



# Mental Illness in Jails Report

**Compensation Board**

**2024**

November 1,  
2024

## Compensation Board Mental Illness in Jails Report (2024)

Authority: 2024 Special Session I, Virginia Acts of Assembly, Chapter 2

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 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 Committee, and staff of the Compensation Board. The Compensation Board distributed a mental health survey in June, 2024 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 50 out of 57 local and regional jails. Three jails did not respond to the survey, two jails indicated they had no mentally ill inmates during the survey period, and two jails indicated they do not hold mentally ill inmates. The data in this report is as provided to the Compensation Board by local and regional jails in their 2024 mental health surveys, submitted as of August 16, 2024.

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 2024, with the exception of treatment expenditures, which were reported for the entire fiscal year (July 1, 2023 – June 30, 2024). 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 no new questions in the survey this year.

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 2024 Mental Health Survey. The Board and Staff are thankful for the cooperation and efforts of jail leadership and staff in this reporting process.

Note: Hampton Roads Regional Jail closed on April 1, 2024.

Note: Riverside Regional Jail did not respond to the survey; their average daily population in June, 2024 was 1,110. Patrick County Jail did not respond to the survey; their average daily population in June, 2024 was 77. Danville Jail Farm did not respond to the survey; their average daily population in June, 2024 was 80. Sussex County Jail noted that they do not hold mentally ill inmates; their average daily population in June, 2024 was 35. Franklin County Jail noted that they do not hold mentally ill inmates; their average daily population in June, 2024 was 46. Charlotte County Jail reported that they held no mentally ill inmates during the survey month; their average daily population in June, 2024 was 45. Montgomery County Jail reported that they held no mentally ill inmates during the survey month; their average daily population in June, 2024 was 80. Jails reporting no mentally ill inmates during the survey month or reporting that they hold no mentally ill inmates in their jail, had their surveys removed from the cohort. Jails who did not respond to the survey were also 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, 2024. 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 50 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, 2024 there was an average daily inmate population (ADP) of 19,734 in jails in the Commonwealth of Virginia (7 jails are excluded from this report, and their inmate populations are excluded from this number). Of these, 3,697 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 14,775 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 69 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 1,193 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 18,542.

Of these 18,542 inmates, 56% were pre-trial and 44% 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 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
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, 27,671; Female, 4,900; Male, 22,738; and Unspecified, 33.

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 = 34,451; Projected General Population Inmate Count Incarcerated long enough to be assessed = 27,671

Note: General Population inmate counts used to calculate mental illness percentages in June 2024 are: Total; 27,671 Female; 4,900 Male; 22,738 Unspecified; **33**.

Note: The total inmate count includes inmates counted one time for each jail in which they were held during the month of June, 2024.

Note: Total General Population Inmate Count does not include the individuals incarcerated in the Charlotte County Jail (80), Franklin County Jail (178), Montgomery County Jail (261), Patrick County Jail (122), Sussex County Jail (158), Danville Jail Farm (103) or Riverside Regional Jail (1,648).

## Mental Illness Statistics

Mental illness is defined as having 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, 2,102 inmates (42.90%) were reported to be mentally ill. Of the male population count, 5,170 inmates (22.74%) were reported as having a mental illness. Of the total *assessable* general population count, 7,272 inmates (26.28%) were known or suspected to be mentally ill.

Table 2 includes the percentage of the female/male general population diagnosed as mentally ill for the current as well as previous 10 years.

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

Year	Female	Male	Total
2024	42.90%	22.74%	21.11%
2023	44.27%	25%	22.36%
2022	43.71%	24.85%	25.59%
2021	38.15%	20.09%	18.94%
2020	48.77%	23.75%	23.57%
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 7,272 inmates known or suspected to be mentally ill in jails during the month of June, 2024. Of these mentally ill inmates, 28.91% were female and 71.09% were male. Of the same population, 65.13% were pre-trial and 34.87% were post-conviction.

Table 3: Number of Inmates with Mental Illness

Year	Num Inmates with MI	Female %	Male %	Pre-Trial %	Post-Con %
2024	7,272	28.91%	71.09%	65.13%	34.87%
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, 2024 and the type of disorder.

Figure 1: Number & Diagnoses of Inmates with Mental Illness

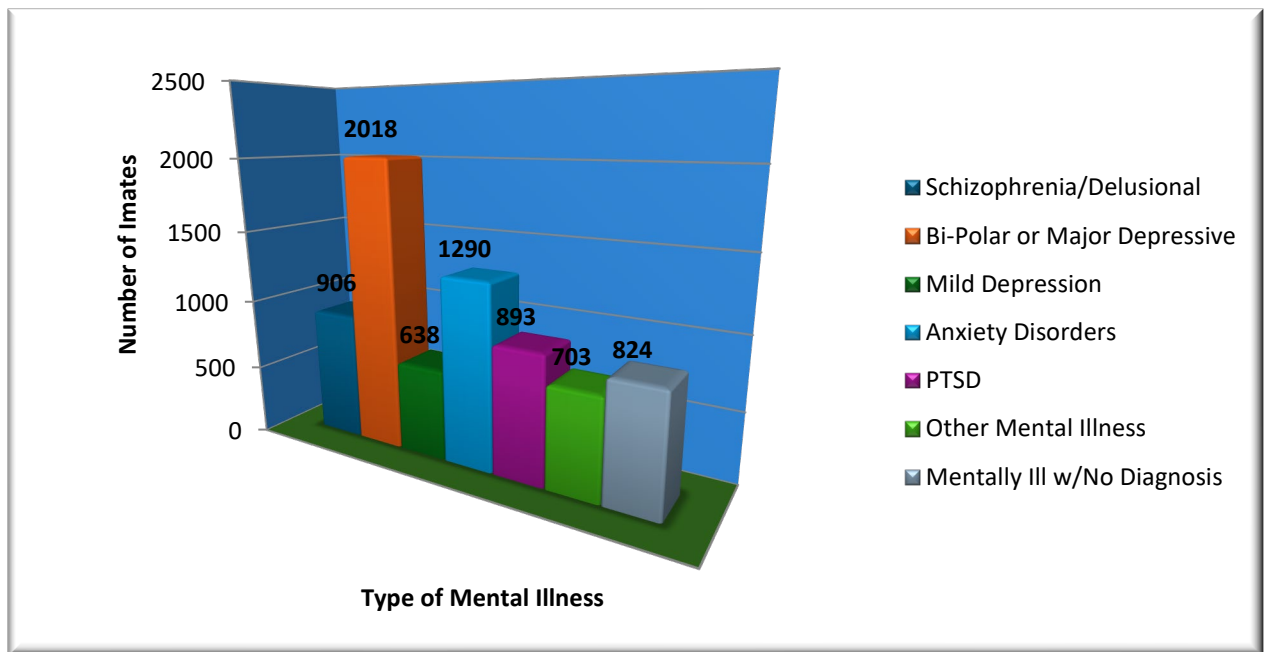


Figure 2 shows the number and percentage that each mental illness represents in both the Female and Male mentally ill populations.

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
<b>Female</b>	183	615	137	431	331	177	228
<b>Male</b>	723	1403	501	859	562	526	596
<b>Female</b>	8.71%	29.26%	6.52%	20.50%	15.75%	8.42%	10.85%
<b>Male</b>	13.98%	27.14%	9.69%	16.62%	10.87%	10.17%	11.53%

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 27.75% 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 52.49% (2023-52.56%,2022-57.58%,2021- 47.62%) of the mentally ill population and 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
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 Region

	Central Region	Western Region	Eastern Region
<b>Number of Mentally Ill inmates in Region</b>	3,015	2,775	1,48
<b>Percentage of Total MI Pop by Region</b>	41.46%	38.16%	20.38%
<b>Percentage of Mentally Ill inmates in Region w/ Serious MI</b>	59.70%	46.49%	49.06%
<b>Percentage of Mentally Ill inmates in Region Pretrial</b>	71.08%	57.05%	68.15%
<b>Percentage of Mentally Ill inmates in Region Post-Conviction</b>	28.92%	42.95%	31.85%

Note: Regional percentages of the total ADP: 18,542; Central, 42%, Western, 33%, Eastern, 25%.

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

Note: 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 21%. 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 11%.

## 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 61, Chapter 2 (2024 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 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.*

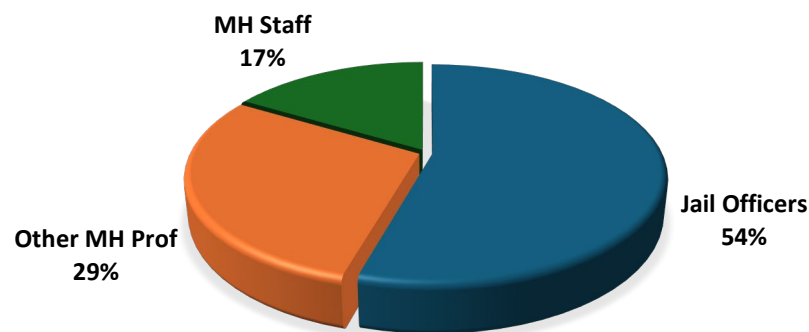
Questions are included in the survey to gather information regarding current screenings and results using the designated instruments. Forty-nine (49) jails specifically reported using the BJMHS or CMHS to screen 13,425 and 3,891 inmates, respectively. Of these 17,316 screened inmates, jails report that 3,553 (21%) were referred for a comprehensive mental health assessment.

- 50 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
- 50 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 that noted their mental health provider is not always consulted immediately, it was noted that providers 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 2024, 485 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.

Figure 4: Provider of Jail Mental Health Screenings.



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,

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

Of the 16 jails who report they would have extreme difficulty complying, 9 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, or additional funding and staffing required.

Note: 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.

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

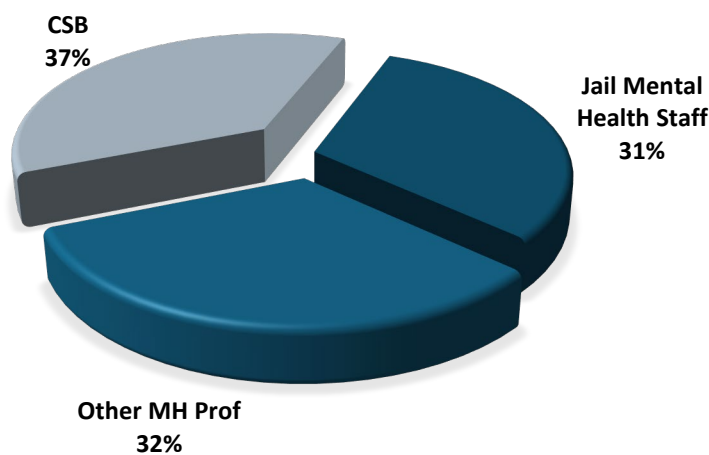
## Assessment

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.

- 45 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.
- 16 jails, or 32% 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.

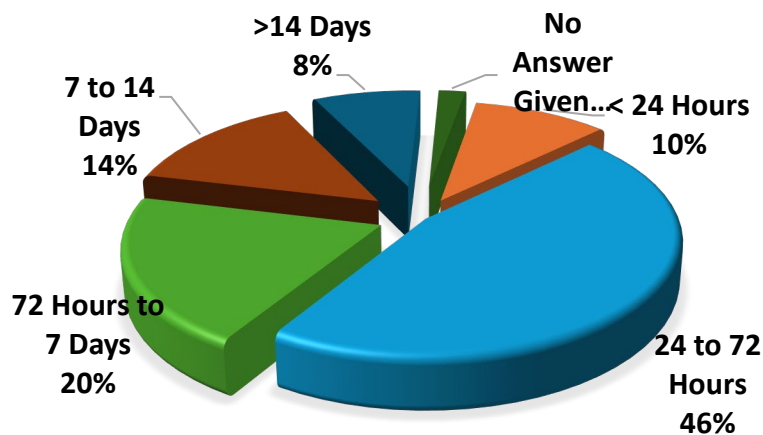
As with initial screenings, the type of individual conducting comprehensive mental health assessments, as well as the method of assessment, differs between facilities. Jails identify that comprehensive mental health assessments are performed in their jail by either community services boards, by jail 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.



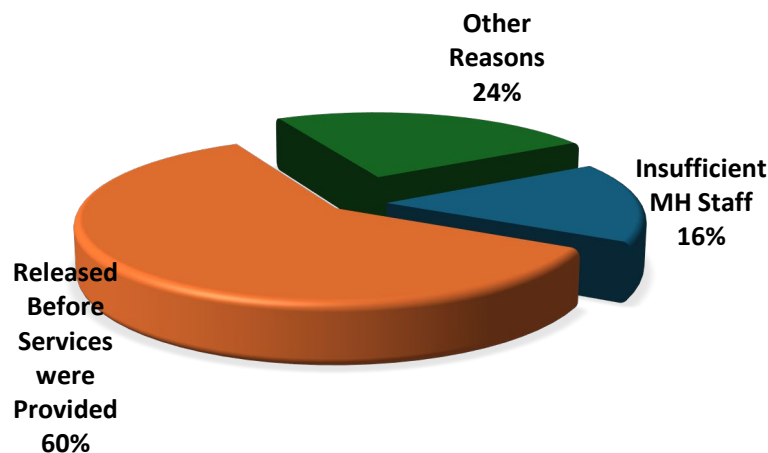
The average number of hours an inmate is confined in jail before receiving a comprehensive mental health assessment, if needed, varies from jail to jail. Figure 6 reflects the percentage of jails that reported they typically conduct comprehensive mental health assessments within specific time periods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

Figure 6: Average Confinement Time before Mental Health Assessment



Of the 3,871 inmates whose mental health screen indicated the need for a comprehensive assessment, 854 did not receive one.

