

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

Chairman: Senator Stephen H. Martin

General Assembly
Commonwealth of Virginia

Decision Matrix with Public Comments

(REVISED November 26, 2001)

Adult Services

Findings/Conclusions	Options	Comments
<p style="text-align: center;">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>	<ol style="list-style-type: none"> 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. 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: <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>	<p><i>Deputy Secretary of Public Safety:</i> Recommends that the Committee continue its efforts for another year and formally establish an interagency work group under the leadership of legislative staff to develop a number of options proposed in the matrix. The workgroup would be charged with developing a screening-assessment-treatment model for offender groups with mental health needs. Recommends that initial efforts be focused on state-responsible felony offenders and juvenile offenders with mental health needs.</p> <p>VACSB would endorse option 1 provided VACSB has adequate MH and SA representation and that local law enforcement agencies are included.</p> <p>VACSB endorses and applauds option 2.</p> <p><i>Department of Criminal Justice Services</i> concerning option 2: Recommends that DMHMRSAS be the lead agency. Concurs that funding for at least one additional FTE will be necessary for DMHMRSAS to manage the process.</p> <p><i>Jeffrey Shelton, Ph.D., Chesapeake CSB,</i> but speaking for himself: Supports options 2 and 6.</p> <p>VACSB: If a planning group already exists within the region or locality, allow that group to conduct this work and/or build upon what has already been accomplished by the existing planning group.</p> <p><i>Department of Social Services,</i> concerning option 2. Add the Department of Social Services to the interagency collaboration team.</p>

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SEE PREVIOUS PAGE	<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>	<p><i>Va Chapter NAMI:</i> Supports options to encourage interagency collaboration.</p> <p><i>Chair, State Mental Health Mental Retardation and Substance Abuse Services Board.</i> Reminds about need to identify and treat persons with dual diagnoses.</p> <p><i>VACSB</i> endorses option 3. A standardized court order is needed.</p> <p><i>Dennis Cropper</i>, concerning options 4 and 5: Does not favor since there is already a treatment system through DMHMRSAS and the CSBs.</p> <p><i>Va Chapter NAMI;</i> option 4. Key issue that needs to be examined and addressed immediately.</p> <p><i>VACSB;</i> options 4 and 5: "<u>Accountability, responsibility and resources are critical components of the solutions to mental health and substance abuse services and must work together. The options presented offer a positive method to begin the work and to bring public and private providers able to deliver these services, if funded, to the table. Success will depend upon many of the options presented in this document being completed.</u>"</p> <p><i>Virginia Municipal League</i>, concerning options 4 and 5: "There seem to be some differences of opinions as to which secretariat should take the lead role in administering or overseeing services. Creating a consensus on administrative and service roles and responsibilities would be most useful before any initiatives are launched."</p>

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SEE PREVIOUS PAGE	SEE PREVIOUS PAGE	<p><i>Department of Criminal Justice Services (option 6):</i> The amount should be increased to \$230,000 to provide sufficient funding at each site for project staff, treatment and assessments, and equipment.</p> <p>VACSB endorses option 6 and would add an Option 7 to this section.</p> <p><u>PROPOSED OPTION 7:</u> Appropriate up to \$100,000 to establish two (2) pilot projects (one for adults and one for juveniles) to be overseen by DCJS, to implement components of local plans, approved and endorsed by the local Community Criminal Justice Boards, that have demonstrated high levels of interagency collaboration among criminal justice agencies and treatment providers in local communities. Eligibility to apply for these funds would require (i) the existence of a needs assessment conducted within the previous year and (ii) formalized interagency plan with specific strategies to address the identified gaps or enhancement of services. Pretrial Services and Local Probation and Community Services Boards would be invited to submit proposals based on existing plans for grant funds that would be administered by DCJS.</p> <p>VACSB raises the question of forensic services in state facilities as a portion of the problem that would need to be considered. The number of jail transfers for forensic evaluations is growing and it affects the ability of psychiatric facilities to meet acute care needs of consumers who need hospitalization because of endangerment to themselves or others. VACSB is unsure if this is a component that easily fits into one of the options presented in this document or if it is better reflected as a separate option.</p>

