PRINCE WILLIAM COUNTY

Office of the County Executive
Christopher E. Martino

Cover Memo

8-A

Board Meeting Date:	July 20, 2021
Agenda Title:	Update on Directive #21-23 - Additional Mental Health Services, for Staff to Explore Establishing a Crisis Stabilization Unit (CSU) and Trauma Treatment Program in Prince William County
District Impact:	Countywide
Requested Action:	None
Department / Agency Lead:	Community Services
Staff Lead:	Lisa Madron, Director

EXECUTIVE SUMMARY

In accordance with Directive #21-23, Additional Mental Health Service, which directed the County Executive to work with staff to evaluate establishing a Crisis Stabilization Unit in Prince William County (PWC) and a Trauma Treatment Program for the Board's consideration in the next fiscal year budget process, or sooner, if funds become available through State and / or Federal funding opportunities as a result of the COVID-19 crisis. A projected date to have this information provided to the Board is August 31, 2021, with the understanding that this timeline can be reduced if funds become available sooner through alternative avenues. In which case, it is requested the analysis of the project be completed within sixty (60) days of alternative funds being identified and disbursed.

The County Executive office has worked with the Community Service staff to prepare the attached White Paper and presentation regarding the establishment of a Crisis Stabilization Unit in Prince William County. Staff also worked with Supervisor Bailey, who sponsored the directive to host community stakeholder meetings to better understand the need for such a facility in the County. These stakeholder meetings have included representatives of federal Legislators, local State Senators and Delegates, the Mayors of the Cities of Manassas and Manassas Park, Sentara and UVA Hospitals administrators, NAMI, Commonwealth Attorney, Sherriff, local Non-profits, and both Police and Fire Chiefs for PWC and the Cities of Manassas and Manassas Park. All are supportive and agree with the need for a Crisis Stabilization Unit in Prince William County. Both hospitals described the increase in demand for Behavioral Health services they have experienced with both adults and children.

The attached presentation and white paper are for information only and no Board action is requested at this time. Staff continues to explore funding options including the use of American Rescue Plan Act (APRA) funds, state and federal grants, private foundations, and ongoing state funding. Staff is also reviewing the best path forward for entering into contracted behavioral health services. A final report and proposal will be evaluated during the FY23 budget process, unless ongoing, non-local funding is identified sooner.

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ATTACHMENTS

1. White Paper
2. Presentation

Establishment of a Crisis Receiving and Crisis Stabilization Services

in Prince William County

Background:

On March 9, 2021, the Board of County Supervisors issued a directive sponsored by Supervisor Andrea Bailey directing staff to explore establishing a Crisis Stabilization Unit (CSU) and Trauma Treatment Program in Prince William County. The basis for the directive is in response to the increased need for mental health services in the community and the need for additional inpatient psychiatric beds in Prince William County (PWC) as well as in the Northern Virginia region. The PWC Board's adoption of the FY 2022 budget and FY22-26 Five-Year Plan provides funding in the out-years that will allow Community Service to establish Trauma Outpatient Treatment Program. What remains is the establishment of the CSU.

Need:

There has been a significant hospital census crisis experienced by the Community Service Boards (CSBs) in Northern Virginia and exacerbated by COVID. With the temporary closing of admissions at 5 of the 8 state hospitals on July 9, 2021, this crisis is growing. Although the Treatment Advocacy Center, a nationally recognized non-profit dedicated to advocacy of timely and efficient treatment of the serious mentally ill, recommends a minimum of 50 inpatient psychiatric beds for 100K population, our region has approximately 21 inpatient psychiatric beds per 100K population, which includes private psychiatric hospital providers. In FY 2020, our region had 855 individuals that had to be placed outside of our region (our region includes Alexandria, Arlington, Fairfax, Loudoun and Prince William) because there were no available inpatient psychiatric beds. For Prince William County, this meant that 42.6% (364) of our adult residents who were under a Temporary Detention Order (TDO) in 2020 were placed outside of Prince William County because there were no inpatient beds. For youth, 88 required a TDO in 2020 and 70% (62) were placed outside of PWC as no inpatient bed was available. Placing individuals outside of where they live is problematic but finding no available inpatient beds when someone is under a temporary detention order or committed for inpatient treatment is worse and has increased since COVID. State hospitals have indicated that private hospitals need to take more TDOs and they have. There are seven private psychiatric hospitals in our region. Five of the seven have shown an increase from FY19 to FY20 in the percentage of TDOs they have accepted, with UVA Community Health (Novant) showing a 156% increase in their acceptance of TDOs.

The state psychiatric hospitals had been the bed of last resort (following legislation added to VA Code after the Deeds tragedy). This legislation required state inpatient psychiatric hospitals to take individuals if no other inpatient bed could not be found. However, in August 2020, the Governor's Executive Order, exempted state hospitals at 100% capacity from the VA code legislation of being the bed of last resort with no other provisions for individuals under temporary

detention order and needing an inpatient psychiatric bed. State psychiatric hospitals were also not accepting individuals testing positive for COVID under temporary detention order. When no bed is found, sometimes, emergency rooms are able to provide psychiatric consultation and management to stabilize the individuals and other times individuals end up leaving the facilities if there is no bed and the order to hold the individual has expired. With inpatient psychiatric beds in short supply, individuals are not able to get the treatment and care they need. Throughout the county and in all of the possible venues the need for behavioral health services (mental health and substance use disorder services) continues to outweigh the capacity to meet this need. Not having available treatment for services can exacerbate a psychiatric condition and lead to a need for a higher level of care.

Increasing the number of short-term crisis beds would reduce the need for psychiatric hospitalization and allow individuals to remain in their community. Crisis estimates provided by Department of Behavioral Health and Developmental Services (DBHDS) based on the Crisis Now monthly crisis flow formula using Greater Prince William 2019 population counts it is estimated that 1,058 residents are in crisis on monthly basis. Of that number, 952 adults are estimated to need the level of care provided by a CSU on a monthly basis. For youth, 283 are estimated to be in crisis on a monthly basis and of that number 255 youth are estimated to need the level of care provided by a CSU.

Not only does the lack of available inpatient beds impact the health system, there is a tremendous amount of law enforcement time that is spent when an individual is under an Emergency Custody Order (ECO) to be evaluated by an emergency services pre-screener for inpatient hospitalization, and for a TDO while medical clearance is obtained, and an inpatient bed sought. The total hours spent by police officers providing this coverage from January 2021 through March 2021 was 3,003.37 hours. Expanding these hours out over the course of a year, which would be comparable to the first quarter hours, would equate to the equivalent of 6 police officers or FTEs.

