



Status of Virginia Jails’ Re-entry, Mental Health, and Substance Abuse Services

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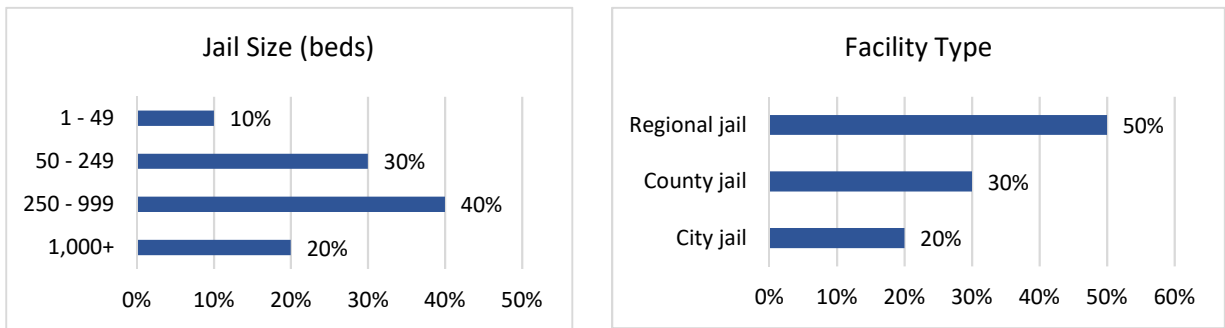
Status of Virginia Jails' Re-entry, Mental Health, and Substance Abuse Services

In late 2019 through early 2020, the Virginia Department of Criminal Justice Services (DCJS) Adult Justice Programs, assisted by the Criminal Justice Research Center, developed and implemented a survey of Virginia jails that focused on re-entry, mental health, and substance abuse services, in particular, medication-assisted treatment services, provided by the jails. The survey's purpose was to better understand the needs and barriers jails may experience in implementing or expanding these types of services and to support jails in providing quality care.

A request to participate in the survey was sent to Sheriffs, Jail Administrators, and Superintendents at 58 city, county, and regional jails. Thirty jails responded to the request. This paper summarizes the survey's findings.

I. Jail Description

Of the 30 responding jails, half (50%) were regional jails. The majority (70%) had a bed capacity of between 50 and 999.



II. Jail Population Description¹ (of persons confined in the jails on June 30, 2019)

	All jails (N = 30)	City (N = 6)	County (N = 9)	Regional (N = 15)
Total inmates	14,971	4,082 (27%)	1,311 (9%)	9,578 (64%)
Range	23 – 1,982	151 – 1,385	23 - 365	99 – 1,982
Average/Median	499/323	680/635	146/133	639/530

Note that while city jails accounted for only 20% and county jails 33% of the facility types, city jails housed three times the inmate population of the county jails (27% of total inmates in city jails vs. 9% in county jails).

Gender demographics

The majority of persons confined in the responding jails were adult males (82%). Adult females made up 18% of the inmates described, and 2% of the adult females were pregnant. Less than 1% of inmates were transgender (five inmates), and less than 1% were juveniles (seven inmates).

¹ Included in the population description: Persons on transfer to treatment facilities but who remain under your jurisdiction; persons in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to your jail at night. Not included in the population description: Persons under your jurisdiction who are boarded elsewhere; persons who are escaped or on long-term transfer to other jurisdictions; persons in community-based programs run by your jail (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) and who do not return to your jail at night.

Racial/ethnic demographics

Racial and ethnic demographics of inmates showed just over half were white (53%), just under half were black (44%), three percent were Hispanic/Latinx, and all other racial groups were less than one percent (Asian, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, unknown, and other).