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<p style="text-align: center;">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. <u>Forty-two (73.7 percent)</u> of the local and regional jails that responded to a survey from this committee indicated problems dealing with persons who require acute psychiatric care: <u>19</u> 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. 	<p>VACSB would endorse option 1 if DCJS were the lead agency.</p> <p><i>Jeffrey Shelton, Ph.D.:</i> Believes option 1 best provides a means to estimate the resources necessary to address capacity needs.</p> <p><i>Va Chapter NAMI (option 2):</i> Loss of beds and reimbursement rates are key issues. Encourages the committee to convene a group to examine rates and take quick action to assure incentives for creating an adequate supply of inpatient beds.</p> <p>VACSB endorses this as a very important component of the continuum of care. Recommendations should include standardized formulary for medications for corrections facilities. Also included should be a focus on the cost of providing acute care psychiatric beds for inmates and developing rates for providing this care in the private sector.</p> <p>VACSB would endorse option 3 if DMAS were included in the group and if DCJS were designated as the lead agency.</p> <p><i>Department of Criminal Justice Services (option 3):</i> Will assist but DCJS grant funds are fully committed.</p>

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<p>SEE PREVIOUS PAGE</p>	<p>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.</p>	<p>VACSB strongly endorses option 4 and asks the following: (i) that FAMIS be added for juveniles; (ii) that the methods developed are implemented immediately; (iii) methods are developed to insure a smoother transition of enrollment while offenders are incarcerated. Additionally, VACSB strongly urges the Committee and the General Assembly to continue to increase the federal poverty guidelines for Medicaid eligibility, assisting in aftercare.</p> <p><i>Dennis Cropper</i>, concerning option 4: Medicaid rates are too low; where will additional funds come from?</p> <p><i>Jeffrey Shelton, Ph.D.</i>: Option 4 should be amended to include the Department of Criminal Justice Services as co-convener.</p> <p>VACSB endorses option 5.</p> <p><i>Dennis Cropper</i>: Where will CSBs get more doctors and nurses?</p>
<p>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.</p>	<p>1. Continue the current funding level for recruitment and retention of psychiatrists.</p> <p>2. Appropriate additional funds for the recruitment and retention of other mental health professionals.</p> <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>VACSB recommends increasing the funding level for recruitment and retention.</p> <p><i>Va Chapter, NAMI</i>: Current funding level is not adequate.</p> <p>VACSB recommends option 2 include special incentives dedicated to rural areas in order to attract professionals to those areas.</p>

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<p style="text-align: center;">Standards</p> <p>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.</p>	<p>1. Direct the State Board of Corrections and the <u>State Mental Health, Mental Retardation and Substance Abuse Services Board</u>, 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.</p>	<p>VACSB would support this option if there is clarity regarding when this work is completed and what decision-making body will receive the work. Additionally, the work should include an evaluation component to assess outcomes of services in correctional facilities.</p> <p><i>Dennis Cropper</i>: "Where is the money"?</p>
<p style="text-align: center;">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>VACSB would endorse this option provided there is clarification about the completion date of this plan and what decision-making body will review it.</p> <p><i>Jeffrey Shelton, Ph.D.</i>: Curriculum should be restricted to jail staff and community services staff. The divergent work norms and philosophy of these two staffs present major barriers to planning and providing services in the jail setting.</p>

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SEE PREVIOUS PAGE	SEE PREVIOUS PAGE	<p><i>Department of Criminal Justice Services:</i> Basic training curricula for law enforcement officers and jail staff include training in the recognition and response to persons with mental illness. Will be glad to assist in developing recommendations for cross-training.</p> <p><i>Va Chapter NAMI:</i> Supports cross training for law enforcement.</p>
<p style="text-align: center;">Data Collection, Evaluation and Information Sharing</p> <p>6. No <u>comprehensive</u> 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>	<ol style="list-style-type: none"> 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 <u>state responsible</u> offenders and for the evaluation of the effectiveness of treatment services. 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>VACSB would strongly endorse option 1 with the provision that all information-sharing projects include an assessment of the impact of HIPAA compliance and how HIPAA will affect information sharing.</p> <p>VACSB endorses option 2 with the recommendation that each pilot extend for three years and monitor the impact of services on the long term rate of recidivism. These recommendations are made to strengthen the projects ability to assess the impact of services.</p> <p>VACSB recommends an additional option: Appropriate funds and direct DOC and DJJ to issue an RFP to conduct a comprehensive process and outcome evaluation of mental health and substance abuse services in adult and juvenile correctional facilities.</p> <p>OR</p> <p>Direct DOC and DJJ to conduct process and outcome evaluation of mental health and substance abuse services in one adult and one juvenile facility.</p>

