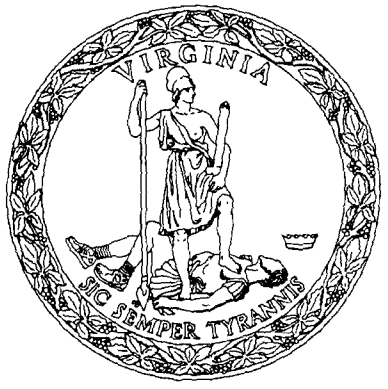
REPORT OF THE
JOINT COMMISSION ON HEALTH CARE

To Study Treatment Options For Offenders Who Have Mental Illness Or Substance Abuse Disorders

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA



SENATE DOCUMENT NO. 9

COMMONWEALTH OF VIRGINIA
RICHMOND
2004

JOINT COMMISSION ON HEALTH CARE

Chairman
The Honorable Harvey B. Morgan

Vice Chairman
The Honorable William T. Bolling

The Honorable R. Edward Houck
The Honorable Benjamin J. Lambert, III
The Honorable Stephen H. Martin
The Honorable William C. Mims
The Honorable Linda T. Puller
The Honorable Nick Rerras
The Honorable William C. Wampler, Jr.
The Honorable Clifford L. Athey, Jr.
The Honorable Robert H. Brink
The Honorable L. Preston Bryant, Jr.
The Honorable Benjamin L. Cline
The Honorable Jeannemarie A. Devolites
The Honorable Franklin P. Hall
The Honorable Phillip A. Hamilton
The Honorable S. Chris Jones
The Honorable Kenneth R. Melvin

Secretary of Health and Human Resources
The Honorable Jane H. Woods

Executive Director
Kim Snead

Preface

Senate Joint Resolution 97 and House Joint Resolution 142 of the 2002 General Assembly Session continued the study first requested in Senate Joint Resolution 440 during the 2001 General Assembly Session. SJR 440 (2001) directed the Joint Commission on Behavioral Health Care, the Virginia State Crime Commission and the Virginia Commission on Youth, or their successors, to "study treatment options for offenders who have mental illness or substance abuse disorders." SJR 97 and HJR 142 (2002) continued "the study of certain mental health needs, training, and treatment issues" requiring a final report by the Joint Commission on Behavioral Health Care and the Virginia Commission on Youth prior to the 2004 Session of the General Assembly. This final report is being submitted on behalf of the Joint Commission on Health Care (JCHC) which assumed the responsibilities of the Joint Commission on Behavioral Health Care on July 1, 2003. A copy of SJR 97 (2002) and HJR 142 (2002) is attached at Appendix A.

In the course of the three-year study of treatment options for offenders, a number of recommendations were implemented to assist in diverting juvenile and adult offenders with mental health disorders from the criminal justice system and to expand treatment alternatives. Although this is the final report required by resolution, the need to develop and improve treatment options will continue to be addressed by the Behavioral Health Care Subcommittee of JCHC.

On behalf of the Joint Commission on Health Care and its staff, I would like to thank the individuals and organizations, too numerous to list, who provided information and assistance during this study.

Kim Snead

Kim Snead
Executive Director

July 2004

Executive Summary

The initial study of "treatment options for offenders who have mental illness or substance abuse disorders" was requested in Senate Joint Resolution 440 during the 2001 General Assembly Session. SJR 440 (2001) directed the Joint Commission on Behavioral Health Care, the Virginia State Crime Commission and the Virginia Commission on Youth, to undertake the study. SJR 97 and HJR 142 (2002) subsequently continued "the study of certain mental health needs, training, and treatment issues" requiring a final report by the Joint Commission on Behavioral Health Care and the Virginia Commission on Youth prior to the 2004 Session of the General Assembly. This final report is being submitted on behalf of the Joint Commission on Health Care (JCHC) which assumed the responsibilities of the Joint Commission on Behavioral Health Care on July 1, 2003.

The first report, *Report of the Committee of the Joint Commission on Behavioral Health Care, Virginia State Crime Commission and the Virginia Commission on Youth Studying Treatment Options for Offenders Who Have Mental Illness or Substance Abuse Disorders*, Senate Document 25 (2002) was released in early 2002. The background information contained in SD 25 (2002) is not repeated in this report. The focus of this report is the work that was completed beginning July 1, 2003 when the Joint Commission on Health Care assumed responsibility for the work of the Joint Commission on Behavioral Health Care.

To complete the study of treatment options for offenders, JCHC's Behavioral Health Care Subcommittee reestablished the Task Force Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders (or the Treatment Task Force) and two work groups – an adult offender workgroup and a juvenile offender workgroup. The reporting structure and membership of these groups is shown on the next page. The adult and juvenile offender workgroups met four times during the spring and summer of 2003 to formulate recommendations to present to the Treatment Task Force. The Task Force in turn, made recommendations to the Behavioral Health Care Subcommittee. It should be noted that staff from the Commission on Youth and the Division of Legislative Services graciously continued to support the work of the offender work groups and the Treatment Task Force during this time period.

Actions Taken by the Behavioral Health Care Subcommittee

The Behavioral Health Care Subcommittee voted to take the following actions by letter of the Subcommittee Chairman.

Reporting Structure for the Offender Treatment Study

Joint Commission on Health Care

Delegate Harvey B. Morgan, Chairman
Delegate Clifford L. Athey, Jr.
Delegate Robert H. Brink
Delegate L. Preston Bryant, Jr.
Delegate Benjamin L. Cline
Delegate Jeannemarie A. Devolites
Delegate Franklin P. Hall
Delegate Phillip A. Hamilton
Delegate S. Chris Jones
Delegate Kenneth R. Melvin

Senator William T. Bolling, Vice-Chairman
Senator R. Edward Houck
Senator Benjamin J. Lambert, III
Senator Stephen H. Martin
Senator William C. Mims
Senator Linda T. Puller
Senator Nick Rerras
Senator William C. Wampler, Jr.
The Honorable Jane H. Woods *(ex officio)*

Behavioral Health Care Subcommittee

Senator Stephen H. Martin, Chairman
Senator R. Edward Houck
Senator William C. Mims
Senator Linda T. Puller
Senator William C. Wampler, Jr.

Delegate Robert H. Brink
Delegate Jeannemarie A. Devolites
Delegate Franklin P. Hall
Delegate Harvey B. Morgan *(ex-officio)*

Task Force Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders

Senator Stephen H. Martin, Chairman
Senator R. Edward Houck
Senator Janet D. Howell
Secretary Jane H. Woods
Deputy Secretary Barry R. Green

Delegate Robert Tata
Delegate Glenn M. Weatherholtz
Gary L. Close, Commonwealth's Attorney for Culpeper County

Adult Offender Workgroup **Juvenile Offender Workgroup**

Workgroups include representatives of human service and criminal/juvenile justice entities, provider associations, and consumer advocates.

Letter to the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)

Requests inclusion of "information about innovative practices among providers of mental health and substance abuse treatment services to offenders" in its web-based site for evidence-based, best and promising practices. In addition requests that DMHMRSAS report on its progress to the Subcommittee prior to the 2005 Session.

Requests that DMHMRSAS consider the needs of offenders with mental health and/or substance abuse disorders in regional reinvestment plans and in restructuring.

Requests that DMHMRSAS work with the Virginia Supreme Court to develop a system for reporting non-confidential data regarding the types of forensic evaluations that are reimbursed by the Court.

Letter to the Virginia Supreme Court

Requests that the Virginia Supreme Court work with DMHMRSAS to develop a system for reporting non-confidential data regarding the types of forensic evaluations that are reimbursed by the Court.

Letter to DMHMRSAS, the Department of Corrections (DOC) and the Virginia Association of Community Services Boards

Requests that the prototype for an interagency memorandum of agreement between DMHMRSAS, DOC, and a community services board continue to be developed and ultimately adopted. The purpose of the prototype is to assist in "facilitating the transition of offenders who have mental health and/or substance abuse services needs from the correctional setting to the community."

Letter to DOC, the Department of Medical Assistance Services (DMAS) and the Department of Social Services

Requests a report on how implementation of improvements in the processing of offender applications is proceeding. In addition, requests that DMAS monitor any changes in federal regulation that would affect Medicaid coverage for offenders.

Letter to the Secretary of Public Safety and the Secretary of Health and Human Resources

Requests that the Secretary of Public Safety and the Secretary of Health and Human Resources continue to collaborate on a plan to collect data and evaluate mental health and substance abuse treatment services for offenders.

Letter to the Department of Health

Requests that suicide among offenders be considered and included in the Suicide Prevention Plan that is being developed.

Letter to the Department of Juvenile Justice

Requests submission beginning in FY 2005, of annual reports on the results of the mental health screening that is being completed in secure detention facilities.

Letter to the Item 329.G Workgroup

Requests that the workgroup consider the needs of juvenile offenders in planning for behavioral health care services for children and adolescents.

Actions Taken by the Joint Commission on Health Care

On November 12, 2003, the Joint Commission on Health Care approved four budget amendments that were recommended by the Behavioral Health Care Subcommittee for Joint Commission action. Those budget amendments included:

- Language to request the Department of Corrections include an evaluation and reporting component in any new mental health or substance abuse treatment initiative for offenders in DOC's custody.
- Language to request the Department of Juvenile Justice include an evaluation and reporting component in any new mental health or substance abuse treatment initiative for offenders in DJJ's custody.
- Language to indicate JCHC's support for the continuation of State funding of local initiatives to address the needs of adult and juvenile offenders with mental health and substance abuse disorders who come into contact with the criminal justice system.
- Language to request that the Department of Mental Health, Mental Retardation and Substance Abuse Services, in cooperation with the Department of Criminal Justice Services, provide non-financial assistance in developing demonstration projects designed to divert individuals with mental illness (including co-occurring disorders) from jail or secure detention.

In addition, JCHC approved a recommendation that a letter be sent by the Chairman to request that the Department of Juvenile Justice distribute a letter of legal advice from the Office of the Attorney General (OAG) to secure detention centers. The letter states that secure detention facilities may electronically

transmit mental health screening information without relinquishing their status as exempt facilities under the Privacy Rule of the Health Insurance Portability and Accountability Act. The OAG letter further states that detention facilities that are subject to the Privacy Rule "may still disclose the information electronically to DJJ without an individual authorization because the disclosure...is required by law and is to a health oversight agency performing a health oversight function."

On January 13, 2004, two additional joint resolutions were approved for introduction by JCHC. The language in the two resolutions corresponds to budget amendments that were approved by JCHC for submission and seek to:

- Encourage the Department of Corrections and the Department of Juvenile Justice to include an evaluation and reporting component to any new mental health or substance abuse treatment initiative undertaken for offenders in their custody; and
- Encourage the Department of Mental Health, Mental Retardation and Substance Abuse Services to provide non-financial assistance in developing demonstration projects designed to divert individuals with mental illness (including co-occurring disorders) from jail or secure detention.

The legislation that was introduced by JCHC is included at Appendix B.

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I. Authority for the Study/Organization of Report

Senate Joint Resolution 97 and House Joint Resolution 142 of the 2002 General Assembly Session continued the study first requested in Senate Joint Resolution 440 during the 2001 General Assembly Session. SJR 440 (2001) directed the Joint Commission on Behavioral Health Care, the Virginia State Crime Commission and the Virginia Commission on Youth, or their successors, to "study treatment options for offenders who have mental illness or substance abuse disorders." SJR 97 and HJR 142 (2002) continued "the study of certain mental health needs, training, and treatment issues" requiring a final report by the Joint Commission on Behavioral Health Care and the Virginia Commission on Youth prior to the 2004 Session of the General Assembly. (An executive summary of the report was submitted in January 2004.) This final report is being submitted on behalf of the Joint Commission on Health Care (JCHC) which assumed the responsibilities of the Joint Commission on Behavioral Health Care on July 1, 2003.

ORGANIZATION OF THE REPORT

This report includes four major sections. This section discussed the authority for the study. Section II discusses the work of the Behavioral Health Care Subcommittee and subordinate groups established by JCHC to examine treatment options for offenders with mental illness and substance abuse disorders. Section III discusses the findings and options presented by the Behavioral Health Care Subcommittee for consideration by the Joint Commission on Health Care.

II. Structure for Completion of Final Report

A previous report, *Report of the Committee of the Joint Commission on Behavioral Health Care, Virginia State Crime Commission and the Virginia Commission on Youth Studying Treatment Options for Offenders Who Have Mental Illness or Substance Abuse Disorders,* Senate Document 25 (2002) was released in 2002. Extensive background information contained in that report is not repeated within this report. The focus of this report is the work that was completed beginning July 1, 2003, when the Joint Commission on Health Care (JCHC) assumed responsibility for the study.

In assuming responsibility for the Joint Commission on Behavioral Health Care, JCHC established the Behavioral Health Care Subcommittee. A major task of the Subcommittee was to complete the three-year study on treatment options for offenders with mental health and substance abuse disorders. The Committee that had been established by the Joint Commission on Behavioral Health Care was retained and renamed the Task Force Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders (or the Treatment Task Force). Two work groups, an adult offender workgroup and a juvenile offender workgroup, were retained also and reported to the Treatment Task Force. The adult and juvenile workgroups were composed of representatives of human service and criminal/juvenile justice entities, provider associations, and consumer advocates. The composition and reporting structure for JCHC's Offender Treatment Study is shown on the next page.

The adult and juvenile workgroups met four times during the spring and summer of 2003 to formulate recommendations that were presented to the Treatment Task Force. The Treatment Task Force also considered reports that were required in SJR 97 and HJR 142 (2002). These resolutions required the Secretary of Health and Human Resources, the Secretary of Public Safety, and a number to State agencies to report on actions and reviews they had undertaken in addressing mental health and substance abuse services for offenders. (The reports are included at Appendix C and Appendix D to this report.)

The Treatment Task Force met three times in 2003 and made recommendations to the Behavioral Health Care Subcommittee. The findings and recommendations of the Subcommittee are shown in Section III of this report.

Reporting Structure for the Offender Treatment Study

Joint Commission on Health Care

Delegate Harvey B. Morgan, Chairman
Delegate Clifford L. Athey, Jr.
Delegate Robert H. Brink
Delegate L. Preston Bryant, Jr.
Delegate Benjamin L. Cline
Delegate Jeannemarie A. Devolites
Delegate Franklin P. Hall
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Behavioral Health Care Subcommittee

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Senator Linda T. Puller
Senator William C. Wampler, Jr.

Delegate Robert H. Brink
Delegate Jeannemarie A. Devolites
Delegate Franklin P. Hall
Delegate Harvey B. Morgan *(ex-officio)*

Task Force Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders

Senator Stephen H. Martin, Chairman
Senator R. Edward Houck
Senator Janet D. Howell
Secretary Jane H. Woods
Deputy Secretary Barry R. Green

Delegate Robert Tata
Delegate Glenn M. Weatherholtz
Gary L. Close, Commonwealth's Attorney for Culpeper County

Adult Offender Workgroup **Juvenile Offender Workgroup**

Workgroups include representatives of human service and criminal/juvenile justice entities, provider associations, and consumer advocates.

