Quality of Health Care Services in Virginia Jails and Prisons, and Impact of Requiring Community Services Boards to Provide Mental Health Services in Jails – Final Report of 2-year Study

September 18, 2018 Meeting
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Study Background

- This is the final report of a two year study concerning health care services provided in jails and prisons based on resolutions that did not pass out of House Rules committee but were approved by the JCHC members at the May 23, 2017 Work Plan Meeting

1. HJR 616 by Delegate O'Bannon: A study of the quality of health care services in jails and prisons including:
   A review of:
   - Quality and oversight of the delivery of health care services
   - The process for the development and implementation of performance measures
   - Enforcement of contracts

   Development of recommendations for improving the quality of health care services

2. HJR 779 by Delegate Holcomb: A study of jails to determine:
   - Whether to require Community Services Boards to provide mental health services in jails
   - The impact of requiring Community Services Boards to provide mental health services in jails, including the costs and benefits

Legal Obligation to Provide Health Care to the Incarcerated

By law VADOC and the local and regional jails are required to provide adequate health care to incarcerated offenders (U.S. Const. Amend. VIII; §53.1-32, and § 53.1-126 Code of Virginia).

Virginia Code concerning the purchase of medicine by jails and regional jails (§ 53.1-126) states: "The sheriff or jail superintendent shall purchase at prices as low as reasonably possible all foodstuffs and other provisions used in the feeding of jail prisoners and such clothing and medicine as may be necessary."

Access to adequate health care, not quality health care, was defined by the United States Supreme Court beginning in 1976 (*Estelle v. Gamble,* 429 U.S. 97, 97 S.Ct. 285). The definition encompasses the idea of providing incarcerated offenders with a "community standard" of care that includes a full range of services. The courts identified three rights to health care for incarcerated offenders:

- The right to have access to care
- The right to have care that is ordered by a health care professional
- The right to professional medical judgment*

The duty prison and jail officials have is to NOT be deliberately indifferent to an offender's serious medical needs which the court deems cruel and unusual punishment, a violation of the 8th Amendment.

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* *Conway,J.D. LLM; Craig A. A Right of Access to Medical and Mental Health Care for the Incarcerated. 2009. Health Law Perspectives (June)*

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Putting Health Care in Jails and Prisons into Perspective - Staffing

- Health care in jails and prisons does not operate in a vacuum. It is subject to the same financial and quality of care pressures as the private sector health care system.
- Rising demand for health care services due to an aging population translates into a rising demand for healthcare workers. There is a growing national gap between health care related job openings and new hires in all fields. This gap reflects both industry shortages and growing pressures to increase wages. *
- The 1st item of the 22 listed requirements in the Fluvanna Correctional Center for Women Class Action lawsuit settlement is for the state to address medical professional "staff levels". **
- 4 of the top 5 sought after health care positions - primary care and internal medicine physicians, psychiatrists and nurse practitioners - are among the most requested by recruiters in the correctional industry. ***
- Armor Correctional Health Services provides health care to 10 prisons across the Commonwealth and has been using temporary nursing services throughout its operations in order to meet the staffing levels required in its contracts. VADOC recently offered a $325,000 compensation package to a physician in order to hire a medical director at Fluvanna.

Sources: * Future for Healthcare Jobs: Seven Charts Show Intensifying Demand for Services and Workforce. AMN Health Care News. September 6, 2018. (https://www.amnhealthcare.com/latest-healthcare-news/future-for-healthcare-jobs/#jobs)
** Fluvanna Settlement Agreement. Case 3:12-cv-00036-NKM Document 221-1 Filed 09/15/15 Page 2 of 57 Pageid#: 4086
*** 2017 Review of Physician and Advanced Practitioner Recruiting Incentives. Merrit Hawkins. (https://www.merritthawkins.com/uploadedFiles/MerrittHawkins/Pdf/2017_Physician_Incentive_Review_Merritt_Hawkins.pdf)

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Putting Health Care in Jails and Prisons into Perspective - Measuring Quality

- Establishing valid metrics to measure the quality of care in the health care system is a challenge. Recent studies of physician and hospital quality measures raise concerns about their usefulness and effectiveness *
- The National Commission on Correctional Health Care (NCCHC) establishes national health care standards and performance measures for correctional systems. The organization reports that there are limited health care data available to assess the quality of health care in the corrections setting. **
- Articles on correctional health care offer little guidance on how to choose quality performance measures in the correctional setting. Most systems follow the guidelines established by the NCCHC.
- A 2011 study published by RAND Corporation found that Texas and Missouri had the most robust dashboards of quality measures. The measures work because of the "sophisticated data systems" in which the two states invested. ***

* Public Reporting Measures Fail to Describe the True Safety of Hospitals; Study finds only one measure out of 21 to be valid. John Hopkins Medicine. May 10, 2016 (https://www.hopkinsmedicine.org/news/media/releases/public_reporting_measures_fail_to_describe_the_true_safety_of_hospitals). MacLean, Catherine H. M.D., Ph.D., et. al. Time Out — Charting a Path for Improving Performance Measurement. The New England Journal of Medicine. May 10, 2018. (https://www.nejm.org/doi/full/10.1056/NEJMp1802595)
** Telephone Conversation with Brent Gibson. NCCHC. March 1, 2018.
*** Damberg, Cheryl L. A Review of Quality Measures Used by State and Federal Prisons. Journal of Correctional Health Care. 17(2) 122-137.

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Quality of Health Care in Jails and Prisons - Virginia

- The current jail and regional jail system is made up of 23 regional jails with 107 different member jurisdictions and 35 locally controlled jails.
- In a JCHC survey, 25 jails and regional jails indicated they have either a quality review process or are accredited by either the American Correctional Association (ACA) or NCCHC, or both (see Appendix for list of accredited jails and regional jails).
- VADOC operates 38 facilities (prisons and work centers), 5 of which have infirmaries. 32 of the 38 are accredited by the ACA.
- Participation in the ACA and NCCHC is voluntary. Facilities are accredited for 3 years, and:
  - adopt and maintain health care quality standards and measures,
  - have a Continuous Quality Improvement (CQI) program, and
  - require onsite audits from outside officials that include chart reviews and interviews with staff and offenders.
- The extensive measures developed and applied by each organization focus on process, procedures and practice. Both organizations are in the process of developing health care outcome measures. *
- Accreditation by either organization does not guarantee that a prison or jail will be free from lawsuits. For example, Fluvanna Correctional Center for Women was accredited by ACA before, during and after a class action lawsuit settlement in 2016. The settlement is currently under review due to a plaintiff challenge that the state has not complied and is in contempt of the settlement agreement.

* Telephone Conversation with Brent Gibson. NCCHC. March 1, 2018.

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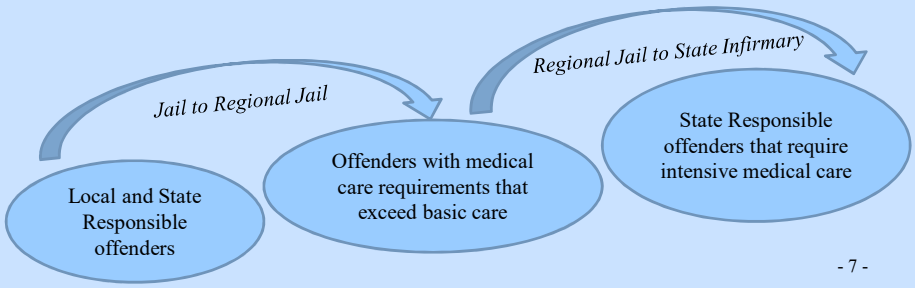
Quality of Health Care in Local and Regional Jails - Virginia

- The Quality of Health Care in local and regional jails is measured by each separately. Measures are not required to be reported to the state. Jails and regional jails also have regular internal meetings to discuss medical issues, referrals and any other health related matter concerning offenders.
- The Virginia Board of Corrections (BOC) jail certification program includes requirements for the jails to maintain written plans, policies and procedures related to health care. The BOC policies do not include requirements related to quality of care or reporting.
- Many local jurisdictions send their sick and ill offenders to the regional jails for health care services. Some regional jails are considered specialty facilities, i.e. Hampton Roads, where a substantial number of offenders have mental health problems. If a state responsible offender housed in a local or regional jail gets very sick or chronically ill the offender is transferred to a state infirmary. (Approximately 7,000 state responsible inmates are confined in local or regional jails.)



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Quality of Health Care in Jails and Prisons - Virginia

- Over the years VADOC developed health care related tools that match their policies and procedures as a way to measure health care contract compliance and facility compliance within the state prison system. VADOC policies and procedures can be found on their website: https://vadoc.virginia.gov/about/procedures/default.shtm#700
- VADOC contract monitors visit prisons monthly and:
  - randomly pull and review offender medical charts;
  - match the information in the charts to the different measures that align with state policy;
  - investigate missing notes, tests or other documentation related to an offender's health care (see appendix for contract monitor checklist);
  - state facilities that do not use vendors for medical services are reviewed by peer nurses from other state facilities;
  - vendors are required to submit corrective action plans to address any findings;
  - vendors are penalized if they are out of compliance with any part of the contract requirements;
  - penalties are assessed against future payments and are on a graduated system based on the scores developed by the department; and
  - if the vendor is out of compliance after 60 days the penalties are $2,500 for each area and then $5,000 after 90 days.
- As of August 2018 Armor has been penalized $265,000 for being out of compliance with several provisions of its contract at Sussex I and II, and Greensville.

