A Gap Analysis on Adult Mental Health and Substance Abuse Treatment

Fairfax County Juvenile & Domestic Relations District Court

Racial and Ethnic Disparities (RED) Team

Presented by the Adult Data and Gap Analysis Subcommittee

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Executive Summary

Introduction

This effort is part of Fairfax County JDRDC's 2022 and 2023 Equity Impact Plan (EIP). The *Racial and Ethnic Disparities (RED) Team - Adult Data and Gap Analysis Subcommittee* interviewed various stakeholders, colleagues, and agency contemporaries across multiple jurisdictions to better understand how to best meet the needs of adult clients who are in need of mental health and substance abuse treatment services.

Findings Overview

- Local Community Service Boards (CSB) are the predominant referral to services for both neighboring jurisdictions and JDRDC, especially for clients who do not have insurance. However, differences in service provision are noted:
    - JDRDC employees noted several concerns with their local CSB's ability to provide mental health and substance abuse services due to the CSB's priority population criteria.
    - JDRDC employees identified difficulties with getting assessment and evaluation services for their clients from their local CSB.
- Outpatient Services (ASAM Level 1) for substance abuse and mental health are most commonly offered and provided by the local CSB across other jurisdictions. However, JDRDC employees indicated that the local CSB does not offer Outpatient/Level 1 Services.
- Across all jurisdictions and within JDRDC, referrals to services are determined by client preference, service need, and insurance status.
- Unlike other jurisdictions that were interviewed, JDRDC employees indicated concerns with the eligibility criteria/process used by local providers to determine financial support, citing systemic and institutional barriers that limit access.
- JDRDC employees indicated that language is a primary barrier to providing services, specifically for clients speaking languages other than English or Spanish.
- JDRDC employees spoke of improving access to additional resources when asked how they could improve their service to minority clients.
- Similar to other jurisdictions, JDRDC employees identified financial hardships, transportation, frustrations, substance use/abuse, motivation, and access to services as the primary barriers for their clients. They also identified language as a primary barrier to services.

Recommendations Overview

The Adult Data and Gap Analysis Subcommittee proposes several recommendations to better serve clients within the JDRDC system, as well as benefit the residents of Fairfax County as a whole. The proposals include measures that can be taken within JDRDC, such as:

- Education regarding process and client eligibility for public assistance programs
- Standardization of data collection among JDRDC units
- Development of an Adult Assessment Unit
- Expansion of services provided within the JDRDC Family Counseling Unit

Additionally, the subcommittee proposes initiatives that span beyond JDRDC, such as:

- Public-private partnerships between Fairfax County and treatment providers to provide Level 1 services at a reduced rate for clients with financial hardships
- Partnering with the local CSB to discuss opportunities to reinstitute Level 1 services within the Fairfax/Falls Church Community Services Board

Background

Introduction

The Racial and Ethnic Disparities (RED) Team was created to identify and address inequities that exist throughout the JDRDC, both at client points of contact and in policies and procedures internally. The Team consists of representatives from each unit throughout the JDRDC system. The initiatives of the RED Team are driven by the annual Equity Impact Plan (EIP) for the agency.

Substance abuse remains a prominent issue throughout the Commonwealth of Virginia and the United States as a whole. Statistics indicate that drug overdose deaths have nearly doubled since 2019 in Fairfax County, and alcohol related traffic deaths continue to account for one third of all traffic deaths in the Commonwealth of Virginia. A large number of the clients served in the four divisions of the Fairfax County Juvenile and Domestic Relations District Court (JDRDC) are either charged with a substance related crime, under the influence of drugs and/or alcohol when the incident occurred or have substance use disorder related issues. One of the primary goals of the 2022 and 2023 EIP is to ensure that clients have access to the appropriate level of treatment for these issues.

In preparation for the 2022 Equity Impact Plan, the JDRDC Racial and Ethnic Disparity (RED) Team began examining the availability of drug and alcohol treatment services throughout the County, and whether there were any apparent barriers and/or gaps in services for the minority population we serve. As an initial step, the team sought input from agency staff, asking about any concerns they may have regarding the availability and accessibility of treatment services. The RED Team received over 20 responses, with many concerns as it relates to the minority population receiving treatment services. Concerns included lack of financial resources, lack of specific levels of care, and extensive wait times for services. After reviewing this anecdotal evidence, the RED Team identified this as a targeted goal for the 2022 Equity Impact Plan, with the initial action step of performing a gap analyses of adult treatment services.

A RED Team subcommittee was formed in early 2022 to undertake this analysis. The Adult Data and Gap Analysis subcommittee consists of the following members.

- Jason Robbins, MPA Probation Supervisor, Fairfax ASAP Subcommittee Lead
- Daud Harris, Assistant Director of South County Probation, RED Co-Lead
- Lauren Madigan, Assistant Director of Supervised Release Services Unit, RED Co-Lead
- Courtney Porter, Ph.D., Assistant Professor at Marymount University
- Lex Bailey, Lead Research Analyst, RED Team Representative
- Sarah Foster, DE&I Ambassador, Domestic Relations Intake, Intake Officer III, Supervisor
- Astrid Soletto, DE&I Ambassador, Community Corrections, Probation Officer

The following report will identify the findings and proposed solutions to address the gaps identified through this process.

Data & Methods

The committee developed a series of questions, and sought to interview staff and providers, both within JDRDC and Fairfax County, as well as representatives from providers and court services units from surrounding jurisdictions. The question topics ranged from levels of service available to specific programs that are in place to serve the minority population.

The research team for this project consisted of Lex Bailey, Lead Research Analyst for JDRDC, Dr. Courtney Porter, Assistant Professor at Marymount University (Qualitative Research Subject Matter Expert), and several interns assigned to JDRDC's Community Corrections Unit.

Data Collection

Over a period of 9 months, representatives from the RED team subcommittee conducted 10 semi-structured interviews via Microsoft Teams (see *Appendix A* for a list of interview questions) with Probation/ASAP and Service/Treatment Providers from neighboring jurisdictions. The interviews lasted between 20 to 40 minutes. Responses were captured via the transcription function and cleaned for ease of analysis. The research team and representatives from the RED team subcommittee conducted two in person focus groups with 5-7 Fairfax County JDRDC employees, lasting about one hour each. The focus groups were audio recorded and then transcribed for analysis. In total, the RED Subcommittee spoke with 22 individuals. Interview and focus group participants are listed below:

Interview Participants:

- Bull Run ASAP
- John Tyler ASAP
- Arlington ASAP
- Fairfax CSB
- Loudon CSB
- Prince William CSB
- US Probation
- Prince William GDC Probation
- Loudon GDC Probation

Focus Group Participants:

- Fairfax County JDRDC Community Corrections
- Fairfax County JDRDC ASAP

Data Analysis

Analysis of the interviews and focus groups were conducted using the qualitative research tool Atlas.ti. All documents were coded to identify the type of individual/participant in the interview (provider or probation officer) and the location of the participant (external or internal to Fairfax County's JDRDC). Each question was also coded with the appropriate question number to ease analysis by question.

