



Institute of Law, Psychiatry,
and Public Policy

Adult Civil Commitment Proceedings in Virginia: Annual Statistical Report FY19

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The Institute of Law, Psychiatry and Public Policy (ILPPP) at the University of Virginia is an interdisciplinary program in mental health law, forensic psychiatry, forensic psychology, forensic neuropsychology and forensic social work. Institute activities include academic programs, forensic clinical evaluations, professional training, empirical and theoretical research, and public policy consultation and review.

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Annual Statistical Report

Adult Civil Commitment Proceedings in Virginia FY 2019

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University of Virginia Institute of Law, Psychiatry, and Public Policy

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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 (hereafter, the Institute) at the University of Virginia, under contract with the Virginia Department of Behavioral Health and Developmental Services (DBHDS). Current analyses are based on data provided by DBHDS from the Office of the Executive Secretary of the Supreme Court of Virginia pursuant to Va. Code § 37.2-308.01.

In this report, the Institute presents data for FY 2009 through FY 2019 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. The report also includes data pertaining to judicial orders authorizing alternative transportation of adults involved in commitment proceedings.

Sources of Data

Court clerks at General District Courts maintain records of civil commitment cases concerning adults through use of 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 is 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 the GDC-CMS by individual court clerks.

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, the eMagistrate system is used to generate the order.

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 eMagistrate system. The second type is “order-less 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 order-less emergency custody are not captured in the eMagistrate data. Unlike for previous reports, we were not able to obtain data on emergency custody collected by DBHDS in time for analyses; therefore, we could not compare the totals from each data source to calculate the number of order-less emergency custody cases that occur. Thus, the FY 2019 report presents data for only magistrate-issued ECOs.

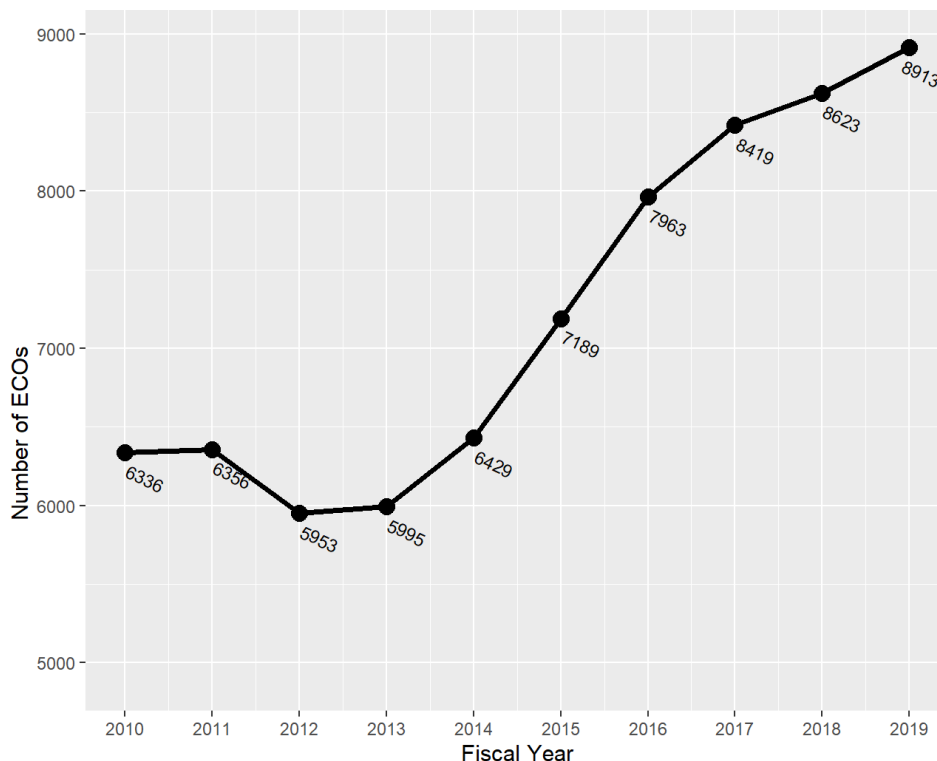
The number of ECOs for adults decreased each year from FY 2010, when 6,402 were issued, to FY 2012 when 5,953 were issued (Figure 1). Precipitated by the November 2013 tragedy involving State Senator Creigh Deeds and his son, Gus Deeds, and the subsequent reforms that went into effect July 1, 2014, the numbers of ECOs and TDOs issued increased markedly from

¹ Note that a small percentage (0.48%) 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. Additionally, the numbers may differ slightly from previous ILPPP reports on civil commitment. ILPPP reports prior to 2018 relied on data received on a monthly basis, whereas the reports since 2018 rely on data received annually. The annual reports may provide slightly different information from the monthly reports if cases have been transferred from other courts, or if cases held late in the month were entered into the system during the following month.

FY 2014 through FY 2016.² The volume of ECOs issued began to rise considerably in the fourth quarter of FY14, and while there were seasonal changes such as the decrease between the first and second quarter of each fiscal year, over time the number of ECOs generally increased through the second quarter of FY17 when the increase began to slow (Figure 2). The number of ECOs and TDOs issued continued to increase, albeit less rapidly, through FY 2019. According to data extracted from the eMagistrate system, 8,913 ECOs were issued for adults in FY 2019 (Figure 1). This is a 3.4% increase over the 8,623 ECOs that were issued for adults in FY 2018, and an 5.9% increase over the 8,419 ECOs that were issued for adults in FY 2017. Although FY2019 figures do not as a whole present a large increase over previous years' quarters, the third quarter showed a notably greater volume of ECOs; however, the fourth quarter number of ECOs was on par with the previous three years.

According to data from the eMagistrate system, an average of 743 ECOs were issued for adults per month during FY19 (Table 1). The number of ECOs issued per month roughly follows a seasonal pattern. In general, more ECOs are issued during the late spring and summer months of May-August, corresponding with the first and fourth quarters of each fiscal year, than in the second and third fiscal year quarters during September-April (Figure 2).

Figure 1: Annual Frequency of ECOs Issued for Adults, FY10–FY19



² The Inspector General’s Report on this incident can be found at <https://rga.lis.virginia.gov/Published/2014/RD136/PDF>

Figure 2: Quarterly Frequency of ECOs Issued for Adults, FY10–FY19

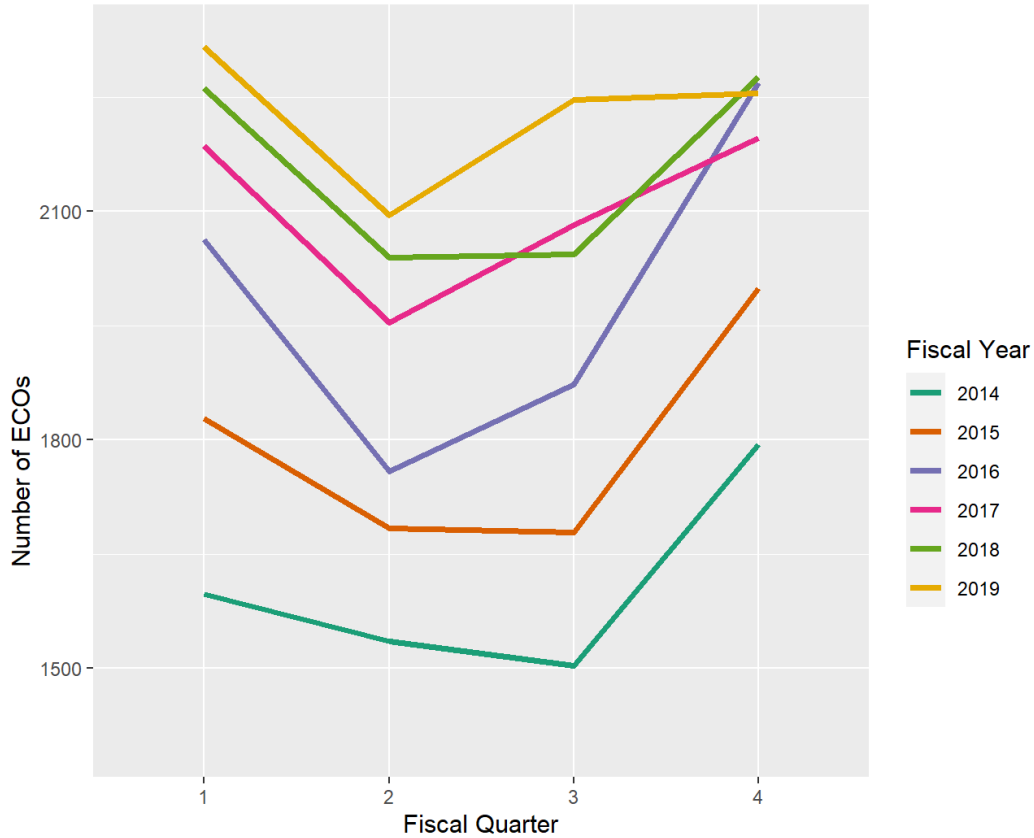


Table 1: Monthly Frequency of Magistrate-Issued ECOs for Adults, FY10-FY19

Month	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
July	577	615	537	550	564	592	688	719	757	787
August	585	574	543	541	534	618	695	786	783	796
September	561	550	492	508	499	618	680	681	722	733
October	520	520	459	495	532	583	610	654	713	739
November	478	481	406	445	466	505	517	608	651	720
December	493	435	490	470	537	596	631	692	676	636
January	495	574	484	525	538	582	610	742	709	750
February	416	456	475	440	450	481	546	618	635	731
March	577	534	526	467	515	615	717	722	700	766
April	521	581	527	503	571	639	676	685	684	740
May	549	489	521	548	578	677	791	723	839	791
June	564	547	493	503	645	683	802	789	754	724
Total	6336	6356	5953	5995	6429	7189	7963	8419	8623	8913

