COMMONWEALTH of VIRGINIA

Department of Criminal Justice Services

Shannon Dion
Director

Megan Peterson
Chief Deputy Director

Washington Building
1100 Bank Street
Richmond, Virginia 23219
(804) 786-4000
www.dcjs.virginia.gov

July 14, 2021

The Honorable Janet D. Howell
Chair, Senate Finance and Appropriations Committee
Pocahontas Building
900 East Main Street
Richmond, Virginia 23219

The Honorable Luke E. Torian
Chair, House Appropriations Committee
Pocahontas Building
900 East Main Street
Richmond, Virginia 23219

Re: Report on Estimated Costs of Meeting Minimum Standards for Behavioral Health Services in Virginia Jails (2019 Appropriations Act, Item 395 J.4)

Attached is a report estimating the costs of implementing minimum standards for mental and behavioral health services in Virginia jails as adopted by the Board of Local and Regional Jails (BLRJ) in July 2020. Included with the report are several appendices: a related report submitted to the Governor and General Assembly in November 2019 by the work group established by HB 1942 (2019); data related to the availability of mental health providers in each Virginia locality from 2016 to 2020; detailed response data from years 2016 through 2020 of the annual "Mental Illness in Jails Report" survey administered by the Compensation Board; and summary responses to a survey of local and regional jails administered by DCJS staff in June 2021.

This report was required under the 2019 Appropriations Act, Item 395 J.4.[1] The report categorizes the 15 standards adopted by BLRJ according to the items required to implement them; recommends minimum staffing levels for mental and behavioral health services, including behavioral health case management, in each jail; provides detailed estimates of staffing costs (i.e., the costs of salary and benefits) for qualified provider types; and presents options for meeting non-staffing costs with maximal cost-effectiveness.

Should you have any questions or concerns, please feel free to contact Thomas Fitzpatrick, Division Director of Programs and Services, at (804) 225-0005 or via email (Thomas.Fitzpatrick@dcjs.virginia.gov).

Sincerely,

Shannon Dion

Shannon Dion

Attachment

[1] The deadline for the submission of this report was extended pursuant to the 2020 Appropriations Act, Item 4-8.01 a.4.a.

Estimated Costs of Meeting Minimum Standards for Mental and Behavioral Health Services in Virginia Jails

Virginia Department of Criminal Justice Services

July 2021

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Executive Summary

Introduction

House Bill 1942 (2019) directed the Board of Corrections (since renamed the Board of Local and Regional Jails) to consult with the Commissioner of Behavioral Health and Developmental Services and the State Inspector General to develop minimum standards for mental and behavioral health services in Virginia jails and to estimate the costs of compliance with those standards. Budget language during the 2019 Session (Item 395 J.4) also directed the Virginia Department of Criminal Justice Services (DCJS) to work with key partners to provide estimates of implementation costs for the standards developed by the HB 1942 work group. This report fulfills the requirements set forth in Item 395 of the 2019 Appropriations Act.

The minimum standards for mental and behavioral health services in jails developed by the HB 1942 work group and adopted by the Virginia Board of Local and Regional Jails are consistent with industry standards and constitutional obligations to inmates.

Categorization of Standards

The 15 standards developed in response to HB 1942 can be categorized by their implementation components, or items or actions that are necessary to meet the standards: written policies and procedures (15 of 15 standards); training for correctional staff (7 of 15); service or care delivery (12 of 15); and communication of inmate needs
(12 of 15).

Costs of Implementing Standards: Staffing and Non-Staffing

The costs of implementing each of these components vary both within and across categories as well as by community needs, and many implementation costs are already accounted for in Virginia's criminal justice system.

Staffing costs, or the costs of salaries, benefits, and physical infrastructure for qualified staff, represent the main driver of implementation costs as a whole. Many services can be provided via telehealth without compromising quality or effectiveness. Although no formula exists for determining the precise staffing or service levels needed for mental and behavioral health services in any given jail, baseline staffing levels for mental and behavioral health services in each jail should reasonably include:

- 24/7 coverage, either onsite or on-call, by a registered nurse;
- On-call and regularly scheduled services from a psychiatric provider;
- A qualified mental health professional to provide regularly scheduled group and individual therapy services; and
- Behavioral health case management services, to include discharge planning, provided by a minimum of one full-time equivalent case manager per jail and one additional full-time equivalent case manager per 160 inmates.

Non-staffing costs generally cannot be estimated as readily as staffing costs due to the substantial variation in possible approaches that could be taken by individual jails or even the state acting on jails' behalf.

Regardless of guidance or resources provided by the state, whether or not mental and behavioral health services in a given jail are adequate will depend upon the services actually needed and received by inmates, with particular consideration for service timeliness and quality. The state may need to consider collecting more detailed and/or more frequently updated data on inmates' need for and jails' delivery of services. Many jail leaders have repeatedly expressed a commitment to doing what they can to address inmates' mental and behavioral health needs.

Funding Mechanism(s), Division of Costs, and Strategies for Minimizing Costs where Appropriate

The state could consider several funding approaches, such as applying the existing mechanisms and funding split administered by the Compensation Board (SCB) to minimum infrastructure—including staffing—for mental and behavioral health services in jails.

Specific strategies for meeting minimum standards in a cost-effective manner generally involve leveraging the state's purchasing power, such as procuring the services of an expert consultant to inform model policies, procedures, and training. To ensure consistent baseline service availability regardless of jail resources or capacity, policymakers could consider adopting an existing approach taken by the Virginia Department of Corrections and securing a contract between the Commonwealth of Virginia and a hospital system for telehealth services provided at negotiated rates upon request by individual jails. The Board of Local and Regional Jails currently lacks the capacity to administer such contracts, however, and would require additional staff and funding in order to take on those responsibilities.

Introduction

Virginia state policymakers amended § 53.1-68 of the *Code of Virginia* during the 2019 session of the Virginia General Assembly to require the Board of Corrections (since renamed the Board of Local and Regional Jails), in consultation with the Commissioner of Behavioral Health and Developmental Services and the State Inspector General, to establish minimum standards for behavioral health services—and procedures for enforcing those standards—in jail facilities at the local and regional level (HB 1942, 2019). HB 1942 also instructed work group members to estimate the costs of implementing the standards once adopted. The work group formed in response to HB 1942 submitted a report, including recommended minimum standards, to the Governor and General Assembly in November 2019 (Appendix A). Estimates of the cost to implement the proposed standards included in the November 2019 report were informed by self-assessments completed by jails via a survey. Of 58 local and regional jails, only 30 (52 percent) completed the survey. The November 2019 report discussed this as well as other challenges associated with using results of that survey to estimate implementation costs.

During the 2019 legislative session, policymakers additionally included language in the Appropriations Act (Item 395 J.4) directing the Virginia Department of Criminal Justice Services (DCJS) to work with the Compensation Board (SCB) and the Board of Local and Regional Jails (BLRJ) in a parallel process, with a longer timeframe, to estimate costs in a second report.[1] The deadline for the second, DCJS-led report was extended from June 30, 2020, to June 30, 2021, in response to the COVID-19 pandemic. This report fulfills the requirements of the 2019 budget language.

The minimum standards recommended by the HB 1942 work group, and adopted by the Board of Local and Regional Jails in November 2020, encompass provision of both mental and behavioral health services in Virginia jails (Table 1).[2] These standards are consistent with and were informed in part by those established by the two accrediting organizations for local correctional facilities (the National Commission on Correctional Healthcare and American Correctional Association).

[1] Virginia Appropriations Act (2019), Item 395 J.4: *The Department of Criminal Justice Services, in cooperation with the Executive Secretary of the Compensation Board and the Board of Corrections, shall evaluate the resources needed by local and regional jails to comply with the minimum standards of behavioral health services to be established by the Board of Corrections pursuant to House Bill 1942 of the 2019 Session of the General Assembly. The evaluation shall include consideration of the appropriate share of resources for minimum standards of care to be provided by the Commonwealth and local governments, respectively. The evaluation shall also consider the appropriate mechanism by which any such Commonwealth funds be provided. The Department shall report the findings of its evaluation to the Chairmen of the House Appropriations and Senate Finance Committees by June 30, 2020.*

[2] At the 11/18/20 meeting of BLRJ, board members voted unanimously (7-0) to adopt all recommended standards except for Standard 12 (Primary Mental Health Services), on the basis that its provisions were already accounted for in other standards. However, the standards as adopted by BLRJ have yet to undergo the regulatory process. This report considers the standards as originally recommended by the HB 1942 work group.

TABLE 1:
Minimum standards for mental and behavioral health services in Virginia jails (adopted November 2020)

Standard	Description
1. Access to Care	Inmates have access to care to meet their mental health needs.
2. Policies & Procedures	The facility has a manual or compilation of policies and defined procedures regarding mental health care services which may be part of a larger health care manual.
3. Communication of Inmates' Needs	Communication occurs between the facility administration and behavioral healthcare professionals regarding inmates' significant behavioral healthcare needs that must be considered in classification decisions in order to preserve the health and safety of that inmate, other inmates, or safety of the institution/staff. Communication is bi-directional and occurs on a regular basis either through planned meetings or impromptu meetings as the need arises.
4. Mental Health Training for Correctional Officers	A training program established or approved by the responsible health authority in cooperation with the facility administration guides the mental health related training of all correctional officers who work with inmates.
5. Medication Services	Medication needs are reviewed as part of the intake/screening process. The jail has policies and procedures to guide the timeliness of responding to the medication needs of inmates. In general, for known existing conditions, which without the proper medications, could pose significant risk to health, medications are provided within one day of booking into the jail. For more routine, non-life threatening known conditions for which the inmate was receiving treatment in the community, the jail has policies/procedures to ensure a review is conducted by a healthcare provider within a reasonable timeframe. For conditions newly diagnosed within the jail, the jail has policies and procedures in place to ensure medications are timely acquired based on the doctor's order. Medication services policies in the jail should be consistent with generally accepted medical practices.
6. Mental Health Screening	Mental health screening is performed on all inmates on arrival at the intake facility to ensure that emergent and urgent mental health needs are met. For those inmates who are unable to be screened upon admission (due to issues to include acute intoxication, non-compliance, etc.) the jail has policies in place to screen such individuals when their condition has changed to the degree they can be successfully screened. The jail has policies in place to manage those inmates who are repeatedly re-admitted to the same jail on the same charges (i.e., weekenders) and policies that address screening for inmates who are transfers from other institutions rather than new admissions.
7. Mental Health Assessment	All inmates receive mental health screening; inmates with positive screens receive a mental health assessment.

TABLE 1:
Minimum standards for mental and behavioral health services in Virginia jails (adopted November 2020)

Standard	Description
8. Emergency Services	The facility provides 24-hour emergency mental health services.
9. Restrictive Housing	When an inmate is held in restrictive housing, staff monitor his or her mental health.
10. Continuity and Coordination of Health Care During Incarceration	All aspects of mental health care are coordinated and monitored from admission to discharge.
11. Discharge Planning	Discharge planning is provided for inmates with mental health needs. The frequency and intensity of discharge planning services is dependent on the individual's level of need, the availability of services, having sufficient time to plan, and the individual's willingness to cooperate in the discharge planning process.
12. Primary Mental Health Services	Mental health services are available for all inmates who suffer from serious mental illness. Additional services are provided, as available, to others with less acute, significant mental health needs.
13. Suicide Prevention Program	The facility identifies suicidal inmates and intervenes appropriately.
14. Identification and Treatment of Substance Use Disorders	Inmates are screened for the existence of substance use disorders. For those inmates with substance use disorders, the jail evaluates for acute treatment needs (both behavioral health and medical) and provides treatment based on the individual's needs, amenability to treatment, and availability of treatment programs.
15. Management of Intoxication, Withdrawal, and Overdose	Protocols exist for managing and responding to inmates under the influence of alcohol or other drugs and those undergoing withdrawal from alcohol, sedatives, or opioids. Detoxification from alcohol, opiates, hypnotics, and other stimulants is conducted under medical supervision in accordance with local, state, and federal laws. When performed at the facility, detoxification is prescribed in accordance with clinical protocols approved by the health authority.

SOURCE: RD137 – *Minimum Standards for Behavioral Health Services in Local Correctional Facilities* (HB 1942). (Appendix A)

Establishing minimum standards for mental and behavioral health services in jails is consistent with constitutional requirements as interpreted by state and federal courts.[3] Further, failure to ensure adequate mental and behavioral health treatment and services for inmates, whether distinct from or as a component of adequate health services more broadly, has resulted in costly class-action litigation against jail systems in other states. In Virginia, BLRJ is the entity responsible for ensuring jails comply

[3] See, e.g., *Bowring v. Godwin*, 551 F.2d 44, 47–48 (4th Cir. 1977).

with all relevant requirements, including health and safety regulations. As noted in the November 2019 report by the HB 1942 work group, the new standards for mental and behavioral health services largely complement previously existing standards for inmate life, health, and safety, and BLRJ's oversight will cover both existing and newly adopted standards. In anticipation of the completion of this report estimating the costs of the minimum standards for mental and behavioral health services, to date, BLRJ has not required that jails implement the standards. However, HB 1874 of the 2021 Session of the General Assembly will require, effective July 1, 2021, certain provisions that are similar to Standard 7 pertaining to mental health assessments.[4]

[4] Standard 7 requires that an inmate screening positive on an initial mental health screen must receive a more in-depth mental health assessment within 14 days of the initial screening, while individuals in acute mental health distress must be assessed within 48 hours, and individuals who appear suicidal must be assessed as soon as practicable. The provisions of § 53.1-68(C)(1) (enacted by HB 1874) will require that where an individual is in acute mental health distress or is at risk for suicide, jail staff shall: consult with the behavioral health service provider to implement immediate interventions; provide ongoing monitoring of the inmate; and complete the mental health assessment within 72 hours of the initial screening. The approved legislation further provides that the BLRJ shall identify barriers to completion of all mental health assessments within 72 hours of initial screening, develop recommendations for addressing those barriers to ensure all assessments are completed within 72 hours of the initial screening, and report on their findings by October 1, 2021.

Categorization of Standards

Many components of the minimum standards for mental and behavioral health services in jails are within the scope of the general responsibilities associated with operating a jail, such as maintaining appropriate written policies and procedures and ensuring that inmates receive prescribed medications in a timely manner. Similarly, minimum training requirements for correctional officers are already included in Virginia's criminal justice system through the regulatory and certification authorities of the Criminal Justice Services Board (CJSB); as such, the newly adopted standard for mental health training (Standard 4) represents an *update* to an *existing process* rather than wholesale creation of a new one. Further, it is likely that many local and regional jails in Virginia are already meeting most or all of the newly adopted minimum standards without the state formally requiring them to do so, as evidenced by the annual "Mental Illness in Jails Report" published by SCB, information provided by the jails that responded to the HB 1942 work group survey in 2019, and responses to a brief survey administered by DCJS staff for the purposes of preparing this report.

The standards for mental and behavioral health services in local and regional jails, regardless of whether they are already being met or represent a new requirement, can be categorized using four main implementation components (i.e., items or actions that are necessary to meet the standard and therefore impact the cost of doing so) (Table 2):

- Written policies, practices, and procedures: 15 out of 15 proposed standards
- Training for correctional staff: 7 out of 15 standards
- Service/care delivery: 12 out of 15 standards
- Communication of inmate needs: 12 out of 15 standards

Categorizing the minimum standards is important for understanding and estimating the specific drivers of implementation costs in individual jails and statewide.

TABLE 2:
Categorization of minimum standards by implementation components

Standard	Written policies, practices, or procedures?	Training for correctional staff?	Service/care delivery?	Communication of needs (internal or external)?
1. Access to Care	✓		✓	
2. Policies and Procedures	✓			
3. Communication of Inmates' Needs	✓			✓
4. Mental Health Training for Correctional Officers	✓	✓		
5. Medication Services	✓		✓	✓
6. Mental Health Screening	✓	✓	✓	✓
7. Mental Health Assessment	✓	✓	✓	✓
8. Emergency Services	✓		✓	✓
9. Restrictive Housing	✓	✓	✓	✓
10. Continuity and Coordination of Mental Health Care During Incarceration	✓		✓	✓
11. Discharge Planning	✓		✓	✓
12. Primary Mental Health Services[5]	✓		✓	✓
13. Suicide Prevention Program	✓	✓	✓	✓
14. Identification and Treatment of Substance Use Disorders	✓	✓	✓	✓
15. Management of Intoxication and Withdrawal and Overdose	✓	✓	✓	✓

SOURCE: DCJS staff analysis of BLRJ minimum standards for mental and behavioral health services.

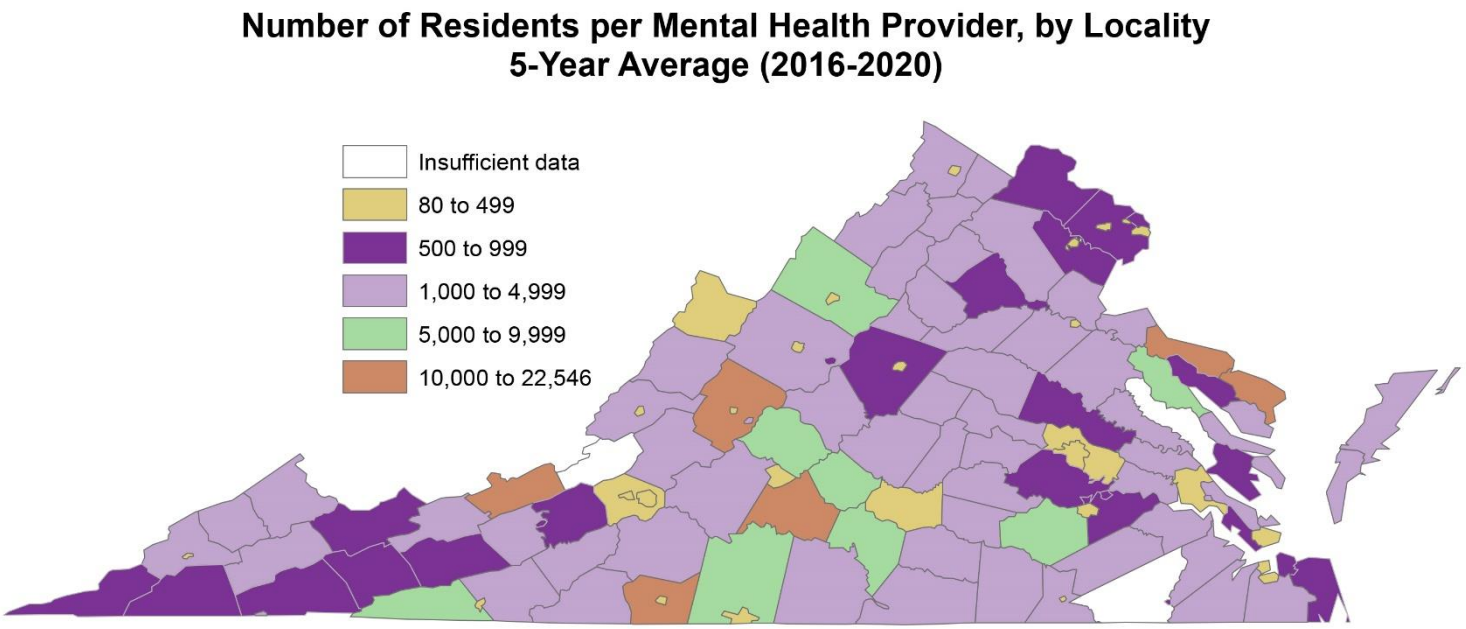
[5] As noted on p. 4, BLRJ opted not to include this standard when voting to otherwise approve them as proposed by the HB 1942 work group.

Costs of Implementing Standards

Implementation costs for the minimum standards can vary widely both between and within categories. For example, psychiatric assessment and consultation for inmates presenting with severe mental illness such as schizophrenia or bipolar disorder can be lengthy processes that require the time and expertise of the highest-cost providers of mental health services. In contrast, internal communication of inmate needs can take place through relatively low-cost activities such as regularly scheduled meetings involving providers and jail staff, chart review, and even impromptu conversations as staff or providers obtain new information. Similarly, onsite, individual therapy provided by a qualified mental health professional (QMHP) is an appropriate option for meeting many types of mental and behavioral health needs, but group and/or telehealth therapy services can be just as effective in certain cases. Considerations related to physical space will vary both between and within categories as well. For example, group therapy services cannot reasonably take place, via telehealth or in person, without rooms that can accommodate the number of inmates participating in a given group, and individual therapy services cannot be appropriately delivered without privacy for the inmate.

The costs of implementing a given standard will also vary by locality, particularly with respect to local capacity for community-based services. For example, the availability of mental health providers varies considerably across the Commonwealth of Virginia; while the statewide average for residents per mental health provider from 2016 through 2020 was 629, the average number of residents per mental health provider was as high as 22,546 in Rockbridge County, according to locality-level data maintained by national experts (Exhibit 1) (Appendix B).

EXHIBIT 1:
Average number of residents per mental health provider by locality, 2016–2020



SOURCE: DCJS staff analysis of University of Wisconsin Population Health Institute data. (Appendix B)

The need for services in local jails will also vary by *community* conditions and needs; as one illustration, jails in communities with higher rates of opioid use disorders likely have a greater need for medication-assisted treatment than jails in communities less impacted by the opioid epidemic.

Staffing costs

The most significant driver of costs for any health services, including mental and behavioral health services, is generally the staffing costs associated with qualified providers. For the purposes of meeting minimum standards for mental and behavioral health services in jails, qualified providers include psychiatric providers (including psychiatric nurse practitioners), QMHPs, and other healthcare providers with relevant skills and expertise such as registered nurses (RN). Staffing costs include salaries, benefits, and (in general) associated administrative and facilities costs for both in-house and contracted providers.

It is important to note that states and localities across the country commonly face shortages of qualified mental health providers of all or nearly all types (e.g., psychiatrists, mental health and substance abuse social workers) and in a variety of settings. For example, the National Center for Health Workforce Analysis has projected that the nationwide shortage of psychiatrists that existed in the year 2013 will have grown as much as five-fold by the year 2025, from a deficit of 2,800 psychiatrists relative to demand to a shortage of 15,400. Staffing challenges for mental health services may be further complicated by the existing challenges of recruiting and retaining qualified staff in correctional settings such as local and regional jails.

Unfortunately, there are no generally accepted formulas or ratios for staffing levels for providing mental and behavioral health services in jails, assuming successful recruitment and retention.[6] However, some guidance related to mental and behavioral health staffing does exist, such as behavioral health workforce analysis published by the federal Substance Abuse and Mental Health Services Administration in 2019 and caseload guidance for behavioral health case managers published by the University of Washington and supported by guidelines for federally qualified health centers. There are also generally accepted estimates of the ongoing need for mental and behavioral health services in jails (as measured by rates of mental illness and severe mental illness (SMI)). For example, the most recent version of statistics periodically published by the federal Bureau of Justice Statistics (BJS) suggests that about half of inmates in jails nationwide have a previously diagnosed mental health disorder, including 25 percent with bipolar disorder, 16 percent with post-traumatic stress disorder, and 12 percent with schizophrenia or another psychotic disorder. These figures are consistent with findings of other expert researchers, such as the Justice Policy Center at the Urban Institute and Public Safety Performance Project at the Pew Charitable Trusts.

Significantly, the widely used figures measuring mental illness and SMI in jails nationwide are substantially higher than the estimates of the prevalence of mental illness and SMI in Virginia jails published annually by SCB. For example, data reported to SCB by Virginia jails for June 2020 indicates mental illness rates of approximately 28 percent and SMI rates of approximately 13 percent in jails statewide, figures that are generally in line with those reported to SCB by Virginia jails in recent years

[6] This assessment reflects the consensus of experts consulted for this report, including two psychiatric professionals with extensive experience as independent monitors for class action settlements as well as staff from the National Institute of Corrections, Government Accountability Office, Public Safety Performance Project of the Pew Charitable Trusts, National Conference of State Legislatures, National Commission on Correctional Healthcare, Prison Law Office, and Justice Policy Center at the Urban Institute.

(Appendix C). Comparing jail-reported data to BJS statistics, however, suggests that the incidence of mental illness among inmates in Virginia jails may not be fully identified or reported, and that the actual need for mental and behavioral health services in jails may be underestimated in Virginia.

Taken together, broad staffing and caseload guidance, generally accepted estimates of mental illness and SMI among jail inmates, and the likelihood of underestimated need for mental and behavioral health services in Virginia jails point to the following baseline staffing levels, *at minimum*, in each facility:

- 24/7 RN coverage (ideally onsite; can be on-call)
- On-call psychiatric provider (medical doctor (MD), psychiatric nurse practitioner, or other licensed mental health provider with the ability to prescribe psychotropic and antipsychotic medication) dedicating at least 1 day/week to face-to-face or telehealth patient consultation and medication review, with additional hours/days as needed for inmates with severe mental illness and otherwise to meet inmates' needs
- A QMHP licensed to provide counseling services, or pre-licensed and under the direct supervision of a licensed provider, dedicating at least 1 day/week to face-to-face or telehealth counseling (group counseling offered at minimum; individual counseling offered as indicated by inmates' needs; additional hours/days as needed to meet inmates' needs)
- Behavioral health case managers with direct responsibility for overseeing discharge planning (Standard 11) among other elements of effective case management (QMHPs or otherwise qualified to provide mental and behavioral health case management): 1 full-time equivalent (FTE) per 160 inmate population with a minimum of 1 FTE case manager per jail[7]

According to staff at the Virginia Department of Behavioral Health and Developmental Services (DBHDS), average costs of total compensation (i.e., salary and benefits) for each of those provider types are as follows (Table 3):

TABLE 3:
Range of estimated costs of salaries and benefits for selected healthcare provider types

Provider Type	Salary + Benefits: LOW	Salary + Benefits: AVERAGE	Salary + Benefits: HIGH
Registered Nurse (RN):			
RN I	$75,081	$95,782	$126,475
RN II	$82,588	$108,406	$157,002
Counselor I (BSW) – *could serve in role of behavioral health case manager*	$45,360	$66,454	$88,563

[7] FTE behavioral health case managers in federally qualified health centers aim to carry caseloads of about 80 "Medicaid, uninsured, or otherwise vulnerable adults with depression or anxiety," according to the AIMS Center at the University of Washington. This patient group does not provide an exact comparison with the population of jail inmates with mental or behavioral health needs, but it allows for an approximate match. The ratio of 1:160 assumes about half of inmates have a clinical need for mental or behavioral health services, as suggested by generally accepted figures such as those published by the federal Bureau of Justice Statistics.

Provider Type	Salary + Benefits: LOW	Salary + Benefits: AVERAGE	Salary + Benefits: HIGH
Counselor (MSW or equivalent)	$58,826	$77,812	$111,940
Counselor (master's-level and LCSW)	$64,709	$85,593	$123,134
Psychiatric Nurse Practitioner	$136,593	$175,159	$215,909
Psychiatrist	$296,688	$354,393	$399,417

SOURCE: DBHDS staff via communication with SCB and DCJS staff.
NOTE: BSW = Bachelor of Social Work; MSW = Master of Social Work; LCSW = Licensed Clinical Social Worker. The costs of fringe benefits for healthcare staff employed by DBHDS equal approximately 35 percent of salary costs, on average. These estimates include the 5 percent across-the-board salary increase for state employees effective July 1, 2021.

Similarly, according to SCB staff, implementing suggested staffing levels for behavioral health case managers across all local and regional jails in Virginia would require the addition of 249 positions, based on average inmate populations during calendar years 2019 and 2020. A minimum salary of $50,000 budgeted by the Compensation Board for each of these positions would result in a total system cost to the Commonwealth (including benefits) of at least $13.7 million, though this salary level may not be adequate to recruit and retain qualified staff in all jurisdictions without the addition of a locally funded salary supplement.[8]

As noted earlier, these staffing levels are being met and likely even exceeded in many local and regional jails throughout Virginia through a combination of state and local funding (Appendix C; Appendix D). However, it is likely that there are jail facilities in which these minimum staffing levels are *not* currently being met; for example, responses to the survey of local and regional jails administered by DCJS staff indicate that the vast majority of jails (71 percent of all responses) currently do *not* have 24/7 RN coverage. Further, these minimum staffing levels may be difficult if not impossible to meet in some jails due to local labor force and economic conditions.

Given existing disparities in local resources and ability to recruit and retain qualified staff, state policymakers may wish to consider making a baseline level of services available to all jails if they choose to use them. For example, policymakers could appropriate funds for a state-level provider team (in-house or via contract with existing providers) that would be available to deliver on-call psychiatric and counseling services, including in-depth mental health assessments and consultation (where indicated) within the timeframes mandated by HB 1874 (2021), via telehealth to participating jails across the state. This approach is currently being taken by the Virginia Department of Corrections, which secured a contract with the University of Virginia Health System for comprehensive telehealth services at negotiated rates that are available to all state prisons upon request.

Non-staffing costs

Non-staffing costs of implementing the minimum standards for mental and behavioral health services generally relate to the costs of creating, following, and monitoring written policies and procedures as well as to the costs of non-staffing elements of service delivery, such as prescribed medication or required space or equipment. Importantly, many of the non-staffing costs associated with minimum

[8] SCB methodologies for allocating and providing funding for positions in local and regional jails are described in more detail in the following section of this report.

standards can be—or already are—borne by the state's *system* for local and regional jails rather than by individual jails themselves, such as the costs of developing minimum training standards for jailers and correctional staff. Similarly, evidence-based or evidence-informed practices for certain mental or behavioral health services are made known through academic research and therefore do not need to be "discovered" on a jail-by-jail basis.

Total non-staffing costs cannot be estimated as readily as staffing costs due to the substantial variation in possible approaches that could be taken by individual jails or even the state acting on jails' behalf. The following section of this report, *"Funding Mechanism(s), Division of Costs, and Strategies for Minimizing Costs where Appropriate,*" provides several examples of policy approaches that could enable local and regional jails to meet non-staffing requirements of the minimum standards in the most cost-effective way possible.

Other cost considerations

It bears repeating that whether or not mental and behavioral health services in a given jail are adequate to meet constitutional requirements and otherwise comply with state and federal laws is entirely dependent on the services *actually needed and received* by inmates, with particular consideration for service *timeliness* and *quality*. Further, many leaders of local and regional jails have repeatedly expressed their commitment to providing needed mental and behavioral health services to the best of their ability, as evidenced by their responses to the annual SCB "Mental Illness in Jails Report" survey, the survey administered by the original HB 1942 work group, and the brief survey administered in June 2021 by DCJS staff for the purposes of preparing this report. For example, jail leaders shared the following comments in their responses to the DCJS survey:

"Very interested in ways to assist the inmates."

"Each jail should have a dedicated mental/behavioral health worker or share one within their region."

"While we are still assessing the impact, [our jail] has implemented a therapy dog program. Appears from initial review to be very effective in reducing stress."

"We are willing to work with other Jails to develop programs."

As the state, along with its local and regional partners, finalizes (through the regulatory process) and implements minimum standards for mental and behavioral health services in jails, it will be essential to conduct the types of data analysis and continuous quality improvement required as compliance indicators for Standard 1: Access to Care. For this reason, Virginia policymakers and program administrators may wish to consider adding indicators of mental/behavioral health needs and service provision to the Local Inmate Data System (LIDS) or increasing the frequency and level of detail captured by SCB's "Mental Illness in Jails Report" survey.[9] Having more readily available data, rather than relying on a standalone annual report on mental illness in jails, would support state and local capacity to make informed decisions about system improvements, including but not limited to adjustments to cost estimates and appropriations as needed. Equally important, more readily available and detailed data would support the ability of BLRJ staff and designees to provide meaningful oversight of jails' provision of needed services to inmates—and to make changes, as needed, to the standards themselves.

[9] Because LIDS is not designed to contain and protect personal health information, the only indicator that could reasonably be added to LIDS at this time is whether and within what timeframe an inmate received the required initial mental health screen, according to SCB staff.

Funding Mechanism(s), Division of Costs, and Strategies for Minimizing Costs where Appropriate

The precise funding mechanism and division of costs between the state and local/regional jails is a policy decision beyond the authority of the Virginia Department of Criminal Justice Services (DCJS), the Compensation Board (SCB), and the Board of Local and Regional Jails (BLRJ). That said, policymakers in the legislative and executive branches could consider the following approaches as reasonable and appropriate given the constitutional obligation to ensure adequate care and the existing mechanisms to provide staffing support to jails through the Compensation Board:

- Expand and change the jail mental health pilot program administered by DCJS to a permanent, non-site-restricted program supporting innovations in jail mental health service delivery, with funding administered by SCB through a formula-driven approach.
- Adopt the existing allocation of funding responsibility for the minimum costs of administering local and regional jails—approximately two-thirds funded by the state and one-third funded by localities—to the costs of meeting mental and behavioral health minimum standards, including minimum staffing for each facility.[10]
- In addition to allocating dedicated funding for minimum mental and behavioral health staffing as indicated in this report, strengthen SCB methodologies and fully fund existing positions allocated for non-mental-health "medical and treatment services" that currently fall short of the targeted ratio of one medical/treatment position for every 25 inmates.[11]

Several factors would need to be taken into consideration—and challenges addressed—in order to use the existing SCB-administered approach to appropriating funding and positions for the purpose of meeting BLRJ-adopted standards. The SCB funding mechanism currently in use for medical services (but not fully funded, as noted above) was developed over 25 years ago and is intended to provide a base level of staffing support for the operation of jails in Virginia; as such, only some basic medical providers are included in SCB staffing methodologies, which were never historically contemplated to address extensive medical or behavioral health care needs. Further, localities frequently must provide local salary supplements in order to hire qualified medical professionals for these positions at compensation levels that support recruitment and retention, and localities often piece together resources to cover

[10] While SCB reimburses 100% of the salary amount it budgets for the majority of positions it allocates to jails (such as correctional officers, cooks, and administrative support), SCB funding for the basic medical and treatment provider positions it allocates to jails is based on a shared funding formula where the Commonwealth pays two-thirds of the salary and the locality or regional jail is required to pay the remaining one-third.

