

Office of the Sheriff

LOB #222:

SAFE AND SECURE FORENSIC HOUSING

Purpose

A significant portion of the inmate population suffers from mental illness. This population requires additional supervision and care from staff in order to ensure the inmate's and the staff's safety and well-being. Deputies, along with staff from the Community Services Board, work collaboratively to serve this population.

While the deputy's primary responsibility is to provide security for the inmates and staff, the CSB staff members work to stabilize the inmates during their incarceration. Both the deputies and the CSB staff provide care for inmates with mental illness, but neither provides treatment.

The delivery and services in this Safe and Secure Forensic Housing line of business is governed by accrediting agencies which include the American Correctional Association, National Commission on Correctional Healthcare, and Virginia Department of Corrections.

Description

More than 40 percent of the inmate population suffers from a mental illness. In FY 2015, the average daily percentage of inmates taking psychotropic medications was 17.4 percent.

Mental health housing primarily operates using two types of supervision, single cell and dormitory. A pilot project was implemented to create a male mental health cell block, segregated from general population. It proved to be very successful, providing better supervision and easier care. The male mental health block became permanent following the success of the pilot. The male mental health block has 48 individual cells located within a direct supervision block and a dormitory that holds 13 inmates. Based on the male mental health block, a female block was also established this year. CSB offices are located directly adjacent to both blocks.

The female mental health housing block has 24 individual cells and a dormitory. Inmates in single cells typically remain secured in their cells except when they are receiving services. Inmates in the dormitory have free access to phone, shower and television. Male and female inmates that are disruptive to the mental health community and/or in a severe mental health crisis are housed in single cells located within the male/female intake centers where they can be monitored more closely. Deputies assigned to these areas typically work in pairs, as the management of these inmates is more intense and involves more direct contact with the inmates for basic functions. These deputies have received special training on the handling of inmates with mental illness before being assigned there.

The staff members who provide the services for safe and secure mental health housing are Sheriff's Office (both sworn and civilian) and CSB employees. Sworn deputy sheriffs provide security housing services 24 hours a day, seven days a week, inclusive of holidays. Four squads work 12.5-hour rotating shifts from 6:30 a.m. to 7:00 p.m. and from 6:30 p.m. to 7:00 a.m. Civilian staff work eight hours per day, Monday through Friday, excluding holidays.

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Benefits

In the Adult Detention Center, there are two posts that provide safe and secure housing for inmates with mental illness. Post 26 is used to house men, and post 27 is used to house women. Using these posts provides numerous benefits to both the ADC and inmates with mental illness. Most importantly, these posts allow for more effective monitoring of inmates by the jail-based behavioral health staff (CSB). The CSB team is stationed near both of these posts. The CSB team is also able to more thoroughly screen and assess those inmates with mental illness, which in turn leads to better targeted services, stabilization, and ultimately to maintaining the least restrictive environment possible. The two posts also help these inmates to become more stable and better cope with the jail environment. Each mental health cell has a window with a view to the outside and natural sunlight, which has proven to be very therapeutic for inmates suffering from mental illness.

The reduction in traffic and noise, the ability to control light and dark in each room, and the immediate access to CSB staff have made the area much healthier for the inmates and safer for everyone.

Mandates

Providing for safe and secure housing is mandated by the Code of Virginia and the U.S. Constitution. In addition, this LOB is governed by accrediting agencies, which include the American Correctional Association, National Commission on Correctional Healthcare, and Virginia Department of Corrections.

Providing for safe and secure inmate housing is a mandated service governed by the following laws: Virginia Code § 53.1-93; Constitution of Virginia, Article VII, Section 4; Department of Corrections Minimum Standards; JLARC. These laws establish mandates and guidelines for the operation and construction of areas, which include but are not limited to, jails and lockups and any satellite housing under the authority of the Sheriff's Office. The laws also establish guidelines and mandates for the accepted practices for Sheriffs in jurisdictions with jails, lockups and detention facilities.

The following laws establish mandates and guidelines for the accepted practices for Sheriff's Offices with areas that include, but are not limited to, jurisdiction with local jails, lockups and detention/correctional facilities. They incorporate all functions within the inmate classification and records branch: Virginia Code §§ 53.1-192-197; 53.1-198-202; 53.1-133; 53.1-113; 53.1-93; 53.1-68; 53.1-80-83; 443F supplement 965 (1977); Part IV, Article V, Code of Virginia Department of Corrections Minimum Standards.

Trends and Challenges

More than 40 percent of the inmate population suffers from a mental illness. While the overall jail population has decreased from 1228 in FY 2014 to 1108 in FY 2015, the percentage of inmates taking psychotropic medications rose from 15.4 percent in FY 2014 to 17.4 percent in FY 2015.

