

# Virginia Local and Regional Jails Survey:

## Assessment and Treatment of Inmates with Mental Illness

**\*\*Please do not attempt to complete this survey before August 1, 2010.\*\***

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 Disability Services (DBHDS), regarding jail resource needs for appropriately identifying and managing inmates with mental illness.

**Please provide the data for your jail by August 7, 2010.** If LIDS queries are needed to assist in the completion of this survey please be sure your July Financials have been certified and approved. 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:

1. The total ADP of the jail (**except federal and out-of-state contract**) for July 2010 was  inmates. Of the jail's July 2010 ADP  were female and  were male.

2. Please indicate below the number of inmates from each category that are included in Question 1 above:

State responsible

Local responsible

Total  (should match total ADP in Question 1)

3. Please indicate below the number 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 released during the month of July 2010, after staying 4 days or less was .

5. The number of inmates charged with public intoxication housed in the jail during the month of July, 2010 was .

6. Jail inmates with Mental Retardation: There were  inmates with mental retardation in the jail during the month of July 2010

7. Jail inmates with Substance Use/Abuse Disorders: There were  inmates with Substance Abuse Disorders only, with no identified mental illness, in the jail during the month of July 2010.

8. Special Education Jail Inmates. There were  inmates receiving special education during the month of July 2010.

9. Please indicate the number of inmates with mental illness in each of the categories below. **Please count each inmate only once for this item (unduplicated counts), counting only the most serious or prominent diagnosis for that inmate. (Do not include federal or out-of-state contract inmates.)** Be sure to indicate the total number of inmate days for each category. Data on the number of inmate days is available from your LIDS Technician. Be sure to provide your LIDS Technician with the name and SSN of each inmate.

Mental Illness Category	Females in jail in July 2010	Males in jail in July 2010	Total Inmate Days
Inmates with Schizophrenia, Schizoaffective Disorder or Delusional Disorder	<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"/>
Inmates with Dysthymic Disorder (mild depression)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates with Anxiety Disorder	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inmates with other mental illness diagnosis	<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"/>
<b>Total number of inmates with a mental illness in this jail during the month of July 2010</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. 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.**

Mental Illness Category	Misdemeanor Nonviolent	Misdemeanor Violent	Misdemeanor 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"/>
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"/>
Inmates with Dysthymic Disorder (mild depression)	<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"/>
Inmates with other mental illness diagnosis	<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"/>
<b>Total number of inmates with a mental illness in this jail during the month of July 2010</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. During the month of July 2010, there were a total of  inmates with co-occurring mental illness and substance abuse disorder in the jail.

12. A total of  jail inmates with mental illness were housed in medical isolation cells, or other segregation cells in the jail during the month of July 2010 and spent a total of  days in isolation/segregation.

13. 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,

14. 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

15. A total of  additional mental health beds would have been needed at this jail during the month of July 2010, to house all inmates with mental illness in mental health beds or units. **(This number should include all inmates identified in Question 12).**

16. Does your jail conduct a mental health screening upon admission, in addition to standard booking questions for some or all inmates?

(Check the item that applies to your jail.)

- All new admissions are screened for mental illness.
- Some new admissions are screened for mental illness.

(Estimated percentage of inmates screened)  %

- No, our jail does not screen for mental illness on admission.

17. Jail mental health screenings are conducted by: **Check all that apply**

- Jail Officers
- Jail MH Staff
- Other MH professional

18. Does the jail use a standardized mental health screening instrument with all inmates?

- Yes,
- No

19. If so, what is the screening instrument used?

- Brief Jail MH Screen
- Jail Admission Screening Assessment Test (JASAT)
- Other standardized jail MH screening instrument:

Name of Instrument:

20. Are there any other methods of screening for Mental Health issues in your jail? If so, please describe.

21. Indicate whether or not inmates suspected of having a mental illness receive a comprehensive mental health assessment, following screening, or when needed. (check one)

- All inmates with a positive screening are referred for comprehensive assessment.
- Comprehensive assessments are only conducted when inmates have acute symptoms of mental illness.
- Comprehensive assessments are not conducted at this facility.

