



Mental Health & Criminal Justice:

The Challenge to Provide For Incarcerated Virginians with Behavioral Health Issues

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Nature of the Challenge – National Perspective

- The GAINS Center estimates approximately 1.1 million persons with serious mental illness are admitted annually to U.S. jails → Among these admissions, 72% also meet criteria for co-occurring substance use disorder
- 14.5% of male and 31.0% of female inmates recently admitted to jail have a serious mental illness

Nature of the Challenge – Virginia Perspective

- Per the 2015 *Mental Illness in Jails Report* by the Compensation Board – In July 2014 there were 6,787 individuals identified as having mental illness in the jails
- 16.81% of total jail population was reported as suffering from some form of mental illness
- 7.87% reported as suffering from “serious mental illness”
- Female inmates were disproportionately more likely to be identified as mentally ill compared to male inmates
- Per NIMH – 12 Month Prevalence of SMI in general population = 4.2%

The Mental Illness in Jails Report

- Point in Time Survey
- Response rate has improved over the years but still isn't 100%
- Relies on report from jails & most often self-report from individuals
- No standardized screening process across jails
- No standardized assessment process across jails
- At times responses do not match up with known data

The Mental Illness in Jails Report

- Definition of Mental Illness = conditions that disrupt a person's thinking, perceptions, feeling, mood, ability to relate to others and/or daily functioning.
- Definition of Serious Mental Illness = Includes diagnoses of schizophrenia/delusional, bi-polar/major depressive or post traumatic stress disorder.
- At times mental illness seems to be defined by criminal behavior – “He had to be mentally ill to have”
- At times mental illness seems to be defined by inmate being prescribed psychotropic medications – “He must be mentally ill because he is prescribed x”

Mentally Ill in Jails

- Not a homogeneous group
 - Some have histories of MI but currently asymptomatic
 - Some have symptoms but are manageable on “outpatient” basis
 - Some have symptoms and require inpatient level of care
 - Some are asymptomatic on admission but may become symptomatic while incarcerated

Jail Based Behavioral Health Services

- Supreme Court has established that jails have a constitutional obligation to provide medical care to include psychiatric care
- Each jail decides how it will meet this standard
 - Some contract with private agency
 - Some hire own BH staff
 - Some contract with CSB to provide services
 - There is no consistent formulary across jails/agencies/systems

Code Mandated Services CSBs Must Provide in Jails

- Per §19.2-169.6 – CSB must conduct pre-screening
- Per §19.2-169.2 – CSB provides “outpatient” competency restoration services

