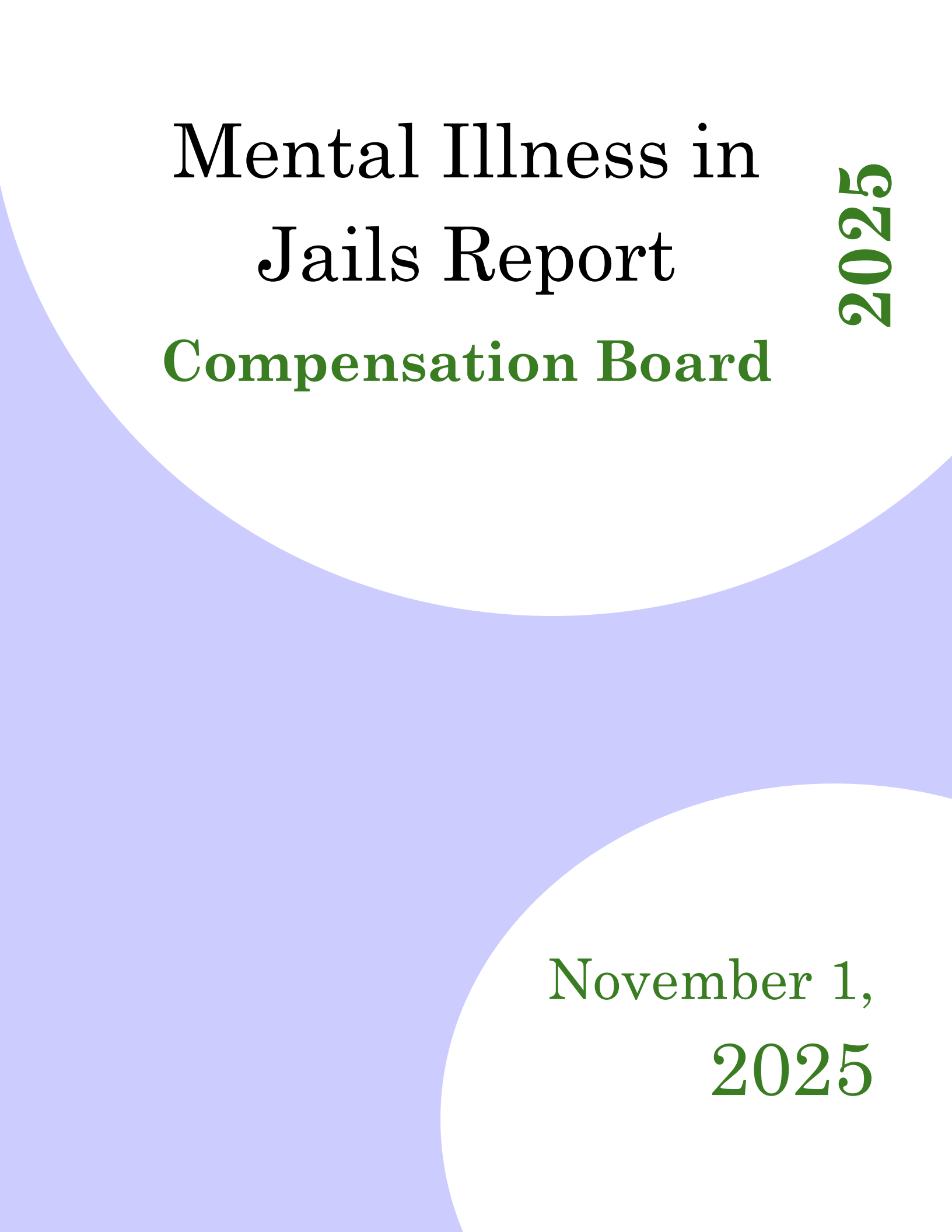




Mental Illness in Jails Report

Compensation Board

2025

November 1,
2025

Compensation Board Mental Illness in Jails Report (2025)

Authority: 2025 Virginia Acts of Assembly, Chapter 725

Item 61 J.1. The Compensation Board shall provide an annual report on the number and diagnoses of inmates with mental illnesses in local and regional jails, the treatment services provided, and expenditures on jail mental health programs. The report shall be prepared in cooperation with the Virginia Sheriffs' Association, the Virginia Association of Regional Jails, the Virginia Association of Community Services Boards, and the Department of Behavioral Health and Developmental Services, and shall be coordinated with the data submissions required for the annual jail cost report. Copies of this report shall be provided by November 1 of each year to the Governor, Director, Department of Planning and Budget, and the Chairs of the Senate Finance and Appropriations Committee and House Appropriations Committees.

2. Whenever a person is admitted to a local or regional correctional facility, the staff of the facility shall screen such person for mental illness using a scientifically validated instrument. The Commissioner of Behavioral Health and Developmental Services shall designate the instrument to be used for the screenings, and such instrument shall be capable of being administered by an employee of the local or regional correctional facility, other than a health care provider, provided that such employee is trained in the administration of such instrument.

Executive Summary: The Commonwealth of Virginia supports 57 local and regional jails and jail farms. Of this number, there are 24 county jails, 11 city jails, 21 regional jails and 1 jail farm. City and county jails are operated under the authority of the sheriff in that locality. An appointed superintendent operates the jail farm under the authority of the locality it serves. Regional jails are operated under the authority of a regional jail board or authority consisting of at least the sheriff and one other representative from each participating jurisdiction.

A survey to identify mental illness in Virginia jails was initially developed by staff of the Department of Behavioral Health and Developmental Services (DBHDS), staff of the Senate Finance and Appropriations Committee, and staff of the Compensation Board. The Compensation Board distributed a mental health survey in June 2025 for completion by local and regional jails. With the support of the Virginia Sheriffs' Association and the Virginia Association of Regional Jails, the Compensation Board received surveys from 51 out of 57 local and regional jails, excluding Patrick County Jail, Sussex County Jail, and Northern Neck Regional Jail. The data in this report is as provided to the Compensation Board by local and regional jails in their 2025 mental health surveys, submitted as of August 20, 2025.

The goal of the survey is to provide information regarding the incidence of mental illness among individuals incarcerated in Virginia jails, characteristics of this population and methods by which jails seek to manage mental illness within their facility. Survey questions directed jail personnel to report data for the month of June 2025, with the exception of treatment expenditures, which were reported for the entire fiscal year (July 1, 2024 – June 30, 2025). Although the report includes statistics on the average daily population of federal and out of state inmates housed in jail this year, the data regarding inmates with mental illness is reflective only of local and state responsible inmates housed in local and regional jails.

There were updates to the survey this year.

A question was added to collect the number of inmates who were unable to be assessed due to release, but who still received a referral to the local Community Services Board (CSB) due to a positive mental health screen.

A question was updated to clarify whether jails that state that they do not provide discharge planning/follow-up case management to *all* inmates *do* provide it to all inmates with serious mental illness (SMI).

This year's report includes a supplemental section containing an annual update from the Office of Forensic Services, provided by the Department of Behavioral Health and Developmental Services (DBHDS).

Acknowledgement:

The Compensation Board would like to express its appreciation to the Sheriffs, Regional Jail Superintendents, and all jail staff involved in the collection and reporting of the data requested in the 2025 Mental Health Survey. The Board and Staff are thankful for the cooperation and efforts of jail leadership and staff in this reporting process.

Note: Northern Neck Regional Jail did not respond to the survey; their average daily population in June 2025 was 412. Sussex County Jail noted that they do not hold mentally ill inmates; their average daily population in June 2025 was 30. Charlotte County Jail reported that they held no mentally ill inmates during the survey month; their average daily population in June 2025 was 27. Franklin County Jail noted that they do not hold mentally ill inmates; their average daily population in June 2025 was 51. Montgomery County Jail did not hold mentally ill inmates during the survey period; their average daily population in June 2025 was 61. Patrick County Jail did not hold mentally ill inmates during the survey period; their average daily population in June 2025 was 79. For these jails reporting no mentally ill inmates in June 2025, their surveys were removed from the cohort.

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Survey Background

The Compensation Board developed a mental illness survey for completion by all local and regional jails, requesting statistical information for the month of June 2025. Information relating to screening and assessment, diagnoses, housing, and most serious offense type of mentally ill inmates was collected by the survey instrument. The survey also collected data regarding inmates' access to mental health programs and assistance in the facility, including medication and treatment services. Additionally, the survey is used to identify the providers of screening/assessment and treatment in each facility, whether they are private mental health professionals, Community Services Board (CSB) staff, or jail staff. Jails also reported how inmate mental health data is collected and stored, as well as the amount of mental health and/or Crisis Intervention Team training provided to the jail staff, if any. Finally, jails were asked to provide the fiscal year cost of all mental health services and medications.

Data gleaned from surveys of 51 out of 57 local and regional jails is included in this report. A copy of the survey instrument is included in Appendix A.

Population & Demographics in Jails

Based upon data contained within the Compensation Board's Local Inmate Data System (LIDS) for the month of June 2025 there was an average daily inmate population (ADP) of 20,612 in jails in the Commonwealth of Virginia (6 jails are excluded from this report, and their inmate populations are excluded from this number). Of these, 3,787 were state responsible (SR) inmates. A state responsible (SR) inmate is any person convicted of one or more felony offenses and (a) the sum of consecutive effective sentences for felonies, committed on or after January 1, 1995, is (i) more than twelve months or (ii) one year or more, or (b) the sum of consecutive effective sentences for felonies, committed before January 1, 1995, is more than two years. An additional 15,823 were local responsible (LR) inmates. A local responsible (LR) inmate is any person arrested on a state warrant and incarcerated in a local correctional facility prior to trial, any person convicted of a misdemeanor offense and sentenced to a term in a local correctional facility, any person convicted of a felony offense on or *after* January 1, 1995 and given an effective sentence of (i) twelve months or less or (ii) less than one year, or any person convicted of one or more felony offenses committed *before* January 1, 1995, and sentenced to less than two years. A further 46 inmates were local ordinance violators. Unlike SR and LR offenders, who have been arrested on a state warrant, offenders held for ordinance violations have been arrested on a local warrant, having been charged with an offense specific to that locality which may or may not also appear in the Code of Virginia. The remaining 885 of the ADP were federal and out of state inmates; however, these inmates are not included in the jails' reporting or in the analysis of any statistics in this report. Therefore, the average daily population included for analysis in this report is 19,728.

Of these 19,728 inmates, 57% were pre-trial and 43% were post-conviction. Pre-trial refers to inmates held in a local or regional jail awaiting trial. Post-conviction refers to inmates who have been found guilty of one or more criminal charges, with or without additional pending charges, and are serving a sentence in the jail or awaiting transfer to a Department of Corrections (DOC) facility. Of these inmates, 16% were female and 84% were male.

Table 1: Jail Population Percentages-Average Daily Population

Year	Pretrial	Post-Con	Female	Male
2025	57%	43%	16%	84%
2024	56%	44%	16%	84%
2023	59%	41%	17%	83%
2022	54%	46%	16%	84%
2021	48%	52%	15%	85%
2020	48%	52%	15%	84%
2019	45%	55%	17%	83%
2018	43%	57%	16%	84%
2017	42%	58%	17%	83%
2016	40%	60%	16%	84%
2015	40%	60%	15%	85%
2014	39%	61%	14%	86%
2013	34%	66%	13%	87%
2012	32%	68%	14%	86%

From this point forward in the report, statistics will be noted that refer to the percentages of certain populations that are mentally ill. Where these statistics are cited, staff has calculated percentages using individual inmate counts, not the average daily inmate population. The annual survey submitted by jails requires them to indicate the number of individual inmates mentally ill within their facility for a specific month. To most accurately make comparisons between this population and the general population, individual inmate counts within the jails for the same time period are required.

The following are the counts of the general population used to calculate mental illness percentages in the following section: Total, 31,693; Female, 5,892; Male, 25,769; and Unspecified, 32.¹

¹ Note: The population count used to calculate mental illness percentages is the number of inmates confined long enough to have received a comprehensive mental health assessment by a qualified mental health professional, should a screening indicate that an assessment was necessary. The determination of whether an inmate was confined long enough to have been assessed is made based upon each jail's answer to question 14 of the survey, which asks the average length of time to conduct a comprehensive mental health assessment once one is determined by screening to be needed.

Note: Total General Population Inmate Count = **35,561**; Projected General Population Inmate Count Incarcerated long enough to be assessed = **31,693**

Note: General Population inmate counts used to calculate mental illness percentages in June 2025 are Total; **31,693** Female; **5,892** Male; **25,769** Unspecified; **32**.

Note: The total inmate count includes inmates counted one time for each jail in which they were held during the month of June 2025.

Note: Total General Population Inmate Count does not include the individuals incarcerated in the Charlotte County Jail (53), Franklin County Jail (175), Montgomery (264) Patrick County Jail (123), Sussex County Jail (63), Northern Neck Regional Jail (665).

Mental Illness Statistics

Mental illness is defined as with a diagnosis of schizophrenia or a delusional disorder, bi-polar or major depressive, mild depression, an anxiety disorder, post-traumatic 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.

Of the female population count, 1,686 inmates (28.62%) were reported to be mentally ill. Of the male population count, 5,436 inmates (21.10%) were reported as having a mental illness. Of the total *assessable* general population count, 7,122 inmates (22.47%) were known or suspected to be mentally ill.

Table 2 and 3 include count and percentages of the female/male general population reported to be diagnosed as mentally ill for current and historic reporting years.

Table 2: Percentage of Female/Male and Total General Population with Mental Illness Using Inmate Counts

Year	Female	Male	Total
2025	28.62%	21.10%	22.47%
2024	42.90%	22.74%	26.28%
2023	44.27%	25%	28.47%
2022	43.71%	24.85%	31.64%
2021	38.15%	20.09%	23.12%
2020	48.77%	23.75%	27.57%
2019	43.30%	19.33%	23.53%
2018	34.48%	16.74%	19.84%
2017	28.03%	15.13%	18.63%
2016	25.79%	14.35%	16.43%
2015	25.29%	13.63%	16.81%
2014	20.87%	12.43%	13.95%
2013	16.13%	12.64%	13.45%
2012	14.40%	10.35%	11.07%

There was a total of 7,122 inmates known or suspected to be mentally ill in jails during the month of June 2025. Of these mentally ill inmates, 23.67% were female and 76.33% were male. Of the same population, 68.34% were pre-trial and 29.71% were post-conviction.

Table 3: Number of Inmates with Mental Illness

Year	Num Inmates with MI	Female %	Male %	Pre-Trial %	Post-Con %
2025	7,122	23.67%	76.33%	68.34%	29.71%
2024	6,882	28.06%	71.94%	68.82%	30.67%
2023	7,209	27.97%	72.03%	67.51%	32.49%
2022	9,205	24.23%	64.69%	58.09%	30.83%
2021	7,452	27.87%	72.13%	62.83%	36.96%
2020	7,455	28.38%	71.62%	57.79%	42.21%
2019	8,473	32.31%	67.69%	52.31%	47.69%
2018	7,852	30.50%	69.50%	52.67%	47.33%
2017	7,451	31.14%	68.86%	52.01%	47.99%
2016	6,554	28.75%	71.25%	48.95%	51.05%
2015	7,054	29.43%	70.57%	45.92%	54.08%
2014	6,787	27.04%	72.96%	49.90%	50.10%
2013	6,346	27.80%	72.20%	48.12%	51.88%
2012	6,322	23.16%	76.84%	47.33%	52.67%
2011	6,481	28.30%	71.70%	45.55%	57.66%
2010	4,867	26.81%	73.19%	n/a	n/a
2009	4,278	27.07%	72.93%	n/a	n/a
2008	4,879	n/a	n/a	n/a	n/a

While an inmate may have multiple diagnoses, each inmate is counted only once, in the category of the most serious illness for which they have been diagnosed. Figure 1 reflects the number of mentally ill inmates housed in June, 2025 and the type of disorder.

Figure 1: Number & Diagnoses of Inmates with Mental Illness

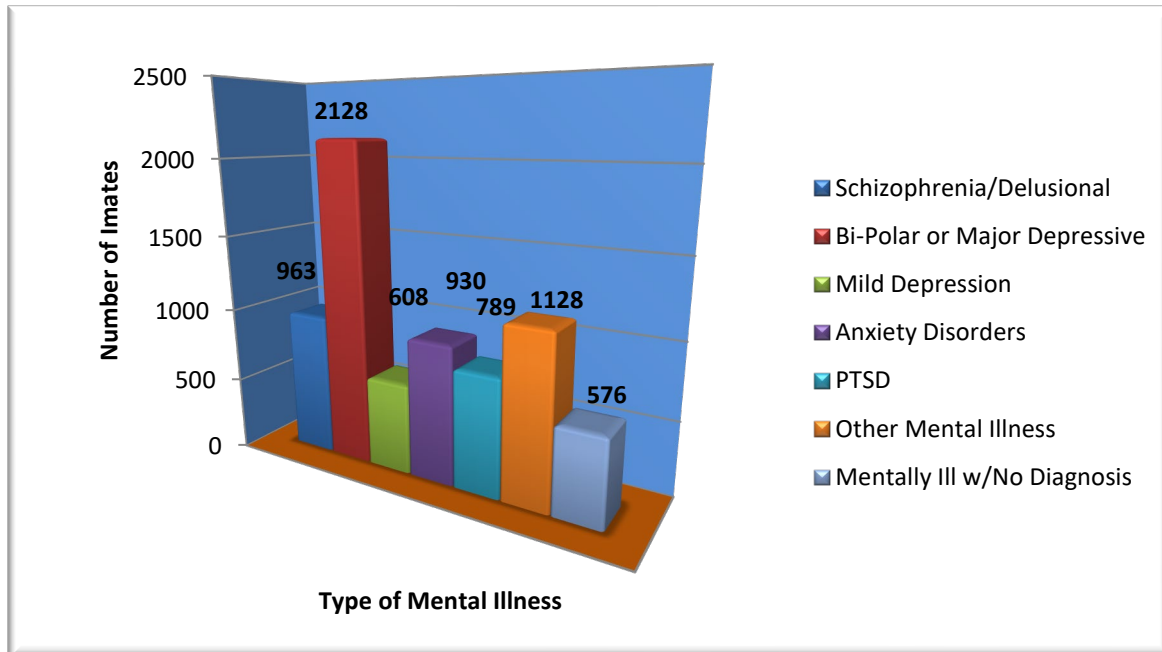


Figure 2 shows the number and percentage that each mental illness represents in both the Female and Male mentally ill populations.

Figure 2: Number & Percentage of M/F Mentally Ill Population Diagnoses

	Schizo/ Delusional	Bi- Polar/Major Depressive	Mild Depression	Anxiety Disorders	PTSD	Other Mental Illness	Mentally Ill w/no Diag
Female	205	636	100	214	233	187	111
Male	758	1492	508	716	556	941	465
Female	12.16%	37.72%	5.93%	12.69%	13.82%	11.09%	6.58%
Male	13.94%	27.45%	9.35%	13.17%	10.23%	17.31%	8.55%

A diagnosis of bi-polar/major depressive disorder continues to be the most prevalent for both males and females. In this year's survey, a diagnosis of bi-polar/major depressive disorder accounted for 29.88 % of all reported mental illness.

A serious mental illness includes diagnoses of schizophrenia/delusional, bi-polar/major depressive or post-traumatic stress disorder. Survey responses indicate that 54.48% (2024-52.49%; 2023-52.56%; 2022-57.58%; 2021- 47.62%) of the mentally ill population and 12.24 % (2024-11.08%; 2023-14.95%; 2022-18.22%; 2021-11.01%) of the assessable general population have been diagnosed as having a serious mental illness.

Table 4: Percentage of the Assessable General Population with Mental Illness/Serious Mental Illness

Year	Mental Illness	Serious Mental Illness
2025	22.47%	12.24%
2024	26.28%	11.08%
2023	28.47%	14.95%
2022	31.64%	18.22%
2021	23.12%	11.01%
2020	27.57%	13.08%
2019	23.53%	11.40%
2018	19.84%	10.42%
2017	18.63%	9.55%
2016	16.43%	8.41%
2015	16.81%	7.87%
2014	13.95%	7.50%
2013	13.45%	7.53%
2012	11.07%	5.33%
2011	12.08%	5.99%

Figure 3: Percentage and Number of Mentally Ill Populations by Region²

	Central Region	Western Region	Eastern Region
Number of Mentally Ill inmates in Region	3,341	2,111	1,690
Percentage of Total MI Pop by Region	46.91%	29.64%	23.73%
Percentage of Mentally Ill inmates in Region w/ Serious MI	58.93%	48.70%	47.57%
Percentage of Mentally Ill inmates in Region Pretrial	71.63%	58.65%	73.14%
Percentage of Mentally Ill inmates in Region Post-Conviction	28.37%	34.63%	26.86%

² Regional percentages of the total ADP: 20,612; Central, 40%, Western, 31%, Eastern, 29%.

Note: Not all jails that reported mental illness counts reported the inmate's trial status. Not all jails that reported mental illness counts reported the inmate's most serious offense.

The percentage of mentally ill inmates in the total general population without excluding inmates which the jails indicated would typically not have been assessed due to release prior to having received a comprehensive mental health assessment, would have been 20.03%. The percentage of seriously mentally ill inmates in the total general population without excluding inmates which the jails indicated would typically not have been assessed due to release prior to having received a comprehensive mental health assessment, would have been 10.91%.

Screenings & Assessments

Mental Health Professionals

A Qualified Mental Health Professional (QMHP) is a person in the human services field trained and experienced in providing mental health services to individuals with mental illness. Within the scope of providers, a QMHP is one whose completed education curriculum allows them to assess and provide treatment but who is not licensed to diagnose or prescribe medications. For clarification purposes, in this report this unlicensed group of mental health professionals are referred to as QMHP.

A Licensed Mental Health Professionals (LMHP) is a mental health provider who is able to provide diagnostic as well as other mental health services, and these providers fall into two groups: LMHP's able to diagnose, treat and prescribe medication include psychiatrists, licensed medical doctors and nurse practitioners; LMHP's who may diagnose and provide treatment but are unable to prescribe medication include clinical psychologists, licensed clinical social workers (LCSW), and licensed professional counselors (LPC).

Mental health treatment in jails may include collaboration amongst several provider types in order to ensure that all mental health needs of an individual are met.

Screening

The purpose of a mental health screening is to make an initial determination of an individual's mental health status, using a standardized, validated instrument. Language included in paragraph J.2., of Item 73, Chapter 725 (2025 Appropriation Act) requires that all local and regional jails *screen each individual booked into jail for mental illness using a scientifically validated instrument, provided that jail staff performing booking are trained in the administration of the validated instrument. The Commissioner of the Department of Behavioral Health and Developmental Services is charged with designating the instrument to be used for the screenings, and the instrument must be capable of being administered by a jail employee (that does not have to be a health care or mental health care provider).* The Commissioner has previously designated the use of either the Brief Jail Mental Health Screen (BJMHS) or the Correctional Mental Health Screen (CMHS, for Women or for Men) as meeting the requirement of the language.

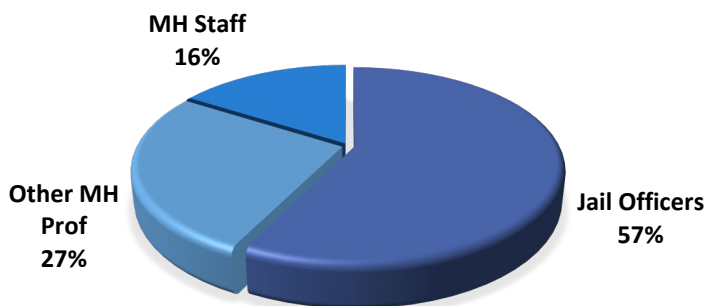
Questions are included in the survey to gather information regarding current screenings and results using the designated instruments. Fifty (50) jails reported using the BJMHS or CMHS to screen 11,283 and 1,755 inmates, respectively.³ Of these 13,038 screened inmates, jails report that 3,047 (23%) were referred for a comprehensive mental health assessment.

- 51 jails report that inmates displaying acute mental health crisis or suicide risk at initial screening are seen by a mental health or medical professional within 72 hours
- 51 jails report that inmates displaying acute mental health crisis or suicide risk at initial screening receive continual monitoring
- 50 jails report that the jail behavioral/mental health provider is consulted for immediate interventions when an inmate exhibits signs of an acute mental health crisis or suicide risk during their mental health screening. For the jail who noted that the mental health provider is not always consulted immediately, it was noted that they are on-call for emergencies when they are off-site.

Occasionally, there are times when an inmate might not be screened. Jails noted that in June 2025, 174 inmates were not screened upon booking. Reasons most often given for an inmate not being screened are: intoxication, refusal to cooperate with screening, swift bonds, overnight court returnees.

Figure 4 shows the percentage of screenings conducted by each provider.⁴

Figure 4: Provider of Jail Mental Health Screenings.



³ A copy of the Brief Jail Mental Health Screen and the Correctional Mental Health Screen (for Men and for Women) may be found in Appendices R and S.
Roanoke City Jail did not answer the question regarding screening instrument

⁴ "Other Health Professionals" includes psychiatrists, medical doctors, nursing staff, etc.

If legislation, regulations, or standards required **all** inmates who receive a positive mental health screen to receive a comprehensive mental health assessment within 72 hours,

- 15 jails feel they would have No Difficulty complying
- 18 jails feel they would have Some Difficulty complying
- 15 jails feel they would have Extreme Difficulty complying

Of the fifteen jails which report they would have extreme difficulty complying, nine of them report that at least 25% of their total population count is mentally ill. Reasons given as barriers to assessing within 72 hours include: times when a greater number of inmates happen to screen positive in a short period, QMHP not on-site daily, high degree of daily unpredictability, inmate refusal/resistance, and/or additional funding and staffing required.

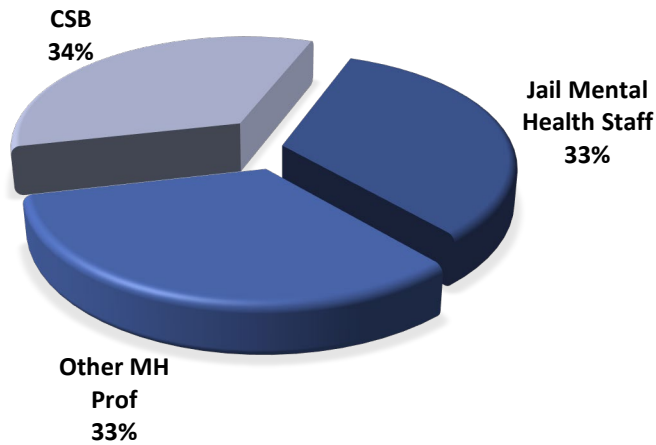
Assessment

Depending upon the results of an initial mental health screening, a comprehensive mental health assessment may also be conducted. A comprehensive mental health assessment is a review of a client's clinical condition conducted by a trained mental health or medical professional which provides an in-depth determination of a person's mental health status and treatment needs. Jails report that mental health assessments are prioritized using the following criteria: acute crisis (aggression toward others, suicidal comments or self-harm), urgent risk referral from medical or security staff, history of previous suicide attempt, transfer from psychiatric admission, and inmates currently taking psychotropic medications.

- 46 jails, or 90%, reported conducting comprehensive mental health assessments on all inmates who receive a positive screening for mental illness.
- 4 jails, or 8%, reported conducting comprehensive mental health assessments only on inmates with acute symptoms of mental illness.
- 1 jail, or 2%, reported conducting comprehensive mental health assessments on no inmates who screen positive for mental illness.
- 18 jails, or 35%, reported that their procedures were adjusted over the weekends or on holidays. Most of these jails reported that they do continue to screen during booking, but assessments are not conducted during the weekend unless jail staff deems it to be an acute case.