22. Comprehensive mental health assessments of jail inmates are conducted by: (please mark all that apply.)

- Jail licensed MH/medical staff
- Private, contract MDs or other MH professionals
- CSB staff

23. A total of  inmates remained housed at this jail for more than 48 hours, following the issuance of a court order to a state hospital for psychiatric commitment (Temporary Detention Orders) during the month of July 2010.

24. 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

25. CSB prescreenings for psychiatric commitment (Temporary Detention Orders) for this jail are done via video:

- Always
- Sometimes
- Never

26. 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 July 2010. A total of  hours of psychiatrist time were provided during the month of July 2010.

If your jail has a consulting psychiatrist (MD) please provide their name, even if no services were provided during the month of July.

Psychiatrist's name(s) or group  
name

27. If the jail has a general practice 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 July 2010. A total of  hours of general MD time were devoted to mental health treatment during the month of July 2010.

If your jail has a general practice (MD) please provide their name, even if no services were provided during the month of July.

General Practice MD's name or group name

28. What percentage of your jail's 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.

29. If the jail uses remote video MD services for mental health assessment/treatment, does the remote video MD service provide any follow up case management or release planning services for your jail?

- The jail's remote video MD mental health service does not participate in discharge planning.
- The jail's remote video MD mental health service works with the CSB for discharge planning
- The jail's remote video MD has staff on site that provides discharge planning

30. 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. Do you feel that your jail's purchase of psychotropic medication is limited by Section 53.1-126?
- Yes
  - No

31. 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)
- 

32. List the numbers of inmates who received each type of psychotropic medication treatment at your jail during the month of July 2010:

**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 July 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			
	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
<b>I. Antipsychotic medications</b>				
Haldol/haloperidol,				
Zyprexa/olanzapine,				
Risperdal/risperidone				
Seroquel/quetiapine				
Triliafon/perphenazine,				
Prolixin/fluphenazine,				
Thorazine/chlorpromazine				
Abilify/aripiprazole				
Geodon/ziprasidone				
Clozaril/clozapine				
Other antipsychotic medication(s)				
<b>II. Mood Stabilizer/Anticonvulsant medications for major Mood Disorder</b>	<b>Total number of inmates treated with each medication brand/type</b>			<b>Please place an X in this column if the jail does not provide this medication</b>
Depakote/Depakene/valproic acid				
Lithobid/lithium carbonate				
Tegretal/carbamazepine				
Topamax/topiramate				
Trileptal/				

Other mood disorder medication(s)	<input type="text"/>	<input type="text"/>
<b>III. Antidepressant medications</b>	<b>Total number of inmates treated with this category of medication</b>	<b>Please place an X in this column if the jail does not provide this medication</b>
(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>	<input type="text"/>	<input type="text"/>
(Examples: Ativan/lorazepam, Xanax/alprazolam, Librium/chlordiazepoxide, Valium/diazepam, etc.)		

33. A total of  jail inmates with mental illness refused needed psychotropic medication treatment during the month of July 2010.

**Questions 33 through 35 should be answered using data from the entire Fiscal Year 2010**

34. **Total cost for all psychotropic medications administered at your jail during Fiscal Year 2010:**

\$

(Check one:  estimated cost;  actual, prorated cost)

35. **Total cost for all mental health services (excluding medications, but including MDs and nursing) provided by the jail during Fiscal Year 2010:** \$

(Check one:  estimated cost;  actual, prorated cost)

36. Indicate the amount of **funding from each of the sources below** for the amounts listed in questions 33 and 34:

Commonwealth of Virginia (state) Funds: \$

Federal funds: \$

Local funds: \$

Other funds: \$

Total funds: \$  **(Should equal the sum of questions 33 & 34)**

(Check one:  funding sources are estimated  funding sources are actual)

37. Does, or would the jail dispense psychotropic medications provided free of charge by the CSBs or the DBHDS, when the jail's MD has approved the medication for a particular inmate?

