

SJR 440 - Findings/Recommendations/Actions

Findings	Recommendations	Actions
<p style="text-align: center;">Interagency Collaboration</p> <p>Formal state and local interagency collaboration and clearly defined responsibilities for serving adult and juvenile offenders with mental illness do not exist in many communities across the Commonwealth. Moreover, there does not appear to be a consensus as to whether the responsibility for providing treatment services should lie with the criminal justice or the mental health treatment system.</p>	<ol style="list-style-type: none"> 1. Establish an interagency work group under the leadership of the Committee to develop a screening-assessment-treatment model for offender groups with mental health needs. This work group will be asked to make recommendations concerning the statutory assignment of responsibility for providing needed treatment services; a regional planning process to foster state/local interagency collaboration; model memoranda of agreement that detail responsibilities for services, information exchange, and cross training of staff; and a framework to pilot the memoranda and evaluate the results. 2. Request the Office of the Executive Secretary of the Supreme Court to examine the feasibility of designing and implementing a model court order that addresses mental health needs of offenders. 	<p>1/2. SJR 97/HJR 142 authorizes the Committee to establish the work group and requests the Office of the Executive Secretary of the Supreme Court to examine the feasibility of a model court order.</p>
<p style="text-align: center;">Capacity</p> <p>Many communities lack sufficient capacity, including the availability of acute psychiatric care, to treat offenders with mental illness and substance abuse disorders while they are incarcerated and when they are released from state correctional facilities, jails or detention homes. Lack of a comprehensive and systemic approach to funding these services has resulted in inequitable access to care across Virginia. The community services boards estimate that the cost of meeting the unmet need for mental health and substance abuse services in local jails is approximately \$34 million per year. The estimated cost of meeting unmet need for mental health and substance abuse services in detention homes is approximately \$3.4 million per year.</p>	<ol style="list-style-type: none"> 1. Direct the Department of Criminal Justice Services, in collaboration with other stakeholder agencies and groups, to identify the unmet need for mental health and substance abuse treatment services for adult offenders and to develop a comprehensive plan, including the necessary resources and funding sources for covering the increasing costs of providing existing services and to fill service gaps. 2. Direct the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services to make recommendations to the Committee concerning access to psychiatric care for jail inmates and to ensure an adequate supply of acute psychiatric beds for children and adolescents. 3. Direct the Departments of Criminal Justice Services, Medical Assistance Services, Corrections, Juvenile Justice and Mental Health, Mental Retardation and Substance Abuse Services to examine opportunities to leverage nongeneral funds to meet unmet needs for services. 4. Direct the Department of Medical Assistance Services to examine ways to provide immediate access to Medicaid for eligible offenders when they are released from prisons or jails. 5. Direct the Department of Corrections to recommend ways to ensure the appropriate management of medications for offenders when they are released from state correctional facilities. 	<ol style="list-style-type: none"> 1. Not approved. 2. 2002-2004 Appropriation Act (Item 329K) directs the Commissioner to make recommendations concerning access to psychiatric care for jail inmates. 3. Not approved. 4. SJR 97/HJR 142 requests the Department of Medical Assistance Services, in conjunction with the Departments of Corrections and Juvenile Justice, to examine ways to provide immediate access to Medicaid benefits when offenders are released from prison, jails, juvenile correctional centers or detention homes. 5. SJR 97/HJR 142 requests the Department of Corrections and the Department of Mental Health, Mental Retardation and Substance Abuse Services to examine ways to ensure access to and management of medications.

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<p>Capacity (continued)</p>	<ol style="list-style-type: none"> 6. Continue the funding for recruitment and retention of psychiatrists in medically underserved areas, which is currently \$500,000 each year. 7. Explore ways to expand the use of telepsychiatry in medically underserved areas. 8. Direct the Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of Juvenile Justice to identify and create opportunities for public-private partnerships and the necessary incentives to establish and maintain an adequate number of residential and acute psychiatric beds for the treatment of juveniles with mental health needs. 9. Continue the funding for the "Keep Our Kids At Home" (KOKAH) project, which has demonstrated success at reducing inpatient hospitalization. 10. Include juvenile offenders in the plan being developed as a result of Item 323K in the 2000-2002 biennium budget to provide and improve access by children to mental health, substance abuse and mental retardation services. 11. Request that the Department of Juvenile Justice provide information to localities on the use of Virginia Juvenile Community Crime Control Act (VJCCCA) funds to address mental health treatment needs. 12. Appropriate \$50,000 to expand the National Health Service Corp--Virginia Loan Repayment Program to include mental health professionals. 13. Request the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services to work with the private sector to develop and maintain a web-based inventory of licensed and available acute inpatient psychiatric beds for children and adolescents. 	<ol style="list-style-type: none"> 6. 2002-2004 Appropriation Act continues the funding at the same level. 7. 2002-2004 Appropriation Act directs the Department of Health and the Department of Mental Health, Mental Retardation and Substance Abuse Services to explore the expanded use of telepsychiatry. 8. 2002-2004 Appropriation Act (Items 329 J and L) directs the Departments to create opportunities for public/private partnerships and the necessary incentives to establish and maintain an adequate number of residential and acute psychiatric beds for the treatment of juvenile offenders. 9. Funding is maintained in the 2002-2004 Appropriation Act at \$216,000 each year. 10. 2002-2004 Appropriation Act adds juvenile offenders to the plan (Item 329G). 11. Letter from Chairmen of this Committee and the Youth Commission to the Department of Juvenile Justice requested the dissemination of information to localities on the use of VJCCCA funds for mental health and substance abuse treatment. 12. Not approved. 13. 2002-2004 Appropriation Act directs the Department in conjunction with the Virginia Hospital and Healthcare Association to examine the feasibility and cost of developing a web-based system of daily update information on licensed and available acute psychiatric inpatient beds for children and adolescents (Item 329I).

