

Treatment Options for Offenders
With Mental Illness or Substance Abuse Disorders
(SJR 440, 2001)

Chairman: Senator Stephen H. Martin

General Assembly
Commonwealth of Virginia

Written public comments may be submitted to
Nancy L. Roberts, Division of Legislative Services, 910 Capitol Street,
Richmond, Virginia 23219 (nroberts@leg.state.va.us or
FAX: 804-786-3591) on or before November 9, 2001.
Comments will be compiled by staff and presented to the Committee
at its meeting on November 29th.

Decision Matrix
September 28, 2001
(REVISED October 9, 2001)

Adult Services

Findings/Conclusions	Options	Comments
<p>Interagency Collaboration</p> <p>1. Formal state and local interagency collaboration, which is necessary to plan integrated, comprehensive service delivery systems for adult offenders with mental illness, is not available in all communities. Moreover, interagency responsibilities for serving adult offenders with mental illness in local jails and local pre-trial service and community-based probation programs are often not clearly defined. The Interagency Drug Offender Screening and Assessment and the SABRE initiatives have promoted interagency cooperation toward improving the integration of substance abuse identification and treatment within the criminal justice system. However, similar statewide initiatives have not been targeted to offenders with mental illness.</p>	<p>1. Request that the Secretary of Public Safety and the Secretary of Health and Human Resources convene an advisory group, similar to the group that made recommendations for the Interagency Drug Offender Screening and Assessment Program, to examine the feasibility of adapting the screening-assessment-treatment model to offenders with mental illness, including the identification of resources.</p> <p>2. Request that the Department of Criminal Justice Services, in collaboration with the Department of Corrections, Department of Mental Health, Mental Retardation, and Substance Abuse Services, the Virginia Association of Community Services Boards, Community Criminal Justice Boards, the Virginia Sheriffs' Association, and the Regional Jails Association, develop:</p> <ul style="list-style-type: none"> • a regional planning process to foster state/local interagency collaboration; • a defined continuum of care; • model memoranda of agreement that detail responsibilities of the treatment provider and the purchasing agency and provisions for exchange of information, cross training for staff, confidentiality and payment terms; and • a framework to pilot the memoranda and evaluate the results. <p>Appropriate 1 FTE and sufficient funds to the Department of Criminal Justice Services to oversee development of the interagency collaboration process.</p>	

Adult Services

Findings/Conclusions	Options	Comments
	<p>3. Request that the Office of the Executive Secretary of the Supreme Court work with the Department of Criminal Justice Services, the Department of Corrections, Department of Mental Health, Mental Retardation, and Substance Abuse Services, the Virginia Association of Community Services Boards, Community Criminal Justice Boards, the Virginia Sheriffs' Association, and the Regional Jails Association to examine the feasibility of designing and implementing a model court order that addresses mental health services.</p> <p>4. Assign statutory responsibility to the Secretary of Public Safety, with consultation from the Secretary of Health and Human Resources and the Secretary of Administration, to ensure the provision of mental health services to offenders in local and regional jails or under the supervision of local pre-trial services or community-based probation programs, including the identification and coordination of necessary resources.</p> <p>5. Assign statutory responsibility to the Secretary of Public Safety, with consultation from the Secretary of Health and Human Resources and the Secretary of Administration, for the coordination and development of a mental health continuum of care, including the identification of resources, for offenders in local and regional jails or under the supervision of local pre-trial services or community-based probation programs.</p> <p>6. Appropriate up to \$100,000 to establish three pilot projects, to be overseen by the Department of Criminal Justice Services, to foster interagency collaboration among criminal justice agencies and treatment providers in local communities. Pretrial Services, Community Criminal Justice Boards, Local Probation and Community Services Boards would be invited to submit proposals for grant funds administered by the Department of Criminal Justice Services. Grant funds could be used to develop a needs assessment; a plan for delivering services to offenders with mental illness, substance abuse or dual diagnosis; diversion plans; or an evaluation of current services and barriers to service.</p>	