Temporary Detention Orders

The eMagistrate system is used by magistrates to issue TDOs pursuant to Va. Code § 37.2-809. GDC-CMS includes 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 GDC-CMS. Because the eMagistrate system provides more accurate data regarding the number of TDOs issued each month than does GDC-CMS, data from the eMagistrate system are used for TDO analyses in this report.

After three years of steep growth, the growth rate of the number of TDOs issued each year slowed between FY16 and FY17 (Figure 3). The number of TDOs issued then decreased by 1.9% from FY17 to FY18 and then by 3.2% from FY18 to FY19. Despite this decrease, the FY19 TDO count was still 12.2% higher than pre-2014 averages.

The number of TDOs issued each quarter was lower in FY19 than during the same quarters in FY16 and FY17 (Figure 4). The number of TDOs issued each quarter in FY19 was also lower than FY18 numbers for the first, second, and fourth quarters. The monthly counts are shown in Table 2 for reference.

Data showing a decrease in TDOs are limited to three years (FY17-FY19), but they suggest that TDO counts are trending downward.

Figure 3: Annual Frequency of TDOs Issued for Adults, FY10–FY19

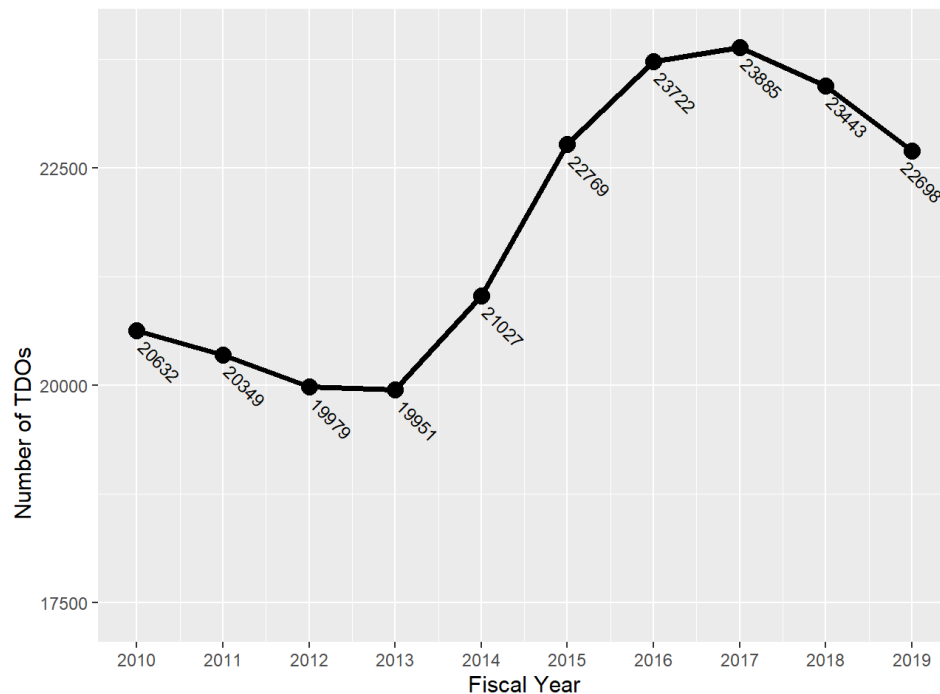


Figure 4: Quarterly Frequency of TDOs Issued for Adults, FY10–FY19

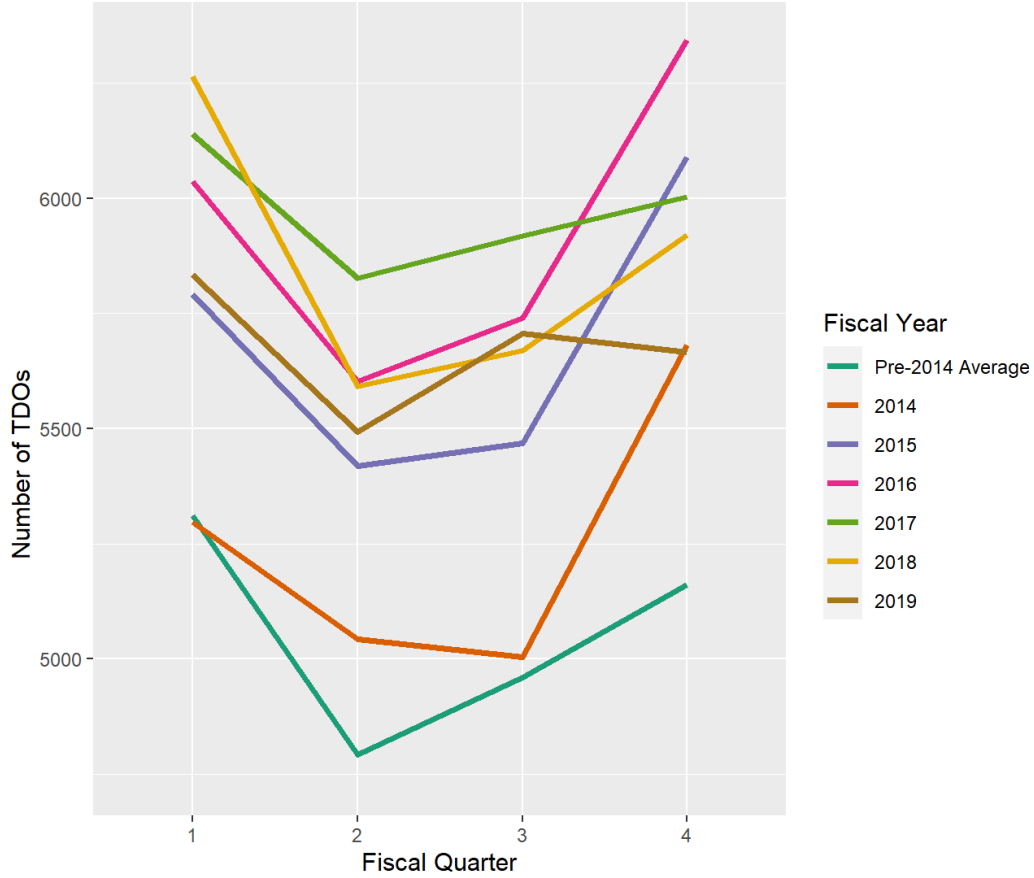


Table 2: Monthly Frequency of TDOs for Adults, FY10-FY19

Month	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
July	1859	1804	1800	1823	1768	1855	2025	1974	2028	1901
August	1904	1780	1616	1798	1813	1942	1986	2204	2171	2054
September	1778	1721	1741	1626	1716	1994	2026	1960	2065	1879
October	1706	1654	1575	1617	1797	1905	1956	1953	1961	1870
November	1537	1537	1497	1503	1595	1635	1790	1859	1815	1846
December	1619	1624	1646	1656	1651	1879	1856	2015	1815	1777
January	1716	1787	1578	1759	1723	1883	1867	2075	1913	1946
February	1422	1571	1689	1489	1607	1599	1805	1790	1845	1832
March	1719	1742	1778	1591	1675	1987	2068	2053	1911	1928
April	1750	1760	1654	1688	1855	2000	2004	1946	1914	1869
May	1822	1710	1732	1768	1939	2016	2156	2043	2034	1980
June	1800	1659	1673	1633	1888	2074	2183	2013	1971	1816
Total	20632	20349	19979	19951	21027	22769	23722	23885	23443	22698