Conviction status and charges

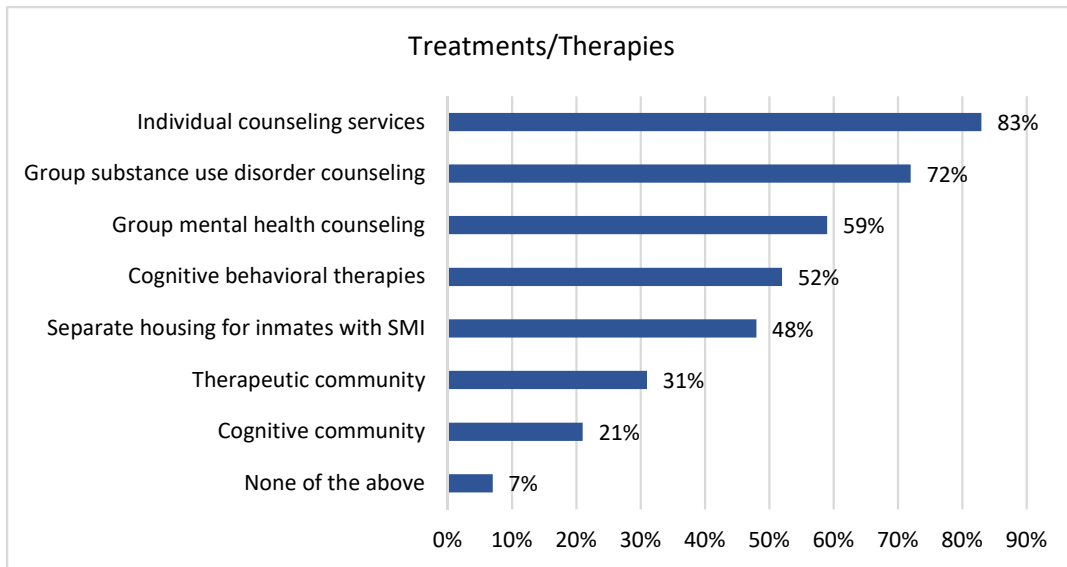
- Seven juveniles were sentenced as adults or awaiting trial in adult court.
- Among all jail inmates, 53% were sentenced and 47% were awaiting trial.
- Regardless of conviction status, most (76%) were charged with felonies, 22% were charged with misdemeanors, and 2% with other charges, most of which were local ordinance violations.

The following findings were based on conditions in the jails during FY19 (July 1, 2018 – June 30, 2019), unless otherwise noted. There were 29 jails in the following analyses (N = 29), unless otherwise noted.

III. Jail Programming/Therapies

Programs: Most jails reported providing programs in substance use disorder (90%), alcohol use disorder (86%), and mental health (86%). About half offered programs in re-entry (55%).

Therapies: The types of treatments/therapies offered by the majority of jails included individual counseling services (83%) and group substance use disorder counseling (72%).



IV. Substance Use, Substance Use Disorder (SUD), and Alcohol Use Disorder (AUD)

Testing and screening

Drug tests: Most jails (83%) conducted drug tests on some offenders at intake; two jails (7%) conducted drug tests on all offenders at intake; and one jail did not know.

SUD screen: Nearly two-thirds of jails (64%) reported that they did not screen anyone for SUD at intake/booking. At the 10 jails that did, 26% of intakes screened positive for SUD, and of these, about one-third were referred for additional assessment.

Validated SUD screen: Nineteen jails (66%) reported using at least one of the following validated SUD screening tools at their jail in FY19. Over half reported using the simple screen for alcohol and drug use.

- Simple screening instrument for substance abuse – alcohol and drug use 52%
- DAST-10 or DAST-20 – specific for drug use 7%
- SBIRT – specific for alcohol use 3%
- AUDIT – specific for alcohol use 3%
- Modified mini screen – co-occurring disorders 3%
- Other 17%

