



Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

Final Report

Fairfax City and Fairfax County, Virginia

October 6-7, 2011



Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

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Fairfax City and Fairfax County, Virginia

Cross-Systems Mapping: Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

Introduction

The purpose of this report is to provide a summary of the *Cross-Systems Mapping* workshop held in Fairfax, Virginia on **October 6 and 7, 2011**. The workshop was sponsored by the Fairfax Community Criminal Justice Board. This report, with accompanying electronic file, includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A cross-systems intercept map as developed by the group during the workshop
- An action plan as developed by the group

Recommendations contained in this report are based on information received prior to or during the *Cross-Systems Mapping* workshop. Additional information is provided that may be relevant to future planning.

Background

The Fairfax Community Criminal Justice Board requested the *Cross-Systems Mapping* workshop to provide assistance to Fairfax City and Fairfax County with:

- Creation of a map indicating points of interface among all relevant local systems
- Identification of resources, gaps, and barriers in the existing systems
- Development of a strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system

Workshop participants included twenty nine (29) individuals representing multiple stakeholder systems: mental health, substance abuse treatment, human services, consumers, law enforcement, state & local probation, Office of the Commonwealth Attorney, Office of the Public Defender, and the Courts. A complete list of participants is available in the resources section of this document. Dr. Michael Schaefer, Ph.D., Forensic Coordinator, Southern Virginia Mental Health Institute, Lynda J. Hyatt, Ph.D., Clinical Director, Gateway Homes, and Steve Austin, Director, Prince William County Office of Criminal Justice Services, facilitated the workshop sessions.

The FairfaxCross Systems Map

Objectives of the Cross-Systems MappingWorkshop

The *Cross-Systems Mapping workshop* has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Re-entry, and Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

The Fairfax City and Fairfax CountyCross-Systems Map created during the workshop can be found in this report on Page 5.

Keys to Success: Cross System Task Force, Consumer Involvement, Representation from Key Decision Makers, Data Collection

Existing Cross-Systems Partnerships

- A number of cross systems local collaboration efforts existed in Fairfax prior to the Cross-Systems Mappingworkshop. Some of these partnerships include:
 - CIT training for police officers and MH training for jail staff by CSB jail team.
 - Currently applying for Project HOPE pilot – Circuit Court is taking the lead.
 - A jail team with full time staff provides evaluations and treatment for SA and MH.
 - A jail diversion team, which is a multidisciplinaryteam with peer staff, is converting to a fully staffed intensive case management team.
 - Alcohol and Drug Services provide outpatient and residential treatment to court referrals.
 - CSB SA and MH programs are being trained to be co-occurring.
 - Detox diversion.

Consumer Involvement

- Two consumer representative/advocatesattended theCross-Systems Mapping workshop.
 - Fairfaxmay wish to explore how it can better utilize consumer advocates and collaborate with consumer run programs/agencies, which may be able and willing to provide services, ideas, and manpower to assist the target population.

Representation from Key Decision Makers

- Participants at the Cross-Systems Mapping workshop included a broad cross-section of individuals from various mental health and criminal justice agencies as well as social services and substance abuse services. There was general consensus about the scope of the problem and everyone demonstrated investment and enthusiasm in developing solutions to the issue(s).

Data Collection

- Data is collected throughout the Fairfax area in a variety of locations using multiple data systems. Data currently collected include inmate data through the use of LIDS (the Local Inmate Data System), local pretrial and probation data which include activities and outcomes, State Probation and Parole data which include activities and outcomes, and a variety of Community Services Board (CSB) data.
 - Although a wealth of data are collected, agencies should continue to collect relevant data on this population and work together to improve data collection and data sharing to substantiate the benefits and utility of existing programs.