A CSU that accepts drop-offs and individuals under TDOs would very likely reduce the time needed by law enforcement and connect individuals experiencing behavioral health crises to treatment and services in a quicker manner. If a person is under an ECO, the police officer would remain until the prescreening is completed. However, once the prescreening is completed, the officer would not have to remain for medical clearance to be obtained. If the individual was in need of a TDO, they could be accepted into the CSU without medical clearance.

Community Services currently operates a Crisis Assessment Center (CAC) in the East and West where a police officer can bring an individual under an ECO and transfer custody to the police officer who is a part of the CAC. Community Services would consider relocating the CAC in part or in total to the Crisis Receiving Center to permit the police officers to not have to wait at all and be able to exchange custody of the individual to the CAC officer. Funding has been added to the

cost consideration for providing 24/7 police officer coverage at the Crisis Receiving and Stabilization Center in case the decision to move the CS CAC was not supported.

Crisis Receiving and Stabilization Services Experience:

Crisis Stabilization Units (CSUs) are not new to PWC. Over the past several years, PWC Community Services has been overseeing a regional contract for two separate vendors (one located in PWC and one located in Fairfax) who had been providing CSU (6 beds each) services for Prince William County, Loudoun County, Fairfax County, Arlington County and Alexandria City. In July 2019, a RFP was awarded to one vendor that consolidated the 6 bed programs into one crisis stabilization program equipped to provide 16 beds for crisis stabilization. The Region decided that the program location would be Chantilly, Virginia, which means that the program which had been operational in Prince William County, although regional, will cease operations June 30, 2021.

This is a significant change for PWC as we preferred to have the CSU located in our region not only because of our high need and utilization but due to the unlikeliness that individuals under an ECO can be transported by law enforcement outside of our local jurisdictional areas to obtain a prescreening. An ECO gives the police officer the authority to take an individual into custody in order to obtain a prescreening for inpatient psychiatric hospitalization to be conducted by the local CSB. Although DBHDS considers any CSB as able to provide prescreening services at a regional CSU, law enforcement understands local CSB to mean within the local jurisdiction they support.

The new vendor is anticipated to begin services in October 2021. This vendor in following the Crisis Now Model offers a continuum of crisis care services (CSU beds and 23- hour observation services) that diverts from emergency departments and aligns with the clinical needs of the individual. The Model emphasizes a recovery orientation, trauma-informed care, a strong commitment to safety of individuals and staff and collaboration with law enforcement. The third component in this model is a 23-hour observation and short-term stabilization facility that accepts walk-ins and weaves recovery, clinical and medical services together to eliminate barriers and utilize an approach to care that is characterized by engagement and collaboration. The Crisis Receiving and Stabilization Center would fulfill this third component.

The vendor providing the regional crisis stabilization services in Chantilly will be licensed by DBHDS for a 16-bed crisis stabilization unit for adults with the ability to expand and offer 23-hour observation/crisis services. As a crisis receiving center at a minimum, they will:

- Accept all referrals:
- Not require medical clearance prior to admission
- Design services to address mental health and substance use crisis issues;
- Offer walk-in and first responder drop-off;

- Be structured to offer capacity to accept all referrals at least 90% of the time and priority given to first responders.

Crisis receiving services coordinate connection to ongoing care with community providers and can be funded to offer additional services, such as peer services, housing assistance and outpatient services.

Prince William Community Services will continue to be the fiscal agent for the Chantilly Regional Crisis Stabilization Unit. Currently, the contract is monitored by the Community Services Emergency Services Division Manager. We would anticipate if this project were funded, that the awarded vendor contract would also be overseen by this Division until funding for a Community Crisis Supervisor position could be approved by the County.

State Licensure:

These programs are licensed through the Virginia Department of Behavioral Health and Developmental Services (DBHDS) as residential crisis stabilization units. Crisis Stabilization Units (CSU) provide treatment for individuals requiring crisis stabilization and support in their community and often serve as a step-down for individuals admitted to inpatient units if clinical necessity is met. Some CSUs accept individuals under a TDO, manage their needs and court processes and are also licensed to offer medically monitored detoxification.

Response:

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) and Virginia Department of Medical Assistance Services (DMAS) have recognized the need to enhance crisis services in Virginia and increase the continuum of behavioral health services through redesigning some services to better meet the needs of individuals. To that end, the STEP VA initiative has a Crisis Step where VA has adopted the Crisis Now Model and is working toward creating a continuum of crisis services across Virginia to include a Crisis Call Center Hub (first component of the Crisis Now Model), Regional Mobile Crisis Teams (second component of Crisis Now Model), and practices and principles that support a recovery, trauma informed focus. DMAS has expanded their coverage for crisis services and rates which will take effect in December 2021. With these changes, CSUs and 23-hour crisis observation recliners, key components of a Crisis Receiving Center (CRC) are considered support for the full crisis continuum that will impact our community the greatest while providing the best outcomes for individuals served.

CRCs will accept all individuals experiencing a psychiatric crisis (voluntary and involuntary 24/7) and will work to resolve the crisis and connect the individual to services or to the appropriate level

of care as needed. Some individuals experiencing behavioral health crises may need a few hours of crisis intervention to get stabilized and connected to community resources. The 23-hour observation recliners support this level of care. Whereas others may need a few days of crisis residential treatment offered through the CSU. CRCs can accept individuals under a TDO, those needing medical detoxification and do not require medical screening so persons can be dropped off by police officers, unlike with inpatient psychiatric hospitalization may be the only level of care available. Programming contains a mix of services to include but not limited to: clinical, psychoeducational, psychosocial, relaxation, case management, psychiatric, recreational and physical health.

Some of the Crisis Receiving and Stabilization Service Goals include:

- Helping individuals avoid inpatient hospitalizations
- Increasing access for individuals to recovery services
- Coordinating mental health, substance use, and medical services
- Assisting individuals with integration back into the community

Services are provided in a safe, supportive recovery-oriented environment directed to keep the person safe, reduce the risk of current symptoms and connect the person to continuing services based on his/her needs, strengths and preferences.

The Prince William Area (PWA), which includes the County and both, cities of Manassas and Manassas Park, and the Northern Virginia Region CSBs would greatly benefit by having an additional vendor operated CRC with a 16-bed, crisis stabilization unit and 16-23-hour observation recliners for adults and 8-bedcrisis stabilization unit and 8-23-hour observation recliners for youth experiencing a mental health or substance use crisis. DBHDS approves the number of beds that a vendor may operate which becomes the service capacity. The maximum CSU allowed for licensure in Virginia at this time is 16. Community Services would anticipate awarding a contract for an experienced vendor to operate the CRC. The CRC is staffed by an interdisciplinary team that includes psychiatric providers, nurses, a medical doctor, clinicians, a peer specialist, and mental health technicians. The CRC is an essential component of the community-based crisis services continuum of care in Virginia.