III. Findings and Recommendations of the Behavioral Health Care Subcommittee

Cross-Training and Innovative Practices

STATUTORY BASIS

SJR 97/HJR 142 (2002) requested that DMHMRSAS (1) develop and advise on implementation of "a curriculum for cross-training law enforcement officers, judges, jail and detention home staff, and community mental health treatment staff in security and treatment services" and (2) to explore and recommend options for communicating "information about innovative practices among providers of mental health and substance abuse treatment services to offenders."

RECENT ACTIONS

Cross-Training Curriculum

A preliminary framework for cross-training curricula that "articulate[s] the specific 'core competencies' needed...to provide the most appropriate response to persons with mental illness, mental retardation and substance abuse in a criminal justice setting" has been developed. Additional input is being submitted on behalf of Sheriffs, Police Chiefs, Commonwealth's Attorneys, and Public Defenders. DMHMRSAS recommends that once the curriculum has been completed, it should be used as a "framework for evaluating and developing training for state and local treatment and criminal justice personnel [and to] develop strategies, including statutory proposals if appropriate, to strengthen state and local interagency relationships to enhance cross-training efforts...."

Dissemination of Innovative Practices

DMHMRSAS plans to include innovative practices as a resource in its web-based site for evidence-based, best, and promising practices. That website is being developed for use by practitioners, consumers, families and others. In addition, DMHMRSAS will continue to work with other entities, such as the UVA Institute of Law, Psychiatry and Public Policy, regarding collaboration in designing or providing links to the innovative practices resource.

BEHAVIORAL HEALTH CARE SUBCOMMITTEE ACTIONS

By letter from the Subcommittee Chairman, request DMHMRSAS continue to address inclusion of innovative practices within its web-based site for evidence-based, best, and promising practices. Include in the letter, a request that DMHMRSAS report to the Subcommittee on its progress prior to the 2005 General Assembly Session.

Continue to address the issue of dissemination of innovative practices by including the issue in the Subcommittee's workplan for 2004.

OPTIONS RECOMMENDED FOR JCHC REVIEW

Option I: Introduce legislation to amend the *Code of Virginia*, § 9.1-102.2 to require by July 1, 2005 that the Department of Criminal Justice Services ensure a training curriculum is available that provides basic knowledge, skills and abilities to assist in understanding and working with individuals who have mental health and/or substance abuse disorders. The training is to be phased in over a two year-period to be incorporated into the compulsory minimum training standards required for law enforcement officers and for medical personnel working in local and regional jails and secure detention facilities.

Option II: *Continue to address the issue of cross-training curriculum by including the issue in the Subcommittee's workplan for 2004.*

Evaluation of Mental Health and Substance Abuse Programs for Offenders

STATUTORY BASIS

SJR 97/HJR 142 (2002) requested that the Secretary of Public Safety and the Secretary of Health and Human Resources delineate a plan "for collecting data on treatment services provided to and needed by state responsible offenders and a process for evaluating the effectiveness of treatment services."

RECENT ACTIONS BY PUBLIC SAFETY

Department of Corrections (DOC)

DOC does not comprehensively evaluate the effectiveness of behavioral health care programs provided for offenders. In fact, budget and staff reductions have "impeded [DOC's] ability to evaluate programs" except on a limited basis. DOC's mental health units and sex offender treatment program are licensed by DMHMRSAS and the Marion Correctional Treatment Center is accredited by JCAHO. Furthermore, DOC is implementing improvements that will enhance the agency's ability to evaluate programs.

- DOC and VCU have a MOA "to develop a prioritized list of evaluation needs."
- An automated Offender Management System that will allow for better tracking of offenders over time will be developed according to funding availability.
- Future DOC reports on behavioral health care programs for offenders will include licensing, certification, accreditation and inspection status of the programs.
- Planning and funding for evaluating programs will need to be included in future program development plans.

Department of Juvenile Justice (DJJ)

DJJ does not comprehensively evaluate the effectiveness of behavioral health care programs provided for juvenile offenders. However, DJJ maintains a Juvenile Tracking System which in concert with criminal record checks by the State Police, allows for monitoring of recidivism. DJJ institutions are required to meet VA CORE standards for children. Moreover, DJJ programs are:

- Provided by trained and credentialed personnel.
- Designed based on programs that have been effective in other states.
- Assessed on a periodic basis against established treatment standards.
- Improved using a "'self-adjusting' process as new program knowledge and research become available."

Evaluation of Mental Health and Substance Abuse Programs *cont.*

Public Safety Evaluation Opportunities

Public safety agencies are considering a number of ways of improving the evaluation of treatment programs for offenders including:

- Incorporating evaluation requirements and funding in future programs.
- Improving agency data systems so that data can be provided in the future.
- Pursuing funding for evaluations from sources other than the State.
- Looking to establish additional partnerships with academic institutions to conduct evaluations.

RECENT ACTIONS BY BEHAVIORAL HEALTH ENTITIES

DMHMRSAS staff indicated that in general, the available information relates to access, utilization, and adequacy of programs rather than outcome measures.

Inpatient Forensic Services

The DMHMRSAS inpatient treatment programs are accredited by JCAHO. The **number of transfers** from correctional facilities into inpatient forensic programs in 2003 and the **average waiting periods** for those transfers were reported to be:

- 136 transfers for evaluation of trial competency, sanity, sex offenses, pre-sentencing, etc. – 26.3 days
- 416 transfers for intensive treatment – 3.6 days
- 285 transfers for competency restoration – 50 days.

DMHMRSAS has contracted with the Institute of Law, Psychiatry, and Public Policy at UVA to provide training in forensic evaluation in order to increase the number of forensic services that can be provided in a correctional facility or in the community. DMHMRSAS estimated that the 1,664 community-based evaluations completed in FY 2003 at a cost of $547,000 saved the Commonwealth nearly $25 million in what inpatient evaluations would have cost. An additional $2 million was estimated in savings related to the provision of restoration to competency services to juveniles on an outpatient basis (DMHMRSAS estimate).

CSB-Provided Forensic Services

CSBs provide services to adult and juvenile offenders on the basis of performance contracts and agreements with DMHMRSAS and agreements made directly with the local correctional entity. CSBs reported on treatment provided for more than 14,000 offenders in FY 2002. An August 2003 survey of probation and parole offices in Virginia indicated, "crisis intervention, case management, individual and group counseling, and psychotropic medication treatment are available through local mental health agencies in most locales in the state." However, "there is often a significant wait for access to all these services, except for crisis intervention. Waiting times can range up to 120 days for enrollment in various forms of outpatient counseling, in some jurisdictions."

Evaluation of Mental Health and Substance Abuse Programs *cont.*

BEHAVIORAL HEALTH CARE SUBCOMMITTEE ACTIONS

By letter from the Subcommittee Chairman, request that the Secretary of Public Safety and the Secretary of Health and Human Resources continue to collaborate to develop a plan "for collecting data on treatment services provided to and needed by state responsible offenders and a process for evaluating the effectiveness of treatment services."

By letter from the Subcommittee Chairman, request the Department of Mental Health, Mental Retardation and Substance Abuse Services work with the Virginia Supreme Court to develop a system for reporting non-confidential information regarding the types of forensics evaluations that are reimbursed by the Court.

Continue to address the issue of evaluation of mental health and substance abuse by including the issue in the Subcommittee's workplan for 2004.

OPTIONS RECOMMENDED FOR JCHC REVIEW

Option I: Introduce a budget amendment (language only) that requires any new mental health or substance abuse treatment initiatives for offenders to include an evaluation and reporting component.

Uniform MH Screenings in Secure Detention Facilities

STATUTORY BASIS

SJR 97/HJR 142 (2002) requested DJJ "to design and implement a uniform mental health screening instrument and interview process of juvenile offenders admitted to secure detention facilities....."

RECENT ACTIONS

DJJ convened a workgroup in 2002 that designed an interview protocol and selected the Massachusetts Youth Screening Inventory, Second Version or MAYSI-2 as the uniform screening instrument to be used by the 24 secure detention facilities. DJJ also modified its statewide automated detention home data system to incorporate the MAYSI-2 information.

The interview protocol and screening instrument were implemented on March 1, 2003, with no significant problems being reported to DJJ by detention facilities. In a short period of time however, several detention facilities contacted DJJ staff to report that "they would be unable to continue to enter the MAYSI-2 data into the automated data system due to the new requirements of the federal Health Insurance Portability and Accountability Act (HIPAA) regulations....HIPAA regulations greatly limit the sharing of personal health information, such as MAYSI-2 results, and city and county attorneys in the jurisdictions of the detention facilities are advising them not to enter this information into the automated system."

DJJ reports that as of July 1st, screening "results for 2,504 juveniles were entered into the automated DJJ data system by 18 of 24 detention facilities since March 1. However, at that time, only seven facilities continue to enter MAYSI-2 results into the automated system."

BEHAVIORAL HEALTH CARE SUBCOMMITTEE ACTIONS

By letter from the Subcommittee Chairman, request that beginning in FY 2005, DJJ submit annual reports to the Subcommittee of aggregated results and any analysis of the reporting submitted by secure detention facilities of MAYSI-2 information.

Continue to address the issue of the uniform mental health screenings in secure detention facilities by including the issue in the Subcommittee's workplan for 2004.

OPTIONS RECOMMENDED FOR JCHC REVIEW

Option I: Introduce legislation to amend *Code of Virginia* § 16.1-248.2 to require secure detention facilities to use a DJJ-approved uniform mental health screening assessment and to enter the screening results into the DJJ automated Juvenile Tracking System.

Recommendations of the Adult and Juvenile Offender Workgroups

STATUTORY BASIS

SJR 97/HJR 142 (2002) continued the study (originally authorized by SJR 440 in 2001) of treatment options for offenders who have mental illness or substance abuse disorders. The SJR 97/HJR 142 study was undertaken by the Joint Commission on Behavioral Health Care in conjunction with the Commission on Youth and staff assistance from the Division of Legislative Services and assumed by the Joint Commission on Health Care on July 1, 2003.

RECENT ACTIONS

An adult offender workgroup and a juvenile offender workgroup including a number representatives of state, local and private entities from the behavioral health, human resource, and public safety arenas have worked diligently for three years. Recommendations have been made in the areas of diversion from the criminal justice system when possible, enhanced services for offenders who have mental illness or co-occurring disorders who are incarcerated in local and regional jails, and enhanced assistance when these offenders are released from jails or prisons.

RECOMMENDATIONS OF THE ADULT OFFENDER WORKGROUP

Diversion from Jail

The workgroup noted that there are a number of ways in which adults who suffer from mental illness could be diverted from local and regional jails. In the short-term, diversion would require funding for start-up costs. However, diversion is expected to generate significant savings in the long-term in both financial and human costs. The intent is to help to prevent "the criminalization of mental illness."

Service Provision in Jail

The workgroup recommended enhancing the ability of regional and larger jails to develop specialized programs to allow the opportunity for smaller jails to transfer inmates for needed services. The idea is to provide for enhanced reimbursement for approved transfers.

Reentry Assistance Prior to and Upon Release

Correctional facilities (larger jails and prisons in particular) may want to identify contacts and establish agreements with social services agencies, CSBs, and the federal Social Security Administration to assist with reentry issues.

Additional Recommendations

By letter from the Subcommittee Chairman, emphasize the need to address in planning for reinvestment and in restructuring the impact of proposed actions on the criminal justice system. In addition, to work closely with the Forensics Special Populations Work Group and regional restructuring entities to ensure that the potential/actual offender population is considered and addressed.

RECOMMENDATIONS OF THE JUVENILE OFFENDER GROUP

Diversion from Secure Detention Facilities

The juvenile justice system provides for many opportunities for diversion from the system. The workgroup members indicated juveniles who have emotional disturbance comprise the largest group who could be safely diverted from secure detention if alternatives were provided. These children are often difficult and disrespectful and if labeled "delinquent" are at real risk of being "criminalized."

Service Provision in Secure Detention and Reentry Assistance Upon Release

DCJS awarded just under $495,000 in a one-year grant to DMHMRSAS to develop a model for the provision of mental health services in secure detention and case management services upon release from detention. DMHMRSAS will be working with CSB staff to provide services to juveniles who are confined and in some cases being released from five secure detention facilities.

Chesapeake CSB and Tidewater Detention Home
Crossroads CSB (Farmville area) and Piedmont Regional Detention
Planning District One BH Service and Highlands Juvenile Detention Center
Richmond Behavioral Health Authority and Richmond DJJS
Valley CSB (Staunton area) and Shenandoah Valley Detention Center

The workgroup considered this grant to be an important opportunity to learn from the experience in these 5 detention centers.

Additional Recommendations

By letter from the Subcommittee Chairman, emphasize the need to consider and address in planning for Item 329G initiatives, the impact of proposed actions on the juvenile justice system. The intention is to work closely with the Item 329G work group to ensure that the potential/actual juvenile offender population is considered and addressed.

BEHAVIORAL HEALTH CARE SUBCOMMITTEE ACTIONS

Include in the 2004 Subcommittee workplan the specific issue of working with the local and regional jail administrators and associations, the Compensation Board, Community Services Boards and their association, and DMHMRSAS regarding the idea of enhancing the ability of regional and larger jails to develop specialized behavioral health programs that could be resources for inmates of jails that lack such programs.

By letter from the Subcommittee Chairman emphasize the need for DMHMRSAS to consider the needs of offenders with mental illness and/or substance abuse disorders in regional reinvestment plans and in restructuring.

Continue to address the issue of treatment options for adult and juvenile offenders who have mental illness or substance abuse disorders by including the issue in the Subcommittee's workplan for 2004.

By letter from the Subcommittee Chairman emphasize the need for the planning group for Item 329.G. to consider the needs of juvenile offenders in planning for behavioral health care services for children, adolescents, and their families.

OPTIONS RECOMMENDED FOR JCHC REVIEW

Option I: Introduce a budget amendment (language only) to express support by the Joint Commission on Health Care to continue State funding of local initiatives to address the needs of adults and juveniles with mental health and substance abuse disorders who come into contact with the criminal justice system. Examples of initiatives include drug courts, therapeutic programs both in the community and within jails and secure detention facilities, and specialized probation and parole supervision.

One comment was received **in support of this Option.**

Virginia Association of Community Services Boards

Option I: *(Alternative Language)* Introduce a budget amendment (language only) to include a statement of support by the Joint Commission on Health Care for programs designed to divert (when possible) or to provide services addressing the treatment needs of adults and juveniles with mental health and substance abuse disorders who come into contact with the criminal justice system. Examples of initiatives include drug courts, therapeutic programs both in the community and within jails and secure detention facilities, and specialized probation and parole supervision.

Option II: Introduce a budget amendment (language only) to provide non-financial assistance in developing demonstration projects designed to divert from jail or secure detention, individuals exhibiting mental illness (including co-occurring disorders) who have committed an offense (that is not a serious violent or destructive act) that, if properly assessed and treated, would predictably reduce or eliminate the re-occurrence of such offenses.