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



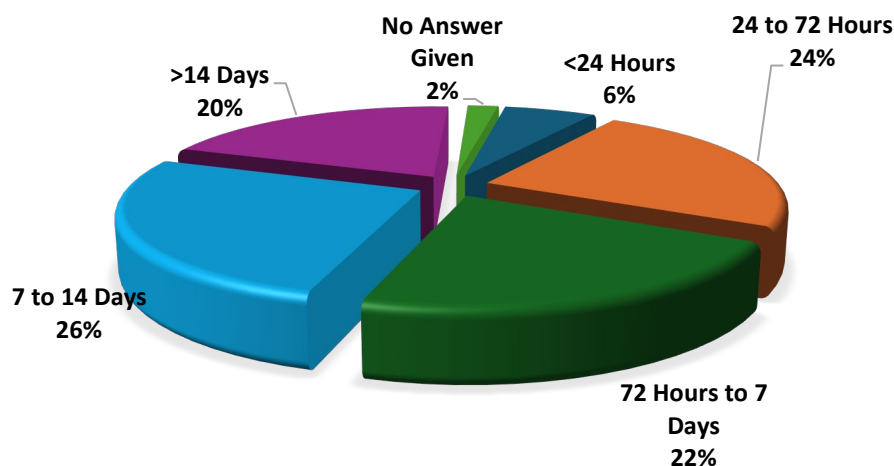
It is reasonable to assume, based upon survey responses, that a certain percentage of the population, based upon their brief length of stay, would not be confined long enough to receive a comprehensive mental health assessment, even if a screening indicated assessment would be appropriate. Including 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, 2024, 2,009 were referred for psychiatric services or other prescriber (Psychiatrist, MD, NP).

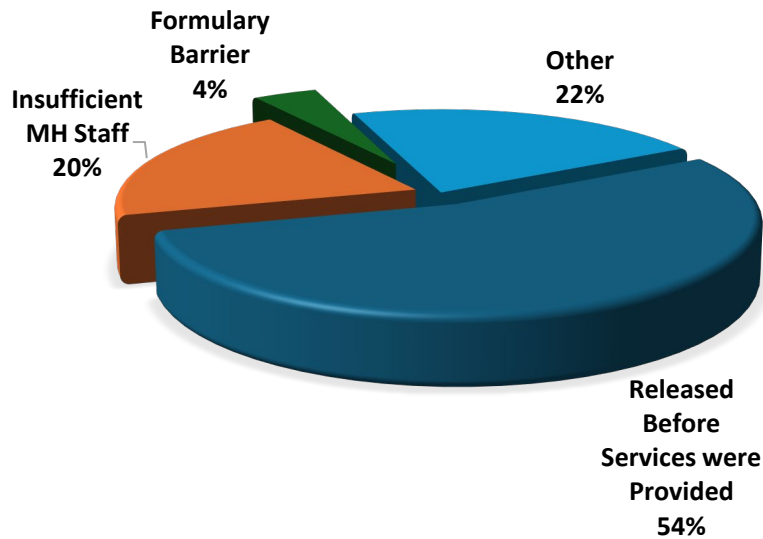
In addition to measuring the average time an inmate is confined before receiving a comprehensive mental health assessment, the survey also measures the average amount of time an inmate may wait between a comprehensive mental health assessment and an evaluation by a psychiatrist, doctor or nurse practitioner 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 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 Assessment



Of the 2,276 inmates whose mental health assessment indicated the need for further services from a clinician (MD, Psyc, NP) 500 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).

Note: 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.

## 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 720 inmates identifying themselves as veterans, 209, or 29.03%, were identified by the jail as having a mental illness. Of the veteran group, 139, or 19.31%, were identified by the jail as having a mental illness as well as a co-occurring substance abuse disorder.
- Out of 1,483 inmates identifying themselves as being homeless, 586, or 39.51%, were identified by the jail as having a mental illness. Of the homeless group, 402, or 27.11%, 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 223 beds for Females and 644 beds for Males.
- Jails reported that a total of 2,846 beds would be needed to house all inmates with non-acute mental illness in mental health beds or units, which would currently require 1,979 additional beds.
- Of the 7,272 identified mentally ill inmates, 1,229 were housed in isolation, for a total of 17,224 days. 22 of the 41 jails that housed mentally ill inmates in isolated or segregated cells did not operate a Mental Health Unit (405 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.
- 20k 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 12 inmates were housed in jails more than 72 hours following the issuance of a TDO during the month of June, 2024.
- Feedback from jail staff suggests that the TDO process can be inconsistent. Comments from jails in the survey indicate that assistance with transportation and finding available beds is needed; some jails have commented that incarceration for competency restoration seems to be relied upon in lieu of handling by hospital emergency rooms or psychiatric units when presented with an individual under ECO in need of emergency mental health treatment; other comments suggest that state hospital responsibilities for the acceptance of mentally ill inmates need review or clarification.

Note: Gloucester County Jail noted that mental health beds were needed but did not specify the number of beds.

## 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 2024, Community Service Boards (CSBs) 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 being sought (§37.2-809), however they have no statutory obligation to provide treatment in the jail.

Community Services Boards have been the most often used provider of mental health treatment in the Central and Western Regions for the past several years. The Eastern Region has consistently reported Private Contractors as their primary 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, 2024

Provider	Central Region	Western Region	Eastern Region
Psychiatrists	45.43	26.93	30.60
Medical Doctors	4.45	1.60	4.87
Jail Mental Health Staff	46.43	37.27	92.64
Community Services Board	319.8	105.4	9.47
Private Contractors	35.30	87.53	111.43

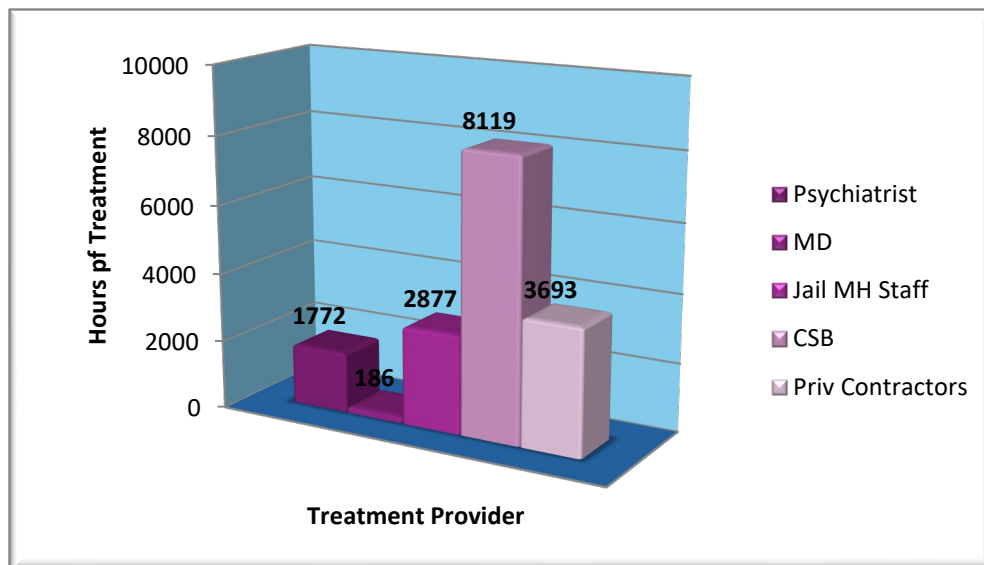
Provider	Average # of MH Trtmt Hrs Provided
Psychiatrists	35.43
Medical Doctors	3.72
Jail Mental Health Staff	57.54
Community Services Board	162.38
Private Contractors	73.85

The information provided below is for the month of June, 2024.

- A total of 16,646 treatment hours were provided, including treatment by any provider included in Figure 10. This is a continuation of the bounce back in treatment hours since measures were put in place in 2020 to reduce COVID transmission. (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 7,272 plus a population of 2,715 inmates reported to have a substance abuse disorder without co-occurring mental illness.
- In addition to in-jail treatment, 27 jails reported providing follow-up case management for mentally ill inmates after their release from the jail. Hours related to follow-up case management are not included in any figures in this section. Specific information regarding type of post-release assistance provided is not currently collected by the survey.

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

Figure 11: Hours of Treatment Provided



The 2024 five jails with the highest numbers of hours of treatment provided per mentally ill inmate for the month reported in the survey were: Alexandria City Jail (32:1), Western Tidewater Regional Jail (12:1), Richmond City Jail (7:1), Chesapeake City Jail (6:1), and Arlington County Jail (4.84:1).

The 2024 five jails with the highest number of hours of treatment provided for all inmates for the month reported in the survey were: Alexandria City Jail (2,768), Southwest Virginia Regional Jail (1,931), Fairfax County Jail (1,249), and Virginia Peninsula Regional Jail (1,096), Western Tidewater Regional (956).

Table 5: Historical Treatment Hours

Year	Psychiatrist	MD	Jail MH Staff	CSB	Private Contractor
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

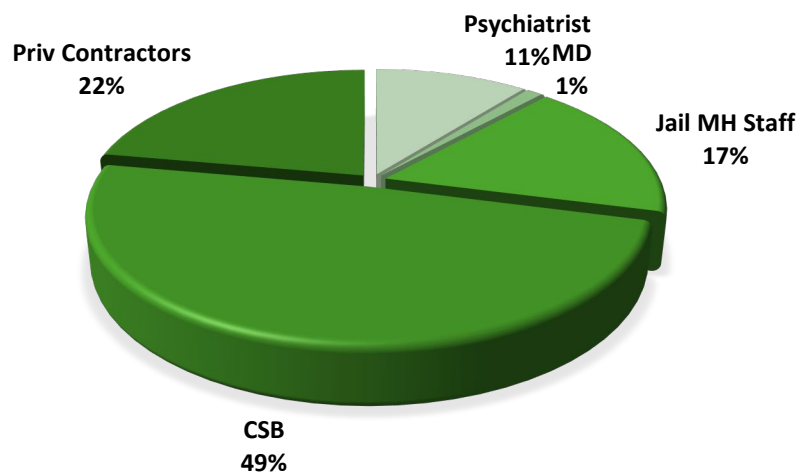


Table 6: Historical Percentage of Treatment by Provider

Year	Psychiatrists	MD	Mental Health Staff	Private Contractors	CSB
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%

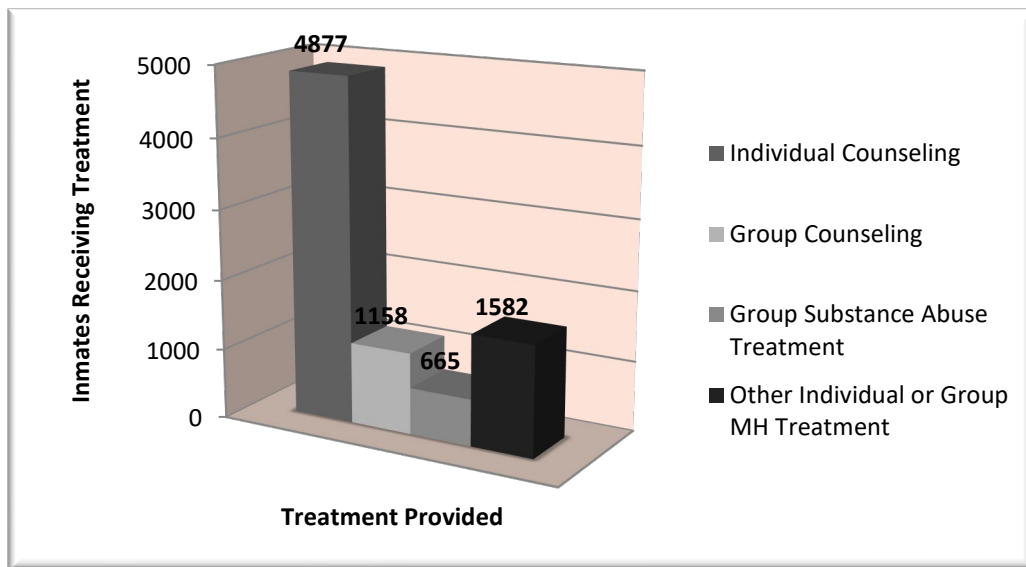
## Treatment Services

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 boards, private contractors). Treatment includes any individual/group counseling or substance abuse services but does not include dispensing of medication.

Forty-eight (48) of the 50 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 26,800, a mentally ill population of 6,292, and a population of inmates with substance abuse without mental illness of 2,689.

8,282 inmates were reported to receive a type of mental health or substance abuse treatment during the month of June, 2024 (indicating some inmates received multiple types of treatment).

Figure 13: Type of Treatment Provided

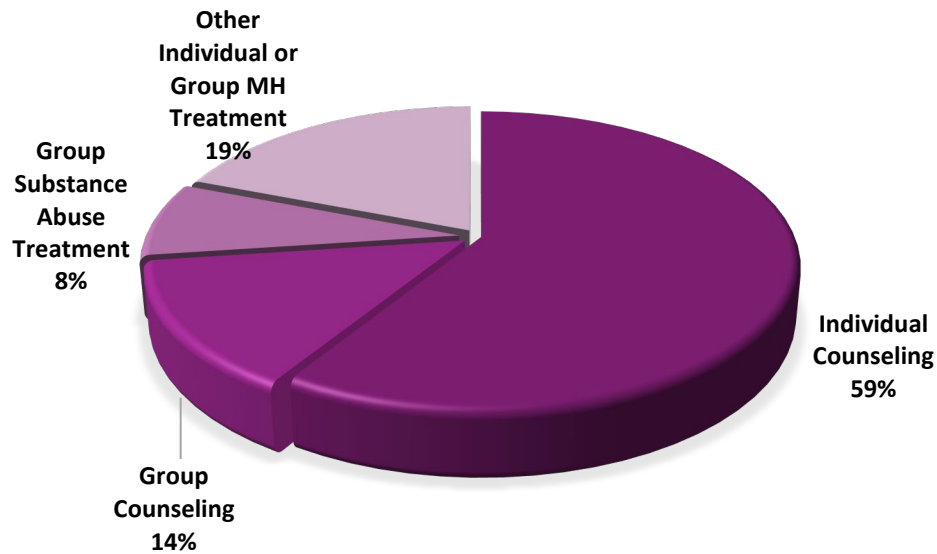


Not all facilities provide all of the above services.

Figure 14: Hours of Treatment Provided by Region

	Central Region	Western Region	Eastern Region
<b>Individual Counseling</b>	2,597	1,778	1,997
<b>Group Counseling</b>	562	210	99
<b>Group Substance Abuse Treatment</b>	1,283	603	316
<b>Other MH Treatment</b>	3,367	864	792

Figure 15: Type of Service Percentage by Number of Inmates Treated



Note: Danville City Jail and Piedmont Regional Jail did not respond to the question regarding types of treatment.

## 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 third 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, Triliafon, 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, 2024 there were 10,614 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 medication than treatment services.

