

Virginia Model Jail and Juvenile Detention Center Mental Health and Substance Abuse Programs and Jail and Juvenile Detention Center Survey Results

Presentation to the

Joint Committee Studying Treatment Options for Offenders
with Mental Illness or Substance Abuse Disorders
(SJR 440, 2001)

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Services

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Virginia Model Jail and Juvenile Detention Center Mental Health and Substance Abuse Programs and Jail and Juvenile Detention Center Survey Results

This presentation will describe:

Current CSB Mental Health and Substance Abuse Services in Local and Regional Jails and Juvenile Detention Centers and State Facility Forensic Services;

Virginia Model Jail and Juvenile Detention Center Mental Health and Substance Abuse Programs;

Results from the Department's Surveys of Mental Health and Substance Abuse Services Provided to and Needed by Adult and Juvenile Offenders in Virginia Jails and Juvenile Detention Centers;

Barriers and Challenges to the Provision of Mental Health and Substance Abuse Services to Adult and Juvenile Offenders;
and

Recommendations for the Joint Committee's consideration.

Additionally, the Joint Commission staff requested an update of the Department's progress in responding to Item 323K (2000 General Assembly): Children's Policy and Plan to Improve Access to Services. This update is attached to this presentation.

Current CSB Adult and Juvenile Offender Mental Health and Substance Abuse Services and State Facility Forensic Services

The Department supports numerous programs providing psychiatric care 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 relative to the delivery and coordination of services (Section 37.1-197).

The Department's FY 2002 Community Services Performance Contract requires the following CSB Forensics Services.

Provide services to evaluate, restore, and maintain competency to stand trial for adults and youth pursuant to §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 pre-discharge 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, pursuant to §19.2-182.2 through 182.7 and §19.2-182.11.

CSBs provide emergency services to local and regional jails and juvenile detention centers. Emergency services include evaluations and pre-screening for hospitalization.

CSBs also conduct non-emergency evaluations, including evaluations of competency to stand trial, criminal responsibility, and waivers of juvenile court jurisdiction.

Through Substance Abuse Prevention and Treatment (SAPT) block grant funds, the Department funds one SA case manager in each CSB to identify cases and provide assessments and counseling.

Nine CSBs receive funds to provide intensive substance abuse treatment services in jails.

Total funding for this Jail Services Initiative is \$1,119,692.

- ≡ \$225,000 in State General Funds allocated to the Department,
- ≡ \$194,692 in State General Funds allocated to the Department of Criminal Justice Services (DCJS), and
- ≡ \$700,000 in special funds (Intensified Drug Enforcement Jurisdictions Fund) allocated to DCJS.

These programs are patterned after offender-based therapeutic communities. This approach is a national model for providing SA services in jails and has been shown to be successful with this population.

- ≡ Segregated living area within the jail

- ≡ Uses positive peer culture to promote values, attitudes, and behaviors.

These programs have total capacity of 211 beds. Their average length of stay is between 90 to 180 days.

Programs were funded in Petersburg, Roanoke County, Roanoke City, Virginia Beach, Norfolk, Fairfax (dual diagnosis MH/SA program), Hampton, Martinsville, and the Middle Peninsula-Northern Neck areas.

Five CSBs are currently funded to provide substance treatment to juveniles in detention centers.

State General Funds allocated to this initiative are \$561,215.

Services provided include assessment and evaluation, case identification, crisis stabilization, and linkage to community programs after release.

The five CSBs are Hampton-Newport News, District 19 (Petersburg), Henrico Area, Fairfax-Falls Church, and Rappahannock Area (Fredericksburg).

Independent of these initiatives, 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.

CSBs also 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.

Drug courts combine:

- ≡ Long-term supervision (12-18 months)
- ≡ Strict, frequent supervision by probation staff
- ≡ Intensive drug treatment by clinicians
- ≡ Close judicial monitoring by the Court

Outcomes include:

- ≡ Lower recidivism or re-arrest (5-19 percent vs. 24-66 percent nationally)
- ≡ Lower costs (\$3,000 vs. \$39,000 for adult and more than \$58,000 for juvenile incarceration per year)

Localities with drug courts include:

- | | |
|---|------------------|
| ≡ Richmond | ≡ Norfolk |
| ≡ Roanoke/Salem/Roanoke Co. | ≡ Virginia Beach |
| ≡ Charlottesville/Albemarle | ≡ Newport News |
| ≡ Chesterfield/Colonial Heights | ≡ Portsmouth |
| ≡ Fredericksburg/Stafford/Spotsylvania/King George. | |

Twenty localities are reported to be in various stages of the planning process to establish or expand a drug court.

