



Commission meeting

October 6, 2026

Briefing



Behavioral health services in jails

Claire Mairead, BHC Policy Analyst

Study request

- In December 2024, BHC members directed staff to study mental health and substance use services in local and regional jails
- Staff were directed to:
 - identify behavioral health services and treatment available in Virginia jails;
 - review proposed minimum standards for behavioral health treatment in jails; and
 - provide options and recommendations for addressing barriers to the treatment of inmates with mental illness and substance use disorders

Research activities

- Interviews with BLRJ¹, DBHDS¹, DCJS¹, DMAS¹, SCB¹, VARJ¹, and the Virginia Sheriff's Association
- Site visits to 5 local/regional jails
- Staff survey of inmates at 4 jails
- Analysis of data from the Compensation Board's annual *Mental Illness in Jails* reports and jail TDO² data from DBHDS
- Review of previous Virginia studies on mental health in jails
- Review of research literature on behavioral health and incarceration, national jail standards for health care, and behavioral health standards in other states

¹ Board of Local and Regional Jails, Department of Behavioral Health and Developmental Services, Department of Criminal Justice Services, Department of Medical Assistance Services, Compensation Board, Virginia Association of Regional Jails.

² Temporary detention order

In brief

- Behavioral health services in jails vary significantly; small jails and jails in fiscally stressed localities are typically less able to provide services
- The General Assembly directed the Board of Local and Regional Jails to adopt minimum standards for behavioral health in 2019, but those were never made effective through regulations
- When minimum standards are established in regulations, jails and Board staff will need additional resources to meet and enforce those standards

In this presentation

■ Background

Behavioral health services in jails

Minimum standards for behavioral health care

Resources needed to implement standards

Jails are locally operated and house different inmate populations

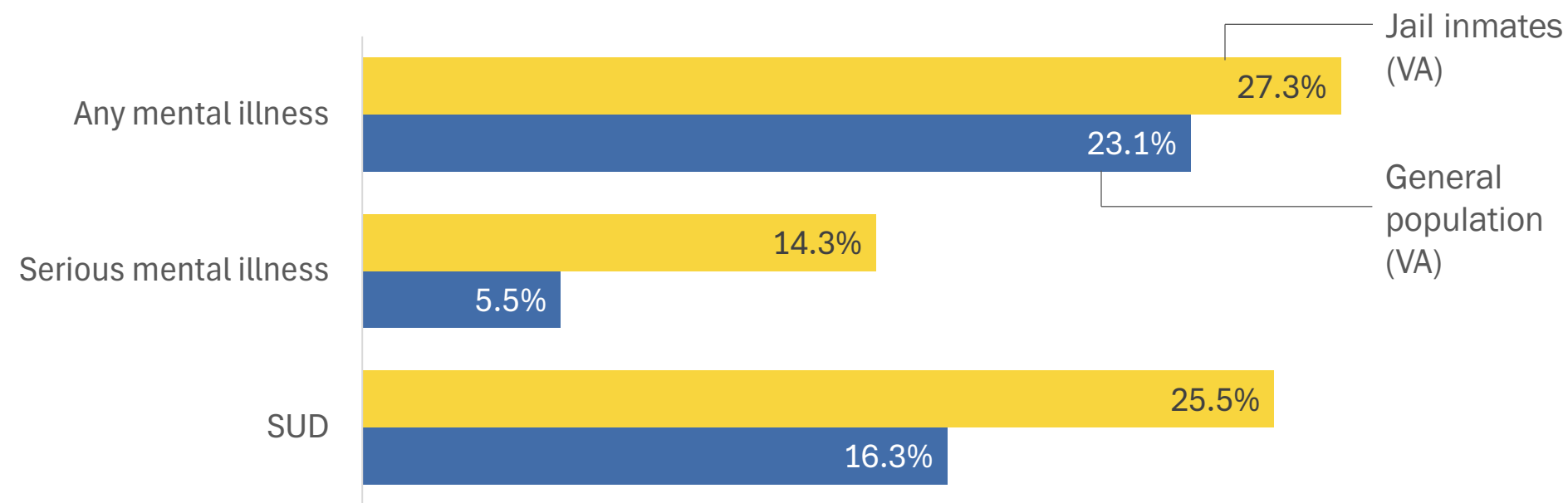
- 57 local and regional jails exist in Virginia
 - 31 local jails serve 1 city or county; run by a sheriff or jail administrator hired by sheriff
 - 26 regional jails serve 3+ localities; run by jail superintendent with board oversight
- Jail population is varied and transient
 - Majority of inmates (57%) were awaiting trial or sentencing (2025)
 - Nearly 20% of inmates were state responsible¹ and awaiting transfer to prison (2025)

¹State-responsible inmates have been convicted of a felony and received a sentence of one year or more

Two agencies have primary responsibility for state oversight and support of jails

- Board of Local and Regional Jails (BLRJ) is responsible for jail oversight
 - _ Develops operational standards and minimum health care standards
 - _ Creates rules and promulgates regulations to implement standards
 - _ Conducts jail inspections
 - _ Reviews deaths in custody
- The Compensation Board provides the state share of jail operating funds, manages the Local Inmate Data System (LIDS), and collects data on mental health in jails

