Briefing to SJ 47 – Criminal Justice Sub
November 5, 2018

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DBHDS
IMPLEMENTATION OF FUNDING FROM 2018 SESSION
Item 312 of Biennial Budget

- T.2. Out of this appropriation, $900,000 the first year and $1,800,000 the second year from the general fund is provided for grants to establish Crisis Intervention assessment centers in six unserved rural communities.

- T.3. Out of this appropriation, $657,648 the first year and $657,648 the second year from the general fund is provided for grants to establish CIT training programs in six rural communities.
Item 312 of Biennial Budget

• MM. Out of this appropriation, $1,600,000 the first year and $1,600,000 the second year from the general fund is provided for discharge planning at jails for individuals with serious mental illness. Funding shall be used to create staff positions in Community Services Boards and will be implemented at two jails with a high percentage of inmates with serious mental illness.

• NN. Out of this appropriation, $708,663 the first year and $708,663 the second year from the general fund is provided to establish an Intercept 2 diversion program in up to three rural communities. The funding shall be used for staffing and to provide access to treatment services.
CIT Funding

- DBHDS issued Notice of Funding to all CSBs with rural jurisdictions who lacked CIT/ CIT assessment sites
- Five CSBs applied for funding – Northwestern, Alleghany-Highlands, Crossroads, Highlands, and Planning District 1
- Multidisciplinary Panel has reviewed applications
  - Overall, applications were relatively weak and demonstrated need for greater technical assistance
  - Jurisdictions varied in their understanding of CIT/ CIT assessment sites
  - Budgets were not very realistic or aligned with what other programs need to operate
  - DBHDS is currently providing further guidance/ technical assistance
Forensic Discharge Planning

- DBHDS issued notice of availability of funds to the CSBs who are associated with the five jails with the highest proportion of SMI
- Several CSBs submitted joint proposals with one CSB serving as fiscal agent for project
- The following programs were selected:
  - Hampton Roads Regional Jail – Chesapeake CSB as fiscal agent with Norfolk, HNN, Portsmouth, and Chesapeake CSB providing services
  - Southwestern Virginia Regional Jail Authority – Highlands CSB as fiscal agent with PD1, Cumberland Mountain, Mount Rogers, and Dickenson Co CSB providing services
Rural Intercept II Diversion Programs

- DBHDS issued notice of availability of funds to all CSBs who serve rural jurisdictions (as defined by CMS)
- Four CSBs applied
- Two programs were selected for funding
  - Northwestern CSB
  - Mount Rogers CSB
- Still have enough funds for one more program so are seeking more applications.
UPDATE ON MENTAL HEALTH DOCKETS
Mental Health Dockets

• Designed to quickly identify and treat individuals involved in the criminal justice system
• In Virginia, dockets are post plea
• Function within the existing court structure with goal of identifying and addressing mental health issues which contributed to involvement in the criminal justice system
• Participation in voluntary
• Frequent hearing before judge to assess progress, reinforce progress and address non-compliance
• Commonwealth Attorney must agree to allow defendant to be placed on docket
Why are Dockets Created?

• Research has shown an over-representation of individuals with serious mental illness in the criminal justice system

• Goals of Docket are:
  – Increase public safety by addressing factors which caused involvement in criminal justice system
  – Increased treatment engagement
  – Decreased criminal recidivism
  – Decreased use of crisis system
  – Improved quality of life
  – Decreased overall costs to the community
National Research Outcomes of MH Courts

- Participants in mental health courts less likely to incur new charges post participation in MH court
- For those who did re-offend, they do so much later than non-participants
- Participants incurred few arrests post-participation than their pre-participation arrest rate
- Recidivism rate of 10-15%
- Accessed treatment more rapidly and high participation rates
- Received more intensive services
- Few crises episodes
- Results related to cost savings are mixed
Specialty Dockets in Virginia

