

The purpose of this communication is to provide a quick review and update of a *Cross-Systems Mapping* workshop held in Fairfax in October 2011. That workshop was sponsored by the Fairfax Community Criminal Justice Board. The *Cross-Systems Mapping* workshop was based on the Sequential Intercept Model developed by Patty Griffin and Mark Munetz for the National GAINS Center.

Workshop participants included twenty nine (29) individuals representing multiple stakeholder systems: mental health, substance abuse treatment, human services, consumers, law enforcement, state and local probation, Office of the Commonwealth Attorney, Office of the Public Defender, and the Courts. However, assignments were made to just a handful of participants, many of whom no longer work in the county. Most assignments went unfulfilled.

CSB Deputy Director for Clinical Operations Daryl Washington, Assistant Deputy Director Lyn Tomlinson (oversees Emergency Services), Assistant Deputy Director Jean Hartman (oversees Forensic Services) and Executive Director Tisha Deeghan conducted this review. Comments are organized by Intercept point as in the original proceedings of the workshop.

Intercept I: Law Enforcement / Emergency Services

■ Identified Gaps

- Need for all law enforcement officers to have basic training in how to recognize and interact with individuals who have behavioral or developmental concerns
- Need more officers to receive CIT training
- Dispatchers need tailored CIT training
- CSB Mobile crisis is not 24 hours: hours of operation are 8AM to midnight and there is only one team for the whole county
- Need for a secure drop off center (aka assessment site)
- Need for a drop off center for significant public intoxication contacts by law enforcement
- Admission to State hospitals is extremely challenging coupled with absence of local forensic bed; leads to excessive time spent by officers waiting while CSB finds beds
- There is not a process in place to request a CIT trained officer when there is obviously a need
- 120 different languages are spoken in the area - responding officers are not able to meet all of the need in a crisis
- Gaps in immediately accessible and affordable housing for those experiencing homelessness

■ Identified Resources

- CIT trained officers
- CSB Jail Diversion Program: Jail Diversion Team and Mandatory Outpatient Treatment (MOT)
- Merrifield Center 24/7 emergency services
- CSB walk-in for screening and assessment model – currently at Merrifield, expanding to other sites
- Availability of tele-screening, -assessment, -psychiatry
- Policy changes allow for non-arrest of persons with developmental, mental health or substance use issues at family home
- Chantilly SA diversion beds

- CSB Detox diversion
- Forensic and Intensive Community Treatment teams which include the Intensive Case Management Teams (ICMs), PACT, and Jail Diversion
- Specialized Mental Health First Aid (MHFA) and other brief training models
- PATH Homeless Outreach Workers

Intercept II: Initial Detention / Initial Court Hearing

- **Identified Gaps**
 - Lack of 24/7 medical personnel in jail trained in behavioral health issues
 - No behavioral health training for pretrial officers/insufficient training for deputies
 - Absence of diversion training and education for magistrates
 - Lack of access to court date information for persons who were sent to the Institute on a TDO
 - Delays in urgent care
 - Absence of specialty dockets (other than recently convened Veterans Docket) to include Mental Health, Drug, Juvenile
 - Need to expand Jail Diversion team to target individuals for rapid release
 - Language and culture issues as above
 - Although meds can be supplied by family or treatment programs, it's typically a one-time, 5-day event (meds for 5 days only and must be in the original bottle) and can take 2 weeks to get processed; according to families, there is no guarantee the delivered meds will be administered
- **Identified Resources**
 - Temporary Detention Task Force
 - Over 100 special population beds in jail: MH (~60) SA (~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 co-occurring competent staff for assessing MH/SA simultaneously
 - Merrifield Center 24/7 emergency services
 - CSB walk-in for screening and assessment model – currently at Merrifield, expanding to other sites
 - Availability of tele-screening, -assessment, -psychiatry
 - Everyone detained on a TDO is screened by CSB
 - Sophisticated classification system in the jail
 - Dual access to Sheriff and CSB client data

