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**'This is blowing up': Inside the chaos that led to Northam's admission and reversal on racist photo**

https://www.dailypress.com/virginia/dp-nws-chaos-governors-office-yearbook-photo-20190522-story.html

The afternoon of Feb. 1, Gov. Ralph Northam was supposed to go to a soldier's funeral.

At around 3:30 p.m, before leaving by helicopter, the Democratic governor was called into the office of Clark Mercer, his chief of staff.

A photo had surfaced. It showed a person in blackface and another in Ku Klux Klan robes standing next to each other at what looked like a party. And it was on the governor's 1984 medical school yearbook page beside photos of Northam.

Mercer showed his boss the photo posted by a conservative blog on his cell phone, and the two debated whether it was real or Photoshopped.

Northam, who's from the Eastern Shore and had worked in Hampton Roads as a doctor, dispatched a friend in Norfolk to go to the Eastern Virginia Medical School library and see the yearbook, and hopped on a helicopter to go to the funeral in Suffolk.

It started snowing. While the governor was flying over Petersburg, Mercer called. The photo was real.

Things started moving quickly. The helicopter turned around. Northam headed back to Richmond.

In interviews with the governor, his wife, cabinet officials, close friends and former classmates, investigators at McGuire Woods paint a picture of the chaotic scene evolving in Richmond in the hours after the racist yearbook photo surfaced.

The interviews are summarized in the firm's investigation into yearbooks at Eastern Virginia Medical School and the school's inclusion and diversity efforts over the years. Northam was interviewed twice, on March 27 and May 8. His chief of staff was interviewed on April 22 and May 14.

The report was made public Wednesday.

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When Northam returned to Richmond, Mercer and a senior staffer gave him two tasks: release a statement as quickly as possible, and start making calls to the Virginia Legislative Black Caucus.

"It literally was blowing up," Northam told investigators.

Getting a statement out was the most important thing to do, Mercer thought.

"At the time, (our thought) was if you don't make a statement tonight, your governorship is over," he told investigators.

"They — my staff — sat me down and started giving me numbers without any discussion," Northam said. "I sat in a room and started calling people and trying as best I could to take responsibility, because it's an abhorrent picture and it's on my yearbook page."

He said he talked to U.S. Reps. Bobby Scott and Don McEachin, fellow Virginia Democrats who are both black. To members of the state's legislative black caucus, he recalled saying "There's this terrible picture on my yearbook page and I'm very sorry and I'll take responsibility."

He spoke with Del. Luke Torian, D-Prince William, a member of the Virginia Legislative Black Caucus.

"Which one are you?" Torian asked.

"Luke, I can't answer that, I have no memory of this," Northam replied.

In between calls, senior staffers and a crisis team came in, urging him to release a statement quickly.

"I shouldn't use the term raising a gun to my head, but they were saying we need to do it quickly. This is blowing up," Northam told investigators.

Amid the chaos, Northam was struggling with how to take responsibility. He said he thought it wasn't him in the photo, but it was also from 35 years ago.

Protesters demanding his resignation gather outside the governor's mansion in Richmond on Saturday, February 2, 2019 after a racist photo of Gov. Ralph Northam was found in his 1984 medical school yearbook.

"The last thing I wanted to do is say, 'This isn't me' and then have someone come forward and say, 'I was there and remember and it is you.' That would devastate me," he told investigators.

That day, he couldn't say for sure he wasn't in the photo. When one senior staffer asked him point blank if it was him, Northam responded, "I don't think so."

The staffer insisted: "Are you sure?"

"I don't think that's me," he responded.

He seemed, as a physician, to never speak in absolutes, staffers told investigators.

But they also said from the start, Northam said he couldn't remember the photo and had never seen it.

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The governor's office had already faced a tough week.

On Jan. 30, Northam went on a WTOP-FM radio show and fielded questions about a failed bill carried by Del. Kathy Tran — a Democrat — that loosened restrictions on late-term abortions.

A video of Tran getting questioned about the bill by Del. Todd Gilbert, R-Shenandoah, had gone viral earlier that week, and Northam said it was blown out of proportion.

Mercer told investigators Northam gave "high-level answers as a physician who had delivered babies" — Northam is a pediatric neurologist — but not answers "that a political person would have necessarily recommended."