Parking Lot Issues

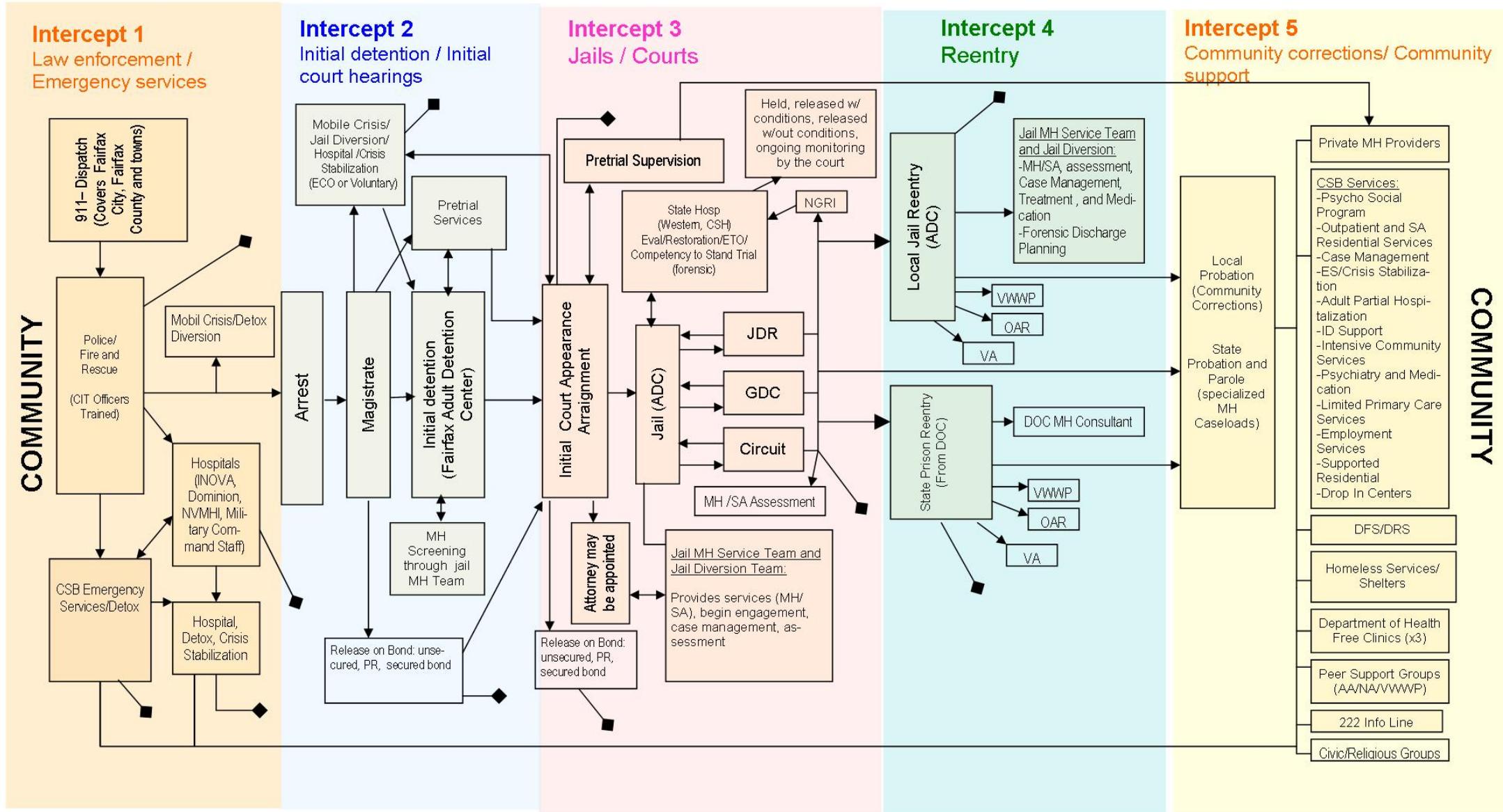
- The current workshop unfortunately, cannot address all problems and issues that emerge during the workshop activities. Since the focus of the Cross Systems Mapping workshop is addressing short term attainable goals first and long term goals second, items of importance to the group that cannot be immediately addressed are considered Parking Lot issues. The Parking Lot issues identified during the current workshop included the need for:
 - Addressing issues regarding sex offenders. Specifically, legislative issues, community issues and education issues.
 - CSB ordered/mandated to do services, which take away/limits ability to provide other services.
 - There is a need to improve outreach to individuals who do not participate in traditional treatment models.



Cross-Systems Mapping

Fairfax City and Fairfax County, Virginia

**Fairfax City and Fairfax County, VA—Sequential Intercepts for Change:
Criminal Justice—Behavioral Health Partnerships**



◆ = Return to the Community.

FairfaxCross Systems Map Narrative

The Cross-Systems Mappingworkshop is based on the Sequential Intercept Model developed by Patty Griffin and Mark Munetz for the National GAINS Center. During this activity, participants are guided to identify gaps in services, resources, and opportunities at each of the five distinct intercept points.

This narrative reflectsinformation gathered during the Cross-Systems Mappingworkshop. It provides a description of local activities at each intercept point, as well as gaps and resources identified at each point. This narrative may be used as a reference in reviewing the Cross-Systems Map. The cross-systems local task force may choose to revise or expand information gathered in the activity.