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Quality of Health Care in Jails and Prisons - Virginia

- In 2017 VADOC established a central office medical services Continuous Quality Improvement (CQI)) Committee. The CQI committee meets 8 times a year (VADOC Operating Procedure 701.2).
- The CQI Committee is made up of the following VADOC administrative employees:

• Health Services Director	• Chief Pharmacist
• Chief Physician	• Chief Psychiatrist
• Chief Nurse	• Infection Control Coordinator
• Chief Dentist	• Grievance Coordinator
• Chief of Mental Health	

- VADOC's health services director indicated that the CQI committee is going to begin reviewing quality of care performance measures to add to the current process measures, focusing more on outcomes and best practices.

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Medical Records and Technology Issues - Virginia

- Offenders within the VADOC system are transported to different prisons when they get too ill to be cared for where they are located. Offenders referred to VCU-HS for treatment are sent to Greenville, Powhatan or Deep Meadow as part of a "step down" treatment process on their way back into the general prison population.
- The constant movement of offenders requires medical charts to be moved. None of the health care record systems operated by the jails, regional jails or the prisons are integrated. Long term offenders moved from one prison to another may have between 1 and 8 boxes filled with paper medical charts that are moved too.
- VADOC telemedicine services are often with VCU-HS. Some of the physicians want medical records faxed to them, some allow for electronic transfer of scanned records.
- VADOC health care providers can look up health information on an offender through the VCU-HS "web based patient portal" but they do not have the ability to enter data on offenders in their care.
- VADOC health records system needs to be updated and upgraded to include electronic health records available to all facilities. In addition, at a minimum, regional jails need to be able to access the system.
- A coordinated system between VADOC and VCU-HS allowing VADOC medical staff to access and update patient records when offenders remain under the care of a VCU-HS physician or receive tele-medicine services can improve efficiency and reduce the potential for errors.

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Third Party Administration of Offsite Health Care Service Claims

- VADOC currently uses Anthem BC/BS as a modified third party administrator (TPA) for prison health care provided offsite. 49 of the 58 jails also use Anthem for the same or similar purposes.
- Anthem provides the system with access to its provider network and claims processing function. Anthem BC/BS is able to generate comprehensive data reports concerning the provision of health care to offenders.
- In addition, offenders seen within the Anthem network receive the same level of quality care that any other person receives. Physicians and hospitals in the Anthem network are subject to the national physician and hospital quality metrics established by AHRQ and CMS as well as Anthem's own quality assurance program.
- As a way to better coordinate data and information the Code of Virginia could include a provision requiring all jails, regional jails and the prison system to have a unified contract with the same TPA for all health care services provided to offenders outside/offsite of the jail and prison system. The code could also require the TPA to make a quarterly report and an annual report on offender health care expenses to the BOC and require that the report be made available to the public on the BOC website.

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Continuous Quality Improvement Committee

- The VADOC CQI Committee should be added to the BOC Code of Virginia (§ 53.1-5. Powers and duties of Board). The CQI duties could include making quarterly reports to the BOC and making those reports available to the public through the BOC website.
- The Code of Virginia could include a provision requiring the BOC to adopt minimum health care standards for prisons and local and regional jails that are not accredited by ACA or NCCHC, such standards could include quarterly CQI reports to BOC from all local and regional jails to be made available to the public through the BOC website.

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How We Currently Judge the Jail and Prison Health Care Systems

- ❑ Deaths
- ❑ Complaints and Lawsuits

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Virginia Prison and Jail Population

- There were over 314,000 jail confinements during 2017 involving 170,303 individuals.*
  - The number of individuals confined in jail represents 2.0% of the state's population
- The following table displays the ADP for jails and prisons along with the average length of stay for those confined.

ADP in Jails, Regional Jails and Prisons		
Setting Type	ADP	Average Length of Stay
Jails and Regional Jails **	27,477	17 days
Prisons (based on releases in 2018) ***	28,887	6 years
Total ADP	56,364	

* Compensation Board, report for JCHC. August 1, 2018.

** Mental Illness in Jails Report. Compensation Board, 2017. Jackson, Kari. Re: 2016 Mental Health Report. Email to Stephen Weiss, August 29, 2018. Note that the majority of people sent to jail are released quickly. Those that remain can be in jail for many weeks to several months or years depending on their sentence and custody level.

*** ADP - Management Information Summary Annual Report For the Fiscal Year Ending June 30, 2017. Virginia Department of Corrections. McGehee, Warren. Re: Average Length of time in prison before release. Calculated based on those released. Email to Stephen Weiss. August 13, 2018.

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Deaths

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Virginia Adult (19+) Suicide and Death Rates: (2014 – 2016)

Suicide Rate

State – 1.67 per 10,000
Jail – 4.54 per 10,000 ADP
Prison – 1.03 per 10,000 ADP

Death Rate

State – 10.02 per 1,000
Jail – 1.98 per 1,000 ADP
Prison – 3.07 per 1,000 ADP

Sources
Suicide Data for Virginia, Virginia Department of Health, Data and Statistics, (http://www.vdh.virginia.gov/HealthStats/stats.htm)
Population Data for Virginia, Weldon Cooper Center for Public Service, UVA. (https://demographics.coopercenter.org/virginia-population-estimates)
Suicide Data for Jails, Custody Level City-County, Office of Chief Medical Examiner.
Population Data for Jails, Locally Responsible offenders, Mental Health Reports; Compensation Board, Commonwealth of Virginia. (http://www.scb.virginia.gov/reports.cfm)
Population Data for Prisons, VADOC MMIS Annual Reports. (https://vadoc.virginia.gov/about/facts/default.shtm)

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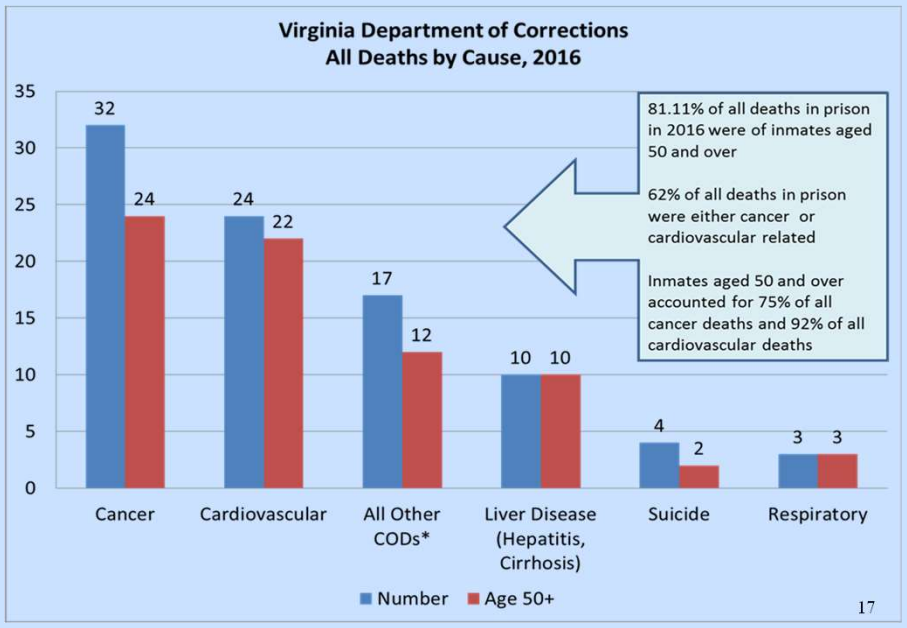
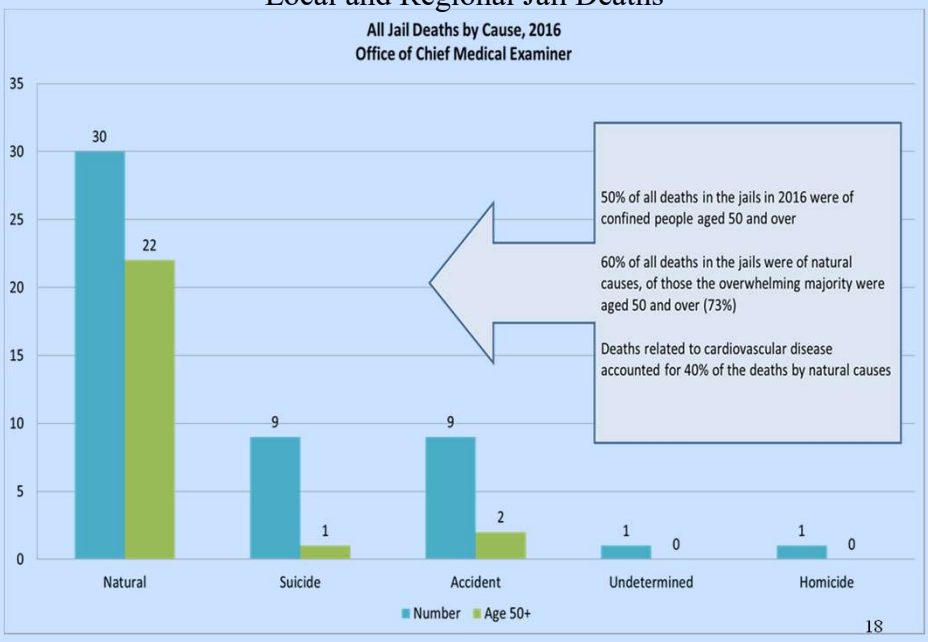
Prison Deaths



Local and Regional Jail Deaths



Complaints and Lawsuits

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Offender Medical Grievances (Complaints)

- Local and regional jails maintains their own medical grievance records. The number of medical related grievances filed against jails and regional jails are not reported to the state.
- VADOC medical grievances within the state prison system are entered into the Correction Information System (CORIS).
  - Medical grievances can start as a verbal report to a VADOC officer, or
  - through the VADOC grievance process (Code of Virginia §8.01-243.2, §53.1-10 and operating procedure 866.1 – see Appendix).
- VADOC received almost 20,000 medical grievances from just under 7,200 offenders in 2017. One offender filed 59 grievances during the year.
- The overwhelming majority of health care related grievances are managed by the facility. Facility staff determine which grievances are serious and need attention and which ones are filed by offenders for other, more nefarious, reasons. Regardless, all grievances are reviewed.
- Facilities that do not have an infirmary go through the same health care and medical triage process as those with infirmaries. Emergencies may be taken to an offsite emergency room or the person may be transferred to a facility with an infirmary.
- Offenders also have the right to sue over their health care. The Attorney General is currently working on 35 cases filed in 2018. Some may be dismissed while others may be referred to Risk Management.