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).

In FY 2000, approximately 25 percent of patients in state mental health facilities were admitted from courts and jails or juvenile detention centers for treatment or evaluation. Of these, 12 percent had active status as pretrial or post sentence jail inmates and 13 percent were found not guilty by reason of insanity.

In FY 2000, approximately 400 adult jail inmates and juvenile detention center residents were treated or evaluated in state mental health facilities during FY 2000.

While there will always be a subgroup of jail residents who will need acute inpatient treatment, many inmates with mental health or

substance abuse problems can be managed on-site, in jail settings, provided that the proper services are available in those locations.

Virginia Model Jail and Juvenile Detention Center Mental Health and Substance Abuse Programs

The preceding section described a number of existing programs involving CSBs that are responding to the mental health and substance abuse needs of adult and juvenile offenders.

Several localities have developed comprehensive jail or detention based mental health or substance abuse programs. The characteristics that make them model programs include:

- Use of nationally accepted and tested service models;
- Positive coordination between the criminal justice and mental health and substance abuse treatment staff in areas such as joint security and clinical services training; and
- Connections to continuing care programs in the community.

Virginia Model Programs

Fairfax County Jail: The National Institute of Justice's *Providing Services for Jail Inmates with Mental Disorders*, which is based on a survey of 1,706 U.S. jails, recognized the following components of the Fairfax County Jail program:

- ≡ The Fairfax County Jail has deputies specially trained in jail mental health issues and provides a written policy that involves mental health providers in classification

decisions related to diagnostic and treatment services as well as other classification determinations.

- ≡ The County's court liaison program builds in a screening process with magistrates in the jail who work with pre-trial staff on a 24-hour basis to determine the appropriate setting for the offender.
- ≡ The Fairfax County Jail was also recognized for its provision of discharge planning services, which was determined in the survey and in a previous study of 42 jail programs to be the weakest element in jail services.

Alexandria Jail: This jail, with an average census of 300 inmates, has a contractual arrangement with the Sheriff's Department to provide a program with the following components:

- ≡ Eight full-time licensed or certified clinical staff
- ≡ On-site emergency mental health and substance abuse assessment and crisis intervention services for the entire jail
- ≡ 15 hours per week of on-site psychiatry consultation and medication monitoring
- ≡ 24-hour critical care treatment area for inmates with serious mental illness
- ≡ 10 bed area for suicidal and severely distressed inmates
- ≡ Complete therapeutic community program for offenders with substance abuse service needs
- ≡ Dedicated 21 bed mental health treatment area for women inmates

- ≡ Dedicated 10 bed substance abuse treatment areas for women inmates
- ≡ Outreach substance abuse programs to the general jail population
- ≡ Mental health group treatment for inmates housed in the general population
- ≡ CSB provision of all psychotropic medications for jail patients.

Henrico Jail: Henrico Area Mental Health and Retardation Services has been providing a comprehensive array of mental health and substance abuse services in the 426 bed, two site Henrico Jail for a number of years.

- ≡ Strong cooperation between jail administrators and on-site CSB staff
- ≡ Intensive training in therapeutic communication and mental health intervention provided to jail staff as part of their routine training
- ≡ Strong emphasis on and coordination of discharge planning services
- ≡ Full-time forensic clinical psychologist serves as clinical director
- ≡ 12 hours per week of contracted psychiatric consultation and medication management services
- ≡ Complete, fully staffed, 36 bed therapeutic community
- ≡ On-site provision of crisis intervention and emergency services

- ≡ On-site screening and assessment of more than 100 referred cases per month
- ≡ Special “day room” programs for 15 seriously mentally ill inmates
- ≡ Group substance abuse service provision to the general population.

