



Overview of Mentally Ill in Local and Regional Jails

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House Appropriations Committee

November 18, 2015



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Comp Board Survey of Mental Illness in Jails

- Compensation Board survey, published annually since 2008, is only source of data on mental illness in jails, but has limitations
 - Data are self-reported and unaudited
 - Data collected as one-month “snapshot” of jail population limits identification of key metrics related to mentally ill in jails (e.g., length of stay for mentally ill inmates)
 - Lack of integration with mental health data systems limits analysis of referrals, treatment, post-release outcomes, etc.
- Population reported to have a serious mentally illness (SMI) has increased
 - Serious mental illness defined as schizophrenia, schizoaffective, delusional, bipolar, major depressive, and post-traumatic stress disorders

	2008	2009	2010	2011	2012	2013	2014	2015
Seriously Mentally Ill	2,390	2,103	2,590	3,214	3,043	3,003	3,634	3,303
% of Total ADP	11.4%	9.0%	10.0%	12.6%	11.4%	13.1%	12.9%	13.2%

Incarcerated SMI Population is Unevenly Distributed Across Jails

- In 2015, ten jails accounted for 52% of the SMI population in jail

Facility	SMI Population, 2015	SMI as % of ADP, 2015
Riverside Regional Jail	250	24%
Hampton Roads Regional Jail (HRRJ)	244	27%
Chesapeake City Jail	228	28%
Fairfax Adult Detention Center	188	20%
Southwest Virginia Regional Jail	187	11%
Prince/William Manassas Regional Jail	153	18%
Western Virginia Regional Jail	142	22%
Blue Ridge Regional Jail	131	13%
Richmond City Jail	114	11%
Northwestern Regional Jail	108	17%
Total, Top 10 Facilities	1,745	18%
Total, Other 48 Facilities	1,558	10%

Mental Health Screening in Virginia Jails

- Mental health screenings are used by jails to make an initial determination of an individual's mental health status
- Nearly all jails report conducting a mental health screening for all inmates upon admission
 - More than half of jails use the Brief Jail Mental Health Screen; the remainder used a variety of other instruments
- Use of comprehensive mental health assessments, which provide for a clinical diagnosis of individual's mental health status, also varies across jails
- Substantial portion of mental illness in jails identified through inmate self-reporting
- Variation in screening and assessment limits the ability to consistently diagnose and treat mentally ill population across jails

Seriously Mentally Ill and Offense Types

- Majority of seriously mentally ill incarcerated for felony offenses:
 - Felony Offense: 76%
 - Misdemeanor Offense: 22%
 - Ordinance Violation: 2%
- Majority of inmates with mental illness are incarcerated for non-violent or drug offenses:
 - Non-violent: 49%
 - Violent: 29%
 - Drug offenses: 22%
- Rates of non-violent and drug offenses among mentally ill population in Virginia similar to those found in other states

Holding of Inmates with Serious Mental Illness in Virginia Jails

- More than half of jails reported holding mentally ill inmates in segregated cells
 - Jails reported holding 822 mentally ill inmates in segregated cells
- One-third of jails report having mental health units or beds
 - Total of 534 beds statewide
 - Mental health units or beds are those set aside for inmates with mental illness in order to separate them from the general population
 - Nearly half of jails with mental health units or beds also used segregated cells
- More than two-thirds of mental health beds located in 8 jails
 - Fairfax, HRRJ, Virginia Beach, Henrico, Norfolk, Richmond, Chesapeake, Arlington
- Remainder of inmates with mental illness held in general population
- Mental health beds or units may address security issues, but do not guarantee adequate resources for treatment

Mental Health Treatment in Virginia Jails

- In FY 2015, 50 of 58 jails responding to Compensation Board survey reported providing mental health treatment services to inmates
- Individual and group mental health counseling are the treatment services most commonly provided
- Psychotropic medications are provided to stabilize inmate behavior, and were provided to some extent by all jails responding to the survey
- Private contractors provide most treatment services across the state

Portion of Jail-Based Treatment by Provider Type (2015)

Private Contractors	Community Service Boards	Psychiatrists	Jail Mental Staff	Medical Doctors
44%	35%	10%	9%	2%

- CSBs are largest treatment provider for the 23 jails in the central region, providing 48 percent of treatment
 - CSBs have no statutory requirement to provide treatment in jail, so do not provide services in jails unless doing so is identified as a local priority and resources are provided by localities

Mental Health Treatment Costs in Virginia Jails

- Total spending on mental health treatment reported by jails was \$14.2 million in FY 2015
 - \$9.1 million for mental health treatment services, \$5.1 million for medication
- Majority of jails reporting mental health treatment costs provided estimates of costs rather than actual costs
 - No audits conducted of cost data submitted by jails to Compensation Board
- More than two-thirds of mental health treatment funding comes from localities
- Per inmate cost of treatment and medication varies widely across the state, based upon the intensity and scope of treatment provided

