

Status of Health and Human Resources
Funding for Mental Health and Substance
Abuse Treatment Services for Offenders
and
Priorities and Goals

Presentation to the

Joint Subcommittee Studying Treatment Options for
Offenders with Mental Illness or Substance Abuse Disorders
(SJR 97/HJR142, 2002)

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Secretary of Health and Human Resources

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Status of Health and Human Resources Funding for Mental Health and Substance Abuse Treatment for Offenders and Priorities and Goals

- This Secretariat, through the Department of Mental Health, Mental Retardation and Substance Abuse Services, supports a number of programs providing psychiatric care and substance abuse treatment for adult inmates in local and regional jails and children and adolescents in juvenile detention centers across the Commonwealth.
- The Virginia Code requires Community Services Boards (CSBs) to maintain written agreements with courts and local sheriffs for the delivery and coordination of services (§ 37.1-197). CSBs also:
 - Provide services to evaluate, restore, and maintain competency to stand trial for adults and youth (§19.2-169.2, §16.1-356, and §16.1-357).
 - Provide or arrange the provision of forensic evaluations required by local courts upon receipt of a court order.
 - Provide predischarge planning for persons found not guilty by reason of insanity, prepare conditional release plans, implement the court's conditional release orders, and submit progress and adjustment reports (§19.2-182.2 through 182.7 and §19.2-182.11).

- Provide emergency services to local and regional jails and juvenile detention centers. Emergency services include evaluations and pre-screening for hospitalization.
 - Conduct non-emergency evaluations, including evaluations of competency to stand trial, criminal responsibility, and waivers of juvenile court jurisdiction.
- The Department uses federal Substance Abuse Prevention and Treatment (SAPT) block grant funds to support one substance abuse case manager in each CSB to serve offenders. These case managers identify cases and provide assessments and counseling.
- Many CSBs provide mental health and substance abuse services to the offender population through local initiatives developed jointly with local and regional jails and juvenile detention centers. These services include:
- Individual and group mental health and substance abuse counseling;
 - Psychiatric services, including medication; and
 - Restoration to competency.

- State mental health facilities also provide services to the adult and juvenile offender population, including:
 - Evaluation of competency to stand trial
 - Evaluation of criminal responsibility
 - Emergency inpatient treatment prior to trial
 - Treatment to restore competency to stand trial
 - Emergency treatment after conviction and prior to sentencing
 - Emergency treatment post-sentence prior to transfer to the Department of Corrections (DOC).

Changes in the Status of Funding for Mental Health and Substance Abuse Treatment for Offenders

- Funding allocated to DMHMRSAS for existing mental health services provided through the CSBs and in state facilities for this population was able to be maintained.

- However, no new dollars were provided to address unmet needs or to develop an adequate state and community-based infrastructure of services.

- A comparison of FY 2002 and FY 2003 funding for substance abuse assessment and treatment services provided to this population follows.

	FY 2002	FY 2003	Change (%)
SABRE			
○ SA Treatment – Adult Probation and Parolees	3,300,000	0	-100%
○ SA Treatment – Local Juvenile Court Services	2,340,000	0	-100%
○ SA Assessment/Treatment – Local Community Corrections Agency Referrals	1,750,000	0	-100%
Jail Services Initiative Programs	1,119,692	811,484	-28%
SA Treatment in Juvenile Detention Centers	561,215	561,215	0
Drug Courts (total funding)	2,700,000	2,100,000	-22%
Total	\$11,770,907	\$3,472,699	-70%

- As noted in the first box above, the reduction of \$7.4 million in SABRE funds has resulted in the loss of essential CSB substance abuse treatment capacity for adults and adolescents services across the Commonwealth.
- SABRE funds, distributed through interagency agreements by Public Safety agencies, helped the CSBs to serve referrals from criminal justice system agencies. As portrayed in the preceding table, specific losses include:
 - \$3.3 million for SA treatment services to adults referred by local Adult Probation and Parole offices;

- ❑ \$2.34 million for SA treatment to adolescents referred by local Juvenile Court services units; and
 - ❑ \$1.75 million for SA assessment and treatment services to adults referred by local community corrections agencies.
- In FY 2002, nine CSBs received a total of \$1,119,692 for Jail Services Initiative programs. These programs provide intensive substance abuse treatment services in jails and adult regional detention facilities. As a result of FY 2003 budget actions:
- ❑ \$700,000 in Intensified Drug Enforcement Jurisdictions Funds (IDEA) supporting the Initiative was eliminated. IDEA funds are continually accumulated as a fixed percentage of certain fines or fees paid by individuals adjudicated by the criminal justice system. To partially offset this loss, DMHMRSAS allocated:
 - \$391,792 in new federal SAPT block grant funds to continue three jail-based substance abuse therapeutic communities in Fairfax/Falls Church, Middle Peninsula-Northern Neck, and Virginia Beach; and
 - \$43,085 in State General Funds from other jail programs which received new federal SAPT funds (for a total State General Fund allocation of \$156,000) to maintain substance abuse jail-based education, counseling, and assessment services in Roanoke County, Norfolk and Petersburg. This is a reduction from previous service levels.

