

Cross-Training and Dissemination of Innovative Practices

**Report to the Committee Studying Treatment Options
for Offenders with Mental Illness or Substance Abuse
Disorders
(SJR 97/HJR 142, 2002)**

October 18, 2002

Written public comments may be submitted to Nancy Roberts by November 8, 2002, at the following address: Division of Legislative Services, General Assembly Building, 910 Capitol Street, Richmond, Virginia, 23219 (e-mail nroberts@leg.state.va.us or fax 804-371-0169). Comments will be compiled by staff and presented to the Committee at its meeting on November 25. If you have questions, please call Nancy Roberts at (804) 786-3591.

***Report of the SJR 97/HJR 142
Workgroup Studying Cross-Training
and Dissemination of Innovative
Practices***

***Department of Mental Health, Mental Retardation and
Substance Abuse Services***

James S. Reinhard, M.D., Commissioner

September 30, 2002

Report of the SJR 97/HJR 142 Workgroup Studying Cross-Training and Dissemination of Innovative Practices

Executive Summary

Senate Joint Resolution 97 and House Joint Resolution 142 directed the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) to develop a curriculum for cross-training among the various agencies and staff involved with offenders with mental disorders and substance abuse, and to explore and recommend ways to disseminate information about innovative practices among treatment providers working with these offenders. The Department incorporated the two studies into one unified interagency effort.

DMHMRSAS convened a broadly representative workgroup from several state and local agencies, statewide advocacy groups and other stakeholders to address the study requirements. The workgroup met twice and developed a “Philosophy of Training” and a core curriculum for cross training, and also recommended development and implementation of a web-based approach for dissemination of innovative practices.

The workgroup made the following specific recommendations for cross training:

- **Recommendation 1:** The study workgroup should continue to meet through the second year of the Joint Subcommittee’s study to finish development of the cross-training curriculum, including necessary stakeholder review.
- **Recommendation 2:** DMHMRSAS and other agency and organizational members of the study workgroup should adopt the cross training curriculum, when completed, as the basic reference framework for evaluating and developing training for state and local treatment and criminal justice personnel who work with persons with mental illness, mental retardation and substance abuse in the criminal justice setting.
- **Recommendation 3:** Once adopted, the workgroup should ascertain the extent to which the core curriculum is in place statewide, identify gaps, and develop a workplan, including funding needs, to address training needs.
- **Recommendation 4:** Once adopted, and to the extent possible, state and local agency personnel should initiate ongoing review and modification of their training programs using the new curriculum.
- **Recommendation 5:** The workgroup should develop strategies, including statutory proposals, to strengthen state and local interagency relationships to enhance cross-training efforts on behalf of offenders with mental illness, mental retardation and substance abuse disorders.

The workgroup made the following specific recommendations for disseminating innovative practices among providers:

- **Recommendation 6:** The study workgroup should continue to meet through the second year of the Joint Subcommittee’s study to finish development of an

- interagency-focused, web-based approach for dissemination of information about innovative practices to relevant agencies, providers, and other stakeholders.
- **Recommendation 7:** The workgroup should continue to examine the information sharing capacities of each of the participating agencies and organizations and use these resources to develop and implement the web-based approach to dissemination of innovative practices.
 - **Recommendation 8:** The workgroup should develop strategies, including statutory and budget proposals as appropriate, to strengthen state and local interagency relationships to enhance sharing of information about innovative practices.

The list of workgroup participants, the “Philosophy of Training” statement and the five-part core curriculum are attached to the report.

Report of the SJR 97/HJR 142 Workgroup Studying Cross-Training and Dissemination of Innovative Practices

I. Introduction

The need for change in the way that Virginia responds to people with mental illness, mental retardation and substance abuse disorders who are involved with the criminal justice system has been well documented by the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders in the Committee's report, *Senate Document 25* (2002). As part of the Committee's activity, the 2002 General Assembly passed Senate Joint Resolution 97 and House Joint Resolution 142. These two identical resolutions continued the work of the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders and also directed certain Secretaries and state agencies to undertake further studies in a number of key areas. The following report by the Department of Mental Health, Mental Retardation and Substance Abuse Services presents the results of one such effort.

II. Study Requirements

The SJR 97 and HJR 142 directed the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) to lead or participate in several specific studies. The following language from the resolutions describes two of the studies, which focus on (1) development of a curriculum for cross-training among the various agencies and staff involved with offenders with mental disorders and substance abuse, and (2) dissemination of innovative practices among treatment providers working with these offenders. The Department incorporated the two studies into one unified interagency effort. This report includes the progress to date of this effort, the work products, recommendations and next steps for both of the following study requests:

“The Department of Mental Health, Mental Retardation and Substance Abuse Services, in conjunction with the Office of the Executive Secretary of the Virginia Supreme Court, the Department of Criminal Justice Services and the Department of Juvenile Justice are requested to develop and recommend ways to implement a curriculum for cross-training law-enforcement officers, judges, jail and detention home staff, and community mental health treatment staff in security and treatment services. In developing the curriculum and recommendations, the Department of Mental Health, Mental Retardation and Substance Abuse Services shall consider issues concerning the philosophy and purpose of cross-training, confidentiality, judicially-ordered treatment, medication management, records management, and the contents of treatment and security services reference guides. The Department of Mental Health, Mental Retardation and Substance Abuse Services, together with the Office of the Executive Secretary of the Virginia Supreme Court, the Department of Criminal Justice Services and the Department of Juvenile Justice, shall report the joint findings and recommendations of the agencies to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002.”

