Emergency Services	BHD/CSE	Shushan Campbell, x0373

Program Purpose	• Maintain safety of individuals experiencing behavioral health crises in the least restrictive environment possible, and link to community supports.

Program Information	• Services are provided 24 hours a day, seven days a week, 365 days a year to individuals experiencing a wide range of behavioral health crises.
	• The program is licensed by the Virginia Department of Behavioral Health and Developmental Services and offers the following services:
	   ○ **Crisis intervention**: assisting individuals experiencing a mental health crisis. This includes working with the developing Crisis Intervention Center (CIC) program, a community-based, recovery-oriented crisis stabilization service for individuals experiencing a behavioral health crisis.
	   ○ **Assessment**: determining the nature of the crisis, the individual's needs and level of risk.
	   ○ **Referral**: determining appropriate services and resources for individuals and providing information for linkage and follow-up.
	   ○ **Involuntary hospitalization**: obtaining Temporary Detention Orders for emergency hospitalization and completing the legal process of committing an individual to the hospital when court ordered.
	   ○ **Consultation**: working collaboratively with any and all parties who have information regarding the immediate crisis.
	   ○ **Supportive counseling**: providing brief, therapeutic intervention that assists the individual with de-escalation of the current crisis.
	• In FY 2021, a Diversion First clinician was added to help divert youth from psychiatric hospitalization, residential treatment, and the juvenile justice system. This initiative represents Emergency Services ongoing goal to help clients not only through current crises but proactively prevent future ones.
	• Partners: Emergency Services collaborates with a wide array of community groups and constituencies. These include:
	   ○ CSB psychiatric services and behavioral health teams
	   ○ Law enforcement (police from multiple jurisdictions, U.S. Marshalls)
	   ○ Medical personnel (EMTs, emergency-room staff, hospital staff)
	   ○ Fire Department
	   ○ Courts/jails
	   ○ Schools
	   ○ State psychiatric hospitals

Service Delivery Model	• Emergency services staff continued to be on-site on the Sequoia campus throughout the entirety of FY 2024. Walk-in, in-person services are available at all times to Arlington residents. • In addition, phone consultations and video evaluations are also available. • This model is expected to continue in FY 2025.

PM1: How much did we do?