7,818 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
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

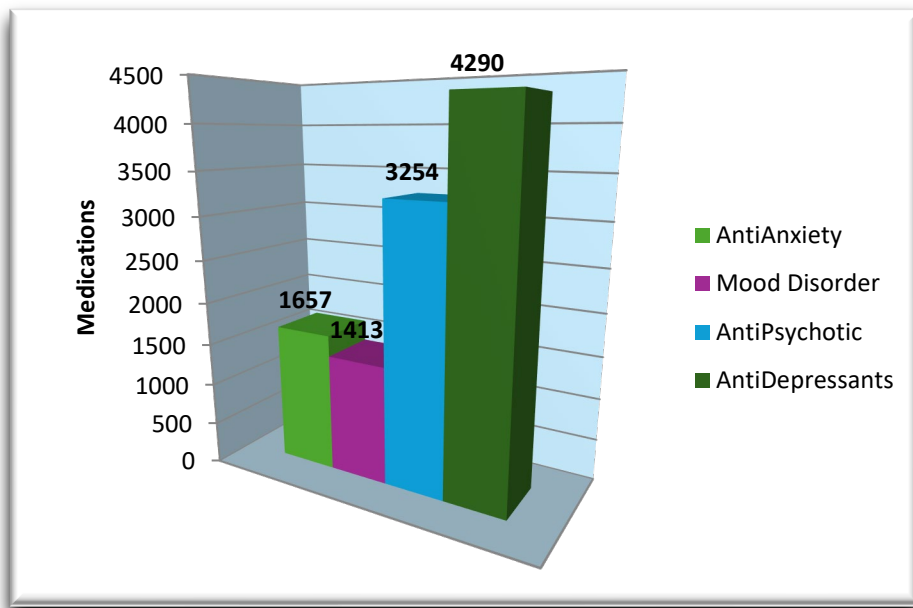
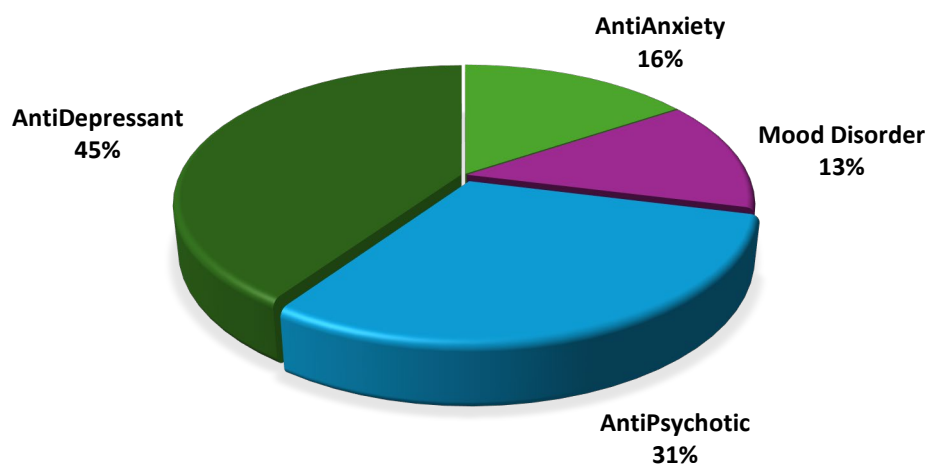


Figure 17: Percentage of Psychotropic Medication Dispensed by Type



The 2024 top five distributing jails of psychotropic medications for the month reported in the survey were: Southwest Virginia Regional Jail (1,158), Chesapeake City Jail (803), Virginia Peninsula Regional Jail (635), Northwestern Regional Jail (589), and Arlington County Jail (527).

The 2024 five distributors of the highest ratio of psychotropic medications per mentally ill inmate for the month reported in the survey were: Piedmont Regional Jail (11:1), Chesapeake City Jail (7:1), Western Tidewater Regional Jail (6:1), Richmond City Jail (5:1), and Southside Regional Jail (4:1).

A total of 1,461 jail inmates with mental illness refused psychotropic medication. This is 20.09% of the mentally ill population. Jails were asked to report their procedure when an inmate refuses medication. Responses varied, but the most commonly 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, 2024 survey, jails were asked to report how often they seek judicial approval for involuntary treatment when an inmate refuses medications.

- 1 Jail Always seeks judicial approval for involuntary treatment when an inmate refuses medications.
- 2 Jails Sometimes seek judicial approval for involuntary treatment when an inmate refuses medications.
- 32 Jails Only if the Inmate is a Danger do they seek judicial approval for involuntary treatment when an inmate refuses medications.
- 14 Jails Never seek judicial approval for involuntary treatment when an inmate refuses medications.

Note: Newport News City Jail did not respond to the question regarding whether they seek judicial approval for involuntary treatment  
Note: Chesapeake City Jail did not respond to the question regarding medication in 2023, but did respond in 2024, accounting for a significant portion of the increase in medications dispensed from 2023 to 2024.

### Substance Abuse/Special Education

- Of the 7,272 inmates with mental illness, 3,768 had a co-occurring substance use/abuse disorder, or about 51.82% of the mentally ill population.
- Those inmates with co-occurring mental illness and substance use/abuse disorder comprised 13.62% of the general jail population.
- 2,715 inmates without mental illness were reported to have substance use/abuse disorders, representing about 9.81% of the general population.
- As illustrated earlier in Figure 15, 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, 2024, 96 inmates were receiving special education.

Note: 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 7,272 inmates with mental illness, jails reported the most serious offense type for 6,965, or 95.78%. Of the inmates for whom the most serious offense type was reported, 70.28% had felony offenses, 24.97% were held on misdemeanor offenses and 4.75% were held on ordinance offenses.

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

Year	Felony	Misdemeanor	Ordinance
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
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%

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 755 inmates reported to be held for ordinance violations.

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

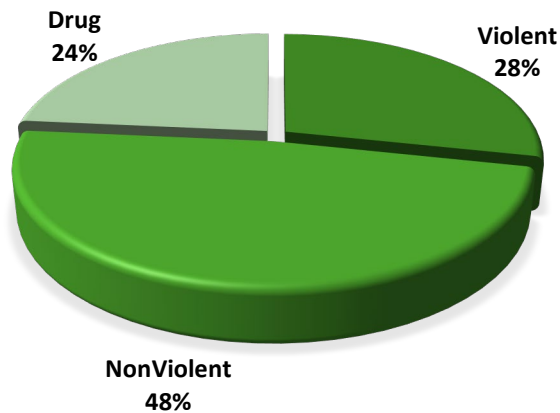


Figure 19 illustrates the percentage each offense type comprises of the total general population.

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

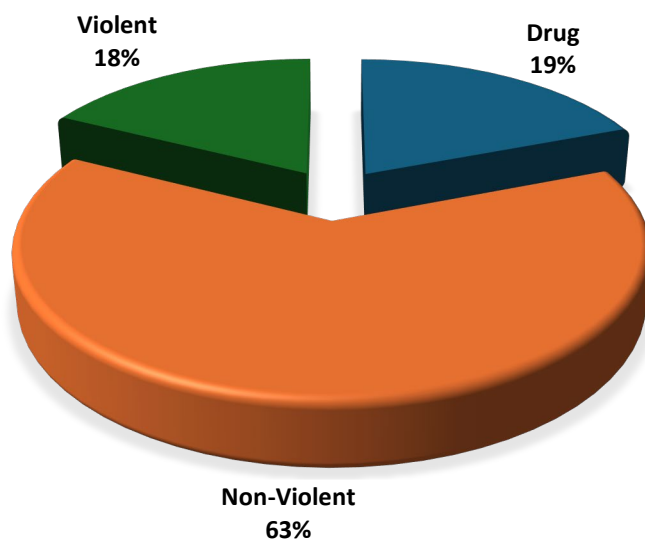


Figure 20 illustrates the percentage each offense comprises of each diagnosis.

Figure 20: Mental Illness Categories & Offense Type

	Felony Violent	Felony Drug	Felony Non- Violent	Mis Violent	Mis Drug	Mis Non- Violent	ORD
<b>Schizophrenia/Delusional</b>	28.83%	11.37%	23.65%	3.38%	2.70%	26.24%	3.83%
<b>Bi-Polar/Major Depressive</b>	22.34%	21.57%	31.07%	6.06%	2.72%	12.99%	3.24%
<b>Mild Depression</b>	22.65%	15.55%	27.21%	4.42%	7.37%	13.40%	9.38%
<b>Anxiety Disorder</b>	19.48%	21.22%	28.16%	5.11%	4.15%	16.39%	5.50%
<b>PTSD</b>	20.32%	22.18%	29.86%	2.60%	2.73%	15.74%	6.57%
<b>Other Mental Illness</b>	23.84%	18.79%	32.40%	3.23%	1.40%	17.39%	2.95%
<b>Mentally Ill w/ No Diagnosis</b>	19.11%	18.26%	28.78%	3.63%	2.30%	23.94%	3.99%

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
<b>Felony</b>	69.78%	68.99%	76.51%
<b>Misdemeanor</b>	24.37%	24.34%	21.85%
<b>Ordinance</b>	5.85%	6.66%	1.64%

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
<b>Violent</b>	26.50%	21.64%	32.29%
<b>Non-Violent</b>	46.28%	41.92%	49.89%
<b>Drug</b>	19.84%	27.96%	17.02%

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	-8.95%	0.37%	1.03%	-0.41%	2.21%	2.89%	2.48%
Bi-Polar/Major Depressive	-3.92%	3.26%	-1.25%	4.85%	1.75%	-5.99%	1.30%
Mild Depression	-5.02%	1.44%	-3.50%	1.21%	5.41%	-3.02%	3.49%
Anxiety Disorder	-8.60%	1.03%	-2.06%	2.57%	1.61%	1.29%	4.16%
PTSD	-7.22%	-0.28%	2.32%	0.84%	0.97%	-1.65%	5.01%
Other Mental Illness	-7.84%	-2.73%	5.13%	0.15%	0.60%	3.22%	1.47%
Mentally Ill w/ No Diagnosis	-3.35%	0.45%	4.78%	2.08%	1.27%	-7.28%	2.05%

Note: The percentages in Figures 18,19, 20, 21,22 and 23 are from a total mentally ill population of 7,007.

Note: Middle Peninsula Regional Jail. did not respond to the question regarding diagnosis and offense. The responses for Alleghany Regional Jail, Portsmouth City Jail, Richmond City Jail and Roanoke City Jail diagnosis and offense were removed from the report data due to inmates being reported for *each* offense on which they were held, instead of simply the most serious offense.

## Inmate Aggression

There were 372 documented incidents of inmate aggression (to include physical or sexual assault and/or threats of violence) toward other inmates and 237 documented incidents of inmate aggression toward jail staff in the month of June, 2024. 213 inmate perpetrators had been diagnosed as mentally ill, and 74 victims of inmate aggression had been diagnosed as mentally ill.

Table 10: Inmate Aggression

Year	Toward Inmates	Toward Jail Staff	Perpetrators MI	Victims MI
2024	372	237	213	74
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 FY2024, there were 38 inmates who died while in the custody of a local or regional jail. Seventeen of these inmates were reported by jails to have died due to an unnatural cause. Of the seventeen unnatural deaths in custody, seven were confirmed as suicide, one drug related, nine were not confirmed. 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
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

Note: 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 FY24. Some jails provided estimated or pro-rated annual costs; total figures have not been audited.

- The total reported cost of all psychotropic medications administered was \$5.8 million. This was \$1.1 million more than reported for FY23.
- The total reported cost of mental health services, excluding medication but including medical doctors and nursing, was \$24.7 million.
- Total cost of mental health treatment was estimated at approximately \$30.5 million in FY24.

Table 12: Treatment Expenditures

Year	Medication	MH Services	Total Cost
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

## 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 14 to 501

- 40 of 50 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 8.36 hours of mental health training provided per jail officer/deputy. 8 jails provide 20 hours or greater of mental health training per jail officer/deputy prior to initial assignment.
- 34 of 50 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 4 hours of training in mental health topics each year.

Thirty-nine jails indicated that their jail's electronic inmate management system includes mental health screening items, while 8 jails indicated that their electronic inmate management system also includes inmate psychiatric diagnoses.

Note: The increase in medication cost is primarily due to significant increases in costs reported by the Arlington and Henrico County Jails.  
Note: Henry County Jail and Martinsville City Jail reported that mental health services were provided but did not report the cost of such services.

Note: Rockbridge Regional Jail dispensed medication but did not report the cost.

Note: 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.

## 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 part time medical treatment 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 PMED (part-time medical) positions due in each office are based on the methodology of 1:25 partially funded positions per ADP or DOC rated capacity, whichever generates a higher result. (If the calculated positions due based on ADP is less than the positions due based on operating capacity *and* the additional positions due based on ADP is negative, then they are not considered as due additional positions.) The number of BHCM (behavioral health case management) positions is based on a methodology of a minimum staffing of 1 behavioral case manager 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 questions were included in 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.

## BHCM Positions

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

- 14 of 48 reporting jails have hired for All of Them
- 4 of 48 reporting jails have hired for Some of Them
- 30 of 48 reporting jails have hired for None of Them

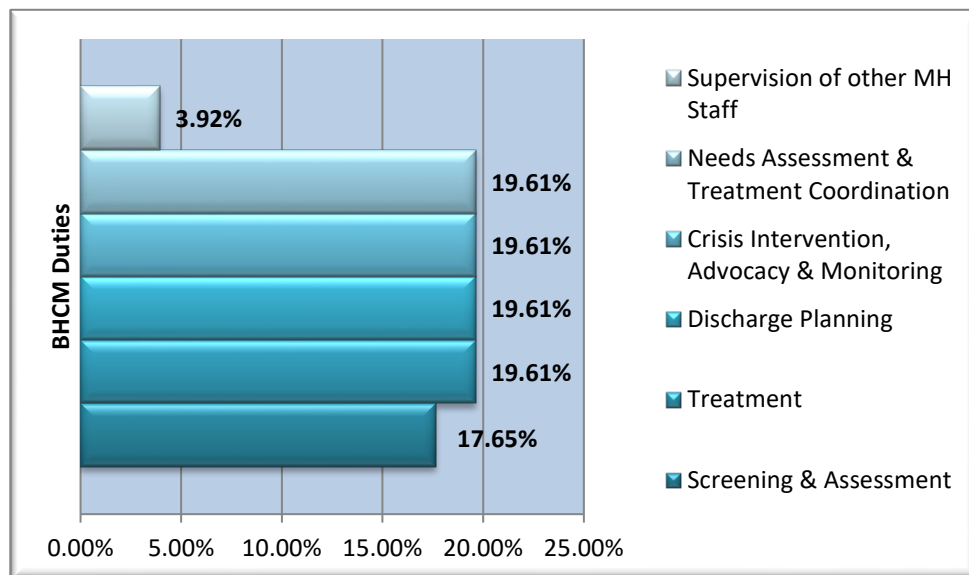
Of the jails who have not filled their BHCM positions,

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

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, seven (7) 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, five (5) 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 (15) jails also reported having mental/behavioral health staff in their jail funded by a grant, for a total of seventeen (17) grant funded mental/behavioral health staff members.