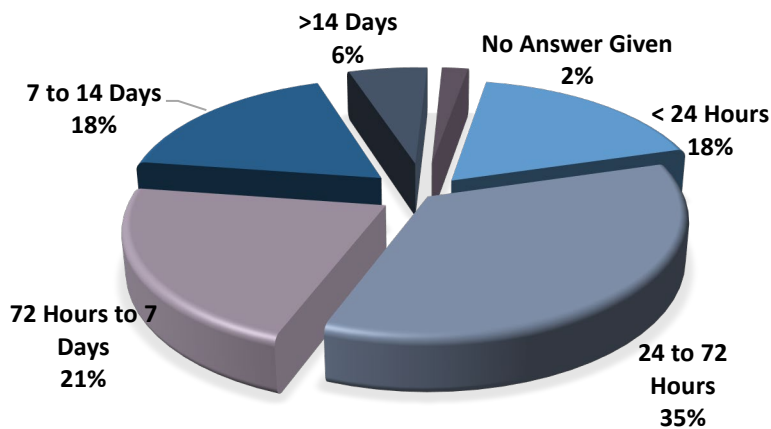
As with initial screenings, the type of individual conducting comprehensive mental health assessments, as well as the method of assessment, differs between facilities. Jails identify that comprehensive mental health assessments are performed in their jail by either community services boards, by jail mental health staff (which include jail employees that are licensed medical or mental health professionals), or by other mental health professionals (which include private or contracted medical or mental health professionals such as psychiatrists, medical doctors, nursing staff, etc.), as shown in Figure 5.

Figure 5: Provider of Jail Comprehensive Mental Health Assessment.



The average number of hours an inmate is confined in jail before receiving a comprehensive mental health assessment, if needed, varies from jail to jail. Figure 6 reflects the percentage of jails that reported they typically conduct comprehensive mental health assessments within specific time periods from the initial mental health screening performed at the time of commitment.⁵

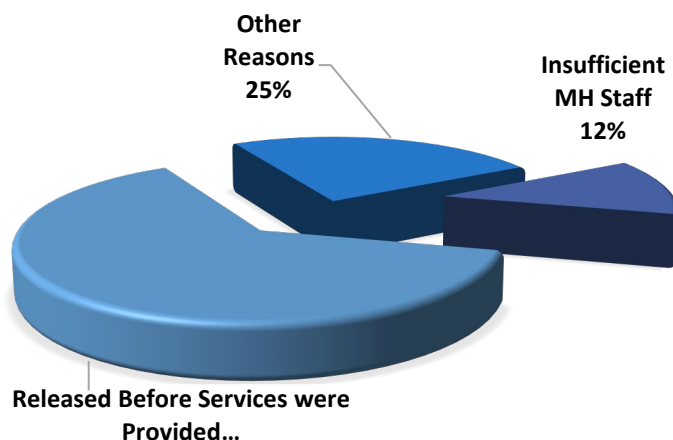
Figure 6: Average Confinement Time before Mental Health Assessment



⁵ Hampton City Jail did not respond to the question regarding average confinement time between screening and assessment.

Of the 3,988 inmates whose mental health screen indicated the need for a comprehensive assessment, 867 did not receive one. Of the 867 inmates who screened positive but were not assessed, jails reported that 78 were still given a referral to the CSB upon release.

Figure 7: Reasons Provided when an Inmate Who Screens Positive is not Assessed



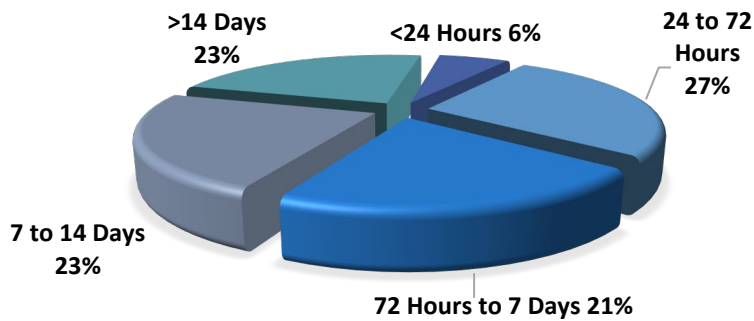
It is reasonable to assume, based upon survey responses, that a certain percentage of the population, based upon their brief length of stay, would not be confined long enough to receive a comprehensive mental health assessment, even if a screening indicated assessment would be appropriate. To include these inmates in the general population count for the purpose of calculating percentages of the population that are mentally ill, could lead to understated statistics. To more accurately reflect the mental illness percentages of the general population, Compensation Board staff has removed from its calculations the general population count of all inmates from each jail for which that jail's response regarding average hours of confinement prior to assessment indicated that the inmate would not typically be incarcerated long enough to be assessed.

A comprehensive mental health assessment may be conducted by a Licensed Mental Health Professional (LMHP) or a non-licensed Qualified Mental Health Professional (QMHP). Although assessment by an LMHP following a positive screening would be preferable, many jails do not have the resources for a licensed professional to conduct each assessment. In such cases, a non-licensed QMHP would measure the acuity of an inmate's symptoms and their additional needs, as well as determining priority of referral for diagnosis and/or psychotropic medication.

Of the inmates who received a comprehensive mental health assessment in June, 2025, 1,791 were referred for psychiatric services or to other prescribers (Psychiatrist, MD, NP).

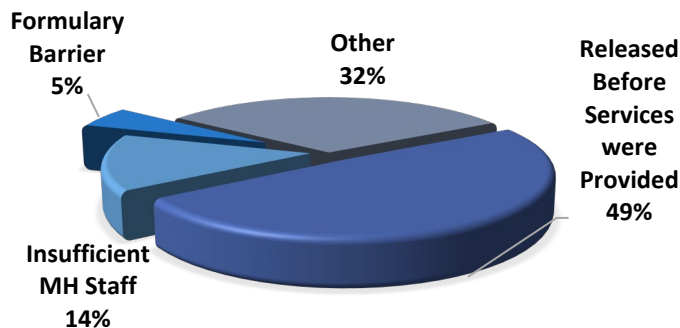
In addition to measuring the average time an inmate is confined before receiving a comprehensive mental health assessment, the survey also measures the average amount of time an inmate may wait between a comprehensive mental health assessment and an evaluation by a psychiatrist, doctor or nurse practitioner to determine further diagnosis and/or prescription needs. The time an inmate may have to wait between a comprehensive assessment and a clinical assessment, should one be needed, varies. These times may vary based upon jail mental health/medical staff resources as well as other factors such as breaks in confinement, court appearances (some of which may require overnight transfers to other jails), bond etc. Figure 8 reflects the percentage of jails that reported that they typically conduct clinical assessments within specific time periods from the time of comprehensive assessment.

Figure 8: Average Confinement Time between Mental Health Assessment and Clinical Mental Health Assessment⁶



Of the 1,791 inmates whose mental health assessment indicated the need for further services from a clinician (MD, Psyc, NP), 461 inmates did not receive those services.

Figure 9: Reasons an Inmate Referred to a Clinician May not Receive Services



The path an inmate with mental health needs may take from screening to clinical diagnosis may be different depending on the acuity of their needs as determined by mental health staff, staff resources and offense specific circumstances (bond, court appearances, violence risk assessment).⁷

⁶ Responses for figures 6 and 8 are based upon the typical assessment time reported by jails in the survey. These assessment times do not take into account inmates who are in acute crisis.

⁷ Arlington County Jail and Botetourt County Jail did not respond to the question regarding average confinement time between mental health assessment by a QMHP and clinical assessment by an LMHP.

Veterans and Homeless

Data reported here regarding veteran and homeless status is as reported to the jail by the inmates and not all jails currently collect this data. Therefore, these figures are likely an incomplete representation of the numbers of veterans and homeless individuals incarcerated in jails.

- Out of 828 inmates identifying themselves as veterans, 297 (35.83%) were identified by the jail as having a mental illness. Of the veteran group, 143 (17.27%) were identified by the jail as having a mental illness as well as a co-occurring substance abuse disorder.
- Out of 1,445 inmates identifying themselves as being homeless, 569 (39.38%) were identified by the jail as having a mental illness. Of the homeless group, 317 (21.94%) were identified by the jail as having a mental illness as well as a co-occurring substance abuse disorder.

Housing

The housing of mentally ill inmates differs from jail to jail.

- 20 out of 50 reporting jails have mental health units or bed areas separate from the General Population. In these 20 jails, there are 289 beds for Females and 787 beds for Males.
- Jails reported that a total of 3,318 beds would be needed to house all inmates with non-acute mental illness in mental health beds or units, which would currently require 2,239 additional beds.
- Of the 7,122 identified mentally ill inmates, 1,302 were housed in isolation for a total of 19,444 days. 29 of the 42 jails that housed mentally ill inmates in isolated or segregated cells did not operate a Mental Health Unit (493 inmates). If a mental health unit existed in the facility, it is possible that these inmates may not have had to be housed in isolation.)
- 23 jails have noted that they would consider hosting a state-funded Mental Health Residential Treatment Program.

There is no state funded Mental Health Residential Treatment Program operating within jail facilities at this time.

A temporary detention order (TDO) may be issued by a court or magistrate if an individual meets the criteria as set out by § 19.2-169.6. and/or § 37.2-809. Prior to the issuance of a TDO an evaluation must be conducted by the local Community Services Board or their designee. Within 72 hours from the issuance of a TDO, a hearing must be held to determine whether there is justification for a psychiatric commitment.

- A total of seven inmates were housed in jails more than 72 hours following the issuance of a TDO during the month of June, 2025.
- Feedback from jail staff suggests that the TDO process can be inconsistent.

Mental Health Treatment Services Provided

Mental health treatment services offered, as well as providers of those services, differ from jail to jail. Some jails may have a full-time psychiatrist or general practice physician (MD) to attend to mental health needs and dispense psychotropic medications; other jails may contract with an outside psychiatrist/general practice physician (MD) to provide services on certain days of each month, etc. Nursing staff may also provide mental health treatment.

Treatment Hours & Providers

In 2025, Community Service Boards (CSB's) were reported as providing the most significant portion of mental health treatment in jails. Community Services Boards have a statutory requirement to evaluate inmates for whom a temporary detention order is sought (§37.2-809); however they have no statutory obligation to provide treatment in the jail.

Community Services Boards have consistently been the most frequently used provider of mental health treatment in the Central Region.

In the Western Region, CSB's have been the most frequently used provider of mental health treatment since 2022, although the treatment hours of private contractors are usually a close second.

In the Eastern Region, 2025 is the first year that Jail Mental Health staff have replaced Private Contractors as the most frequently used provider of mental health treatment services.

Community Services Boards are both state and locally funded so their ability to provide services may vary greatly. Some localities have a CSB office dedicated to their specific city/county, while other localities may share a regional CSB with neighboring cities/counties.

Figure 10: Average Number of Treatment Hours per Type of Provider in June 2025

Provider	Central Region	Western Region	Eastern Region
Psychiatrists	56.68	37	42.56
Medical Doctors	5.24	2.87	3.91
Jail Mental Health Staff	43.33	46.06	84.13
Community Services Board	203.63	91.80	15.25
Private Contractors	39	82.27	75.63

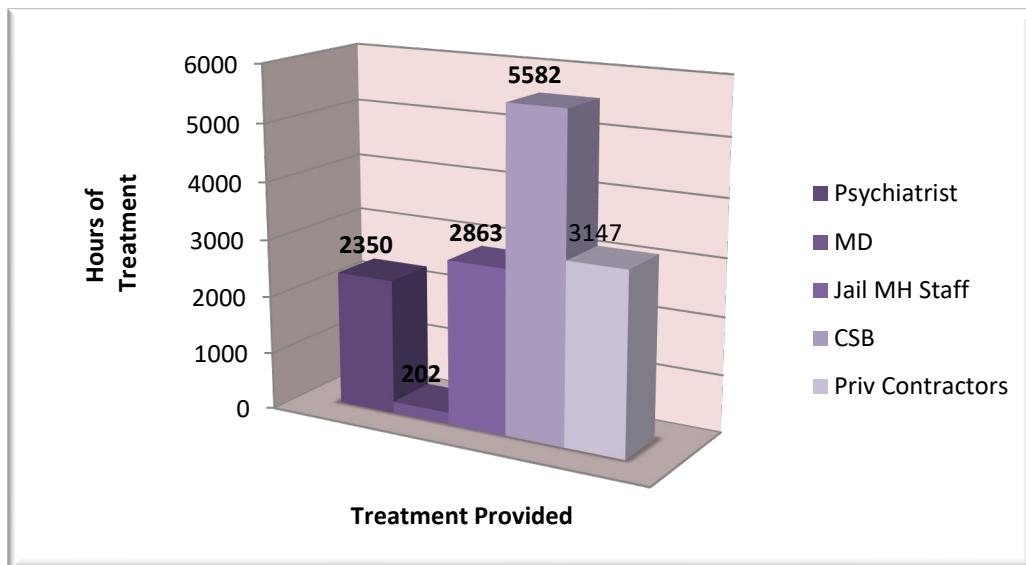
Provider	Average # of MH Trtmt Hrs Provided
Psychiatrists	46.08
Medical Doctors	3.95
Jail Mental Health Staff	56.14
Community Services Board	109.45
Private Contractors	61.71

The information provided below is for the month of June, 2025.

- A total of 14,143 treatment hours were provided, including treatment by any provider included in Figure 10. (2024-16,646; 2023-16,618; 2022-16,279; 2021-12,644; 2020-13,912; 2019-14,817).
- All data reflected in Figures 10, 11 and 12 and in Tables 5 and 6 are for a mentally ill population of 7,122 plus a population of 2,753 inmates reported to have a substance abuse disorder without co-occurring mental illness.
- In addition to in-jail treatment, twenty-eight jails reported providing follow-up case management for mentally ill inmates after their release from the jail. Ten jails reported that although follow-up case management was not provided for *all* mentally ill inmates, it was provided for those diagnosed as seriously mentally ill.⁸

Figure 11 reflects the total hours of treatment given by provider types in all jails.

Figure 11: Hours of Treatment Provided



The 2025 five jails with the highest numbers of hours of treatment provided per mentally ill inmate for the month reported in the survey were: Western Tidewater Regional Jail (16:1); Henry County Jail (11:1); Western Virginia Regional Jail (9:1); Loudoun County Jail (6:1); and Chesapeake City Jail (6:1).

The 2025 five jails with the highest number of hours of treatment provided for all inmates for the month reported in the survey were: Southwest Virginia Regional Jail (1,760); Fairfax County Jail (1,423); Chesapeake City Jail (1,013); Western Tidewater Regional Jail (842); and Prince William-Manassas Regional Jail (835).

⁸ Hours related to follow-up case management are not included in any figures for this section. Specific information regarding type of post-release assistance provided is not currently collected by the survey.

Table 5: Historical Treatment Hours

Year	Psychiatrist	MD	Jail MH Staff	CSB	Private Contractor
2025	2,350	202	2,863	5,582	3,147
2024	1,772	186	2,877	8,119	3,693
2023	2,057	324	2,080	8,484	3,673
2022	2,901	269	1,354	8,964	2,748
2021	2,411	276	1,103	5,463	3,392
2020	2,108	567	1,767	4,576	4,894
2019	1,648	315	687	8,968	3,199
2018	1,776	302	2,480	13,788	3,681
2017	1,663	468	1,467	12,353	4,635
2016	1,529	290	3,307	9,903	4,998
2015	1,411	235	1,246	4,810	6,061
2014	1,125	309	1,715	5,649	3,700
2013	1,235	212	2,667	5,935	6,744
2012	1,316	406	1,436	7,204	7,013
2011	1,160	260	4,286	6,681	5,351
2010	1,309	202	2,666	4,760	2,484
2009	1,008	229	2,673	9,336	2,163
2008	251	100	520	1,872	935

Figure 12 shows the percentage that each provider comprises of the total treatment hours reported.

Figure 12: Providers of Treatment

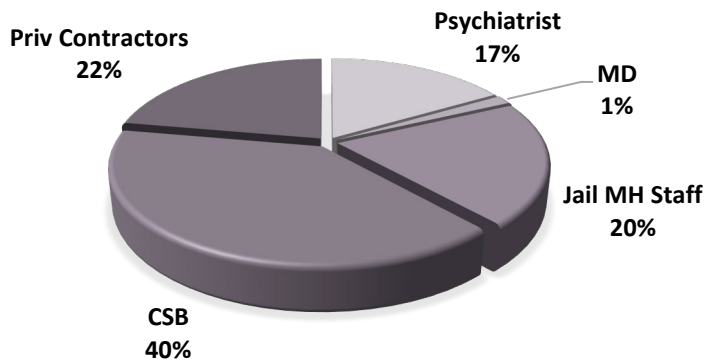


Table 6: Historical Percentage of Treatment by Provider

Year	Psychiatrists	MD	Mental Health Staff	Private Contractors	CSB
2025	17%	1%	20%	22%	40%
2024	11%	1%	17%	22%	49%
2023	12%	2%	13%	22%	51%
2022	18%	2%	8%	17%	55%
2021	19%	2%	9%	27%	43%
2020	15%	4%	13%	35%	33%
2019	11%	2%	5%	22%	61%
2018	8%	1%	11%	63%	17%
2017	8%	2%	7%	23%	60%
2016	8%	1%	18%	25%	49%
2015	10%	2%	9%	44%	35%
2014	7%	2%	10%	23%	58%
2013	7%	2%	16%	40%	35%
2012	8%	2%	8%	40%	42%
2011	7%	1%	24%	30%	38%
2010	11%	2%	23%	22%	42%
2009	7%	1%	18%	14%	61%

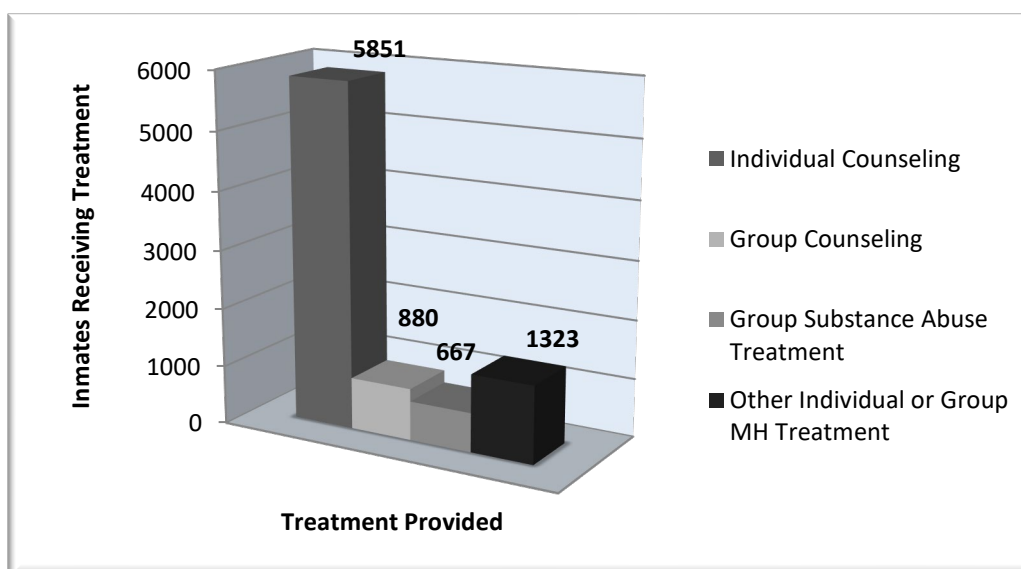
Treatment Services

An inmate may receive multiple types of treatment. Treatment may be given by any of the providers referenced previously in Figure 11 (psychiatrists, medical doctors, jail mental health staff, community services board, private contractors). Treatment includes any individual/group counseling or substance abuse services but does not include dispensing of medication.⁹

Forty-eight (48) of the 51 reporting jails provided data on the number of inmates receiving treatment services in the categories shown below in their facilities. All inmate numbers reflected in Figures 13, 14, and 15 are from a general population of 29,353, a mentally ill population of 6,761, and a population of inmates with substance abuse without mental illness of 2,454.

- 8,721 inmates were reported to receive a type of mental health or substance abuse treatment during the month of June, 2025 (indicating some inmates received multiple types of treatment).

Figure 13: Type of Treatment Provided



Not all jails provide all types of treatments, as resources and ability to provide certain treatments can vary by region, relationships with community services boards, availability of local funding, local providers or local community partnerships.

⁹ Portsmouth City Jail (366) did not respond to the question regarding types of treatment. Riverside Regional Jail (1,491) and RSW Regional Jail (483) did not provide data on the number of inmates being treated.

Figure 14: Type of Service Percentage by Number of Inmates Treated

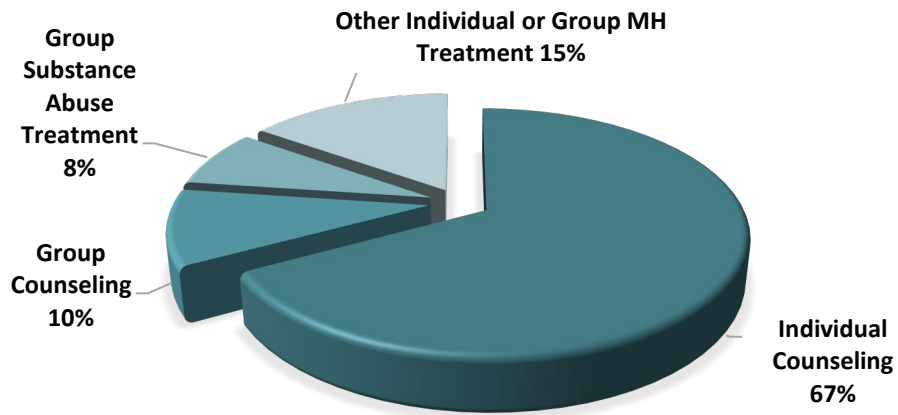


Figure 15: Hours of Treatment Provided by Region

	Central Region	Western Region	Eastern Region	Total All
Individual Counseling	2453	1451	1682	5586
Group Counseling	316	114	616	1046
Group Substance Abuse Treatment	1745	437	1186	3368
Other MH Treatment	884	1427	733	3044
Total All Hours	5398	3429	4217	13044

Medication

Some inmates with mental illness require the assistance of psychotropic medications. Psychotropic refers to mood altering drugs which affect mental activity, behavior, or perception. Often these medications are provided and dispensed by the jail. However, as noted in the survey, there are certain medications that some jails do not provide. In certain cases, an inmate's medication may be delivered to the jail by a 3rd party, such as a physician treating the offender pre-incarceration, or a family member authorized by the jail to bring the necessary prescribed medication.

Psychotropic medications are broken down into 4 categories: antipsychotic, mood stabilizer/anticonvulsant, anti-depressant and anti-anxiety.

- Antipsychotic medications include drugs such as: Haldol, Zyprexa, Risperdal, Seroquel, Trilafon, Prolixin, Thorazine, Abilify, Geodon, Clozaril
- Mood Stabilizer/Anticonvulsant medications include drugs such as: Depakote, Lithium, Tegretal, Topamax, and Trileptal
- Anti-depressant medications include drugs such as: Prozac, Zoloft, Lexapro, Wellbutrin, Paxil, Elavil, Pamelor, and Desyrel
- Anti-anxiety medications include drugs such as: Ativan, Xanax, Librium and Valium

During June, 2025 there were 10,556 prescriptions for psychotropic medications being dispensed in local and regional jails. The number of medications administered may exceed the number of inmates receiving treatment, as an inmate may be taking more than one medication. It has been noted by several jails that it is less expensive to provide mentally ill inmates medication than it is to provide treatment services.

7,663 total inmates were dispensed psychotropic medications. This number will not equal the number of medications dispensed as an inmate may be prescribed more than one.

Table 7: Historical Trend of Medications Dispensed

Year	Number of Medications Dispensed
2025	10,556
2024	10,614
2023	9,341
2022	12,817
2021	12,287
2020	10,475
2019	11,050
2018	10,675
2017	11,547
2016	10,723
2015	11,052
2014	8,894
2013	9,316
2012	6,576
2011	6,490
2010	6,274
2009	5,746

Figure 16: Number and Type of Psychotropic Medications Dispensed

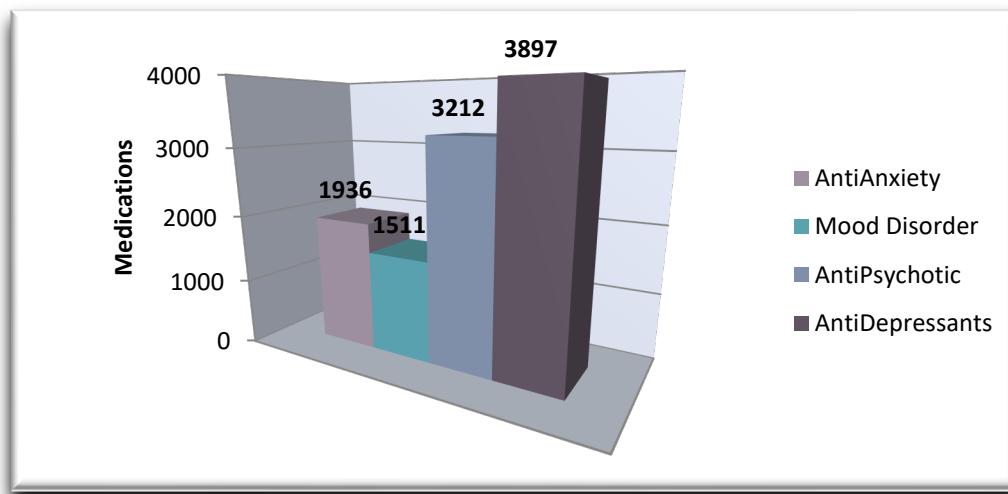
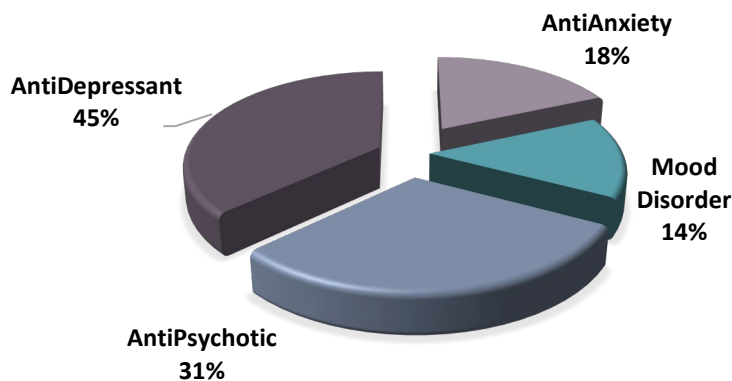


Figure 17: Percentage of Psychotropic Medication Dispensed by Type



The top five distributors of psychotropic medications for the month reported in the survey were: Southwest Virginia Regional Jail (929); Western Tidewater Regional Jail (758); Northwestern Regional Jail (747); Virginia Beach City Jail (723); and Virginia Peninsula Regional Jail (626).

The 2025 five distributors of the highest ratio of psychotropic medications per mentally ill inmate for the month reported in the survey were: Western Tidewater Regional Jail (14.86:1); Virginia Beach City Jail (9.77:1); Western Virginia Regional Jail (8.13:1); and Southampton County Jail (4.60:1).

A total of 2,256 jail inmates with mental illness refused psychotropic medication. This is 31.68% of the mentally ill population. Jails were asked to report their procedure when an inmate refuses medication. Responses varied, but the most reported actions taken were: require the inmate to sign a refusal form; refer the inmate to the psychiatrist or other qualified mental health professional for counseling; contact prescribing provider if not jail mental health staff and monitor inmate for changes in behavior.

In the June, 2025 survey, jails were asked to report how often they seek judicial approval for involuntary treatment when an inmate refuses medications.¹⁰

- No jails reported “Always seeks judicial approval” for involuntary treatment when an inmate refuses medications.
- 4 jails reported “Sometimes seek judicial approval” for involuntary treatment when an inmate refuses medications.
- 26 jails reported “Only if the Inmate is a Danger” do they seek judicial approval for involuntary treatment when an inmate refuses medications.
- 19 jails reported “Never seek judicial approval” for involuntary treatment when an inmate refuses medications.

Substance Abuse/Special Education

- Of the 7,122 inmates with mental illness, 4,266 had a co-occurring substance use/abuse disorder, or about 59.90% of the mentally ill jail population.¹¹
- Those inmates with co-occurring mental illness and substance use/abuse disorder comprised 13.46% of the general jail population.
- 2,753 inmates without mental illness were reported to have substance use/abuse disorders, representing about 8.69% of the general population.
- As illustrated earlier in Figure 14, 8% of all inmates receiving jail provided treatment services are receiving group substance abuse treatment.