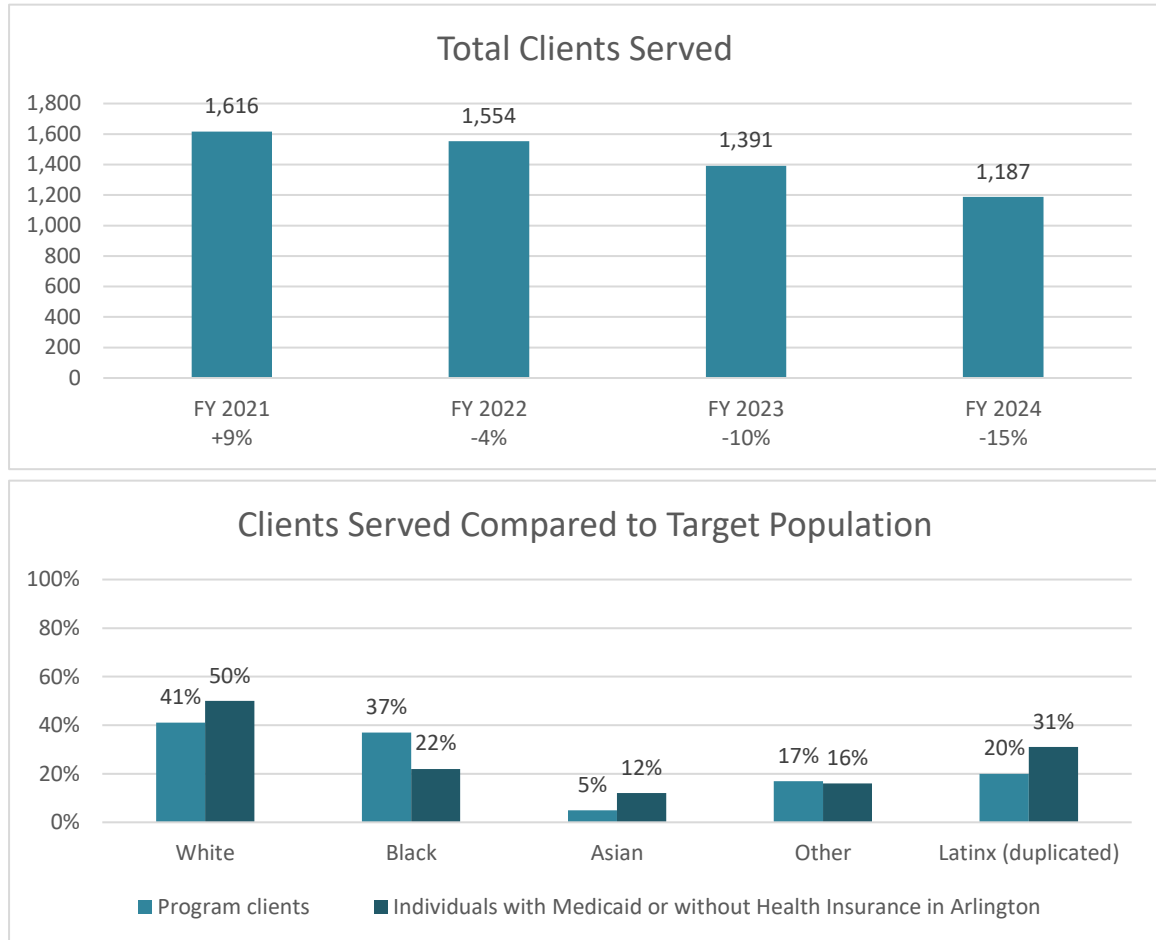|	

Staff	• Total 25.0 FTEs:
	   ○ 1.0 FTE Supervisor
	   ○ 3.0 FTE Assistant Supervisors
	   ○ 12.0 FTE Emergency Services Clinicians
	   ○ 8.0 FTE PRN Emergency Services Clinicians (multiple staff)

o 1.0 FTE Peer Support Specialists				

Customers and Service Data		**FY 2021**	**FY 2022**	**FY 2023**	**FY 2024**
	Unduplicated clients served	1,616	1,554	1,391	1,187
	Clients seen who are open to outpatient services	265	236	223	187
	Total face-to-face contacts	2,408	1,281*	1,262	1,248
	Total telehealth contacts	1,634	1,054	1,045	631
	Number of Temporary Detention Orders	574	477	481	463
	Total phone calls on Emergency Services line	38,106	34,747	28,027	20,546**

*Beginning in FY 2022, the number of face-to-face contacts recorded decreased due to changes in how the data was captured in the new electronic health record system.

**Due to phone call data system reporting. Call data is from the 19th of June 2023 through the 19th of June 2024.

PM2: How well did we do it?	
2.1	Civil commitment hearing outcomes
2.2	Timeliness of documentation completion
2.3	Documentation meets regulatory standards
PM3: Is anyone better off?	
3.1	Dispositions along continuum of care
3.2	Treatment Episodes per Client

Emergency Services		
Measure	1	Unduplicated Clients Served

Data

Total Clients Served

FY 2021	FY 2022	FY 2023	FY 2024
1,616	1,554	1,391	1,187
+9%	-4%	-10%	-15%

Clients Served Compared to Target Population

	White	Black	Asian	Other	Latinx (duplicated)
Program clients	41%	37%	5%	17%	20%
Individuals with Medicaid or without Health Insurance in Arlington	50%	22%	12%	16%	31%

■ Program clients   ■ Individuals with Medicaid or without Health Insurance in Arlington

Data Summary

- From FY 2021 to FY 2024 the number of clients served decreased 27%.
- The selected comparison population for the racial equity analysis is individuals with Medicaid or without other health insurance. These individuals are often those most in need. For many of those individuals, the Department of Human Services may be the only accessible mental health service provider. While Emergency Services are available to all Arlington residents, individuals without other supports are more likely to rely on Emergency Services when experiencing acute crises.
- Data for this measure is collected in the agency's electronic health record.

What is the story behind the data?

- The number of clients seeking Emergency Services decreased by 15% FY 2024. This may be due partly to relying solely on the EHR for data capture for the first time and that the CIC provided ES services but did not fully use the ES service provision codes for the first 3 quarters of the FY. This issue has been corrected and should result in more complete data in the upcoming FY.
- Staffing challenges continue for Emergency Services with the absence of several clinical staff. During the FY 2024 year, there were new staff hired including program and bureau