Intercept I: Law Enforcement / Emergency Services

General Description of Services and Cross-System Collaboration

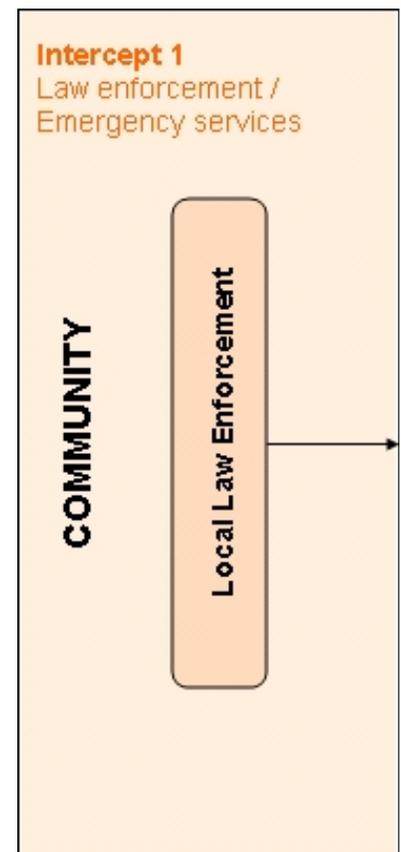
Fairfax City and Fairfax Countyare served by three law enforcement agencies: Fairfax City Police Department, Fairfax County Police Department and the Fairfax County Sheriff's Office. The Fairfax City Police Department receivesCrisis Intervention Team (CIT) training through the academy, but not all officers are trained. The CSB has a Mobile Crisis Team which is patched into local dispatch and is also available to police if it is determined that there is a mental health issue.Dispatch officers do not receive CIT training but they do ask if a mental health history is involved.Once the officer arrives at the scene, they have the option to resolve the issue on location (no arrest, no further assistance), voluntarily transport the person to a hospital,involuntarily transport the individual by issue of a temporary custody order (TDO), take the individual toemergency services, crisis stabilization (two sites),orpolice can request a jail diversion unit to come and take the individual to detox. Three hospitals are utilized:INOVA, Dominion, and the Northern Virginia Mental Health Institute. Individuals who currently serve in the military can also be taken to military command staff. Fire and rescue may also respond to the scene. Ifthe individual isarrested,theyaretaken in front of a magistrate.

■ Identified Gaps

- Need more officers to receive CIT training
- Mobile crisis is not 24 hours: hours of operation are 8AM to midnight
- Need for a secure drop off center
- 120 different languages are spoken in the area- not able to meet all of the need in crisis
- Excessive time spent by officers finding beds
- Dispatchers need enhanced CIT training
- There is not a process in place to request a CIT trained officer when there is obviously a need

■ Identified Resource

- CIT trained officers
- Working agreements for military and cross agency services
- Jail Diversion Program/Jail Diversion Team
- Woodburn Center (Crisis), 15 bed residential, (m-f, 8-5)- 2 emergency sites
- Policy changes allows for non-arrest of persons with Mental Illness at family home



- Chantilly SA diversion beds
- CSB training in jails (possibly during roll call)
- Detox diversion
- Intensive Community Treatment (ICT) - 8 members

Intercept II: Initial Detention / Initial Court Hearing

General Description of Services and Cross-System Collaboration

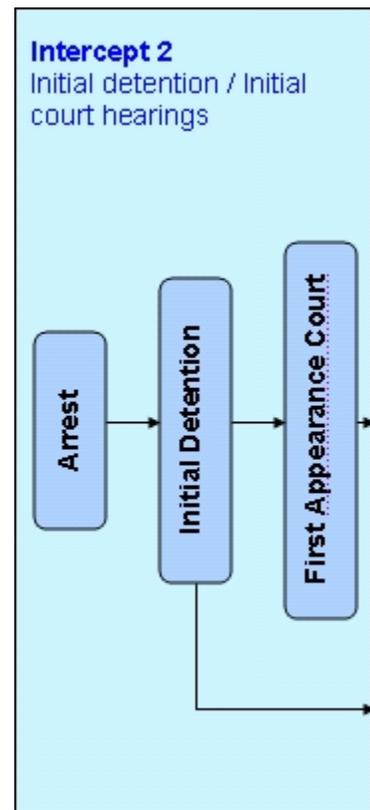
Upon arrest, detainees are brought in front of the magistrate. The Fairfax area has 37 magistrates total. If a warrant is issued, the Magistrate can hold without setting bail; set a secured bond, with or without conditions; set an unsecured bond, with or without conditions; or release the charged individual on a personal recognizance bond (with the promise to appear, with or without conditions). Pre-Trial Services can be imposed on any of the “release” situations. If a mental illness is suspected, the magistrate can call Mobile Crisis or Jail Diversion to perform an assessment. Individuals can also be taken to a hospital or crisis stabilization, either through an Emergency Custody Order (ECO) or voluntarily. If a warrant is issued, and the individual is not released by the magistrate, detainees are taken to the Fairfax Adult Detention Center. Once committed to jail, mental health screenings occur through the MH booking officer and the jail mental health team. If it is determined that the person should be hospitalized or placed into a mental health facility, they are taken to Western State Hospital or Central State Hospital depending on the severity of the charges and the risk presented by the person.