Crisis Receiving and Stabilization Services Preliminary Estimated Cost:

As previously mentioned, The Prince William Area would greatly benefit by having a vendor operated CRC with a 16-bed, crisis stabilization unit and 16-23-hour observation recliners for adults and 8-bed crisis stabilization unit and 8-23-hour observation recliners for youth experiencing a mental health or substance use crisis.

The Crisis Receiving and Stabilization Services Center is staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community, including:

- Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
- Nurses
- Licensed and/or credentialed clinicians capable of completing assessments and
- Peers with lived experience similar to the experience of the population served

The following chart shows estimated costs associated to operate the CRC/CSU:

Facility Type	Space Needs	Estimated Capital Startup Cost & Lease	Estimated Annual Ongoing Operational Cost (Facility &Staff)	Estimated Revenue (Medicaid, Medicare & Private Insurance)	Estimated Support from State/Local Jurisdiction and/or Other Funding Sources
Adult 16beds/16recliners	15,500 sq ft	$3.5M	$10.5M	$6.4M	$4.1M
Youth 8beds/8recliners	10,800 sq ft	$2.9M	$6.5M	$2.0M-$3.9M	Range $ 2.6M-$4.5M
County Positions Cost estimate			$125K-CS $137K-Public Safety		$262K
Estimated Total Cost	26,300 sq ft + additional sq ft for further expansion	$6.4M	$17.3M	Revenue Range: $8.4M - $10.3M	Range: $7.0M- $8.9M

We estimate that 61% of the ongoing operational cost for adults will be covered by Medicaid, Medicare, and Private Insurance. It is not clear if the youth services operational cost will be covered at the same percentage. The chart above provides the youth revenue at the same percentage as adult (61%) and at a lower percentage (30%) for a conservative estimate.

8-A

PRINCE WILLIAM COUNTY

Directive #21-23 Update

Additional Mental Health Services

Establishing a Crisis Stabilization Unit and Trauma Team in PWC

July 20, 2021

Agenda

- Background
- Need for Crisis Receiving and Stabilization Services
- Local Crisis Stabilization Unit and Crisis Receiving Center Experience
- State Licensure for Crisis Stabilization Unit and Services
- Virginia Continuum of Services
- Crisis System Transformation
- Response
- Estimated Operational Cost
- Questions

Background

March 9, 2021 – Board of County Supervisors issued a directive for staff to address the increasing mental health needs in the community by:

1. Establishing a Crisis Stabilization Unit (CSU)
   - Being Explored
2. Establishing a Trauma Treatment Program
   - Funding for the Trauma Team is included in the out-years of the County's adopted FY 22-26 Five-Year Plan

Need for Crisis Receiving and Stabilization Services

- Increased Demand for Inpatient Psychiatric Beds
- Increased Demand on State Psychiatric Hospital Census Concerns
- Increased Effects on Public Safety
- Increased Effects on Local Hospitals

Local Crisis Stabilization Unit (CSU) and Crisis Receiving Center Experience

- History of Crisis Stabilization Units in the PWC
  - 6 Bed Facility in Manassas
- 2019 NOVA Regional Crisis Receiving and Stabilization Services
  - 16 Bed Facility
  - Community Services is the fiscal manager for the state-funded regional contract for a 16-bed CSU (scheduled to open in October 2021)

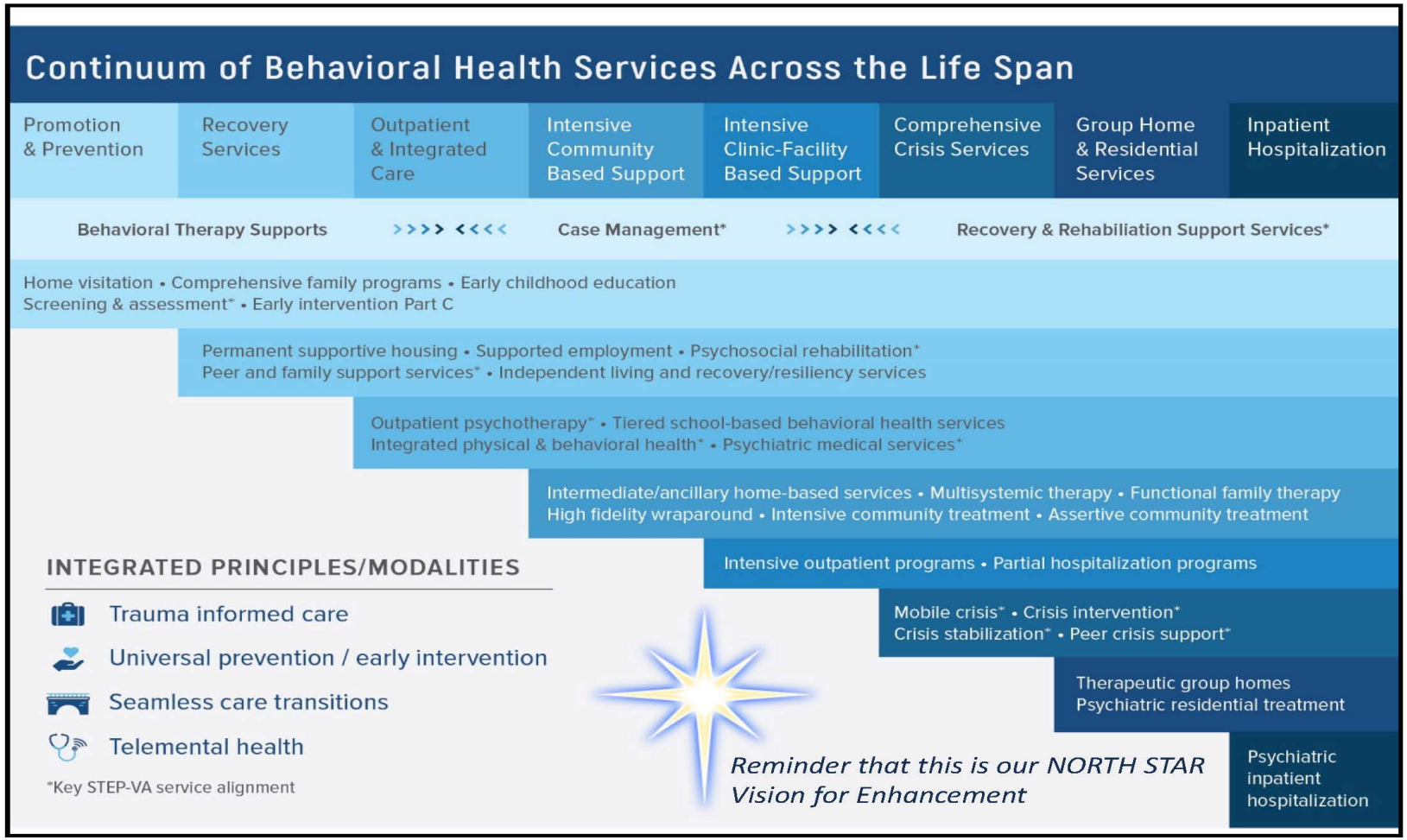
State Licensure for Crisis Stabilization Units and Services