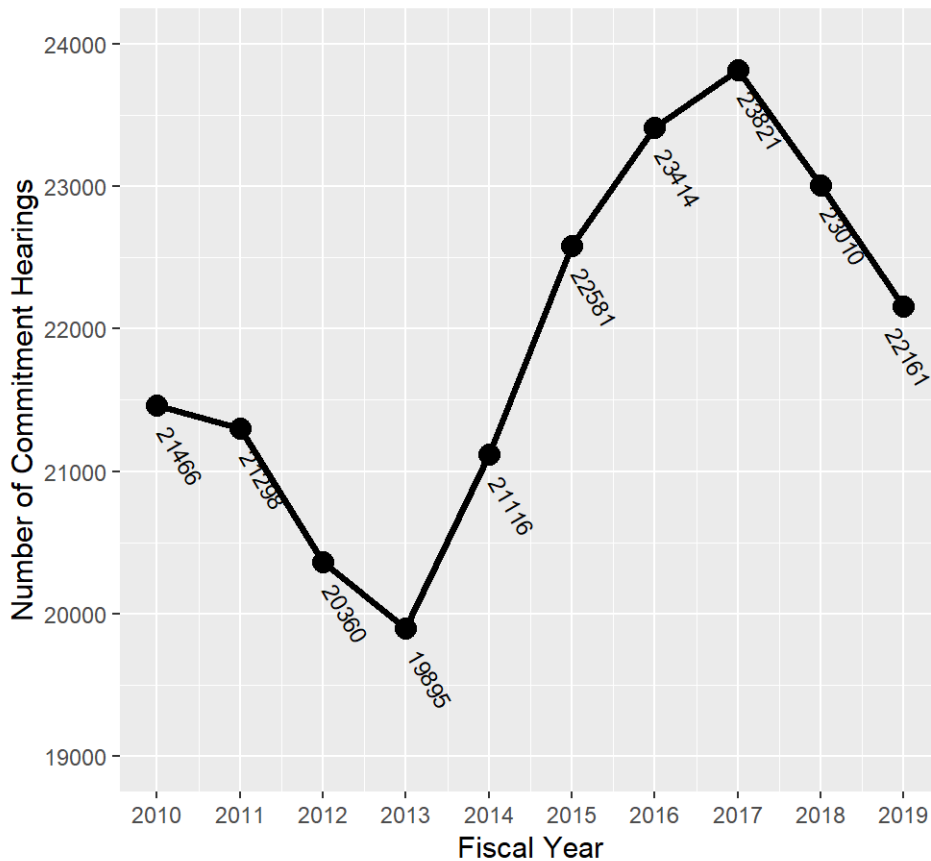
Initial Commitment Hearings

GDC-CMS is the sole source of data on the number of initial commitment hearings. There were 22,161 initial adult commitment hearings in FY19 (Figure 5).³ This is a 3.7% decrease from the 23,010 initial adult commitment hearings that were held in FY18, and a 7.0% decrease from the peak of 23,821 hearings in FY17.

The number of initial adult commitment hearings was lower each quarter in FY19 than in the same quarters in FY15 through FY18, with the exception of the third quarter. The number of hearings in the third quarter of FY19 was higher than in the third quarters of FY15 and FY18 (Figure 6). Monthly counts are shown in Table 3 for reference.

The seeming decrease in initial commitment hearings is limited to three years (FY17-FY19), but data for these three years suggest that initial commitment hearing counts are trending downward.

Figure 5: Annual Frequency of Initial Commitment Hearings Involving Adults, FY10–FY19



³ The numbers may differ slightly from previous ILPPP reports on civil commitment. ILPPP reports prior to 2018 relied on data received on a monthly basis, whereas the reports since 2018 rely on data received annually. The annual reports may provide slightly different information from the monthly reports if cases have been transferred from other courts or if cases held late in the month were not entered into the system until the following month.

Figure 6: Quarterly Frequency of Initial Commitment Hearings Involving Adults, FY10–FY19

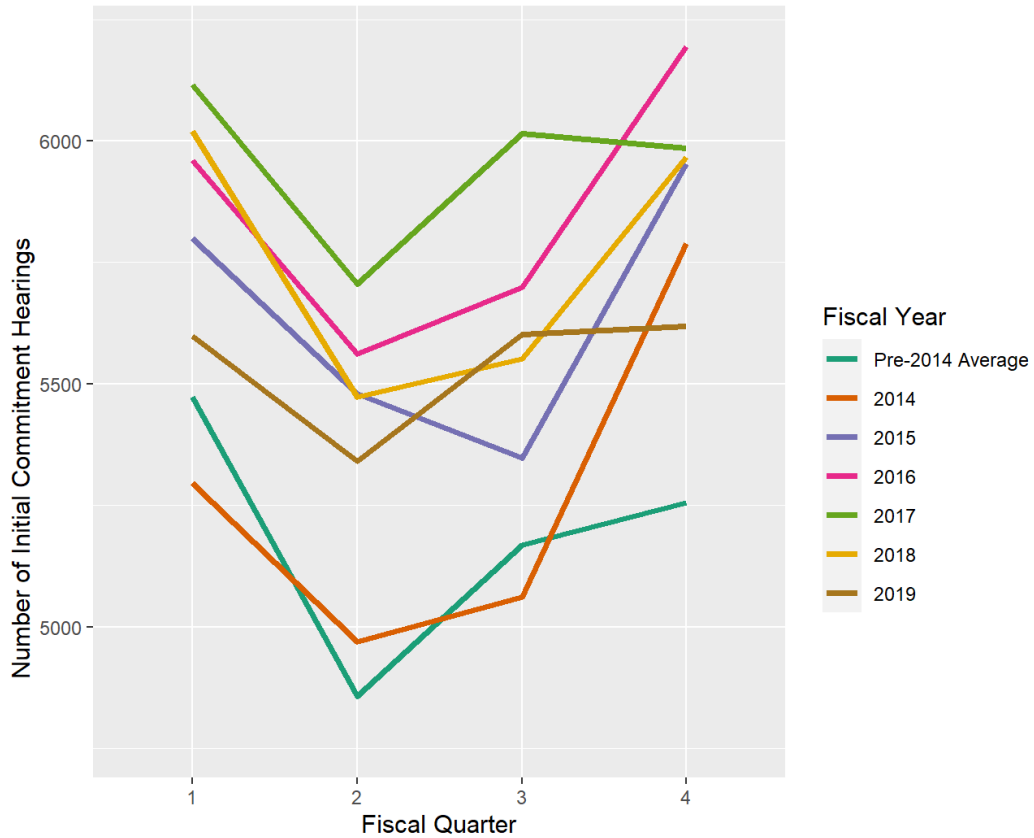


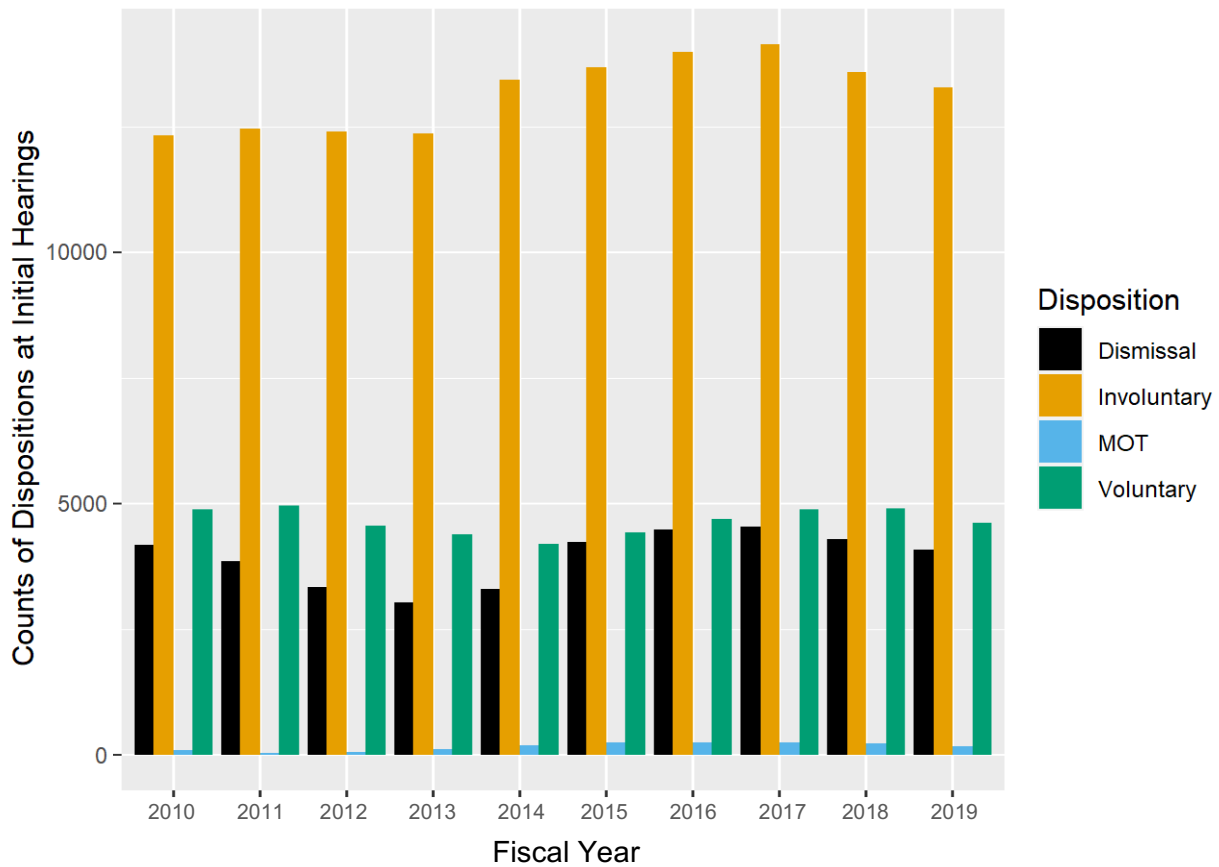
Table 3: Monthly Frequency of Initial Commitment Hearings Involving Adults, FY10-FY19