“The Department of Mental Health, Mental Retardation and Substance Abuse Services is requested to explore ways to communicate information about innovative practices among providers of mental health and substance abuse treatment services to offenders. The Department of Mental Health, Mental Retardation and Substance Abuse Services shall report its findings and recommendations to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002.”

III. Study Process

Since many of the same agencies and other organizations are involved in carrying out both of the activities described in the study language above, DMHMRSAS proposed combining these two closely related issues into one study.

Using the original membership list of persons who had worked with the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders, DMHMRSAS convened a workgroup representing the following agencies, organizations and stakeholder groups (a complete listing of members is attached):

- Department of Mental Health, Mental Retardation and Substance Abuse Services
- Office of the Executive Secretary, Supreme Court of Virginia
- Department of Criminal Justice Services
- Department of Juvenile Justice
- Department of Corrections
- Virginia Association of Community Services Boards
- Virginia Association of Regional Jails
- Commonwealths Attorneys Services Council
- National Alliance for the Mentally Ill – Virginia Chapter
- Public Defenders Commission
- Virginia Association of Counties
- Commission of Youth
- Virginia Municipal League
- Division of Legislative Services
- Virginia Sheriffs Association
- Virginia Association of Chiefs of Police
- Action Alliance for Virginia’s Children and Youth
- Virginia Network for Victims and Witnesses of Crime

Two meetings of the workgroup were convened on July 11 and August 14, 2002.

At the July 11 meeting, the workgroup members reviewed the requirements of SJR 97 and HJR 142 and reached the following conclusions:

- The two areas of study (i.e., developing a cross-training curriculum and dissemination of innovative practices to providers) should be addressed through this single workgroup.

- While a great deal of training is already provided to the key players who come into contact with persons with mental illness, mental retardation and substance abuse in the criminal justice context, there is a need for a framework from which state and local training objectives and training programs can be derived. Such a framework could also be the basis for identifying and strengthening existing training resources and articulating additional needs, including needs for funding.
- The June 2002 *Criminal Justice/Mental Health Consensus Project* report by the Council of State Governments, especially Chapter VI on Training, offers an excellent example of a framework for cross training.

Using the *Criminal Justice/Mental Health Consensus Project* report as the starting point, individual workgroup members representing the key players in the mental health/criminal justice system volunteered to articulate the specific “core competencies” needed by their own groups in order to provide the most appropriate response to persons with mental illness, mental retardation and substance abuse in a criminal justice setting (i.e., at any point from pre-arrest through arrest and booking, pre-trial, adjudication, sentencing, incarceration and release). These “core competencies” would be presented at the second workgroup meeting, and then would be combined to become the cross-training curriculum.

The August 14 meeting was devoted to reviewing a draft “Philosophy of Training” (which was required by the study resolutions) and the “core competencies” developed for the key player groups. In addition, there was extensive discussion of options and approaches for dissemination of innovative practices among treatment providers and criminal justice professionals in the system. The outcomes of these deliberations are presented in the following sections.

IV. Philosophy of Training and Cross-Training Curriculum

Workgroup participants used the concepts and ideas of the *Criminal Justice/Mental Health Consensus Project* as the basis for developing the cross-training philosophy and curriculum. Each stakeholder representative on the workgroup was asked to articulate the essential areas of knowledge that their own colleagues should have in order to effectively work in a criminal justice setting with adults or youth with mental disabilities and substance abuse. Each representative also identified the information that persons outside their agencies should have. The curriculum materials from each individual contributor were then combined into the five-part set of cross-training curriculum documents. The “Philosophy of Training” and the five sections of the curriculum are included as an attachment to this report.

The cross-training curriculum is made up of the “Philosophy of Training” statement, which articulates the underlying values and purpose of the curriculum, and five related “core curricula” which articulate the basic knowledge, skills and abilities needed by the various key persons typically involved in or providing services to offenders with mental illness, mental retardation and substance abuse in the criminal justice setting. The following are the components of the cross-training curriculum:

- *Philosophy of Training*
- *Part 1: Cross-Training Curriculum for Probation & Parole, Court Service Unit, Jail & Detention Center, Corrections and Law Enforcement Personnel*
- *Part 2: Cross-Training Curriculum for Mental Health, Mental Retardation and Substance Abuse Treatment Providers*
- *Part 3: Cross-Training Curriculum for Judges, Special Justices and Magistrates*
- *Part 4: Cross-Training Curriculum for Victims and Victim Advocates*
- *Part 5: Cross-Training Curriculum for Criminal Justice Personnel, Law Enforcement Officers, Judicial Officials and Mental Health, Mental Retardation and Substance Abuse Treatment Providers - What Should Others Know About These Agencies?*

The curriculum is targeted to several audiences, namely

- Probation and Parole officers
- Court Services Units
- Jail and Detention Center staff
- Corrections personnel (Community and Institutions)
- Law Enforcement Officers
- Judges and Special Justices
- Magistrates
- Commonwealth Attorneys and Defense Attorneys
- Mental Health, Mental Retardation and Substance Abuse Providers
- Victims and Victim Advocates

The primary purpose of the cross-training curriculum is to encourage and support a broad understanding of persons with mental illness, mental retardation and substance abuse who are in (or at risk of being in) the criminal justice system, as well as interventions that are effective with this target group. It is also intended to foster a deeper understanding among criminal justice personnel and treatment providers of the nature of each other's responsibilities, their specific programs and services, the constraints under which they may operate, and other program or operational issues. It is hoped that through this process, these agencies and personnel can develop the strong, supportive and collaborative relationships that are an essential foundation for improved services to adults and youth.

