

# SJ47 Criminal Diversion Expert Panel

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**Survey of Mental Health Services in Virginia's  
Jails**

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# Overarching Question

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- Is it feasible for CSBs to provide jail-based mental health services in all Virginia jails?

# Issues to Consider

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- What are current service provision models in the jails?
- How do mental health services in VA jails measure up to the proposed “Mental Health Standards for Virginia’s Local and Regional Jails?”
- What type of methods/entities for oversight of mental health services would be required?

# Goal

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- Ensure best treatment possible for justice-involved mentally ill people in Virginia jails;
- Maintain a fiscally conservative treatment provision model

# Typical flow for Justice-Involved Mentally Ill

Intercept 1 Law Enforcement/ Emergency Services	Intercept 2 Initial Detention/ Initial Court Hearings	Intercept 3 Jails/Courts <b>**FOCUS FOR CRIMINAL JUSTICE WORKGROUP</b>	Intercept 4 Re-Entry	Intercept 5 Community Corrections/ Community Support
CIT programming	Post-Booking Magistrate Project	<b>Brief Jail MH Screen</b>	Special units in jail or community	Partnerships with probation and parole
Assessment Ctrs	New Intercept 2 funding	<b>Assessment Treatment Crisis Intervention</b>	Use of R-N-R tool (Risk-Needs- Responsivity)	SDA
Same Day Access (SDA)		<b>Forensic discharge</b>		

# Service Delivery Models

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- CSB provided MH services
- Contractor provided MH services
- Jail employees providing MH services
- Hybrid models

# Examples of different service models

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- Arlington County Detention Facility
- Norfolk City Jail
- Fairfax Adult Detention Center
- Danville City Jail
- Virginia Beach City Jail
- New River Valley Regional Jail

# Monitoring/Regulating MH Service Provision

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- Internal monitoring/compliance
- Board of Corrections monitoring
- Other entity



# Potential adoption of MH Standards for Virginia's Local & Regional Jails

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- #1 – Access to Care – for all inmates
- #2 – Policies and Procedures
- #3 – Communication of Patients Needs(particularly related to classification)
- #4 – MH Training for Correctional Officers (standard trng of MHFA or CIT)
- #5 - MH Care Liaison (this may be Best Practice rather than minimum standard)
- #6 – Medication Services – meds available within 48 hours

# Standards, cont.

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- #7 – MH Screening - BJMHS
- #8 – MH Assessment – within 14 days for inmates who responded positively on the BJMHS
- #9 – Emergency Services – mandated for all jails to include response from CSB for pre-admission screening to hospital
- #10 – Restrictive Housing – must include monitoring of mental health status
- #11 – Continuity & Coordination of Health Care during Incarceration
- #12 – Discharge Planning – “for inmates with mental health needs whose release is imminent” – present at many jails, but not all, through existing or new funding

# Standards, cont.

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- #13 – Basic MH Services – at a minimum must include
  - a. Identification and referral of inmates with mental health needs;
  - b. Crisis intervention services;
  - c. Psychotropic medication management, when indicated;
  - d. Treatment documentation and follow-up;When available: e. Individual counseling, group counseling and psychosocial/psychoeducational programs

# Should CSBs be mandated to provide mental health services in the jails?

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- Current Code requirements: pre-admission screening for hospitalization (37.2-809); pre-screening for involuntary hospitalization due to emergency treatment needs in jail (19.2-169.6 A 2); outpatient restoration of competency, can be provided in jail or outer community (19.2-169.2 B)
- Currently most jail-based MH services are locally funded which leads to great variation in services around the state
- Note: starting July 1, 2019, the new 37.2-500 will require CSBs to also provide same-day MH screening services and outpatient primary care screening and monitoring – this may lead to tighter partnerships with jails as they release mentally ill individuals to the community

# Benefits of CSB providing MH Services in jails

(adapted from MH Standards for Virginia's Local and Regional Jails)

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- Enhanced Continuity of Care
- Indigent Care
- CSB expertise related to community based services
- SDA connection
- CSBs are a guaranteed provider and exist across the state
- Access to CSB-specific services, e.g. Clubhouse, PACT, PSH

# Limitations of CSB providing MH Services in jails

(adapted from MH Standards for Virginia's Local and Regional Jails)

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- Staffing challenges (hiring, recruiting, retention, mandated pay scales)
- Staff with appropriate expertise
- Need to focus on priority population of SMI
- Contract/cost challenges of separating medical from mental health contracts
- Records access and coordination of care

# Conclusion

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- Variability in Commonwealth may not necessarily be as problematic as perceived;
- More data needed to get accurate sense of jails who are struggling to provide quality care to this population – focus on these facilities would be ideal rather than dismantle jails where service provision and partnerships are successful
- Possible budget recommendation to enhance CSB funding in jurisdictions where jail is lacking in quality care
- Consider adoption/new Code language for MH Standards and regulatory oversight as well as plan for implementation