- Finally, \$194,692 in State General Funds allocated to the Department of Criminal Justice Services was transferred to DMHMRSAS by the 2002 General Assembly to continue existing therapeutic community programs in Hampton-Newport News, Roanoke City and Martinsville.
- The Department also allocated \$85,680 to conduct an outcome evaluation of the jail-based therapeutic communities in response to your recommendations.
- \$561,215 in State General Funds continues to provide substance treatment to juveniles in detention centers in five CSBs -- Hampton-Newport News, District 19 (Petersburg), Henrico Area, Fairfax-Falls Church, and Rappahannock Area (Fredericksburg).
- CSBs provide services through 10 adult and 2 juvenile drug courts to non-violent felons who are offered this as an alternative to incarceration and treatment in jail. These programs were continued for **one year** at 80% of their previous funding level.
- Localities with drug courts funded by state dollars allocated through the Department of Criminal Justice Services include:
 - Richmond (one adult and one juvenile)
 - Norfolk
 - Roanoke City/Salem/Roanoke County
 - Virginia Beach
 - Charlottesville/Albemarle
 - Newport News
 - Chesterfield/Colonial Heights

- Portsmouth
- Fredericksburg/Stafford/Spotsylvania/King George (one circuit, one general district, and one juvenile).

- In an attempt to replace lost funds, Drug Court programs in Richmond, Charlottesville, and Fredericksburg are applying to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for new or expanded funding.
- The current budget presents significant challenges for all of us in maintaining current service levels. For existing SA clients, caseloads are being increased. DMHMRSAS is canvassing the CSBs to identify the number of staff positions affected by the FY 2003 budget reductions. We would be pleased to share this information with the Joint Subcommittee when it is available.
- The budget presents major challenges for the expansion of needed treatment services. Wait times for SA services are likely to increase for offenders with substance abuse problems and others seeking CSB services. These individuals will continue to abuse drugs or alcohol, resulting in increased risk for criminal behavior.
- In addition, Drug Courts have shown themselves to be very effective in rehabilitating and diverting individuals with substance abuse problems from traditional sanctions. Funding for only one year is now available for these programs.

Health and Human Resources Priorities and Goals

SJR 97 and HJR 142 provide the framework for our collaborative goals in this area. These goals build upon the recommendations presented by the Department to the Joint Subcommittee last year.

- Define statutory responsibilities for the provision of treatment services to adult and youth offenders. Currently, no entity at either the state or local level has clear responsibility for the provision of these services to adult or youth offenders.
 - Statutory responsibility for the provision of mental health and substance abuse services in local and regional jails and juvenile detention centers should be assigned to the criminal justice system, with consultation provided by DMHMRSAS.
 - This approach is consistent with the consultative role DMHMRSAS has with the Department of Corrections for the Marion Correctional Center.
- With the Public Safety Secretariat, jointly develop standards for mental health and substance abuse services that should be available to adult and youth offenders across Virginia. Priority areas for such development include:
 - Pre-arrest diversion services, including crisis teams involving law enforcement officers and clinicians that identify and intervene in crisis situations and provide immediate access to treatment in lieu of arrest;

- Timely and consistent assessments and diagnostic services;
 - Early identification procedures during arrest and booking to identify and divert MH and SA consumers to community-based treatment services where possible;
 - Expansion of drug courts that provide supervision and treatment to offenders with drug and alcohol problems in lieu of incarceration and the potential development of mental health courts;
 - Involvement of case managers with clinical expertise in the coordination and completion of pre-release planning to assure access to and information regarding resources in community-based MH and SA systems of care; and
 - Provision of assertive case management and treatment for offenders on probation through a team approach involving probation staff and MH and SA clinicians.
- Develop meaningful model agreements for coordination and cross-training among jails, detention centers, court services, probation and parole, and CSBs to assure appropriate delivery and coordination of services.
- These are instrumental for improving coordination between jails, detention centers, probation and parole, and CSBs in areas of pre-release planning, communications, and continuity of care that assures rapid connection to community services upon release.

- Increase the availability of psychiatrists who can perform timely diagnostic services necessary for effective treatment that affords relief to the individual and avoids costly and unnecessary services.
- Develop methods for evaluating the effectiveness of community-based programs for this population to determine the extent to which these programs:
 - Reduce inappropriate and unnecessary incarceration of nonviolent offenders whose offenses stem in large part from their mental illness or substance abuse problems, and
 - Improve treatment outcomes for persons with mental illness and substance abuse problems.
- Develop an infrastructure for the ongoing collection of complete and accurate data on the availability and costs of treatment services provided to and needed by adult and youth offenders. This has been a major barrier in providing the Joint Subcommittee with cost information for these services.
- Develop a comprehensive and systematic approach to funding services in order to fill service gaps. This includes establishing service development priorities for use when funding becomes available.
- We are continuing to work with the Public Safety Secretariat to jointly address these priority areas.