V. Costs, Benefits and Limitations of the Cross-Training Curriculum

The cross-training curriculum is the product of a workgroup representing all parts of the criminal justice and the mental health, mental retardation and substance abuse communities. As such, the curriculum offers a useful framework for assessing, planning and implementing training at the state and local level. For example, the curriculum can be

used to ascertain the extent to which an existing training program for a specific target group covers the necessary knowledge and skill areas, and can facilitate planning with the appropriate agencies to address gaps in training.

On the other hand, a thorough analysis of existing training programs using this cross-training curriculum would only identify the presence or absence of a particular piece of training. It would not allow an agency to evaluate the effectiveness of the existing training or whether the most effective approaches for training were used, etc. Some additional analysis of this nature would need to be completed at the local and state level before the specific cost(s) of implementing the full curriculum could be ascertained.

Also, the curriculum materials presented here are in draft form and are incomplete. The workgroup was not able to generate the core knowledge and skill areas for police and sheriffs, as well as Commonwealth Attorneys and defense attorneys, nor has the five-part curriculum been widely reviewed by the workgroup and their constituents. These are necessary steps that must be accomplished before the curriculum can be considered complete.

Lastly, the cross-training curriculum offers basic guidelines for the content of training provided by or to the key agencies and organizations involved. As stated in the “Philosophy of Training”, the curriculum is of much less value in the absence of strong, positive working relationships between local treatment providers, emergency service personnel, law enforcement officers, jails and detention centers, and courts. Similarly, these relationships need to exist at the state level in order to derive the most benefit from the curriculum.

VI. Recommendations for Follow-Up and Implementation of Cross Training Curriculum

The study workgroup has developed no specific statutory, regulatory or budget recommendations related to cross training at this time. However, the following are recommendations of the workgroup.

- **Recommendation 1:** The study workgroup should continue to meet through the second year of the Joint Subcommittee’s study to finish development of the cross-training curriculum, including necessary stakeholder review.
- **Recommendation 2:** DMHMRSAS and other agency and organizational members of the study workgroup should adopt the cross training curriculum, when completed, as the basic reference framework for evaluating and developing training for state and local treatment and criminal justice personnel who work with persons with mental illness, mental retardation and substance abuse in the criminal justice setting.
- **Recommendation 3:** Once adopted, the workgroup should ascertain the extent to which the core curriculum is in place statewide, identify gaps, and develop a workplan, including funding needs, to address training needs.
- **Recommendation 4:** Once adopted, to the extent possible, state and local agency personnel should initiate ongoing review and modification of their training programs using the new curriculum.

- **Recommendation 5:** The workgroup should develop strategies, including statutory proposals if appropriate, to strengthen state and local interagency relationships to enhance cross-training efforts on behalf of offenders with mental illness, mental retardation and substance abuse disorders.

VII. Dissemination of Innovative Practices Among Providers

The workgroup also developed a conceptual model for dissemination of innovative practices among providers of services to offenders with mental illness, mental retardation and substance abuse. The workgroup considered several issues during this process, including

- Resource availability: The workgroup agreed to recommend development of an approach to knowledge sharing that relies primarily on the use of existing staff and material resources, and upon technologies that are already in operation and accessible without the need for significant additional funding.
- Defining “innovative practices”: Workgroup participants agreed that the definition of “innovative practices” should be broad. It should include not only “evidence-based practices” (i.e., services which have been proven effective through scientific research) or “best practices” (i.e., services considered to be state-of-art in the field) with respect to treatment or program interventions, but also any novel or creative approaches to service delivery that had had a positive effect in the program or community, and which might also be useful to others in Virginia. These were termed “promising practices” and could include a full range of clinical interventions, procedural efficiencies, strategies for collaboration across agencies, practical tips for practitioners in the field, articles, opportunities for training or funding, etc.
- Necessary elements for effective sharing of innovative practices: The workgroup discussed the necessary elements of a system for effective dissemination of innovative practices. First, there should be a designated proponent (staff member) at each involved agency to be responsible for managing information on innovative practices and for maintaining communications to and from users within and outside the agency. Second, there should be interagency coordination of the effort. Proponents at each agency should meet routinely (perhaps in conjunction with experts from one or more of the state universities) to evaluate and refine the structure and methods for dissemination of innovative practices.
- Possible approaches for information sharing and training: The following are the basic approaches that could be used for dissemination of information about innovative practices:
 - Printed material: Print media, such as a newsletter or bulletin about innovative practices could be developed for distribution by mail (funding would be required for this approach).
 - Electronic mailings: Electronic newsletters or use of an e-mail “distribution list” approach could represent a timely and cost-efficient way of distributing the same type of information that can be provided via a printed newsletter.

- Interagency website: Virtually all agencies and organizations represented on the workgroup have websites that provide information regarding agency functions, as well as access to documents and links to other websites in order to enhance knowledge or practice. These sites could serve as part of a network of information-sharing outlets.
- Conferences, symposia, and other “live” training: Several agencies and organizations represented on the workgroup have some form of training provided in a face-to-face format to staff or others. These approaches have the beneficial effect of interactive dialogue and can bring together diverse disciplines or agencies, but there are significant expenses in this approach that must be borne by the training presenters or the training recipients, or both. Teleconferencing can also be used to obtain some of the benefits of face-to-face communication, without the costs of travel. Teleconferencing infrastructure is widely available through CSBs, courts, and other agencies, although teleconferencing costs may be expensive under some conditions.