Documents were then coded using Atlas.ti's AI Coding, which automatically analyzed the text and applied descriptive codes. The research team then reviewed all codes applied for accuracy, conciseness, and applicability. This process included merging codes, deleting codes, and adding additional coding based on need. For example, some codes were duplicative and were either deleted or merged with similar codes. In addition, some codes provided by the AI function were not as descriptive as needed; therefore, researchers added additional codes to help identify themes. The code co-occurrence analysis tool was used to determine which codes were strongly related to each other. Researchers looked at responses for each type of question, identifying themes and quotes from participants that emulated those themes. The next section includes the findings of the study with corresponding quotations (see *Appendix B* for Additional Quotations).

Findings

Providers

Probation officers and administrators were asked about the types of service providers available to serve their clients. Six out of seven probation officer participants from neighboring jurisdictions identified their Community Services Board as a primary service provider for their clients. Some participants indicate that this is a common referral for clients who do not have health insurance. Participants also identified private providers or providers they have contracts with whom they refer their clients to. This includes but is not limited to the Center for Counseling and Forensic Services (CCFS), Alliance Therapy Center (ATC), the National Counseling Group (NCG), and Inova Comprehensive Addiction Treatment Services (CATS).

"The community Fairfax County Community Services Board. We partner with the OAR [local non-profit]. We partner with ASAP [Alcohol Safety Action Program]. And we have private providers, of which I don't have the names to them, but I mean basically INOVA CATS [Comprehensive Addiction Treatment Services] program we partner with Kaiser [Insurance]…CSB is our primary provider for substance abuse and mental health. And Inova, we partner with them as well. So, I would say those are our two primary providers for substance use and mental health treatment." – Service/Treatment Provider

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JDRDC probation officers indicated that the local CSB is the predominant referral for probation and pre-trial clients in need of MH/SA services. They also have a list of private, or contracted providers if the client(s) have insurance. JDRDC ASAP staff indicated that any provider on the VASAP [Virginia Alcohol Safety Action Program]-approved provider list was available to serve their clients.

"We use local CSB. If possible, through their insurance, but I don't see a lot of that. I don't see it happen very frequently. I've had a couple guys just pay as you go. I've been here about two years, and I can think of maybe 5 that paid as they go." – JDRDC Employee

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Services

Probation and ASAP providers from neighboring jurisdictions mentioned a variety of mental health and substance abuse services available to their clients.

Outpatient and inpatient mental health and substance abuse treatment are the services mentioned most often by probation officers from neighboring jurisdictions, and while outpatient and inpatient mental health and substance abuse services were also highlighted by JDRDC employees, probation officers noted several concerns with their local CSB's ability to provide these services due to the CSB's priority population criteria, which is discussed further in this section.

"The main thing I send them to is mental health and substance abuse evaluations…A lot of behavioral outpatient treatment, [and inpatient treatment] …All of my clients don't really meet the criteria for treatment, so I have to send them somewhere else [that's not the CSB]"- JDRDC Employees

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Probation officers have noted that their clients need to be considered "extreme cases" requiring higher level services for them to get treatment in a timely manner, others said explicitly that the CSB does not offer Level I (Outpatient) treatment, despite the fact that it's one of their most common referrals for services.

"Also, it has to be to like an extreme. They have to be really bad [for them to get services from CSB], otherwise they push them way, way down the line. And by that time, they're either coming off pretrial or their probation is ending. And when I say, "pushed back," I'm talking like 6 months minimum."- JDRDC Employee

Mental health and substance abuse assessment and/or evaluation were also mentioned as a service available to clients by a few neighboring jurisdictions. In these instances, the CSB offers screening, assessment, and evaluation services to determine the best level of treatment for clients and give their recommendation. One interviewee mentioned that their CSB accepts everyone, while another stated that their CSB asks them to consider their priority population.

"Now the CSB, will they service all of your clients even if they have private health insurance? Yes, so CSB is not like a Fairfax CSB. It's walk-in hours… and they do a full substance abuse assessment and then they make a recommendation. They accept everybody. The only thing that I had, if they're veterans, they give them an option to go with the VA hospital." – Service/Treatment Provider

Probation and ASAP providers from JDRDC identified difficulties with getting assessment and evaluation services for their clients from their local CSB, with some probation officers noting that the CSB does not do the assessment or evaluation most of the time, and that clients usually need to go to a private provider for that service. Other jurisdictions also mentioned mental health and drug courts when asked about services available to their clients.

"We have many clients who don't qualify for IOP [Intensive Outpatient] or Residential, but they do qualify for Level I treatment. However, the CSB doesn't offer that. Then clients are pretty much forced to go private, and they can't afford it, which is why they go to the CSB in the first place, because they can't afford the assessments by the private treatment providers that we have on the list." – JDRDC Employee

Levels of Service

All providers were asked about the levels of service provided by their agencies. In general, Outpatient Services (ASAM Level 1) are most commonly provided by service/treatment providers. Levels of service provided by agencies appear to decrease in accordance with their ASAM level (i.e. the higher the ASAM level, the less likely it is that an agency we interviewed provides services for that level). Some providers contract out for services of a higher ASAM level (like intensive outpatient or residential services).

"So [for the] Fairfax/Falls Church Community Service Board, we have multiple programs and service delivery systems within our agency that includes youth and family outpatient services, adult behavioral health, case management, outpatient therapeutic services. We have an intensive outpatient substance use service program, primarily for adults. We also have substance use residential long term and intermediate level of care residential programs. We have supportive mental health community residential services. We also have other services that include intensive case management for individuals with severe mental illness. We have jail-based services and the forensics team along with those that have intellectual developmental delay disorders, are also served in the CSP as well."- Service/Treatment Provider

This is further highlighted when these providers were asked what their primary level of service is. For the two interviewees who responded, Outpatient (Level 1) is the primary level of service available. When asked about what level they see most of their clients and what their staffing levels for each level of service were, one interviewee responded that they only serve Level of Care 1, and they have 20-25 staff available consisting of therapists, clinicians, case managers, and recovery peers.

"I think it would be the outpatient [as the primary level of service] more than anything…There's going to be a much smaller number of individuals who receive intensive community treatment (ITC), a smaller number…We do try to encourage people to come to outpatient. [So], I would say that outpatient is where people are served the most, or consistently I should say. They're served on a consistent basis because they're a part of outpatient." – Service/Treatment Provider

Client Referrals

Probation officers from neighboring jurisdictions and Fairfax JDRDC were also asked how they determine where to refer their clients, and their responses were similar. There are two main ways in which referrals are determined- by client preference or based on eligibility criteria.

For client preference, probation officers mention having lists of treatment providers that clients can choose from, like the VASAP-approved treatment providers list.

"We give the client the website for the treatment provider directory [VASAP list] and the client calls and chooses where they want to do their assessment." – JDRDC Employee

For eligibility criteria, participants describe referring clients to services based on the type of service they need. For example, if a client requires treatment for co-occurring mental health and substance abuse disorders, they will refer them to a specific provider who gives both services. If an individual only requires substance use treatment, they might be referred to a provider who only provides that service. Eligibility can also be based on whether or not clients have health insurance or not.

"…our contract providers and other contracts are specific as to what they provide. [For example], National Counseling Group is often just substance abuse. I think they would take like a dual diagnosis if we said to touch base on their mental health. I think the same thing with Counseling and Forensic Services. Probably with all of them right now, I think Alliance Therapy Croup does the same thing." – ASAP/Probation Provider

Several times participants mentioned that they refer clients to private providers if they have insurance, but the CBS is their first choice for uninsured clients. Some JDRDC employees also discussed challenges in deciding where to refer clients.