Discharge Planning for Adult Offenders

STATUTORY BASIS

SJR 97/HJR 142 (2002) requested that DOC and DMHMRSAS "examine ways to ensure offenders' access to appropriate medications and the management of medications for offenders when they are released from state correctional facilities. The Departments shall include in their recommendations the contents required in a memorandum of agreement to ensure continuity of care for offenders in post-incarceration status."

RECENT ACTIONS

A preliminary memorandum of agreement (MOA) has been developed with representatives of DOC, DMHMRSAS, and several CSBs. The agreement delineates agreed upon actions on the part of DOC, CSBs, and DMHMRSAS with regard to assisting offenders with mental health and/or substance abuse disorders transition back into the community upon release from DOC. In developing the MOA, funding and staffing constraints were not considered. Instead, the agreement presents a model for what the various entities could work together to accomplish.

The memorandum has been approved by DOC, but is still under review by DMHMRSAS and the CSBs. Initial comments provided by CSBs regarding the provisions of the MOA indicate that there are significant concerns that need to be resolved.

BEHAVIORAL HEALTH CARE SUBCOMMITTEE ACTIONS

By letter from the Subcommittee Chairman, request that the Department of Corrections, the Department of Mental Health, Mental Retardation, and Substance Abuse Services, and the community services boards continue to develop the memorandum of agreement and report to the Subcommittee prior to the 2005 General Assembly Session.

One comment was received **in support of this Option.**

Virginia Association of Community Services Boards

Continue to address the issue of providing assistance for offenders who are being released from local and state correctional facilities in receiving federal and state benefits (such as Social Security benefits and Medicaid) by including the issue in the Subcommittee's workplan for 2004.

One comment was received **in support of this Option.**

Virginia Association of Community Services Boards

Access to Medicaid for Offenders

STATUTORY BASIS

SJR 97/HJR 142 (2002) requested that DMAS, DOC, and DJJ "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."

RECENT ACTIONS

It has been the general policy of the federal government that federal money will not be provided for services for "inmates of public institutions" such as correctional facilities (*Code of Federal Regulations*, Title 42-435.1008). Recently, questions have been raised regarding this policy, in part because of an understanding that as many as three states may have received reimbursement through Medicaid for medical care for their incarcerated inmates. A related issue is whether Medicaid eligibility should be suspended or terminated for offenders when they are incarcerated.

DMAS staff addressed these issues and indicated the following. First, the DMAS regional contact for the Centers for Medicare & Medicaid Services stated that a letter should be forthcoming from Mr. Dennis Smith clarifying the guidelines for Medicaid coverage for incarcerated offenders. The letter is expected to say that in general incarcerated offenders are not eligible for Medicaid enrollment. However, DMAS staff indicated that if Medicaid reimbursement for the incarcerated population were allowed explicitly by CMS without negative consequences (such as making changes in the program that ultimately would be more expensive for the Commonwealth), Virginia would favor that reimbursement. Second, in terms of suspending benefits, DMAS staff believe that very few offenders would be eligible for suspension of benefits, even if that were an option Virginia chose to pursue. The basis for Medicaid eligibility for the majority of adult offenders prior to being incarcerated would have been eligibility for Supplemental Security Income (SSI). However, upon incarceration, these offenders would lose their SSI eligibility which would require DMAS to terminate their eligibility for Medicaid as a SSI recipient. Similarly, the basis for Medicaid eligibility for the majority of juvenile offenders prior to being confined would have been related to their "status" in terms of being in foster care or a member of a low-income household. Again, loss of that "status" on the basis of criminal charges or conviction would typically require DMAS to terminate Medicaid eligibility. Exceptions are made for juveniles who are held in secure detention for certain reasons other than criminal charge such to protect the juvenile or because detention is considered to be in the best interest of the juvenile.

Actions have been taken to ensure that offenders who have mental health or substance abuse disorders and are being released from jails and correctional facilities are assisted. These actions include:

- "DSS Medicaid eligibility manual was revised to provide specific instruction to local Departments of Social Services on accepting and processing applications for incarcerated individuals who are about to be released."
- Local DSS staff have been trained regarding the policy changes and have received a Medicaid Fact Sheet that addresses eligibility for offenders who are being released from local and state correctional facilities.
- DMAS is also working with DOC and others to distribute the Medicaid Fact Sheet and Medicaid applications to state correctional facility staff, probation and parole officers and local and regional jails.
- DMAS intends to continue to monitor how the application process is going and to "offer technical assistance when necessary to facilitate inmate access to Medicaid coverage."

BEHAVIORAL HEALTH CARE SUBCOMMITTEE ACTIONS

By letter from the Subcommittee chairman, request that Department of Medical Assistance Services report to the Subcommittee regarding any changes in federal interpretation of Medicaid regulations and that DMAS and the Department of Corrections report on how the processing of offender applications for assistance is working.

Continue to address the issue of offender access to Medicaid benefits by including the issue in the Subcommittee's workplan for 2004.

APPENDICES

APPENDIX A

2002 SESSION

ENROLLED

SENATE JOINT RESOLUTION NO. 97

Continuing the study of certain mental health needs, training, and treatment issues, and requesting certain Secretaries and state agencies to provide information or commence specific action related to such issues.

Agreed to by the Senate, March 6, 2002
Agreed to by the House of Delegates, March 5, 2002

WHEREAS, Senate Joint Resolution No. 440 (2001) directed the Joint Commission on Behavioral Health Care, in conjunction with the Virginia State Crime Commission and the Virginia Commission on Youth, to study treatment options for offenders with mental illness or substance abuse disorders; and

WHEREAS, to accomplish their work, the Commissions each appointed representatives to a special study committee, the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders, which met seven times to receive public comments and hear presentations from consumers, family members, advocates, criminal justice professionals, treatment providers, academic faculty and other experts; and

WHEREAS, the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders established an advisory group and maintained a web site to facilitate the exchange of information where interested persons were able to download agendas, presentations, meeting summaries, and proposed recommendations; and

WHEREAS, members of the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders developed a considerable amount of expertise about the treatment needs of offenders with mental illness or substance abuse disorders; and

WHEREAS, during the first year, the focus of the special study committee was on the needs of offenders, but more research is needed on diversion programs that will prevent persons with mental illness and substance abuse disorders from entering the criminal justice system in the first place; and

WHEREAS, one of the special study committee's key recommendations was the establishment of an interagency work group to develop a screening-assessment-treatment model, a regional planning process to foster state-local interagency collaboration, and model memoranda of agreement that detail treatment provider and purchasing agency responsibilities; and

WHEREAS, the addition of the Secretaries of Public Safety and Health and Human Resources as ex officio members to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders would strengthen the committee's ability to discuss and resolve issues pertaining to interagency collaboration; and

WHEREAS, no comprehensive mechanism exists to systematically collect and analyze complete and accurate data on mental health and substance abuse treatment services provided to and needed by adult and juvenile offenders; and

WHEREAS, evaluation of the effectiveness of mental health and substance abuse treatment programs is crucial to determining the success of such programs; and

WHEREAS, access to and appropriate management of medications is a critical transition service for persons with mental illness who were previously incarcerated; and

WHEREAS, the lack of access to medications and medication management greatly increases the likelihood that persons with mental illness will have further contact with law enforcement; and

WHEREAS, improving access to comprehensive, individualized services when they are most needed can help persons with mental illness avoid inappropriate involvement in the criminal justice system; and

WHEREAS, a model court order would expedite the process by which the judge, prosecutor, defense attorney and the mental health community could work together to secure the necessary screening, assessment and treatment services for persons with mental illness; and

WHEREAS, many jurisdictions, including some in Virginia, have initiated innovative diversion programs and treatment services as alternatives to incarceration; and

WHEREAS, there is not a single clearinghouse of information in Virginia that details the quantity, quality and accountability of mental health and substance abuse programs for offenders that could

become a resource for communities that are interested in developing diversion and treatment programs; and

WHEREAS, the lack of access to mental health care when inmates are released can greatly increase the likelihood that persons with mental illness will have further contact with law enforcement; and

WHEREAS, under Medicaid law, states do not receive federal matching funds for services provided to individuals who are incarcerated; however, federal law does not require states to terminate inmates' eligibility; inmates may have their eligibility suspended and may remain on the Medicaid rolls even though services received while they are incarcerated are not covered; and

WHEREAS, accordingly, someone who had a Medicaid card before incarceration may be able to use it immediately after release to obtain needed services and medication; and

WHEREAS, the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders (Senate Joint Resolution No. 440, 2001) found that local detention homes and court service units do not conduct uniform screenings and assessments for mental illness among juvenile offenders; and

WHEREAS, some jurisdictions have already recognized that cross-training to balance therapeutic goals, security needs, and public safety is beneficial for law-enforcement officers, judges, jail and detention home staff, and community treatment staff in dealing with persons in the criminal justice system who have mental illness; and

WHEREAS, draft recommendations from the Council of State Governments' Criminal Justice and Mental Health Consensus Project include a recommendation concerning the development of cross-training programs for criminal justice professionals and mental health treatment providers; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the study of certain mental health needs, training, and treatment issues be continued, and that certain Secretaries and state agencies be requested to provide information or commence specific action related to such issues. To provide for the efficient transition, continuity, and completion of the study, the entity directed to assume the work and responsibilities of the Joint Commission on Behavioral Health Care and the Virginia Commission on Youth for this study shall give due consideration to continuing the special study committee, referred to as the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders, and to establishing an interagency work group to provide assistance for the study. The Chairman of the entity directed to continue the study shall appoint such members of the special study committee as he may deem appropriate.

If the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders is continued, it shall (i) provide leadership and direction for the interagency work group, (ii) oversee the implementation of its recommendations, (iii) conduct further research regarding diversion programs for persons with mental illness and substance abuse disorders that redirect such persons into appropriate mental health and substance abuse treatment programs and away from the criminal justice system, and (iv) expand its membership to include the Secretary of Public Safety and the Secretary of Health and Human Resources, who shall serve ex officio with full voting privileges.

The interagency work group, if established, shall consist of representatives of the following agencies and organizations: Department of Criminal Justice Services, Department of Corrections, Department of Juvenile Justice, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Social Services, Virginia Association of Community Services Boards, Community Criminal Justice Boards, Virginia Sheriff's Association, Regional Jails Association, Office of Comprehensive Services Act, and the Virginia Council of Juvenile Detention Homes; and, be it

RESOLVED FURTHER, That certain Secretaries and state agencies be requested to provide information or commence specific action described as follows:

The Secretary of Public Safety, in conjunction with the Secretary of Health and Human Resources and the Secretary of Administration are requested to develop a plan, including the estimated cost, for collecting data on treatment services provided to and needed by state responsible offenders and a process for evaluating the effectiveness of treatment services. The Secretary of Public Safety, together with the Secretary of Health and Human Resources and the Secretary of Administration, shall report their joint findings and recommendations to the Committee Studying

Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002.

The Department of Mental Health, Mental Retardation and Substance Abuse Services, in conjunction with the Office of the Executive Secretary of the Virginia Supreme Court, the Department of Criminal Justice Services and the Department of Juvenile Justice are requested to develop and recommend ways to implement a curriculum for cross-training law-enforcement officers, judges, jail and detention home staff, and community mental health treatment staff in security and treatment services. In developing the curriculum and recommendations, the Department of Mental Health, Mental Retardation and Substance Abuse Services shall consider issues concerning the philosophy and purpose of cross-training, confidentiality, judicially-ordered treatment, medication management, records management, and the contents of treatment and security services reference guides. The Department of Mental Health, Mental Retardation and Substance Abuse Services, together with the Office of the Executive Secretary of the Virginia Supreme Court, the Department of Criminal Justice Services and the Department of Juvenile Justice, shall report the joint findings and recommendations of the agencies to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002.

The Department of Corrections and the Department of Mental Health, Mental Retardation and Substance Abuse Services are requested to examine ways to ensure offenders' access to appropriate medications and the management of medications for offenders when they are released from state correctional facilities. The Departments shall include in their recommendations the contents required in a memorandum of agreement to ensure continuity of care for offenders in post-incarceration status. The Department of Corrections and the Department of Mental Health, Mental Retardation and Substance Abuse Services shall report their findings and recommendations, jointly, to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002.

The Office of the Executive Secretary of the Supreme Court is requested to examine the feasibility of designing and implementing a model court order that addresses mental health services. The Office of the Executive Secretary shall consult with the Departments of Criminal Justice Services, Corrections, and Mental Health, Mental Retardation and Substance Abuse Services and the Virginia Association of Community Services Boards, Community Criminal Justice Boards, the Virginia Sheriffs' Association, and the Regional Jails Association and shall report its findings and recommendations to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002.

The Department of Mental Health, Mental Retardation and Substance Abuse Services is requested to explore ways to communicate information about innovative practices among providers of mental health and substance abuse treatment services to offenders. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall report its findings and recommendations to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002.

The Department of Medical Assistance Services, in conjunction with the Department of Corrections and the Department of Juvenile Justice are requested 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. The Department of Medical Assistance Services, in conjunction with the Department of Corrections and the Department of Juvenile Justice, shall report its findings and recommendations to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002.

The Department of Juvenile Justice is requested to design and implement a uniform mental health screening instrument and interview process for juvenile offenders admitted to secure detention facilities and to make recommendations concerning the feasibility of implementing a uniform screening and interview process for pre-dispositional investigations. The Department's recommendations shall include the fiscal and related impacts of implementing the uniform mental health screening instrument and interview process among probation officers conducting pre-dispositional investigations pursuant to § 16.1-273 of the Code of Virginia. The Department of Juvenile Justice shall report its findings and recommendations to the Committee Studying Treatment

Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002; and, be it

RESOLVED FINALLY, That for the purposes of this resolution, whenever any reference is made to the Joint Commission on Behavioral Health Care, the Virginia Commission on Youth, and the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders, such reference shall be deemed to include any successor in interest of the Joint Commission on Behavioral Health Care, the Virginia Commission on Youth, and the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders.

All agencies of the Commonwealth shall provide assistance to the entity directed to continue and complete the study, the Secretaries and state agencies referenced herein, upon request.

The direct costs of this study shall not exceed $5,250, in each year of the study, contingent upon three meetings each year during the 2002 and 2003 legislative interims. Such costs shall be borne by the successor in interest of the Joint Commission on Behavioral Health Care, the Virginia Commission on Youth, and the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders for the continuation of the study. If such funds are not appropriated for the continuation of the study, the Clerk of the Senate and the Clerk of the House shall each pay the expenses of their respective members from their operational budgets and shall share equally in the remaining expenses.

The entity directed to continue the study shall complete its work by November 30, 2003, and shall submit its written findings and recommendations, including the reports of the Secretaries and state agencies referenced herein, to the Governor and the 2004 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.

ENROLLED

HOUSE JOINT RESOLUTION NO. 142

Continuing the study of certain mental health needs, training, and treatment issues, and requesting certain Secretaries and state agencies to provide information or commence specific action related to such issues.