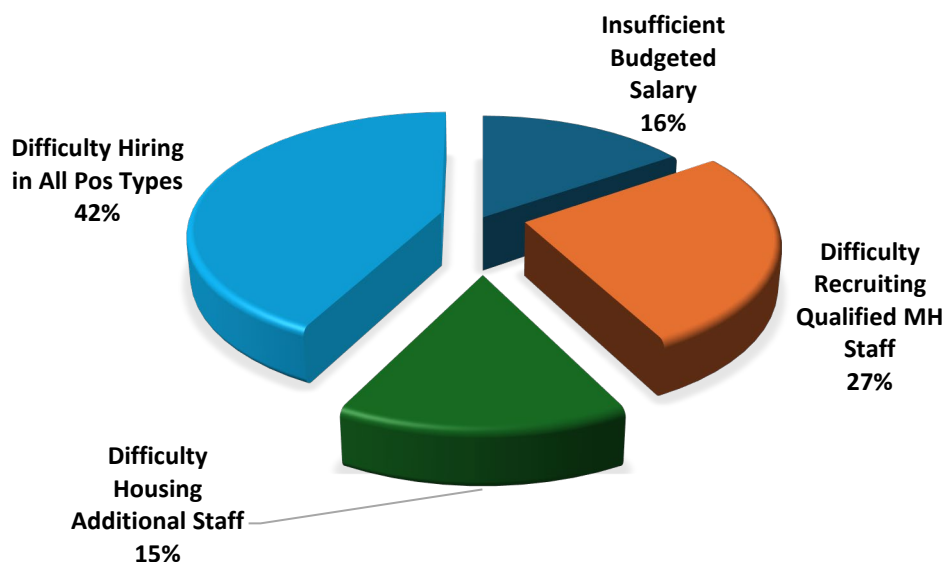
Of the jails with a grant funded position the sources identified are shown in Figure 25 below.

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

DBHDS Forensic Discharge Planning	7
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



Thirteen (13) 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; MAT services.

Seventeen (17) 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 OUD services; increase in amount of QMHP availability, particularly during usual off-hours.

Additional explanation for barriers to hiring for BHCM positions provided are: budgeted salary is low, 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.

Once again, difficulties in identifying release dates in order to execute robust discharge planning was the only reported barrier to implementation of additional services. Specifically reported was difficulty in identifying release dates for the sometimes very fluid LR jail population and the need to wait for release date notification from DOC in the case of the SR jail population.

### PMED Positions

Of the 578 local and regional jails, at least one additional PMED position was allocated to 26 of them. Jails who did not receive any PMED positions were not found to be due any in accordance with the staffing standard methodology.

Of the 26 jails who received one or more additional PMED positions,

- 2 jails have hired for All of Them
- 3 jails have hired for Some of Them
- 15 jails have hired for None of Them

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

- 12 jails, or 44.44%, reported it is because funds are used to cover the cost of a medical contract
- 11 jails, or 40.74%, reported it is due to lack of availability of qualified professionals seeking employment in a medical capacity
- 11 jails, or 40.74%, reported it is due to an insufficient budgeted salary
- 9 jails, or 33.33%, reported that the positions were not hired due to other reasons

Eight jails reported that the number of employees and/or hours of medical treatment from their medical contractor have been 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.

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

Note: Culpeper County Jail and the Virginia Beach City Jail did not respond to the questions regarding new positions. Note: Henrico County Jail, Southampton County Jail and Northern Neck Regional Jail received additional PMED positions but did not respond to the questions regarding use of those positions.

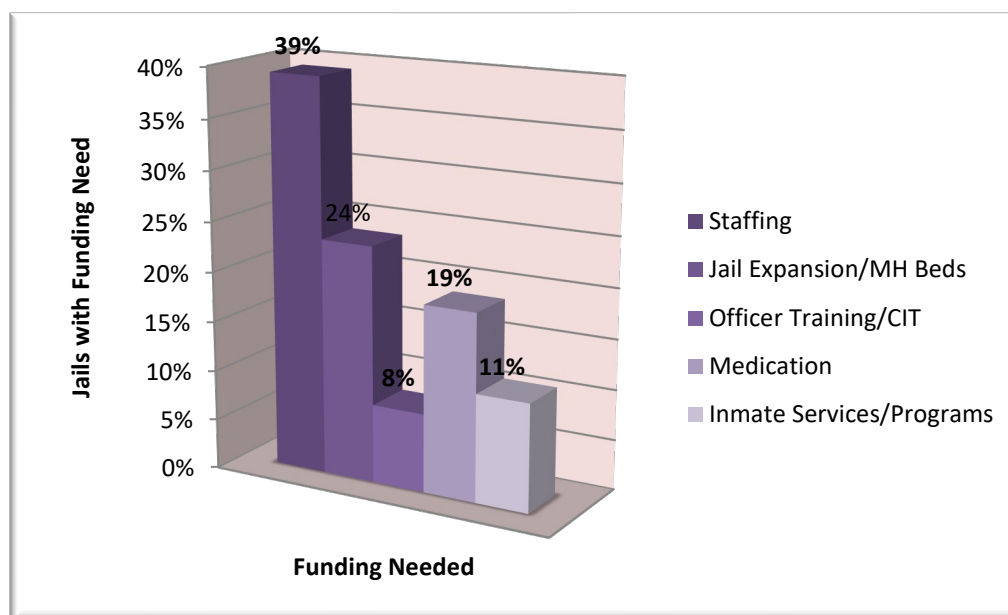
Note: Hampton Roads Regional Jail was allocated two BHCM positions. When they closed in April, 2024 those positions were not reallocated.

## Areas of Greatest Need for Funding

In the 2024 survey, jails again reported the areas in which they still felt additional funding would be most beneficial. Forty-seven (47) 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



A number of facilities continue to note that additional funds specifically for the creation and/or expansion of MAT (medication assisted treatment) programs is needed. Medication assisted treatment (the use of medications in combination with counseling and behavioral therapies) is often used in the treatment of OUD (Opioid Use Disorder) but can be used in the treatment of other substance abuse disorders as well. Within the scope of any such funding is the need for increased capacity to identify opiate use as well as provide evidence-based treatment.

Also noted by several jails under the category of medication was a need for additional funding for long-acting injections to ensure the best medication compliance.

One facility that marked jail expansion/mental health beds as a funding need provided additional feedback to explain that due to the age of their jail, the current cell construction did not lend itself to the best accommodation of mentally ill inmates.

Note: Danville City Jail, Blue Ridge Regional Jail and Western Tidewater 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.

In FY24, CIT training programs conducted 129 40-hour CIT trainings, resulting in 2,537 new CIT-trained responders.

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 50 reporting jails have jail officers/deputies who have completed Crisis Intervention Team (CIT) training. Of these jails, an average of 50 jail officers/deputies in each jail has completed CIT training. Twelve jails reported that at least half of their total staff has completed CIT training.

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 is typically 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 CIT Assessment Site Program Operates 37 locations across all Virginia Regions. Referrals to the CIT Assessment Sites by law enforcement continue to surpass 10,000 per year, with an average 50% transfer of custody rate.

The current model of crisis care being utilized is 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 as of summer, 2024, with 10 in development and additional funding for the creation of about 9 more. The goal is a network of centers that can be reached by individuals within an hour or less in any area of the Commonwealth.

Note: Data on CIT Assessment Sites and Crisis Receiving Centers was provided by the Department of Behavioral Health and Developmental Services

## Current Initiatives, Final Remarks & Future Measures

Sheriffs and Jail Superintendents were notified in June, 2024 of survey deadlines and instructions and were forwarded an advanced copy of the mental health survey.

### Right Help, Right Now

In 2022 Governor Youngkin proposed 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.

As part of the Right Help, Right Now initiative, the Governor's Chief Transformation Office established the Re-Entry Optimization Taskforce in 2023. The taskforce focuses on improving outcomes for probationers, including those leaving from jails, on several key metrics such as employment, supervision level, housing, mental health, benefit enrollment (including Medicaid), and substance use. The group seeks to accomplish its goals through the collaboration of multiple state agencies including the Virginia Department of Corrections (VADOC), the Department of Medicaid Assistance Services (DMAS), the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the Virginia Employment Commission (VEC), and the Department of Housing and Community Development (DHCD). In early 2024, the Compensation Board, as well as representatives of the Virginia Sheriff's Association (VSA) and Virginia Association of Regional Jails (VARJ) joined the taskforce to determine how best to integrate jails in successful re-entry. One of the key areas of focus for jail stakeholders was how to successfully implement warm hand-offs between the jail and other key partners upon release (ie: CSB's, Probation and Parole, local re-entry and housing groups).

In 2023 the Governor issued Executive Order 26—Crushing the Fentanyl Epidemic: Strengthening Virginia's interdiction and enforcement response to fentanyl crisis. Section 8 directed the Secretaries of Public Safety and Homeland Security to establish a workgroup to improve pathways for incarcerated individuals with substance use disorders to remain drug-free when they were released from incarceration (link to specific directives of Executive Order in appendices). The workgroup, Re-entry to Recovery, is comprised of multiple state agencies, private entities, and representatives from the Virginia Sheriff's Association (VSA) and the Virginia Association of Regional Jails (VARJ).

To formalize the ongoing work of the Re-Entry Optimization Workgroup, in 2024 the Governor issued Executive Order 36, establishing the Stand Tall-Stay Strong-Succeed Together Reentry Initiative. This order directs agencies to continue to collaborate on an integration system to support reentry and directs the team to also integrate non-state entities. (link to specific directives of Executive Order in appendix).

### 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) to be effective July 1, 2023. The Department of Criminal Justice Services (DCJS) was directed to adopt guidelines, in consultation with the VSA and VARJ, 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 medical assisted treatment therapies, addiction recovery and other substance use disorder services, or reentry and transitional support

In the FY2025 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. As of the date this report was published there is a competitive solicitation out for local and regional jails to apply for these funds.

DCJS also currently administers two state funded pilot programs in local and regional jails focused on treatment of inmates with mental/behavioral health or substance abuse disorder. They also administer funds for one federally funded substance abuse program (RSAT).

DCJS administers funding for a mental health pilot program in five jails, (Chesterfield County Sheriff's office, Middle River Regional Jail, Prince William Adult Detention Center, Richmond City Sheriff's office and Western Virginia Regional Jail). The pilot jails provide behavioral health services to inmates while incarcerated, and a continuum of care when they are released back into communities. The program was originally funded in the 2016 Appropriation Act and has continued to receive funding to facilitate continuation of the program every biennium since. 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. FY25 appropriation was reduced by \$500k due to the closing of Hampton Roads Regional Jail (one of the pilot program jails) in April, 2024. 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 Committees (a link to the 2021, 2022 and 2023 reports may be found in the appendices).

In consultation with DBHDS, DCJS selected four pilot program jails (Franklin County, Newport News, Norfolk, and Riverside Regional Jail) to create an Addiction Recovery Grant Program (ARGP). The program was originally funded in the 2016 Appropriation Act, with the purpose of ARGP being 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.

### 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. The steps of the program are: same day access to assessments; primary care screenings and referrals; access to outpatient services within 10 days of assessment; behavioral health crisis services; peer/family support services; psychiatric rehabilitation; veterans behavioral health; case management; and care coordination. Despite the COVID-19 pandemic, as well as the behavioral health workforce crisis, STEP-VA implementation and planning have continued. Currently all CSB's have successfully fully implemented the first three steps and additional steps have implemented at some level. As part of the FY22 budget, funding for the outpatient services, crisis services, infrastructure, peer recovery services, and military and veterans' services STEPs was continued and funding for psychiatric rehabilitation services, case management, care coordination, and additional infrastructure was appropriated. (DBHDS STEP-VA FY22 Annual Report).

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. Current program partners in each region 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); Northern Prince William County Community Services, Fairfax-Falls Church CSB; Southwest 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 Sale; Central Richmond Behavioral Health Authority and Chesterfield CSB; Southeast Virginia Beach Human Services and Hampton-Newport News CSB.

The remaining cities and counties have until July 1, 2028 to implement Marcus Alert. DHBDS, with assistance from DCJS, will report annually regarding the comprehensive crisis system and its effectiveness in meeting the goals established §37.2-311.1.

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 (a link to the comprehensive crisis system summary may be found in the appendices).

The Behavioral Health Commission, established in 2021, after initial monitoring of the STEP-VA program, approved recommendations by its staff in October, 2023 aimed toward enhancing the implementation of the program (a link to the review may be found in the appendices). Key Findings of the STEP-VA program monitoring were: the legislature did not clearly articulate the specific goals of STEP-VA or the scope of its services, STEP-VA has not fully realized its goal of providing access to behavioral health services across all CSB's, Governor Youngkin's Right Help Right Now initiative builds on strategies that are already established in STEP-VA.

Virginia's Department of Behavioral Health and Developmental Services (DBHDS) currently funds 15 diversion programs across the Commonwealth. These programs are diverse in their approaches to jail diversion, but all fifteen programs target individuals with serious mental illness and/or co-occurring serious mental illness and substance use disorders. In addition, there are currently 13 Forensic Discharge Planning [FDP] programs in the Commonwealth in local and regional jails; these programs are providing FDP services in twenty-five facilities by twenty-two CSBs. FDP programs focus on the early identification of individuals with serious mental illness and provide a range of case management services to individuals being released to the community; these programs provide services during an individual's period of incarceration, and for a minimum of 30 days post-release. In FY23, 2,469 individuals were enrolled in Jail Diversion or FDP programs. An FY24 Annual Report for Jail Diversion and Forensic Discharge Planning services is expected to be available in January 2025.

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 2024 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.