VIII. Recommended Approach for Dissemination of Innovative Practices:

All four of the basic approaches described above for disseminating information on innovative practices have positive qualities that recommend them highly. Given current funding constraints, however, it will be difficult to develop large-scale print media initiatives or live training events for the dissemination of innovative practices for some time, despite their obvious value.

The most viable approach is to focus on the development of a web-based method of information dissemination and the interagency mechanisms and procedures to support it. Such an approach would offer the following benefits:

- Relatively low cost to produce and operate;
- 24-hour per day instant access by anyone with a computer and internet access;
- A very large capacity for the archiving information and documents in a highly accessible and organized manner;
- The capability for broad dissemination of content via links to other web sites.

This approach could be implemented in two ways. The first option to set up the web-based information sharing system would be through development of a single dedicated website, “hosted” and managed by one state agency or organization coordinating with other agencies, to which any state and local agency, provider or organization could contribute relevant content material and information about innovative practices. The web site could also be maintained by an outside entity such as the Institute of Law, Psychiatry and Public Policy at the University of Virginia.

The second option is a network of linked web pages at different state agencies and organizations, accessible via any of the participating state agencies’ websites, and managed jointly by the agencies working in collaboration with other organizations, agencies and stakeholder groups.

In either option, some up-front and ongoing investment of agency resources would be needed to set up the site, to determine how to organize and catalogue content material, to establish guidelines and procedures for contributing and posting content material, and to provide overall management and coordination of site development and operations. The specific costs of either approach have not been determined at this time.

IX. Recommendations for Dissemination of Innovative Practices Among Providers

Regarding dissemination of innovative practices, the workgroup makes the following recommendations at this time:

- **Recommendation 6:** The study workgroup should continue to meet through the second year of the Joint Subcommittee’s study to finish development of an interagency-focused, web-based approach for dissemination of information about innovative practices to relevant agencies, providers, and other stakeholders.
- **Recommendation 7:** The workgroup should continue to identify the information sharing capacities of each of the participating agencies and organizations and use these resources to develop and implement the web-based approach to dissemination of innovative practices.
- **Recommendation 8:** The workgroup should develop strategies, including statutory and budget proposals as appropriate, to strengthen state and local interagency relationships to enhance sharing of information about innovative practices.

***Cross-Training and Innovative Practices Workgroup Members
SJR 97 & HJR 142***

Amy Atkinson	Commission on Youth
Arthur Kaye	Department of Juvenile Justice
Brendan Hayes	Henrico Area MH and MR Services
Charles Sharp	Commonwealth Attorney, City of Fredericksburg
Chris Webb	Blue Ridge Regional Jail Association
Dana Schrad	Virginia Association of Chiefs of Police
Darnley Hodge	Riverside Regional Jail
Dean Lynch	Virginia Association of Counties
Andrew Molloy	Department of Criminal Justice Services
Janet Areson	Virginia Municipal League
Jim Hodgson	Department of Criminal Justice Services
Jim Martinez	Department of MH, MR and SA Services
Jim May	Richmond Behavioral Health Authority
Jim Morris	Department of MH, MR and SA Services
Joanne Smith	Merrimac Detention Center
John Jones	Virginia Sheriffs Association
Judy Rossi	Chesterfield Community Services Board
Ken Batten	Department of MH, MR and SA Services
Kevin Robinson	Office of the Executive Secretary, Supreme Court of Virginia
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Margaret Crowe	Action Alliance for Virginia's Children and Youth
Martha Mead	Department of MH, MR and SA Services
Morgan Moss	Henrico Area MH and MR Services
Nancy Roberts	Division of Legislative Services
Pam Fitzgerald Cooper	Department of MH, MR and SA Services
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Rita Romano	Prince William Community Services Board
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Steve Ashby	Richmond Behavioral Health Authority
Susan Williams	Commonwealth Attorneys' Services Council
Thomas Langhorne	Office of the Executive Secretary, Supreme Court of Virginia
Tricia Baggett-Phelps	National Alliance for the Mentally Ill, Virginia Chapter
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Philosophy of Training

The need for effective collaboration between the criminal justice system and mental health, mental retardation and substance abuse providers has never been greater. In order to respond most effectively to persons with mental illness, mental retardation and substance abuse disorders in the criminal justice system for adults and juveniles, the key players involved must have a basic understanding of mental disorders and substance abuse, and some knowledge of both the criminal justice and mental health/substance abuse systems. In the criminal justice system, the key players include

- law enforcement officers
- judicial officials
- prosecutors and defense attorneys
- pre-trial and probation and parole officers
- jail and corrections officers
- victims and victim advocates

Mental health and substance abuse service providers must have a similar understanding of the criminal justice system for adult and youth offenders.

Cross-training for all of the above parties is essential and can enable communities and community agencies to develop and implement improved crisis interventions, diversion services, court initiatives, jail-based services, and pre-and post-release supports to adults and youth with mental disorders and substance abuse in the criminal justice system.

Focusing on training also brings the key players in the criminal justice and mental health, mental retardation and substance abuse systems together, creating many other opportunities for collaboration at both state and local levels.

The SJR 97/HJR 142 Cross-Training and Innovative Practices Workgroup identified a core training curriculum for each of the above key players. The core curriculum will help ensure consistency of training across the Commonwealth, and can serve as the basis for assessment of training capacity at both state and local levels, and development and dissemination of training resources locally, regionally and statewide.

