Treatment Options for Offenders With Mental Illness or Substance Abuse Disorders (SJR 97/HJR 142, 2002)

Chairman: Senator Stephen H. Martin

General Assembly
Commonwealth of Virginia

Interim Decision Matrix
Updated December 6, 2002

SJR 97/HJR 142 Interim Decision Matrix (2002)

Findings/Conclusions	Options	Committee Actions--November 25, 2002
Evaluation of Treatment Services for Offenders **Background.** The Committee found that no comprehensive mechanism exists to systematically collect data on treatment services to adult and juvenile offenders (SD 25, 2002). As a result of that finding, SJR 97/HJR 142 asked the Secretary of Public Safety, in conjunction with the Secretaries of Health and Human Resources and Administration, to develop a plan, including the estimated cost, for collecting and evaluating data related to treatment effectiveness. **Actions.** The Secretaries reported to the Committee on October 18, 2002, that they have created a preliminary evaluation plan to update the inventory of current and needed treatment services; inventory previous evaluation findings; define potential program outcome measures; form strategies to improve future program evaluations; identify the cost associated with data collection and evaluation; and identify potential sources of funding. Because retroactive evaluation is difficult when base data elements and outcomes measures have not been identified, the Secretaries recommended that evaluation planning, including designated funding, be part of any future initial program design. During this period of limited funding, the Secretaries recommended that emphasis be placed on creating improved evaluation blueprints to use when funding for new treatment initiatives for offenders is more stable.	**Option 1.** No Action. **Option 2.** By letter from the Chairman, request the Secretaries to complete their preliminary evaluation, including the inventory of past evaluations and the identification of outcome measures, costs, and potential sources of funding. **Option 3.** By resolution, request the Secretaries to complete their preliminary evaluation. **Option 4.** Introduce a budget language amendment for the 2003 session requiring that the initial design of treatment initiatives for offenders include an evaluation and reporting component. **Option 5.** Defer decision on requiring evaluation and reporting components as part of any new treatment initiatives until 2004.	**By letter from the Chairman, request that the Secretaries of Public Safety and Health and Human Resources:** • **complete their preliminary evaluation, including the inventory of past evaluations and the identification of outcome measures, costs and potential sources of funding for evaluation of treatment initiatives, and report to Committee by September 1, 2003; and** • **provide periodic reports to the Committee during 2003 concerning the specific effects on individuals and regions of the state (i.e. dollar reductions, reductions in the number of individuals served, reductions in categories of service and service units, reductions in professional FTEs, increases in waiting time) of budget actions related to mental health and substance abuse services for offenders.**

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Cross Training and Innovative Practices **Background.** The Committee found that balancing security needs with therapeutic goals requires cross training among law enforcement, judicial officials, jail and detention staff, and community treatment staff. The Committee also found that in addition to cross-training, agencies and treatment providers need better ways of communicating and sharing innovative practice ideas in the treatment of offenders (SD 25, 2002). As a result of those findings, SJR 97/HJR 142 requested the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) in conjunction with other agencies to develop a (1) cross-training curriculum and (2) recommend ways to disseminate information about innovative practices among treatment providers working with offenders. **Actions.** *Cross-Training.* The DMHMRSAS reported to the Committee on October 18, 2002, that a work group has developed a philosophy of training and five related core curricula that articulate the basic knowledge, skills, and abilities needed by key persons involved with or providing services to offenders with mental illness or substance abuse disorders. DMHMRSAS proposed that the work group continue to meet during the next year to complete development of the cross-training curriculum for criminal justice personnel, law enforcement officers, judicial officials, treatment providers, victims and victim advocates. *Innovative Practices.* The work group also began development of a web-based system for disseminating innovative practice information because of the relatively low cost, accessibility, and capacity compared to the distribution of printed material or "live" training. During the next year, the work group proposes to examine the options and cost for disseminating web-based information, including a single dedicated web site or a network of linked pages. The work group's final recommendations on cross-training and innovative practices will be available for the Committee in 2003.	**Option 1.** No action. **Option 2**. By letter from the Chairman, request DMHMRSAS to continue development of the cross-training curriculum and dissemination of innovative practice information. **Option 3.** By resolution, request the DMHMRSAS to continue development of the cross-training curriculum and methods to disseminate innovative practice information**.**	**By letter from the Chairman, request the DMHMRSAS to continue development of the cross-training curriculum and dissemination of innovative practice information and present a final report to the Committee by September 1, 2003.**