Explaining what would happen in a case where a fetus had deformities or is nonviable, Northam made comments that were soon seized on by political opponents and others: "The infant would be delivered, the infant would be kept comfortable, the infant would be resuscitated if that's what the mother and the family desired, and then a discussion would ensue between the physicians and the mother."

His comments eventually led President Donald Trump and others to accuse Northam of supporting infanticide. Mercer recalled the governor's office received death threats late that night.

"Walking into Friday, half of the state already had their knives sharpened and out for the governor," Mercer told investigators.

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Two days later, as the photo was being circulated on the internet, calls and texts were pouring in to Northam's office. Statements from officials started coming. The press wanted to know what was going on.

"This is a deeply disturbing and offensive photograph in need of an immediate explanation by the governor," Republican leadership in the General Assembly said in a statement at around 5 p.m.

Mercer said everyone in the building was "in a state of confusion/shock over what was transpiring."

But no political allies came to Northam's rescue that night, Mercer recalled, saying they "abandoned him en masse." He described feeling like the governor's office was "on an island."

"Officials were saying it didn't matter whether it was him or not, before (Northam) uttered a word," Mercer said, adding they wouldn't give the governor a "heads up" about what they were going to post on Twitter.

Virginia Peninsula residents react to the controversy involving Gov. Ralph Northam appearing in a racist yearbook photo.

Northam was given three options for a statement. Full denial, full acceptance of responsibility, or something in between, investigators wrote.

Mercer recommended accepting responsibility. Northam told his staff to prepare that statement.

"(Northam) interpreted that if he said, 'It's not me and someone comes out and says it is me … the one thing I have is my credibility, my honor, and that would devastate me,'" Mercer said.

A group of staffers writing the statement huddled around a laptop in a conference room, tweaking one word here, another here.

Eventually, Northam read it and approved it, and the statement was sent at 6:10 p.m.

"I am deeply sorry for the decision I made to appear as I did in this photo and for the hurt that decision caused then and now," it said.

An hour later, calls for his resignation began, from leaders in the General Assembly, Congressional members, 2020 presidential candidates and the NAACP.

Northam told investigators he didn't have a "good excuse" for saying he was in the photo when he believed he wasn't, but said he wanted to be accountable. He said he simply read the statement he was given.

"I said, 'What do you need me to do and I'll do it.' That's the mode I was in," he said. "There was an urgency to get the statement out. If I had to do it over again, I'd do it differently. I always rely on my communications people. You see these statements … I don't know why the statement went in the direction it did."

Later that night, Northam issued a video statement on Twitter.

"That photo, and the racist and offensive attitudes it represents does not reflect that person I am today or the way I have conducted myself as a soldier, a doctor and a public servant," he said. "I am deeply sorry. I cannot change the decisions I made nor can I undo the harm my behavior caused then and today."

First Lady Pam Northam — who was certain he wasn't in the photo — didn't know her husband would accept responsibility for it. If she had, she told investigators, she would've "physically stood there and stopped it."

Once the statement was released, she demanded her husband go home.

Around 10 p.m., Northam retreated to the Executive Mansion. Once home, he got a call from his Virginia Military Institute roommate, a practicing dentist.

"Have you taken a good look at it?" the roommate asked. "I don't think it's you."

Investigators wrote that the roommate said Northam's teeth had "never looked that good" and that Northam never wore bowties or had plaid pants — both of which the person in blackface is wearing in the photo.

The roommate also noted Northam holds drinks in his left hand, and the person in blackface was holding a can in their right hand.

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The governor's level of certainty that he was not in the photo increased as Friday turned into Saturday, according to Mercer.

On Saturday morning, as reporters swarmed the capitol grounds in anticipation of a press conference and protesters made their first appearances, Northam's staff tried to get a copy of the yearbook.

But, investigators wrote, "there was a feeding frenzy and it was impossible to find one."

Northam called a former EVMS classmate who still practices medicine in Hampton Roads. She told him she didn't think it was him, and that she knew of several instances where photos were misplaced in that yearbook.

"Once he could sit in a quiet room and think critically about this, any doubt or indecision he had was gone," Mercer told investigators. "Then he didn't care what these political people thought. He couldn't care less. He was going to do what he was going to do and plow forward."

