



# COMMONWEALTH of VIRGINIA

DEPARTMENT OF  
MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

Post Office Box 1797  
Richmond, Virginia 23218-1797

JAMES S. REINHARD, M.D.  
COMMISSIONER

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October 1, 2007

The Honorable John H. Chichester, Chairman  
Senate Finance Committee  
Senate of Virginia  
P.O. Box 396  
Richmond, Virginia 23218

Dear Senator Chichester:

Pursuant to Item 311 X of the 2007 Appropriations Act, DMHMRSAS submits to you the enclosed report on program information and outcome data regarding the development and implementation of the Virginia jail diversion initiatives funded through this item. The funding was targeted to expand community-based programs that divert individuals with mental illness from jails or for aftercare programs for individuals with mental illness who have been released from jail.

The programs that have been started or expanded through this funding represent a vital first and meaningful step toward the prevention of unnecessary exposure of persons with mental illness to prolonged jail incarceration in the Commonwealth, through the concerted action of our local mental health and criminal justice agencies, including the courts. The funds allocated by the General Assembly to DMHMRSAS for this purpose have yielded positive and promising results, and I want to express my appreciation to you and the General Assembly for this opportunity.

Attached, please find this report for this year. If you have any questions, please feel free to contact James Morris, Director, Office of Forensic Services, at (804) 786-2615 via e-mail at [james.morris@co.dmhmsas.virginia.gov](mailto:james.morris@co.dmhmsas.virginia.gov).

Sincerely,

A handwritten signature in black ink that reads 'James Reinhard'. The signature is fluid and cursive, with a large initial 'J' and 'R'.

James S. Reinhard, M.D.

Enc.

Cc: Hon. Stephen Martin  
Hon. Marilyn Tavenner  
Clyde Cristman  
Kim Snead  
Ruth Anne Walker



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October 1, 2007

The Honorable Phillip A. Hamilton, Chairman  
Joint Commission on Health Care  
P.O. Box 1585  
Newport News, VA 23601

Dear Delegate Hamilton:

Pursuant to Item 311 X of the 2007 Appropriations Act, DMHMRSAS submits to you the enclosed report on program information and outcome data regarding the development and implementation of the Virginia jail diversion initiatives funded through this item. The funding was targeted to expand community-based programs that divert individuals with mental illness from jails or for aftercare programs for individuals with mental illness who have been released from jail.

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October 1, 2007

The Honorable Vincent F. Callahan, Jr., Chairman  
House Appropriations Committee  
P.O. Box 1173  
Richmond, Virginia 22101

Dear Delegate Callahan:

Pursuant to Item 311 X of the 2007 Appropriations Act, DMHMRSAS submits to you the enclosed report on program information and outcome data regarding the development and implementation of the Virginia jail diversion initiatives funded through this item. The funding was targeted to expand community-based programs that divert individuals with mental illness from jails or for aftercare programs for individuals with mental illness who have been released from jail.

The programs that have been started or expanded through this funding represent a vital first and meaningful step toward the prevention of unnecessary exposure of persons with mental illness to prolonged jail incarceration in the Commonwealth, through the concerted action of our local mental health and criminal justice agencies, including the courts. The funds allocated by the General Assembly to DMHMRSAS for this purpose have yielded positive and promising results, and I want to express my appreciation to you and the General Assembly for this opportunity.

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Sincerely,

  
James S. Reinhard, M.D.

Enc.

Cc: Hon. Stephen Martin  
Hon. Marilyn Tavenner  
Clyde Cristman  
Kim Snead  
Ruth Anne Walker

## **Report on Item 311X of the 2007 Appropriations Act: Community-based Jail Diversion programs**

### **I. Background**

During the 2006 Session, the Virginia General Assembly provided the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) with funding to promote the diversion of persons with mental illness from unnecessary involvement with the criminal justice system. The language of that appropriation, contained in Item 311X, was as follows:

*Out of this appropriation, \$500,000 the first year and \$500,000 the second year from the general fund shall be used to expand community-based programs that divert individuals with mental illness from jails or for aftercare programs for individuals with mental illness who have been released from jail. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall establish criteria, administer and evaluate the grants provided for this purpose. Beginning October 1, 2007, the Department shall report program information and outcome data annually to the Chairmen of the Senate Finance and House Appropriations Committees and the Joint Commission on Health Care.*

Allocation of the funding was based upon several factors, including: consideration of the legislative basis for the development of Item 311X; the prior participation of the Community Services Boards (CSB) and Behavioral Health Authority (BHA) listed below in the original requests for pilot program funding made to the Joint Commission on Health Care in November of 2005; and the high level of activity that was already in place around the issue of developing jail diversion services in the CSB regions selected.