Agreed to by the House of Delegates, March 6, 2002
Agreed to by the Senate, March 5, 2002

WHEREAS, Senate Joint Resolution No. 440 (2001) directed the Joint Commission on Behavioral Health Care, in conjunction with the Virginia State Crime Commission and the Virginia Commission on Youth, to study treatment options for offenders with mental illness or substance abuse disorders; and

WHEREAS, to accomplish their work, the Commissions each appointed representatives to a special study committee, the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders, which met seven times to receive public comments and hear presentations from consumers, family members, advocates, criminal justice professionals, treatment providers, academic faculty and other experts; and

WHEREAS, the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders established an advisory group and maintained a web site to facilitate the exchange of information where interested persons were able to download agendas, presentations, meeting summaries, and proposed recommendations; and

WHEREAS, members of the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders developed a considerable amount of expertise about the treatment needs of offenders with mental illness or substance abuse disorders; and

WHEREAS, during the first year, the focus of the special study committee was on the needs of offenders, but more research is needed on diversion programs that will prevent persons with mental illness and substance abuse disorders from entering the criminal justice system in the first place; and

WHEREAS, one of the special study committee's key recommendations was the establishment of an interagency work group to develop a screening-assessment-treatment model, a regional planning process to foster state-local interagency collaboration, and model memoranda of agreement that detail treatment provider and purchasing agency responsibilities; and

WHEREAS, the addition of the Secretaries of Public Safety and Health and Human Resources as ex officio members to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders would strengthen the committee's ability to discuss and resolve issues pertaining to interagency collaboration; and

WHEREAS, no comprehensive mechanism exists to systematically collect and analyze complete and accurate data on mental health and substance abuse treatment services provided to and needed by adult and juvenile offenders; and

WHEREAS, evaluation of the effectiveness of mental health and substance abuse treatment programs is crucial to determining the success of such programs; and

WHEREAS, access to and appropriate management of medications is a critical transition service for persons with mental illness who were previously incarcerated; and

WHEREAS, the lack of access to medications and medication management greatly increases the likelihood that persons with mental illness will have further contact with law enforcement; and

WHEREAS, improving access to comprehensive, individualized services when they are most needed can help persons with mental illness avoid inappropriate involvement in the criminal justice system; and

WHEREAS, a model court order would expedite the process by which the judge, prosecutor, defense attorney and the mental health community could work together to secure the necessary screening, assessment and treatment services for persons with mental illness; and

WHEREAS, many jurisdictions, including some in Virginia, have initiated innovative diversion programs and treatment services as alternatives to incarceration; and

WHEREAS, there is not a single clearinghouse of information in Virginia that details the quantity, quality and accountability of mental health and substance abuse programs for offenders that could

become a resource for communities that are interested in developing diversion and treatment programs; and

WHEREAS, the lack of access to mental health care when inmates are released can greatly increase the likelihood that persons with mental illness will have further contact with law enforcement; and

WHEREAS, under Medicaid law, states do not receive federal matching funds for services provided to individuals who are incarcerated; however, federal law does not require states to terminate inmates' eligibility; inmates may have their eligibility suspended and may remain on the Medicaid rolls even though services received while they are incarcerated are not covered; and

WHEREAS, accordingly, someone who had a Medicaid card before incarceration may be able to use it immediately after release to obtain needed services and medication; and

WHEREAS, the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders (SJR 440, 2001) found that local detention homes and court service units do not conduct uniform screenings and assessments for mental illness among juvenile offenders; and

WHEREAS, some jurisdictions have already recognized that cross-training to balance therapeutic goals, security needs, and public safety is beneficial for law-enforcement officers, judges, jail and detention home staff, and community treatment staff in dealing with persons in the criminal justice system who have mental illness; and

WHEREAS, draft recommendations from the Council of State Governments' Criminal Justice and Mental Health Consensus Project include a recommendation concerning the development of cross-training programs for criminal justice professionals and mental health treatment providers; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the study of certain mental health needs, training, and treatment issues be continued, and that certain Secretaries and state agencies be requested to provide information or commence specific action related to such issues. To provide for the efficient transition, continuity, and completion of the study, the entity directed to assume the work and responsibilities of the Joint Commission on Behavioral Health Care and the Virginia Commission on Youth for this study shall give due consideration to continuing the special study committee, referred to as the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders, and to establishing an interagency work group to provide assistance for the study. The Chairman of the entity directed to continue the study shall appoint such members of the special study committee as he may deem appropriate.

If the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders is continued, it shall (i) provide leadership and direction for the interagency work group, (ii) oversee the implementation of its recommendations, (iii) conduct further research regarding diversion programs for persons with mental illness and substance abuse disorders that redirect such persons into appropriate mental health and substance abuse treatment programs and away from the criminal justice system, and (iv) expand its membership to include the Secretary of Public Safety and the Secretary of Health and Human Resources, who shall serve ex officio with full voting privileges.

The interagency work group, if established, shall consist of representatives of the following agencies and organizations: Department of Criminal Justice Services, Department of Corrections, Department of Juvenile Justice, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Social Services, Virginia Association of Community Services Boards, Community Criminal Justice Boards, Virginia Sheriff's Association, Regional Jails Association, Office of Comprehensive Services Act, and the Virginia Council of Juvenile Detention Homes; and, be it

RESOLVED FURTHER, That certain Secretaries and state agencies be requested to provide information or commence specific action described as follows:

The Secretary of Public Safety, in conjunction with the Secretary of Health and Human Resources and the Secretary of Administration, is requested to develop a plan, including the estimated cost, for collecting data on treatment services provided to and needed by state responsible offenders and a process for evaluating the effectiveness of treatment services. The Secretary of Public Safety, together with the Secretary of Health and Human Resources and the Secretary of Administration, shall report their joint findings and recommendations to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30,

2002.

The Department of Mental Health, Mental Retardation and Substance Abuse Services, in conjunction with the Office of the Executive Secretary of the Virginia Supreme Court, the Department of Criminal Justice Services and the Department of Juvenile Justice, is requested to develop and recommend ways to implement a curriculum for cross-training law-enforcement officers, judges, jail and detention home staff, and community mental health treatment staff in security and treatment services. In developing the curriculum and recommendations, the Department of Mental Health, Mental Retardation and Substance Abuse Services shall consider issues concerning the philosophy and purpose of cross-training, confidentiality, judicially-ordered treatment, medication management, records management, and the contents of treatment and security services reference guides. The Department of Mental Health, Mental Retardation and Substance Abuse Services, together with the Office of the Executive Secretary of the Virginia Supreme Court, the Department of Criminal Justice Services and the Department of Juvenile Justice, shall report the joint findings and recommendations of the agencies to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002.

The Department of Corrections and the Department of Mental Health, Mental Retardation and Substance Abuse Services is requested to examine ways to ensure offenders' access to appropriate medications and the management of medications for offenders when they are released from state correctional facilities. The Departments shall include in their recommendations the contents required in a memorandum of agreement to ensure continuity of care for offenders in post-incarceration status. The Department of Corrections and the Department of Mental Health, Mental Retardation and Substance Abuse Services shall report their findings and recommendations, jointly, to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002.

The Office of the Executive Secretary of the Supreme Court is requested to examine the feasibility of designing and implementing a model court order that addresses mental health services. The Office of the Executive Secretary shall consult with the Departments of Criminal Justice Services, Corrections, and Mental Health, Mental Retardation and Substance Abuse Services and the Virginia Association of Community Services Boards, Community Criminal Justice Boards, the Virginia Sheriffs' Association, and the Regional Jails Association and shall report its findings and recommendations to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002.

The Department of Mental Health, Mental Retardation and Substance Abuse Services is requested to explore ways to communicate information about innovative practices among providers of mental health and substance abuse treatment services to offenders. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall report its findings and recommendations to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002.

The Department of Medical Assistance Services, in conjunction with the Department of Corrections and the Department of Juvenile Justice, is requested 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. The Department of Medical Assistance Services, in conjunction with the Department of Corrections and the Department of Juvenile Justice, shall report its findings and recommendations to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002.

The Department of Juvenile Justice is requested to design and implement a uniform mental health screening instrument and interview process for juvenile offenders admitted to secure detention facilities and to make recommendations concerning the feasibility of implementing a uniform screening and interview process for pre-dispositional investigations. The Department's recommendations shall include the fiscal and related impacts of implementing the uniform mental health screening instrument and interview process among probation officers conducting pre-dispositional investigations pursuant to § 16.1-273 of the Code of Virginia. The Department of Juvenile Justice shall report its findings and recommendations to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002; and,

be it

RESOLVED FURTHER, That for the purposes of this resolution, whenever any reference is made to the Joint Commission on Behavioral Health Care, the Virginia Commission on Youth, and the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders, such reference shall be deemed to include any successor in interest of the Joint Commission on Behavioral Health Care, the Virginia Commission on Youth, and the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders.

All agencies of the Commonwealth shall provide assistance to the entity directed to continue and complete the study, the Secretaries and state agencies referenced herein, upon request.

The direct costs of this study shall not exceed $5,250, in each year of the study, contingent upon three meetings each year during the 2002 and 2003 legislative interims. Such costs shall be borne by the successor in interest of the Joint Commission on Behavioral Health Care, the Virginia Commission on Youth, and the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders for the continuation of the study. If such funds are not appropriated for the continuation of the study, the Clerk of the House and the Clerk of the Senate shall each pay the expenses of their respective members from their operational budgets and shall share equally in the remaining expenses.

The entity directed to continue the study shall complete its work by November 30, 2003, and shall submit its written findings and recommendations, including the reports of the Secretaries and state agencies referenced herein, to the Governor and the 2004 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.

APPENDIX B

ENROLLED

SENATE JOINT RESOLUTION NO. 81

Encouraging the Department of Mental Health, Mental Retardation and Substance Abuse Services to provide nonfinancial assistance in developing demonstration projects designed to divert individuals with mental illness, substance abuse, and co-occurring disorders from jail or secure detention.

Agreed to by the Senate, February 17, 2004
Agreed to by the House of Delegates, March 1, 2004

WHEREAS, the Joint Commission on Behavioral Health Care and subsequently the Behavioral Health Care Subcommittee of the Joint Commission on Health Care assisted by the Commission on Youth and a Task Force Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders undertook a three-year study as required by Senate Joint Resolution No. 440 (2001), Senate Joint Resolution No. 97 (2002) and House Joint Resolution No. 142 (2002); and

WHEREAS, the Joint Commission on Behavioral Health Care and subsequently the Behavioral Health Care Subcommittee of the Joint Commission on Health Care found in its three-year study that a number of mental health and substance abuse treatment programs undertaken as State and local initiatives in Virginia have served as valuable alternatives or additions to incarceration; and

WHEREAS, information about the existence, structure, and approach of the various mental health and substance abuse initiatives for offenders is not widely known; and

WHEREAS, the Department of Mental Health, Mental Retardation and Substance Abuse Services has initiated regional reinvestment projects and a major restructuring effort to provide "a more comprehensive and fully developed system of community-based care"; and

WHEREAS, the Department of Mental Health, Mental Retardation and Substance Abuse Services, in connection with its reinvestment and restructuring initiatives, is developing a web-based Internet site for evidence-based, best, and promising practices; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Mental Health, Mental Retardation and Substance Abuse Services be encouraged to provide nonfinancial assistance in developing demonstration projects designed to divert individuals with mental illness, substance abuse, and co-occurring disorders from jail or secure detention. The Department is requested to incorporate information within its web-based Internet site about such programs and continue the activities of its Forensic Work Group.

ENROLLED

SENATE JOINT RESOLUTION NO. 88

Encouraging the Department of Corrections and the Department of Juvenile Justice to include an evaluation and reporting component in any new mental health or substance abuse treatment initiative undertaken for offenders in their custody.

Agreed to by the Senate, February 17, 2004
Agreed to by the House of Delegates, March 9, 2004

WHEREAS, the Joint Commission on Behavioral Health Care and subsequently the Behavioral Health Care Subcommittee of the Joint Commission on Health Care assisted by the Commission on Youth and a Task Force Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders undertook a three-year study as required by Senate Joint Resolution No. 440 (2001), and Senate Joint Resolution No. 97 and House Joint Resolution No. 142 (2002); and

WHEREAS, the Joint Commission on Behavioral Health Care and subsequently the Behavioral Health Care Subcommittee of the Joint Commission on Health Care found in its three-year study that while a number of studies have shown mental health and substance abuse treatment as an alternative to or in combination with incarceration is effective in reducing the incidence of subsequent criminal behavior, there is a need for evaluation that is specific to the treatment programs being provided in Virginia; and

WHEREAS, it was reported to the Behavioral Health Care Subcommittee of the Joint Commission on Health Care that neither the Department of Corrections nor the Department of Juvenile Justice comprehensively evaluates the effectiveness of the mental health and substance abuse treatment programs provided for offenders, although it is their intention to improve evaluation and to incorporate evaluation requirements and funding in future programs; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Corrections and the Department of Juvenile Justice be encouraged to include an evaluation and reporting component in any new mental health or substance abuse treatment initiative that is established for offenders in their custody.

ENROLLED

APPENDIX C

Health and Human Resources: Update on Budget Actions Related to Offender Treatment

Presentation to the Joint Commission on Health Care's Task Force Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders

James J. Morris, Ph.D.
Director, Office of Forensic Services
Forensic Services Dept. of Mental Health, Mental Retardation and Substance Abuse Services

July 8, 2003

1

Services provided for offenders by DMHMRSAS or CSBs

- Crisis intervention and emergency treatment
- Intensive psychiatric inpatient services
- Psychiatric (medication) treatment
- Individual and Group Counseling
- Case Management Services
- Jail-based SA treatments
- Court-ordered evaluations
- Restoration to competency treatment
- Juvenile evaluation and treatment

2

Effects of initial funding cuts in FY '03 on jail and court programs

1. $6.5 Million cut in SABRE funds to CSBs for outpatient SA treatment
2. $308,000 non-GF reduction in Jail-based SA treatment, including therapeutic community programs
3. Reduction in funding for drug courts

3

FY 2003-FY 2004: 10 % MH and SA general budget reductions: all CSBs*

Original reductions, October 2002:

- **FY 2003 GF reductions: $12,954,483**
- **FY 2004 GF reductions: $12,848,691**

* Figures do not include MR services

4

FY 2003-FY 2004: General Fund Budget Restorations: all CSBs

- **FY 2003 restored SA match: $2,000,000**
- **FY 2004 restored funding: $2,250,000***

*Figure includes MR services

5

Possible systemic effects of FY 2003-2004 CSB budget cuts to offender MH/SA services

- **Increased likelihood of recidivism, re-arrest, re-hospitalization of MI and SA disordered offenders**
- **Additional strain on courts system due to increase in complex criminal cases**
- **Increased levels of inmate management problems in jails**
- **Decreased funding for forensic evaluation training for CSB staff may increase number of hospital admissions for court-ordered evaluations**

6

CSB/Jail services preserved with current budget cuts

- Some jail-based programs are funded directly by the localities; reductions in that funding may not happen right away
- Jail-based SA programs will be maintained in several locales at near current levels, for now, due to different funding sources
- Emergency services to jails not likely to be as severely affected as other services
- Outpatient services to jails and offenders in the community have been reduced; most will not be eliminated at this point

7

Increased need to promote innovative approaches to MH/SA treatment services

- Current reductions in funding provide incentive for development of programs that divert nonviolent offenders with MH and SA disorders into community treatment
- Community diversion approach results in decreased use of costly jails and hospitals
- Supports the goal of treatment provision in less restrictive and health-promoting community settings

8

Budget reductions challenge access to MH/SA treatment for offenders

- Funding cuts have reduced the capacity of the mental health system to provide needed services to offenders
- Treatment will be seriously limited by any further reductions in funding
- Lean times provide added impetus for new approach that maintains current levels of care while conserving limited resources
- High priority shall continue to be given to enhancing the quality of care for offenders with mental illness and substance abuse disorders

9

Public Safety Budget Reductions Impacting Mental Health and Substance Abuse Treatment Services

Barry Green
Deputy Secretary of Public Safety
November 25, 2002

Department of Corrections

Mental Health Staffing (October 15 reductions) – Reduction of $321,540 in FY03 and $1.8 million in FY04; 30 Positions

- DOC operates 28 Correctional Centers and 14 Correctional Units
- 24 Institutions have Qualified Mental Health Professionals
- 20 of these lost one or more mental health staff
- 3 of these (Botetourt and Pulaski Correctional Units, and James River Correctional Center) will no longer have professional mental health staff

Immediate impacts will include reductions in:

- Levels of psychological testing
- Monitoring and updating of offender mental health classification codes
- Less time for planning aftercare services for offenders (except for most difficult cases)
- Psychoeducational groups
- Individual contacts will be reduced, except for crisis intervention, monitoring in Special Housing and other required contacts.