[11] This broad ratio includes a variety of position types, such as clerical and other support staff with involvement in the provision of medical health services, and is not intended to be inclusive of mental or behavioral health services, according to SCB staff. SCB staff estimate the number of positions "due" to jails under this ratio—but currently not funded by appropriations—is 253, and the total estimated cost of those positions (assuming a minimum salary of $32,156) for the state and localities is $5.97 million and $2.98 million, respectively, for a total minimum cost of $8.95 million as of June 2021.

needs where funding appropriated to SCB for allocation to jails is not sufficient. In other words, the existing system has the advantage of administrative efficiency but needs considerable additional investments to be effective in carrying out both current and potential future responsibilities such as the options described above.

In terms of minimizing costs where appropriate—particularly non-staffing costs that can be addressed outside the context of the SCB system—there are several ways the state and its local and regional partners could seek to maximize cost-effectiveness while meeting minimum standards for mental and behavioral health services in jails. A key strategy for ensuring adequate service provision is identifying economies of scale available through the state's purchasing power and other efficiencies associated with cost sharing. This would support the provision of services at the lowest possible cost, in all jails throughout the state, regardless of their inmate populations, existing resources, or community characteristics.

In addition to the option of creating a state-level provider team or telehealth contract for jails, cost-effective approaches to meeting non-staffing requirements of minimum standards for mental and behavioral services in jails could include the following:

- *Model policies and procedures for all standards that can then be adapted as needed by local or regional jails*
  - Some or all of the costs associated with creating core model policies and procedures for each of the minimum standards could be borne by a work group consisting of subject-matter experts appointed for this purpose. The costs of adapting policies and procedures at the local and regional levels would be mostly if not entirely absorbed by jail staff time.
  - Total costs for a contract to secure the services of expert consultants, including development of specific compliance indicators for all model policies and procedures, would likely range from a low of $75,000 to a maximum of $250,000, according to staff of one of the two accrediting organizations for correctional facilities.
  - Local and regional jails responding to the brief June 2021 DCJS survey indicated a high level of interest in this possibility, with 67 percent of responses affirmatively expressing their interest.
- *Minimum mental health training for jailers and correctional staff as a component of mandatory training to receive and maintain DCJS certification; state-negotiated contract for specialized and advanced training for jailers and correctional staff who require it*
  - All costs of developing *standards* for minimum training would be borne by existing processes of the relevant Curriculum Review Committee(s) of the CJSB. Costs associated with delivering training aligned to standards approved by the CJSB would be borne by service academies and the individuals pursuing certification.
  - Specialized and advanced training covered by a state-negotiated contract could include training in the administration of approved mental health assessments for inmates with a positive result (or results) on the mandatory initial mental health screening, in alignment with the requirements of HB 1874 (2021).

- Costs associated with developing a uniform curriculum and assessments for mental health training standards could be included in the yet-to-be-secured contract for which policymakers appropriated a total of up to $1 million during the 2021 Session of the Virginia General Assembly (Item 403.I). Total standalone costs for a uniform curriculum and assessments for mental health training standards, whether included with a larger contract or separately, would likely range from about $100,000 to $300,000, according to DCJS staff.

- *State-negotiated contract for an electronic case management system that would facilitate efficient and effective communication of inmates' needs both internally (i.e., between jail staff and QMHPs or psychiatric providers) and externally (i.e., between jail staff and staff of CSBs, hospitals, or other community-based service providers)*

  - State-negotiated rates could make electronic case management affordable to local or regional jails that have previously lacked the resources to secure this technology (if any). Electronic case management for health services, both medical and mental or behavioral, is necessary to enable the types of analyses required by the compliance indicators for Standard 1: Access to Care.[12] Electronic case records would also support the ability of BLRJ to conduct its oversight of jails' compliance with standards efficiently, whether onsite or by obtaining secure remote access to conduct "desk audits."

  - Costs associated with a state-negotiated contract would depend upon the number of jails choosing to participate.

- *State-negotiated contracts to secure the lowest possible prices on medication for mental and behavioral health disorders*

  - According to results of the annual "Mental Illness in Jails Report" survey administered by SCB, total annual spending by local and regional jails on medication for mental or behavioral health services (including medication used as treatment in recovery for substance use disorders) averaged $3.9 million from FY18 through FY20.

  - This strategy may be especially important for the state to consider not only because of likely underestimation of mental health needs among jail inmates but also because the amount (and costs) of medication prescribed to treat mental or behavioral health conditions can reasonably be expected to increase with improved inmate access to providers, according to telehealth experts with experience assisting jails.

[12] The compliance indicators for Standard 1: Access to Care are as follows: *1. The jail administration and the responsible health authority (RHA) identifies and addresses any barriers to inmates receiving health care. 2. The jail/responsible health authority has a sufficient supply of clinical staff to meet the needs of the inmate population either through the provision of on-site services or via contracts with providers. 3. The jail/responsible health authority completes quarterly Continuous Quality Improvement reports addressing the healthcare being provided in the jail.*

- *State-supported investments in broadband internet at speeds necessary for reliable video-based telehealth services, including psychiatric services and individual/group therapy services; state-negotiated contract(s) for other required technology for telehealth services*
  - Virginia policymakers have already committed at least $60 million in state and federal dollars[13] for broadband installation and expansion in communities across the state, particularly rural areas with limited or nonexistent broadband infrastructure.
  - Sufficient internet bandwidth (including wiring necessary to access it in a given building) is the most important factor for successful telehealth service delivery, which otherwise requires imaging technology (on-site), technical support staff (off-site), and training for correctional staff, including healthcare workers who may not have prior experience with telehealth. Examples of imaging technology that could support effective and cost-effective telehealth services for inmates include laptops, tablets, and computer monitors or television screens to facilitate in-person group therapy sessions.

Given the scale of work that would be required for the solicitation, management, and monitoring of the types of contracts described above, policymakers may wish to consider allocating additional resources (both staffing and funding) to BLRJ, which currently lacks the capacity to take on these responsibilities.

[13] This includes $29.6 million in state Virginia Telecommunications Initiative (VATI) grant funds administered through the state Department of Housing and Community Development along with $30 million in federal funds from the 2020 Coronavirus Aid, Recovery, and Economic Security (CARES) Act. State policymakers have also announced plans to use some of Virginia's state allocation of approximately $4.3 billion from the 2021 American Rescue Plan to significantly accelerate existing plans for broadband expansion.

Conclusion

Adopting minimum standards for mental and behavioral health services in all Virginia jails demonstrates, in the words of a subject-matter expert consulted for this report, "that Virginia is interested in being proactive and improving care" for persons incarcerated in local and regional jails across the Commonwealth. In order to translate that interest into accountable reality—as is consistent with constitutional obligations to inmates—it is recommended that the state and its local and regional partners make thoughtful investments across all dimensions of the standards identified in this report: written policies and procedures; training for correctional staff; the actual delivery of needed services or care; and effective communication about inmates' needs, both within each jail and between jail staff and their external partners such as community-based service providers. Specifically:

- Ensuring that each jail has access to a baseline provider team, whether onsite or on-call, is the costliest but most important action the state and its local and regional partners can take to implement newly adopted standards on the ground, and a centralized, accessible telehealth partnership represents a promising practice for providing high-quality coverage at the lowest possible cost, particularly in areas of the state where recruiting and retaining qualified staff is most challenging.
- Leveraging the state's purchasing power wherever possible to procure needed expertise, services, and medication can minimize implementation costs—and therefore, in many cases, reduce or eliminate local barriers to being able to meet established standards—for non-staffing components of the standards adopted by the Board of Local and Regional Jails, though the Board itself currently lacks the capacity to manage such procurements without additional staff and funding.
- Updating the existing system, administered by the Compensation Board, of allocating positions and distributing appropriated funds to jails to be fully effective through additional investments is an efficient and appropriate means by which to implement the staffing components of the 15 standards.

Lastly, collecting more detailed data related to mental and behavioral health needs and services in jails—and doing so more frequently than on an annual basis, as is currently the case—will enable the state and its local and regional partners to conduct robust compliance monitoring and promote continuous quality improvement, both of which can inform future changes, if needed, to the state's approach to meeting these standards—and even the standards themselves.

APPENDIX A:
RD137 – Minimum Standards for Behavioral Health Services in Local Correctional Facilities (HB 1942) – November 1, 2019

COMMONWEALTH of VIRGINIA

Board of Corrections

(804) 887-7850
(804) 674-3587 (FAX)

P.O. BOX 26963
RICHMOND, VIRGINIA 23261

October 21, 2019

Honorable Brian Moran, Secretary of Public Safety
Office of the Secretary of Public Safety and Homeland Security
Patrick Henry Building
1111 East Broad Street
Richmond, VA 23219

Dear Secretary Moran,

HB 1942 required the Board of Corrections to establish minimum standards for behavioral health services and convene an advisory group to develop a report on these standards. The advisory group has completed their report. Their report is attached for your review and approval.

Sincerely,

Vernie W. Francis, Chairman of the Board

Minimum Standards for Behavioral Health Services in Local Correctional Facilities (HB 1942)

November 1, 2019

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EXECUTIVE SUMMARY

The over-representation of individuals with behavioral health challenges in the criminal justice system is not a new problem or a problem isolated to the Commonwealth of Virginia. Rather, for many years most states have reported having more individuals with behavioral health challenges incarcerated than are reported in national community prevalence rate studies. Nationally, there continues to be strong encouragement for the development of criminal justice diversion programs for individuals with serious mental illness who can be more effectively treated in the community. Even when the Commonwealth does have robust diversion programs, it remains likely that individuals with behavioral health challenges will end up in local/regional jails, as not all cases can/should be diverted. In light of this, it is imperative that state minimum standards for behavioral health care provided inside the jail be established (bolstered).

During the 2019 General Assembly Session, Delegate Robert Bell sponsored House Bill 1942, which was approved by both chambers and was signed into law on April 3, 2019. HB 1942 amended Virginia Code §53.1-68 (Minimum Standards for local correctional facilities and lock-ups; health inspections, behavioral health services inspections, and personnel). Specifically HB 1942 requires the Board of Corrections to establish minimum standards for behavioral health services in local correctional facilities and procedures for enforcing such minimum standards, with the advice of and guidance from the Commissioner of Behavioral Health and Developmental Services and the State Inspector General. HB 1942 lays out some minimum components, which the standards must address to include at least one unannounced annual inspection of each local correctional facility. Finally, HB 1942 requires that the Chairman of the Board of Corrections convene a work group to include representatives of sheriffs, superintendents of regional correctional facilities, community services boards, the Department of Behavioral Health and Developmental Services, the Department of Medical Assistance Services, the Virginia Association of Counties, the Virginia Municipal League, and such other stakeholders as the Director shall deem appropriate to determine the cost of implementing the provisions of this Act. The work group shall report its findings and conclusions to the Governor and the Chairmen of the House Committee on Appropriations, the House Committee for Courts of Justice, the House Committee on Health, Welfare and Institutions, the Senate Committee on Finance, the Senate Committee for Courts of Justice, the Senate Committee on Education and Health, and the Senate Committee on Rehabilitation and Social Services by November 1, 2019. This is the purpose of this report.

The following are the recommendations from the advisory panel to the BOC on the minimum standards for behavioral healthcare in jails:

1. Access to care - Inmates have access to care to meet their mental health needs.
2. Policies & Procedures - The facility has a manual or compilation of policies and defined procedures regarding mental health care services which may be part of a larger health care manual.

3. Communication of Inmates' Needs - Communication occurs between the facility administration and treating mental health care professionals regarding inmates' significant mental health needs
4. Mental Health Training for Correctional Officers - A training program established or approved by the responsible health authority in cooperation with the facility administration guides the mental health related training of all correctional officers who work with inmates.
5. Medication Services - Medication services are clinically appropriate and provided in a timely, safe and sufficient manner.
6. Mental Health Screening - Mental health screening is performed on all inmates on arrival at the intake facility to ensure that emergent and urgent mental health needs are met.
7. Mental Health Assessment - All inmates receive mental health screening; inmates with positive screens receive a mental health assessment.
8. Emergency Services - The facility provides 24 hour emergency mental health services.
9. Restrictive Housing - When an inmate is held in restrictive housing, staff monitor his or her mental health.
10. Continuity & Coordination of Health Care During Incarceration - All aspects of health care are coordinated and monitored from admission to discharge.
11. Discharge Planning - Discharge planning is provided for inmates with mental health needs whose release is imminent.
12. Primary Mental Health Services - Mental health services are available for all inmates who suffer from serious mental illness.
13. Suicide Prevention Program - The facility identifies suicidal inmates and intervenes appropriately.
14. Identification & Treatment of Substance Use Disorders – Inmates are screened for substance use disorders & provides treatment based on the individual's needs, amenability to treatment, and availability of resources.
15. Management of Intoxication, Withdrawal, and Overdose – Protocols exist for managing and responding to inmates under the influence, experiencing withdrawal, or showing signs of overdose.

HB 1942 instructed the work group to determine the cost of implementing provisions of the act. The workgroup constructed a self-assessment survey to be filled out by all jails. The survey inquired about the jails ability to meet the proposed standards and in cases where the jail did not feel they could meet the standard (with current resources) what additional resources or assistance would be needed in order to be able to meet the standards. The estimated cost of the resource needs will be further analyzed by a separate workgroup as outlined in the 2019 Budget ITEM 395.Paragraph J.4.

OVERVIEW OF THE PROBLEM

While the National Institute of Mental Health (NIMH) estimates that approximately 4.2% of adults in the United States suffer from serious mental illness (generally defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities), comparable figures in state prisons and jails are 16 percent and 17 percent, respectively[1]. In Virginia, per the annual Mental Illness in Jails survey conducted by the State Compensation Board, approximately 20 percent of jail inmates have a mental illness, and roughly, 10.42 percent have a serious mental illness[2].

Over the past 10 years, Virginia has made considerable strides to better understand how individuals with mental illness flow through local criminal justice systems, where gaps in service exist, and where specific systems and processes could be improved to ensure better coordination and continuity of care. One particular area of concern that has been consistently cited is the need for standards of care provided to individuals with behavioral health disorders who are incarcerated in local and regional jails, which is the focus of this report.

PREVALENCE RATES OF MENTAL ILLNESS IN VIRGINIA JAILS

The Virginia State Compensation Board (SCB) conducts an annual, point in time, survey of all local & regional jails to estimate the number of persons with behavioral health challenges who are incarcerated. The survey is mandated by budget language and DBHDS collaborates with the SCB in the development and refinement of the survey. SCB has conducted the surveys since 2008. Thus, Virginia has a decade worth of data about the prevalence rates of behavioral health challenges in jails. The survey gathers data on the number of individuals suspected of having any mental illness and those suspected of having a serious mental illness. For the purposes of the survey, mental illness is defined as "an individual who has been diagnosed with schizophrenia or a delusional disorder, bi-polar or major depression, mild depression, an anxiety disorder, posttraumatic stress disorder (PTSD), or any other mental illness as set out by the Diagnostic & Statistical Manual of Mental Disorders (DSM-V), published by the American Psychiatric Association, or those inmates who are suspected of being mentally ill but have received no formal diagnosis.". For the purposes of the survey, serious mental illness is defined as "A serious mental illness includes diagnoses of schizophrenia/delusional, bi-polar/major depressive or post-traumatic stress disorder". The survey has undergone multiple revisions to better understand the population and how local and regional jails respond to their needs. Despite the many projects and initiatives that have occurred over the last decade to reduce the rates of incarceration for individuals with behavioral health disorders, the number of individuals reported as having a mental illness continues to grow. Whether this is a result of increased awareness, more accurate data collection, or an increase in the rates of individuals with behavioral health

[1] Substance Abuse and Mental Health Services Administration. Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide. (SMA)-16-4998. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017.

[2] Virginia State Compensation Board, 2018 Mental Illness in Jails Report. Accessible at: http://www.scb.virginia.gov/docs/2018mentalhealthreport.pdf

disorders being sent to jail is unknown. What we do know per the SCB survey is that the numbers are high and continue to rise.

In 2018, nearly 20 percent of inmates incarcerated in Virginia's jails were known or suspected to have any form of mental illness and 10.42 percent were known or suspected of suffering from serious mental illness. Despite a variety of efforts to address the growing number of inmates with behavioral health disorders across Virginia, local and regional jails continue to struggle to provide for the behavioral healthcare needs of individuals placed into their care. Table 1 below highlights the growth (both in terms of overall number of individuals as well as percentage of the jail population) in both the numbers of individuals suspected of having any form of behavioral health challenges and those suspected of having a serious mental illness. It is unclear how much of this "growth" can be attributed to an actual increase in the number of individuals with mental illnesses in Virginia jails versus improved identification of those individuals with mental health challenges. Regardless, the chart below shows that a relatively large portion of individuals in jail are suspected of having some form of mental illness.

Table 1: Number of Inmates with Mental Illness by Year

Year	# of Individuals suspected of having any mental illness	% of total jail population suspected of having any mental illness	# of Individuals suspected of having a serious mental illness	% of total jail population suspected of having a serious mental illness
2018	7,852	19.84%	4,124	10.42%
2017	7,451	17.63%	4,036	9.55%
2016	6,554	16.43%	3,355	8.41%
2015	7,054	16.81%	3,302	7.87%
2014	6,787	13.95%	3,649	7.50%
2013	6,346	13.45%	3,553	7.53%
2012	6,322	11.07%	3,043	5.33%

Virginia's jails are ill prepared to respond to the unique needs of individuals with behavioral health disorders. Although some jails have specialized programs and staff, most jails do not due to a lack of funding and resources. A 2014 Review of Mental Health Services in Local and Regional Jails conducted by the Office of the State Inspector General (OSIG) highlighted many of the challenges to include lack of available treatment capacity to address the needs, lack of continuity of care between the community and jail, lack of consistent screening processes, and environmental issues which at times are inconsistent with the treatment needs of individuals in the jails' custody (See Appendix B). The OSIG made many recommendations to address the challenges (some of which have been done) and notably included the establishment/adoption of standards for behavioral health services provided in the jail.

Per the 2018 Mental Illness in Jails report, 1 out of 4 inmates with mental illness is incarcerated on a misdemeanor or ordinance offense. While mental illness itself is not a factor in determining whether to grant an individual bail/bond, unfortunately some of the sequela associated with serious mental illness (i.e. unemployment, lack of stable housing, lack of community ties) do

make individuals with SMI less likely to be granted bond/bail. Despite efforts to create criminal justice diversion programs for these seemingly lower risk offenders, the percentage on inmates with mental illness being held on less serious offenses has remained unchanged.

According to the State Compensation Board's 2018 Mental Illness in Jails report, the total annual cost of mental health treatment across Virginia's Jails was estimated at approximately $21.6 million. This amount is $7 million more than was spent in 2017. The 2018 reports states that 65.52% of the total costs for behavioral health services were funded by the locality, 5.46% funded by the state, 2.29% funded by the federal government, 12.58% by other funding sources, and the breakdown of fund source for the remaining 14.5% of total costs is unknown. Since the majority of funding (65 percent) comes from the locality, regional jails and local jails that serve wealthier localities tend to have more resources than smaller jails serving rural areas. The quality, type, and frequency of mental health treatments and services vary across Virginia's jails. Some jails may have a full time psychiatrist or general practice physician (MD), while others may contract with outside professionals to have services on certain times/days of the week or month. Community Service Boards (CSBs) are the primary behavioral health care providers for Virginia jails, but they are not statutorily obligated to provide behavioral health services beyond pre-screening inmates who may be in need of a temporary detention order (§19.2-169.6).

"The Virginia system is the most peculiar one in the nation. The grounds and buildings are owned by the counties and cities, the jails are operated by the sheriffs and city sergeants, authority is divided between these officials and the county supervisors or town councils and the circuit or corporation courts, and the state pays the cost of keeping the prisoners. …The State, although paying the bills, has no actual authority over the jails other than the power of

A REVIEW OF THE ORGANIZATION AND OVERSITE OF JAILS

Unlike other States where a singular entity or authority has control over the operations of its local and regional jails, there is no singular entity with ultimate administrative authority in Virginia. Instead, several state agencies share oversight responsibilities. In 2010, the Research Division of the Department of Criminal Justice Services (DCJS) published a report titled, '*Virginia's Peculiar System of Local and Regional Jails*', which provides an excellent overview of our Commonwealth's local and regional jail oversight system. While the quote to the right is outdated and does not fully reflect the current status of jails, some of the peculiarities still exist and exemplify the challenges. Below are a few excerpts from the DCJS Report[3]:

- The Board of Corrections (BOC) sets the "standards for the construction, equipment, administration and operation" of jails. The BOC can decertify a jail if the sheriff or jail administrator does not comply with life, health, and safety standards set forth by the BOC within the time allotted, and the Board can begin the process of closing the facility in conjunction with an appropriate circuit court. (p.4)

[3] https://www.dcjs.virginia.gov/sites/dcjs.virginia.gov/files/publications/research/virginias-peculiar-system-local-and-regional-jails.pdf

- The Department of Corrections (DOC) monitors the jails' compliance with BOC standards through monitoring visits, annual inspections, and accreditation and certification audits. Jails must meet BOC standards to be certified by DOC. (p.4)

- The State Compensation Board (SCB) provides the state portion of operating costs for jails, including salaries and benefits of correctional officers and support staff, costs for certain programs and services, and office expenses. Additionally, the Compensation Board dispenses inmate per diem payments. As part of fulfilling this role, the Compensation Board maintains the LIDS database, which tracks persons entering and exiting jails, for the purpose of determining appropriate per diem levels. (p.4)

- The Department of Criminal Justice Services (DCJS) establishes "compulsory minimum entry-level, in-service, and advanced training standards for persons employed as deputy sheriffs and jail officers by local criminal justice agencies." (p.4)

- The Department of Health inspects jails to ensure that the kitchen facilities comply with the state's Food Regulations, and that all areas of the facility comply with BOC standards of facility cleanliness. (p.4)

Although it is not mandatory in Virginia, a number of jails have gone beyond what is minimally required and have become accredited facilities (a recommendation of the 2014 OSIG report). Two national organizations, the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC) are the two primary correctional accrediting organizations. Accreditation is achieved by adhering to standards set by the accrediting agency and compliance verification through site visits, interviews, charts and administrative record reviews, and observing how jail medical facilities operate[4].

THE CURRENT STATUS OF BEHAVIORAL HEALTH CARE STANDARDS IN VIRGINIA JAILS

As stated earlier, minimum standards for mental health care do not currently exist for Virginia's local and regional jails. Unless a jail opts to seek accreditation through a national accrediting agency and agree to adhere to that agency's standards, then most jails simply need to meet the life, health, and safety standards established by the Virginia Board of Corrections. The Virginia Board of Corrections has oversight of 43 life, health, and safety standards and of those standards, only 11 relate either directly or indirectly to incarcerated individuals with behavioral health needs. Below are the 11 standards that relate in some way to incarcerated individuals with behavioral health disorders.

LIFE, HEALTH, SAFETY STANDARD
6VAC15-40-320. Licensed Physician – A licensed physician shall supervise the facility's medical and health care services. Facilities that contract with private medical facilities or vendors shall maintain a current copy of the agreement, unless employed by the facility.

[4] See: Jails Inadvertent Health Care Providers: accessible at: http://www.pewtrusts.org/~/media/assets/2018/01/sfh_jails_inadvertent_health_care_providers.pdf

6VAC15-40-340. **Health Care Provider and Licensing, Certification and Qualification of Health Care Personnel –** Each facility shall have a minimum of one licensed or qualified health care provider who is accessible to inmates a minimum of one time per week. Health care personnel shall meet appropriate and current licensing, certification, or qualification requirements.
6VAC15-40-360. **Twenty-Four Hour Emergency Medical Care -** Written policy, procedure, and practice shall provide 24-hour emergency care medical and mental health care availability.
6VAC15-40-370. **Receiving and Medical Screening of Inmates -** Written policy, procedure, and practice shall provide that receiving and medical screening be performed on all inmates upon admission at the facility. The medical screening shall: 1. Specify screening for current illnesses, health problems and conditions, and past history of communicable diseases; 2. Specify screening for current symptoms regarding the inmate's mental health, dental problems, allergies, present medications, special dietary requirements, and symptoms of venereal disease; 3. Include inquiry into past and present drug and alcohol abuse, mental health status, depression, suicidal tendencies, and skin condition; and 4. For female inmates, include inquiry into possible pregnancy or gynecological problems. 5. All inmates shall receive a tuberculosis (TB) skin test within seven days of admission to the facility.
6VAC15-40-380. **Inmate Access to Medical Services -** Written policy, procedure, and practice shall be developed whereby inmates can be informed, at the time of admission to the facility, of the procedures for gaining access to medical services.
6VAC15-40-400. **Management of Pharmaceuticals -** Written procedures for the management of pharmaceuticals shall be established and approved by the medical authority or pharmacist, if applicable. Written policy, procedure, and practice shall provide for the proper management of pharmaceuticals, including receipt, storage, dispensing and distribution of drugs. These procedures shall be reviewed every12 months by the medical authority or pharmacist. Such reviews shall be documented.
6VAC15-40-420. **Transfer of Summaries of Medical Record** – Medical record summaries shall be transferred to the same facility to which the inmate is being transferred. Required information shall include: vital signs, current medications, current medical/dental problems, mental health screening, mental health problems, TB skin test date and results, special inmate needs/accommodations, pending medical appointments, medical dispositions, overall comments, health care provider/personnel signature and date, and any additional pertinent medical information such as lab work, x-rays, etc.
6VAC15-40-450. **Suicide Prevention and Intervention Plan –** There shall be a written suicide prevention and intervention plan. These procedures shall be reviewed and documented by an appropriate medical or mental health authority prior to implementation and every three years thereafter. These procedures shall be reviewed every 12 months by staff having contact with inmates. Such reviews shall be documented.
6VAC15-40-1010. **Mental Health Inmates -** Written policy, procedure, and practice shall specify the handling of mental health inmates, including a current agreement to utilize mental health services from either a private contractor or the community services board.

6VAC15-40-1030. **Assessment of Inmates in Disciplinary Detention or Administrative Segregation** –Written policy, procedure, and practice shall require that a documented assessment by medical personnel that shall include a personal interview and medical evaluation of vital signs, is conducted when an inmate remains in disciplinary detention or administrative segregation for 15 days and every 15 days thereafter. If an inmate refuses to be evaluated, such refusal shall be documented.
6VAC15-40-1040. **Staff Training** – The facility shall provide for 24-hour supervision of all inmates by trained personnel.

While the standards do provide some general guidance on how healthcare (to include behavioral healthcare) should be provided, the standards provide very little guidance about the scope of services, robustness of services, and timelines for providing services. As is plainly evident, the existing standards mostly address the existence of policies about services but do not provide any details about compliance indicators. While jails are subject to routine reviews by the BOC/DOC those reviews tend to focus mainly on the safety standards and do not routinely delve into the behavioral health/health standards (partly due to the fact that the DOC accreditation division is staffed with staff who while competent in reviewing jails safety/operational practices often lack the expertise to fully assess the quality of behavioral health services being provided in the jail. HB 1942 addresses these issues by now requiring annual reviews specifically of behavioral health services.

Introduction of The Development of Recommended Minimum Standards

After passage of HB 1942, the Board of Corrections convened a planning meeting with the Department of Behavioral Health & Developmental Services, and the Office of the State Inspector General. The planning group agreed upon a format for developing the standards, which included input from local and state leaders familiar with behavioral health issues in jails. Participants of the advisory panel represented behavioral health agencies; local jails, regional jails, advocacy groups, DBHDS, OSIG, VADOC, and the BOC (see Appendix A for list of participants). Monthly meetings were scheduled through the Spring/Summer. This advisory group used existing, published best practice standards from the NCCHC and the ACA to guide its work.

Below is a summary of each recommended standard:

Standard #1: ACCESS TO CARE Inmates shall have access to a minimum level of care to meet their mental health needs/conditions identified through screening/assessment.
Compliance Indicators: 1. The jail administration and the responsible health authority (RHA) identifies and addresses any barriers to inmates receiving health care.

2. The jail/responsible health authority has a sufficient supply of clinical staff to meet the needs of the inmate population either through the provision of on-site services or via contracts with providers.

3. The jail/responsible health authority completes quarterly Continuous Quality Improvement reports addressing the healthcare being provided in the jail.

Standard #2: POLICIES AND PROCEDURES

The facility has a manual or compilation of policies and defined procedures regarding behavioral healthcare services. Specific behavioral health policies may either be free-standing or may be part of a larger health care manual.

Compliance Indicators:

1. Behavioral healthcare policies are site specific.

2. Each policy and procedure in the behavioral healthcare manual is reviewed at least annually and revised as necessary under the direction of the responsible health authority (RHA) in conjunction with jail administration. The manual bears the date of the most recent review or revision and, at a minimum, the signatures of the facilities RHA, responsible health care provider, and jail administrator.

3. The manual or compilation is accessible to behavioral healthcare staff as well as correctional staff.

4. All aspects of the standard are addressed by written policy and defined procedures.

Standard #3: COMMUNICATION OF INMATES' NEEDS

Communication occurs between the facility administration and behavioral healthcare professionals regarding inmates' significant behavioral healthcare needs that must be considered in classification decisions in order to preserve the health and safety of that inmate, other inmates, or safety of the institution/staff. Communication is bi-directional and occurs on a regular basis either through planned meetings or impromptu meetings as the need arises.

Compliance Indicators:

1. Correctional staff are advised of inmates' behavioral healthcare needs that may affect housing, work and program assignments, disciplinary measures, and admissions to and transfers from institutions. Such communication is documented.

2. Behavioral healthcare providers and custody staff regularly communicate about the behavioral health needs of inmates.

3. Correctional staff know how to contact behavioral health staff to include communicating with behavioral health staff after-hours.

4. Behavioral health staff demonstrate an understanding of the jail's supervisory hierarchy and know who to call for which types of situations.

5. All aspects of the standard are addressed by written policy and defined procedures.

Standard #4: MENTAL HEALTH TRAINING FOR CORRECTIONAL OFFICERS

A training program established or approved by the responsible health authority in cooperation with the facility administration guides the mental health related training of all correctional officers who work with inmates.

Compliance Indicators.

1. Correctional officers who work with inmates receive mental health related training during their initial academy training and then at least annually thereafter. This training includes, at a minimum:
    a. Recognizing the need for emergency care and intervention during a mental health crisis
    b. Recognizing acute manifestation of intoxication and withdrawal, and adverse reaction to medications
    c. Recognizing signs and symptoms of mental illness
    d. Procedures for suicide prevention
    e. Procedures for appropriate referral of inmates with mental health concerns to staff

2. An outline of the training including course content and length is kept on file.

3. A certification or other evidence of attendance is kept on site for each employee.

4. While it is expected that 100% of the correctional staff who work with inmates are trained in all of these areas, compliance with the standard requires that at least 75% of the staff present on each shift are current in their mental health related trainings.

5. More specialized/advanced training is available to those staff who work more closely with inmates with mental health challenges, those who work on specialized mental health units, those who work in medical/health services, and those who because of the nature of their duties are more likely to interact with individuals with mental health challenges.

6. All aspects of the standard are addressed by written policy and defined procedures.

Standard #5. MEDICATION SERVICES

Medication needs are reviewed as part of the intake/screening process. The jail has policies and procedures to guide the timeliness of responding to the medication needs of inmates. In general, for known existing conditions, which without the proper medications, could pose significant risk to health, medications are provided within one day of booking into the jail. For more routine, non-life threatening known conditions for which the inmate was receiving treatment in the community, the jail has policies/procedures to ensure a review is conducted by a healthcare provider within a reasonable time-frame. For conditions newly diagnosed within the jail, the jail has policies and procedures in place to ensure medications are timely acquired based on the doctor's order. Medication services policies in the jail should be consistent with generally accepted medical practices.

Compliance Indicators:

1. Prescription medications are administered or delivered to the patient only on the order of a physician, nurse practitioner, physician's assistant or other legally authorized individual.

2. Medications are delivered in a timely fashion. The facility has a policy identifying the expected time frames from ordering to delivery and a backup plan if the time frames cannot be met.

3. The responsible physician determines prescribing practices in the facility (taking into consideration security implications).

4. Medications are prescribed only when clinically indicated.

5. Inmates entering the facility on prescription medication continue to receive the medication in a timely fashion and as prescribed, or acceptable alternative medications are provided as clinically indicated. This process should happen quickly so as to avoid missed medications (which could result in psychiatric decompensation).

6. Policies describe the types of medical conditions which require a more immediate response and those for which a somewhat delayed review by a healthcare professional is appropriate.

7. Policies describe the procedures staff should follow in order to access physician orders and prescriptions both during daytime work hours, weekends, holidays, and afterhours.

8. The ordering clinician is notified of the impending expiration of an order so that the clinician can determine whether the drug administration is to be continued or altered.