- Rule 1:25 of the Supreme Court of Virginia allowed for the establishment of specialty dockets (Effective Jan 16, 2017)
- DBHDS received a federal grant to support dockets in October 2015
- Began funding dockets in Roanoke/Salem and Staunton/Augusta in 2016
- Federal funding ended in September 2018
- Enrolled Participants (N=155) FY17-FY18
Race and Gender

Gender

- Male: 57.4%
- Female: 42.6%

Race

- Caucasian: 75.5%
- African American: 20.6%
- Asian: 3.2%
- Other: 0.6%
Referral Source and Charges

Referral Source
- Docket Judge: 86.5%
- Probation/Pretrial: 5.2%
- Private Attorney: 3.2%
- Public defender: 2.6%
- Other: 1.3%

Charge Categories
- Property: 73.5%
- Violent: 26.5%
- Drug: 1.3%
- Other: 5.2%
- Potentially Violent: 0.6%

Charge Type
- Felony: 26.5%
- Misdemeanor: 73.5%
Primary and Secondary Diagnosis

Primary Diagnosis

- Anxiety Disorder: 16.8%
- Mood Disorder: 7.1%
- Other mental disorder: 11.6%
- Substance Use Disorder: 0.6%
- Adjustment Disorder: 0.6%
- Intellectual/Developmental Disability: 3.9%
- Personality Disorder: 12.9%
- Impulse Control Disorder: 4.5%
- Psychotic Disorder: 16.8%
- None: 55.5%

Secondary Diagnosis

- Anxiety Disorder: 37.4%
- Mood Disorder: 14.2%
- Other mental disorder: 12.9%
- Substance Use Disorder: 3.9%
- Adjustment Disorder: 1.3%
- Intellectual/Developmental Disability: 9.7%
- Personality Disorder: 12.9%
- Impulse Control Disorder: 6.5%
- Psychotic Disorder: 1.3%
- None: 14.2%
76% of those screened met criteria and were enrolled in the dockets

- Met Criteria/Accepted into Docket, 75.98%
- Defendant Opted Out, 8.33%
- Residency Criteria Not Met, 1.96%
- Legal Risk Criteria Not Met, 3.43%
- Prosecutor Declined, 4.90%
- Probation/Pretrial Declined, 1.96%
- CSB Declined, 0.49%
Criminogenic Risk Level

- Low Risk, 54.84%
- Moderate Risk, 29.68%
- High Risk, 15.48%
• Of the 155 docket participants, 29 had previous arrest data *prior to their MH Docket enrollment* (18.7%)
Of the 65 docket participants to complete the docket program:

- **20%** had arrest data before enrollment
- **14%** had arrest data during enrollment
- **9%** had arrest data after program discharge.
Time from Enrollment to Re-Arrest

- In-docket: 60.0%
- 0-30 days post-docket: 6.7%
- 30-90 days post-docket: 13.3%
- 90-180 days post-docket: 20.0%
- 180+ days post-docket: 0.0%
Clinical Service Utilization
(Discharged Participants Only, N=65)

Crisis Service Utilization Units

- 100-Emergency Services: -75.6%
- 390-Consumer Monitoring: -57.6%
- 720-Emergency Assess/Eval: -69.8%
- 510-Residential Crisis Stab: -100%

Non-Crisis Service Utilization Units

- 310-Outpatient: +17.4%
- 320-Case Management: +100%
- 425-Psychosocial Rehab: -71.9%
Discharge from Docket (N=65)

- **Discharge Reason**
  - Lack of Participation: 61.5%
  - New Criminal Involvement: 26.2%
  - Death: 7.7%
  - Absconding: 3.1%
  - Successful Completion: 1.5%

- Average Length of Time in Program = 371 days
- Range = 0 to 965
- Median = 344 days
The Sequential Intercept Model Identifies 6 intercepts across the criminal justice continuum. Intercepts are places where you can divert/deflect individuals from the criminal justice system or ensure better linkages to services. The deeper an individual penetrates into the criminal justice system the more difficult it is to have a positive impact. Not everyone can/should be diverted, thus it is also important to ensure access to services for those unable to be diverted.
The Sequential Intercept Model

Key Issues at Each Intercept:

Intercept 0: Mobile crisis outreach teams and correspondences. Behavioral health practitioners who can respond to people experiencing a behavioral health crisis in crisis intervention.

