



Virginia Department of
Behavioral Health &
Developmental Services

Mental Health Standards for Virginia's Local and Regional Jails

August 7, 2018

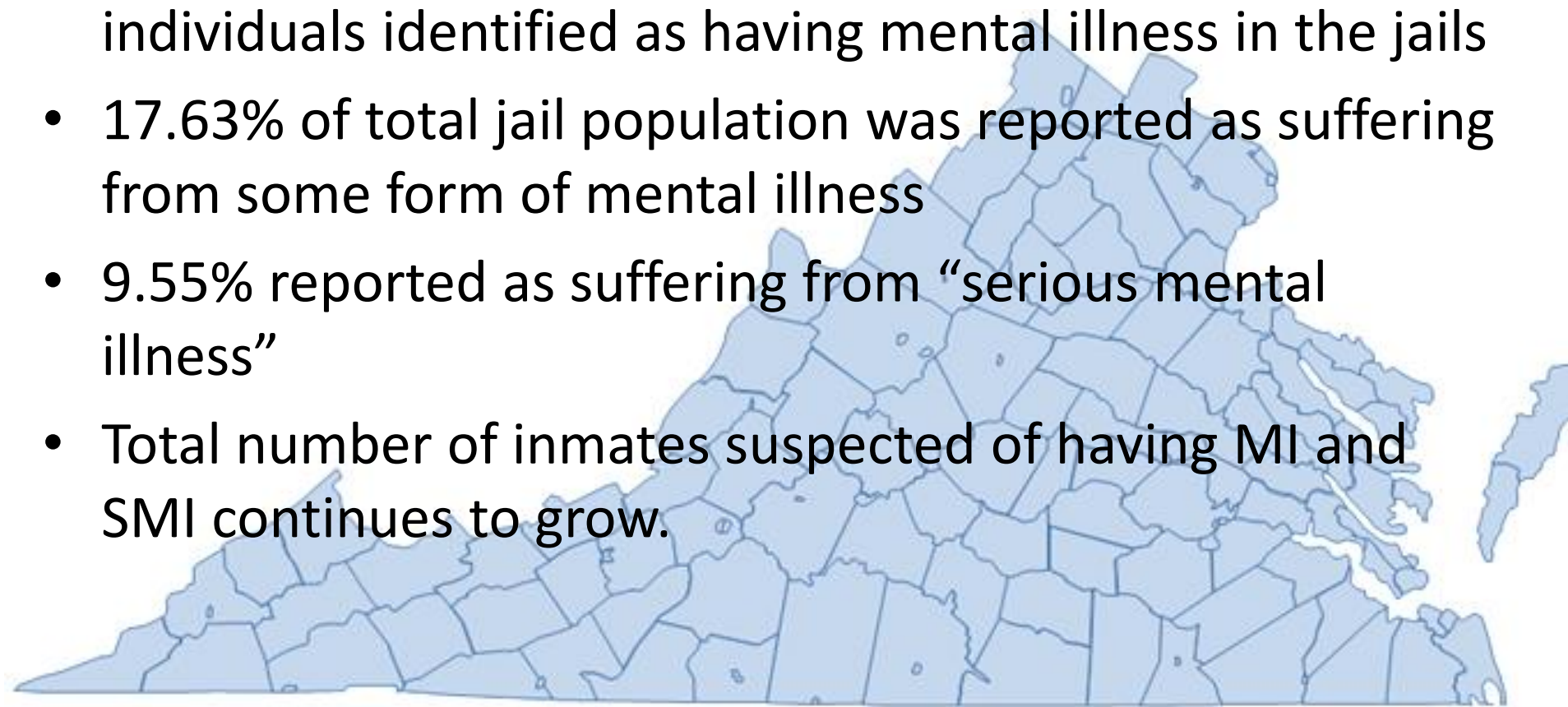
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Nature of the Challenge – National Perspective

- 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
- NIMH estimates the prevalence rate for SMI in the community at 4.2%

Nature of the Challenge – Virginia Perspective

- Per the 2017 *Mental Illness in Jails Report* by the Compensation Board – In July 2017 there were 7,451 individuals identified as having mental illness in the jails
- 17.63% of total jail population was reported as suffering from some form of mental illness
- 9.55% reported as suffering from “serious mental illness”
- Total number of inmates suspected of having MI and SMI continues to grow.