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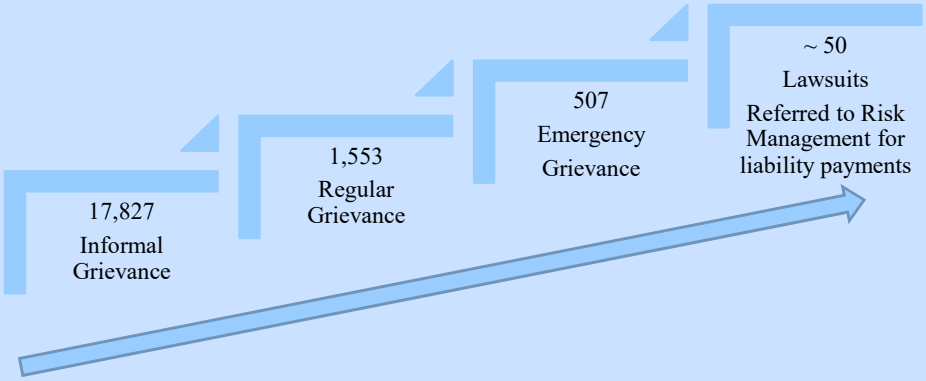
Number of VADOC Medical Grievances (2017)



The VADOC grievance process is a "step" process. Over 90% are resolved at the facility. Offenders can appeal and turn the grievance into a level 2 "regular" grievance which elevates it for more detailed review. Regular grievances can be appealed and become "emergency" grievances which are elevated to the VADOC central office Medical Director / Medical Unit. Emergency grievances are also used when an offender believes they are in a medical emergency situation and need attention immediately.

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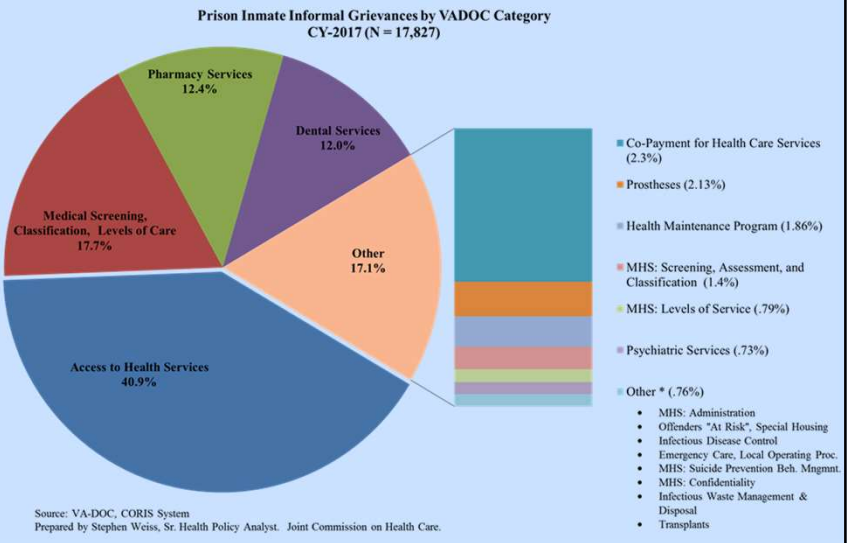

The grievance category labels are broadly defined and refer to VADOC operating procedure and policy numbers. For example, offenders being processed from jail might be on a certain medication that is not part of the prison formulary. The prison might prescribe a similar prescription that the offender does not understand or agree with; and the offender might then file a grievance during intake. The grievance falls under the category of "Medical Screening, Classification, Level of Care" because it occurred during intake. Had the offender been in the prison past the intake process the same grievance would have been filed under "Pharmacy."

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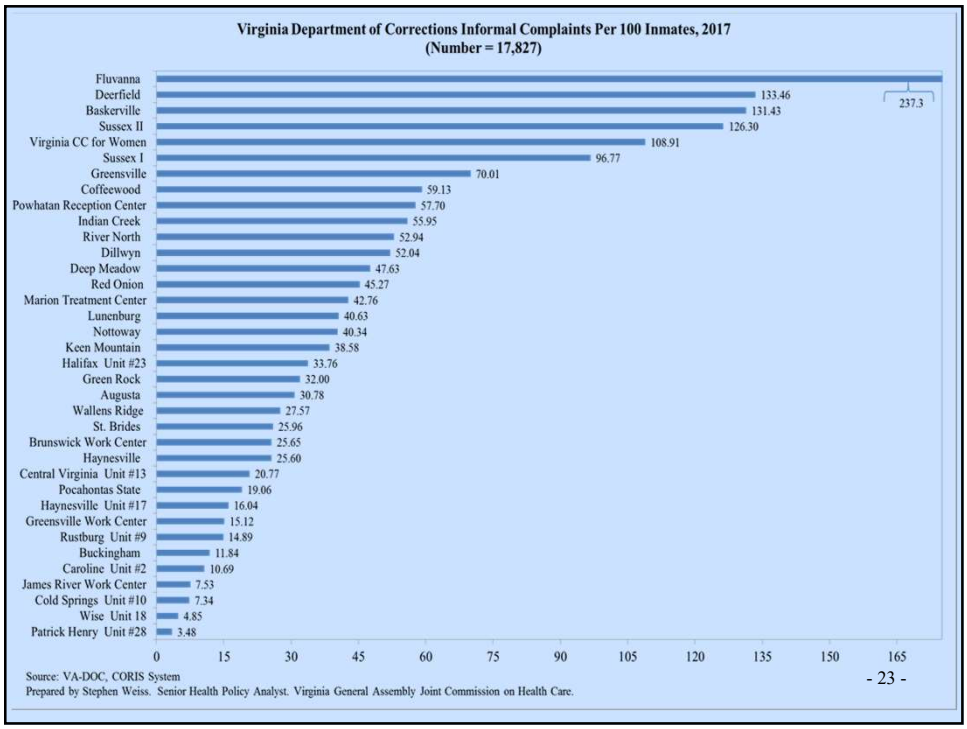

Risk Management and Offender Claims Filed in Court

- The Division of Risk Management (DRM) provides liability insurance coverage for the Commonwealth that includes coverage for medical related lawsuits against jails and prisons.
- During the 2016 coverage year Risk Management recorded:
  - 40 open and pending lawsuits against 4 jails, 5 regional jails, and 11 prisons
  - Paid out $259,615 in legal fees and expenses for defense attorneys for the jails and regional jails
  - There were no payments made to plaintiffs (claimants) or their attorneys
- 47% of the claims recorded by DRM were filed as "Medical § 1983". A "1983" lawsuit refers to federal law and code related to a civil rights violation for "deliberate indifference". Deliberate indifference is the standard established by the US Supreme Court in Estelle v. Gamble, 429 U.S. 97, 97 S.Ct. 285.

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The Fluvanna Class Action Settlement

- According to VADOC's Health Services Director, the Fluvanna settlement is driving change throughout the prison health care system.
- Compliance with the settlement has been hindered by staff shortages in some areas – nurses and physicians as well as a medical director for the facility. In addition, given the scope and comprehensive requirements included in the agreement, the ability of the state to address and show improvements in the quality of health care at Fluvanna may require more time than a single year.
- To more better address the settlement requirements, VADOC is ending the contract with Armor Correctional Health Services at this facility in October of 2018. Health and medical services will be provided directly by the state.
- While there are still many serious issues to be addressed at Fluvanna, an un-announced visit and subsequent report by the court monitor indicates that VADOC has made "*welcome improvements in staffing and procedures*." The monitor further stated that "*operations have improved considerably in the last 8 months. While widespread improvements are evident, there remains a great deal to do to satisfy the requirements of the Settlement Agreement. In particular, the process and content of mortality reviews is presently unacceptable*." *

* Scharff, Nicholas, M.D. Scott v. Clarke, Settlement Monitor's visit of July 29-August 2, 2018. September 4, 2018.

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The Fluvanna Class Action Settlement Requirements

The Fluvanna settlement agreement includes 22 health care quality requirements. They are as follows:

Provider staffing levels	Continuity in supply and distribution of medical equipment/supplies (prostheses, wheelchairs, adult diapers, bandages, etc.).
Intake screening	Physical therapy
Comprehensive health assessments	The medical grievance process
The sick call process/access to health services	Appropriate offender access to information regarding medical care
Offenders' co-pay policy	Appropriate accommodations for prisoners with special needs
Response to medical emergencies/emergency medical care	Guidance/training of correctional staff
Infirmary conditions and operations	Care/release of terminally-ill offenders
Chronic care	Conduct of and follow-up regarding mortality reviews
Infectious disease control and infectious waste management	Criteria for performance measures, evaluation, and comprehensive quality improvement
Utilization management	Performance evaluation and quality improvement, including contractor monitoring and compliance, beyond expiration of the settlement agreement
Continuity in supply and distribution of medication	Dental

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Comments from JCHC Tours of Jails and Prisons

- In a meeting at a jail in northern Virginia the medical staff told of an offender that needed prescription shoes. When the offender returned to his cell wearing the shoes almost every offender in his area asked for special shoes, including Nike Air Jordan's.
- At another jail an offender feigned heart problems. After several unsuccessful attempts to assess the problem at the jail two deputies transported the offender to a local hospital. Further testing at the hospital found nothing. When the offender returned to his cell he told his cellmate he was faking. The local jail had to pay the hospital for the testing. In addition, the sheriff noted that when an offender is being transported to a hospital they are considered, first and foremost, a flight risk. "Public safety and security always takes precedent during a transport."
- Many sheriffs indicated that 20 years ago a person went to jail and their families did not call or seem to care. Now parents call all of the time and sometimes the offender they are complaining about is 50+ years old.
- In several meetings with physicians they stated that working with offenders in jail and prison is a challenge but rewarding. Offenders often come into the jail system very sick. The jail *"is like an emergency room and also one of the first lines of the public health system."*
    - It is not unusual for offenders to deny being on drugs or alcohol at the time of booking. Some begin to detox on their first night in jail. Diabetics often enter the jail with blood-sugar counts of 500 mg/dL. Physicians that work in jails consider this "normal." Getting the blood sugar down 100 to 140, which is medically normal, is an accomplishment.
    - Once an offender starts receiving medical tests they ask for more. The most common offender complaint is that they are not getting tests they think they should get or were told they needed by any one of a variety of people.