It has been the goal of DMHMRSAS to support the development and implementation of a comprehensive, jointly developed DMHMRSAS/CSB/BHA Community-Based Jail Diversion program in those areas of the state that have large local or regional jails holding a high number of inmates with mental illness. In addition to the great need in the jails of those areas for increased access to mental health treatment services for inmates with mental illness, the jails in these areas present a high demand for DMHMRSAS hospital beds.

It has been the plan of the Department that the diversion programs developed would focus upon implementing a "post-booking" form of jail diversion, targeted toward criminal defendants with mental illness who had been incarcerated on minor, nonviolent misdemeanor charges, and who otherwise posed minimal public safety risk.

Implementation of this program has also been directed at decreasing the demand for scarce jail and state hospital resources in the designated areas, while providing access to crucial mental health care for an otherwise underserved population of disabled persons.

An additional goal of this program has been to facilitate care coordination among the CSBs, the local and regional jails involved, and state hospital forensic programs, in a manner that would allow each entity to fulfill its mission expeditiously, and that would promote safe community reentry for program clientele.

## **II. Allocation of Funding**

Jail diversion program funding from Item 311X was allocated to the following CSBs in the cited Health Planning Regions for FY 2007:

- Health Planning Region II:
  - Arlington Community Services Board
  - Fairfax-Falls Church Community Services Board
- Health Planning Region III:
  - Central Virginia Community Services Board
- Health Planning Region IV:
  - Henrico Area Mental Health and Mental Retardation Services
  - Health Planning Region IV Jail Services team
- Health Planning Region V:
  - Norfolk Community Services Board
  - Virginia Beach Department of Human Services

Six of the seven programs selected to participate in the Jail Diversion were granted a total of \$75,000, with the exception of the Central Virginia CSB, which received a \$30,000 grant to supplement a federal jail diversion planning award that they had received for FY 2007.

Funds granted to the CSBs for this program that were unexpended at the end of FY 2007 have been carried over by the recipients, to be used for program continuation in FY 2008, in concert with the FY 2008 funding.

The remaining funds in the FY 2007 appropriation were used by DMHMRSAS for the development and implementation of a statewide "DMHMRSAS/VACSB Jail Diversion Training Consortium", to serve as a mechanism and forum for information sharing by programs that have developed model approaches to jail diversion in the Commonwealth, and to develop instructional media and provide tuition-free training programs for mental health and criminal justice personnel throughout the state.

### **III. Program Requirements**

The funding and contractual management of the Jail Diversion program has been conducted through the provisions of the Community Services Performance Contract maintained by DMHMRSAS with each CSB/BHA. The general goals and requirements of each program were as follows (Contract requirements with the Central Virginia CSB included planning for programmatic implementation, rather than implementation, *per se*; all other requirements for that program were identical to the others.):

#### ***Exhibit D: Individual Board Performance Measures for Jail Diversion Services***

The \_\_\_\_\_ Board, herein after referred to as the Board, agrees to comply with the following conditions for its receipt of mental health state general funds from the Department.

1. The Board agrees to provide or expand community-based services to divert individuals with mental illness from local jails and to provide aftercare programs for individuals with mental illness who have been released from jails. The Board's jail diversion program shall include active consumer participation in all relevant aspects of assessment and treatment planning and implementation.
2. The Board in conjunction with the Department will develop criteria, or use existing diagnostic criteria for assessing individuals in jails to determine the presence of mental illness. Those individuals who are determined to be mentally ill shall be the population that receives Jail Diversion Services.
3. The Board will collaborate with the Department's Jail Diversion Program in developing statewide training activities and related initiatives.
4. The Board, in conjunction with the Department, will develop a Memorandum of Agreement between the Community Criminal Justice Board (CCJB) to allow for planning, implementation, and evaluation of the Jail Diversion Service. In the event that the CCJB cannot serve this purpose for the Board and locality, the Board shall implement a multi-agency jail diversion stakeholders work group for planning and program development collaboration.
5. The Board shall jointly develop and implement a "postbooking"/prerelease jail diversion program in its jurisdiction, in conjunction with the courts, the local pretrial/probation services agency, the Commonwealth's Attorney, the local indigent defense bar, the local/regional jail(s), and other stakeholder agencies.
6. The Board shall designate a Jail Diversion Coordinator, as part of the jail diversion program.
7. A comprehensive individual Jail Diversion Services Plan, which shall include risk assessment results and pertinent demographic information, shall be developed and implemented for and with each diverted jail inmate. Copies of these plans shall