Northern Virginia Juvenile Detention Home: This regional maximum security 60 bed facility located in Alexandria has developed a unique combination of services including:

- ≡ Consulting psychiatrist on staff
- ≡ Full-time registered nurse
- ≡ Full-time clinical social worker on staff
- ≡ Group and individual counseling
- ≡ Full-time recreation therapist
- ≡ Access to Alexandria CSB services
- ≡ Full range of volunteer groups and individual programs, including AA, Boy Scouts, Urban League, and Prison Ministries.

Crater Juvenile Corrections Program: This program provides substance abuse and mental health services for youth at the Crater Detention Center and the Green House (emergency shelter) in Petersburg:

- ≡ Three full-time therapists, each with an average of 15 cases at any given time
- ≡ The three therapists provide services to approximately 75 youth per year

- ≡ Therapists provide on-site crisis intervention assessments, individual counseling, group counseling, case management, and a weekly parent education support group
- ≡ Therapists triage with the District 19 CSB emergency services staff for 24-hour crisis coverage
- ≡ A board-certified child psychiatrist provides psychiatric evaluations and medication checks three hours per week
- ≡ On average, 50 percent to 70 percent of the youth at the Crater Detention Center and the Green House choose to participate in therapeutic treatment
- ≡ This program has had very positive effects in reducing CAFAS scores
- ≡ The program has resulted in significant reductions in the number of youth with TDO placements at Crater and The Green House.

Virginia Beach CSB Multisystemic Therapy Program: This program serves adolescents with serious emotional disturbance who are involved with the court system. MST is an intensive family and community-based treatment that is research-based and addresses the multiple causes of serious anti-social behavior in juvenile offenders.

- ≡ Two full-time MST therapists work with approximately 20 youth and their families each year
- ≡ MST therapists provide formal assessments, individual and family counseling, parenting education, emergency services, case management, post-discharge monitoring

and follow-up, and consultations with school, court service unit, and other agency personnel

- ≡ Successful outcomes for both parents and youth
- ≡ Tremendous growth in collaboration between the court services unit and the CSB.

Earlier today, the Joint Commission received a presentation on specific national model programs. Several States have designed programs that bring together several service models to address the mental health and substance abuse services needs of their offender populations.

The *Ohio Department of Mental Health* recently awarded 13 diversion grants to counties to provide mental health linkage and treatment as an alternative to incarceration in local jails for nonviolent offenders.

- ≡ A police crisis intervention team (following the Memphis model where uniformed police officers receive special training to respond to incidents involving persons with mental illness or co-occurring mental illness and substance use disorders);
- ≡ A diversion team consisting of a case manager and a probation officer;
- ≡ Several outreach systems that use court and community support program staff to facilitate peer consumer outreach and provide support to families;
- ≡ Several court liaison programs to coordinate interventions; and

- ≡ A new criminal justice process and a mental health team that operates out of the municipal court.

The *Georgia Department of Human Resources and the Department of Corrections* have operated a Treatment and Aftercare for Probationers and Parolees pilot project since 1998. This project focuses on former inmates with mental illness, mental retardation, or substance abuse problems. A new program is being developed in Georgia to identify and treat people with mental illness before they get into the prison system. The new program will bring together:

- ≡ A mental health court to deal with nonviolent offenders with mental illness;
- ≡ A crisis intervention team of police and medical professionals to deal with nonviolent offenders at the street level; and
- ≡ A community treatment program provides court-ordered services following the decision of the mental health court.

Local and Regional Jail and Juvenile Detention Center Survey Results

The Department recently conducted three surveys for the period from November 1, 2000 to April 30, 2001:

Surveys of CSBs regarding services provided to local and regional jails and juvenile detention centers,

Surveys of juvenile detention center administrators, and

Surveys of sheriffs.

The intent of these surveys was to estimate the number of adult and youth offenders in jails and juvenile detention centers who received or who needed mental health or substance abuse services during the survey period.

Survey results from the responding 34 CSBs do not provide coverage for all jails or juvenile detention centers in the State.

CSB jail survey data were provided on 55 (70%) of the 78 jails in the state, representing 86% of the inmate populations during the reporting period.

CSB juvenile detention center survey data represented 17 of the 22 JDCs statewide (77%). The JDCs that were represented served approximately 83% of the total JDC population resident during the survey period.