Month	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
July	NA	1981	1859	1783	1824	1826	1883	2010	1905	2001
August	NA	1929	1901	1759	1892	1758	1868	1997	2278	2149
September	NA	1826	1829	1754	1555	1711	2049	1953	1932	1870
October	NA	1673	1686	1661	1712	1754	1975	1919	1946	2001
November	NA	1552	1593	1524	1506	1543	1498	1839	1819	1793
December	NA	1690	1689	1560	1583	1672	2007	1803	1940	1679
January	1762	1791	1952	1650	1762	1732	1791	1735	2099	1940
February	1653	1487	1640	1742	1508	1625	1590	1904	1828	1848
March	2015	1903	1878	1822	1541	1705	1967	2060	2089	1763
April	1859	1844	1779	1722	1675	1867	1928	1939	1846	1976
May	1895	1788	1824	1710	1802	1926	1898	2157	2113	2036
June	1989	2002	1668	1673	1535	1997	2127	2098	2026	1954
Total	NA	21466	21298	20360	19895	21116	22581	23414	23821	23010

Outcomes of Initial Commitment Hearings

GDC-CMS also provides information on the dispositions of initial hearings. As shown in Figure 7 and Table 4, during FY19, 59.9% of hearings resulted in involuntary hospital admissions, 20.9% resulted in voluntary hospitalizations, and 18.5% of cases were dismissed. Only 0.7% of hearings resulted in mandatory outpatient treatment (MOT) orders.⁴ Compared to the data from FY18, the proportion of involuntary admissions in FY19 was slightly higher, and the proportions of voluntary hospitalizations, dismissals, and MOT were slightly lower.

Figure 7: Frequencies of Dispositions at Initial Commitment Hearings Involving Adults, FY10–FY19



⁴ Note that this statistic only captures orders for “direct” MOT that were issued at initial commitment hearings. It does not capture orders for “step-down” MOT.

Table 4: Proportions of Dispositions at Initial Commitment Hearings Involving Adults, FY10-FY19

<i>Fiscal Year</i>	<i>Dismissal</i>		<i>Involuntary</i>		<i>MOT</i>		<i>Voluntary</i>		<i>FY Total</i>
2010	4173	19.4%	12321	57.4%	86	0.4%	4886	22.8%	21466
2011	3852	18.1%	12456	58.5%	28	0.1%	4962	23.3%	21298
2012	3307	16.4%	11374	61.0%	47	0.3%	4327	22.4%	19055
2013	3006	15.3%	11390	62.1%	93	0.5%	4176	22.1%	18665
2014	3253	15.6%	12430	63.6%	173	0.9%	4084	19.9%	19940
2015	4111	18.7%	12521	60.6%	224	1.1%	4237	19.6%	21093
2016	4249	19.2%	12394	59.7%	202	1.0%	4375	20.1%	21220
2017	4322	19.0%	12261	59.4%	203	1.0%	4418	20.5%	21204
2018	3940	18.7%	10980	59.1%	182	0.9%	4302	21.3%	19404
2019	4086	18.5%	13248	59.9%	163	0.7%	4625	20.9%	22122

Involuntary Inpatient Commitment Orders

As illustrated in Figure 8, the numbers of involuntary inpatient commitment orders issued at initial hearings increased from FY13 to FY17, and then decreased by approximately 3.9% from FY17 to FY18.⁵ The number of involuntary commitment orders decreased by another 2.3% from FY18 to FY19. The decrease between FY18 and FY19 is the result of lower frequencies in the first, second, and fourth quarters, despite a sizeable increase during the third quarter of FY19 (Figure 9). Monthly counts are shown in Table 5 for reference.

The proportion of initial commitment hearings that resulted in involuntary commitment orders has fluctuated slightly with the lowest proportion of 57.4% in FY10 and the highest of 63.6% in FY14 (Table 4). The proportion remained fairly stable from FY18 (59.1%) to FY19 (59.9%; Figure 10).

⁵ The numbers may differ slightly from previous ILPPP reports on civil commitment. ILPPP reports prior to 2018 relied on data received on a monthly basis, whereas the reports since 2018 rely on data received annually. The annual reports may provide slightly different information from the monthly reports if cases have been transferred from other courts, or if cases held late in the month were not entered into the system until the following month.

Figure 8: Annual Frequency of Involuntary Commitment Orders for Adults, FY10–FY19

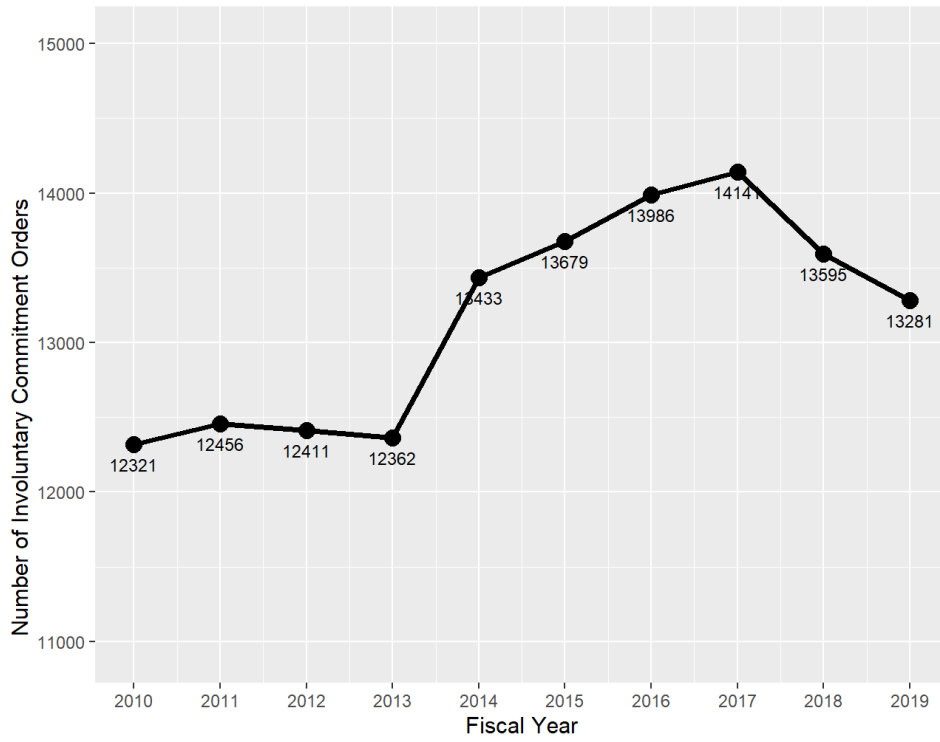


Figure 9: Quarterly Frequency of Involuntary Commitment Orders Issued for Adults, FY10–FY19