General Fund – Funded Services CSBs Must Provide

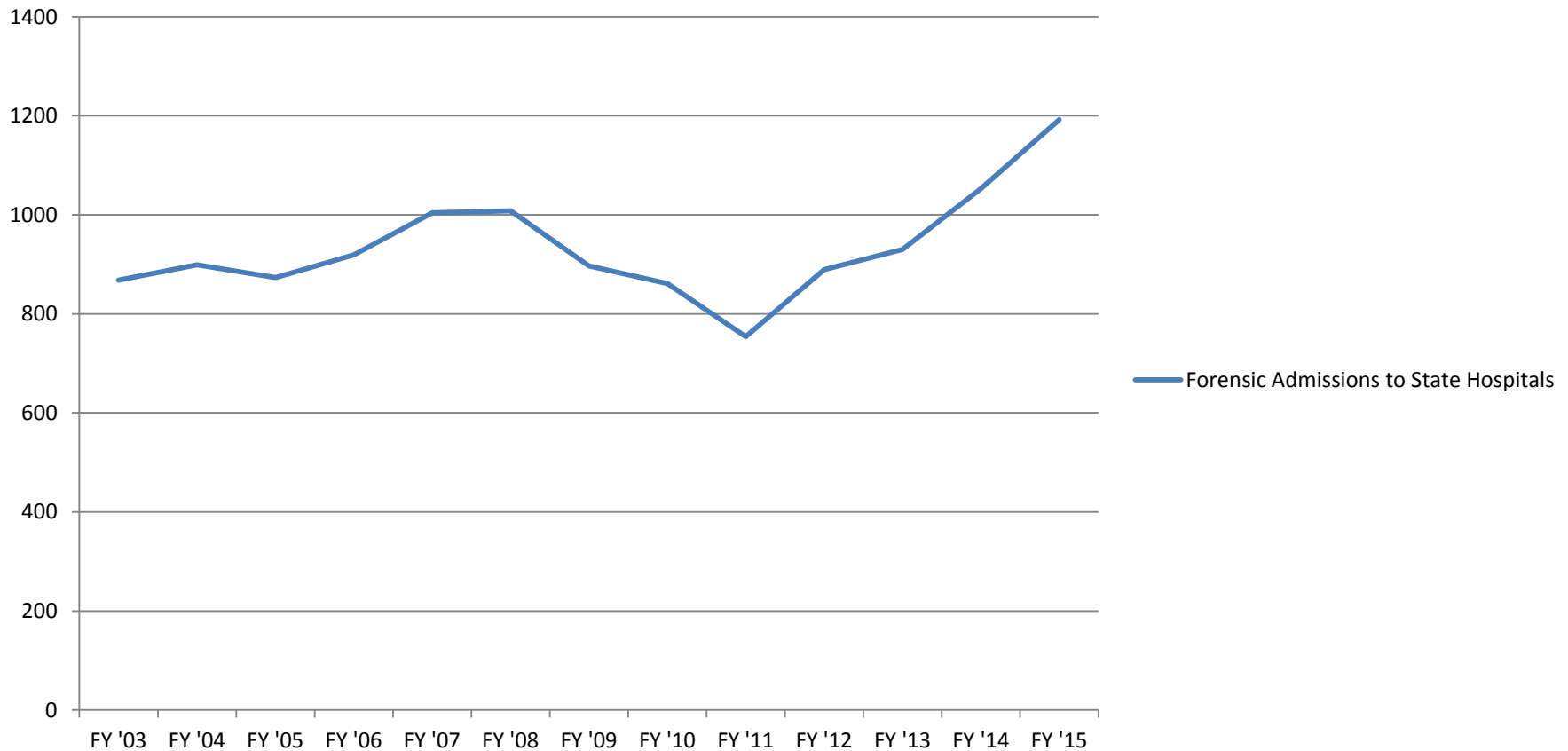
- Pre-Admission Screening for TDOs
- Discharge Planning For Individuals Admitted to State Hospitals
- Case Management – as funds are available
- Note: There is no funding or mandate for CSBs to provide jail based BH services other than pre-screening. Some localities provide funding for jail based services and/or the jail may contract with the CSB but otherwise there is no funding/requirement.