Virginia Jails

- The Commonwealth supports 59 jails
- All jails must be certified by the Virginia Board of Corrections (BOC) to operate
- There are some general provisions for medical/behavioral healthcare but they are non-specific.
 - Heavily focused on policies and procedures rather than availability and quality of healthcare
 - Limited compliance indicators
- Jails are re-certified every 3 years to ensure compliance with BOC Life, Health, & Safety Standards
- Some jails voluntarily seek national certification of their healthcare/behavioral healthcare operations but this is not mandatory
- 76% of funding for behavioral healthcare services is from local funds; only 6% from state general funds (2017 Mental Illness in Jails report)

Why Mental Health Standards? / Why Now?

- Growing interest in issue of the over-representation of individuals with serious mental illness in jails.
 - DBHDS Justice Involved Transformation Team
 - Center for Behavioral Health & Justice
 - SJ 47
 - Joint Commission on Health Care study
- Realization about challenges associated with inconsistent practices/ inconsistent availability of services.
- High profile deaths and sentinel events.
- Extremely good collaborative relationships between state and local officials. Good collaboration between criminal justice & behavioral health.
- SB 878/ HB 1487

Process for Development of Standards

- Creation of workgroup

Workgroup Members	
3 sheriffs with known interest in MH issues	3 regional jail administrators with known interest in MH issues
CSB representatives	Advocacy representatives
VADOC	Dept of Criminal Justice Services
Compensation Board	DBHDS

- Coordinated with staff from JCHC to minimize duplication of work

Process for Development of Standards

- Met throughout spring/summer
- Reviewed recommendations from previous workgroups
- Used National Commission on Correctional Health Care (NCCHC) standards to guide discussion
- Agreed to establish minimum standards
 - Did not consider money/resources in establishment of standards
 - Classified standards as essential vs. recommended
 - Developed compliance indicators for each standard
- 14 Standards identified (13 essential & 1 recommended)

Minimum Mental Health Standards

Standard #1 Access to Care

Inmates have access to care to meet their mental health needs.

Standard #2 Policies & Procedures

The facility has a manual or compilation of policies and defined procedures regarding mental health care services which may be part of larger health care manual.

Standard #3 Communication of Patient Needs

Communication occurs between the facility administration and treating mental health care professionals regarding inmates' significant MH needs that must be considered in classification decisions to preserve the health and safety of that inmate, other inmates, or staff. Communication is bi-directional and occurs on a regular basis either through planned meetings or impromptu meetings as the need arises.

Standard #4 MH Training for Correctional Officers

A training program established or approved by the responsible health authority in cooperation with the facility administration guides the mental health related training of all correctional officers who work with inmates.



Minimum Mental Health Standards

Standard #5 Mental Health Care Liaison

A designated, trained mental health care liaison coordinates the health services delivery in the facility on days when no qualified health care professionals available for 24 hours. Liaison can be a supervisory correctional staff member or any designated staff member as long as they have received training on their role and have the authority to intervene when situations arise.

Standard #6 Medication Services

Medication services are clinically appropriate and provided in a timely, safe and sufficient manner - within 48hrs (unless data/ evidence suggests a more timely intervention is needed) there will have been an evaluation either by nurse, PA, etc. to develop a medication plan which could include referral to a physician and prescriptions (as indicated).

Standard #7 Mental Health Screening

Mental health screening is performed on all inmates on arrival at the intake facility to ensure that emergent and urgent mental health needs are met.

Standard #8 Mental Health Assessment

All inmates receive mental health screening; inmates with positive screens receive a mental health assessment.



Minimum Mental Health Standards

Standard #9 Emergency Services

The facility provides 24 hour emergency mental health services.

Standard #10 Restrictive Housing

When an inmate is held in restrictive housing, staff monitor his or her mental health.

Standard #11 Continuity & Coordination of Healthcare during Incarceration

All aspects of health care are coordinated and monitored from admission to discharge.

Standard #12 Discharge Planning

Discharge planning is provided for inmates with mental health needs whose release is imminent.

Minimum Mental Health Standards

Standard #13 Basic Mental Health Services

Mental health services are available for all inmates who need services.

Standard #14 Suicide Prevention Program

The facility identifies suicidal inmates and intervenes appropriately.