Each CSB was asked to provide the following information for each jail and juvenile detention center that serves its catchment area:

Estimated service information for the survey period:

- ≡ Total number of individuals receiving certain services,
- ≡ Units of services received, and
- ≡ Estimated CSB expenses for services.

Projected services that are needed but not received:

- ≡ Estimated number of individuals needing certain services,
- ≡ Estimated number of units of certain services needed.

Because data were not available for all facilities, statewide results represent estimates based on extrapolations from the sample data.

Responding CSBs projected that their expenses for mental health and substance abuse services they provided or contracted for in jails during the six-month period to be \$ 3.05 million and in juvenile detention centers to be \$ 1.18 million.

For consistency, the Department used Performance contract unit costs to calculate the estimated cost for mental health and substance abuse services identified as being needed during the survey period. However, unit cost estimates were not available for medication management and motivational treatment, or services identified as "other".

Because medication management is not separate from outpatient services, outpatient unit cost figures were used for medication management --this likely underestimates the cost of medication management for both MH and SA services.

For other services where no cost figures were available, a conservative estimate of cost was obtained by using cost figures corresponding to the least expensive MH or SA service, respectively, for which cost data were available. Thus, SA Motivational Treatment and "other" treatments were

assigned a cost of \$15.00 per unit, while MH "other" services were assigned a cost of \$10.00 per unit.

Results of the CSB surveys of local and regional jails and juvenile detention centers follow:

**Results of the CSB Survey of Services Provided and Needed
In Local and Regional Jails
November 1, 2000-April 30, 2001**

Services Delivered in the Facility by CSB or CSB Contractor	Persons Served		Persons Needing Services Who Did Not Receive Them		Statewide Estimate of Unmet Service Needs	
	# of Persons	# of Units Received	# of Persons	# of Units Received	# of Persons	# of Units Needed
MH Emergency Services	2,777	9,449	545	2,546	632	2,953
MH Outpatient Services	1,589	5,634	2,418	87,617	2,805	101,636
MH Medication Management	1,212	2,461	601	1,548	697	1,796
MH Case Management	951	3,555	1,637	4,884	1,899	5,665
MH Day Treatment	70	15,269	352	3,699	408	4,291
MH Rehabilitation Services	0	0	196	98,150	277	113,854
MH Other*	48	233	100	400	116	464
Unduplicated MH Consumers	4,226		4,092		4,747	
SA Emergency Services	225	462	129	325	150	377
SA Outpatient Services	4,547	22,220	2,346	13,893	2,721	16,116
SA Medication Management	60	108	103	192	119	223
SA Motivation Treatment	693	2,491	2,767	10,643	3,210	12,346
SA Case Management	471	1,287	2,102	12,018	2,438	13,941
SA Day Treatment	377	51,153	827	227,753	959	264,193
SA Other**	1,063	27,442	886	41,925	1,028	48,633
Unduplicated SA Consumers	5,369		6,124		7,104	

* MH "other" services responses included family support group, mental health consultation and MH support.

** SA “other” services responses included aftercare support group, HIV/IV drug counseling, and SA habilitation, therapeutic community, dual diagnosis treatment, HIV early intervention, HIV/IV drug education, and post-release group homes and mentoring.

**Results of the CSB Survey of Services Provided and Needed
In Juvenile Detention Centers
November 1, 2000-April 30, 2001**

Services Delivered in the Facility by CSB or CSB Contractor	Persons Served		Persons Needing Services Who Did Not Receive Them		Statewide Estimate of Unmet Service Needs	
	# of Persons	# of Units Received	# of Persons	# of Units Received	# of Persons	# of Units Needed
MH Emergency Services	555	1,671	257	770	308	924
MH Outpatient Services	621	7,996	607	3,935	728	4,772
MH Medication Management	154	236	177	583	212	700
MH Case Management	370	1,851	230	962	276	1,154
MH Day Treatment	1	5	181	4,080	217	4,896
MH Rehabilitation Services	0	0	94	421	113	505
MH Other	0	0	30	36	36	43
Unduplicated MH Consumers	1,257		1,056		1,267	
SA Emergency Services	43	123	8	27	10	32
SA Outpatient Services	881	4,155	989	9,530	1,187	11,436
SA Medication Management	11	28	13	39	16	47
SA Motivation Treatment	8	34	756	3,606	907	4,327
SA Case Management	186	783	312	1,345	374	1,614
SA Day Treatment	0	0	48	1,256	58	1,507
SA Other	96	144	12	1,080	14	1,296
Unduplicated SA Consumers	1,174		1,609		1,931	