Mercer acknowledged the 2:30 p.m. press conference — where Northam recalled painting his face black as part of a Michael Jackson costume for a dance contest, then appeared ready to demonstrate his moonwalking skills to the press corps until his wife stopped him — could've "been handled differently too."

In the days following the chaos around the initial publication of the photo, Mercer said the governor wondered who could be in it.

In the report, McGuire Woods said investigators couldn't conclusively determine the identity of either person in the photo.

The report noted investigators received a forensic facial recognition report from Alston & Bird, a law firm that's done work for Northam's political action committee, as his latest campaign finance report shows. But the firm found the image wasn't of high enough quality to compare it to other photos.

Mercer said at one point in Northam's conversations with classmates, a name came up.

"Folks wondered where that person might be," Mercer told investigators. "We all have our suspicions as to who it might be."

**Virginia allows pharmacies to dispense lifesaving opioid antidote, but dozens refused**

https://www.dailypress.com/virginia/dp-nws-naloxone-pharmacies-072819-story.html

Three years ago, Virginia's top health official set out to make it easier to get naloxone, the life-saving, overdose-reversing drug also known by its brand name, Narcan.

After the issuance of a "standing order" that in effect functions as a statewide prescription, you could — in theory — walk into any pharmacy without a doctor's permission and get a dose. If they dispense it, a pharmacist is required to first give you information on how to recognize the symptoms of an opioid overdose and how to administer the naloxone.

But a survey of over 80 pharmacies in Hampton Roads found that pharmacists are giving conflicting advice and are often confused or unaware of the standing order for naloxone.

Journalists at the Daily Press and the Virginian-Pilot called or visited pharmacies in 12 localities over several months and found that about 20 percent of them refused to dispense naloxone without a doctor's note, even after the standing order was mentioned.

Some pharmacists and pharmacy techs said they weren't "authorized" to dispense it, while others dismissed the standing order entirely, saying they'd never heard of it or the order didn't apply to their pharmacy.

"In the state of Virginia you have to have a prescription," one pharmacist said incorrectly.

The various responses show how difficult and discouraging it can be for the average person to get naloxone despite the state's efforts to make it easier to obtain.

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Around Thanksgiving 2016, then-Commissioner of Health Dr. Marissa Levine issued the first standing order allowing licensed pharmacists in Virginia to dispense naloxone one of three ways: through the Narcan nasal spray, the EVzio auto-injector, or in prefilled syringes.

Standing orders are often found in hospitals and doctor's offices — they allow other designated healthcare workers like nurses and physician assistants to administer the drugs or vaccinations. Schools also use them to administer drugs like epinephrine for allergic reactions.

In notifying the pharmacists of Virginia's naloxone standing order, Levine warned them that opioid overdose deaths were expected to rise by 25% that year and told them to prepare for patients requesting naloxone.

A little more than 800 people had died that year in Virginia from fentanyl or heroin overdoses; another 471 died after overdosing on opioids.

“As we come together to celebrate the holidays, we are faced with the reality that the disease of addiction continues to worsen in the Commonwealth despite efforts on many fronts,” she wrote to pharmacists.

Levine, now a professor at the University of South Florida, said in a phone interview that at the time, she wanted to make sure everyone knew there was opioid addiction problem in Virginia.

“At that point, I wanted to make sure we were doing everything possible to decrease the deaths,” she said.

She said she worked with other state agencies and the state pharmacy association to ensure all pharmacies were aware of the protocol.

“I can tell you that every pharmacist got information at that time,” she said.

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Despite what information may have been shared to pharmacists, reporters received confusing and often conflicting responses to their requests for naloxone.

One pharmacy said naloxone was only available if you had a prescription for opioids, and another wanted proof of opioid use before dispensing naloxone.

One pharmacist said naloxone was “generally reserved” for patients on opioid medications, despite a recommendation from U.S. Surgeon General Jerome Adams, who encouraged Americans to carry it and know how and when to use it in a public health advisory last year.

One pharmacist at a CVS in Hampton said she could only prescribe naloxone without a doctor’s note in the event of an emergency.

“There has to be somebody in crisis basically right then and there,” she said.

At least 15 pharmacies didn’t know about the standing order when reporters mentioned it after being told they needed a prescription. Several times, reporters were put on hold while the person answering the phone consulted with the pharmacist.

At least eight pharmacies incorrectly said insurance would only cover the naloxone if it was obtained through a doctor’s prescription. Several others said it would be cheaper with a prescription.

