

# Alternative Transportation Pilot



# Background

- According to DBHDS SB260 Annual Report, in FY2015 there were:
  - More than 1,000 contacts with CSB Emergency Services each day,
  - CSB emergency services completed an average of 200 face to face evaluations for involuntary commitment each day,
  - And, magistrates issued an average of 70 Temporary Detention Orders each day.
  - Most of these individuals were transported to a hospital by law enforcement.



# Background

- When an individual with mental illness is transported by law enforcement officers, the individual is usually transported in a police vehicle and handcuffed.
- Individuals who have experienced this aspect of the transportation process often feel marginalized, criminalized, and traumatized. Illnesses are exacerbated.
- Family members report acute distress witnessing their loved one “cuffed and taken away” in a Law Enforcement vehicle for illness based reactions.
- Families and individuals receiving assistance report criminal-like transportation serves as a roadblock to seeking intervention and achieving recovery based stability.



# Legislation

- Prior to 2015, §37.2-808 allowed for alternative transportation to be provided in a TDO or civil commitment if “there is no substantial likelihood that the person will cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information”.
- In 2015, HB 1693 and SB 1263 removed this language from the code allowing an alternative transportation provider to be considered by the magistrate for anyone under a TDO or civil commitment.



# DBHDS Pilot

- In 2015 DBHDS issued a Request for Proposal for an Alternative Transportation Provider in Southwest Virginia, specifically the Mount Rogers area.
- Only one company responded, Steadfast Investigations & Security, which had experience transporting individuals for the Department of Juvenile Justice.
- From the beginning the pilot was recovery focused which included:
  - Unmarked car
  - Driver wore a casual uniform
  - Drivers received training in elements of CIT and Mental Health First Aid
- This resulted in a more positive and humane experience for those being transported.



# DBHDS Pilot

- Pilot program funded by DBHDS.
- Program had to be built from ground up which included creating a 24/7 dispatch center.
- Original plan was to begin with Mount Rogers and expand to other areas.
- Southwest Virginia provides a challenge for transportation because of distances traveled.
- Program was designed with support of CSB, DBHDS, and local law enforcement.





# DBHDS Pilot Process

- CSB Emergency Services worker recommends Alternative Transportation to Magistrate when appropriate, based on findings during the crisis evaluation.
- Magistrate considers Alternative Transportation with TDO.
- If Alternative Transportation is approved by Magistrate, custody of the individual is transferred to Alternative Transportation provider.
- Provider transports individual to facility.
- Provider does not have the authority to restrain the individual.



# DBHDS Pilot

- From November 16, 2015 until July 27, 2016 there were:
  - 724 total TDO transports from the Mount Rogers CSB catchment area.
  - 452 (63%) were transported by law enforcement.
  - 272 (37%) were transported by Alt Transportation Provider; all 272 individuals transported by the provider arrived safely at their destination.
- Reasons for law enforcement to transport instead of an alternate include:
  - Risk of elopement (17%).
  - Risk of harm to self or others (37%).
  - Ambulance required (3%).
  - Distance to the hospital is close enough that time is saved by law enforcement completing transport rather than waiting for transfer to Alternative Transportation provider (43%).





# Where Are We Now and What Did We Learn?

- Program is very effective.
  - No elopements.
  - Every individual transported successfully.
  - Provided much relief for area law enforcement.
  - Improved experience of individuals transported, supporting their recovery.
  - CIT and MHFA training critical to the improved experience.
  - Quality Assurance Committee meeting weekly was critical to success.



# Where Are We Now and What Did We Learn?

- Lack of funds are preventing the program from expanding and bringing the pilot to a close in the next 9 months.
- The larger the area served, the better the economies of scale.
- Alternative financial models should be explored.
- Communication and planning is needed up front with hospitals to coordinate transfer from the Alternative Transportation provider to the hospital.



# Other Models

- North Carolina allows for law enforcement and hospitals to contract with alternative transportation provider.
- DBHDS and stakeholders met with G4S security to learn about their service model.
- This example includes unmarked cars with secure cabs, GPS tracking, drivers in casual uniforms.
  - Drivers are CIT and MHFA trained.
  - Diversion locations are determined along the route.
  - 24/7 call center.
  - If elopement, then driver contacts law enforcement and ensures individual is safe.



# Thank You

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## Questions?