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<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>VACSB endorses continued funding of the existing projects.</p> <p>VACSB supports this portion of the option. An independent evaluation of each of the programs can best assess outcomes and assess the potential for possible replication if the evaluations warrant replication.</p> <p><i>Department of Criminal Justice Services:</i> The non-general funds (\$700,000) were earmarked by the General Assembly. The \$194,692 GF were contributed to help meet the matching fund requirement for the federal Residential Substance Abuses Treatment (RSAT) grant. An appropriation is necessary in the next biennium to continue support of these programs.</p> <p><i>Virginia Municipal League:</i> Supports continued funding for therapeutic communities.</p>
<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>	<p>VACSB endorses this option. If there are implications for HIPAA compliance, we strongly urge they should be assessed within this work.</p> <p><i>Jeffrey Shelton, Ph.D.:</i> The Secretaries of Public Safety, Health and Human Resources, and Administration "should communicate best practices in order to be consistent with the parties cooperating in exploring means to develop capacity."</p>

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<p style="text-align: center;">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>VACSB would endorse option 1 with the provision that VACSB include adequate Child and Family Services representation as well as including local juvenile justice agencies.</p> <p>VACSB endorses option 2 with the following provision. As the defined continuum of care, use the model community services already defined and published in several state documents including the report of HJR 225, the preliminary report of HJR 119 and others. There is no need to re-define.</p> <p><i>Department of Social Services</i>, concerning option 2: Add the Department of Social Services to the interagency collaboration team.</p> <p><i>Jeffrey Shelton, Ph.D.</i>: Option 2 will develop the "buy-in" among stakeholders.</p> <p><i>Department of Criminal Justice Services</i> (option 2): Recommends that DMHMRSAS be the lead agency and receive funding for at least one FTE to manage the process.</p> <p>VACSB; options 3 and 4: <u>"Accountability, responsibility and resources are critical components of the solutions to mental health and substance abuse services and must work together. The options presented offer a positive method to begin the work and to bring public and private providers able to deliver these services, if funded, to the table. Success will depend upon many of the options presented in this document being completed."</u></p>

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<p>SEE PREVIOUS PAGE</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>	<p><i>Middle Peninsula Juvenile Detention Commission</i>, concerning option 3 and 4: For continuity, DMHMRSAS should be responsible for providing services wherever the children are located. "The logical flow of pre-detention, detention, and post detention services would seem to be with one agency..."</p> <p><i>Department of Juvenile Justice</i>, concerning options 3 and 4: "It would be absolutely critical that sufficient resources be associated with this responsibility." Also, these options represent a major expansion of role and relieve other entities (CSA, DMHMRSAS, and CSBs) of their responsibilities.</p> <p><i>Dennis Cropper</i>, concerning options 3 and 4: Why public safety?</p>
<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. <u>The Department of Juvenile Justice believes it is adequately staffed to provide sex offender and mental health services. However, additional funding and staff are needed to provide substance abuse treatment to a population where approximately 70% of 1,100 youth in care need substance abuse treatment.</u> On the local level, juvenile offenders are most likely to fall in the</p>	<p>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.</p>	<p>VACSB: Recommendation for revision of the first sentence under Finding and Conclusions: <i>Due to limited access to mental health and substance abuse services, juveniles are more apt now to be involved with the juvenile justice system than ever before.</i></p> <p>VACSB supports Option 1, provided that the secure facilities are as close to the home community as possible.</p>

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<p>"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"> 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. 	<p><i>Michael S. Ito, Psy.D.:</i> Alternative Behavioral Services (ABS) supports public/private partnerships and is interested in collaborating to provide intensive psychiatric and residential services to youths.</p> <p>VACSB strongly endorses and supports Option 2.</p> <p><i>Action Alliance for Virginia's Children and Youth:</i> Supports option 2.</p> <p>VACSB endorses option 3.</p> <p><i>Jeffrey Shelton, Ph.D.:</i> Supports option 3.</p> <p><i>Va Chapter, NAMI:</i> Emphasizes critical shortages of services for children and lack of acute care beds for children and adolescents.</p>
<ol style="list-style-type: none"> 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. 	<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. 	<p>VACSB endorses option 1.</p> <p>Richard Hagy (Highlands Juvenile Detention): Opposes option 1 because need all funds in VJCCCA for alternatives to secure detention.</p>