- Per State Code: "Crisis stabilization services involve direct interventions that provide temporary, intensive services and supports that avert emergency, psychiatric hospitalization or institutional placement of individuals who are experiencing serious psychiatric or behavioral problems that jeopardize their current community living situation."

- Per National Guidelines for Behavioral Health Crisis Care: "Crisis receiving services are structured in a manner that offers capacity to accept all referrals at least 90% of the time with no rejection policy for 1st responders"

Virginia Continuum of Services

PRINCE WILLIAM COUNTY



Crisis System Transformation

MARCUS ALERT

The Marcus Alert is a joint project between Department of Behavioral Health and Developmental Services and Department of Criminal Justice Services

General Information, Intersections with STEP-VA and Behavioral Health Enhancements, and Initial Planning

Questions or Comments?
email:
marcusalert@dbhds.virginia.gov

THE ACT

The Marcus-David Peters Act is a comprehensive approach to ensuring that Virginia provides a therapeutic, health-focused response to behavioral health emergencies. It was largely the result of advocacy by the family of Marcus-David Peters, a young, Black, Biology teacher who was shot by Richmond Police in the midst of a mental health crisis. The Act includes coordination between recent investments in the behavioral health crisis continuum, including mobile crisis teams to respond statewide 24/7, protocols that focus on full diversion to the behavioral health system, specific requirements for mobile crisis and law enforcement when law enforcement is called as back-up, protocols to guide any co-response programs or other community care models, and protocols regarding police presentation, training, and behavior such as use of force whenever responding to a behavioral health emergency. In other words, the Marcus-David Peters Act is more complicated than an investment in behavioral health crisis services, a new program for law enforcement to implement, or a reform of crisis intervention training, because it takes a comprehensive, systems-wide approach to decreasing Virginia's reliance on law enforcement as the de facto response to behavioral health emergencies. Improved policies, protocols, and outcomes are expected as a result of the implementation of the Act, with specific benefits expected for Black Virginians, Indigenous Virginians, and Virginians of Color due to existing racial disparities in behavioral health care access and law enforcement involvement and outcomes. Transparent data collection and reporting, including racial disparities, are also required components.

The Act includes responsibilities for DBHDS and DCJS. Some Key Components are:

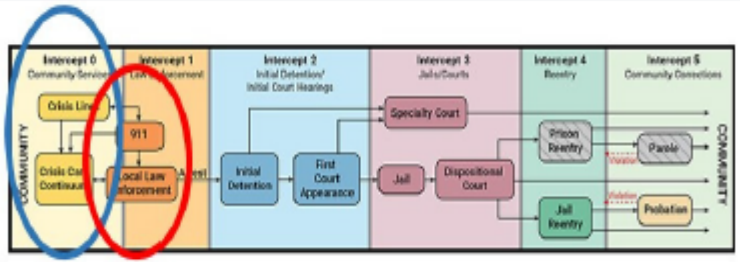
Crisis System Transformation
(Cont'd)

PRINCE WILLIAM COUNTY

STEP-VA AND MARCUS ALERT

The Marcus Alert is a complementary initiative to other recent and ongoing investments in behavioral health crisis services such as STEP-VA. The Sequential Intercept model (below) demonstrates different points at which people with behavioral health disorders and developmental disabilities can enter, or be prevented from entering (diverted from), the criminal justice

Blue = STEP-VA/Behavioral Health Mobile Crisis
Red = Marcus Alert



Through STEP-VA and Medicaid Enhancements key structures being developed at the state level are:

1. a software platform for phone response (de-escalation, connection to services) and mobile crisis dispatch
2. four reimbursement rates to be added to the Medicaid state plan December, 2021
3. statewide mobile crisis training curriculum for all providers to be dispatched from hubs
4. Statewide coverage by mobile crisis teams

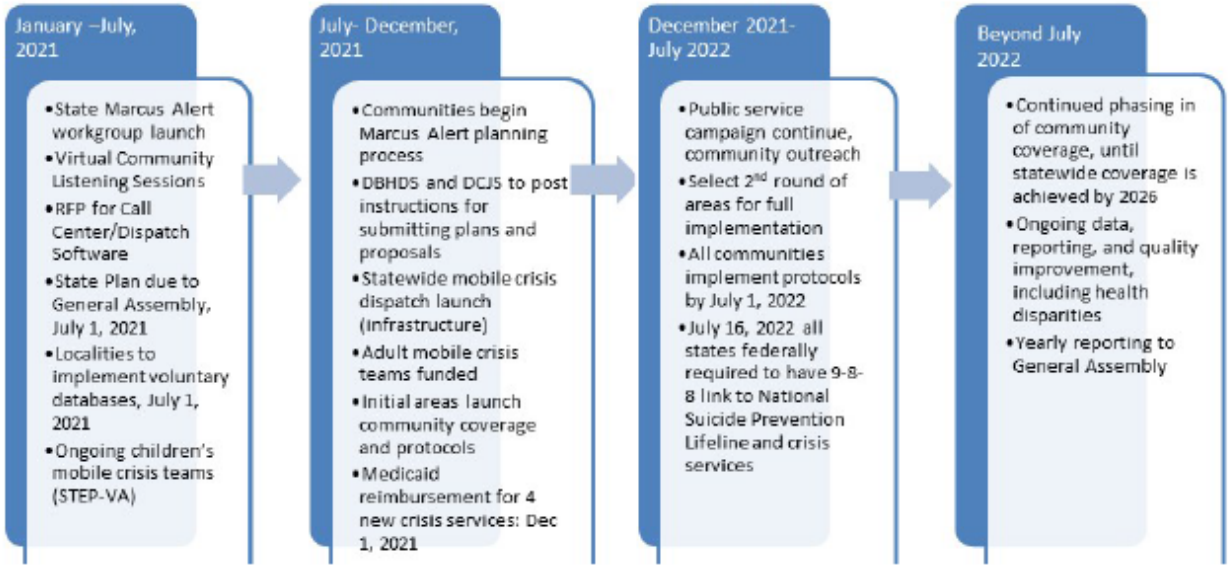
These current and ongoing investments align with the Crisis Now model. Learn more at **www.crisisnow.com**

It is essential that resources, priorities, and timelines are aligned between these initiatives, to ensure that Virginia's behavioral health emergency response is robust, coordinated, health-focused, and equitable.