At least seven pharmacies said they didn’t have any naloxone in stock and would have to order it.

Other pharmacists were more helpful. One at a Walmart pharmacy told a reporter he would dispense it for free if needed.

“We’d rather you have it than not have it,” he said.

Around 45% of the pharmacies immediately knew about the standing order, or at least that there was no need for a doctor’s prescription.

Reporters were repeatedly asked what they wanted naloxone for, and who would use it.

At one pharmacy, a pharmacist berated a reporter with questions, asking where she’d heard the term “standing order” and if she was doing research. He said naloxone could only be given without a prescription during an emergency.

After the reporter identified herself and was told she’d have to speak with a media representative, the pharmacist hung up, researched the pharmacy’s position on dispensing naloxone without a prescription and called the reporter back. He told her near the end of the call it had been a learning experience and would be used as a lesson to train the pharmacy techs so the confusion wouldn't happen when the request was "for real."

When presented with the newspapers’ findings, Dr. Parham Jaberi, chief deputy commissioner for the Virginia Department of Health, wondered aloud if a broader, statewide pharmacy study could be done to see how naloxone is being offered.

“Everybody involved could do a better job of getting (naloxone) in the hands of those who need it,” he said in a phone interview.

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According to the Prescription Drug Abuse Policy System, all 50 states have some form of a law granting access to naloxone without a prescription.

Unlike in states such as Pennsylvania and Wisconsin, no list of Virginia pharmacies that participate in the standing order exists. Virginia can’t mandate pharmacies take part.

Caroline Juran, the state Board of Pharmacy executive director, said in an email the only reasons she could see for a pharmacist refusing to dispense naloxone would be not having it in stock or not fully understanding the standing order.

In an email, the Virginia Pharmacists Association said it had “no insight” into why a pharmacist would refuse to participate in the standing order.

The federal Substance Abuse and Mental Health Services Administration says people experiencing an opioid overdose may suffer from body aches, irritability, dizziness, weakness, nausea, diarrhea, fever or chills if they are given naloxone because it blocks opioid receptor sites and reverses the effects of an overdose. In other words, it feels like withdrawal.

Health experts agree naloxone isn’t harmful when taken accidentally, or when you’re not experiencing an overdose, and it doesn’t have any addictive properties.

Sharon Gatewood, associate professor at Virginia Commonwealth University School of Pharmacy, specializes in community pharmacy practice and is director of the Virginia Pharmacists Association.

She co-wrote a paper, “Public attitudes and beliefs about Virginia community pharmacists dispensing and administering naloxone,” published last summer in the Journal of the American Pharmacists Association.

Gatewood found pharmacist attitudes on dispensing naloxone often depend on where in the state they are. Those who are in favor of dispensing naloxone often are based in geographic areas where the opioid problem is pervasive. They also tend to have more regular contact with customers who are asking about it.

Her research found that most people — 66% — were comfortable with pharmacists dispensing naloxone. Of those who weren’t comfortable, most said they believed doing so would promote drug abuse and reckless behavior.

“I do understand there is a group out there that says, ‘Oh, but people are using it to be able to push the limits with opioids,’” Gatewood said in an interview. “These are also the population that believe that medication-assisted treatment for opioid-use disorder is a problem. And that’s it. They don’t see that as recovery.”

Ericka Crouse, a professor at VCU’s School of Pharmacy, said she’s heard anecdotes from colleagues in Baltimore who said drug dealers would sometimes tell their customers to buy naloxone alongside a new street product if they were concerned it might be deadly.

Levine said she wasn’t worried about people getting naloxone and selling it on the streets, like with other prescription drugs.

“If people weren’t dying, I might be more concerned about that,” she said.

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The push to make pharmacists more involved in patients’ overall health care is just starting to become more urgent, said Anne Burns, the vice president of professional affairs for the American Pharmacists Association.

“As an organization, we’ve been vigorously promoting the importance of naloxone in preventing overdose,” she said over the phone.

But there’s a learning curve, she said. Not all pharmacists understand the role they can play, and they have different beliefs about which patients need naloxone.

“There are some who feel like any patient on an opioid should be co-prescribed naloxone, and there are others who feel like we really need to target the higher-risk patients,” she said.

