
REGION 4 JAIL TEAM

PURPOSE AND DESCRIPTION: The Region 4 Jail Team provides jail-based mental health services, including case management, competency restoration, and jail diversion/re-entry services, for individuals who are diagnosed with severe mental illness and housed at Richmond City Justice Center (RCJC), Riverside Regional Jail (RRJ), or Southside Regional Jail (SRJ). The Jail Team strives to facilitate collaboration and consultation between individuals with mental illness and mental health treatment providers, courts, attorneys, correctional institutions, community corrections, psychiatric hospitals, community services boards/behavioral health authorities (CSBs/BHAs), and other social service agencies. Our goal is to provide culturally competent, trauma-informed, recovery-oriented mental health services in the jail setting that are comparable to services available in the community, as much as feasible, thereby reducing the need for inpatient psychiatric treatment.

STAFFING: The Jail Team currently consists of a Program Manager, two Clinicians, and a Re-entry Coordinator. The Program Manager is a licensed clinical psychologist who is trained in forensic evaluation and is responsible for completion of all pre-trial forensic evaluations, supervision of staff, and general oversight of the program. The two clinicians have a master's degree in counseling, psychology, or a related human services field and are responsible for providing case management and competency restoration services at their assigned jail(s). The Re-entry Coordinator is a master's level clinician who is responsible for providing jail diversion and re-entry services for those who are homeless and/or are experiencing the greatest clinical needs.

FUNDING: In 2003, the General Assembly approved redirection of state facility funds to enhance community-based services following the reduction of state facility beds. These reinvestment funds support a number of regional initiatives, including the Jail Team, which was one of the earliest regional programs, established in 2004.

SERVICE GOALS: There are three primary services of the Jail Team:

1. **Case Management:** Case management involves linking individuals with mental health and psychiatric services available at the jail, communicating with the CSB/BHA community case manager about the individual's care, and providing advocacy and clinical interventions as necessary. Case management is designed to augment, not substitute, mental health services provided by the jail. Individuals are referred to the Jail Team for case management services by CSB/BHA case managers, Central State Hospital (CSH) or Piedmont Geriatric Hospital (PGH) staff upon discharge from the hospital to the jail, or by jail mental health staff. The Jail Team may opt to provide case management services to an individual without a formal referral, if the individual is known to the Jail Team and typically requires services. When a CSB/BHA refers an individual for case management services, the referring case manager will

receive monthly updates regarding the individual's treatment, via telephone or encrypted email, until the CSB/BHA closes the case.

2. Pre-Trial Forensic Evaluations/Competency Restoration: Court-ordered pre-trial assessments include evaluations of competency to stand trial and mental state at the time of the alleged offense(s). These evaluations are ordered directly to the Jail Team or RBHA. For individuals ordered to receive competency restoration services, the Region 4 Jail Team provides individual restoration education to individuals in the jail in order to divert individuals from inpatient hospitalization.
3. Jail Diversion and Re-Entry Services: Jail diversion and re-entry services are provided for individuals at the jail with severe mental illness who are willing to seek treatment in the community upon release and require assistance connecting with community mental health services and/or other community supports, including housing. Jail diversion may take the form of developing re-entry plans so the court may consider releasing the individual from jail on a personal recognizance bond. Re-entry plans are also developed post-adjudication for individuals who are returning to the community from the jail. Re-entry plans typically involve housing placement assistance, connection with community mental health services, assistance with benefit applications, and other assistance as needed. For individuals being served on intensive and specialized caseloads (i.e., ACT, REACH, etc.) re-entry planning is typically completed by the assigned program case manager and the Re-entry Coordinator serves in a consultative role.

POPULATION: Individuals with severe mental illness, such as psychotic and affective disorders. Individuals with other conditions may be opened to the Jail Team if court-ordered for assessment and/or treatment, but they may not receive other services.

AGE GROUP: Adults aged 18 and older.

GENDER: Inclusive of all genders and gender-identities.

LOCATION: Individuals incarcerated at RCJC in Richmond, RRJ in Hopewell, and SRJ in Emporia. The Re-entry Coordinator may follow individuals discharged from the jail and in the community for up to 45 days if the person resides in Region 4.

FREQUENCY:

1. Case Management: At least once monthly, more often if clinically indicated.
2. Pre-Trial Forensic Evaluation: As needed and dictated by court order.
3. Competency Restoration: At least once weekly; more or less if clinically indicated.
4. Jail Diversion and Re-Entry Services: As needed.

LENGTH OF SERVICE:

1. Case Management: Case management may continue from the point of referral until discharge from the jail. However, case management may be discontinued prior to discharge from the jail if the individual is stable and awaiting transfer to the Department of Corrections or another institution, when the individual refuses services despite multiple attempts to engage, or if an individual returns from CSH/PGH and was determined to be malingering and additional clinical services are not warranted.
2. Pre-Trial Forensic Evaluation: Reports are submitted to the court when an opinion is rendered, the order expires, or there is a specific due date on the court order.
3. Competency Restoration: Restoration services are provided until an opinion is proffered to the court (i.e., competent to stand trial, incompetent and in need of continued restoration, or unrestorably incompetent to stand trial). In situations where it is recommended to the court that the individual receives inpatient restoration services, restoration will continue until the case is adjudicated or the person is admitted to CSH or PGH.
4. Jail Diversion and Re-Entry Services: Assistance is provided from the point of referral to re-entry into the community, or until the person is connected with a community mental health provider. In some cases, monitoring may continue for a period of time post-discharge from the jail.

JAIL DIVERSION/RE-ENTRY SERVICES PROJECT FUNDING: Limited re-entry funds are available on a first-come/first-served basis for individuals who are transitioning to the community from one of the jails the Jail Team services and who meet specific eligibility criteria. Funds are renewed on a fiscal year basis, as budget resources allow.

DISCHARGE/TERMINATION OF SERVICES:

1. The jail unexpectedly releases an individual to the community.
2. An individual is released from the jail and no ongoing re-entry services are needed.
3. The individual is admitted to CSH or PGH, found to be unrestorably incompetent to stand trial, and civilly committed.
4. The individual is found not guilty by reason of insanity and admitted to CSH or PGH.
5. The individual is transferred to another facility, such as a jail not serviced by the Jail Team, the Department of Corrections, the Department of Homeland Security, the Virginia Center for Behavioral Rehabilitation, or another institution/agency.
6. The individual is released outside of Region 4.

REGION 4 JAIL TEAM CONTACT INFORMATION

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