9. All aspects of the standard are addressed by written policy and defined procedures.

Standard #6. MENTAL HEALTH SCREENING

Mental health screening is performed on all inmates on arrival at the intake facility to ensure that emergent and urgent mental health needs are met. For those inmates who are unable to be screened upon admission (due to issues to include acute intoxication, non-compliance, etc.) the jail has policies in place to screen such individuals when their condition has changed to the degree they can be successfully screened. The jail has policies in place to manage those inmates who are repeatedly re-admitted to the same jail on the same charges (i.e. weekenders) and policies that address screening for inmates who are transfers from other institutions rather than new admissions.

Compliance Indicators:

1. Intake personnel ensure mental health screening occurs and those that screen positive are referred for further assessment.

2. A mental health screening takes place for all newly admitted inmates as soon as practical.

3. A new screening is not required on weekenders or inmates transferred from one facility to another as long as the results of the initial screening are shared with the receiving facility and there have been no overt changes in the individual's mental status.

4. The mental health screening tool shall be one designated by the Commissioner of DBHDS.

5. The disposition of the inmate (e.g., immediate referral to services, placement in the general population) is appropriate to the findings of the mental health screening and is indicated on the screening form.

6. Mental health screening forms are dated and timed immediately on completion and include the signature and title of the person completing the form.

7. Screening includes identification of prescribed medications.

8. Correctional personnel performing the mental health screen shall be trained in the use of the screening tool and appropriate referral processes.

9. Mental health staff/ mental health provider/designee regularly monitors screenings to determine the effectiveness of this process.

10. All aspects of the standard are addressed by written policy and defined procedures.

Standard #7. MENTAL HEALTH ASSESSMENT

All inmates receive mental health screening; inmates with positive screens receive a mental health assessment.

Compliance Indicators:

1. Within 14 days of a positive result on a mental health screening, a qualified mental health professional, nurse, or licensed mental health professional conducts a preliminary review which includes a face to face meeting with the individual to review their answers on the screening tool (to ensure accuracy), gathers historical information, and reviews current symptoms to determine if a comprehensive assessment is needed.

2. For those individuals who are in acute mental health distress there should be an immediate consultation between correctional staff and the jail provider as to whether immediate intervention is needed. The preliminary review and full assessment should be completed more quickly (within 48 hours).

3. For those individuals who appear suicidal jails should intervene immediately and they should be assessed as soon as practicable.

4. Inmates who appear to have or are suspected of having a serious mental illness based on the results of the preliminary review, have a comprehensive assessment within seven days of the preliminary review.

5. Inmates who have remote histories of mental health treatment but who are currently asymptomatic, are not at increased risk for re-emergence of symptoms and do not present with any current mental health needs shall receive a full assessment based on the recommendation of the staff member conducting the preliminary review.

6. The comprehensive mental health assessment includes a structured interview with inquiries into:
    a. A history of:
        I. Psychiatric hospitalization and outpatient treatment
        II. Substance use treatment
        III. Detoxification and outpatient treatment
        IV. Suicidal behavior
        V. Self-Injurious behavior
        VI. Violent behavior
        VII. Victimization / traumatic experiences
        VIII. Special education placement
        IX. Cerebral trauma or seizures
        X. Sex offenses
        XI. Gender Dysphoria or Gender Identity issues
    b. The current status of:
        I. Psychotropic medications
        II. Suicidal ideation
        III. Drug or alcohol use and substance use treatment
        IV. Orientation to person, place and time
    c. Emotional response to incarceration.
    d. A history of issues with cognitive impairments, learning disabilities, deficits in adaptive functioning.
    e. History of benefits and entitlements.

7. The health record contains results of the preliminary review and assessment with documentation of referral or initiation of treatment when indicated.

8. Patients who require acute mental health services beyond those available on site are transferred to an appropriate facility.

9. There is a written policy and defined procedures addressing the post admission mental health screening and evaluation process.

Standard #8. EMERGENCY SERVICES

The facility provides 24 hour emergency mental health services.

Compliance Indicators:

1. A written plan includes arrangements for the following, which are carried out when necessary:
    a. Emergency transport of the patient from the facility
    b. Use of an emergency medical vehicle
    c. Use of one or more designated hospital emergency departments or other appropriate facilities
    d. Emergency on call physician or mental health services when the emergency health care facility is not nearby
    e. Security procedures for the immediate transfer of patients for emergency mental health care
    f. Notification to the person legally responsible for the facility

2. A written plan that includes the process and procedure for contacting the responsible CSB to request a pre-admission screening.

3. Procedures for monitoring individuals pending a CSB evaluation for involuntary hospitalization.

4. All aspects of the standard are addressed by written policy and defined procedures.

Standard #9. RESTRICTIVE HOUSING

When an inmate is held in restrictive housing, staff monitor his or her mental health.

Compliance Indicators:

1. Upon notification that an inmate is placed in restrictive housing, a qualified mental health care professional (RN/LPN/QMHP or other health professional that can conduct rounds) reviews the inmates mental health record to determine whether existing mental health needs contraindicate the placement or require accommodation.

It should be noted that at times placement in restrictive housing may be detrimental to an individual's mental health, however the overall security needs and safety of the individual, other individuals, and staff may necessitate the continued placement in a restrictive housing setting. In such cases, mental health staff shall try to identify strategies to minimize the possible deleterious effects of restrictive housing. Such review is documented in the health record. The facility strives to house inmates in the least restrictive environment possible (without compromising safety).

2. A mental health professional conducts routine, face to face, rounds on all individuals housed in restrictive housing. The frequency of required rounds is dependent on the level of isolation as well as the individual's pre-existing mental health needs.

    a. Inmates who are in restrictive housing and have limited contact with staff or other inmates are reviewed every day by medical or mental health staff.

    b. Inmates who are allowed periods of recreation or other routine social contact among themselves while being held in restrictive housing are checked weekly by medical or mental health staff.

    c. The frequency of reviews can be adjusted depending on clinical judgment of the mental health professional depending on the person's clinical presentation as long as the rationale for altering the frequency of rounds is justified and documented in the clinical record.

    d. Rounds conducted by a mental health professional do not substitute for required checks by correctional officers.

3. Documentation of restrictive housing rounds is made on individual logs or cell cards, or in an inmates health record and includes:

a. The date and time of the contact.

b. The signature or initials of the health staff member making the rounds.

4. Any significant mental health findings are documented in the inmates' health record.

5. Medical and mental health staff promptly identify and inform custody officials of inmates who are physically or psychologically deteriorating and those exhibiting other signs or symptoms of failing health. The individual's treatment plan is adjusted to address the change in mental status and outline strategies/interventions to aid the individual.

6. All aspects of the standard are addressed by written policy and defined procedures.

Standard #10. CONTINUITY AND COORDINATION OF MENTAL HEALTH CARE DURING INCARCERATION

All aspects of mental health care are coordinated and monitored from admission to discharge.

Compliance Indicators:

1. Clinician orders are evidence based/evidence informed, are consistent with current standards of care, and are implemented in a timely manner.

2. Deviations from standards of practice are clinically justified, documented and shared with the patient.

3. Diagnostic tests, if indicated, and completed and reviewed by the clinician in a timely manner.

4. Treatment plans may be modified as clinically indicated by diagnostic tests and treatment results.

5. Treatment plans, including test results, are shared and discussed with patients.

6. Patients are reviewed by a qualified provider upon return from a hospitalization, urgent care, or emergency department visit to ensure proper implementation of the discharge orders and to arrange appropriate follow up.

7. Recommendations from specialty consultations are reviewed and acted upon by the clinician in a timely manner.

8. If changes in treatment recommendations are clinically indicated, justification for the alternative treatment plan is documented and shared with the patient.

9. Chart reviews are done to ensure that appropriate care is ordered and implemented and that care is coordinated by all health staff including medical, dental, mental health and nursing.

10. The responsible provider determines the frequency and content of periodic health assessments based on protocols promulgated by nationally recognized professional organizations.

11. All aspects of the standard are addressed by written policy and defined procedures.

Standard #11. DISCHARGE PLANNING

Discharge planning is provided for inmates with mental health needs. The frequency and intensity of discharge planning services is dependent on the individual's level of need, the availability of services, having sufficient time to plan, and the individual's willingness to cooperate in the discharge planning process.

Compliance Indicators:

1. For all inmates known or suspected of having any form of mental health disorder, there is access to a list of community mental health resources for which the inmate might be eligible and which might help address their needs. At a minimum this list should include information about the local CSB(s) and procedures for accessing services via same day access. Information about other mental health service providers is provided as available. Information about local support groups/ self-help groups is also provided. Contact information for local offices of Department of Social Services, housing programs, etc. is provided as available.

2. For inmates known or suspected of having a serious mental illness (i.e. psychotic disorders, major affective disorders, and post-traumatic stress disorder) the jail should at a minimum:

    a. Arrange for an intake appointment with the willing provider on the day of release (for individuals who opt for CSB services) and as soon as possible for those opting for private providers.

    b. Arrange for a minimum of a two week supply of current psychotropic medications or scripts for a minimum of two weeks.

    c. Request signed releases of information so that treatment information can be sent to the next behavioral health provider.

    d. For those who are already connected to a provider in the community, facilitate the reconnection to services.

3. For jails that work with CSB's who receive state general funds to support discharge planning, services should include:

    a. Screening and assessment of psychiatric, medical, social services, employment, and residential needs, as well as risk factors, will occur as soon as possible after an individual's admission to jail.

    b. A discharge plan is developed that will address the individual's needs, and include services and interventions that the individual will receive not only in the community upon release from jail, but also those that will begin in the jail prior to release (such as referrals to psychiatric services, medical services, and treatment programming).

    c. Components of the plan include:

        - Linkage to a mental health provider in the community (CSB or private provider) that provides psychiatric, therapy, and/or case management services. This includes scheduling an appointment or directing the individual to Same Day Access at the CSB for follow-up services, Linkage to emergency or transitional housing if necessary (i.e., shelter, crisis stabilization, transitional housing).

        - Medicaid, GAP, SSDI/SSI application/reinstatement assistance.

- Transportation assistance from the jail to the follow up appointments/providers or discharge placement; as resources are available.

- Linkage to medical providers for treatment of any identified medical conditions.

d. A memorandum of understanding between the CSB and the Jail will outline specific roles and responsibilities in regard to the discharge plan, including the forensic discharge planner position (if available), and the level of participation and financial obligations of all entities in the process of discharge planning.

e. Policies and procedures to ensure communication between jail medical and mental health providers, jail correctional staff, and discharge planning staff occur to note relevant changes in the inmate's mental or physical health, level of risk to self or others, or discharge needs are incorporated into the detailed written discharge plan.

f. For planned discharges, the Jail, or assigned forensic discharge staff person, will:

- Arrange for a minimum of a two week supply of current psychotropic mediations and ideally script for a minimum of two weeks.

- Request signed releases of information so that treatment information can be sent to the next behavioral health provider.

- Make arrangements or referrals for necessary follow up services with community clinicians, including exchange of clinically relevant information (see 2a. mandatory components of discharge plan).

4. All aspects of the standard are addressed by written policy and defined procedures.

Standard #12. PRIMARY MENTAL HEALTH SERVICES

Mental health services are available for all inmates who suffer for serious mental illness. Additional services are provided, as available, to others with less acute, significant mental health needs.

Compliance Indicators:

1. Patients mental health needs are addressed on site or by referral to appropriate alternative providers or facilities. The needs are addressed by a range of mental health

services of differing levels and focus, including residential components when indicated.

2. Regardless of facility type or size, primary on site outpatient services include, at a minimum:

    a. Screening, assessment, and referral of inmates with mental health needs.

    b. Crisis intervention services.

    c. Psychotropic medication management, when indicated.

    d. Treatment documentation and follow-up.

    e. Individual counseling or group counseling or peer recovery services or psychosocial/psychoeducational programs to meet any emerging urgent mental health needs.

3. For those inmates who require transfer to an inpatient psychiatric setting (when clinically indicated), written procedures are consistent with Virginia law and are followed and the transfer occurs in a timely manner in cooperation with the accepting facility. Until such transfer can be accomplished the patient is safely housed and adequately monitored daily.

4. Primary mental health services are offered as clinically indicated.

5. A documented attempt is made at least but not limited to every 30 days to attempt to reengage individuals with serious mental illness who while not at risk of harm to self/others have declined treatment.

6. Mental health, medical and substance abuse services are sufficiently coordinated such that patient management is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.

7. All aspects of the standard are addressed by written policy and defined procedures.

Standard #13. SUICIDE PREVENTION PROGRAM

The facility identifies suicidal inmates and intervenes appropriately.

Compliance Indicators:

1. A suicide prevention program includes the following:

    a. Facility staff utilize evidence based/ evidenced informed processes to identify suicidal inmates to immediately initiate precautions.

    b. Suicidal inmates are evaluated promptly by the designated health professional who directs the intervention and ensures follow up as needed.

    c. Acutely suicidal inmates are placed in a specialized cell with specialized clothing/bedding under close observation of staff. The frequency of checks and the degree of restrictions on clothing/bedding/other items is directed by the healthcare professional based on generally accepted standards of practice.

    d. Non-acutely suicidal inmates are monitored on a random schedule with no more than 15 minutes between checks. If however the non-acutely suicidal inmate is placed in an isolation cell with appropriate precautions.

    e. Assessment for need for hospitalization.

2. Key components of a suicide prevention program include the following:

    a. Training – Officers receive annual training on the proper processes for screening for suicidality.

    b. Identification – Officers are instructed on proper methods for screening for the presence/absence of suicide ideation.

    c. Referral – Officers receive annual training on the proper procedures for referring individuals to mental health staff for a comprehensive suicide assessment.

    d. Evaluation – mental health staff utilize evidence based/ evidenced informed methods to assess for suicidal ideation/intent.

e. Treatment – The jail offers treatment through internal/external mental health providers to address the factors contributing to suicide ideation/intention.

f. Housing and monitoring – Housing placement takes into consideration the individual's current risk of suicidal ideation/intention and previous history of suicidal gestures.

g. Communication – The jail has processes in place to ensure those with a need to know are aware of inmates who have been placed under suicide precautions to ensure continuity of care and care coordination.

h. Intervention – The jail has policies and procedures which outline the steps staff should take when responding to an inmate who may be suicidal.

i. Notification – The jail has policies and procedures in place to ensure jail administration is aware of all inmates placed on suicide watch/ suicide precautions.

j. Review – All inmates who have been placed on suicide watch/precaution are regularly evaluated by mental health staff to assess the need for ongoing precautions. At a minimum these reviews should occur daily. The review also includes an assessment of whether the inmate requires inpatient psychiatric hospitalization.

k. Debriefing (inmate) – After an individual has been removed from suicide watch a mental health staff member meets with the individual to review those factors which contributed to the individual developing suicide ideation/intention and to review strategies/interventions which might help mitigate future episodes of suicide ideation/intention.

l. Debriefing (staff) – For any staff member who has responded to a suicide attempt, the jail ensures the officer participates in a debriefing to review the incident, gather information to improve jail operations. In addition there is a review to address any secondary trauma the officer might be experiencing as a result of having responded to a traumatic event which could include EAP.

m. Suicide prevention strategies – The jail identifies policies and practices to help prevent inmates from becoming suicidal/ engaging in self injurious behavior to include jail programs, staff trained in crisis de-escalation, peer support activities, etc.

3. The use of other inmates in any way (e.g., companions, suicide prevention aids) is not a substitute for staff supervision.

4. The responsible health authority approves the facility suicide prevention plan; training curriculum for staff, including development of intake screening for suicide potential and referral protocols, and training for staff conducing the suicide screening at intake.

5. All aspects of the standard are addressed by written policy and defined in procedures.

Standard #14. IDENTIFICATION AND TREATMENT OF SUBSTANCE USE DISORDERS

Inmates are screened for the existence of substance use disorders. For those inmates with substance use disorders, the jail evaluates for acute treatment needs (both behavioral health & medical) and provides treatment based on the individual's needs, amenability to treatment, and availability of treatment programs.

Compliance Indicators:

1. There are written guidelines for the screening, assessment, housing, and management of inmates suspected of having substance use disorders.

2. There is evidence of communication and coordination between medical, behavioral health providers regarding SUD care.

3. Medical conditions associated with SUD (e.g., HIV, liver disease) are recognized and treated.

4. The correctional staff are trained in recognizing the signs/symptoms of alcohol/drug intoxication and withdrawal and what the local procedures to respond to such circumstances.

5. There are on-site individual counseling, group therapy, peer support, or self-help groups for inmates with SUD issues.

6. Inmates with SUD issues have access, upon release, to a list of community mental health resources for which the inmate might be eligible and which might help address their needs.

7. All aspects of the standard are addressed by written policy and defined procedures that define the respective roles of the mental health, substance abuse, and medical staff regarding provision of SUD services.

Standard #15. MANAGEMENT OF INTOXICATION & WITHDRAWAL AND OVERDOSE

Protocols exist for managing and responding to inmates under the influence of alcohol or other drugs and those undergoing withdrawal from alcohol, sedatives or opioids. Detoxification from alcohol, opiates, hypnotics, and other stimulants is conducted under medical supervision in accordance with local, state, and federal laws. When performed at the facility, detoxification is prescribed in accordance with clinical protocols approved by the health authority.

Compliance Indicators:

1. Established protocols are followed for the assessment, monitoring, and management of individuals manifesting symptoms of alcohol and drug intoxication or withdrawal, and overdose.

2. The protocols for intoxication, detoxification, and/or overdose are approved by the responsible physician, are current, and are consistent with national accepted treatment guidelines.

3. Individuals being monitored are housed in a safe location that allows for effective monitoring.

4. Inmates experiencing severe or progressive intoxication (overdose) or severe alcohol/sedative withdrawal are transferred immediately to a medical facility upon the recommendation of the jail medical provider or jail protocol.

5. The jail has policies/practices outlining the practice of using overdose reversal medications.

6. Individuals showing signs of intoxication or withdrawal are monitored by qualified health care professionals using recognized standard assessments at appropriate intervals until symptoms have resolved.

7. Detoxification is done under physician supervision.

8. If a pregnant inmate is admitted with opioid dependence or treatment (including methadone and buprenorphine), a qualified clinician is contacted so that the opioid dependence can be assessed and appropriately treated.

9. The facility has a policy that addresses the management of inmates, including pregnant inmates, on methadone, buprenorphine, or similar substances. Inmates entering the facility on such substances have their therapy continued as appropriate, or a plan for appropriate treatment of the methadone withdrawal syndrome is initiated.

10. All aspects of the standard are addressed by written policy and defined procedures.

CROSSWALK OF PROPOSED STANDARDS TO EXISTING STANDARDS

Table 2 below shows how the new proposed standards line-up with existing Board of Corrections Life, Safety, and Health Standards. As is evident, it is recommended that several existing standards be amended to provide more clarity about behavioral healthcare services. In addition, it was recommended that several new standards be created to address recommended minimum standard levels of care.

Table 2: Crosswalk of Proposed Standards to Existing Standards

Proposed Standard	Corresponding Exiting Standard	Comments
1: Access to Care	6VAC15-40-380	
2: Policies & Procedures	6VAC15-40-40	
3: Communication of Inmates' Needs	None	Would need to be a new standard
4: Mental Health Training for Correctional Officers	6VAC 15-40-390	
5: Medication Services	6VAC 15-40-400	Current standard is related to pharmaceuticals in general. Not sure if better to amend or add new standard specific to medications for mental health inmates
6: Mental Health Screening	6VAC 15-40-370	
7: Mental Health Assessment	None	Would need to be a new standard
8: Emergency Services	6VAC 15-40-360	
9: Restrictive Housing	6VAC15-40-1030	
10: Continuity & Coordination of Services	None	Would need to be a new standard
11: Discharge Planning	None	Would need to be a new standard

12: Primary mental health services	None	Would need to be a new standard
13: Suicide Prevention	6 VAC 15-40-450	
14. Identification and Treatment of Substance Use Disorders	6 VAC15-40-370	Needs to be expanded
15. Management of Intoxication, Withdrawal and Overdose	None	Would need to be a new standard

RESOURCE NEEDS TO MEET THE RECOMMENDED BEHAVIORAL HEALTH STANDARDS:

While developing the standards that would be recommended to the Board of Corrections, the advisory group also began to strategize about how to estimate the resource needs of the system to meet the new requirements imposed by HB 1942. The time restrictions imposed by report deadline was a limiting factor in the group's ability to more accurately estimate the true costs of requiring all jails to meet the proposed standards. In general it was recognized that there would likely be two broad categories of expenses: i) the expense to the BOC to conduct the now required annual inspections of jails (and subsequent re-inspections if jails were found to not meet the standards); and ii) the costs to actually bolster the services available in the actual jails to meet the new standards. The associated costs and the methodology to estimate each cost will be described below:

Board of Corrections Resource Needs

HB 1942 amended Virginia Code §53.1-68 by now including subsection (C) 3 which establishes a requirement that "at least one unannounced annual inspection of each local correctional facility by the Board or its agents to determine compliance with the standards for behavioral health services established pursuant to this subsection and such other announced or unannounced inspections as the Board may deem necessary to ensure compliance with the standards for behavioral health services established pursuant to this subsection". The Board of Corrections currently utilizes staff from the Compliance, Certification, and Accreditation division of the Department of Corrections to conduct the Life, Health, and Safety inspections already required of jails and would likely continue to have the DOC act as its agent with regard to newly promulgated behavioral health standards. It should be noted, however, that current standards only require re-inspections every three years (unless significant deficiencies are found) thus the new requirements established by HB 1942 require much more frequent inspections and the DOC does not have sufficient staff to conduct these more frequent inspections. Additionally, the current inspections focus more on compliance in having particular polices and on the safety of the actual physical jail structures. The Compliance, Certification, and Accreditation division currently does not employ staff with specific behavioral healthcare expertise thus; they currently

do not have the expertise necessary to complete the required annual audits. The Board of Corrections in consultation with the Department of Corrections estimated that they could meet the new mandate by hiring three new full time equivalent (FTE) nurses or psychology associates. The statewide average salary for such positions is approximately $70,000 + benefits. In general, the cost of benefits is approximately 30% of the individual's salary. In total, the BOC/DOC would need additional funding of approximately ***$273,000*** annually to be able to perform the required inspections.

Resource Needs for Jails

Estimating the resource needs of the 58 local and regional jails was an arduous task, especially given the limited timeframe imposed by the November 1, 2019 reporting requirement (although it should be noted that language included in the state budget (**Item #395 #3c (#4))** does task the State Compensation Board and the Department of Criminal Justice Services to report back on the resource needs of meeting the standards by June 30, 2020). The advisory group agreed that having each jail complete a self-assessment as to their status in meeting the proposed standards along with a list of resource needs in order to meet the standards was the most reasonable methodology to use given the constraints. A self-assessment was developed which included the verbatim recommended standards (and compliance indicators) coupled with questions as to whether the jail felt they are/could meet the standard and if not what specific resources would be needed in order to meet the standard. Realizing it was unlikely that we would receive a 100% response rate, the advisory group agreed that for those jails who failed to respond it would be safest to assume their needs would be similar to the average needs of similarly sized jails. Because the self-assessment was directly tied to the proposed standards, the self-assessment could not be administered until the advisory group finalized its recommendations regarding standards – thus placing further constraints on our ability to accurately estimate the cost of implementing the standards.

The self-assessment survey was sent to all 58 jails on August 12, 2019. Due to time constraints, jails were only provided 3 ½ weeks to respond to the survey. A one-time reminder was sent out to jails encouraging their response. In total, 30 responses were received. Table 3 below summarizes the jails that responded, the size of the jail, and what their estimated resource needs were reported to be. As is evident there is great variability in the reported resource needs. Some jails indicated they were confident they could meet the proposed standards without any new resources whereas others reported large resource needs. The total resource need of the 31 jails who replied to the self-assessment survey was ***$24,078,644***

Table 3: Jail Resource Needs to Meet Proposed Minimum Standards

Jail	TOTAL	Size
Albemarle-Charlottesville Regional Jail	$1,330,000	Large – 250 to 999 bed capacity

Blue Ridge Regional Jail	$1,130,000	Mega- 1000+ bed capacity
Botetourt County Jail	$339,000	Medium – 50-249 bed capacity
Bristol City Jail	$504,000	Medium – 50-249 bed capacity
Chesapeake City Jail	$0	Large – 250 to 999 bed capacity
Chesterfield County Jail	$145,000	Large – 250 to 999 bed capacity
Danville City Jail	$0	Medium – 50-249 bed capacity
Eastern Shore Regional Jail	$0	Medium – 50-249 bed capacity
Fairfax Adult Detention Center	$3,343,000	Mega- 1000+ bed capacity
Fauquier County Jail	$48,000	Medium – 50-249 bed capacity
Gloucester County Jail	$0	Small – 1-49 bed capacity
Hampton Correctional Facility	$723,188	Large – 250 to 999 bed capacity
Meherrin River Regional Jail	$200,000	Large – 250 to 999 bed capacity
Newport News City Jail	$50,000	Large – 250 to 999 bed capacity
Norfolk City Jail	$1,280,000	Mega- 1000+ bed capacity
Northwestern Regional Jail	$0	Large – 250 to 999 bed capacity
Pamunkey Regional Jail	$0	Large – 250 to 999 bed capacity
Piedmont Regional Jail	$625,456	Large – 250 to 999 bed capacity
Pittsylvania County Jail	$0	Small – 1-49 bed capacity
Pr. William/Manassas Regional	$1,508,000	Mega- 1000+ bed capacity
Rappahannock Regional Jail	$0	Mega- 1000+ bed capacity
Richmond City Jail	$0	Mega- 1000+ bed capacity
Roanoke County/Salem Jail	$0	Medium – 50-249 bed capacity
Rockbridge Regional Jail	$2,504,000	Medium – 50-249 bed capacity
RSW Regional Jail	$1,502,000	Large – 250 to 999 bed capacity
Southside Regional Jail	$785,000	Medium – 50-249 bed capacity
Southwest Virginia Regional Jail	$4,165,000	Mega- 1000+ bed capacity
Sussex County Jail	$160,000	Medium – 50-249 bed capacity
Western Tidewater Regional	$3,110,000	Large – 250 to 999 bed capacity
Western Virginia Regional Jail	$627,000	Large – 250 to 999 bed capacity

Table 4 below shows the calculated average resource needs for small, medium, large, and Mega jails. Small is defined as having a bed capacity less than 50, Medium = 50-249, Large = 250-999, and Mega = 1,000 +. Only two small jails responded to the survey and neither noted the need for additional resources. There is some concern that this might not be an accurate representation for all small jails, so to ensure a more accurate estimate the responses from small jails was averaged with the responses from medium jails to establish the estimated need for other small jails.

Table 4: Average Resource Needs of Jails by Size

Jail Size	Projected Resource Needs

Small	$394,545
Medium	$482,222
Large	$692,720
Mega	$1,632,285

Table 5 below shows the jails who did not respond to the survey, their size, and their estimated resource needs. The total resource needs is estimated to be ***$18,531,323***

Table 5: Estimated Jail Resource Needs to Meet Proposed Minimum Standards for Behavioral Healthcare (non-responding jails)

Jail	Size	Estimated Resource Needs
Accomack County Jail	Small	$394,545
Alexandria Detention Center	Large	$692,720
Alleghany/Covington Regional Jail	Medium	$482,222
Arlington County Detention Center	Large	$692,720
Central Virginia Regional Jail	Large	$692,720
Charlotte County Jail	Small	$394,545
Culpeper County Jail	Small	$394,545
Franklin County Jail	Small	$394,545
Hampton Roads Regional Jail	Mega	$1,632,285
Henrico County Jail	Large	$692,720
Henry County Jail	Medium	$482,222
Lancaster County Correctional Facility	Small	$394,545
Loudoun County Jail	Large	$692,720
Martinsville City Jail and Annex	Medium	$482,222
Middle Peninsula Regional Security Center	Medium	$482,222
Middle River Regional Jail	Large	$692,720
Montgomery County Jail	Medium	$482,222
New River Valley Regional Jail	Large	$692,720
Northern Neck Regional Jail	Medium	$482,222
Page County Jail	Small	$394,545
Patrick County Jail	Medium	$482,222
Portsmouth City Jail	Large	$692,720
Riverside Regional Jail	Mega	$1,632,285
Roanoke City Jail	Large	$692,720
Rockingham/Harrisonburg Regional Jail	Medium	$482,222
Southampton County Jail and Annex	Medium	$482,222

Virginia Beach Correctional Center	Mega	$1,632,285
Virginia Peninsula Regional Jail	Large	$692,720

With regard to which standards were reported to require the infusion of the most resources, it was difficult to tell given differing response approaches from the jails. Some jails tended to request the majority of services in Access to Care and then note the resources infused here would enable them to meet other standards. Fairly uniformly, jails reported the proposed standards for Medication Services and Identification & Treatment of Substance Use Disorders would require a significant infusion of resources.

The total estimated costs to put resources in all jails is calculated by combining the costs outlines in Table 1 with those outlined in Table 3. The total estimated resource needs across the Commonwealth total ***$42,609,967***.

DISCUSSION/CONCLUSIONS

Jails across the Commonwealth and across the country are designed to serve a public safety role in society. Their role is to incapacitate the individual by restricting his/her access to engage in criminal activities, to act as a deterrent for future criminal activities (for the individual and for society), to provide a means for retribution to society for the crimes committed, and to the degree possible provide for the rehabilitation of the individual so as to mitigate risk for future criminal behavior. Over time, the United States (and Virginia) has seen an increase in the number of individuals with behavioral health challenges incarcerated in jails. While the existence of a behavioral health disorder is not a factor, which can or should necessarily preclude incarceration (and the above mentioned functions of incarceration), clearly if incarcerated the existence of a behavioral health condition does pose unique challenges for the jail in managing the inmate and addressing his/her needs. Failing to provide for the mental health needs of inmates undermines the core functions of incarceration. Releasing inmates with serious mental illness without having provided treatment and without solid aftercare plans places the individual and the community at heightened risk. In essence, providing good clinical treatment not only is the right thing to do, it is good public safety practice.

This report articulates the 15 minimum standards for behavioral health care for jails. It should be stressed these are minimum standards and jails/communities should strive not only to meet these standards but also to exceed them. The workgroup included descriptive "performance indicators" so that there could be some uniformity/common understanding as to how to measure compliance with these standards. While some jails report, via a self-assessment, that they are well poised to meet the new standards (when adopted) a large number of jails reported needing an infusion of significant resources in order to meet the standards. In addition, the Board of Corrections would also need additional resources so that it can perform its oversight function.

Localities are already funding a majority of the behavioral health services being provided in jails. There is some concern whether localities can allocate the necessary funds to enable their local/regional jail to meet the proposed standards

Appendix A:

ADVISORY GROUP PARTICIPANTS

First Name	Last Name	Organization
Ms. Janet	Areson	Virginia Municipal League
Ms. Katie	Boyle	Virginia Association of Counties
Ms. Jana	Braswell	Department of Behavioral Health and Developmental Services - OFS
Mr. Bruce	Cruser	Mental Health America of VA
Mr. Keith	Davies	Office of the State Inspector General
Ms. Robyn	DeSocio	State Compensation Board
Ms. Beth	Dugan	Prince William CSB
Ms. Leslie	Egen	Department of Criminal Justice Services
Mr. Emmanuel	Fontenot	Department of Corrections
Dr. Olivia	Garland	Virginia Board of Corrections
Ms. Melissa	Gibson	Disability Law Center
Mr. Jeff	Hefty	VML/VACO
Ms. Angie	Hicks	VA Beach CSB
Ms. Kari	Jackson	State Compensation Board
Ms. Kemba	Jennings	Virginia Board of Corrections
Sup. Martin	Kumer	Albemarle-Charlottesville Regional Jail
Maj. Mandy	Lambert	Prince William County Jail
Dr. Denise	Malone	Department of Corrections
Dr. Heather	Masters	Virginia Board of Corrections
Sheriff Gabe	Morgan	Newport News Sheriff's Office
Ms. Karen	Nicely	Virginia Board of Corrections
Mr. Robert	Payne	Virginia Department of Health
Sheriff Lane	Perry	Henry County Sheriff
Sup. Bobby	Russell	Virginia Association of Regional Jails
Dr. Mike	Schaefer	Department of Behavioral Health and Developmental Services - OFS
Ms. Christine	Schein	Department of Behavioral Health and Developmental Services - OFS
Ms. Aileen	Smith	VA Beach CSB
Ms. Tamara	Starnes	Blue Ridge CSB
Sheriff Kenneth	Stolle	Virginia Beach Sheriff's Office
Sheriff Michael	Taylor	Pittsylvania County Sheriff's Office
Sup Timothy	Trent	Virginia Association of Regional Jails
Sheriff Darrell	Warren	Gloucester Sheriff's Office
Mr. Andy	Warriner	Department of Criminal Justice Services
Ms. Leslie	Weisman	Arlington CSB

APPENDIX B:

Self Assessment Survey

Virginia's Behavioral Health Standards for Local and Regional Jails
2019 Fiscal Impact Survey

Date: _____ **Name of Jail:** _____

Your Jail's Region (select one):
□ Central
□ Western
□ Eastern

Size of your Jail:
□ Mega - 1,000+ bed capacity
□ Large - 250 to 999 bed capacity
□ Medium – 50 to 249 bed capacity
□ Small - 1 to 49 capacity

Contact Information:
Name/Title: _____
Email: _____
Phone Number: _____

Standard #1: ACCESS TO CARE Inmates have access to care to meet their mental health needs (or conditions) as listed in the minimal health standards for jails.
Compliance Indicators The responsible health authority (RHA) identifies and addresses any barriers to inmates receiving health care.