Adult Services

Findings/Conclusions	Options	Comments
<p>Capacity</p> <p>2. Many communities lack sufficient capacity to treat offenders with mental illness and substance abuse disorders while they are incarcerated and when they are released from state correctional facilities and local or regional jails. Lack of a comprehensive and systemic approach to funding these services has resulted in inequitable access to care across Virginia. The Department of Corrections indicated that additional clinical support is needed in Probation and Parole districts. Twenty-seven of the local and regional jails that responded to a survey from this committee indicated problems dealing with persons who require acute psychiatric care: 18 indicated problems accessing hospital beds, because inmates did not meet the criteria for admission, hospital beds were not available, or the time to process the admission was burdensome; and nine indicated lack of space and staff to house inmates with mental illness. Community services boards that responded to a survey by the Department of Mental Health, Mental Retardation and Substance Abuse Services indicated that their expenses for mental health and substance abuse services provided or contracted for in jails is approximately \$6 million per year. Their estimated cost of meeting the unmet need for mental health and substance abuse services in local jails is approximately \$34 million per year.</p>	<ol style="list-style-type: none"> 1. Request that the Department of Corrections, in collaboration with the Department of Mental Health, Mental Retardation, and Substance Abuse Services, the Virginia Association of Community Services Boards, Community Criminal Justice Boards, the Department of Criminal Justice Services, the Virginia Sheriffs' Association, and the Regional Jails Association, identify the unmet need for mental health and substance abuse treatment services for offenders and 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. Request that the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services, in consultation with the Virginia Sheriffs' Association, the Regional Jails Association, and the Virginia Association of Community Services Boards, make recommendations to this committee concerning access to psychiatric care for jail inmates, including the availability of inpatient beds, judicially-ordered treatment and atypical antipsychotic medications. 3. Request that the Department of Corrections, the Department of Mental Health, Mental Retardation and Substance Abuse Services, and the Department of Criminal Justice Services examine opportunities to leverage non-general funds to meet the unmet need for services. 4. Request that the Department of Medical Assistance Services, in conjunction with the Department of Corrections and the Department of Juvenile Justice, examine ways to provide immediate access to Medicaid for eligible offenders when they are released from prisons or jails. 	

Adult Services

Findings/Conclusions	Options	Comments
	<div>5. Request that the Department of Corrections and the Department of Mental Health, Mental Retardation and Substance Abuse Services study the feasibility and cost of ensuring the appropriate management of medications for offenders when they are released from state correctional facilities, including development of a memorandum of agreement to ensure the continuity of care.</div>	
<div>3. Fifty localities in Virginia have been designated as Mental Health Professional Shortage Areas. The 2000-2002 biennium budget includes \$500,000 each year for the recruitment and retention of psychiatrists in medically underserved areas. Eleven residents are currently enrolled in the program; six will graduate in 2002.</div>	<div>1. Continue the current funding level for recruitment and retention of psychiatrists.</div> <div>2. Appropriate additional funds for the recruitment and retention of other mental health professionals.</div> <div>3. Request that the Department of Mental Health, Mental Retardation and Substance Abuse Services explore the expanded use of telepsychiatry for underserved areas.</div>	
<div>Standards</div> <div>4. The state has not developed standards for local and regional jails to ensure an adequate level of mental health services. Uniform screening and assessments for mental illness are not available in many local jails. In many cases, local inmates lack access to adequate mental health and substance abuse treatment services, including psychiatrists, acute psychiatric inpatient beds and atypical antipsychotic medications. Discharge plans are not routinely developed and oversight responsibilities are not routinely assigned when offenders with mental illness or substance abuse disorders are released from local jails.</div>	<div>1. Direct the State Board of Corrections and the Department of Mental Health, Mental Retardation and Substance Abuse Services, in consultation with the Virginia Sheriffs' Association, the Regional Jails Association, and the Virginia Association of Community Services Boards, to develop (i) minimum standards for the provision of mental health and substance abuse treatment services in local and regional jails that reflect an adequate continuum of services, including the availability of atypical antipsychotic medications; and (ii) a plan, including the necessary fiscal and staff resources, for meeting the standards.</div>	

