proportion of TDOs executed in the returned and non-returned groups.

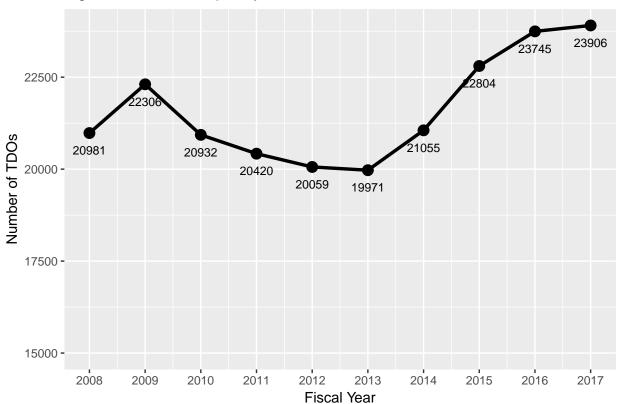


Figure 6: Annual Frequency of TDOs Issued for Adults, FY08–FY17

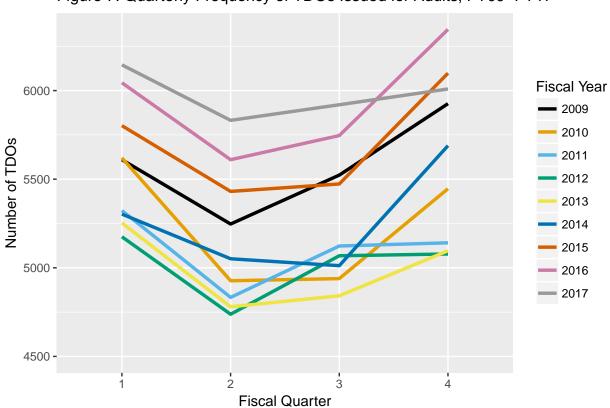


Figure 7: Quarterly Frequency of TDOs Issued for Adults, FY09–FY17



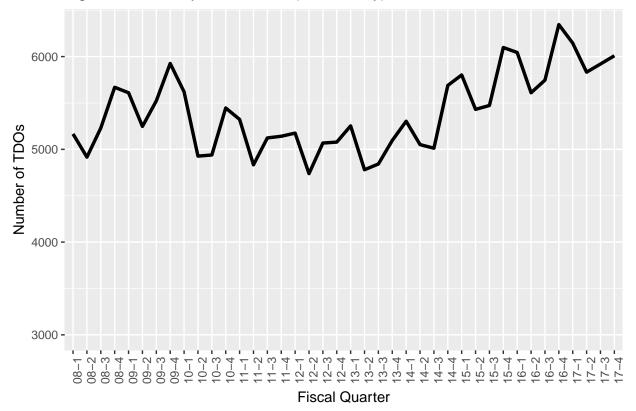


Table 5: Monthly Frequency of TDOs Issued for Adults, FY08-FY17

Month	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Jul	1744	1943	1882	1810	1804	1823	1769	1857	2026	1976
Aug	1749	1847	1927	1785	1620	1801	1816	1947	1989	2207
Sep	1673	1820	1811	1728	1751	1629	1718	1998	2029	1962
Oct	1692	1785	1721	1660	1581	1618	1798	1910	1958	1956
Nov	1641	1656	1559	1543	1506	1504	1599	1639	1792	1860
Dec	1583	1806	1647	1630	1651	1658	1654	1882	1860	2016
Jan	1798	1784	1750	1792	1582	1761	1723	1885	1872	2076
Feb	1603	1666	1438	1579	1699	1490	1609	1599	1806	1790
Mar	1829	2073	1751	1752	1787	1591	1680	1989	2068	2054
Apr	1868	1946	1774	1764	1663	1689	1856	2003	2004	1947
May	1935	1981	1846	1716	1737	1769	1942	2019	2157	2043
Jun	1866	1999	1826	1661	1678	1638	1891	2076	2184	2019
Total	20981	22306	20932	20420	20059	19971	21055	22804	23745	23906

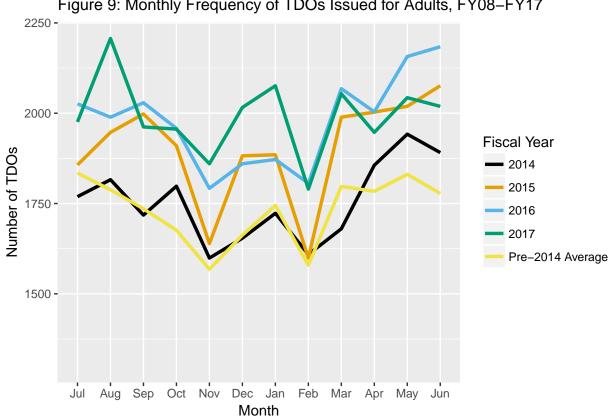


Figure 9: Monthly Frequency of TDOs Issued for Adults, FY08–FY17

Comparing TDOs and ECs

Between the third quarter of FY16 and fourth quarter of FY17, there were 23.9% more TDOs than ECs (including ECOs and OECs) for both juveniles and adults (Table 6). The largest difference between ECs and TDOs occurred in the third quarter of FY16 with 28.6% more TDOs than ECs. The smallest differences occurred in the first and fourth quarter of FY17 with 20.0% more TDOs than ECs in each quarter (Figure 10 and Table 6).