Federal regulations mandate that all correctional facilities provide access to special education for inmates. During the month of June 2025, 62 inmates were receiving special education.

¹⁰ Fairfax County Jail, Newport News City Jail and Riverside Regional Jail did not respond to the question regarding whether they seek judicial approval for involuntary treatment.

¹¹ The population counts used to calculate mental illness percentages are the number of inmates confined long enough to have received a comprehensive mental health assessment by a qualified mental health professional, should a screening indicate that an assessment was necessary. The determination of whether an inmate was confined long enough to have been assessed is made based upon the jails answer to question 14 of the survey.

Mental Illness & Offense Type

For each inmate identified as mentally ill, jails were asked to note the most serious offense (MSO) type on which the offender was held. The following are the offense types, listed in order of severity: violent felony, drug felony, non-violent felony, violent misdemeanor, drug misdemeanor, and non-violent misdemeanor. Most serious offense classification is based on the most serious offense with which an inmate is currently charged, and not necessarily of which the inmate is ultimately convicted.

Of the 7,122 inmates with mental illness, jails reported the most serious offense type for 6,936, or 97.39% of them. Of the inmates for whom the most serious offense type was reported, 73.50% had felony offenses, 23.01% were held on misdemeanor offenses and 3.49% were held on ordinance offenses.¹²

Table 8: Percentage of Mental Illness by Offense Type-Crime Type

Year	Felony	Misdemeanor	Ordinance
2025	73.50%	23.01%	3.49%
2024	70.28%	24.97%	4.75%
2023	74.73%	23.25%	2.07%
2022	72.18%	23.40%	4.42%
2021	76.55%	20.75%	2.70%
2020	84.51%	12.52%	2.96%
2019	78.17%	19.34%	2.49%
2018	74.59%	21.22%	4.19%
2017	76.93%	20.52%	2.54%
2016	80.58%	16.85%	2.57%
2015	75.85%	22.04%	2.12%
2014	76.96%	20.68%	2.36%
2013	69.70%	26.93%	3.38%
2012	73.39%	24.02%	2.60%
2011	76.95%	20.96%	2.09%

Table 9: Percentage of Most Serious Offense-Crime Type of the General Population

Year	Felony	Misdemeanor	Ordinance
2025	68%	30%	2%
2024	70%	28%	2%
2023	70%	28%	2%
2022	72%	26%	2%
2021	74%	24%	2%
2020	80%	18%	2%
2019	71%	26%	3%
2018	70%	27%	3%
2017	70%	27%	3%
2016	67%	29%	4%

¹² Riverside Regional Jail did not respond to the question regarding diagnosis and offense.

Figure 18 illustrates the percentage each offense type comprises of the total mentally ill population reported in the survey question that references Most Serious Offense. The count of mentally ill inmates used for this graph does not include 242 inmates reported to be held for ordinance violations.

Figure 18: Percentage of Mental Illness by Most Serious Offense Type (Crime Severity)

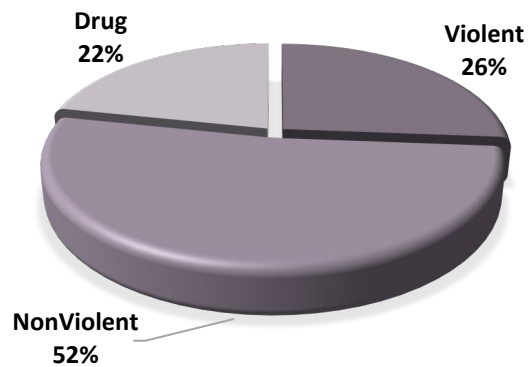
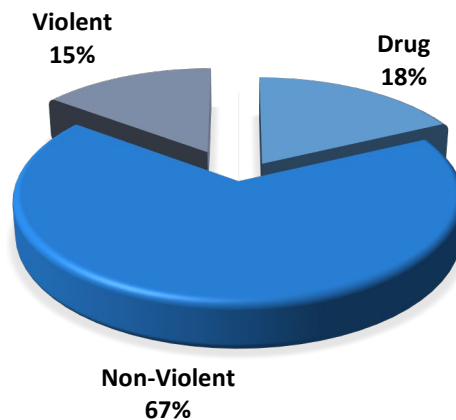


Figure 19 illustrates the percentage each offense type comprises of the total general population.

Figure 19: Percentage of General Population by Most Serious Offense Type (Crime Severity)



¹³ The percentages in Figures 18, 19, 20, 21, 22 and 23 are from a total mentally ill population of 6,936.

Figure 20 illustrates the percentage each offense comprises of each diagnosis.

Figure 20: Mental Illness Categories & Offense Type

	Felony Violent	Felony Drug	Felony Non- Violent	Mis Violent	Mis Drug	Mis Non- Violent	ORD
Schizophrenia/Delusional	26.78%	10.56%	24.27%	3.77%	3.03%	27.20%	4.39%
Bi-Polar/Major Depressive	19.19%	22.24%	33.85%	1.87%	1.64%	17.93%	3.28%
Mild Depression	25.99%	16.49%	36.02%	3.58%	2.69%	10.39%	4.84%
Anxiety Disorder	20.47%	19.13%	33.82%	3.34%	4.89%	14.79%	3.56%
PTSD	21.30%	19.77%	38.01%	1.66%	2.42%	14.16%	2.68%
Other Mental Illness	24.67%	15.10%	36.49%	3.19%	2.53%	15.57%	2.44%
Mentally Ill w/ No Diagnosis	19.55%	13.78%	35.57%	3.72%	4.84%	18.06%	4.47%

Figure 21 illustrates the regional offense type percentage of mentally ill inmates for whom most serious offense type was reported.

Figure 21: Mental Illness and Offense Type Percentage by Region

	Central Region	Western Region	Eastern Region
Felony	72.55%	75.20%	73.43%
Misdemeanor	23.58%	21.69%	23.46%
Ordinance	3.87%	3.11%	3.11%

Figure 22 illustrates the regional crime type percentage of mentally ill inmates for whom most serious offense type was reported. This figure does not include inmates whose most serious offense was an ordinance violation.

Figure 22: Mental Illness and Crime Type Percentage by Region

	Central Region	Western Region	Eastern Region
Violent	24.08%	24.10%	27.57%
Non-Violent	51.44%	42.92%	52.88%
Drug	18.92%	28.06%	14.31%

Figure 23: Mental Illness & Offense Type Percentage of Increase/Decrease since 2022

	Felony Violent % Change	Felony Drug % Change	Felony Non- Violent % Change	Mis Violent % Change	Mis Drug % Change	Mis Non- Violent % Change	ORD % Change
Schizophrenia/ Delusional	-2.05%	-0.81%	0.62%	0.39%	0.33%	0.96%	0.56%
Bi-Polar/Major Depressive	-3.15%	0.67%	2.78%	-4.19%	-1.08%	4.94%	0.04%
Mild Depression	3.34%	0.94%	8.81%	-0.84%	-4.68%	-3.01%	-4.54%
Anxiety Disorder	0.99%	-2.09%	5.66%	-1.77%	0.74%	-1.60%	-1.94%
PTSD	0.98%	-2.41%	8.15%	-0.94%	-0.31%	-1.58%	-3.89%
Other Mental Illness	0.83%	-3.69%	4.09%	-0.04%	1.13%	-1.82%	-0.51%
Mentally Ill w/ No Diagnosis	0.44%	-4.48%	6.79%	0.09%	2.54%	-5.88%	0.48%

Inmate Aggression

There were 295 documented incidents of inmate aggression (to include physical or sexual assault and/or threats of violence) toward other inmates and 143 documented incidents of inmate aggression toward jail staff in the month of June 2025. 187 inmate perpetrators had been diagnosed as mentally ill, and 62 victims of inmate aggression had been diagnosed as mentally ill.

Table 10: Inmate Aggression

Year	Toward Inmates	Toward Jail Staff	Perpetrators MI	Victims MI
2025	295	143	187	62
2023	322	145	168	95
2022	399	283	258	97
2021	410	200	183	81
2020	463	299	155	75
2019	503	313	159	76
2018	337	132	117	46
2017	318	137	92	36
2016	321	108	134	53
2015	288	104	133	56
2014	353	132	97	74
2013	287	90	91	33
2012	297	208	90	35

During FY2025, there were 61 inmates who died while in the custody of a local or regional jail.¹⁴ Fifteen of these inmates were reported by jails to have died due to an unnatural cause. Of the fifteen unnatural deaths in custody, nine were confirmed as suicide, two were drug related, and four were not confirmed as to cause. Whether or not these inmates were suffering from a mental illness is unknown.

Table 11: Deaths in Jails

Year	Death by Natural Cause	Death by Unnatural Cause
FY2025	46	15
FY2024	21	17
FY2023	33	15
FY2022	43	20
FY2021	41	23
FY2020	34	13
FY2019	43	12
FY2018	42	15
FY2017	20	10
FY2016	25	6
FY2015	0	15
FY2014	33	11
FY2013	5	6
FY 2012	27	13
FY 2011	29	6

¹⁴ Figures do not include potential deaths of individuals on Home Electronic Monitoring.

Treatment Expenditures

The following reflects the cost of all mental health treatment, including medications, as reported by the jails for FY25. Some jails provided estimated or pro-rated annual costs; total figures have not been audited.¹⁵

- The total reported cost of all psychotropic medications administered was \$6.1 million.
- The total reported cost of mental health services, excluding medication but including medical doctors and nursing, was \$31 million. This was \$6.34 million more than reported for FY24.¹⁶
- Total cost of mental health treatment was estimated at approximately \$37.1 million in FY25.¹⁷

Table 12: Treatment Expenditures

Year	Medication	MH Services	Total Cost
2025	\$6.1 million	\$31 million	\$37.1 million
2024	\$5.8 million	\$24.7 million	\$30.5 million
2023	\$4.7 million	\$24.6 million	\$29.3 million
2022	\$4.5 million	\$21.8 million	\$26.3 million
2021	\$3.9 million	\$24.1 million	\$28 million
2020	\$4.2 million	\$18.7 million	\$22.9 million
2019	\$3.8 million	\$16.9 million	\$20.6 million
2018	\$3.8 million	\$17.8 million	\$21.6 million
2017	\$3.8 million	\$10.5 million	\$14.3 million
2016	\$3.7 million	\$10.3 million	\$14 million
2015	\$5.1 million	\$9.1 million	\$14.2 million
2014	\$3.6 million	\$9.1 million	\$12.7 million
2013	\$2.7 million	\$8 million	\$10.7 million
2012	\$3.7 million	\$9.6 million	\$13.3 million

¹⁵ Arlington County Jail and Riverside Regional Jail reported that mental health services were provided but did not report the cost of such services.

¹⁶ The following jails reported increases of 40% or greater in mental health treatment expenditures from 2024 to 2025. Botetourt County Jail, Hampton City Jail, Prince William-Manassas Jail, Roanoke City Jail, Southampton County Jail, Virginia Beach City Jail, Albemarle-Charlottesville Regional Jail and Piedmont Regional Jail. Albemarle-Charlottesville Regional Jail noted that only figures for contract services were reported in 2024. Figures for 2025 include all medical staff (FTE and contract). Chesapeake City Jail reported that the increase in expenditures may partially be accounted for by the closing of Hampton Roads Regional Jail, with which Chesapeake previously had a contract to hold inmates requiring certain medical or mental health care.

The following jails reported decreases of 40% or greater in mental health treatment expenditures from 2024 to 2025. Chesterfield County Jail, Culpeper County Jail, Central Virginia Regional, New River Regional, Rockbridge Regional, Rockingham-Harrisonburg Regional Jail, RSW Regional Jail.

¹⁷ Fund source (State, Federal, Local, Other) was not included in this year's report due to the inability to reconcile totals as reported by source.

Jail Staff & Maintenance of Mental Health Data

Depending on the operational capacity of the jail, the number of staff members, including jail officer/sworn deputies and civilian personnel, ranges from 12 to 658.¹⁸

- 38 of 49 reporting jails provide mental health training to each new jail officer/deputy prior to his/her initial assignment to the jail. Of these jails, there is an average of 8.47 hours of mental health training provided per jail officer/deputy. Six jails provide 20 hours or greater mental health training per jail officer/deputy prior to initial assignment.
- 35 of 49 reporting jails require jail officers/deputies to complete additional training in mental health topics annually. Of these jails, jail officers/deputies are required to complete an average of 3.37 hours of training in mental health topics each year.

Forty-two jails indicated that their jail's electronic inmate management system includes mental health screening items, while ten jails indicated that their electronic inmate management system also includes inmate psychiatric diagnoses.

¹⁸ Arlington County Jail did not respond to the questions regarding officer training or jail staff.

BHCM and PMED Positions Funded

Every year, jails report that housing mentally ill offenders creates unique challenges. To assist in addressing those challenges, the 2022 General Assembly appropriated \$17 million in additional funding to the Compensation Board for behavioral health case managers and partially funded medical positions in local and regional jails. As a result of this appropriation (\$7,332,246 in the first year and \$9,835,820 the second year) 127 new medical positions and 125 new behavioral health case manager positions were allocated to jails in FY23.

Funding was based on 50% of the total recommended number of positions, with half of the positions allocated on 8/1/22 and the remainder on 1/1/23. Position allocation to each jail was based on current Compensation Board staffing standard methodologies. The number of partially funded medical (PMED) positions due in each office is based on the methodology of 1:25 PMED positions per Average Daily Inmate Population (ADP) or rated operating capacity (set by the Board of Local and Regional Jails), whichever generates a higher result. The number of behavioral health case manager (BHCM) positions is based on a methodology of a minimum staffing of 1 BHCM position per jail plus additional due based on 1:160 per ADP. A list of the number of positions allocated to each jail may be found in the appendix of this document.

In 2024, new questions were added to the Mental Illness in Jails survey to collect data related to the use of the new positions, as well as any possible barriers to implementation.¹⁹

BHCM Positions

Of the 57 local and regional jails, at least one BHCM position was allocated to each jail.²⁰

- 17 of 50 reporting jails have hired for All of Them
- 5 of 50 reporting jails have hired for Some of Them
- 28 of 50 reporting jails have hired for None of Them

Of the jails who have not filled their BHCM positions,²¹

- 15 jails reported it is because funds are used to cover the cost of a medical contract
- 23 jails reported it is because those funds are used to cover the salary of a CSB employee working full time within the jail.
- 15 jails reported it is due to lack of availability of qualified professionals seeking employment in a medical capacity
- 15 jails reported that the positions were not hired due to other reasons

¹⁹ Culpeper County Jail did not respond to the questions regarding new positions.

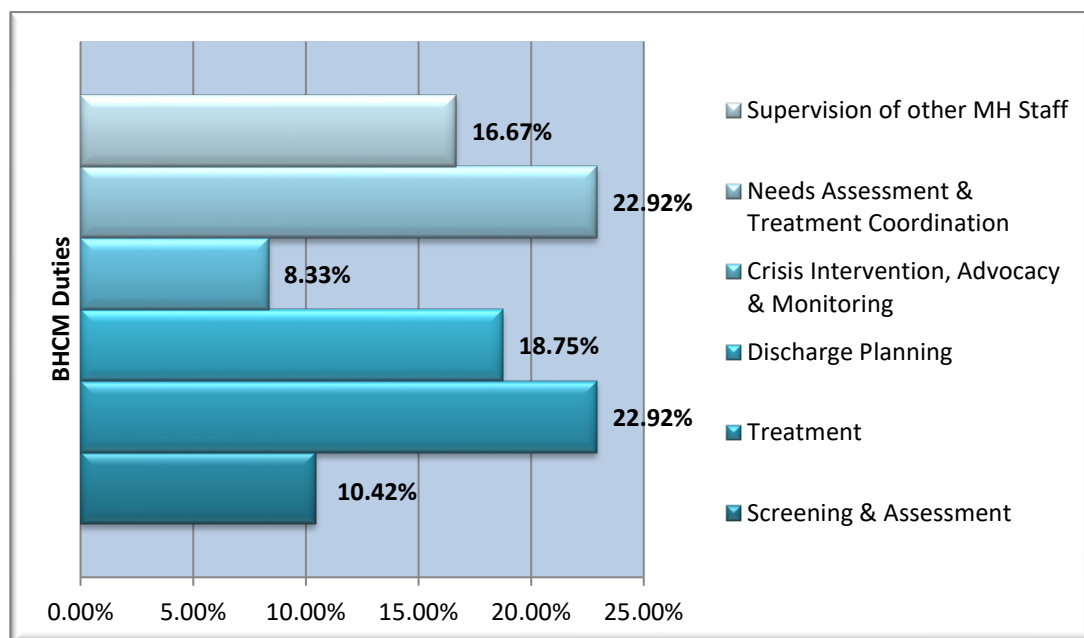
²⁰ Hampton Roads Regional Jail was allocated two BHCM positions. When the jail closed in April, 2024, funding for all staffing was removed and those positions were not reallocated.

²¹ Jails may have provided more than one explanation for unfilled new positions.

The Compensation Board does not provide job descriptions for positions in local and regional jails. That is the role of the elected Sheriff or appointed Superintendent. Depending upon region, average daily jail population, total jail staff and other factors, the duties of a position in a particular classification, such as PMED or BHCM, may vary.

Figure 24 reflects the basic BHCM job duties reported by jails who have filled their new BHCM position or intend to fill it soon.

Figure 24: Job Duties of BHCM Positions Allocated in FY23



Jails who have contracted with an outside provider (private or CSB) for mental/behavioral health treatment may have opted to use funds from the newly allocated positions toward those contracts. Transfer of funds for such use would require jails to request approval from the Compensation Board annually.

Of the jails that maintain a private contract for mental/behavioral health, nine reported that the number of employees and/or hours of mental/behavioral health treatment from their contractor have been increased since the additional positions (budgeted funds) were allocated to their jail. No jails have reported that their locality has reduced local funding allocated to mental/behavioral health at this time as a result of additional state funds.

Of the jails that contract with their local CSB for mental/behavioral health, four reported that the number of employees and/or hours of mental/behavioral health treatment from the CSB have been increased since the additional positions (budgeted funds) were allocated to their jail. No jails have reported that their locality has reduced local funding allocated to mental/behavioral health at this time as a result of additional state funds.

Fifteen jails also reported having mental/behavioral health staff in their jail funded by a grant, for a total of thirty-eight (38) grant funded mental/behavioral health staff members.

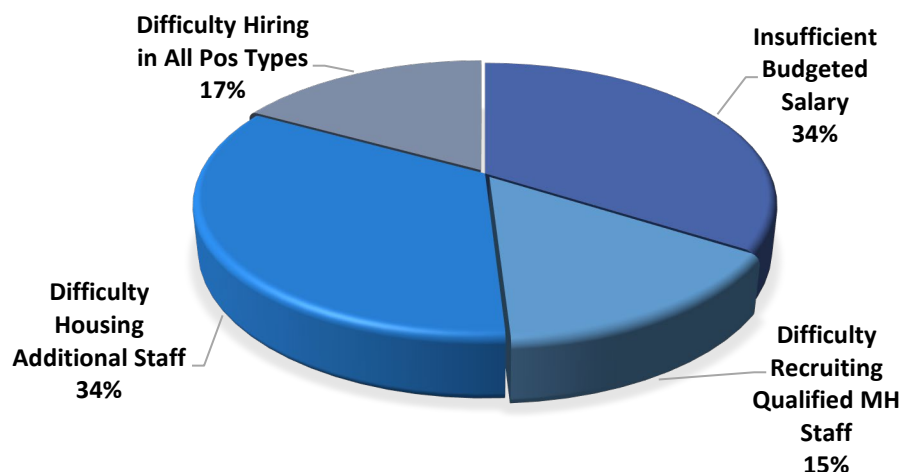
Of the jails with a grant funded position the sources identified are shown in Figure 25 below.

Figure 25: Source of Grant Funded Mental/Behavioral Health Positions

DBHDS Forensic Discharge Planning	13
Federal	2
DCJS	6

For Sheriffs/Superintendents who wish to direct-hire into these new positions in lieu of transferring funds to fund a medical contract, but experienced difficulties doing so, the barriers to hiring reported are shown in Figure 26.

Figure 26: Reasons for Difficulty in Hiring BHCM



Fourteen (14) jails reported that they are able to offer additional services since receiving one or more BHCM positions. Examples of new services provided are: additional re-entry services that allow staff to follow clients into the community; supervision of other clinicians; supervised peer counseling; discharge planning; group counseling; medication assisted treatment (MAT) services.

Twenty-four (24) jails reported that they have been able to improve existing services since receiving one or more BHCM positions. Examples of improvements to existing services are: expediency of evaluation and treatment; expansion of re-entry services to a larger subset of the jail population; greater scope and efficiency of discharge planning; stronger provider-patient communication with SMI inmates; expansion of Opioid Use Disorder (OUD) services; increase in QMHP availability, particularly during off-hours.

Additional explanation for barriers to hiring for BHCM positions provided are: budgeted salary is low so without a salary supplement from the locality, hiring would be difficult; limited physical space for housing/treating MI inmates; lack of qualified mental/behavioral health professionals willing to work in a correctional setting; rural location; competing with nearby jurisdictions for qualified professionals.

The only barrier to implementation of additional services reported this year was in regard to discharge planning. One jail reported difficulty in identifying release dates in order to execute robust discharge planning due to the fluidity of the Local Responsible jail population and the need to wait for release date notification from the Department of Corrections in the case of the State Responsible (convicted felon) jail population.

PMED Positions

Of the 58 local and regional jails, at least one additional PMED position was allocated to 26 of them. Jails who did not receive any new PMED positions were not found to be due any in accordance with the staffing standard methodology.²²

Of the 26 jails who received one or more additional PMED positions and responded to the survey,

- 2 jails have hired for All of Them
- 1 jail has hired for Some of Them
- 11 jails have hired for None of Them

For the jails who have received a PMED position that remains unfilled²³

- 12 jails reported it is because funds are used to cover the cost of a medical contract
- 13 jails reported it is due to lack of availability of qualified professionals seeking employment in a medical capacity
- 5 jails reported it is due to an insufficient budgeted salary
- 13 jails reported that the positions were not hired due to other reasons

Five jails reported that the number of employees and/or hours of medical treatment from their medical contractor have increased since the additional PMED positions (budgeted funds) were allocated to their jail. No jails have reported that their locality has reduced local funding at this time as a result of additional state funds.

²² Henrico County Jail, Albemarle-Charlottesville Regional Jail, Alleghany Regional Jail, Riverside Regional Jail, Southside Regional Jail, and Western Tidewater Regional Jail received PMED positions in FY23 but did not respond to the questions regarding PMEDs.

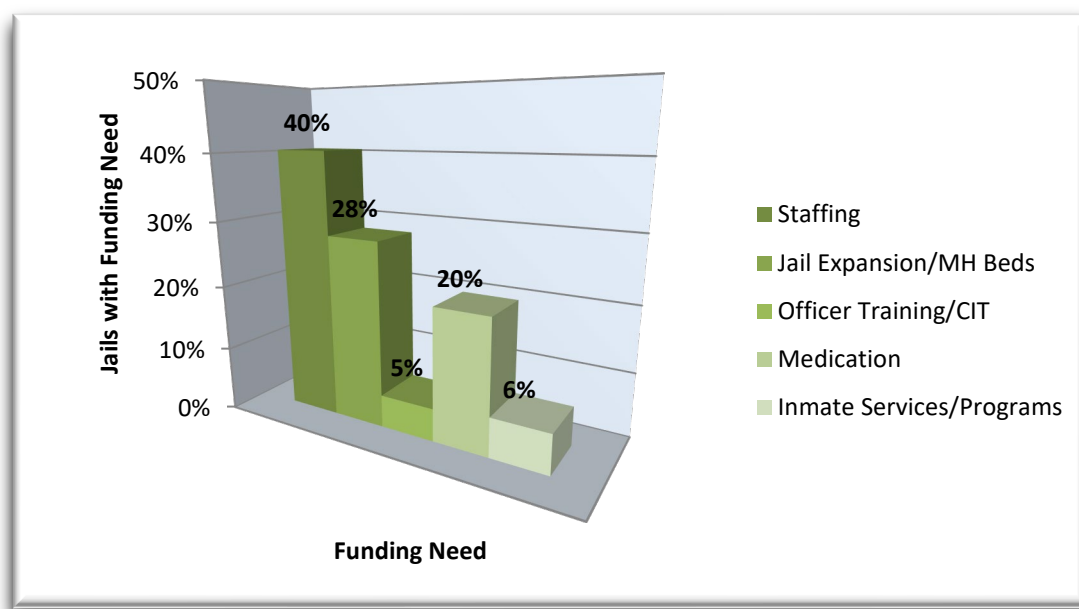
²³ Jails may have provided more than one explanation for unfilled new positions

Areas of Greatest Need for Funding

In the 2025 survey, jails again reported the areas in which they still felt additional funding would be most beneficial. Forty-eight (48) jails responded to the question regarding additional funding needs.

Figure 27 illustrates the percentage of responding jails reporting each type of funding that would be most beneficial. Each jail may have reported more than one type of funding that would be of greatest benefit.

Figure 27: Greatest Funding Needs



The biggest concern cited under the heading of expansion/mental health beds is that most of these facilities were not designed to accommodate the special needs and security concerns of populations affected by a mental health diagnosis. Staffing resources go hand in hand with the need for jail expansion. Additional staffing resources were specified for treatment, medication management and discharge planning, but also additional staffing for increased patient visibility. There is an increased risk from and to inmates suffering with mental and behavioral health concerns. When there is an elevated mentally ill population, there is a need for increased staffing. That need may be greater in facilities without a mental/behavioral health unit as inmates with mental/behavioral health concerns may be housed across multiple units.

The need for transitional medications (medication to last from release until the person can be seen by a community mental health provider) remains a concern, as is continuity of care within the community. Additional funding to supply long-acting medications to ensure the best medication compliance also remains a concern.

A number of facilities reinforced the need for funding for training and treatment services/programs specifically addressing Opioid Use Disorder (OUD). Within the scope of any such funding is the

need for increased ability to identify opiate use as well as provide evidence-based treatment. Medication assisted treatment (MAT; the use of medications in combination with counseling and behavioral therapies) is often used in the treatment of Opioid Use Disorder (OUD) but can be used in the treatment of other substance abuse disorders as well. A highlight on the use of MAT programs and the need to increase funding to these programs was again present in survey responses.

From jails that noted more training should be made available for jail staff (through DCJS, DBHDS or other sources), specifically noted was a need for training of jail staff in dealing with military veterans in crisis.

Jails continued to report that additional community resources are needed to better facilitate re-entry, bridging the gap between jail and return to the community.²⁴

²⁴ Note: Danville Jail Farm, Danville City Jail and Riverside Regional Jail did not respond to the question regarding greatest funding needs.

Crisis Intervention Teams

The Department of Criminal Justice Services (DCJS) and the Department of Behavioral Health and Developmental Services (DBHDS) collaborate to support and administer Crisis Intervention Team (CIT) programs across the Commonwealth. At its core, CIT provides 1) law enforcement crisis intervention training to enhance response to individuals exhibiting signs of a mental illness; 2) a forum to promote effective systems change and problem-solving regarding interaction between the criminal justice and mental health care systems; and 3) improved community-based solutions to enhance access to services for individuals with mental illness. Successful CIT programs improve officer and consumer safety, reduce inappropriate incarceration and redirect individuals with mental illness from the criminal justice system to the health care system when to do so is consistent with the needs of public safety.

Although CIT training is primarily for law enforcement, it is also offered to other first responders such as Fire and EMS, mental health staff, correctional officers, and others. In local and regional jails, the primary purpose of the CIT training is to help jail officers recognize when a person may be suffering from a mental illness, to give them a better awareness of the needs of individuals with mental illness and to give them the tools and strategies needed for de-escalation in a situation where a mentally ill offender appears to be in crisis.

Forty-nine (49) of 51 reporting jails have jail officers/deputies who have completed Crisis Intervention Team (CIT) training. Of these jails, an average of 53 jail officers/deputies in each jail have completed CIT training. Twelve jails reported that at least half of their total staff has completed CIT training.²⁵

CIT Programs are comprised of three components: a community engagement component, a training component, and an access to services component. The access to services component has historically been achieved through Crisis Assessment Sites. Assessment Sites are designed to enable police officers or sheriffs' deputies to take a person experiencing a mental health crisis for quick and appropriate mental health assessment and linkage to treatment in lieu of arrest or jail.

