

# **Mental Health and Wellness Services**

**FY 2023 Report**



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## Authority for the Study

Item 402-N of the 2022 Virginia Acts of Assembly provided the Department of Corrections with 33 FTE for new mental health services staff and included funding to fill 28 of those positions. The appropriation language also required the Department of Corrections to report on the use of these positions with regard to mental health screenings and assessments, monitoring, and mental health treatment plans and services provided, including but not limited to reentry services and recidivism rates for those individuals who required mental health services in correctional facilities. The budget bill language required that the report be submitted to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees and the Director, Department of Planning and Budget by November 1, 2023.



## Background

The Virginia Department of Corrections (VADOC) carries out its public safety mission by operating safe and secure facilities and probation/parole supervision and by providing programs and services to prepare individuals to lead crime-free lives after release. The VADOC's mental health and wellness services are a critical part of the mission, providing evidence-informed assessment, evaluation and treatment to restore individuals with mental health issues to their highest level of functioning. These services also contribute to safer facilities and safer communities during probation/parole supervision and after individuals are release from VADOC care.

VADOC mental health services are integrated within a complex system of graduated levels of care, purposefully structured within prison security levels to meet the varying levels of treatment needs. Levels of care within the prisons range from civil commitment in VADOC's licensed and accredited treatment prisons, to specialized residential housing units for those needing focused care, to outpatient group counseling and to those who require regular monitoring or crisis management. A very important role of mental health staff is providing initial assessments, screenings and monitoring of inmate adjustment in addition to brief, solution-focused individual treatment. Staff also engage in regular consultation with multi-disciplinary treatment teams and administrators, and they provide expert training to Correctional Officers to equip them to identify and refer for evaluation inmates who show signs of mental health needs.

Since 2010 the percentage of inmates with mental health issues in the prison system has grown astonishingly from 17% to 36% of the incarcerated population. As the mental health needs of the inmate population have increased, concurrently the professional standards of care and legal mandates and expectations for VADOC mental health treatment have increased.

The International Association for Correctional and Forensic Psychology sets standards for psychological services in jails, prisons, correctional facilities, and agencies. The standards for staffing are:

***Standard (a): There will be a sufficient number of qualified mental health professionals (e.g., psychologists, counselors, social workers) to meet the mental health needs of the facility's inmate population. Standard (b): Qualified mental health professionals are credentialed for independent practice and qualified to provide testing, assessment, diagnosis, and treatment services in keeping with professional, legal, and community standards of practice.***

***The following psychological staff-to-inmate ratios are presented as guidelines:***

***Prisons: The minimum ratio of a full-time qualified mental health care professional (licensed psychologist or other mental health care professional practitioner credentialed for independent practice) to adult inmates is 1 for every 150 – 160 general population inmates.***



***For specialized units (e.g., drug treatment and special management units for mentally ill inmates), the minimally acceptable ratio is 1 full-time qualified mental health care professional for every 50-75 adult inmates.***

The correctional system has increasingly become the de facto point of care for many persons needing mental health treatment, exceeding existing VADOC professional staffing levels. To address this issue, in the 2022 General Assembly the VADOC requested additional positions needed to bring the mental health staff to inmate ratio more in line with the published recommended ratio. In response to the VADOC's request, the 2022 Virginia Acts of Assembly provided the VADOC with 33 FTE and included funding to fill 28 of these positions. An update on the VADOC's implementation of these positions is the basis of this report.

## Current Position Status

Currently a shortage of clinicians within the Commonwealth of Virginia and across the country is having a large impact on the VADOC's ability to hire and retain mental health professionals. Competent clinicians who are willing to work in the public sector are in even greater demand by state and local mental health agencies. Within VADOC, and with vigorous recruitment efforts, as of September 1, 2023, 16 of the 28 positions had been filled.

The scarcity of clinicians nationally and within Virginia generates a myriad of issues and concerns for VADOC. Since mental health services are a constitutional mandate, there are additional legal mandates and advocate expectations at the same time that there are fewer clinicians to manage the work. Recruitment and retention of qualified mental health staff members is a high priority of Mental Health and Wellness Services. In conjunction with VADOC's Human Resources department, the mental health management team have approached recruitment in aggressive and novel ways such as holding virtual and in-person meet and greet sessions for prospective candidates, speaking to graduating students at universities, issuing flyers and social media posts, developing practicum and internship tracks, presenting at conferences, providing attractive recruitment packages and more. Retention strategies include offering supervision for licensure and bonus payment to clinical supervisors, conducting a staffing study to determine pay competitiveness, options of flexible work schedules, and adjustments for pay alignment. VADOC continuously recruits to fill the remaining mental health positions.