Regional Substance Abuse Clinical Supervisors (October 15) – Reduction of $40,111 in FY03 and $178,802 in FY04; 4 positions

- Reduce oversight of therapeutic community programs in prisons
- Reduce oversight of substance abuse programming in communities
- These positions provided training to field staff

- Estimated 80% of offenders have substance abuse problems
- Programming will not be reduced
- Waiting times to enter programs will not be increased
- Loss of oversight positions may impact program consistency

Treatment Program Supervisors (Chapter 899) – Reduction of $1.4 million each year; 31 positions

- TPS position was in each major prison
- Supervised, approved paperwork, and coordinated program services for case management counselors
- Senior counselor position created from existing case manager position to approve paperwork
- Supervision of positions added to duties of Assistant Warden
- Limits direct oversight of case management
- Increases wait time for case management services

SABRE (Chapter 899) – Reduction of $4.4 million each year; 31 positions

- Moves substance abuse treatment for offenders in communities back to FY01 levels (prior to SABRE)
- In FY02 19,000 offenders received substance abuse treatment services in their communities
- In FY03 expect to reduce that number by 6,700
- Estimate that 60% of offenders placed in community programs require some level of substance abuse services

Department of Juvenile Justice

Substance Abuse Screening and Assessment (October 15) – Eliminate Funding: $765,461 in FY03, and $1.3 million in FY04 (General and Nongeneral Funds); 35 positions

- Additional funding for these positions had been provided by federal grants, which could not be renewed after this year
- In FY02, funding provided for screening of 8,800 juvenile offenders, and additional assessments for 3,670 of those
- Without SABRE funding, limited ability to provide treatment for these juveniles in the community
- Treatment and screening continue in institutions (which did not receive SABRE funding)

SABRE Funding (Chapter 899) – Reduction of $2.3 million each year

- Prior to FY2002, funding was limited for providing substance abuse treatment for juvenile offenders on probation
- SABRE funding provided treatment for approximately 3,000 juveniles in FY02
- DJJ has limited resources for continuing treatment for probates

VJCCCA Funding (Chapter 899) – Reduction of $15 million each year

- Funding reduced from $29.5 million to $14.5 million per year
- Allowed localities to purchase or provide varied services for juveniles
- About 100 juveniles were placed for mental health assessments with these funds
- Just over 2,000 placed for substance abuse assessment and treatment
- Impact on these services depends on how localities decide to use remaining funds, and to the extent that they supplement the lost funding

Funding for Purchase of Private Provider Treatment Beds (Chapter 899) – Reduction of $350,000 each year

- Funding used to purchase beds in treatment hospitals/centers for juveniles with needs that DJJ could not meet
- These treatment beds are costly
- Reduces DJJ's ability to place four to five such juveniles each year

Department of Criminal Justice Services

SABRE (Chapter 899) – Elimination of Funding: $2.5 million each year

- Initially, DCJS was appropriated $1.5 million for SABRE
- Increased to $2.5 million in FY02, but $1 million was removed at 2002 Session
- Only $1.5 million programmed by localities
- Part of Community Corrections Program grant allocations
- Funding used for drug testing and assessment
- No data on number of misdemeanants provided treatment with these funds prior to reduction

Drug Courts (Chapter 899) – Elimination of funding: $2.1 million in FY04 (reduction in FY03 partially covered with federal grant)

Eleven court programs received state funding
Clients numbered between 10 and 100, depending on the court
Some treatment funding provided through Drug Courts; some through SABRE

Report on Uniform MH Screenings in Secure Detention Centers

Joint Commission on Health Care
Old City Hall
1001 East Broad Street
Suite 115
Richmond, Virginia 23219
http://legis.state.va.us/jchc/jchchome.htm

- Good morning Mr. Chairman and members of the committee. My name is Scott Reiner and I am here on behalf of Director Jerrauld Jones of the Department of Juvenile Justice to provide you with an update concerning the implementation of a uniform mental health interview protocol and screening instrument for use by secure juvenile detention facilities as directed by the General Assembly through SJR 97 and HJR 142.

- As you are aware, the Department assumed a leadership role in the completing those requirements through convening and facilitating a work group including representation from the juvenile detention facilities and the Department. A structured interview protocol for use at the time of admission to juvenile detention was developed and this is included with your materials.

- The Massachusetts Youth Screening Inventory, Second Version (MAYSI-2) was selected as the uniform screening instrument. The MAYSI-2 is a reliable and valid instrument for the detection of probable mental health problems among detained juveniles and is widely utilized across the country. There is no cost for the MAYSI-2 for facilities who register with the instrument's developers. Several of Virginia's juvenile detention facilities were already using the MAYSI-2, aiding in its acceptance.

- The Department distributed the interview protocol and the MAYSI-2 materials to all detention facilities. Through the combined efforts of the Department and the Virginia Council on Juvenile Detention, information about this initiative was disseminated to the detention facility superintendents. This included responses to various questions and assistance with planning any necessary training on the MAYSI-2.

- The Department also developed an addition to its statewide automated detention home data system to capture the MAYSI-2 data, based on the work group's decision that collection of the MAYSI results on a statewide basis was consistent with the perceived intent of this committee to have access to such information and good general practice. The members of the committee may recall that the legislation did not specifically require such collection of the data, only that the uniform screening instrument be implemented.

- March 1, 2003 was the date of implementation for the uniform interview protocol and screening instrument. This milestone was achieved without any problems and to the best of our knowledge; all facilities have successfully implemented these processes.

- Shortly after this date however, several detention homes informed us that they would be unable to continue to enter the MAYSI-2 data into the automated data system due to the new requirements of the federal Health Insurance Portability and Accountability Act (HIPAA) regulations which went into effect April 14, 2003. HIPAA regulations greatly limit the sharing of personal health information, such as MAYSI-2 results, and city and county attorneys in the jurisdictions of the detention facilities are advising them not to enter this information into the automated system.

- While a number of facilities continue to report via the automated system, allowing for easy data analysis and reporting, others have chosen to submit "paper" summaries of the results without any identifying information. This makes aggregated summary reporting of the data extremely problematic. We are continuing to explore options which would allow reporting of this information without placing the detention facilities out of compliance with the HIPAA regulations.

- As of July 1, MAYSI-2 results for 2504 juveniles were entered into the automated DJJ data system by 18 of 24 detention facilities since March 1. At this time however, only seven facilities continue to enter MAYSI-2 results into the automated system. The MAYSI indicates two levels of concern based on the youth's scores on the specific scales, the Caution Cutoff, and the

more serious Warning Cutoff. From the MAYSI data that has been entered, the results are as follows:

Scale	Percent At or Above Caution Cutoff/Below Warning Cutoff	Percent At or Above Warning Cutoff
Alcohol/Drugs	20.3	5.3
Angry/Irritable	24.0	7.9
Depressed/Anxious	21.5	5.5
Somatic Complaints	30.0	4.7
Suicide Ideation	4.9	10.1
Thought Disturbance*	13.9	7.6
Traumatic Experiences**	N/A	N/A

* Applies to males only (N = 1908)
** No Caution/Warning Cutoffs for this Scale

- As you can see, significant numbers of the youth admitted to secure detention report concerns in the various areas measured by the MAYSI-2.

- One question which you specifically requested the Department to address concerns how DJJ plans to utilize this data. As the previous comments reveal, the availability of this data on a consistent and uniform basis is not assured at this time.

- When it is entered into JTS, DJJ will provide individual facilities with summaries of their results, hopefully allowing fro identification of trends and needs for program and resource planning purposes.

- As data is available, DJJ will continue to report to the General Assembly on the mental health needs of juveniles in detention homes. In order to assure complete data, the issues raised by the federal HIPAA regulations will need to be resolved in order to provide a full data set of all youth admitted to secure detention.

- As data is available, DJJ will also be able to conduct research into the relationships between mental health concerns, detention admissions and other variables.

- As data is available, DJJ will provide other agencies responsible for addressing mental health needs of young people (e.g., DMHMRSAS, CSBs) with aggregate data for their planning for service delivery and resource allocation including support for grant applications.

- In summary, DJJ has facilitated the successful implementation of the requirements of SJR 97/HJR 142 with regard to a uniform screening and interview protocol for detecting mental illness among juveniles admitted to secure detention facilities. The recent implementation of the federal HIPAA regulations have presented a challenge in the data collection and reporting on this initiative.

- The Department appreciates the continued interest of the Committee in meeting the needs of juvenile offenders with mental illness and substance abuse disorders. We look forward to assisting the Committee in its ongoing efforts.

Mental Health Interview Protocol for Detention

Ask these questions at the appropriate place in your intake process. Be sure to try to establish some level of rapport prior to asking these sensitive questions.

1. Have you ever seriously felt like hurting yourself? ☐ Yes ☐ No

2. Have you ever done anything on purpose to hurt yourself? ☐ Yes ☐ No

   If yes to 1. or 2., What? When? Circumstances?

   _____

3. In the past few days, have you felt that life is not worth living? ☐ Yes ☐ No

4. Do you feel that your life will never get better? ☐ Yes ☐ No

5. In the past few days, have you felt like hurting yourself? ☐ Yes ☐ No

6. Are you thinking of hurting or killing yourself now? ☐ Yes ☐ No

   If yes to 5., or 6., What have you thought of doing to hurt yourself?

   _____

7. In the past few days, have you felt like hurting someone else? ☐ Yes ☐ No

   If yes to 7., Who? Circumstances? What did you think about doing?

   _____

8. Within the past year have you experienced any of the following?

   a. Death of a friend, acquaintance or family member? ☐ Yes ☐ No

   b. Divorce or separation of parents? ☐ Yes ☐ No

   c. Major loss or worsening of relations with your friends or family? ☐ Yes ☐ No

   d. Serious illness of yourself, a family member or a close friend? ☐ Yes ☐ No

   e. Any other upsetting, stressful or difficult events? ☐ Yes ☐ No

9. Has anyone close to you ever committed suicide? ☐ Yes ☐ No

10. Have you ever been in counseling for emotional, psychological, behavioral or family problems?

    Currently? ☐ Yes ☐ No Previously? ☐ Yes ☐ No

11. Have you ever been in a hospital for emotional, psychological, or family problems? ☐ Yes ☐ No

12. Have you ever been prescribed medication for emotional, psychological, or family problems?

    Currently? ☐ Yes ☐ No Previously? ☐ Yes ☐ No

13. Have you used alcohol or taken other drugs within the past 48 hours? ☐ Yes ☐ No

    If yes to 13., What? and How much?

    _____

Intake Staff Observations:

1. Fresh wounds or injuries that appear to be self-inflicted? ☐ Yes ☐ No

2. *Extreme* emotional responses (e.g., crying, hostility, sadness, fear)? ☐ Yes ☐ No

3. Other unusual behavior (e.g., inappropriate laughter, bizarre speech, appears to be hearing voices)? ☐ Yes ☐ No

4. Is not aware of where he/she is, time of day? ☐ Yes ☐ No

Comment on Uniform MH Screenings in Secure Detention Centers

Joint Commission on Health Care
Old City Hall
1001 East Broad Street
Suite 115
Richmond, Virginia 23219
http://legis.state.va.us/jchc/jchchome.htm

REPORT TO THE TREATMENT TASK FORCE ON THE IMPLEMENTATION OF THE MAYSI 2 AND INTERVIEW PROTOCOL FOR SECURE DETENTION ADMISSIONS

The Department of Juvenile Justice was assigned the task of identifying and implementing a standardized mental health screening for all secure detention admissions. An interview questionnaire and the Massachusetts Youth Screening Instrument (MAYSI 2) were adopted as those screening tools. Implementation began March, 2003.

Reception of the interview questionnaire has been good. It contains many elements that were already in use in several facilities.

Reception of the MAYSI 2 and its perceived value has been mixed. As with any new regulation, policy and procedure, there is some resistance. Some facilities feel the instrument is valuable and provides fairly accurate information, some use it only because it is required, and some feel it is detrimental.

Pros:

- Provides a depth of information
- Is a starting point for interviews
- Provides legitimacy to reports
- Does not require intensive staff resources if administered by computer
- Information is accurate when compared to other sources
- Useful in advocating for services

Cons:

- Too much work, staff intensive
- Get same information from other sources
- Duplicates interview questionnaire
- Can be detrimental if used to avoid accountability
- No effective follow up after problems are identified
- Doesn't result in additional services
- Youth expect to receive help as a result of the screen
- Concern about sharing health information – HIPAA
- Concern about liability to act after identifying need (other than emergency)

Summary:

It seems that most facilities that have mental health services on-site have a positive view of the MAYSI 2. Some facilities have used the MAYSI for several years. Most on site mental health providers feel it is a helpful tool for screening purposes and fairly accurate.

Facilities with no on-site services are frustrated. Additional staff time is spent administering the MAYSI, but no benefit is seen. Juveniles expect services to be provided. Staff see no benefit if services are not provided. The issue of liability and responsibility is raised. What is the responsibility and liability of detention if a need is identified and not addressed?

Facilities want to report data to follow the child. The issues of sharing health information and electronic transmission of health information raised by HIPAA regulations have inhibited reporting data to the Department of Juvenile Justice. We would like to see this issue addressed.