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<p align="center">Capacity (continued)</p>	<p>14. Direct the Virginia Health Information (VHI) to include the number, demand and demand trends for available acute inpatient psychiatric and residential beds for children and adolescents.</p>	<p>14. SB 426/HB 887 (Chapter 619, 2002 Acts of Assembly) requires community policy and management teams and community service boards to report to DMHMRSAS those instances when admission to acute inpatient psychiatric or residential treatment was sought for children or adolescents but not obtained. DMHMRSAS is required to compile and report the data on a quarterly basis.</p>
<p align="center">Clinical Guidelines</p> <p>The state has not developed clinical guidelines for local and regional jails or detention homes to ensure an adequate level of mental health services for persons who are incarcerated. As a result, uniform screening and assessments, access to services, and discharge plans are not available in many jails or detention homes.</p>	<ol style="list-style-type: none"> 1. Direct the State Board of Corrections, the State Mental Health, Mental Retardation and Substance Abuse Services Board and the Board of Juvenile Justice as appropriate to develop minimum guidelines for the provision of mental health and substance abuse treatment services in jails and detention homes and a plan, including the necessary fiscal and staff resources, for meeting the guidelines. 2. Request the Department of Juvenile Justice to design and implement a uniform mental health screening instrument and interview process for juveniles identified by probation officers as needing mental health screening. 3. Request that the Department of Juvenile Justice and the Department of Mental Health, Mental Retardation and Substance Abuse Services develop a process of identifying and communicating to families information about mental health and substance abuse resources in the community. 	<ol style="list-style-type: none"> 1. Not approved. 2. SJR 97/HJR 142 requests the Department of Juvenile Justice to design and implement a uniform mental health screening instrument and interview process for juvenile offenders admitted to secure detention facilities and to make recommendations concerning the feasibility of implementing a uniform screening and interview process for pre-dispositional investigations. 3. The Chairmen of this Committee and Youth Commission wrote letters to the Departments, requesting that families be informed about mental health and substance abuse treatment resources in the communities.
<p align="center">Cross Training</p> <p>Cross training in balancing therapeutic goals with security needs and public safety is needed for law enforcement, judges, jail and detention staff and community treatment staff.</p>	<ol style="list-style-type: none"> 1. Request that the Department of Mental Health, Mental Retardation and Substance Abuse Services develop and make recommendations for implementing a curriculum for cross training law enforcement officers, judges, jail and detention staff, court service unit staff and community treatment staff in security and treatment. 	<ol style="list-style-type: none"> 1. SJR 97/HJR 142 requests the Department of Mental Health, Mental Retardation and Substance Abuse Services, in conjunction with the Office of Executive Secretary of the Supreme Court and the Departments of Criminal Justice Services and Juvenile Justice, to develop and make recommendations for implementing a cross-training curriculum.

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<p style="text-align: center;">Data Collection, Evaluation and Information Sharing</p> <p>No comprehensive mechanism exists to systematically collect thorough and accurate data on treatment services provided to and needed by adult and juvenile offenders or to evaluate the effectiveness of the services.</p>	<ol style="list-style-type: none"> 1. Request that the Secretary of Public Safety, in conjunction with other Cabinet Secretaries, develop a plan, including the estimated cost, for the collection of data on treatment services provided to and needed by state responsible adult and juvenile offenders and for the evaluation of the effectiveness of treatment services. 2. Continue the funding for intensive substance abuse treatment services in jails for the next biennium and direct the Department of Mental Health, Mental Retardation and Substance Abuse Services to conduct comprehensive process and outcome evaluation of therapeutic communities in local jails. 3. Direct the Virginia Commission on Youth to coordinate the collection and dissemination of information on effective treatment modalities and practices. 	<ol style="list-style-type: none"> 1. SJR 97/HJR 142 requests the Secretary of Public Safety to develop a plan for collecting and evaluating data on treatment services for state responsible offenders. 2. 2002-2004 Appropriation Act directs the Department to evaluate therapeutic communities in local jails. 3. SJR 99 directs the Virginia Commission on Youth to coordinate the collection and dissemination of evidence-based information on effective treatment modalities and practices for children with mental health treatment needs.