■ Identified Gaps

- Lack of trained and full time medical personnel in jail
- No MH training for pretrial officers
- Access to court date information for persons who were sent to institute on a TDO
- Delays in urgent care, quickly but not immediately
- Need to enhance boundary spanners between pretrial and Intensive Community Treatment teams
- Need to expand services and housing options for females
- Language and culture issues

■ Identified Resources

- Temporary Detention Task Force
- Over 100 beds in jail: MH (approx 60) SA (approx 40)
- Pretrial assessment is 24-7, 5 evaluators
- As of 2005, magistrates have access to a system that can identify whether an individual has had a previous TDO (in past 3 years)
- Single point of entry for CSB referral
- CSB sites have staff for assessing MH/SA simultaneously
- Tele-psychiatry
- Everyone detained at jail is screened, MH and SA
- MH experts may respond for serious presentation (7am to 7pm)
- Sophisticated classification system in the jail
- Meds can be supplied by family



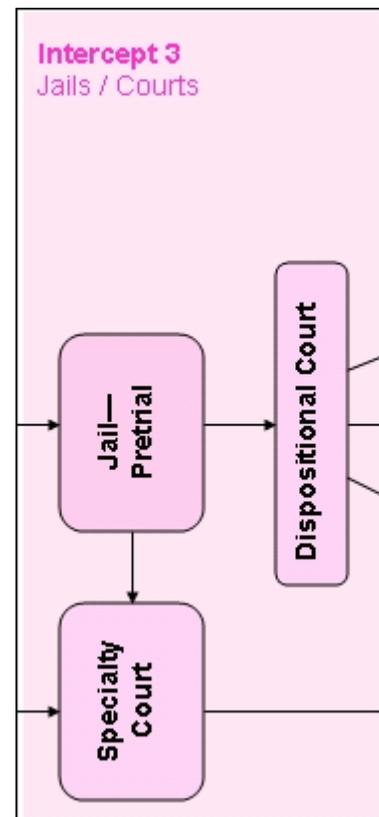
- Dual access to Sheriff and CSB computer system (from jail)

Intercept III: Jails / Courts

General Description of Services and Cross-System Collaboration

After initial appearance before the magistrate, individuals are sent to the Fairfax Adult Detention Center until they appear in front of a judge in Juvenile District Court (JDR), General District Court (GDC) or Circuit Court. During this time, counsel is appointed. Defendants can be released on pretrial supervision, on a personal recognizance (PR) bond, a secured bond, or an unsecured bond. Once a person goes to jail, services are provided through the jail MH team and the jail diversion team. Offenders receive some MH services, SA services, case management and assessment. If it is determined that someone needs to be hospitalized or they are in need of restoration services, they can be sent to Western State Hospital or Central State Hospital. No specialty courts or dockets (Drug Court, MH Court, etc) are available.