- directors and a peer support staff. With the Bureau Director and ES Manager roles being filled, there is more time to guide the mission, vision, and objectives of the program. In turn, this frees up the Assistant Supervisors to provide more guidance and oversight to staff working directly with individuals seeking services. The result is higher quality service provision.
- The Mobile Outreach Support Team (MOST) also served more clients in FY 2024 likely diverting some people from using Emergency Services.
- FY 2024 also had a decrease of 39.6% in telehealth contacts. This may be related to increases in mobile outreach and less of a need for telehealth visits with the post-pandemic period we're now in.
- In FY 2024 we saw a decrease of 26.7% in the number of phone calls on the Emergency Services line. Several factors may have contributed to this including the implementation and expansion of nationwide 988 Helpline for crisis emergencies; changes to the crisis continuum of care, such as Marcus Alert, a statewide initiative to offer specialized behavioral health response from law enforcement when responding to a behavioral health situation; and the new Dominion answering service implemented partway through FY 2024. All of these may have resulted in a drop in overall crisis calls, but an increase in the percent of calls most appropriate for Emergency Services. We'll likely see this drop in crisis calls continue into FY 2025 as we triage appropriate calls to 988.
- Even though the number of clients served decreased by 15% in FY 2024, the number of Face-to-Face contacts remained consistent. Fewer clients called in to Emergency Services, instead seeking in person care. This speaks to the rising acuity level of clients trying to navigate a challenging post-pandemic environment.
- Emergency Services served all clients seeking services 24/7 during FY 2024, never closing even though staffing challenges led to a high percentage of vacancies. To maintain services, the program utilized staff members from other teams to fill gaps and ensure continuity of care.
- Mobile outreach by Emergency Services has also increased due, in part, to collaboration with the Crisis Intervention Center (CIC) staff. For instance, having 2 pre-screeners on site for the CIC means emergency services staff can deliver more services off-site.
- 15% of Emergency Services clients are missing data on race, and 25% are missing data on ethnicity. Those clients are excluded from the above calculations. Many individuals will call into Emergency Services with a pressing crisis, and there is not time to get their demographic information while effectively managing the client's risk.
- A higher proportion of Emergency Services clients are unhoused than the CSB in general (16% compared to 11%). These clients often present with the highest levels of need.
- 30% of Emergency Services clients residing in Arlington live in ZIP Code 22204, which experiences the lowest average family incomes and highest levels of food insecurity in the County. It's important to note that clients who are unhoused or are from an area outside of Arlington that is not known are recorded as 22204 zip code.
- Black clients are 15 % more likely to engage in Emergency Services than individuals with Medicaid or without health insurance in Arlington and Latinx clients are 11% less likely. Some potential reasons for an increase in Black clients may be that many referrals from the jail and Arlington schools are Black clients.

| Recommendations	Target Dates
• Continuing serving all people in Arlington who need immediate emergency services, mitigating risk in the community.	• Ongoing

• Continue to train staff to use the RUG data form more consistently than in the past especially with new staff onboarding.	• Ongoing
• Continue and increase collaboration with the MOST and Marcus Alert, and emergency communications center (911).	• Ongoing
• Continue to explore and investigate trends in racial and ethnic data with a special attention towards the experience of clients identifying as Black and Latinx. Communicate this data and results to referring partners.	• FY 2025 Q4

Forecast
• The program is projected to serve 1,400 clients in FY 2025.

Emergency Services		
Measure	2.1	Civil commitment hearing outcomes

Data	

Civil Commitment Hearing Outcomes

Goal: 75%

Legend: CMA, Involuntary, MOT, Other, Dismissal
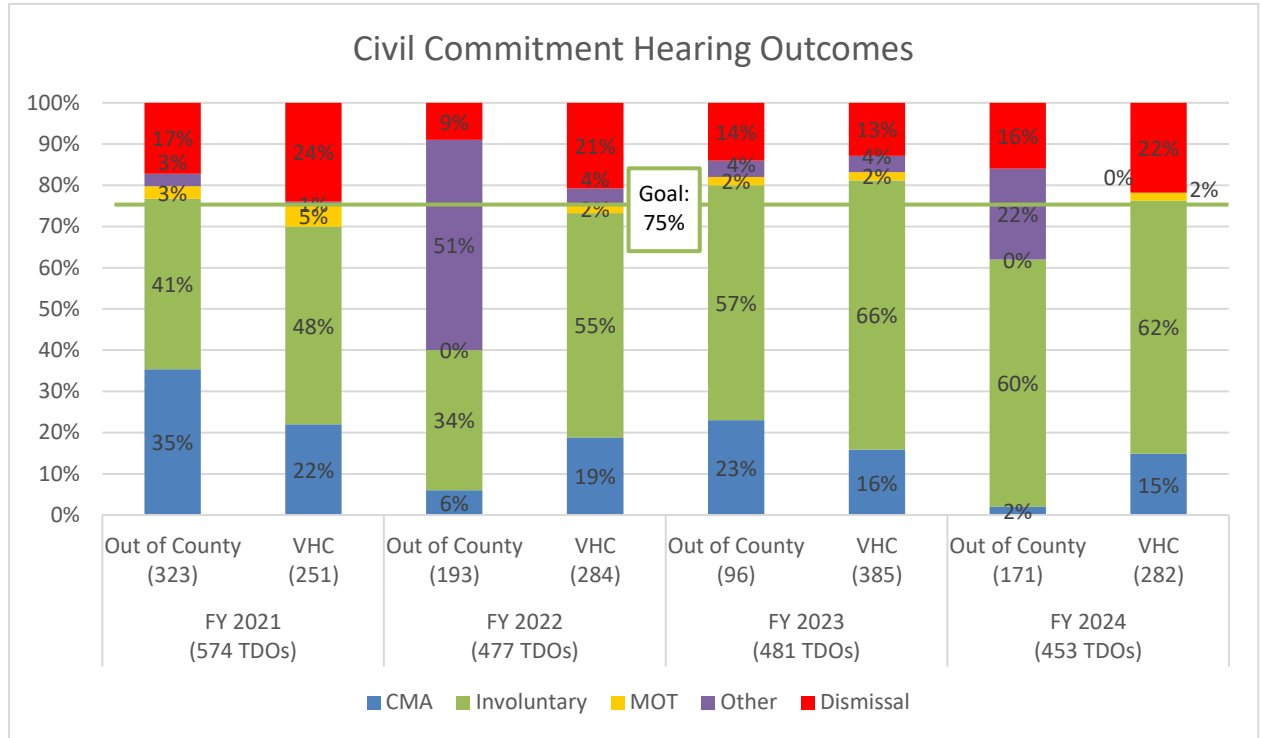
Data Summary