- Yes we currently accept such medications, under the proper circumstances
- Yes, we would accept such medications under the proper circumstances
- No, we do not currently accept such medications
- No, we would not consider accepting such medications

38. Indicate the numbers of inmates who received each of the following types of mental health treatment delivered by all mental health services providers, for the month of July 2010.

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

39. Please indicate the total number of **hours of mental health treatment** provided by each of the following entities during the **month of July 2010**; please **include nursing staff time**, but **do not include the hours of treatment provided by psychiatrists or other MDs in this section**:

Treatment Provider	Number of Treatment Hours
Jail mental health treatment staff	<input type="text"/>
Community Services Board (CSB/BHA) staff (Please include CSB staff assigned full-time to the jail.)	<input type="text"/>
Private contractors, including jail medical contractor (e.g., PHS, CMS)	<input type="text"/>
Total number of hours of individual or group mental health counseling provided to inmates at your jail <b>for the month of July 2010</b>	<input type="text"/>

40. 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.

41. 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 or jail staff during the month of July 2010. Of these incidents  inmate perpetrators had been diagnosed as mentally ill, and  victims of inmate aggression had been diagnosed as mentally ill.

42. 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

43. Please enter the name of the jail's electronic inmate management system

44. Does the jail's electronic inmate management system include MH screening items?

- Yes
- No

45. Does the jail's electronic inmate management system include inmate psychiatric diagnoses?

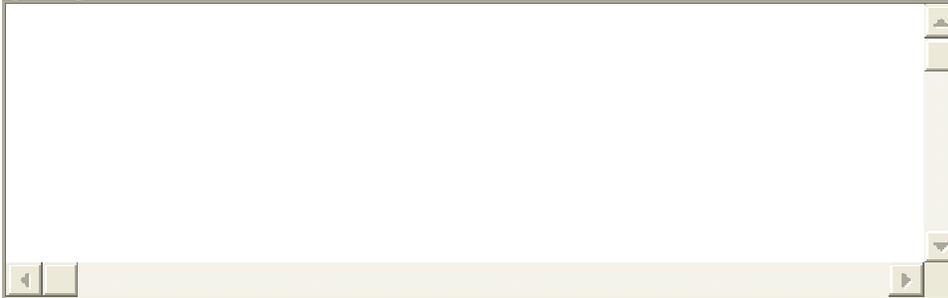
- Yes
- No

46. 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 licensed MH/medical staff
- CSB staff
- Private, contract MDs or other MH professionals
- Jail Officers

47. The total number of staff employed at this jail is .
48. 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.
49. Jail Officers/Deputies are required to complete  hours of annual training in mental health topics each year.
50. A total of  officers/deputies on the jail staff have completed formal DCJS Certified 40-Hr Crisis Intervention Team (CIT) training.

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 Jamilah Scott at 804-786-8548 (DBHDS Forensic Services) or Kari Bullock at 804-371-4299 (SCB) or email [kari.bullock@scb.virginia.gov](mailto:kari.bullock@scb.virginia.gov). If you should experience any technical difficulties, please contact Anne Wilmoth at 804-225-3307(SCB) or email [anne.wilmoth@scb.virginia.gov](mailto:anne.wilmoth@scb.virginia.gov).

Thank you for your participation in this important work.

**ADP:** Average Daily Population of the jail. This information may be obtained from the LIDS Technician.

**BHA:** Behavioral Health Authority

**CSB:** Community Services Board

**DBHDS:** Department of Behavioral Health and Disability Services

**MH:** Mental Health

**Most Serious Offense:** Question 10 asks that you report an inmates' 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

**Special Education Inmates:** The Federal Government requires jails to provide Special Education to inmates in need of it.

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