And if there's not a high demand for it, Burns said many pharmacies won't spend the money to have the naloxone sit on their shelves for months only to have it expire.

If they agree to dispense naloxone without a prescription, pharmacists are required to provide counseling in opioid overdose prevention and teach the requester how to recognize and respond to an overdose. They must also demonstrate how to administer the naloxone and go over what will happen once the drug is used.

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Between July 2018 and March, naloxone was given out under the standing order 2,539 times, according to the Virginia Department of Health Professions.

That's about 9% of the 28,358 naloxone prescriptions dispensed statewide between July 2018 and March.

Even if people who want to get naloxone get past the first hurdle — finding a pharmacy willing to dispense the drug without a doctor's note — they'll have to get through another barrier: the cost.

The 82 pharmacies surveyed gave wildly different price estimates to get naloxone without insurance, from $90 to around $250.

"It's quite expensive," one pharmacist in Portsmouth told a reporter. Another called the cost "terrible."

Medicaid covers a dose of naloxone, and more insurance companies have begun covering it at least in part, Burns said. One reporter was able to obtain naloxone with the standing order through insurance for around $37.

Maria Reppas, a spokeswoman for the Department of Behavioral Health and Developmental Services, said her department began partnering with the Department of Health to dispense naloxone when federal grant funds became available.

The behavioral health department can directly give naloxone at Remote Area Medical clinics. And it funds community services boards — local government-run facilities that provide behavioral health and developmental disability services — who are authorized by the Board of Pharmacy to directly distribute it using federal funds.

Some public health departments also stock and dispense naloxone.

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And some organizations that have the authority to distribute the drug provide it to people at the end of the REVIVE! training, the opioid overdose and naloxone education program.

The state health department has spent more than $1.3 million since the standing order went into effect on naloxone that's been handed out to local health districts, who then dispense doses at health fairs, free clinics and other venues.

Several local police departments said an individual couldn't come to police headquarters and ask for a dose, but officers, EMS personnel, jail staff and school nurses are all authorized to carry and administer it in emergency situations.

Levine, the former health commissioner, said she recognizes there are still barriers to accessing naloxone. But at the very least, she's glad she helped it become more readily available, at least to some.

"I can't imagine that it didn't do some good," she said. "It was never meant to be the final answer."

*Staff writers Sara Gregory, Matt Jones, Jessica Nolte, Josh Reyes and Elisha Sauers contributed reporting.*

**Our findings**

The newspaper called or visited 82 pharmacies in 12 Hampton Roads localities.

- About 20% refused to dispense naloxone without a doctor's note, even though a standing order exists.
- Of the 19 independent pharmacies we called, 7 (37%) said yes to dispensing naloxone on the first try.
- Of the 32 chain grocery stores called, like Harris Teeter and Food Lion, 17 (53%) said yes on the first try.
- Of the 31 chain pharmacies called, like CVS and Rite Aid, 21 (68%) said yes on the first try.
- About 45% of the 82 pharmacies immediately knew about the standing order.
- Pharmacists gave cost estimates of $90-$250 for naloxone.
- 2,539 naloxone prescriptions were dispensed using the standing order between July 2018 and March.

*Data compiled from The Virginian-Pilot's findings and the Virginia Prescription Monitoring Program.*

*How we reported this*

*After learning about the standing order and being denied access to naloxone at pharmacies, reporter Marie Albiges enlisted the help of five other reporters to call or visit licensed pharmacies in Hampton, Newport News, Poquoson, York County, Williamsburg, Smithfield, Gloucester, Norfolk, Suffolk, Virginia Beach, Chesapeake and Portsmouth.*

*In a spreadsheet, reporters documented pharmacists' and other employees' responses to questions about whether they dispensed naloxone, whether a prescription was needed, and whether pharmacists knew about the standing order.*

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**Thousands in mental health crisis are handcuffed by police. The state wants to cut that number.**

https://www.dailypress.com/virginia/dp-nws-alternative-transportation-tdo-20190513-story.html

At the Suffolk Police Department, it's not unheard of for an officer to spend eight hours driving to Staunton and back with a patient who's in the middle of a mental health crisis, handcuffed in the back of the cop car, headed for a psychiatric hospital on court orders.

The same can be said for police departments across Virginia, where thousands of people — at least 5,700 in Hampton Roads, according to the latest estimates — are taken into custody each year for such "involuntary commitments." Many are taken far away from their homes in search of a hospital bed and medical help, even though they usually haven't committed a crime.