- After Emergency Services staff obtain a Temporary Detention Order (TDO) for emergency involuntary hospitalization, a civil commitment hearing is held. At the hearing, the client may be hospitalized, or the court may dismiss the case and the individual will be free to go. Civil commitment dispositions include:
  - CMA: Court-mandated admission
  - Involuntary admission
  - MOT: Mandatory Outpatient Treatment at time of commitment hearing
  - Dismissal
  - Other: may include dismissal prior to hearing, out-of-area clients, delayed hearings, and unknown TDO outcomes
- TDO outcome data is updated monthly by the Emergency Services supervisor.
- In FY 2024 there were 10 TDOs missing a hearing outcome in the final data bringing the total TDOs to 463. These are likely arrests, medical admissions, elopement, and occasional voluntary admissions where a TDO is released by the doctor.

What is the story behind the data?

- In FY 2024, the average commitment rate for TDOs was 80%, a 7% decrease from FY 2023. The commitment rate includes all outcomes other than Dismissal. Per the VA Institute of Law, Psychiatry and Public Policy 2018 Annual statistics, the statewide average is 81%.
- The decrease in commitment rate may be related to changes in district court personnel including in judges and defense attorneys. These changes often affect the distribution of outcomes among hearings across years.

- There is a long history of Emergency Services committing 70-75% of individuals who are psychiatrically detained. Maintaining a high rate of commitment indicates that staff has a clear and accurate understanding of commitment criteria.
- Common reasons for dismissals include clients who re-stabilize after a crisis, clients who sign-in voluntarily before a commitment hearing, dismissals over objection, and technicalities with the legal process.
- Due to the volume and acuity of TDOs, Emergency Services relies on hospitals outside of Arlington County. In FY 2024, 38% of TDO hospitalizations occurred outside Arlington County.
- In FY 2024 several out-of-county TDOs were marked as "Other." This is similar to FY 2022, when the team had begun working frequently with hospitals out of the area due to state bed shortages. A number of these hospitals work with their own local CSB agencies to do the TDO hearing, and thus Arlington did not learn the results of these hearings.
- Beginning in FY 2022 and continuing in FY 2024, multiple state hospitals had decreased admissions, greatly reducing capacity for emergency referrals. To better handle the reduced capacity for post-commitment psychiatric beds, Emergency Services has been using clinic aids to find these beds more quickly.
- Several steps have been taken by Emergency Services to improve data collection of these outcomes including monthly monitoring and, when appropriate, corrective action for miscoded hearing outcomes as well as entering jail clients who had previously not had a recorded hearing outcome.

Recommendations	Target Dates
- Continue to discuss appropriate use of less restrictive alternatives to hospitalization at biweekly team meetings.	- Ongoing
- Continue to monitor appropriateness of clinicians' decisions regarding TDOs through chart reviews and as-needed audits.	- Ongoing
- Continue to periodically review all TDO dismissals to determine the most frequent reasons for case dismissal.	- Ongoing
- Begin admissions to office-based crisis stabilization contingent on the CIC's capacity to provide this service.	- FY 2025 Q3
- Continue to advocate for the use of MOT as a diversionary practice for civil commitments to help people remain in the community	- Ongoing

Forecast
- In FY 2025, it is anticipated that 80% hospitalizations will lead to commitments.