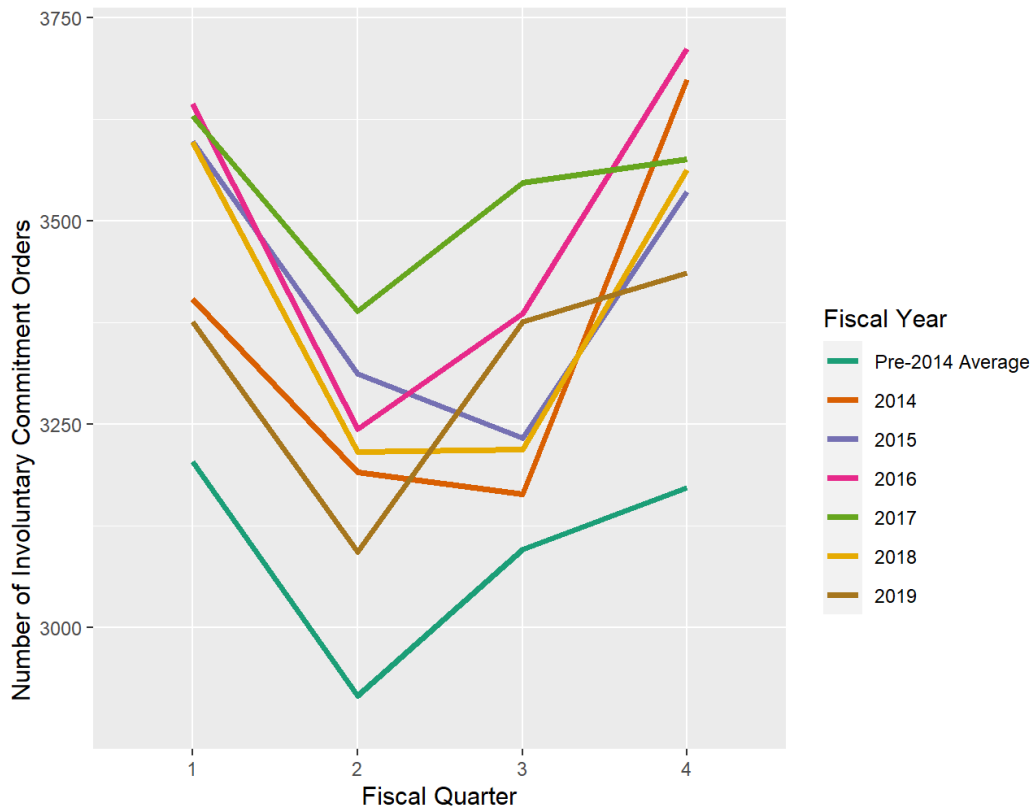
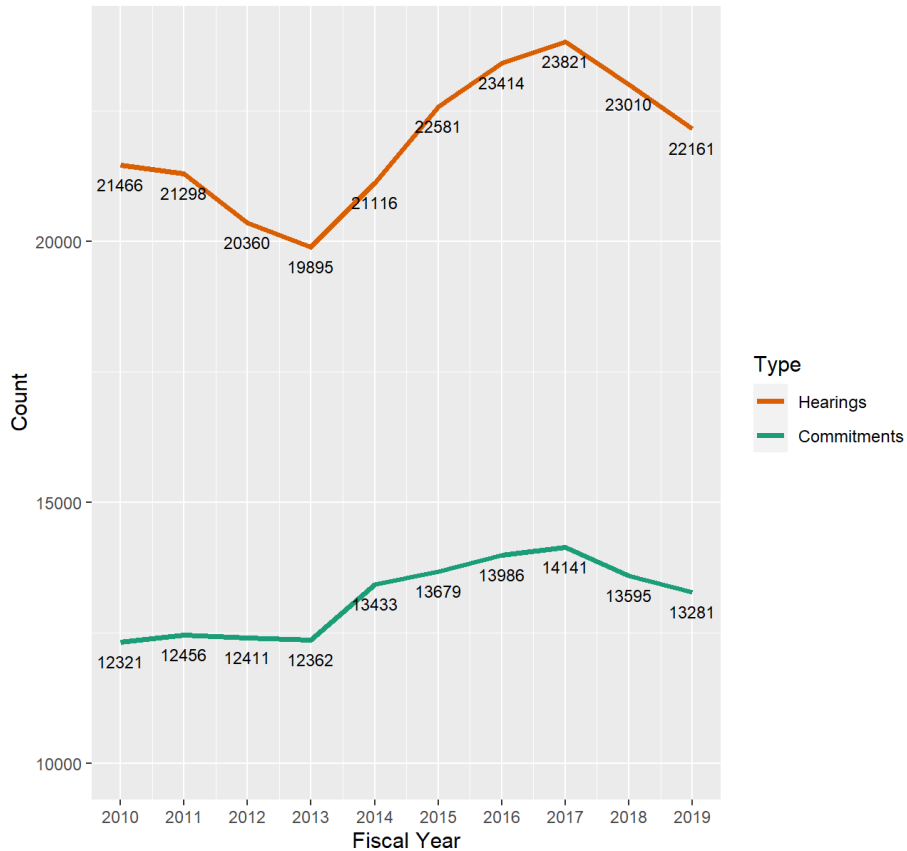


Table 5: Monthly Frequency of Involuntary Inpatient Commitment Orders for Adults (Initial Only), FY10-FY19

Month	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
July	NA	1123	1056	1046	1097	1177	1170	1243	1166	1202
August	NA	1082	1123	1091	1187	1156	1185	1224	1339	1276
September	NA	1015	1020	1030	946	1071	1243	1177	1124	1119
October	NA	979	983	1038	1058	1166	1230	1126	1176	1192
November	NA	911	893	913	940	985	873	1073	1046	1071
December	NA	999	1015	954	979	1040	1209	1045	1167	953
January	945	1014	1154	1010	1093	1086	1098	996	1244	1093
February	962	839	968	1046	953	1018	920	1138	1039	1082
March	1103	1110	1109	1132	956	1060	1215	1252	1264	1044
April	1080	1105	1032	1052	1027	1187	1167	1183	1085	1158
May	1078	1012	1078	1059	1079	1229	1117	1270	1230	1198
June	1102	1132	1025	1040	1047	1258	1252	1259	1261	1207
Total	NA	12321	12456	12411	12362	13433	13679	13986	14141	13595

Figure 10: Annual Frequencies of Initial Commitment Hearings and Involuntary Commitment Orders for Adults, FY10–FY19



Recommitment Hearings

Figure 11 and Table 6 display the frequency of recommitment hearings for FY10-FY19. There was little change in the volume of recommitment hearings between FY11 and FY13, followed by a 21.5% increase in FY14 and another increase of 15.5% in FY15. The increase was particularly large beginning in the fourth quarter (April-June) of FY14 (Figure 12). The increasing trend observed during FY13-FY15 then changed direction in FY16, with the number of recommitment hearings decreasing by 3.3%. Recommitment hearings increased by 1% in FY17 and remained fairly stable into FY18 (Figure 11). Between FY18 and FY19 the frequency of recommitment hearings increased again by 8.5%. Monthly counts are shown in Table 6 for reference.

Nearly all recommitment hearings held in FY19 resulted in continued hospitalization (96.0%), and a very large majority of continued hospitalization cases were involuntary hospitalizations (98.0%). While the number of recommitment hearings has fluctuated from year to year, the number generally increased overall from FY10 to FY19. However, the proportion of recommitment hearings resulting in involuntary hospitalizations decreased slightly from FY10 to FY18, with the exception of a small increase between FY15 and FY16 (Table 7). The proportion of recommitments resulting in involuntary commitments (out of all possible outcomes) was 97.3% in FY10 and had decreased to 94.0% in FY18 and 94.1% in FY19.