The current focus of crisis intervention in Virginia is moving toward 23-hour care and observation, known by many different names nationwide but referred to as a Crisis Receiving Center (CRC) in Virginia. The build out of these centers is a critical piece of both the DBHDS strategic plan and Governor Youngkin's Right Help Right Now initiative. CRCs provide the same level of clinical evaluation when needed as a CIT Assessment Site, however, also include medical evaluation, psychiatric evaluation, peer recovery specialists, and intense case management and discharge planning to other levels of care for the individual presenting in crisis.

CRCs are often built onto existing CIT Assessment Site programs as it is widely held that individuals who may avoid inappropriate arrest may also avoid unnecessary hospitalization when provided with appropriate supports immediately upon engagement with both CIT trained law enforcement and the behavioral health system. Virginia has four operational CRCs with ten in development and additional funding for the creation of about 9 more in. The goal is a network of centers that can be reached by individuals within an hour or less in any area of the Commonwealth.²⁶

²⁵ Arlington County Jail did not respond to the questions regarding officer training.

²⁶ At the time this report was drafted, data from DBHDS on FY25 CIT trainings conducted was not available.

Current Initiatives, Final Remarks & Future Measures

Sheriffs and Jail Superintendents were notified in June, 2025 of survey deadlines and instructions and were forwarded an advanced copy of the mental health survey.

Right Help, Right Now

In 2022 Governor Youngkin initiated the Right Help, Right Now Behavioral Health Plan, designed to set clear and achievable goals that would help Virginians with behavioral health and substance abuse disorder needs get the right help they need, right now. This three-year plan is built on six pillars that address mental health intervention and care at all three stages (pre-crisis, crisis, and post-crisis).

As a companion to the Right Help Right Now Behavioral Health Plan, Executive Order 36 (2024) established the Stand Tall-Stay Strong-Succeed Together Reentry Initiative. This order directed agencies to continue the work that was begun by the Re-Entry Optimization Workgroup (Governor's Transformation Office), collaborating on an integration system to support reentry and directing the team to also integrate non-state entities.

An update on the key accomplishments and continued investments of this plan (at year two) may be found at the following link, [RHRN Year Two Report](#). The Right Help Right Now Year Two Report also provides updates on additional actions related to the Governor's Executive Order 26: Crushing the Fentanyl Epidemic.

Department of Criminal Justice Services

The 2023 General Assembly created the Virginia Opioid Use Reduction and Jail-Based Substance Use Disorder Treatment and Transition Fund, (§9.1-116.8). The Department of Criminal Justice Services (DCJS) was directed to adopt guidelines, in consultation with the Virginia Sheriffs' Association and Virginia Association of Regional Jails, and to make funds available to local and regional jails for the planning or operation of substance use disorder treatment services and transition services for persons with substance use disorder who are incarcerated in local and regional jails. The guidelines shall direct the distribution of funds to programs including medication assisted treatment (MAT) therapies, addiction recovery and other substance use disorder services, or reentry and transitional support.

In the 2024 Appropriation Act, the Opioid Use Reduction and Jail-Based Substance Use Disorder Treatment and Transition Fund was allocated \$2M from the Commonwealth Opioid Abatement and Remediation Fund.²⁷ Ten local and regional jails were awarded funding for 36-months, starting January 1, 2025. Another five local and regional jails were awarded funding for 36-months starting July 1, 2025.

DCJS administers funding for a mental health pilot program in five jails.²⁸ The pilot jails provide behavioral health services to inmates while incarcerated, and a continuum of care when they are

²⁷ The original ten jails awarded funding from the Opioid Use Reduction and Jail Based Substance Use Disorder Treatment and Transition Fund were: Danville City Jail, Henry County Jail, Middle River Regional Jail, New River Valley Regional Jail, Norfolk City Jail, Northwestern Regional Jail, Rappahannock Regional Jail, RSW Regional Jail and Virginia Peninsula Regional Jail. The additional five awards were: Danville City Jail Farm, Hampton City Jail, Henrico County Jail, Rockbridge Regional Jail and Western Virginia Regional Jail.

²⁸ Jails participating in DCJS Mental Health Pilot Program: Chesterfield County Sheriff's Office, Middle River Regional Jail, Prince William Adult Detention Center, Richmond City Sheriff's Office and Western Virginia Regional Jail. Original funding provided in 2016 Appropriation Act.

released back into communities. The program has received continual funding since its inception in 2016. Funding allocation has been solely for the continued operation of the current programs. No funding has been appropriated for expansion of this pilot program beyond the initial jails. A report on the findings of data collected from each site is provided annually by DCJS to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees²⁹.

DCJS also administers funding for a jail-based substance abuse pilot program. In consultation with DBHDS, DCJS selected four pilot program jails³⁰ to create an Addiction Recovery Grant Program (ARGP). The purpose for ARGP is to develop and maintain a model addiction recovery program in local or regional jails. The programs are based on best practices in existing research, related standards developed for substance use disorder treatment and criminal justice programming, and practices identified by experienced practitioners that are effective interventions in criminal justice settings.

DCJS also administers funds for two federal programs. The Residential Substance Abuse Treatment Program (RSAT) and the Byrne State Crisis Intervention Program (Byrne SCIP) that supports specialty courts (recovery, behavioral health, and veterans treatment courts).

Department of Behavioral Health and Developmental Services

STEP-VA (System Transformation Excellence and Performance), developed in 2017 and funded under the Department of Behavioral Health and Developmental Services (DBHDS), is a nine-step program with a goal toward providing equitable and consistent behavioral healthcare statewide. Currently all CSB's have successfully fully implemented the first six steps and additional steps have been implemented at some level.^{31 32}

In 2020, the Virginia General Assembly directed DCJS and DBHDS to collectively develop and establish the Marcus Alert System (§37.2-311.1; The Marcus-David Peters Act). The goal of the Marcus Alert System is to set up a framework in which acute mental health crises can be met with a mental health response, diverting individuals from law enforcement into community crisis care. Successful implementation of the Marcus Alert system will reduce the number of individuals in crisis committed to jail. The Marcus Alert system is intended to complement, not replace, the existing STEP-VA program. There are currently seventeen program partners operating the Marcus Alert system.³³ DBHDS' FY24 Report on Marcus Alert and the Comprehensive Crisis System, (published 2025) may be found [here](#).³⁴

Virginia's comprehensive crisis system is now comprised of these two primary components; Step-VA and the Marcus Alert System. The aim is for the programs to function in tandem to provide mental/behavioral health access within the community and diversion from the criminal justice system. Ongoing support for and investment in the comprehensive crisis system is crucial to the maintenance of services provided.

²⁹ Links to DCJS Mental Health Pilot Program Annual Reports may be found in Appendix V.

³⁰ ARGP Pilot Program jails are: Franklin County Sheriff's Office, Newport News City Sheriff's Office, Norfolk City Sheriff's Office and Riverside Regional Jail.

³¹ [STEP VA - Virginia Department of Behavioral Health and Developmental Services \(DBHDS\)](#)

³² Additional resources regarding STEP-VA may be found in Appendix V, including recommendations of the Behavioral Health Commission

³³ Community Partners currently operating Marcus Alert systems are: Western Rappahannock-Rapidan Community Services (serving the counties of Orange, Madison, Culpeper, Fauquier, Rappahannock), Rappahannock Area CSB (serving the counties of Caroline, King George, Spotsylvania, Stafford and the City of Fredericksburg); Prince William County Community Services, Fairfax-Falls Church CSB; Alexandria CSB, Arlington CSB; Loudoun County Department of Mental Health, Highlands CSB (serving the county of Washington and city of Bristol), and Blue Ridge Behavioral Health Care (serving the counties of Botetourt, Craig, Roanoke, City of Roanoke and Salem; New River Valley CSB (serving the counties of Floyd, Giles, Montgomery, Pulaski, and the city of Radford) Richmond Behavioral Health Authority, Chesterfield CSB; Henrico Mental Health and Developmental Services; Virginia Beach Human Services, Hampton-Newport News CSB and Western Tidewater CSB.

³⁴ Additional resources related to the Marcus Alert System may be found in Appendix V.

In addition to the initiatives and brief summaries noted here, the Department of Behavioral Health and Developmental Services provided a supplemental document for inclusion in this annual report of the Compensation Board to incorporate an annual update from the Office of Forensic Services. This supplement is located at the end of these conclusions, prior to the Appendices for this report.

Behavioral Health Commission

The Behavioral Health Commission (authorized in 2021 through the Code of Virginia, Title 30, Chapter 63) is charged with encouraging the adoption of policies and making recommendations that will provide Virginians with access to a full continuum of high-quality and efficient behavioral health services. The Commission also provides ongoing oversight of behavioral health services and the behavioral health service system in the Commonwealth by monitoring and evaluating established programs, services, delivery and payment structures, and the implementation of new services and initiatives in the state.

In 2025, SB1194/HB1712 (Patrons: Deeds/Watts) was recommended by the Commission and passed the General Assembly. This legislation requires DCJS to establish a training curriculum for law-enforcement agencies, law-enforcement officers, and special conservators of the peace on the discretion such officers can exercise during certain arrests.

The bill requires that such training curriculum be created by July 1, 2027, and include (i) instruction on the scope and nature of law-enforcement officer discretion in arrest decisions, with particular emphasis on encounters with individuals experiencing a mental health crisis, including individuals currently subject to an emergency custody order, a temporary detention order, or an involuntary admission order, and (ii) instruction on the immediate and long-term effects of arrests on individuals in need of mental health services due to a mental health crisis, including impacts on treatment outcomes as identified in substantially accepted peer-reviewed research literature ([SB1194](#)).

The Compensation Board, with input and assistance from DBHDS and other appropriate Executive agencies, the Virginia Sheriffs' Association and the Virginia Association of Regional Jails, along with staff of appropriate legislative committees, will continue to review the survey instrument on an annual basis and make improvements and updates as needed.

Data in this report continues to be utilized by executive and legislative agencies and committees for research, as well as to assist in the development of funding needs analysis for jail mental health treatment, jail diversion programs, expansion of Crisis Intervention Teams and post-confinement follow-up care.

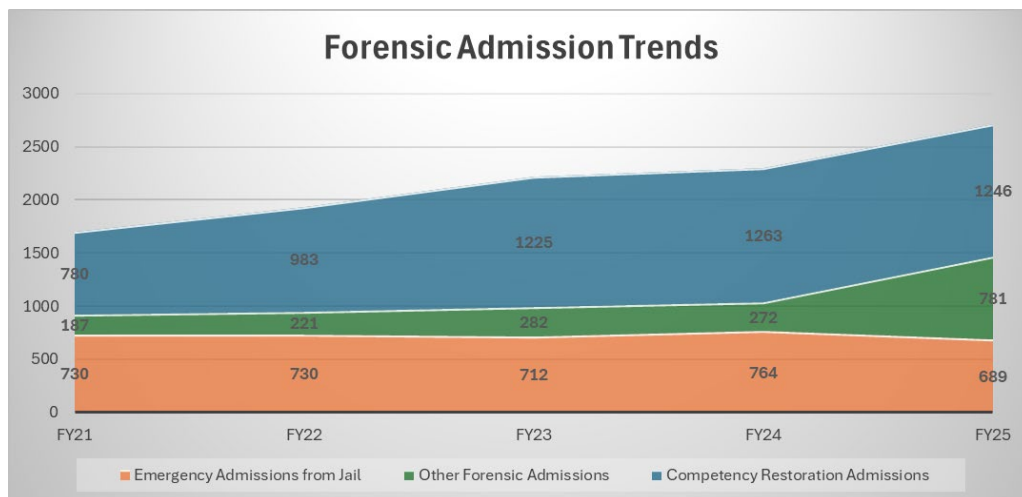
Further details of data gleaned from the 2025 mental health survey and summarized in this report, including the survey instrument and organization of jail regions, are available in the appendices of this document.

Virginia Department of Behavioral Health and Developmental Services Office of Forensic Services Annual Update

Beginning with this year's report, the Virginia Department of Behavioral Health and Developmental Services (DBHDS), Office of Forensic Services, will provide an annual update on forensic evaluations, admissions and state-funded programs, with a focus on those with Serious Mental Illness (SMI) entering the forensic system from jails across the Commonwealth. Over half of the state-run psychiatric hospital beds are made up of people from jail who are ordered to treatment as an incompetent defendant, with one-third of those for misdemeanor-only charges. Virginia is working with stakeholders to address this situation (see section on The Sequential Intercept Model and Cross-Collaboration efforts), including various "off-ramps" out of the criminal justice system and into more appropriate mental health treatment at the local level. There are also national efforts and alternatives addressing the "competency crisis" by both forensic mental health professionals³⁵ and the courts.³⁶

Forensic Admissions to DBHDS

Forensic admissions to DBHDS hospitals (excluding sexually violent predators admitted to the Virginia Center for Behavioral Rehabilitation) include various legal statuses, but all individuals are involved in the criminal legal system. In FY25, there were 2,176 adult forensic admissions—a 73% increase since FY15. The two primary drivers of this growth in forensic admissions are from orders for emergency treatment from jail and restoration of incompetent defendants.

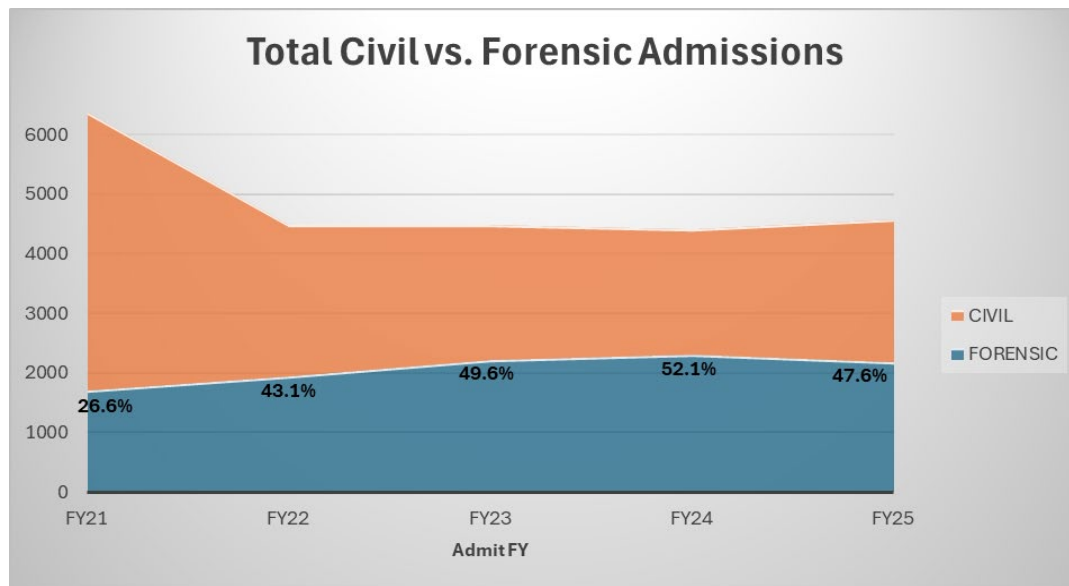


Inmates transferred to DBHDS for emergency treatment pending trial remain at DBHDS for an average of 32.5 days and are returned to the jail once stabilized enough to be safely managed in a jail setting. A defendant found incompetent to stand trial by the court is almost always ordered for treatment to restore his or her competency to stand trial. These restoration orders may be on an inpatient basis at a DBHDS hospital, or on an outpatient basis in jail or in the community. In FY25, there were 1,246 admissions to DBHDS hospitals for inpatient restoration, which is a 135.0% increase since FY15 with an average length of stay at 84.5 days. Although Virginia provides

³⁵ Gowensmith, W. N. (2019). Resolution or resignation: The role of forensic mental health professionals amidst the competency services crisis. *Psychology, Public Policy, and Law*, 25 (1), 1–14.

³⁶ National Center for State Courts (2021) Leading Reform: Competence to Stand Trial Systems
<https://cdm16501.contentdm.oclc.org/digital/collection/spcts/id/426>

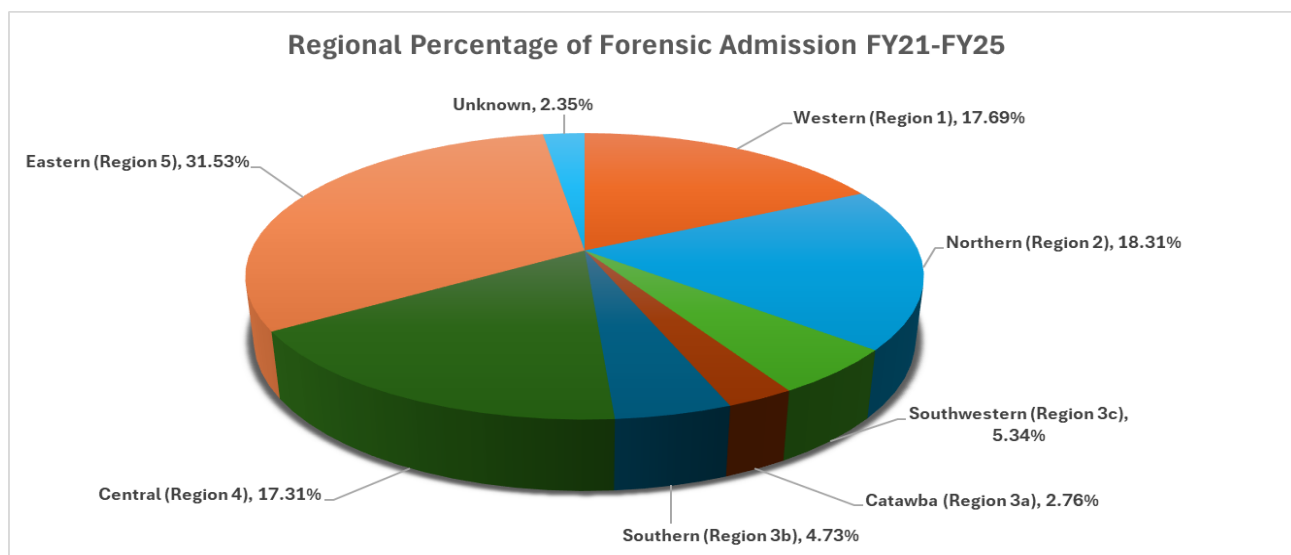
outpatient and jail-based restoration, there remains a systemic preference for inpatient restoration, especially for people charged with low-level offenses. *In FY25, 29% of all forensic admissions and 34% of restoration admissions were for defendants with only misdemeanor charges.* These individuals tend to be of higher clinical acuity and are often unhoused³⁷.



As the number of forensic admissions has grown, it is becoming increasingly difficult for DBHDS facilities to accommodate civil admissions from the community. This is placing greater pressure on the system, individuals may not be receiving the care they require in a timely manner and may be more likely to find themselves arrested and charged, further feeding this cycle. In addition, 27.8% of individuals admitted on a forensic status to a DBHDS facility between FY19-FY23 were *readmitted* on a subsequent forensic status within 2 years.

The impact from admissions varies by region of the state, as some regions have significantly higher rates of forensic admissions than others. For example, the Eastern region in particular has consistently issued greater numbers of orders for inpatient forensic admissions than any other region in the state.

³⁷ Murrie, D. C., Gardner, B. O., & Torres, A. N. (2022). The impact of misdemeanor arrests on forensic mental health services: A state-wide review of Virginia competence to stand trial evaluations. *Psychology, Public Policy, and Law*, 28(1), 53–66.



Forensic Evaluations

In FY25, 3,885 competency to stand trial and 1,352 mental status at the time of the offense evaluations were ordered and reimbursed by the Supreme Court of Virginia via the Office of the Executive Secretary. According to DBHDS Forensic Evaluation Oversight Data, of the 1,884 initial competency evaluations entered into the database for FY25, 62.2% of evaluations were completed in jail (1,172); 13.8% (260) were completed in the community; 6.8% (128) were completed inpatient and the location is unknown for about 17% (320).³⁸ Additional pretrial evaluations and post-restoration outcome CST evaluations were completed by Community Services Boards (CSBs) and DBHDS. Forensic evaluators' opinions have an immense impact on the criminal justice system. Courts rely heavily on the reports submitted by evaluators and there are very high rates of agreement between the judge and evaluators' opinions. Poor quality of forensic evaluations can impact both the individual involved in the proceedings as well as the mental health and criminal justice system. The Virginia Forensic Evaluation Oversight System went into effect July 1, 2016, to provide quality control of pretrial adult evaluations of Competency to Stand Trial and Mental State at the Time of the Offense evaluations and ensure that appropriately licensed and trained evaluators are ordered to complete these evaluations.

Mental Health Standards in Jails

During the Spring/Summer of 2018 DBHDS formed a workgroup comprised of criminal justice professionals, behavioral health professionals, advocates, and other stakeholders to aid in the development of recommended minimum standards for behavioral healthcare in local/regional jails. The workgroup used existing, published best practice standards to guide its work. In the end the workgroup recommended 14 minimum standards for behavioral healthcare which should be available to all individuals incarcerated in jails within the Commonwealth. The Board of Local and Regional Jails is currently reviewing recommended revisions to regulations regarding the provision of

³⁸ Please note that the dataset used to calculate these numbers does not include every initial competence to stand trial evaluation completed in Virginia or submitted to the Forensic Evaluation Oversight Program. Because of this limitation, these numbers should be considered estimates and represent the evaluations entered at the time this report was drafted.

behavioral health services. As of this writing, no changes to the regulations have been formally adopted.

For a copy of the DBHDS Report, see <https://dbhds.virginia.gov/assets/doc/forensic/FINAL-MH-Standards-Report-08312018.pdf>

Jail Diversion and Forensic Discharge Planning from Jails

Virginia's Department of Behavioral Health and Developmental Services (DBHDS) currently funds 11 Jail Diversion programs and four Rural Intercept 4 Jail Diversion programs across the Commonwealth that are staffed and operated by the Community Services Boards (CSBs). These programs are diverse in their approaches to jail diversion, but all 15 programs target individuals with serious mental illness (SMI) and/or co-occurring serious mental illness and substance use disorders. In addition, there are currently 16 Forensic Discharge Planning (FDP) programs in the Commonwealth in local and regional jails - these programs are providing FDP services in 26 jails by 21 CSBs. FDP programs focus on the early identification of individuals with SMI in jails and provide a range of case management services to individuals being released to the community. Services are provided during an individual's period of incarceration, and for a minimum of 30 days and up to 90 days post-release. All programs collaborate closely with jail staff, legal stakeholders, state hospitals, Department of Corrections, and other state agencies to ensure coordination of care.

Behavioral Health Dockets

Enrollment in a behavioral health docket (BHD) is another mechanism of possible jail diversion. Participants with serious mental illness and/or co-occurring substance use disorders may be connected with community-based treatment with court oversight as an alternative to traditional court case processing and outcomes. Defendants must voluntarily elect to participate and competency to stand trial must not be in question. Completion of a BHD program typically entails a reduction in charge or sentence or a dismissal of charges. These dockets aim to address the cause of an individual's criminal justice involvement by addressing underlying and unmet behavioral health needs, with the ultimate goals of improving treatment outcomes for defendants and increasing public safety. Currently, DBHDS distributes General Funds to 6 of the 22 operating behavioral health dockets in Virginia, with the Office of Executive Secretary distributing funds to 9 docket programs. For additional information, see <https://dbhds.virginia.gov/forensic-services/> and <https://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/bhd/home>

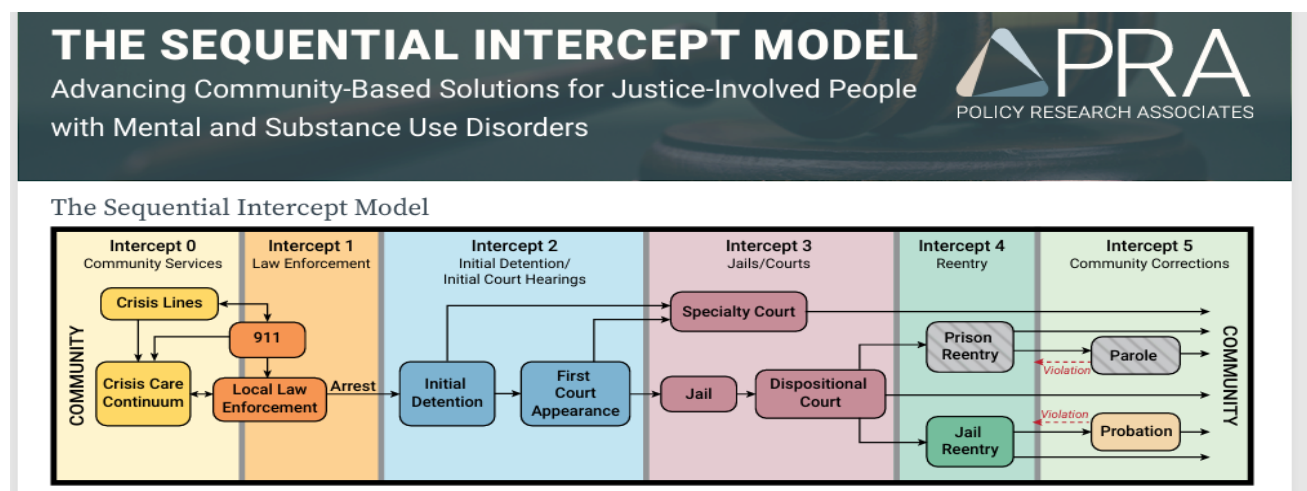
The Sequential Intercept Model and Cross-System Collaboration

The Sequential Intercept Model (SIM) is a conceptual tool used to inform community-based responses to justice-involved people with mental illness and substance use disorders (MI/SA)³⁹. The model's key assumptions are: 1) well-intentioned systems contribute to criminalizing behaviors associated with MI/SA; 2) when individuals become involved in the criminal justice system, they pass through a series of "intercepts" in predictable ways; and 3) the deeper one gets pulled into the criminal justice system, the more difficult it is to disentangle/divert them to more appropriate care. Because of this predictable pathway, communities can assess available resources, identify the gaps in existing services, and plan for community change. Change is often best accomplished with multiple stakeholders (behavioral health workers, law enforcement, pretrial services, courts, jails, community corrections, housing, etc.).

³⁹ Munetz, M. R., & Griffin, P. A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57(4), 544–549.

For example, in 2024, Virginia participated in a Policy Academy of Competency to Stand Trial and Restoration sponsored by Substance Abuse and Mental Health Services Administration (SAMHSA) to address the growing number of orders for competence to stand trial. Members include DBHDS Office of Forensic Services, the Behavioral Health Commission, Indigent Defense Counsel, Virginia Association of Commonwealth Attorney's, Virginia Association of Regional Jails, a Circuit Court (formerly General District) Judge, the Department of Criminal Justice Services, and Virginia Association of Community Services Boards. The purpose of this coalition is to bring together criminal justice and behavioral health leaders in Virginia to reduce the criminalization of mental illness, promote equitable jail and criminal diversion, and limit the over-reliance on the competency system in favor of advancing recovery.

DBHDS Office of Forensic Services published a report summarizing earlier efforts of this work across Virginia (see [Cross Systems Mapping Statewide Initiative \(2008-2013\) \(virginia.gov\)](#)) and has since been reviving efforts to reintroduce the use of the SIM across the Commonwealth.