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Special Populations - Geriatrics

- From FY 2010 to FY2016, Virginia's State Responsible (SR) Confined population age 50 and older increased by 37.3%, from 5,697 to 7,821, accounting for 21.2% of the SR Confined population. New Court Commitments for people over age 50 are driving the increase in the aging population.
- The facilities operated by the Department of Corrections are not suited for an elderly and often more sick population. Deerfield Correctional Center houses over 1,000 offenders
    - 75% are over the age of 50
    - 82% of the offenders over the age of 50 are charged with rape and sexual assault
    - Half of those men are over the age of 60
    - The average number of years remaining in their sentence is almost 6 years
- Deerfield operates an Assisted Living Center (ALC) that is overflowing. Hundreds of additional offenders throughout the prison system meet the criteria for the ALC or other specialized medical care.
- The ALC is a barracks style building akin to a converted gymnasium with beds and offenders living in extremely close quarters. The facility is not conducive to quality of health care regardless of how dedicated and caring the staff are or what measures may be implemented to measure quality care
- The same conditions exist at Powhatan Reception Center infirmary. Powhatan is considered a "step-down" infirmary for offenders that receive treatment from VCU's medical center. The building is old, crowded and also not conducive to quality of care. VADOC converted a barracks style building at Deep Meadow into a 33 bed "step down" infirmary . The average age of offenders in the Powhatan and Deep Meadow infirmaries is 57 to 58.
- Any patient with an infectious and contagious illness jeopardizes both fellow offenders along with the medical and security staff at the facilities.

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Special Populations - Geriatrics

- A claims report by Anthem BC/BS of prison offenders receiving hospital services offsite at VCU-HS or other private providers indicated that:
  - 32% were age 55 and over
  - Accounted for 45% of the $45 million spent on offsite hospital services
- The offsite medical needs of offenders impact facility security staff.
  - Each transportation run requires 1 to 2 certified corrections officers depending on security levels
  - Medical transports for offenders 50 and older can last 8.5 hours or more due to the complex nature of their illnesses *
- The aging prison population and all of the health care complexities that accompany it may require the General Assembly to review changes for the conditional release of geriatric prisoners (Code of Virginia § 53.1-40.01). According to the Virginia Parole Board, the number of offenders eligible for geriatric release increased by 156% (454 to 1,160) between 2006 and 2016.
- There are only 2 categories of offenders eligible for geriatric release:
  - 60 to 65 with at least 10 years of the sentence served, and
  - 65 and older with at least 5 years of the sentence served
- Releasing geriatric offenders over the age of 60 creates special reentry challenges. Discharge planning requires offenders to have a place to live once discharged. Many of the offenders over 60 have no living relatives or their relatives moved away and can't be located.

* Geriatric Offenders in State Corrections. Report by the Virginia Department of Corrections. June 2018.

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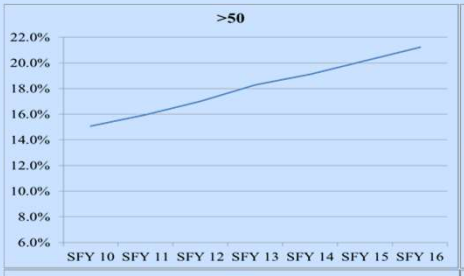
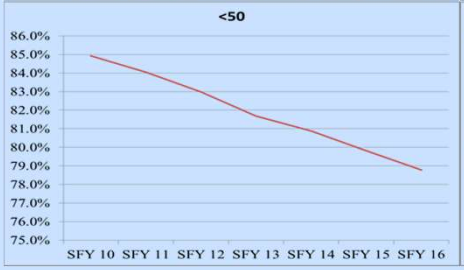
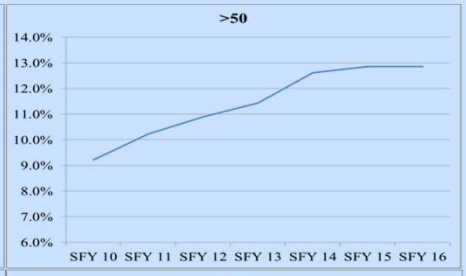
The Aging Prison Population in Virginia

State Responsible Confined Population by Age Group





New Court Commitments to Prison by Age Group



Source: Mcgehee, Warren, Data extracted by VADOC Statistical Analysis & Forecast Unit. June 30, 2016. VirginiaCORIS. Email to Stephen Weiss. August 30, 2018; and the Virginia Department of Corrections. FY2016 Geriatric Offenders within the SR Population. Statistical Analysis and Forecast Unit. January 2018.
Prepared by Stephen Weiss, Senior Health Policy Analyst. Joint Commission on Health Care.

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Special Populations - Dementia

- Several Sheriffs and Regional Jail Superintendents described events surrounding the confinement of people with dementia.
  - One story involved a 68 year old woman with dementia. Her husband called the police because she was violent and attacked him. When the police officer arrived he tried to talk to the woman, she spit on him and he arrested her for felony assault of a police officer.

    The Community Services Board (CSB) was called into the jail immediately to assist, screen and evaluate. The woman did not meet the criteria for state hospital admission.

    A collaborative decision was reached with the jail, CSB, Magistrate, judge and attorney assigned to the case. The woman was charged with a felony and held in the jail without bail. The judge would not release her because she had dementia and no place to go. Her family, including her husband and a daughter living in another state, did not want custody of her because she was physically abusive.

    No nursing home or other community living facility would take her because she had felony charges pending and she was violent. Social services from the community were severed because she was in jail.

    The only place where the woman was able to receive care was in the jail. She stayed for 2 months through court delays before the judge finally said he could not let her stay any longer and dropped the charges. An ambulance was called to the jail and the woman was released to the local hospital. No one at the jail knew what happened to her from there.
  - A sheriff in a small town told of a call he received to assist one of his officers. When he arrived at the address, a man was disoriented, violent and yelling at his wife who was locked in her car. He had taken a swing at the officer on the scene. The sheriff knew the man, they once worked together. Had he not shown up the man would have been arrested and taken to jail for a felony.

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Special Populations – Opioid Addicted Pregnant Women

- VADOC data indicate that:
  - The number of women confined in state prison increased by almost 13% between FY 2010 and FY 2016
  - The number of men confined decreased by 3.55%
  - 35.3% of new prison sentences for women between 2012 and 2016 were for parole violations
  - Larceny and fraud made up 46% of the new sentences
  - drug sales and possession made up 27%
  - More women in community corrections programs test positive for opioids (36%) than for marijuana (26%) or cocaine (18%).

VADOC – Prison Population by Gender (2010 to 2016)

Fiscal Year	Women	Men	Total	% of Total Women	% of Total Men
FY 2010	2,643	35,131	37,774	7.0%	93.0%
FY 2011	2,650	34,717	37,367	7.1%	92.9%
FY 2012	2,624	34,296	36,920	7.1%	92.9%
FY 2013	2,702	33,945	36,647	7.4%	92.6%
FY 2014	2,997	34,662	37,659	8.0%	92.0%
FY 2015	3,123	34,615	37,738	8.3%	91.7%
FY 2016	2,979	33,884	36,863	8.1%	91.9%
Change	**336**	**(1,247)**	**(911)**		
Percent Change	**12.71%**	**-3.55%**	**-2.41%**		

Source: Virginia Department of Corrections. (https://vadoc.virginia.gov/about/facts/default.shtm)
Celi, Tama. Female State Responsible, New Court Commitments (SR NCC) Follow-Up Report. Virginia Department of Corrects Research, Policy and Planning. May 2018.
Prepared by Stephen Weiss, Sr. Health Policy Analyst, Joint Commission on Health Care

- Several physicians working for different jails reported an increase in the number of judges sentencing opioid addicted pregnant women to jail for their, and their babies, safety. This pattern is posing new and challenging health care problems for the physicians.

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Conclusion

- The quality of health care in jails and prisons, when placed within the context of the overall health care system, cannot be judged based on offender deaths, complaints or lawsuits.
- The number of medical grievances filed by VADOC offenders provides a unique challenge to prison officials who must determine which are legitimate.
- The current Virginia jail and prison health care system needs to be modernized and more transparent. Prison buildings need to be upgraded to accommodate the aging population.
- Medical records need to be converted to electronic health records and the information transfer for telemedicine needs to be streamlined and improved.
- Finally, the jail and prison health care system needs to include the development of standardized measures for performance and outcomes, reports need to be reviewed and used to improve the overall health care system.