**Estimated Statewide Cost Data for Service Needs in Local and Regional Jail
and Juvenile Detention Centers Identified by the CSBs
November 1, 2000-April 30, 2001**

Service Type	Jail Estimate Units of Needed Service	Jail Estimated Cost for Unmet CSB Service Needs	Detention Ctr. Estimate Units of Needed Service	Detention Ctr. Estimated Cost for Unmet CSB Service Needs
MH Emergency Services	2,953	\$200,804	924	\$62,832
MH Outpatient Services	101,636	\$8,232,516	4,722	\$382,482
MH Medication Management	1,796	\$145,476	700	\$56,700
MH Case Management	5,665	\$328,570	1,154	\$66,932
MH Day Treatment	4,291	\$98,693	4,896	\$112,608
MH Rehabilitation Services	113,854	\$1,138,540	505	\$5,050
MH Other	464	\$4,640	43	\$430
Total MH Services		\$10,149,239		\$687,034
SA Emergency Services	377	\$30,914	32	\$2,624
SA Outpatient Services	16,116	\$1,112,004	11,436	\$789,084
SA Medication Management	223	\$15,387	47	\$3,243
SA Motivation Treatment	12,346	\$185,190	4,327	\$64,905
SA Case Management	13,941	\$766,755	1,614	\$88,770
SA Day Treatment	264,193	\$3,962,895	1,507	\$22,605
SA Other	48,633	\$729,495	1,297	\$19,455
Total SA Services		\$6,802,640		\$990,686
Total MH and SA Services		\$16,951,879		\$1,677,720

These figures have not been annualized. They represent a six-month projection, based upon survey results. The Department was reluctant to annualize because seasonal variations in need may exist. A rough estimate of annualized need can be obtained by doubling projected units and estimated costs.

A number of CSBs (approximately 10) were only able to provide estimates of the number of persons served, units of services provided, etc. This suggests the need for modifications to existing data systems to more accurately track the provision of jail services.

In general, CSBs are not able to provide a comprehensive report on the number of inmates needing mental health or substance abuse services. Typically, CSBs would not know if someone was in need of these services unless a service request was made.

The numbers presented from this survey are likely to represent an underestimate of the actual services needed in jails and JDCs.

To obtain a more accurate picture of the number of inmates in need of services, a more comprehensive study must be undertaken.

With regard to the *survey of juvenile detention center administrators*, survey results were based on surveys received from 15 of the 22 JDCs in Virginia (67%). These JDCs housed 83% of the total JDC population during the six-month reporting period. It should be noted that the survey results reported from the JDCs

include services units provided both by CSBs as well as in-house staff and private providers.

**Results of the JDC Survey of Services Provided and Needed
In Juvenile Detention Centers
November 1, 2000-April 30, 2001**

Services Delivered in the Facility by CSB or CSB Contractor	Number of Persons Served	Persons Needing Services Who Did Not Receive Them		Statewide Estimate of Unmet Service Needs		Estimated Cost for Unmet Needs
		# of Persons	# of Units Needed	# of Persons	# of Units Needed	
MH Emergency Services	192	22	40	36	65	\$4,420
MH Outpatient Services	1,064	670	2,432	1,085	3,940	\$319,140
MH Medication Management	367	474	602	768	975	\$78,975
MH Case Management	1,777	604	2,442	978	3,956	\$229,448
MH Day Treatment	120	706	13,275	1,144	21,506	\$494,638
MH Rehabilitation Services	188	459	3,539	744	5,733	\$57,330
MH Other	25	9	300	15	486	\$4,860
Unduplicated MH Consumers	1,628	1,518		2,459		
Total MH Services Cost						\$1,188,811
SA Emergency Services	30	67	324	109	525	\$43,050
SA Outpatient Services	282	668	2,919	1,082	4,729	\$326,301
SA Medication Management	10	40	270	65	437	\$30,153
SA Motivation Treatment	518	690	3,138	1,118	5,084	\$76,260
SA Case Management	162	368	2,564	596	4,154	\$228,470
SA Day Treatment	0	182	812	295	1,315	\$19,725
SA Other	22	10	300	16	486	\$7,290