## Determination of Sites

The prisons slated to receive a new position(s) was determined by considering past and current data of inmate population numbers, facility missions, gaps in the existing staffing ratio guideline of 1:160 and mental health treatment and service needs. The chart below shows the location of the added positions and the current filled status.

Location	# of positions	Filled by 9/1/23*
Augusta Correctional Center	2	1
Baskerville Correctional Center	2	1
Beaumont Correctional Center Infirmary	1	0
Buckingham Correctional Center	2	2
Central Virginia Correctional Unit	1	0
Coffeewood Correctional Center	1	1
Deerfield Correctional Center	2	1
Dillwyn Correctional Center	1	0
Fluvanna Correctional Center for Women	2	1
Green Rock Correctional Center	2	2
Indian Creek Correctional Center	1	1
Lunenburg Correctional Center	1	1
Nottoway Correctional Center	2	2
Pocahontas State Correctional Center	2	1
State Farm Work Center	1	0
St. Bride's Correctional Center	2	1
Sussex II State Prison	2	0
District 40 Fincastle & 37 Rocky Mount	1	1

\*All positions were posted on a timely basis and have been the focus of active recruiting by the Mental Health and Wellness and Health Services Recruitment Team since the approval.



## Service Delivery: Community Corrections

Of the 28 new funded positions, 1 FTE was designated for community corrections. The additional District Mental Health Clinician (DMHC) covers District 40 Fincastle and District 37 Rocky Mount Probation and Parole Districts where a staffing gap existed. This addition brings the total number of DMHCs in the Western Region to 8. The Western Region is particularly challenging due to rural size, with the targeted area including coverage of all the counties from Rockingham to Pittsylvania and everything west to Lee County. Therefore, the addition of even 1 DMHC made a significant impact in the coverage area for the Community Corrections Mental Health and Wellness staff.

The role of each DMHC is to assess the mental health needs of probationers/parolees and provide in-house consultation and training on mental health issues to Probation Officers. These efforts support supervisees' successful completion of supervision by bridging gaps in the continuity of care and getting criminal justice-involved citizens to the mental health resources they need in the community for recovery. The DMHC also dedicates substantial time in collaboration with stakeholders such as 1) VADOC prison Mental Health and Wellness staff with whom they coordinate re-entry planning and follow-up care for releasing inmates, 2) local and regional jails that house state responsible inmates who do not transfer into VADOC facilities for incarceration (this population comprises the majority of individuals who are on VADOC probation supervision), and 3) Court systems, re-entry councils, community mental health agencies, private community providers, and other stake holders involved in the continuum of care for criminal justice-involved individuals.

The table below demonstrates the beneficial service impact the one additional DMHC has had for the four month period of April–August 2023.

Contact Type	# contacts
Direct Contact (meeting with probationer)	190
Assign Community Mental Health Code	212
Consultation with Probation Officers	191
Consultation with institution or other VADOC staff	95
Consultation with local and regional jail staff	5
Consultation and/or case management with Community Service Board	26
Consultation and/or case management with other providers	18



## Service Delivery: Institutions

As noted previously, the COVID and post-COVID staffing crisis and the associated staff turnover has affected VADOC's ability to hire and retain mental health staff. This has particularly impacted the prisons. During FY22-23, Mental Health and Wellness Services lost 41 staff members for a range of reasons with the most frequently occurring reason being transfer to another agency (9), retirement (5) and performance issues (8). Challenges in hiring pools have led to less stable cadre of staff and more performance challenges. Difficulty in recruitment, hiring and retention has also created continuous training and supervision issues, as it takes significant time for new staff to be trained, gain VADOC knowledge and learn the expectations of the corrections environment before being fully able to perform the job. As a result, even when positions are temporarily filled, the remaining seasoned staff carry heavy caseloads.