For additional information contained in this report, or information about the Office of Forensic Services, please contact Sarah Davis, M.A., Forensic Operations Manager at sarah.davis@dbhds.virginia.gov or Kristen A. Hudacek, Psy.D., Behavioral Health and Justice Initiatives Manager at kristen.hudacek@dbhds.virginia.gov

Behavioral Health Dockets

<u>Program</u>	<u>Locality</u>
Arlington Behavioral Health Docket	Arlington County
Augusta County/Staunton Therapeutic	Augusta County, Staunton City, Waynesboro City
Charlottesville Behavioral Health Docket	Albemarle County, Charlottesville City
Colonial Behavioral Health Docket	James City County, Williamsburg City
Chesapeake Behavioral Health Docket	Chesapeake City
Essex County Behavioral Health Docket	Essex County
Fairfax General District Behavioral Health Docket	Fairfax County
Fredericksburg General District Therapeutic Docket	Fredericksburg City
Hampton Behavioral Health Docket	Hampton City
Henrico Behavioral Health Docket	Henrico County
Loudoun County Behavioral Health Docket	Loudoun County
Lynchburg Behavioral Health Docket	Lynchburg City
Montgomery County Behavioral Health Docket	Montgomery County
Newport News Behavioral Health Docket	Newport News City
Norfolk Circuit Behavioral Health Docket	Norfolk City
Richmond Behavioral Health Docket (Circuit, General District & Juvenile)	Richmond City
Roanoke Therapeutic Behavioral Health Docket	Roanoke County, Roanoke City, Salem City
Spotsylvania Behavioral Health Docket	Spotsylvania County
Northwestern Regional Behavioral Health Docket	Frederick County, Winchester City
Washington County Behavioral Health Docket	Washington County
Western Tidewater Behavioral Health Docket	Suffolk City

APPENDICES

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Appendix A: 2025 Mental Illness in Jails Survey

Virginia Local and Regional Jails Survey: Assessment and Treatment of Inmates with Mental Illness

The Virginia Sheriffs' Association and the Virginia Association of Regional Jails have reviewed this survey, and encourage their members to respond. Our goal is to provide information to the Compensation Board, the Virginia General Assembly, and the Dept. of Behavioral Health and Developmental Services (DBHDS), regarding jail resource needs for appropriately identifying and managing inmates with mental illness.

Below are a list of definitions that may be helpful in completion of this survey.

ADP: Average Daily Population of the jail. This information may be obtained from the LIDS Technician.

Behavioral Health Case Manager: staff member responsible for ensuring that all aspects of behavioral health care are coordinated and monitored from admission to discharge.

BHA: Behavioral Health Authority

Co-occurring Disorder (dual diagnosis): A comorbid condition in which an individual is suffering from a mental illness and substance use disorder.

Clinical Diagnosis: A Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSMV) disorder/condition. In general, clinical diagnoses are determined by psychiatrists, licensed clinical psychologists, licensed clinical social workers, or licensed professional counselors.

CSB: Community Services Board

DBHDS: Department of Behavioral Health and Developmental Services

Group Mental Health Counseling: Meeting of a group of individuals with a mental health clinician for the purpose of providing psycho-education about various mental health topics and/or to provide group feedback and support with regard to mental health issues. Examples could include stress management, anger management, coping with depression, or NAMI meeting.

Group Substance Abuse Treatment: Meeting of a group of individuals with a substance use clinician for the purpose of providing psycho-education about various substance use topics and/or to provide group feedback and support with regard to substance use issues.

Individual Counseling: One on one session with a qualified mental health professional with the expressed purpose of improving the individual's understanding of their issues, enhancing their ability to cope with issues, and aiding them in the development of healthy coping skills.

Licensed Mental Health Professional (LMHP): mental health provider who is able to provide diagnostic as well as other mental health services. These providers fall into two groups . LMHPs who are able to diagnose, treat and prescribe medication include: psychiatrists, licensed medical doctors, or nurse practitioners. LMHPs who may diagnose and provide treatment but are unable to prescribe medication include: clinical psychologists, clinical social workers (LCSW), or licensed professional counselors (LPC).

MH: Mental Health

Mental Health Screening: A brief process conducted at time of intake by staff in order to identify potential mental health conditions/disorders and a need for further assessment. A validated screening tool must be used by staff. A screening is generally brief and narrow in scope and does not provide a diagnosis. Screenings do not need to be completed by a mental health professional.

Mental Health Screening Instrument: An instrument utilized to make an initial determination of an individual's mental health status, using standardized, validated instrument.

Approved screening instruments are the Brief Jail Mental Health Screen (BJMHS) and the Correctional Mental Health Screen (CMHS). Use of any other screening instrument must first be approved by DBHDS. The standard booking questions related to mental health issues are not considered a screening instrument.

Mental Health Services: Any type of service that helps treat or manage an individual's mental health disorder(s). These can include but are not limited to individual mental health counseling, group mental health counseling, case management, or other types of individual or group mental health treatments, therapies or supports. Many mental health services also address co-occurring substance-related disorders (see definition).

Mental Illness: Conditions that disrupt a person's thinking, perceptions, behavior, feeling, mood, ability to relate to others and/or daily functioning.

Most Serious Offense: Question 26 asks that you report an inmate's offense type using their most serious offense. Offense severity should be ranked as follows: Felony-Violent, Felony-Drug, Felony-Nonviolent, Misdemeanor-Violent, Misdemeanor-Drug, Misdemeanor-Nonviolent, Ordinance

Professional Mental Health Assessment: A mental health assessment is a comprehensive evaluation of a person's functioning and it includes history as well as current symptoms. It can assist in diagnosis, treatment planning, and need for further treatment. Assessments must be completed by a qualified mental health professional (QMHP).

A QMHP is not qualified to make a diagnosis.

Professional Diagnosis: A review of a client's clinical condition conducted by a licensed mental health professional (LMHP), such as a Clinical Psychologist, Clinical Social Worker, Psychiatrist or a Licensed Professional Counselor, or a licensed medical professional such as a Doctor or Nurse Practitioner, resulting in a diagnosis.

Psychiatrist: A psychiatrist is a medical doctor who specializes and is certified in treating mental health disorders.

Psychotropic Medications: Psychotropic medications are commonly used to treat mental health disorders and are those which are capable of affecting the mind, emotions and behavior of an individual.

Qualified Mental Health Professional (QMHP): This definition may be reviewed from the website of DBHDS. <https://dbhds.virginia.gov/assets/document-library/archive/library/quality%20risk%20management/qmhp.pdf>.

Special Education Inmates: The Federal Government requires jails to provide Special Education to inmates in need of it.

Substance Abuse: A maladaptive pattern of substance use leading to clinically significant impairment or distress.

Validated Instrument: Questionnaire which has undergone a validation procedure to show that it accurately measures what it aims to do, regardless of who responds, when they respond, and to whom they respond. The Brief Jail Mental Health Screen and the Correctional Mental Health Screen are examples of validated instruments.

Please provide the data for your jail by July 18, 2025.

Thank you for completing this survey. (Please be sure not to use commas in any numeric field)

Name of Jail/ADC:

Address: City: State: Zip:

Phone:

Fax:

Email address:

Sheriff/Chief Administrator:

Name of contact person completing survey:

Phone number of contact person:

Email address for contact person:

****Please do not attempt to answer questions 1-3. Compensation Board staff will populate this data from your LIDS-CORIS June Financials****

1. The total ADP of the jail for June 2025 was inmates. Of the jail's June 2025 ADP were female and were male.

2. Please indicate below the ADP of inmates from each category that are included in Question 1 above:

- State responsible
- Local responsible
- Ordinance Violators
- Federal
- Other (excluding HEM)

Total (should match total ADP in Question 1)

3. Please indicate below the ADP of inmates from each category that are included in Question 1 above:

- Pre-trial
- Post-conviction

Total (should match total ADP in Question 1)

4. The number of inmates charged with **only** public intoxication housed in the jail during the month of June, 2025 was .

5. Jail inmates with Substance Use Disorders: There were inmates known or suspected to have Substance Use Disorders but who have no clinically diagnosed or suspected, mental illness, in the jail during the month of June 2025. Of these inmates were Males and were Females.

6. Special Education Jail Inmates. There were inmates receiving special education during the month of June 2025.

7. As of July 1, 2017, jails are **required** to conduct mental health screenings using a validated screening instrument on **all inmates** upon admission, in addition to standard booking questions. Upon intake, jail mental health screenings are conducted by: **Check all that apply**

- ☐ Jail Officers
- ☐ Jail MH Staff
- ☐ Other MH professional

Note: “Jail MH Staff” are employees of the jail and therefore this category should not include any contracted personnel. Contracted MH staff should be considered “Other MH professional”.

8a. As of July, 2017 jails are required to screen with a validated instrument. What is the **validated** screening instrument used by your jail? **Check all that apply:**

- ☐ Brief Jail MH Screen
- ☐ Correctional Mental Health Screen (CMHS)
- ☐ Other validated jail MH screening instrument approved by DHBDS:

8b. Name of Instrument:

8c. Are there any other methods of screening for Mental Health issues implemented in your jail? If so, please describe.

9a. Report the number of inmates committed to the jail in June, 2025 who were not screened, if any.

9b. For the inmates reported in 9a please explain the barriers to screening these inmates.

10. Please indicate how many inmates were screened using either the Brief Jail Mental Health Survey (BJMHS) or the Correctional Mental Health Screen (CMHS). inmates were screened using the BJMHS; inmates were screened using the CMHS.

11. Of the inmates screened using the BJMHS or CMHS, inmates scored at or above the threshold and thus were recommended for a more thorough assessment.

12. Indicate whether or not inmates suspected of having a mental illness receive a comprehensive professional mental health assessment. (check one)

- ☐ All inmates with a positive screening are referred for professional mental health assessment.
- ☐ Professional mental health assessments are only conducted when inmates have acute symptoms of mental illness.
- ☐ Professional mental health assessments are not conducted.

13. Professional mental health assessments of jail inmates are conducted by: (please mark all that apply.)

- ☐ Jail MH/medical staff
- ☐ Private, contract MDs or other MH professionals
- ☐ CSB staff

14. For inmates whose initial mental health screen indicates that a comprehensive mental health assessment is needed, what is the **average** time period between a positive mental health screening and when the assessment is conducted by a QMHP? (Note: This response should not take into account assessments conducted as a result of an acute mental health crisis.)

- ☐ <24 hours
- ☐ 24 hours to 72 hours
- ☐ 72 hours to 7 days
- ☐ 7 to 14 days
- ☐ >14 days
- ☐ No answer given
- ☐ Additional Comments

15a. Are some mental health assessments prioritized over others?

- ☐ Yes
- ☐ No

15b. If so, what are the criteria used to prioritize the order in which inmates are assessed?

16a. Are the jails' screening and assessment procedures adjusted over weekends/holidays?

- ☐ Yes
- ☐ No

16b. If yes, please explain:

17a. Are all inmates who exhibit signs of an acute mental health crisis or suicide risk during their mental health screening assessed within 72 hours of that screening? **Effective July 1, 2021 jails are required to conduct mental health assessments on all inmates who are experiencing acute mental health distress and/or at risk for suicide within 72 hours of the positive screening (excluding weekends or legal holidays).**

- ☐ Yes
- ☐ No

17b. If no, please explain:

18a. Do all inmates who exhibit signs of an acute mental health crisis or suicide risk during mental health screening receive continual monitoring? **Effective July 1, 2021 jails are required to provide ongoing monitoring of all inmates experiencing acute mental health distress/suicide risk.**

- ☐ Yes
- ☐ No

18b. If no, please explain:

19a. Is the jail behavioral health service provider consulted for immediate interventions whenever an inmate exhibits signs of an acute mental health crisis or suicide risk during their mental health screening? **Effective July 1, 2021 jails are required to consult the behavioral health service provider for implementation of immediate interventions for any inmate who is experiencing acute mental health distress/suicide risk**

- ☐ Yes
- ☐ No

19b. If no, please explain:

20. Of the inmates whose June, 2025 mental health screen indicated the need for a comprehensive mental health assessment, did not receive the assessment.

Please check all reasons that apply.

- ☐ Inmates were released before services could be provided
- ☐ Insufficient mental health staff
- ☐ Other

Please Explain

20a. Of the inmates who screened positive but were released before a comprehensive assessment could be conducted or services could be provided:

were referred to the CSB or received additional discharge planning due to their positive mental health screen.

Additional Comments

21a. If legislation, regulations, or standards required **all** inmates who receive a positive mental health screen to receive a comprehensive mental health assessment with 72 hours, please note the level of difficulty you feel your jail would have in complying with such a requirement.

- ☐ No difficulty
- ☐ Some difficulty
- ☐ Extreme difficulty

21b. Please provide an explanation/further information for all responses, and identify any barriers to providing the comprehensive assessment within 72 hours if compliance would involve some or extreme difficulty:

22. Following a comprehensive mental health assessment indicating a need for psychiatric services or other prescriber, what is the **average** time period between the assessment and when the inmate sees the licensed medical professional (Psychiatrist, MD, NP)?

- ☐ <24 hours
- ☐ 24 hours to 72 hours
- ☐ 72 hours to 7 days
- ☐ 7 to 14 days
- ☐ >14 days
- ☐ No answer given
- ☐ Additional Comments

23. Of the inmates who received a comprehensive mental health assessment in June, 2025 were referred for psychiatric services or other prescriber (Psychiatrist, MD, NP).

24. Of the inmates whose June, 2025 mental health assessment indicated that further services from a licensed medical professional (Psychiatrist, MD, NP) were needed, did not receive those services.

Please check all reasons that apply.

- ☐ Inmates were released before services could be provided
- ☐ Insufficient mental health staff
- ☐ Prescription drug/formulary barriers
- ☐ Other

Please Explain

Additional Comments

25. Please indicate the number of inmates with mental illness in each of the categories below. **Please count each inmate only once for this item, counting only the most serious or prominent diagnosis for that inmate. (Do not include federal or out-of-state contract inmates.)**

The LIDS June Payment Details Report can provide a pretrial jail roster to assist in separating pretrial from post-conviction inmates. (May financials must be certified/approved before June may be generated).

Subset of Female Post Conviction and Male Post Conviction: The data requested in these columns is, of the number of Females/Males Post Conviction reported in this question, how many of them are sentenced to a state responsible sentence length of two years or less.

The number of State Responsible inmates may be retrieved from the SR Felon A and SR Felon B categories of your LIDS June Payment Details Report. From these lists, identify any of your mentally ill inmates and retrieve that inmate's record in LIDS to determine if their sentence length is less than or equal to two years. (You may also run the LIDS Sentencing Report for the month of June, which will show all sentences for all inmates held in June. The LIDS Sentencing Report may be accessed from the Custom Report Menu).

For the subset of data regarding SR inmates sentenced to two years or less, please maintain your information somewhere easily accessible, as you may be contacted by DOC staff for followup on the inmates that fall within this subpopulation.

Mental Illness Category	Females (Pretrial) in jail in June 2025	Females (PostConviction) in jail in June 2025	<u>Subset of Females PostCon: (SR Sent =<2 years) in jail in June 2025</u>	Males (Pretrial) in jail in June 2025	Males (PostConviction) in jail in June 2025	<u>Subset of Males: Post Con: (SR Sent =<2 years) in jail in June 2023</u>
Inmates with Schizophrenia, Schizoaffective Disorder or Delusional Disorder						
Inmates with Bipolar Disorder or Major Depressive Disorder						
Inmates with Dysthymic Disorder (mild depression)						
Inmates with Anxiety Disorder						
Post Traumatic Stress Disorder (PTSD)						
Inmates with other mental illness diagnosis						
Inmates believed by history, behavior or other indicators to be mentally ill, for whom no clinical diagnosis is available						
Total number of inmates diagnosed with or suspected to have a mental illness in this jail during the month of June 2025						

26. Please indicate the offense type of the mentally ill inmates in each category. Report the inmates' offense type using their **most serious offense, for current confinement. (Do not include federal or out-of-state contract inmates.)**

In order to accurately complete this question one of the following procedures should be followed:

- Mental health staff provide the LIDS Technician with a list of mentally ill inmates (this list does not need to include diagnoses) so that they may provide the mental health staff with a most serious offense for each offender,
- Mental Health staff access LIDS themselves to determine the most serious offense (if they already have access)
- LIDS Tech provides a 'Holding for Locality Report' for June (checking the box to include MSO) to the Mental Health staff

Mental Illness Category	Ord Viol (in jail in June 2025)	Mis Nonviolent (in jail in June 2025)	Mis Violent (in jail in June 2025)	Mis Drug (in jail in June 2025)	Felony Nonviolent (in jail in June 2025)	Felony Violent (in jail in June 2025)	Felony Drug (in jail in June 2025)
Inmates with Schizophrenia, Schizoaffective Disorder or Delusional Disorder							
Inmates with Bipolar Disorder or Major Depressive Disorder							
Inmates with Dysthymic Disorder (mild depression)							
Inmates with Anxiety Disorder							
Post Traumatic Stress Disorder (PTSD)							
Inmates with other mental illness diagnosis							
Inmates believed by history, behavior, or other indicators to be mentally ill, for whom no clinical diagnosis is available							
Total number of inmates diagnosed with or suspected to have a mental illness in this jail during the month of June 2025							

27. During the month of June 2025, there were a total of inmates clinically diagnosed with co-occurring mental illness and substance use disorder in the jail. Of these inmates were Male and were Female.

28. During the month of June 2025 there were a total of inmates who were veterans, of which were mentally ill and of which were clinically diagnosed with co-occurring mental illness and substance use disorder.

29. During the month of June 2025 there were a total of inmates who were homeless, of which were mentally ill and of which were clinically diagnosed with co-occurring mental illness and substance use disorder.

30. If your jail has a consulting or staff psychiatrist (MD), indicate the number of hours of psychiatrist consultation time provided at your jail, during the month of June 2025. A total of hours of psychiatrist time were provided during the month of June 2025.

If your jail has a consulting or staff psychiatrist (MD) please provide their name, even if no services were provided during the month of June.

Psychiatrist's name(s) or group name

31. If the jail has a general practice, or staff MD, please enter the total number of hours of that MD's time devoted to the provision of mental health treatment (medication prescribing and monitoring) for the month of June 2025. A total of hours of general MD time were devoted to mental health treatment during the month of June 2025.

If your jail has a general practice (MD) please provide their name, even if no services were provided during the month of June.

General Practice MD's name or group name

32. What percentage of your jail's general or psychiatric MD consultations are provided by a remote video (MD) consultant:
- ☐ The jail does not use remote video MD services for mental health assessments and/or treatment.
 - ☐ The jail uses remote video MD services for less than 50% of mental health assessments and/or treatment
 - ☐ Yes, the jail uses remote video MD services for more than 50% of mental health assessments and/or treatment.

33. Indicate the numbers of inmates who received each of the following types of mental/behavioral health treatment delivered by all mental health services providers, for the month of June 2025.

Treatment Category	Number Males Treated	Number Females Treated	Hours of Treatment Provided
Individual counseling			
Group mental health counseling			
Group Substance Use Disorder treatment			
Other types of individual or group mental health treatment			

34. Please indicate the total number of **hours of mental/behavioral health treatment** provided by each of the below entities during the **month of June 2025**. **Please only include nursing treatment time, do not include time spent distributing medications. Please do not include the hours of treatment provided by psychiatrists or other MDs in this section. Number of hours here should match number of hours in question 33.**

Treatment Provider	Number of Treatment Hours
Jail mental health treatment staff (jail employees)	
Community Services Board (CSB/BHA) staff (Please include CSB staff assigned full-time to the jail. Not employees of the jail)	
Private contractors, including jail medical contractor (e.g., PHS, CMS)	
Total number of hours of individual or group mental health counseling provided to inmates at your jail for the month of June 2025	

35. Jail Medication Formulary: Section 53.1-126 of the *Code of Virginia* requires that sheriffs and regional jail superintendents "...purchase at prices as low as reasonably possible all foodstuffs... and medicine as may be necessary" for the care of the inmates in their jails. Is your jail's purchase of psychotropic medication limited by Section 53.1-126?

- ☐ Yes
- ☐ No

36. The jail's formulary is set by:

a. Contract general medical services provider (Name of contractor providing medication)

b. Special contract with local or national pharmacy (Name of local or national pharmacy)

c. Other

Question **37a** asks that you report on the number of *medications* dispensed, so **one inmate could be counted multiple times** if they are taking more than one psychotropic medication.

Question **37b** asks for the **unduplicated** count of *inmates* prescribed psychotropic medication, so **each inmate will be counted only once** regardless of the number of medications they are taking.

37a. List the numbers of inmates who received each type of psychotropic medication treatment at your jail during the month of June 2025:

If an inmate received medication from more than one category, please count that inmate in **each relevant category.** Some inmates receive treatment with more than one type of medication; the number of medications administered in June may exceed the number of inmates receiving treatment.

Please count an inmate for each type of antipsychotic or mood stabilizer medication he or she receives, and count only once for all types of antidepressant or antianxiety medication, even if the inmate received more than one type of antidepressant or antianxiety medication.

Medication Categories	Total number of Jail Inmates receiving each medication for treatment of mental illness			
I. Antipsychotic medications	Total number of inmates treated with each brand or type of medication		Please place an X in this column if the jail does not provide this medication	
Haldol/haloperidol				
Zyprexa/olanzapine				
Risperdal/risperidone				
Seroquel/quetiapine				
Triliafon/perphenazine				
Prolixin/fluphenazine				
Thorazine/chlorpromazine				
Abilify/aripiprazole				
Geodon/ziprasidone				

Clozaril/clozapine			
Other antipsychotic medication(s)			
II. Mood Stabilizer/Anticonvulsant medications for major Mood Disorder	Total number of inmates treated with each medication brand/type	Please place an X in this column if the jail does not provide this medication	
Depakote/Depakene/valproic acid			
Lithobid/lithium carbonate			
Tegretal/carbamazepine			
Topamax/topiramate			
Trileptal			
Other mood disorder medication(s)			
III. Antidepressant medications	Total number of inmates treated with this category of medication	Please place an X in this column if the jail does not provide this medication	
(Examples: Prozac/fluoxetine, Zoloft/sertraline, Lexapro, escitalopram, Wellbutrin/bupropion, Paxil/paroxetine, Elavil, amitriptyline, Pamelor/nortriptyline, Desyrel/trazodone, etc.)			
IV. Antianxiety medications (Examples: Ativan/lorazepam, Xanax/alprazolam, Librium/chlordiazepoxide, Valium/diazepam, etc.)			

37b. A total of inmates, were being dispensed psychotropic medications during the month of June 2025.
Each inmate should be counted only once.

38a. A total of jail inmates clinically diagnosed with mental illness refused prescribed psychotropic medication treatment during the month of June 2025.

38b. Please note the jail's procedure when an inmate refuses to take prescribed medication.

39. When an inmate refuses medication, how often does the jail seek judicial approval for involuntary treatment?

- ☐ Always
- ☐ Sometimes
- ☐ Only if the inmate is a danger to themselves or others
- ☐ Never

40. A total of jail inmates clinically diagnosed with mental illness were housed in medical isolation cells, or other segregation cells in the jail during the month of June 2025 and spent a total of days in isolation/segregation.

41. Does your jail have one or more mental health housing units or bed areas that are physically separated from the general population and distinct from other medical bed units?

- ☐ Yes
- ☐ No

42. If your jail has a mental health unit or bed area, indicate the number of mental health treatment beds in that area:
- Total beds for male inmates with mental illness
 - Total beds for female inmates with mental illness
 - N/A
43. A total of mental health beds would be needed at this jail during the month of June 2025, to house all inmates with mental illness in mental health beds or units. **(This number should include all beds identified in Question 42).**
44. Please indicate the CSB/BHA that provides MH prescreening services for psychiatric commitment (Temporary Detention Orders) for this jail.
- The CSB/BHA that serves the county/city where our jail is located provides prescreening services for jail inmates. Name of CSB/BHA:
 - Both the CSB/BHA that serves the county/city where our jail is located and other CSB's in the region that is served by our jail provide MH prescreening for psychiatric commitment
45. CSB prescreenings for psychiatric commitment (Temporary Detention Orders) for this jail are done via video:
- Always
 - Sometimes
 - Never
46. A total of inmates remained housed at this jail for more than 72 hours, following the issuance of a court order to a state hospital for psychiatric commitment (Temporary Detention Orders) during the month of June 2025.

Questions 47 through 49 should be answered using data from the entire Fiscal Year 2025

47. Total cost for all psychotropic medications administered at your jail during Fiscal Year 2025:
\$
- (Check one: ☒ estimated cost; ☐ actual, prorated cost)
48. Total cost for all mental health services (excluding medications, but including MDs and nursing) provided by the jail during Fiscal Year 2025: \$
- (Check one: ☒ estimated cost; ☐ actual, prorated cost)
49. Indicate the amount of **funding from each of the sources below** for the amounts listed in questions 47 and 48.
- Commonwealth of Virginia (state) Funds: \$
 - Federal funds: \$
 - Local funds: \$
 - Other funds: \$
 - Total funds: \$ **(Should equal the sum of questions 47 & 48)**
- (Check one: ☒ funding sources are estimated ☐ funding sources are actual)

50. Does, or would the jail dispense psychotropic medications provided free of charge by the CSBs, DBHDS, or private provider, when the jail's MD has approved the medication for a particular inmate?
- ☐ Yes we currently accept such medications, under the proper circumstances
 - ☐ No, we do not currently accept such medications
 - ☐ Yes, we would accept such medications under the proper circumstances
 - ☐ No, we would not consider accepting such medications

- 51a. Are all inmates with diagnosed mental illness provided with follow up case management or discharge planning services upon release from your jail?
- ☐ Yes
 - ☐ No

51b. Type of Services Provided

If 'No', are all inmates with SMI provided with discharge planning services and/or followup case management?

- ☐ Yes
- ☐ No

Additional Comments

52. Please indicate if your jail/locality would consider hosting a state-funded Mental Health Residential Treatment Program
- ☐ Yes, would consider housing a MH Residential Treatment program in the jail or jail complex.
 - ☐ No, would not support housing a MH Residential Treatment program in the jail or jail complex.

53. Please indicate the number of documented incidents of inmate aggression, (to include physical or sexual assault and/or threats of violence). There were documented incidents of inmate aggression toward other inmates and documented incidents toward jail staff during the month of June 2025. Of these incidents inmate perpetrators had been clinically diagnosed as mentally ill, and victims of inmate aggression had been clinically diagnosed as mentally ill.

54. Please indicate the mental health data source used by your jail for responding to this survey. (Please mark all that apply).
- ☐ Mental Health Module of Jail Management System
 - ☐ Other Mental Health Management System
 - ☐ Access/Excel Database
 - ☐ Paper Forms
 - ☐ Other

Additional Comments

55. Please enter the name of the jail's electronic inmate management system

56. Does the jail's electronic inmate management system include MH screening items?

- ☐ Yes
- ☐ No

57. Does the jail's electronic inmate management system include inmate psychiatric diagnoses?

- ☐ Yes
- ☐ No

58. Please indicate who is responsible for maintaining mental health data, including but not limited to data used to respond to this survey. (Please mark all that apply).

- ☐ Jail MH/medical staff
- ☐ CSB staff
- ☐ Private, contract MDs or other MH professionals
- ☐ Jail Officers

59a. The total number of staff employed at this jail is .

- ☐ are employed by the Sheriff/Superintendent
- ☐ are contracted staff
- ☐ are CSB staff operating within the facility

59b. Of the total number of staff, are medical/mental health staff.
(The numbers below should equal the sum of the above).

- ☐ Nurses
- ☐ MD's
- ☐ Psychiatrists
- ☐ QMHP's
- ☐ LCSW
- ☐ Discharge Planners/Case Managers
- ☐ Other (Please list or describe below)

Additional Comments

60. A total of hours of mental health training is provided to each new jail officer/deputy, prior to his/her initial assignment to the jail.

61. Jail Officers/Deputies are required to complete hours of annual training in mental health topics each year.

62. A total of officers/deputies on the jail staff have completed DCJS Certified 40-Hr Crisis Intervention Team (CIT) training.

63. If state funding were available to assist jails with their mentally ill population, in what area would it be most beneficial to your jail? (Ie; Staffing, Medications, Jail Expansion etc)

The 2022 Appropriation Act, Chapter 2, Item 72P allocated funds/positions to the Compensation Board for the funding of additional behavioral health case manager and medical and treatment positions in local and regional jails. Chapter 2 also requires that the Compensation Board collect followup data regarding the use of these new positions.

This legislation resulted in additional BHCM/RBHCM and PMED positions for all jails. Positions were allocated in August, 2022 and January, 2023.

Below questions are specifically related to the aforementioned positions. Please do not include data related to other positions you may have received as part of the Compensation Board's Position Reallocation policy.

Part I: Behavioral/Mental Health

The below questions seek to collect data **ONLY** on the **new BHCM/RBHCM** positions your jail has received.