Jail inmates experience disproportionately high rates of mental illness and substance use disorders (SUD) (2023-2024)



Source: BHC staff analysis of data from the 2023-2024 National Survey on Drug Use and Health (NSDUH) state estimates by the Substance Abuse and Mental Health Services Administration (SAMHSA), and the 2023 and 2024 *Mental Illness in Jails Report* by the Compensation Board

Lack of treatment for mental illness and substance use in jails can lead to negative outcomes for inmates and staff

In jails



Untreated mental illness

- Raises risk of placement in isolation, which can lead to further decompensation and suicide
- Destabilizes the jail environment
- Requires staff time to manage crises

Unmanaged substance abuse

- Increases risk of overdose and suicide, especially for opioid users
- Can lead to severe depression and anxiety

On re-entry



- May worsen mental illness permanently and reduce odds of full remission for inmates with psychosis

- Increases risk of overdose and recidivism for opioid users

Patchwork of legal requirements governs behavioral health care in Virginia jails, but few specify what must be provided

U.S. Constitution

- ✓ Deliberate indifference to inmates' serious medical needs is cruel and unusual punishment

Virginia statute

- ✓ Requires BLRJ to establish minimum behavioral health standards for jails
- ✓ Permits certain sharing of inmates' medical and mental health records
- ✓ Allows jails to petition the court to order treatment for an inmate
- ✓ Governs admission of jail inmates to state hospitals for treatment

Virginia regulations

- ✓ 24-hour emergency medical and mental health care available
- ✓ Medical screening upon admission includes mental health symptoms and BH¹ history
- ✓ Medical record summaries transfer with inmates
- ✓ Written suicide prevention and intervention plan
- ✓ Procedures for handling “mental health inmates” and current agreement with MH² provider

¹ Behavioral health

² Mental health

Resources for behavioral health treatment in jails come from multiple sources

- Localities fund most behavioral health medications and many staffing costs
- State started funding 125 behavioral health case managers in jails in 2023 (~\$6.9M/yr)
- Several state grants support jails, but programs may not be available to all inmates
 - Jail Mental Health Pilot program - 5 jails (\$2.1M/yr)
 - VA Opioid Use Reduction and SUD Treatment and Transition program - 15 jails (\$1M in the 2026 budget)
 - Forensic Discharge Planning program - 29 jail sites (\$3.7M/yr)

In this presentation

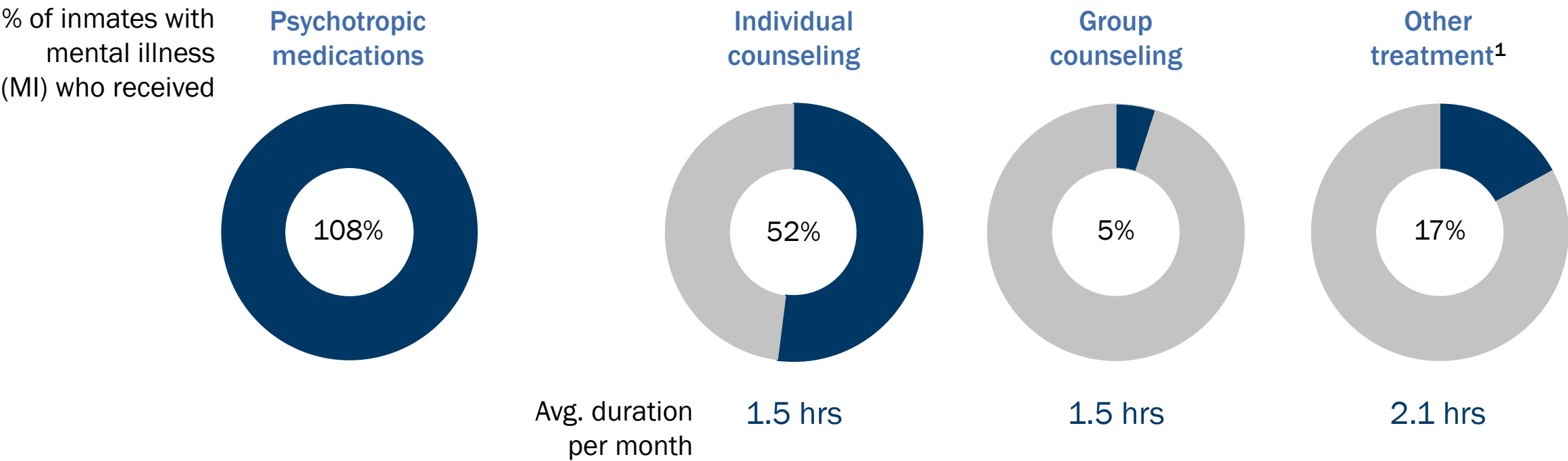
Background

Behavioral health services in jails

Minimum standards for behavioral health care

Resources needed to implement standards

Mental health services in jails include a mix of medication and counseling; medication is more commonly used



¹“Other treatment” includes individual or group mental health treatment other than individual counseling, group mental health counseling, and group substance use disorder treatment

Source: BHC staff analysis of data from 2025 Mental Illness in Jails Report (Compensation Board)