Emergency Services			
Measure	2.2	Timeliness of documentation completion	
Data			

Progress Note Timeliness

Goal: 95%

FY 2021 — 9,505 notes: 96% 9,129 (On time); 1%, 96; 1%, 77; 2%, 203
FY 2022 — 6,476 notes: 85% 5,519 (On time); 3%, 207; 1%, 70; 11%, 680
FY 2023 — 5,648 notes: 93% 5,253 (On time); 2%, 129; 2%, 85; 3%, 181
FY 2024 — 4,806 notes: 86% 4,116 (On time); 6%, 294; 2%, 114; 6%, 282

Legend: On time (within 1 business day) · 2-4 business days · 5-9 business days · More than 9 business days

Data Summary	• Emergency therapists are expected to complete all documentation within 24 hours of the intervention. Data is reported from the electronic health record.

What is the story behind the data?

- There were several staff vacancies in FY 2024 which led the agency to deploy staff from other teams to ensure continuity of services. Additional staff were also hired to fill vacancies. New staff and other teams had to be trained on emergency services documentation, which is both complicated and unique. This contributed to assessments being completed later by ES staff. These vacancies also impacted the ability for ES staff to have time to follow-up on progress note timeliness as they were handling larger numbers of cases.

Recommendations	Target Dates
• Utilize dashboards to track staff member timeliness on session notes, and work with any new staff members who are having trouble getting in all their notes on time	• FY 2025 Q1
• Implement the new generic client option in the EHR to provide more timely and efficient data entry for brief interactions like phone calls. This will free up time to devote to progress note timeliness.	• FY 2025 Q3
• Start to train staff to use EHR more efficiently in 2025 including using technology solutions like Training Tools in TEAMS that can be part of the onboarding process as well as a reference library of sorts.	• Ongoing

Forecast
• In FY 2025, it is expected that documentation timeliness will slightly increase, with 87% of notes being completed on time.

Emergency Services		
Measure	2.3	Documentation meets regulatory standards

Data

Documentation Compliance chart showing FY 2021 (131 charts): Excellent 68%, Fair 31%, Poor 1%; FY 2022 Not enough data; FY 2023 Not enough data; FY 2024 (312 charts): Excellent 92%, Fair 4%, Poor 4%. Goal: 90%. Legend: Excellent, Fair, Poor.

Data Summary

- Due to staffing challenges and changes in FY 2024 the Compliance Review Team (CRT) implemented a different approach to reviewing charts than in past years.
- Out of the 312 charts reviewed, 8 months of reviews occurred at the standard of one chart per clinician per month while from November 2023 through January 2024, charts were reviewed one chart per clinician per week.
- Because of staff capacity these charts did not go through the standard reconciliation process.
- In FY 2022 and FY 2023, this measure was not reported due to insufficient data.

What is the story behind the data?

- In FY 2024, the supervisor role for Emergency Services was vacant for part of the year and Emergency Services staff members faced significant staffing challenges. Despite this, charts scores and note timeliness did improve over the fiscal year and the team continued to do well at adhering to the large number of regulations its program falls under.