In FY 2015, a mental health inmate with significant mental health issues died while in the custody of the Sheriff's Office. The Sheriff's Office has used this incident to review policies and make appropriate changes. Crisis Intervention Team training was enhanced and expanded to meet state standards. The use of Tasers in the jail has been suspended and is under review. Developing a method of using medication for safety purposes is under discussion. Finally, the implementation of telepsychiatry services is nearing completion. This will enable video conferencing between CSB staff and the inmate 24/7 rather than the very limited number of hours psychiatric advice is available today

A number of factors contribute to these individuals being incarcerated – most notably, a lack of understanding of mental health issues on the part of the responding officer and limited resources that prevent county agencies from establishing effective mental health programs.

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Fairfax County government and community leaders recently launched an initiative called Diversion First, to reduce the number of people with mental illness in local jails by diverting non-violent offenders experiencing mental health crises to treatment instead of incarceration. Local leaders announced a commitment to set up a basic jail diversion program by January 1, 2016, with the following initial components in place, to be expanded and further developed over the next 3 to 5 years:

- Ongoing Crisis Intervention Team (CIT) training for local law enforcement personnel;
- A therapeutic Crisis Assessment Site at the new CSB Merrifield Center, where police will be able to transfer custody of nonviolent offenders who may need mental health services to a CIT-trained deputy and officer there, instead of taking them to jail;
- A second CSB Mobile Crisis Unit to increase the County's capacity to provide emergency mental health personnel in the field; and
- A Mental Health Docket in the Fairfax County court system.

The Sheriff's Office is allocating two deputies to the Assessment Site beginning January 1, 2016, from its current staffing level. As with all staff expansion requests, the assignment cannot be assured long term without permanent position authorizations.

Further, the Sheriff has requested as part of its Public Safety Staffing Plan a number of Confinement/Mental Health positions. The services related to these positions are already being provided, but unless the positions can be authorized, the services are at risk should the inmate population increase and/or maintaining staffing levels becomes a problem. Requests include additional support for the male mental health block, and additional deputies to staff a separate female mental health block.

Resources

| Category | FY 2014 Actual | FY 2015 Actual | FY 2016 Adopted |
|---|--------------------|--------------------|--------------------|
| LOB #222: Safe and Secure Forensic Housing | | | |
| FUNDING | | | |
| <u>Expenditures:</u> | | | |
| Compensation | \$2,172,984 | \$2,198,161 | \$2,124,656 |
| Operating Expenses | 398,494 | 434,297 | 421,020 |
| Total Expenditures | \$2,571,478 | \$2,632,458 | \$2,545,676 |
| General Fund Revenue | \$1,325,952 | \$1,458,466 | \$805,155 |
| Net Cost/(Savings) to General Fund | \$1,245,526 | \$1,173,992 | \$1,740,521 |
| POSITIONS | | | |
| Authorized Positions/Full-Time Equivalents (FTEs) | | | |
| <u>Positions:</u> | | | |
| Regular | 24 / 24 | 24 / 24 | 24 / 24 |
| Total Positions | 24 / 24 | 24 / 24 | 24 / 24 |

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Metrics

| Metric Indicator | FY 2013 Actual | FY 2014 Actual | FY 2015 Actual | FY 2016 Estimate | FY 2017 Estimate |
|--|-------------------|-------------------|-------------------|---------------------|---------------------|
| Average Daily Population of inmates receiving psychotropic medications | 199 | 189 | 193 | 175 | 150 |
| Total transports | 69 | 78 | 88 | 115 | 130 |
| Referrals to forensics | 4,717 | 4,250 | 4,503 | 4,250 | 4,000 |

The Fairfax County Sheriff's Office continued to provide safe and secure forensic housing as mandated by law. The Adult Detention Center is the primary facility for managing an average daily population of 970 inmates for FY 2015. This was a decrease from 1,065 in FY 2014. The overall count of 1108, which includes those inmates assigned to the Alternative Incarceration Branch, also decreased proportionately. However, the average daily population for inmates taking psychotropic medications has increased from 189 in FY 2014 to 193 in FY 2015, or 14.4 percent of the FY 2014 population to 17.4 percent of the FY 2015 population.

With the scheduled opening of the Diversion Center in January 2016, it is expected that the number of inmates receiving psychotropic medications will decrease because these individuals will no longer be brought to the jail. It will take some time of actual incidents to be able to more accurately track this change.

Further, total transports are expected to increase. Two deputies will be working full time at the Diversion Center to make sure all nonviolent mental health patients are taken to whatever bed is identified as being available, anywhere in the state.

Finally, the number of inmates coming into the ADC's mental health unit should be reduced. Again, the impact of these program changes will not be known until the Diversion Center is operational for a sustained period of time.