Substance use services in jails consist of one or more forms of treatment

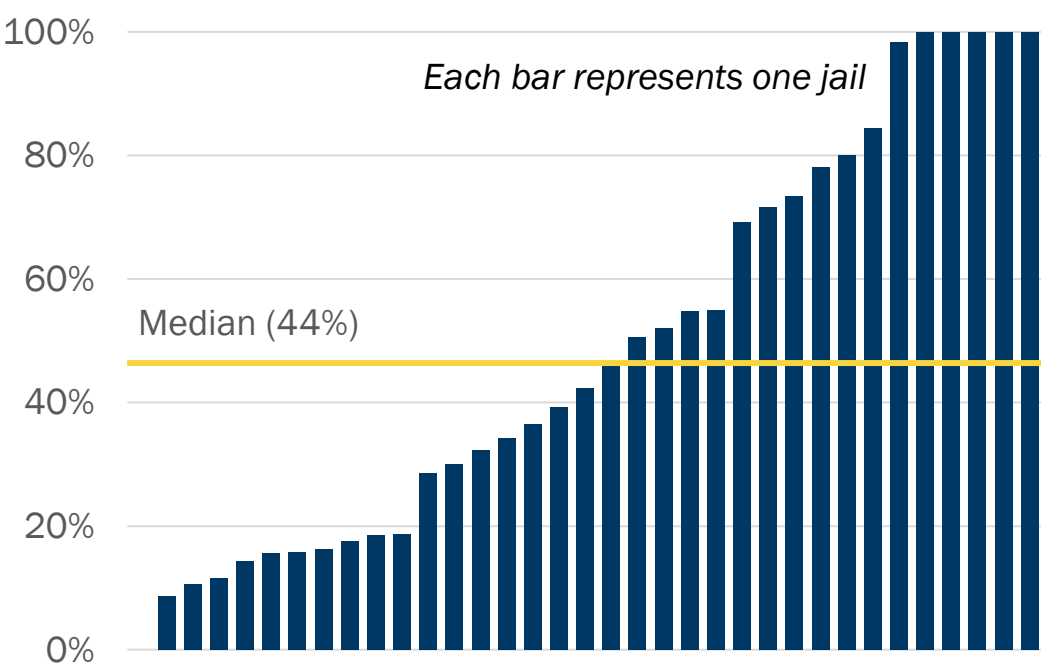
- Medications for opioid use disorder (MOUD) were dispensed to ~15% of inmates with SUD¹
- Group substance use classes were provided to ~13% of all inmates with SUD²
- Alcoholics Anonymous/Narcotics Anonymous meetings took place in 2/3 of jails¹
- Some jails also have recovery housing units for a subset of the population with SUD

¹June 2026, BHC staff analysis of data from 2026 BHC/Compensation Board survey of jails

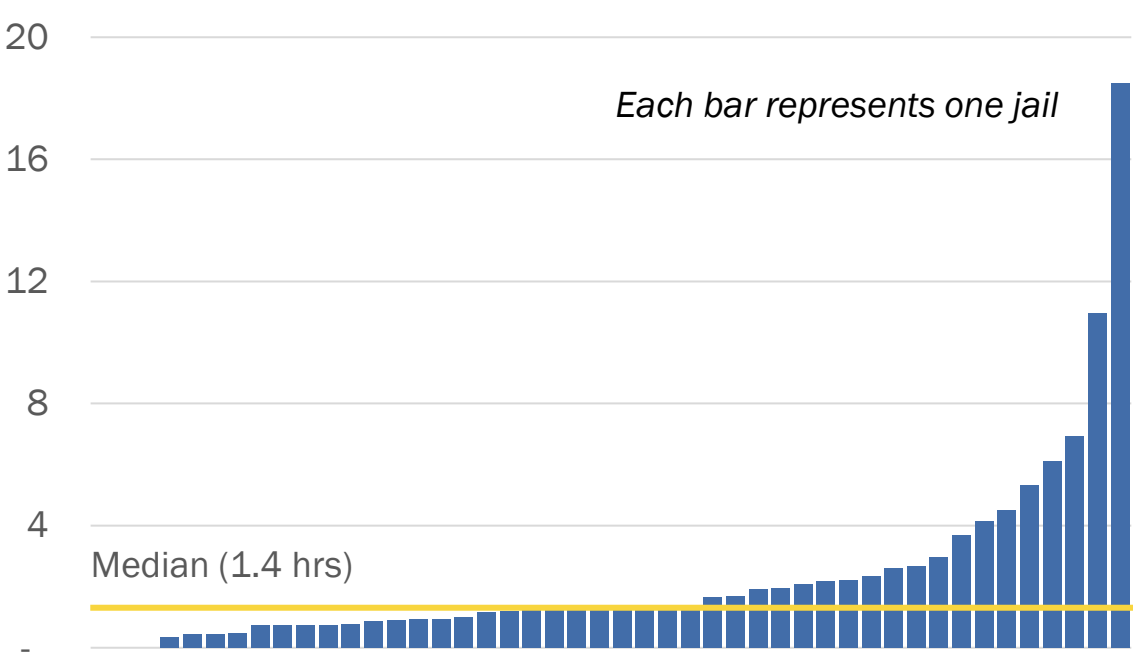
²June 2025, BHC staff analysis of data from 2025 Mental Illness in Jails Report (Compensation Board)

Access to behavioral health treatment and duration vary significantly among jails