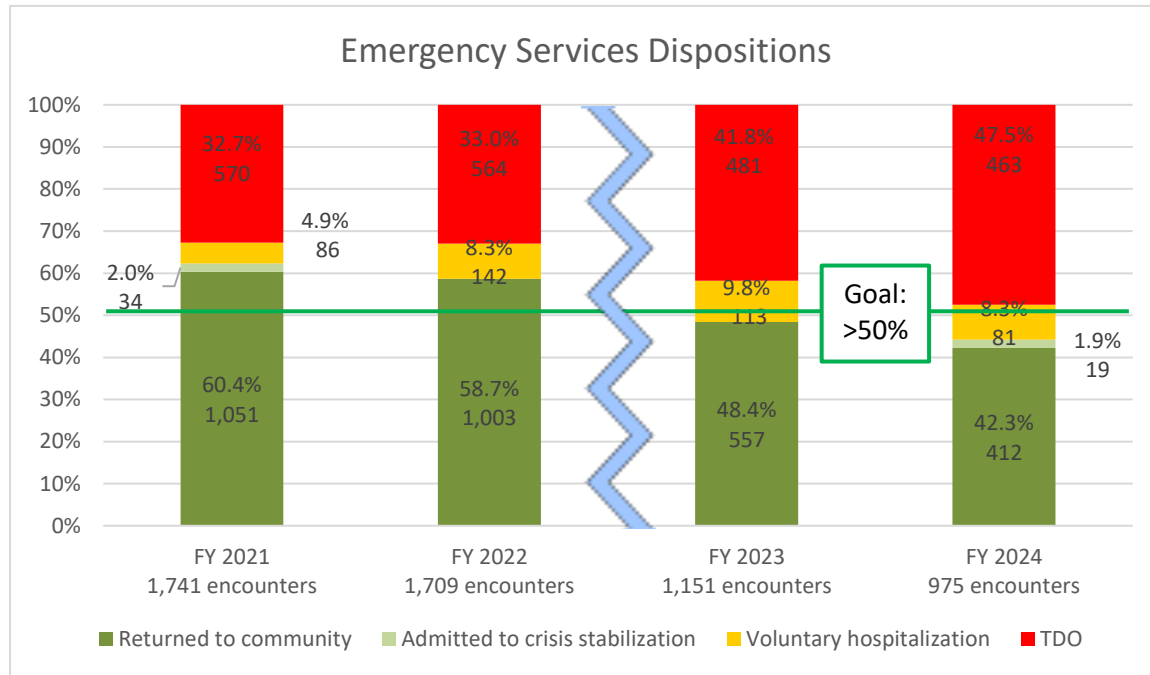| Recommendations	Target Dates
- Hold additional trainings to help ES staff continue to orient themselves to the electronic health record and learn how to document new initiatives appropriately.	- Ongoing
- Continue to meet state standards for prescreening chart reviews.	- Ongoing
- Attend trainings to fully implement new documentation coding requirements from the state.	- FY 2025 Q3

Forecast

- In FY 2025, it is expected that 70% of charts will be scored as "Excellent." While lower than the past this is anticipating a potential drop in chart scores as new staff are trained in using the EHR.

Emergency Services		
Measure	3.1	Dispositions along continuum of care
Data		

Emergency Services Dispositions

	FY 2021 1,741 encounters	FY 2022 1,709 encounters	FY 2023 1,151 encounters	FY 2024 975 encounters
TDO	32.7% 570	33.0% 564	41.8% 481	47.5% 463
Voluntary hospitalization	4.9% 86	8.3% 142	9.8% 113	8.3% 81
Admitted to crisis stabilization	2.0% 34			1.9% 19
Returned to community	60.4% 1,051	58.7% 1,003	48.4% 557	42.3% 412

Goal: >50%

Legend: ■ Returned to community ■ Admitted to crisis stabilization ■ Voluntary hospitalization ■ TDO

Data Summary

- The supervisor monitors outcomes for each client encounter: TDO, voluntary hospitalization, and residential or office-based crisis stabilization admission. The remaining clients are classified as returned to the community.
- In FY 2024, 42% of face-to-face contacts (excluding commitment hearings) resulted in community dispositions, while 55% required voluntary or involuntary hospitalization.
- This data includes all 463 TDOs in FY 2024, which includes 10 excluded from PM 2.1 as they were missing hearing outcomes.
- In FY 2024, clients who came in to get a brief need met (such as asking for food) were excluded from this measure. In these instances, the client was served but not fully assessed. These have been excluded from encounters, although clients who receive these brief encounters are still counted in the unduplicated clients served count above.
- The goal for this measure was adjusted to 50% in FY 2024 to account for the fact that clients with brief needs are excluded. Bureau director and program manager have set a goal that aligns with regional trends.

What is the story behind the data?

- Emergency Services always seeks to resolve crises with the least restrictive alternatives, such as returning to the community with a safety plan, and stabilization in a residential setting. Voluntary hospitalization and involuntary hospitalization through TDO are more restrictive outcomes. Every effort is made to divert clients from the hospital when possible.
- Starting in FY 2018, community stakeholders have been informed about appropriate use of emergency services, resulting in more use of community-based, less-restrictive options. In FY 2024, the highest single month for encounters was May. Encounters ranged between 65 and 101 a month, with an average of 81.