For positions that have been successfully filled, their intended purpose has been achieved and prison mental health services have been productively expanded. These new staff members provide an array of services, in addition to core responsibilities. The Mental Health Clinicians (MHC) complete full intake assessments on every prison admission (regardless of known mental health history), they see individuals for brief solution-focused therapy, facilitate therapy and psychoeducational groups, work with psychiatry and nursing on psychiatric medication and appointment management, and they handle mental health case management, case consultation and crisis management. In addition to conducting rounds in all prison housing units, MHCs conduct more intensive rounds in Restorative Housing Units (RHU) and complete comprehensive assessments on every individual assigned to RHU regardless of mental health classification. MHCs screen for serious mental illness (SMI) and develop treatment plans, conduct annual reviews on all mental health cases, manage hunger strikes, inspect safety cells to prevent self-injury, and handle all aspects of crisis intervention from response to treatment, to follow-up. Furthermore, MHCs supervise Group Technicians, manage Peer Recovery Specialists, conduct multidisciplinary teams to review problematic cases, develop self-management behavior plans and prepare for Prison Rape Elimination Act and American Correctional Association audits. Preparing for continuity of care during transition from prison to community supervision is also a priority assignment. MHCs complete discharge summaries on all mental health cases which includes setting up appointments with community mental health providers for treatment linkages after release. Since not all staff members are licensed, those clinicians who are licensed must also cover all duties that require higher credentials including signing off on intakes, SMI forms, RHU assessments, and mental health commitments. The additional mental health clinicians have been engaged in providing more contact with inmates and in reducing complaints, crises and acting out behaviors. It is anticipated that over



a longer term the additional positions will lessen existing staff turnover that is currently exasperated by staff workload or exhaustion with this challenging population. Ancillary benefits are increased safety and security in facilities.

With 36% of the inmate population reporting some level of mental health issue, the positive impact of these positions has already been demonstrated. The number of inmate grievances has decreased. The overall number of inmate group participation hours increased from 27,516 hours to 32,546 hours. At Nottoway Correctional Center, where the vast majority of intakes occur, during the month of August 2023 there were 732 intakes. Instead of 4 clinicians each handling 183 intakes during the month, each clinician on average had 122. Although still quite a high number of intakes per clinician, the addition of the two staff members helped lessen the workload allowing for more individualized care. At Nottoway during the month of August, mental health staff also handled 690 inmate requests and had zero seriously mentally ill inmates escalate to special housing status. At St. Brides Correctional Center, one of the new MHCs was able to start three new treatment groups adding significantly to their treatment offerings. The other new staff member was able to focus on intake assessments, doing 55 intake assessments in a two-month span. At Deerfield Correctional Center, in the span of two months, the new staff member was able to handle all the weekly psychiatry rounds, 25 annual assessments, and the intakes, thus freeing up other staff members to manage the other duties. At Green Rock Correctional Center, the additional staff member helped with the intake assessments of a nearly 50% increase in jail intakes at that site. Furthermore, the percent of population with mental health issues in RHU decreased by nearly a third. Each facility reports reaping the benefits of the additional clinicians and the increase in the amount of treatment services offered and efficiency of the clinical care rendered with more staff. As an additional bonus, some positions have received, or will receive, training and responsibilities to be assigned as a Sex Offender Awareness Program (SOAP) facilitator and/or assist with the provision of sex offender specific treatment needs.

## **Mental Health Recidivism and Program Participation Rates**

VADOC recidivism is measured as a 3-year post-release return to state incarceration. A fourth year is required for pending court proceedings to be resolved and for VADOC to compile data. Therefore, it takes four years before a comparable recidivism rate is determined and the identified positions are too new (August 2022) for outcomes to be measured. However, the information that follows in the section below is a very preliminary review of available data. It should be noted that the mental health population presents higher needs and management risks than many other prison service groups.





VADOC examined the program participation and any available recidivism data of inmates released from a VADOC facility with a mental health impairment. FY2022 was chosen as a baseline to compare to FY2023 which should see an impact from the new positions. Information does appear very promising of the impact these positions have on programming and services.

Inmates who were released from state responsible (SR) incarceration from a VADOC facility<sup>1</sup> during the release term had their last assigned mental health code before release examined. Releases were limited to those from a VADOC facility because those were the only inmates that would be impacted by the new positions. Inmates whose last assigned mental health code was at least a '1' in the VADOC rating system (MH0, MH1, MH2, MH2S, MH3, MH4) were examined in this report. A total of 1,742 released inmates in FY2022 and 3,546 released inmates in FY2023 met these criteria.<sup>2</sup>

## **Program Participation**

Participation in re-entry programs during the release term was examined. It is important to note that not all inmates are eligible for the particular programs examined, as enrollments are based on the inmate's risk and needs, and mental health ability to program.

The number of releases enrolled in and completing programs in FY2023 was higher than in FY2022; however, the number of releases examined in FY2023 is double that of FY2022 (3,546 and 1,742, respectively). In both release cohorts, the largest percentages of releases participated in the Intensive Re-entry Program (IRP) (43% and 32%, respectively).