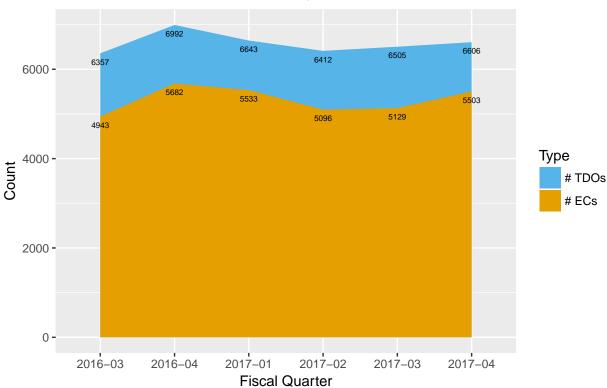


Figure 10: Quarterly Frequencies of Emergency Custody and TDOs for Juveniles and Adults, FY16–FY17

Table 6: Quarterly Frequency of ECs and TDOs Issued for Juveniles and Adults, FY16-FY17

Fiscal Quarter	# TDOs	Total # ECs
2016-03	6357	4943
2016-04	6992	5682
2017-01	6643	5533
2017-02	6412	5096
2017-03	6505	5129
2017-04	6606	5503
Total	39515	31886

Note: Figure 10 and Table 6 include both adult and juvenile data and thus should not be used to compare counts with previous figures which only include adult data.

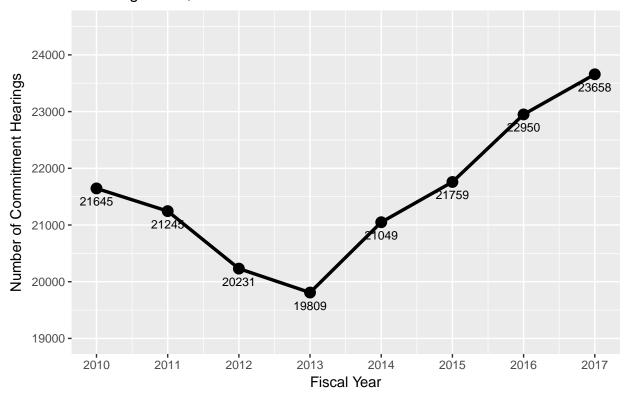
Initial Commitment Hearings

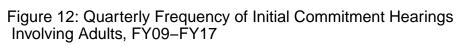
The Supreme Court's GDC-CMS is the sole source of data on the number of initial commitment hearings and the dispositions of these hearings. Monthly GDC-CMS data are available from October 2008 onwards, while eMagistrate data are available from January 2007 onwards. There were 23,658 initial adult commitment hearings in FY17 (Table 7). This is a 3.1% increase over the 22,950 initial adult commitment hearings that were held in FY16.

Table 7: Annual Frequency of Initial Commitment Hearings Involving Adults, FY10-FY17

Fiscal Year	# Commitment Hearings
2010	21645
2011	21245
2012	20231
2013	19809
2014	21049
2015	21759
2016	22950
2017	23658

Figure 11: Annual Frequency of Initial Commitment Hearings Involving Adults, FY10–FY17





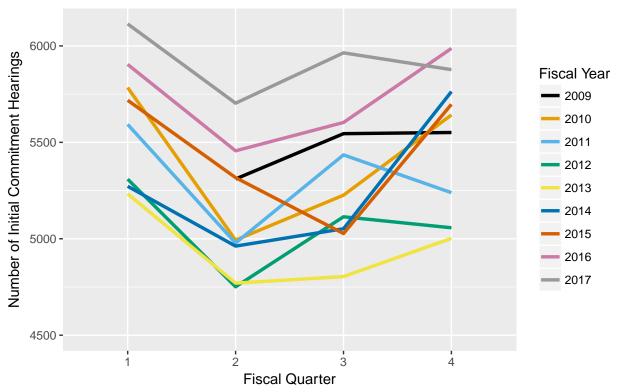


Figure 13: Quarterly Initial Commitment Hearing Trends (Adults Only), FY09–FY17

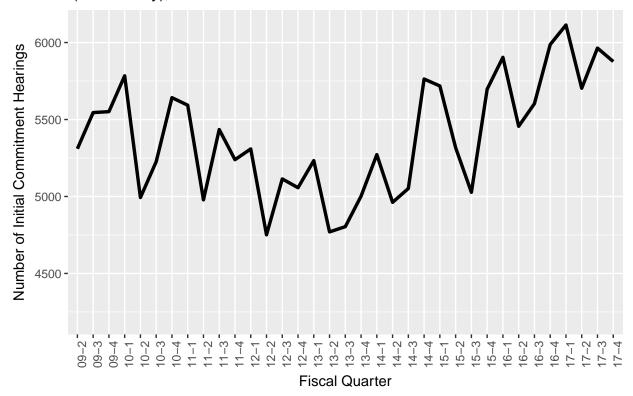
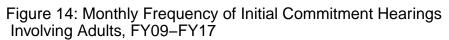
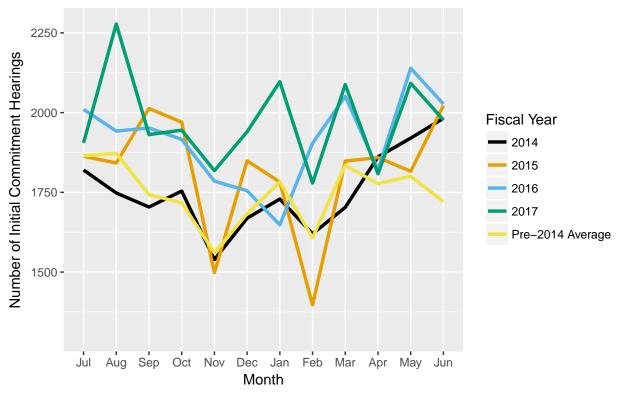