- In FY 2024 decreases in returns to the community may be due to the increase in medical acuity of clients. Many clients came in with medical comorbidities that required more intensive care than could be provided to the community.
- With the implementation of several newer initiatives aimed at bolstering the crisis and emergency services continuum of care (e.g. Marcus Alert, 988, Mobile Outreach Support Team—MOST, and Step VA) it is expected that less restrictive outcomes will occur more frequently in the future.
- A new process to collect encounter outcome data was implemented in the electronic health record in March 2023, and was used to produce data for FY 2024.
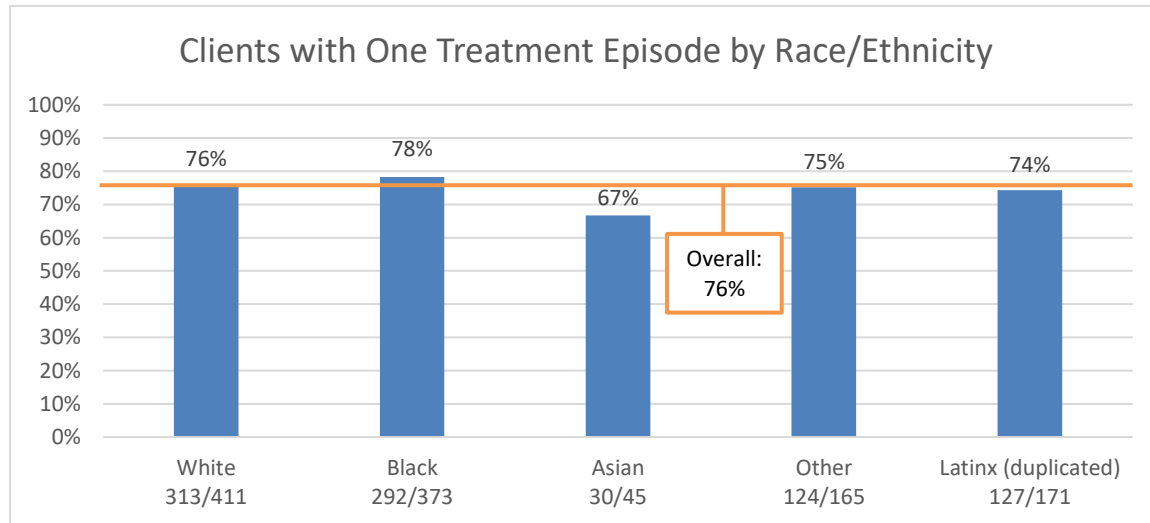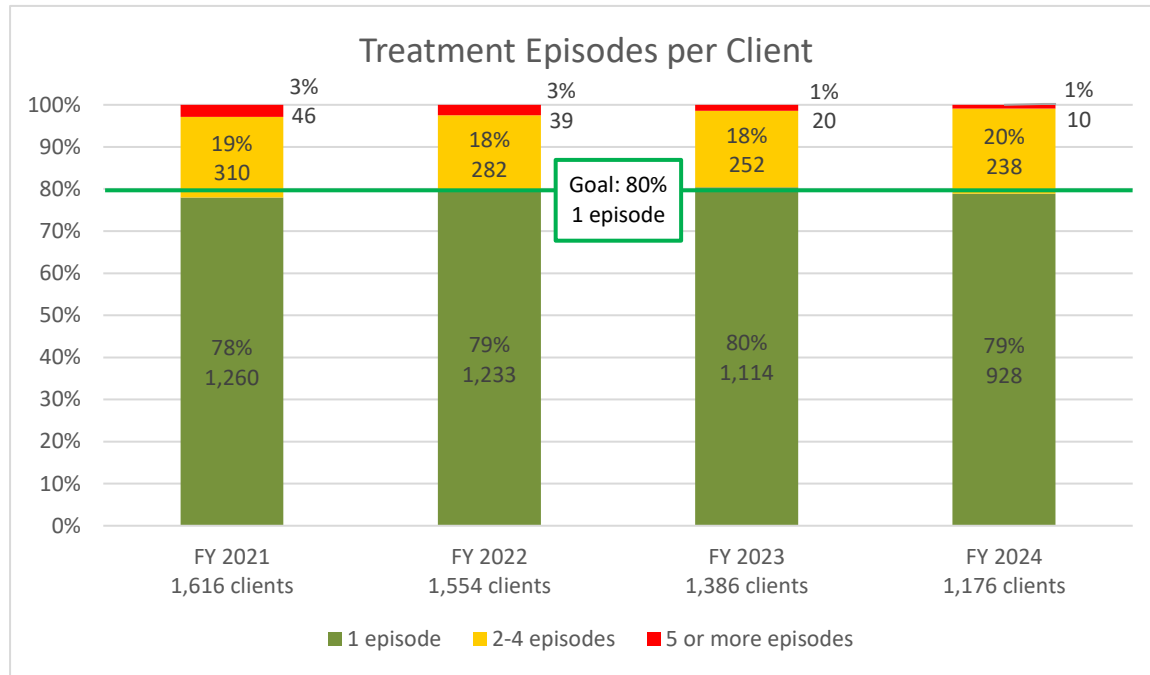
Recommendations	Target Dates
• When the Crisis Stabilization Unit reopens, utilize that as a community-based treatment option.	• FY 2025 Q3
• Continue to focus on community mobilization as shown by increased community assessments conducted.	• Ongoing
• Implement tracking of clients with brief needs in the EHR using the new generic client service code.	• FY 2025 Q1
• Continue to work with community partners to link clients to less restrictive care such as VHC's intensive outpatient treatment	• Ongoing
• Increase use of on-call psychiatrists to address immediate medication needs	• FY 2025 Q1

Forecast
• In FY 2025, it is expected that 45% of clients will result in community dispositions. This is related to clients being more likely to present as higher acuity, be older, and have co-morbidities.