Program completion rates for all programs were over 70% for both release cohorts, except for Cognitive Behavioral Interventions for Substance Abuse (CBI-SA) that had a completion rate of 63% for FY2022 releases and 52% for FY2023 releases.

<sup>1</sup>Includes all inmates who spent at least one day in a VADOC facility, work center, field unit, or institutional hospital.

<sup>2</sup> VirginiaCORIS data as of August 14, 2023.



# VIRGINIA DEPARTMENT OF CORRECTIONS

Chadwick Dotson,  
Director

Program Enrollments <sup>1</sup> of Inmates Released from State Responsible (SR) Incarceration with a Mental Health Impairment <sup>2</sup>						
	FY2022 Releases			FY2023 Releases		
	Total Participants	Completions	Completion Rate	Total Participants	Completions	Completion Rate
Anger Management <sup>3</sup>	166	138	83%	179	150	84%
Cognitive Behavioral Intervention for Substance Abuse (CBI-SA)	52	33	63%	110	57	52%
Cognitive Therapeutic Community (CTC) <sup>4</sup>	194	158	81%	338	294	87%
Decision Points	35	29	83%	83	70	84%
Intensive Re-entry Program (IRP) <sup>5</sup>	749	586	78%	1,140	868	76%
Road to Success	21	17	81%	25	18	72%
Thinking For a Change (T4C) <sup>6</sup>	208	161	77%	288	231	80%

<sup>1</sup> All program enrollments during the release term of incarceration were examined. The highest completion status for each program was counted.

<sup>2</sup> Inmates released from a state responsible (SR) term of incarceration who spent at least one day in a VADOC facility whose last assigned mental health code prior to release was as least a '1'.

<sup>3</sup> Anger management programming includes the following: aggression alternative skills, SAMHSA anger management, anger management, and advanced anger management. A completion of any of these courses was counted as a completion.

<sup>4</sup> Cognitive Therapeutic Community phase 1, phase 2, phase 3, ITU, and phase 4 (re-entry) were included. A completion of any of these courses was counted as a completion.

<sup>5</sup> Intensive Re-entry Program (IRP) phase 1, phase 2, and High Security IRP phase 1 and phase 2 were included. A completion of any of these courses was counted as a completion.

<sup>6</sup> Thinking for a Change (T4C), T4C booster sessions, and T4C peer support were included. A completion of any of these courses was counted as a completion.

## Recidivism

Mature re-arrest data for six- and twelve-months post release is available for FY2022 SR releases. Due to FY2023 ending on June 30, 2023, a six-month re-arrest rate is not yet available. Other recidivism measures, such as re-conviction and re-incarceration, are not yet mature for either cohort.

Inmates released from a VADOC facility in FY2022 with a mental health impairment had a six-month re-arrest rate of 14.1% and a twelve-month re-arrest rate of 28.8%.

Re-Arrest Rates of Inmates Released with a Mental Health Impairment <sup>1</sup>						
Months since Release	N	6	12	18	24	36
FY2022	1,742	14.1	28.8			
FY2023	3,546					

<sup>1</sup> Inmates released from a state responsible (SR) term of incarceration who spent at least one day in a VADOC facility whose last assigned mental health code prior to release was as least a '1'.

NOTE: VirginiaCORIS data as of August 14, 2023.

NOTE: Virginia State Police Data as of June 30, 2023.

As time goes on and data matures, the VADOC will be able to provide more comprehensive longitudinal information on impacts.



## Report Summary

The percentage of inmates and probations/parolees with a mental health issue is ever increasing. Thirty-six (36%) of the inmate population have some form of mental health issue. The number grows exponentially when individuals diagnosed solely with substance use disorders are included. The Mental Health and Wellness staff must concentrate on the intake assessment of all inmates, various serious mental health needs, emergent crises, inmates with challenging behaviors, reentry issues, as well as the general well-being of all inmates and probationers/parolees. The Mental Health and Wellness staff serve a crucial role throughout the period of incarceration and into probation supervision. Their role is vital and therefore, the recruiting of qualified licensed clinicians continues, and the additional positions will enhance the treatment of the individuals under VADOC care.

The Virginia Department of Corrections remains committed to achieving its public safety mission and a critical aspect of that is providing quality mental health services to individuals under its care and supervision. Mental health services are constitutionally mandated and also serve as a key strategy to long term public safety when individuals receive needed supports in practicing law-abiding behaviors. The additional clinicians that are the subject of this report greatly help correct VADOC's mental health staffing ratio and help to bring them in line with national standards. This enables quality and individualized services to be provided to a high-risk population in need of care, ultimately resulting in increased public safety in prisons and in communities throughout Virginia.