Please consider the Standard listed above. How confident are you that your jail is currently meeting this standard?
1 = not confident at all, 2 = slightly confident, 3 = somewhat confident, 4 = confident, and 5 = very confident

In order to be **VERY CONFIDENT**, please indicate the resources your jail would require:

Do you need more **clinical staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **security staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **administrative staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____

Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

List any other resources needed (i.e. training, information technology services, technical assistance, etc.)
_____
_____

Please provide any additional cost: _____

Standard #2: POLICIES AND PROCEDURES
The facility has a manual or compilation of policies and defined procedures regarding mental health care services which may be part of larger health care manual. *Note: Private contractors must adhere to, and remain in compliance with the standards set forth for local/regional jails*

Compliance Indicators

5. Mental Health care policies are site specific.
6. Each policy and procedure in the mental health care manual is reviewed at least annually and revised as necessary under the direction of the responsible health authority (RHA). The manual bears the date of the most recent review or revision and, at a minimum, the signatures of the facilities RHA and responsible physician.
7. The manual or compilation is accessible to mental health staff.
8. All aspects of the standard are addressed by written policy and defined procedures.

Please consider the Standard listed above. How confident are you that your jail is currently meeting this standard?
1 = not confident at all, 2 = slightly confident, 3 = somewhat confident, 4 = confident, and 5 = very confident

In order to be **VERY CONFIDENT**, please list any resources needed (i.e. training, information technology services, technical assistance, etc.): _____

Please provide a gross estimate cost: _____

Standard #3: COMMUNICATION OF PATIENTS NEEDS
Communication occurs between the facility administration and treating mental health care professionals regarding inmates' significant mental health needs that must be considered in classification decisions in order to preserve the health and safety of that inmate, other inmates, or safety of the institution/staff. Communication is bi-directional and occurs on a regular basis either through planned meetings or impromptu meetings as the need arises.

Compliance Indicators

6. Correctional staff are advised of inmates' mental health needs that may affect housing, work and program assignments; disciplinary measures; and admissions to and transfers from institutions. Such communication is documented.
7. Mental health providers and custody staff regularly communicate about the mental health needs of inmates.
8. All aspects of the standard are addressed by written policy and defined procedures.

Please consider the Standard listed above. How confident are you that your jail is currently meeting this standard?
1 = not confident at all, 2 = slightly confident, 3 = somewhat confident, 4 = confident, and 5 = very confident

In order to be **VERY CONFIDENT**, please list any resources needed (i.e. training, information technology services, technical assistance, etc.): _____

Please provide a gross estimate cost: _____

Standard #4: MENTAL HEALTH TRAINING FOR CORRECTIONAL OFFICERS
A training program established or approved by the responsible health authority in cooperation with the facility administration guides the mental health related training of all correctional officers who work with inmates.

Compliance Indicators

7. Correctional officers who work with inmates receive mental health related training at least ever year. This training includes, at a minimum:
    f. Recognizing the need for emergency care and intervention during a mental health crisis
    g. Recognizing acute manifestation of intoxication and withdrawal, and adverse reaction to medications
    h. Recognizing signs and symptoms of mental illness
    i. Procedures for suicide prevention
    j. Procedures for appropriate referral of inmates with mental health concerns to staff
8. An outline of the training including course content and length is kept on file.
9. A certification or other evidence of attendance is kept on site for each employee.
10. While it is expected that 100% of the correctional staff who work with inmates are trained in all of these areas, compliance with the standard requires that at least 75% of the staff present on each shift are current in their mental health related trainings.
11. All aspects of the standard are addressed by written policy and defined procedures.

Please consider the Standard listed above. How confident are you that your jail is currently meeting this standard?
1 = not confident at all, 2 = slightly confident, 3 = somewhat confident, 4 = confident, and 5 = very confident

In order to be **VERY CONFIDENT**, please list any resources needed (i.e. training, information technology services, technical assistance, etc.): _____

Please provide a gross estimate cost: _____

Standard #5. MEDICATION SERVICES
Medication services are clinically appropriate and provided in a timely, safe and sufficient manner - within 48hrs (unless there is data/evidence to suggest a more timely intervention is needed) there will have been an evaluation of the situation either by nurse, PA, etc. to develop a medication plan which could include referral to a physician and prescriptions (as indicated).

Compliance Indicators

10. Prescription medications are administered or delivered to the patient only on the order of a physician, nurse practitioner, physician's assistant or other legally authorized individual.
11. Medications are delivered in a timely fashion. The facility has a policy identifying the expected time frames from ordering to delivery and a backup plan if the time frames cannot be met.
12. The responsible physician determines prescribing practices in the facility (consider security implications).
13. Medications are prescribed only when clinically indicated.
14. Inmates entering the facility on prescription medication continue to receive the medication in a timely fashion and as prescribed, or acceptable alternative medications are provided as clinically indicated. This process should happen quickly so as to avoid missed medications (which could result in psychiatric decompensation).
15. The ordering clinician is notified of the impending expiration of an order so that the clinician can determine whether the drug administration is to be continued or altered.
16. All aspects of the standard are addressed by written policy and defined procedures.

Please consider the Standard listed above. How confident are you that your jail is currently meeting this standard?
1 = not confident at all, 2 = slightly confident, 3 = somewhat confident, 4 = confident, and 5 = very confident

In order to be **VERY CONFIDENT**, please indicate the resources your jail would require:

Do you need more **clinical staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **security staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **administrative staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

List any other resources needed (i.e. training, information technology services, technical assistance, etc.)
_____
_____

Please provide any additional cost: _____

Standard #6 MENTAL HEALTH SCREENING
Mental health screening is performed on all inmates on arrival at the intake facility to ensure that emergent and urgent mental health needs are met.

Compliance Indicators

11. Intake personnel ensure mental health screening occurs and those that screen positive are referred for further assessment.
12. A mental health screening takes place for all inmates as soon as possible.
13. The mental health screening tool shall be one designated by the Commissioner of DBHDS.
14. The disposition of the inmate (e.g., immediate referral to services, placement in the general population) is appropriate to the findings of the mental health screening and is indicated on the screening form.
15. Mental health screening forms are dated and timed immediately on completion and include the signature and title of the person completing the form.
16. Screening includes identification of prescribed medications.
17. Correctional personnel performing the mental health screen shall be trained in the use of the screening tool and appropriate referral processes.
18. Mental health staff/ mental health provider/designee regularly monitors screenings to determine the effectiveness of this process.
19. All aspects of the standard are addressed by written policy and defined procedures.

Please consider the Standard listed above. How confident are you that your jail is currently meeting this standard?
1 = not confident at all, 2 = slightly confident, 3 = somewhat confident, 4 = confident, and 5 = very confident

In order to be **VERY CONFIDENT**, please list any resources needed (i.e. training, information technology services, technical assistance, etc.): _____

Please provide a gross estimate cost: _____

Standard #7. MENTAL HEALTH ASSESSMENT
All inmates receive mental health screening; inmates with positive screens receive a mental health assessment.

Compliance Indicators

10. Within 14 days of admission to the correctional system, a qualified mental health professional or mental health staff conducts an assessment on those inmates scoring positive on the initial mental health screen. Those individuals who are in acute mental health distress should be seen more quickly (within 48 hours). Those individuals who appear suicidal should be assessed immediately.
11. The mental health assessment includes a structured interview with inquiries into:
    f. A history of:
        XII. Psychiatric hospitalization and outpatient treatment
        XIII. Substance use treatment
        XIV. Detoxification and outpatient treatment
        XV. Suicidal behavior
        XVI. Self-Injurious Behavior
        XVII. Violent behavior
        XVIII. Victimization / traumatic experiences
        XIX. Special education placement
        XX. Cerebral trauma or seizures

XXI. Sex offenses
XXII. Gender Dysphoria or Gender Identity issues.

g. The current status of:
V. Psychotropic medications
VI. Suicidal ideation
VII. Drug or alcohol use and substance use treatment
VIII. Orientation to person, place and time

h. Emotional response to incarceration
i. A history of issues with cognitive impairments, learning disabilities, deficits in adaptive functioning.
j. History of benefits and entitlements

12. The health record contains results of the assessment with documentation of referral or initiation of treatment when indicated.
13. Patients who require acute mental health services beyond those available on site are transferred to an appropriate facility.
14. There is a written policy and defined procedures addressing the post admission mental health screening and evaluation process.

Please consider the Standard listed above. How confident are you that your jail is currently meeting this standard?
1 = not confident at all, 2 = slightly confident, 3 = somewhat confident, 4 = confident, and 5 = very confident

In order to be **VERY CONFIDENT**, please indicate the resources your jail would require:

Do you need more **clinical staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **security staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **administrative staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

List any other resources needed (i.e. training, information technology services, technical assistance, etc.)
_____
_____

Please provide any additional cost: _____

Standard #8. EMERGENCY SERVICES
The facility provides 24 hour emergency mental health services.

Compliance Indicators

5. A written plan includes arrangements for the following, which are carried out when necessary:
    g. Emergency transport of the patient from the facility
    h. Use of an emergency medical vehicle
    i. Use of one or more designated hospital emergency departments or other appropriate facilities
    j. Emergency on call physician or mental health services when the emergency health care facility is not nearby
    k. Security procedures for the immediate transfer of patients for emergency mental health care
    l. Notification to the person legally responsible for the facility
6. A written plan that includes the process and procedure for contacting the responsible CSB to request a pre-admission screening (documentation of agreement to plan).
7. All aspects of the standard are addressed by written policy and defined procedures.

Status/ Barriers to Implementation: Most jails are likely already meeting this standard. No known new resources needed to implement this standard.

Please consider the Standard listed above. How confident are you that your jail is currently meeting this standard?
1 = not confident at all, 2 = slightly confident, 3 = somewhat confident, 4 = confident, and 5 = very confident

In order to be **VERY CONFIDENT**, please indicate the resources your jail would require:

Do you need more **clinical staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **security staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **administrative staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

List any other resources needed (i.e. training, information technology services, technical assistance, etc.)
_____
_____

Please provide any additional cost: _____

Standard #9. RESTRICTIVE HOUSING
When an inmate is held in restrictive housing, staff monitor his or her mental health

Compliance Indicators

1. Upon notification that an inmate is placed in restrictive housing, a qualified mental health care professional (RN/LPN/QMHP or other health professional can conduct rounds) reviews the inmates mental health record to determine whether existing mental health needs contraindicate the placement or require accommodation. It should be noted that at times placement in restrictive housing may be detrimental to an individual's mental health the overall security needs and safety of the individual, other individuals, and staff may necessitate the continued placement in a restrictive housing setting. In such cases, mental health staff shall try to identify strategies to minimize the deleterious effects of restrictive housing. Such review is documented in the health record.
2. The mental health professionals monitoring of an inmate in restrictive housing is based on the degree of isolation:
    e. Inmates who are in restrictive housing and have limited contact with staff or other inmates are monitored every day by medical or mental health staff
    f. Inmates who are allowed periods of recreation or other routine social contact among themselves while being held in restrictive housing are checked weekly by medical or mental health staff

    **Depending on clinical judgment the frequency of contacts could be altered. Evaluation by mental health professional does not substitute for required checks by correctional officers.
3. Documentation of restrictive housing rounds is made on individual logs or cell cards, or in an inmates health record and includes:
    c. The date and time of the contact
    d. The signature or initials of the health staff member making the rounds
4. Any significant mental health findings are documented in the inmates' health record.
5. Medical and mental health staff promptly identify and inform custody officials of inmates who are physically or psychologically deteriorating and those exhibiting other signs or symptoms of failing health.
6. All aspects of the standard are addressed by written policy and defined procedures.

Please consider the Standard listed above. How confident are you that your jail is currently meeting this standard?
1 = not confident at all, 2 = slightly confident, 3 = somewhat confident, 4 = confident, and 5 = very confident

In order to be **VERY CONFIDENT**, please indicate the resources your jail would require:

Do you need more **clinical staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **security staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **administrative staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____

Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

List any other resources needed (i.e. training, information technology services, technical assistance, etc.)
_____
_____

Please provide any additional cost: _____

Standard #10. CONTINUITY AND COORDINATION OF HEALTH CARE DURING INCARCERATION
All aspects of health care are coordinated and monitored from admission to discharge.

Compliance Indicators

12. Clinician orders are evidence based/evidence informed, are consistent with current standards of care, and are implemented in a timely manner.
13. Deviations from standards of practice are clinically justified, documented and shared with the patient.
14. Diagnostic tests, if indicated, and completed and reviewed by the clinician in a timely manner.
15. Treatment plans may be modified as clinically indicated by diagnostic tests and treatment results.
16. Treatment plans, including test results, are shared and discussed with patients.
17. Patients are reviewed by a qualified provider upon return from a hospitalization, urgent care, or emergency department visit to ensure proper implementation of the discharge orders and to arrange appropriate follow up.
18. Recommendations from specialty consultations are reviewed and acted upon by the clinician in a timely manner.
19. If changes in treatment recommendations are clinically indicated, justification for the alternative treatment plan is documented and shared with the patient.
20. Chart reviews are done to assure that appropriate care is ordered and implemented and that care is coordinated by all health staff including medical, dental, mental health and nursing.
21. The responsible provider determines the frequency and content of periodic health assessments based on protocols promulgated by nationally recognized professional organizations.
22. All aspects of the standard are addressed by written policy and defined procedures.

Please consider the Standard listed above. How confident are you that your jail is currently meeting this standard?
1 = not confident at all, 2 = slightly confident, 3 = somewhat confident, 4 = confident, and 5 = very confident

In order to be **VERY CONFIDENT**, please indicate the resources your jail would require:

Do you need more **clinical staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **security staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____

Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **administrative staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

List any other resources needed (i.e. training, information technology services, technical assistance, etc.)
_____
_____

Please provide any additional cost: _____

Standard #11. DISCHARGE PLANNING
Discharge planning is provided for inmates with mental health needs whose release is imminent.

Compliance Indicators

5. For planned discharges, the provider:
    e. Arrange for a minimum of a two week supply of current psychotropic mediations and ideally script for a minimum of two weeks.
    f. Request signed releases of information so that treatment information can be sent to the next behavioral health provider (template of ideal MOU for information exchange – BAA. Include signing privacy notice).
    g. For inmates with serious medical or mental health needs, make arrangements or referrals for follow up services with community clinicians, including exchange of clinically relevant information. SMI is more complicated and requires cross agency, multiagency intervention and resources. Discharge planning services should follow the best standards from DBHDS prior report. Consideration should be given to making forensic patients a priority population for services. With Same Day Access this should be partly addressed by significantly reducing the wait time for a mental health assessment by the CSB in the community.
6. All aspects of the standard are addressed by written policy and defined procedures.

Please consider the Standard listed above. How confident are you that your jail is currently meeting this standard?
1 = not confident at all, 2 = slightly confident, 3 = somewhat confident, 4 = confident, and 5 = very confident

In order to be **VERY CONFIDENT**, please indicate the resources your jail would require:

Do you need more **clinical staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **security staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____

Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **administrative staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

List any other resources needed (i.e. training, information technology services, technical assistance, etc.)
_____
_____

Please provide any additional cost: _____

Standard #12. PRIMARY MENTAL HEALTH SERVICES
Mental health services are available for all inmates who need services.

Compliance Indicators

8. Patients mental health needs are addressed on site or by referral to appropriate alternative facilities. They are addressed by a range of mental health services of differing levels and focus, including residential components when indicated.
9. Regardless of facility type or size, basic on site outpatient services include, at a minimum:
    f. Identification and referral of inmates with mental health needs
    g. Crisis intervention services
    h. Psychotropic medication management, when indicated
    i. Treatment documentation and follow-up

    When available:
    j. Individual counseling, group counseling and psychosocial/psychoeducational programs
10. Those who require transfer to an inpatient psychiatric setting is clinically indicated, required procedures are followed and the transfer occurs in a timely manner. Until such transfer can be accomplished the patient is safely housed and adequately monitored daily.
11. Basic mental health services are offered as clinically indicated.
12. An attempt is made every 30 days to reengage individuals with a serious mental illness who have declined treatment.
13. Mental health, medical and substance abuse services are sufficiently coordinated such that patient management is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.
14. All aspects of the standard are addressed by written policy and defined procedures.

Please consider the Standard listed above. How confident are you that your jail is currently meeting this standard?
1 = not confident at all, 2 = slightly confident, 3 = somewhat confident, 4 = confident, and 5 = very confident

In order to be **VERY CONFIDENT**, please indicate the resources your jail would require:

Do you need more **clinical staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **security staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **administrative staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

List any other resources needed (i.e. training, information technology services, technical assistance, etc.)
_____
_____

Please provide any additional cost: _____

Standard #13. SUICIDE PREVENTION PROGRAM
The facility identifies suicidal inmates and intervenes appropriately.

Compliance Indicators

6. A suicide prevention program includes the following:
    f. Facility staff identify suicidal inmates and immediately initiate precautions
    g. Suicidal inmates are evaluated promptly by the designated health professional who directs the intervention and assures follow up as needed
    h. Acutely suicidal inmates are placed on constant observation
    i. Non-acutely suicidal inmates are monitored on a random schedule with no more than 15 minutes between checks. If however the non-acutely suicidal inmate is placed in an isolation cell constant observation is required
7. Key components of a suicide prevention program include the following:
    n. Training
    o. Identification
    p. Referral
    q. Evaluation
    r. Treatment
    s. Housing and monitoring
    t. Communication
    u. Intervention
    v. Notification
    w. Review
    x. Debriefing

8. The use of other inmates in any way (e.g., companions, suicide prevention aids) is not a substitute for staff supervision.
9. When an inmate is taken off suicide precautions an assessment is completed to determine if they remain at elevated future risk and if so then a plan is implemented to monitor and manage the ongoing risk.
10. The responsible health authority approves the facilities suicide prevention plan; training curriculum for staff, including development of intake screening for suicide potential and referral protocols, and training for staff conducing the suicide screening at intake.
11. All aspects of the standard are addressed by written policy and defined in procedures.

Please consider the Standard listed above. How confident are you that your jail is currently meeting this standard?
1 = not confident at all, 2 = slightly confident, 3 = somewhat confident, 4 = confident, and 5 = very confident

In order to be **VERY CONFIDENT**, please indicate the resources your jail would require:

Do you need more **clinical staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **security staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **administrative staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

List any other resources needed (i.e. training, information technology services, technical assistance, etc.)
_____
_____

Please provide any additional cost: _____

Standard #14. IDENTIFICATION AND TREATMENT OF SUBSTANCE USE DISORDERS
Inmates are screened for the existence of substance use disorders. For those inmates with substance use disorders, the jail evaluates for acute treatment needs (both behavioral health & medical) and provides treatment based on the individual's needs, amenability to treatment, and availability of treatment programs.

Compliance Indicators:

8. There are written guidelines for the screening, assessment, housing, and management of inmates suspected of having substance use disorders.

9. There is evidence of communication and coordination between medical, behavioral health providers regarding SUD care.

10. Medical conditions associated with SUD (e.g., HIV, liver disease) are recognized and treated.

11. The correctional staff are trained in recognizing the signs/symptoms of alcohol/drug intoxication and withdrawal and what the local procedures to respond to such circumstances.

12. There are on-site individual counseling, group therapy, peer support, or self-help groups for inmates with SUD issues.

13. Inmates with SUD issues have access, upon release, to a list of community mental health resources for which the inmate might be eligible and which might help address their needs.

14. All aspects of the standard are addressed by written policy and defined procedures that define the respective roles of the mental health, substance abuse, and medical staff regarding provision of SUD services.

Please consider the Standard listed above. How confident are you that your jail is currently meeting this standard?
1 = not confident at all, 2 = slightly confident, 3 = somewhat confident, 4 = confident, and 5 = very confident

In order to be **VERY CONFIDENT**, please indicate the resources your jail would require:

Do you need more **clinical staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **security staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **administrative staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

List any other resources needed (i.e. training, information technology services, technical assistance, etc.)
_____
_____

Please provide any additional cost: _____

Standard #15. MANAGEMENT OF INTOXICATION & WITHDRAWAL AND OVERDOSE

Protocols exist for managing and responding to inmates under the influence of alcohol or other drugs and those undergoing withdrawal from alcohol, sedatives or opioids. Detoxification from alcohol, opiates, hypnotics, and other stimulants is conducted under medical supervision in accordance with local, state, and federal laws. When performed at the facility, detoxification is prescribed in accordance with clinical protocols approved by the health authority.

Compliance Indicators:

11. Established protocols are followed for the assessment, monitoring, and management of individuals manifesting symptoms of alcohol and drug intoxication or withdrawal, and overdose.

12. The protocols for intoxication, detoxification, and/or overdose are approved by the responsible physician, are current, and are consistent with national accepted treatment guidelines.

13. Individuals being monitored are housed in a safe location that allows for effective monitoring.

14. Inmates experiencing severe or progressive intoxication (overdose) or severe alcohol/sedative withdrawal are transferred immediately to a medical facility upon the recommendation of the jail medical provider or jail protocol.

15. The jail has policies/practices outlining the practice of using overdose reversal medications.

16. Individuals showing signs of intoxication or withdrawal are monitored by qualified health care professionals using recognized standard assessments at appropriate intervals until symptoms have resolved.

17. Detoxification is done under physician supervision.

18. If a pregnant inmate is admitted with opioid dependence or treatment (including methadone and buprenorphine), a qualified clinician is contacted so that the opioid dependence can be assessed and appropriately treated.

19. The facility has a policy that addresses the management of inmates, including pregnant inmates, on methadone, buprenorphine, or similar substances. Inmates entering the facility on such substances have their therapy continued as appropriate, or a plan for appropriate treatment of the methadone withdrawal syndrome is initiated.

20. All aspects of the standard are addressed by written policy and defined procedures.

Please consider the Standard listed above. How confident are you that your jail is currently meeting this standard?
1 = not confident at all, 2 = slightly confident, 3 = somewhat confident, 4 = confident, and 5 = very confident

In order to be **VERY CONFIDENT**, please indicate the resources your jail would require:

Do you need more **clinical staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **security staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

Do you need more **administrative staff**? □ Yes □ No
Describe the number of hours or type of resources needed:
_____
Please provide a gross estimate cost (based on prevailing salaries, cost of services, etc.):
_____

List any other resources needed (i.e. training, information technology services, technical assistance, etc.)
_____
_____

Please provide any additional cost: _____

CHAPTER 827

An Act to amend and reenact §§ 53.1-40.10, 53.1-68, and 53.1-133.03 of the Code of Virginia, relating to behavioral health services; exchange of medical and mental health information and records; correctional facilities.

[H 1942]

Approved April 3, 2019

Be it enacted by the General Assembly of Virginia:

1. That §§ 53.1-40.10, 53.1-68, and 53.1-133.03 of the Code of Virginia are amended and reenacted as follows:

§ 53.1-40.10. Exchange of medical and mental health information and records.

A. Whenever a person is committed to a state correctional facility, the *following shall be entitled to obtain medical and mental health information and records concerning such person from a health care provider, even when such person does not provide consent or consent is not readily obtainable:*

1. The person in charge of the facility, or his designee ~~shall be entitled to obtain medical records concerning such person from a health care provider. In addition, medical and mental health information and records of any person committed to the Department of Corrections may be exchanged among the following:~~

~~1. Administrative personnel for the facility in which the prisoner is imprisoned when there is reasonable cause to believe that such information is necessary to maintain the security and safety of the facility, its employees, or other prisoners. The information exchanged shall continue to be confidential and disclosure shall be limited to that necessary to ensure the safety and security of the facility~~*, when such information and records are necessary (i) for the provision of health care to the person committed, (ii) to protect the health and safety of the person committed or other residents or staff of the facility, or (iii) to maintain the security and safety of the facility. Such information and records may be exchanged among administrative personnel for the facility in which the person is imprisoned as necessary to maintain the security and safety of the facility, its employees, or other prisoners. The information exchanged shall continue to be confidential and disclosure shall be limited to that necessary to ensure the security and safety of the facility.*

2. Members of the Parole Board, as specified in § 53.1-138, in order to conduct the investigation required under § 53.1-155.

3. Probation and parole officers for use in parole and probation planning, release and supervision.

4. Officials within the Department for the purpose of formulating recommendations for treatment and rehabilitative programs; classification, security and work assignments; and determining the necessity for medical, dental and mental health care, treatment and programs.

5. Medical and mental health hospitals and facilities, both public and private, including community ~~service~~ *services* boards, for use in planning for and supervision of post-incarceration medical and mental health care, treatment, and programs.

6. The Department for Aging and Rehabilitative Services, the Department of Social Services, and any local department of social services in the Commonwealth for the purposes of reentry planning and post-incarceration placement and services.

B. Substance abuse records subject to federal regulations, Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. § 2.11 et seq., shall not be subject to the provisions of this section. The disclosure of results of a test for human immunodeficiency virus shall not be permitted except as provided in § **32.1-36.1**.

C. The release of medical and mental health information and records to any other agency or individual shall be subject to all regulations promulgated by the Department ~~which~~ *that* govern confidentiality of such records. Medical and mental health information concerning a prisoner ~~which~~ *that* has been exchanged pursuant to this section may be used only as provided herein and shall otherwise remain confidential and protected from disclosure.

§ **53.1-68**. Minimum standards for local correctional facilities and lock-ups; health inspections, behavioral health services inspections, and personnel.

A. The Board shall establish minimum standards for the construction, equipment, administration*,* and operation of local correctional facilities, whether heretofore or hereafter established. However, no minimum standard shall be established that includes square footage requirements in excess of accepted national standards. The Board or its agents shall conduct at least one unannounced inspection of each local facility annually. However, in those years in which a certification audit of a facility is performed and the facility is in compliance with all the standards, the Board may elect to suspend the unannounced inspection based upon that certification audit and the history of compliance of the facility with the standards promulgated in accordance with this section, except in any year in which there is a change in the administration of a local or regional jail. The Board shall also establish minimum standards for the construction, equipment*,* and operation of lock-ups, whether heretofore or hereafter established. However, no minimum standard shall be established that includes square footage requirements in excess of accepted national standards.

B. Standards concerning sanitation in local correctional facilities and procedures for enforcing these standards shall be promulgated by the Board with the advice and guidance of the State Health Commissioner. The Board, in conjunction with the Board of Health, shall establish a procedure for the conduct of at least one unannounced annual health inspection by the State Health Commissioner or his agents of each local correctional facility. The Board and the State Health Commissioner may authorize such other announced or unannounced inspections as they consider appropriate.

C. *The Board shall establish minimum standards for behavioral health services in local correctional facilities and procedures for enforcing such minimum standards, with the advice of and guidance from the Commissioner of Behavioral Health and Developmental Services and the State Inspector General.*

Such standards shall include:

*1. Requirements for behavioral health services provided in jails, including requirements for behavioral health screening and assessment of individuals committed to local correctional facilities and the provision of behavioral health services in local correctional facilities, as well as regulations directing the sharing of medical and mental health information and records in accordance with § **53.1-133.03**;*

2. Requirements for discharge planning for individuals with serious mental illness assessed as requiring behavioral health services upon release from the local correctional facility, which shall include (i) creation of a discharge plan, as soon as practicable after completion of the assessment required pursuant to subdivision 1, and (ii) coordination of services and care with community providers, community supervision agencies, and, as appropriate, the individual's family in accordance with the discharge plan until such time as the individual has begun to receive services in accordance with the discharge plan or for a period of 30 days following release from the local correctional facility, whichever occurs sooner. Discharge plans shall ensure access to the full continuum of care for the individual upon release from the local correctional facility and shall include provisions for (a) linking the individual for whom the discharge plan has been prepared to the community services board in the jurisdiction in which he will reside following release and to other supports and services necessary to meet his service needs and (b) communication of information regarding the individual's treatment needs and exchange of treatment records among service providers;

3. A requirement for at least one unannounced annual inspection of each local correctional facility by the Board or its agents to determine compliance with the standards for behavioral health services established pursuant to this subsection and such other announced or unannounced inspections as the Board may deem necessary to ensure compliance with the standards for behavioral health services established pursuant to this subsection; and

*4. Provisions for the billing of the sheriff in charge of a local correctional facility or superintendent of a regional correctional facility by and payment by such sheriff or superintendent to a community services board that provides behavioral health services in the local correctional facility, in accordance with § **53.1-126**.*

D. The Department of Criminal Justice Services, in accordance with § **9.1-102**, shall establish minimum training standards for persons designated to provide courthouse and courtroom security pursuant to the provisions of § **53.1-120** and for persons employed as jail officers or custodial officers under the provisions of this title. The sheriff shall establish minimum performance standards and management practices to govern the employees for whom the sheriff is responsible.

~~D.~~ *E.* The superintendent of a regional jail or jail farm shall establish minimum performance standards and management practices to govern the employees for whom the superintendent is responsible.

§ **53.1-133.03**. Exchange of medical and mental health information and records.

~~Notwithstanding any other provision of law relating to disclosure and confidentiality of patient records maintained by a health care provider, whenever~~ *A. Whenever* a person is committed to a local or regional correctional facility, the *following shall be entitled to obtain medical and mental health information and records concerning such person from a health care provider, even when such person does not provide consent or consent is not readily obtainable:*

1. The person in charge of the facility, or his designee~~ shall be entitled to obtain medical records concerning such person from a health care provider. In addition, medical and mental health information and records of any person committed to jail, and transferred to another correctional facility, may be exchanged among the following:~~

~~1. Administrative personnel of the correctional facilities involved and of the administrative personnel within the holding facility when there is reasonable cause to believe that such information is necessary to maintain the security and safety of the holding facility, its employees, or prisoners. The information exchanged shall continue to be confidential and disclosure shall be limited to that necessary to ensure the safety and security of the facility~~*, when such information and records are necessary (i) for the provision of health care to the person committed, (ii) to protect the health and safety of the person committed or other residents or staff of the facility, or (iii) to maintain the security and*

safety of the facility. Such information and records of any person committed to jail and transferred to another correctional facility may be exchanged among administrative personnel of the correctional facilities involved and of the administrative personnel within the holding facility when there is reasonable cause to believe that such information is necessary to maintain the security and safety of the holding facility, its employees, or prisoners. The information exchanged shall continue to be confidential and disclosure shall be limited to that necessary to ensure the security and safety of the facility.

2. Members of the Parole Board or its designees, as specified in § **53.1-138**, in order to conduct the investigation required under § **53.1-155**.

3. Probation and parole officers for use in parole and probation planning, release and supervision.

4. Officials of the facilities involved and officials within the holding facility for the purpose of formulating recommendations for treatment and rehabilitative programs; classification, security and work assignments; and determining the necessity for medical, dental and mental health care, treatment and other such programs.

5. Medical and mental health hospitals and facilities, both public and private, including community ~~service~~ *services* boards and health departments, for use in treatment while committed to jail or a correctional facility while under supervision of a probation or parole officer.

B. Substance abuse records subject to federal regulations, Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. § 2.11 et seq., shall not be subject to the provisions of this section. The disclosure of results of a test for human immunodeficiency virus shall not be permitted except as provided in §§ **32.1-36.1** and **32.1-116.3**.

C. The release of medical and mental health information and records to any other agency or individual shall be subject to all regulations promulgated by the Board of Corrections ~~which~~ *that* govern confidentiality of such records. Medical and mental health information concerning a prisoner ~~which~~ *that* has been exchanged pursuant to this section may be used only as provided herein and shall otherwise remain confidential and protected from disclosure.

D. Nothing contained in this section shall prohibit the release of records to the Department of Health Professions or health regulatory boards consistent with Subtitle III (§ **54.1-2400** et seq.) of Title 54.1 ~~of the Code of Virginia~~.

2. That the provisions of subdivision C 2 of § **53.1-68** of the Code of Virginia, as amended by this act, relating to requirements for discharge planning for individuals committed to local correctional facilities shall become effective on July 1, 2020.

3. That the Chairman of the Board of Corrections shall convene a work group to include representatives of sheriffs, superintendents of regional correctional facilities, community services boards, the Department of Behavioral Health and Developmental Services, the Department of Medical Assistance Services, the Virginia Association of Counties, the Virginia Municipal League, and such other stakeholders as the Director shall deem appropriate to determine the cost of implementing provisions of this act. The work group shall report its findings and conclusions to the Governor and the Chairmen of the House Committee on Appropriations, the House Committee for Courts of Justice, the House Committee on Health, Welfare and Institutions, the Senate Committee on Finance, the Senate Committee for Courts of Justice, the Senate Committee on Education and Health, and the Senate Committee on Rehabilitation and Social Services by November 1, 2019.

CHAPTER 695

An Act to amend and reenact § 53.1-5 of the Code of Virginia, relating to Board of Corrections; minimum standards for health care services in local correctional facilities.

[H 1918]

Approved March 21, 2019

Be it enacted by the General Assembly of Virginia:

1. That § 53.1-5 of the Code of Virginia is amended and reenacted as follows:

§ 53.1-5. Powers and duties of Board.

