



Virginia Department of
Behavioral Health &
Developmental Services

Parole Commission

**Behavioral Health Services
For Individuals Leaving The
Criminal Justice System**

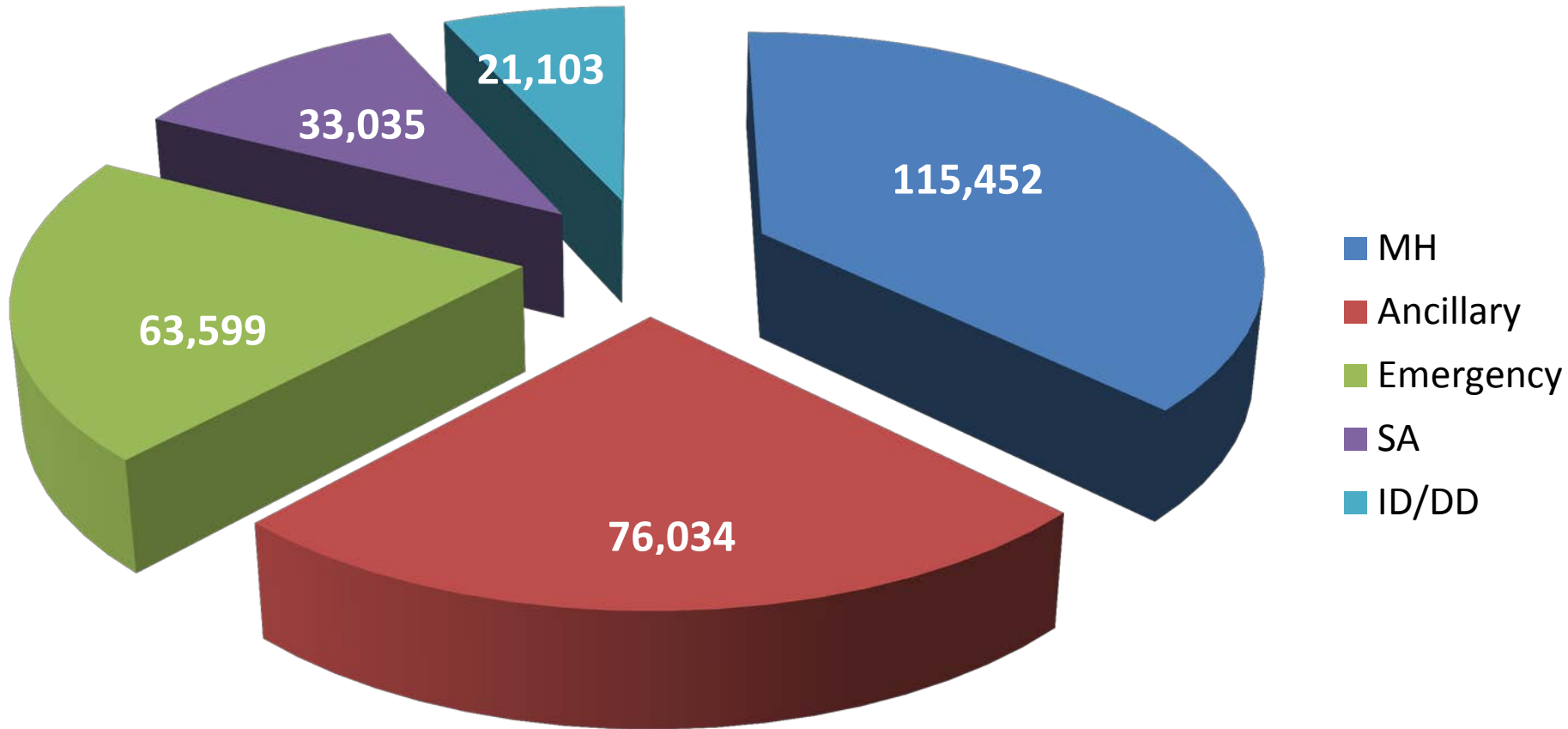
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Presentation Overview

- Overview Of Community Services Board (CSB) Services
- Individuals Referred For Services
- Costs For Behavioral Health Services
- Access To Behavioral Health Services
 - Challenges and Strategies
- Access To Housing
 - Challenges and Strategies

CSB Services Overview

Individuals Served By Category Of Service In FY 2014



311,223 Individuals Served

VA Department of Corrections (VA DOC) Referrals To CSBs In FY14

Referral Source		Total
VA DOC		1,124
DOC Facilities	691	
Probation and Parole	433	

VA DOC Referral Demographics

- **Racial/Ethnic Demographics:** White – 47% ; Black/African American – 46% ; and Other – 7%
- **Gender:** Male – 74.2%; and Female – 25.8%
- **Primary Drug of Abuse:** Alcohol – 23%; Marijuana/Hashish – 19.4%; and Opiates – 11%

SA Treatment Needs

- **Rate of SA Needs:** 70% of incarcerated individuals have a substance use disorder
- **Engagement:** since relapse tends to occur within 30 days, rapid engagement in services is critical
- **Treatment:** must be individualized, comprehensive and include such things as
 - detox, crisis stabilization, residential, and outpatient services
 - cognitive behavioral therapies such as Thinking for a Change and Moral Reconciliation Therapy
 - medication assisted treatment options including opioid replacement therapies
 - founded on trauma informed, recovery focused, and person centered principles of care

MH Treatment Needs

- **Rate of MH Needs:** while percentages range widely, between 50 and 60% self report a history of MH; 8% and 19% have a serious illness needing treatment
- **Treatment:** must be person centered, recovery focused, comprehensive and include such things as
 - care coordination/case-management
 - medication
 - counseling
 - psychosocial rehabilitation and supported employment
 - housing
 - crisis stabilization
 - emergency services and inpatient hospitalization