## APPENDICES

Appendix A: 2024 Virginia Local & Regional Jail Survey: Assessment and Treatment of Inmates with Mental Illness

Appendix B: Jail Regions

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

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Appendix K: Type of Mental Health Treatment Services Provided

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

Appendix N: Incidents of Inmate Aggression

Appendix O: Mental Health Treatment Expenditures

Appendix P: Allocation of PMED and BHCM Positions in FY23

Appendix Q: Areas of Benefit for Funding

Appendix R: Brief Jail MH Screen

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

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Appendix U: Amendments to Prior Years

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## Appendix A: 2024 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.

**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 20 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, 2024.*

*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 2024 was  inmates. Of the jail's June 2024 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, 2024 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 2024.

6. Special Education Jail Inmates. There were  inmates receiving special education during the month of June 2024.

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, 2024 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, 2024 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

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, 2024  were referred for psychiatric services or other prescriber (Psychiatrist, MD, NP).

24. Of the  inmates whose June, 2024 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:** There are two new columns. 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.

**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 follow-up on the inmates that fall within this subpopulation.**

[illegible]

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 the mental health staff must either 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, or access LIDS themselves to determine the most serious offense.

Mental Illness Category	Ord Viol	Mis Nonviolent	Mis Violent	Mis Drug	Felony Nonviolent	Felony Violent	Felony Drug
Inmates with Schizophrenia, Schizoaffective Disorder or Delusional Disorder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates with Bipolar Disorder or Major Depressive Disorder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates with Dysthymic Disorder (mild depression)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates with Anxiety Disorder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Traumatic Stress Disorder (PTSD)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates with other mental illness diagnosis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates believed by history, behavior, or other indicators to be mentally ill, for whom no clinical diagnosis is available	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total number of inmates diagnosed with or suspected to have a mental illness in this jail during the month of June 2024</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

27. During the month of June 2024, there were a total of  inmates clinically diagnosed with co-occurring mental illness and substance use disorder in the jail.
28. During the month of June 2024 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 2024 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 2024. A total of  hours of psychiatrist time were provided during the month of June 2024.

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 2024. A total of  hours of general MD time were devoted to mental health treatment during the month of June 2024.

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 2024.

Treatment Category	Number Treated		Hours of Treatment Provided	
Individual counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Group mental health counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Group Substance Use treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other types of individual or group mental health treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 2024**. 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 <b>for the month of June 2024</b>		

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 2024:

**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		
<b>I. Antipsychotic medications</b>	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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zyprexa/olanzapine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Risperdal/risperidone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seroquel/quetiapine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Triliafon/perphenazine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prolixin/fluphenazine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thorazine/chlorpromazine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Abilify/aripiprazole	<input type="text"/>	<input type="text"/>	<input type="text"/>
Geodon/ziprasidone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clozaril/clozapine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other antipsychotic medication(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>II. Mood Stabilizer/Anticonvulsant medications for major Mood Disorder</b>	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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lithobid/lithium carbonate	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tegretal/carbamazepine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Topamax/topiramate	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trileptal	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other mood disorder medication(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>III. Antidepressant medications</b>	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.)	<input type="text"/>	<input type="text"/>	
<b>IV. Antianxiety medications</b> (Examples: Ativan/lorazepam, Xanax/alprazolam, Librium/chlordiazepoxide, Valium/diazepam, etc.)	<input type="text"/>	<input type="text"/>	

37b. A total of  inmates, were being dispensed psychotropic medications during the month of June, 2024.  
**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 2024.

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 2024 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 2024, 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 2024.

**Questions 47 through 49 should be answered using data from the entire Fiscal Year 2024**

47. Total cost for all psychotropic medications administered at your jail during Fiscal Year 2024:

\$

(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 2024: \$

(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

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 2024. 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

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

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 follow-up 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, 2024.

**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](mailto: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](mailto:mark.pellett@scb.virginia.gov)

Thank you for your participation in this important

## Appendix B: Jail Regions

### Central Region

Albemarle-Charlottesville Regional Jail  
Alexandria Detention Center  
Arlington County Detention Facility  
Central Virginia Regional Jail  
Charlotte County Jail  
Chesterfield County Jail  
Culpeper County Jail  
Fairfax Adult Detention Center  
Fauquier County Jail  
Henrico County Jail  
Loudoun County Adult Detention Center  
Meherrin River Regional Jail  
Northwestern Regional Jail  
Northern Neck Regional Jail  
Page County Jail  
Pamunkey Regional Jail

Prince William-Manassas Detention Center  
Rappahannock-Shenandoah-Warren Regional Jail  
Rappahannock Regional Jail  
Richmond City Jail  
Rockingham-Harrisonburg Regional

### Western Region

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

Rockbridge Regional Jail  
Southwest VA Regional Jail  
Western VA Regional Jail

Eastern Region

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

Norfolk City Jail  
Portsmouth City Jail  
Western Tidewater Regional Jail  
Virginia Beach City 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	13	17	8	32	7	15	10	102	37
003	Albemarle-Charlottesville Reg Jail	5	44	3	14	8	22	0	96	57
005	Alleghany County Regional Jail	3	10	5	10	1	0	9	38	14
013	Arlington County Jail	59	47	4	12	8	12	37	179	114
023	Botetourt County Jail	6	20	13	16	4	5	0	64	30
041	Chesterfield County Jail	3	149	0	17	8	0	0	177	160
047	Culpeper County Adc	4	11	14	12	0	5	4	50	15
059	Fairfax Adult Detention Center	100	110	28	33	60	46	328	705	270
061	Fauquier County Jail	2	11	2	7	10	0	6	38	23
069	Northwestern Regional Jail	26	109	49	34	20	42	0	280	155
073	Gloucester County Jail	0	2	0	2	0	0	0	4	2
087	Henrico County Jail	59	110	1	26	75	7	0	278	244
089	Henry County Jail	10	16	0	2	6	16	0	50	32
103	Lancaster Correctional Center	2	9	0	1	0	1	0	13	11
107	Loudoun County Adult Detention	22	51	2	31	12	8	0	126	85
119	Middle Peninsula Regional	6	18	0	8	18	4	0	54	42
131	Eastern Shore Regional Jail	3	8	6	1	2	0	0	20	13
135	Piedmont Regional Jail	5	1	0	0	3	0	0	9	9
137	Central Virginia Regional Jail	27	55	8	29	23	15	2	159	105
139	Page County Jail	4	4	14	23	10	0	3	58	18
143	Pittsylvania County Jail	3	6	10	13	4	10	10	56	13
153	Pr. William/Manassas Regional	38	65	34	28	55	33	13	266	158
161	Roanoke County/Salem Jail	2	20	0	27	0	5	0	54	22
163	Rockbridge Regional Jail	1	14	16	30	4	0	0	65	19
165	Rockingham-Harrisonburg Reg Jail	12	15	1	3	5	10	0	46	32
175	Southampton County Jail	2	2	0	0	0	0	0	4	4
193	Northern Neck Regional Jail	13	43	0	0	25	0	0	81	81
460	Pamunkey Regional Jail	11	27	0	21	27	18	0	104	65
470	Virginia Peninsula Regional	50	100	0	99	15	82	0	346	165
480	New River Regional Jail	18	58	49	13	9	3	5	155	85
485	Blue Ridge Regional Jail	53	72	97	457	245	15	91	1030	370

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
491	Southside Regional Jail	3	12	7	7	0	0	0	29	15
492	Southwest Virginia Regional Jail	23	316	0	100	51	11	159	660	390
493	Middle River Regional Jail	27	78	0	36	55	32	0	228	160
494	Western Virginia Regional Jail	16	6	5	11	12	93	84	227	34
495	Meherrin River Regional Jail	4	18	27	20	0	0	0	69	22
496	RSW Regional Jail	11	29	0	1	12	11	1	65	52
510	Alexandria Detention Center	26	28	3	6	13	11	0	87	67
550	Chesapeake City Jail	10	27	12	12	25	20	8	114	62
590	Danville City Jail	1	2	0	1	0	6	0	10	3
620	Western Tidewater Regional	9	16	13	11	9	10	11	79	34
630	Rappahannock Regional Jail	15	40	0	8	3	33	15	114	58
650	Hampton Correctional Facility	10	2	2	8	5	2	7	36	17
690	Martinsville City Jail	6	9	3	9	0	0	0	27	15
700	Newport News City Jail	22	55	0	9	15	3	0	104	92
710	Norfolk City Jail	52	20	198	5	11	53	0	339	83
740	Portsmouth City Jail	8	14	3	3	6	0	0	34	28
760	Richmond City Jail	8	6	1	7	5	10	0	37	19
770	Roanoke City Jail	27	65	0	4	2	2	2	102	94
810	Virginia Beach Jail	66	51	0	31	5	32	19	204	122
	<b>Totals</b>	<b>906</b>	<b>2018</b>	<b>638</b>	<b>1290</b>	<b>893</b>	<b>703</b>	<b>824</b>	<b>7272</b>	<b>3817</b>

## Appendix D: Inmates Screened

Jail Num	Jail Name	Inmates screened with BJMHS	Inmates screened with CMHS	Recommended for thorough assessment	Inmates not screened	Reason Inmates were not Screened
001	Accomack County Jail	80	80	0	0	n/a
003	Albemarle-Charlottesville Reg Jail	263	0	69	0	0
005	Alleghany County Regional Jail	43	0	11	0	0
013	Arlington County Detention Facility	185	0	59	11	Client's were booked and released, court and returns, change in confinement, or otherwise uncooperative with the assessments.
023	Botetourt County Jail	96	0	60	0	0
041	Chesterfield County Jail	452	122	17	109	1) Bond 2) Released to Pretrial Services 3) Transferred
047	Culpeper County Adc	157	0	15	0	0
059	Fairfax Adult Detention Center	1286	0	139	198	Individuals that refuse screening. Individuals that are too intoxicated to answer. They could also be in a MH crisis and cannot respond. Individuals can bond out prior to the completion of screening.
061	Fauquier County Jail	0	108	2	0	N/A
069	Northwestern Regional Jail	242	0	52	0	N/A
073	Gloucester County Jail	All	0	0	0	N/A
087	Henrico County Jail	585	0	169	0	0
089	Henry County Jail	201	0	12	0	All inmates are screened when booked into the jail.
103	Lancaster Correctional Center	36	0	3	0	0
107	Loudoun County Adult Detention	344	0	18	0	N/A

Jail Num	Jail Name	Inmates screened with BJMHS	Inmates screened with CMHS	Recommended for thorough assessment	Inmates not screened	Reason Inmates were not Screened
119	Middle Peninsula Regional	126	0	0	0	0
131	Eastern Shore Regional Jail	38	0	1	0	N/A
135	Piedmont Regional Jail	393	0	111	0	0
137	Central Virginia Regional Jail	162	0	0	18	Some refused, some bonded out prior to being screened.
139	Page County Jail	129	129	0	0	0
143	Pittsylvania County Jail	88	0	4	0	0
153	Pr. William/Manassas Regional	717	708	69	15	The inmates were either uncooperative, too intoxicated/under the influence of substances; detoxing and refused to complete the BJMHS or CMHS.
161	Roanoke County/Salem Jail	283	131	1	0	0
163	Rockbridge Regional Jail	116	59	64	0	0
165	Rockingham-Harrisonburg Reg Jail	177	0	62	110	0
175	Southampton County Jail	37	0	0	0	0
193	Northern Neck Regional Jail	1584	1584	1012	0	0
460	Pamunkey Regional Jail	475	0	5	0	N/A
470	Virginia Peninsula Regional	138	0	62	0	0
480	New River Regional Jail	459	0	39	0	N/A
485	Blue Ridge Regional Jail	0	0	0	0	0
491	Southside Regional Jail	69	0	9	0	0
492	Southwest Virginia Regional Jail	369	0	159	0	N/A
493	Middle River Regional Jail	312	0	145	0	N/A
494	Western Virginia Regional Jail	270	0	216	0	0
495	Meherrin River Regional Jail	106	0	0	0	N/A
496	RSW Regional Jail	220	0	108	0	N/A

Jail Num	Jail Name	Inmates screened with BJMHS	Inmates screened with CMHS	Recommended for thorough assessment	Inmates not screened	Reason Inmates were not Screened
510	Alexandria Detention Center	246	0	0	0	N/A
550	Chesapeake City Jail	463	0	63	0	N/A
590	Danville City Jail	18	0	0	0	0
620	Western Tidewater Regional	153	0	83	0	N/A
630	Rappahannock Regional Jail	863	0	195	0	N/A
650	Hampton Correctional Facility	336	336	11	0	N/A
690	Martinsville City Jail	64	0	12	0	0
700	Newport News City Jail	326	0	111	6	Inmate refused screening. Inmate in mental crisis at the time of screening.
710	Norfolk City Jail	0	434	236	0	N/A
740	Portsmouth City Jail	0	101	31	0	N/A
760	Richmond City Jail	317	99	83	5	No barriers reported
770	Roanoke City Jail	401	0	35	0	N/A
810	Virginia Beach Correction Ctr	0	0	0	13	These inmates refused to cooperate for medical and behavioral screening during the intake process

## 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	72 hours to 7 days	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	24 hours to 72 hours
023	Botetourt County Jail	>14 days	72 hours to 7 days
041	Chesterfield County Jail	72 hours to 7 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	72 hours to 7 days	7 to 14 days
073	Gloucester County Jail	<24 hours	24 hours to 72 hours
087	Henrico County Jail	7 to 14 days	>14 days
089	Henry County Jail	24 hours to 72 hours	24 hours to 72 hours
103	Lancaster Correctional Center	24 hours to 72 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	7 to 14 days	24 hours to 72 hours
135	Piedmont Regional Jail	24 hours to 72 hours	7 to 14 days
137	Central Virginia Regional Jail	>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	7 to 14 days	7 to 14 days
161	Roanoke County/Salem Jail	<24 hours	<24 hours
163	Rockbridge Regional Jail	72 hours to 7 days	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
193	Northern Neck Regional Jail	24 hours to 72 hours	0
460	Pamunkey Regional Jail	24 hours to 72 hours	7 to 14 days
470	Virginia Peninsula Regional	7 to 14 days	>14 days
480	New River Regional Jail	24 hours to 72 hours	>14 days
485	Blue Ridge Regional Jail	7 to 14 days	7 to 14 days
491	Southside Regional Jail	24 hours to 72 hours	7 to 14 days
492	Southwest Virginia Regional Jail	>14 days	>14 days
493	Middle River Regional Jail	24 hours to 72 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 to 72 hours	72 hours to 7 days
496	RSW Regional Jail	24 hours to 72 hours	72 hours to 7 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 to 72 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
620	Western Tidewater Regional	0	24 hours to 72 hours
630	Rappahannock Regional Jail	>14 days	>14 days
650	Hampton Correctional Facility	24 hours to 72 hours	7 to 14 days
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	24 hours to 72 hours	72 hours to 7 days
760	Richmond City Jail	24 hours to 72 hours	>14 days
770	Roanoke City Jail	<24 hours	7 to 14 days
810	Virginia Beach Correction Ctr	24 hours to 72 hours	24 hours to 72 hours