% inmates with MI or SUD who received any counseling



Avg. # hours of counseling per inmate, per month



Source: BHC staff analysis of data from 2025 Mental Illness in Jails Report (Compensation Board)

In this presentation

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Resources needed to implement standards

Existing life, health, and safety standards for jails have minimal requirements for behavioral health and do not require any ongoing care

Administrative

Code section	Regulatory requirements
6VAC15-40-360	Provide 24-hour emergency medical and mental health care availability
6VAC15-40-370	Screen all inmates upon admission for mental health, dental problems, allergies, present medications, etc.
6VAC15-40-420	Transfer medical record summaries (including mental health records) when an inmate is transferred
6VAC15-40-450	Keep a written suicide prevention and intervention plan reviewed and documented by medical or mental health authority & review the plan with staff
6VAC15-40-1010	Specify the “handling of mental health inmates,” including agreements to use mental health services from a private contractor or CSB ¹

¹CSB= community services board

General Assembly enacted legislation to establish behavioral health standards for jails in 2019

- HB 1942 (2019) amended §53.1-68 to require the Board of Corrections (now Board of Local and Regional Jails) to establish minimum standards for behavioral health services and enforcement procedures
- §53.1-68 specifies that standards must include requirements for
 - behavioral health screening of jail inmates
 - referral to behavioral health provider for assessment if screening suggests mental illness
 - provision of behavioral health services
 - discharge planning for individuals with serious mental illness assessed as requiring behavioral health services upon release

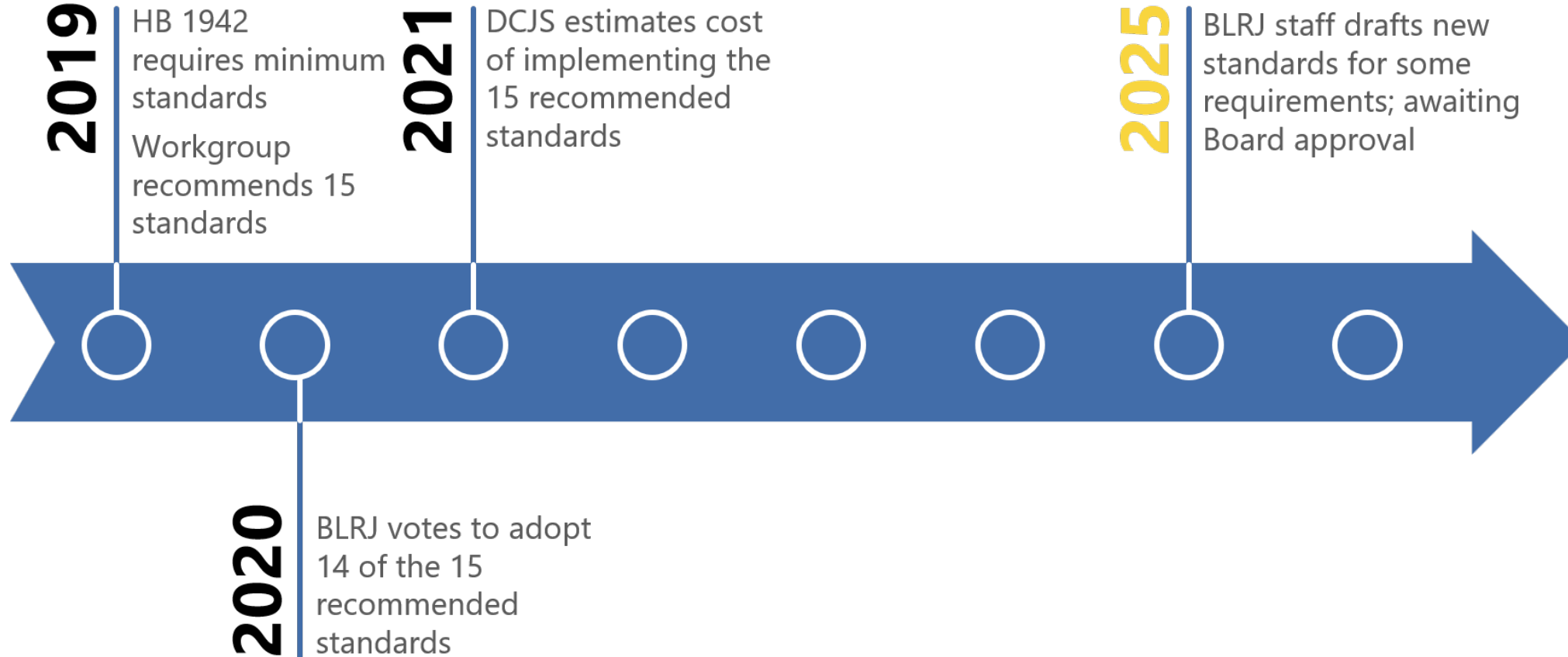
Finding

The Board of Local and Regional Jails has not established comprehensive behavioral health standards through regulations, despite statutory requirement to do so

BLRJ voted on behavioral health standards in 2020 following legislative directive, but never entered them into regulatory process

- BLRJ convened a workgroup that recommended 15 behavioral health standards in 2019
- Board members voted to proceed with 14 of those 15 standards in November 2020
- Board members never proceeded with establishing the standards in law through regulations
 - Standards have no legal standing unless go through regulatory process