Intercept III: Jails / Courts

- **Identified Gaps**
 - Absence of specialty dockets: Mental Health, Drug, Juvenile
 - Absence of “medication-assisted treatment” (MAT) in jail; e.g., use of Suboxone or other medications to assist with withdrawal or cravings, along with only 16 hours of CSB psychiatrist time to manage MAT
 - Gaps in legal process of individuals accessing needed hospital beds
 - Limited specialty services (i.e., sex offenders)
 - Getting and keeping family involved

- Limited availability for CSB after-hour services (Mobile Crisis and CSB team at jail)
 - Absence of diversion training and education for judges
 - Language and cultural barriers as above
 - Gaps in available and accessible acute care beds as appropriate alternative to incarceration
- Identified Resources
- Interdisciplinary CSB team in ADC funded by CSB (~\$1.8 million) including psychiatrist
 - Interdisciplinary CSB team in the juvenile detention center funded by CSB (\$1.3 million with \$439K offset by other funding)
 - Interdisciplinary team serving Juvenile Domestic Relations Court
 - CSB training offered in detention centers (adult and juvenile)
 - Co-occurring and trauma informed services
 - Collateral contact between CSB jail team and CSB case managers
 - Collaboration between CSB team and ADC Medical Services
 - Forensic discharge planning for individuals hospitalized from the ADC
 - Professional visits with CSB community case managers
 - “Case finding” of Fairfax-Falls Church individuals who need to be linked to CSB services upon release
 - Peer recovery coach program is introduced during incarceration
 - Merrifield Center 24/7 emergency services
 - CSB walk-in for screening and assessment model – currently at Merrifield, expanding to other sites
 - Availability of tele-screening, -assessment, -psychiatry

Intercept IV: Re-Entry

- Identified Gaps
- Release planning is not systematic or well-coordinated; more CSB staff resources are planned and needed; especially challenging for inmates not from Fairfax
 - Need to capture veteran status of inmates so that services can be provided by or coordinated with Veterans Administration
 - Need for resources to initiate benefits in jail: SOAR, Medicaid, identification, etc.
 - Housing not available upon release, and housing and employment are made more difficult because of justice involvement
 - Limited shelter space
- Identified Resources
- CSB is retooling a position to focus on release planning
 - OAR (“*Opportunities, Alternatives, and Resources for persons involved with the criminal justice system*”) helps individuals obtain ID prior to release and assists with employment
 - Intake starts the benefits/entitlement process
 - Reentry specialist to provide release planning for DOC/ jail for local offenders including initiation of benefits
 - Sheriff allows CSB release planners/case managers to enter jail for discharge planning for post-incarceration jail diversion services
 - Merrifield Center 24/7 emergency services

- CSB walk-in for screening and assessment model – currently at Merrifield, expanding to other sites
- Availability of tele-screening, -assessment, -psychiatry
- Designated forensic discharge planning for competency to stand trial
- CSB staff have access to computer info at CSB and CCJS

Intercept V: Community Corrections / Community Support

- **Identified Gaps**
 - Judge may order a screening/assessment but individual is not priority population for CSB services
 - Limited training for Probation & Parole officers on how to recognize and interact with individuals who have behavioral or developmental concerns as well as domestic violence issues; limited training on services available based on need
 - Employment and life skills training
 - Lack of employment and housing opportunities now complicated by the individual's legal history

- **Identified Resources**
 - Merrifield Center 24/7 emergency services
 - CSB walk-in for screening and assessment model – currently at Merrifield, expanding to other sites
 - Availability of tele-screening, -assessment, -psychiatry
 - Merrifield and other CHCN clinics
 - Contracted sex offender services for individuals in CSB services
 - DMV in jail
 - Good interface between Parole & Probation and programs within the CSB Forensic and Intensive Community Treatment service area (F&ICT) (Jail Diversion, PACT, ICMS, etc.)
 - Good support with community resources outside CSB (non-profit agencies) such as members of the Alliance for Human Services
 - Consumer drop-in centers and peer support (especially on the F&ICT teams across the county and at Merrifield)
 - Portion of housing vouchers designated for persons with developmental, behavioral or mental health issues