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<p>4. There is an inadequate number of acute care psychiatric beds for children and adolescents in Virginia.</p>	<p>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.</p> <p>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.</p>	<p><i>VACSB</i> would endorse each of these options.</p> <p><i>Virginia Municipal League:</i> Supports "further work on the lack of acute beds for juveniles as well as lack of service providers in certain areas of the state."</p> <p><i>Jeffrey Shelton, Ph.D.:</i> Option 2 is "clearly superior."</p>

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<p>SEE PREVIOUS PAGE</p>	<p>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>	<p><i>DMHMRSAS</i>, concerning option 3: DMHMRSAS will need additional resources to implement this option. "If (option 3) is adopted, we will need to assure that children and adolescents are being treated in the most effective and least restrictive settings, and that any additional inpatient services will be adequately funded."</p> <p><i>Action Alliance for Virginia's Children and Youth:</i> Support options 1 and 2.</p>
<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>	<p>1. Continue the current funding level for recruitment and retention of psychiatrists, with a portion designated for the recruitment and retention of child psychiatrists.</p> <p>2. Expand the current National Health Service Corp- Virginia Loan Repayment Program to include mental health professionals in the loan repayment program.</p> <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><i>VACSB</i> recommends an increase in funding for the recruitment and retention of psychiatrists with 50% of the funding for child psychiatrists, now at a critical shortage nationally and in Virginia.</p> <p><i>VACSB</i> endorses Option 2 and recommends that the program include mental health and substance abuse services professionals with child specialty.</p> <p><i>Middle Peninsula Juvenile Detention Commission:</i> Supports option 2.</p> <p><i>Action Alliance for Virginia's Children and Youth:</i> Support options 1, 2 and 3.</p> <p><i>VACSB</i> endorses the increased telepsychiatry in conjunction with increased funding for recruitment and retention of child psychiatrists and the provision that telepsychiatry equipment is state of the art so that the psychiatric consultation can be successful.</p>

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<p style="text-align: center;">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>	<ol style="list-style-type: none"> 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. 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. 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>VACSB would endorse option 1 if DJJ and DMHMRSAS collaborate to design and implement a uniform mental health screening assessment.</p> <p><i>Department of Juvenile Justice:</i> Option 1 could generate enormous workload for probation staff and raises issues of staff training and liability.</p> <p>Department of Criminal Justice Services (option 1): The Massachusetts Youth Screening Instrument (MAYSI) might be the best screening instrument. Instrument use has been a local option.</p> <p><i>Dennis Cropper,</i> concerning option 1: Issue of personnel to do the assessments.</p> <p>VACSB recommends a revised Option 2: Request that the DJJ and DMHMRSAS collaborate to develop a process of identifying and communicating to the family mental health and substance abuse services resources in the community. Families and consumers will be an integral part of this process.</p> <p>For Option 3, VACSB recommends that DMHMRSAS and the Board of Juvenile Justice conduct this work.</p> <p><i>Middle Peninsula Juvenile Detention Commission;</i> concerning option 3: "The critical issue for localities is cost. If detention is responsible for the provision of these services, where will the funds come from"?</p>

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SEE PREVIOUS PAGE	SEE PREVIOUS PAGE	<p><i>Jeffrey Shelton, Ph.D.:</i> Option 3 is the most comprehensive. Recommend that DMHMRSAS assist DJJ in development of the protocol.</p> <p><i>Department of Juvenile Justice:</i> Option 3 could result in significant and costly requirements for detention homes.</p>
<p style="text-align: center;">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>	<p>VACSB endorses option 1.</p> <p><i>Office of Executive Secretary, Supreme Court of Virginia:</i> Recommend addition of the Department of Juvenile Justice.</p> <p><i>Jeffrey Shelton, Ph.D.:</i> Option 1, substitute DJJ for DJCP and the Supreme Court.</p> <p><i>Department of Criminal Justice Services:</i> Will be glad to assist. Also, the University of Virginia provides a variety of juvenile justice training services.</p>
<p style="text-align: center;">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.</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>	<p>VACSB recommends collaboration and coordination of the Commission on Youth and DMHMRSAS in this identification and dissemination.</p> <p><i>Jeffrey Shelton, Ph.D.:</i> Recommends that DJJ and DMHMRSAS be assigned this responsibility.</p>

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<p>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>SEE PREVIOUS PAGE</p>	<p>SEE PREVIOUS PAGE</p>