BLRJ recently drafted new standards that address some of the statutory requirements for behavioral health services



Some new standards have been drafted but still several steps away from regulatory process

Standard for behavioral health services required by § 53.1-68	Drafted for Board review	Approved by sub-committee	Approved by full Board	Established in regulations
Behavioral health screening	✓	✓		
Referral and assessment after screening	✓	✓		
Discharge planning for people with SMI	✓			
Provision of behavioral health services	✗			
Sharing of records	✗			
CSB billing provisions	✗			

SMI= serious mental illness

Recommendation

The General Assembly may wish to direct the Board of Local and Regional Jails to adopt standards and promulgate regulations on (i) behavioral health screening, referrals for behavioral health assessments, discharge planning, and sharing of records consistent with the requirements of § 53.1-68(C) no later than July 1, 2027; and (ii) the provision of services no later than the first day of the 2028 regular General Assembly session.

Finding

Statutory requirements for minimum behavioral health standards do not clearly define the requirements for “provision of behavioral health services”

§ 53.1-68(C) offers guidance on standards related to screenings, assessments, and discharge planning, but not provision of services

Such standards shall include [...] requirements for behavioral health services provided in jails, including requirements for:

Screening and referral to assessment

1. (i) behavioral health screening of individuals committed to local correctional facilities; (ii) referral of individuals committed to local correctional facilities for whom a behavioral health screening indicates reason to believe the person may have mental illness to a behavioral health service provider for a behavioral health assessment [...]. Requirements related to behavioral health screenings and assessments shall include a requirement that in cases in which there is reason to believe an individual is experiencing acute mental health distress or is at risk for suicide, (a) staff of the local correctional facility shall consult with the behavioral health service provider to implement immediate interventions and shall provide ongoing monitoring to ensure the safety of the individual and (b) the behavioral health assessment shall be completed within 72 hours of completion of the behavioral health screening, except that if the 72-hour period ends on a day that is a Saturday, Sunday, or legal holiday, the assessment shall be completed by the close of business on the next day that is not a Saturday, Sunday, or legal holiday;

Discharge planning

2. Requirements for discharge planning for individuals with serious mental illness assessed as requiring behavioral health services upon release from the local correctional facility, which shall include (i) creation of a discharge plan, as soon as practicable after completion of the assessment required pursuant to subdivision 1, and (ii) coordination of services and care with community providers, community supervision agencies, and, as appropriate, the individual's family in accordance with the discharge plan until such time as the individual has begun to receive services in accordance with the discharge plan or for a period of 30 days following release from the local correctional facility, whichever occurs sooner. Discharge plans shall ensure access to the full continuum of care for the individual upon release from the local correctional facility and shall include provisions for (a) linking the individual for whom the discharge plan has been prepared to the community services board in the jurisdiction in which he will reside following release and to other supports and services necessary to meet his service needs and (b) communication of information regarding the individual's treatment needs and exchange of treatment records among service providers;

Provision of behavioral health services

1. (iii) the provision of behavioral health services in local correctional facilities

“Provision of behavioral health services” needs greater specificity in statute

- Statutory language is vague and does not articulate requirements for specific procedures, participants, timeframes, or deliverables
 - Less specific than requirements for screening, assessments, and discharge planning
- Regulations created pursuant to that requirement will determine what level of services jails are required to provide
- Could utilize standards related to service provision adopted by BLRJ in 2020 not separately required by statute

Recommendation

The General Assembly may wish to consider amending § 53.1-68 (C) to provide greater specificity around the standard for “requirements for the provision of behavioral health services.” Revised language should address access to care; communication of inmate needs; continuity and coordination of services; restrictive housing; primary mental health services; and management of intoxication, withdrawal, and overdose.

Guidance documents will be needed to ensure effective implementation of minimum behavioral health standards

- Guidance documents need to accompany regulations
 - help clarify expectations of jails
 - ensure jails are interpreting and implementing standards consistently
 - give BLRJ inspectors specific guidance for what to enforce
- Without adequate guidance, there will continue to be unnecessary variation in behavioral health care among jails
- Secretary of Public Safety and Homeland Security could convene a task force to assist BLRJ in gathering input and developing guidance documents

Recommendation

The General Assembly may wish to consider including language in the 2027 Appropriation Act directing the Secretary of Public Safety and Homeland Security to convene a task force with the Secretary of Health and Human Resources to develop proposed guidance documents and compliance indicators for regulations established pursuant to § 53.1-68(C).

The task force should assemble relevant stakeholders and consider how jails differ in their ability to implement the regulations, identify any additional funding jails would need to comply, and provide proposed guidance documents to the Board of Local and Regional Jails and the Chair of the Behavioral Health Commission by November 15, 2027.

Recommendation

The General Assembly may wish to consider including language in the 2027 Appropriation Act directing the Board of Local and Regional Jails to adopt guidance documents and compliance indicators for regulations established pursuant to § 53.1-68 (C), and to file with the Registrar of Regulations for publication in the Virginia Register of Regulations no later than June 30, 2028.