- Virginia has funded 12 jail diversion programs which do provide some services to a subset of the population

DBHDS Responsibility for Behavioral Healthcare for Incarcerated Individuals

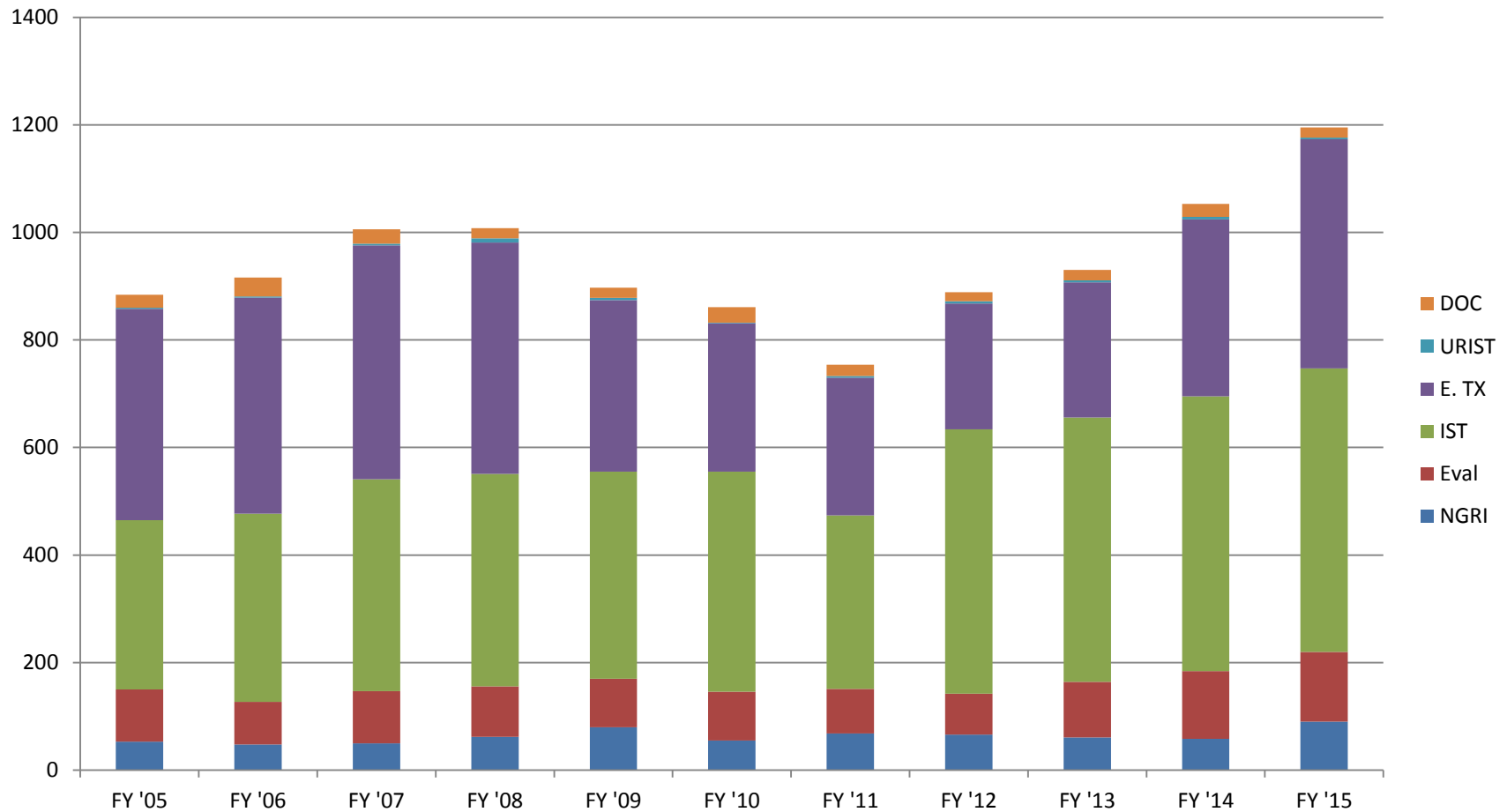
- Competency to Stand Trial Evaluations (§19.2-169.1)
- Sanity at the Time of the Offense Evaluations (§19.2-169.5 or §19.2-168.1)
- Inpatient Treatment to Restore Competency to Stand Trial (§19.2-169.2)
- Emergency Treatment Orders (§19.2-169.6)
- Post NGRI Adjudication (§19.2-182.2)