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Mental Health and Substance Use Disorder System for Incarcerated Population in Virginia

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Background

- Most mentally ill and substance use disorder arrests may be due to inappropriate illegal behavior linked to their mental health and substance use disorder condition. Often law enforcement is called to address a disturbance, i.e. loitering, petty larceny, etc. An argument, a punch or any display of resistance by the person can result in an arrest and felony rather than minor misdemeanor charges.
- In Virginia, 76.93% of the 7,201 offenders in jail with mental illness were charged with a felony in 2017. Felony charges are more serious than misdemeanors and include longer sentences. The ability to divert a person charged with a felony into a more appropriate community treatment setting is difficult. Most community housing programs, group homes and nursing homes won't accept a person charged with a felony. *
- A person taken into custody by law enforcement has to be brought "forthwith before a magistrate" to be charged with a crime. In some locations that could mean less than a few hours. **
- Every jail and regional jail in Virginia either has a magistrate on duty 24/7, or has access to a magistrate 24/7 through a tele-network established by the courts. Immediate access to the magistrates after an arrest provides little time to assess whether a person arrested should be charged with a crime or diverted for mental health treatment and services.

Sources:
* Virginia Compensation Board Mental Health in the Jails Report, 2017. Data reported for the month of June 2017.
** Code of Virginia § 19.2-82

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Prevalence Rate Estimates of the Mentally Ill

The number of inmates held in local jails with mental health disorders has grown 53% since 2008, from 4,879 in 2008 to 7,451 in 2017. The number of inmates in DOC facilities with mental health disorders has grown 29% since 2009, from 6,499 in 2009 to 8,398 in 2017.[1]

	United States 2016 (2)	Virginia 2016 (3)	Virginia Jails June 2017 (4)	Virginia Prisons June 2017 (5)
Percent Any Mental Illness	18.3%	19.9%	17.63%	27.4%
Percent Serious Mental Illness	4.2%	4.6%	9.55%	2.71%

1. Wingrove, Lester. Re: Mental Health Codes. Email from Tama Celi to Stephen Weiss. August 29, 2018.
2. National Institute of Mental Health (NIMH). Mental Illness - (adults aged 18 and older). (https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_154785)
3. Substance Abuse and Mental Health Services Administration (SAMHSA). 2015-2016 NSDUH State-Specific Tables. Table 103, Virginia. (https://www.samhsa.gov/data/report/2015-2016-nsduh-state-specific-tables)
4. Virginia Compensation Board Mental Health in the Jails Report, 2017. Data reported for the month of June 2017. The data collected from the jails by the Compensation Board is for one month. The actual total number of unique individuals with mental illness that pass through the jails in a year is significantly higher than what the percentage for the month of June 2017 may reflect.
5. Mcgehee, Warren. Re: Mental Health Codes. Email to Stephen Weiss. August 29, 2018. Serious mental illness include data from the VADOC mental health codes for substantial, severe and moderate impairments. The data reported by VADOC is for the same month and year as the Compensation Board data. The actual total number of unique individuals with mental illness in the prisons may not be that different from one month to the next or over the course of a year because the prison offender population is less volatile than the jail population.

Prepared by Stephen Weiss, Senior Health Policy Analyst, Joint Commission on Health Care

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Number of Offenders in Jail Suspected to be Mentally Ill - Seriously Mentally Ill

Year	# of Individuals suspected of having <u>any</u> mental illness	% of total jail population suspected of having any mental illness	# of Individuals suspected of having a <u>serious mental illness</u>	% of total jail population suspected of having a serious mental illness
2012	6,322	11.07%	3,043	5.33%
2013	6,346	13.45%	3,553	7.53%
2014	6,787	13.95%	3,649	7.50%
2015	7,054	16.81%	3,302	7.87%
2016	6,554	16.43%	3,355	8.41%
2017	7,451	17.63%	4,036	9.55%
Change: 2012-2017	**1,129**		**993**	
% Change	**17.86%**		**32.63%**	

Source: Mental Health Standards for Virginia's Local and Regional Jails. Department of Behavioral Health & Developmental Services. August 31, 2018.

- People in the jails may be "situationally mentally ill," have a history of mentally illness, or be seriously mentally ill.
- According to jail officials, a significant number of offenders in jail become depressed and anxious while confined. Any number of events post-booking can alter a person's behavior and state of mind. An difficult hearing, for example, can create serious and sometimes suicidal behavior in even the most apparently stable of offenders. These offenders did not have any issues prior to confinement and may not have any issues once released. These offenders are considered "situationally mentally ill". They pose unique and sometimes unpredictable problems for jail officials.

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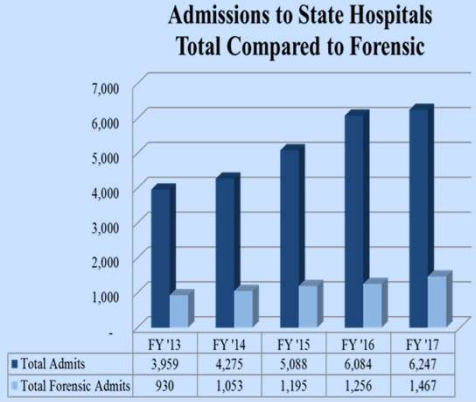
Temporary Detention Orders for Hospitalization			
	TDO from Jails	**Total TDO**	**Percent from Jails**
FY 2012	234	20,059	1.20%
FY 2013	251	19,971	1.30%
FY 2014	329	21,055	1.60%
FY 2015	423	22,804	1.90%
FY 2016	391	23,745	1.60%
FY 2017	563	23,906	2.40%
Change	**329**	**3,847**	
% Change	**140.60%**	**19.18%**	

KM Faris, AA Allen, and TM Ko. Annual Statistical Report. Adult Civil Commitment Proceedings in Virginia. FY 2017. Page 10. January, 2018; and "Schaefer, Michael. "Re: TDO and ECO Data." Email to Stephen Weiss. July 13, 2018.



Source: Virginia Department of Behavioral Health and Developmental Services.

- 140,011 Virginians received mental health or substance use disorder services in 2018. Of that amount, 27,696, 19.8%, were served for the first time by CSBs.
- Temporary Detention Orders (TDOs) from the jails to a psychiatric hospital increased by 140.6% between 2012 and 2017.
- Total admissions and forensic admissions increased by 58% between 2013 and 2017. Forensic admissions averaged 23% per year of total admissions.

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Source: Virginia Department of Behavioral Health and Developmental Services

Jail Mental Health Pilot Projects: Jails and CSBs

- The Department of Criminal Justice Services (DCJS) collaborated with the Department of Behavioral Health and Developmental Services (DBHDS) and the Compensation Board to provide funding for mental health pilot projects that will establish evidence-based behavioral health services in six local and regional jails.
- The October 2017 pilot project report noted that implementation of mental health programs in a jail setting is complex and required pilot sites to enhance coordination and communication with internal and external stakeholders. In addition, the projects are staff intensive and the temporary nature of the funding has made it difficult to hire and retain staff and maintain continuity in implementation.
- The pilot programs offer insight into some of the barriers that jails and CSBs are addressing, such as:
  - 4 of the 6 pilot projects listed the lack of affordable housing as the single biggest barrier to helping mentally ill offenders with re-entry
  - Lack of data collection and a database

Jail Mental Health Pilot Project Grant Awards for FY17 and FY18	
Chesterfield County	$416,281
Hampton Roads Regional Jail	$939,435
Middle River Regional Jail	$536,384
Prince William-Manassas Jail	$410,898
Richmond City Jail	$670,813
Western Virginia Regional Jail	$526,185

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Jails with Mental Health Units And CSB Offices in the Jails

- The next 2 slides indicate which local and regional jails reserved space within their facility for a mental health unit and which local and regional jails provide office space with a computer to CSB staff.
- Providing office space to CSB staff with computer access improves communications between the CSB and the jail regarding which offenders may have received mental health and/or substance use disorder services from the CSB prior to incarceration.
- The improved communication provides the jail and the judicial system with options for offenders who have a history of mental health problems. Options include:
  - Medication information
  - Treatment planning inclusion in a release program
  - Discharge planning for re-entry into the community
  - Collaboration and consultation with other health care providers in the jail for improved treatment of offenders while incarcerated

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Jails and Regional Jails with Mental Health Units, DCJS Pilot Project for Mental Health Services, and Office Space for Community Service Boards				
Jail Name	**2017 ADP**	**Total Beds**	**DCJS Pilot Project CSB Office in Jail**	**CSB Jail Office**
Fairfax Adult Detention Center	1,053	96		Y
Virginia Beach Correction Center	1,358	88		
Hampton Roads Regional Jail	1,111	69	Y	
Norfolk City Jail	1,146	54	Y	
Henrico County Jail	1,393	48		Y
Richmond City Jail	1,013	48	Y	
New River Regional Jail	914	33		
Arlington County Detention Facility	503	29		Y
Northwestern Regional Jail	654	28		
Chesapeake City Jail	995	27		
Western Virginia Regional Jail	856	24	Y	
Alexandria Detention Center	380	24		
Newport News City Jail	475	14		
Rockingham-Harrisonburg Regional Jail	323	10		
Pittsylvania County Jail	109	5		
Culpeper County	80	5		
Bristol City Jail	145	4		
Middle Peninsula Regional	173	3		Y
Gloucester County Jail	41	3		Y
Blue Ridge Regional Jail (all locations)	1,074	0		
Western Tidewater Regional	672	0		
Totals	**14,468**	**612**	**4**	**5**

Source: Compensation Board 2017 Mental Illness in Jails. November 1, 2017. Pages 60-61. Joint Commission on Health Care. Email Survey Responses to Stephen Weiss. August 10, 2018. Report on the Virginia Department of Criminal Services Jail Mental Health Pilot Programs. Virginia Department of Criminal Justice Services. October 2017. Blue Ridge Regional Jail (Amherst / Bedford / Campbell / Halifax / Lynchburg)