Table 8: Monthly Frequency of Initial Commitment Hearings Involving Adults, ${\rm FY}09\text{-}{\rm FY}17$

Month	2009	2010	2011	2012	2013	2014	2015	2016	2017
Jul	NA	2005	1861	1790	1804	1820	1863	2010	1905
Aug	NA	1942	1901	1765	1881	1748	1842	1942	2278
Sep	NA	1837	1831	1754	1548	1704	2013	1952	1931
Oct	1832	1695	1687	1660	1713	1754	1970	1916	1945
Nov	1585	1589	1600	1527	1499	1539	1498	1785	1818
Dec	1893	1709	1691	1564	1558	1669	1849	1755	1940
Jan	1796	1805	1943	1615	1755	1729	1782	1648	2097
Feb	1687	1494	1628	1719	1509	1620	1397	1904	1779
Mar	2062	1927	1864	1780	1540	1703	1848	2051	2088
Apr	1902	1846	1760	1707	1671	1861	1859	1821	1808
May	1898	1804	1815	1688	1796	1920	1816	2139	2092
Jun	1751	1992	1664	1662	1535	1982	2022	2027	1977
Total	NA	21645	21245	20231	19809	21049	21759	22950	23658





Outcomes of Initial Commitment Hearings

The GDC-CMS database also provides information on the dispositions of initial hearings held in FY17. As shown in Table 9, during FY17, 59.4% of the hearings resulted in involuntary admissions, 20.6% resulted in voluntary hospitalizations and 19% of the cases were dismissed. Only 1% of hearings resulted in mandatory outpatient treatment (MOT) orders. Compared to the data from FY16, the proportion of involuntary admissions in FY17 was slightly lower, proportion of MOT remained the same, and the proportion of case dismissals and voluntary hospitalizations increased.

When compared to the data from FY14, the proportion of involuntary admissions in FY17 was lower, whereas case dismissals, MOT orders, and voluntary admissions increased slightly in FY17. Notably, despite the proportion of involuntary admissions in FY17 being lower than that of FY16 and FY15, the absolute frequency of involuntary admissions is at an all-time high (Figure 15).

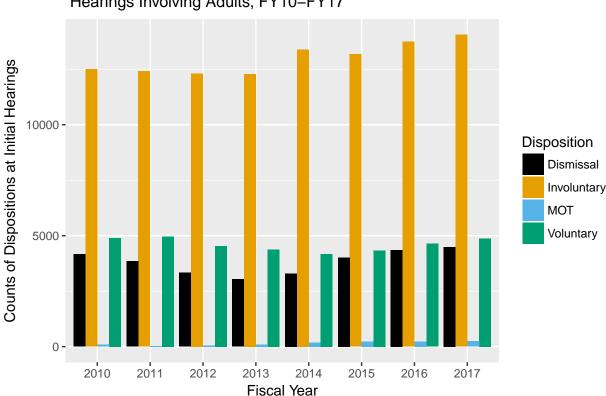


Figure 15: Frequencies of Dispositions at Initial Commitment Hearings Involving Adults, FY10–FY17

Table 9: Proportions of Dispositions at Initial Commitment Hearings Involving Adults, FY10-FY17

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%
2017	19%	59.4%	1%	20.6%

Involuntary Commitment Orders

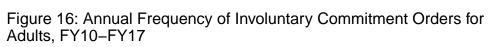
As illustrated in Figure 16 and Table 10, the numbers of involuntary commitment orders issued at initial hearings increased from FY13 to FY14, decreased slightly from FY14 to FY15, increased again from FY15 and FY16, and then increased by approximately 2.3% from FY16 to FY17 (from 13,735 to 14,054). The decrease in involuntary commitment orders issued 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 17). Quarterly variations within years may be attributable to natural seasonal varation which is not explored in this report. Whereas counts of involuntary commitment orders began to drop below FY14 levels during the third and fourth quarters of FY15 (Figure 17), the counts of ECOs and TDOs continued to increase during this time period (with the exception of the month of February) [Figure 7]. The number of commitment orders started to increase again in the first quarter of FY16 with the first, third, and fourth quarters of FY16 higher than corresponding quarters of FY15.