Joanne Smith, President
Virginia Council on Juvenile Detention

APPENDIX D

Evaluation of Mental Health and Substance Abuse Programs for Offenders

Presentation to:

Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders

Barry Green
Deputy Secretary of Public Safety
September 2, 2003

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Department of Corrections Institutional Mental Health Treatment

DOC Designated Mental Health Units (MHUs):

- Marion Acute Care and Residential Treatment
- Fluvanna Acute Care and Residential Treatment
- Brunswick Residential Treatment
- Greensville Residential Treatment
- Powhatan Residential Treatment
- Brunswick Sex Offender Residential Treatment

Services provided include crisis intervention, assessment, individual and group therapy and behavior management.

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Department of Corrections
Institutional Mental Health Treatment

MHUs may provide services that are difficult to formally evaluate. However, programs generally are:

- Based on acceptable "what works" models
- Delivered by trained, credentialed staff
- Periodically assessed against established standards
- Licensed or accredited
- Based on programs shown effective in other states
- Improved via "self-adjusting" process as new program knowledge and research becomes available

3

Department of Corrections
Institutional Mental Health Treatment

Generally, MHU programs are professionally reviewed and approved through means such as:

- Licensure by DMHMRSAS Office of Licensure
- Board of Corrections and/or American Correctional Association standards
- Periodic DOC audits/inspections on established procedural standards
- On-going reviews by Regional Clinical Supervisors

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Department of Corrections
Institutional Mental Health Treatment

Previous / Current Evaluations

- Marion Residential Treatment Program
  - Key improvement indicators analyzed by University of Kentucky and compared to other VA and US forensic/psychiatric facilities
- Sex Offender Residential Treatment (SORT) Program - Brunswick
  - Based on Vermont Treatment Program for Sexual Aggressors (VTPSA). VTPSA evaluation found reduced sexual re-offending rates for participants

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Department of Corrections
Community Mental Health Treatment

- Probation & Parole Sex Offender Supervision Pilot Project
  - Provides intensive supervision, treatment and polygraphy to adult sex offenders
  - Based on national Center for Sex Offender Management findings and best practices
  - No formal evaluation has been done, but annual reports since 2000 address program participation and reductions in arrests for sexual and other offenses

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Department of Corrections
Institutional Substance Abuse Treatment

- Therapeutic Community
  - Research-based treatment model
  - Serves male and female inmates needing intensive residential substance abuse treatment
  - Last phase of treatment model occurs in the community (transitional therapeutic community)
  - Substance abuse treatment programs may include modified TC modality, cognitive and social learning therapy, relapse prevention, and transition planning

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Department of Corrections
Institutional Substance Abuse Treatment

Previous / Current Evaluations

- Therapeutic Community
  - Built on California, Delaware and Texas studies that showed reduced recidivism for TC completers. Research shows critical component is TTC - Phase 5
  - Outcome evaluation by Gemeinschaft Home (TTC), JMU professor, and DOC underway. Interim findings indicate reconviction rate of TC/TTC completers is 21.1% versus 37.6% for no treatment group
  - Final report due in 2004

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Department of Corrections
Institutional Substance Abuse Treatment

Current / Future Evaluations

Therapeutic Community

- Proposal for outcome evaluation of female TC submitted to NIJ by VCU Dept. of Criminal Justice
- DOC internal outcome evaluation of 2001 cohort in progress with final report due in 2005. Interim status reports in late 2003 and 2004

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Department of Corrections
Community Substance Abuse Treatment

❖ Transitional Therapeutic Community (TTC)

Community-based six-month program located in:

- Gemeinschaft Home (Harrisonburg)
- Serenity House (Newport News)
- Hegira House (Roanoke)

Services include group meetings using TC principles, drug testing, individual counseling, life skills, and job placement

❖ Residential Substance Abuse Treatment

- Community-based located throughout the state
- Includes detoxification and longer term residential stays
- Services include group and individual counseling, educational services, relapse prevention, and drug testing

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Department of Corrections
Community Substance Abuse Treatment

Previous / Current Evaluations

- Transitional Therapeutic Community (TTC)
  - As previously mentioned under Therapeutic Community section, outcome evaluation is underway. Findings indicate that TTC (final program phase) is essential component that provides necessary transitional services.
- Residential Substance Abuse Treatment
  - DOC/VCU retrospective study of re-arrest rates for CY 2000 participants underway

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Department of Corrections
Future Treatment Program Evaluation Plans

Budget and staff reductions have impeded ability to evaluate programs. However, following will improve evaluation ability:

- DOC and VCU have memorandum of agreement to develop prioritized list of evaluation needs
- Completion of automated Offender Management System (OMS) would improve ability to track offenders
- Inclusion of program licensing, accreditation and inspection status information in agency annual reports
- Inclusion of evaluation planning and funding in future program development

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Department of Juvenile Justice
Institutional Mental Health Treatment

DJJ Intensive Services Units (ISUs):

- Beaumont ISU
- Bon Air ISU
- Culpeper ISU

ISUs provide juveniles with services including individual and group therapies, medication management, and behavioral programming

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Department of Juvenile Justice
Institutional Mental Health Treatment

DJJ Sex Offender Treatment Programs:

- Beaumont JCC
- Bon Air JCC
- Hanover JCC
- Oak Ridge JCC

Provide juveniles with individual, group and family therapies to reduce sexual offending

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Department of Juvenile Justice
Institutional Mental Health Treatment

Previous / Current Evaluations

- Intensive Services Units
  - No evaluations currently underway. However, DJJ monitors recidivism rates and could measure Serious Incident Reports for each facility
- Sex Offender Treatment Programs
  - Recent evaluation by UVA Dept. of Psychiatric Medicine shows participant sex offense re-arrest rates slightly better than national rates
  - DJJ currently has contract with University of Virginia for evaluation of programs

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Department of Juvenile Justice
Community Mental Health Treatment

Sex Offender Treatment Programs:

- Richmond (CSU 13)
- Charlottesville (CSU 16)
- Fairfax (CSU 19)
- Loudoun (CSU 20L)
- Manassas/Prince William (CSU 31)

Provide juveniles with individual, group and family therapies to reduce sexual offending

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Department of Juvenile Justice
Community Mental Health Treatment

Previous / Current Evaluations

- Sex Offender Treatment Programs
  - Data being collected on new sexual and other offending by juveniles during and after program participation. School attendance and substance use also being examined
  - Recidivism data obtained from DJJ Juvenile Tracking System and VSP criminal history records system

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Department of Juvenile Justice
Community Mental Health Treatment

Virginia Juvenile Community Crime Control Act (VJCCCA) Programs

- Provides various residential and non-residential services to juvenile offenders across Virginia.
- Services provided for mental health, sex offending and substance abuse problems

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Department of Juvenile Justice
Community Mental Health Treatment

Previous / Current Evaluations

- Virginia Juvenile Community Crime Control Act (VJCCCA) Programs
  - Annual evaluation examines re-offending 6, 12 and 18 months after program enrollment
  - Outcome data for FY 2001 participants (12-month follow-up) available, further results should be available 12/03
  - Recidivism data obtained from DJJ Juvenile Tracking System and VSP criminal history records system

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Department of Juvenile Justice
Institutional Substance Abuse Treatment

DJJ Substance Abuse Treatment Programs:

- Barrett JCC Therapeutic Community Substance Abuse Treatment Program
- Culpeper JCC Abuse Treatment Program for Females

Provide juveniles with individual, group and family therapies to reduce substance abuse

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Department of Juvenile Justice Institutional Substance Abuse Treatment

Previous / Current Evaluations

- Barrett JCC Therapeutic Community Substance Abuse Treatment Program
  - NIJ funded evaluation by VCU found program theoretically and functionally sound
  - Gateway Foundation, which provides therapeutic services, accredited by Commission on Accreditation of Rehabilitation Facilities

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Department of Juvenile Justice Institutional Substance Abuse Treatment

Previous / Current Evaluations

- Culpeper JCC Abuse Treatment Program for Females
  - Current evaluation includes measurement of re-arrest and substance abuse following program
  - Current evaluation includes process evaluation to examine compliance with service delivery goals

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Department Juvenile Justice Mental Health & Substance Abuse Treatment Programs

In addition to evaluations previously mentioned, DJJ programs generally are:

- Based on acceptable "what works" models
- Delivered by trained, credentialed staff
- Periodically assessed against established standards
- Licensed or accredited
- Based on programs shown effective in other states
- Improved via "self-adjusting" process as new program knowledge and research becomes available

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Department Juvenile Justice Mental Health & Substance Abuse Treatment Programs

Generally, DJJ programs are professionally reviewed and approved through means such as:

- DJJ institutions meet VA CORE standards for children's facilities
- Sex offender program clinical services provided by Certified Sex Offender Treatment Providers

Intensive Services Programs are not currently licensed by DMHMRSAS, but licensing will be discussed with DMHMRSAS

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Summary
Public Safety Evaluation Challenges

- ❖ Resources have been cut, but demand for services remains at high levels
- ❖ Must balance resources between providing services and evaluating services
- ❖ Difficult to evaluate current programs that did not have evaluation as part of program design
- ❖ Offenders must be tracked across different institutional and community settings, between public safety and mental health systems
- ❖ Agency data systems do not provide data needed for evaluation

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Summary
Public Safety Evaluation Opportunities

<u>Public Safety is Examining Following Opportunities to Improve Evaluation of Offender Treatment Programs</u>

- ❖ Include evaluation planning and funding when designing future treatment programs
- ❖ Improve agency data systems to provide data needed for evaluation
- ❖ Seek funding for evaluation from federal and other sources
- ❖ Pursue evaluation partnerships with universities

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Summary
Public Safety Evaluation Opportunities (Continued)

Public Safety Examining Following Opportunities to Improve Evaluation of Offender Treatment Programs

- ❖ Include evaluation planning and findings in agency annual reports
- ❖ Improve collaboration with treatment agencies within Health and Human Resources secretariat
- ❖ Use evaluation findings to adjust programs needing improvement or redirect funding to more effective programs

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Evaluation of Mental Health and Substance Abuse Programs for Offenders

Public Safety Treatment Evaluation Matrix

Presentation to:

Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders

Barry Green
Deputy Secretary of Public Safety
September 2, 2003

Department of Corrections
Mental Health Treatment Programs
Program Evaluation Status and Planning

Institutional Programs

Treatment Programs	Evaluations Completed and/or Pertinent Research Information	Evaluations Underway	Future Evaluation Plans	Notes/Comments
Marion Correctional Treatment Center – Acute Care Mental Health Unit (MHU) - 130 beds Initially licensed 7-88 Current license expires 4-04 JCAHO accredited initially in 1-92; current accreditation expires 9-04 Fluvanna CC – Acute Care MHU – 21 beds Initially licensed 11-98 Current license expires 7-05 Marion Correctional Treatment Center – Residential Treatment MHU – 51 beds Initially licensed 7-88 Current license expires 4-04 JCAHO accredited initially in 1-92; current accreditation expires 9-04 Fluvanna CC - Residential Treatment MHU – 68 beds Initially licensed 11-98 Current license expires 7-05 Brunswick CC - Residential Treatment MHU – 60 beds Initially licensed 7-02 Current license expires 6-05	All DOC Mental Health Units licensed by DMHMRSAS Office of Licensure. Both treatment units at Marion Correctional Treatment Center are accredited by JCAHO. All DOC Mental Health Units required to pass periodic DOC audits or inspections including those based on Board of Corrections and/or American Correctional Association (ACA) standards. Audits occur at least every three years. In addition to audits cited above, Residential Treatment Program at Marion has data on key improvement indicators, which is comparable to national averages.	Marion key improvement indicators analyzed by University of Kentucky and compared to other forensic and psychiatric facilities in VA and US.		Offender Management System (OMS) under development may help support long-term follow-up studies of treatment efficacy for treatment programs. Without OMS, limited evaluations could begin in FY 04 or 05 however, additional staff and/or funding will be required. DOC Mental Health Program Director can provide Annual Status Report to Treatment Task Force on status of licensure for each Mental Health Unit, including areas of non-compliance and respective corrective action plans. Status Report could also address other mental health services issues of interest to Task Force.

Department of Corrections
Mental Health Treatment Programs
Program Evaluation Status and Planning

Institutional Programs

Treatment Programs	Evaluations Completed and/or Pertinent Research Information	Evaluations Underway	Future Evaluation Plans	Notes/Comments
Greensville CC - Residential MHU – 80 beds Initially licensed 7-97 Current license expires 6-05 Powhatan CC - Residential Treatment MHU – 12 beds Initially licensed 7-96 Current license expires 6-05				
Brunswick CC -Sex Offender Residential Treatment (SORT) Program – 78 beds Program began 1-02 Initially licensed 1-03 Current license expires 7-04	In addition to audits cited above, SORT Program is based on Vermont Treatment Program for Sexual Aggressors (VTPSA). VTPSA follow-up studies indicate lower sexual re-offense rate for those completing treatment than for those not completing or receiving treatment.		No resources now available to evaluate SORT Program. DOC attempting to obtain intern from VCU to assist evaluation. If resources become available, program participants would monitored for post-release employment, substance use, participation and completion of treatment, and stable interpersonal relationships.	Additional outcome measures could include compliance with arousal avoidance plans, passing polygraph exams, reconviction for sex and other offenses, and parole violations.

Department of Corrections
Mental Health Treatment Programs
Program Evaluation Status and Planning

Community-Based Programs

Treatment Programs	Evaluations Completed and/or Pertinent Research Information	Evaluations Underway	Future Evaluation Plans	Notes/Comments
Probation and Parole Sex Offender Supervision Pilot Project Specialized caseloads in: *Richmond* *Va Beach* *Fairfax* *Bedford* *Roanoke* *Newport News* *Danville* *Suffolk* *Manassas* *About 1,100 offenders were supervised in FY 2003.*	Based on national Center for Sex Offender Management findings and best practices. No formal evaluation but annual reports since 2000 have addressed reduced arrests, reduced sexual offense arrests and program participation.	FY 2003 report being prepared shows overall re-arrest rate of 6.3% for program participants.	Annual reports will continue.	Provides intensive supervision, treatment and polygraphy in a team approach (Containment Model) to adult sex offenders in 9 Districts. Statewide there are more than 2,100 registered sex offenders under community supervision.

Department of Corrections
Substance Abuse Treatment Programs
Program Evaluation Status and Planning

Institutional Programs

Treatment Programs	Evaluations Completed and/or Pertinent Research Information	Evaluations Underway	Future Evaluation Plans	Notes/Comments
Therapeutic Community (TC) 1,307 beds (1,033 for males and 274 for females)	DOC TC treatment program is research-based model. Delaware, Texas and California studies of TC programs showed reduced recidivism for inmates completing TC programs. Results showed aftercare component is essential for positive long-term outcomes.	In conjunction with Gemeinschaft Home (Phase 5/TTC) in Harrisonburg and Professor from James Madison University, a two-year outcome evaluation is underway. Findings thus far are in keeping with research findings in other state. Reconviction rate for Gemeinschaft TC completers is 21.1% vs. 37.6% for no treatment group.	DOC/VCU submitted proposal to National Institute of Justice to fund 3-year outcome evaluation of female TC program and to ensure appropriate gender-oriented programming. DOC program analyst will perform internal outcome evaluation of 2001 cohort of TC participants.	DOC's 1 funded evaluation position's primary duty is evaluation of the 5 facility based TC programs. DOC and VCU have Memorandum of Agreement to develop prioritized list of evaluation needs.