Substance use disorder (SUD) programming

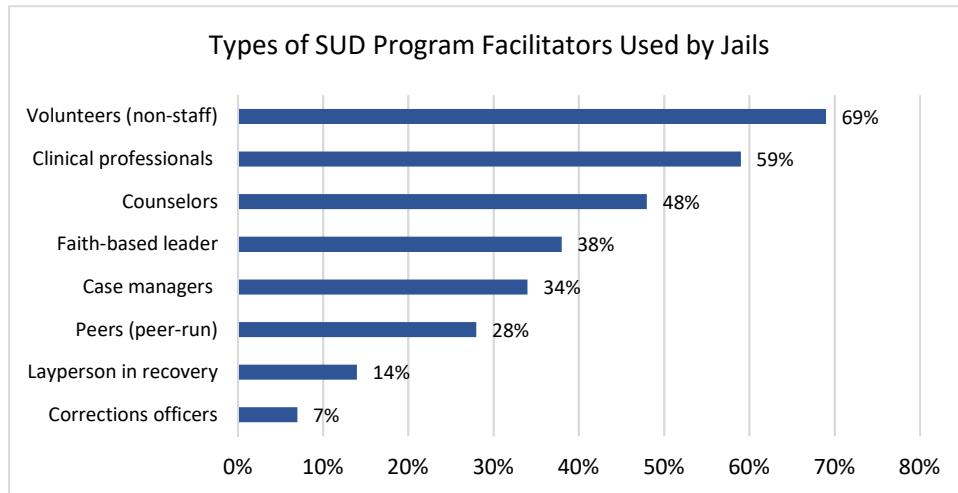
Of 28 responding jails, seven (25%) reported they had no inmates that participated in SUD programs. These seven were either county or regional jails.

	All jails (N = 28)	City (N = 6)	County (N = 9)	Regional (N = 15)
Total inmates participated	6,562	1,012	586	4,964
Range	0 – 2,993	23 – 386	0 – 331	0 – 2,993
Average/Median	234/89	169/133	65/10	331/158

SUD participation qualifications: Participation in SUD programming was most often determined by inmate request and availability of space (68%), or inmates that were required to meet clinical and jail privilege levels (46%), or were screened to determine if they met clinical criteria (39%). Just over one-third of jails (36%) reported providing court-mandated programming.

Types of SUD programming: Over half of the jails reported providing the following types of SUD programming: Alcoholics Anonymous (72%), group SUD treatment led by professionally-trained staff (69%), Narcotics Anonymous (62%), and substance use prevention/education (62%).

Facilitators: Jails relied on both staff and volunteers to facilitate substance use disorder programming in the jails. More than two-thirds of jails (69%) used volunteers as program facilitators.



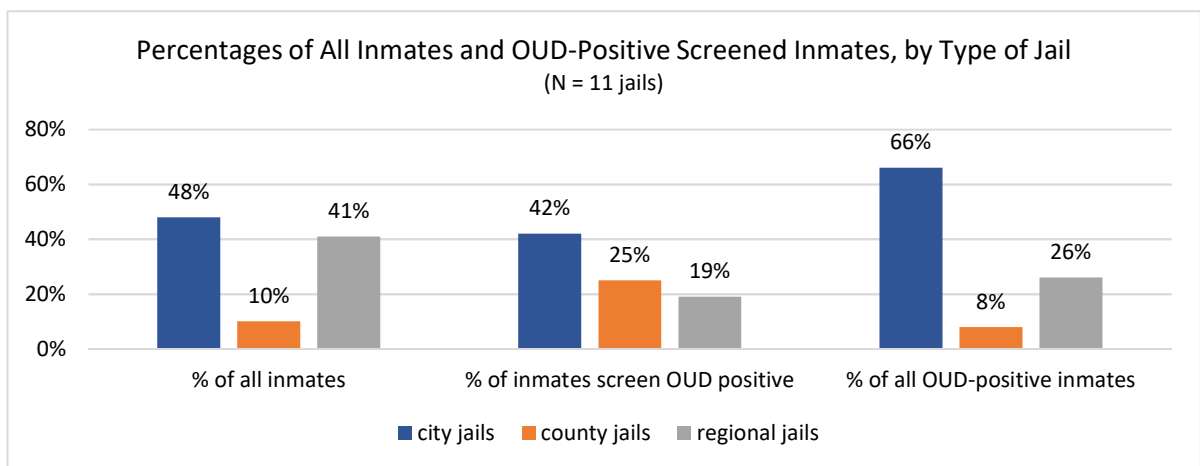
A total of 57 individually-named SUD programs were reported to be in operation in FY19 by 22 jails. Of these programs, 56% were reported to be evidence-based, 28% were reported as not evidence-based, 11% were not known, and for 5% there was no response.