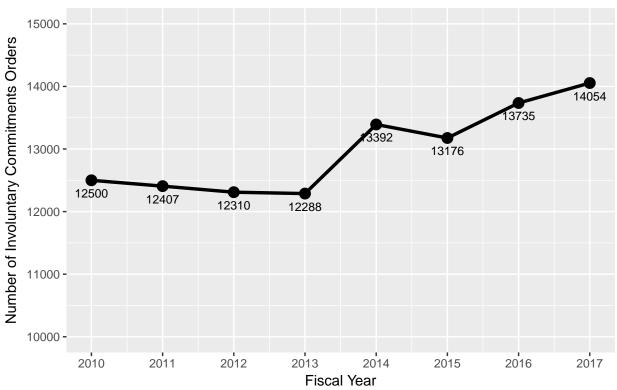
The number of commitment orders increased again in the first quarter of FY17. Quarterly commitment order counts for FY17 were higher in the first, second, and third quarters of FY17 than in the corresponding quarters for FY16 (Figure 17). The fourth quarter of FY17 was lower than the fourth quarter of FY16. Notably, involuntary commitment orders issued at initial hearings were at an all-time high for FY17 (Figure 16). The proportion of initial commitment hearings which resulted in commitment orders has fluctuated slightly with the lowest proportion of 57.8% in FY10 and the highest of 63.6% in FY14 (Table 9, from previous section, and Figure 20). The proportion remained fairly stable from FY16 (59.8%) to FY17 (59.4%).

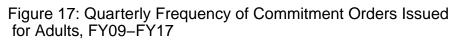
Table 10: Annual Frequency of Commitment Orders for Adults (Initial Only), FY10-FY17

Fiscal Year	# Involuntary Commitment Orders
2010	12500
2011	12407
2012	12310
2013	12288
2014	13392
2015	13176
2016	13735
2017	14054

⁵For a discussion of natural seasonal variation and TDOs, please refer to the ILPPP report Rise in Temporary Detention Orders in Virginia, 2013-2017: Possible Contributing Factors. S A Larocco, R J Bonnie, H Zelle. August 2017. Found here: https://uvamentalhealthpolicy.org/s/RisingTDOs8.pdf







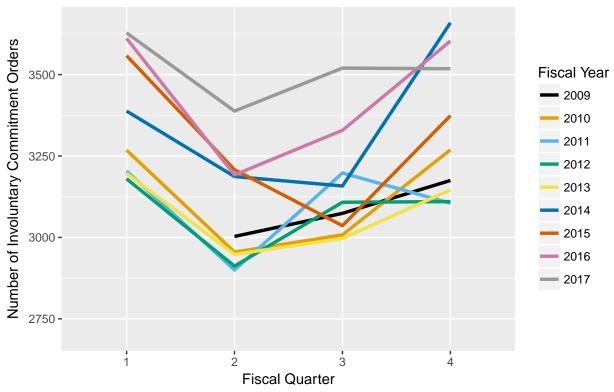


Figure 18: Quarterly Involuntary Commitment Order Trends (Adults Only), FY09–FY17

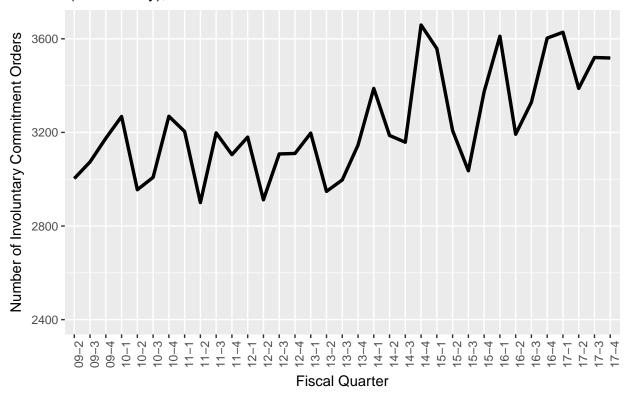
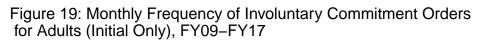
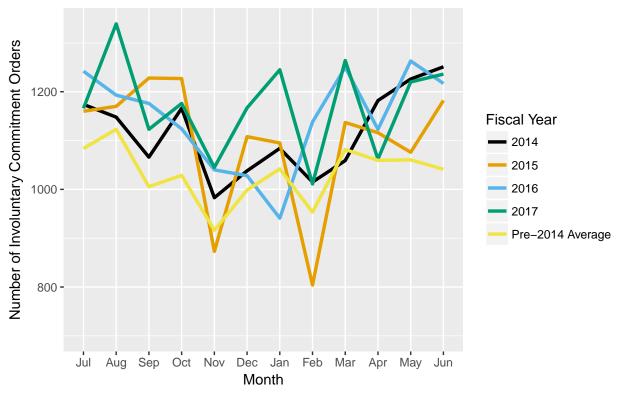
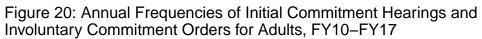


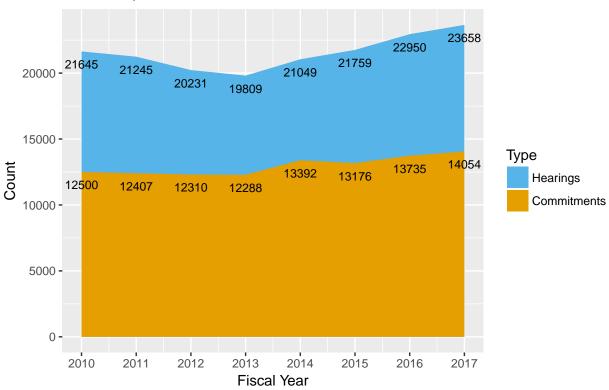
Table 11: Monthly Frequency of Commitment Orders for Adults (Initial Only), FY09-FY17