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be provided to the Department's Division of Forensic Services for outcomes assessment. The Board will provide intensive case management services to those individuals who are provided Jail Diversion Services. Those consumers served and the service units provided will be included in the CSB information system so it can be extracted through the Community Consumer Submission (CCS 2) and reported in the Community Automated Reporting System (CARS). For those individuals who are currently in jail, Data Element 23 in CCS 2 will be local jail or correctional facility. For those individuals who have been released from jail, Data Element 15 will be local correctional facility. Both of these elements will be used to identify consumers appropriate for Jail Diversion Services.

8. The Board will identify those jail inmates in the Jail Diversion Program who are Medicaid eligible but not enrolled in Medicaid and provide assistance to complete Medicaid enrollment.
9. The Board shall report to the Department on a quarterly basis. The Board shall provide information regarding the number of individuals screened who are currently in jail receiving or not receiving treatment, the number screened who have been released from jail, and the number of screened individuals who are accepted in Jail Diversion Services. (This information can be included in CSB information systems so it can be extracted using CCS 2 and reported in CARS to the Department.) The Board shall also provide outcome data as feasible, including: legal case dispositions; the numbers of jail days spared each client by diversion, days in the community post-diversion, and re-arrest and trial/sentencing information; and any additional outcome measures are jointly developed and agreed to by the Department and the Board.
10. For the balance of this fiscal year, the Board will be asked to provide the information in sections 7 and 9, along with the required CCS 2 data elements on Jail Diversion Project consumers, on a hard copy report, to be developed in conjunction with the Department's Division of Forensic Services.

#### **IV. FY 2007 Program Results**

As noted in the preceding section, each recipient agency provided quarterly progress and outcome information to the Department, as well as an annual summary. The information provided was based upon the provisions of Exhibit D, and the collaborative development of a quarterly reporting instrument. At the end of FY 2007, program participants reported the following accomplishments had been attained:

- A combined total of 439 jail inmates were provided with mental health services during FY 2007.
- A total of 60 jail inmates with mental illness were diverted to community treatment and residence, prior to their trial.

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- An additional 224 jail inmates with mental illness were released early following conviction (This figure includes 81 cases heard in the Norfolk Mental Health Court, during FY 2007.)
- 5,983 hours of Intensive Case Management were provided to jailed and diverted persons with mental illness.
- Considering the 60 inmates diverted prior to trial, and that the average hospital stay for restoration to competency is 90 days, it seems reasonable that the program reduced the use of 5,400 of state hospital bed days that were than available to other patients who truly needed hospitalization

The implementation of the jail diversion initiatives funded by Item 311X has yielded noticeable positives outcomes, particularly given that the program requirements were of such a nature as to require that each recipient agency effect the collaborative involvement of other local entities, within a relatively short time, in order to begin program implementation. Other first year challenges reported by the recipient agencies included:

- Time delays in recruiting and hiring jail diversion coordinators;
- Insufficient availability of treatment staff to provide needed services to inmates eligible for diversion;
- Insufficient housing resources available for diverted inmates;
- Delays and obstacles with applying for and obtaining Medicaid and other entitlements; and,
- Institutional resistance to the types of programmatic change required to fully realize program goals.

Over the course of the first year of this program, participating staff from each recipient agency met monthly, in conjunction with DMHMRSAS Forensic Services program coordinators. Each of the active diversion programs hosted informational site visits for all of the other programs, forging a "Jail Diversion Team" group identity and providing a meaningful level of cross-training to their peers. It is anticipated that the successful progress during the first year will continue into the next fiscal year.

The recent award to DMHMRSAS of an additional \$50,000 training grant by the Bureau of Justice Assistance will allow the Department to further the jail diversion goals supported by the Item 311X funding, and to begin planning for jail diversion in all Virginia localities, using the expertise developed through the current program as a significant component of the planned training process.