Data regarded PMED positions is collected in Part II.

64. Has your jail hired for the new RBHCM/BHCM positions that you were allocated?

- ☐ Yes, all
- ☐ Some, but not all
- ☐ No

65. Please describe the basic job functions of each new BHCM position that has been filled.

- ☐ N/A
- ☐ Description Below

66. If your jail has not filled some or all of your allocated BHCM positions please check one or all of the reasons that apply:

- ☐ The funds are being used to cover the cost of a medical/behavioral health contract
- ☐ The funds are being used to pay the CSB for one or more full time staff members operating out of your jail.
- ☐ Lack of availability of qualified professionals seeking employment in a mental/behavioral health capacity
- ☐ Other, Please Explain

The purpose of the questions below is to determine whether the additional funds allocated by the Compensation Board are being used to increase the level of mental/behavioral health services, or are being absorbed by the local government.

67. If your jail has a contract with a mental/behavioral health provider, has the number of employees or hours of mental/behavioral health staff allocated to your jail been increased?

- ☐ Yes
 - ☐ Please explain:

- ☐ No
 - ☐ If not, has your local government reduced the local funding amount as a result of the additional state funds?
 - ☐ Yes
 - ☐ No
- ☐ N/A

68. If your jail has a contract with your local Community Services Board (CSB) to provide services, has the number of employees or hours of mental/behavioral health staff allocated to your jail been increased?

- ☐ Yes
 - ☐ Please explain:

- ☐ No
 - ☐ If not, has your local government reduced the local funding amount as a result of the additional state funds?
 - ☐ Yes
 - ☐ No
- ☐ N/A

69. Are there any mental/behavioral health staff operating in your jail in a grant-funded position?

- ☐ Yes
- ☐ No
- ☐ Partially

69a. If so, how many?

69b. If so, what is the source of the grant?

70. If your jail is experiencing difficulties hiring for the new BHCM positions please choose all reasons that apply.

- ☐ Insufficient budgeted salary
- ☐ Lack of availability of qualified professionals seeking employment in a mental/behavioral health capacity
- ☐ Logistical difficulties of space within the jail to house additional staff
- ☐ The jail has been experiencing difficulties hiring across all job types
- ☐ Other, Please Explain

71. Are there any *new* services your jail now provides as a result of the new BHCM positions that you were not able to provide before? (Examples: Ability to provide discharge planning or have an LMHP on site where you were not before.)

- ☐ Yes
- ☐ Please explain:

- ☐ No
- ☐ Please explain:

72. Please note any additional barriers to hiring or implementation of additional mental/behavioral health case management practices or procedures. Please also provide any other feedback that may be unique to your jail/locality/region, or that you feel is relevant.

73. Are there any services your jail was providing that they were able to *improve* as a result of the new mental/behavioral health positions? (Examples: Ability to assess and/or diagnose faster. The jail has been providing discharge planning, but now the process has improved because...)

- ☐ Yes
- ☐ Please explain:

- ☐ No
- ☐ Please explain:

Part II: Medical

The below questions seek to collect data **ONLY** on any **new PMED** positions your jail has received.

74. Has your jail hired for any additional PMED positions that you were allocated?

- ☐ Yes, all
- ☐ Some, but not all
- ☐ No

75. If your jail has not filled some or all of your newly allocated PMED positions please check one or all of the reasons that apply:

- ☐ The funds are being used to cover the cost of a medical contract
- ☐ Lack of availability of qualified professionals seeking employment in a medical capacity
- ☐ Insufficient budgeted salary
- ☐ Other, Please Explain

The purpose of the below question is to determine whether the additional funds allocated by the Compensation Board are being used to increase the level of medical services, or are being absorbed by the local government.

76. If your jail has a contract with a medical provider, has the number of employees or hours of medical staff allocated to your jail been increased?

- ☐ Yes
 - ☐ Please explain:

- ☐ No
 - ☐ If not, has your local government reduced the local funding amount as a result of the additional state funds?
 - ☐ Yes
 - ☐ No
- ☐ N/A

Comments: Please include any remarks you wish regarding the management of inmates with mental illness in your jail

If you have any questions about this survey, please phone Kari Jackson at 804-371-4299 (SCB) or email kari.jackson@scb.virginia.gov. If you should experience any difficulties with the survey spreadsheet please contact Mark Pellett at mark.pellett@scb.virginia.gov

Thank you for your participation in this important work.

Appendix B: Jail Regions

Central Region

Albemarle-Charlottesville Regional Jail	Culpeper County Jail	Northwestern Regional Jail	Rappahannock Regional Jail
Alexandria Detention Center	Fairfax County Jail	Northern Neck Regional Jail	Richmond City Jail
Arlington County Detention Facility	Fauquier County Jail	Page County Jail	Rockingham-Harrisonburg Regional Jail
Central Virginia Regional Jail	Henrico County Jail	Pamunkey Regional Jail	
Charlotte County Jail	Loudoun County Adult Detention Center	Prince William-Manassas Detention Center	
Chesterfield County Jail	Meherrin River Regional Jail	RSW Regional Jail	

Western Region

Alleghany County Regional Jail	Franklin County Jail	New River Valley Regional Jail	Roanoke County Jail
Blue Ridge Regional Jail Authority	Henry County Jail	Patrick County Jail	Rockbridge Regional Jail
Botetourt-Craig Jail	Martinsville City Jail	Piedmont Regional Jail	Southwest VA Regional Jail
Danville City Jail	Middle River Regional Jail	Pittsylvania County Jail	Western VA Regional Jail
Danville City Jail Farm	Montgomery County Jail	Roanoke City Jail	

Eastern Region

Accomack County Jail	Lancaster County Jail	Riverside Regional Jail	Virginia Beach City Jail
Chesapeake City Jail	Middle Peninsula Regional Jail	Southampton County Jail	Western Tidewater Regional Jail
Eastern Shore Regional Jail	Newport News City Jail	Southside Regional Jail	
Gloucester County Jail	Norfolk City Jail	Sussex County Jail	
Hampton City Jail	Portsmouth City Jail	Virginia Peninsula Regional Jail	

Appendix C: Number & Diagnoses of Inmate Mental Illness in Jails

Jail Num	Jail Name	Schizophrenia & Delusional	Bipolar or Major Depressive	Mild Dep	Anxiety Disorder	PTSD	Other MI	MI with no Diag	Total MI Pop	SMI
001	Accomack County Jail	6	31	0	28	5	16	10	96	42
003	Albemarle-Charlottesville Regional Jail	22	87	7	28	11	67	1	223	120
005	Alleghany Regional Jail	1	20	3	6	9	0	7	46	30
013	Arlington County Detention Facility	62	31	7	11	7	46	30	194	100
023	Botetourt County Jail	4	24	7	28	4	15	0	82	32
041	Chesterfield County Jail	2	162	0	10	7	0	0	181	171
047	Culpeper County Adc	1	11	5	2	0	0	3	22	12
059	Fairfax Adult Detention Center	95	82	16	26	35	85	250	589	212
061	Fauquier County Jail	5	4	10	2	2	6	2	31	11
069	Northwestern Regional Jail	60	152	56	27	17	38	0	350	229
073	Gloucester County Jail	1	13	0	13	4	8	0	39	18
087	Henrico County Jail	98	131	37	67	134	55	1	523	363
089	Henry County Jail	2	8	2	3	2	2	0	19	12
103	Lancaster Correctional Center	2	9	0	6	3	3	1	24	14
107	Loudoun County Adult Detention	17	19	10	8	4	21	0	79	40
119	Middle Peninsula Regional	6	22	10	10	12	7	0	67	40
131	Eastern Shore Regional Jail	3	0	0	11	1	0	2	17	4
135	Piedmont Regional Jail	10	16	36	33	19	3	0	117	45
137	Central Virginia Regional Jail	22	63	5	33	45	21	0	189	130
139	Page County Jail	5	8	16	22	6	0	3	60	19
143	Pittsylvania County Jail	8	8	32	18	8	6	0	80	24
153	Pr. William/Manassas Regional	39	85	0	2	14	4	6	150	138
161	Roanoke County/Salem Jail	3	23	0	31	0	31	0	88	26
163	Rockbridge Regional Jail	2	23	8	33	16	52	1	135	41
165	Rockingham-Harrisonburg Regional Jail	19	20	3	4	9	36	19	110	48
175	Southampton County Jail	1	2	0	1	1	0	0	5	4
220	Danville Jail Farm	0	4	12	0	0	0	1	17	4
460	Pamunkey Regional Jail	25	63	0	47	25	73	0	233	113
465	Riverside Regional Jail	17	32	0	21	18	8	0	96	67
470	Virginia Peninsula Regional	34	140	0	7	66	163	0	410	240
480	New River Regional Jail	21	74	46	21	10	10	5	187	105
485	Blue Ridge Regional Jail	25	107	23	77	54	89	47	422	186
491	Southside Regional Jail	2	13	8	9	0	0	0	32	15
492	Southwest Virginia Regional Jail	25	222	0	70	25	11	36	389	272
493	Middle River Regional Jail	21	63	1	33	48	32	0	198	132

Jail Num	Jail Name	Schizophrenia & Delusional	Bipolar or Major Depressive	Mild Dep	Anxiety Disorder	PTSD	Other MI	MI with no Diag	Total MI Pop	SMI
494	Western Virginia Regional Jail	11	12	5	7	8	5	4	52	31
495	Meherrin River Regional Jail	8	32	0	17	7	1	0	65	47
496	RSW Regional Jail	9	91	0	9	2	41	20	172	102
510	Alexandria Detention Center	16	19	2	11	33	9	2	92	68
550	Chesapeake City Jail	26	38	37	33	35	8	0	177	99
590	Danville City Jail	26	22	2	16	1	5	4	76	49
620	Western Tidewater Regional	8	13	3	11	7	5	4	51	28
630	Rappahannock Regional Jail	18	20	0	3	6	23	5	75	44
650	Hampton City Jail	10	8	2	11	9	4	4	48	27
690	Martinsville City Jail	7	4	6	20	1	2	0	40	12
700	Newport News City Jail	25	8	0	0	0	4	103	140	33
710	Norfolk City Jail	40	12	177	0	9	83	0	321	61
740	Portsmouth City Jail	36	4	6	14	16	12	5	93	56
760	Richmond City Jail	0	2	0	1	0	0	0	3	2
770	Roanoke City Jail	40	39	6	18	27	13	0	143	106
810	Virginia Beach Correction Ctr	17	32	2	11	7	5	0	74	56
	Totals	963	2128	608	930	789	1128	576	7122	3880

Appendix D: Inmates Screened

Jail Num	Jail Name	Inmates screened with BJMHS	Inmates screened with CMHS	Recommended for thorough assessment	Inmates not screened	Why inmates not screened
001	Accomack County Jail	172	0	0	0	N/A
003	Albemarle-Charlottesville Regional Jail	278	0	11	0	0
005	Alleghany County Regional Jail	51	51	11	0	0
013	Arlington County Detention Facility	429	0	78	0	Clients were booked and released, court and returns, change in confinement, or otherwise uncooperative with the assessments.
023	Botetourt County Jail	55	0	25	0	0
041	Chesterfield County Jail	455	123	5	34	1. Released on Bond 2. Released to Pre-trial Service 3. Transferred
047	Culpeper County Adc	139	0	10	0	0
059	Fairfax Adult Detention Center	597	0	57	0	0
061	Fauquier County Jail	121	0	9	0	n/a
069	Northwestern Regional Jail	234	0	51	0	N/A
073	Gloucester County Jail	91	0	0	0	N/A
087	Henrico County Jail	644	0	167	0	0
089	Henry County Jail	151	0	54	0	All inmates are screened when booked into the jail.
103	Lancaster Correctional Center	12	0	0	0	0
107	Loudoun County Adult Detention	301	0	16	0	N/A
119	Middle Peninsula Regional	51	0	0	0	NA
131	Eastern Shore Regional Jail	44	0	0	0	n/a
135	Piedmont Regional Jail	215	0	39	0	0
137	Central Virginia Regional Jail	181	0	9	1	Inmate refused to participate in screening assessment
139	Page County Jail	117	117	0	0	0
143	Pittsylvania County Jail	89	89	4	0	0

Jail Num	Jail Name	Inmates screened with BJMHS	Inmates screened with CMHS	Recommended for thorough assessment	Inmates not screened	Why inmates not screened
153	Pr. William/Manassas Regional	423	118	63	0	N/A
161	Roanoke County/Salem Jail	286	135	1	0	0
163	Rockbridge Regional Jail	129	0	3	0	n/a
165	Rockingham-Harrisonburg Regional Jail	182	0	60	90	0
175	Southampton County Jail	20	0	0	0	0
220	Danville Jail Farm	21	0	0	0	0
460	Pamunkey Regional Jail	26	0	7	0	All persons committed in June 2025 completed their receiving screening, which includes the BJMHS and SAD Persons assessment. Inmates that refuse to complete their receiving screenings are placed in administrative custody until they do so for their own safety and the safety of others.
465	Riverside Regional Jail	0	64	50	0	
470	Virginia Peninsula Regional	146	0	64	12	There were 12 offenders who did not receive the Brief Mental Health Survey due to the offender being released or transferred prior to Medical's Physical and BMHS assessment.
480	New River Regional Jail	448	0	15	3	Inmate was acutely psychotic and TDO was issued
485	Blue Ridge Regional Jail	All	0	356	0	N/A
491	Southside Regional Jail	74	0	34	0	0
492	Southwest Virginia Regional Jail	321	0	144	0	N/A
493	Middle River Regional Jail	276	0	109	0	N/A
494	Western Virginia Regional Jail	315	0	225	0	N/A
495	Meherrin River Regional Jail	95	0	35	0	0
496	RSW Regional Jail	188	0	13	0	N/A

Jail Num	Jail Name	Inmates screened with BJMHS	Inmates screened with CMHS	Reccomended for thorough assessment	Inmates not screened	Why inmates not screened
510	Alexandria Detention Center	276	0	35	10	Intoxication, language barriers, and overall uncooperative nature. Additionally, the vast majority of clients with behavioral health problems and acute risk issues are identified through screening questions during admission interviews with Security Staff, Medical Staff, or Classification Staff.
550	Chesapeake City Jail	502	0	138	0	N/A
590	Danville City Jail	202	0	8	0	None
620	Western Tidewater Regional	301	0	71	0	N/A
630	Rappahannock Regional Jail	773	0	77	0	N/A
650	Hampton City Jail	361	361	52	0	n/a
690	Martinsville City Jail	74	0	13	0	0
700	Newport News City Jail	318	0	155	5	Inmates refused screening. Inmates in mental crisis at the time of screening.
710	Norfolk City Jail	0	697	225	0	N/A
740	Portsmouth City Jail	178	0	170	0	N/A
760	Richmond City Jail	496	0	104	9	One (1) was too intoxicated and eight (8) refused
770	Roanoke City Jail	425	0	274	0	N/A
810	Virginia Beach Correction Ctr	0	0	0	10	Refusal to screen
	Totals	5623	1755	3047	174	

Appendix E: Average Hours of Confinement Before Receiving Comprehensive MH Assessment/Diagnosis

Jail Num	Jail Name	Average Confinement Time Until Comprehensive MH Assessment	Average Time from Comp MH Assessment to LMHP Diag
001	Accomack County Jail	24 hours to 72 hours	24 hours to 72 hours
003	Albemarle-Charlottesville Regional Jail	24 hours to 72 hours	<24 hours
005	Alleghany County Regional Jail	72 hours to 7 days	72 hours to 7 days
013	Arlington County Detention Facility	<24 hours	No answer given
023	Botetourt County Jail	7 to 14 days	No answer given
041	Chesterfield County Jail	7 to 14 days	72 hours to 7 days
047	Culpeper County Adc	24 hours to 72 hours	24 hours to 72 hours
059	Fairfax Adult Detention Center	72 hours to 7 days	7 to 14 days
061	Fauquier County Jail	72 hours to 7 days	24 hours to 72 hours
069	Northwestern Regional Jail	24 hours to 72 hours	>14 days
073	Gloucester County Jail	<24 hours	24 hours to 72 hours
087	Henrico County Jail	72 hours to 7 days	7 to 14 days
089	Henry County Jail	72 hours to 7 days	24 hours to 72 hours
103	Lancaster Correctional Center	<24 hours	24 hours to 72 hours
107	Loudoun County Adult Detention	24 hours to 72 hours	>14 days
119	Middle Peninsula Regional	24 hours to 72 hours	7 to 14 days
131	Eastern Shore Regional Jail	72 hours to 7 days	24 hours to 72 hours
135	Piedmont Regional Jail	24 hours to 72 hours	24 hours to 72 hours
137	Central Virginia Regional Jail	7 to 14 days	>14 days
139	Page County Jail	24 hours to 72 hours	24 hours to 72 hours
143	Pittsylvania County Jail	<24 hours	<24 hours
153	Pr. William/Manassas Regional	72 hours to 7 days	7 to 14 days
161	Roanoke County/Salem Jail	<24 hours	<24 hours
163	Rockbridge Regional Jail	24 hours to 72 hours	72 hours to 7 days
165	Rockingham-Harrisonburg Regional Jail	7 to 14 days	>14 days
175	Southampton County Jail	7 to 14 days	72 hours to 7 days
220	Danville Jail Farm	24 hours to 72 hours	24 hours to 72 hours
460	Pamunkey Regional Jail	7 to 14 days	72 hours to 7 days
465	Riverside Regional Jail	>14 days	>14 days
470	Virginia Peninsula Regional	7 to 14 days	>14 days
480	New River Regional Jail	>14 days	>14 days
485	Blue Ridge Regional Jail	7 to 14 days	7 to 14 days
491	Southside Regional Jail	24 hours to 72 hours	72 hours to 7 days
492	Southwest Virginia Regional Jail	7 to 14 days	>14 days
493	Middle River Regional Jail	<24 hours	7 to 14 days
494	Western Virginia Regional Jail	24 hours to 72 hours	72 hours to 7 days
495	Meherrin River Regional Jail	<24 hours	24 hours to 72 hours

Jail Num	Jail Name	Average Confinement Time Until Comprehensive MH Assessment	Average Time from Comp MH Assessment to LMHP Diag
496	RSW Regional Jail	24 hours to 72 hours	7 to 14 days
510	Alexandria Detention Center	24 hours to 72 hours	72 hours to 7 days
550	Chesapeake City Jail	72 hours to 7 days	7 to 14 days
590	Danville City Jail	<24 hours	<24 hours
620	Western Tidewater Regional	24 hours to 72 hours	24 hours to 72 hours
630	Rappahannock Regional Jail	>14 days	>14 days
650	Hampton City Jail	No answer given	24 hours to 72 hours
690	Martinsville City Jail	72 hours to 7 days	72 hours to 7 days
700	Newport News City Jail	24 hours to 72 hours	>14 days
710	Norfolk City Jail	72 hours to 7 days	7 to 14 days
740	Portsmouth City Jail	72 hours to 7 days	>14 days
760	Richmond City Jail	24 hours to 72 hours	7 to 14 days
770	Roanoke City Jail	<24 hours	72 hours to 7 days
810	Virginia Beach Correction Ctr	24 hours to 72 hours	7 to 14 days

Appendix F: Inmates in Acute Crisis

Jail Num	Jail Name	Inmate in Acute MH crisis during MH screening assessed within 72 hours? Y/N	Do inmates in acute crisis receive continual monitoring? Y/N	Behavioral health provider consulted for intervention when inmate in acute distress? Y/N
001	Accomack County Jail	Yes	Yes	Yes
003	Albemarle-Charlottesville Regional Jail	Yes	Yes	Yes
005	Alleghany County Regional Jail	Yes	Yes	Yes
013	Arlington County Detention Facility	Yes	Yes	Yes
023	Botetourt County Jail	Yes	Yes	Yes
041	Chesterfield County Jail	Yes	Yes	Yes
047	Culpeper County Adc	Yes	Yes	Yes
059	Fairfax Adult Detention Center	Yes	Yes	Yes
061	Fauquier County Jail	Yes	Yes	Yes
069	Northwestern Regional Jail	Yes	Yes	Yes
073	Gloucester County Jail	Yes	Yes	Yes
087	Henrico County Jail	Yes	Yes	Yes
089	Henry County Jail	Yes	Yes	Yes
103	Lancaster Correctional Center	Yes	Yes	Yes
107	Loudoun County Adult Detention	Yes	Yes	Yes
119	Middle Peninsula Regional	Yes	Yes	Yes
131	Eastern Shore Regional Jail	Yes	Yes	Yes
135	Piedmont Regional Jail	Yes	Yes	Yes
137	Central Virginia Regional Jail	Yes	Yes	Yes
139	Page County Jail	Yes	Yes	Yes
143	Pittsylvania County Jail	Yes	Yes	Yes
153	Pr. William/Manassas Regional	Yes	Yes	Yes
161	Roanoke County/Salem Jail	Yes	Yes	Yes
163	Rockbridge Regional Jail	Yes	Yes	Yes
165	Rockingham-Harrisonburg Regional Jail	Yes	Yes	Yes
175	Southampton County Jail	Yes	Yes	Yes
220	Danville Jail Farm	Yes	Yes	Yes
460	Pamunkey Regional Jail	Yes	Yes	Yes
465	Riverside Regional Jail	Yes	Yes	Yes
470	Virginia Peninsula Regional	Yes	Yes	Yes
480	New River Regional Jail	Yes	Yes	Yes
485	Blue Ridge Regional Jail	Yes	Yes	Yes
491	Southside Regional Jail	Yes	Yes	Yes
492	Southwest Virginia Regional Jail	Yes	Yes	Yes
493	Middle River Regional Jail	Yes	Yes	Yes
494	Western Virginia Regional Jail	Yes	Yes	Yes
495	Meherrin River Regional Jail	Yes	Yes	0
496	RSW Regional Jail	Yes	Yes	Yes
510	Alexandria Detention Center	Yes	Yes	Yes
550	Chesapeake City Jail	Yes	Yes	Yes

Jail Num	Jail Name	Inmate in Acute MH crisis during MH screening assessed within 72 hours? Y/N	Do inmates in acute crisis receive continual monitoring? Y/N	Behavioral health provider consulted for intervention when inmate in acute distress? Y/N
590	Danville City Jail	Yes	Yes	Yes
620	Western Tidewater Regional	Yes	Yes	Yes
630	Rappahannock Regional Jail	Yes	Yes	Yes
650	Hampton City Jail	Yes	Yes	Yes
690	Martinsville City Jail	Yes	Yes	Yes
700	Newport News City Jail	Yes	Yes	Yes
710	Norfolk City Jail	Yes	Yes	Yes
740	Portsmouth City Jail	Yes	Yes	Yes
760	Richmond City Jail	Yes	Yes	Yes
770	Roanoke City Jail	Yes	Yes	Yes
810	Virginia Beach Correction Ctr	Yes	Yes	Yes

Appendix G: Inmates Screened Positive who were Not Assessed

Jail Num	Jail Name	Inmates who Screened Pos & Referred for Assessment	Inmates Referred for Assessment who were not Assessed	Inmates not Assessed Due to Release Before Services Could be Provided Y/N	Inmates not Assessed due to Insufficient Staff Y/N	Level of Difficulty if ALL Inmates were to be assessed w/in 72 Hrs (None, Some, Extreme)
001	Accomack County Jail	24	0	Yes	No	Yes
003	Albemarle-Charlottesville Regional Jail	11	2	Yes	0	No
005	Alleghany County Regional Jail	10	1	Yes	No	No
013	Arlington County Detention Facility	78	0	No	No	Yes
023	Botetourt County Jail	25	5	Yes	No	No
041	Chesterfield County Jail	5	4	Yes	Yes	No
047	Culpeper County Adc	10	0	Yes	Yes	Yes
059	Fairfax Adult Detention Center	259	15	Yes	0	0
061	Fauquier County Jail	9	1	Yes	No	No
069	Northwestern Regional Jail	51	0	No	No	No
073	Gloucester County Jail	0	0	0	0	No
087	Henrico County Jail	167	53	Yes	No	No
089	Henry County Jail	54	4	Yes	No	No
103	Lancaster Correctional Center	0	0	0	0	Yes
107	Loudoun County Adult Detention	16	0	No	No	Yes
119	Middle Peninsula Regional	6	0	No	No	Yes
131	Eastern Shore Regional Jail	0	0	No	No	No
135	Piedmont Regional Jail	39	9	Yes	0	Yes
137	Central Virginia Regional Jail	9	0	No	No	No
139	Page County Jail	117	0	No	No	No
143	Pittsylvania County Jail	3	0	No	No	No
153	Pr. William/Manassas Regional	63	2	Yes	No	No
161	Roanoke County/Salem Jail	135	151	Yes	0	Yes
163	Rockbridge Regional Jail	41	0	No	No	No

Jail Num	Jail Name	Inmates who Screened Pos & Referred for Assessment	Inmates Referred for Assessment who were not Assessed	Inmates not Assessed Due to Release Before Services Could be Provided Y/N	Inmates not Assessed due to Insufficient Staff Y/N	Level of Difficulty if ALL Inmates were to be assessed w/in 72 Hrs (None, Some, Extreme)
165	Rockingham-Harrisonburg Reg ail	60	7	Yes	Yes	No
175	Southampton County Jail	0	0	No	No	No
220	Danville Jail Farm	0	0	No	No	Yes
460	Pamunkey Regional Jail	7	0	No	No	0
465	Riverside Regional Jail	50	0	No	No	0
470	Virginia Peninsula Regional	164	16	Yes	Yes	No
480	New River Regional Jail	15	11	Yes	Yes	No
485	Blue Ridge Regional Jail	433	44	Yes	No	No
491	Southside Regional Jail	7	0	No	No	Yes
492	Southwest Virginia Regional Jail	242	98	Yes	Yes	No
493	Middle River Regional Jail	109	69	Yes	No	No
494	Western Virginia Regional Jail	248	67	Yes	No	No
495	Meherrin River Regional Jail	35	0	0	0	Yes
496	RSW Regional Jail	42	12	Yes	No	No
510	Alexandria Detention Center	35	0	No	No	Yes
550	Chesapeake City Jail	147	4	Yes	No	No
590	Danville City Jail	33	0	No	No	No
620	Western Tidewater Regional	60	7	Yes	No	Yes
630	Rappahannock Regional Jail	77	0	0	0	Yes
650	Hampton City Jail	16	8	Yes	No	No
690	Martinsville City Jail	8	0	Yes	No	0
700	Newport News City Jail	28	0	Yes	No	No
710	Norfolk City Jail	225	93	Yes	No	No
740	Portsmouth City Jail	170	7	Yes	No	No
760	Richmond City Jail	104	31	Yes	No	No
770	Roanoke City Jail	373	116	Yes	0	Yes
810	Virginia Beach Correction Ctr	201	30	Yes	No	No
	Totals	4021	867			

Appendix H: Veterans and Homeless

Jail Num	Jail Name	Vets	Vets w/MI	Vets w/MI & SA	Homeless	Homeless w/MI	Homeless w/MI & SA
001	Accomack County Jail	2	0	0	4	4	1
003	Albemarle-Charlottesville Regional Jail	10	5	1	10	3	1
005	Alleghany Regional Jail	0	0	0	0	0	0
013	Arlington County Detention Facility	4	4	0	122	94	37
023	Botetourt County Jail	13	7	3	1	0	0
041	Chesterfield County Jail	25	7	2	64	21	8
047	Culpeper County Adc	1	0	1	6	3	0
059	Fairfax Adult Detention Center	24	18	8	137	104	53
061	Fauquier County Jail	4	2	1	0	0	0
069	Northwestern Regional Jail	27	18	8	68	39	25
073	Gloucester County Jail	0	0	0	2	0	2
087	Henrico County Jail	51	5	12	54	10	17
089	Henry County Jail	20	6	0	6	4	0
103	Lancaster Correctional Center	1	1	0	1	1	1
107	Loudoun County Adult Detention	6	2	1	6	0	0
119	Middle Peninsula Regional	18	18	6	0	NA	NA
131	Eastern Shore Regional Jail	0	0	0	1	1	0
135	Piedmont Regional Jail	2	2	0	0	0	0
137	Central Virginia Regional Jail	16	8	5	4	4	0
139	Page County Jail	0	0	0	0	0	0
143	Pittsylvania County Jail	2	0	0	0	0	0
153	Pr. William/Manassas Regional	15	7	5	93	15	2
161	Roanoke County/Salem Jail	14	3	2	15	2	2
163	Rockbridge Regional Jail	2	2	0	2	1	0
165	Rockingham-Harrisonburg Regional Jail	2	2	2	36	10	5
175	Southampton County Jail	4	1	0	0	0	0
220	Danville Farm	0	0	0	1	0	0
460	Pamunkey Regional Jail	5	4	1	17	12	8