Emergency Services		
Measure	3.2	Treatment Episodes per Client

Data

Treatment Episodes per Client

(FY 2021, 1,616 clients: 1 episode 78% / 1,260; 2-4 episodes 19% / 310; 5 or more episodes 3% / 46)
(FY 2022, 1,554 clients: 1 episode 79% / 1,233; 2-4 episodes 18% / 282; 5 or more episodes 3% / 39)
(FY 2023, 1,386 clients: 1 episode 80% / 1,114; 2-4 episodes 18% / 252; 5 or more episodes 1% / 20)
(FY 2024, 1,176 clients: 1 episode 79% / 928; 2-4 episodes 20% / 238; 5 or more episodes 1% / 10)

Goal: 80% 1 episode

Legend: ■ 1 episode ■ 2-4 episodes ■ 5 or more episodes

Clients with One Treatment Episode by Race/Ethnicity

White 313/411	Black 292/373	Asian 30/45	Other 124/165	Latinx (duplicated) 127/171
76%	78%	67%	75%	74%

Overall: 76%

Data Summary

- All client contacts are tracked in the electronic health record. Contacts occurring within two weeks of one another constitute a single episode of care.
- A new episode of care begins when a new contact is recorded at least 15 days after the preceding contact.
- In FY 2024, 79% of clients required only one episode of care, while 1% of clients required more than four episodes.
- This measure excludes Mandatory Outpatient Treatment and Diversion First Services, as these services often extend more than two weeks. Eleven clients are excluded from this measure for FY 2024 because they only received these services.

What is the story behind the data?

- There is always a small proportion of clients who require a high number of service hours from Emergency Services. Usually, these encounters lead to hospitalizations. These users are also provided ongoing support by peer support specialists. Emergency Services works to ensure that these clients have the support they need.
- Of the top 30 users of Emergency Services in FY 2024, 27% were open to DHS outpatient services. In FY 2024, these 30 users accounted for more than 688 hours of Emergency Services staff time.
- 32% of those with 2 or more episodes had an identified substance use diagnosis, compared to 18% of those with 1 episode. To better serve this population, Emergency Services has sought additional training on the use of Narcan and fostered increased clinical dialogues regarding the intersection of substance use disorders and behavioral healthcare. In addition, Emergency Services staff are collaborating with the developing Psychiatric Care Team at VHC to identify clients with SUD who may receive more appropriate treatment outside of an inpatient psychiatric unit such as in an Intensive Outpatient Program (IOP) or Partial Hospitalization Program (PHP), both programs that treat those with co-occurring disorders and usually have psychiatric support. Further, the Mandatory Outpatient Treatment services provided through Emergency Services has increased service provision to these vulnerable clients by encouraging ongoing treatment specific to the population, conducting urine drug screens prior to the MOT Review Hearings and having some clients court ordered into SUD treatment programs (residential and community based).
- Emergency Services clients are experiencing homelessness and unemployment at a higher rate than CSB clients as a whole. Clients who are experiencing these stressful situations may present with acute needs multiple times.
- Co-Responder program responsibilities have been transferred to the new Mobile Outreach Support Team, which collaborates with Arlington County Police Department to provide assessment and crisis planning to provide care in the community. Emergency Services is continuing its work providing both community and office-based services, although ability to go into the community is dependent on day-to-day staffing levels.
- An equity analysis of client treatment episodes indicates Asian clients are more likely to experience multiple episodes of care. This is a new trend the team plans to look closer at in FY 2025.

Recommendations	Target Dates
• Continue to review high users of Emergency Services regularly during meetings with ACT, shelters, fire and EMS, and the emergency department at Virginia Hospital Center.	• Ongoing
• Continue educational presentations to DHS, hospital, Economic Independence Division, and criminal-justice staff to explain and improve processes and collaboration to meet client needs.	• Ongoing
• Continue to explore and look into trends in racial and ethnic data with a special attention towards the experience of clients identifying as Asian	• FY 2025 Q4

Forecast

- In FY 2025, it is expected that 80% of clients will require one treatment session.