COMMONWEALTH of VIRGINIA

DEPARTMENT OF
MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

JAMES S. REINHARD, M.D.
COMMISSIONER

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Voice/TDD (804) 371-8977
www.dmhmrsas.state.va.us

October 1, 2008

The Honorable R. Edward Houck, Chair
Joint Commission on Health Care
P.O. Box 1322
Richmond, VA 23218

Dear Senator Houck:

Pursuant to Item 311 X of the *2007 Appropriation Act*, DMHMRSAS submits to you the enclosed report on program information and outcome data regarding the development and implementation of the Virginia jail diversion initiatives funded through this item for the 2008 fiscal year. The funding was targeted to expand community-based programs that divert individuals with mental illness from jails or for aftercare programs for individuals with mental illness who have been released from jail.

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

Attached, please find this report for this year. If you have any questions, please feel free to contact James J. Morris, Ph.D., Director, Office of Forensic Services, at (804) 786-2615 via email at james.morris@co.dmhmrsas.virginia.gov.

Sincerely,

James Reinhard

James S. Reinhard, M.D.

Enc.
Cc: Hon. L. Louise Lucas
Hon. Harvey B. Morgan
Hon. Marilyn Tavenner
Ms. Kim Snead

II. Allocation of Funding

Jail diversion program funding from Item 311X was allocated to the following CSBs in the cited Health Planning Regions for FY 2008:

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

Six of the seven programs selected to participate in the Jail Diversion were granted a total of $75,000, with the exception of the Central Virginia CSB, which received a $30,000 grant.

The remaining funds in the FY 2008 appropriation were used by DMHMRSAS for the development and implementation of the statewide *Commonwealth Consortium for Mental Health and Criminal Justice Transformation*. The *Consortium* was initiated by *Executive Order 62* in January of 2008 to serve as a mechanism and forum for information sharing by programs that have developed model approaches to jail diversion in the Commonwealth, and to develop instructional media and provide tuition-free training programs for mental health and criminal justice personnel throughout the state. The Commonwealth Consortium has the following major goals:

- Transformation planning: The Consortium shall evaluate the viability of jail diversion models for persons with mental illness, and develop recommendations for improving access to mental health treatment for persons with mental illness who cannot be diverted from arrest and incarceration. Representatives from relevant stakeholder groups in each locality, including Community Criminal Justice Boards, Law Enforcement, Local and Regional Jails, Community Services Boards and Local Community Corrections, Mental Health Services Consumers, and other public and private organizations shall be invited to participate in comprehensive transformation planning for their regions.
- Establishing a Criminal Justice/Mental Health Training Academy for the Commonwealth: The Academy will provide an integrative locus for coordinating the training activities of currently disparate state and local, public and private organizations into a concerted program of cross-training for criminal justice and mental health personnel.

DMHMRSAS recently convened the first major training event of the *Consortium* project as a follow up to the *Governor's Conference on Mental Health and Criminal Justice Transformation,* which was organized around the goals of *Executive Order 62.* Mental health and community corrections leaders from all areas of the Commonwealth recently completed two days of training in Mental Health/Criminal Justice Cross-Systems Mapping provided by the Center for Mental Health Services' National GAINS Center. The participants in the GAINS training will be utilized to assist interested Virginia communities in developing effective mental health treatment options for persons with mental illness having involvement with the criminal justice systems in those localities.

An additional positive development aimed at further promotion of the Consortium goals and improving overall systems interoperability at the interface of criminal justice and mental health is the addition of a State Coordinator for Criminal Justice and Mental Health Initiatives. This position will bring expertise in criminal justice perspectives on mental health issues as well as broad mental health systems knowledge and experience. The position will provide leadership for the Consortium and coordinate efforts at the state, regional and local level in order to identify, develop and implement efficient and effective practices throughout the Commonwealth.

III. FY 2008 Program Results

Over the course of the second year of this initiative, participating staff from each recipient agency met on an average of once per quarter, in conjunction with DMHMRSAS Forensic Services program coordinators. Each recipient group participated in the planning and presentation of the *Governor's Conference on Mental Health and Criminal Justice Transformation.* The conference was held in Virginia Beach on May 13-14, 2008, with participation of 350 stakeholders, including judges, commonwealth's attorneys, community corrections personnel, jail administrators, legislators, and representatives of mental health agencies from all areas of the Commonwealth. It is anticipated that the successful progress of this initiative during the second year has established a sound foundation for dissemination of knowledge regarding, and interest in transforming, the system of care for persons with mental illness who come under the aegis of the criminal courts of the Commonwealth.

Year two of the jail diversion initiative funded by Item 311X has continued to produce positive outcomes for jail inmates with serious mental illness. The initiative has resulted in funding six full-time staff placed in heavily populated jails in the selected localities. Their work in the jail and their collaboration with other criminal justice agencies has improved services for the inmates with mental illness while in the jail and upon discharge. The result of the work of the new staff has facilitated the release of targeted inmates with appropriate discharge plans to viable community residential placements.

At the end of FY 2008, program participants reported the following accomplishments had been attained in this second year:

- 308 jail inmates were provided with mental health services during FY 08
- 108 jail inmates with mental illness were diverted to community treatment and residence, prior to their trial.

- 115 jail inmates with mental illness were released early following conviction.
- 4,974 hours of intensive case management were provided to jailed and diverted persons with mental illness
- Considering the 108 inmates diverted prior to trial, and that the average hospital stay for restoration to competency (a typical reason for state hospital admission of defendants with mental illness) is 90 days, it seems reasonable that the program reduced the use of 9,720 of state hospital bed days (totaling approximately $5.8 million), making those facilities available to other patients who truly needed hospitalization.

It is anticipated that the expansion of the jail diversion and reentry initiatives authorized in the 2008 Session will ensure additional successful outcomes in the form of reduced criminal recidivism and healthy community adjustment for the high-risk group of persons with mental illness who've been served by this program.