"A lot of times as probation officers we are expected to make the clinical decision as to where to send them, but we are not qualified to do that, at least I'm not. Some probation officers have a clinical background, but we don't all have that kind of background." – JDRDC Employee

Financial Concerns and Eligibility Criteria

Both criminal justice officials and MH/SA providers were asked about financial support and eligibility for clients. In general, Probation Officers and administrators identified healthcare policies, insurance, and sliding fee scales as the primary issues surrounding financial support and eligibility concerns for clients.

"I know if the referral is coming from ASAP, the person cannot have any type of insurance. I do know that much. So, like if they if they pick say you know the … Community Services Board and they actually have insurance, they'll tell them that they need to pick go somewhere else." – JDRDC Employee

"In a lot of instances, you're going to have situations where we have benefit enrollment specialists a lot of times there's what's called either [a fee agreement] or a sliding scale based on the income. I would say maybe 65 to 75% of individuals are what's considered under the poverty line, which means that these folks are [not going to be] able to pay. What is considered to be lower middle class - we know these individuals are going to have probably some difficulty financially in the fee agreement. We just ask folks to bring pay stubs." – ASAP/Probation Provider

Mental health and substance abuse providers responded that insurance, sliding scales, and state/local policy are their primary ways to decide eligibility for clients. Several participants discussed previous VA Governor Northman's Same Day Access program as driving eligibility criteria for clients. All participants discussed a sliding scale option for clients with limited financial means.

"We go through a process, and I think this is considered the same throughout the state of Virginia. Ours is through STEP-Virginia [and is part of the] Same Day Access process. That's kind of the entry point for individuals coming into services. For us, for at least for standard outpatient, this would also essentially be the same process if we were looking at referring maybe to ICT, because ICT is considered a branch of services that is an extension of services. When we have individuals that we are now bringing in through the door and then we're finding you know what there's some struggle or some challenges in trying to engage and then we would make that internal referral over to ICT. But our process for bringing folks in would be through Same Day Access. This is the same for any individual, even if we have individuals that are closed out to services, if they are maybe interested in the future and coming back into services, they will have to go through the Same Day Access process. And again, that's the entry point for everybody. It's essentially a general or standard intake where they're determining both financial criteria as well as clinical criteria for appropriateness of services and treatment." – Service/Treatment Provider

JDRDC employees indicated concerns with the eligibility criteria/process used by local providers. Several focus group participants indicated clients had difficulty accessing services due to systemic issues and institutional limitations. For example, most participants indicated there is little to no financial assistance for their clients. *"Pretty much everyone pays [out of pocket] and its very expensive for them."*

In addition, JDRDC probation officers feel limited in how they can assist their clients: *"For the clients who are not able to pay, there are limitations there. I can't pick and choose and say I do not know. It's not up to me to tell the client to go there because you may be able to pay less, or they might go according to your income. I think most of my clients, some of them who have difficulty in finding a provider, it all has to do with finances."*

Finally, JDRDC staff indicated that the services needed most by clients are not locally available. *"I think the biggest problem that I have experienced is we have many clients who don't qualify for IOP [Intensive Outpatient] or Residential, but they do qualify for Level 1 treatment. However, the CSB doesn't offer that. Then clients are pretty much forced to go private, and they can't afford it, which is why they go to the CSB in the first place, because they can't afford the assessments by the private treatment providers that we have on the list."*

Language Access

All interview participants were asked how they were able to meet the needs of clients where English might not be their preferred language. Probation officers from neighboring jurisdictions did discuss language as a barrier when working with their clients. However, most participants discussed hiring multilingual staff, using interpretation and translation services, and other technology when interacting with clients. In addition, probation officers discussed the importance of cultural competency and cultural sensitivity when working with clients speaking languages other than English.

"So, we do have a number of Spanish service providers. I mean that's obviously the other big language that's spoken here. We do see some other languages spoken, but the County Mental Health offers all of the same substance abuse treatment programs in Spanish. … We'll send people out that way [to the Multicultural Center] if for some reason there's a language being spoken that we don't offer. Pretty much if they're Spanish speaking, then we're going to have some sort of equivalent program through mental health. But once we start getting into like Arabic and things like that, we'll usually refer about to the multicultural center." – Probation/ASAP Provider

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Providers stressed the importance of hiring bilingual or multilingual staff as well as cultural competencies among their workforces. Providers also discussed using language lines to assist with appointments. However, providers also noted challenges in meeting the needs of some clients that do not speak English.

"We should be intentional where we can be. When there's an interview process to try to have our workforce to match with the community they may represent. I have 3 Spanish speaking bilingual clinicians, so anytime there's a resource challenge or when we look at how cultural needs of our Latinx community comes in, we have folks that are knowledgeable and have the skill set to speak in their native language and understand some of the cultural complexities of what they may have encountered. Experience for those when we can't make those accommodations, we always use language line, in some instances we have trained clinicians that may do training to kind of understand how to work with different communities of color where English is not their first language as well." – Service/Treatment Provider

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JDRDC officers indicated that language is a primary barrier to providing services for their clients, specifically for clients speaking languages other than English or Spanish.

"It's a struggle, especially with the mental health. I had three cases where I had to try and help them figure out something. I exhausted all of my possibilities and then I had to leave it up to them because there's really nothing I can do at that point. It's been a challenge to find a mental health provider who can do a mental health evaluation and treatment for a Spanish-speaking person. There isn't. Or they have to take their own interpreter, but they don't even have the money for that too. We can't even provide an interpreter, and I can't interpret. It's really hard for anybody who speaks a second language, where English is not their primary language. Like sometimes we have Arabic clients who have to complete a mental health evaluation, and where do we turn? We have nothing. I don't think I've ever come across a mental health provider in Arabic. It's not just Spanish, it's a lot of languages." – JDRDC Employee

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Serving Minority Populations

Due to disparate numbers of Black, Brown, and other minorities within the criminal justice system, participants were asked about any specific processes in place to serve these populations.

Five out of seven probation officer participants from neighboring jurisdictions did not identify any processes in place that were specific to minority populations other than the language specific efforts discussed above.

"I don't think that we have any separate services in those regards. Years ago, we used to sometimes work with the providers. … we had some that would do say all women's groups or serve certain age groups, like when you get to the age where people retire, they're kind of a different place in their life than somebody who's 22 years old against a DUI situation. But now I don't really know of any of our providers that do any type of specialty groups. Not that it's ever been brought to my attention, like I've never ran across one that said, this felt that, you know, did we have somewhere where, you know, maybe the person was appropriate for all female group or an all-male group, you know, depending on the situation."

One jurisdiction mentioned creating a memorandum of understanding with organizations in the community to provide local education services.

"We have a MOU [Memorandum of Understanding] with a [local district] where we pay them …. about $400 every quarter to do ASAP education there. They actually conduct the service through the CSB for our ASAP clients. And that keeps our people from … having to drive [some distance]. …we're going to be sending a case manager even if there's not a hearing date there twice a month to do enrollments and intakes at the courts."

The remaining jurisdiction mentioned this was an area the organization was targeting.

