

**Joint Subcommittee to Study Mental Health Services
in the Commonwealth in the 21st Century
November 13, 2015
James J. McCoart Administration Building
Woodbridge, Virginia**

The Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century (the Joint Subcommittee) met on Friday, November 13, 2015, at the James J. McCoart Administration Building in Woodbridge, Virginia.

Presentation: Mental Illness in the Jails: The Challenge to Provide for Incarcerated Virginians with Behavioral Health Issues — Dr. Michael Schaefer, Assistant Commissioner for Forensic Services, Department of Behavioral Health and Developmental Services

Dr. Michael Schaefer, Assistant Commissioner for Forensic Services, Department of Behavioral Health and Developmental Services (the Department), spoke to the Joint Subcommittee about challenges to providing mental health services to individuals identified as having mental illness in jail. Dr. Schaefer noted that the recent report by the Compensation Board identified 16.81 percent of the total jail population as having some mental illness and 7.87 percent as suffering from serious mental illness. These numbers may misrepresent the actual number of individuals with mental illness in jails because the report captured a single point in time and the numbers are self-reported by jails. There is no standardized screening or assessment process across jails.

The U.S. Supreme Court has established that jails have a constitutional obligation to provide medical care, including psychiatric care, to individuals in jail. Individual jails decide how they will meet this obligation. A jail may contract with a private agency, hire its own behavioral health staff, or contract with a community services board (CSB). Dr. Schaefer also noted that there is no consistent formulary across individual jails.

Currently there is no requirement that CSBs provide services in jails. The Code of Virginia does require that CSBs conduct pre-screening assessments and "outpatient" competency restoration services. The Department is required to provide competency to stand trial evaluations, sanity at the time of offense evaluations, inpatient treatment to restore competency to stand trial, emergency treatment orders, and post-not guilty by reason of insanity adjudication.

The Department has waiting lists for behavioral health services for individuals coming from jails. Most individuals on the waiting list are those who have been ordered for inpatient competency restoration. Most are served at Eastern State Hospital and Central State Hospital. The wait list to get into Eastern State Hospital for services is about 67 days. This is lengthened by the delay in actually getting people on the waiting list created by delays in receiving orders. The waiting lists tend to grow when "civil" bed demand grows.

The Commonwealth has several jail diversion programs. The state has focused on the early stage of jail diversion such as crisis intervention team (CIT) programs and assessment sites. CIT programs are based on the CSB service area, and 37 of 40 CSBs have CIT programs. There is currently no general fund money for CIT training available. There is some general fund money available for CIT assessment sites.

Dr. Schafer presented the Department's recommendations to the Joint Subcommittee. The recommendations include funding for criminal justice diversion programs, discharge planning funds and permanent supportive housing funds, funding to expand availability of outpatient competency restoration services, establishing standards for behavioral health care across jails, establishing a standardized screening and assessment process, establishing a standard formulary, and providing Mental Health First Aid or CIT training for jail personnel.

Presentation: Magistrate Involvement in Mental Health Processes - Mason Byrd, Magistrate System Coordinator, and Jonathan Green, Magistrate Advisor, Supreme Court of Virginia

Mason Byrd, Magistrate System Coordinator, and Jonathan Green, Magistrate Advisor, Supreme Court of Virginia, spoke to the Joint Subcommittee about the role of magistrates in the mental health process. Magistrates may issue emergency custody orders or temporary detention orders if the statutory criteria are satisfied. The presenters noted that magistrates have unique authority to issue these processes and may issue such process based upon the sworn petition of a responsible party or on the magistrate's own motion.

Mr. Byrd noted that because magistrates play such a unique role in the mental health system, mental health training is one of the largest components of instruction in magistrate certification school. The training is focused on application of Virginia law, including required findings and procedural matters. Magistrates are not trained to diagnose mental illness, as they rely on the testimony of the petitioner or other witnesses to establish mental illness. All magistrates participate in mock mental health hearings during their initial training. Additionally, magistrates receive supplemental training when there are changes to Virginia's mental health laws.

The two presenters noted that diversion is not an option for magistrates to consider. A magistrate may not refuse to hear criminal complaints against mentally ill individuals, nor may he refuse to issue criminal process against a mentally ill individual if the magistrate has probable cause to believe the accused committed a crime. There are no exceptions for mental illness.

Presentation: Mental Illness and the San Antonio Model - Gilbert Gonzales, Director, Mental Health Department, Bexar County, Texas, and Mike Lozito, Director, Judicial Services Office, Bexar County, Texas

Gilbert Gonzales, Director, Mental Health Department, Bexar County, Texas, and Mike Lozito, Director, Judicial Services Office, Bexar County, Texas, gave a presentation to the Joint Subcommittee regarding the Bexar County mental health system. Bexar County has taken an integrated approach to mental health that focuses on diversion and treatment after realizing that it is more cost-effective and results in better treatment outcomes to provide mental health services and supports to people on the front end rather than to pay for jail beds and prison time.

Bexar County has been focused on diversion since 2000. Law enforcement, the county jail, the courts, hospitals, and other county services have integrated their efforts to keep individuals out of jail and into treatment. The jails in Bexar County are currently under capacity and have realized significant savings since implementing the program.

Central to the program has been the development of crisis care community centers. The Rehabilitation Center in San Antonio offers inpatient psychiatric care, outpatient primary care, and other psychiatric services. The center can help individuals with mental illness, substance

abuse, and housing needs, and it even provides job training. Around 18,000 individuals receive treatment at the center each year.

Public Comment:

Christy Gallagher, a member of the Board of Directors of the National Alliance on Mental Illness (NAMI) of Virginia and mother of a child with mental illness, addressed the Joint Subcommittee and stated that Virginia needs a comprehensive array of services. She explained that areas of the Commonwealth do not have these services and those areas that do have the services do not have enough. She stated that the top priorities of NAMI are to expand supportive housing, integrate primary and behavioral health care, strengthen round-the-clock services and crisis stabilization, expand outpatient care, cover the uninsured, expand Medicaid, improve acute care access, implement parent and youth peer support, ensure full continuum of care, and expand transition-aged services.