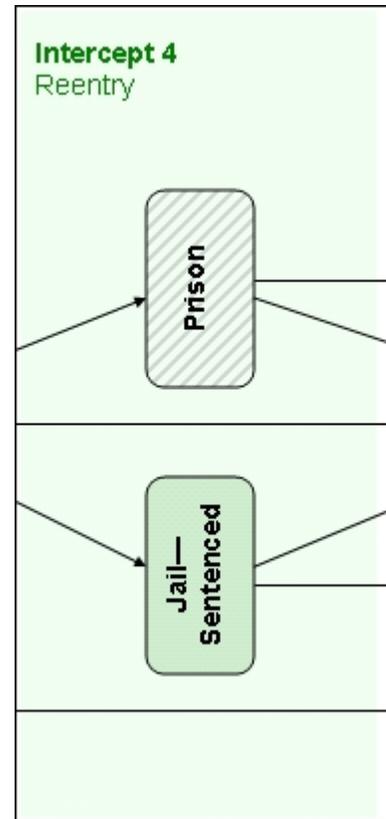
- Identified Gaps
 - Language and cultural barriers
 - Preservation of health
 - Transportation
 - Specialty services (i.e., sex offenders) no providers and barriers to service
 - Getting and keeping family involved
 - Unfunded mandates to perform evaluations takes staff time away from core services
 - Delay in getting to WSH for ETO/Comp/Sanity order- may have to do with getting proper orders
 - Some courts (due to limited exposure) don't fully understand the process to get persons into services- proper orders (training and procedure issue)
 - Unfunded mandate to provide outpatient restoration
 - Limited access to acute care beds
 - Takes too long to get resources to get out of hospital. Have to wait for resources
- Identified Resources
 - Mental health team in jail (psychiatry, discharge planner, stabilization and engagement). 10 to 11 staff, 40 hours psychiatry, nurse, clinical, social workers, counselors. Fewer people in need of SA services but more intensive services are available
 - 48 cells devoted for SA treatment
 - Have trauma informed services
 - No long waiting list to get into WSH
 - CSB funds jail MH services



Intercept IV: Re-Entry

General Description of Services and Cross-System Collaboration

There are currently no discharge planners at the jail responsible for assisting offenders prior to release in getting Social Security cards, benefits, housing, services, employment, etc. The DOC has a re-entry initiative and State Probation and Parole has a re-entry coordinator. The DOC re-entry specialist provides some assistance to local offenders, but mostly for state offenders. The jail diversion team does much of the discharge planning work in the jail. Although there is no discharge planner for the general jail population, there is a designated forensic discharge planner, funded in part through Western State Hospital, to coordinate discharge planning for individuals discharged from the jail for emergency treatment. The CSB also works with individuals who are known consumers. The jail diversion team has access to a data source that can identify previous MH CSB consumers. Virginia Wounded Warriors Program (VWWP) provides in-reach to assist veteran inmates. Opportunities, Alternatives and Resources (OAR) works with inmates to provide pre-release education and training. There is currently no data being collected on the number of veterans entering the jail and no data currently collected on the number of individuals released from the jail who have a mental illness.



- Identified Gaps
 - System for discharge planning is working well, but more staff resources are needed
 - Need to capture veteran status of inmates so that services can be provided by veterans administration
 - Need for resources to initiate benefits in jail
 - Housing not available upon release
 - Lack of IDs, SS cards, etc. to access to services
 - Limited shelter space

- Identified Resources
 - OAR helps get ID prior to release and assists with employment
 - Intake starts benefits process
 - Reentry specialist to provide discharge planning for DOC/ jail for local offenders including initiation of benefits
 - Sheriff allows CSB discharge planners to enter jail for discharge planning for jail diversion services
 - Designated forensic discharge planning for competency to stand trial to hospital to work on discharge plan
 - Jail MH staff have access to computer info at CSB and CCJS
 - Wounded Warrior provides connection to services; link to Veterans services for discharge planning
 - OAR- employment services, transportation, clothes

Intercept V: Community Corrections / Community Support

General Description of Services and Cross-System Collaboration

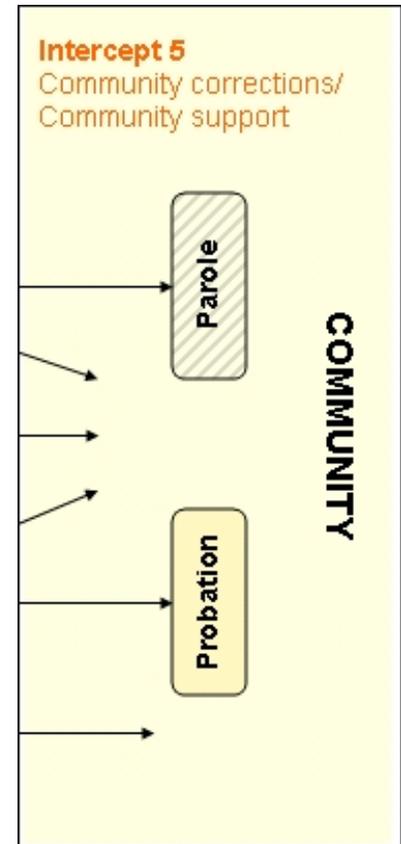
Offenders released to state Probation and Parole or local probation are administered a risk/need instrument. State Probation uses the COMPAS, which assists in case planning but does not include a MH assessment. Local probation also administers a risk/need tool called the Offender Screening Tool (or OST), which also assists in case planning but does not include a MH assessment. If an officer suspects or is informed that an individual has a SMI, they receive further assessment either through the CSB or through private providers. Probation and Parole provides a 'walking' ID to offenders that they can take to the DMV. A program called DMV 'Behind the Walls' also works with offenders to assist them prior to release to get their ID's. Both probation agencies work to connect individuals to resources throughout the community. Although there are a variety of resources available in the community, housing and employment is often an issue.