Jail Num	Jail Name	Vets	Vets w/MI	Vets w/MI & SA	Homeless	Homeless w/MI	Homeless w/MI & SA
465	Riverside Regional Jail	0	0	0	0	5	0
470	Virginia Peninsula Regional	34	28	10	17	17	12
480	New River Regional Jail	42	6	12	38	10	10
485	Blue Ridge Regional Jail	35	20	5	19	17	17
491	Southside Regional Jail	2	2	2	8	8	6
492	Southwest Virginia Regional Jail	4	4	2	27	24	13
493	Middle River Regional Jail	34	16	7	1	1	1
494	Western Virginia Regional Jail	26	1	0	15	0	1
495	Meherrin River Regional Jail	21	2	2	12	2	1
496	Virginia Beach Correction Ctr	15	3	2	21	8	8
510	Alexandria Detention Center	5	2	0	59	11	7
550	Chesapeake City Jail	47	35	19	12	10	9
590	Danville City Jail	11	2	1	2	1	0
620	Western Tidewater Regional	9	4	3	3	1	0
630	Rappahannock Regional Jail	5	3	2	7	4	3
650	Hampton City Jail	10	6	3	8	4	4
690	Martinsville City Jail	0	0	0	2	0	2
700	Newport News City Jail	55	0	0	44	1	1
710	Norfolk City Jail	10	0	0	3	0	0
740	Portsmouth City Jail	4	2	1	25	12	13
760	Richmond City Jail	10	3	2	60	19	12
770	Roanoke City Jail	32	7	2	30	6	1
810	Virginia Beach Correction Ctr	149	29	10	382	80	34
	Total	828	297	143	1445	569	317

Appendix I: Housing

Jail Num	Jail Name	MH Unit Y/N	Male MH Beds in Unit	Female MH Beds in Unit	MH Beds Needed
001	Accomack County Jail	No	0	0	N/A
003	Albemarle-Charlottesville Regional Jail	No	0	0	0
005	Alleghany Regional Jail	No	0	30	39
013	Arlington County Detention Facility	Yes	29	0	100
023	Botetourt County Jail	No	0	0	0
041	Chesterfield County Jail	NO	0	0	0
047	Culpeper County Adc	yes	2	1	10
059	Fairfax Adult Detention Center	Yes	58	8	66
061	Fauquier County Jail	No	0	0	5
069	Northwestern Regional Jail	Yes	14	14	28
073	Gloucester County Jail	Yes	2	2	0
087	Henrico County Jail	Yes	46	6	64
089	Henry County Jail	No	0	0	30
103	Lancaster Correctional Center	No	0	0	0
107	Loudoun County Adult Detention	No	0	0	86
119	Middle Peninsula Regional	Yes	20	10	67
131	Eastern Shore Regional Jail	No	0	0	0
135	Piedmont Regional Jail	No	0	0	0
137	Central Virginia Regional Jail	No	0	0	0
139	Page County Jail	0	0	0	24
143	Pittsylvania County Jail	No	0	0	0
153	Pr. William/Manassas Regional	Yes	12	4	42
161	Roanoke County/Salem Jail	No	0	0	0
163	Rockbridge Regional Jail	No	0	0	n/a
165	Rockingham-Harrisonburg Regional Jail	Yes	20	0	20
175	Southampton County Jail	No	0	0	0
220	Danville Farm	No	0	0	5
460	Pamunkey Regional Jail	No	0	0	0
465	Riverside Regional Jail	Yes	60	18	78
470	Virginia Peninsula Regional	No	0	0	30
480	New River Regional Jail	No	0	0	No Answer
485	Blue Ridge Regional Jail	No	0	0	3
491	Southside Regional Jail	No	0	0	4
492	Southwest Virginia Regional Jail	No	0	0	658
493	Middle River Regional Jail	Yes	23	12	35
494	Western Virginia Regional Jail	Yes	0	0	28
495	Meherrin River Regional Jail	No	0	0	65
496	Virginia Beach Correction Ctr	No	0	0	137
510	Alexandria Detention Center	Yes	18	6	24

Jail Num	Jail Name	MH Unit Y/N	Male MH Beds in Unit	Female MH Beds in Unit	MH Beds Needed
550	Chesapeake City Jail	Yes	62	5	389
590	Danville City Jail	No	0	0	0
620	Western Tidewater Regional	No	0	0	260
630	Rappahannock Regional Jail	No	0	0	0
650	Hampton City Jail	No	n/a	n/a	0
690	Martinsville City Jail	No	0	0	0
700	Newport News City Jail	Yes	14	14	28
710	Norfolk City Jail	Yes	65	6	340
740	Portsmouth City Jail	Yes	26	12	50
760	Richmond City Jail	Yes	72	48	325
770	Roanoke City Jail	Yes	44	18	200
810	Virginia Beach Correction Ctr	Yes	200	75	275
	Totals		787	289	3315

Appendix J: Hours of Mental Health Treatment Services Provided

Jail Num	Jail Name	Hours of Psyc Time	Hrs of MD devoted to MH	Hrs of Trtmt Prov by Jail MH Staff	Hrs of Trtmt Prov by CSB	Hrs of Trtmt Prov by Priv Cont	Total Hours
001	Accomack County Jail	8	0	0	8	64	80
003	Albemarle-Charlottesville Regional Jail	328	0	167	0	0	495
005	Alleghany Regional Jail	16	4	0	16	1	37
013	Arlington County Detention Facility	96	0	0	666	0	762
023	Botetourt County Jail	160	0	160	0	0	320
041	Chesterfield County Jail	46	0	207	13	0	266
047	Culpeper County Adc	8	7	0	30	0	45
059	Fairfax Adult Detention Center	140	0	0	1283	0	1423
061	Fauquier County Jail	0	6	0	20	16	42
069	Northwestern Reg Jail	56	4	76	0	0	136
073	Gloucester County Jail	0	2	0	14	0	16
087	Henrico County Jail	4	0	0	357	0	361
089	Henry County Jail	64	0	21	128	0	213
103	Lancaster Correctional Center	0	15	10	4	0	29
107	Loudoun County Adult Detention	64	16	64	339	0	483
119	Middle Peninsula Regional	8	2	160	80	10	260
131	Eastern Shore Regional Jail	12	0	0	7	0	19
135	Piedmont Regional Jail	96	0	0	0	0	96
137	Central Virginia Regional Jail	36	2	0	39	32	109
139	Page County Jail	8	8	0	10	8	34
143	Pittsylvania County Jail	0	0	0	0	0	0
153	Pr. William/Manassas Regional	32	8	155	640	0	835
161	Roanoke County/Salem Jail	16	0	15	12	4	47
163	Rockbridge Regional Jail	32	0	0	2	68	102
165	Rockingham-Harrisonburg Regional Jail	15	0	0	64	0	79
175	Southampton County Jail	0	4	0	0	0	4
220	Danville Jail Farm	0	2	0	4	0	6
460	Pamunkey Regional Jail	32	15	0	0	38	85
465	Riverside Regional Jail	174	0	120	0	0	294
470	Virginia Peninsula Regional	28	20	0	80	180	308
480	New River Regional Jail	16	0	8	232	16	272

Jail Num	Jail Name	Hours of Psyc Time	Hrs of MD devoted to MH	Hrs of Trtmt Prov by Jail MH Staff	Hrs of Trtmt Prov by CSB	Hrs of Trtmt Prov by Priv Cont	Total Hours
485	Blue Ridge Regional Jail	0	0	10	24	287	321
491	Southside Regional Jail	24	0	35	0	0	59
492	Southwest Virginia Regional Jail	132	13	0	792	823	1760
493	Middle River Regional Jail	31	0	78	0	0	109
494	Western Virginia Regional Jail	16	0	445	35	0	496
495	Meherrin River Regional Jail	16	4	0	0	256	276
496	RSW Regional Jail	0	0	0	0	32	32
510	Alexandria Detention Center	72	4	0	310	0	386
550	Chesapeake City Jail	120	0	0	0	893	1013
590	Danville City Jail	0	20	0	10	0	30
620	Western Tidewater Regional	57	0	785	0	0	842
630	Rappahannock Regional Jail	20	6	0	98	0	124
650	Hampton Correctional Facility	4	15	0	16	38	73
690	Martinsville City Jail	12	0	0	20	0	32
700	Newport News City Jail	0	2	204	0	0	206
710	Norfolk City Jail	224	0	32	0	0	256
740	Portsmouth City Jail	6	3	0	0	0	9
760	Richmond City Jail	104	20	111	0	320	555
770	Roanoke City Jail	1	0	0	194	36	231
810	Virginia Beach Correction Ctr	16	0	0	35	25	76
	Total	2350	202	2863	5582	3147	14143

Appendix K: Type of Mental Health Treatment Services Provided

Jail Num	Jail Name	Num Rcvd Indiv Counslg	Hrs Trtmt Prov	Num Rcvd Group Cnslg	Hrs Trtmt Prov	Num Group SA Trtmt	Hrs Trtmt Prov	Num Rcvd Other Trtmt	Hrs of Trtmt Prov	Total Inmates Treated
001	Accomack County Jail	0	0	0	0	0	0	16	72	16
003	Albemarle-Charlottesville Regional Jail	171	107	0	0	12	60	0	0	183
005	Alleghany Regional Jail	13	13	0	0	0	0	0	0	13
013	Arlington County Detention Facility	12	30	0	0	12	504	12	132	36
023	Botetourt County Jail	30	160	0	0	0	0	0	0	30
041	Chesterfield County Jail	33	76	237	72	237	72	0	0	507
047	Culpeper County Adc	2030	26	0	0	6	4	0	0	2036
059	Fairfax Adult Detention Center	363	801	23	97	49	385	0	0	435
061	Fauquier County Jail	19	24	0	0	28	12	0	0	47
069	Northwestern Regional Jail	75	48	151	28	0	0	0	0	226
073	Gloucester County Jail	0	0	0	0	32	14	0	0	32
087	Henrico County Jail	271	357	0	0	0	0	0	0	271
089	Henry County Jail	5	9	3	6	3	6	0	128	11
103	Lancaster Correctional Center	10	14	0	0	0	0	0	0	10
107	Loudoun County Adult Detention	46	65	12	21	2	31	228	286	288
119	Middle Peninsula Regional	72	130	12	36	10	38	26	46	120
131	Eastern Shore Regional Jail	6	7	0	0	0	0	0	0	6
135	Piedmont Regional Jail	91	0	0	0	0	0	0	0	91
137	Central Virginia Regional Jail	6	9	32	16	13	14	45	32	96
139	Page County Jail	5	10	10	8	0	0	0	0	15
143	Pittsylvania County Jail	0	0	0	0	0	0	0	0	0
153	Pr. William/Manassas Regional	65	85	0	0	20	640	45	70	130
161	Roanoke County/Salem Jail	28	16	0	0	40	16	0	0	68
163	Rockbridge Regional Jail	38	68	0	0	8	4	7	2	53
165	Rockingham-Harrisonburg Regional Jail	63	62	8	2	23	16	0	0	94
175	Southampton County Jail	0	0	0	0	0	0	0	0	0
220	Danville Jail Farm	5	3.75	0	0	0	0	0	0	5
460	Pamunkey Regional Jail	28	0	0	0	0	0	0	0	28

Jail Num	Jail Name	Num Rcvd Indiv Counslg	Hrs Trtmt Prov	Num Rcvd Group Cnslg	Hrs Trtmt Prov	Num Group SA Trtmt	Hrs Trtmt Prov	Num Rcvd Other Trtmt	Hrs of Trtmt Prov	Total Inmates Treated
465	Riverside Regional Jail	0	0	0	0	0	0	0	120	0
470	Virginia Peninsula Regional	207	158	39	424	48	1036	277	485	571
480	New River Regional Jail	102	189	0	0	0	0	51	67	153
485	Blue Ridge Regional Jail	400	247	0	0	4	36	24	38	428
491	Southside Regional Jail	27	35	0	0	0	0	0	0	27
492	Southwest Virginia Regional Jail	531	663	0	0	0	0	300	952	831
493	Middle River Regional Jail	13	50	5	16	12	12	0	0	30
494	Western Virginia Regional Jail	8	16	42	40	28	184	126	240	204
495	Meherrin River Regional Jail	36	252	1	4	0	0	0	0	37
496	RSW Regional Jail	0	32	0	0	0	0	0	0	0
510	Alexandria Detention Center	209	276.83	0	0	0	0	15	33.17	224
550	Chesapeake City Jail	197	449	18	18	0	0	0	0	215
590	Danville City Jail	8	5	0	0	2	4.5	0	0	10
620	Western Tidewater Regional	350	640	180	120	15	15	80	10	625
630	Rappahannock Regional Jail	78	98	0	0	0	0	0	0	78
650	Hampton Correctional Facility	4	14	0	0	9	40	0	0	13
690	Martinsville City Jail	8	12	0	0	4	8	0	0	12
700	Newport News City Jail	93	204	0	0	0	0	0	0	93
710	Norfolk City Jail	13	12	13	12	8	8	0	0	34
760	Richmond City Jail	62	94	47	68	7	7	71	331	187
770	Roanoke City Jail	3	12	9	52	9	166	0	0	21
810	Virginia Beach Correction Ctr	17	19	38	6	26	35	0	N/A	81
	Totals	5851	5599	880	1046	667	3368	1323	3044	8721

Appendix L: Mental Health Medications Dispensed

Jail Num	Jail Name	Inmates Receiving AntiPsychotic Meds	Inmates Receiving Mood Disorder Meds	Inmates Receiving Antidepressant Meds	Inmates Receiving AntiAnxiety Meds	Total Inmates Dispensed Psyc Meds	Inmates Refused Meds	Upon Refusal of Meds How often is Judicial Approval sought for Involuntary Treatment (Always, Sometimes, Inmate in Danger, Never)
001	Accomack County Jail	5	4	72	14	49	6	No
003	Albemarle-Charlottesville Regional Jail	100	18	167	57	312	6	0
005	Alleghany Regional Jail	9	7	17	15	57	39	No
013	Arlington County Detention Facility	94	8	666	243	397	248	No
023	Botetourt County Jail	28	13	160	0	52	10	0
041	Chesterfield County Jail	42	24	220	11	110	0	No
047	Culpeper County Adc	7	22	30	0	44	3	no
059	Fairfax Adult Detention Center	88	18	1283	43	276	16	0
061	Fauquier County Jail	14	21	36	1	48	2	No
069	Northwestern Regional Jail	197	127	76	196	747	15	No
073	Gloucester County Jail	3	4	14	6	24	0	0
087	Henrico County Jail	185	85	357	18	347	52	No
089	Henry County Jail	7	17	149	17	52	1	No
103	Lancaster Correctional Center	5	0	14	2	12	3	No
107	Loudoun County Adult Detention	34	8	403	8	124	4	No
119	Middle Peninsula Regional	26	17	250	0	59	7	No
131	Eastern Shore Regional Jail	10	5	7	2	26	3	No
135	Piedmont Regional Jail	59	28	0	9	127	0	0
137	Central Virginia Regional Jail	78	31	71	4	172	0	No
139	Page County Jail	11	4	18	3	30	0	No
143	Pittsylvania County Jail	12	4	0	0	39	1	No
153	Pr. William/Manassas Regional	53	16	0	45	243	7	No
161	Roanoke County/Salem Jail	7	1	31	22	72	0	0
163	Rockbridge Regional Jail	14	20	4	9	101	53	No
165	Rockingham-Harrisonburg Regional Jail	31	12	64	25	102	2	No
175	Southampton County Jail	14	1	0	2	23	0	No
220	Danville Jail Farm	2	3	3.75	16	46	0	0

Jail Num	Jail Name	Inmates Receiving AntiPsychotic Meds	Inmates Receiving Mood Disorder Meds	Inmates Receiving Antidepressant Meds	Inmates Receiving AntiAnxiety Meds	Total Inmates Dispensed Psyc Meds	Inmates Refused Meds	Upon Refusal of Meds How often is Judicial Approval sought for Involuntary Treatment (Always, Sometimes, Inmate in Danger, Never)
460	Pamunkey Regional Jail	67	15	38	4	137	0	No
465	Riverside Regional Jail	37	21	120	15	83	6	0
470	Virginia Peninsula Regional	137	96	260	143	626	42	No
480	New River Regional Jail	133	55	256	122	603	9	No
485	Blue Ridge Regional Jail	130	42	321	3	249	339	No
491	Southside Regional Jail	20	3	35	0	45	2	No
492	Southwest Virginia Regional Jail	139	10	1615	266	929	20	No
493	Middle River Regional Jail	54	41	78	0	137	2	No
494	Western Virginia Regional Jail	48	28	480	161	423	5	No
495	Meherrin River Regional Jail	12	10	256	38	117	6	0
496	RSW Regional Jail	80	28	32	2	166	26	No
510	Alexandria Detention Center	16	5	310	12	73	61	No
550	Chesapeake City Jail	72	54	893	108	432	130	No
590	Danville City Jail	44	22	10	1	79	11	No
620	Western Tidewater Regional	330	185	785	72	758	165	No
630	Rappahannock Regional Jail	170	69	98	1	279	4	No
650	Hampton Correctional Facility	30	16	24	0	59	4	No
690	Martinsville City Jail	13	16	8	0	54	1	0
700	Newport News City Jail	76	38	204	28	240	0	No
710	Norfolk City Jail	78	50	32	0	198	4	No
740	Portsmouth City Jail	27	10	0	0	48	1	No
760	Richmond City Jail	164	105	69	9	324	801	No
770	Roanoke City Jail	46	4	230	0	83	40	0
810	Virginia Beach Correction Ctr	154	70	60	183	723	99	No
	Totals	3212	1511	10326.75	1936	10556	2256	

Appendix M: Most Serious Offense of Inmates with Mental Illness in Jails

Jail Num	Jail Name	Inmates Whose MSO Reported as Felony	Inmates Whose MSO Reported as Misdemeanor	Inmates Whose MSO Reported as Violent	Inmates Whose MSO Reported as Drug	Inmates Whose MSO Reported as Non-Violent	Total Inmates Reported
001	Accomack County Jail	109	8	34	27	51	117
003	Alb-Charlottesville Reg Jail	163	59	55	17	139	222
005	Alleghany Regional Jail	35	12	9	15	23	47
013	Arlington County Detention Facility	108	82	73	21	109	195
023	Botetourt County Jail	68	3	12	15	40	71
041	Chesterfield County Jail	121	63	24	49	111	184
047	Culpeper County Adc	16	45	10	26	25	61
059	Fairfax Adult Detention Center	441	126	159	64	338	590
061	Fauquier County Jail	28	12	6	7	22	40
069	Northwestern Regional Jail	223	44	75	94	94	349
073	Gloucester County Jail	14	26	1	3	34	40
087	Henrico County Jail	403	113	63	152	288	523
089	Henry County Jail	19	2	7	7	10	21
103	Lancaster Correctional Center	24	3	12	2	14	27
107	Loudoun County Adult Detention	64	22	35	6	41	86
119	Middle Peninsula Regional	59	8	19	10	36	67
131	Eastern Shore Regional Jail	16	1	3	1	13	17
135	Piedmont Regional Jail	36	26	18	18	26	62
137	Central Virginia Regional Jail	172	21	52	8	120	193
139	Page County Jail	28	30	25	17	16	73
143	Pittsylvania County Jail	53	3	14	13	25	56
153	Pr. William/Manassas Regional	132	64	56	39	102	196
161	Roanoke County/Salem Jail	45	16	7	15	32	62
163	Rockbridge Regional Jail	49	20	11	8	45	69
165	Rockingham-Harrisonburg Regional Jail	98	16	15	35	48	115
175	Southampton County Jail	3	0	2	1	0	6
220	Danville Farm	17	6	0	6	17	23

Jail Num	Jail Name	Inmates Whose MSO Reported as Felony	Inmates Whose MSO Reported as Misdemeanor	Inmates Whose MSO Reported as Violent	Inmates Whose MSO Reported as Drug	Inmates Whose MSO Reported as Non-Violent	Total Inmates Reported
460	Pamunkey Regional Jail	149	20	58	35	77	169
465	Riverside Regional Jail	0	0	0	0	0	0
470	Virginia Peninsula Regional	301	109	75	52	251	410
480	New River Regional Jail	176	10	57	62	66	186
485	Blue Ridge Regional Jail	203	161	143	127	92	425
491	Southside Regional Jail	21	9	4	1	25	30
492	Southwest Virginia Regional Jail	349	55	54	149	200	404
493	Middle River Regional Jail	166	30	43	55	96	196
494	Western Virginia Regional Jail	53	35	28	29	30	88
495	Meherrin River Regional Jail	61	4	23	11	32	65
496	Rsw Regional Jail	123	13	32	34	70	136
510	Alexandria Detention Center	48	45	26	13	53	93
550	Chesapeake City Jail	60	10	12	4	53	70
590	Danville City Jail	62	16	23	6	45	78
620	Western Tidewater Regional	24	44	15	21	30	80
630	Rappahannock Regional Jail	49	17	28	6	33	66
650	Hampton Correctional Facility	17	23	5	13	22	59
690	Martinsville City Jail	36	4	12	3	25	40
700	Newport News City Jail	64	18	63	4	30	82
710	Norfolk City Jail	289	31	117	28	170	321
740	Portsmouth City Jail	30	48	27	14	37	88
760	Richmond City Jail	65	14	12	16	49	79
770	Roanoke City Jail	131	33	42	31	83	164
810	Virginia Beach Correction Ctr	77	16	27	35	32	95
	Totals	5098	1596	1723	1425	3420	6936

Appendix N: Incidents of Inmate Aggression

Jail Num	Jail Name	Num of Incidents of Inmate Aggression twd Other Inmates	Num of Incidents of Inmate Aggression twd Jail Staff	Num of Perpetrators MI	Num of Victims MI
001	Accomack County Jail	3	0	0	0
003	Albemarle-Charlottesville Regional Jail	4	2	2	1
005	Alleghany County Regional	0	0	0	0
013	Arlington County Detention Facility	10	8	0	0
023	Botetourt County Jail	2	0	2	0
041	Chesterfield County Jail	0	0	0	0
047	Culpeper County Adc	0	0	0	0
059	Fairfax Adult Detention Center	14	26	14	1
061	Fauquier County Jail	0	0	0	0
069	Northwestern Regional Jail	9	2	7	3
073	Gloucester County Jail	0	0	0	0
087	Henrico County Jail	14	9	11	3
089	Henry County Jail	0	0	0	0
103	Lancaster Correctional Center	0	0	0	0
107	Loudoun County Adult Detention	1	0	0	0
119	Middle Peninsula Regional	1	2	3	0
131	Eastern Shore Regional Jail	0	0	0	0
135	Piedmont Regional Jail	9	4	1	1
137	Central Virginia Regional Jail	2	2	2	0
139	Page County Jail	0	0	0	0
143	Pittsylvania County Jail	4	1	1	1
153	Pr. William/Manassas Regional	1	1	2	0
161	Roanoke County/Salem Jail	0	0	0	0
163	Rockbridge Regional Jail	8	1	0	0
165	Rockingham-Harrisonburg Regional Jail	0	0	0	0
175	Southampton County Jail	0	0	0	0
220	Danville City Farm	0	0	0	0
460	Pamunkey Regional Jail	9	3	10	7
465	Riverside Regional Jail	0	0	3	0
470	Virginia Peninsula Regional	9	9	17	6
480	New River Regional Jail	5	1	2	2
485	Blue Ridge Regional Jail	11	11	14	7
491	Southside Regional Jail	3	1	1	1
492	Southwest Virginia Regional Jail	24	8	19	2
493	Middle River Regional Jail	0	0	0	0
494	Western Virginia Regional Jail	21	4	10	2
495	Meherrin River Regional Jail	7	3	3	3

Jail Num	Jail Name	Num of Incidents of Inmate Aggression twd Other Inmates	Num of Incidents of Inmate Aggression twd Jail Staff	Num of Perpetrators MI	Num of Victims MI
496	Rsw Regional Jail	5	0	2	3
510	Alexandria Detention Center	2	0	0	0
550	Chesapeake City Jail	6	13	3	2
590	Danville City Jail	4	0	0	0
620	Western Tidewater Regional	24	7	8	0
630	Rappahannock Regional Jail	27	18	23	8
650	Hampton Correctional Facility	3	0	2	4
690	Martinsville City Jail	5	0	5	0
700	Newport News City Jail	4	1	1	0
710	Norfolk City Jail	15	4	10	3
740	Portsmouth City Jail	1	0	1	1
760	Richmond City Jail	8	0	3	0
770	Roanoke City Jail	4	2	5	1
810	Virginia Beach Correction Ctr	16	0	0	0
	Totals	295	143	187	62

Appendix O: Mental Health Treatment Expenditures

Jail Num	Jail Name	Cost of Meds	Cost of MH Services	Total Funds
001	Accomack County Jail	\$12,000	\$82,813	\$94,813
003	Albemarle-Charlottesville Regional Jail	\$120,296	\$1,779,270	\$1,899,566
005	Alleghany Regional	\$92,250	\$300,000	\$392,250
013	Arlington County Detention Facility	\$242,779	\$	\$242,779
023	Botetourt County Jail	\$115,605	\$115,000	\$230,605
041	Chesterfield County Jail	\$59,001	\$123,397	\$182,398
047	Culpeper County Adc	\$10,280	\$54,000	\$64,280
059	Fairfax Adult Detention Center	\$186,773	\$1,055,247	\$1,242,020
061	Fauquier County Jail	\$3,000	\$70,000	\$73,000
069	Northwestern Regional Jail	\$158,689	284, 077.15	\$442,766
073	Gloucester County Jail	\$129	\$68,000	\$68,129
087	Henrico County Jail	\$986,754	\$1,386,121	\$2,372,875
089	Henry County Jail	\$60,000	\$0	\$60,000
103	Lancaster Correctional Center	\$814	\$52,250	\$53,064
107	Loudoun County Adult Detention	\$28,725	\$1,335,005	\$1,363,730
119	Middle Peninsula Regional	\$23,275	\$659,577	\$682,852
131	Eastern Shore Regional Jail	\$50,000	\$30,000	\$80,000
135	Piedmont Regional Jail	\$121,332	\$2,589,423	\$2,710,755
137	Central Virginia Regional Jail	\$173,497	\$258,750	\$432,247
139	Page County Jail	\$57,166	\$54,284	\$111,450
143	Pittsylvania County Jail	\$18,000	\$40,000	\$58,000
153	Pr. William/Manassas Regional	\$253,165	\$1,300,000	\$1,553,165
161	Roanoke County/Salem Jail	\$2,701	\$39,500	\$42,201
163	Rockbridge Regional Jail	\$32,427	\$175,000	\$207,427
165	Rockingham-Harrisonburg Regional Jail	\$43,503	\$21,065	\$64,568
175	Southampton County Jail	\$4,743	\$24,000	\$28,743
220	Danville City Farm	\$42,500	\$0	\$42,500
460	Pamunkey Regional Jail	\$9,955	\$300,000	\$309,955
465	Riverside Regional Jail	\$105,848	\$	\$105,848
470	Virginia Peninsula Regional	\$55,070	\$1,982,409	\$2,037,479
480	New River Regional Jail	\$66,796	\$80,000	\$146,796
485	Blue Ridge Regional Jail	\$158,970	\$255,889	\$414,859
491	Southside Regional Jail	\$8,491	\$70,377	\$78,868
492	Southwest Virginia Regional Jail	\$394, 156	\$1,486,531	\$1,880,687
493	Middle River Regional Jail	\$72,151	\$516,114	\$588,265
494	Western Virginia Regional Jail	\$145,628	\$668,665	\$814,293
495	Meherrin River Regional Jail	\$60,000	\$160,000	\$220,000
496	RSW Regional Jail	\$72,364	\$102,852	\$175,216
510	Alexandria Detention Center	\$10,999	\$1,029,391	\$1,040,390
550	Chesapeake City Jail	\$520,000	\$3,100,000	\$3,620,000
590	Danville City Jail	\$114,812	\$900	\$115,712