Suicide watch requires isolation and deprivation

- Inmates are placed on suicide watch for suicidal behavior or for any range of mental health symptoms, based on jail policies
- Inmates placed on suicide watch are typically alone in a cell with
 - Thin smock, no regular clothing
 - Heightened supervision
 - No tablets or other personal items
 - No sleeping mat or blanket, in some jails
- Suicide watch is easy to initiate but more complicated to end, so a person may be on suicide watch for longer than is clinically necessary

Finding

Suicide watch protects inmates in crisis but can harm their mental health

Suicide watch can harm mental health, but Virginia does not require mental health monitoring

- Jail mental health staff report that the isolation and stress of suicide watch can worsen inmates' depression and lead to decompensation
- Research literature has extensively documented the psychological harms of prolonged isolation, including increased anxiety and hallucinations
- Virginia jails are currently required to have a suicide prevention policy, but there are no requirements for access to mental health treatment or regular monitoring
- Some other states have built safeguards into their jail standards

Option

The General Assembly may wish to consider directing the Board of Local and Regional Jails to promulgate regulations requiring that inmates who are placed on suicide watch or who are in administrative segregation for reasons related to mental health be evaluated by a medical or mental health provider within 12 hours of placement and at least every 24 hours thereafter by a mental health provider to determine whether there is an ongoing need for that placement. Regulations should be promulgated no later than the first day of the 2028 regular General Assembly session.

Adopting new behavioral health standards and guidance documents would add substantially to workload of BLRJ staff

- BLRJ currently has 8 FTEs who:
 - help promulgate jail regulations and standards
 - conduct regular jail audits for jail operations
 - inspect every jail for compliance with Life, Health, and Safety standards at least once/yr.
 - review all jail deaths in the state
 - produce two statutorily required annual reports
- BLRJ needs more staff to help promulgate and to monitor compliance with new standards

Recommendation

The General Assembly may wish to consider including additional funding and three FTEs in the 2027 Appropriation Act for the Board of Local and Regional Jails to hire one policy analyst and two compliance analysts.

In this presentation

Background

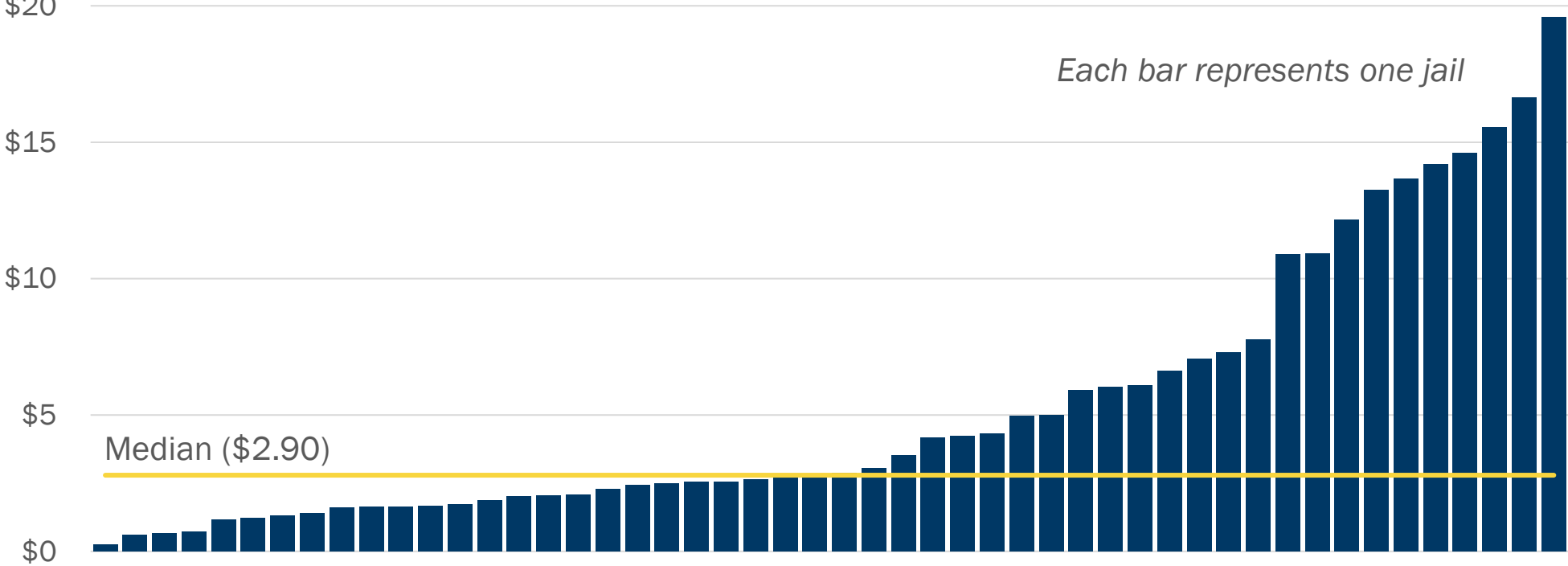
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Mental health spending varies significantly among jails

Avg. daily spending
per inmate
\$20



Source: BHC staff analysis of data from 2025 Mental Illness in Jails Report (Compensation Board)

Finding

Behavioral health treatment varies widely based on jail size and local fiscal conditions

Behavioral health treatment is linked to jail size and local fiscal conditions

- Jails that are larger and jails located in areas with less fiscal stress
 - spend more per inmate with a mental illness
 - provide more hours of treatment to inmates with a mental illness
 - provide individual counseling to a larger share of inmates with a mental illness