Trend In State Hospital Forensic Admissions

Forensic Admissions to State Hospitals by Fiscal Year



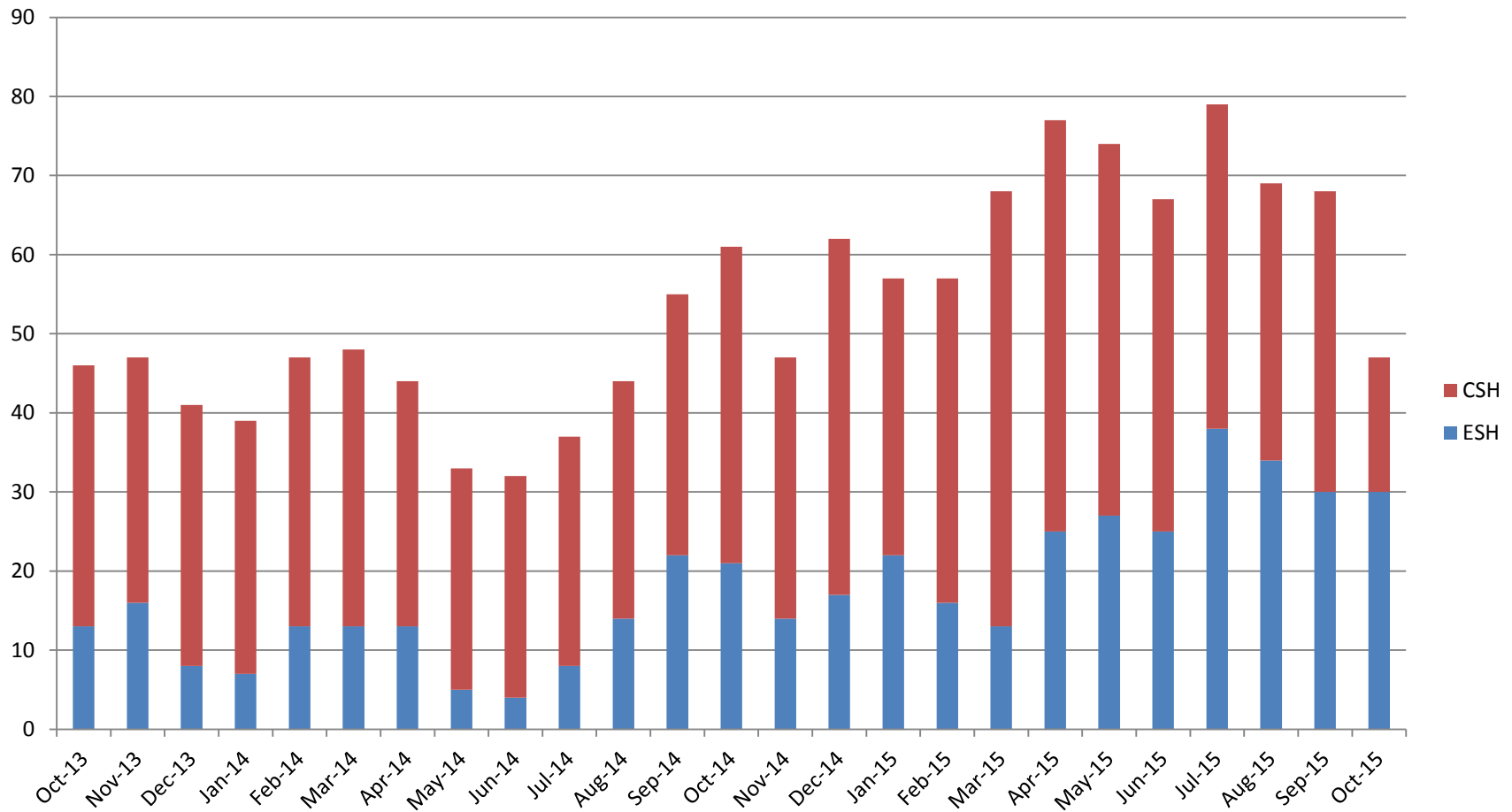
State Hospital Forensic Admissions By Type