Unduplicated SA Consumers	348	888		1,066		
Total SA Services Cost						\$731,249
Total MH and SA Services Cost						\$1,920,060

With regard to the *sheriff's survey*, 52 (67%) of jails are represented in the survey results. In addition, in response to a request from the sheriffs, the survey format was modified. As a result, the sheriff's responses are not directly comparable to that of the CSBs, and provide less specific data than those found in other surveys.

Using a one-week sample, the responding sheriffs estimated the percentage of inmates in their facilities who require each of the following mental health or substance abuse services at some time during their incarceration.

Results of Sheriff's Survey on Services Provided and Needed in Local and Regional Jails

Service Type	Detainees Served Per Week By CSB	Detainees Served Per Week by Other Vendor	Projected Percent of Inmates Who Need Mental Health or Substance Abuse Services
Crisis Intervention/TDO Prescreen	230	129	79%
Court Ordered Evaluations	139	20	70%
Medication Treatment	598	660	60%
Case Management	285	149	82%
Day Treatment	149	3	86%

Individual Counseling	268	165	87%
SA Group Treatment	986	251	79%
SA Therapeutic Community	333	60	82%
Other Service	60	150	71%

Barriers and Challenges

Lack of defined 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.

Lack of standards for what mental health and substance abuse services should be available to adult and youth offenders across Virginia, especially in areas of:

- ≡ assessments to determine the presence of any mental illness, serious emotional disturbance, and substance abuse and the most appropriate service disposition for specific offenders;
- ≡ diversion services for nonviolent adult and youth offenders;
- ≡ treatment services provided in jails and detention centers; and
- ≡ post-release treatment services, including specialized services such as supervised living programs.

Lack of meaningful agreements between jails, detention centers, and CSBs for the delivery and coordination of services.

Lack of a comprehensive and systemic approach to funding these services has resulted in inequitable access to care across Virginia. Funding levels have not been increased to cover increasing costs of providing existing services or to fill service gaps.

Lack of coordination between jails, detention centers, and CSBs in areas of pre-release planning, communications, and continuity of care to assure rapid connection to community services upon release. Lack of training for jail and community treatment staff in balancing therapeutic goals with security needs and public safety.

Limited availability of psychiatrists who can perform timely diagnostic services that are necessary for effective treatment that affords relief to the individual and avoids costly and unnecessary services.

Lack of a mechanism for the ongoing collection of complete and accurate data on treatment services provided to and needed by adult and youth offenders.

Recommendations for the Joint Committee's Consideration

Introduce legislation that assigns statutory responsibility to the criminal justice system with consultation from the Department for the provision of mental health and substance abuse services in local and regional jails and juvenile detention centers. This approach is consistent with this Department's consultative role with the Department of Corrections when the Marion Correctional Center was established.

Direct the Department of Criminal Justice Services, Department of Juvenile Justice, Department of Corrections, and the Department to define the continuum of mental health and substance abuse services

that should be available to adult and youth offenders and develop a long-range plan to implement these standards statewide. These standards and plan should be developed in conjunction with representatives of jails, juvenile detention centers, sheriffs, CSBs and other local treatment providers, and mental health and substance abuse advocacy organizations. Specific areas to be examined include:

Implementation of crisis teams involving law enforcement offices and clinicians to identify and intervene in crisis situations and provide immediate access to treatment in lieu of arrest;

Assurance of timely and consistent assessments and diagnostic services;

Development of early identification procedures to identify mental health and substance abuse consumers during arrest and booking;

Expansion in use of drug courts to provide supervision and treatment to offenders with drug and alcohol problems in lieu of incarceration and the potential development of mental health courts;

Assurance of access, including physical space, for mental health and substance abuse evaluation and treatment services to adult and youth offenders in jails and detention centers. Services should include assessment and diagnosis, counseling,

psychiatric services and medication, and services to restore competency to stand trial;

Coordination and completion of pre-release planning prior to release through case managers who have access to both the criminal justice and mental health and substance abuse systems of care; and

Provision of assertive case management and treatment for offenders on probation through a team approach involving probation staff and mental health and substance abuse clinicians.

