

Office of the State Inspector General

Review of Mental Health Services in Local and Regional Jails

Presentation to a Joint Subcommittee Session of the Senate Finance Subcommittees of
Public Safety, General Government, & Health and Human Resources

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January 17, 2014



Authority of Review

The Office of the State Inspector General (OSIG) conducted a review of the mental health services provided in the Commonwealth of Virginia's local and regional jails pursuant to the *Code of Virginia* (*Code*) [§2.2-309.1\(B\)\[1\]\[2\]](#).



Justification for Review

- Compensation Board's *Mental Illness in Jails Reports* document a growing challenge for jails.
 - In July 2012 local and regional jail systems reported 6,322 incarcerated persons with mental illness.
 - 48% (3,043 individuals) qualified for a diagnosis of serious mental illness.
 - The number of individuals identified with mental illness in jails increased by 30%, from 4,879 to 6,322 from 2008 to 2012.
 - One in four inmates in local and regional jails was known, or suspected, to be mentally ill—making Virginia's jails one of the Commonwealth's largest provider of mental health services for persons with mental illness.



2013 Compensation Board Update

- 2013 survey confirmed a continued presence of individuals with mental illness in local and regional jails and further recognized that an increasing number of incarcerated individuals have a serious mental illness (SMI).
 - The number of individuals with mental illness grew from 6,322 to 6,346.
 - The percentage of individuals identified as having an SMI increased from 48% to 56%—the highest rate of SMI in any Compensation Board survey to date.



Additional Considerations

The Commonwealth has a financial interest in the operation of local and regional jails.

According to the Compensation Board FY 2011 Jail Cost Report, the state provided \$291 million in state general fund dollars (SGF) to support the operation of jails and underwrote 35.1% of the operating cost of this system.



Additional Considerations

Recent Department of Justice investigations and actions in states regarding:

- Failure to commit sufficient resources to provide adequate mental health care.
- Failure to provide adequate mental health training to jail personnel.
- Prolonged isolation of individuals with mental illness.
- Use of excessive force on individuals with mental illness.



Focus of Review

The OSIG initiated this review in order to understand how Virginia's jails are addressing the challenge of serving individuals with mental illness.

This examination focused on answering nine questions concerning the policies and practices developed and utilized by Virginia's jails to supervise incarcerated individuals with mental illness.



Scope and Focus

- Site visits to 25 of 62 of the state's local and regional jails between July 17, 2013 and September 25, 2013
- Review of 172 medical records of incarcerated individuals with mental illness
- Interviews with leadership at all jails visited



Review Findings



Are jail policies and practices sufficient to identify and meet the needs of individuals with mental illness?

- Jails lack the resources to develop and implement the policies and practices necessary to provide needed mental health services to incarcerated individuals with mental illness.
- Inadequate resources increased the risk that individuals with mental illness deteriorate during their incarceration.
- Individuals are denied access to the array of mental health services that are available to non-incarcerated mentally ill persons in the community.



Do inmates with mental illness receive the minimum treatment required by state and local standards of care for incarcerated persons?

- Jail policies were written to meet the minimal compliance indicators that DOC uses for their inspections or certification visits.
- Practices related to the identification, treatment, and housing of mentally ill individuals exceeded the policies written in response to the BOC standards.
- Jails that had obtained accreditation from the American Correctional Association (ACA) or the National Commission on Correctional Health Care (NCCHC) had more comprehensive policies and practices specific to the identification and treatment of individuals with mental illness.



Is appropriate and proven medication available during an individual's incarceration?

- Access to general practitioners and psychiatrists varied significantly.
 - On site time of a psychiatrist in the 30 days prior to the OSIG site visit varied from zero hours to 80 hours.
 - Eight jails reported less than 20 hours of onsite psychiatric time in the 30-day period.
- Variation in jail funding by localities, an emphasis on medication cost containment, variation in jail formularies, and differences between jail versus state-operated facility formularies creates a fragmented and inconsistent system of treatment.



How are individuals with an acute episode of mental illness, accompanied with behavioral problems, housed and treated?

- Jail designs are consistent with the objectives of a correctional facility, but were not always conducive to addressing the treatment needs of inmates with mental illness, especially the most severe forms of mental illness and those individuals with active psychotic symptoms.
- Six of the 25 (25%) jails had established mental health units or pods in order to decrease the isolation of individuals with mental illness and expand opportunities for engagement.
- These units were likely to have dedicated staff with additional mental health training and were able to interact more readily, although much of that interaction lacked privacy.



Do services provided by CSBs or private providers of jail-based services meet the needs of incarcerated individuals with mental illness?

- MH services in jails did not rise to the level of what is available in the community, despite thoughtful efforts by administrators and providers.
- Jails are relying more on contracted private providers for overall health care, including mental health services, than on the CSBs.
 - CSBs provided 42% of mental health services in 2012, down from 61% in 2009 – *Compensation Board Survey of Jails*
 - CSBs receiving SGF for “jail diversion and treatment” were actively engaged at five review sites.
- Cognitive behavior therapy or other forms of individualized therapy were almost non-existent and direct engagement in even supportive counseling was brief.