Medications are key to mental health treatment in jails but are funded entirely by localities

- Medications are the first line of mental health treatment in jails
- Long-acting injectable (LAIs) antipsychotic medications are highly effective in jail settings because they release medication over time
 - Ensure better adherence to medication during incarceration (no missed pills)
 - Increase effectiveness of treatment after transfer from a state hospital
 - Maintain inmates on their medication after release
- Funding for mental health medications in Virginia jails is entirely local

Finding

High cost of some mental health medications strain some jails' budgets

Medication costs can create barriers for some jails

- Amount spent on medication varies greatly, from \$0.30 a month per inmate with mental illness in the Gloucester County jail to \$364 in the Roanoke City jail
- Some jails, especially smaller and rural jails, struggle with the cost of some behavioral health medications
- High cost of LAIs can be prohibitive for some jails, despite high effectiveness
 - Single dose can cost several thousand dollars
- Jails in other states have used “340B” drug pricing programs to lower medication costs, and state pharmacy contracts were recommended previously

Recommendation

The General Assembly may wish to consider including language in the 2027 Appropriation Act directing the Secretary of Health and Human Resources, with assistance from the Secretary of Public Safety, to convene a workgroup that includes the Department of Medical Assistance Services, the Department of Behavioral Health and Developmental Services, and the Compensation Board to study how to lower the cost of psychotropic medications, medications for opioid use disorders, and long-acting injectable antipsychotics for jails and to present their recommendations to the Behavioral Health Commission by November 1, 2027.

Finding

Jails need additional resources to effectively implement minimum behavioral health standards, including more behavioral health case managers and support for discharge planning and reentry

Additional behavioral health case manager positions are needed to meet minimum standards and monitor inmates on suicide watch

- DCJS recommended a staffing standard for behavioral health case managers (BHCM) to meet minimum behavioral health standards in 2021
 - 1 full-time BHCM for every 160 inmates, with at least one per jail
- General Assembly has funded 1/2 the recommended positions (125)
- Jails use BHCMs for treatment, needs assessments and treatment coordination, discharge planning, and supervision of other mental health staff, etc.
- Minimum allocation should increase to 2 BHCMs per jail to provide more consistent care and to ensure adequate monitoring of inmates on suicide watch
- ~75 additional BHCM positions are needed to meet standards

Recommendation

The General Assembly may wish to consider including additional funding in the 2027 Appropriation Act for the Compensation Board to allocate all behavioral health case manager positions needed to achieve the staffing standard of 1 case manager per 160 inmates recommended by the Department of Criminal Justice Services, with at least two case managers allocated to each jail.

Discharge planning for behavioral health can be challenging, exacerbated by unplanned court releases

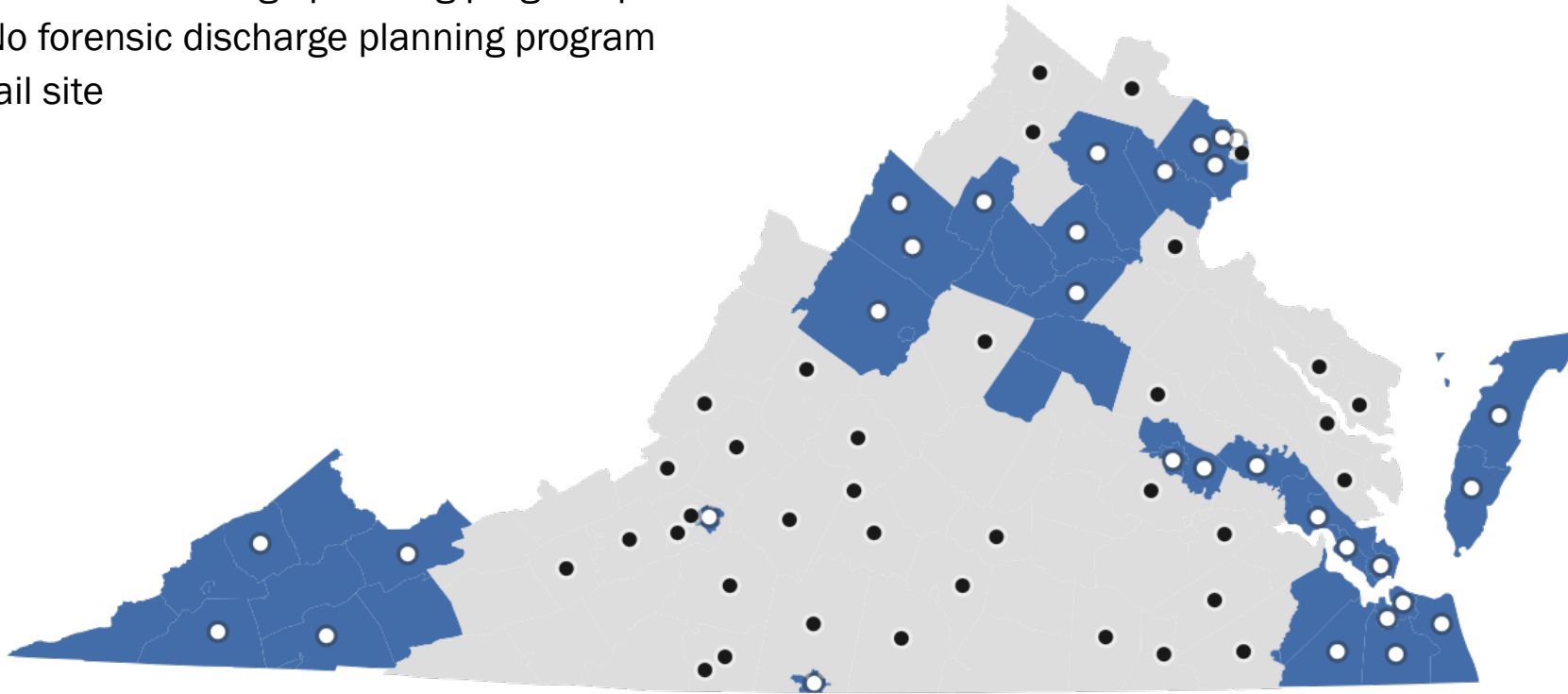
- Discharge planning is one of the most effective tools jails have for continuity of care
 - _ Schedule follow-ups for treatment
 - _ Provide medication refills
 - _ Re-establish Medicaid coverage
 - _ Improves continued engagement in treatment and lowers risk of return to jail
- Majority of jail inmates are awaiting trial or sentencing and have unpredictable release dates
- Discharge planners communicate with attorneys and track inmates' release dates, but they are not available in all jails