■ Identified Gaps

- Judge may order an assessment but no resources to pay for service
- Limited training for probation officers on MI and DV issues
- Lack of resources for batterers
- Need for services or children of DV, especially for non English speaking
- Need more conversation about services that can be provided by P&P based on assessment, education of services available
- Lack of employment opportunities
- Housing barriers – MI, criminal justice, employment

■ Identified Resources

- Contracted sex offender services
- DMV behind walls
- Good interface between P&P and Intensive Community Treatment (ICT) program
- Good support w/community resources outside CSB ie, non-profit agencies
- Drop in centers
- Portion of housing vouchers designated for persons with MI
- CSB has staff designated to employment





Taking Action for Change

Fairfax City and Fairfax County,
Virginia

Objectives of the Action Planning Activity

The action planning activity begins a detailed plan for the community. It identifies tasks, time frames and responsible parties for the top 5 priority areas identified by the group.

Action Planning Process

The stakeholders that assembled for the workshop were enthusiastic participants in the development of a strategic action plan. A copy of the Action Plan can be found beginning on page 13 of this document. The action planning process promotes the development of specific objectives and action steps related to each of the priority areas, the individuals responsible for implementation of each action step, and a reasonable timeframe for completion of the identified tasks.

During the second half-day of the workshop, the group spent a significant amount of time developing specific action planning steps for each of the top five priority areas identified during the first day of the program.

Fairfax Priorities

Subsequent to the completion of the Cross-Systems Mapping workshop, the assembled stakeholders began to define specific areas of activity that could be mobilized to address the gaps and opportunities identified in the group discussion about the cross-systems map. A total of 9 distinct priorities were identified, including both opportunities for tactical interventions to promote “early quick victories” and more strategic interventions to stimulate longer-term systems changes. Listed below are the priority areas as ranked by the workshop participants.

Top 9 List

Fairfax– Top 9 Priorities

1. Establish adequate services/response standard/training for CIT.
2. Establishment of 24 hour Psychiatric Emergency Center.
3. Urgent care services are needed – more expedient access.
4. Enhanced coordination and oversight of systems providing services.
5. Lack of funding for services/resources. Such as discharge staff, housing, and transportation.
6. Absence of a coherent policy that would support successful re-entry.
7. Need for data collection and evaluation of existing programs effectiveness.
8. Training/education for court staff and evaluation component regarding resource availability, services and programs.
9. Increase services to specialty populations and services to add depth to include cultural competency for non English speaking consumers.



Action Planning Matrix

Fairfax City and Fairfax County, Virginia

Priority Area 1: Establish a Psychiatric Emergency Center			
Champion: George, Shirley, and Rick			
Objective	Action Step	Who	When
1.1 Identify a location for the Psychiatric Emergency Center (Commonwealth Center).	Sell the idea to city council Rick to meet with city manager within 2 weeks Recruit citizen support (e.g. NAMI) Reframe issue as a sure benefit Shirley to revisit concept with INOVA administration to assess interest.	Rick Shirley	Within 2 weeks Meeting within 2 weeks
1.2 Better understand community's fears/concerns /objections about the presence of a Psychiatric Emergency Center in their neighborhood.	Develop a plan to address the objections Develop the political support around the plan. Correct any misperceptions about who will be at the center. Develop a communication strategy to address the concerns of whatever community is selected.	George and Shirley INOVA & CSB regional leadership	TBD based on reaction of Objective 1.1
1.3			
1.4			



Action Planning Matrix Fairfax City and Fairfax County, Virginia

Priority Area 2: Prioritizing existing funding and resources with programmatic goal.