State code says that's how authorities are to handle people who have a mental illness and could be deemed a threat to themselves or others.

"It's ineffective, it's costly; it's — for a lack of a better word — inhumane," said Dana Schrad, head of the Virginia Association of the Chiefs of Police, to a group of people who are figuring out ways to change the system of temporary detention orders, or TDOs.

TDOs, signed by a magistrate, involuntarily commit people experiencing a mental health crisis who might harm themselves or others to a hospital for up to 72 hours. After that, a magistrate can order further treatment if it's still needed.

At the work group's first meeting in April, Schrad and Ashland Police Chief Douglas Goodman recounted one instance in which officers in Smyth County spent hours looking for a car seat to transport a 5-year-old on a TDO to Western State Hospital in Staunton, and another in which they had to find a wheelchair-accessible vehicle to transport a 71-year-old Vietnam War veteran.

"It kills me to put someone in crisis — who may or not be violent — into a cage," Goodman said. "We feel like we're just caught in the middle and we are the wrong person for this job."

State officials recognize it's a problem. They know the last thing someone who's being involuntarily hospitalized needs is to be handcuffed and put in the back of a police car.

In October, health officials began searching for a company that would be able to transport people who are subject to a TDO "in such a way as to decriminalizes (sic) the process and reduce stigma," according to a request for proposals.

Last week, the Department of Behavioral Health and Developmental Services awarded a $7 million, two-year contract to G4S Secure Solutions, which will take about half of the people under a TDO from where they're evaluated to wherever they will be temporarily hospitalized.

**Impact on police**

More than 25,500 TDOs were ordered in fiscal year 2018 — a rise of 294% since 2013 — and law enforcement transported 99% of the people who had a TDO, according to the Department of Behavioral

Health and Developmental Services. The region that includes Hampton Roads had the second-highest amount of TDOs issued after Southwest Virginia.

Out of every general district court in Hampton Roads, Suffolk had the highest number of TDOs per 1,000 people in FY16, according to a February University of Virginia Institute of Law, Psychiatry and Public Policy report.

Suffolk Deputy Police Chief Steve Patterson said his officers' safety is a concern when it comes to transporting people undergoing a mental health crisis. A TDO can be issued near the end of an officer's shift, and with limited resources, that officer could be spending extra hours with the patient.

"Bottom line is, I've got to think about this guy that's been working for eight hours already," he said.

Another concern? Taking two officers off the streets for each TDO transport. For smaller departments — the majority of the 366 law enforcement agencies in Virginia have fewer than 50 officers — that means less resources in the community during a shift.

And police departments are racking up costs for gas, car maintenance and overtime, plus food and hotel bills when traveling long distances to drop someone off.

**Looking for beds**

The Treatment Advocacy Center, an Arlington-based nonprofit focused on policies related to mental illness, surveyed 355 law enforcement agencies across the country and found police drove a total of 5.42 million miles to transport people with mental illness in 2017 — more than 217 times around the Earth's equator.

The center, which released a report this month, also found:

- At least 10% of the law enforcement agencies' budgets were spent on transporting people with mental illness;
- The average distance to a medical facility was five times farther than the distance to a jail, and in some cases, officers were encouraged to use the jails as psychiatric holding facilities because they were closer;
- 32% of the agencies surveyed have a force of less than 10 full-time officers;
- Officers spent a combined 165,295 hours transporting people with mental illness.

Why so much driving?

"Virginia just doesn't have enough treatment beds when people are in crisis, and doesn't have enough options that aren't treatment beds for people that might not need that most intensive service," said John Snook, executive director of the Advocacy Center.

Private hospitals are accepting more patients who seek help voluntarily, and they aren't required to accept patients with TDOs. So police officers must look farther afield, or to the state hospitals.

Snook said it's a problem nationally, but Virginia has struggled with it for at least a decade, with the number of psychiatric beds declining as hospitals close or downsize.

"Every one of those trips, you have to think about — someone who is really sick is sitting in the back of a police car, often in handcuffs; and that's an awful way to treat an illness," he said.

Over the past four years, the number of people admitted to private hospitals on TDOs has dropped 11%, while such admissions to state hospitals have risen 144%.