Figure 11: Annual Frequency of Recommitment Hearings Involving Adults, FY10–FY19

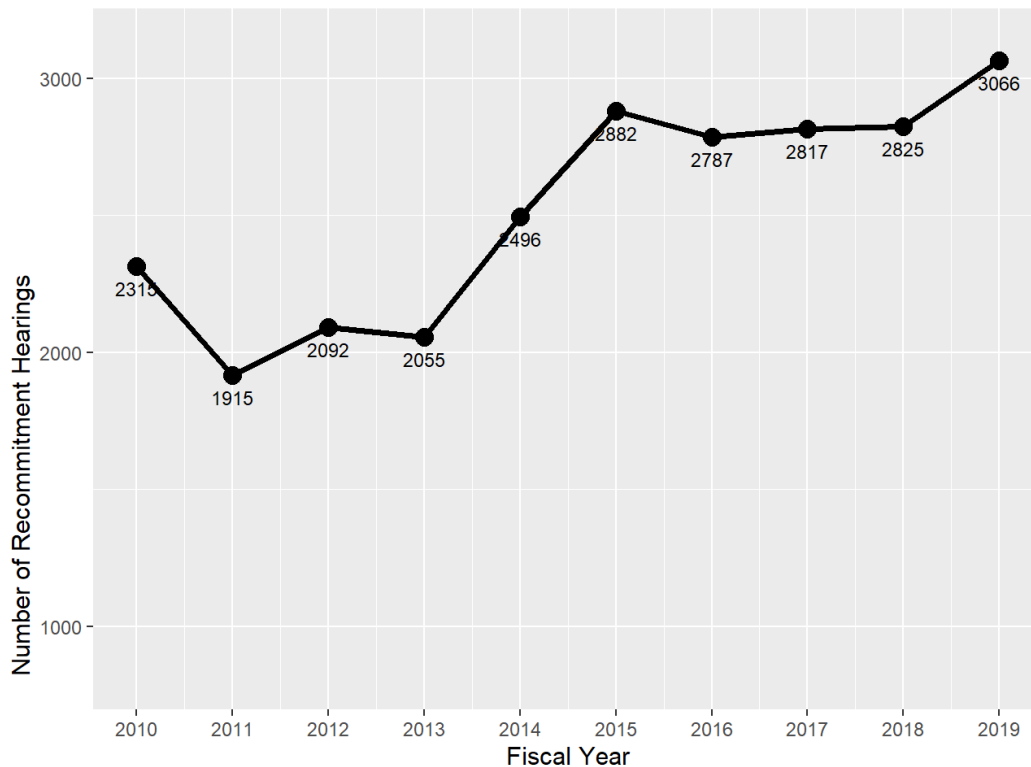


Table 6: Monthly Frequency of Recommitment Hearings Involving Adults, FY10-FY19

Month	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
July	NA	219	221	123	161	205	236	261	243	211
August	NA	180	140	199	168	185	256	242	282	253
September	NA	179	165	165	167	176	234	265	255	208
October	NA	263	178	215	153	173	281	219	211	262
November	NA	145	135	181	160	192	235	205	218	250
December	NA	195	166	178	155	192	275	243	183	220
January	153	198	152	154	196	234	201	182	192	264
February	172	185	147	193	197	187	221	244	235	215
March	195	200	169	163	170	212	213	236	237	178
April	221	191	140	162	169	239	257	248	258	230
May	177	191	160	175	170	239	231	203	238	255
June	184	169	142	184	189	262	242	239	265	279
Total	NA	2315	1915	2092	2055	2496	2882	2787	2817	2825

Figure 12: Quarterly Frequency of Recommitment Hearings Involving Adults, FY10-FY19

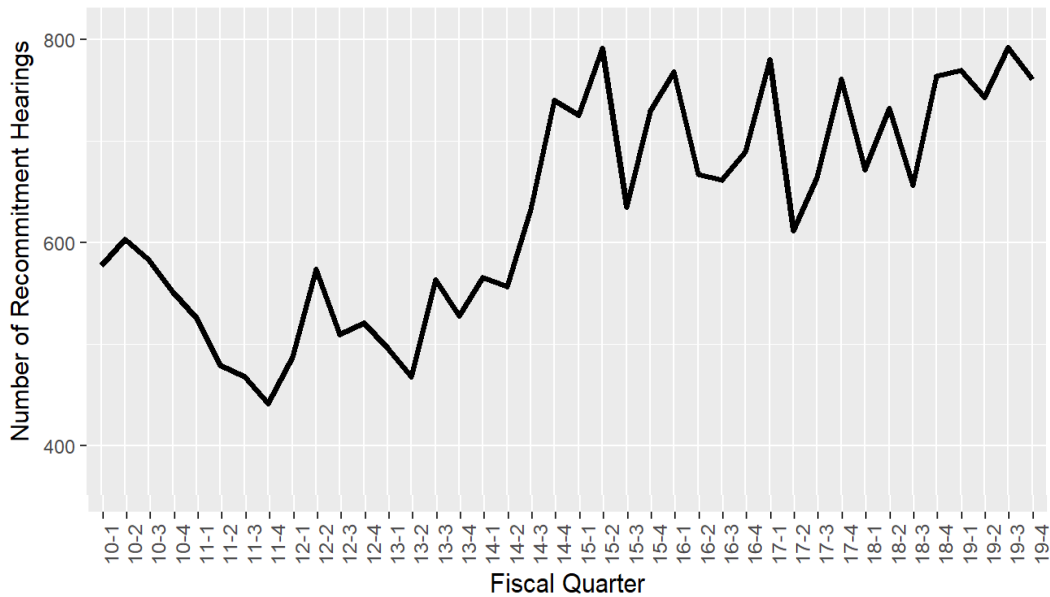
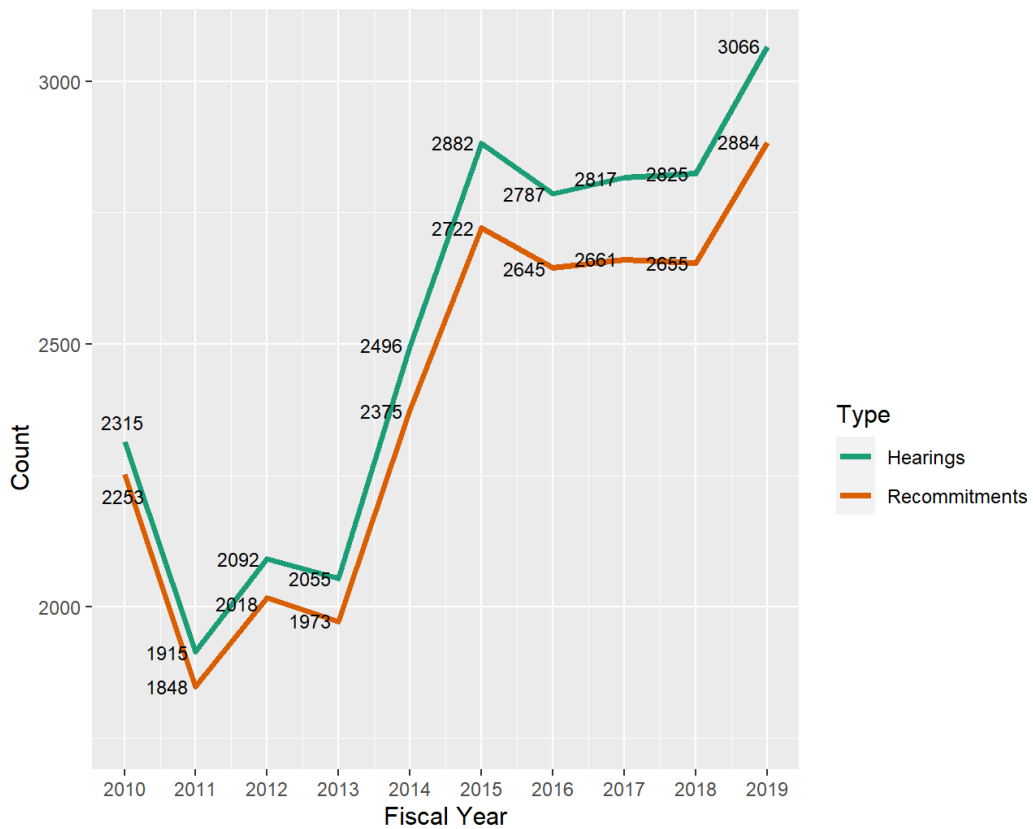


Table 7: Frequency and Proportions of Recommitment Hearings Dispositions for Adults, FY10-FY19

<i>Fiscal Year</i>	<i>Dismissal</i>		<i>Involuntary</i>		<i>MOT</i>		<i>Voluntary</i>		<i>FY Total</i>
2010	8	0.3%	2253	97.3%	1	0.0%	53	2.3%	2315
2011	16	0.8%	1848	96.5%	6	0.3%	45	2.3%	1915
2012	21	1.0%	2018	96.5%	13	0.6%	40	1.9%	2092
2013	14	0.7%	1973	96.0%	24	1.2%	44	2.1%	2055
2014	24	1.0%	2375	95.2%	33	1.3%	64	2.6%	2496
2015	42	1.5%	2722	94.4%	46	1.6%	72	2.5%	2882
2016	44	1.6%	2645	94.9%	45	1.6%	53	1.9%	2787
2017	37	1.3%	2661	94.5%	55	2.0%	64	2.3%	2817
2018	34	1.2%	2655	94.0%	68	2.4%	68	2.4%	2825
2019	30	1.0%	2884	94.1%	92	3.0%	60	2.0%	3066

Figure 13: Annual Frequencies of Recommitment Hearings and Involuntary Commitment Orders for Adults, FY10–FY19



Mandatory Outpatient Treatment

There are two types of mandatory outpatient treatment (MOT) authorized by the Virginia Code.⁶ The first type is a “direct” MOT order. This type of order is issued to a person who is not under a commitment order at the time of the hearing. In these instances, the MOT order is issued as a “less restrictive alternative” to hospitalization when the person is found to meet the criteria for involuntary admission (Va. Code § 37.2-817(D)). No prior hospitalization is necessary to issue a “direct” MOT order.