The SJR 97/HJR 142 Cross-Training and Innovative Practices Workgroup acknowledges that there are already many training programs and initiatives in place throughout the Commonwealth, and recommends the core training curriculum as a resource for these efforts, where appropriate. It is not intended that the curriculum presented here replace these exemplary programs, nor that agencies and providers “re-invent the wheel” in designing their training programs.

Most importantly, the Workgroup recognized that no amount of training can substitute for developing and maintaining effective working relationships between the multitude of agencies, organizations, service providers and others involved in serving persons with mental illness, mental retardation and substance abuse disorders in the criminal justice system. These relationships are the foundation of all effective training programs.

Part 1
**Cross-Training Curriculum for Probation & Parole, Court
 Service Unit, Jail & Detention Center, Corrections and Law
 Enforcement Personnel**

Target Audience

Knowledge and Skill Areas

	State Probation and Parole Officers	Local Probation and Pretrial Program Staff	Juvenile Court Service Unit Staff	Juvenile Detention Personnel	Juvenile Corrections Personnel	Department of Corrections Officers	Adult Jail Personnel	Law Enforcement Officers
About Offenders with MI, MR, and SA								
Basic causes/etiology/explanations for mental illness, mental retardation, substance abuse					X			
Prevalence of mental disorders and substance abuse in the prison population						X		
Signs, symptoms, behaviors associated with individuals with mental illness, mental retardations and/or substance abuse problems in adults and youth. What to look for when working with these individuals	X	X	X	X	X	X		X
Mental illness, mental retardation and substance abuse disorders which are common in the juvenile detention population. Recognizing signs and symptoms of mental illness and substance abuse in adolescents			X	X	X			X
Signs, symptoms and behaviors associated with individuals who are malingering/faking or exaggerating true mental disorders. Distinguishing between mental disorders and goal-oriented, disruptive and/or self-destructive behavior, e.g., self-mutilation, feces smearing, etc.						X		
Differentiation of Axis I and Axis II disorders, particularly Cluster B Personality Disorders						X		
Prevalence of co-occurring mental disorders and substance abuse, and mental and physical disorders. Understanding the relationship between mental illness and substance abuse. Understanding the difference between mental illness and developmental disabilities such as retardation, learning disabilities,	X	X	X	X	X	X		X

fetal alcohol syndrome, and drug babies. The complexities inherent in dealing with persons with co-occurring mental illness and mental retardation within a corrections setting. Understanding conduct disorder								
Treatment modalities, treatment regimens, and interventions used for adults and juveniles with various types of mental illness, mental retardation and/or substance abuse	X	X		X		X		
Medications used to treat for mental disorders, including types, names, use with which disorders, effects and side effects when medications are taken or not taken or misused or abused, and reactions when taken with alcohol and/or other drugs of abuse	X	X	X	X	X	X		X
Commonly abused drugs, including physical and behavioral effects, and drug "jargon"			X	X				
Information about serious medical problems that may have symptoms that look like those of mental illness or substance abuse, and also diabetes, delirium tremens, dementia (from HIV and other causes) that require immediate medical treatment						X		
Prevalence of abuse (physical, sexual, emotional) in offenders						X		
Victimology training, to better recognize history of physical and/or sexual abuse in offenders with mental health and substance abuse problems. For Probation and Parole staff, this includes responding appropriately to victims who may contact them for assistance and information	X	X		X	X	X		
Stigmas and stereotypes associated with mental illness, mental retardation and substance abuse	X	X	X	X	X	X		X
Relevant legal and ethical considerations in working with mentally disordered offenders, including establishing and maintaining boundaries						X		
Assessing one's own belief and value system in dealing with criminals with mental illness						X		
Gender issues related to mental illness, mental retardation and substance abuse in adults and/or youth	X	X		X		X		X
Cultural issues related to mental illness, mental retardation and substance abuse in adults and/or youth	X	X		X		X		X
Interviewing techniques when working with and gathering information about persons with substance abuse problems and/or mental illness, including juveniles and their families.	X	X	X					
Crisis stabilization techniques, de-escalating crisis situations.				X	X	X	X	X
Suicidal threats and other behaviors (e.g., self-mutilation) associated with persons with mental disorders, i.e., how to anticipate it, how to react to it, why it occurs, how to prevent or minimize such behavior. The importance of taking all threats seriously.				X	X	X	X	X
Appropriate staff responses to challenging behavior, i.e., <ul style="list-style-type: none"> • Appropriate use of force • Room confinement • Individualized behavior management • Suicide intervention and prevention • Responding to self-mutilation • Medication refusal 				X		X		
Observation and documentation of behavior				X		X		
Communicating effectively with offenders with mental disorders						X		
Supervising juveniles when no ongoing clinical services are in place/provided				X				