Crisis System Transformation
(Cont'd)

PRINCE WILLIAM COUNTY

CRISIS SYSTEM TRANSFORMATION TIMELINE



We are pleased to first partner with:

1: Orange, Madison, Culpeper, Fauquier, and Rappahannock Counties (Rappahannock-Rapidan Community Services)

2: Prince William County (Prince William County Community Services)

3: City of Bristol and Washington County including the towns of Abingdon, Damascus, and Glade Spring (Highlands CSB)

4: City of Richmond (Richmond Behavioral Health Authority)

5: City of Virginia Beach (Virginia Beach Human Services)

Response

- Establish a Crisis Receiving and Stabilization Services Center in Prince William County
  - Recommendations
    - Establish 16 beds and 16 recliners CRC/CSU for Adults
    - Establish 8 beds and 8 recliners CRC/CSU for Youth

- Crisis Receiving and Stabilization Center services and goals:
  - Programming contains a mix of services to include but not limited to clinical, psychoeducational, psychosocial, relaxation, case management, psychiatric, recreational and physical health.
  - Staffed by multidisciplinary team capable of meeting needs of individuals experiencing behavioral health crises in community
  - Some of the CRC Service Goals include:
    - Help individuals avoid inpatient hospitalizations
    - Increase access for individuals to recovery services
    - Coordination of mental health, substance use, and medical services
    - Assist individuals with integration back into the community

Preliminary Estimated Operational Cost

PRINCE WILLIAM COUNTY

Facility Type	Space Needs	Estimated Capital Startup Cost & Lease	Estimated Annual Ongoing Operational Cost (facility and staff)	Estimated Revenue (Medicaid, Medicare & Private Insurance)	Estimated Support from State/Local Jurisdiction and/or Other Funding Sources (not inclusive of start-up costs)
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Youth 8 beds/8 recliners	10,800 sq ft	$2.9M	$6.5M	$2.0M - $3.9M	$2.6M - $4.5M
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Estimated Total Cost	26,300 sq ft +addition for further expansion	$6.4M	$17.3M	$8.4M - $10.3M	$7.0M - $8.9M

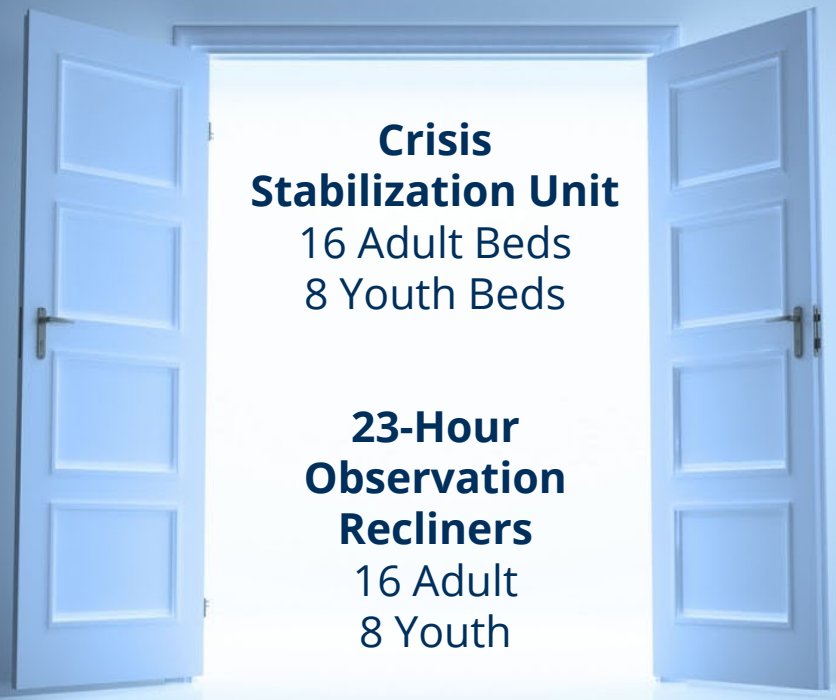
Crisis Receiving Center

PRINCE WILLIAM COUNTY

No Wrong Door for Behavioral Health Crisis
Accepts ECOs/TDOs and offers medical detox when needed

Relocation/Added CS Programs:

- Crisis Assessment Centers
- Marcus Alert Outreach and Engagement
- Trauma Program



Crisis Stabilization Unit
16 Adult Beds
8 Youth Beds

23-Hour Observation Recliners
16 Adult
8 Youth

*Vision for other Community Services (space permitting):

Urgent Care
Housing Assistance
Peer Support
Pharmacy
Mobile Crisis

Thank You

- Questions

PRINCE WILLIAM COUNTY

State Psychiatric Facilities Update

July 20, 2021

State Psychiatric Facilities

June 30, 2021 – Commonwealth Center for Children & Adolescents (CCCA) reduced youth beds to 18 from 48 due to extreme staffing challenges

July 9, 2021 – Temporary Closure of Admissions in 5 Psychiatric State Facilities due to lack of workforce and safety concerns

- Catawba Hospital (Roanoke)
- Central State Hospital (Petersburg)
- Eastern State Hospital (Williamsburg)
- Piedmont Geriatric Hospital (Burkeville)
- Western State Hospital (Staunton)

State Psychiatric Facilities Remaining Open To Admissions

- Southern Virginia Mental Health Institute (Danville)
- Southwestern Virginia Mental Health Institute (Marion)
- Northern Virginia Mental Health Institute (Fairfax) - Notice of hold 7-19-2021 by staff

State Psychiatric Facilities

As of July 14, 2021

	Capacity	Census	Utilization
Catawba	110	98	89%
Central State	166	165	99%
Eastern State	302	276	91%
Piedmont Geriatric	123	106	86%
Western State	246	230	93%
SVMHI	72	70	97%
SWVMHI	179	170	95%
NVMHI	134	128	96%

Current State Hospital Staffing Vacancies

As of July 14, 2021

	Direct Care Staff	Practioners/Psychiatrists
CCCA (Youth)	36%	0%
Catawba	30%	0%
Central State	21%	17%
Eastern State	38%	53%
Piedmont Geriatric	37%	27%
Western State	24%	0%
SVMHI	25%	33%
SWVMHI	12%	5%
NVHMI	11%	4%