Adult Services

Findings/Conclusions	Options	Comments
<p>Cross Training</p> <p>5. Cross training in balancing therapeutic goals with security needs and public safety is needed for law enforcement, judges, jail staff, and community treatment staff.</p>	<p>1. Request that the Department of Mental Health, Mental Retardation and Substance Abuse Services, in conjunction with the Office of the Executive Secretary of the Supreme Court and the Department of Criminal Justice Services, develop and make recommendations for implementing a curriculum for cross training law enforcement officers, judges, jail staff, and community treatment staff in security and treatment, including philosophy, confidentiality, judicially-ordered treatment, medication management, records management, and treatment and security services reference guides.</p>	
<p>Data Collection, Evaluation and Information Sharing</p> <p>6. No mechanism exists to systematically collect complete and accurate data on treatment services provided to and needed by adult offenders, or to evaluate the effectiveness of the services.</p>	<p>1. Request that the Secretary of Public Safety, in conjunction with the Secretary of Health and Human Resources and the Secretary of Administration, develop a plan, including the estimated cost, for the collection of data on treatment services provided to and needed by adult offenders and for the evaluation of the effectiveness of treatment services.</p> <p>2. Appropriate funds to contract for three pilot projects in localities to monitor the impact of mental health and substance abuse treatment services on the rate of recidivism. These projects would be based on the implementation of services defined in the model Memorandum of Agreement and include agreements between the jail and the CSB Executive Director, reliable and valid measures of cost and impact, and a defined set of interventions. This recommendation is not intended to create an additional burden on field staff for the collection of data.</p>	

Adult Services

Findings/Conclusions	Options	Comments
<p>7. Nine community services boards receive funds totaling \$1,119,692 from a combination of sources in fiscal year 2002 to provide intensive substance abuse treatment services in local jails. Although these programs are patterned after a national model for offender-based therapeutic communities, evaluation data are not available to determine the success of the programs in Virginia jails. The programs are located in Petersburg, Roanoke County, Roanoke City, Virginia Beach, Norfolk, Fairfax, Hampton, Martinsville, and Middle Peninsula-Northern Neck areas. The sources of funds are:</p> <p>DMHMRSAS - \$225,000 (GF) DCJS - \$194,692 (GF) 700,000 (NGF)</p>	<p>1. Continue the funding for the next biennium with the understanding that the Department of Mental Health, Mental Retardation and Substance Abuse Services will conduct an outcome evaluation.</p> <ul style="list-style-type: none">• Appropriate funds and direct the Department of Mental Health, Mental Retardation and Substance Abuse Services to issue a Request-for-Proposal to conduct a comprehensive process and outcome evaluation of therapeutic communities in local jails; or• Direct the Department of Mental Health, Mental Retardation and Substance Abuse Services to conduct a process and outcome evaluation of one jail-based intensive substance abuse treatment program.	
<p>8. State agencies and treatment providers need better ways of sharing "best practices" information with each other.</p>	<p>1. Request that the Department of Mental Health, Mental Retardation and Substance Abuse Services, in consultation with federal, state and local experts, explore ways to communicate "best practice" information among treatment providers.</p>	

Juvenile Services

Findings/Conclusions	Options	Comments
<p>Interagency Collaboration</p> <p>1. More formal interagency commitment and collaboration are needed to plan integrated, comprehensive services delivery systems for juvenile offenders with mental illness. Moreover, interagency responsibilities for serving juvenile offenders with mental illness in local detention homes or through the services of the Comprehensive Services Act (CSA) are not clearly defined. Local Community Policy and Management Teams serve as the financing and coordinating effort for CSA; however, no one agency takes responsibility for the juvenile offender’s mental health needs. Juvenile felons, certain misdemeanants and first-time drug offenders are required to undergo a substance abuse screening and, if necessary, a follow-up assessment, to identify an offender’s substance abuse problems and treatment needs. The Interagency Drug Offender program promotes coordination and cooperation toward improving the integration of substance abuse identification and treatment within the criminal justice system. However, similar initiatives have not been implemented for offenders with mental illness.</p>	<p>1. Request that the Secretary of Public Safety and the Secretary of Health and Human Resources convene an advisory group, similar to the group that made recommendations for the Interagency Drug Offender Screening and Assessment Program, to examine the feasibility of adapting the screening-assessment-treatment model to offenders with mental illness, including the identification of resources.</p> <p>2. Request that the Department of Criminal Justice Services, in collaboration with Department of Juvenile Justice, Department of Mental Health, Mental Retardation and Substance Abuse Services, the Virginia Association of Community Services Boards, the Office of the Comprehensive Services Act, the Virginia Sheriffs’ Association, and the Virginia Council of Juvenile Detention Homes develop:</p> <ul style="list-style-type: none"> • a regional planning process to foster state/local interagency collaboration; • a defined continuum of care; • model memoranda of agreement that detail responsibilities of the treatment provider and purchasing agency; provisions for exchange of information; cross training for law enforcement, judges, detention home staff, court service unit staff and community treatment staff; confidentiality; and payment terms; and • a framework to pilot the memoranda and evaluate the results. <p>3. Assign statutory responsibility to the Secretary of Public Safety, with consultation from the Secretary of Health and Human Resources, to ensure the provision of mental health services to offenders in local and regional detention homes or under the supervision of local Court Service Units.</p> <p>4. Assign statutory responsibility to the Secretary of Public Safety, with consultation from the Secretary of Health and Human Resources, for the coordination and development of a mental health continuum of care to offenders, including the identification of resources, in local and regional detention homes or under the supervision of local Court Service Units.</p>	

