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Overview

- What is the Center for Behavioral Health and Justice?
- Why was the Center established?
- What is the Center working on?
- How will we know when the Center is a success?
What is the Center for Behavioral Health and Justice?

The Center is

- A virtual center of excellence and
- An interagency collaborative

Convene meetings to remove silos

The Center is designed to better coordinate behavioral health and justice services.

Reduce duplication
Why was the Center established?

Recommendation from the Governor’s Task Force for Improving Mental Health Services and Crisis Response

• Among 25 recommendations centered around three major areas:
  • Expanding Access
  • Strengthening Administration
  • Improving Quality

Center is key to success
The Need for a Center is Not New

Long-standing commitment to improve community-based care to divert individuals from more secure settings.

For years, the Senate Finance Committee highlighted the growing demand on jails due to inadequate access to community care and treatment.

Staff from the House Appropriations Committee noted these pressures last November.
What has the Center been working on?

- Drafted strategic implementation plan
- Created Center Advisory Group
- Convened Behavioral Health & Justice Summit (March 2016)
- Established special subcommittee
- Finalizing website as one-stop resource
- Assigned dedicated staff
Moving from Discussion to Action

Summit recommendations, and needs identified by the previous Special Subcommittee, were combined to create a set of initial Center priorities.

Identified priorities were used to develop permanent subcommittees (action committees).

Each committee is comprised of members of the Center Advisory Group (CAG) and is co-chaired by a member of the CAG and the Executive Committee.
Action Committee 1: Technology, Data and Information Sharing

- Expand use of technology
- Provide guidelines to communities regarding information sharing
- Track interventions and criminal justice contact to improve hand-off from systems
- Tighten guidelines on transmission of judicial treatment orders
Action Committee 2: Diversion and Re-entry

- Expand use of Intercept 2 diversion options (initial detention & hearing)
- Support/facilitate judicial involvement in ongoing diversion efforts
- Improve access to Medicaid, GAP, Social Security, and other available benefits for persons released from jail and prison
- Expand use of outpatient restoration
Action Committee 3: Criminal Justice/Behavioral Health Facilities

- Address inequities in jail mental health services
- Ensure jail and prison screening for veterans and include veteran modules in training for law enforcement and criminal justice professionals
- Improve access to Medicaid, GAP, Social Security, and other available benefits for persons released from jail and prison
Next Steps

- Prioritize and refine action committee work plans
- Provide technical assistance to localities to promote and increase the use of best practices for justice-involved behavioral health consumers
- Respond to requests for information or assistance
- “Go Live” with the website next month
How will we know when the Center is a Success?

- When the Center is:
  - Seen as a respected and reliable resource to policymakers
  - Positioned to share timely information with providers about best practices in the Commonwealth
  - Consulted to convene various entities to review current and emerging issues
Questions?

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Appendix I - Statistics

- Per the 2015 Mental Illness in Jails Report by the Compensation Board - In June 2015, there were 7,054 individuals identified as having mental illness in the jails
- 16.8% of total jail population was reported as suffering from some form of mental illness
- 7.9% reported as suffering from “serious mental illness”
- Female inmates were disproportionately identified as mentally ill compared to male inmates
- Per National Institute for Mental Health - 12 Month Prevalence of SMI in general population = 4.2%
Appendix II – Center Advisory Group

State Agencies
Department of Corrections, Department of Health, Department of Medical Assistance Services, Department of Juvenile Justice, State Police, Department of Veterans Services, State Compensation Board

Associations
Sheriff’s Association, Virginia Association of Chiefs of Police, National Alliance on Mental Illness – Virginia, Community Service Boards, CIT Coalition, Office of the Executive Secretary, Mental Health America-Virginia, Virginia Organization of Consumers Asserting Leadership, Virginia Association of Regional Jails, Virginia Indigent Defense Commission, Institute of Law, Psychiatry and Public Policy at the University of Virginia, Virginia Municipal League, Virginia Office of the Attorney General, Veteran’s Administration, Virginia Association of Commonwealth’s Attorneys, Virginia Association of Counties