

**SJ 47 Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century**

**Criminal Justice Diversion Advisory Panel**

**Meeting, May 31, 2016**

**Richmond, Virginia**

The Criminal Justice Diversion Advisory Panel (the Panel) of the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century (the Joint Subcommittee) met on Tuesday, May 31, 2016. Members present at the meeting were Leslie Weisman (Panel Chair), Steve Austin, Lori Galbraith (via phone), Patrick Halpern, Allison Redlich, Tanisha Trice, Amy Woolard, Heather Zelle, Jana Braswell, and David Cotter.

Ms. Weisman began by introducing the newest member of the Panel, Tanisha Trice, a Certified Peer Recovery Specialist working in Emergency Services within the Arlington County Behavioral Healthcare Division. The Panel had previously agreed during its conference call on May 6, 2016, that it would be beneficial to have a peer specialist on the Panel.

Ms. Weisman proceeded to review the agenda for the meeting. There was a brief discussion of whether the Panel should develop a problem statement in order to focus the Panel's work. It was decided that the development of such a statement be deferred until after Joint Subcommittee meeting on June 23, 2016.

Ms. Weisman then reviewed the information that Delegate Robert B. Bell, chair of the Criminal Justice Diversion work group of the Joint Subcommittee, would like the Panel to provide. Specifically, Delegate Bell has indicated that he and the work group would like information regarding how persons with mental illnesses are diverted from the criminal justice system in other states, including the stage or stages in the criminal justice process at which diversion occurs and the crimes eligible for diversion.

Ms. Braswell walked the Panel through a presentation from the Virginia Department of Behavioral Health and Developmental Services (DBHDS) entitled *Mental Health & Criminal Justice: The Challenge to Provide for Incarcerated Virginians with Behavioral Health Issues* and the 2015 recommendations made by the DBHDS transformation teams with regard to criminal justice-involved persons. The information contained in the presentation and recommendations included:

- A list of services that community service boards (CSBs) must provide in jails, which are limited to (i) "outpatient" competency restoration services and (ii) preadmission screening for jail inmates in the commitment process;
- A list of Virginia's current diversion programs funded by the General Fund:
  - Thirty-seven crisis intervention team (CIT) programs and 32 CIT assessment sites;
  - Four magistrate-level booking programs;
  - Five jail diversion programs, including drug courts and one mental health docket;

- Two jail diversion programs with seven forensic discharge planners; and
- One specialized probation program; and
- A list of recommendations, including:
  - Supporting increased funding for criminal justice diversion programs, including magistrate diversion, reentry planning, and specialized caseloads for probation officers;
  - Establishing mental health courts or dockets;
  - Requiring minimum standards for health care to be provided in all jails, including establishing standardized formularies for medications;
  - Mandating a standardized mental health screening and assessment process in all jails; and
  - Encouraging Mental Health First Aid or CIT training for jail personnel.

Regarding mental health dockets, Ms. Braswell stated that DBHDS is aware of eight courts operating such dockets and two courts operating veterans' dockets. Mr. Austin noted that most courts that operate mental health dockets use local funding sources to do so. Ms. Braswell noted that the 2016 budget adopted by the General Assembly requires DBHDS to review and evaluate existing mental health dockets used in the Commonwealth and develop a model that can be used by other courts. The report on such model must be completed by December 1, 2016.

The Panel's discussion turned to cross systems mapping. Ms. Braswell noted that while 37 out of 40 CSBs have been mapped, there was significant variation in how such maps are utilized across the Commonwealth. Mr. Austin and Ms. Weisman reiterated that the use of cross systems mapping provides an evidence-based framework that can be used to achieve uniform results across the Commonwealth.

Ms. Braswell informed the Panel that DBHDS is moving toward implementing the certified community behavioral health clinic (CCBHC) model in Virginia. Eight CSBs have been selected to participate in receiving planning grants. Under the model, a CCBHC must provide, at a minimum, nine core services. Ms. Braswell noted that there are no criteria for criminal justice-involved individuals in the model, but that Virginia could always add such criteria.

Professor Zelle presented a list of questions developed by Delegate T. Scott Garrett related to the work of the Panel. The list was culled from a larger list of questions, most of which related to the other advisory panels. The questions will be given to Delegate Bell at the next meeting of the Criminal Justice Diversion work group for his input. The Panel then discussed the benefits of having a sheriff or other jail representative on the Panel and decided to reach out to the Virginia Sheriffs' Association to discuss the possibility of adding a sheriff to its membership.

The Panel briefly discussed several other issues, including the use of telepsychiatry in jails and the use of forensic alternative services teams and forensic assertive community treatment teams.

The Panel is planning to hold a conference call on June 27, 2016.