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Access to Medications and Discharge Planning **Background.** Greater than 16 percent of responders to a probation and parole officer survey conducted by this Committee last year indicated that adult offenders never or only sometimes receive a temporary supply of medications when they are released to the community; 43 percent of responders indicated that a mental health treatment history is not provided when an offender is released from a correctional facility; and 43 percent indicated that offenders never or only sometimes receive a discharge plan when they are released. As a result of these findings, SJR 97/HJR 142 requested that the Department of Corrections (DOC) and the DMHMRSAS examine ways to ensure that offenders being released from state correctional facilities have access to appropriate medications and that these medications are managed while the offender is in the community. In addition, SJR 97/HJR 142 asked the Departments to recommend the contents of a memorandum of agreement that to ensure continuity of care for offenders in a post-incarceration status. **Actions.** On October 18, 2002, DOC reported to the Committee that procedures are in place to provide psychotropic medications to offenders with mental illness when they are released to the community. The DOC does release planning for aftercare and other services, including planning with community services boards or other community providers for post-release treatment services; however the DOC lacks funding to fill key positions related to discharge planning and clinical oversight. The DOC/DMHMRSAS report to the Committee contained recommended contents of the Memorandum of Agreement.	**Option 1.** No Action. **Option 2.** Introduce a budget amendment to fill the vacant Mental Health Services Clinical Supervisor position in Community Corrections, DOC. Duties of this position include: clinical oversight and monitoring of the contractual providers of mental health and sex offender services; direct provision of services on an emergency basis; assistance in the discharge and aftercare planning process; consultation and training to Community Corrections staff. Cost: $92,528 per year for salary and benefits. **Option 3.** Introduce a budget amendment to establish a Psychologist II position for each region (total of three) to supplement and be under the supervision of the Clinical Supervisor. Individuals in these positions would coordinate and oversee the provision of mental health services to offenders in the community; work with Probation and Parole Officers to ensure that appropriate services are being provided; provide services directly to offenders; work with institutional treatment staff, community services boards and other community service providers regarding discharge planning and aftercare services; and train Community Corrections staff on mental health issues. Cost: $149,901 per year for salary and benefits ($49,967 X 3).	**By letters from the Chairman to the Department of Corrections (DOC), the Virginia Sheriffs' Association, and the Virginia Association of Regional Jails, request the distribution of basic information and application forms for Medicaid, disability programs, Temporary Assistance to Needy Families (TANF), and veterans' programs to all mental health services professionals and case management counselors in correctional institutions and regional and local jails to aid in release planning.** **By letter from the Chairman, request that the DOC, DMHMRSAS, and community services boards develop an interagency agreement based on the recommendations in the report to the Committee and review and refine procedures for discharge planning for individuals released from DOC facilities who require mental health or substance abuse services.**

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Findings/Conclusions	Options	Committee Actions--November 25, 2002
Access to Medications and Discharge Planning (Continued)	**Option 4.** By resolution, request the DOC to identify at least one Probation and Parole District in each of the three regions to pilot specialized mental health caseloads. Designate at least one probation officer per district as a "mental health services specialist" and reduce the number of offenders on that individual's caseload. Cost: No additional funding required. **Option 5.** By resolution, request the DOC to distribute basic information and application forms for Medicaid, disability programs, Temporary Assistance to Needy Families and veterans programs to all mental health services professionals and case management counselors in correctional institutions to aid in discharge planning. Cost: No additional funding required. **Option 6.** By letter from the Chairman, request that the DOC, DMHMRSAS, and community services boards develop an interagency agreement based the recommendations in the report to the Committee and review and refine procedures for discharge planning for individuals released from DOC facilities who require mental health or substance abuse services.	

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Medicaid Access **Background.** The Committee found that lack of access to mental health care when inmates in need of services are released from correctional institutions increases the likelihood of further contact with law enforcement (SD 25, 2002). States do not receive federal Medicaid matching funds for services provided to individuals who are incarcerated (42 CFR 435.1008). However, states are not required to terminate eligibility during periods of incarceration; benefits can be suspended, facilitating immediate access to Medicaid upon release. Virginia's Medicaid program terminates eligibility when a person is incarcerated and a new application must be filed when plans are being made for the inmate's release. As a result of these findings, SJR 97/HJR 142 requested the Department of Medical Assistance Services (DMAS) in conjunction with other agencies to examine ways to provide immediate access to Medicaid benefits for eligible offenders when they are released from prisons, jails, juvenile correctional centers or detention homes. **Actions.** DMAS reported to the Committee on October 18, 2002, that benefits are terminated rather than suspended in Virginia's Medicaid program because (1) an individual's situation could change during the period of incarceration and (2) the Medicaid information system will not accommodate suspension of benefits. Under current procedures, an individual may apply for Medicaid prior to release; and in 1995, DMAS and DOC distributed information about pre-release planning to all local departments of social services. Parole officers and regional Medicaid specialists are available to assist with eligibility applications; but prior to release from correctional institutions, only one transitional specialist in the central office of DOC is assisting with Medicaid applications. Because of workload, the specialist has focused on inmates who will need nursing facility or adult care residence care following release.	**Option 1.** No action. **Option 2.** By letter from the Chairman, ask DMAS and the Department of Social Services to (1) furnish information and training to Medicaid eligibility workers in local departments of social services to raise awareness about pre-release procedures and (2) develop a fact sheet for correctional facilities concerning Medicaid eligibility of inmates and those pending release.	**By letter from the Chairman, ask DMAS and the Department of Social Services to (1) furnish information and training to Medicaid eligibility workers in local departments of social services to raise awareness about pre-release procedures and (2) develop a fact sheet for correctional facilities concerning Medicaid eligibility of inmates and those pending release.**