Intercept 1: Police officers. Crisis services, police officers can bring people in crisis locations other than jail or the ED, such as stabilization units, walking services, or inside.

Intercept 2: Screening for mental and substance use disorders. Treatment courts for high-risk/high-need individuals. Treatment courts or specialized courts can be developed, with models of which include adult drug courts, mental health courts, and veterans treatment courts.

Intercept 3: Violence. Treatment courts for high-risk/high-need individuals. Treatment courts or specialized courts can be developed, with models of which include adult drug courts, mental health courts, and veterans treatment courts.

Intercept 4: Specialized community supervision. Medication-assisted treatment for substance use disorders. Medication-assisted treatment approaches can reduce relapse episodes and overdose among individuals returning from detention.

Intercept 5: Specialized community supervision. Medication-assisted treatment for substance use disorders. Medication-assisted treatment approaches can reduce relapse episodes and overdose among individuals returning from detention.

Best Practices Across the Intercets:

Cross-systems coordination and collaboration. Information-sharing practices can assist communities in identifying areas of need and understanding the population and its specific needs, and identify gaps in the system.

Harm reduction through identification of people with mental and substance abuse disorders. Information-sharing practices can assist communities in identifying areas of need and understanding the population and its specific needs, and identify gaps in the system.

Access to treatment for mental and substance abuse disorders. Information-sharing practices can assist communities in identifying areas of need and understanding the population and its specific needs, and identify gaps in the system.

Linkage to benefits to support treatment success. Information-sharing practices can assist communities in identifying areas of need and understanding the population and its specific needs, and identify gaps in the system.
Intercept 0

**Key Issues at Each Intercept**

**Intercept 0**
- Mobile crisis outreach teams and co-responders. Behavioral health practitioners who can respond to people experiencing a behavioral health crisis or co-respond to a police encounter.
- Emergency Department diversion. Emergency Department (ED) diversion can consist of a triage service, embedded mobile crisis, or a peer specialist who provides support to people in crisis.
- Police-friendly crisis services. Police officers can bring people in crisis to locations other than jail or the ED, such as stabilization units, walk-in services, or respite.

**Intercept 1**
- Dispatcher training. Dispatchers can identify behavioral health crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.
- Specialized police responses. Police officers can learn how to interact with individuals experiencing a behavioral health crisis and build partnerships between law enforcement and the community.
- Intervening with super-utilizers and providing follow-up after the crisis. Police officers, crisis services, and hospitals can reduce super-utilizers of 911 and ED services through specialized responses.

**Best Practices Across the Intercepts**
- Cross-systems collaboration and coordination of initiatives. Coordinating bodies improve outcomes through the development of community buy-in, identification of priorities and funding streams, and as an accountability mechanism.
- Routine identification of patients with mental and substance use disorders should be included through routine administration of validated, brief screening assessments warranted.
IMPLEMENTING INTERCEPT 0

CRISIS RESPONSE
Crisis response models provide short-term help to individuals who are experiencing behavioral health crisis and can divert individuals from the criminal justice system. Crisis response models include:
- Certified Community Behavioral Health Clinics
- Crisis Care Teams
- Crisis Response Centers
- Mobile Crisis Teams

POLICE STRATEGIES
Proactive police response with disadvantaged and vulnerable populations are a unique method of diverting individuals from the criminal justice system. Proactive police response models include:
- Crisis Intervention Teams
- Homeless Outreach Teams
- Serial Inebriate Programs
- Systemwide Mental Assessment Response Teams
Intercept “0” in Virginia

• Having a well funded, streamlined BH system where individuals can access the full continuum of evidenced based care, when they need, where they need is the ultimate Intercept “0”

• Building out STEP-VA is building out Intercept 0 by providing same day access and bolstering the scope of services is helping to build out Intercept 0

• Examples of specialized Intercept 0 programs
  – Henrico County STAR program
  – Alexandria