Champion: Davene and Laura

Objective		Action Step	Who	When
2.1	Identify community partners and resources (i.e. staff/ space/supplies/money	Survey or questionnaire to stakeholders about what resources they have available Community Outreach – Communicate need for resources PR Campaign – approach Universities to aid in developing surveys Katherine possibly to help develop a questionnaire.	Fairfax community partnership	90 days
2.2	Get organized to address goals and objectives	Identify stakeholders from mapping group to meet.	Davene to schedule meeting	90 days
2.3	Review Services targeted to meet target population, service needs at Intercepts 1 – 5.	Data collection Evaluation	Collaboration with data collection group	12-18 months
2.4	Identify alternative funding streams to include Federal, private foundation, etc.	Contact stakeholders Focus/research linking support Identify cheerleaders Look for strategies to maximize resources	Laura to coordinate with Office of Public & Private partnership and Leadership, and CSB Office of	12-18 months.



Action Planning Matrix Fairfax City and Fairfax County, Virginia

		Investigate new funding options (ie. Grants & private organizations). Collaborate with local Universities to aid in PR campaign Develop a core proposal that is already available to send whenever funding opportunities become available.	Resource and Partnership Development.	
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Priority Area 3: Need for data collection & evaluation of effectiveness of existing programs.				
Champion: Dave Rohfer and George				
Objective		Action Step	Who	When
3.1	Identify what data is already being collected by each agency.	Survey each department to determine what data already exists	CCJB IT Committee - with Agency Heads Dave Rohfer to Contact George to oversee progress	2 months
3.2	Identify what data should be collected at each intercept.	Identify top 3 data points which are needed at each intercept.	CCJB IT Committee - with Agency Heads Dave Rohfer to Contact George to oversee progress	2 months



Action Planning Matrix Fairfax City and Fairfax County, Virginia

3.3	Identify the process by which the Data in #2 should be collected.	Develop an instrument	CCJB IT Committee - with Agency Heads Dave Rohfer to Contact George to oversee progress	2 months
3.4	Identify a facilitator (either new or existing) to review the data	Analyze the data Write a report of the findings and recommendations about how to use the data on an ongoing basis. How processes are interconnected and how each affect each other.	CCJB Committee Involve quality offices of various agencies in ongoing analysis of data	8 months



Action Planning Matrix

Fairfax City and Fairfax County, Virginia

Priority Area 4: Enhanced coordination and oversight of systems providing services.			
Champion: George			
Objective	Action Step	Who	When
4.1	Create a project team to establish goals of how system can better communicate and problem solve around key issues.	*Identify which agencies need to participate in such meetings and who from each agency should participate *Schedule a meeting *Identify processes which would enhance coordination and oversight.	CCJB George 6 months
4.2	Create better information flow between principals and systems to understand what is available (e.g. how people do their jobs).	*Educate the principals *Develop a directory of services provided by each agency, community groups/ services *Have an information open house	CCJB George 9 Months
4.3	Create a local mental health/ co-occurring task force to investigate how groups/agencies interact.	Look at policies and processes Recruit members from various agencies who have impact and who can solve system break-downs.	CCJB With 1 year CCJB will evaluate – depending on outcomes of 4.1 & 4.2
4.4	Create a mental health/ co-occurring docket (Prototype).	*Put together work teams to tackle tasks. *Look at where such a prototype is already in existence and how it works/ problems/ struggles. *Work Team will educate CCJB and Other Principals about existing models *Group to address whether such a court	CCJB and other critical stakeholders TBD



Action Planning Matrix Fairfax City and Fairfax County, Virginia

		docket is possible, will be of value, or will work in this area Schedule regularly scheduled meetings to keep issue on table.		
4.5				



Action Planning Matrix Fairfax City and Fairfax County, Virginia

Priority Area 5:					
Champion:					
Objective		Action Step		Who	When
5.1	Increase number of CIT trained bilingual officers	Bilingual officers attend CIT training before English only speaking officers		Major Cline to recruit Call & memo Criminal Justice Academy	Next available CIT class.
5.2	Identify veterans as a specialty group in order to link them to services.	<p>Develop/ adjust the screening process to better identify this group. Screening to include if a veteran/ if have ever served in military.</p> <p>Collaborate to develop a referral mechanism to Veterans' groups to access services</p> <p>VA wounded Warrior (and others) to develop resource list of available services.</p>		<p>Police Dept., Magistrates Office Sheriff's office/ADC</p> <p>Mark Sites & Mark Taylor</p> <p>Mark Taylor</p>	ASAP – January 1, 2012
5.3	Establish a VIPS program for agencies such as mobile crisis	Recruit and train bilingual volunteers to assist county agencies.		Jim Kelly Police Dept command Mobile crisis to request assistance	Have meeting with Command Staff to request VIPS in January 2012
5.4	Increase language competency	<p>Purchase language learning programs (e.g. Rosetta Stone). Target top 5 languages spoken in the County.</p> <p>Survey agencies to see if they would help contribute funds to pay for multiple licenses so that program could be used across languages.</p>		<p>Police Dept State/County Agencies</p> <p>Dr. Baron to coordinate Marlene Horton at the Academy on what it</p>	Next budget cycle (2013)