Jails Report Complications with Incarcerating Mentally Ill Individuals

- Facilities not designed to house inmates with serious mental illnesses
 - Lack of treatment space, shortage of bed space to house mentally ill inmates separately from general population
- Limited treatment resources, and varying capacity of CSBs to provide treatment in jails
- Mentally ill inmates pose security risks that require greater use of jail resources
 - Mentally ill inmates at greater risk of self-harm or victimization by other inmates
 - Mentally ill inmates may exhibit aggression toward jail staff and/or other inmates
- Difficulty coordinating with public and private providers of mental health services for inmate reentry
 - Significant, as mentally ill inmates have higher recidivism rates than general population
- TDOs, ECOs, and transportation of mentally ill inmates can require substantial commitment of law enforcement time and resources
- Limited capacity for alternatives to incarceration in jails

State Efforts to Address Mental Illness in Jails

- State has vested interest in diverting individuals with serious mental illness from jails, and to provide support for services when an individual is released from jail
 - If left untreated, mental illness can become more severe, resulting in individual ending up in hospitals, jails, state prisons, or state mental health facilities
- In addition to funding for jails, the state provides funding for:
 - Assessment/drop-off centers
 - Jail-based diversion programs
 - State mental health facilities under the Department of Behavioral Health and Developmental Services (DBHDS)
 - Department of Medical Assistant Services (DMAS) GAP program to provide community-based mental health and medical services to individuals with serious mental illness

Crisis Intervention Teams and Assessment Centers

- Crisis Intervention Teams and assessment/drop-off centers have been established to:
 - Reduce arrests of and risk of injury to persons in mental health crises
 - Improve access to community-based treatment and supports
 - Reduce workload strain on law enforcement related to handling SMI individuals, and to reduce risk of injury to law enforcement officers
- Crisis Intervention Team Programs
 - Virginia has 26 operational CIT programs, with additional 11 programs in planning or development stages
 - As of August 1, 2015, 8,774 individuals have completed core CIT training, including more than 6,000 law enforcement and 1,100 correctional personnel
- CIT Assessment Centers
 - General Assembly has provided \$32 million to support 32 drop-off centers as an alternative to incarceration for individuals with serious mental illness
 - In FY 2015, 5,807 individuals assessed at sites, with 2,502 resulting in TDOs
 - Some portion of these individuals may instead have been incarcerated in jails if not for the establishment of Assessment Centers

Jail Diversion Programs

- DBHDS currently provides \$2.5 million annually to 12 jail diversion programs, operated through local CSBs
- Goal of diversion programs is to identify individuals with serious mental illnesses who are at low risk of re-offending, divert them away from criminal justice system, and to connect them to services and treatment
 - Provide some jail-based treatment and discharge planning, and diversion into community-based programs to both pre- and post-disposition populations
 - Programs tailored to local needs and initiatives, and target different populations at different points of criminal justice process
- Between FYs 2010 and 2015, 4,434 individuals enrolled in jail diversion programs
- Early indications of improvements due to program participation
 - Estimated that individuals enrolled in diversion programs serve 17% fewer jail days than those not enrolled
 - DBHDS is working to better link CSB and Compensation Board data in order to assess program outcomes

DBHDS Role with Incarcerated Mentally III

- DBHDS provides inpatient mental health services to a variety of populations in state hospitals, including individuals referred from local and regional jails
- For inmates too symptomatic to stabilize while incarcerated, jails may refer them to DBHDS for admission into a state mental health facility
 - Local CSB staff conduct pre-screening, and if criteria met, may request that magistrate issue a TDO for the individual

Jails Represent Small Portion of DBHDS Admissions

Admissions Source	Forensic ADP, FY15	% of Forensic ADP
Not Guilty by Reason of Insanity	287	57%
Incompetent to Stand Trial	121	23%
Local and Regional Jails	41	8%
Department of Corrections	24	5%
Evaluation	21	4%
Unrestorability, Incompetent to Stand Trial	21	4%
Total	516	

Facility	Forensic Beds	Forensic ADP, FY15
CSH – Max	111	137
CSH – Medium	66	47
ESH	127	123
SW VA MHI	24	30
WSH	28	91
Catawba	0	14
NoVA MHI	0	38
Piedmont Geriatric Hosp.	0	14
S. VA MHI	0	24
Total	356	516

DBHDS Forensic Admissions and Waitlists Have Grown

- DBHDS has limited forensic capacity
 - 356 designated forensic beds at Eastern, Central, Western State Hospitals, and Southwestern Virginia Mental Health Institution
 - Forensic beds primarily reflect a higher level of security than civil beds
- Overall hospital admissions have increased 19% since FY 2014
 - Total Forensic admissions have increased 14%
 - Total TDO admissions have increased 39%
- Due to increase in admissions, waitlists have grown
 - As of August 2015, waitlist totaled 89 individuals
 - Average wait of 73 days at ESH and 35 days at CSH
- Individuals held in jails deemed to be in a safer environment than referrals from community, so are lower admission priority for DBHDS
 - In June of 2015, Jails reported that 77 inmates were waiting for transfer to state mental health facility more than 72 hours after TDO issued