Medication-Assisted Treatment (MAT) for Opioid Use Disorder (OUD)

In the jails survey, MAT was defined as offering medications to treat opioid use disorder including buprenorphine, methadone, and naltrexone.

OUD screening

Eleven jails (38%) reported that one or more inmates screened positive for opioid use disorder (OUD) in FY19. Sixteen jails reported that no inmates screened positive for OUD. (NOTE: We did not ask the jails whether they screened inmates for OUD, only how many screened positive. Therefore, we do not know how many of the jails that said “no inmates screened positive” actually screened inmates vs. did not screen inmates.)



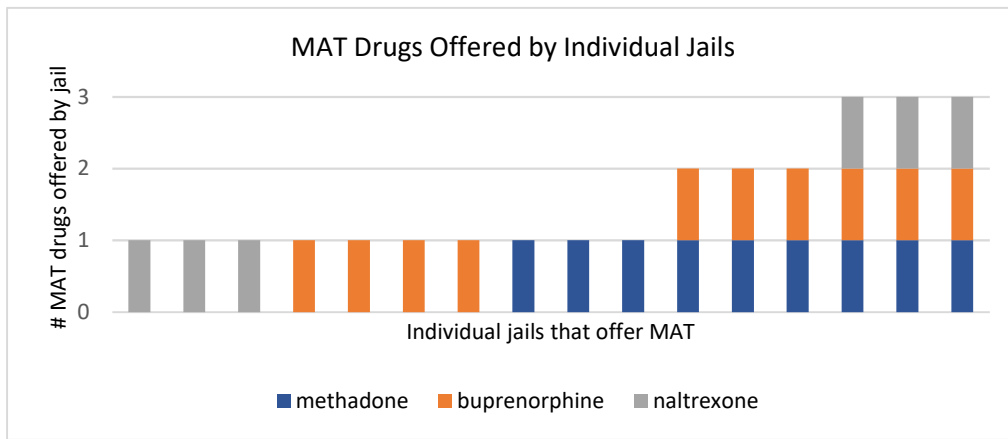
The 11 jails that reported having one or more inmates screen positive for OUD housed a total of 4,880 inmates. Of these, 1,512 (31%) inmates screened positive for OUD. Among these jails populations, 42% of city, 25% of county, and 19% of regional jail inmates screened positive for OUD. However, if the data are examined by only those 1,512 inmates that screened OUD-positive, 66% were at city jails, 26% were at regional jails, and 8% were at county jails.

OUD medication: Among the 1,512 inmates that screened OUD positive, 7% (113 inmates) received medication for OUD at nine jails. Two jails reported they did not provide any OUD medications. (Note: Of the nine jails that did provide OUD medications, four jails provided OUD meds to all of their inmates that screened positive; the other five ranged from 1% to 5% of their OUD-positive inmates receiving OUD meds.)

OUD medication protocol: Of the nine jails that provided OUD medications, six had a doctor on site to provide the medications to inmates, and three required inmates have cognitive behavioral counseling to receive medications.

MAT medications for OUD

Sixteen jails (55%) reported that they provided medication for the treatment of opioid use disorder (OUD). Of the three MAT medications, 10 jails provided buprenorphine, nine provided methadone, and six provided naltrexone. Three jails offered all three MAT medications.



Inmate qualifications for MAT and when MAT protocol began

The 16 jails that offered MAT were asked follow up questions about their MAT program. Twelve jails responded.

- Nine jails started qualified inmates on the MAT protocol immediately upon entry to the jail while 3 jails started MAT prior to the inmates’ release.
- Eight jails reported that MAT was offered to pregnant inmates with OUD
- Five jails offered MAT to “anyone with OUD regardless of status”

Most of the jails offering MAT (81%) connected all or some of their inmates with continuing care in the community to receive MAT medications post-release. Typically this consisted of referrals to local CSBs, clinics, treatment centers, or health care providers.

For the remainder of this report N = 28, unless otherwise noted.