CSB Behavioral Health Services In FY14

- CSB Services
 - Mental Health Services totaling \$503,325,020*
 - e.g., outpatient counseling; case-management; psychosocial rehabilitation
 - Substance Abuse Services totaling \$118,766,007*
 - e.g., outpatient counseling services; residential rehabilitation; opioid replacement therapy ; detoxification services
 - Emergency Services totaling \$53,660,041*
 - e.g., prescreening for hospitalization; crisis counseling
 - Ancillary Services totaling \$39,269,101*
 - e.g., prevention; early intervention; motivational interviewing

**funds are a combination of local, state, and federal dollars*

CSB Behavioral Health Service Costs

- Service costs difficult to quantify due to
 - data collection and aggregation limitations
 - individuals frequently receive multiple services
 - within services categories, individuals receive varying levels of intensity and frequency
 - individuals in need of services often do not receive those services
 - 7% service penetration rate for individuals with substance use
 - 22% penetration rate for individuals with serious mental illness
 - inadequate service array results in individuals receiving less than optimal types and amounts of services

FY14 CSB Costs For VA DOC Referrals

- Total individuals referred = 1,124
- Total cost of all services = \$2,537,296
- Maximum cost per individual = \$60,764
- Mean cost per individual = \$2,257

Top Five Most Costly Services

Service	Number Referred	Total Cost	Cost per Individual
310 Outpatient Services	497	\$486,095	\$978.06
320 Case Management Services	287	\$410,009	\$1,428.60
310 Outpatient Services	446	\$337,990	\$757.83
425 Rehabilitation	29	\$198,701	\$6,851.76
551 Supervised Residential Services	5	\$185,450	\$37,089.95

Challenges In Providing Services

- **CSB Challenges**

- Growing gap between funding and expectations

- local, state, and federal funding has not changed significantly in the past decade
- tragedies and awareness of service gaps have heightened expectations

- Mandated services given priority

- emergency services, case-management, and discharge planning for state hospitals

- Inability to expand services and growing wait lists

- 45% of the individuals needing MH services wait more than four months to receive them
- 37% of those needing SUD services wait more than four months to receive them.

Challenges In Accessing Services

- **Individual Challenges**

- Release from a DOC facility far from the individual's home community
 - presents significant logistical barriers to connecting with natural support system and community based services
- Complexity, fragmentation, and inadequacy of existing services
 - housing, social services, employment, primary care, and behavioral health services are siloed, difficult to navigate, and do not provide a comprehensive continuum of care
- Social determinants impact engagement and outcome of services
 - lack of/substandard housing, limited social supports, unemployment, limited transportation, lack of insurance, and limited access to primary health care

Solutions To Accessing Services

- Existing VA DOC Re-entry Program
 - Phase 1: Programming
 - individuals are relocated from prison to local jail in their home community
 - individuals participate in workshops such as life skills, cognitive thinking, employability, conflict resolution, substance abuse and anger management
 - other agencies come to the jail to provide resources and assistance such as VA Employment Commission, Social Services, Community Services Boards, and etc.
 - Phase 2: Work Release
 - DOC Classification Unit identifies individuals suitable for work release after completing Phase 1
 - Phase 3: Community Release
 - released after serving their sentence and being connected with community based services and supports



Solutions To Accessing Services

- Consider Renewal of an MOU Between DOC, CSB, and DBHDS
 - DOC responsibilities:
 - identify and plan for the service needs of individuals with MH and SA needs at the point of intake
 - apply for GAP, SSI/SSDI, Medicaid and housing at least 90 days prior to release
 - designate liaisons within each Probation and Parole District to serve as point of contact with CSBs, DBHDS, and DARS
 - coordinate services with CSB, DARS, and DSS 90 days prior to release date to coordinate services
 - ensure a 30 day supply of medication for individuals on psychotropic medications
 - CSBs: assign staff liaisons and provide needed services
 - DBHDS provide liaisons, training ,and technical assistance as needed

Housing Challenges

- Sergeant Shriver National Center on Poverty Law
 - reviewed 300 housing admission policies
 - identified three common areas where criminal records policies were overly restrictive
- Area #1 - Unreasonable look-back periods
 - e.g., a VA Section 8 property rejects applicants with seven year old convictions for misdemeanors such as shoplifting, public intoxication, bad checks, and etc.
- Area #2 Overbroad categories of criminal activity
 - e.g., a VA Regional Housing Authority bans anyone with a family member convicted of any felony or any individual with a drunk in public or DUI conviction

Housing Challenges

- Area #3 - Underuse of Mitigating Circumstances
 - e.g., written admission policies may not inform the applicant of the possibility for mitigation such as successful completion of a treatment program
- Impact Of Housing Policies On Individuals
 - Homelessness In Richmond
 - 70% of homeless individuals in Richmond have served time in jail or prison (50% due to felony convictions)
 - 30% were homeless upon release from jail or prison
 - 40% have MH needs and 60% have SA needs
 - Recidivism – homelessness increase risk of recidivism

Housing Solutions

- **Coordination and Collaboration**

- Local Reentry and Community Collaboration Councils
 - reduced the number of individuals being released without a housing plan by 73% between 2010 and 2014
- The Governor’s Coordinating Counsel on Homelessness , through the Solutions Committee, is planning a spring 2016 Summit to
 - engage stakeholders within prison, jail, homelessness, and behavioral health service provider systems
 - promote best practices for prisoner reentry including
 - housing, benefits, employment, and MH/BH services
 - identify policies and practices that present barriers for reentry