Discharge planning for SMI will be required once law is implemented

- Some jails provide discharge planning for individuals with SMI, but some do not
- Once there are regulations implementing the discharge planning requirements of §53.1-68, all jails will be required to provide this
 - BLRJ staff have drafted discharge planning regulations
- Jails that do not currently provide discharge planning may not have the staff capacity or expertise to develop these programs

DBHDS operates a forensic discharge planning program in 29 jail sites that effectively linked 2/3 of participants to community services in FY25

- Forensic discharge planning program present
- No forensic discharge planning program
- Jail site



Option

The General Assembly may wish to consider including additional funding in the 2027 Appropriation Act for the Department of Behavioral Health and Developmental Services to expand forensic discharge planning programs (i) to be implemented in jails that do not currently participate; and (ii) to serve additional inmates in jails that already participate in the program.

Medicaid cannot be used to cover treatment while individuals are incarcerated, but waiver exists for reentry services

- Medicaid is suspended when a person enters jail, and they must be re-matched with a Managed Care Organization after release, which can leave gaps in care coordination at the moment of reentry
- 21 states use a 1115 reentry demonstration waiver to cover inmates up to 90 days before release
- Waiver uses state and federal Medicaid dollars to pay for inmates' behavioral health services before release and covers community care immediately upon release

Recommendation

The General Assembly may wish to consider including language in the 2027 Appropriation Act directing the Department of Medical Assistance Services to conduct a study on the feasibility of a Section 1115 reentry waiver to enable Medicaid payment for certain health care services to incarcerated individuals in Virginia. The study should include an assessment of how federal budget neutrality requirements would be demonstrated and the potential costs and savings for the state. The Department of Corrections, the Compensation Board, and the Department of Juvenile Justice should collaborate with DMAS on the study, providing information and input as needed. DMAS should report its findings to the Behavioral Health Commission by December 1, 2027.

State hospital admissions for inmates rely on CSB pre-screeners

- When an inmate in crisis requires mental health care beyond what the jail can provide, jails can pursue a temporary detention order (TDO)
- Only a CSB pre-screener can evaluate an inmate for TDO
- Magistrates determine whether to issue a TDO after considering the CSB pre-screener's recommendation
- Criteria are similar to a civil TDO; the inmate must, because of mental illness:
 - have a substantial likelihood of serious physical harm to self or others, or of serious harm from an inability to care for himself, and
 - require hospitalization

Finding

Jail relationships with their CSBs can impact inmates' access to state hospitals

CSB pre-screeners do not handle jail TDO requests consistently

- Jails report that CSBs do not always respond to requests for pre-screening
- Different pre-screeners vary in their interpretation of “requires hospitalization”
- Wide range in TDO rates between jails
 - Due to many factors, including rates of mental illness in different communities
- Several jails described situations involving acutely suicidal or psychotic inmates whom pre-screeners deemed ineligible for a TDO because they believed the jail had the ability to keep the person safe

Recommendation

The General Assembly may wish to consider including language in the 2027 Appropriation Act directing the Department of Behavioral Health and Developmental Services to form a workgroup that includes CSB staff and jail stakeholders to develop protocols to guide the pre-admission screening process for inmates of local and regional jails. DBHDS should issue final guidance document to CSBs and report on the guidance to the Behavioral Health Commission no later than November 1, 2027.

Takeaways

- Most inmates with mental illness receive some treatment, but the types and duration of care can be minimal in some jails
- Jail size and resources can constrain access to behavioral health treatment
- Board of Local and Regional Jails has not established minimum standards for behavioral health care, as required by law since 2019
- Jails will need more behavioral health resources to implement minimum standards, especially for mental health staff and discharge planning

Staff for this report

Claire Pickard Mairead, Senior Policy Analyst



Next meeting
November 4, 2026

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