Supervision techniques for various types of illnesses				X				
When to refer for evaluation/professional intervention				X				
When to utilize mental health staff. Working with therapists to assist in achieving treatment goals. How to be most helpful and observant in assisting mental health staff in working with offenders who are mentally disordered or who are acting out (e.g., who are on hunger strike).				X		X		
Communication between the hospital, therapist and detention staff relative to diagnosis, medication and behavior management				X				
The intersection of security, treatment goals and behavior management. Supporting both treatment and security goals.				X	X	X	X	
Working with families and guardians of persons with substance abuse problems and/or mental illness. Understanding family experiences when accessing services for youth		X	X	X				
Risk factors associated with violent behavior in persons with mental illness, mental retardation and substance abuse. How to react to such behavior and prevent or minimize its occurrence. Identifying risk of violent behavior with offenders experiencing substance abuse and/or mental illness	X	X				X		X
How to effectively transition an offender to community corrections, develop release plans, and communicate resource/supervision needs to Probation and Parole Officers. How to interact with mental health/substance abuse professionals to ensure coordination of services and improve outcomes	X	X	X			X		
Responsibilities of public schools for education and supportive services for juveniles with MI, MR and SA disorders			X					
Team-building with local victim/witness staff to encourage collaboration regarding protection and notification issues	X	X						
<i>About Mental Health, Mental Retardation and Substance Abuse Treatment Programs, Law and Regulation, and Other Related Information</i>								
Understanding the basic structure of community MH, MR and SA system. Responsibilities of community agencies for MH, MR and SA treatment. Interventions that work best with various types of substance abuse and mental disorders. Types of treatment programs available for adults and youth (including inpatient, outpatient, public, private, eligibility requirements, costs and funding).	X	X	X	X	X	X	X	X
How to access available treatment services for offenders who have or may have mental health or substance abuse disorders. When to make referrals (particular focus on types of treatment programs available for offenders with dual diagnosis). Available assessment and treatment resources, rights of adolescents and families to access these resources	X	X	X	X	X	X	X	X
What are the available resources within prison facilities or other institutions to deal with these MH, MR and SA issues					X	X		
What types of vocational/educational training programs are available for persons with substance abuse and/or mental illness	X	X	X	X	X	X		
Use of community volunteers or contractors in working with persons with mental illness, mental retardation and substance abuse	X	X				X		
Local advocacy groups and other supportive, adjunct services that can assist adolescents, families and the CSU in meeting the needs	X	X	X		X	X		

of juvenile offenders with mental illness, mental retardation and substance use disorders. Services available through local victim advocacy organizations, including information on how prosecution-based programs differ from grassroots programs, so that appropriate referrals can be made.								
How to access Medicaid and other benefits for persons with mental illness, mental retardation or substance abuse	X	X						
Documentation requirements for MH, MR and SA assessments and treatment at jails and detention centers.					X		X	
Confidentiality and the laws, rules, regulations, protocols associated with confidentiality of records and exchange of information (adults and juveniles)	X	X	X	X	X	X	X	X
Information on how confidentiality requirements interact with victims' rights to receive notification and protection				X	X	X		
Federal, state and local statutes, regulations, policies and procedures related to working with adults and juveniles with mental illness and/or mental retardation and/or substance abuse in a criminal justice or correctional environment, including <ul style="list-style-type: none"> • Access to medical services and safety-related issues • Child abuse reporting • Criteria to refer for assessment • MH/MR/SA emergency procedures and protocols • Purpose and use of hospitalization • Emergency hospitalization, involuntary detention to psychiatric hospital • Continuing hospitalization, involuntary commitment to psychiatric hospital • Follow-up process and responsibilities after in-patient release • Competency restoration services • Priority populations • Ability to pay issues 	X	X	X	X	X	X	X	X
Understanding the legal system including court intake services, magistrates and judges, Commonwealth's attorneys, defense attorneys and law enforcement entities. Specifically, <ul style="list-style-type: none"> • Responsibilities of law enforcement and court intake to seek assessment prior to processing • Discretion that police officers may have in charging a youth or diverting to treatment • Court Service Unit operations • Legal criteria for consideration of diversion • Options for diversion – community, residential and non-residential • Court procedures, different hearings, etc. • Competency to stand trial standards and procedures • Responsibilities of judges, court clerks, defense attorneys, Commonwealth's Attorneys, to persons with MH/MR or SA disorders, e.g., to seek or order assessment and/or treatment • Payment for assessments and inpatient or outpatient care, including Medicaid, insurance, holding or treatment facility • Persons who refuse treatment, alternative decision-making processes 	X	X	X	X	X		X	X

<ul style="list-style-type: none"> • Disposition options, including parole options and other programs • Rights of persons in custody to care and treatment • Responsibility of system/custodian to provide treatment to identified persons in need • Purpose and responsibilities of guardians ad litem 								
Community involvement in working with persons with substance abuse and/or mental illness	X	X	X					
Basic rights of consumers and families	X	X	X	X	X	X		X
Training on victims' rights, as defined in the Code of Virginia, with specific focus on the rights of victims to receive notification and protection	X	X		X	X	X	X	X
What training is provided to and available to police, sheriffs, treatment providers, court personnel, jail and detention center personnel?	X	X			X	X		
Interacting effectively with mental health/substance abuse professionals to ensure coordination of services and improve outcomes. The importance of information sharing.	X	X	X	X			X	X
Advocacy groups, associations and volunteers working with adults and youth with substance abuse and/or mental illness and/or mental retardation, and their families, e.g., who are they, where are they, what is their mission and role, how to contact, what they offer, etc.	X	X	X	X	X		X	X
Homelessness and how it is addressed when working with persons with substance abuse and/or mental illness, including available resources	X	X					X	X

Part 2

Cross-Training Curriculum for Mental Health, Mental Retardation and Substance Abuse Treatment Providers

Training about law enforcement

- ✓ Public safety responsibilities of law enforcement officers
- ✓ Protocols for use of force
- ✓ Officers' expectations of community providers
- ✓ Booking process
- ✓ Understanding how the local law enforcement officers view mental health/substance abuse
- ✓ Protocols for transportation
- ✓ Handling of minors and family members