Northern Virginia Private Sector Inpatient Behavioral Health Beds

Prince William County

Northern Virginia Private Sector Inpatient BH Beds as of July 9, 2021

Hospital	Location	Adult Inpatient Beds	Youth Inpatient Beds
INOVA	Fairfax	41	15
INOVA	Loudoun	22	0
INOVA	Mt. Vernon	30	0
Novant	Prince William	*****30	0
Dominion	Falls Church	48	68
StoneSprings	Dulles/Loudoun	****17	0
North Spring	Loudoun	0	**40
Virginia Hospital Center	Arlington	***35	0
Out of Area frequently used hospitals			
Poplar Spring	Petersburg	60	45
Newport News	Newport News	0	24
Snowden of Fredricksburg	Fredricksburg	62	12

** An additional 24 beds were added 2021

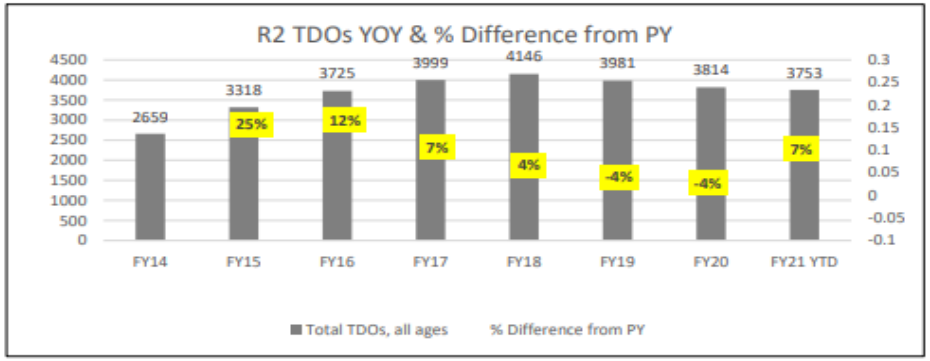
*** Licensed for 35 and operating at 35 and of these, 18 are for Mental Health and 17 are designated for SUDS

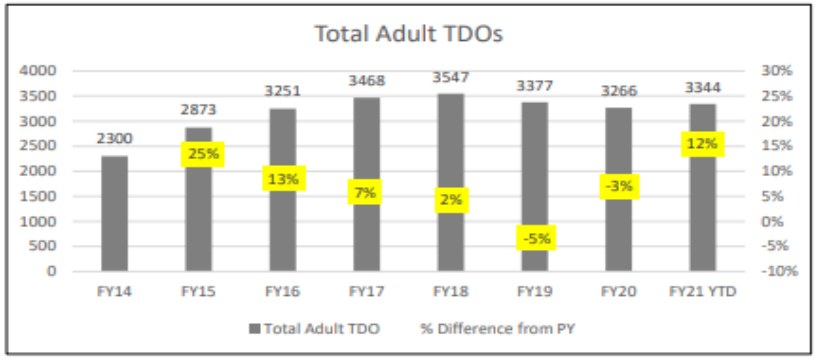
**** Licensed pending for 17 adult beds - current projected opening is Fall 2021

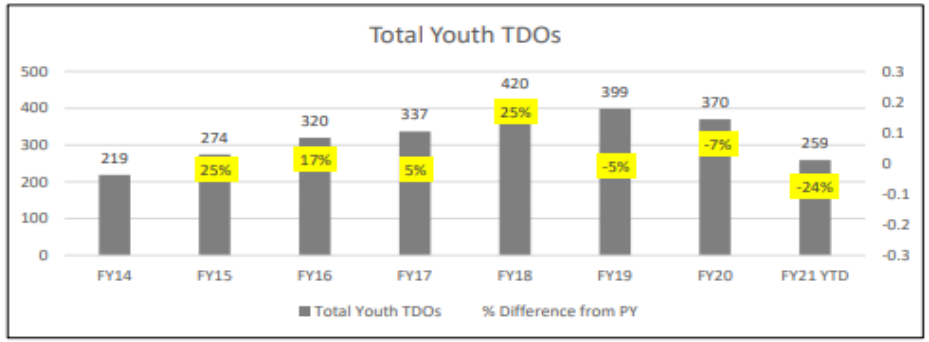
***** Bed capacity reduced by 2 in FY21

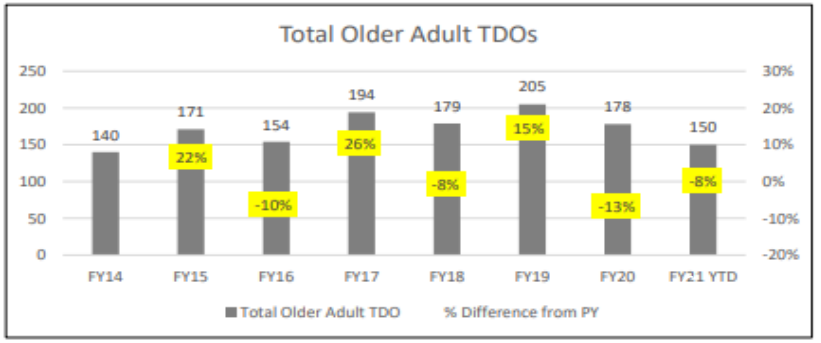
TDO Summary By CSB – May 2021

		Minors			Adults			Older Adults			Total TDOs			
CSB	% of Regional Pop	Month	YTD	% of Region	Month	YTD	% of Region	Month	YTD	% of Region	Month	YTD	100K	% of Regional TDO YTD
Alex	7%	0	14	5.4%	30	364	10.9%	3	22	14.7%	33	400	270.5	11%
Arl	10%	2	15	5.8%	45	480	14.4%	6	39	26.0%	53	534	238.8	14%
Fairfax	47%	15	124	47.9%	126	1398	41.8%	4	57	38.0%	145	1579	148.3	42%
Loudn	16%	4	35	13.5%	25	299	8.9%	6	20	13.3%	35	354	100.0	9%
PW	21%	14	71	27.4%	64	803	24.0%	1	12	8.0%	79	886	190.8	24%
Total	**100%**	**35**	**259**	**100.0%**	**290**	**3344**	**100.0%**	**20**	**150**	**100.0%**	345	3753		100%