Month	2009	2010	2011	2012	2013	2014	2015	2016	2017
Jul	NA	1147	1057	1053	1078	1174	1160	1242	1166
Aug	NA	1095	1123	1097	1177	1148	1170	1193	1339
Sep	NA	1026	1024	1030	942	1066	1228	1176	1123
Oct	1062	1001	984	1038	1059	1166	1227	1124	1176
Nov	895	939	899	916	932	983	873	1040	1045
Dec	1046	1015	1017	958	957	1038	1108	1028	1167
Jan	965	1028	1146	984	1087	1084	1095	941	1245
Feb	984	846	956	1027	954	1015	804	1138	1011
Mar	1125	1134	1096	1097	956	1059	1137	1250	1264
Apr	1105	1116	1013	1039	1024	1182	1116	1123	1062
May	1087	1029	1070	1041	1075	1226	1076	1263	1220
$\overline{\mathrm{Jun}}$	983	1124	1022	1030	1047	1251	1182	1217	1236
Total	NA	12500	12407	12310	12288	13392	13176	13735	14054







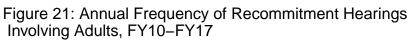


Recommitment Hearings

Figure 21 displays the numbers of recommitment hearings during FY10-FY17. There was little change in the volume of recommitment hearings between FY11 and FY13, followed by a 21.3% increase in FY14 and another increase of 9.8% in FY15. The increase was particularly large beginning in the fourth quarter (April-June) of FY14 (Figure 22). The increasing trend during FY13-FY15 then changed direction in FY16 decreasing by 1.6%. In FY17, the number of recommitment hearings increased again from 2,698 to 2,806, an increase of 4%. Nearly all recommitment hearings held in FY17 resulted in continued hospitalization (96.7%), and a very large majority of these cases of continued hospitalization were involuntary hospitalizations (97.7%) [Figure 23]. While the number of recommitments have increased over time, the proportion of recommitment hearings resulting in involuntary hospitalizations has been decreasing slightly between FY10 and FY17. The only exception is a small increase between FY15 and FY16, 94.5% and 95.0%, respectively. The proportion of recommitments resulting in involuntary commitments was 97.3% in FY10 and had decreased to 94.5% in FY17 (Figure 23).

Table 12: Annual Frequency of Recommitment Hearings Involving Adults, FY10-FY17

Fiscal Year	# Recommitment Hearings
2010	2316
2011	2008
2012	2031
2013	2058
2014	2496
2015	2741
2016	2698
2017	2806



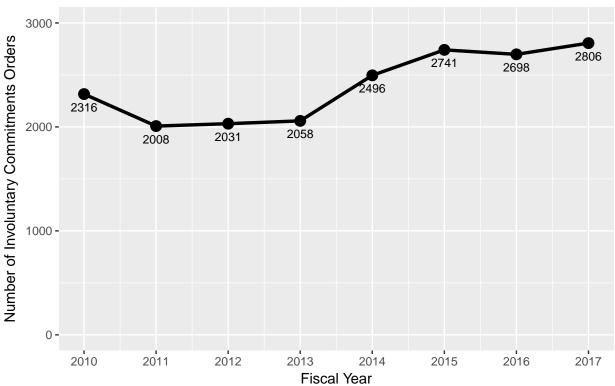


Figure 22: Quarterly Frequency of Recommitment Hearings Involving Adults, FY09–FY17

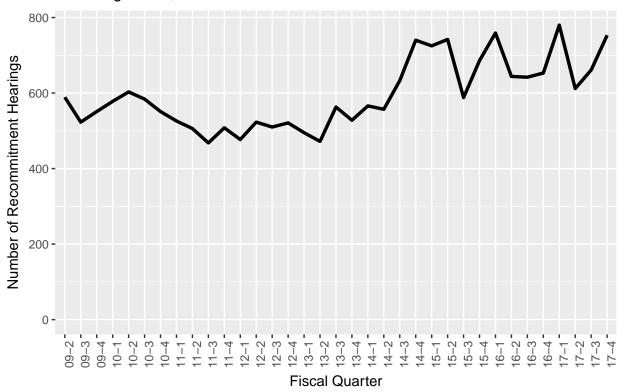
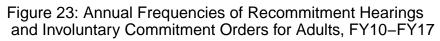
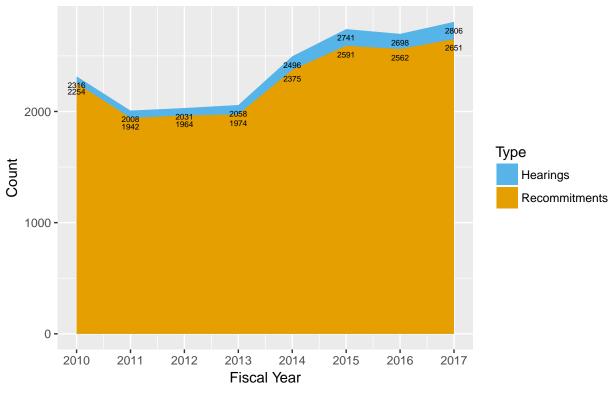