Action Planning Matrix Fairfax City and Fairfax County, Virginia

			cost them to purchase multiple licenses	
5.5	Increase number of bilingual and culturally diverse staff	Continued recruitment efforts –	All agencies involved.	Ongoing

Evidence-Based and Promising Practices

Specific treatment, services or criminal justice practices were not examined during the course of the Cross-Systems Mapping workshop. At some point, Fairfax City and Fairfax County may want to assess its successful use of evidenced-based and promising practices in each of these areas. Key areas to examine are listed below.

Criminal Justice

- A focus on increasing cultural competence and decreasing disparities in access/availability to behavioral healthcare in all system changes planned and at each intercept
- Consideration of the impact of trauma in regard to policy and procedures at all intercepts
- The need for gender-informed practices at all intercepts
- Facilitation of transitional planning and linkage of individuals to appropriate services in the community
 - The APIC model and the transitional planning checklist, currently being used by the Jericho Project, provides criminal justice, behavioral staff, and others with a concrete model to consider for implementing transitional planning across all intercepts.
- Information sharing across criminal justice and treatment settings

Treatment

- Integrated treatment of co-occurring mental illness and substance use disorders that focuses on recovery and includes illness self-management strategies and services for families
- Services that are gender sensitive and trauma informed
- Treatment of trauma-related disorders for both men and women
- Assertive Community Treatment and intensive forensic case management programs

Service

- Utilization of a systemized approach to accessing benefits for individuals who qualify for SSI and SSDI, including individuals who are homeless and those recently released from jail or prison building on the current SOAR efforts
- Employing consumers in delivery of in-reach, case management and training services
- The use of natural community supports, including families, to expand service capacity to this vulnerable population
- Supported employment programs and programs that assist individuals in accessing mainstream employment opportunities
- Safe housing for persons with mental illness involved with the criminal justice system

Closing

Fairfax City and Fairfax County are extremely fortunate to have identified champions genuinely interested and ready to work from both the Mental Health and Criminal Justice system. The interest in putting forward a coordinated strategy for local efforts offers a remarkable opportunity to move forward with the priorities crafted by the Cross-Systems Mapping workshop participants.

The Cross-Systems Mapping workshop participants displayed a high level of energy and optimism. There are many relationships already formed that can be forged for greater coordination. The stakeholders have identified numerous areas to collaborate and build improved services for individuals suffering from a mental illness.

On behalf of the Department of Behavioral Health and Developmental Services (DBHDS), the Department of Criminal Justice Services (DCJS), and the Cross System Mapping facilitators, we thank you for your time and willingness to work together as a community to improve services to individuals in the criminal justice system who suffer from a mental illness.



Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

Additional Resources

Web Sites Sponsored by PRA	
Policy Research Associates	www.prainc.com
NationalGAINSCenter/ TAPACenter for Jail Diversion	www.gainscenter.samhsa.gov
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar

Additional Web Sites	
Center for Mental Health Services	www.mentalhealth.samhsa.gov/cmhs
Center for Substance Abuse Prevention	www.prevention.samhsa.gov
Center for Substance Abuse Treatment	www.csat.samhsa.gov
Council of State Governments Consensus Project	www.consensusproject.org
JusticeCenter	www.justicecenter.csg.org
National Alliance for the Mentally Ill	www.nami.org
NationalCenter on Cultural Competence	www11.georgetown.edu/research/gucchd/nccc/
NationalCenter for Trauma Informed Care	http://mentalhealth.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	www.health.org
National Criminal Justice Reference Service	www.ncjrs.org
National Institute of Corrections	www.nicic.org
National Institute on Drug Abuse	www.nida.nih.gov
Office of Justice Programs	www.ojp.usdoj.gov
OhioCriminalJusticeCenter for Excellence	www.neoucom.edu/cjccoe
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Substance Abuse and Mental Health Services Administration	www.samhsa.gov



Cross-Systems Mapping &
Taking Action for Change
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