DBHDS Waitlists

- Comprised mainly of individuals who have been ordered for inpatient competency restoration treatment
- Primarily have existed at Eastern State Hospital and Central State Hospital
- Delays in receiving orders/collateral affects waitlists
- Tend to grow when “civil” bed demand grows
- Have implemented numerous strategies which have had some impact on waitlists
- Strategies focus both on “front door” and “back door” solutions.

History of DBHDS Waitlists



Criminal Justice “Diversion”

- Designed to divert individuals in need of behavioral healthcare, who are low risk of re-offending, out of the criminal justice system and/or
- Provide enhanced behavioral healthcare services to individuals in jails to decrease likelihood they will re-offend once released and/or
- Provide post-release referral/linkage to behavioral healthcare to decrease risk of re-offense

Sequential Intercept Model

Patty Griffin, PhD & Mark Munetz, MD



People move through criminal justice system in predictable ways.

Illustrates key points to “intercept” individuals to ensure:

- ✓ Prompt access to treatment.
- ✓ Opportunities for diversion.
- ✓ Timely movement through criminal justice system.
- ✓ Linkage to community resources.



Five Key Points of Interception

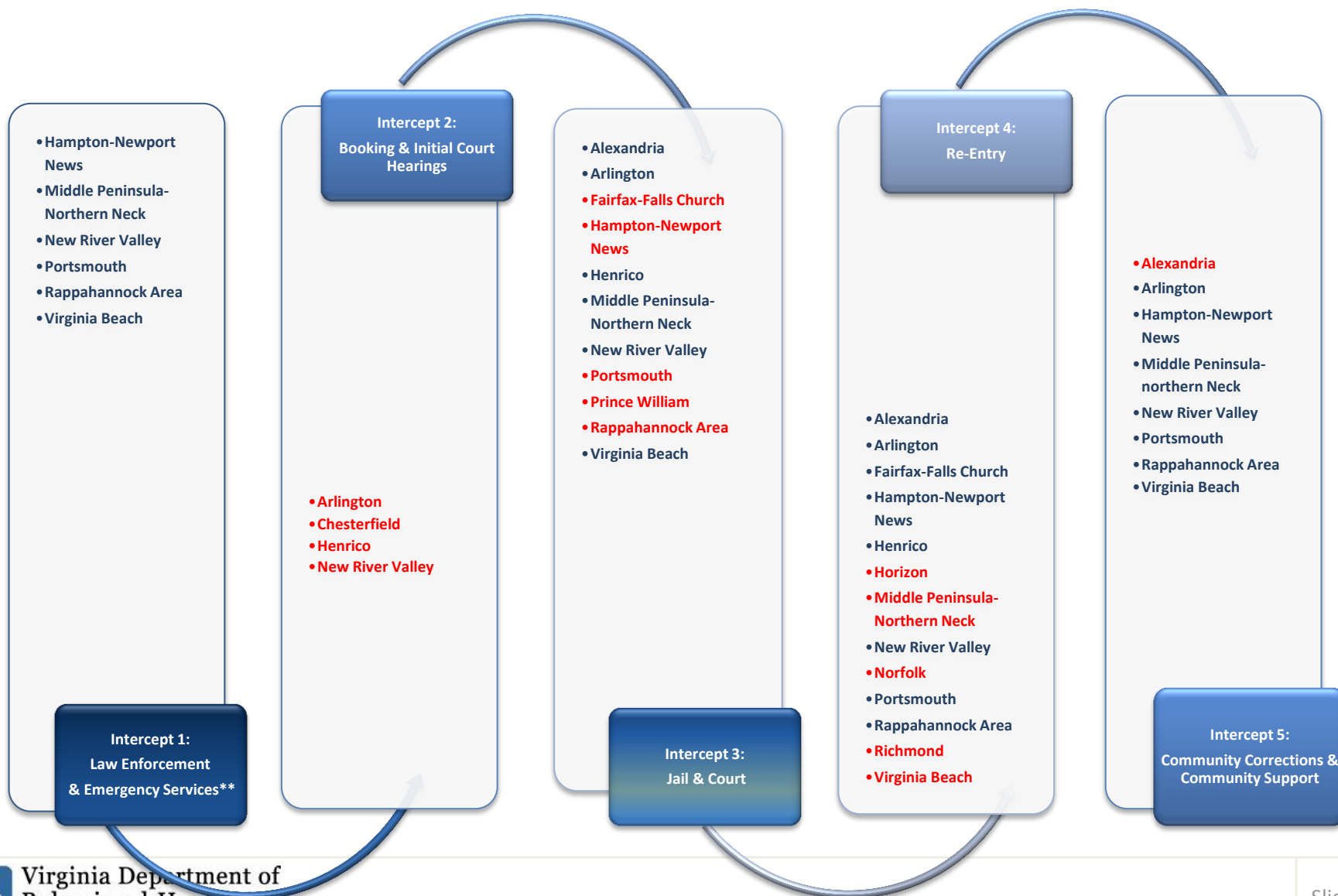
1. Law enforcement / Emergency services.
2. Booking / Initial court hearings.
3. Jails / Courts.
4. Re-entry from jails/prisons.
5. Community corrections / Community support.



Virginia's Diversion Programs

- Intercept 1: 37 CIT Programs & 32 CIT Assessment Sites
- Intercept 2: Four GF funded magistrate level booking programs
- Intercept 3: Five GF funded jail diversion programs including one funded MH Docket (10 Dockets total), Drug Courts (37), Regional Jail Team (re-investment funds)
- Intercept 4: Two GF funded jail diversion programs, seven forensic discharge planners
- Intercept 5: One GF funded specialized probation program

Virginia's Diversion Programs



State Funds Specifically Allocated for Jail Diversion

- \$10.5 million for CIT Assessment Sites (GF)
- \$2,127,050 for Jail Diversion Programs (GF) – FY '09
- \$476,250 for Forensic Discharge Planners (GF) – FY '07
- \$800,000 CIT Train the Trainer (Asset Forfeiture)

A Map to Move Forward

- Support funding for criminal justice diversion programs such as Magistrate Diversion, Mental Health Dockets, Re-entry planning, and specialized case loads for probation officers (to minimize unnecessary technical violations)
- Support funding for expansion of Discharge Assistance Planning (DAP) funds, and permanent supportive housing to help discharge currently hard to place individuals.
- Support funding for expansion of housing alternatives for individuals with behavioral health issues
- Support funding for expansion of availability of outpatient competency restoration services
- Fund forensic discharge planners to ensure individuals are linked to services post release

A Map Forward (cont.)

- Introduce or support legislation to create an oversight system for pre-trial evaluations to ensure that forensic standards of practice are being met and that only those individuals truly in need of hospitalization are so referred
- Support or introduce enabling legislation for Mental Health Courts
- Introduce or support legislation to expand the number/types of misdemeanor crimes which qualify for the 45 day rule for competency restoration (see §19.2-169.3 c)
- Support or introduce legislation requiring minimum standards for healthcare (to include behavioral healthcare) in local/regional jails and provide sufficient funding for this mandate
- Support or introduce legislation to change Virginia's practice of terminating (rather than suspending) benefits upon incarceration and allow those in jail to re-apply for resumption of benefits prior to release

A Map Forward (cont.)

- Mandate a standardized screening and assessment process in all jails
- Support the establishment of standardized formularies via statewide purchasing
- Support Mental Health First Aid or CIT training for jail personnel
- Expand forensic peer support
- Address the issue of the uninsured as persons with mental illness are disproportionately uninsured, unemployed, yet suffer from multiple health issues.