The second general type of MOT order is a “step-down” MOT order. This type of MOT is used to allow a person to “step down” from an inpatient hospitalization via discharge under an order for MOT. Eligibility for this type of MOT requires at least two previous involuntary hospitalizations within the last 36 months. A “step-down” MOT order may be issued concurrently with an order for inpatient commitment at the initial hearing or at a new hearing shortly before discharge. In this report, these types of orders are referred to as a “pre-authorized step-down” MOT order and a “new hearing step-down” MOT order, respectively.

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
 - **Pre-authorized, Initial:** Issued concurrently with a commitment order at the time of an initial commitment hearing
 - **Pre-authorized, 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 10.4% from FY18 to FY19, continuing the decrease in the number of MOTs since FY15 (Figure 14). However, it should be noted that the decrease in initial commitment hearings means there are fewer cases in which there is opportunity to issue an order for direct MOT. In FY19, MOT accounted for less than 1% of initial commitment hearing outcomes, which is a decrease, but it also accounted for 3.0% of all outcomes at recommitment hearings, a high for MOT.

⁶ Data on MOT orders are derived from dispositions of initial and recommitment hearings recorded in GDC-CMS.

Figure 14: Annual Frequency of MOT Orders for Adults, FY10–FY19

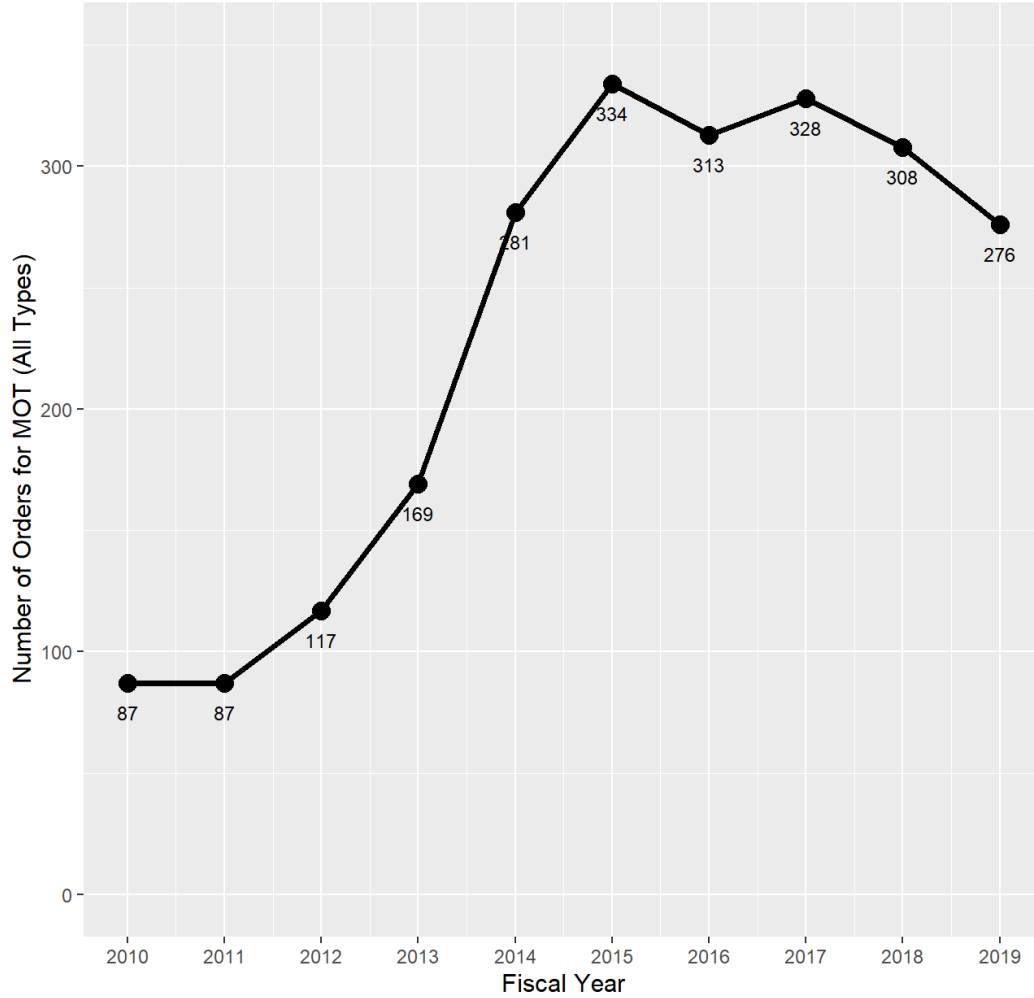
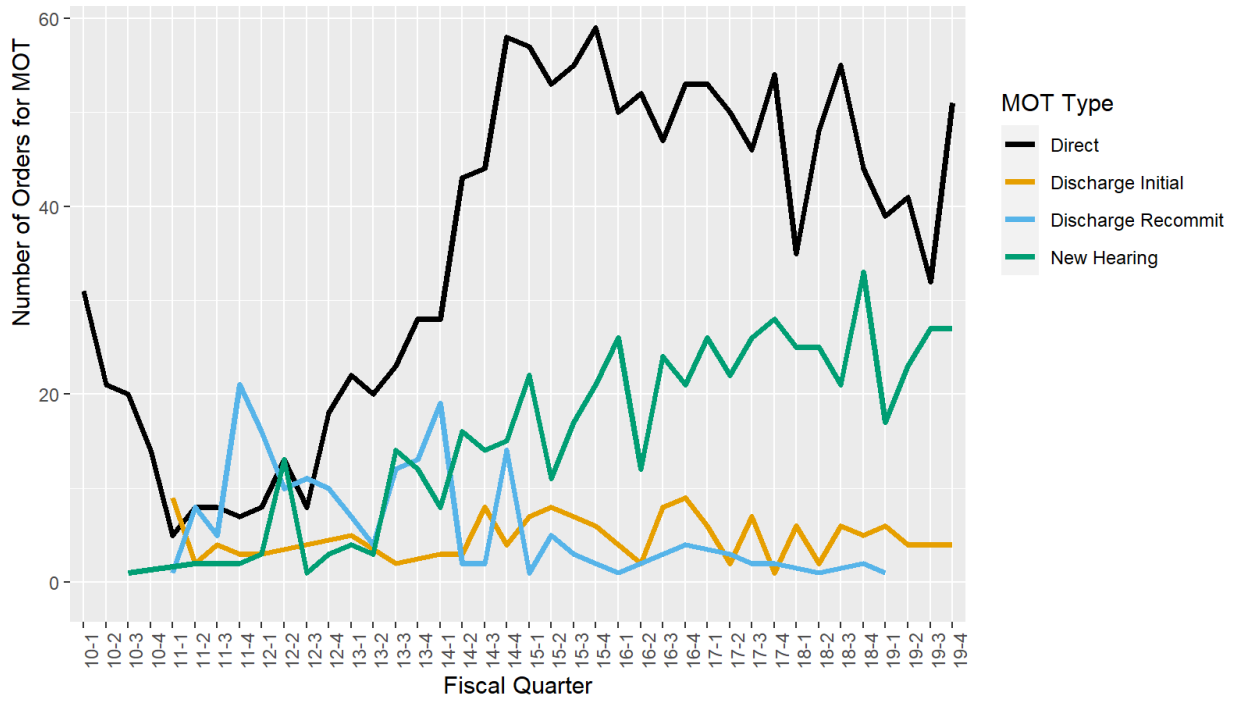


Figure 15 displays the changing use of the types of MOT orders. Direct MOT orders issued at an initial commitment hearing and New Hearing Step-Down MOT orders issued at a hearing convened before an individual is discharged from inpatient hospitalization are the most used types. Pre-authorized, Initial MOTs and Pre-authorized, Recommitment are used less frequently. Note that a small number of Pre-authorized, Recommitment MOTs may be misidentified as Direct MOTs due to limitations in the data used to determine whether a hearing was an initial commitment hearing or a recommitment hearing.

Figure 15: Quarterly MOT Trends by Type, FY10 – FY19



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 someone other than a law enforcement officer, 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 increased dramatically after FY10, when ATO legislation first went into effect. Magistrates issued 138 ATOs in FY10 and 755 ATOs in FY17. However, significantly fewer ATO orders were issued in FY18 (490) when an alternative transportation pilot program, described below, ended (Figure 16, Tables 8 and 9). The increase between FY10 and FY17 can be attributed to the start of two programs to provide alternative transportation for people under a TDO. The first program was the Alternative Transportation Pilot, which was sponsored by DBHDS and began in the Mount Rogers Community Services Board area in November 2015. This pilot ended in March of 2017 which explains the decrease in alternative transportation seen around that time. Through the second program, Valley CSB implemented an alternative transport program in October 2015 in which off duty officers from the Middle River Regional Jail (MRRJ) transported individuals for whom the magistrate issued a TDO and a transportation order.