"I know that's one of the things [diverse staff] that we're working on. I would say in my agency, at least on the juvenile probation side, our staff don't reflect what our client population looks like. So, we're trying to really address that. That's good that there's a diverse staff that seems like at every level. And we're getting better [unintelligible]. In my agency, when I first started a year ago, we had three Spanish speaking officers and then myself. So, I didn't feel that we were diverse and we're in the process, I think of maybe, you know, in our next hiring process just still hiring the best candidate but looking at those things as well."

Local providers indicated ongoing work around diversity, equity and inclusion within their jurisdictions including equity impact plans, training, and working with consultants on the root causes of inequity.

> *"… hired their first equity and inclusion director [who's working] closely with two of the equity leads... During that that process, they looked at a lot of strategic needs ... The first thing is we have our equity plan review and approval with our Executive Director. So, a lot of information and content is placed in our equity impact plan that county leadership has in addition to that. We have 10 equity team members that have been recognized for their performance either within our equity team or working directly to see what can be messed with. … Current staff members participating in the real inclusion program …which focuses on examining the systemic beliefs, practices and policies that perpetuated racial inequities. That's some of the highlight takeaways."*

JDRDC staff discussed the Racial and Ethnic Disparities (RED) workgroup and this effort specifically. Participants also discussed access to more resources such as the language line through JDRDC compared to previous agencies.

> *"It's a little bit better down there [South County], a little easier to navigate to the South County building. And that's not something we have to do, that's something the County's done a pretty good job of, is getting better at. I had some clients down there who have more success because they have more access to transportation. The ones I've known down there, they kind of know it, like they know where to go, they rely on some of the churches, it just seems like its more thought out. I don't know how to explain it. It's like a straight line down there, like physically. When I had clients down there, they just seemed to know the area a little better and know where the help is. It's a little bit more accessible. That's not something specific that I think the County has done, it's getting better at it. I feel like there's higher levels of transportation, more outreach, more sense of community, and there's a lot more church groups down there. I hear about that more in that Route 1 area than anywhere else in the County, especially with the churches. It's a good thing, but I don't know if its because there's more outreach down there, or more resources being put into it. Either way, I don't really hear that about anywhere else."*

Improving Services for Minority Clients

In addition, interviewers asked participants how their agencies could improve service provision to the minority populations in their areas. Neighboring probation jurisdictions mentioned increasing the availability of interpreters and translation services, diversifying the workforce, training for staff, offering culturally specific programming, and being able to reach out to all types of providers while assisting clients.

> *"I think, if we have ability to reach out to any kind of provider, that would be helpful because some of the minorities, if they have Medicaid, they have insurance and they can use that insurance to do substance abuse treatment like or maybe private, probably like Kaiser [insurance company]. We cannot use Kaiser and a lot of our clients have Kaiser and we can't use it. And that's the problem that we have that I agree with them [the clients]. Why do they have to pay out of their pocket when they have Kaiser or another [type of insurance]? Insurance that they can use on a private provider not exactly on the list. Most of them don't even take private insurance because that's the whole process of using an insurance. And these treatment providers are licensed counselors. They don't want to get involved with that unless they're big organizations."*

Treatment and service providers who were asked about improving services for minorities discussed training and education for all employees, especially senior leadership in order to model behavior. Training focuses on various populations including Black, Brown, LGBTQIA, Able-Bodied, Generational and others.

"We have discussed, addressed, and come to an agreement on all the different ways we can absolutely look at Diversity, Equity, and Inclusion when we think about individuals who aren't able-bodied, or if we're thinking about the LGBTQIA community, or we think about people of color or communities of color. We've also been looking at trainings that really help to foster a better understanding and connections between those who are in a leadership position and those who might be frontline employees. … Another one we're looking at for training is being able to identify different generations, so when we think about like Generation X working with the Millennial generation, and how to foster good working relationships and leadership styles and how that how that impacts the work overall."

JDRDC employees focused on access to additional resources when asked about improvements. For example, embedding workers from the Community Services Board in the courthouse or expanding the types of clients seen by family counseling.

"I think as a whole, we have to do a better job in pairing and partnerships. There's something to be said about people who understand culture, providers that would be able to be in-house. I have no idea why we don't have access to the CSB on the third floor- that's General District. We have clients who have a difficult time getting here- paying like $40, $50, $60- who can't use their services."

"For example, like how JDR courts has our Family Counseling. As a juvenile probation officer that was amazing when we had individuals who needed family counseling or individual counseling. It was a simple referral, they see them, it was just so easy. So, coming into the adult world, they do accept clients, however pretrial, they accept, but they say it won't be as good because we only have them for a short period of time and once they're done with services, it's like they've got to disconnect. [And they don't do evaluations.] So, you can send them referrals, but it might not be that beneficial because they'll start treatment, you'll see them for about 30 to 45 days, and then they're off on their own unless they get put on probation, but sometimes their cases just get dismissed. If we had something in-house where we do assessments, that would be amazing."

Obstacles

Both criminal justice officials and MH/SA providers were asked about potential obstacles for clients involved with the criminal justice system. Probation Officers and administrators felt that identified financial hardships; transportation, frustrations, substance use/abuse, motivation, and access to services as the primary barriers for their clients.

Financial Hardships/Transportation

"Some of our people are experiencing homelessness at the moment, so that's always something. There's joblessness and childcare because to come to our classes, you can't bring your children. And if you can't work, then you can't really afford the things that we have to do. So, transportation, homelessness, joblessness, childcare. Well, I think not even just transportation, but just where they live. Because we have people who have to go like more than an hour to get to our office."

Substance Use/Abuse

"Some of the hardest cases I've had I would say have been alcohol. Alcoholics and a few opiate addicts. In recent years, that very challenging, but some of the alcoholics, the worst is coming in to driving themselves to court or to meet with me the first time and blowing like .251. And just smelling of alcohol going before the judge coming out and passing in the lobby. Like it's just really sad."

Motivation

"The other day I had a I had an e-mail saying that that the client came, assessment was done, appointment was given to meet with the counselor. Twice, he cancelled it. He's not motivated. He told them that [he didn't want to do this]. They're going to keep the case open for, I think 30 to 60 days in case I can convince them, or the client changes their mind to go back. Or I can tell them [I'll deal with the case and close the case]."

Access to Services

"I think sometimes it's just a breakdown of the information, maybe the client gives to their provider, but there is a wait list, and [it's also difficult] for them to find providers who can assist them with the mental health and or substance abuse that they're dual diagnosed."

Mental health and substance abuse providers responded that the increase in demand, staffing issues, lack of resources to meet specific needs, and transportation were obstacles for their clients.

"I think for us, as a program trying to work with individuals who have any kind of criminal history, I think we can kind of feel maybe stuck, the way individuals might feel stuck. How do you find resources when there are not the type of resources already in place for those individuals to get back into a position where they are able to work? I'm just thinking about some of the individuals I served personally, when they can't be in a position where they're able to get back into work because they have a [criminal] history. When we're trying to look at, say, what would be a specific job or a job of interest that you might be able to find, we can't really find those things it it's just limited, right? And I think that's a bigger systemic issue…"

JDRDC staff mention several of the same concerns neighboring jurisdictions identified including frustrations, financial hardships, language barriers, mental health, and substance use/abuse as obstacles experienced with their clients.

Language Barriers

"I don't know if anyone feels the way I feel about consent forms, but for people who could barely write and read, and don't speak the language, it's not simple."