Community Services Boards with Offices in Jails without a Mental Health Unit			
Jail Name	**CSB Office in Jail**	**CSB Computer in Jail**	**Hours**
Henry County	Yes	Yes	Thursday: 4 hours
Middle River Regional Jail		Yes	M-F: 40 hours
Rappahanock Regional Jail	Yes	Yes	M-F 40 hours
Albemarle Charlottesville Regional Jail	Yes	Yes	F: 5 hours
Chesterfield	Yes	Yes	M-F: 80 hours
RSW Regional Jail	Yes	Yes	M-F: 40 hours
Prince Williams Manassas	Yes	Yes	DCJS Pilot
Total	**6**	**7**	

Source: Joint Commission on Health Care. Email Survey Responses to Stephen Weiss. August 10, 2018.
(31 jails responded to the survey)

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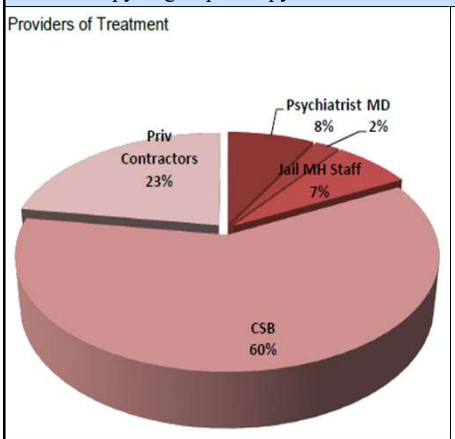
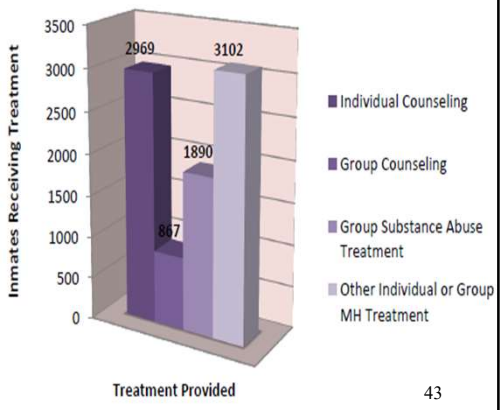
Treatment Services in Local and Regional Jails

- In 2017, local and regional jails reported that CSBs provided the majority (60%) of mental health treatment services in their facilities. While CSBs have a statutory requirement to evaluate inmates for TDOs (§37.2-809) they are not required to provide treatment services in the jails.
- Mental health and substance use disorder services provided in the jails and regional jails are tailored to the needs of each jail and their offenders. Offenders are not required to attend therapy or group therapy services.





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* Source: Compensation Board 2017 Mental Illness in Jails, November 1, 2017.

Should CSBs be *Required* to Provide Mental Health and Substance Use Disorder Services in Jails?

- CSBs are currently providing services in jails based on local needs, availability of staff and funds. Where the CSBs are not providing services outside of those required by code the jails are using a variety of local vendors or comprehensive health and mental health services contracts to accommodate the needs of their offender population.
- In order to expand the role of CSBs in the jails, local collaboration and agreement between the CSBs, jail officials and their vendors, law enforcement, magistrates and judges is needed.
- There are specific benefits to having CSBs provide certain selected services in the jails. CSB staff can:
  - Provide valuable information and assistance to law enforcement officials, magistrates and jail staff prior to or during the booking process about the history of the offender, including any previous contact with the CSB and medication history
  - Assist local vendors with discharge and treatment plans as mentally ill offenders are released into the community
  - Work with magistrates and judges as they determine charges, need for emergency custody orders and release plans for those offenders that are charged but can be released under court orders
- However, requiring via code that CSBs provide mental health and substance use disorder services in all jails may be a problem for CSBs that are not near the jails, and may be disruptive to existing local relationships between community providers and the jails.

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Henrico County: Elements of a Model Program

- Leadership: Henrico County officials expect agencies to partner wherever possible.
- Partnerships: Sheriff and CSB staff meet regularly with judges, magistrates, all levels of law enforcement to discuss offenders and best practices for treatment and diversion.
- Education and training: Law enforcement are CIT trained. Judges and magistrates are brought into meetings to learn about opportunities for jail diversion, court ordered releases and community sentences that include treatment plans for offenders. Court ordered treatment plans require offenders to maintain HIPPA agreements or the plan is revoked and the offender returns to jail.
- Data Sharing: The Sheriff mandates that all health care service providers, including the CSB, use the same electronic health record system for offenders.
- CSB activity in the jail includes providing therapeutic treatment services to offenders (group therapy and counseling services).

Henrico County Budget for CSB Services	
Inmate screening, referral, appraisal evaluation, consultation, mental health and substance use disorder treatment	$596,238
Jail diversion	247,675
Emergency Services after hours	8,232
Total	$852,145
Offenders Served	2,441
Cost Per Offender	$349

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HIPPA Compliant Release of Information Form

- Interpretation of privacy laws vary among providers and localities and are impediments to immediate, effective and efficient service delivery.
- A single statewide HIPPA compliant release form, developed by DBHDS and the Compensation Board, that can be used by all of the jails and CSBs and made part of a condition to receive state funds can address data sharing issues.
- In addition, the Compensation Board recently began sending data to DBHDS in order to match jail offenders to CSB clients. However, the data are not current or being shared in real time° which is necessary so that booking proceedings and magistrate/judicial orders can include a review of a person's mental health and substance use disorder history as part of the process.
- Example: *
  - The Illinois Jail Data Link allows any Illinois county jail to have access to an interactive internet database
  - Data is available on detainees with a documented mental illness and treatment with the Illinois Division of Mental Health
  - Illinois counties and their partner mental health agencies have a written agreement with the state and obtain security clearance for access to the data

° There is a one month time-lag
*Source: The Council on Governments Information Sharing in Criminal Justice – Mental Health Collaborations: Working with HIPPA and other Privacy Laws. Justice Center, The Council of State Governments.

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Leadership, Training and Partnerships

- An interagency, intergovernmental "Best Practices Committee" formed by the Secretary of Health and Human Resources, Secretary of Administration and the Secretary of Public Safety And Homeland Security may be beneficial to all entities involved in mental health and public safety.
- The purpose of the Committee is to identify and share experiences and processes used at all levels of government to overcome barriers and improve the delivery of services between the local and regional jails and CSBs.
- The Committee can disseminate information and conduct an annual forum for state and local government agencies and providers on specific issues that may be barriers in one area of the state but may have been resolved in another area.

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Policy Options Budget Amendments and Amendments to Code	
1	Take no Action
2	Introduce a budget amendment to fully fund an electronic health record (EHR) system for all prisons. Include requirements that the EHR be accessible to local and regional jails, DBHDS and other health care providers involved with the care and treatment of offenders. The VADOC estimate for an fully functioning, system wide, EHR is $35 million.
3	Introduce a budget amendment to build new facilities and renovate existing structures at Deerfield and Powhatan to accommodate the aging prison population ($25 million for Powhatan and $30 million for Deerfield).
4	Introduce legislation to amend the Code of Virginia by adding in Chapter 53.1 a provision requiring all jails, regional jails and the prison system have one unified contract with the same Third Party Administrator (TPA) for all health care services provided to offenders outside/offsite of the jail and prison system. Require the TPA to make a quarterly report and an annual report on offender health care expenses to the Board of Corrections (BOC) and VADOC; and require that the report be made available to the public on the VADOC and BOC websites.
5	Introduce legislation to amend the Code of Virginia by adding in Chapter 53.1 the VADOC Continuous Quality Improvement (CQI) Committee for state operated prisons. The CQI duties should include providing standardized quality reports and make them available to the public on the VDOC website.

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Policy Options Budget Amendments and Amendments to Code	
6	Introduce legislation to amend the Code of Virginia by adding in Chapter 53.1-5 to require the BOC to adopt minimum health care standards for local and regional jails that are not accredited by the American Correctional Association or National Commission on Correctional Health Care. Such standards should require that standardized quarterly CQI reports be submitted to BOC from all local and regional jails and that the report be made available to the public on the BOC websites.
Policy Options By Letter from the JCHC Chair	
7	By letter from the JCHC Chair, request that the Director of Corrections and the Chairman of the Parole Board jointly review conditional release policies to determine what changes may be made to improve the conditional release process of offenders over age 55 *who have complex medical problems.* A joint written report is to be submitted to the JCHC by October 1, 2019.
8	By letter from the JCHC Chair, request that the Compensation Board, Department of Behavioral Health and Developmental Disabilities, and Director of Health Services for the Virginia Department of Corrections create a single statewide HIPPA compliant release form that can be used by all offenders and persons being served through the community services board and state psychiatric system that will allow for easier sharing of data and medical information among the different organizations that receive state funds. A joint written report with the approved form is to be submitted to the JCHC by October 1, 2019.

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Policy Options By Letter from the JCHC Chair	
9	By letter from the JCHC Chair, request that the Secretary of Health and Human Resources, Secretary of Administration and the Secretary of Public Safety And Homeland Security establish a "Local and Regional Jail and Mental Health and Substance Use Disorder Best Practice Committee" and designate the appropriate state agency members to serve on the committee. The committee should conduct an annual forum for state and local officials to identify and share experiences and processes used at all levels of government to overcome barriers and improve the delivery of services between local and regional jails and the state psychiatric system and community services boards. *
10	By letter from the JCHC Chair, request that VADOC and VCU-HS develop policies to improve the exchange of offender related medical information - including electronic exchange of information for tele-medicine, tele-psychiatry, and electronic medical chart access by health care providers for both organization. A joint written report is to be submitted to the Commission detailing the policies and their implementation plan by October 2019.