The success of pilot efforts with contracted alternative transportation providers led to an appropriation in the 2018 state budget for a statewide program to provide alternative transportation for individuals under TDOs.⁷ DBHDS sought contract bids and ultimately awarded the contract to GS4, a nationally recognized contractor for behavioral health security and transportation services. A phased roll-out of the program was scheduled to begin during the fall of 2019; thus, the FY19 data do not yet reflect what impact the program may have.

Table 8 displays the number of ATOs issued for adults under ECOs and TDOs from FY10-FY19. Few ATOs were issued in order to transport an individual under an ECO, with about 97.0% of ATOs in FY19 issued for an individual under a TDO. Across FY10-FY12, the most common alternative transportation was family, whereas from FY13 to FY15, the most common alternative transportation provider was medical transport (Table 9).⁸ Beginning in November 2015, the most common alternative transportation provider was a certified driver labeled here as “Alternative Transport.” 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-

⁷ <https://mhav.org/wp-content/uploads/2019/06/Alternative-Transportation.pdf>

⁸ Provider types were defined as follows: Alternative Transport - includes certified drivers and 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.

FY15. The number of Law Enforcement transport providers increased from 62 in FY17 to 140 in FY18. Upon further investigation, the witness to the transportation order as described in the dataset is largely composed of jail personnel and these cases are largely from one court. It is possible this area has begun performing more prescreening and evaluations in local jails in FY18 leading to more alternative transportation by jail personnel.

Figure 16: Quarterly ATO Trends (Adults Only), FY10–FY19

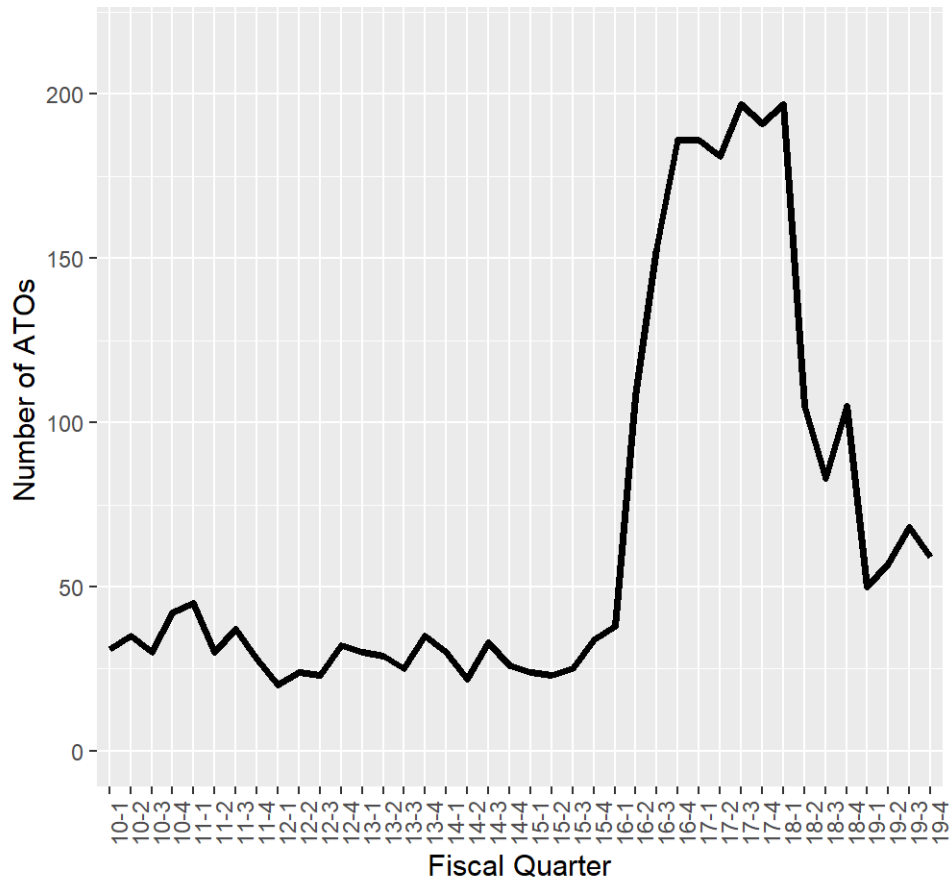


Table 8: Annual Frequency of ATOs for Adults by Emergency Custody Type, FY10-FY19

Type	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
ECO	7	6	3	4	11	9	8	10	13	7
TDO	131	134	96	115	100	97	477	745	477	227
Total	138	140	99	119	111	106	485	755	490	234

Table 9: Annual Frequency of ATOs for Adults by Transportation Provider, FY10-FY19

<i>Transportation provider</i>	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<i>Alternative transport</i>	4	10	10	10	14	14	327	534	228	81
<i>Family</i>	62	66	31	26	24	15	27	21	25	17
<i>Friend</i>	12	7	7	6	7	0	2	1	2	3
<i>Health care provider</i>	16	9	5	7	5	8	7	11	6	3
<i>Medical transport</i>	23	28	23	40	37	45	58	61	55	43
<i>Officer/CJS</i>	6	8	6	7	6	7	35	62	140	53
<i>Unknown</i>	15	12	17	23	18	17	29	65	34	34
<i>Total</i>	138	140	99	119	111	106	485	755	490	234

Conclusion

Overall, it appears that several changes and trends noted in the FY18 report have continued. The annual number of ECOs continued to climb, and at a slightly greater rate than between FY17 and FY18. The third quarter of FY19, in particular, showed an atypical pattern with a high number of ECOs; however, the fourth quarter frequency was at or below the fourth quarter numbers observed in FY16 and FY18.

Despite the rise in ECOs, the number of TDOs continued to decline from the FY17 peak, with the FY19 total number of TDOs on par with the FY15 total. The FY19 TDO annual rate reflected notably lower quarterly frequencies, which each fell below several of the previous years' quarters, with the exception of the third quarter which remained higher in FY19 than in the FY18 third quarter. The high rate of TDOs in the third quarter of FY19 reflects the unusually high ECO rate of that quarter. The fourth quarter, however, returned to FY19's trend of reduced numbers. The most recent three years of data showing a decline in TDOs—including the numbers for FY18 fourth quarter and FY19 first, second, and fourth quarters, which were close to or below FY15 numbers—suggest an established downward trend in TDO frequency.

As expected, the trends in TDO frequency were mirrored in commitment hearing frequencies. The downward trend in the frequency of initial commitment hearings appears to be even greater than the trend in TDOs. The FY19 initial commitment hearings annual frequency fell below the FY15 annual frequency. The decrease in commitment hearings was reflected across all hearing outcomes, with the frequencies of FY19 dismissals, involuntary admissions, voluntary admissions, and MOT all lower than the frequencies for FY18. Notably, the FY19 annual frequency of involuntary commitment orders was lower than the FY15 annual frequency. The proportional breakdown of the hearing outcomes was generally similar to the breakdowns seen in the past few years.

In contrast to initial commitment hearings, the frequency of recommitment hearings increased in FY19, maintaining the rise in the number of such hearings observed since FY15. The proportion of recommitment hearings that resulted in continued, involuntary hospitalization remained lower than in past years, though still the most common outcome by far.

The combined proportions of recommitment hearings resulting in dismissals and MOT has slowly climbed from approximately 1.0% to 4.0% over the past several years. Indeed, the increase in MOT orders at recommitment hearings increased over the last few years, although the issuance of MOT at initial commitment hearings appears to have declined. Thus, fluctuations in the frequency of MOT may be due to changes in practices, as well as overarching changes in the frequency of initial and recommitment hearings.

Finally, the frequency of ATOs issued continues to reflect the cessation of an alternative transportation pilot program, and data do not yet reflect the implementation of the statewide program with GS4. Future analyses should continue to monitor ATO data for developments.

In sum, it appears that the rise in TDOs has abated and is in decline, though the decline is not as rapid as the increase that was initially observed. The continued increase in ECOs may play a role in slowing the rate of decline for TDOs, and variations among localities may shed light on whether the changes in statewide rates are attributable to some areas more than others. The proportional breakdown of initial commitment hearing outcomes suggests relative consistency in court practices and/or clinicians' evaluations of individuals. The continued rise in recommitment

hearings, though relatively small in frequency, presents an interesting trend that may have a meaningful impact in maintaining high census numbers for hospitals and should be studied further. Overall, the frequency of all events explored in this report remain well above pre-2014 occurrences despite the notable declines in TDOs and initial commitment hearings observed in recent years. Thus, there is a need for continued study to identify policy and practice changes that may affect the civil commitment process and outcomes.