Training about the court

- ✓ Court procedures
- ✓ Statutory standards, procedures and dispositions (Temporary Detention, Competency to Stand Trial (adult and juvenile), Not Guilty by Reason of Insanity)
- ✓ Information sharing in court setting, including victim notification
- ✓ Responsibilities of prosecutors, court administrators, defense attorneys, and judges
- ✓ Victim rights, including notification and protection
- ✓ Conditional release programs and their administration in the jurisdiction
- ✓ Expectations by the court system of mental health/substance abuse providers
- ✓ Juvenile justice disposition and adjudication process

Training about corrections agencies

- ✓ Jail/juvenile detention classification procedures
- ✓ Jail/juvenile detention personnel and jail environment
- ✓ Intake and classification procedures
- ✓ Correctional medical staff and facilities
- ✓ Scope of behavioral health services in prison
- ✓ Corrections release planning staff and procedures
- ✓ Community corrections (e.g. probation, parole) procedures and protocols
- ✓ Familiarity with the rules of Medicaid, SSI, SSDI, TANF, and other benefit programs for those incarcerated in jails or prisons
- ✓ Security issues and procedures

Training about working with consumers who have been involved with, or are at risk of being involved with, the criminal justice system

- ✓ Effects of incarceration/juvenile detention on mental illness
- ✓ Obstacles faced by individuals who have been incarcerated/in juvenile detention

- ✓ Ensuring the safety of provider and consumer
- ✓ Special needs of women, children and families
- ✓ Cultural competency
- ✓ Housing options in the community for people with mental illness/substance abuse
- ✓ Victimology training, recognizing signs and/or history of physical or sexual abuse in offenders with mental disorders or substance abuse
- ✓ Understanding the services available through local advocacy organizations, including how prosecution-based programs differ from grassroots programs, so that appropriate referrals can be made

Part 3
Cross-Training Curriculum for Judges,
Special Justices and Magistrates

<i>Knowledge and Skill Areas</i>	<i>Target Audience</i>	Circuit Judges	J&DR Judges	GDC Judges	Special Justices	Magistrates
Fundamentals of mental health, mental retardation and substance abuse disorders in offenders. <ul style="list-style-type: none"> • Major disorders • Co-occurring disorders • Prevalence of disorders, including co-occurring disorders • Signs and symptoms • Risk of violence and risk assessment procedures • Treatments for disorders, including medications • Treatment efficacy 	X		X	X	X	
Fundamentals of mental health, mental retardation and substance abuse disorders in <u>adolescent</u> offenders. <ul style="list-style-type: none"> • Major disorders • Co-occurring disorders • Prevalence of disorders, including co-occurring disorders • Signs and symptoms • Risk of violence and risk assessment procedures • Treatments for disorders, including medications • Treatment efficacy 		X			X	
Clinical and behavioral implications of mental illness, mental retardation and substance abuse disorders, including co-occurring disorders	X	X	X	X	X	
Relationship between mental disorders and criminal behavior	X		X	X	X	
Relationship between mental disorders and juvenile delinquency		X				
Knowledge of local emergency mental health services and how to access emergency services				X	X	
Knowledge of local MH, MR and SA services, programs and resources for diversion of offenders from incarceration. How to access these resources	X		X	X	X	
Knowledge of local MH, MR and SA services, programs and resources for diversion of juveniles from incarceration, including how to use CSBs and CSA resources		X				
Knowledge of local MH, MR and SA services, programs and resources for incarcerated adults	X					
Knowledge of local MH, MR and SA services, programs and resources for incarcerated juveniles		X				
Referral procedures for Marion Correctional Treatment Center				X		
Using mental health, mental retardation and substance abuse experts: <ul style="list-style-type: none"> • When to use • How to refer (or to obtain expert assistance) • Understanding evaluation reports, related information 	X	X	X	X	X	

<ul style="list-style-type: none"> • Asking the right questions • Placement, referral and diversion procedures. 					
Not Guilty by Reason of Insanity <ul style="list-style-type: none"> • Obtaining sanity (MSO) evaluations • Making NGRI determinations • Services, programs and resources for conditional release planning 	X				
Competency to Stand Trial (Adult) <ul style="list-style-type: none"> • What is competency • Obtaining competency evaluations • Making competency determinations 	X				
Juvenile Competency to Stand Trial: <ul style="list-style-type: none"> • What is competency • Obtaining competency evaluations • Making competency determinations 		X			
Temporary detention and commitment for incarcerated individuals: <ul style="list-style-type: none"> • Statutory roles and responsibilities of agencies and individuals • Statutory standards and procedures • Making detention and emergency treatment determinations 	X		X	X	X
Understanding and implementing “Least Restrictive Alternative” requirements	X	X	X	X	X
Rights to privacy and confidentiality of information	X	X	X	X	X

Part 4

Cross-Training Curriculum for Victims and Victim Advocates

Understanding the Court process

- ✓ Court procedures
- ✓ Responsibilities of prosecutors, court administrators, defense attorneys, and judges
- ✓ Case timetable
- ✓ Role of victim advocates
- ✓ Confidentiality (e.g., legal rules and professional requirements when an offender has a mental disorder)
- ✓ Victim notification rights
- ✓ Protective orders, and other civil and criminal court documents
- ✓ Team-building with local Probation and Parole to encourage collaboration regarding protection and notification issues

Understanding Mental Illness, Mental Retardation and Substance Abuse

- ✓ Major mental and substance abuse disorders (i.e., basic types and characteristics of disorders, terminology, etc.)
- ✓ Co-occurring disorders
- ✓ Prevalence of disorders, including co-occurring disorders
- ✓ Signs and symptoms
- ✓ Risk of violence, including abuse
- ✓ Treatments for disorders, including medications
- ✓ Treatment efficacy

Understanding mental health evaluations

- ✓ Types of mental health evaluations in the court setting
- ✓ Purposes of these evaluations
- ✓ Who performs evaluations
- ✓ Evaluation reports
- ✓ Implications of the evaluation report(s) on the trial process (including schedule) and disposition or sentencing

Part 5
Cross-Training Curriculum for Criminal Justice Personnel, Law Enforcement Officers, Judicial Officials and Mental Health, Mental Retardation and Substance Abuse Treatment Providers

What Should Others Know About These Agencies?