* During a workgroup meeting organized by DBHDS to adopt mental health standards for local and regional jails there were discussions about local barriers that some localities addressed and overcame that other localities were struggling with, i.e. data sharing between government entities. A "best practices" committee and forum will allow localities to share information that can help other localities overcome barriers and improve the delivery of services.

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Public Comment

Written public comments on the proposed options may be submitted to JCHC by close of business on October 15, 2018.

Comments may be submitted via:

- E-mail: jchcpubliccomments@jchc.virginia.gov
- Fax: 804-786-5538
- Mail: Joint Commission on Health Care
  P.O. Box 1322
  Richmond, Virginia 23218

Comments will be provided to Commission members and summarized during the JCHC's November 21st decision matrix meeting.

(All public comments are subject to FOIA release of records)

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Appendix

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APPENDIX I

Health Care Accredited Jails and Regional Jails Responding to Survey

Albemarle / Charlottesville Regional	NCCHC
Alexandria City	NCCHC
Arlington County	Yes - two health care/medical services review programs that meet once a month
Danville City	Yes - meet with physicians
Fairfax County	NCCHC
Hampton City	ACA
Hampton Roads Regional	NCCHC - ACA
Henrico County	ACA
Lancaster County	Yes - Physician review
Meherrin River Regional	Yes in contract
Middle Peninsula Regional	ACA
Newport News City	NCCHC
Norfolk City	NCCHC
Northwestern Regional	Yes - in contract
Pamunkey Regional	ACA
Piedmont Regional	Yes in Contract
Portsmouth City	NCCHC
Richmond City	Yes - in contract
Riverside Regional	NCCHC - ACA
Roanoke City	NCCHC –ACA
Roanoke County/Salem	ACA - external review with a physician that is not affiliated with our facility every 2 years
Southside Regional	Yes- Medical Protocol
Virginia Beach	NCCHC
Western Tidewater Regional	Yes- Quality Review
Western Virginia Regional	ACA

NCCHC - National Commission on Correctional Health Care
ACA – American Correctional Association

Prepared by Stephen Weiss, Senior Health Policy Analyst. Joint Commission on Health Care.

APPENDIX II

ACA Accredited Prison

Academy for Staff Development (VADOC)	Indian Creek Correctional Center (VADOC)
Augusta Correctional Center (VADOC)	Keen Mountain Correctional Center (VADOC)
Baskerville Correctional Center (VADOC)	Lawrenceville Correctional Center (GEO)
Bland Correctional Center (VADOC)	Lunenburg Correctional Center (VADOC)
Buckingham Correctional Center (VADOC)	Nottoway Correctional Center (VADOC)
Chesterfield Women's Detention/Diversion Center (VADOC)	Pocahontas State Correctional Center (VADOC)
Coffeewood Correctional Center (VADOC)	Probation and Parole Field Services (VADOC)
Deep Meadow Correctional Center (VADOC)	Red Onion State Prison (VADOC)
Deerfield Correctional Center (VADOC)	River North Correctional Center
Dillwyn Correctional Center (VADOC)	Southampton Men's Detention Center (VADOC)
Fluvanna Correctional Center for Women (VADOC)	St Brides Correctional Center (VADOC)
Green Rock Correctional Center (VADOC)	Stafford Men's Diversion Center (VADOC)
Greensville Correctional Center (VADOC)	Sussex I State Prison (VADOC)
Harrisonburg Men's Diversion Center (VADOC)	Sussex II State Prison (VADOC)
Haynesville Correctional Center (VADOC)	Virginia Correctional Center for Women (VADOC)
Indian Creek Correctional Center (CEC)	Wallens Ridge State Prison (VADOC)
	* Central Office (VADOC)

Appendix III VADOC Contract Compliance Check List

Clinical Observations/General Inform			SS II JUNE (May) Comments
Files up-to-date			
Health Records returned in 6 month of offender release			
Treatments-- provider's orders are followed in accordance to provider's orders			
Provider Sick Call is up to-date			
Nurse sick Call is up to-date			
Wound Care provided as indicated in provider orders			
Bio-hazard material properly stored			
Sharp Containers secured – syringes are not above fill line			
Filled Sharp containers taped sealed with date – removed from facility by 7 days of storage			
Inventories			
Health Authority/designee monthly Sharps count			
First Aid Kits – document monthly check			
AED – weekly checks using AED Maintenance Checklist			
Oxygen levels verified			
Sharps spot Count completed without discrepancies			
Quarterly Sharps Count completed with Major/designee			
Perpetual inventory of Alcohol Pads			
Medication Storage & Administration			
Prescription medication is kept in the original container dispensed from pharmacy			
External preparations stored separately from internal/injectable medications			
Refrigeration in the medication storage areas and temp is between 2-4 degrees C (36-46 F); Log maintained			
Advanced Prep Medication does not extend beyond the next scheduled dosage administered			
Medications should be prepared, administered and documented by the same individual			
All medication transactions shall be documented on the MAR			
Documentation should be completed at time medication is given or as soon as possible thereafter			
Medication are given under Direct Observation			
Discontinued/expired & wasted medication is returned to pharmacy within 30 days			
Self-med audits competed (5 per month). Doc on C/T form			
Controlled Substances			
Stored in a secure area with access only to person admin			
Narcotic box secured using numbered seal			
Narc box seal is logged & verified at each shift change control count by nurses going off and coming on duty			
Spot count completed of controlled substances without discrepancies			
Each dose administered is recorded on Count Sheet in addition to the required MAR documentation			
Controlled sub counted and documented on Count Sheet at each nursing shift change by off & on coming nurse			
If more than 1 count sheet, keep in chronological order			

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Appendix IV

VADOC Grievance Process and Sick Call Requests

(Code of Virginia COV §8.01-243.2, §53.1-10, §53.1-32, §53.1-40.1, §54.1-2986; and operating procedures 720.1 and 866.1)

Informal Grievances (Step 1)
- Informal grievances are submitted in writing on a VADOC form and entered into VADOC "Corrections Information System" (CORIS)
- VADOC procedures require informal complaints to be resolved within 15 days in writing to the offender
- Over 90%, or more, of health care relayed grievances are resolved at the facility
- If the offender does not receive a response he/she can file a regular grievance
- If the offender does not agree with the response he/she can file a "regular" grievance on appeal

Regular Grievance (step 2 after informal grievance)
- Regular grievances are submitted in writing on a VADOC form within 30 days from the date of the occurrence and entered into CORIS by the Institutional Ombudsman/Grievance Coordinator
- Regular health care related grievances are reviewed by the Institutional Ombudsman/Grievance Coordinator within 2 days of receipt
- Regular grievances are categorized, investigated by the medical unit and reported back to the grievance coordinator within 30 days, or 20 days depending on the grievance and its status within the system
- 8% of health care related grievances are investigated through the regular grievance process
- If the offender does not agree with the response he/she can file a "emergency" grievance on appeal

Emergency Grievance (Step 3 or filed similar to a 911 call – Reviewed by VADOC Medical Director/Unit)
- Emergency health care related grievances can originate from an offender asking for assistance from a officer or by submitted in writing on a VADOC form. Emergency grievances are responded to within 8 hours or less of receipt, and entered into CORIS within 2 days of the response unless the grievance is determined not to be an emergency
- If an offender files a medical emergency grievance and it is not an emergency the offender is subject to be charged co-pays.

Sick Call
- If the offender discusses a medical issue with a officer, the offender is informed that they can submit an emergency grievance or they can request sick call. Sick call requests are done in writing and submitted by the offender using drop box system.
- Sick call requests are triaged once a day. The offender needs to be seen within a 72 hour time frame to get the person into services unless it is determined to be a true emergency and then the offender is seen immediately.

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Appendix V
Health care Related Malpractice Lawsuits – Private Practice

- Large scale analysis of medical malpractice claims from across the country found that:
  - 11% involved medication related errors
  - 30% involved communication related errors between providers or providers and their patients
  - 20% involved errors in diagnosis, including missed diagnosis; 49% of diagnosis related errors involved failures related to testing and referrals *
- A 2016 survey by the American Medical Association found that 34% of all physicians reported being sued at least once, 16.8% twice or more, and 2.3% within the last 12 months from when the survey was conducted.**
- In 2017 there were 1,544 adverse actions related to state licensure, clinical privileges, etc. taken against health care professionals in Virginia. In addition, 150 payments were made to claimants as a result of medical malpractice cases brought against Virginia health care providers.***
- According to the Virginia Supreme Court, 445 medical malpractice cases were filed with the circuit courts in 2017.****

Sources:

* Annual Benchmarking Report. The Risk Management Foundation of the Harvard Medical Institutions (Harvard medical community's clinicians and organizations, CRICO). (https://www.rmf.harvard.edu/)

** Guardado, José R., PhD. Medical Liability Claim Frequency Among U.S. Physicians. American Medical Association, Economic and Health Policy Research, December 2017.

*** Singh, Harnam. National Practitioner Data Bank. Generated using the Data Analysis Tool at https://www.npdb.hrsa.gov/analysistool. National Practitioner Data Bank (2017): Adverse Action and Medical Malpractice Reports (1990-2017).

**** McClees, Myron D. "FW: Request for Medical Malpractice Cases – Weiss". Message to Stephen Weiss. August 9, 2018. E-mail. Does not include Alexandria or Fairfax Circuit courts.

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Appendix VI
Crisis Intervention and Jail Diversion

- DBHDS funds 17 jail diversion programs and 37 crisis intervention assessment sites statewide.
  - The jail diversion programs are a cooperative effort between local law enforcement officials and CSBs to insure that people with behavioral health issues are diverted to the most appropriate setting for treatment and services. Each program is locally designed.
  - The assessment sites provide local law enforcement officials with an option to transport people in crisis to an evaluation and treatment setting so that the official can return to regular law enforcement duties. The sites serve as therapeutic, non-criminal justice-affiliated alternatives to incarceration.