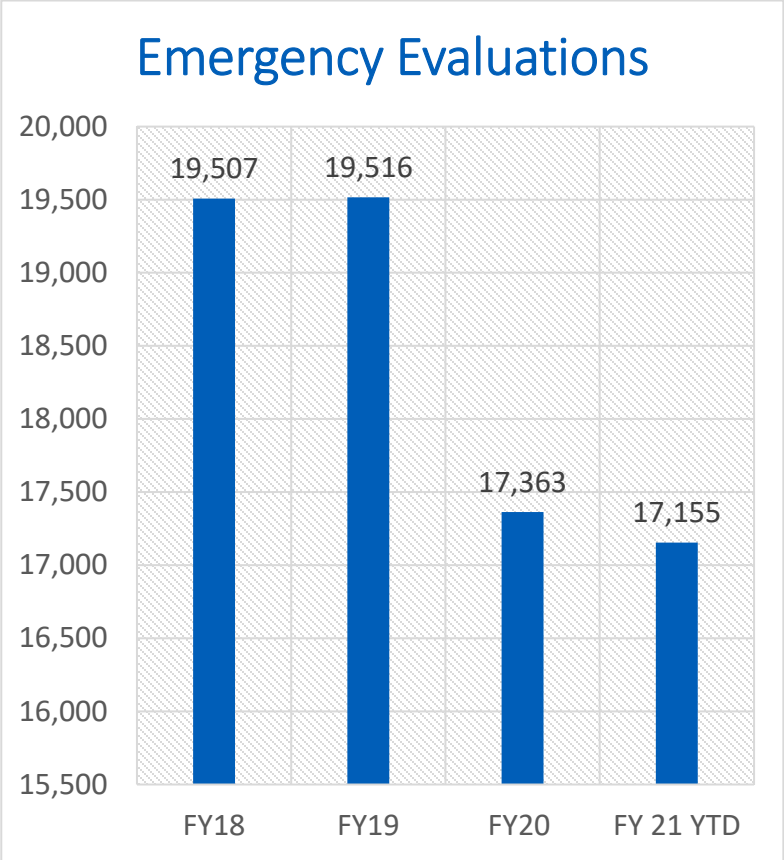




Emergency Evaluations & Temporary Detention Orders

PRINCE WILLIAM COUNTY

Year over Year Trends



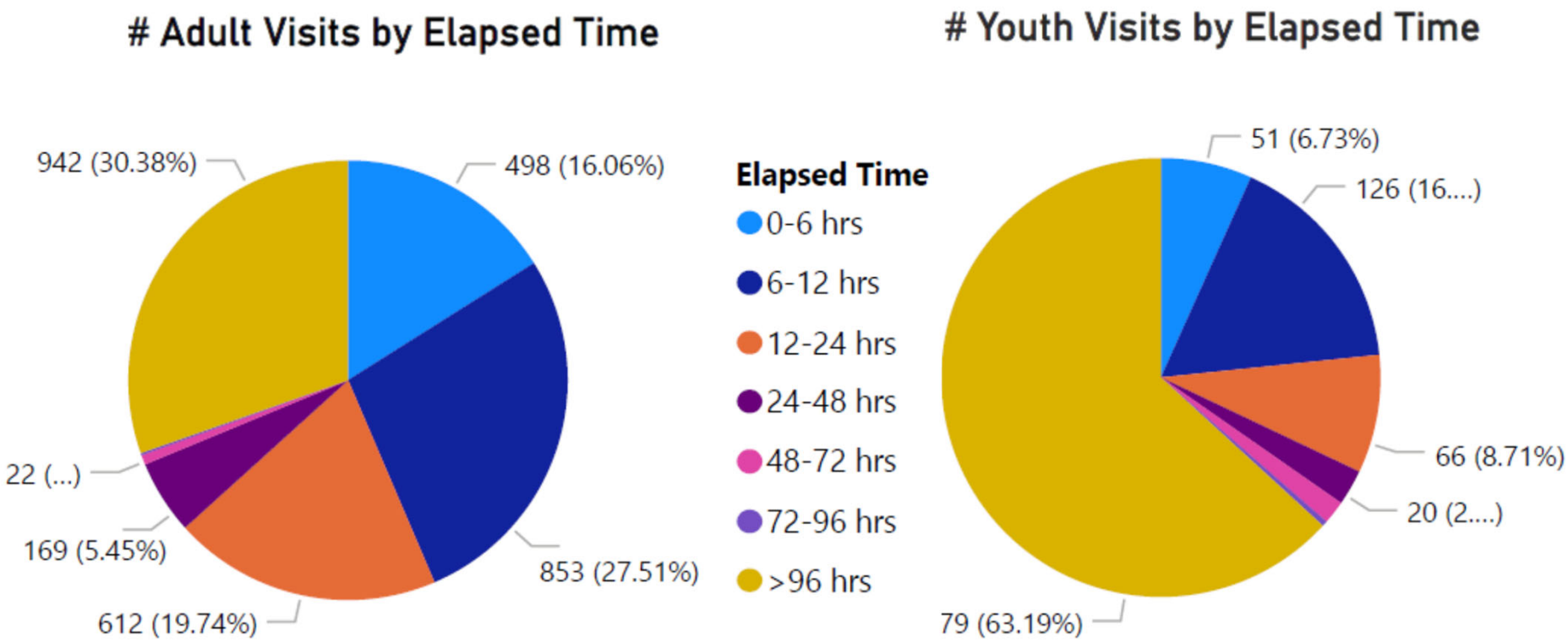
Emergency Evaluations	FY18	FY19	FY20	FY 21 YTD	%=/- FY18-FY19	%=/- FY19-FY20	%=/- FY20-FY21
July	1442	1446	1607	1386			
Aug	1608	1597	1456	1446			
Sept	1667	1544	1719	1618			
Oct	1804	1744	1675	1586			
Nov	1656	1542	1552	1296			
Dec	1570	1434	1542	1293			
Jan	1545	1756	1575	1329			
Feb	1648	1607	1567	1225			
March	1599	1692	1305	1539			
April	1655	1604	966	1421			
May	1747	1803	1112	1586			
June	1566	1747	1287				
Subtotal YTD FY21				15,725			
Total/FY21 Projection	19,507	19,516	17,363	17,155	0.05%	-11%	-1%

% OF TOTAL EVALUATIONS THAT BECAME TDOS									
	FY19 Evaluations	FY19 TDOs	FY19 %	FY20 Evaluations	FY20 TDOs	FY20 %	FY21 YTD Evaluations	FY21 YTD TDOs	FY21 YTD%
Alexandria	949	372	39%	876	376	43%	700	400	57%
Arlington	2,312	512	22%	2,298	528	23%	2,303	534	23%
Fairfax	10,668	1,499	14%	9,518	1,542	16%	8,872	1,579	18%
Loudoun	1,550	505	33%	1,366	406	30%	992	354	36%
Prince William	4,037	1,092	27%	3,305	962	29%	2,858	886	31%
Total	19,516	3,980	20%	17,363	3,814	22%	15,725	3,753	24%