Recommended Fairfax Priorities

1. Implement community-wide system of care overhaul using the BOS-endorsed national initiative known as "Stepping Up."
2. Develop mechanism for oversight of systems of mental health/substance use/justice services ("Diversion-Oriented System of Care Collaborative" (DOSCC) stakeholder group (short name: Diversion First) consistent with "Stepping Up" and terms of DBHDS Assessment Site grant.
3. Establish 24 hour Assessment Site at Merrifield to complement CSB Emergency Services.

**Assessment of Status of Cross-System Mapping:
Mental Health, Substance Use & Justice**

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4. Establish adequate response standards/training for officers, deputies, 911 dispatchers, and Fire & Rescue first responders involved in all 5 intercept points regarding diversion, resource availability, services and programs. This can include CIT, Mental Health First Aid, or other evidence-based and approved models. Suggest that FCPD, FF&R, the Sheriff's Office and CSB split the cost of an additional FTE MHFA/crisis intervention trainer to be dedicated to Public Safety.
5. Establish protocol for expedited medical clearance to decrease officer time involved in transfer process.
6. Establish Mental Health Docket; consider for both Adults and Juveniles.
7. Expand CSB Mobile Crisis availability: more teams, more hours.
8. Pursue legislation to address current lack of timeline for transfer to state hospital once someone is incarcerated (it is suggested that Sen. Deeds and the GA may support this).
9. Need for increased funding for CSB services/resources: release planning staff, diversion staff, emergency housing, transportation, and other needs.
10. The CSB should look to reorganize both forensic and community-based teams to expand capacity for all 5 diversion intercept points with the services to receive diverted individuals. This would likely require a phased-in approach due to CSB vacancy rate and budget constraints. Additional funding (#9 above) would accelerate and ensure expansion.
11. Develop formal policy that would support successful re-entry (e.g., routine release planning).
12. Obtain legal opinions re: processes in detention centers (TDO, medication over objection).
13. Need for data collection and evaluation of program effectiveness.
14. Increase services to special populations to include cultural competency for non-English speaking justice-involved individuals.

**Assessment of Status of Cross-System Mapping:
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Proposed membership of DOSCC Diversion First

Nominees will receive a letter of invitation from Chairman Bulova; inaugural meeting to be in late July

Advocates (Concerned Fairfax, Alliance for Human Services, Human Services Council)	Gary Ambrose (chair; accepted); <i>others TBD</i>
Sheriff/Deputies	Stacey Kincaid/designees
BOS Chairman or Supervisor(s)/staff	Chairman Bulova/designees
Court Services staff	Ian Rodway
NAMI	Jeannie Comeau
Consumers with lived experience	Michael Pendrak, Kevin Earley
Police Chief/ Officers (also cities?)	Ed Roessler/designees
Judges	Penney Ascarate, Kimberly Daniel, Bill Minor
Non-Profit Providers	<i>Daryl Washington TBD</i>
Families	<i>Gary Ambrose TBD</i>
Commonwealth Attorneys	Raymond Morrogh
Magistrates	Claude Beheler
Fire & Rescue Chief/ Staff	Richie Bowers/designees
CSB Clinical	Dan Cronnell
Peer Support Specialists	Mary Beth Ault and/or Cicely Spencer
CSB leadership	Daryl/Lyn/Jean/Tisha
State & Private Psychiatric Hospital Staff	Jim Newton
Housing	Kurt Creager/designees
Public Defenders	Todd Petit
Faith-based representatives	Rev. Jennifer McKenzie
Emergency Services staff	Kaye Fair/designees
Office to Prevent & End Homelessness	Julie Maltzman/designees
Staff support (CSB)	Laura Yager/designees