Financial Hardships

"For the clients who are not able to pay, there are limitations there. I can't pick and choose and say I do not know. It's not up to me to tell the client to go there because you may be able to pay less, or they might go according to your income. I think most of my clients, some of them who have difficulty in finding a provider, it all has to do with finances."

Mental Health

"And we don't usually focus on the mental health, we focus on the substance abuse. Many times, you send a referral for substance abuse, and some of my providers communicate that they just want to just do a substance abuse referral for this person, however this person needs to be treated immediately for mental health concerns first. So, which one? Which do you want me to do? We send a paper to the client telling them that they have 10 days to pick. So usually, I say to the provider that we'll work with the client. So mental health needs to be addressed, make it happen, and then the substance abuse. I don't know if I'm supposed to, but that's what I do."

Frustrations

"I think the biggest problem that I have experienced is we have many clients who don't qualify for IOP [Intensive Outpatient] or Residential, but they do qualify for Level 1 treatment. However, the CSB doesn't offer that. Then clients are pretty much forced to go private, and they can't afford it, which is why they go to the CSB in the first place, because they can't afford the assessments by the private treatment providers that we have on the list."

Summary & Recommendations

The data collected through this project identifies some of the obstacles preventing our clients, and Fairfax County residents, from obtaining the substance abuse and mental health treatment services needed to address their issues. As an agency, the JDRDC is positioned to help individuals navigate the processes surrounding treatment services. By becoming better educated on the issues our clients face and using our influence as an agency, we can reduce the barriers to success in this process. Our agency can also advocate for structural changes that can impact the communities of Fairfax County, resulting in breaking barriers, allowing for individuals to obtain services prior to becoming involved in the criminal justice system.

Education and Training

An initial step is to create a better understanding of the obstacles our clients are facing at all levels of the Court, including issues such as service level availability, eligibility requirements, etc. Trainings must be developed to educate staff regarding the various public assistance programs, and what determines eligibility for each program. This includes Medicaid, which has been expanded in recent years. It is also important for staff to become familiar with the current gaps in service and where different levels of service are available in the community. With increased awareness, staff are better suited to provide clients with instructions and guidance.

Standardized Data Collection

In order to accurately track the number of clients being impacted by barriers to treatment services, Fairfax County JDRDC must develop a uniform system of collecting data that is compatible across all units. Currently, there is little uniformity among units as to what data is collected regarding race, ethnicity, income, insurance status, etc. It is essential that the JDRDC develop standardized data collection procedures mandating the type of data collected, how it is collected, and how that data is analyzed. A standardized system of data collection can illuminate issues, trends, and solutions that can apply to the issues stated in this report, as well as other issues across the court system.

Expansion of the JDRDC Family Counseling Unit

The Family Counseling Unit provides a range of outpatient-based services to clients throughout the JDRDC. The unit provides counseling services covering issues like anxiety, depression, truancy, family issues, etc. The Family Counseling Unit can be expanded to include a therapist licensed to provide substance abuse treatment services. This addition would allow for the JDRDC to develop eligibility criteria surrounding financial hardship and deliver Level I services directly to clients. In this scenario, the JDRDC would have control over pricing and eligibility for services, allowing the Court to provide a direct positive impact to the clients most in need of services and close the disparity gap that exists for the minority population served by the Court.

Adult Assessment Unit

Throughout this process, it has become clear that there are significant inequities throughout our adult services units. There are inequities in the data that is collected, as well as the gaps in services ordered by the court, and inequities in how decisions are made about these services at disposition. Similar to the juvenile probation process prior to the development of the Assessment Unit, adult cases are being disposed of without proper assessment of their individual risk and needs. This inevitably exacerbates inequitable outcomes experienced by the adult clients we serve. To be consistent and equitable in meeting the needs across the entire population we serve, we recommend the development of an Adult Assessment Unit.

Public Private Partnerships

Several other jurisdictions such as Loudoun County CSB and Federal Probation have contracts set up with private providers or surrounding jurisdictions to provide levels of care that they cannot provide internally. For these jurisdictions, it is often the higher levels of care that they do not have the resources to provide, such as detox, and inpatient treatment services. In fact, Fairfax/Falls Church CSB contracts with other jurisdictions for situations where programs are filled to capacity (see Appendix C). Public/Private partnerships can address issues by bringing in experts within the community to address a need. There are two proposed routes to developing a public/private partnership. First, JDRDC could partner with community providers, such as the 30+ providers listed on the VASAP Treatment Provider Directory for Fairfax County (https://s80.esserver.com/VASAPTreatmentDirectory/), to provide services to eligible clients at a reduced rate. JDRDC would develop criteria for these providers to work with the Court and would provide providers an opportunity to participate in a Request for Proposal (RFP) process to establish a partnership. The RFP would create the ability for the JDRDC to maintain quality control mechanisms for participating providers. A second option is to advocate for the Fairfax/Falls Church CSB to expand their current contract apparatus to include Level I treatment services. The CSB has the expertise and resources to develop an RFP process for Level I services. By expanding to include these services through private providers, the CSB can make these referrals directly from their assessment unit, rather than addressing a Level I recommendation by sending the client back into the community to seek another assessment, at an additional cost to the client, through a private provider that delivers Level I services. This streamlined process would produce reduced frustration, a positive impact on clients, and would address a major need identified in this report.

Reinstitute Level I Services Through the CSB

Prior to approximately 15 years ago, the Fairfax/Falls Church Community Services Board provided Level I services to residents of Fairfax County. At that time, the CSB made decisions regarding service provision. The elimination of Level I services was one of the outcomes of the decision-making process at that time. Since that time, much has changed regarding the services that the CSB provides, however, there is still a clear need for Level I services throughout the minority population, and clients find it difficult to navigate the process and afford services through a private provider. The CSB employs experts in the field of behavioral health. They are the best equipped public entity to provide these services. JDRDC can partner with CSB leadership to advocate for reinstatement of Level I services at the Fairfax/Falls Church CSB. This would require a funding stream from Fairfax County as well as staffing resources. By presenting the urgent need for these services to One Fairfax and County leadership and choosing to move forward with these proposed changes, Fairfax County can dramatically impact the community in a positive way.

Appendix A: Interview Questions

Service/Treatment Provider Questions

1. What levels of service are provided by your agency? (i.e., outpatient, intensive outpatient, PHP, Short/long term residential)
    a. What do you feel is your primary level service?
    b. Where do you see the most clients?
    c. What are your staffing levels for each level of service?
2. How is eligibility determined for each level of service?
3. What financial support is available to clients, and how is eligibility determined?
4. What language services are offered by your agency?
5. What processes are in place to serve the minority population?
    a. How could your agency improve service provision to the minority population?
6. What obstacles do you feel are present for clients being referred by the criminal justice system?
7. Can you walk me through a hypothetical case from start to finish regarding how it would be processed?
    a. For example, if a member of the community is referred to your office from the criminal justice system (DUI, Substance Abuse, MH), they present with limited financial means, and low motivation.