Minimum Mental Health Standards

- Most jails already likely are meeting seven of the standards
- For others, an infusion of funding and resources would be necessary
 - There will be some challenge to hire a sufficient number of qualified staff
 - Workgroup did not take on costing out each standard
- Standards represent a package of services – breaking up standards will result in fragmented services although standards could be implemented gradually over time (as resources become available)
- GA has already supported some of the standards (i.e. standardized screening, forensic discharge planning).

How Do Recommended Standards Compare with Existing BOC Standards?

Current BOC Standard

6VAC15-40-1010. Mental Health Inmates - Written policy, procedure, and practice shall specify the handling of mental health inmates, including a current agreement to utilize mental health services from either a private contractor or the community services board.

VS.

Standard #13. Basic Mental Health Services

Mental health services are available for all inmates who need services. (details on following slide)



How Do Recommended Standards Compare with Existing BOC Standards?

Standard #13. BASIC MENTAL HEALTH SERVICES

Mental health services are available for all inmates who need services.

1. Patients mental health needs are addressed on site or by referral to appropriate alternative facilities. They are addressed by a range of mental health services of differing levels and focus, including residential components when indicated.
2. Regardless of facility type or size, basic on site outpatient services include, at a minimum:
 - 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:

 - a. Individual counseling, group counseling and psychosocial/psychoeducational programs
1. Those who require transfer to an inpatient psychiatric setting is clinically indicated, required procedures are followed and the transfer occurs in a timely manner. Until such transfer can be accomplished the patient is safely housed and adequately monitored.
2. Basic mental health services are offered as clinically indicated.
3. An attempt is made every 30 days to reengage individuals with a serious mental illness who have declined treatment.
4. Mental health, medical and substance abuse services are sufficiently coordinated such that patient management is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.
5. All aspects of the standard are addressed by written policy and defined procedures.



Compliance Monitoring

- Compliance monitoring is essential
- While compliance monitoring does not guarantee quality services it does ensure uniform access to services, identifies at risk facilities, and provides opportunities to disseminate best practice standards
- The Compliance & Accreditation Unit of VADOC currently conducts the certification audits of local & regional jails.
 - Ensure compliance with Life, Health & Safety standards
 - Would need additional staff with mental health experience in order to conduct audits of these new standards

Role of the CSB in Providing Services in Jails

Currently no ongoing, statewide general funds to CSBs for jail based services (other than pre-admission screening for hospitalization)

Not a part of the performance contract

Some specialized funding for jail diversion programs (some of which are imbedded in jail) and funding for six pilot sites (through DCJS).

Level of CSB engagement often driven by availability of local funds, availability of qualified staff, and preferences of jail administrator

Generally CSBs provide “safety net” services to priority populations. Many individuals in jails with mental health needs would not meet current priority population definition

Insurance programs generally will not cover services provided within the jail

Benefits of Having CSB as Provider of Services

- Potential for improved continuity of care
 - Potential continuity of formulary
 - Potential for easier sharing of information
 - Having established therapeutic alliance may enhance aftercare follow-up
 - There are many exceptions and caveats
- Better linkage to indigent/safety net care
- CSBs (in general) have better awareness of array of services – presuming individual will discharge to area served by CSB
- Better discharge planning and after-care follow-up
- CSBs have access to broader array of services (i.e. PACT, ICT, etc.) but some of these services are not fully funded by insurance/Medicaid
- CSBs exist by Code – Non-Profit quasi governmental agencies – more stability

Challenges/Limitations of Having the CSB as the Provider of Jail Based MH Services

- CSBs already struggling with recruitment/retention of staff
- CSBs already building up for STEP VA – requiring them to provide jail based services could jeopardize their ability to implement STEP VA
- Some CSBs lack expertise in providing forensic services – would require specialized training
- Target population in jail is broader than current priority population thus may overwhelm CSB community services via increasing referral pipeline
- Jails often combine medical and behavioral health under single contract – breaking out could drive costs up

Challenges/Limitations of Having the CSB as the Provider of Jail Based MH Services

- Costs to have CSB provide services could be more expensive (i.e. more open formulary) – Code requires Sheriff to accept best value bid
- Local/county hiring regulations might impair ability to hire/retain qualified staff
- Some CSBs simply lack sufficient staff – likely would end up contracting with the providers who are already providing services – adding layer of bureaucracy

Workgroup Recommendation

Don't focus on the "who" but focus on the "what"

Focusing on the "what" will result in greater system change

Continue to fund/encourage criminal justice diversion programs to decrease the number of individuals with SMI in jails (when release does not negatively impact on public safety)