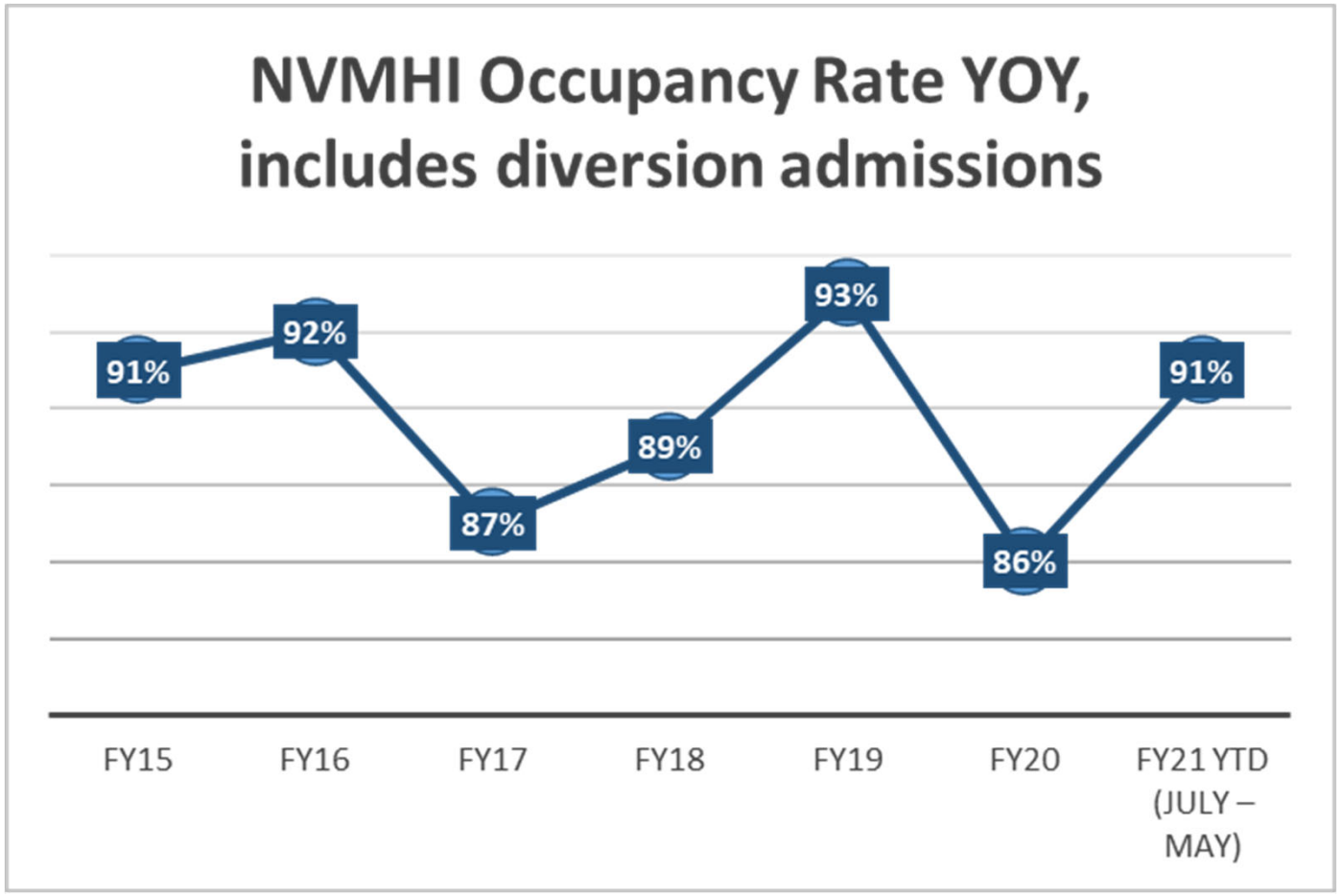
Public & Private Hospital TDO Admissions
May 2021

Northern Virginia TDO Admission Trends									
Hospital	Ages Served	FY 18 TDO Admissions	FY 19 TDO Admissions	FY 20 TDO Admissions	FY 21 TDO Admissions	FY 21 Annualized TDO Admissions	% Change from FY 18 to FY 19	% Change from FY 19 to FY 20	Projected % Change from FY 20 to FY 21
Dominion	All	701	586	559	532	580	-16%	-5%	4%
Fairfax	All as of FY 19	385	287	303	385	420	-25%	6%	39%
Loudoun	Adult and Older Adult	293	257	250	219	239	-12%	-3%	-4%
Mount Vernon	Adult and Older Adult	325	345	415	411	448	6%	20%	8%
Novant	Adult and Older Adult	169	84	215	187	204	-50%	156%	-5%
Virginia Hospital Center	Adult and Older Adult	252	247	255	248	271	-2%	3%	6%
North Springs	Children	31	22	31	17	19	-29%	41%	-40%
NVMHI	Adult	1181	1150	925	899	981	-3%	-20%	6%
Piedmont	Older Adult	36	52	44	31	34	44%	-15%	-23%
CCCA	Children	169	154	131	80	87	-9%	-15%	-33%
Other	All	671	797	687	744	812	19%	-14%	18%

Prince William Emergency Services
Inpatient Bed Wait Times



July 1, 2019- July 9, 2021


NVMHI Occupancy Rate YOY, includes diversion admissions
91%
92%
87%
89%
93%
86%
91%
FY15
FY16
FY17
FY18
FY19
FY20
FY21 YTD (JULY – MAY)

Community Diversion Programs

Regional Community Diversion

- CSUs
- REACH Therapeutic Homes (ATH/CTH)
- Mobile Crisis
- Detox Diversion

Local Community Diversion

- CSU
- 23-hour observation within Fairfax and Arlington CSBs
- 2 Mobile Crisis Teams with Fairfax CSB
- A Co-Responder program with PW CS
- FY22 Co-Responder pilot programs in Alexandria and Arlington CSBs
- Emergency Services across all 5 CSBs
- CITAC across all 5 CSBs

Strengths and Challenges

Strengths

- TDO admissions in Private Hospitals are increasing
- Region 2's use of State Hospitals is the lowest throughout the Commonwealth
- Strong public/private partnership

Challenges

- Boarding in Emergency Rooms
- Increasing acuity of individuals in crisis