Are policies and practices in place to effectively link individuals with mental illness to community-based services when they leave local and regional jails?

- The capacity of individuals to access treatment in the community is hindered by:
 - a lack of funding to support successful transition from jail to community,
 - delay in reactivation of Medicaid,
 - lack of planning for accessing Medicaid or other health care coverage that may be available.
- Jails did not have a tracking mechanism to monitor rates of recidivism for individuals with mental illness.



Are the total costs for providing MH care incurred by local and regional jails accurately accounted for?

- Jails did not capture all direct and indirect cost associated with supervising individuals with mental illness in their custody. The annual survey does not capture:
 - The staff cost for providing one-to-one supervision of mentally ill inmates experiencing acute episodes.
 - The staff and equipment cost of transporting mentally ill individuals to hospitals.
 - The cost (including medical care) of injuries resulting from inmate-on-staff aggression arising from behaviors associated with mental illness.



Has Crisis Intervention Team training had an impact on jails' mental health-specific policies, procedures, and practices?

- Jail Administrators consistently described positive impressions about the CIT training their staffs received.
- Administrators reported a reduction in the use of force, inmate-on-inmate violence, and inmate-on-staff aggression following this training.
- Jail Administrators confirmed the value of mental health training for jail staff and expressed a preference for having all staff trained in CIT.



What do jail administrators believe contributes to the incarceration of individuals with mental illness, and what are the priorities for addressing the needs of this population?

The top priorities for responding to inmates with mental illness were:

- psychiatric bed access
- creation of regional mental health correctional centers
- funding for additional mental health staff
- onsite pre-admission screening
- establishing a structured “hand-off” at release
- access to a state pharmacy to help control drug costs
- diversion options for minor offenses, i.e. creation of more drop-off centers
- additional mental health training for law enforcement officers



Recommendations

The OSIG Report on the “Review of Mental Health Services in Local and Regional Jails” includes 24 recommendations. Selected recommendations follow and the full report can be accessed on the OSIG’s website at <http://www.osig.virginia.gov/> by clicking on the “Reports” tab.



Selected Recommendations

- **RECOMMENDATION NO. 4-A** - Virginia should continue to prioritize funding the array of jail diversion alternatives defined in the Sequential Intercept Model (SIM) in order to reduce the number of mentally ill individuals in local and regional jails.
- **RECOMMENDATION NO 1-E** - DBHDS should continue to seek state funding for individualized mental health treatment in jails by CSB clinicians.
- **RECOMMENDATION NO. 8-A** - DBHDS and DCJS should coordinate current efforts to provide CIT training to jail personnel.



Selected Recommendations

- **RECOMMENDATION NO. 1-A** - Virginia should develop a strategy for funding mental health treatment for individuals in local and regional jails that is proportional to the investment in support services for the same population in the community.
 - Based only on SGF funding to CSB's and adults served in FY 2012, the investment of SGF for mental health services in jails would be approximately \$10.3M



Selected Recommendations

- **RECOMMENDATION NO. 1-B** - The Commonwealth should establish a process for suspending, rather than terminating, Medicaid when individuals enter local and regional jails.
- **RECOMMENDATION NO. 3-B** - A workgroup consisting of jail medical staff, CSB emergency staff, and DBHDS facility medical staff should develop protocols to guide the pre-admission screening process for individuals with mental illness who are in local and regional jails, focusing on reducing the risk of individuals deteriorating solely as a result of their jail residency.



Selected Recommendations

- **RECOMMENDATION NO. 4-C** - Future jail construction and renovations should place greater focus on the safety and treatment needs of mentally ill individuals.
- **RECOMMENDATION NO. 4-E** - Consideration should be given to the creation of mental health pods in local and regional jails. This would serve to expand active treatment for individuals with mental illness.
- **RECOMMENDATION NO. 6-A** - Jails should develop mechanisms for tracking recidivism of individuals with mental illness that were “engaged” in treatment at the time of release.



Selected Recommendations

- **RECOMMENDATION NO. 6-B** - An initiative similar to the Discharge Assistance Program (DAP) should be created to support successful jail-to-community transition.
- **RECOMMENDATION NO. 7** - The Virginia Association of Regional Jails (VARJ) and the Virginia Sherriff's Association (VSA) should work with their members to account for all direct and indirect costs associated with housing and treatment of individuals with mental illness.



Acknowledgment

This review would not have been possible without the cooperation of the Commonwealth's Sheriffs, the regional jail Superintendents, the Virginia Department of Corrections, the Virginia Sheriffs' Association, and the Virginia Association of Regional Jails. Throughout the review process, Virginia's correctional professionals expressed genuine interest and concern for the mentally ill individuals in their care.



Questions?