Probation/ASAP Provider Questions

1. What service providers are available to serve your clients?
    a. For each provider listed, ask what services they provide.
    b. If they say no one is available, ask why.
2. How do you decide where to refer your clients?
3. What financial support is available to clients, and how is eligibility determined?
4. How are you able to meet the needs of clients where English might not be their preferred language?
5. What processes are in place to serve the minority population?
    a. How could your agency improve service provision to the minority population?
6. What obstacles do you feel are present for your clients in receiving/accessing MH and SA services?
7. Can you walk me through a hypothetical case from start to finish regarding how it would be processed when a client needs MH or SA services?
    a. For example, if a member of the community is referred to your office from the criminal justice system (DUI, Substance Abuse, MH), they present with limited financial means, and low motivation.

Appendix B: Additional Quotations

Providers Quotations

Probation/ASAP Providers from Neighboring Jurisdictions

- "…in each county, say for instance, Prince William County and then in Loudon County, each of those we just have the one Community Services Board that that we use. That would be for individuals who have no insurance."
- "…we often asked the defendants if they have health insurance and to go through their health insurance if they can, especially when it comes to the government budget now. Then we refer people to the Community services boards, depending on where they live."

JDRDC Employees:

- "We don't have in-house providers, we have class instructors in-house, but anything that requires treatment we refer out into the community. So, the VASAP for the whole state has a website and all the approved treatment providers are on there. Clients go on there and they can pick anyone as long as they're on that list."
- "INOVA has a lot of stuff. They have the CATS (Comprehensive Addiction Treatment Services) program. The have psychiatric and mental health services, but they cost money."
- "It sounds like CBS is your default, so do you always start there? And then we have a list of providers and then the clients choose."

Services Quotations

Probation/ASAP Providers from Neighboring Jurisdictions

- "I would say the contract providers, it's mostly going to be individual or group counseling. Outpatient individual group counseling. Anything above that…when it's detox and things like that, I think they refer them to the local hospital and CSB and such. Substance abuse is definitely individual and or group. Mental health - that would just be individual sessions. A lot has gone virtual."
- "…They will do [a] full assessment. They do a screening, they will do the full assessment, but they've asked that we consider not sending them anybody that isn't wanted, kind of like Fairfax, that isn't severe."
- "Our CSB has everything. But for our purposes, they don't do education, but they do outpatient. And they have several different groups for that, like relapse preventions, men's recovery group, women's recovery group and some alcohol and drug education classes. Those are the ones I see under my clients list. And if they need inpatient, they have other services. They use the old Phoenix House, which is National Capital Recovery. They use their beds for inpatient. They also have an opiate clinic that they can put people in. So, our CSB covers everything."
- *"Interviewer asks for elaboration on mental health docket and drug court.* Yes, our drug court is overseen by Circuit, Loudon County Circuit Court and the mental health docket is Loudon County General District Court."
- "*As far as the actual type of services, is it individual? Group? You know, as far as substance abuse services are that typically, is that what those service providers provide?* Yeah, they do. And it just depends on what their recommendations are. So, they will assess the person and then determine what's the best level of treatment for them. However, they try to work with the client, you know a lot of clients are resistant to like residential treatment. So they'll try to work something out with them at a lower level of treatment."

JDRDC Employees

- "All of my clients don't really meet the criteria for treatment, so I have to send them somewhere else [that's not the CSB]."

- "Yeah, the CSB definitely has that level of like, if they really, really need that service then it will be like an inpatient or a residential. But if my client maybe has an alcohol problem or something that doesn't meet the inpatient criteria, then they don't provide services."
- "We do send them to the CSB, but the CSB doesn't usually do the evaluation. So, we're kind of stuck."
- "CSB does not do psych evaluations, they will do a mental health evaluation, but if you are referring a client who needs a psychiatric evaluation, they will tell them that they need to find a provider. I had two clients who were sent home with, "You need to go and find someone." One of them thinks he's living in 1940 during WW2, and that cellphones were made out of cats. I mean, you're expecting that client to go and look for a provider? Its very frustrating."
- "And now the issue with the CSB. Before, everyone would just go to the CSB if they could, but now the CSB will see them, ask a couple questions, and then say they don't meet their criteria. Then the client has to go and pay for another assessment somewhere else, and still end up paying for treatment. So they don't really save anything by going to the CSB, unless they need intensive or residential, which is a small percentage of our clients."
- "Before, everyone would just go to the CSB if they could, but now the CSB will see them, ask a couple questions, and then say they don't meet their criteria. Then the client has to go and pay for another assessment somewhere else, and still end up paying for treatment. So they don't really save anything by going to the CSB, unless they need intensive or residential, which is a small percentage of our clients."
- "I think the biggest problem that I have experienced is we have many clients who don't qualify for IOP [Intensive Outpatient] or Residential, but they do qualify for Level 1 treatment. However, the CSB doesn't offer that. Then clients are pretty much forced to go private, and they can't afford it, which is why they go to the CSB in the first place, because they can't afford the assessments by the private treatment providers that we have on the list."

Levels of Service Quotations

- "We provide Level of Care 1 [Outpatient]. We refer folks out to Level of Care 2.1 which is IOP [Intensive Outpatient]. And for residential as well are just 3.5 and 3.7 [Inpatient services and Residential services]."
- "So we have forensic psychology, outpatient services, emergency services, and the ICT and ACT. ICT stands for Intensive Community Treatment [not intensive outpatient]."
- "If we're completing an ASAM, obviously because we're outpatient, we're going to offer outpatient as a level, and we might make recommendations for intensive outpatient. We don't provide intensive outpatient, but we do refer. We refer, for instance, if outpatient and up in the Leesburg area. We have that as an option. So, outpatient service would be what we provide and of course substance abuse education. We provide that through individual, but more specifically, through the group process. That's our main modality in providing a lot of the substance abuse work that we do."
- "We only serve level of care one. For staffing levels, I guess I need a better clarification on what you're looking for with that. How many staff I have or how many? Like, OK. Yeah, those are the question. My team probably has about 20 to 25 staff people. I believe we're growing, so it's hard for me to know the exact number right now [since] we are expanding a little bit more every year. [Our staff] is comprised of therapists [and] licensed or license-eligible clinicians to facilitate the in person or virtual groups as well as individual sessions. That includes a case manager for our Women's Recovery Project, which is the program for women who are pregnant or parenting, and that also includes peers. We have recovery peers [who] work with clients throughout the program throughout all of our different programming [and] programs that we have. That includes our admin person as well."

Client Referrals Quotations

Client Preference:

- "They get to pick off the provided list by the Commission on ASAP. And then I go from there. Some of them picked before court and then they're not on the list. Then we have to scramble to see if they're ASME

certified or not or LS ATP or not. And then in that case, if they're not, then we have to default to getting reassessed by somebody who's approved. But ultimately they choose."

Eligibility Criteria:

- "If they have their own insurance, insurance will encourage them to contact them, and if they don't, then we will send them to the CSB because the CSB has a lot of resources themselves and a lot of contacts, so they can send them somewhere that can give them the type of services that they need if they don't offer them."
- "If we get a client who has been ordered to get a mental health evaluation done or substance abuse evaluation done, and they do have health insurance, then we direct them to go through their insurance provider to find someone that works in network with them."
- "*Do you require them to start by trying the CSB, or do you just go straight to one of your contracted providers?* Right now, because of the budget situation, as of just the past couple of years, I'm doing more CSB referrals. Or if you have health insurance, I'm telling them to go through that first."