The Board shall have the following powers and duties:

1. To develop and establish operational and fiscal standards governing the operation of local, regional, and community correctional facilities;

2. To advise the Governor and Director on matters relating to corrections;

3. To make, adopt and promulgate such rules and regulations as may be necessary to carry out the provisions of this title and other laws of the Commonwealth pertaining to local, regional, and community correctional facilities;

4. To ensure the development of programs to educate citizens and elicit public support for the activities of the Department;

5. To develop and implement policies and procedures for the review of the death of any inmate that the Board determines warrants review that occurs in any local, regional, or community correctional facility. Such policies and procedures shall incorporate the Board's authority under § 53.1-6 to ensure the production of evidence necessary to conduct a thorough review of any such death;

6. To establish minimum standards for health care services, including medical, dental, pharmaceutical, and behavioral health services, in local, regional, and community correctional facilities and procedures for enforcing such minimum standards, with the advice of and guidance from the Commissioner of Behavioral Health and Developmental Services and State Health Commissioner or their designees. Such minimum standards shall require that each local, regional, and community correctional facility submit a standardized quarterly continuous quality improvement report documenting the delivery of health care services, along with any improvements made to those services, to the Board. The Board shall make such reports available to the public on its website. The Board may determine that any local, regional, or community correctional facility that is accredited by the American Correctional Association or National Commission on Correctional Health Care meets such minimum standards solely on the basis of such facility's accreditation status; however, without exception, the requirement that each local, regional, and community correctional facility submit a standardized quarterly continuous quality improvement report to the Board shall be a mandatory minimum standard;

~~6.~~ *7.* To establish and promulgate regulations regarding the provision of educational and vocational programs within the Department; and

~~7.~~ *8.* To adopt and promulgate regulations and require the Director and Department to enforce regulations prohibiting the possession of obscene materials, as defined and described in Article 5 (§ **18.2-372** et seq.) of Chapter 8 of Title 18.2, by prisoners incarcerated in state correctional facilities.

2019 Session

Budget Bill - HB1700 (Chapter 854)

Bill Order » Office of Public Safety and Homeland Security » Item 395

4. The Department of Criminal Justice Services, in cooperation with the Executive Secretary of the Compensation Board and the Board of Corrections, shall evaluate the resources needed by local and regional jails to comply with the minimum standards of behavioral health services to be established by the Board of Corrections pursuant to House Bill 1942 of the 2019 Session of the General Assembly. The evaluation shall include consideration of the appropriate share of resources for minimum standards of care to be provided by the Commonwealth and local governments, respectively. The evaluation shall also consider the appropriate mechanism by which any such Commonwealth funds be provided. The Department shall report the findings of its evaluation to the Chairmen of the House Appropriations and Senate Finance Committees by June 30, 2020.

APPENDIX B:
Number of residents per mental health provider, five-year average (2016–2020)

These data were calculated using a raw dataset obtained via email communication between DCJS staff and researchers from the County Health Rankings and Roadmaps project at the University of Wisconsin Population Health Institute.

The Population Health Institute researchers included the following caveat with the raw five-year dataset; this caveat suggests there may be even less provider availability statewide and in specific localities than indicated in the data.

> *"We would also like to offer the caution that we suspect that the number of practicing Mental Health Providers could be an over-count. We are noting the sizable increase in the total number of providers from year-to-year, and acknowledging the possibility that providers no longer practicing (or now practicing elsewhere) are still being counted in the location they previously practiced."*[14]

[14] Email communication with DCJS staff, 4/26/21

Locality	Average # of Residents per MHP (2016-2020)
STATEWIDE	**629**
Accomack	1,109
Albemarle	857
Alexandria City	336
Alleghany	3,918
Amelia	1,973
Amherst	6,126
Appomattox	7,302
Arlington	646
Augusta	1,602
Bath	3,442
Bedford	2,521
Bland	3,856
Botetourt	2,524
Bristol City	1,596
Brunswick	3,656
Buchanan	3,523
Buckingham	2,847
Buena Vista City	1,373
Campbell	10,909
Caroline	3,945
Carroll	2,937
Charles City	4,897
Charlotte	9,672
Charlottesville City	116
Chesapeake City	1,073
Chesterfield	680
Clarke	1,769
Colonial Heights City	531
Covington City	406
Craig	*(missing data)*
Culpeper	690
Cumberland	4,879
Danville City	420
Dickenson	2,318
Dinwiddie	7,144
Emporia City	333
Essex	5,516
Fairfax	595
Fairfax City	80

Locality	Average # of Residents per MHP (2016-2020)
Falls Church City	100
Fauquier	1,335
Floyd	1,892
Fluvanna	2,187
Franklin	2,528
Franklin City	907
Frederick	2,176
Fredericksburg City	168
Galax City	195
Giles	10,068
Gloucester	688
Goochland	1,217
Grayson	9,609
Greene	2,194
Greensville	1,894
Halifax	1,162
Hampton City	395
Hanover	728
Harrisonburg City	264
Henrico	391
Henry	20,392
Highland	442
Hopewell City	862
Isle of Wight	4,656
James City	377
King George	2,555
King William	2,326
King and Queen	*(missing data)*
Lancaster	1,154
Lee	914
Lexington City	171
Loudoun	745
Louisa	4,898
Lunenburg	2,164
Lynchburg City	235
Madison	3,960
Manassas City	358
Manassas Park City	*(missing data)*
Martinsville City	298
Mathews	3,525

Locality	Average # of Residents per MHP (2016-2020)
Mecklenburg	1,322
Middlesex	1,501
Montgomery	508
Nelson	1,048
New Kent	1,047
Newport News City	802
Norfolk City	534
Northampton	1,092
Northumberland	12,194
Norton City	313
Nottoway	2,235
Orange	2,022
Page	3,010
Patrick	3,814
Petersburg City	292
Pittsylvania	8,202
Poquoson City	1,883
Portsmouth City	429
Powhatan	3,480
Prince Edward	415
Prince George	928
Prince William	923
Pulaski	3,002
Radford City	806
Rappahannock	1,031
Richmond	652
Richmond City	316

Locality	Average # of Residents per MHP (2016-2020)
Roanoke	417
Roanoke City	394
Rockbridge	22,546
Rockingham	6,901
Russell	1,312
Salem City	135
Scott	898
Shenandoah	2,120
Smyth	730
Southampton	*(missing data)*
Spotsylvania	1,496
Stafford	1,403
Staunton City	171
Suffolk City	1,350
Surry	1,849
Sussex	4,929
Tazewell	663
Virginia Beach City	638
Warren	1,148
Washington	706
Waynesboro City	784
Westmoreland	14,185
Williamsburg City	2,093
Winchester City	190
Wise	1,102
Wythe	562
York	1,549

APPENDIX C:
Detailed response data from Compensation Board (SCB) "Mental Illness in Jails Report" survey (2016–2020)

The following pages include tables containing detailed, jail-level response data underlying summary data presented in the annual "Mental Illness in Jails Report" report published by the Compensation Board (SCB) in calendar years 2016 through 2020. Because some survey questions changed during the five-year period, not all data points can be compared over time. The order of information is as follows:

- Detailed response data related to diagnosis, screening/assessment, and spending
- Detailed response data related to the number of inmates receiving specified types of treatment for mental/behavioral health needs (individual counseling, group counseling, substance use disorder treatment, other treatment)
- Detailed response data related to the providers of mental/behavioral health treatment, including treatment hours (overall and per inmate screening positive for mental illness)

Because of the volume of information, these tables are generally presented in landscape orientation. **With the exception of spending data, all information in these tables (e.g., number of inmates receiving screenings or follow-up assessments) reflects only one month of data, in accordance with SCB survey methodology.**

2020: Diagnosis, Screening/Assessment, and Spending

Jail Num	Jail Name	June Inmate Count	Schizophrenia or Delusional Disorder	Bipolar or Major Depressive	Mild Depression	Anxiety Disorder	PTSD	Other Mental Illness	Mentally Ill with No Diagnosis	Total MI Pop	SMI (Schiz, Bipolar, PTSD)	Inmates Screened	Inmates Recommended for MH Assessment	Inmates Not Screened	Explanation of unscreened inmates	Typical Confinement Time Until Comprehensive MH Assessment	Average Time Period from Comp MH Assessment to Licensed Professional Diagnosis	FY21 Cost of Medications	FY21 Cost of MH Services	FY21 Total Funds
001	Accomack County Jail	148	6	14	8	17	4	1	1	2	24	238	18	0	n/a	24 hours to 7 days	7 to 14 days	$6,980	$35,092	$42,072
005	Alleghany County Regional Jail	176	2	13	9	7	2	0	8	8	17	94	5	0	0	0	7 to 14 days	$5,000	$200,000	$205,000
013	Arlington County Detention Facility	397	37	57	7	10	14	4	12	16	108	113	43	96	Inmates who are uncooperative with the assessment, court and return inmates on weekenders.	=<24 hours	24 hours to 7 days	$111,458	$903,299	$1,052,755
023	Botetourt County Jail	184	0	21	3	28	3	25	13	38	24	72	35	0	0	24 hours to 7 days	24 hours to 7 days	$97,464	$51,624	$275,000
037	Charlotte County Jail	84	0	0	7	2	0	0	3	3	0	27	0	0	0	=<24 hours	=<24 hours	$0	$0	$0
041	Chesterfield County Jail	673	1	145	58	19	7	3	0	3	153	413	58	14	Too Intoxicated - 11; Not Completed - 2; Straight to Cell - 1	24 hours to 7 days	24 hours to 7 days	$67,818	$118,016	$185,834
047	Culpeper County Adc	103	1	10	0	9	2	0	0	0	13	43	2	0	N/A	24 hours to 7 days	24 hours to 7 days	$2,500	$4,800	$4,800
059	Fairfax Adult Detention Center	958	41	47	26	11	23	24	0	24	111	344	52	103	*Less Than 3 Hour Hold *Impairment *Refusal *Crisis *Behavioral *Incomplete Screening	24 hours to 7 days	24 hours to 7 days	$121,527	$2,170,092	$2,320,101
061	Fauquier County Jail	140	1	6	3	2	5	0	0	0	12	252	0	0	0	No answer given	=<24 hours	$4,151	$54,696	$58,847
069	Northwestern Regional Jail	777	41	33	28	24	62	91	0	91	136	182	48	0	N/A	24 hours to 7 days	>14 days	$110,975	$195,800	$306,775
073	Gloucester County Jail	100	2	3	6	6	2	1	0	1	7	102	1	0	N/A	24 hours to 7 days	=<24 hours	$128	$68,000	$68,128
087	Henrico County Jail	1805	34	108	8	21	29	37	1	38	171	572	104	0	0	7 to 14 days	7 to 14 days	$188,975	$632,196	$821,171
089	Henry County Jail	264	5	23	22	20	0	0	0	0	28	174	2	0	All inmates are screened when booked into the jail.	No answer given	No answer given	$1,569	$0	$1,569
103	Lancaster Correctional Center	41	1	2	2	2	0	0	0	0	3	56	0	0	N/A	=<24 hours	24 hours to 7 days	$5,100	$25,750	$30,850
107	Loudoun County Adult Detention	409	9	36	0	14	0	3	0	3	45	1	66	0	N/A	24 hours to 7 days	>14 days	$25,460	$128,370	$908,256
119	Middle Peninsula Regional	229	14	15	4	18	6	27	5	32	35	40	21	4	Weekenders, Bonds, Overnight Court Returns	=<24 hours	7 to 14 days	$17,691	$453,065	$470,755
121	Montgomery County Jail	258	0	24	37	3	5	3	8	11	29	210	6	0	0	>14 days	>14 days	$3,000	$14,000	$17,000
131	Eastern Shore Regional Jail	109	1	4	3	2	1	2	4	6	6	28	6	0	0	7 to 14 days	7 to 14 days	$60,000	$30,000	$90,000
135	Piedmont Regional Jail	454	1	6	0	0	3	32	0	32	10	0	0	0	0	24 hours to 7 days	7 to 14 days	$125,134	$168,200	$0
137	Central Virginia Regional Jail	478	11	25	10	15	7	6	0	6	43	91	18	0	0	24 hours to 7 days	>14 days	$95,910	$286,220	$382,130
139	Page County Jail	107	4	9	14	12	2	0	3	3	15	118	0	0	0	24 hours to 7 days	7 to 14 days	$3,200	$0	$0
141	Patrick County Jail	154	3	20	21	8	4	0	5	5	27	109	90	0	I had several inmates that could have benefited from Mental Health evaluation in person but these were not performed due to COVID-19	24 hours to 7 days	24 hours to 7 days	$53,329	$57,025	$110,354
143	Pittsylvania County Jail	109	2	10	1	4	2	0	5	5	14	56	7	0	0	=<24 hours	=<24 hours	$3,000	$2,000	$5,000
153	Pr. William/Manassas Regional	939	16	75	4	5	33	6	6	12	124	395	36	34	Inmate refusal to complete the booking screen; inmates being highly intoxicated; under the influence of substances or highly uncooperative with the process.	24 hours to 7 days	>14 days	$81,211	$843,480	$924,691
161	Roanoke County/Salem Jail	354	3	7	17	4	0	0	5	5	10	534	20	0	N/A	=<24 hours	=<24 hours	$20,000	$40,200	$60,200
165	Rockingham-Harrisonburg Regional	400	10	19	0	4	1	15	0	15	30	84	21	99	0	7 to 14 days	>14 days	$36,067	$34,041	$70,108
175	Southampton County Jail	81	0	4	3	3	0	0	3	3	4	17	0	0	0	>14 days	24 hours to 7 days	$6,697	$12,000	$18,697
193	Northern Neck Regional Jail	525	5	18	24	2	10	1	11	12	33	119	20	0	0	7 to 14 days	7 to 14 days	$91,394	$80,000	$171,394
460	Pamunkey Regional Jail	500	4	16	17	2	9	13	33	46	29	302	20	0	0	24 hours to 7 days	7 to 14 days	$50,000	$128,690	$178,690
465	Riverside Regional Jail	1536	128	105	95	23	17	14	59	73	250	544	469	0	0	7 to 14 days	>14 days	$248,585	$2,500,000	$2,748,855
470	Virginia Peninsula Regional	483	11	33	9	26	7	20	0	20	51	80	37	0	0	7 to 14 days	7 to 14 days	$49,833	$794,692	$844,526
475	Hampton Roads Regional Jail	971	122	166	16	35	48	97	0	97	336	132	30	2	Refused Intake process	24 hours to 7 days	7 to 14 days	$293,500	$2,365,000	$2,658,500
480	New River Regional Jail	1120	10	14	128	11	8	10	6	16	32	376	34	0	0	24 hours 7 days	Greater than 14 days	$125,535	$77,586	$203,121
485	Blue Ridge Regional Jail	1541	28	94	37	111	34	133	81	214	156	137	230	0	0	7 to 14 days	>14 days	$266,052	$454,250	$660,302
491	Southside Regional Jail	228	9	19	31	21	9	4	11	15	37	59	4	0	N/A	24 hours to 7 days	7 to 14 days	$7,883	$34,824	$42,707
492	Southwest Virginia Regional Jail	2374	25	131	63	63	80	66	14	80	236	357	159	0	0	>14 days	>14 days	$173,361	$306,960	$483,285
493	Middle River Regional Jail	952	10	74	0	6	25	31	0	31	109	171	60	8	Inmate was intoxicated and unable to complete.	24 hours to 7 days	24 hours to 7 days	$52,832	$972,767	$1,025,599
494	Western Virginia Regional Jail	888	26	27	40	32	35	208	109	317	88	320	94	0	0	24 hours to 7 days	7 to 14 days	$191,961	$230,880	$230,880
495	Meherrin River Regional Jail	431	6	9	29	5	5	0	0	0	20	34	8	0	N/A	7 to 14 days	24 hours to 7 days	$20,000	$0	$20,000
496	RSW Regional Jail	519	7	30	10	1	13	2	0	2	50	174	5	0	N/A	24 hours to 7 days	24 hours to 7 days	$68,021	$40,000	$108,021
510	Alexandria Detention Center	300	6	12	1	0	3	41	0	41	21	77	5	0	0	24 hours to 7 days	24 hours to 7 days	$8,840	$1,085,726	$1,085,726
520	Bristol City Jail	185	7	9	20	16	4	0	0	0	20	87	28	0	N/A	24 hours to 7 days	24 hours to 7 days	$42,000	$185,000	$227,000
550	Chesapeake City Jail	1303	28	92	114	31	23	18	156	174	143	351	111	0	N/A	7 to 14 days	>14 days	$73,440	$292,000	$365,440
590	Danville City Jail	342	5	12	9	8	0	0	0	0	17	349	0	0	N/A	=<24 hours	24 hours to 7 days	$0	$0	$0
620	Western Tidewater Regional	861	2	11	5	7	12	4	0	4	25	178	40	0	Sometimes they are uncooperative at first, then screened.	=<24 hours	7 to 14 days	$141,885	$251,377	$393,263
630	Rappahannock Regional Jail	1682	11	17	0	7	8	38	6	44	36	652	104	0	0	>14 days	>14 DAYS	$222,961	$264,465	$487,426
650	Hampton Correctional Facility	316	10	16	0	6	0	0	0	0	26	170	27	0	N/A	24 hours to 7 days	24 hours to 7 days	$31,872	$48,555	$80,426
690	Martinsville City Jail	183	12	9	5	6	0	1	1	2	21	117	0	0	0	24 hours to 7 days	>14 days	$20,000	$10,000	$30,000
700	Newport News City Jail	692	55	62	24	23	18	11	40	51	135	308	57	0	NA	24 hours to 7 days	24 hours to 7 days	$25,439	$146,680	$172,119
710	Norfolk City Jail	947	12	19	33	0	5	178	0	178	36	439	182	0	0	24 hours to 7 days	7 to 14 days	$61,932	$539,500	$601,432
740	Portsmouth City Jail	260	20	39	0	6	6	11	0	11	65	98	67	0	If refuse screening, put on suicide precautions and re-evaluated, screened within 24hrs admission	24 hours to 7 days	7 to 14 days	$34,040	$14,220	$48,260
760	Richmond City Jail	949	14	30	0	3	3	12	0	12	47	321	28	2	Non-Cooperative	7 to 14 days	7 to 14 days	$189,192	$170,955	$360,147
770	Roanoke City Jail	564	7	6	7	3	4	0	0	0	17	242	4	0	N/A	=<24 hours	7 to 14 days	$51,116	$247,467	$298,583
810	Virginia Beach Correction Ctr	1664	64	224	108	141	14	110	15	125	302	646	79	0	N/A	7 to 14 days	24 hours to 7 days	$320,333	$547,000	$867,333
Total		**32247**	**890**	**2030**	**1126**	**865**	**617**	**1303**	**624**	**1927**	**3537**	**11205**	**2561**	**362**				**$4,056,349**	**$18,316,562**	**$22,823,127**

2019: Diagnosis, Screening/Assessment, and Spending

Jail Number	Jail Name	June Inmate Count	Schizophrenia or Delusional Disorder	Bipolar or Major Depressive	Mild Depression	Anxiety Disorder	PTSD	Other Mental Illness	Mentally Ill with No Diagnosis	Total MI Pop	Total with SMI (Schiz,Bipolar, PTSD)	Inmates Screened	Inmates Recommended for MH Assessment	Inmates Not Screened	Explanation of unscreened inmates	Typical Confinement Time Until Comprehensive MH Assessment	Average Time Period from Comp MH Assessment to Licensed Professional Diagnosis	FY20 Cost of Medications	FY20 Cost of MH Services	FY20 Total Funds
001	Accomack County Jail	183	6	10	0	4	2	4	6	32	18	208	30	0		7 to 14 days	7 to 14 days	$6,686	$34,162	$40,848
003	Albemarle-Charlottesville Regional Jail	746	11	50	2	22	4	6	12	107	65	746	58	0	If inmates are not screened, it is due to quick releases or transfers to another facilty or hospital; active mh symptoms and/or intoxication that prevents completion of the screening.	>14 days	>14 days	$138,679	$243,000	$381,679
005	Alleghany County Regional Jail	191	2	17	3	12	2	0	6	42	21	191	8	0		24 hours to 7 days	7 to 14 days	$10,000	$200,000	$210,000
013	Arlington County Detention Facility	663	59	125	18	20	28	6	23	279	212	188	77	209	Some of these barriers include inmates who are committed that are under the influence of alcohol/drugs, inmates who are acutely psychotic, and inmates who present with suicidal/homicial ideation. However in those instances, jail based csb mh staff will receive a call from booking to screen the inmate. Also, at this time the jail rms system is unable to pull data on why 209 inmates were not screened but this number does include weekenders and court and returns that may have been booked in multiple times and therefore the screening was not done again.	24 hours to 7 days	24 hours to 7 days	$65,831	$1,431,370	$1,497,201
023	Botetourt County Jail	218	2	39	36	28	6	8	0	119	47	259	31	0		=<24 hours	24 hours to 7 days	$56,600	$44,835	$101,435
041	Chesterfield County Jail	959	19	191	0	15	22	7	0	254	232	600	98	11	4-bonded, 4-intoxicated (could not answer), 1-transferred, 2-served sentence	24 hours to 7 days	24 hours to 7 days	$63,138	$211,200	$274,338
047	Culpeper County Adc	238	2	19	0	15	3	0	4	43	24	176	5	0		24 hours to 7 days	24 hours to 7 days	$2,500	$0	$2,500
059	Fairfax Adult Detention Center	2058	55	84	7	13	27	19	331	536	166	939	148	448	*Less than 3 hours hold. *impairments. *refusal. *crisis. *behavioral. *imcomplete screening	24 hours to 7 days	24 hours to 7 days	$110,052	$1,887,851	$1,997,903
061	Fauquier County Jail	233	0	6	18	8	10	0	2	44	16	246	0	0		7 to 14 days	=<24 hours	$0	$3,709	$3,709
067	Franklin County Jail	212	0	0	0	0	0	0	0	0	0	223	10	0		0	=<24 hours	$0	$0	$0
069	Northwestern Regional Jail	905	33	29	26	17	38	99	0	242	100	269	45	0		=<24 hours	>14 days	$68,438	$186,371	$254,809
073	Gloucester County Jail	149	2	6	6	5	1	1	0	21	9	147	1	0		24 hours to 7 days	=<24 hours	$465	$68,000	$68,465
087	Henrico County Jail	2379	47	59	4	61	52	113	0	336	158	728	140	0		24 hours to 7 days	7 to 14 days	$180,482	$560,079	$740,561
089	Henry County Jail	325	1	12	13	12	0	0	0	38	13	164	164	0	All inmates are screened when booked into the jail.	7 to 14 days	No answer given	$910	$0	$910
103	Lancaster Correctional Center	51	0	2	1	1	0	0	2	6	2	108	3	0		No answer given	=<24 hours	$1,050	$40,000	$41,050
107	Loudoun County Adult Detention	782	7	14	0	6	1	11	0	39	22	387	15	0	N/a - all inmates are screened upon committal. Using the bjmhs.	=<24 hours	7 to 14 days	$13,710	$692,028	$705,738
119	Middle Peninsula Regional	266	5	15	5	4	13	0	1	43	33	116	58	0	Weekenders, bonds, overnight court returns	24 hours to 7 days	7 to 14 days	$41,883	$357,968	$399,851
121	Montgomery County Jail	321	2	18	55	14	5	2	0	96	25	247	4	0		=<24 hours	>14 days	$3,400	$13,600	$17,000
131	Eastern Shore Regional Jail	108	1	3	0	0	0	2	1	7	4	52	4	0	None	24 hours to 7 days	7 TO 14 DAYS	$14,000	$20,000	$34,000
135	Piedmont Regional Jail	1042	11	16	7	7	6	17	26	90	33	405	117	0	All inmates are screened at receiving and referred to mental health if currently taking medication and/or receiving community support.	24 HOURS TO 7 DAYS	7 to 14 days	$109,503	$123,864	$233,367
137	Central Virginia Regional Jail	702	12	60	6	53	9	7	28	175	81	702	12	0	All inmates by security/jail officers upon booking. Not all screened by mh professional initially upon booking. The jail mh professional is on site monday through friday only, and therefore inmates may be booked in and bonded out friday pm through monday am after only serving 24 - 48 hours over the weekend.	7 to 14 days	24 hours to 7 days	$92,701	$216,000	$308,701
139	Page County Jail	139	4	5	9	16	7	1	2	44	16	52	12	0		24 hours to 7 days	>14 days	$2,500	$118,157	$120,657
141	Patrick County Jail	192	8	12	9	1	0	0	0	30	20	107	86	0	Intoxication	7 to 14 days	24 hours to 7 days	$50,400	$39,600	$90,000
143	Pittsylvania County Jail	186	4	32	0	26	4	4	29	99	40	249	4	0		24 hours to 7 days	=<24 hours	$10,000	$200,000	$210,000
153	Pr. William/Manassas Regional	1769	20	104	15	12	31	10	7	199	155	768	98	49	Inmate refusals, inmates intoxicated or high or uncooperative	=<24 hours	>14 days	$91,344	$618,033	$709,377
161	Roanoke County/Salem Jail	492	8	3	18	0	0	0	0	29	11	780	25	0		24 hours to 7 days	=<24 hours	$11,147	$40,831	$51,978
163	Rockbridge Regional Jail	253	0	31	12	12	4	1	14	74	35	253	2	0		=<24 hours	24 hours to 7 days	$10,000	$643,581	$653,581
165	Rockingham-Harrisonburg Regional Jail	554	11	19	1	3	4	12	0	50	34	169	48	115		7 to 14 days	>14 days	$84,031	$30,740	$114,771
175	Southampton County Jail	92	4	5	3	6	2	0	7	27	11	40	0	0	Intake questions	24 hours to 7 days	>14 days	$4,838	$12,000	$16,838
193	Northern Neck Regional Jail	734	6	21	17	6	5	5	1	61	32	344	68	0		>14 days	7 to 14 days	$105,690	$64,380	$170,070
220	Danville Farm	183	5	3	9	4	4	0	2	27	12	416	3	0		7 to 14 days	24 hours to 7 days	$30,326	$12,035	$42,361
460	Pamunkey Regional Jail	775	7	39	9	4	5	5	0	69	51	339	41	0		24 hours to 7 days	24 hours to 7 days	$46,000	$128,469	$174,469
465	Riverside Regional Jail	1929	91	138	18	21	33	0	0	301	262	539	105	0		24 hours to 7 days	>14 days	$69,495	$0	$69,495
470	Virginia Peninsula Regional	812	3	5	12	13	6	12	29	80	14	144	32	0		7 to 14 days	7 to 14 days	$28,500	$672,268	$700,768
475	Hampton Roads Regional Jail	1150	101	187	1	29	20	175	0	513	308	630	99	6	Refused intake process	7 to 14 days	>14 days	$214,000	$2,220,000	$2,434,000
480	New River Regional Jail	1476	9	32	12	18	12	9	1	93	53	581	98	0		24 hours to 7 days	Greater than 14 days	$224,915	$0	$224,915
485	Blue Ridge Regional Jail	2013	49	140	25	107	37	159	60	577	226	2013	200	0		Within 72 hours	>14 days	$214,489	$498,819	$713,308
491	Southside Regional Jail	228	6	3	7	6	4	0	0	26	13	90	4	0		7 to 14 days	7 to 14 Days	$11,214	$28,320	$39,534
492	Southwest Virginia Regional Jail	3180	34	87	248	85	95	93	35	677	216	723	298	0		24 hours to 7 days	>14 days	$154,945	$325,000	$479,945
493	Middle River Regional Jail	1262	10	76	6	46	42	34	2	216	128	325	96	113	Inmate was released prior to screening be completed	>14 days	24 hours to 7 days	$55,778	$814,335	$870,113
494	Western Virginia Regional Jail	1196	7	49	49	43	48	200	107	503	104	684	179	0		24 hours to 7 days	7 to 14 days	$116,654	$318,448	$435,102
495	Meherrin River Regional Jail	623	10	23	26	8	3	0	0	70	36	50	17	0		24 hours to 7 days	7 to 14 days	$17,000	$72,560	$89,560
496	RSW Regional Jail	800	8	17	24	21	4	14	6	94	29	372	27	0		24 hours to 7 days	>14 days	$75,158	$79,378	$154,536
510	Alexandria Detention Center	585	15	33	9	15	8	66	2	148	56	366	21	0		24 hours to 7 days	24 hours to 7 days	$10,457	$1,186,122	$1,196,579
520	Bristol City Jail	245	26	9	9	8	5	0	1	58	40	29	6	0		24 hours to 7 days	24 hours to 7 days	$30,564	$173,000	$203,564
550	Chesapeake City Jail	1501	19	38	46	15	3	9	0	130	60	549	92	0		=<24 hours	>14 days	$42,505	$278,000	$320,505
590	Danville City Jail	416	9	16	13	8	0	0	0	46	25	205	0	0		7 to 14 days	=<24 hours	$64,918	$1,475	$66,393
620	Western Tidewater Regional	1139	9	34	0	6	20	12	0	81	63	501	325	0		=<24 hours	7 to 14 days	$90,980	$191,174	$282,154
630	Rappahannock Regional Jail	2145	36	30	0	4	13	34	9	126	79	945	98	0		=<24 hours	>14 days	$228,637	$284,198	$512,835
650	Hampton Correctional Facility	546	0	11	12	2	0	0	0	25	11	264	7	0		>14 days	>14 days	$34,765	$56,545	$91,310
690	Martinsville City Jail	209	10	9	5	5	0	1	2	32	19	72	20	0		7 to 14 days	24 hours to 7 days	$19,000	$9,600	$28,600
700	Newport News City Jail	1018	10	20	8	11	9	4	1	63	39	592	43	1	Pychosis	24 hours to 7 days	=<24 hours	$38,877	$146,180	$185,057
710	Norfolk City Jail	1661	16	26	5	31	4	190	2	274	46	947	694	0		24 hours to 7 days	24 hours to 7 days	$72,187	$256,734	$328,921
740	Portsmouth City Jail	542	25	32	4	9	7	17	4	98	64	584	135	0		24 hours to 7 days	7 to 14 days	$2,406	$25,736	$28,142
760	Richmond City Jail	1361	37	40	49	5	7	68	0	206	84	505	220	0		24 hours to 7 days	7 to 14 days	$250,225	$366,000	$616,225
770	Roanoke City Jail	1004	33	20	124	15	2	0	0	194	55	601	6	0		7 to 14 days	7 to 14 days	$58,591	$141,680	$200,271
810	Virginia Beach Correction Ctr	2518	91	256	33	97	31	54	22	584	378	476	114	0		24 hours to 7 days	24 hours to 7 days	$273,833	$523,953	$797,786
Totals		**47659**	**1018**	**2380**	**1054**	**1035**	**708**	**1491**	**787**	**8473**	**4106**	**23405**	**4351**	**952**				**$3,826,399**	**$16,911,388**	**$20,737,787**