Table 13: Monthly Frequency of Recommitment Hearings Involving Adults, FY09-FY17

Month	2009	2010	2011	2012	2013	2014	2015	2016	2017
Jul	NA	219	221	144	160	205	236	261	243
Aug	NA	180	140	179	168	185	256	234	282
Sep	NA	179	165	154	167	176	233	264	255
Oct	202	263	178	190	153	173	280	218	211
Nov	180	145	162	162	164	192	235	189	218
Dec	207	195	166	171	155	192	227	237	183
Jan	155	198	152	154	196	234	201	162	192
Feb	173	185	147	193	197	187	182	245	232
Mar	195	201	169	163	170	212	205	235	237
Apr	221	191	164	162	169	239	238	214	253
May	177	191	175	175	170	239	212	200	238
Jun	153	169	169	184	189	262	236	239	262
Total	NA	2316	2008	2031	2058	2496	2741	2698	2806





Mandatory Outpatient Treatment

There are two main types of mandatory outpatient treatment (MOT)⁶ 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 became available 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 order⁷, 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 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 14-16 and Figure 26.

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 14-16 and Figure 26.

Summary of 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 increased by 8.1% from FY16 to FY17, reversing the decrease in number of MOTs which occurred from FY15 to FY16 and thus continuing the growth trend that had occurred from FY11 to FY15 (Figure 24). The proportion of direct MOT orders issued at an initial commitment hearing remained the same at 1% from FY16 to FY17 (Table 9). The number of orders for MOT issued

 $^{^6\}mathrm{Data}$ on MOTs are derived from dispositions of initial and recommitment hearings which are recorded in the GDC-CMS database.

⁷This type of MOT is also called an "MOT on motion."

in FY17 is high relative to FY12. An increase in the number of direct MOT orders accounted for most of this change (Figure 26). 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.

Eighteen district courts issued more than one order for MOT in FY17 (Table 15). This is an increase over FY12, during which only 8 district courts issued more than one order for MOT. Thirty-six district courts issued more than one order for MOT at any point between FY09 and FY17 (Table 16). During FY17, Prince William County issued the most direct MOT orders and Nottoway issued the most step-down MOT orders. Of the 74 "step-down" MOT orders issued in FY17 (Table 14), over two-thirds (71.6%) were issued in Nottoway (Table 15). There were no discharge recommitment orders issued in FY17. The annual frequency of MOT orders for the top 10% of district courts with the highest count of MOT orders between FY10 and FY17 can be seen in Figure 27.

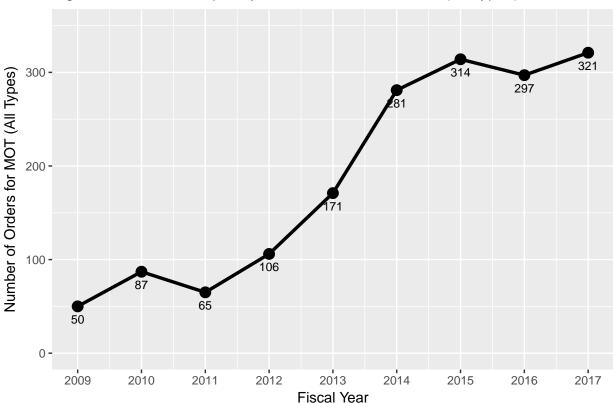
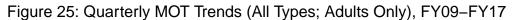


Figure 24: Annual Frequency of MOT Orders for Adults (All Types), FY09–FY17



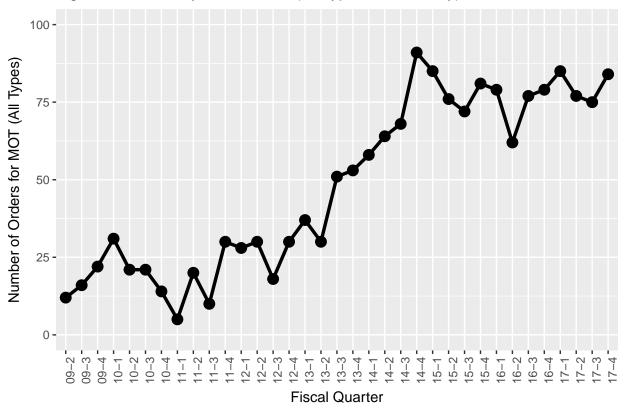


Table 14: Fiscal Year MOT Counts for Adults by Type, FY09-FY17

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
2017	247	55	19	0	321

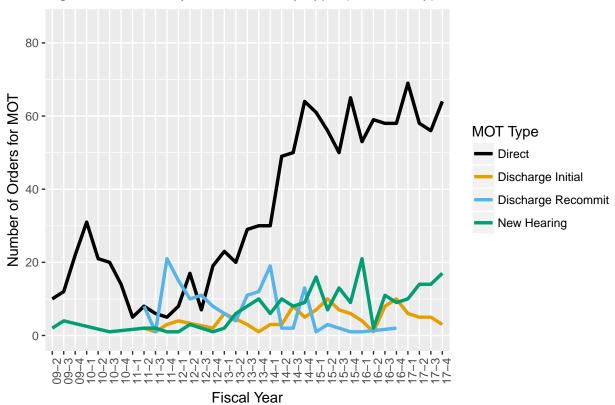


Figure 26: Quarterly MOT Trends by Type (Adults Only), FY09-FY17

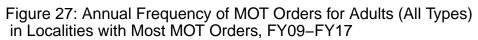
Table 15: Frequencies of MOT Types by Locality, FY17 $\,$