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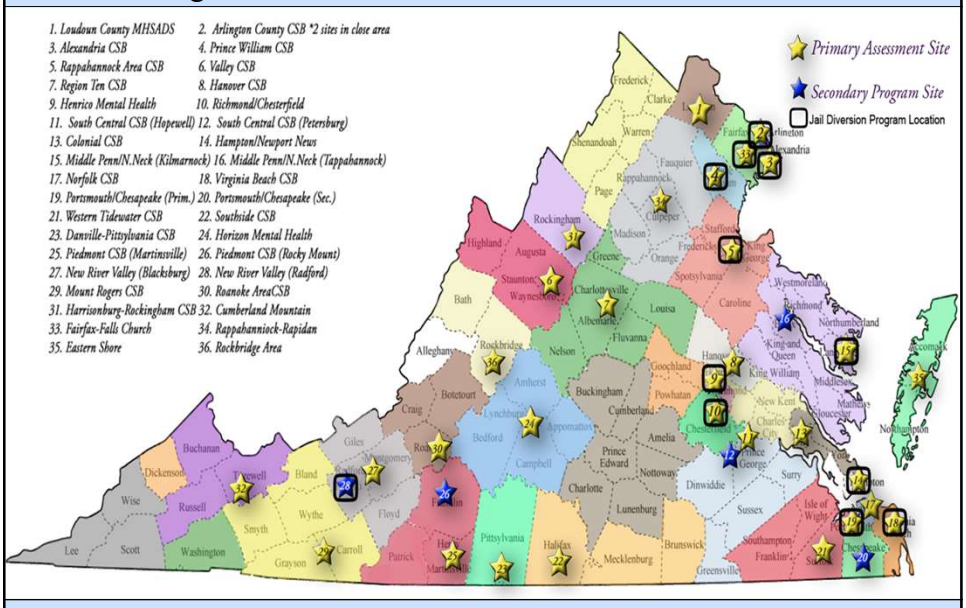
Virginia's Crisis Intervention and Jail Diversion Sites



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Appendix VII
Items Funded in the 2018-2020 Biennium Budget
Improving Community Mental Health and Addressing CSB and Jail Collaboration

- Directs Department of Medical Assistance Services and DBHDS to examine options for increasing the participation of community hospitals in the provision of services for individuals subject to TDOs.
- $1.6 million GF for discharge planning at jails for individuals with serious mental illness; staff positions at Community Services Boards; implement at two jails with a high percentage of inmates with serious mental illness.
- $708,663 GF per year for diversion programs in up to three rural communities.
- $657,648 GF each year to establish Crisis Intervention Team training programs in six rural communities.
- STEP-VA Plan – Improving and Expanding Community Mental Health Programs
  - $5.9 million GF per year to complete the phase-in of same-day access to assessment at CSBs
  - $3.2 million GF over the biennium for the state's share of same day access services covered by Medicaid
  - $3.7 million GF in FY 2019 and $7.4 million GF in FY 2020 for primary care outpatient screening at CSBs
  - $15 million GF in FY 2020 to begin phasing in outpatient mental health and substance use disorder treatment at CSBs.
  - $2 million GF in FY 2020 to begin phasing in statewide expansion of detoxification services at CSBs
- $900,000 GF in FY 2019 and $1.8 million GF in FY 2020 for grants to establish crisis intervention assessment centers in six unserved rural communities.
- $7 million GF over the biennium for permanent supportive housing for individuals with serious mental illness and pregnant or parenting women with substance use disorders.

Source: 2018 Legislative Summary. Virginia Association of Counties. Pages 7 and 8. (http://www.vaco.org/wp-content/uploads/2018/04/LegSummary18.pdf)

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Appendix VIII
Mental Health and Substance Use Disorder Services in Local and Regional Jails

- The jails and regional jails have become de facto community mental health and substance use disorder services crisis intervention and treatment centers for the mentally ill. Law enforcement and the courts are an integral part of the process as the number of available crisis and inpatient psychiatric beds continues to decrease.

- The decrease in available psychiatric beds is well document and attributed in part to deinstitutionalization that began in the 1960s and 1970s:

  - ✓ development of psychotropic medications
  - ✓ law suits involving right to treatment in the least restrictive environment
  - ✓ promotion of community mental health as a better, less expensive alternative, to hospitalization

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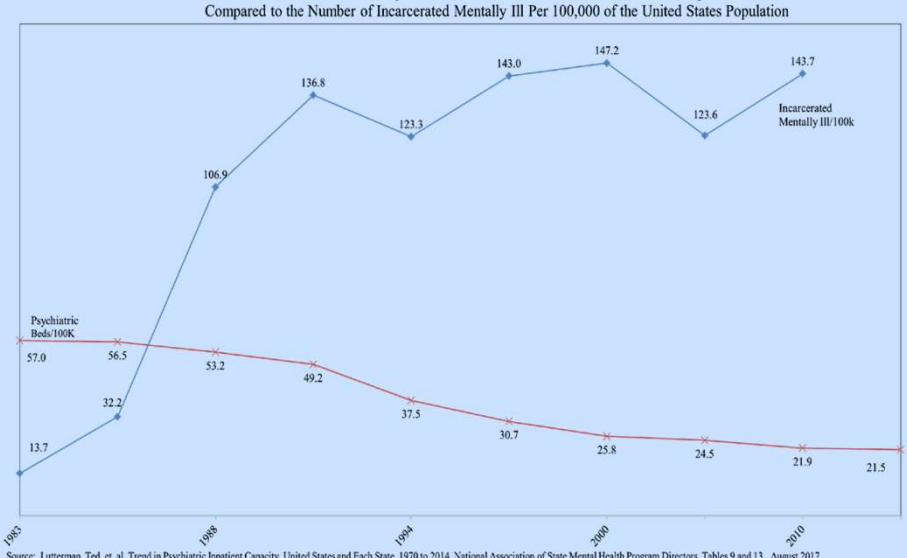
Appendix IX

The Total Number of Psychiatric Beds Per 100,000 of the United States Population
Compared to the Number of Incarcerated Mentally Ill Per 100,000 of the United States Population



Source: Lutterman, Ted, et. al. Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014. National Association of State Mental Health Program Directors. Tables 9 and 13. August 2017.
Torrey, E. Fuller, M.D.and Kennard, Aaron D. M.P.A. (Sheriff, retired). More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States. Treatment Advocacy Center and the National Sheriffs' Association. May 2010. Statistical Abstract of the United States: 2012 August 2011 Report Number Statistical Abstract of the United States: 2012 (131st Edition). Section 5. Law Enforcement, Courts, and Prisons. Table 348.
US Population: http://www.multpl.com/united-states-population/table.

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Prepared by Stephen Weiss, Senior Health Policy Analyst. Virginia General Assembly Joint Commission on Health Care.

Appendix X
Mental Health Standards Workgroup Roster

First Name	Last Name	Organization
Ms. Stephanie	Arnold	Department of Criminal Justice Services
Ms. Jana	Braswell	DBHDS – Office of Forensic Services (OFS)
Mr. Bruce	Cruser	Mental Health America of VA
Ms. Robyn	DeSocio	State Compensation Board
Ms. Beth	Dugan	Prince William CSB
LTC Steve	Eanes	Henry County Sheriff
Mr. Emmanuel	Fontenot	Board of Corrections Liaison, Department of Corrections
Mr. Tom	Fitzpatrick	Department of Criminal Justice Services
Ms. Melissa	Gibson	DisAbility Law Center
Capt. Eric	Hairston	Henry County Sheriff
Ms. Angie	Hicks	VA Beach CSB
Ms. Kari	Jackson	State Compensation Board
Sup. Martin	Kumer	Albemarle-Charlottesville Regional Jail
Maj. Mandy	Lambert	Prince William County Jail
Dr. Denise	Malone	Department of Corrections
Sheriff Gabe	Morgan	Newport News Sheriff's Office
Sheriff Lane	Perry	Henry County Sheriff
Ms. Renee	Robinson	DBHDS - OFS
Sup. Bobby	Russell	Virginia Association of Regional Jails
Dr. Mike	Schaefer	DBHDS- OFS
Ms. Christine	Schein	DBHDS - OFS
Ms. Aileen	Smith	VA Beach CSB
Ms. Tamara	Starnes	Blue Ridge CSB
Sheriff Kenneth	Stolle	Virginia Beach Sheriff's Office
Ms. Leslie	Weisman	Arlington CSB
Mr. Stephen	Weiss	JCHC

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Appendix XI

JCHC Meetings and Visits	
Armor Correctional Health, CEO	Albemarle / Charlottesville Regional
Attorney General - Attorneys	Arlington Community Services Board (CSB) Crisis Intervention Center
Compensation Board	Arlington County Jail
Department of Behavioral Health & Developmental Services	Deep Meadow Correctional Center
Department of Corrections	Deerfield Correctional Center
Department of Criminal Justice	Essex Lock Up
Magistrate Advisor, Supreme Court of Virginia	Fluvanna
Office of Chief Medical Examiner	Gloucester County
Pardon and Parole Board	Greensville Correctional Center
Physician Group	Hampton Roads Regional Jail
Virginia Public Defenders	Henrico County
Virginia Division of Risk Management	Martinsville City
Virginia Regional Association of Jails	New River Valley Regional Jail
Virginia Sheriffs' Association	Powhatan Reception & Classification Center
	Rappahannock Regional County
	Virginia Beach Community Services Board
	Virginia Beach Jail

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