2018: Diagnosis, Screening/Assessment, and Spending

Jail Num	Jail Name	June Inmate Counts	Schizophrenia or Delusional Disorder	Bipolar or Major Depressive	Mild Depression	Anxiety Disorder	PTSD	Other Mental Illness	Mentaly Ill with No Diagnosis	Total MI Pop	Total with SMI (Schiz, Bipolar, PTSD)	Total Inmates Screened	Inmates Recommended for MH Assessment	Inmates Not Screened	Reason inmates not screened	Typical Confinement Time Until Comprehensive MH Assessment	Average Time Period from Comp MH Assessment to Licensed Professional Diagnosis	FY19 Cost of Medications	FY19 Cost of MH Services	Total Funds
001	Accomack County Jail	186	7	17	5	5	3	2	15	54	27	185	55	0	N/A	24 hours to 7 days	24 hours to 7 days	$14,105	$34,162	$48,267
003	Albemarle-Charlottesville Regional Jail	768	11	66	4	19	9	58	3	170	86	311	45	0	0	24 hours to 7 days	24 hours to 7 days	$248,163	$0	$248,163
013	Arlington County Detention Facility	837	76	139	18	21	41	9	3	307	256	218	63	177	Some of these barriers include inmates who are committed that are under the influence of alcohol/drugs, inmates who are acutely psychotic, and inmates who present with suicidal/homicidal ideation. However in those instances, jail based CBS MH staff will receive a call from booking to screen the inmate. Also, at this time the jail RMS system is unable	<24 hours	24 hours to 7 days	$65,669	$3,581,582	$3,647,250
023	Botetourt County Jail	215	2	48	4	30	4	8	0	96	54	101	57	0	0	7 to 14 days	7 to 14 days	$52,874	$40,644	$93,518
037	Charlotte County Jail	92	1	0	11	0	0	0	4	16	1	44	4	44	no barriers, all are screened	<24 hours	<24 hours	$0	$0	$0
041	Chesterfield County Jail	1007	2	9	0	2	5	1	0	19	16	632	92	0	0	24 hours to 7 days	24 hours to 7 days	$71,620	$144,905	$216,525
047	Culpeper County Adc	286	3	27	1	14	10	0	8	63	40	281	6	0	N/A	24 hours to 7 days	<24 hours	$2,500	$2,500	$5,000
059	Fairfax Adult Detention Center	2167	63	89	33	13	50	13	267	528	202	913	216	0	0	7 to 14 days	7 to 14 days	$118,212	$1,458,346	$1,576,558
061	Fauquier County Jail	229	0	2	14	0	0	0	2	18	2	470	2	0	0	No answer given	<24 hours	$3,755	$0	$3,755
067	Franklin County Jail	179	0	0	0	0	0	0	0	0	0	1	0	0	n/a	<24 hours	answer not given	$0	$0	$0
069	Northwestern Regional Jail	994	35	30	34	13	26	82	0	220	91	314	53	0	N/A	24 hours to 7 days	>14 days	$3,551	$180,950	$184,501
073	Gloucester County Jail	118	3	7	4	9	3	0	0	26	13	149	2	0	0	24 hours to 7 days	<24 hours	$532	$68,000	$68,532
087	Henrico County Jail	2299	34	77	2	10	24	15	0	162	135	699	140	0	0	24 HOURS TO 7 DAYS	7 TO 14 DAYS	$188,482	$666,139	$854,621
089	Henry County Jail	336	1	27	8	15	0	0	0	51	28	158	158	0	All inmates are screened when booked into the jail.	No answer given	answer not given	$1,378	$0	$1,378
103	Lancaster Correctional Center	44	0	2	0	0	0	0	0	2	2	0	0	0	0	<24 hours	<24 hours	$750	$2,500	$3,250
107	Loudoun County Adult Detention	786	8	19	0	5	3	18	0	53	30	394	19	0	N/A - All inmates are screened upon committal. Using the BJMHS.	7 to 14 days	7 to 14 days	$10,800	$175,000	$185,800
119	Middle Peninsula Regional	286	3	7	4	0	1	0	9	24	11	54	14	55	Weekenders, Bonds and overnight court returnes	<24 hours	7 to 14 days	$45,677	$345,872	$391,549
121	Montgomery County Jail	299	4	18	62	11	3	1	0	99	25	177	68	0	0	24 hours to 7 days	>14 days	$3,000	$14,000	$17,000
131	Eastern Shore Regional Jail	134	2	3	1	0	1	0	0	7	6	36	1	0	n/a	24 hours to 7 days	7 to 14 days	$10,000	$18,000	$28,000
135	Piedmont Regional Jail	1137	11	16	7	7	6	19	26	92	33	405	117	0	All Inmates are screened at receiving and referred to mental health if currently taking medication and/or receiving community support.	7 to 14 days	7 to 14 days	$109,503	$123,864	$233,367
137	Central Virginia Regional Jail	626	6	68	26	25	5	3	0	133	79	311	40	0	All screened by booking officer and medical, but may not be seen by QMHP if bonded out prior to 24 - 48 hours of booking.	24 hours to 7 days	24 hours to 7 days	$77,148	$216,000	$293,148
139	Page County Jail	132	0	1	30	90	4	6	5	136	5	72	20	0	n/a	24 hours to 7 days	24 hours to 7 days	$1,150	$115,801	$116,951
141	Patrick County Jail	160	6	23	25	1	0	3	0	58	29	0	15	All screened	0	7 to 14 days	7 to 14 days	$6,000	$26,840	$32,840
143	Pittsylvania County Jail	207	1	5	2	5	4	1	19	37	10	198	32	0	N/A	<24 hours	<24 hours	$12,500	$1,000	$13,500
153	Pr. William/Manassas Regional	1815	25	109	0	12	13	2	38	199	147	783	102	80	Inmate was intoxicated, high, refused to answer questions or were aggressive toward officers	24 hours to 7 days	>14 days	$68,887	$547,264	$616,151
161	Roanoke County/Salem Jail	550	9	11	57	10	3	9	3	102	23	948	61	0	N/A	24 hours to 7 days	24 hours to 7 days	$9,682	$42,078	$51,760
163	Rockbridge Regional Jail	226	0	24	9	10	11	3	0	57	35	121	1	0	0	7 to 14 days	24 hours to 7 days	$8,919	$643,581	$652,500
165	Rockingham-Harrisonburg Regional Jail	585	8	15	0	3	6	19	0	51	29	200	39	95	0	<24 hours	>14 days	$119,668	$33,380	$153,048
175	Southampton County Jail	81	2	3	3	1	0	0	0	9	5	0	0	0	0	<24 hours	<24 hours	$7,842	$0	$7,842
193	Northern Neck Regional Jail	769	10	30	26	8	7	19	0	100	47	793	160	0	0	7 to 14 days	7 to 14 days	$85,324	$92,960	$178,284
220	Danville Farm	179	3	2	3	4	4	0	3	19	9	179	10	0	0	24 hours to 7 days	24 hours to 7 days	$21,000	$23,400	$44,400
460	Pamunkey Regional Jail	744	13	70	15	12	8	0	0	118	91	350	23	0	0	24 hours to 7 days	24 hours to 7 days	$89,192	$126,579	$215,771
465	Riverside Regional Jail	2242	68	127	44	31	41	1	0	312	236	795	31	0	N/A	7 to 14 days	7 to 14 days	$72,000	$600,000	$672,000
470	Virginia Peninsula Regional	954	12	38	2	5	7	4	22	90	57	180	8	0	0	7 to 14 days	>14 days	$59,257	$98,000	$157,257
475	Hampton Roads Regional Jail	1293	117	223	0	11	54	36	0	441	394	188	62	1	Refusal by inmate to complete the screen	7 to 14 days	>14 days	$224,335	$2,481,957	$2,706,292
480	New River Regional Jail	1325	3	24	2	3	13	11	0	56	40	1325	90	0	0	24 hours to 7 days	>14 days	$181,088	$0	$181,088
485	Blue Ridge Regional Jail	6558	31	105	56	66	33	16	29	336	169	6558	185	0	N/A	7 to 14 days	>14 days	$222,184	$475,709	$697,893
491	Southside Regional Jail	240	3	1	0	2	0	0	1	7	4	102	40	0	0	24 hours to 7 days	24 hours to 7 days	$5,354	$30,498	$35,852
492	Southwest Virginia Regional Jail	9416	17	74	279	69	60	49	10	558	151	650	226	0	0	greater than 14 days	>14 days	$181,295	$352,494	$533,789
493	Middle River Regional Jail	1268	26	174	42	92	113	53	26	526	313	630	67	110	All are screened by an officer but the number above is the number not screened by medical which include weekenders or people who are released prior to being seen by medical	24 hours to 7 days	24 hours to 7 days	$73,363	$814,335	$887,698
494	Western Virginia Regional Jail	1198	14	69	34	13	45	52	89	316	128	790	168	0	0	24 hours to 7 days	7 to 14 days	$130,672	$145,860	$276,532
495	Meherrin River Regional Jail	2466	12	46	18	13	2	0	0	91	60	222	39	0	0	24 hours to 7 days	7 to 14 days	$32,641	$88,653	$121,294
496	RSW Regional Jail	670	11	17	7	11	15	9	0	70	43	324	59	0	N/A	24 hours to 7 days	>14 days	$59,237	$81,857	$141,094
510	Alexandria Detention Center	705	22	22	9	10	19	52	1	135	63	202	26	0	N/A	24 hours to 7 days	24 hours to 7 days	$17,354	$1,127,462	$1,144,816
520	Bristol City Jail	256	8	10	21	9	17	0	0	65	35	0	8	0	Occasionally some have to be postponed due to uncooperative inmate or being under the influence. All are completed as soon as inmate is capible.	<24 hours	24 hours to 7 days	$32,000	$152,000	$184,000
550	Chesapeake City Jail	1667	27	83	85	95	20	0	0	310	130	489	78	0	0	<24 hours	24 hours to 7 days	$36,000	$270,000	$306,000
590	Danville City Jail	480	4	8	14	18	10	7	0	61	22	0	?	0	N/A	<24 hours	<24 hours	$53,050	$1,900	$54,950
620	Western Tidewater Regional	1026	6	7	0	6	2	6	2	29	15	497	74	NONE	0	<24 hours	7 to 14 days	$87,741	$214,058	$301,799
630	Rappahannock Regional Jail	2311	12	22	3	8	14	34	9	102	48	1060	86	0	0	7 to 14 days	>14 days	$201,268	$310,000	$511,268
650	Hampton Correctional Facility	576	3	9	5	5	4	1	1	28	16	351	1	0	N/A	24 hours to 7 days	>14 days	$31,500	$56,544	$88,044
690	Martinsville City Jail	220	9	7	6	3	0	0	0	25	16	53	16	0	0	24 hours to 7 days	>14 days	$18,095	$9,600	$27,695
700	Newport News City Jail	1004	10	15	2	6	1	0	0	34	26	344	16	1	pychosis	24 hours to 7 days	24 hours to 7 days	$3,946	$137,720	$141,666
710	Norfolk City Jail	1866	14	12	194	21	4	19	2	266	30	1854	446	0	0	24 hours to 7 days	24 hours to 7 days	$55,300	$408,225	$463,525
740	Portsmouth City Jail	514	17	48	21	14	8	3	1	112	73	203	84	0	N/A	24 hours to 7 days	7 to 14 days	$6,225	$49,777	$56,002
760	Richmond City Jail	1671	86	128	0	11	9	0	19	253	223	906	148	0	N/A	24 hours to 7 days	7 to 14 days	$250,225	$527,029	$777,254
770	Roanoke City Jail	1042	7	17	16	22	20	51	4	137	44	629	12	0	N/A	24 hours to 7 days	24 hours to 7 days	$62,380	$200,000	$262,380
810	Virginia Beach Correction Ctr	2606	75	113	40	51	33	119	35	466	221	323	75	0	0	greater than 14 days	24 hours to 7 days	$256,000	$511,673	$767,673
Total		**49040**	**963**	**2363**	**1308**	**950**	**798**	**814**	**656**	**7852**	**4124**	**28172**	**3660**					**$3,810,392**	**$17,870,697**	**$21,681,089**

2017: Diagnosis and Screening/Assessment

Jail Num	Jail Name	June Inmate Counts	Schizophrenia or Delusional Disorder	Bipolar or Major Depessive	Mild Depression	Anxiety Disorder	PTSD	Other Mental Illness	Mentaly Ill with No Diagnosis	Total MI Pop	Total with SMI (Schiz, Bipolar, PTSD)	Total Inmates Screened	Inmates Recommended for MH Assessment	Inmates Not Screened	Reason inmates not screened	Typical Confinement Time Until Comprehensive MH Assessment **(Ranges are different than in subsequent years)**	Average Time Period from Comp MH Assessment to Licensed Professional Diagnosis
001	ACCOMACK COUNTY JAIL	167	6	12	4	4	3	2	4	35	21	20	1	Not Collected	Not Collected	>72 hours	Not Collected
003	Albemarle-Charlottesville Regional Jail	753	3	10	1	7	4	7	3	35	17	265	72	Not Collected	Not Collected	4-8 hours	Not Collected
005	ALLEGHANY COUNTY REGIONAL JAIL	173	10	3	8	4	3	4	7	39	16	0	0	Not Collected	Not Collected	8-23 hours	Not Collected
013	Arlington County Detention Facility	834	61	136	21	16	18	3	13	268	215	0	0	Not Collected	Not Collected	8-23 hours	Not Collected
023	BOTETOURT COUNTY JAIL	211	3	32	9	28	8	1	0	81	43	0	0	Not Collected	Not Collected	>72 hours	Not Collected
041	CHESTERFIELD COUNTY JAIL	1082	5	14	24	15	5	0	2	65	24	190	59	Not Collected	Not Collected	8-23 hours	Not Collected
047	CULPEPER COUNTY ADC	261	1	3	5	8	2	0	3	22	6	0	0	Not Collected	Not Collected	24-72 hours	Not Collected
059	FAIRFAX ADULT DETENTION CENTER	2255	77	99	38	13	48	66	128	469	224	0	0	Not Collected	Not Collected	No answer given	Not Collected
061	FAUQUIER COUNTY JAIL	243	1	10	0	18	2	1	1	33	13	0	0	Not Collected	Not Collected	4-8 hours	Not Collected
069	NORTHWESTERN REGIONAL JAIL	971	23	27	31	26	19	88	0	214	69	369	58	Not Collected	Not Collected	8-23 hours	Not Collected
073	GLOUCESTER COUNTY JAIL	132	1	11	6	5	0	0	0	23	12	0	0	Not Collected	Not Collected	4-8 hours	Not Collected
087	HENRICO COUNTY JAIL	2452	30	77	5	14	22	245	0	393	129	0	0	Not Collected	Not Collected	>72 hours	Not Collected
089	HENRY COUNTY JAIL	333	2	27	25	17	0	0	0	71	29	334	0	Not Collected	Not Collected	No answer given	Not Collected
103	LANCASTER CORRECTIONAL CENTER	47	2	3	0	0	0	0	1	6	5	0	0	Not Collected	Not Collected	no answer given	Not Collected
107	LOUDOUN COUNTY ADULT DETENTION	696	3	30	2	3	7	13	77	135	40	31	12	Not Collected	Not Collected	24-72 hours	Not Collected
119	MIDDLE PENINSULA REGIONAL	329	3	11	0	1	0	12	4	31	14	20	5	Not Collected	Not Collected	4-8 hours	Not Collected
121	Montgomery County Jail	284	4	64	0	7	3	1	0	79	71	0	0	Not Collected	Not Collected	8-23 hours	Not Collected
131	EASTERN SHORE REGIONAL JAIL	141	2	5	3	0	1	3	0	14	8	0	0	Not Collected	Not Collected	24-72 hours	Not Collected
135	PIEDMONT REGIONAL JAIL	995	16	39	58	45	29	7	0	194	84	0	0	Not Collected	Not Collected	>72 hours	Not Collected
137	CENTRAL VIRGINIA REGIONAL JAIL	660	2	12	10	8	0	0	4	36	14	0	302	Not Collected	Not Collected	No answer given	Not Collected
139	PAGE COUNTY JAIL	154	2	10	25	30	0	8	7	82	12	72	0.6	Not Collected	Not Collected	24-72 hours	Not Collected
141	PATRICK COUNTY JAIL	174	5	20	24	1	1	6	9	66	26	63	0.6	Not Collected	Not Collected	7-10 days	Not Collected
143	PITTSYLVANIA COUNTY JAIL	190	3	3	54	11	3	8	6	88	9	112	2	Not Collected	Not Collected	=<4 hours	Not Collected
161	ROANOKE COUNTY/SALEM JAIL	454	8	5	44	11	1	0	0	69	14	324	97	Not Collected	Not Collected	8-23 hours	Not Collected
163	ROCKBRIDGE REGIONAL JAIL	230	10	15	19	16	8	0	7	75	33	105	0	Not Collected	Not Collected	=<4 hours	Not Collected
165	ROCKINGHAM-HARRISONBURG REGIONAL JAIL	625	6	30	1	6	6	11	0	60	42	349	12	Not Collected	Not Collected	8-23 hours	Not Collected
175	SOUTHAMPTON COUNTY JAIL	105	2	2	1	1	0	0	1	7	4	0	0	Not Collected	Not Collected	=<4 hours	Not Collected
193	NORTHERN NECK REGIONAL JAIL	781	3	38	15	9	5	1	0	71	46	0	0	Not Collected	Not Collected	4-8 hours	Not Collected
460	PAMUNKEY REGIONAL JAIL	830	15	31	18	15	0	2	5	86	46	0	0	Not Collected	Not Collected	24-72 hours	Not Collected
465	RIVERSIDE REGIONAL JAIL	2525	114	199	56	31	30	14	0	444	343	836	251	Not Collected	Not Collected	>72 hours	Not Collected
470	VIRGINIA PENINSULA REGIONAL	892	6	32	2	2	3	7	0	52	41	0	348	Not Collected	Not Collected	>72 hours	Not Collected
475	HAMPTON ROADS REGIONAL JAIL	1324	105	174	25	26	107	29	23	489	386	259	TBD	Not Collected	Not Collected	=<4 hours	Not Collected
480	NEW RIVER REGIONAL JAIL	1465	2	140	6	10	2	69	0	229	144	0	N/A	Not Collected	Not Collected	72 hours	Not Collected
485	Blue Ridge Regional Jail	1721	32	54	21	21	18	10	0	156	104	740	0	Not Collected	Not Collected	>72 hours	Not Collected
491	Southside Regional Jail	232	3	2	0	3	0	0	1	9	5	125	40	Not Collected	Not Collected	8-23 hours	Not Collected
492	Southwest Virginia Regional Jail	3007	17	121	88	108	58	90	158	640	196	1150	230	Not Collected	Not Collected	>72 hours	Not Collected
493	MIDDLE RIVER REGIONAL JAIL	1167	24	48	0	57	46	40	17	232	118	206	36	Not Collected	Not Collected	24-72 hours	Not Collected
494	WESTERN VIRGINIA REGIONAL JAIL	1146	23	145	14	25	45	46	0	298	213	336	150	Not Collected	Not Collected	8-23 hours	Not Collected
495	MEHERRIN RIVER REGIONAL JAIL	620	9	38	27	14	4	1	0	93	51	0	0	Not Collected	Not Collected	24-72 hours	Not Collected
496	RSW Regional Jail	553	8	19	3	7	7	30	11	85	34	0	0	Not Collected	Not Collected	24-72 hours	Not Collected
510	ALEXANDRIA DETENTION CENTER	647	19	46	4	11	16	30	1	127	81	0	0	Not Collected	Not Collected	24-72 hours	Not Collected
520	BRISTOL CITY JAIL	266	18	14	13	11	1	0	1	58	33	119	16	Not Collected	Not Collected	=<4 hours	Not Collected
550	CHESAPEAKE CITY JAIL	1596	20	43	57	34	9	0	8	171	72	0	0	Not Collected	Not Collected	>72 hours	Not Collected
590	DANVILLE CITY JAIL	447	4	28	14	21	0	0	0	67	32	0	0	Not Collected	Not Collected	No answer given	Not Collected
620	WESTERN TIDEWATER REGIONAL	1031	26	9	2	2	11	30	86	166	46	0	0	Not Collected	Not Collected	24-72 hours	Not Collected
630	RAPPAHANNOCK REGIONAL JAIL	2274	10	15	1	6	7	14	17	70	32	1058	62	Not Collected	Not Collected	>72 hours	Not Collected
650	HAMPTON CORRECTIONAL FACILITY	645	8	5	6	1	2	1	0	23	15	239	2	Not Collected	Not Collected	>72 hours	Not Collected
690	MARTINSVILLE CITY JAIL	231	7	1	10	2	0	0	0	20	8	0	0	Not Collected	Not Collected	24-72 hours	Not Collected
700	NEWPORT NEWS CITY JAIL	969	13	48	0	6	16	16	0	99	77	0	0	Not Collected	Not Collected	24-72 hours	Not Collected
710	NORFOLK CITY JAIL	1808	12	8	21	5	7	79	0	132	27	1153	99	Not Collected	Not Collected	=<4 hours	Not Collected
740	PORTSMOUTH CITY JAIL	514	2	5	0	2	2	0	2	13	9	177	9	Not Collected	Not Collected	4-8 hours	Not Collected
760	RICHMOND CITY JAIL	1811	77	156	0	14	14	24	12	297	247	1055	107	Not Collected	Not Collected	24-72 hours	Not Collected
770	ROANOKE CITY JAIL	1112	22	91	10	13	45	22	14	217	158	0	0	Not Collected	Not Collected	24-72 hours	Not Collected
810	VIRGINIA BEACH CORRECTION CTR	2569	34	59	9	15	25	25	0	167	118	0	0	Not Collected	Not Collected	=<4 hours	Not Collected
	Totals	**49472**	**924**	**2279**	**840**	**786**	**673**	**1066**	**633**	**7201**	**3876**	**9707**	**751**	**Not Collected**	**Not Collected**		**Not Collected**

Jails who change screening/assess over weekend

037 CHARLOTTE COUNTY JAIL
067 FRANKLIN COUNTY JAIL
153 PR. WILLIAM/MANASSAS REGIONAL
183 SUSSEX COUNTY JAIL
490 PEUMANSEND CREEK REGIONAL

This jail did not respond to this question

2016: Diagnosis and Screening/Assessment

Jail Num	Jail Name	June Inmate Counts	Schizophrenia or Delusional Disorder	Bipolar or Major Depessive	Mild Depression	Anxiety Disorder	PTSD	Other Mental Illness	Mentaly Ill with No Diagnosis	Total MI Pop	Total with SMI (Schiz, Bipolar, PTSD)	Total Inmates Screened	Inmates Recommended for MH Assessment	Inmates Not Screened	Reason inmates not screened	Typical Confinement Time Until Comprehensive MH Assessment **(Ranges are different than in subsequent years)**	Average Time Period from Comp MH Assessment to Licensed Professional Diagnosis
001	Accomack County Jail	174	5	12	1	1	2	1	0	22	19	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
003	Albemarle-Charlottesville Regional Jail	733	11	66	4	19	9	49	3	161	86	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
005	Alleghany County Regional Jail	157	4	20	0	8	2	9	8	51	26	Not Collected	Not Collected	Not Collected	Not Collected	No Response	Not Collected
013	Arlington County Detention Facility	928	52	74	16	1	9	39	3	194	135	Not Collected	Not Collected	Not Collected	Not Collected	8-23 hours	Not Collected
023	Botetourt County Jail	171	1	27	10	15	2	5	0	60	30	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
037	Charlotte County Jail	98	0	2	2	0	0	0	1	5	2	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
041	Chesterfield County Jail	1082	0	36	6	8	1	6	0	57	37	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
047	Culpeper County Adc	281	5	9	14	14	3	0	0	45	17	Not Collected	Not Collected	Not Collected	Not Collected	>= 4 hours	Not Collected
059	Fairfax Adult Detention Center	2407	33	54	21	9	17	37	22	193	104	Not Collected	Not Collected	Not Collected	Not Collected	8-23 hours	Not Collected
061	Fauquier County Jail	243	4	8	0	12	1	0	2	27	13	Not Collected	Not Collected	Not Collected	Not Collected	4-8 hours	Not Collected
067	Franklin County Jail	167	0	0	0	0	0	0	0	0	0	Not Collected	Not Collected	Not Collected	Not Collected	>= 4 hours	Not Collected
069	Northwestern Regional Jail	1092	27	25	37	29	23	80	0	221	75	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
073	Gloucester County Jail	125	4	6	0	7	1	1	1	20	11	Not Collected	Not Collected	Not Collected	Not Collected	4-8 hours	Not Collected
087	Henrico County Jail	2271	23	46	2	3	20	104	0	198	89	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
089	Henry County Jail	334	1	21	33	15	0	0	0	70	22	Not Collected	Not Collected	Not Collected	Not Collected	8-23 hours	Not Collected
103	Lancaster Correctional Center	56	0	1	0	0	0	0	3	4	1	Not Collected	Not Collected	Not Collected	Not Collected	4-8 hours	Not Collected
107	Loudoun County Adult Detention	705	8	35	2	10	6	10	67	138	49	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
119	Middle Peninsula Regional	351	1	12	5	0	1	21	3	43	14	Not Collected	Not Collected	Not Collected	Not Collected	4-8 hours	Not Collected
121	Montgomery County Jail	279	5	17	58	13	3	2	1	99	25	Not Collected	Not Collected	Not Collected	Not Collected	8-23 hours	Not Collected
131	Eastern Shore Regional Jail	142	3	0	6	4	2	4	0	19	5	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
135	Piedmont Regional Jail	699	11	48	0	10	13	7	0	89	72	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
137	Central Virginia Regional Jail	522	3	19	0	14	0	11	0	47	22	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
139	Page County Jail	148	0	8	31	28	0	16	11	94	8	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
141	Patrick County Jail	147	4	8	20	3	0	7	2	44	12	Not Collected	Not Collected	Not Collected	Not Collected	>= 4 hours	Not Collected
143	Pittsylvania County Jail	183	5	14	9	4	7	8	19	66	26	Not Collected	Not Collected	Not Collected	Not Collected	>= 4 hours	Not Collected
153	Pr. William/Manassas Regional	1680	29	42	30	5	1	5	11	123	72	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
161	Roanoke County/Salem Jail	439	0	0	13	16	0	2	0	31	0	Not Collected	Not Collected	Not Collected	Not Collected	8-23 hours	Not Collected
163	Rockbridge Regional Jail	213	0	8	21	7	1	1	3	41	9	Not Collected	Not Collected	Not Collected	Not Collected	>= 4 hours	Not Collected
165	Rockingham-Harrisonburg Regional Jail	556	11	22	5	6	7	16	3	70	40	Not Collected	Not Collected	Not Collected	Not Collected	8-23 hours	Not Collected
175	Southampton County Jail	112	1	2	0	0	0	0	0	3	3	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
183	Sussex County Jail	104	0	2	0	2	1	0	1	6	3	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
193	Northern Neck Regional Jail	273	2	13	0	3	0	0	0	18	15	Not Collected	Not Collected	Not Collected	Not Collected	4-8 hours	Not Collected
460	Pamunkey Regional Jail	808	9	14	24	0	0	0	0	47	23	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
465	Riverside Regional Jail	2322	97	111	75	15	22	1	0	321	230	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
470	Virginia Peninsula Regional	749	8	35	1	2	0	8	1	55	43	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
475	Hampton Roads Regional Jail	1350	75	245	0	37	39	67	0	463	359	Not Collected	Not Collected	Not Collected	Not Collected	>= 4 hours	Not Collected
480	New River Regional Jail	1403	2	17	17	7	9	20	18	90	28	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
485	Blue Ridge Regional Jail	1785	38	92	16	56	42	50	0	294	172	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
490	Peumansend Creek Regional	277	0	1	1	1	0	0	0	3	1	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
491	Southside Regional Jail	213	2	6	0	2	1	1	2	14	9	Not Collected	Not Collected	Not Collected	Not Collected	8-23 hours	Not Collected
492	Southwest Virginia Regional Jail	2972	16	143	116	48	27	88	25	463	186	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
493	Middle River Regional Jail	1141	24	53	27	16	28	24	36	208	105	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
494	Western Virginia Regional Jail	973	11	78	27	18	25	102	144	405	114	Not Collected	Not Collected	Not Collected	Not Collected	8-23 hours	Not Collected
495	Meherrin River Regional Jail	566	4	20	19	6	3	3	0	55	27	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
496	RSW Regional Jail	511	3	42	0	11	6	18	0	80	51	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
510	Alexandria Detention Center	438	19	36	2	7	14	51	1	130	69	Not Collected	Not Collected	Not Collected	Not Collected	8-23 hours	Not Collected
520	Bristol City Jail	252	7	7	22	11	5	0	0	52	19	Not Collected	Not Collected	Not Collected	Not Collected	>= 4 hours	Not Collected
550	Chesapeake City Jail	1423	19	122	0	33	24	0	0	198	165	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
590	Danville City Jail	438	14	4	17	1	0	0	0	36	18	Not Collected	Not Collected	Not Collected	Not Collected	>= 4 hours	Not Collected
620	Western Tidewater Regional	885	21	15	1	0	12	56	2	107	48	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
630	Rappahannock Regional Jail	2184	17	37	0	19	9	83	14	179	63	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
650	Hampton Correctional Facility	711	10	9	7	0	1	4	0	31	20	Not Collected	Not Collected	Not Collected	Not Collected	> 72 hours	Not Collected
690	Martinsville City Jail	202	12	1	13	5	0	0	0	31	13	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
700	Newport News City Jail	984	14	21	17	6	5	14	11	88	40	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
710	Norfolk City Jail	1844	27	29	20	28	14	39	0	157	70	Not Collected	Not Collected	Not Collected	Not Collected	>= 4 hours	Not Collected
740	Portsmouth City Jail	570	8	10	5	3	1	0	0	27	19	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
760	Richmond City Jail	1836	51	102	0	5	12	28	0	198	165	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
770	Roanoke City Jail	995	46	67	8	18	27	147	75	388	140	Not Collected	Not Collected	Not Collected	Not Collected	24-72 hours	Not Collected
810	Virginia Beach Correction Ctr	2443	15	85	16	17	17	25	0	175	117	Not Collected	Not Collected	Not Collected	Not Collected	>= 4 hours	Not Collected
	Totals	**47147**	**822**	**2059**	**797**	**638**	**475**	**1270**	**493**	**6554**	**3356**	Not Collected	Not Collected	Not Collected	Not Collected		Not Collected

2020 (Month of June Only): Inmates Treated by Treatment Type

Jail_Number	Jail_Name	Number Received Individual Counseling	Number Received Group Counseling	Number Received Group Substance Abuse Treatment	Number Received Other Treatment	Total Inmates Receiving Treatment
001	ACCOMACK COUNTY JAIL	35	0	0	0	35
005	ALLEGHANY COUNTY REGIONAL JAIL	32	0	0	0	32
013	Arlington County Detention Facility	96	0	4	68	168
023	BOTETOURT COUNTY JAIL	33	0	0	0	33
037	CHARLOTTE COUNTY JAIL	4	0	0	0	4
041	CHESTERFIELD COUNTY JAIL	32	49	49	49	179
047	CULPEPER COUNTY ADC	7	0	0	0	7
059	FAIRFAX ADULT DETENTION CENTER	259	12	9	0	280
061	FAUQUIER COUNTY JAIL	6	0	0	0	6
069	NORTHWESTERN REGIONAL JAIL	182	0	0	0	182
087	HENRICO COUNTY JAIL	137	0	0	3	140
089	HENRY COUNTY JAIL	41	0	0	0	41
103	LANCASTER CORRECTIONAL CENTER	7	0	0	7	14
107	LOUDOUN COUNTY ADULT DETENTION	0	0	0	238	238
119	MIDDLE PENINSULA REGIONAL	22	0	0	27	49
131	EASTERN SHORE REGIONAL JAIL	24	0	0	0	24
137	CENTRAL VIRGINIA REGIONAL JAIL	101	0	0	106	207
139	PAGE COUNTY JAIL	6	0	0	0	6
143	PITTSYLVANIA COUNTY JAIL	12	0	0	0	12
153	PR. WILLIAM/MANASSAS REGIONAL	29	0	0	30	59
161	ROANOKE COUNTY/SALEM JAIL	19	0	0	0	19
165	ROCKINGHAM-HARRISONBURG REGIONAL JAIL	40	0	0	0	40
175	SOUTHAMPTON COUNTY JAIL	0	0	0	0	0
193	NORTHERN NECK REGIONAL JAIL	95	0	0	0	95
460	PAMUNKEY REGIONAL JAIL	98	0	8	0	106
465	RIVERSIDE REGIONAL JAIL	102	10	72	593	777
475	HAMPTON ROADS REGIONAL JAIL	0	0	0	1326	1326
480	NEW RIVER REGIONAL JAIL	192	0	0	0	192
485	Blue Ridge Regional Jail	167	0	0	0	167
491	Southside Regional Jail	42	0	0	0	42
494	WESTERN VIRGINIA REGIONAL JAIL	41	100	20	0	161
495	MEHERRIN RIVER REGIONAL JAIL	40	0	0	0	40
496	RSW Regional Jail	16	0	0	0	16
510	ALEXANDRIA DETENTION CENTER	186	18	0	0	204
520	BRISTOL CITY JAIL	22	0	0	0	22
550	CHESAPEAKE CITY JAIL	248	0	0	0	248
590	DANVILLE CITY JAIL	12	0	0	0	12
620	WESTERN TIDEWATER REGIONAL	206	15	19	45	285
630	RAPPAHANNOCK REGIONAL JAIL	77	0	0	0	77
690	MARTINSVILLE CITY JAIL	20	0	0	0	20
700	NEWPORT NEWS CITY JAIL	4	0	33	0	37
710	NORFOLK CITY JAIL	0	0	44	227	271
760	RICHMOND CITY JAIL	53	0	0	0	53
770	ROANOKE CITY JAIL	7	0	0	0	7
	Totals	**2752**	**204**	**258**	**2719**	**5933**
	Did not Respond to this question					
003	Albemarle-Charlottesville Regional Jail	143	0	0	0	
067	FRANKLIN COUNTY JAIL	0	0	0	0	
163	ROCKBRIDGE REGIONAL JAIL	0	0	0	0	
183	SUSSEX COUNTY JAIL	0	0	0	0	
121	Montgomery County Jail	0	0	0	0	
650	HAMPTON CORRECTIONAL FACILITY	0	0	0	0	
073	GLOUCESTER COUNTY JAIL	0	0	0	0	
135	PIEDMONT REGIONAL JAIL	0	0	0	0	
141	PATRICK COUNTY JAIL	0	0	0	0	
470	VIRGINIA PENINSULA REGIONAL	0	0	0	0	
492	Southwest Virginia Regional Jail	0	0	0	0	
493	MIDDLE RIVER REGIONAL JAIL	0	0	0	0	
740	PORTSMOUTH CITY JAIL	0	0	0	0	
810	VIRGINIA BEACH CORRECTION CTR	0	0	0	0	