Juvenile Services

Findings/Conclusions	Options	Comments
<p style="text-align: center;">Capacity</p> <p>2. Due to limited access to mental health and substance abuse services, some families may turn to the juvenile justice system as a last resort with the hope that their child will be able to access the needed services. Such limited access can be attributed to a lack of funding for the child or adolescent to access the service or the absence of the service. Juvenile offenders are most likely to fall in the "non-mandated" category of the Comprehensive Services Act (CSA). While total CSA expenditures have increased from \$105 million in 1994 (first year of CSA) to \$205 million in 2000, the amount spent on the non-mandated population, which includes juvenile justice and mental health, has remained about the same, decreasing from \$10 million in 1994 to \$9.96 million in 2000. The Commission on Youth, through its <i>Study of Children and Youth with Serious Emotional Disturbance Requiring Out-of-Home Placement</i> (HJR 119), is continuing to examine the needs of non-mandated youth, which are often greater than the needs of mandated children. However, the availability of funding provides little relief if the needed service is unavailable. Gaps in the full continuum of care place stress upon existing services and reduce the success of the services. The <i>Keep Our Kids At Home</i> (KOKAH) project (\$360,000 in 2000-2002) has demonstrated success in reducing state inpatient hospitalization; however, the project has recognized a need for a broader array of community-based diversion and step-down services and standards for hospital utilization rates.</p>	<ol style="list-style-type: none"> 1. Request that the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services, in consultation with the Director of the Department of Juvenile Justice, study the potential for public-private partnerships and the necessary incentives to establish local residential facilities, including secure facilities, to treat juveniles with mental health and substance abuse treatment needs, particularly those who exhibit aggressive or difficult to manage behaviors. 2. Renew and support the 1999 recommendation of the Department of Mental Health, Mental Retardation and Substance Abuse Services, which was supported by the <i>Joint Subcommittee Studying the Future Delivery of Publicly Funded Mental Health, Mental Retardation and Substance Abuse Services</i> (House Document 101, 2000), to appropriate sufficient state general funds to replicate model programs such as the Keep Our Kids At Home (KOKAH) project in additional localities around the state: "A grant of flexible dollars should be awarded to each site to purchase and/or implement an array of services, with an emphasis on community-based services and including purchase of local inpatient treatment." 3. Amend and continue in the 2002-2004 budget the current biennium language (323 K) that requires "the Department of Mental Health, Mental Retardation and Substance Abuse Services[, the Department of Juvenile Justice] and the Department of Medical Assistance Services, in cooperation with the Office of Comprehensive Services, Community Services Boards, and Court Service Units" to "develop an integrated policy and plan, including the necessary legislation and budget amendments, to provide and improve access by children[, including juvenile offenders.] to mental health[, substance abuse] and mental retardation services..." Require the Departments to report on the plan to the Senate Committee on Finance and House Committee on Appropriations by June 30, 2002. 	

Juvenile Services

Findings/Conclusions	Options	Comments
<p>3. Once a juvenile is within the juvenile justice system, many communities lack sufficient capacity to treat juvenile offenders with mental health treatment needs while in local detention homes as well as when they are released from a state juvenile correctional center and local detention home. The Department of Juvenile Justice reports that juveniles may be kept in secure detention while waiting for needed services, such as substance abuse treatment or mental health counseling.</p>	<ol style="list-style-type: none"> 1. Request that the Department of Juvenile Justice provide information to localities on opportunities for using Virginia Juvenile Community Crime Control Act (VJCCCA) funds for the provision of mental health treatment services, including the provision of intensive individual and family treatment, and structured day treatment and structured residential programs as authorized in § 16.1-309.3. 2. Request that the Department of Juvenile Justice, the Department of Mental Health, Mental Retardation and Substance Abuse Services, and the Department of Criminal Justice Services examine opportunities to leverage non-general fund sources of funding to meet the need for mental health and substance abuse assessment and treatment services within local detention homes. 	
<p>4. There is an inadequate number of acute care psychiatric beds for children and adolescents in Virginia.</p>	<ol style="list-style-type: none"> 1. Request that the Department of Mental Health, Mental Retardation and Substance Abuse Services create and maintain a database of licensed and staffed acute care psychiatric beds for children and adolescents in public and private facilities and report such information annually to the General Assembly. 2. Request that the Department of Mental Health, Mental Retardation and Substance Abuse Services study the necessary incentives and the potential for public-private partnerships to establish and maintain an adequate supply of acute care psychiatric beds for children and adolescents. 3. Direct the Department of Mental Health, Mental Retardation and Substance Abuse Services to ensure an adequate supply of acute psychiatric beds for children and adolescents. 	
<p>5. Fifty localities in Virginia have been designated as Mental Health Professional Shortage Areas. The 2000-2002 biennium budget includes \$500,000 each year for the recruitment and retention of psychiatrists in medically underserved areas.</p>	<ol style="list-style-type: none"> 1. Continue the current funding level for recruitment and retention of psychiatrists, with a portion designated for the recruitment and retention of child psychiatrists. 2. Expand the current National Health Service Corp- Virginia Loan Repayment Program to include mental health professionals in the loan repayment program. 	