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Uniform Screening for Juveniles **Background.** The Committee found that local detention homes and court service units do not conduct uniform screenings and assessments for mental illness among juvenile offenders (SFD 25, 2002). The *Code of Virginia* (§ 16.1-248.2) requires the staff of secure detention facilities to ascertain a juvenile's need for a mental health assessment as part of the intake process. The Department of Juvenile Justice (DJJ) is charged with developing criteria and a compensation plan for the assessments; and regulations (6VAC35-140-430) require the application of an "approved" assessment tool as part of the intake process for each secure detention facility. However, regulations do not give detention homes basic guidelines for conducting screening and assessments. As a result of these findings, SJR 97/HJR 142 requested that the DJJ to (1) design and implement a uniform mental health screening instrument and interview process for juvenile offenders admitted to secure detention facilities and (2) make recommendations concerning the feasibility of implementing a uniform screening and interview process for pre-dispositional investigations. **Actions.** *Secure Detention.* On October 18, 2002, DJJ reported to the Committee, that a work group, which was convened for the purpose of discussing uniform screening instruments, recommended the use of a standard interview protocol and the Massachusetts Youth Screening Instrument-Second Version (MAYSI 2) for juveniles admitted to secure detention facilities. DJJ reported that the cost of implementation will be minimal, although each detention home may have to modify existing procedures to integrate the screening instrument and interview protocol and to delineate how to respond to the information generated. DJJ plans to begin implementation within the next several months.	**Option 1.** No action. **Option 2.** By letter from the Chairman to the Director of DJJ, request updates on the implementation of uniform screening in secure detention facilities. **Option 3.** Amend the *Code* and introduce a budget amendment to require uniform mental health screening and assessment as part of pre-dispositional investigations. Estimated Cost: $1.013 million per year ($77,500 for administration and scoring of the MAYSI 2 and $935,500 for mental health assessments). **Option 4.** Defer action until the 2004 Session.	**By letter from the Chairman to the Director of DJJ, request updates on the implementation of uniform screening in secure detention facilities.** **Defer action on uniform screening and assessment for pre-dispositional investigations until the 2004 Session.**

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Uniform Screening for Juveniles (Continued) *Pre-dispositional Screening.* The work group determined that implementing the MAYSI 2 into pre-dispositional investigations would be more costly than for secure detention, both in terms of the costs of administration and the increased need for comprehensive mental health assessments resulting from the screening. Implementation would be more costly because of the number of pre-dispositional investigations (approximately 6,250 per year) and because mental health screening and assessments are not currently required as part of the standard pre-dispositional investigation process. DJJ estimated the cost to be $1.013 million per year.		

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Drug Courts **Background.** At the Committee's request, information was provided on October 18, 2002, concerning the effectiveness of drug courts in Virginia. A type of diversion program, a drug court is a special court docket where non-violent substance abusing offenders are held publicly accountable before a supervising judge. Drug court programs combine strict and frequent supervision by probation staff with intensive drug treatment by clinicians and close judicial monitoring by the Court. Virginia has 18 operational adult and juvenile drug courts, nine localities are completing the drug court planning stage, and eight more localities are enrolled in the 2002-2003 Drug Court Planning initiative. Roanoke's drug court, operational since 1995, is the oldest drug court program in Virginia. A 1999 study showed that Roanoke's drug court participants had more successful treatment outcomes than other drug offenders did on regular probation. 59.8 percent graduated from drug court treatment compared with only 40.1 percent on regular probation who completed their treatment programs. Four drug court graduates (3.2 percent) were convicted of a felony and 11 (8.8 percent) were convicted of non-drug related misdemeanors following graduation, compared to a 50 percent recidivism rate in Virginia for drug offenders. Based on a survey of 13 drug courts operating in Virginia, 1,621 adults and 182 juveniles have participated in a drug court; and more than 500 individuals are currently participating in a Virginia drug court. **Actions.** The Secretary of Public Safety reported to the Committee on June 28, 2002, that following a reduction in the drug court funding during the 2002 Session, the General Assembly, at Governor Warner's request, restored 80 percent of drug court funding ($2.1 million) for FY 2003. The stated purpose of the amendment was to maintain the program's viability while allowing time for localities to explore other funding options.	**Option 1.** Take no action. **Option 2.** Introduce a budget amendment to continue the drug court funding ($2.1 million) for the second year of the biennium. **Option 3.** Defer action and include drug courts on the Committee's work plan for 2003.	**By letter from the Chairman to the Chairmen of the Senate Finance and House Appropriations Committee, provide information collected by this Committee and endorse the continued funding and operation of drug courts.**