Financial Concerns and Eligibility Criteria Quotations

Probation/ASAP Providers from Neighboring Jurisdictions:

- "I have not had anybody, even if make they make like 200, 300, $100,000, I haven't had anybody to be returned back. They're based on a sliding scale. They charge you based on income."
- "What they [private provider] do is if the person's behind on payments, I think they can only miss maybe like 2 payments, the person, even if they keep attending, does not get credit for any of the sessions they continue to attend until their balance is paid in full."
- "Yeah, most of the time we have a glimpse of their finances from working with them anyways, from their presenters' reports [or] pretrial report. We get employment verification sometimes just as a requirement. Any anyway with some of their supervision, based on the that kind of information, and sometimes usually for me when it comes to contract providers, because they really have no money. So, most the time I don't even require copayment because I just know that that's just too much when they're trying to get started with everything."
- "[The Program] is based on a sliding scale. Clients need to provide proof of residency in the county. I don't know what form of proof or how they use it. I know that if they don't make any money, they're only paying like a dollar or maybe nothing."

Service/Treatment Providers:

- "We're not trying to hurt people when it comes to getting mental health and a lot of that comes from what's happening on a state level, what the Governor Ralph Northam had with not wanting to turn away anyone that needs mental health care and mental health services. When that law passed in 2017 for same day access. So we know clients may come across financial struggles, but with the fee agreement and the slide scale, we can make this a little more manageable for the person who needs help."
- "First and foremost, our goal is to really be able to work with every individual that's coming through our doors. That's what we want to be able to do as appropriate based on the scope of our practice and when we also think about other external factors such as staffing needs and things of that nature. So yeah, our main goal is to be able to provide those services. If that's something we cannot do absolutely, we want to do our best to make sure that we are able to find other providers in the community that would be able to offer that assistance. But really just like with any CSB, we know that we have to try to exhaust all efforts on our end, again based on those clinical criteria and that financial criteria, to be able to work with the individuals who come through our doors."

Language Access Quotations

Probation/ASAP Providers from Neighboring Jurisdictions:

- "Well, we have translation services when we are doing intakes [and] sometimes we're able to have the court interpreters. We'll bring them down to our office for their intakes, and sometimes they'll stay around and help with them to [fill in] paperwork and things like that."
- "We have a high Spanish speaking population in the area, and we have a few that are fluent in this office. I've tried to step up, but I wouldn't say I'm fluent. I try my best."
- "We will have them bring an interpreter with them if they have somebody in that can interpret for them. Usually, that's how they initially make the contact is with their interpreter with them when they first come to sign up. And then one gentleman we did recently, I don't remember the specific language that he spoke, but he had interpreter with him. But then, you know, nowadays with technology he had an app on his phone so he was able to put it in and then he could let us read it. I also will let them bring an interpreter to their class."
- "If they are Spanish speaking, we have counselors …. If they speak some other language, that becomes tricky. If it's Mongolian, we send them, basically most of them, I will send them to a multicultural clinical center because they already have connection with us that they can take our clients. However, the client needs to take a translator with them as long as they're adults and they speak English so they can translate for you. We use them mostly for Mongolian at [the Multicultural Center]. I think there's one provider who has [an] Amharic counselor...on the list. I think it's Korean that is on our [VASAP approved provider list]. I haven't had anybody that really needs other languages."

Service/Treatment Providers:

- "We do offer treatment groups in Spanish. Outside of that language, we have not offered. It does not appear, at least at this time, that there is a greater need for offering it in a different language [or dialect], such as Urdu or Farsi. I don't know if there's been such a great need at this time for that service. However, I don't think that that's completely off the table. I think that we would want to try to explore that more, but yeah, our groups, we do offer them in Spanish as well as English. And I will say this, the main group that is going to be offered in Spanish, at least at this time, would be our substance use disorder groups because that's where we find our larger population when we're facilitating groups- when addressing some of those substance use disorder issues or just education around substance use."
- "Many of our forms that we have are going to be both in English and Spanish. However, we absolutely utilize and implement on the language line [external translation]. We have a number of individuals that come from many different backgrounds and have many different languages and dialects as their primary language. And so, we do utilize the language line for that, and I couldn't tell you how many languages they have in the language line, but it does get accessed quite a bit."
- "For many of our clients, it is a challenge at times to find folks that are licensed and trained that also speak another language. As such, we have other staff here that [have to meet a standard] in order to provide interpretation services if they would be doing it on site, but we have a language interpretation service now that also will have folks come on site or we can do a video set up with them. Spanish is a primary language [we see] coming through so the whole agency really is looking to try to train up is what we're working at now. Train up with the interns to get more folks that are bilingual."

JDRDC Employees:

- "… if a person speaks Spanish, the CSB has some the ability to do evaluation services, and then to provide services if the client meets the priority population criteria. There used to be an agency with staff and volunteers for like 8 different languages, so South America, North Africa, Europe, and Asia. Now that agency does not exist in the same way anymore, they don't offer substance abuse services, they don't take referrals from probation- that kind of thing. The next agency that emerged as something that might be able to take their place … used to have 6-10 language services available and that has greatly decreased. In my 20 years here, I've seen their languages available from a professional substance abuse counselor go from 6 languages to only Spanish and English.

- "For some reason it used to be easier to access the language line and find any languages. These days when I call it seems like its limited. If it's not Spanish, it is limited. I may be on hold for a while, or I may have to call back because the language is not available or no one is available. I'm not sure why."

Serving Minority Populations Quotations

Probation/ASAP Providers from Neighboring Jurisdictions:

- "With the minority population, I think is only comes out to be the language barrier, for transferring for treatment. In ASAP, if they have problem making a payment, we do a payment plan as long as we can do, we can ask the Court to give us extension so we can extend the fees."
- "We just treat everybody like they come in with trauma, cause majority people do have trauma, but we still assess and send them hopefully to the right group. I will say… we're doing a lot of DEI [Diversity, Equity, Inclusion] with just with staff. A lot of training, … And then we have a lot of therapists and providers who are of all nationalities."

Service/Treatment Providers:

- "I mean I would say [the agency] is very serious about continuing to kind of support the DEIB [Diversity, Equity, Inclusion, Belonging] work on the staff leadership level. …I actually think this is coming under our equity director in the county really looking at where there are gaps are and what our needs are and looking at things like are we referring people, more minorities out at the front door. … Like looking at our data to actually assess and understand how we are meeting the communities needs and are we meeting the needs of everyone from an inclusive lens. I think there's more work to be done on that, but I'm excited because our Equity Director has been in this position for two years, a year and a half, I mean, she's really starting about a year. …We are trying to get information from clients as well about meeting their DIB [Diversity, Inclusion, Belonging] needs, and so we have a survey that we used to do once a year with folks and we added a question on that about if we met in meeting their culture needs [or were there] any concerns and issues. We do have an equity in-house advisory team that also has in the past looked at numbers in terms of for different programs who are we bringing in or who are we referring, how to make sure that we aren't necessarily labeling one group more than others as having [unintelligible] issues or challenges when it's a population is definitely not just one group of culture."

JDRDC Employees:

- "One of the things that happened ... when we joined JDRDC is that we got a wealth of resources that we didn't have before … Whatever path you took to become fully language service available, no we benefit from that. I have thought since that resource is so outstanding- we can do telephone whenever we need, we have a volunteer come in if we need, we have a paid interpreter available if necessary."

