Overarching Question

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

• 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

- 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

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Service Delivery Models

- CSB provided MH services
- Contractor provided MH services
- Jail employees providing MH services
- Hybrid models
Examples of different service models

• 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

- Internal monitoring/compliance
- Board of Corrections monitoring
- Other entity
Potential adoption of MH Standards for Virginia’s Local & Regional Jails

• #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.

• #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.

• #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?

- 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)

• 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)

• 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

• 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