Department of Corrections
Substance Abuse Treatment Programs
Program Evaluation Status and Planning

Community-Based Programs

Treatment Programs	Evaluations Completed and/or Pertinent Research Information	Evaluations Underway	Future Evaluation Plans	Notes/Comments
Transitional Therapeutic Community (TTC) Number of beds varies based on Byrne grant funding, which expires 12/04.	Program is Phase 5 of DOC TC treatment model. Research shows that TTC is essential component for achieving positive long-term outcomes. In addition to Gemeinschaft Home in Harrisonburg, there are transitional therapeutic community (TTC aftercare) sites at Serenity House in Newport News and Hegira House in Roanoke.	As stated previously, outcome evaluation is underway. Initial results are encouraging. Institutional TC participation followed by community residential treatment (TTC) reduced criminal re-offending. Final results should be received by early 2004.	Will be included as part of DOC efforts to evaluate entire program (institutional phases and transitional therapeutic community post release)	Community-based TTC is considered the final phase of the institutional TC program. Currently, DOC is funded for about 60 beds. Projected need is 300 beds.
Residential Substance Abuse Treatment Most of beds funded by Byrne grant, which expires 12/04.		DOC/VCU conducting retrospective study on CY 2002 participants to assess re-arrest rates. Study will attempt to use matched control group. Outcomes to examine include successful program completion, ability to function in outpatient settings, and violation of supervision rates.	None additional at this time. Current DOC/VCU evaluation in progress will be first evaluation of program.	Community-based residential services are located throughout the state and are provided by contractual vendors.

Department of Juvenile Justice
Mental Health Treatment Programs
Program Evaluation Status and Planning

Institutional Programs

Treatment Programs	Evaluations Completed and/or Pertinent Research Information	Evaluations Underway	Future Evaluation Plans	Notes/Comments
Beaumont ISU (12 beds) Bon Air ISU (19 beds) Culpeper ISU (12 beds)	All DJJ institutions meet VA CORE standards for children's residential treatment facilities, are re-certified every three years All DJJ mental health treatment providers licensed or supervised by licensed clinician		DJJ exploring DMHMRSAS certification/licensing for these programs.	DJJ currently monitors recidivism rates for each institution and could evaluate Serious Incident Reports in facilities.
Sex Offender Treatment Programs Beaumont JCC (72 beds) Bon Air JCC (38 beds) Hanover JCC (29 beds) Oak Ridge JCC (10 beds)	Recent evaluation by UVA Dept. of Psychiatric Medicine shows 4.6% sexual re-arrest rate for youth in programs. Average length of time post release from program was 72 months. Slightly better than national statistics for these types of programs.	Currently contracting with UVA for independent evaluation of program effectiveness.	DJJ will continue to pursue outside funding to continue evaluation.	Evaluation measures include sexual re-offending and non-sexual re-offending.

Department of Juvenile Justice
Mental Health Treatment Programs
Program Evaluation Status and Planning

Community-Based Programs

Treatment Programs	Evaluations Completed and/or Pertinent Research Information	Evaluations Underway	Future Evaluation Plans	Notes/Comments
Community-Based Sex Offender Treatment in *CSUs:* 13 (Richmond) 16 (Charlottesville) 19 (Fairfax) 20L (Loudoun) 31 (Manassas/Prince William)	No current evaluations complete. Program in first 12 months of operation.	Data collected on all participating juveniles to include new sexual and non-sexual offending after program enrollment and completion, school attendance, substance use. Recidivism data from DJJ Juvenile Tracking System (juvenile arrests) and VSP criminal history records system (adult arrests).	Establish recidivism rates and other indicators of outcome on all program participants. Compare outcomes for service completers and non-completers. Potential comparison of outcomes for participants and juveniles not receiving comparable services.	
Virginia Juvenile Community Crime Control Programs (VJCCCA)	Annual evaluation conducted. Primary outcome measure is re-offending (new delinquent or adult intakes/arrests 6, 12 and 18 months following program enrollment).	Annual evaluation for juveniles enrolled in FY 2002 and 18-month follow-up of those enrolled in FY 2001 (tentative completion 12/03). Recidivism data from DJJ Juvenile Tracking System (juvenile arrests) and VSP criminal history records system (adult arrests).	Continue annual evaluations.	

Department of Juvenile Justice Substance Abuse Treatment Programs Program Evaluation Status and Planning				
Institutional Programs				
Treatment Programs	**Evaluations Completed and/or Pertinent Research Information**	**Evaluations Underway**	**Future Evaluation Plans**	**Notes/Comments**
Barrett JCC Therapeutic Community Substance Abuse Treatment Program (120 beds)	NIJ-funded evaluation conducted by Virginia Commonwealth University found program to be theoretically and functionally sound. Gateway Foundation, which provides the therapeutic services, was re-accredited by Commission on Accreditation of Rehabilitation Facilities (CARF).		DJJ will evaluate recidivism rates by facility.	DJJ will pursue funding to evaluate re-arrest rates and continued substance abuse.
Culpeper JCC Substance Abuse Treatment Program for Females (24 beds)		Current evaluation includes follow-up assessment of continued substance use at 3, 6 and 12 months along with re-arrest data.		Evaluation includes process evaluation to ensure compliance with grant proposal regarding delivery of services.

Evaluation of Treatment Services for Offenders with Mental Illness and Substance Abuse Disorders in DMHMRSAS Facilities, Local and Regional Jails, and Community settings

Presentation to the Joint Behavioral Healthcare Subcommittee Task Force Studying Treatment Options for Offenders with Mental Illness and Substance Abuse Disorders *(SJR 97/ HJR 142)*

September 2, 2003

The Honorable Jane H. Woods
Secretary of Health and Human Resources

James S. Reinhard, M.D.
Commissioner,
Dept. of Mental Health, Mental Retardation and Substance Abuse Services

James J. Morris, Ph.D.
Director, DMHMRSAS Forensic Services

1

MH/SA Services to Offenders

- 2 Main Components:
  - Facility-based evaluation and treatment
    - 8 adult facilities
    - 2 Juvenile programs
  - Community-based services through contract with 40 Virginia CSBs

2

FY 2003 Profile of Inpatient Forensic Services

Virginia Code defines the range of services provided by the DMHMRSAS: 2003 facility admissions

- 136 for Evaluations of Trial Competency, Sanity, Sex Offenses, Pre-sentencing, etc.
- 416 Intensive Psych Tx of "Jail Transfers"
- 285 Competency Restoration (IST)
- 15 DOC parolees
- NGRIs current census: 223
- 191 Juveniles

3

Evaluation of Inpatient Forensic Services: Practical Outcomes

- Timely, expeditious completion of all forensic evaluations for the criminal courts
- Restoration to Competency typically completed in less than 3 months
- Jail inmates admitted for emergency inpatient treatment stabilized and returned in 30 days or less in most cases.

4

Evaluation of Inpatient Forensic Services: Qualitative Indicators

- All DMHMRSAS inpatient forensic programs accredited by the Joint Commission on Healthcare Organizations (JCAHO)
- Clinical progress of forensic patients monitored intensively
- Full clinical documentation in each case.
- Subject to routine review for treatment and QA
- Some facilities use standardized measures

5

Evaluation of Inpatient Forensic Services: Access to Services

High volume of referrals causes delays with admission of jail inmates to state hospitals

- 26.3 day wait for admission for Evaluation
- 50 day wait for Competency Restoration
- 3.6 day wait for jail transfer for Psych Treatment

6

Evaluation of Inpatient Forensic Services: FIMS

- Forensic Information Management System (FIMS)
  - "Electronic Record" for DMHMRSAS forensic patients
  - Clinical, Court, Diagnostic and Treatment data
  - Currently used for reporting on service access, LOS, etc.
  - Potential for fine-grained analysis of outcomes
  - Useful for enhanced utilization management approach

7

Recommendations: Evaluation of Inpatient Forensic Services

- Use FIMS as basis for enhanced data system
- Explore use of data for managed utilization
- Find efficient ways to analyze clinical data for outcome measurement

8

Evaluation of Community Forensic Services: Forensic Training

- Va. Code charges DMHMRSAS with providing evaluation services for the courts
- Focus upon Community-based evaluations
- DMHMRSAS has 20+ year program with ILPPP for training community evaluators
- Nationally acclaimed program; thousands of participants
- Est. 1,664 community evaluations in FY 2003
- Est. savings of $ 24,960,000 for FY 2003

9

Evaluation of Community Forensic Services: Forensic Training, cont.

- DMHMRSAS/ILPPP evaluation of trainees
- Peer review mechanism with ILPPP
- Forensic Evaluation Information System (FEIS)
  - Annual Survey of all forensic evaluations in the state
  - Comprehensive analysis of evaluation outcomes

10

Recommendations: Evaluation of Forensic Training Program

- DMHMRSAS and VSC develop approach to accounting for #s of evaluations for courts
- Continue and enhance FEIS program
- Provide ongoing, enhanced resources for Forensic Evaluation Training Program

11

Evaluation of Community Forensic Services: Juvenile Competency Restoration

- Mandated in 1999, Va. Code § 16.1-356, et.seq.
- DMHMRSAS community-based statewide contracted service
- All juvenile court jurisdictions are served
- FY 2003, 234 evaluated for trial competency
- FY 2003, 71 needed competency restoration
- Restoration effective in 72.4% of cases
- Est. FY 2003 savings of $ 2 million vs. inpatient

12

Recommendations: Evaluation of Juvenile Competency Restoration

- Continue current development of Juvenile Competency Restoration program evaluation system
- Maintain ongoing high intensity qualitative monitoring of effectiveness of restoration components and providers
- Train additional providers statewide
- Ensure continued provision of adequate resources for measuring program effectiveness

13

Evaluation of Community Forensic Services: CSB programs

- DMHMRSAS/CSB Performance Contract: Offender Services in jails and community:
  - Crisis Intervention and Emergency Treatment
  - Forensic Evaluation and Competency Restoration
  - SA Therapeutic Community jail programs
  - Outpatient Individual and Group Counseling and other services to offenders, including parolees and probationers from local and state corrections

14

Evaluation of Community Forensic Services: CSB Programs, cont.

- **CSB services to jails and detention centers surveyed in FY 2002 for SJR 440 by DMHRMSAS:**
  - Results showed high level of CSB service delivery
  - Survey data also showed high levels of unmet need for services
  - No additional surveys since FY 2002

15

Evaluation of Community Forensic Services: CSB Programs, cont.

- CSBs Annual Report to DMHMRSAS includes SA Services to Offenders data (FY 2002):
  - Local Correctional facilities: 2,153
  - Community Diversion consumers: 1,463
  - Crisis Intervention (Police/Sheriff): 2,306
  - Probation/Diversion from local courts: 8,465

16

Evaluation of Community Forensic Services: CSB Programs, cont.

- August, 2003 DOC Community Corrections Survey of CSB MH/SA services for P&P cases:
  - 3,272 or 7% of all parolees and probationers have significant mental illness treatment needs
  - CSBs provide Crisis Intervention, Case Management, Medication Tx, Counseling in most locales
  - Some delays with accessing counseling services, mainly

17

Evaluation of Community Forensic Services: CSB Programs, cont.

- SA Therapeutic Community evaluation
  - Pilot analysis of outcome from selected TCs
  - Measured rates of re-offending of program graduates
  - Cross-referenced TC graduate list with Comp Board database
  - Found a 63% reduction in rate of return to jail for TC graduates; estimated $1 million jail savings
  - This approach may serve as a model for outcome analysis for MH/SA services to offenders

18

Evaluation of Community Forensic Services: CSB Programs, cont.

- Some data regarding MH/SA services to offenders are available
- No systematic, multi-agency approach has yet been developed
- Successful service evaluation will require close collaboration among MH/SA agencies, the courts and local corrections agencies

19

Recommendations : Evaluation of Community Forensic Services, CSB Programs

- Establish a multi-agency forum or work group for evaluation of MH/SA programs for offenders
- Develop an MOA that:
  - Establishes rules for information-sharing
  - Defines needed set of data elements and outcome measures
  - Assigns responsibility for collection and analysis of data
- Develop estimates of costs for project(s)
- Integrate this activity with JBHC Task Force and DMHMRSAS Forensic Special Populations Work Group

20

Evaluation of MH and SA Treatment Services for Offenders: Conclusions

- The current set of data regarding MH and SA treatment programs for offenders provides some information regarding access to and utilization of services
- Date measuring program outcomes and effectiveness is limited in scope
- A systems approach is needed to determine actual services needs and best measures of outcome

21

Cross-Training Curriculum and Dissemination of Innovative Practices

Update to the Task Force Studying Treatment Options for Offenders with MH and SA Disorders

Department of Mental Health, Mental Retardation and Substance Abuse Services

James S. Reinhard, M.D., Commissioner

September 2, 2003

I. Study Requirements

Senate Joint Resolution 97 and *House Joint Resolution 142* (2002) directed the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) to:

(1) Develop and recommend ways to implement a curriculum for cross-training law-enforcement officers, judges, jail and detention home staff, and community mental health treatment staff in security and treatment services, including a philosophy of cross-training, and
(2) Explore and recommend options for communicating information about innovative practices among providers of mental health and substance abuse treatment services to offenders

The Department incorporated the above two studies into one unified interagency effort involving many agencies and stakeholders.

II. Study Outcomes - Cross-Training Curriculum

Using the *Criminal Justice/Mental Health Consensus Project* report as the starting point, individual workgroup members representing the key players in the mental health/criminal justice system articulated the "core competencies" needed to provide the most appropriate response to persons with mental illness, mental retardation and substance abuse in a criminal justice setting (i.e., at any point from pre-arrest through arrest and booking, pre-trial, adjudication, sentencing, incarceration and release).

The curriculum materials from each individual contributor were organized into a five-part set of cross-training curriculum documents, comprised of the following components:

- *Philosophy of Training*
- *Part 1: Cross-Training Curriculum for Probation &Parole, Court Service Unit, Jail & Detention Center, Corrections and Law Enforcement Personnel*
- *Part 2: Cross-Training Curriculum for Mental Health, Mental Retardation and Substance Abuse Treatment Providers*
- *Part 3: Cross-Training Curriculum for Judges, Special Justices and Magistrates*
- *Part 4: Cross-Training Curriculum for Victims and Victim Advocates*
- *Part 5: Cross-Training Curriculum for Criminal Justice Personnel, Law Enforcement Officers, Judicial Officials and Mental Health, Mental Retardation*

and Substance Abuse Treatment Providers - What Should Others Know About These Agencies?

The cross-training curriculum is a foundation for several key activities:

- Creating a broader understanding of persons with mental illness, mental retardation and substance abuse who are in (or at risk of being in) the criminal justice system, as well as interventions that are effective with this target group
- Assessing, planning and implementing training at the state and local level (offers basic content guidelines)
- Fostering collaborative relationships among criminal justice personnel and treatment providers

III. Recommendations: Cross-Training Curriculum

Recommendation 1: The study workgroup should continue to meet through the second year of the Joint Subcommittee's study to finish development of the cross-training curriculum, including necessary stakeholder review.