MAT constraints

Jails were asked to identify the top constraints that influenced their decision not to use each of the MAT medications. The top cited constraints for each of the MAT drugs were:

	Cost	Jail policy does not permit	Jail drug treatment provider does not recommend or provide	Not familiar with MAT	Lack of local providers
Buprenorphine (N = 18)	39%	39%	39%	33%	22%
Methadone (N = 19)	47%	42%	32%	42%	37%
Naltrexone (N = 22)	64%	59%	27%	36%	41%

N = number of jails not using each of the identified MAT medications.

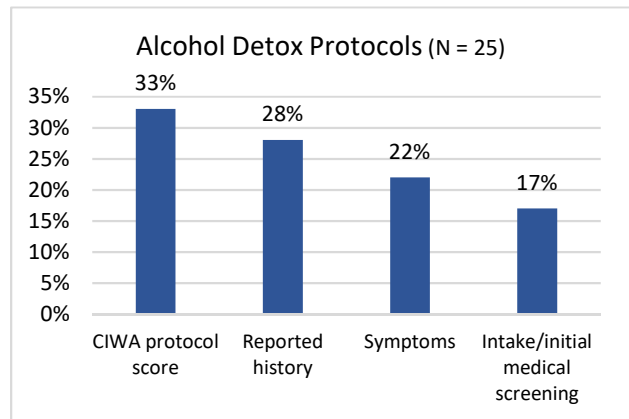
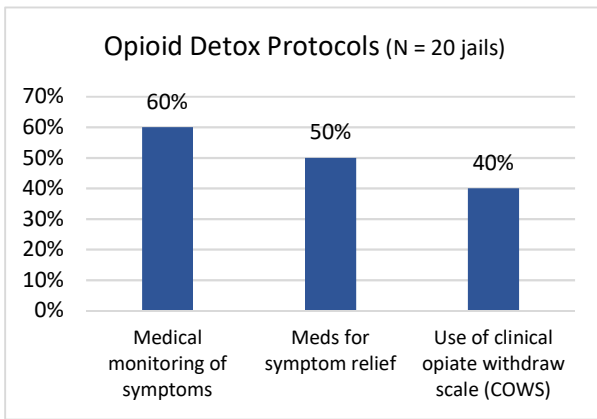
Jails were asked what types of resources are needed for their jail to be able to offer all three of the MAT medications. A majority of jails identified all four of the listed resources: funding, education, staff, and training.

- Funding 71%
- Education 68%
- Staff 68%
- Training 68%

Detox services in the jails

A majority of jails provided alcohol and/or opioid detox services: 89% reported providing alcohol detox services, 71% reported providing opioid detox services, and 68% provided both.

The most common protocols used by the jails for opioid and alcohol detox are shown in the graphs below.



The three medications most commonly used for alcohol detox were: Librium (54%), Thiamine/Vitamin B1 (54%), and Ativan (50%).

Alcohol use disorder (AUD)

AUD medication: Nine jails (32%) reported providing medication for alcohol use disorder. The medications used most often are the same ones used for alcohol detox: Ativan (56%), Librium (44%), and Thiamine/Vitamin B1 (44%). Six jails used an on-site doctor to provide AUD medications and three used a contracted provider.

AUD screening: Seven jails reported having one or more inmates that screened positive for AUD. Among them, there were 2,133 inmates that screened positive, representing 60% of all inmates at the seven jails. Of the inmates that screened positive, 1,428 (67%) were provided AUD medications. This percentage represents an average of the seven jails; three jails provided meds to all AUD positive-screened inmates and two jails provided no meds to their AUD positive-screened inmates. (NOTE: Twenty jails reported that no inmates screened positive for AUD. We did not ask the jails whether they screened inmates for AUD, only how many screened positive. Therefore, we do not know how many of the jails that said “no inmates screened positive” actually screened inmates vs. did not screen inmates.)

V. Mental Health

Behavioral health screen: Most jails (93%) administered a behavioral health screening on all inmates, and two jails reported screening only some inmates. Behavioral health screenings were typically conducted as part of the intake/booking process (at 89% of jails), and were most often conducted by correctional staff/sheriff's deputies (71%), mental health professionals (25%), or nurses (21%).

The Brief Jail Mental Health Screen was used by most jails (96%), the correctional mental health screen was used by just over one-third (39%), and the mental health exam was used by one-quarter (25%). Other specialized screens for suicidality, depression, anxiety, etc. were used less often.