DBHDS Has Identified Actions to Address Waitlist

- Converted 70 geriatric beds at Eastern State Hospital to forensic/civil beds
- Expanded use of outpatient competency restoration provided by CSBs
- Established a full-time coordinator for forensic admission at Eastern State Hospital to increase timeliness of processing of forensic admissions
- Established process to admit NGRIs to any state hospitals in order to free forensic beds at Central State Hospital
- Working with CSBs to prioritize individuals declared clinically ready for discharge but for whom there are insufficient supports in the community to allow discharge
 - Statewide, 156 individuals declared ready but not discharged within 30 days

DMAS GAP Program

- General Assembly provided \$96.5 million GF and \$99.6 million NGF for FY 2016
 - Estimated funds sufficient for approximately 22,000 waiver slots
- Covers a robust set of community-based medical and behavioral health services, including medication for individuals with serious mental illness
 - Inpatient, emergency room, and transportation services not covered
- Eligibility requirements
 - 60% of FPL (plus 5% income disregard)
 - Comprehensive mental health assessment diagnosing a serious mental illness
 - 21 to 64 years of age, and not housed in mental health or correctional institution

Potential Actions to Address Issues

- Near-Term Options
- Longer-Term Policy Questions
- Efforts to better handle SMI population in jails should be considered within the context of the Joint Subcommittee Studying Mental Health Services in the Commonwealth in the 21st Century
 - Conducting comprehensive four-year study of Virginia's mental health system
 - Special populations work group will review these issues

Near-Term Options

- Establishment of standards and guidelines for mental health screenings and evaluations conducted in jails, and improving data collection and reporting
- Identification of opportunities to improve coordination and integration between service providers and public safety agencies
 - For example: standardized notification of CSBs when their clients have been arrested or incarcerated
- Explore options to increase GAP program enrollment of individuals with SMI incarcerated in local and regional jails
 - Funding for 22,000 slots, yet only 5,035 enrolled
 - No strategy to link jail discharges to GAP program
 - Access to outpatient services could reduce impact of “frequent fliers”

Longer-Term Policy Questions

- Should DBHDS and CSBs have more integrated role continuum of care for individuals with SMI in the criminal justice system?
- Will DBHDS need additional forensic and civil bed capacity given the increase in total admissions, forensic admissions, and TDO admissions?
- What additional investments could be made in programs that effectively divert individuals with serious mental illness from more expensive institutional settings to community-based treatment?

Appendix: SMI Population by Jail (1/3)

Facility	SMI Population, 2015	SMI as % of ADP, 2015
Riverside Regional Jail	250	24%
Hampton Roads Regional Jail	244	27%
Chesapeake City Jail	228	28%
Fairfax Adult Detention Center	188	20%
Southwest Virginia Regional Jail	187	11%
Pr. William/Manassas Regional	153	18%
Western Virginia Regional Jail	142	22%
Blue Ridge Regional Jail Authority	131	13%
Richmond City Jail	114	11%
Northwestern Regional Jail	108	17%
Middle River Regional Jail	104	16%
Virginia Beach Correction. Ctr	100	7%

Facility	SMI Population, 2015	SMI as % of ADP, 2015
Arlington County Detention Facility	85	20%
Norfolk City Jail	81	8%
Henrico County Jail	79	7%
Piedmont Regional Jail	68	16%
Alexandria City Jail	67	31%
Albemarle-Charlottesville Regional Jail	66	16%
Roanoke City Jail	66	13%
Newport News City Jail	64	15%
Chesterfield County Jail	56	22%
Rappahannock Regional Jail	52	4%
Meherrin River Regional Jail	46	13%
Bristol City Jail	46	33%

Appendix: SMI Population by Jail (2/3)

Facility	SMI Population, 2015	SMI as % of ADP, 2015	Facility	SMI Population, 2015	SMI as % of ADP, 2015
New River Regional Jail	36	4%	Northern Neck Regional Jail	25	26%
Botetourt County Jail	33	28%	Southside Regional Jail	22	23%
Western Tidewater Regional	33	7%	Virginia Peninsula Regional	21	4%
Middle Peninsula Regional	31	14%	Henry County Jail	20	12%
Hampton Correctional Facility	31	10%	Accomack County Jail	19	22%
Loudoun County Adult Detention	29	8%	Gloucester County Jail	19	64%
Central Virginia Regional Jail	29	11%	Montgomery County Jail	16	24%
Rsw Regional Jail	27	9%	Danville City Jail	13	5%
Patrick County Jail	26	28%	Portsmouth City Jail	13	5%
Pamunkey Regional Jail	26	8%	Fauquier County Jail	11	13%
Culpeper County Jail	25	37%	Rockbridge Regional Jail	11	12%
Rockingham-Harrisonburg Reg.	25	10%	Pittsylvania County Jail	10	10%

Appendix: SMI Population by Jail (3/3)

Facility	SMI Population, 2015	SMI as % of ADP, 2015
Martinsville City Jail	8	7%
Roanoke County/Salem Jail	5	12%
Eastern Shore Regional Jail	4	4%
Page County Jail	4	5%
Sussex County Jail	4	10%
Lancaster Correctional Center	2	11%
Charlotte County Jail	0	0%
Franklin County Jail	0	0%
Southampton County Jail	0	0%
Peumansend Creek Regional	0	0%