Recommendation 2: DMHMRSAS and other agency and organizational members of the study workgroup should adopt the cross training curriculum, when completed, as the basic reference framework for evaluating and developing training for state and local treatment and criminal justice personnel who work with persons with mental illness, mental retardation and substance abuse in the criminal justice setting.

Recommendation 3: Once adopted, the workgroup should ascertain the extent to which the core curriculum is in place statewide, identify gaps, and develop a workplan, including funding needs, to address training needs.

Recommendation 4: Once adopted, to the extent possible, state and local agency personnel should initiate ongoing review and modification of their training programs using the new curriculum.

Recommendation 5: The workgroup should develop strategies, including statutory proposals if appropriate, to strengthen state and local interagency relationships to enhance cross-training efforts on behalf of offenders with mental illness, mental retardation and substance abuse disorders.

IV. Study Outcomes: Dissemination of Innovative Practices

The recommended approach for dissemination of innovative practices among providers of services to offenders with mental illness and substance abuse disorders was through a web-based "best practices" information resource shared and coordinated across state-level user agencies. This approach has the following benefits:

- Relatively low cost to develop and operate;

- 24-hour per day internet access;
- Large capacity for the archiving and organizing information;
- Capability for broad content dissemination via links to other web sites

This approach could be implemented in two ways. The first option is through a single dedicated website, "hosted" and managed by one state agency (or affiliated organization) coordinating with other agencies, to which any state and local agency, provider or organization could contribute relevant content material and information about innovative practices.

The second option is a network of linked web pages at different state agencies and organizations, accessible via any of the participating state agencies' websites, and managed jointly by the agencies working in collaboration with other organizations, agencies and stakeholder groups.

V. Recommendations for Dissemination of Innovative Practices Among Providers

Recommendation 6: The study workgroup should continue to meet through the second year of the Joint Subcommittee's study to finish development of an interagency-focused, web-based approach for dissemination of information about innovative practices to relevant agencies, providers, and other stakeholders.

Recommendation 7: The workgroup should continue to identify the information sharing capacities of each of the participating agencies and organizations and use these resources to develop and implement the web-based approach to dissemination of innovative practices.

Recommendation 8: The workgroup should develop strategies, including statutory and budget proposals as appropriate, to strengthen state and local interagency relationships to enhance sharing of information about innovative practices.

VI. Current Status

Curriculum Development: The Department has solicited input from stakeholders who were not able to contribute to the curriculum presented last year (sheriffs and police officers, Commonwealth's Attorneys, public defenders). At the time of this report, additional curriculum content information has been received from the Virginia Sheriffs Association, and the Virginia Association of Chiefs of Police and public defenders have confirmed their interest in submitting information for the curriculum.

Adoption of Curriculum: Workgroup member agencies and stakeholders continue to report strong support for the curriculum as a reference and planning resource. Some local stakeholder agencies report use of the cross-training curriculum information as a resource for planning local service implementation (e.g., Henrico East Jail).

Training Needs Assessment: A comprehensive, cross-agency, state and local assessment of training resources, training needs and information-sharing capacity has not been initiated at this time.

Web-based Approach for Dissemination of Innovative Practices: The recommendation to develop a web-based approach for dissemination of innovative practices occurs at a time of extensive national focus on adoption of evidence-based practices (EBPs), best practices and promising practices in the mental health, substance abuse and criminal justice field. In 2003, the Department of Mental Health, Mental Retardation and Substance Abuse Services began developing strategies for supporting adoption of evidence-based practices, including development of web-based information resources for mental health, mental retardation and substance abuse practitioners, consumers, families and other potential users. The proposal developed by this workgroup (presented in 2002 and described in Section IV, above) will be integrated into this information-sharing resource.

Some discussion has also taken place with the University of Virginia Institute of Law, Psychiatry and Public Policy regarding a potential role for the Institute in this plan, focusing on development of web resources targeted to agencies and treatment providers who serve offenders with mental disorders and substance abuse. Other possible academic partnerships also need to be explored.

An estimate of the costs associated with design and implementation of this web-based resource (or site) is between $7,500 and $20,000. However, considerable work remains to be accomplished to gain additional input from users outside DMHMRSAS, to design the website, delineate it's components and specifications (including links with other agencies' information resources), identify specific costs and acquire resources to accomplish the above.

Workgroup: A meeting of the interagency workgroup will occur in late October (23rd or 30th) to review the status of current agency activities relative to the study objectives and recommendations, and to identify next steps.

Meeting of Treatment Task Force
GAB, Senate Room A, 9:30 a.m.

Discharge Planning for Adult Offenders

Joint Commission on Health Care
Old City Hall
1001 East Broad Street
Suite 115
Richmond, Virginia 23219
http://legis.state.va.us/jchc/jchchome.htm

FINAL DRAFT

Interagency Memorandum of Understanding

This agreement between the Department of Corrections (DOC), the _____ (Community Services Board) (CSB) and the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) is for the purpose of facilitating the transition of offenders who have mental health and/or substance abuse services needs from the correctional setting to the community.

In accordance with this agreement, each local CSB and Probation and Parole District will develop a joint Memorandum of Understanding to address the provision of mental health and substance services and related issues.

The DOC agrees to:

1. Begin discharge planning for each offender with mental health and/or substance abuse services needs upon their reception;

2. Recognize "priority populations" as defined by the DMHMRSAS. From the DMHMRSAS' Performance Contract with CSBs:

"Priority population means those groups of individuals, identified by using screening instruments (as defined by DMHMRSAS) that have the most serious or severe disabilities, measured in terms of diagnosis, functional criteria, and presence of multiple disabilities...The Board (CSB/Authority) shall ensure that individuals in priority populations received needed services as expeditiously as possible, however, being in a priority population does not establish any legal entitlement to services on behalf of an individual or any mandate for the Board to provide services to the person".

3. During the intake process at Reception and Classification Centers, obtain Release of Information from offenders who have been receiving mental health and/or substance abuse services from a CSB and request such information from the CSB;

4. Explore the feasibility of implementing one or more instruments to assess each offender's level of service needs related to mental health and substance abuse disorders. This tool would be utilized initially during the Reception and Classification Center process and on a regular basis thereafter, including within 60 days of the offender's expected release date from the DOC;

5. Provide case management and treatment providers with a fact sheet related to Medicaid eligibility for offenders whose release is pending;

6. Where possible, begin the application process for entitlement programs such as General Relief, Social Security (SSI and SSDI), Medicaid, Housing, etc., at least 90 days prior to an offenders' expected release date;

7. Have designated institutional staff contact the assigned Probation and Parole District at least 90 days prior to the offender's expected release date to review the discharge plan and services needs;

8. Designate a liaison within each Probation and Parole District to serve as a point of contact for CSBs and the DMHMRSAS and who will be familiar with sources of behavioral healthcare and other resources within their area;

9. Develop and implement a standardized CSB Referral Form for mental health services which will be faxed to the CSB liaison prior to requesting that the offender's first appointment be scheduled. The form will include the offender's name, DOC number, diagnosis, psychotropic medication information, a summary of services that have been provided within the DOC and recommendations for additional or continued services. A copy will also be provided to the appropriate Probation and Parole District;

10. Have designated institutional staff contact the appropriate CSB at least 60 days prior to the offender's expected release date to discuss services needs and to schedule an initial appointment;

11. For acutely mentally ill offenders, initiate planning with the admissions staff at the Forensic Unit at Central State Hospital for commitment to the DMHMRSAS to be effective on the date that the offender is to be released from the DOC. The DOC agrees to provide prior notification of the pending referral for commitment of all offenders for whom commitment to a DMHMRSAS facility shall be sought, pursuant to 51.3-40.9 and 37.1-67.3 of the Code. The DOC shall provide such notification and all necessary clinical, criminal and institutional history documentation to the DMHMRSAS at least 45 days prior to the scheduled release of the offender. The DOC shall closely collaborate the transition of all offenders from that agency to the DMHMRSAS.

12. For offenders who are prescribed psychotropic medication, ensure that up to a 31 day supply is provided to the offender per DOC policy. In addition, the institutional psychiatrist may provide a 31-day "back up" prescription to the supervising Probation and Parole District;

13. Forward a copy of the treatment summary and discharge plan to the CSB and to the Probation and Parole District within 30 days of the offender's expected release date;

14. Advise each offender that, upon release from the DOC, s/he may be responsible for the costs of some or all of the services to be provided; and

15. While an offender is in the community, the DOC agrees to contact the treating therapist with any information that may have an impact on an offender's treatment. (i.e. positive drug/alcohol tests, threats against self or others, re-offending, medication non-compliance, or increase in symptoms).

The CSB agrees to:

1. Designate a liaison within each CSB to serve as a point of contact for DOC, advocates and the DMHMRSAS;

2. Upon request, provide treatment and compliance with treatment information to the DOC on offenders who have received or are receiving mental health and/or substance abuse services from the CSB, within the limits of applicable state and federal laws and regulations;

3. Conduct interagency clinical reviews to develop treatment plans for particularly difficult or complex cases. Representatives of the CSB, DOC, Department of Rehabilitative Services and local Department of Social Services would typically be involved in such reviews;

4. To evaluate, triage and treat referred offenders appropriately as indicated by a comprehensive assessment. Based on the availability of appropriate resources, offenders will be treated as any other citizen referred to the CSB for treatment who cannot access private sector treatment due to medical indigence, financial need, and/or clinical issues;

5. To notify the offender of treatment requirements and payment responsibilities based on a sliding scale for services rendered;

6. For offenders under supervision, notify the Division of Community Corrections as soon as possible to discuss changes in the offender's clinical status or behavior which may affect his/her ability to safely remain in the community;

7. To maintain a confidential record of the offender's treatment; and

8. To participate in cross training with other providers at both a line level and at a supervisory level to educate each other about dealing with offenders with substance abuse and mental health issues.

The DMHMRSAS agrees to:

Promote the goals of this agreement as the primary mental health and substance abuse agency in the executive branch of the Commonwealth. The DMHMRSAS agrees also to provide full and appropriate endorsement of this agreement in the setting and maintaining of its Performance Contract goals with the Virginia CSBs.

The DMHMRSAS agrees to continue to work in a close and collaborative manner with the DOC in all matters related to civil commitment of prisoners who are committed to the DMHMRSAS, pursuant to §§ 53.1-40.9 and 37.1-67.3, upon release from the DOC.

The DMHMRSAS will collaborate with both the DOC Division of Community Corrections, and with designated placement CSBs, in all matters related to the monitoring by the DOC of released prisoners in the custody of the DMHMRSAS.

The DMHMRSAS also agrees to work jointly with the DOC Division of Community Corrections, and with designated placement CSBs, in developing appropriate

discharge plans for all parolees who become eligible for release from DMHMRSAS facilities during the period in which they are under continuing supervision by the DOC.

Each agency further agrees to coordinate, develop and deliver training to staff on this memorandum and the respective agency's policies, procedures and services.

This understanding will be ongoing and revised as agreed by the participating agencies.

AGREED:_____	AGREED: _____	AGREED:_____
DOC	CSB	DMHMRSAS
Date: _____	Date: _____	Date: _____

Access to Medicaid for Offenders

Department of Medical Assistance Services

September 2, 2003

1

Study of Offenders with Mental Health Needs (SJR 97)

Requested DMAS 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.

2

Information Requested by the Work Group

- What happens to Medicaid eligibility when a person is incarcerated?
- What are the Medicaid system constraints about suspending eligibility?
- What are the current procedures for facilitating access to Medicaid when a person is released from a correctional facility?

3

Information Requested by the Work Group (Cont.)

- Is someone currently monitoring the Medicaid status for an inmate leaving the correctional system?
- Does retroactive eligibility apply?
- If there are barriers to access to Medicaid, what can be done to address them (statutory changes, Memorandum of Understanding, etc.)?

4

Medicaid Eligibility During Incarceration

- Federal money is not available for services provided to "inmates of public institutions" (42 CFR 435.1008)
- Correctional facilities fit the definition of an institution
- States may elect to pay for services in institutions with state-only money

5

Medicaid Eligibility During Incarceration

- Virginia has not elected to pay for services from state-only funds
- Medicaid is terminated when an individual is incarcerated

6

Juveniles and Inmate Status

- Juveniles are not eligible for Medicaid:
  - when in detention due to criminal activity
  - when criminal charges are pending (no court disposition), treatment is ordered by the judge and the juvenile returns to court after treatment

7

Juveniles and Inmate Status

- Juveniles may be eligible for Medicaid
  - when in detention due to the need for care, protection or the best interest of the child

8

Medicaid Eligibility During Incarceration

- Benefits are not suspended, as his/her situation may change during incarceration
- The Medicaid information system does not accommodate suspension of benefits
- The individual may apply for Medicaid during pre-release

9

Current pre-release procedures

- Local DSS accepts and processes applications for inmates
- Institutional status is not considered
- Correctional facility staff assist with completion of the application and, if needed, obtaining medical information for a disability determination

10

Current pre-release procedures

- Correctional facility staff may complete the pre-admission screening for nursing home admissions
- Application is filed in locality where individual last resided outside of the correctional facility
- A determination of eligibility must be made within 45 days of application, or 90 days if a disability determination is required (42 CFR 435.911)

11

Current pre-release procedures

- If the individual is eligible for Medicaid, enrollment occurs after release
- Medicaid may provide for retroactive coverage for up to 3 months prior to the month of application
- Medicaid may not pay for any services rendered while the individual was incarcerated

12

Who Assists with the Application Process

- Parole Officers/Case Management Counselors/Mental Health Services Professionals
- Regional Medicaid Specialists
  - Virginia Beach (Eastern Region)
  - Abingdon (Western Region)
  - Roanoke (Piedmont Region)
  - Richmond (Central Region)
  - Warrenton (Northern Region).

13

Actions Taken

- DSS Medicaid eligibility manual was revised to provide specific instruction to local Departments of Social Services on accepting and processing applications for incarcerated individuals who are about to be released.
- DSS eligibility workers have been trained on the policy.

14

Actions Taken (Cont.)

- A Medicaid Fact Sheet concerning Medicaid eligibility for inmates pending release has been developed.
- The Fact Sheet has been distributed to all local Departments of Social Services.
- The Fact Sheet will be distributed to correctional facilities. Distribution strategies are being developed to provide the Fact Sheet to regional and local jails.

15

Actions Taken (Cont.)

- Medicaid applications have been provided to the Department of Corrections for distribution to counselors who perform pre-release functions.
- Currently in the process of disseminating information and application forms for Medicaid and other assistance programs to mental health services professionals and case management counselors in correctional facilities and regional and local jails.

16

Actions Taken (Cont.)

- DMAS plans to continue to work with the Dept. of Corrections and officials from regional and local jails to monitor the process and offer technical assistance when necessary to facilitate inmates access to Medicaid coverage.

17

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