Juvenile Services

Findings/Conclusions	Options	Comments
	<p>3. Request that the Department of Mental Health, Mental Retardation and Substance Abuse Services explore the expanded use of telepsychiatry for underserved areas.</p>	
<p>Standards</p> <p>6. Neither local detention homes nor court service unit intake officers conduct uniform screening and assessments for mental illness. The Department of Juvenile Justice regulations require that staff at each secure detention facility shall “ascertain the resident’s need for a mental health assessment and if staff determine that a mental health assessment is needed, it shall take place within 24 hours of such determination.” However, regulations do not give the detention homes basic guidelines for conducting screenings or assessments. Further, uniform standards for mental health treatment services to be provided in Virginia detention homes do not exist for pre-dispositional detention. In addition, discharge plans are not routinely developed and oversight responsibilities are not routinely assigned when juvenile offenders with mental illness or substance abuse disorders are released from detention homes.</p>	<p>1. Request that the Department of Juvenile Justice design and implement a uniform mental health screening instrument and interview process for juveniles identified by probation officers as needing a mental health screening. For those juveniles identified as needing a mental health assessment, the assessment should be conducted by a qualified individual.</p> <p>2. Request that the Department of Juvenile Justice develop a process of identifying and communicating to the family mental health and substance abuse resources available in the community.</p> <p>3. Direct the Board of Juvenile Justice to develop (i) minimum standards for including mental health screening and assessments in predispositional investigations, (ii) minimum standards for the provision of mental health services and substance abuse services including uniform screening and assessment in local detention homes, (iii) a standard discharge plan that includes mental health and substance abuse services if needed, and (iv) a plan, including the necessary fiscal and staff resources for meeting the standards.</p>	
<p>Cross Training</p> <p>7. Law enforcement, judges, detention home staff, Court Services Unit staff and community treatment staff should receive training in balancing therapeutic goals with security needs and public safety.</p>	<p>1. Request that the Department of Mental Health, Mental Retardation and Substance Abuse Services, in conjunction with the Department of Criminal Justice Services and the Office of the Executive Secretary of the Supreme Court of Virginia, develop a curriculum and make recommendations for its implementation to train law-enforcement officers, judges, detention staff and Court Service Unit staff in security and treatment, including confidentiality, records management protocols, and treatment and security reference guides.</p>	

Juvenile Services

Findings/Conclusions	Options	Comments
<p>Data Collection, Evaluation and Information Sharing</p> <p>8. The Commonwealth and its localities spend a substantial amount of money each year to provide mental health and substance abuse treatment services to children and adolescents. The Office of Comprehensive Services has developed a utilization management process through which the appropriate level of service for the child can be determined. However, within this particular level of service, there can be several treatment and placement options. Additional information designed to assist human service professionals determine whether a particular treatment and/or provider is appropriate, given the problems and disorders of the child, would result in better outcomes. As the Joint Legislative Audit and Review Commission in its <i>Review of the Comprehensive Services Act</i>, Senate Document 26 (1998) identified, linking program and participant outcomes could provide "a meaningful tool to assess whether providers are producing the type of results required given the nature of the children they receive."</p>	<p>1. Direct the Virginia Commission on Youth to coordinate the collection and dissemination of empirically-based information that would identify the treatment modalities and practices recognized as effective for the treatment of children, including offenders, with particular symptoms and disorders.</p>	