Improving Services for Minority Clients Quotations

Probation/ASAP Providers from Neighboring Jurisdictions:

- "I always feel like it would be great to have more specific programs for different things. … I think it would be great to have a lot of specific programming, especially for employment purposes, helping people find jobs and stuff."
- "Well, I know Spanish is not a minority population at this point but having translators would be immensely helpful. We don't have anybody. We have one person that speaks Spanish and that's including front desk staff. So having access to interpretation services would be helpful. Having access to the online classes was really beneficial for our faraway people and during that time of when we could do that, I was able to actually squash the MOU with the Community Service board because we didn't need it. So that was saving me money. But then the Commission changed that. I like to be online. I think our agency, our customer service for the minority populations will also improve once all our new people are trained."

- "I think that having someone in front of them that looks like them does make a difference. When they come here, we emphasize to them the struggles and we educate our staff on the struggles that minorities do have in the criminal justice system, the lack of trust, and that this justice system has been unequal for quite some time. So, we make every effort to try to explain to them and try to make them feel comfortable and try to build rapport with them. And I think even for staff that aren't minority here, we try to educate them on the differences, the biases and I think that goes a long way."

Service/Treatment Providers:

- "I think it's also helpful when our directors, managers, supervisors, and leaders are also making sure they're sharpening up their lens so they can model that kind of level of education and influence all those clinicians. So, we're normalizing the process where it's typical to talk about what the needs are for communities of color that have traditionally encountered historical injustices dealt with structural barriers and racial discrimination."
- "We have recently implemented our Diversity, Equity, and Inclusion Committee, and in a pretty short amount of time. … A part of our Diversity, Equity, and Inclusion Committee that we are absolutely pushing and have been, I would say somewhat successful in and continuing to try to grow in, is just offering trainings. … When we think about onboarding process or hiring, the training committee has done an excellent job in looking at different trainings, speaking to different organizations and agencies, and looking at different platforms to provide different types of training on Diversity, Equity, and Inclusion."

JDRDC Employees:

- "We're good at creating forms in Spanish and other things like having the little tablet that asked people what language they speak, but we don't necessarily match that with the services that our clients need, meaning if it's a person who speaks Spanish, they benefit a lot better more often with a probation officer who is a native speaker. … Same thing for service providers in terms of counseling, family services, mental health evaluation, because there are little nuances to a language and culture that are…it's the same in the US, not every region in the country has the same perceptions or experiences. There is something to be said about having a standard that is equal to everybody."
- "Having a CSB employee who can just be stationed here or in the jail who can do the assessment at that time."
- "We mentioned to them how it would be great to have something, like, they report to pre-trial, and we have somebody in the back, in-office, and they need to complete an assessment, and they're like, 'Oh, here you go, let's just make a referral'."
- "I thought it would be really neat if we had someone from CSB who was an agent/counselor who was assigned with a professional interpreter, minimum group size of 3, to be able to use an ASAP county classroom at night. A contracted county employee, a contracted county interpreter, and we can hold classes for people who need languages not serviced by the CSB right here in the building."

Obstacles Quotations

Probation/ASAP Providers from Neighboring Jurisdictions:

- "In extreme situations, especially some people that are just going to prison or homeless, things like that, we as the officer can write up a request that goes to our management to sign off and approve if we want to give them like a food cart, a subway card, gift card or some metro cards. Its limited but it's just to kind of help or kickstart what they need. Because literally some people come here and don't know where they're going to when they step outside the building, and we also just, I mean a side note, I don't know how relevant it is, but we do have a closed closet that we have here that's accumulated work clothes and things like that. Lots of

attorneys have donated, people can use it for interviews and stuff like that. So, we have the closet for people who are in need and can come check it out and take what they need."

Service/Treatment Providers:

- "The increase in demand has been pervasive, intensive over the last 2-2.5 years. It's been in this pandemic specifically for individuals who really need behavioral support. So, the great resignation has been a huge challenge for us. For workforce, a lot of license providers that worked in the CSB have left. So, what that does is that drives up the wait time for individuals trying to come and get services. So, I think that's a huge area as well. A lot of team members are struggling with the paperwork requirements, which also kind of puts a slowdown with helping retain staff, so those are some of the areas that we have a difficult time with having clients access mental health and substance abuse services, really retaining staff and onboarding and recruiting newer staff members to come within our agency as well because it takes quite a while to on board someone."
- "Transportation. That's huge [here]. We do not have enough public transportation system, especially here in the western end of the county. … it just doesn't exist. So folks being able to get to just their PO's, or getting to court appointments, or getting to the CSB is really, really challenging for a lot of our people. That's the probably the biggest one that we would have."
- "A little bit of a challenge we face now is that some PO's with the legalization … [of] marijuana of cannabis. Some POs are not necessarily identifying that as an issue for folks when it is, when we're trying to do substance use treatment and some clients they see as having issue more than others and some they'll let it pass and you know alcohol is legal, but folks still have a problem with alcohol. So, it's just that's kind of a barrier for us to say we're trying to provide treatment."

JDRDC Employees:

- "it's always been a problem of getting any information from clients. It's one release then it's another release and after that another release, then the release expires, and we have to get another release…"
- "DUI, on some level, is a crime of affluence. A person has to have access to a vehicle in which to commit the crime. What I've noticed is that a lot more of my clients now live in their cars, so that's the version of homelessness that I see in our clients. They had a falling out with their girlfriend or they can't afford the rent, so they make the car note the most important thing and they live in the car. They shower at work, or they shower at a gym for $10 a month, they go to shelters, very creative things. We don't see the kind of breadth of socioeconomic disparities or populations that you see. Clients with their own vehicle or have access to a vehicle, and they're out here doing the same thing they've been doing 300 times, and then they get caught and then here they are. We don't get primary referral for regular criminal offenses, we don't get primary referral for public intoxication charges, we get primary referrals for a client + alcohol + drugs + a vehicle."
- "But if you look at an analysis of who gets noncompliance back to the court, the person most often is struggling with all kinds of things – money, nutrition, mental health, employment, other charges, family violence – those folks are noncompliant not because they're okay and don't care, but because they're dealing with a lot. But that's a whole different conversation. Also, I think we have judges who are pretty sympathetic to that, but again, where do we go back to? Where are the resources? They're not here."
- "When people go to the CSB for help, they should not focus on the person's criminality or criminal history. It doesn't matter who showed up at the hospital for assessment, you need to see a human being in front of you. Many times, I have taken in kids, and they were worried about what am I going to say about who you are to me, and I tell them to let me handle it. They'll ask me if I am the parent and I'll say yeah you can say that, or I will not answer the question. They treat people according to "are you a gang member" and if you are I'm going to treat you according to that. I think that is wrong, and they need to know that. People would not get the services they needed because of a question that was asked that has nothing to do with the help that they need."

Appendix C: Fairfax-Falls Church CSB Contracts

Current contracts that the CSB has with providers outside of the jurisdiction can be found on the Fairfax County Contract Register: https://www.fairfaxcounty.gov/cregister/

- Two contracts that we know of between the Fairfax-Falls Church CSB and providers outside of our jurisdiction for when programs are filled to capacity:
    - Fairfax County, Fairfax-Falls Church Community Services Board (CSB) and the Alexandria Community Services Board
    - Fairfax County, Fairfax-Falls Church Community Services Board (CSB) and the Richmond Behavioral Health Authority