Suicide watch: Twenty-six jails reported a total of 4,156 inmates were placed on suicide watch in FY19 – this represents 29% of all the inmates in the jails.

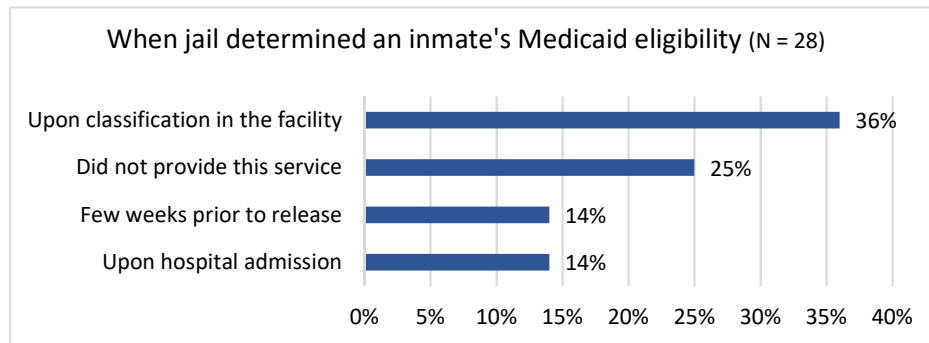
	All jails (N = 26)	City (N = 6)	County (N = 6)	Regional (N = 14)
All inmates	14,229	4,082	668	9,479
Inmates on suicide watch	4,156	2,148	141	1,867
% of inmates on suicide watch	29%	53%	21%	20%

Medication for mental illness: Jails also reported information about inmates receiving medication for mental illness (MI). Among 14 jails that provided complete responses to a series of questions on this topic:

- 13,678 inmates received MI medication
- 5,253 (38%) did not have an active prescription prior to incarceration
- 8726 (64%) were released from the jails with medication for their MI

VI. Medicaid/Release

Medicaid enrollment: Sixteen of 26 jails (62%) reported they had one or more inmates enrolled in Medicaid. Among these jails, a total of 1,176 inmates were enrolled. Ten jails (38%) reported that none of their inmates were enrolled in Medicaid.



Medicaid eligibility screening: In over one-third of jails (39%), medical staff conducted Medicaid eligibility screens for inmates; in just less than one-third (29%), screens were conducted by corrections officers.

Receipt of Medicaid card: Jails were asked how often inmates without a stable address received their Medicaid card at the jail prior to release. (N = 27)

Always	0%	0 jails
Often	4%	1 jail
Sometimes	22%	6 jails
Rarely	22%	6 jails
Never	52%	14 jails

Release/Reentry

Just over half of the jails set up mental health appointments (57%) and housing referrals (54%) for inmates prior to their release from jail. Nearly half (46%) assisted with driver's license reinstatement support/paperwork and with setting appointments with probation.

Seventeen jails (61%) offered support services for inmates with serious mental illness (SMI) upon release. The services included: health care/medication continuation (79%), transport to/from appointments (i.e., health care, substance abuse treatment, MH treatment, probation, employment, etc.) (42%), and housing stipend (26%).

We would like to thank all the jails that participated in this survey. A primary purpose of the survey was to ascertain the current use of Medicated-Assisted treatment (MAT) services within correctional facilities in the Commonwealth of Virginia. MAT is the use of medications such as Buprenorphine, Methadone, or Naltrexone, coupled with counseling and behavioral therapies to treat substance use disorders. MAT is primarily used to treat addiction to opioids such as heroin and prescription pain relievers that contain opiates. More information on MAT can be found at <https://www.samhsa.gov/medication-assisted-treatment/treatment>. The information provided is vital in assisting with decision making, resource allocation, sustainability efforts for behavioral health treatment provision within correctional facilities, and addressing the ongoing barriers to providing evidence based substance use treatments within correctional facilities.

For further information of SUD treatments, contact Leslie.Egen@dcjs.virginia.gov. If you have questions about the survey data, please contact Sherri.Johnson@dcjs.virginia.gov.