## 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
193	Northern Neck Regional Jail	Yes	Yes	Yes
460	Pamunkey 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	Yes
496	RSW Regional Jail	Yes	Yes	Yes
510	Alexandria Detention Center	Yes	Yes	Yes
550	Chesapeake City Jail	Yes	Yes	Yes
590	Danville City Jail	Yes	Yes	Yes
620	Western Tidewater Regional	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
630	Rappahannock Regional Jail	Yes	Yes	Yes
650	Hampton Correctional Facility	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	66	8	Yes	No	None
003	Albemarle-Charlottesville Regional Jail	69	22	Yes	0	Some
005	Alleghany County Jail	11	0	0	0	Extreme
013	Arlington County Detention Facility	59	0	No	No	None
023	Botetourt County Jail	60	38	Yes	Yes	Extreme
041	Chesterfield County Jail	17	12	Yes	Yes	Extreme
047	Culpeper County Adc	15	0	Yes	Yes	None
059	Fairfax Adult Detention Center	373	63	Yes	No	Some
061	Fauquier County Jail	2	2	Yes	No	None
069	Northwestern Regional Jail	52	0	No	No	None
073	Gloucester County Jail	0	0	0	0	None
087	Henrico County Jail	169	0	Yes	No	Extreme
089	Henry County Jail	12	0	No	No	Some
103	Lancaster Correctional Center	3	0	No	No	None
107	Loudoun County Adult Detention	18	0	0	0	No Answer
119	Middle Peninsula Regional	11	0	No	No	None
131	Eastern Shore Regional Jail	1	0	No	No	Some
135	Piedmont Regional Jail	16	0	0	0	Extreme
137	Central Virginia Regional Jail	18	2	No	No	Extreme
139	Page County Jail	3	0	No	No	Extreme
143	Pittsylvania County Jail	4	0	No	No	Extreme
153	Pr. William/Manassas Regional	65	29	Yes	Yes	Extreme
161	Roanoke County/Salem Jail	131	152	Yes	0	None
163	Rockbridge Regional Jail	64	0	Yes	No	No Answer
165	Rockingham-Harrisonburg Reg Jail	62	27	Yes	Yes	Extreme
175	Southampton County Jail	0	0	No	No	Extreme

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)
193	Northern Neck Regional Jail	35	4	Yes	0	Some
220	Danville Jail Farm	13	0	No	No	None
460	Pamunkey Regional Jail	62	22	Yes	Yes	Some
470	Virginia Peninsula Regional	36	21	Yes	Yes	Extreme
475	Hampton Roads Regional Jail	551	101	Yes	No	Some
480	New River Regional Jail	35	4	Yes	No	None
485	Blue Ridge Regional Jail	251	104	Yes	Yes	Extreme
491	Southside Regional Jail	145	90	Yes	No	Some
492	Southwest Virginia Regional Jail	216	64	Yes	No	Extreme
493	Middle River Regional Jail	106	0	0	0	None
494	Western Virginia Regional Jail	108	0	Yes	No	Some
495	Meherrin River Regional Jail	0	0	No	No	None
496	RSW Regional Jail	63	0	Yes	No	Some
510	Alexandria Detention Center	0	0	No	No	None
620	Western Tidewater Regional	54	6	Yes	No	None
630	Rappahannock Regional Jail	114	0	0	0	None
650	Hampton Correctional Facility	21	5	Yes	No	Extreme
690	Martinsville City Jail	15	0	Yes	No	Some
700	Newport News City Jail	84	15	Yes	No	Some
710	Norfolk City Jail	236	0	Yes	No	Extreme
740	Portsmouth City Jail	129	0	0	0	None
760	Richmond City Jail	51	29	Yes	No	Some
770	Roanoke City Jail	65	6	Yes	No	Some
810	Virginia Beach Correction Ctr	180	28	Yes	No	Some

## 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	1	0	0	2	0	0
003	Albemarle-Charlottesville Regional Jail	4	0	4	13	8	4
013	Arlington County Detention Facility	9	4	3	69	55	35
023	Botetourt County Jail	13	0	6	1	0	0
037	Charlotte County Jail	0	0	0	1	0	0
041	Chesterfield County Jail	17	2	0	37	17	4
047	Culpeper County Adc	4	1	3	6	4	0
059	Fairfax Adult Detention Center	26	12	6	164	80	55
061	Fauquier County Jail	5	3	0	3	2	2
069	Northwestern Regional Jail	28	16	9	59	33	21
073	Gloucester County Jail	0	0	0	0	0	0
087	Henrico County Jail	37	11	8	78	5	13
089	Henry County Jail	11	6	1	9	3	0
103	Lancaster Correctional Center	0	0	0	1	1	1
107	Loudoun County Adult Detention	3	0	0	4	0	0
119	Middle Peninsula Regional	11	3	0	0	0	0
131	Eastern Shore Regional Jail	0	0	0	0	0	0
135	Piedmont Regional Jail	1	0	0	0	0	0
137	Central Virginia Regional Jail	0	0	0	8	7	5
139	Page County Jail	0	0	0	0	0	0
143	Pittsylvania County Jail	1	0	0	0	0	0
153	Pr. William/Manassas Regional	15	1	1	61	1	0
161	Roanoke County/Salem Jail	13	1	1	11	2	2
163	Rockbridge Regional Jail	1	1	0	4	2	1
165	Rockingham-Harrisonburg Regional Jail	2	2	2	20	10	10
175	Southampton County Jail	2	0	0	1	0	0
193	Northern Neck Regional Jail	40	35	29	20	20	15
460	Pamunkey Regional Jail	0	0	0	14	5	4
470	Virginia Peninsula Regional	29	11	6	19	16	12
480	New River Regional Jail	41	13	8	46	20	13

Jail Num	Jail Name	Vets	Vets w/MI	Vets w/MI & SA	Homeless	Homeless w/MI	Homeless w/MI & SA
485	Blue Ridge Regional Jail	11	5	5	16	8	7
491	Southside Regional Jail	0	0	0	3	3	3
492	Southwest Virginia Regional Jail	9	3	1	17	4	8
493	Middle River Regional Jail	24	3	1	115	1	4
494	Western Virginia Regional Jail	10	4	4	11	4	4
495	Meherrin River Regional Jail	11	0	0	13	4	2
496	Virginia Beach Correction Ctr	21	0	0	28	3	0
510	Alexandria Detention Center	19	3	1	56	13	7
550	Chesapeake City Jail	60	15	5	10	7	5
590	Danville City Jail	2	0	0	8	3	0
620	Western Tidewater Regional	6	2	1	13	7	5
630	Rappahannock Regional Jail	21	6	1	31	9	6
650	Hampton Correctional Facility	0	0	0	6	6	6
690	Martinsville City Jail	0	0	0	4	4	4
700	Newport News City Jail	30	2	1	29	13	1
710	Norfolk City Jail	7	0	0	8	0	1
740	Portsmouth City Jail	4	0	0	5	4	4
760	Richmond City Jail	4	3	3	92	27	23
770	Roanoke City Jail	28	1	1	47	8	8
810	Virginia Beach Correction Ctr	139	40	28	320	167	107
	<b>Total</b>	<b>720</b>	<b>209</b>	<b>139</b>	<b>1483</b>	<b>586</b>	<b>402</b>

## 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 County Regional Jail	No	0	30	38
013	Arlington County Detention Facility	Yes	29	0	143
023	Botetourt County Jail	No	0	0	0
041	Chesterfield County Jail	No	0	0	0
047	Culpeper County Adc	No	0	0	5
059	Fairfax Adult Detention Center	Yes	58	8	66
061	Fauquier County Jail	No	0	0	0
069	Northwestern Regional Jail	Yes	14	14	28
073	Gloucester County Jail	Yes	2	2	Did not Answer
087	Henrico County Jail	Yes	46	6	64
089	Henry County Jail	No	0	0	30
103	Lancaster Correctional Center	Yes	0	0	2
107	Loudoun County Adult Detention	No	0	0	128
119	Middle Peninsula Regional	Yes	23	10	64
131	Eastern Shore Regional Jail	No	0	0	0
135	Piedmont Regional Jail	No	0	0	14
137	Central Virginia Regional Jail	No	0	0	159
139	Page County Jail	No	0	0	0
143	Pittsylvania County Jail	No	0	0	0
153	Pr. William/Manassas Regional	Yes	12	4	40
161	Roanoke County/Salem Jail	No	0	0	0
163	Rockbridge Regional Jail	Yes	2	2	0
165	Rockingham-Harrisonburg Regional Jail	Yes	20	0	20
175	Southampton County Jail	No	0	0	0
193	Northern Neck Regional Jail	No	0	18	0
460	Pamunkey Regional Jail	Yes	21	8	31
470	Virginia Peninsula Regional	No	0	0	25
480	New River Regional Jail	No	0	0	20
485	Blue Ridge Regional Jail	No	0	0	0
491	Southside Regional Jail	No	0	0	35
492	Southwest Virginia Regional Jail	No	0	0	669
493	Middle River Regional Jail	Yes	23	0	31
494	Western Virginia Regional Jail	No	0	0	0
495	Meherrin River Regional Jail	No	0	0	34
496	RSW Regional Jail	No	0	0	65
510	Alexandria Detention Center	Yes	18	6	31
550	Chesapeake City Jail	Yes	62	5	134
590	Danville City Jail	No	0	0	25

Jail Num	Jail Name	MH Unit Y/N	Male MH Beds in Unit	Female MH Beds in Unit	MH Beds Needed
620	Western Tidewater Regional	No	0	0	0
630	Rappahannock Regional Jail	No	0	0	114
650	Hampton Correctional Facility	No	NA	NA	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	20	10	30
760	Richmond City Jail	Yes	36	12	48
770	Roanoke City Jail	Yes	44	18	200
810	Virginia Beach Correction Ctr	Yes	135	50	185
	<b>Totals</b>		<b>644</b>	<b>223</b>	<b>2846</b>

## 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	8	0	4	24	44
003	Albemarle-Charlottesville Regional Jail	1	0	298	60	0	359
005	Alleghany Regional Jail	20	4	0	16	2	42
013	Arlington County Detention Facility	266	0	0	600	0	866
023	Botetourt County Jail	0	5	0	4	0	9
041	Chesterfield County Jail	32	12	116	0	0	160
047	Culpeper County Adc	0	7	0	7	0	14
059	Fairfax Adult Detention Center	124	4	0	1121	0	1249
061	Fauquier County Jail	0	4	0	8	2	14
069	Northwestern Reg Jail	32	4	108	0	0	144
073	Gloucester County Jail	0	2	0	4	0	6
087	Henrico County Jail	1.5	0	0	289	0	291
089	Henry County Jail	32	0	0	200	0	232
103	Lancaster Correctional Center	4	12	4	4	0	24
107	Loudoun County Adult Detention	64	0	0	251	120	435
119	Middle Peninsula Regional	8	2	160	80	10	260
131	Eastern Shore Regional Jail	4	0	0	26	0	30
135	Piedmont Regional Jail	33	0	0	0	0	33
137	Central Virginia Regional Jail	36	2	0	53	2	93
139	Page County Jail	0	8	7	7	0	22
143	Pittsylvania County Jail	0	5	0	0	0	5
153	Pr. William/Manassas Regional	32	8	67	712	0	819
161	Roanoke County/Salem Jail	12	0	12	0	4	28
163	Rockbridge Regional Jail	32	4	0	14	72	122
165	Rockingham-Harrisonburg Reg Jail	20	0	0	28	4	52
175	Southampton County Jail	0	8	0	0	0	8
193	Northern Neck Regional Jail	16	10	320	0	32	378

Jail Num	Jail Name	Hours of Psys 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
460	Pamunkey Regional Jail	48	0	0	6	210	264
470	Virginia Peninsula Regional	23	20	0	24	1029	1096
480	New River Regional Jail	12	3	10	232	16	273
485	Blue Ridge Regional Jail	45	0	0	21	102	168
491	Southside Regional Jail	16	0	0	0	26	42
492	Southwest Virginia Regional Jail	140	0	0	792	999	1931
493	Middle River Regional Jail	42	0	60	0	0	102
494	Western Virginia Regional Jail	16	0	477	16	0	509
495	Meherrin River Regional Jail	16	0	0	0	160	176
496	RSW Regional Jail	16	16	0	120	16	168
510	Alexandria Detention Center	76	8	0	2684	0	2768
550	Chesapeake City Jail	100	0	0	0	464	564
590	Danville City Jail	0	3	0	0	0	3
620	Western Tidewater Regional	56	0	900	0	0	956
630	Rappahannock Regional Jail	64	6	0	420	0	490
650	Hampton Correctional Facility	0	12	122	0	0	134
690	Martinsville City Jail	10	0	0	36	0	46
700	Newport News City Jail	0	8	172	0	0	180
710	Norfolk City Jail	224	0	32	0	24	280
740	Portsmouth City Jail	16	1	0	0	84	101
760	Richmond City Jail	64	0	13	30	160	267
770	Roanoke City Jail	10	0	0	250	120	380
810	Virginia Beach Correction Ctr	0	0	0	0	11	11
		<b>1772</b>	<b>186</b>	<b>2878</b>	<b>8119</b>	<b>3693</b>	<b>16646</b>