2019 (Month of June Only): Inmates Treated by Treatment Type

Jail_Number	Jail_Name	Number Received Individual Counseling	Number Received Group Counseling	Number Received Group Substance Abuse Treatment	Number Received Other Treatment	Total Num of Inmates Receiving Treatment
001	ACCOMACK COUNTY JAIL	21	0	0	0	21
003	Albemarle-Charlottesville Regional Jail	0	119	48	308	475
005	ALLEGHANY COUNTY REGIONAL JAIL	7	0	0	0	7
013	Arlington County Detention Facility	108	45	31	70	254
023	BOTETOURT COUNTY JAIL	40	0	0	0	40
041	CHESTERFIELD COUNTY JAIL	85	30	49	80	244
047	CULPEPER COUNTY ADC	12	0	6	2	20
059	FAIRFAX ADULT DETENTION CENTER	375	61	47	0	483
061	FAUQUIER COUNTY JAIL	1	0	40	0	41
067	FRANKLIN COUNTY JAIL	0	0	0	0	0
069	NORTHWESTERN REGIONAL JAIL	166	0	0	0	166
073	GLOUCESTER COUNTY JAIL	2	0	12	0	14
087	HENRICO COUNTY JAIL	310	28	1145	2	1485
089	HENRY COUNTY JAIL	34	0	0	0	34
103	LANCASTER CORRECTIONAL CENTER	4	0	0	0	4
107	LOUDOUN COUNTY ADULT DETENTION	13	25	56	9	103
119	MIDDLE PENINSULA REGIONAL	15	25	27	21	88
121	Montgomery County Jail	0	0	25	0	25
131	EASTERN SHORE REGIONAL JAIL	6	0	0	0	6
137	CENTRAL VIRGINIA REGIONAL JAIL	60	5	5	0	70
139	PAGE COUNTY JAIL	2	0	0	0	2
141	PATRICK COUNTY JAIL	8	10	10	10	38
143	PITTSYLVANIA COUNTY JAIL	41	8	5	12	66
153	PR. WILLIAM/MANASSAS REGIONAL	67	14	52	24	157
161	ROANOKE COUNTY/SALEM JAIL	0	8	44	6	58
163	ROCKBRIDGE REGIONAL JAIL	29	0	16	2	47
165	ROCKINGHAM-HARRISONBURG REGIONAL JAIL	37	13	30	0	80
175	SOUTHAMPTON COUNTY JAIL	2	0	0	0	2
193	NORTHERN NECK REGIONAL JAIL	63	0	41	0	104
220	DANVILLE CITY FARM	1	0	0	0	1
460	PAMUNKEY REGIONAL JAIL	0	0	60	159	219
465	RIVERSIDE REGIONAL JAIL	75	19	75	172	341
470	VIRGINIA PENINSULA REGIONAL	0	0	82	0	82
475	HAMPTON ROADS REGIONAL JAIL	0	0	59	0	59
480	NEW RIVER REGIONAL JAIL	95	0	63	0	158
485	Blue Ridge Regional Jail	80	19	0	0	99
491	Southside Regional Jail	59	0	39	0	98
492	Southwest Virginia Regional Jail	0	0	0	0	0
493	MIDDLE RIVER REGIONAL JAIL	104	44	15	0	163
494	WESTERN VIRGINIA REGIONAL JAIL	15	100	48	0	163
496	RSW Regional Jail	33	21	118	7	179
510	ALEXANDRIA DETENTION CENTER	186	31	26	27	270
520	BRISTOL CITY JAIL	8	0	0	0	8
550	CHESAPEAKE CITY JAIL	625	0	0	0	625
590	DANVILLE CITY JAIL	16	6	6	0	28
620	WESTERN TIDEWATER REGIONAL	220	19	23	40	302
630	RAPPAHANNOCK REGIONAL JAIL	126	0	181	0	307
650	HAMPTON CORRECTIONAL FACILITY	0	0	0	25	25
690	MARTINSVILLE CITY JAIL	18	0	16	0	34
700	NEWPORT NEWS CITY JAIL	5	0	32	0	37
710	NORFOLK CITY JAIL	0	0	32	11	43
740	PORTSMOUTH CITY JAIL	31	0	0	0	31
760	RICHMOND CITY JAIL	26	26	0	0	52
770	ROANOKE CITY JAIL	6	10	16	0	32
810	VIRGINIA BEACH CORRECTION CTR	0	0	0	0	0
	Totals	**3237**	**686**	**2580**	**987**	**7490**
	Did not answer the questiob					
135	PIEDMONT REGIONAL JAIL	0	0	0	0	
495	MEHERRIN RIVER REGIONAL JAIL	0	0	0	0	

2018 (Month of June Only): Inmates Treated by Treatment Type

Jail_Number	Jail_Name	Number Received Individual Counseling	Number Received Group Counseling	Number Received Group Substance Abuse Treatment	Number Received Other Treatment	Total Inmates Treated
001	ACCOMACK COUNTY JAIL	32	0	0	0	32
003	Albemarle-Charlottesville Regional Jail	35	18	0	0	53
013	Arlington County Detention Facility	127	18	38	91	274
023	BOTETOURT COUNTY JAIL	71	0	13	0	84
037	CHARLOTTE COUNTY JAIL	1	0	0	0	1
041	CHESTERFIELD COUNTY JAIL	33	41	62	104	240
047	CULPEPER COUNTY ADC	20	0	0	0	20
059	FAIRFAX ADULT DETENTION CENTER	34	24	62	0	120
061	FAUQUIER COUNTY JAIL	0	0	23	0	23
067	FRANKLIN COUNTY JAIL	0	0	0	0	0
069	NORTHWESTERN REGIONAL JAIL	160	0	0	0	160
073	GLOUCESTER COUNTY JAIL	8	0	23	0	31
087	HENRICO COUNTY JAIL	529	101	659	0	1289
089	HENRY COUNTY JAIL	23	0	0	0	23
103	LANCASTER CORRECTIONAL CENTER	0	0	0	0	0
107	LOUDOUN COUNTY ADULT DETENTION	96	6	55	59	216
119	MIDDLE PENINSULA REGIONAL	58	0	49	9	116
121	Montgomery County Jail	10	0	14	0	24
131	EASTERN SHORE REGIONAL JAIL	0	0	0	0	0
137	CENTRAL VIRGINIA REGIONAL JAIL	40	0	0	0	40
139	PAGE COUNTY JAIL	6	20	0	1	27
141	PATRICK COUNTY JAIL	6	0	0	0	6
143	PITTSYLVANIA COUNTY JAIL	51	88	25	18	182
153	PR. WILLIAM/MANASSAS REGIONAL	343	61	55	31	490
161	ROANOKE COUNTY/SALEM JAIL	0	9	9	40	58
163	ROCKBRIDGE REGIONAL JAIL	16	0	26	1	43
165	ROCKINGHAM-HARRISONBURG REGIONAL JAIL	0	47	69	47	163
175	SOUTHAMPTON COUNTY JAIL	0	0	0	0	0
193	NORTHERN NECK REGIONAL JAIL	135	0	0	0	135
220	Danville Jail Farm	19	0	0	0	19
460	PAMUNKEY REGIONAL JAIL	0	0	0	147	147
465	RIVERSIDE REGIONAL JAIL	85	21	85	58	249
470	VIRGINIA PENINSULA REGIONAL	0	0	125	0	125
475	HAMPTON ROADS REGIONAL JAIL	0	23	19	8	50
480	NEW RIVER REGIONAL JAIL	135	0	37	0	172
485	Blue Ridge Regional Jail	336	0	0	40	376
491	Southside Regional Jail	20	0	25	25	70
492	Southwest Virginia Regional Jail	0	0	0	230	230
493	MIDDLE RIVER REGIONAL JAIL	7	56	10	0	73
494	WESTERN VIRGINIA REGIONAL JAIL	19	156	36	90	301
496	RSW Regional Jail	68	50	36	72	226
510	ALEXANDRIA DETENTION CENTER	155	40	21	0	216
520	BRISTOL CITY JAIL	2	0	0	0	2
550	CHESAPEAKE CITY JAIL	171	0	10	0	181
590	DANVILLE CITY JAIL	0	0	7	0	7
620	WESTERN TIDEWATER REGIONAL	138	16	33	55	242
630	RAPPAHANNOCK REGIONAL JAIL	76	0	211	0	287
650	HAMPTON CORRECTIONAL FACILITY	14	0	6	0	20
690	MARTINSVILLE CITY JAIL	14	0	16	0	30
700	NEWPORT NEWS CITY JAIL	2	0	26	0	28
710	NORFOLK CITY JAIL	0	0	48	0	48
740	PORTSMOUTH CITY JAIL	29	0	0	6	35
760	RICHMOND CITY JAIL	14	19	0	0	33
770	ROANOKE CITY JAIL	145	8	31	0	184
810	VIRGINIA BEACH CORRECTION CTR	0	8	65	0	73
	Totals	**3283**	**830**	**2029**	**1132**	**7274**
	Did not respond to this section					
005	ALLEGHANY COUNTY REGIONAL JAIL	0	0	0	0	
183	SUSSEX COUNTY JAIL	0	0	0	0	
495	MEHERRIN RIVER REGIONAL JAIL	0	0	0	0	
135	PIEDMONT REGIONAL JAIL	0	0	0	0	

2017 (Month of June Only): Inmates Treated by Treatment Type						
Jail_Number	Jail_Name	Number Received Individual Counseling	Number Received Group Counseling	Number Received Group Substance Abuse Treatment	Number Received Other Treatment	Total Inmates Treated
001	ACCOMACK COUNTY JAIL	17	0	0	0	17
003	Albemarle-Charlottesville Regional Jail	35	0	32	0	67
005	ALLEGHANY COUNTY REGIONAL JAIL	17	0	0	0	17
013	Arlington County Detention Facility	89	138	35	136	398
023	BOTETOURT COUNTY JAIL	7	0	9	0	16
041	CHESTERFIELD COUNTY JAIL	43	59	52	87	241
047	CULPEPER COUNTY ADC	15	0	16	0	31
059	FAIRFAX ADULT DETENTION CENTER	318	15	66	0	399
061	FAUQUIER COUNTY JAIL	2	30	12	12	56
069	NORTHWESTERN REGIONAL JAIL	130	27	0	0	157
073	GLOUCESTER COUNTY JAIL	3	0	32	11	46
087	HENRICO COUNTY JAIL	411	229	1032	0	1672
089	HENRY COUNTY JAIL	12	0	0	0	12
107	LOUDOUN COUNTY ADULT DETENTION	130	0	71	0	201
119	MIDDLE PENINSULA REGIONAL	174	0	21	50	245
121	Montgomery County Jail	12	0	40	0	52
131	EASTERN SHORE REGIONAL JAIL	6	0	0	0	6
137	CENTRAL VIRGINIA REGIONAL JAIL	45	0	0	0	45
139	PAGE COUNTY JAIL	5	12	0	0	17
141	PATRICK COUNTY JAIL	8	0	0	0	8
143	PITTSYLVANIA COUNTY JAIL	72	5	12	3	92
161	ROANOKE COUNTY/SALEM JAIL	7	74	18	41	140
163	ROCKBRIDGE REGIONAL JAIL	6	0	0	7	13
165	ROCKINGHAM-HARRISONBURG REGIONAL JAIL	0	27	14	60	101
175	SOUTHAMPTON COUNTY JAIL	2	0	0	0	2
193	NORTHERN NECK REGIONAL JAIL	76	0	45	0	121
460	PAMUNKEY REGIONAL JAIL	0	0	0	111	111
465	RIVERSIDE REGIONAL JAIL	0	0	0	291	291
470	VIRGINIA PENINSULA REGIONAL	0	4	0	0	4
475	HAMPTON ROADS REGIONAL JAIL	0	12	32	8	52
480	NEW RIVER REGIONAL JAIL	131	0	24	0	155
485	Blue Ridge Regional Jail	156	0	0	40	196
491	Southside Regional Jail	20	0	25	25	70
492	Southwest Virginia Regional Jail	316	0	0	0	316
493	MIDDLE RIVER REGIONAL JAIL	140	54	0	0	194
494	WESTERN VIRGINIA REGIONAL JAIL	16	116	19	55	206
495	MEHERRIN RIVER REGIONAL JAIL	240	0	0	0	240
496	RSW Regional Jail	8	46	68	0	122
510	ALEXANDRIA DETENTION CENTER	68	19	10	0	97
520	BRISTOL CITY JAIL	6	0	0	0	6
620	WESTERN TIDEWATER REGIONAL	23	0	0	359	382
630	RAPPAHANNOCK REGIONAL JAIL	70	0	44	0	114
650	HAMPTON CORRECTIONAL FACILITY	30	0	48	0	78
690	MARTINSVILLE CITY JAIL	18	0	10	0	28
700	NEWPORT NEWS CITY JAIL	52	0	28	0	80
710	NORFOLK CITY JAIL	0	0	15	0	15
.0.	PORTSMOUTH CITY JAIL	30	0	0	0	30
760	RICHMOND CITY JAIL	3	0	0	53	56
770	ROANOKE CITY JAIL	0	0	60	166	226
810	VIRGINIA BEACH CORRECTION CTR	0	0	0	1587	1587
	Totals	**2969**	**867**	**1890**	**3102**	**8828**

Below jails did not respond to the question regarding types of treatment

550	CHESAPEAKE CITY JAIL	0	0	0	0
590	DANVILLE CITY JAIL	0	0	0	0
103	LANCASTER CORRECTIONAL CENTER	0	0	0	0
135	PIEDMONT REGIONAL JAIL	0	0	0	0

2016 (Month of June Only): Inmates Treated by Treatment Type						
Jail_Number	Jail_Name	Number Received Individual Counseling	Number Received Group Counseling	Number Received Group Substance Abuse	Number Received Other Treatment	Total Inmates Treated
001	ACCOMACK COUNTY JAIL	34	0	0	0	34
003	Albemarle-Charlottesville Regional Jail	215	40	125	10	390
013	Arlington County Detention Facility	63	98	36	129	326
023	BOTETOURT COUNTY JAIL	0	0	0	0	0
037	CHARLOTTE COUNTY JAIL	2	0	0	0	2
047	CULPEPER COUNTY ADC	29	8	8	8	53
059	FAIRFAX ADULT DETENTION CENTER	199	60	76	14	349
061	FAUQUIER COUNTY JAIL	0	0	0	10	10
067	FRANKLIN COUNTY JAIL	0	0	0	0	0
069	NORTHWESTERN REGIONAL JAIL	251	12	0	0	263
073	GLOUCESTER COUNTY JAIL	12	6	4	0	22
089	HENRY COUNTY JAIL	20	0	0	0	20
103	LANCASTER CORRECTIONAL CENTER	0	0	75	0	75
107	LOUDOUN COUNTY ADULT DETENTION	5	0	63	123	191
119	MIDDLE PENINSULA REGIONAL	104	0	22	48	174
121	Montgomery County Jail	11	0	36	0	47
131	EASTERN SHORE REGIONAL JAIL	14	0	0	0	14
135	PIEDMONT REGIONAL JAIL	5	0	0	0	5
137	CENTRAL VIRGINIA REGIONAL JAIL	32	0	0	0	32
139	PAGE COUNTY JAIL	4	40	40	10	94
143	PITTSYLVANIA COUNTY JAIL	46	48	32	5	131
153	PR. WILLIAM/MANASSAS REGIONAL	167	0	43	220	430
161	ROANOKE COUNTY/SALEM JAIL	3	20	90	0	113
163	ROCKBRIDGE REGIONAL JAIL	0	0	0	5	5
165	ROCKINGHAM-HARRISONBURG REGIONAL JAIL	48	68	34	80	230
175	SOUTHAMPTON COUNTY JAIL	0	0	0	0	0
183	SUSSEX COUNTY JAIL	1	0	15	0	16
193	NORTHERN NECK REGIONAL JAIL	65	11	34	0	110
465	RIVERSIDE REGIONAL JAIL	140	0	80	26	246
475	HAMPTON ROADS REGIONAL JAIL	0	0	0	388	388
480	NEW RIVER REGIONAL JAIL	26	0	0	0	26
485	Blue Ridge Regional Jail	248	0	0	40	288
491	Southside Regional Jail	18	0	54	54	126
492	Southwest Virginia Regional Jail	190	0	31	0	221
493	MIDDLE RIVER REGIONAL JAIL	217	22	0	11	250
494	WESTERN VIRGINIA REGIONAL JAIL	17	0	20	19	56
496	RSW Regional Jail	79	10	6	0	95
510	ALEXANDRIA DETENTION CENTER	166	17	16	137	336
520	BRISTOL CITY JAIL	8	0	0	0	8
620	WESTERN TIDEWATER REGIONAL	138	33	40	0	211
630	RAPPAHANNOCK REGIONAL JAIL	176	7	58	0	241
650	HAMPTON CORRECTIONAL FACILITY	6	0	11	0	17
690	MARTINSVILLE CITY JAIL	15	0	14	0	29
700	NEWPORT NEWS CITY JAIL	241	0	39	241	521
710	NORFOLK CITY JAIL	0	0	19	0	19
760	RICHMOND CITY JAIL	205	0	0	0	205
810	VIRGINIA BEACH CORRECTION CTR	0	0	0	1623	1623
	Totals	**3220**	**500**	**1121**	**3201**	**8042**
005	ALLEGHANY COUNTY REGIONAL JAIL	0	0	0	0	
041	CHESTERFIELD COUNTY JAIL	0	0	0	0	
087	HENRICO COUNTY JAIL	0	0	0	0	
141	PATRICK COUNTY JAIL	0	0	0	0	
460	PAMUNKEY REGIONAL JAIL	0	0	0	0	
470	VIRGINIA PENINSULA REGIONAL	0	0	0	0	
490	PEUMANSEND CREEK REGIONAL	0	0	0	0	
495	MEHERRIN RIVER REGIONAL JAIL	0	0	0	0	
550	CHESAPEAKE CITY JAIL	0	0	0	0	
590	DANVILLE CITY JAIL	0	0	0	0	
740	PORTSMOUTH CITY JAIL	0	0	0	0	
770	ROANOKE CITY JAIL	0	0	0	0	

2020 (Month of June Only): Treatment Hours and Provider Types (Psychiatrist, MD, Jail MH Staff, CSB, Private Contractor)												
Jail_Number	Jail_Name	Hours of Pysc Time	Hrs of MD devoted to MH	MD Consults provided by video 1=Does Not 2=<50% 3=>50%	Follow up Case Mgmt Y/N	Type of Followup Case Management	Hrs of Trtmt Prov by Jail MH Staff	Hrs of Trtmt Prov by CSB	Hrs of Trtmt Prov by Priv Cont	Total Hours	Total MI Pop	Hrs of Treatment Per Inmate
001	ACCOMACK COUNTY JAIL	16	8	3	Yes	Community Services Board	0	0	80	104	51	2.04
005	Alleghany Reg Jail	14	2	3	No	0	0	0	32	48	41	1.17
013	Arlington County Detention Facility	120	0		Yes	Forensic Diversion Team, Outpatient MH Services, Crisis S	0	287.25	160	567.25	141	4.02
023	BOTETOURT COUNTY JAIL	21.8	1	1	No	We try to send 3 weeks of medication upon release, but it is	21.8	0	0	44.6	93	0.48
037	CHARLOTTE COUNTY JAIL	4	0	3	yes	follow up through csb	0	4	0	8	12	0.67
041	CHESTERFIELD COUNTY JAIL	48	6	3	Yes	Housing and MH appointments and SUD services and Medi	0	32	40	126	233	0.54
047	CULPEPER COUNTY ADC	0	2		No	N/A	0	0	0	2	22	0.09
059	FAIRFAX ADULT DETENTION CENTEF	177	0	3	No	Crisis Risk Assessment, Individual Release Planning, Psych	0	763	0	940	172	5.47
061	FAUQUIER COUNTY JAIL	0	1	1	No	0	0	5.86	0	6.86	17	0.40
069	NORTHWESTERN REGIONAL JAIL	16.5	4	3	No	N/A	69.5	0	16.5	106.5	279	0.38
073	GLOUCESTER COUNTY JAIL	0	4		Yes	Appoints linking to provider services	0	2	0	6	20	0.30
087	HENRICO COUNTY JAIL	60	0	3	Yes	CASE MANAGEMENT, DIVERSION, HOUSING, BENEFI	0	169	0	229	238	0.96
089	HENRY COUNTY JAIL	12	6	1	Yes	ALL INMATES SHOULD FOLLOW UP WITH PIEDMONT	0	18	0	36	70	0.51
103	LANCASTER CORRECTIONAL CENTEF	4	12	1	Yes	CSB is contacted that the subject was released.	0	8	80	104	7	14.86
107	LOUDOUN COUNTY ADULT DETENTIC	40	0	2	No	Provide written prescriptions or call 30 day supple of medica	0	0	132	172	62	2.77
119	MIDDLE PENINSULA REGIONAL	8	4	1	Yes	Appointments and a 30 day supply of current MH medicatio	0	320	0	332	89	3.73
131	EASTERN SHORE REGIONAL JAIL	12	0	3	Yes	given their medication on hand and advised to follow up wit	0	5	0	17	17	1.00
135	PIEDMONT REGIONAL JAIL	25	0	3	No	0	0	0	1	26	42	0.62
137	CENTRAL VIRGINIA REGIONAL JAIL	20	24	3	Yes	Link to f/u services; list of resources; 30 day take home supp	0	160	35	239	74	3.23
139	PAGE COUNTY JAIL	4	8	3	No	0	0	2	4	18	44	0.41
141	PATRICK COUNTY JAIL	0	8	1	No	0	40	0	0	48	61	0.79
143	PITTSYLVANIA COUNTY JAIL	32	6	2	Yes	CSB and 3 months of medication	4	0	0	42	24	1.75
153	PR. WILLIAM/MANASSAS REGIONAL	32	0	3	No	Women in the grant program receive discharge planning ser	180	90	40	342	145	2.36
161	ROANOKE COUNTY/SALEM JAIL	15	0	1	Yes	Referred to CSB.	0	0	0	15	36	0.42
165	ROCKINGHAM-HARRISONBURG REGI	12	0	1	No	If it is a scheduled release a case manager works with them	0	52	0	64	49	1.31
175	SOUTHAMPTON COUNTY JAIL	0	2		No	0	0	0	0	2	13	0.15
193	NORTHERN NECK REGIONAL JAIL	4	4	3	No	0	0	135	4	147	71	2.07
460	PAMUNKEY REGIONAL JAIL	20	20	3	Yes	referrals and D/C as needs determined	0	0	40	80	94	0.85
465	RIVERSIDE REGIONAL JAIL	117.25	0	1	Yes	Case management linking to families, District 19, RBHA	70	0	124	311.25	441	0.71
470	VIRGINIA PENINSULA REGIONAL	20	0	3	Yes	Exit planning QMHP	0	0	0	20	106	0.19
475	HAMPTON ROADS REGIONAL JAIL	218	0	3	Yes	Grant funded programs - CORE & Forensic Discharge Plan	0	58	1000	1276	484	2.64
480	NEW RIVER REGIONAL JAIL	24	32	3	No	N/A	0	440	0	496	187	2.65
485	Blue Ridge Regional Jail	45	5	3	No	0	0	9	153	212	518	0.41
491	Southside Regional Jail	3	1	3	No	N/A	24	0	0	28	104	0.27
492	Southwest Virginia Regional Jail	127	32	3	Yes	Forensic Discharge Planner	0	720	517	1396	442	3.16
493	MIDDLE RIVER REGIONAL JAIL	44	0	3	no	Case management, discharge planning, housing & food and	0	0	0	44	146	0.30
494	WESTERN VIRGINIA REGIONAL JAIL	192	328	2	Yes	Discharge planning, intensive outpatient treatment, provisi	1060	0	1055	2635	477	5.52
495	MEHERRIN RIVER REGIONAL JAIL	20	0	3	No	N/A	0	0	160	180	54	3.33
496	RSW Regional Jail	15.25	15.25	3	No	N/A	0	40	15.25	85.75	63	1.36
510	ALEXANDRIA DETENTION CENTER	80	12	3	Yes	Linkage to MH/SA and Heath Services in the community; ta	0	1078	0	1170	63	18.57
520	BRISTOL CITY JAIL	8	6	3	Yes	We have a forensic discharge planner on staff.	2	9	0	25	56	0.45
550	CHESAPEAKE CITY JAIL	64	0		Yes	Referring Inmates to CIBH/CSB, Community and Veteran F	0	0	442	506	462	1.10
590	DANVILLE CITY JAIL	0	8		No	Some inmates may receive case management services after	0	40	0	48	34	1.41
620	WESTERN TIDEWATER REGIONAL	31	0	3	Yes	Contact info/phone #'s for free mental and medical services.	4	0	0	35	41	0.85
630	RAPPAHANNOCK REGIONAL JAIL	49	6	3	Yes	LINKING TO RESOURCES/CLINICS/MEDICATION MAN	0	77	0	132	87	1.52
690	MARTINSVILLE CITY JAIL	10	0		Yes	Referred to Piedmont Community Services	0	0	0	10	34	0.29
700	NEWPORT NEWS CITY JAIL	70	0	2	YES	Case management and Discharge planning	132	0	2	204	233	0.88
710	NORFOLK CITY JAIL	48	0	3	Yes	NCSB Information. How to access providers, lists of shelter	0	0	601	649	247	2.63
740	PORTSMOUTH CITY JAIL	0	0	3	Yes	Referred to local CSB, given community resources/referrals	160	0	0	160	82	1.95
760	RICHMOND CITY JAIL	64	0	3	No	0	0	51.53	0	115.53	62	1.86
770	ROANOKE CITY JAIL	128	0	3	No	CSB - BLUE RIDGE BEHAVIORAL HEALTH	0	0	160	288	27	10.67
810	VIRGINIA BEACH CORRECTION CTR	13.07	0	2	Yes	Referrals to CSB for counseling, medication management, a	0	0	0	13.07	676	0.02
	Total	**2107.87**	**567.25**				**1767.3**	**4575.64**	**4893.75**	**13911.81**	7455	1.87

2019 (Month of June Only): Treatment Hours and Provider Types (Psychiatrist, MD, Jail MH Staff, CSB, Private Contractor)

Jail_Number	Jail_Name	Hours of Pysc Time	Hrs of MD devoted to MH	MD Consults provided by video 1=Does Not 2=<50% 3=>50%	Follow up Case Mgmt Y/N	Type of Followup Case Management	Hrs of Trtmt Prov by Jail MH Staff	Hrs of Trtmt Prov by CSB	Hrs of Trtmt Prov by Priv Cont	Total Hours	Total MI Pop	Treatment Hours Per Inmate
001	ACCOMACK COUNTY	40	2	1	No	n/a	0	0	40	82	32	2.56
003	Albemarle-Charlottesv	60	0	0	Yes	Some inmates are released before case management or disch	284	150	0	494	107	4.62
005	Alleghany Reg Jail	13	2	0	No	0	0	13	0	28	42	0.67
013	Arlington County Dete	20	120	1	Yes	MH outpatient services, crisis stabilization, shelter placeme	0	615.82	92	847.82	279	3.04
023	BOTETOURT COUNT	29	2	1	No	0	0	0	0	31	119	0.26
041	CHESTERFIELD COU	48	6	1	Yes	Housing and MH appointments and SUD services and Medi	0	139	68	261	254	1.03
047	CULPEPER COUNTY	0	2	1	No	N/A	0	18	0	20	43	0.47
059	FAIRFAX ADULT DE	144	0	0	No	The behavioral health team attempts to do discharge planni	0	1507	0	1651	536	3.08
061	FAUQUIER COUNTY	0	1	1	No	0	0	1.5	0	2.5	44	0.06
067	FRANKLIN COUNTY	0	0	1	No	0	0	0	0	0	0	#DIV/0!
069	NORTHWESTERN RE	24	4	1	No	N/A	63.25	4	24	119.25	242	0.49
073	GLOUCESTER COUN	0	4	0	Yes	Appoints linking to provider services.	0	26	0	30	21	1.43
087	HENRICO COUNTY J	82	0	2	Yes	CASE MANAGEMENT, DIVERSION, HOUSING, BENEFI	0	0	0	82	336	0.24
089	HENRY COUNTY JAI	10	7	1	Yes	ALL INMATES SHOULD FOLLOW UP WITH PIEDMONT	0	16	0	33	38	0.87
103	LANCASTER CORRE	0	0	1	No	0	0	0	6	6	6	1.00
107	LOUDOUN COUNTY	40	0	2	No	Those diagnosed with serious mental illneess or coocurring	0	1184.5	0	1224.5	39	31.40
119	MIDDLE PENINSULA	7	4	1	Yes	Appointments and a 30 day supply of current MH medicatio	0	220	0	231	43	5.37
121	Montgomery County J	0	4	1	No	0	0	2	0	6	96	0.06
131	EASTERN SHORE RE	8	0	1	Yes	CSB PSYCHIATRIST INFORMS INMATE TO FOLLOW UI	0	0	0	8	7	1.14
135	PIEDMONT REGIONA	72	0	1	No	0	0	0	1	73	90	0.81
137	CENTRAL VIRGINIA	12	4	1	Yes	Upon inmate request education regarding community servic	0	38	0	54	175	0.31
139	PAGE COUNTY JAIL	3	2	1	Yes	CSB - Case manages if client is eligible.	0	0	2	7	44	0.16
141	PATRICK COUNTY JA	8	8	1	No	Not all require or request but PCS provides a re-entry work	1	2	13	32	30	1.07
143	PITTSYLVANIA COU	0	0	1	Yes	CSB and 3 months medication supply	0	0	0	0	99	0.00
161	ROANOKE COUNTY/	13.2	0	1	Yes	Referral to Blue Ridge Behavioral Health unless other arran	0	45	4	62.2	29	2.14
163	ROCKBRIDGE REGIO	16	0	3	Yes	Refer to RACSB	0	64	16	96	74	1.30
165	ROCKINGHAM-HARR	9	0	1	Yes	CSB Joanne Benner is the release contact person	0	52	7	68	50	1.36
175	SOUTHAMPTON COU	0	1	1	No	0	1	0	1	3	27	0.11
193	NORTHERN NECK R	4	3	3	No	0	0	160	0	167	61	2.74
220	Danville City Farm	0	5	1	Yes	CSB Referral as necessary	4	1	1	11	27	0.41
460	PAMUNKEY REGION	23.25	0	1	Yes	Discharge planning to include community resources and the	0	3	328	354.25	69	5.13
465	RIVERSIDE REGIONA	24	0	2	Yes	Case Management linking to families	0	0	13	37	301	0.12
470	VIRGINIA PENINSUI	25	0	3	Yes	Exit Planning QMHP	0	0	0	25	80	0.31
475	HAMPTON ROADS R	148	0	3	Yes	Case Management Services, Forensic Discharge Planning S	0	0	48	196	513	0.38
480	NEW RIVER REGION	20	32	3	No	N/A	0	128	0	180	93	1.94
485	Blue Ridge Regional Ja	48	0	3	No	0	0	42	269	359	577	0.62
491	Southside Regional Jai	3	1	3	No	0	0	0	2	6	26	0.23
492	Southwest Virginia Re	104	0	3	Yes	Foresnsic Discharge Planning	0	640	160	904	677	1.34
493	MIDDLE RIVER REG	60	0	2	No	Some inmates are provided with case management and disc	0	320	0	380	216	1.76
494	WESTERN VIRGINIA	48	48	2	Yes	discharge planning, intensive outpatient treatment, provisio	8	301	300	705	503	1.40
495	MEHERRIN RIVER R	12	0	3	No	n/a	0	0	40	52	70	0.74
496	RSW Regional Jail	0	0	3	Yes	CSB appointments are made prior to release.	0	32.5	220	252.5	94	2.69
510	ALEXANDRIA DETEN	80	12	1	Yes	Linkage to MH/SA and Health services in the community; ta	0	2765	12	2869	148	19.39
520	BRISTOL CITY JAIL	8	16	2	Yes	Ferensic Discharge planner	2	40	0	66	58	1.14
550	CHESAPEAKE CITY J	22.75	0	0	Yes	Scheduling Inmates with CIBH, medicine management cour	0	0	724	746.75	130	5.74
590	DANVILLE CITY JAI	0	7	0	No	some inmates may receive case management services after r	0	40	0	47	46	1.02
620	WESTERN TIDEWAT	47	0	2	Yes	30 DAY SUPPLY OF MEDICATIONS ISSUED UPON REL	4	0	47	98	81	1.21
630	RAPPAHANNOCK RE	60	6	3	Yes	Linking to resources/clinics/medication management thru R	0	148	0	214	126	1.70
650	HAMPTON CORRECT	0	0	1	Yes	Discharge planning, follow-up appointments, and a 1 month	0	4	0	4	25	0.16
690	MARTINSVILLE CITY	6	10	1	Yes	Referred to Piedmont Community Services	0	0	0	16	32	0.50
700	NEWPORT NEWS CIT	56	0	1	Yes	Case Management and Discharge Planning	320	0	19	395	63	6.27
710	NORFOLK CITY JAIL	50	0	3	No	0	0	0	340.5	390.5	274	1.43
740	PORTSMOUTH CITY	6	2	3	Yes	Community Resource info & Appox wk med tx	0	4	28	40	98	0.41
760	RICHMOND CITY JA	48	0	0	Yes	PROVIDED ACCESS TO RESOURCE LITERATURE	0	41.75	310	399.75	206	1.94
770	ROANOKE CITY JAIL	60	0	2	No	CSB - BLUE RIDGE BEHAVIORAL HEALTH	0	200	63	323	194	1.66
810	VIRGINIA BEACH CO	26.49	0	2	Yes	Referral to CSB for counseling, medication management, an	0	0	0	26.49	584	0.05
	Total	1647.69	315				687.25	8968.07	3198.5	14816.51	8274	1.79
		Removed from cohort due to data integrity										
153	PR. WILLIAM/MANASSAS REGIONAL											