Jail Num	Jail Name	Cost of Meds	Cost of MH Services	Total Funds
620	Western Tidewater Regional	\$173,125	\$364,449	\$537,574
630	Rappahannock Regional Jail	\$137,312	\$366,021	\$503,333
650	Hampton Correctional Facility	\$72,285	\$48,535	\$120,820
690	Martinsville City Jail	\$39,000	\$39,000	\$78,000
700	Newport News City Jail	\$118,368	\$650,000	\$768,368
710	Norfolk City Jail	\$64,245	\$759,629	\$823,874
740	Portsmouth City Jail	\$23,285	\$135,000	\$158,285
760	Richmond City Jail	\$303,768	\$1,151,471	\$1,455,240
770	Roanoke City Jail	\$623,870	\$1,036,634	\$1,660,504
810	Virginia Beach Correction Ctr	\$316,502	\$5,102,415	\$5,418,917
	Totals	\$6,172,249	\$31,018,983	\$37,869,466

Appendix P: Allocation of PMED and BHCM Positions in FY23

Jail	Jail Name	PMED Positions Allocated	BHCM Positions Allocated
001	Accomack County Jail	1	1
003	Albemarle-Charlottesville Reg Jail	1	2
005	Alleghany Regional Jail	1	1
013	Arlington County Jail	0	1
023	Botetourt-Craig Reg Jail	0	1
037	Charlotte County Jail	1	1
041	Chesterfield County Jail	1	2
047	Culpeper County Jail	0	1
059	Fairfax County Jail	0	3
061	Fauquier County Jail	0	1
067	Franklin County Jail	0	1
069	Northwestern Regional Jail	6	3
073	Gloucester County Jail	0	1
087	Henrico County Jail	18	5
089	Henry County Jail	0	2
103	Lancaster County Jail	0	1
107	Loudoun County Jail	7	1
119	Middle Peninsula Reg Jail	0	1
121	Montgomery County Jail	0	1
131	Eastern Shore Reg Jail	0	1
135	Piedmont Regional Jail	3	2
137	Central Va Reg Jail	0	2
139	Page County Jail	2	1
141	Patrick County Jail	2	1
143	Pittsylvania County Jail	0	1
153	Prince William-Man Reg Jail	0	3
161	Roanoke County Jail	0	1
163	Rockbridge Reg Jail	0	1
165	Rockingham-Harrisonburg Reg Jail	6	2
175	Southampton County Jail	2	1
183	Sussex County Jail	2	1
193	Northern Neck Reg Jail	4	1
460	Pamunkey Reg Jail	0	2
465	Riverside Reg Jail	5	5
470	Virginia Peninsula Regional	2	2
475	Hampton Roads Reg Jail	0	2
480	New River Regional Jail	11	4

Jail	Jail Name	PMED Positions Allocated	BHCM Positions Allocated
485	Blue Ridge Regional Jail	3	6
491	Southside Regional Jail	4	1
492	Southwest Virginia Regional Jail	12	8
493	Middle River Regional Jail	10	4
494	Western Virginia Regional Jail	7	4
495	Middle River Regional Jail	0	2
496	RSW Reg Jail	0	2
510	Alexandria City Jail	0	1
550	Chesapeake City Jail	0	5
590	Danville City Jail	2	1
620	Western Tidewater Reg Jail	0	3
630	Rappahannock Reg Jail	5	6
650	Hampton City Jail	0	1
690	Martinsville City Jail	0	1
700	Newport News City Jail	0	2
710	Norfolk City Jail	0	4
740	Portsmouth City Jail	0	1
760	Richmond City Jail	0	3
770	Roanoke City Jail	0	2
810	Virginia Beach City Jail	9	5
Total		127	125

Appendix Q: Areas of Benefit for Funding

Jail	Jail Name	Staffing	Jail Expansion/MH Beds	Officer Training/CIT	Medication	Inmate Services/Programs
001	Accomack County Jail		1			
003	Albemarle-Charlottesville Regional Jail	1				1
005	Alleghany County Jail	1	1		1	
013	Arlington County Detention Facility		1			1
023	Botetourt County Jail	1				
041	Chesterfield County Jail	1	1			
047	Culpeper County Adc	1	1	1	1	1
059	Fairfax Adult Detention Center	1	1		1	1
061	Fauquier County Jail	1	1			
069	Northwestern Regional Jail	1	1			
073	Gloucester County Jail	1	1	1		
087	Henrico County Jail	1	1			
089	Henry County Jail	1		1	1	
103	Lancaster Correctional Center	1	1			
107	Loudoun County Adult Detention	1	1		1	
119	Middle Peninsula Regional				1	1
131	Eastern Shore Regional Jail	1			1	
135	Piedmont Regional Jail		1			
137	Central Virginia Regional Jail	1	1			
139	Page County Jail	1	1			
143	Pittsylvania County Jail	1	1			
153	Pr. William/Manassas Regional	1			1	
161	Roanoke County Jail	1				
163	Rockbridge Regional Jail	1	1			
165	Rockingham-Harrisonburg Regional Jail	1	1			
175	Southampton County Jail		1			
460	Pamunkey Regional Jail	1			1	
470	Virginia Peninsula Regional	1	1		1	
480	New River Regional Jail	1	1			
485	Blue Ridge Regional Jail	1				
491	Southside Regional Jail	1				
492	Southwest Virginia Regional Jail	1			1	1
493	Middle River Regional Jail		1		1	

Jail	Jail Name	Staffing	Jail Expansion/MH Beds	Officer Training/CIT	Medication	Inmate Services/Programs
494	Western Virginia Regional Jail	1			1	
495	Meherrin River Regional Jail				1	
496	RSW Regional Jail	1			1	
510	Alexandria Detention Center	1				
550	Chesapeake City Jail	1	1			
620	Western Tidewater Regional	1	1	1	1	
630	Rappahannock Regional Jail	1	1			
650	Hampton Correctional Facility	1			1	
690	Martinsville City Jail		1			
700	Newport News City Jail	1	1			
710	Norfolk City Jail	1			1	
740	Portsmouth City Jail	1				
760	Richmond City Jail	1			1	
770	Roanoke City Jail	1	1			
810	Virginia Beach Correction Ctr	1		1	1	
	Total	40	28	5	20	6

Appendix R: Brief Jail Mental Health Screen

BRIEF JAIL MENTAL HEALTH SCREEN

Section 1

Name: _____ First MI Last	Detainee #: _____	Date: ____/____/____	Time: _____ AM PM
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Section 2

Questions	No	Yes	General Comments
1. Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you <i>currently</i> feel that other people know your thoughts and can read your mind?			
3. Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are <i>currently</i> much more active than you usually are?			
5. Do you <i>currently</i> feel like you have to talk or move more slowly than you usually do?			
6. Have there <i>currently</i> been a few weeks when you felt like you were useless or sinful?			
7. Are you <i>currently</i> taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you <i>ever</i> been in a hospital for emotional or mental health problems?			

Section 3 (Optional)

Officer's Comments/Impressions (check *all* that apply):

- ☐ Language barrier
 ☐ Under the influence of drugs/alcohol
 ☐ Non-cooperative
☐ Difficulty understanding questions
 ☐ Other, specify: _____

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- YES to item 7; OR
- YES to item 8; OR
- YES to at least 2 of items 1 through 6; OR
- If you feel it is necessary for any other reason

☐ Not Referred

☐ Referred on ____/____/____ to _____

Person completing screen _____

INSTRUCTIONS ON REVERSE

INSTRUCTIONS FOR COMPLETING THE BRIEF JAIL MENTAL HEALTH SCREEN

GENERAL INFORMATION:

This Brief Jail Mental Health Screen (BJMHS) was developed by Policy Research Associates, Inc., with a grant from the National Institute of Justice. The BJMHS is an efficient mental health screen that will aid in the early identification of severe mental illnesses and other acute psychiatric problems during the intake process.

This screen should be administered by Correctional Officers during the jail's intake/booking process.

INSTRUCTIONS FOR SECTION 1:

NAME: Enter detainees name — first, middle initial, and last
DETAINEE#: Enter detainee number.
DATE: Enter today's month, day, and year.
TIME: Enter the current time and circle AM or PM.

INSTRUCTIONS FOR SECTION 2:

ITEMS 1-6:

Place a check mark in the appropriate column (for "NO" or "YES" response).

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

ITEMS 7-8:

ITEM 7: This refers to any *prescribed* medication for any emotional or mental health problems.

ITEM 8: Include any stay of one night or longer. Do NOT include contact with an Emergency Room if it did not lead to an admission to the hospital

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

General Comments Column:

As indicated above, if the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

All "YES" responses require a note in the General Comments section to document:

- (1) Information about the detainee that the officer feels relevant and important
- (2) Information specifically requested in question

If at any point during administration of the BJMHS the detainee experiences distress, he/she should follow the jails procedure for referral services.

INSTRUCTIONS FOR SECTION 3:

OFFICER'S COMMENTS: Check any one or more of the four problems listed if applicable to this screening. If any other problem(s) occurred, please check OTHER, and note what it was.

REFERRAL INSTRUCTIONS:

Any detainee answering YES to Item 7 or YES to Item 8 or YES to at least two of Items 1-6 should be referred for further mental health evaluation. If there is any other information or reason why the officer feels it is necessary for the detainee to have a mental health evaluation, the detainee should be referred. Please indicate whether or not the detainee was referred.

Appendix S: Correctional MH Screen (for Men/Women)

Correctional Mental Health Screen for Men (CMHS-M)

Name _____ Last, First, MI	Detainee # _____	Date ____/____/____ mm/dd/year	Time ____:____
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QUESTIONS	NO	YES	COMMENTS
1. Have you ever had worries that you just can't get rid of?			
2. Some people find their mood changes frequently – as if they spend everyday on an emotional roller coaster. Does this sound like you?			
3. Do you get annoyed when friends or family complain about their problems? Or do people complain that you're not sympathetic to their problems?			
4. Have you ever felt like you didn't have any feelings, or felt distant or cut off from other people or from your surroundings?			
5. Has there ever been a time when you felt so irritable that you found yourself shouting at people or starting fights or arguments?			
6. Do you often get in trouble at work or with friends because you act excited at first but then lose interest in projects and don't follow through?			
7. Do you tend to hold grudges or give people the silent treatment for days at a time?			
8. Have you ever tried to avoid reminders, or to not think about, something terrible that you experienced or witnessed?			
9. Has there ever been a time when you felt depressed most of the day for at least 2 weeks?			
10. Have you ever been troubled by repeated thoughts, feelings, or nightmares about something you experienced or witnessed?			
11. Have you ever been in a hospital for non-medical reasons such as in a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)			
12. Have you ever felt constantly on guard or watchful even when you didn't need to, or felt jumpy and easily startled?			

TOTAL # YES: _____	General Comments:
Refer for further Mental Health Evaluation if the Detainee answered Yes to 6 or more items OR If you are concerned for any other reason - o URGENT Referral on ____/____/____ to _____ - o ROUTINE Referral on ____/____/____ to _____ - o Not Referred	
Person Completing Screen: _____	

INSTRUCTIONS FOR COMPLETING THE CMHS-M

General Information:

The CMHS is a tool designed to assist in the early detection of psychiatric illness during the jail intake process. The Research Team under the direction of Drs. Julian D. Ford and Robert L. Trestman at the University of Connecticut Health Center developed this Correctional Mental Health Screen for Men (CMHS-M) with a grant funded by the National Institute of Justice.

Instructions for administration of the CMHS-M:

Correctional Officers may administer this mental health screen during intake.

Name: Detainee's name- Last, first and middle initial
Detainee#: Detainee's facility identification number
Date: Today's month, date, year
Time: Current time (24hr or AM/PM)

Questions #1-12 may be administered as best suits the facility's policies and procedures and the reading level, language abilities, and motivation of the detainee who is completing the screen. The method chosen should be used consistently. Two recommended methods:

- Staff reads the questions out loud and fills in the detainee's answers to the questions on the form
- Staff reads the questions out loud, while the detainee reads them on a separate sheet and fills in his answers

Each question should be carefully read, and a check mark placed in the appropriate column (for "NO" or "YES" response).

The staff person should add a note in the **Comments** Section to document any information that is relevant and significant for any question that the detainee has answered "YES."

If the detainee declines to answer a question or says he does not know the answer to a question, do NOT check "YES" or "NO." Instead, record DECLINED or DON'T KNOW in the **Comments** box.

Total # YES: total number of YES responses

General Comments: Staff may include information here to describe overall concerns about the responses (for example: intoxicated, impaired, or uncooperative)

Referral Instructions:

Urgent Referral: A referral for **urgent** mental health evaluation may be made by the staff person if there is any behavioral or other evidence that a detainee is unable to cope emotionally or mentally or is a suicide risk.

Routine Referral: A detainee answering **"YES" to 6 or more items** should be referred for **routine** mental health evaluation. A referral also may be made if the staff person has any concerns about the detainee's mental state or ability to cope emotionally or behaviorally.

****** If at any point during administration of the CMHS-M the detainee experiences *more than mild and temporary emotional distress* (such as severe anxiety, grief, anger or disorientation) he should be referred for immediate mental health evaluation.

Referral: Check the appropriate box for whether a detainee was referred. If referred, check URGENT or ROUTINE, enter the date of the referral and the mental health staff person or mental health clinic to whom the referral was given.

Person completing screen: Enter the staff member's name

Correctional Mental Health Screen for Women (CMHS-W)

Name _____ Last, First, MI	Detainee # _____	Date ____/____/____ mm/dd/year	Time ____:____
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Questions	No	Yes	Comments
1. Do you get annoyed when friends and family complain about their problems? Or do people complain you are not sympathetic to their problems?			
2. Have you ever tried to avoid reminders of, or to not think about, something terrible that you experienced or witnessed?			
3. Some people find their mood changes frequently-as if they spend everyday on an emotional rollercoaster. For example, switching from feeling angry to depressed to anxious many times a day. Does this sound like you?			
4. Have there ever been a few weeks when you felt you were useless, sinful, or guilty?			
5. Has there ever been a time when you felt depressed most of the day for at least 2 weeks?			
6. Do you find that most people will take advantage of you if you let them know too much about you?			
7. Have you been troubled by repeated thoughts, feelings, or nightmares about something terrible that you experienced or witnessed?			
8. Have you ever been in the hospital for non-medical reasons, such as a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)			

TOTAL # YES: _____	General Comments:
Refer for further Mental Health Evaluation if the Detainee answered Yes to 5 or more items OR If you are concerned for any other reason	
○ URGENT Referral on ____/____/____ to _____ ○ ROUTINE Referral on ____/____/____ to _____ ○ Not Referred	
Person Completing Screen: _____	

INSTRUCTIONS FOR COMPLETING THE CMHS-W

General Information:

The CMHS is a tool designed to assist in the early detection of psychiatric illness during the jail intake process. The Research Team under the direction of Drs. Julian D. Ford and Robert L. Trestman at the University of Connecticut Health Center developed this Correctional Mental Health Screen for Women (CMHS-W), with a grant funded by the National Institute of Justice.

Instructions for administration of the CMHS-W:

Correctional Officers may administer this mental health screen during intake.

Name: Detainee's name- Last, first and middle initial
Detainee#: Detainee's facility identification number
Date: Today's month, date, year
Time: Current time (24hr or AM/PM)

Questions #1-8 may be administered as best suits the facility's policies and procedures and the reading level, language abilities, and motivation of the detainee who is completing the screen. The method chosen should be used consistently. Two recommended methods:

- Staff reads the questions out loud and fills in the detainee's answers to the questions on the form
- Staff reads the questions out loud, while the detainee reads them on a separate sheet and fills in her answers

Each question should be carefully read, and a check mark placed in the appropriate column (for "NO" or "YES" response).

The staff person should add a note in the **Comments** Section to document any information that is relevant and significant for any question that the detainee has answered "YES."

If the detainee declines to answer a question or says she does not know the answer to a question, do NOT check "YES" or "NO." Instead, record DECLINED or DON'T KNOW in the **Comments** box.

Total # YES: total number of YES responses

General Comments: Staff may include information here to describe overall concerns about the responses (for example: intoxicated, impaired, or uncooperative)

Referral Instructions:

Urgent Referral: A referral for **urgent** mental health evaluation may be made by the staff person if there is any behavioral or other evidence that a detainee is unable to cope emotionally or mentally or is a suicide risk.

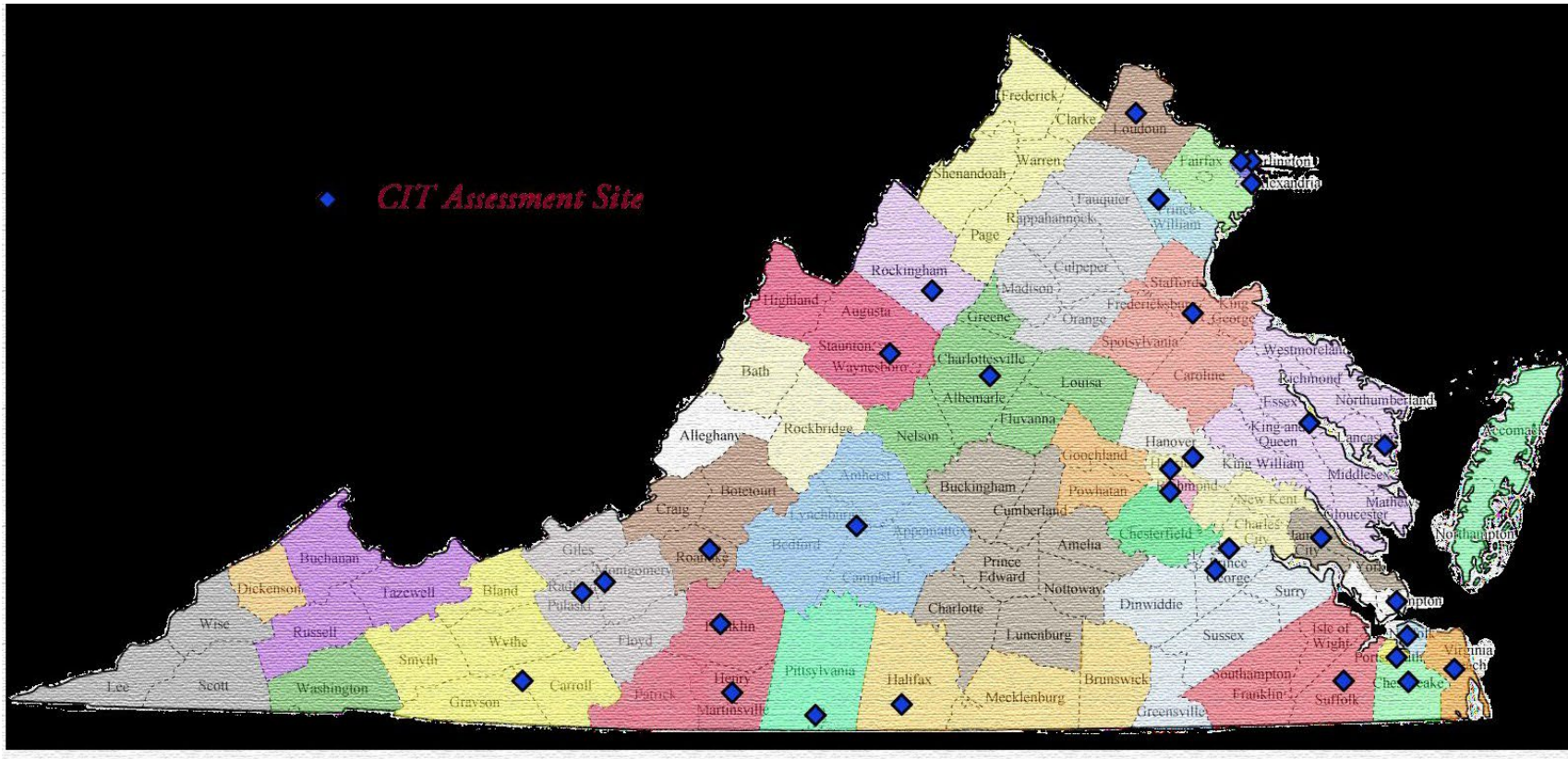
Routine Referral: A detainee answering **"YES" to 5 or more items** should be referred for **routine** mental health evaluation. A referral also may be made if the staff person has any concerns about the detainee's mental state or ability to cope emotionally or behaviorally.

****** If at any point during administration of the CMHS-W the detainee experiences *more than mild and temporary emotional distress* (such as severe anxiety, grief, anger or disorientation) she should be referred for immediate mental health evaluation.

Referral: Check the appropriate box for whether a detainee was referred. If referred, check URGENT or ROUTINE, enter the date of the referral and the mental health staff person or mental health clinic to whom the referral was given.

Person completing screen: Enter the staff member's name

Appendix T: CIT Program & Assessment Sites



Appendix U: Amendments to Prior Years

Section: Mental Illness Statistics. (p. 6 Table 2)

- Percentage of total general population with mental illness reported in Table 2 was reported incorrectly for the years of 2021 through 2024. Percentage reported was that of the total inmate count for the month, instead of the assessable inmate count for the month.
- Table 2 in the 2025 report has been updated to reflect these corrections

**Total General Population with
Mental Illness**

Year	Original % Reported	Corrected %
2021	18.94%	23.12%
2022	25.59%	31.64%
2023	22.36%	28.47%
2024	21.11%	22.47%

- An erroneous keystroke accidentally altered the percentage of total general population with mental illness reported for 2021 in Table 2.
 - Original=23.57% Corrected=27.57%
- Table 2 in the 2025 report has been updated to reflect this correction

Appendix V: Relevant Links

Right Help. Right Now

Right Help Right Now Home Page

<https://www.hhr.virginia.gov/initiatives/behavioral-health/>

Right Help Right Now Annual Reports

[Right Help Right Now Year One Report](#)

[Right Help Right Now Year 2 Report](#)

Executive Order 36

[Stand Tall-Stay Strong-Succeed Together](#)

Executive Order 26

[Crushing the Fentanyl Epidemic](#)

Step-Va

The STEP-VA Plan (DBHDS)

<https://dbhds.virginia.gov/developmental-services/step-va/>

Behavioral Health Commission Monitoring of STEP-VA

[PowerPoint Presentation \(virginia.gov\)](#)

FY22 STEP-VA Annual Report

[2022 DBHDS Report](#)

2022 Update on the Implementation of STEP-VA' (DBHDS)

[2022 STEP-VA Update \(PowerPoint\)](#)

2019 JLARC Report on the Implementation of STEP-VA

<http://jlarc.virginia.gov/pdfs/reports/Rpt519-1.pdf>

Marcus Alert

The Marcus Alert Plan (DBHDS)

<https://dbhds.virginia.gov/human-resource-development-and-management/health-equity/mdpa/>

§ 37.2-311.1. Comprehensive crisis system; Marcus alert system.

<https://law.lis.virginia.gov/vacode/title37.2/chapter3/section37.2-311.1/>

FY24 Report on Marcus Alert and the Comprehensive Crisis System

<https://rga.lis.virginia.gov/Published/2025/RD96/PDF>

Mental Health Pilot Program

FY2022 Report on the Virginia Department of Criminal Services Jail Mental Health Pilot Programs – January, 2023

[Evaluation of the Jail Mental Health Pilot Programs – January 10, 2023 \(virginia.gov\)](#)

CY2023 Report on the Virginia Department of Criminal Services Jail Mental Health Pilot Programs-February, 2024

<https://rga.lis.virginia.gov/Published/2024/RD157/PDF>

FY2021 Report on the Virginia Department of Criminal Services Jail Mental Health Pilot Programs – January, 2022.

[Evaluation of the Jail Mental Health Pilot Programs – December 20, 2021 \(virginia.gov\)](#)

FY2020 Report on the Virginia Department of Criminal Services Jail Mental Health Pilot Programs –January, 2021

<https://rga.lis.virginia.gov/Published/2021/RD68/PDF>

FY2019 Report on the Virginia Department of Criminal Services Jail Mental Health Pilot Programs –October, 2019

<https://rga.lis.virginia.gov/Published/2019/RD528/PDF>

2018 Report on the Virginia Department of Criminal Services Jail Mental Health Pilot Programs –October, 2018

<https://rga.lis.virginia.gov/Published/2018/RD390/PDF>

Department of Behavioral Health and Developmental Services (DBHDS)

CIT Assessment Site Annual Report FY17

<http://dbhds.virginia.gov/assets/doc/forensic/fy17-cit-assessment-sites-annual-report.pdf>

FY17 Jail Diversion Annual Report

<http://dbhds.virginia.gov/assets/doc/forensic/jail-diversion-annual-report-fy17.pdf>

Community Services Board 2017 Annual Report

<https://vacsb.org/wp-content/uploads/2018/04/VACSB-Annual-Report-Final-Version.pdf>

Cross-Systems Mapping Initiative

[DBHDS-Forensics-Cross Systems Mapping](#)

Virginia Courts

[Virginia Behavioral Health Dockets 2024 Annual Report – December 2, 2024](#)

Additional Reporting

Minimum Standards for Behavioral Health Services in Local and Regional Jails (2019 HB1942)

<https://www.vaco.org/wp-content/uploads/2020/07/MinimumStandardsBHServicesJailsReport92419.pdf>

University of Virginia Supplemental Reports
<https://uvamentalhealthpolicy.org/documents>

Joint Commission on Health Report on Healthcare in Jails and CSB Support
[http://jchc.virginia.gov/3.%20Quality%20of%20Health%20Care%20Services%20in%20Virginia%20Jails.%20CSBs%20\(REVISED\)-1.pdf](http://jchc.virginia.gov/3.%20Quality%20of%20Health%20Care%20Services%20in%20Virginia%20Jails.%20CSBs%20(REVISED)-1.pdf)

CGI 50 State Report on Public Safety
<https://50statespublicsafety.us/>

Code of Virginia and Acts of Assembly

Creation of the Behavioral Health Committee
<https://law.lis.virginia.gov/vacode/title30/chapter63/>

HB1918 (2019)/SB1598 (2019) Corrections, Board of; minimum standards for health care services in local correctional facilities
<https://lis.virginia.gov/cgi-bin/legp604.exe?ses=191&typ=bil&val=hb1918>
<https://lis.virginia.gov/cgi-bin/legp604.exe?ses=191&typ=bil&val=sb1598>

HB1933 (2019) Prisoners: medical and mental health treatment of those incapable of giving consent
<https://lis.virginia.gov/cgi-bin/legp604.exe?ses=191&typ=bil&val=hb1933>

HB1942 (2019) Behavioral health services; exchange of medical and mental health information and records
<https://lis.virginia.gov/cgi-bin/legp604.exe?ses=191&typ=bil&val=hb1942>

SB1644 (2019) Health information; sharing between community services boards and jails
<https://lis.virginia.gov/cgi-bin/legp604.exe?ses=191&typ=bil&val=sb1644>

Code of Virginia §19.2-169.6
Disposition when Defendant Found Incompetent

Code of Virginia §37.2-809
Involuntary Temporary Detention

2022 Special Session Item 72P. Appropriation for Mental Health, Medical and Treatment Positions to Jails (SCB)
<https://budget.lis.virginia.gov/item/2025/2/HB30/Enrolled/1/72/>

2024 Virginia Acts of Assembly, Chapter 1
Item 73 Appropriation for Mental Health, Medical and Treatment Positions to Jails (SCB)
Item 73 (CB) Financial Assistance for Confinement of Inmates in Local and Regional Facilities. HB6002 - Chapter 1 (virginia.gov)

Stakeholder Websites

NAMI Virginia-National Alliances on Mental Illness in Virginia
<http://namivirginia.org/>

Virginia Crisis Intervention Team Coalition
<https://virginiacit.org/>

Virginia Association of Community Services Boards
<https://vacsb.org/>

DBHDS Department of Forensic Science
<https://dbhds.virginia.gov/forensic-services/>

Behavioral Health Dockets
SCV-Behavioral Health Dockets

Board of Local and Regional Jails
<https://bolrj.virginia.gov/>