## 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
001	Accomack County Jail	34	24	0	0	0	0	2	4
003	Albemarle-Charlottesville Regional Jail	158	79	25	30	21	189	25	60
005	Alleghany Regional Jail	14	18	0					
013	Arlington County Detention Facility	22	44	0	96	22	0	197	460
023	Botetourt County Jail	4	4	0	0	0	0	0	0
041	Chesterfield County Jail	25	54	345	62	0	0	0	0
047	Culpeper County Adc	15	7	0	0	0	0	0	0
059	Fairfax Adult Detention Center	396	517	35	203	77	401	0	0
061	Fauquier County Jail	18	9	0	0	1	1	0	0
069	Northwestern Regional Jail	228	72	71	36	0	0	0	0
073	Gloucester County Jail	0	0	0	0	11	4	0	0
087	Henrico County Jail	248	289	0	0	0	0	0	0
089	Henry County Jail	50	200	0	0	0	0	0	0
103	Lancaster Correctional Center	2	4	0	0	10	4	0	0
107	Loudoun County Adult Detention	2	3	27	15	1	7	266	254
119	Middle Peninsula Regional	64	160	10	24	10	24	23	42
131	Eastern Shore Regional Jail	28	26	0	0	0	0	0	0
135	Piedmont Regional Jail	0	0	0	0	0	0	0	0
137	Central Virginia Regional Jail	18	22	7	8	7	8.5	18	16
139	Page County Jail	15	14	0	0	0	0	0	0
143	Pittsylvania County Jail	0	0	0	0	0	0	0	0
153	Pr. William/Manassas Regional	76	81	0	0	36	648	46	50
161	Roanoke County/Salem Jail	44	12	0	0	30	4	0	0
163	Rockbridge Regional Jail	25	86	0	0	0	0	0	0
165	Rockingham-Harrisonburg Regional Jail	62	22	7	3	42	6	7	2
175	Southampton County Jail	0	0	0	0	0	0	0	0
193	Northern Neck Regional Jail	200	348	0	0	0	0	35	4
460	Pamunkey Regional Jail	190	210	0	0	0	0	0	0
470	Virginia Peninsula Regional	312	179	0	0	50	227	82	647

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
480	New River Regional Jail	199	248	6	5	11	5	0	0
485	Blue Ridge Regional Jail	165	95	0	0	16	12	19	16
491	Southside Regional Jail	35	26	0	0	0	0	0	0
492	Southwest Virginia Regional Jail	669	855	0					
493	Middle River Regional Jail	19	36	12	8	8	16	0	0
494	Western Virginia Regional Jail	22	75	208	190	93	172	36	56
495	Meherrin River Regional Jail	34	34	2	2	0	0	0	0
496	RSW Regional Jail	32	136	0	0	0	0	0	0
510	Alexandria Detention Center	192	163	0	0	0	0	21	2521
550	Chesapeake City Jail	459	464	0	0	0	0	0	0
590	Danville City Jail	0	0	0	0	0	0	0	0
620	Western Tidewater Regional	308	800	360	60	150	25	120	15
630	Rappahannock Regional Jail	114	397	0	0	27	23	0	0
650	Hampton Correctional Facility	35	122	0	0	0	0	0	0
690	Martinsville City Jail	36	36	0	0	0	0	0	0
700	Newport News City Jail	111	172	0	0	0	0	0	0
710	Norfolk City Jail	13	13	9	11	19	32	0	0
740	Portsmouth City Jail	0	0	0	0	0	0	262	84
760	Richmond City Jail	20	96	12	107	0	0	0	0
770	Roanoke City Jail	150	113	8	7	23	250	0	0
810	Virginia Beach Correction Ctr	14	7	14	4	0	0	0	0
	<b>Totals</b>	<b>4877</b>	<b>6372</b>	<b>1158</b>	<b>871</b>	<b>665</b>	<b>2059</b>	<b>1159</b>	<b>4231</b>

## 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	6	5	22	2	15	14	Inmate is a Danger
003	Albemarle-Charlottesville Reg Jail	99	11	105	69	188	43	Some
005	Alleghany County Regional Jail	15	9	19	14	26	1	Inmate is a Danger
013	Arlington County Jail	134	40	306	47	255	33	Inmate is a Danger
023	Botetourt County Jail	22	23	17	0	63	15	Inmate is a Danger
041	Chesterfield County Jail	33	14	35	9	178	0	Always
047	Culpeper County Adc	11	5	11	0	34	0	Inmate is a Danger
059	Fairfax Adult Detention Center	115	24	172	44	191	44	Never
061	Fauquier County Jail	8	4	30	1	10	2	Inmate is a Danger
069	Northwestern Regional Jail	152	83	187	167	268	4	Never
073	Gloucester County Jail	2	1	7	0	7	0	Never
087	Henrico County Jail	185	71	96	30	433	52	Inmate is a Danger
089	Henry County Jail	39	5	27	37	122	1	Inmate is a Danger
103	Lancaster Correctional Center	6	1	17	0	5	3	Inmate is a Danger
107	Loudoun County Adult Detention	31	21	48	44	59	6	Never
119	Middle Peninsula Regional	30	12	15	0	61	0	Never
131	Eastern Shore Regional Jail	17	8	7	0	20	5	Inmate is a Danger
135	Piedmont Regional Jail	45	21	26	8	133	0	Inmate is a Danger
137	Central Virginia Regional Jail	76	33	75	0	218	5	Inmate is a Danger
139	Page County Jail	8	7	42	0	25	0	Inmate is a Danger
143	Pittsylvania County Jail	12	27	19	0	40	2	Never
153	Pr. William/Manassas Regional	89	24	127	75	139	115	Inmate is a Danger
161	Roanoke County/Salem Jail	14	4	32	11	44	0	Never
163	Rockbridge Regional Jail	9	5	0	18	0	0	Inmate is a Danger
165	Rockingham-Harrisonburg Reg Jail	28	10	30	12	57	2	Inmate is a Danger
175	Southampton County Jail	6	0	6	0	8	0	Inmate is a Danger

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)
193	Northern Neck Regional Jail	38	10	93	66	260	10	Inmate is a Danger
460	Pamunkey Regional Jail	93	10	65	0	92	139	Inmate is a Danger
470	Virginia Peninsula Regional	140	120	227	148	209	87	Inmate is a Danger
480	New River Regional Jail	69	22	96	92	158	2	Inmate is a Danger
485	Blue Ridge Regional Jail	81	36	127	8	338	11	Never
491	Southside Regional Jail	22	11	40	36	35	6	Inmate is a Danger
492	Southwest Virginia Regional Jail	288	51	444	375	667	26	Inmate is a Danger
493	Middle River Regional Jail	95	59	97	1	310	Unknown	Never
494	Western Virginia Regional Jail	56	67	124	33	401	6	Inmate is a Danger
495	Meherrin River Regional Jail	25	5	64	0	69	4	Inmate is a Danger
496	Rsw Regional Jail	78	36	68	1	65	57	Never
510	Alexandria Detention Center	27	10	42	14	55	35	Never
550	Chesapeake City Jail	279	93	430	1	804	209	Inmate is a Danger
590	Danville City Jail	6	1	4	0	21	2	Never
620	Western Tidewater Regional	148	84	214	50	244	46	Some
630	Rappahannock Regional Jail	130	55	53	5	301	52	Inmate is a Danger
650	Hampton Correctional Facility	9	9	3	0	21	3	Never
690	Martinsville City Jail	14	10	21	16	28	0	Inmate is a Danger
700	Newport News City Jail	53	78	105	38	72	10	No Answer
710	Norfolk City Jail	100	64	43	0	316	12	Never
740	Portsmouth City Jail	16	17	13	0	34	2	Inmate is a Danger
760	Richmond City Jail	105	36	30	13	214	40	Inmate is a Danger
770	Roanoke City Jail	73	21	150	63	201	77	Inmate is a Danger
810	Virginia Beach Correction Ctr	117	40	259	109	304	278	Inmate is a Danger
	<b>Totals</b>	<b>3254</b>	<b>1413</b>	<b>4290</b>	<b>1657</b>	<b>7818</b>	<b>1461</b>	

## 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	85	17	38	18	48	102
003	Albemarle-Charlottesville Regional Jail	78	19	43	12	43	97
013	Arlington County Detention Facility	98	80	68	13	101	178
023	Botetourt County Jail	55	7	14	15	29	62
041	Chesterfield County Jail	66	74	71	30	39	143
047	Culpeper County Adc	20	43	10	29	24	63
059	Fairfax Adult Detention Center	514	176	206	97	383	709
061	Fauquier County Jail	25	14	9	12	18	39
069	Northwestern Regional Jail	171	37	50	93	67	280
073	Gloucester County Jail	6	2	3	2	3	8
087	Henrico County Jail	234	42	58	79	142	278
089	Henry County Jail	20	0	3	4	12	20
103	Lancaster Correctional Center	8	6	3	3	8	14
107	Loudoun County Adult Detention	93	38	63	12	57	131
131	Eastern Shore Regional Jail	17	3	3	0	17	20
135	Piedmont Regional Jail	11	3	1	6	7	14
137	Central Virginia Regional Jail	140	19	34	22	94	159
139	Page County Jail	12	38	14	8	29	66
141	Patrick County Jail	27	30	9	23	24	57
143	Pittsylvania County Jail	195	70	63	61	131	272
153	Pr. William/Manassas Regional	32	10	1	9	30	42
161	Roanoke County/Salem Jail	18	39	2	31	24	70
165	Rockingham-Harrisonburg Reg Jail	41	8	6	11	26	51
175	Southampton County Jail	3	1	2	0	2	4
193	Northern Neck Regional Jail	75	18	28	16	49	93
460	Pamunkey Regional Jail	78	13	25	24	32	91
470	Virginia Peninsula Regional	260	86	76	41	223	346

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
480	New River Regional Jail	150	5	44	52	59	155
485	Blue Ridge Regional Jail	407	382	235	243	313	957
491	Southside Regional Jail	30	8	9	14	15	38
492	Southwest Virginia Regional Jail	561	108	134	220	315	669
493	Middle River Regional Jail	205	24	49	84	94	229
494	Western Virginia Regional Jail	203	23	36	57	107	226
495	Meherrin River Regional Jail	61	8	32	12	25	69
496	RSW Regional Jail	61	4	18	12	32	65
510	Alexandria Detention Center	51	36	27	10	51	87
550	Chesapeake City Jail	108	5	42	29	43	114
590	Danville City Jail	11	10	3	4	13	21
620	Western Tidewater Regional	25	46	21	27	22	82
630	Rappahannock Regional Jail	90	38	28	24	67	128
650	Hampton Correctional Facility	16	6	7	7	7	32
690	Martinsville City Jail	28	0	8	9	11	28
700	Newport News City Jail	90	13	59	8	38	103
710	Norfolk City Jail	286	50	141	27	180	339
810	Virginia Beach Correction Ctr	130	80	66	37	110	214
	<b>Totals</b>	<b>4895</b>	<b>1739</b>	<b>1862</b>	<b>1547</b>	<b>3164</b>	<b>6965</b>

## 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	0	0	0	0
003	Albemarle-Charlottesville Reg Jail	14	5	11	4
005	Alleghany Regional Jail	4	0	2	0
013	Arlington County Jail	11	10	14	3
023	Botetourt County Jail	0	0	0	0
041	Chesterfield County Jail	0	0	0	0
047	Culpeper County Adc	0	0	0	0
059	Fairfax Adult Detention Center	22	61	23	5
061	Fauquier County Jail	2	1	1	0
069	Northwestern Regional Jail	7	0	4	2
073	Gloucester County Jail	0	0	0	0
087	Henrico County Jail	19	11	14	3
089	Henry County Jail	3	1	2	2
103	Lancaster Correctional Center	0	1	1	0
107	Loudoun County Adult Detention	3	0	0	1
119	Middle Peninsula Regional	5	6	7	0
131	Eastern Shore Regional Jail	0	0	0	0
135	Piedmont Regional Jail	12	2	0	0
137	Central Virginia Regional Jail	0	0	0	0
139	Page County Jail	0	0	0	0
143	Pittsylvania County Jail	3	2	1	1
153	Pr. William/Manassas Regional	15	2	1	2
161	Roanoke County/Salem Jail	1	1	1	0
163	Rockbridge Regional Jail	0	0	1	0
165	Rockingham-Harrisonburg Reg Jail	0	1	1	0
175	Southampton County Jail	1	0	1	0
193	Northern Neck Regional Jail	6	0	6	2
460	Pamunkey Regional Jail	3	5	5	4
470	Virginia Peninsula Regional	7	15	17	7
480	New River Regional Jail	21	1	7	0
485	Blue Ridge Regional Jail	1	11	9	0
491	Southside Regional Jail	4	1	0	0
492	Southwest Virginia Regional Jail	53	0	21	7
493	Middle River Regional Jail	16	8	1	0
494	Western Virginia Regional Jail	10	7	8	0
495	Meherrin River Regional Jail	4	7	6	0
496	RSW Regional Jail	7	3	2	1
510	Alexandria Detention Center	4	14	1	0
550	Chesapeake City Jail	13	3	3	2
590	Danville City Jail	0	0	0	0

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
620	Western Tidewater Regional	14	13	3	0
630	Rappahannock Regional Jail	31	22	20	8
650	Hampton Correctional Facility	2	2	2	0
690	Martinsville City Jail	3	2	5	2
700	Newport News City Jail	13	10	2	0
710	Norfolk City Jail	13	0	4	6
740	Portsmouth City Jail	1	0	1	1
760	Richmond City Jail	8	0	0	4
770	Roanoke City Jail	5	8	2	3
810	Virginia Beach Correction Ctr	11	1	3	4
	<b>Totals</b>	<b>372</b>	<b>237</b>	<b>213</b>	<b>74</b>