2018 (Month of June Only): Treatment Hours and Provider Types (Psychiatrist, MD, Jail MH Staff, CSB, Private Contractor)												
Jail_Number	Jail_Name	Hours of Pysc Time	Hrs of MD devoted to MH	MD Consults provided by video 1=Does Not 2=<50% 3=>50%	Follow up Case Mgmt Y/N	Type of Followup Case Management	Hrs of Trtmt Prov by Jail MH Staff	Hrs of Trtmt Prov by CSB	Hrs of Trtmt Prov by Priv Cont	Total Hours	Total MI Pop	Number of Treatment Hrs Per Inmate
510	ALEXANDRIA DETENTION CENTER	84	16	1	Yes	Linkage to MH/SA and Health services in the community; ta	0	3867	16	3983	135	29.50
107	LOUDOUN COUNTY ADULT DETENTION	40	0	1	No	Those diagnosed with serious mental illneess or coocurring	0	1334	0	1374	53	25.92
153	PR. WILLIAM/MANASSAS REGIONAL	24	0	3	No	Inmates who complete the drug program provided by the CS	799	3535	0	4358	199	21.90
620	WESTERN TIDEWATER REGIONAL	40	0	2	Yes	30 DAY SUPPLY OF MEDICATION ISSUED UPON RELE	320	0	40	400	29	13.79
700	NEWPORT NEWS CITY JAIL	20	0		Yes	Cas Management and Discharge Planning	324	0	7	351	34	10.32
491	Southside Regional Jail	4	0	3	Yes	Case Management linked to District 19	0	0	60	64	7	9.14
041	CHESTERFIELD COUNTY JAIL	48	4	1	Yes	Housing, MH appointments, SUD services	0	49	68	169	19	8.89
119	MIDDLE PENINSULA REGIONAL	7	4	1	Yes	Appointments and a 30 day supply of current Medication	0	144	0	155	24	6.46
494	WESTERN VIRGINIA REGIONAL JAIL	94	32	2	Yes	discharge planning, intensive outpatient treatment, provisio	576	1008	272	1982	316	6.27
143	PITTSYLVANIA COUNTY JAIL	0	0		yes	Referral to CSB	160	0	0	160	37	4.32
013	Arlington County Detention Facility	119	119		Yes	MH outpatient services, crisis stabilization, shelter placeme	0	914	160	1313	307	4.28
650	HAMPTON CORRECTIONAL FACILITY	32	8	1	Yes	DISCHARGE PLANNING, FOLLOW-UP APPTS., & 14-30 I	40	32	0	112	28	4.00
496	RSW Regional Jail	16	0	3	Yes	CSB appointments are made prior to release.	0	224	0	240	70	3.43
165	ROCKINGHAM-HARRISONBURG REGIONAL JAIL	10	0	1	Yes	Joanne Benner, CSB (Community Services Board)	0	145	16	171	51	3.34
480	NEW RIVER REGIONAL JAIL	14	8	1	No	0	0	140	0	162	56	2.89
770	ROANOKE CITY JAIL	56	0	1	No	N/A	0	160	156	372	137	2.72
630	RAPPAHANNOCK REGIONAL JAIL	56	6	3	No	DISCHARGE PLANNING AND CASE MANAGEMENT/MH	0	155.75	8	226	102	2.21
495	MEHERRIN RIVER REGIONAL JAIL	14	0	1	No	0	0	0	160	174	91	1.91
059	FAIRFAX ADULT DETENTION CENTER	120	0	2	Yes	Case management, release medications, referrals to service	0	869	0	989	528	1.87
003	Albemarle-Charlottesville Regional Jail	67	0	1	Yes	Region 10 Community Services Board	191	30	0	288	170	1.69
163	ROCKBRIDGE REGIONAL JAIL	24	0	3	Yes	Referral to local CSB	0	44.75	24	93	57	1.63
710	NORFOLK CITY JAIL	50	0	3	No	0	0	0	380	430	266	1.62
475	HAMPTON ROADS REGIONAL JAIL	168	0	3	Yes	Referral to Portsmouth CSB for discharge planning services	0	0	544	712	441	1.61
460	PAMUNKEY REGIONAL JAIL	23	0	1	Yes	Discharge planning to include community resources and pat	0	2	162.5	187	118	1.59
103	LANCASTER CORRECTIONAL CENTER	0	3		Yes	Literature, referral	0	0	0	3	2	1.50
690	MARTINSVILLE CITY JAIL	6	12	1	Yes	Referred to Piedmont Community Services	0	18	0	36	25	1.44
193	NORTHERN NECK REGIONAL JAIL	4	3	3	No	0	0	135	0	142	100	1.42
740	PORTSMOUTH CITY JAIL	10	4	3	Yes	Resource Data and Referral	0	6	135	155	112	1.38
550	CHESAPEAKE CITY JAIL	80	0	1	Yes	Scheduling inmates with CIBH, medicine management cour	0	0	320	400	310	1.29
493	MIDDLE RIVER REGIONAL JAIL	40	0	1	No	housing, food, trasportation, medications, follow up with ou	0	620	0	660	526	1.25
760	RICHMOND CITY JAIL	32	0	1	Yes	PROVIDED ACCESS TO RESOURCE LITERATURE	0	0	280	312	253	1.23
161	ROANOKE COUNTY/SALEM JAIL	12	0	1	Yes	Referral to Blue Ridge Behavioral Health unless other arra	0	99	4	115	102	1.13
175	SOUTHAMPTON COUNTY JAIL	0	8	2	Yes	0	0	1	1	10	9	1.11
492	Southwest Virginia Regional Jail	124	0	3	No	Discharge planning lickage to CSB for continuity of care.	0	0	495	619	558	1.11
137	CENTRAL VIRGINIA REGIONAL JAIL	0	6	1	Yes	Re-entry Program	0	140	0	146	133	1.10
073	GLOUCESTER COUNTY JAIL	0	4		Yes	Appoints linking to provider serice when applicable	0	18	0	22	26	0.85
001	ACCOMACK COUNTY JAIL	12	1	1	No	N/A	0	8	24	45	54	0.83
023	BOTETOURT COUNTY JAIL	33	5		No	0	10	4	25	77	96	0.80
135	PIEDMONT REGIONAL JAIL	72	0	1	No	0	0	0	1	73	92	0.79
485	Blue Ridge Regional Jail	33	5	3	No	0	0	32	170	240	336	0.71
220	Danville City Jail Farm	0	5		No	0	5	0	0	10	19	0.53
089	HENRY COUNTY JAIL	8	6	1	Yes	Follow up with Piedmont Community Services.	0	12	0	26	51	0.51
047	CULPEPER COUNTY ADC	0	4		No	N/A	0	20	2	26	63	0.41
520	BRISTOL CITY JAIL	8	16	1	No	0	0	2	0	26	65	0.40
069	NORTHWESTERN REGIONAL JAIL	12	4	3	No	N/A	55	0	12	83	220	0.38
465	RIVERSIDE REGIONAL JAIL	96	0	1	No	They are given a list of community providers.	0	0	15	111	312	0.36
141	PATRICK COUNTY JAIL	0	8	1	No	We have no staff for such services	0	0	12	20	58	0.34
590	DANVILLE CITY JAIL	0	6		No	N/A	0	6	6	18	61	0.30
131	EASTERN SHORE REGIONAL JAIL	0	0	1	yes	CSB Psychiatrist informs them to foloow up with case work	0	2	0	2	7	0.29
087	HENRICO COUNTY JAIL	45	0	2	Yes	CASE MANAGEMENT, DIVERSION, HOUSING, BENEFI	0	0	0	45	162	0.28
037	CHARLOTTE COUNTY JAIL	0	0	1	Yes	follow up through csb	0	4	0	4	16	0.25
810	VIRGINIA BEACH CORRECTION CTR	0	0	2	No	Not all patients request discharge planning. Services provid	0	0	88	88	466	0.19
121	Montgomery County Jail	3	2	1	No	0	0	0	13	18	99	0.18
061	FAUQUIER COUNTY JAIL	0	1	1	No	0	0	1.5	0	3	18	0.14
470	VIRGINIA PENINSULA REGIONAL	12	0	3	Yes	Self referral to CBH or CSB of locality rturning to upon rele	0	0	0	12	90	0.13
139	PAGE COUNTY JAIL	4	2		Yes	Case manager through Northwestern assigned to inmate	0	6	4	16	136	0.12
	Total	1776	302				2480	13788	3680.5	22026	7852	2.81

2017 (Month of June Only): Treatment Hours and Provider Types (Psychiatrist, MD, Jail MH Staff, CSB, Private Contractor)													
Jail_Number	Jail_Name	Hours of Pysc Time	Hrs of MD devoted to MH	MD Consults provided by video 1=Does Not 2=<50% 3=>50%	Follow up Case Mgmt Y/N	Type of Followup Case Management	Hrs of Trtmt Prov by Jail MH Staff	Hrs of Trtmt Prov by CSB	Hrs of Trtmt Prov by Priv Cont	Total Hours	Total MI Pop	Treatment Hours per Inmate
001	ACCOMACK COUNTY JAIL	30	6	1	N	0	0	6	28	70	35	2.00
003	Albemarle-Charlottesville Regional Jail	72	0	1	Y	Coordination with CSBs, discharge planning/coordination,	116	8	0	196	128	1.53
005`	Alleghany Regional Jail	15	2	1	N	0	0	15	0	32	39	0.82
013	Arlington County Detention Facility	52	90	1	Y	Referred to OAR	0	544	30	716	268	2.67
023	BOTETOURT COUNTY JAIL	20	2	1	N	0	36	3	0	61	81	0.75
041	CHESTERFIELD COUNTY JAIL	150	2	1	Y	Appointment to the CSB; 14 to 30 days medication provide	0	47	56	255	66	3.86
047	CULPEPER COUNTY ADC	0	6	1	Y	Referrals, Assessments, Resources	280	27	0	313	22	14.23
059	FAIRFAX ADULT DETENTION CENTER	0	0	1	Y	Release medications, linkage to mental health services and	0	720	0	720	466	1.55
061	FAUQUIER COUNTY JAIL	6	1	1	N	0	10	0	18	35	48	0.73
069	NORTHWESTERN REGIONAL JAIL	12	12	3	N	n/a	44	0	12	80	214	0.37
073	GLOUCESTER COUNTY JAIL	0	4	1	Y	Appoints Linking to Providers when applicable.	1	3	0	8	23	0.35
087	HENRICO COUNTY JAIL	18	0	3	Y	Case Management, housing, benefits, medication managem	0	0	0	18	385	0.05
089	HENRY COUNTY JAIL	5	6	1	Y	FOLLOW-UP WITH PIEDMONT COMMUNITY SERVICE	0	2	0	13	62	0.21
107	LOUDOUN COUNTY ADULT DETENTION	27	0	1	Y	Case Management & Discharge Planning	0	948	0	975	5	195.00
119	MIDDLE PENINSULA REGIONAL	7	4	1	Y	Appointments and a 30 day supply of their current Medicat	360	320	5	696	133	5.23
121	Montgomery County Jail	0	2	1	Y	CSB, Bridge Program	0	12	8	22	31	0.71
131	EASTERN SHORE REGIONAL JAIL	4	0	1	Y	given medication and advised follow-up with CSB (Dr McCl	0	4	0	8	78	0.10
135	PIEDMONT REGIONAL JAIL	40	0	1	Y	Referral/Contact information for the corresponding CSB.	0	0	124	164	14	11.71
137	CENTRAL VIRGINIA REGIONAL JAIL	3	6	1	y	Re-entry form	0	0	6	15	194	0.08
139	PAGE COUNTY JAIL	2	2	1	Y	Case Management from CSB to	8	0	8	20	130	0.15
141	PATRICK COUNTY JAIL	0	10	1	n	0	10	2	8	30	133	0.23
143	PITTSYLVANIA COUNTY JAIL	0	4	1	Y	CSB REFERRAL	40	10	0	54	66	0.82
161	ROANOKE COUNTY/SALEM JAIL	16	0	1	Y	Case management and discharge planning with the CSB	2	213	8	239	83	2.88
163	ROCKBRIDGE REGIONAL JAIL	0	4	1	Y	Rockbridge Community Services Board	0	2	0	6	66	0.09
165	ROCKINGHAM-HARRISONBURG REGIONAL JAIL	12	0	1	Y	CSB Joanne Benner is the release contact person.	0	68	0	80	75	1.07
175	SOUTHAMPTON COUNTY JAIL	0	4	1	N	0	0	0	0	4	60	0.07
193	NORTHERN NECK REGIONAL JAIL	4	3	3	y	Referral, Resources, Appoinmtments, Medication Assistanc	0	160	0	167	7	23.86
460	PAMUNKEY REGIONAL JAIL	16	0	2	Y	Discharge planning to include community resources and pa	0	0	160	176	73	2.41
465	RIVERSIDE REGIONAL JAIL	96	0	1	Y	Referrals to CSB, Local Shelters, start the application proc	0	0	480	576	46	12.52
470	VIRGINIA PENINSULA REGIONAL	26	8	1	Y	CSB Mental Health	0	1	0	35	443	0.08
475	HAMPTON ROADS REGIONAL JAIL	144	144	3	Y	Some inmates with lower level offenses and SMI are provid	0	0	944	1232	52	23.69
480	NEW RIVER REGIONAL JAIL	32	0	2	Y	Referrels & information provided for follow up treatment	0	120	0	152	489	0.31
485	Blue Ridge Regional Jail	37	5	1	y	Discharge planning	0	24	236	302	229	1.32
491	Southside Regional Jail	5	4	3	Y	Case Management, Linked to District 19	0	0	60	69	156	0.44
492	Southwest Virginia Regional Jail	124	0	3	Y	Continuing care post release	0	0	480	604	9	67.11
493	MIDDLE RIVER REGIONAL JAIL	40	10	2	Y	VCSB, medications, temporary housing, assisting with find	0	344	0	394	634	0.62
494	WESTERN VIRGINIA REGIONAL JAIL	80	0	1	Y	Jail services discharge planner w/ Blue Ridge Behavior Hea	240	80	95	495	426	1.16
495	MEHERRIN RIVER REGIONAL JAIL	8	24	1	N	0	0	0	160	192	212	0.91
496	RSW Regional Jail	16	0	2	Y	Discharge to CSB services upon release.	0	160	20	196	93	2.11
510	ALEXANDRIA DETENTION CENTER	88	8	2	Y	Linkage to MH and Health Services; Targeted Case manag	0	6177	0	6273	109	57.55
520	BRISTOL CITY JAIL	0	12	1	Y	Referral to HCSB	0	12	0	24	106	0.23
550	CHESAPEAKE CITY JAIL	80	0	1	Y	Scheduling inamtes with CIBH, Medicine management cou	0	0	499	579	58	9.98
590	DANVILLE CITY JAIL	0	6	1	y	currently scheduled appointments	0	4	6	16	171	0.09
620	WESTERN TIDEWATER REGIONAL	128	0	1	Y	CM AND ANY APPROPRIATE SERVIVES	0	416	0	544	46	11.83
630	RAPPAHANNOCK REGIONAL JAIL	32	5	1	Y	Discharge planning and Case Management/Meds Mgmt. th	0	162	8	207	169	1.22
650	HAMPTON CORRECTIONAL FACILITY	0	0	3	Y	HAMPTON NEWPORT NEWS COMMUNITY SERVICES	0	1624	0	1624	70	23.20
690	MARTINSVILLE CITY JAIL	3	0	1	Y	Piedmont Community Services	0	12	0	15	20	0.75
700	NEWPORT NEWS CITY JAIL	14	8	1	Y	Case Management and discharge planning	320	0	26	368	23	16.00
710	NORFOLK CITY JAIL	32	0	3	Y	Follow up with Norfolk CSB	0	96	160	288	90	3.20
740	PORTSMOUTH CITY JAIL	8	0	2	Y	CBS Referral, Community Contact Sheet	0	5	96	109	132	0.83
760	RICHMOND CITY JAIL	0	64	1	Y	Richmond Behavioral Health Authority, OAR, Daily Planet	0	2	0	66	13	5.08
770	ROANOKE CITY JAIL	63	0	2	Y	Community Service Board (CSB) Services. A referral is offe	0	0	270	333	297	1.12
810	VIRGINIA BEACH CORRECTION CTR	96	0	2	Y	Discharge Planning, Community Referrals, Private Mental	0	0	624	720	223	3.23
	Total	**1663**	**468**				**1467**	**12353**	**4635**	**20587**	**7301**	2.82
Jails who did not respond to this question												
103	LANCASTER CORRECTIONAL CENTER	0	0	1	n	0	0	0	0	0		

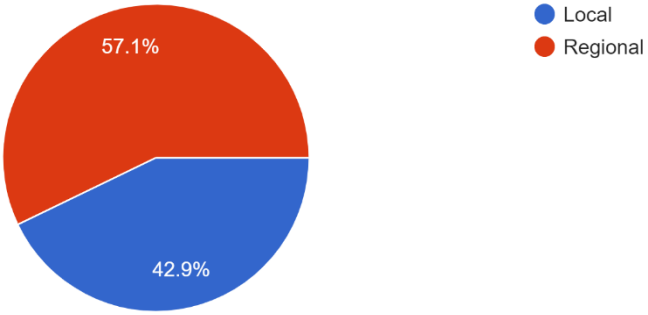
2016 (Month of June Only): Treatment Hours and Provider Types (Psychiatrist, MD, Jail MH Staff, CSB, Private Contractor)												
Jail_Number	Jail_Name	Hours of Pysc Time	Hrs of MD devoted to MH	MD Consults provided by video 1=Does Not 2=<50% 3=>50%	Follow up Case Mgmt Y/N	Type of Followup Case Management	Hrs of Trtmt: Jail MH Staff	Hrs of Trtmt: CSB	Hrs of Trtmt: Private Contractor	Total Hours	MI Pop	Treatment Hours per Inmate
001	ACCOMACK COUNTY JAIL	20	1	1	n	N/A	0	20	48	89	22	4.05
003	Albemarle-Charlottesville Regional Jail	227	34	1	y	MH providers work individually with inmates to ide	312	40	0	613	161	3.81
013	Arlington County Detention Facility	0	0	1	y	Referred to OAR	0	469	240	709	194	3.65
023	BOTETOURT COUNTY JAIL	22	0	1	n	0	0	0	0	22	60	0.37
037	CHARLOTTE COUNTY JAIL	0	0	1	y	CSB COUNSELING	0	4	0	4	5	0.80
041	CHESTERFIELD COUNTY JAIL	24	4	1	n	0	0	23	0	51	57	0.89
047	CULPEPER COUNTY ADC	0	0	1	y	Christina Graham works with them	36	12	48	96	45	2.13
059	FAIRFAX ADULT DETENTION CENTER	104	0	2	y	Forensic Discharge Planning	0	1536	0	1640	193	8.50
061	FAUQUIER COUNTY JAIL	8	1	1	n	0	0	0	0	9	27	0.33
067	FRANKLIN COUNTY JAIL	0	0	1	n	0	0	0	0	0	0	#DIV/0!
069	NORTHWESTERN REGIONAL JAIL	14	6	3	n	n/a	78	0	0	98	221	0.44
073	GLOUCESTER COUNTY JAIL	0	8	1	y	Appoints Linking to providers when applicable. MH	2	22	0	32	20	1.60
087	HENRICO COUNTY JAIL	16	0	3	y	Case Management, housing, benefits, medication man	0	0	0	16	198	0.08
089	HENRY COUNTY JAIL	15	5	1	n	0	0	3	0	23	70	0.33
103	LANCASTER CORRECTIONAL CENTER	0	4	1	n	0	0	0	0	4	4	1.00
107	LOUDOUN COUNTY ADULT DETENTION	24	16	1	y	Case management and discharge planning	0	450	0	490	138	3.55
119	MIDDLE PENINSULA REGIONAL	3	4	1	y	Appointments and a 30 day supply of their Medicati	360	320	5	692	43	16.09
121	Montgomery County Jail	4	1	1	y	CSB, Handouts, Bridge Program	0	11	8	24	99	0.24
131	EASTERN SHORE REGIONAL JAIL	6	0	1	n	0	6	4	0	16	19	0.84
135	PIEDMONT REGIONAL JAIL	40	24	1	y	Referral to CSB prior to release	0	0	2	66	89	0.74
137	CENTRAL VIRGINIA REGIONAL JAIL	9	3	1	n	0	0	0	0	12	47	0.26
139	PAGE COUNTY JAIL	2	2	1	y	Inmates receive case managers from CSB that follow	8	0	8	20	94	0.21
141	PATRICK COUNTY JAIL	0	8	1	n	0	24	8	24	64	44	1.45
143	PITTSYLVANIA COUNTY JAIL	0	0	1	y	Danville-Pittsylvania County MH	160	0	0	160	66	2.42
153	PR. WILLIAM/MANASSAS REGIONAL	16	1	1	y	Inmates who meet the criteria for services from th	251	658	1156	2082	123	16.93
161	ROANOKE COUNTY/SALEM JAIL	12	0	1	y	Discharge planning	4	190	12	218	31	7.03
163	ROCKBRIDGE REGIONAL JAIL	0	4	1	y	Rockbridge Community Services Board	0	2	0	6	41	0.15
165	ROCKINGHAM-HARRISONBURG REGION	16	0	1	y	CSB Joanne Benner is the release contact person	0	58	8	82	70	1.17
175	SOUTHAMPTON COUNTY JAIL	0	4	3	n	0	0	0	0	4	3	1.33
183	SUSSEX COUNTY JAIL	0	0	1	y	REFERRED TO LOCAL CSB OR PRIVATE PROVIDERS	0	0	0	0	6	0.00
193	NORTHERN NECK REGIONAL JAIL	0	3	2	y	Referral, Resources, Appointments, Medication Assi	0	160	0	163	18	9.06
460	PAMUNKEY REGIONAL JAIL	2	0	1	y	Referrals and discharge planning as needs determin	0	94	0	96	47	2.04
465	RIVERSIDE REGIONAL JAIL	96	0	1	y	Housing Shelters & follow-up mental Health	1520	68	456	2140	321	6.67
470	VIRGINIA PENINSULA REGIONAL	4	0	3	y	CSB Mental Health, Discharge planning and Intake r	0	48	0	52	55	0.95
475	HAMPTON ROADS REGIONAL JAIL	100	0	2	y	Referral to local CSB offices	0	0	544	644	463	1.39
480	NEW RIVER REGIONAL JAIL	0	0	2	y	0	0	33	0	33	90	0.37
485	Blue Ridge Regional Jail	48	0	3	y	Discharge Planning	0	24	236	308	294	1.05
490	PEUMANSEND CREEK REGIONAL	0	2	1	n	MAJORITY OF THE INMATES ARE RETURNED TO JURISDICTI	0	0	0	2	3	0.67
491	Southside Regional Jail	3	7	3	y	Case Management, Linked to District 19	0	0	164	174	14	12.43
492	Southwest Virginia Regional Jail	52	0	3	y	Discharge plannning-continuing care post release a	36	0	258	346	463	0.75
493	MIDDLE RIVER REGIONAL JAIL	23	8	1	y	Follow up with VCSB	0	80	0	111	208	0.53
494	WESTERN VIRGINIA REGIONAL JAIL	72	0	1	y	Jail Services Discharge Case Manager w/ Blue Ridge	8	0	64	144	405	0.36
495	MEHERRIN RIVER REGIONAL JAIL	10	1	2	n	0	0	0	0	11	55	0.20
496	RSW Regional Jail	16	0	3	n	0	79	23	16	134	80	1.68
510	ALEXANDRIA DETENTION CENTER	86	0	1	y	Linkage to healthcare, benefits, and Social Servie	0	4241	0	4327	130	33.28
520	BRISTOL CITY JAIL	0	8	1	y	Mental Health, Substance abuse, Intellectual Servi	4	4	1	17	52	0.33
550	CHESAPEAKE CITY JAIL	122	0	1	y	Scheduling inmates with CSB, medication management	0	4	356	482	198	2.43
590	DANVILLE CITY JAIL	0	56	1	n	0	0	0	0	56	36	1.56
620	WESTERN TIDEWATER REGIONAL	60	64	1	y	CASE MANAGEMENT, DISCHARGE PLANNING & LINKAGE TO S	0	528	0	652	107	6.09
630	RAPPAHANNOCK REGIONAL JAIL	32	8	3	y	Assessments for inpatient hospitalizations, follow	0	211	0	251	179	1.40
650	HAMPTON CORRECTIONAL FACILITY	0	0	1	y	Hampton-Newport News CSB	0	500	0	500	31	16.13
690	MARTINSVILLE CITY JAIL	2	0	1	y	Piedmont Community Services	3	12	0	17	31	0.55
700	NEWPORT NEWS CITY JAIL	24	3	1	y	Case management and discharge planning	320	0	209	556	88	6.32
710	NORFOLK CITY JAIL	35	0	2	y	Follow up appointment with Norfolk CSB	0	0	240	275	157	1.75
740	PORTSMOUTH CITY JAIL	8	0	1	n	0	96	0	8	112	27	4.15
760	RICHMOND CITY JAIL	64	0	2	y	0	0	43	310	417	198	2.11
770	ROANOKE CITY JAIL	48	0	1	y	Crisis Services	0	0	36	84	388	0.22
810	VIRGINIA BEACH CORRECTION CTR	40	0	2	y	Discharge Planning, Community Referrals, Private M	0	0	541	581	175	3.32
	Total	**1529**	**0**				**3307**	**9903**	**4998**	**20027**	**6554**	3.06
Note: Alleghany County Regional only responded to MI questions												

APPENDIX D:
Responses to DCJS survey of local and regional jails (June 2021)

The 42 responses to the DCJS survey of local and regional jails represented 40 of 58 facilities (69 percent).

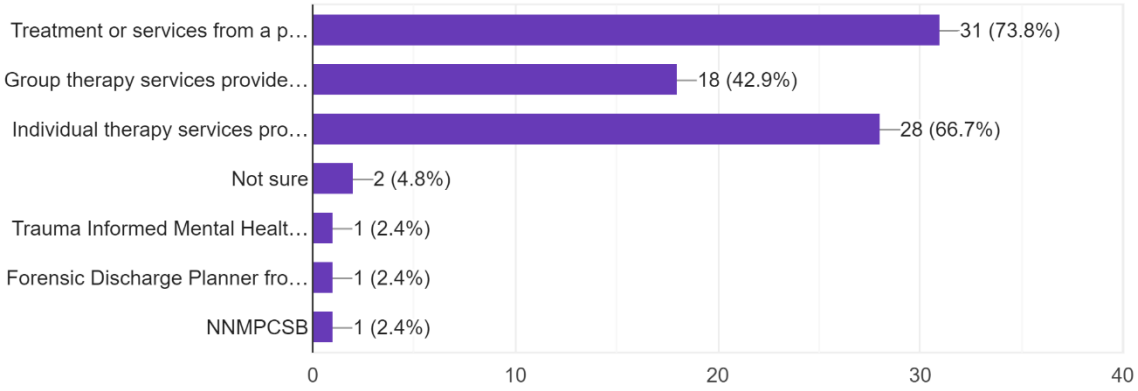
Which type of jail do you represent?

42 responses



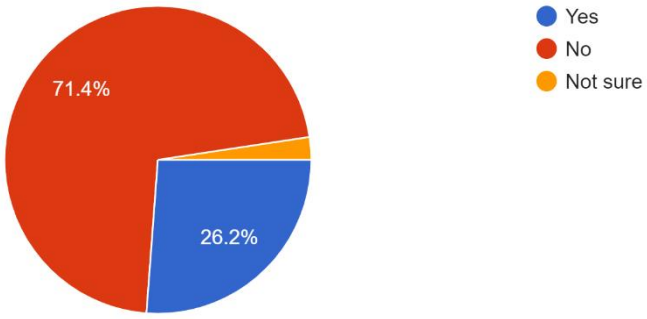
Which of the following are offered in your jail, whether in person or via telehealth, on a weekly basis at minimum? Select all that apply:

42 responses



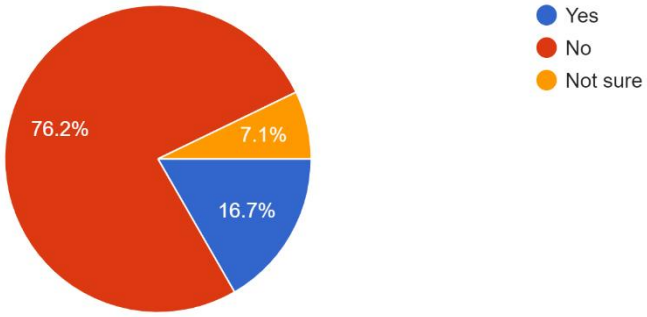
Does your jail have 24/7 onsite RN coverage?

42 responses



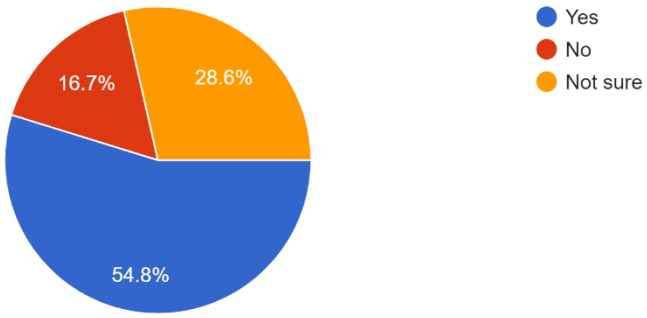
Does your jail have a dedicated treatment unit for inmates with severe mental illness?

42 responses



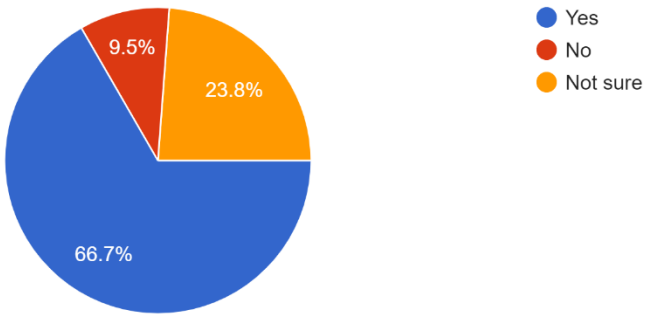
Would your jail be interested in having access to and sharing the costs of a core provider team available to local and regional jails statewide via t...t be construed as an indication of policy adoption.)

42 responses



Would your jail be interested in having access to and sharing the costs of developing model policies and procedures (that could then be adapte...e construed as an indication of policy adoption.)

42 responses



OPTIONAL: If your jail has found any programs or treatments to be especially cost-effective for meeting inmates' mental or behavioral health needs, please briefly describe the program or treatment below:

"We contract with the CSB for 3 ft counselors. We have a variety of programs to include out patient."

"While we are still assessing the impact MRRJ has implemented a therapy dog program. Appears from initial review to be very effective in reducing stress."

"Medically assisted treatment for opioid abuse"

"none"

"Residential Treatment Programs within the State of Virginia; Collaboration with VA Veteran's Affairs; Wounded Warrior Program; Ability to offer Trauma Informed Yoga and Art Therapy"

"Providing tablets with educational and religious programs"

"We utilize our local Community Services Board"

"District 19 services"

"NONE"

"The Alleghany Regional Jail offers in house psychiatric visits 2 x a month for inmates with mental or behavioral needs"

"None at this time."

"Onsite Mental Health provider who counsels inmates also providing medication oversite and provides medical assistance if necessary, as the telehealth has not proved adequate."

"MRT, CBT, CPT"

OPTIONAL: If you would like to share any additional comments related to meeting minimum standards for mental/behavioral health services in your jail, please do so below:

"In order to improve mental health concerns in jails and in society, appropriate funding needs to be provided to all parties involved. Mental health agencies have been reduced to a funding level which has caused a in/out process rather than having the ability to actually develop treatment plans and them implement them."

"We are willing to work with other Jails to develop programs"

"The PWMRADC has noted and expanded the mental health treatment program over the past several years to include a mental health unit for those with acute mental illness; ability to assess and place inmates inpatient treatment programs as part as their release plans; offerings of trauma informed therapeutic modalities in both the individual and group formats and the recognition of the need for trauma informed modalities Yoga and Art Therapy to promote reduction in behavioral issues and reduction in recidivism. These programmatic offerings have supplemented the primary responsibility of a correctional mental health clinician, which consists of crisis intervention for those inmates who present with acute mental illness and/or need for higher level of care and on-going assessment for the mental health needs of said inmates. The minimum standards a mental health behavioral program should encompass crisis intervention and assessment; assessment for mental health medication management; the offering of trauma informed and co-occurring treatment modalities and group treatment which will provide support and education for mentally ill inmates to offer support within the jail setting as well as continuity of care to reduce the possibility of recidivism once released into the community."

"Each jail should have a dedicated mental/behavioral health worker or share one within their region"

"Very interested in ways to assist the inmates"

"We rely on our community services board for mental health needs (Piedmont Community Services). There is a growing need for mental health assistance in our jail. We are struggling to find housing for certain inmates who do not do well around other inmates. Our jail only has six isolation cells and it seems like we could use ten to twenty more segregation cells. When an inmate starts to act out, our only recourse is to call PCS and the inmate may or may not be presented to a mental health facility (TDO). That is where another struggle is. More times than not, it could take the inmate up to 10 hours to get medically cleared and a bed found before a transport to the mental health facility even begins. The transport could be as little as 30 minutes away or 3 hours away from our jail. This whole process is time consuming and taxing on my staff as I have to provide security with that inmate."

"Local and Regional Jails should not be used to house mentally ill subjects. We do not have the facilities to properly care for these individuals. They also pose a threat to the rest of the population. The General Assembly needs to fund the expansion of Mental Health Facilities."

"It is critically important that we continue to improve information sharing. Furthermore, we need to acknowledge how inappropriate it is to continue to confine people with serious mental health disorders in the jail setting. This dialogue must continue. My concerns as a jail administrator have not been addressed nor solutions provided with the new mental health standards."