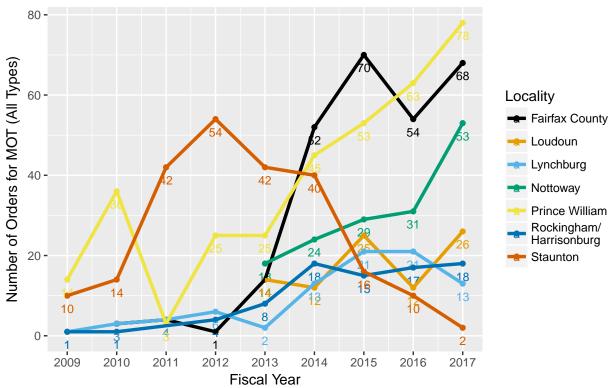
Locality	Direct	New Hearing	Discharge Initial	Discharge Recommitment	Total
Alexandria	7	0	0	0	7
Amherst	1	0	0	0	1
Arlington	3	0	0	0	3
Campbell	1	0	0	0	1
Charlottesville	2	0	0	0	2
Culpeper	1	0	0	0	1
Danville	2	0	3	0	5
Fairfax County	68	0	0	0	68
Fauquier	1	0	0	0	1
Greene	1	0	0	0	1
Henrico	16	0	0	0	16
Henry	2	0	0	0	2
Loudoun	25	0	1	0	26
Lynchburg	6	0	7	0	13
Montgomery	1	0	0	0	1
(Christiansburg)					
Nottoway	0	53	0	0	53
Petersburg	3	0	0	0	3
Prince William	73	0	5	0	78
Richmond City	3	0	0	0	3
Roanoke County	1	1	0	0	$\overset{\circ}{2}$
Rockbridge/	1	0	0	0	- 1
Lexington	1	Ŭ	· ·	O .	-
Rockingham/	15	0	3	0	18
Harrisonburg	10	O	Ü	O	10
Smyth	8	0	0	0	8
Spotsylvania	1	0	0	0	1
Staunton	1	1	0	0	2
Winchester	4	0	0	0	4
Total	$\frac{4}{247}$	55	19	0	321
10031	241	99	19	U	321

Table 16: Frequencies of MOT Types by Locality, ${\rm FY}09$ - ${\rm FY}17$

Locality	cality Direct		Discharge Initial	Discharge Recommitment	Total	
Albemarle	5	1	0	0	6	
Alexandria	33	0	0	0	33	
Alleghany	1	0	0	0	1	
Amherst	4	0	0	0	4	
Arlington	7	0	0	0	7	
Augusta	13	2	0	0	15	
Bedford	2	0	0	0	2	
Bristol	1	0	0	0	1	
Campbell	6	0	0	0	6	
Carroll	1	0	0	0	1	
Charlottesville	29	0	0	0	29	
Chesapeake	1	0	0	0	1	
Chesterfield	1	0	0	0	1	
Colonial Heights	1	0	0	0	1	
Culpeper	$\stackrel{\circ}{2}$	0	0	0	2	
Danville	42	11	$\overset{\circ}{6}$	11	70	
Dickenson	1	0	0	0	1	
Fairfax County	266	0	0	0	266	
Fauquier	4	0	0	0	4	
Fredericksburg	2	0	0	0	2	
Galax	0	0	1	0	1	
Gloucester	1	0	0	0	1	
Greene	1	0	0	0	1	
Hampton	1	0	0	0	1	
Henrico	68	1	0	0	69	
Henry	4	0	0	0	4	
Lancaster	0	1	0	0	1	
Loudoun	73	0	16	-	89	
		-		0		
Lunenburg	1	0	0	0	1	
Lynchburg Martinsville	33	0	51	0	84	
	1	0	0	0	1	
Montgomery	36	0	2	0	38	
(Christiansburg)	1	0	0	0	1	
Nelson	1	0	0	0	1	
Norfolk	1	0	0	0	1	
Nottoway	0	155	0	0	155	
Patrick	2	0	1	0	3	
Petersburg	9	0	1	0	10	
Prince William	330	0	12	0	342	
Richmond City	12	0	0	0	12	
Roanoke City	5	0	0	0	5	
Roanoke County	26	1	0	0	27	
Rockbridge/	2	0	0	0	2	
Lexington						
Rockingham/	68	2	12	0	82	
Harrisonburg						
Russell	8	0	0	0	8	
Salem	8	0	0	0	8	
Shenandoah	1	0	1	0	2	

Locality	Direct	New Hearing	Discharge Initial	Discharge Recommitment	Total
Smyth	34	2	0	0	36
Spotsylvania	2	0	0	0	2
Stafford	1	0	0	0	1
Staunton	36	42	10	142	230
Sussex	2	0	0	0	2
Washington	3	1	0	0	4
Williamsburg/ James	1	0	0	0	1
City County					
Winchester	13	0	0	0	13
Wythe	1	0	0	0	1
Total	1207	219	113	153	1692