## Appendix O: Mental Health Treatment Expenditures

Jail Num	Jail Name	Cost of Meds	Cost of MH Services	Total Funds
001	Accomack County Jail	\$75,400	\$82,813	\$158,213
003	Albemarle-Charlottesville Regional Jail	\$140,761	\$489,832	\$489,832
005	Alleghany Regional	\$57,987	\$200,000	\$257,987
013	Arlington County Detention Facility	\$859,432	\$1,990,429	\$1,540,430
023	Botetourt County Jail	\$74,121	\$49,362	\$123,483
041	Chesterfield County Jail	\$68,544	\$3,448,664	\$3,448,664
047	Culpeper County Adc	\$27,066	\$81,500	\$0
059	Fairfax Adult Detention Center	\$155,008	\$1,754,008	\$1,909,016
061	Fauquier County Jail	\$1,400	\$60,000	\$61,400
069	Northwestern Regional Jail	\$139,357	\$256,971	\$396,328
073	Gloucester County Jail	\$41	\$68,000	\$68,041
087	Henrico County Jail	\$611,858	\$1,096,340	\$1,708,198
089	Henry County Jail	\$60,000	\$0	\$60,000
103	Lancaster Correctional Center	\$626	\$51,800	\$51,800
107	Loudoun County Adult Detention	\$23,505	\$924,197	\$906,197
119	Middle Peninsula Regional	\$32,271	\$613,171	\$645,442
131	Eastern Shore Regional Jail	\$60,000	\$30,000	\$90,000
135	Piedmont Regional Jail	\$154,765	\$142,658	\$297,422
137	Central Virginia Regional Jail	\$133,387	\$418,816	\$0
139	Page County Jail	\$55,979	\$54,738	\$0
143	Pittsylvania County Jail	\$12,000	\$40,000	\$40,000
153	Pr. William/Manassas Regional	\$154,693	\$418,680	\$570,373
161	Roanoke County/Salem Jail	\$3,458	\$32,850	\$36,308
163	Rockbridge Regional Jail	\$0	\$300,000	\$0
165	Rockingham-Harrisonburg Regional Jail	\$78,110	\$58,414	\$136,524
175	Southampton County Jail	\$3,790	\$12,000	\$15,790
193	Northern Neck Regional Jail	\$126,000	\$936,000	\$9,400,000
460	Pamunkey Regional Jail	\$24,974	\$260,086	\$284,060
470	Virginia Peninsula Regional	\$86,638	\$1,920,377	\$2,007,015
480	New River Regional Jail	\$100,810	\$298,000	\$398,800
485	Blue Ridge Regional Jail	\$176,320	\$243,060	\$419,380
491	Southside Regional Jail	\$54,150	\$85,595	\$139,744
492	Southwest Virginia Regional Jail	\$287,837	\$1,316,762	\$29,217,573
493	Middle River Regional Jail	\$69,926	\$423,191	\$423,191
494	Western Virginia Regional Jail	\$133,365	\$530,000	\$663,366
495	Meherrin River Regional Jail	\$59,000	\$150,000	\$209,000
496	RSW Regional Jail	\$43,881	\$167,016	\$210,897
510	Alexandria Detention Center	\$38,972	\$1,029,391	\$1,029,391
550	Chesapeake City Jail	\$59,280	\$621,520	\$680,800
590	Danville City Jail	\$46,798	\$0	\$0
620	Western Tidewater Regional	\$261,319	\$356,739	\$618,058
630	Rappahannock Regional Jail	\$213,705	\$366,021	\$579,726

Jail Num	Jail Name	Cost of Meds	Cost of MH Services	Total Funds
650	Hampton Correctional Facility	\$23,836	\$14,560	\$38,397
690	Martinsville City Jail	\$36,000	\$0	\$36
700	Newport News City Jail	\$60,047	\$625,000	\$685,047
710	Norfolk City Jail	\$92,088	\$759,629	\$851,717
740	Portsmouth City Jail	\$19,689	\$128,500	\$148,189
760	Richmond City Jail	\$313,123	\$723,525	\$1,036,648
770	Roanoke City Jail	\$58,172	\$489,000	\$547,172
810	Virginia Beach Correction Ctr	\$440,874	\$638,760	\$0
	<b>Total</b>	<b>\$5,810,361</b>	<b>\$24,757,974</b>	<b>\$62,599,654</b>

## 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 Jali	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
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

Jail	Jail Name	PMED Positions Allocated	BHCM Positions Allocated
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 Jail	9	5
<b>Total</b>		<b>127</b>	<b>125</b>

## 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			1
003	Albemarle-Charlottesville Regional Jail	1				1
005	Alleghany Regional Jail	1	1			
013	Arlington County Detention Facility		1			1
023	Botetourt County Jail	1				
041	Chesterfield County Jail	1	1		1	
047	Culpeper County Adc	1	1	1	1	1
059	Fairfax Adult Detention Center	1				
061	Fauquier County Jail				1	1
069	Northwestern Regional Jail	1	1			
073	Gloucester County Jail	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				
135	Piedmont Regional Jail					1
137	Central Virginia Regional Jail	1	1			
139	Page County Jail	1	1	1		
143	Pittsylvania County Jail	1	1			
153	Pr. William/Manassas Regional	1			1	
161	Roanoke County/Salem Jail	1				
163	Rockbridge Regional Jail	1	1	1	1	1
165	Rockingham-Harrisonburg Reg Jail	1	1			
175	Southampton County Jail		1			
193	Northern Neck Regional Jail	1			1	

Jail	Jail Name	Staffing	Jail Expansion/MH Beds	Officer Training/CIT	Medication	Inmate Services/Programs
460	Pamunkey Regional Jail	1	1	1	1	1
470	Virginia Peninsula Regional	1	1	1	1	1
480	New River Regional Jail	1	1	1	1	1
485	Blue Ridge Regional Jail					
491	Southside Regional Jail	1				
492	Southwest Virginia Regional Jail	1			1	1
493	Middle River Regional Jail		1			
494	Western Virginia Regional Jail	1			1	
495	Meherrin River Regional Jail	1			1	
496	RSW Regional Jail	1			1	
510	Alexandria Detention Center	1				
550	Chesapeake City Jail	1	1	1		
590	Danville City Jail					
620	Western Tidewater Regional					
630	Rappahannock Regional Jail	1	1			
650	Hampton Correctional Facility	1				
690	Martinsville City Jail		1			
700	Newport News City Jail	1				
710	Norfolk City Jail	1			1	
740	Portsmouth City Jail	1				
760	Richmond City Jail	1	1		1	
770	Roanoke City Jail	1			1	
810	Virginia Beach Correction Ctr	1	1			
	<b>Total</b>	40	24	8	19	11

## **Appendix R: Brief Jail Mental Health Screen**

# BRIEF JAIL MENTAL HEALTH SCREEN

## Section 1

<b>Name:</b> _____ First MI Last	<b>Detainee #:</b> _____	<b>Date:</b> ____/____/____	<b>Time:</b> _____ 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)

<b>Name</b> _____ Last, First, MI	<b>Detainee #</b> _____	<b>Date</b> ____/____/____ mm/dd/year	<b>Time</b> ____:____
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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?			

<b>TOTAL # YES:</b> _____	<b>General Comments:</b>
<b>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</b> <ul style="list-style-type: none"> <li>o <b>URGENT Referral</b> on ____/____/____ to _____</li> <li>o <b>ROUTINE Referral</b> on ____/____/____ to _____</li> <li>o <b>Not Referred</b></li> </ul>	
<b>Person Completing Screen:</b> _____	

## **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)

<b>Name</b> _____ Last, First, MI	<b>Detainee #</b> _____	<b>Date</b> ____/____/____ mm/dd/year	<b>Time</b> ____:____
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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.)			

<b>TOTAL # YES:</b> _____	<b>General Comments:</b>
<b>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</b>	
<ul style="list-style-type: none"> <li>○ <b>URGENT Referral</b> on ____/____/____ to _____</li> <li>○ <b>ROUTINE Referral</b> on ____/____/____ to _____</li> <li>○ <b>Not Referred</b></li> </ul>	
<b>Person Completing Screen:</b> _____	

## ***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.

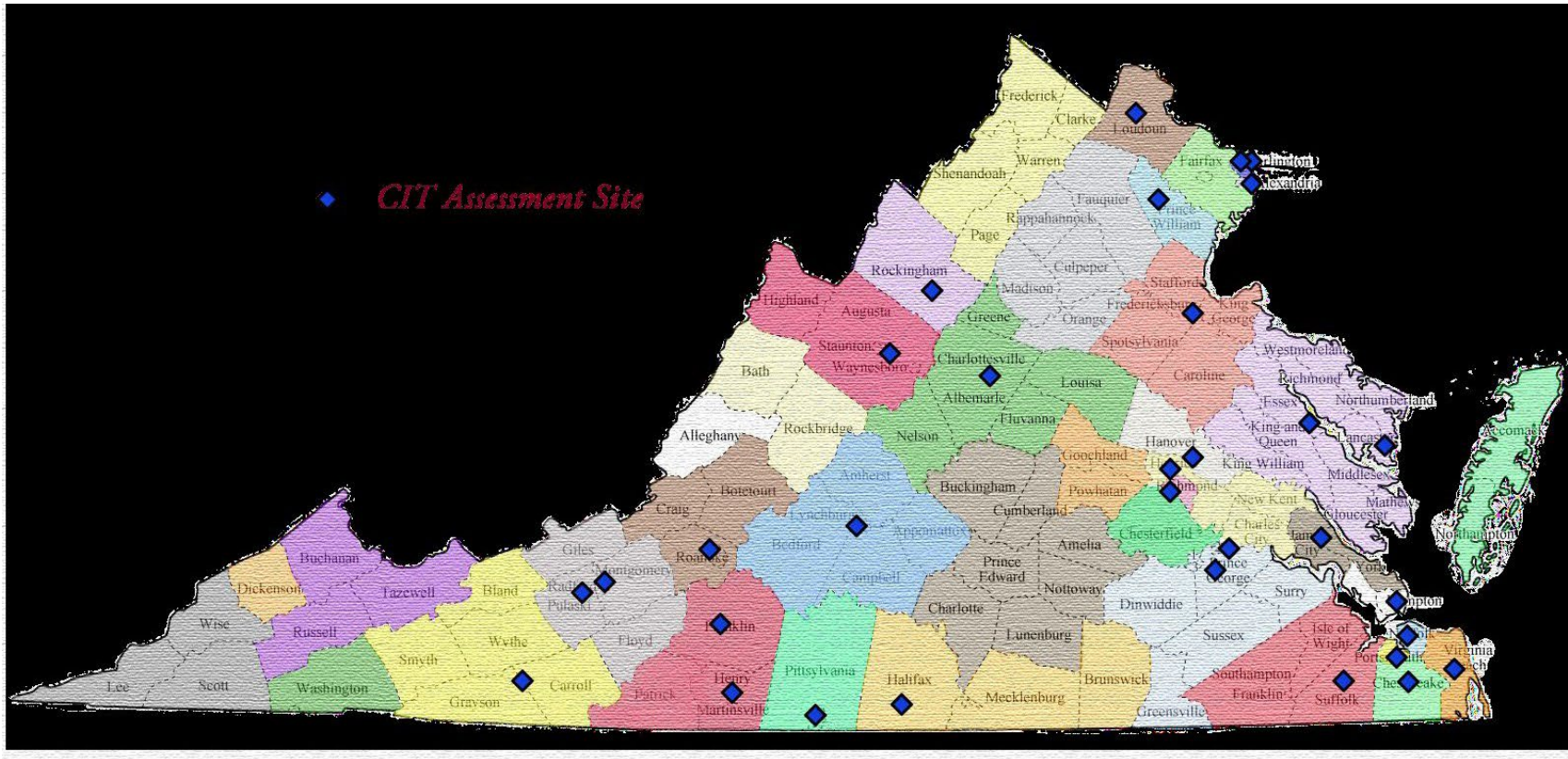
**Routine Referral:** A detainee answering **"YES" to 5 or more items** should be referred for **routine** mental health evaluation. A referral also may be made if the staff person has any concerns about the detainee's mental state or ability to cope emotionally or behaviorally.

**\*\*** 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

NONE

## Appendix V: Relevant Links

### **Step-Va**

Behavioral Health Commission Monitoring of STEP-VA

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

The STEP-VA Plan (DBHDS)

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

[FY22 STEP-VA Annual Report](#)

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

<http://bhc.virginia.gov/documents/2024-July-DBHDS-STEP-VA-update.pdf>

2020 Special Session, Item 322; Financial Assistance for Health Services (Additional Appropriation for STEP-VA)

<https://budget.lis.virginia.gov/item/2024/2/hb5005/enrolled/1/322/>

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/>

Chapter 837, Amendment of §53.1-133.03 (2024)

<https://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0837>

HB5043 (2020) Mental Health Crises; DCJS to assist DBHDS etc., with development of Marcus alert system.

<https://lis.virginia.gov/cgi-bin/legp604.exe?202+sum+HB5043>

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

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

## **Mental Health Pilot Program**

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, 2024 \(virginia.gov\)](#)

Report on the Virginia Department of Criminal Services Jail Mental Health Pilot Programs – December, 2021. [Evaluation of the Jail Mental Health Pilot Programs – December 20, 2021 \(virginia.gov\)](#)

Report on the Virginia Department of Criminal Services Jail Mental Health Pilot Programs – December, 2020

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

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

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

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

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

## **Additional Reporting**

Right Help, Right Now

[Right Help, Right Now Initiative](#)

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>

Office of the Inspector General “A Review of Mental Health Services in Local and Regional Jails-2014”

<https://www.osig.virginia.gov/media/governorvirginiagov/office-of-the-state-inspector-general/pdf/2014bhds004jailstudy.pdf>

University of Virginia Supplemental Reports

<https://uvamentalhealthpolicy.org/documents>

CIT Assessment Site Annual Report FY17

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

Minimum Standards for Behavioral Health Services in Local and Regional Jails

<https://www.vaco.org/wp-content/uploads/2024/07/MinimumStandardsBHServicesJailsReport92419.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>

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. Acts of Assembly & Executive Orders**

Executive Order 36 (Stand Tall-Stay Strong-Succeed Together)

[Stand Tall-Stay Strong Reentry Initiative](#)

Executive Order 26 (Crushing the Fentanyl Epidemic)

[Crushing the Fentanyl Epidemic](#)

Creation of the Behavioral Health Committee

[Behavioral Health Committee](#)

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

<https://law.lis.virginia.gov/vacode/title19.2/chapter11/section19.2-169.2/>

Code of Virginia §37.2-809

<https://law.lis.virginia.gov/vacode/title37.2/chapter8/section37.2-809/>

Code of Virginia §9.1-116.8

[§ 9.1-116.8. Virginia Opioid Use Reduction and Jail-Based Substance Use Disorder Treatment and Transition Fund](#)

2016 Virginia Acts of Assembly, Chapter 780

Item 398 J.4 and J.5, Establishment of Jail Mental Health Pilot Program

[Chapter 780, Item 398](#)

2019 Virginia Acts of Assembly, Chapter 854

<https://budget.lis.virginia.gov/get/budget/3929/>

2021 Virginia Acts of Assembly, Chapter 1289  
<https://budget.lis.virginia.gov/get/budget/4186/HB30/>

2023 Item 72P. Appropriation for Mental Health, Medical and Treatment Positions to Jails (SCB)  
<https://budget.lis.virginia.gov/item/2024/2/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**

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

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

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