State agencies, including the Department, the Department of Juvenile Justice, and the Department of Criminal Justice Services should work with provider organizations to develop and integrate state policy and to implement a continuum of mental health and substance abuse care for adult and youth offenders that builds on national and state models. Recommendations include:

Collaborating on ongoing strategic planning, policy development, reporting of consistent and verifiable information on mental health and substance abuse services provided and needed, and budget planning for these target populations.

Jointly identifying and, where appropriate, seeking funding to address gaps in the continuum of essential services.

Jointly exploring the availability of and applying for federal grant funds to support the expansion of existing initiatives for adult and youth offenders.

Examining the continued availability of funds for existing grant-funded initiatives for adult and youth offenders and taking necessary actions to ensure the ongoing provision of these services. This may require budget language specifically earmarking certain funds for this purpose.

Jails, juvenile detention centers, CSBs and other local treatment providers, and local law enforcement agencies must collaborate on a routine bases to establish a joint mission and to provide an effective continuum of care for adult and youth offenders with mental illnesses and substance abuse. Recommendations include:

Develop meaningful local memoranda of agreement to clarify goals, roles and responsibilities, and work plans, including procedures for accessing treatment in jails and identification of case managers who are responsible for coordinating continuity of care across the systems.

Provide training in mental illness and substance abuse to criminal justice professionals and train mental health and substance abuse professionals in criminal justice issues.

Implement new initiatives as funding becomes available.

It is neither realistic nor appropriate to evaluate and treat all adult and youth offenders with mental illness or substance abuse service needs in hospitals. Hospitalization should be used only when necessary and should be justified based on consistent clinical standards. The Code of Virginia may need to be amended to:

Ensure that each adult and youth offender in a jail or detention center is pre-screened by a CSB or BHA prior to his or her admission to a state hospital; and

Ensure consistency of pre-screening requirements across Code sections, where necessary.

Item 323 K (2000 General Assembly)
Children's Policy and Plan to Improve Access to Services

July 27, 2001

Background:

The FY 2001-2002 biennium budget requires DMHMRSAS to develop an integrated policy and plan, including the necessary legislation and budget amendments, to provide and improve access by children to mental health and mental retardation services.

Actions to Date:

The Commonwealth, through the Department, applied for and was awarded the opportunity to participate in the 2nd Policy Academy, a technical assistance and consultation service provided by the National Technical Assistance Center for Mental Health Services at Georgetown University. The award was made in September, 2000.

The Commonwealth's application was based on the budget item.

A focus on substance abuse services for children was added.

On November 2, 2000, a planning meeting was convened with National Technical Assistance Center consultants and stakeholders including DMHMRSAS, Office of Comprehensive Services, Department of Juvenile Justice, CSBs, private providers, parents, and advocates.

On November 15-17, 2000, Virginia representatives attended the Policy Academy in Austin, Texas. Team members included:

The Honorable Claude Allen, Secretary of Health and Human Resources;
Dennis Smith, Director of the Department of Medical Assistance Services;
Cathleen Newbanks, Associate Commissioner, DMHMRSAS;
Alan Saunders, Director of Office of Comprehensive Services;
Mark Jampol, Parent representative;
Anita Everett, Inspector General; and
Pamela Fitzgerald Cooper, Director of Child and Adolescent Services, DMHMRSAS Office of Mental Health Services.

The Policy Academy team was given technical assistance information on developing a state initiative and drafted a tentative plan to begin monthly meetings in January 2001 with stakeholders to develop recommendations to respond to the Budget item. Further planning was postponed until after the General Assembly session and pending resolution of budget issues.

Commissioner Kellogg convened an internal workgroup to address the workplan and activities of the Children's Access Initiative in view of changes in state agency stakeholders. On June 26, 2001, an internal DMHMRSAS meeting took place to identify a new workplan.

A meeting of the full stakeholder group listed above is being planned for August 31.

By late fall, DMHMRSAS plans to complete a preliminary report of actions and recommendations to improve access to mental health, mental retardation and substance abuse services.