Each representative of the various agencies involved in the study group was asked to describe the most important knowledge or information that personnel from other agencies should have in order to work with or provide services most effectively to adults and juveniles with mental illness, mental retardation and substance abuse disorders in the criminal justice system. The following describes these knowledge areas.

What Adult Correctional Staff (DOC) Want Others to Know About Them

- The role of staff in the detention and treatment of offenders with mental health and substance abuse issues
- Differentiation of “guard” vs. “correctional officers”
- Qualifications of treatment staff.
- Interdiction and detection efforts
- The availability of treatment resources for offenders with mental illness and offenders with substance abuse disorders
- Available training related to persons with mental illness or substance abuse disorders
- Caseload sizes and the basic make-up of those caseloads.
- Types of prison programs being utilized for offenders with substance abuse and/or mental illness.

What Juvenile Correctional Center Staff (DJJ) Want Others to Know About Them

- Intake procedures, including documentation needed from the community
- Locations of Juvenile Correctional Centers and alternative placements
- Procedures for determining length of stay
- Nature of educational programs, especially for mentally disordered juvenile offenders including those who are mentally retarded
- Types of mental health and substance abuse treatment programs and services available to juvenile offenders
- Availability of psychiatric services
- Nature of programs for training correctional officers on how to handle mental health issues with juveniles
- Accommodations made by the Juvenile Correctional Centers for youths with mental disorders
- Procedures for assuring continuity of treatment for youths with mental disorders, at both intake and release
- Procedures for placement of mentally disordered juvenile offenders upon release
- Nature of service plans for incarcerated juveniles

- Extent of mental health and substance abuse problems, including diagnosable disorders, in the Juvenile Correctional Centers
- Data collection efforts related to mental health and substance abuse disorders and needs of incarcerated youths

What State Probation and Parole Officers Want Others to Know About Them

- The court process for Circuit Courts, i.e., how it works, the impact it has on sentencing, the impact on conditions of supervision related to probation
- The overall probation and parole process, from sentencing to completion of supervision
- The sanction process with offenders on supervision
- The overall responsibilities related to probation
- Requirements on probation officers
- The availability of treatment resources for substance abusers and offenders with mental illness
- Community involvement in probation, i.e., role of the Community Criminal Justice Board, the role of community service work placements, etc.
- The role of victims in the supervision of offenders
- Available training related to persons with mental illness or substance abuse disorders
- Caseload sizes and the basic make-up of those caseloads.
- Types of programs being utilized at the local level for offenders with substance abuse and/or mental illness

What Local Probation and Pretrial Services Want Others to Know About Them

- The court process for Juvenile and Domestic Relations, District and Circuit Courts, i.e., how it works, the impact it has on sentencing, the impact on conditions of supervision related to probation and pretrial services
- The overall local probation process from sentencing to completion of supervision
- The overall pretrial process from arrest to arraignment to trial
- The sanction process with offenders on supervision
- The overall responsibilities related to probation and pretrial supervision, i.e., what is required of probation officers and pretrial case managers
- The availability of treatment resources for substance abusers and offenders with mental illness
- Community involvement in local probation and pretrial services, i.e., role of the Community Criminal Justice Board, the role of community service work placement, etc.
- The role of victims in the supervision of offenders
- Available training related to persons with mental illness and substance abuse disorders
- The overall funding stream for local programs
- Caseload sizes and the basic make-up of those caseloads
- Types of programs being utilized at the local level for offenders with substance abuse and/or mental illness

What Juvenile Court Service Units Want Others to Know About Them

- The court process in Juvenile and Domestic Relations Courts including the roles, responsibilities, authority and limitations of the Court Service Units and other key participants (e.g., judiciary)
- How intake, diversion, juvenile probation and parole supervision operate including legal authority, establishment of conditions and rules of supervision, available sanctions and responses
- How the juvenile court service unit attempts to integrate community safety, offender accountability and rehabilitation
- How the juvenile court can be utilized to improve outcomes for juvenile offenders with mental illness/substance use disorders

What Juvenile Detention Centers Want Others to Know About Them

- Statutory requirements and standards for screening and referral and for medical care
- The level of detention staff expertise for screening, assessment and supervision of juveniles with mental illness or substance abuse conditions
- The level of medical and psychiatric resources available on site and in the community
- Physical plant issues as they relate to medical care, sight and sound supervision, safe rooms
- Staffing levels that impact supervision and care of identified juveniles
- Security policies, use of force, room confinement
- Suicide prevention and intervention policies
- Behavior management policy
- Safety issues of juvenile, other detention residents, staff, public
- The need for clinical assistance in managing behavior associated with mental illness and substance abuse
- Effects of incarceration on juveniles who are not receiving needed services
- The critical need for sharing information between all involved agencies in providing care and planning services
- Anticipated length of stay for juvenile.