Virginia's "bed of last resort" law, passed in 2014, says state hospitals have to accept patients under TDOs if no bed can be found at a private psychiatric hospital after eight hours. But all nine state hospitals were above the 85% capacity threshold considered safe in FY18.

To address the shortage, nearly 160 more private inpatient beds will be coming online by mid-2022 in the state, including 80 at two Norfolk hospitals, according to the Virginia Hospital and Healthcare Association.

Daniel Herr, deputy commissioner for facility services at the state health department, said Community Services Board workers — who determine if patients are eligible for temporary hospitalization and find them a bed — call an average of 25 places before resorting to the nearest state hospital, either because they've run out of time or run out of private places to call.

In Hampton Roads, the nearest is Eastern State Hospital, 60 miles away for Patterson's officers in Suffolk.

**The new model**

Gail Paysour is hoping the new transportation model will reduce instances in which issuing a TDO means criminalizing a mental illness.

The state hired Paysour to coordinate the alternative transportation project. She has experience working in community services boards and said she knows how difficult the process can be for everyone involved.

"To be handcuffed and shackled in addition of being in the midst of a mental health crisis can be stigmatizing, can be traumatizing," she said in a phone interview.

Modeled after a successful pilot program in Southwest Virginia's Mount Rogers, the alternative transportation project involves taking people under a TDO in nondescript cars to their final destination. The patients won't be handcuffed and drivers won't be in police uniforms.

Last year, the General Assembly agreed to spend $7 million on the new model, which G4S Secure Solutions will use to hire specially trained drivers on call 24 hours a day starting this summer. The drivers will have to pass a background check and receive 80 hours of training, including human rights and crisis intervention team training.

The alternative transportation model will roll out slowly by region, starting in Southwest Virginia. Paysour said the contractor will spend a few months building the program in each of the five regions. Hampton Roads is fourth on the list.

G4S uses sedans and SUVs equipped with secure lockers for personal belongings and medical records, tracking capabilities, speed monitoring, a first aid kit and video monitoring, according to a presentation the company gave a state work group in 2017.

One of the largest private security firms in the world, G4S is headquartered in London. It was in charge of security at a jail in Birmingham but recently came under fire after an inspection found a "dramatic deterioration" in the prison, with inspectors documenting instances of violence, uncleanliness and rampant drug use.

In the U.S., the Department of Homeland Security has awarded G4S millions of dollars to provide border security, according to USAspending.gov.

G4S did not respond to a request for an interview, referring the Daily Press to the press release announcing the contract award.

Police officers in Virginia will still be handling about 50% of the TDO transports, because dangerous situations could still arise during transportation, Paysour said.

"Law enforcement will continue to be a partner in this out of necessity and out of safety," she said.

**Not a total relief**

While Patterson, the Suffolk deputy chief, realizes there will be some relief with G4S taking over part of the job, the alternative transportation model doesn't address the first part of involuntary commitment.

An Emergency Custody Order, or ECO, starts the eight-hour window the CSB worker has to evaluate the patient for a possible TDO and find a bed.

Police still have to detain the patient during that time, and Patterson said multiple officers often are working ECOs on a shift.

The new transportation model is also not changing anything for jails and state prisons that issue TDOs and have to transport inmates to state hospitals.

William Smith, who oversees Western Tidewater Regional Jail in Suffolk, said he regularly has to call off-duty jail officers when an inmate gets issued a TDO, and officers are usually busy with that for two to seven hours. The jail had around 25 TDOs last year.

"It's a severe inconvenience," the superintendent said, adding he wants to see the state provide more funding so he can hire more officers to drive people to hospitals.

Bruce Cruser, the executive director of Mental Health America of Virginia, praised the state's alternative transportation model but said it's merely putting a Band-Aid on the bigger issue of how mental health treatment is given in Virginia.

"It's sort of like we're fixing a problem of our own creation," he said.

Cruser, who sits on the state work group tasked with evaluating the TDO process, wants to see early intervention and diversion programs in the community, better access to outpatient mental health services, mobile crisis units and peer respite centers.

The hospital association has also proposed and begun implementing initiatives like increasing the use of crisis triage centers, creating more diversion programs and expanding psychiatric emergency response services.

"You've got an immediate issue of the beds being full, but the real underlying issue is to have a continuum of support in the community at the local level," Cruser said.