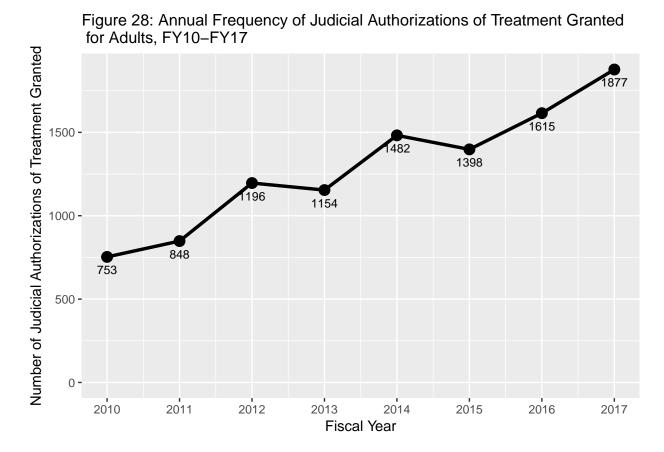


Judicial Authorizations of Treatment

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 treatment 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 1,950 judicial authorizations of treatment were sought in FY17, a 14.8% increase over FY16. The number of judicial authorizations granted also increased compared to FY16, from 1,615 to 1,877 – a 16.2% increase.

In accordance with past trends, nearly all (96.3%) judicial authorizations of treatment sought were granted in FY17. Overall, the number of judicial authorizations of treatment that were granted in FY17 is over twice that of FY10 (Figure 28).



⁸Note that the data do not provide information to determine if the authorization of treatment was granted due to a mental or physical disorder.

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 entered into the eMagistrate system. ATOs are recorded by the eMagistrate system regardless of whether they are successfully executed.

The number of ATOs issued per year has increased dramatically since FY10 (Table 17), when ATO legislation first went into effect. Magistrates issued 134 ATOs in FY10 and 759 ATOs in FY17 (Table 17). This increase can be attributed to the start of two programs providing alternative transportation for people under a TDO. First, the Alternative Transportation Pilot, which was sponsored by DBHDS and began in the Mount Rogers Community Services Board area in November 2015. 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 detained individuals 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 implemented an alternative transport program in October 2015 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. All jail officers participating in this program have also received training concerning the TDO process and associated paperwork.

Table 17 displays the number of ATOs issued for adults under ECOs and TDOs (denoted "ECO" and "TDO") from FY10-FY17. Few ATOs were issued in order to transport an individual under an ECO, with about 98.7% of ATOs in FY17 issued for an individual under a TDO (Table 17)⁹. Across FY10-FY15, the most common alternative transportation provider was medical transport (Table 18). 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 17: Annual Frequency of ATOs Issued for Adults, by Order Type, FY10-FY17

Type	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17
ECO	7	6	3	4	11	9	8	10
TDO	127	136	100	117	102	99	479	749
Total	134	142	103	121	113	108	487	759

⁹Provider types were defined as follows: Certified Driver - includes contracted alternative transportation providers such as Steadfast Investigations & Security or other secure transport; Family - includes 1st degree family such as parents or children, etc.; Friend - includes 2nd degree family members such as cousins and/or non-related friends; Healthcare Provider - includes CSB clinician or other medical provider; Law Enforcement - includes law enforcement officers and other criminal justice personnel; and Medical Transport - includes EMS, etc.

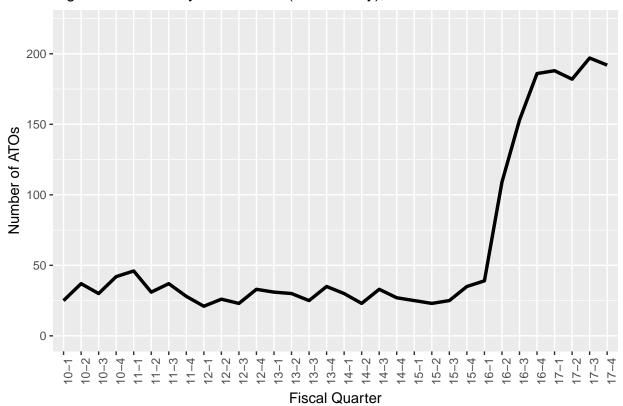


Figure 29: Quarterly ATO Trends (Adults Only), FY10-FY17

Table 18: Annual Frequency of ATOs Issued for Adults, by Transportation Provider, FY10-FY17

Transportation Provider	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17
Certified Driver	0	0	0	0	0	0	301	538
Family	68	69	38	28	24	15	27	15
Friend	5	5	2	4	7	0	2	1
Healthcare	15	9	7	9	7	8	10	13
Provider								
Law Enforcement	9	9	9	8	6	7	48	59
Medical Transport	32	40	36	57	40	54	66	67
Unknown	5	10	11	15	29	24	33	66
Total	134	142	103	121	113	108	487	759

Acknowledgements

We thank JK Bonnie and TM Ko for their assistance in writing the core R Markdown code used to generate this report.