



Cross-Systems Mapping

- *Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System*
- **Alexandria, Virginia**
- **November 9 & 10, 2010**





Facilitators

Cynthia Koshatka, Ph.D.

Michael Schaefer, Ph.D.

Leslie Weisman, LCSW



MH/CJ Transformation in Virginia

- **Governor's *Executive Order 62: Establishing the Commonwealth Consortium for Mental Health and Criminal Justice Transformation***
 - DBHDS and DCJS are lead state agencies
- **Goal I:** Transformation planning
- **Goal II:** Establish a Criminal Justice/Mental Health Training Academy for the Commonwealth:



Workshop Development

This ACTION workshop was developed for Virginia by
Policy Research Associates.



Virginia Cross-Systems
Workshops are sponsored by
the Commonwealth Consortium



Introductions

About the Workshop

The Group

Workshop Materials



Agenda

DAY 1

Cross Systems Mapping

- Workshop Overview
- MH/CJ Challenges
- What Works! Strategies for Systems Coordination & Collaboration
- Creating a Systems Map for Alexandria
- Setting Priorities For Change

DAY 2

Taking Action For Change

- Day 1 Accomplishments
- Keys to Success in Alexandria
- Action Planning
- Next Steps



Working Together

Logistics and courtesies

Values

Parking Lot

Process



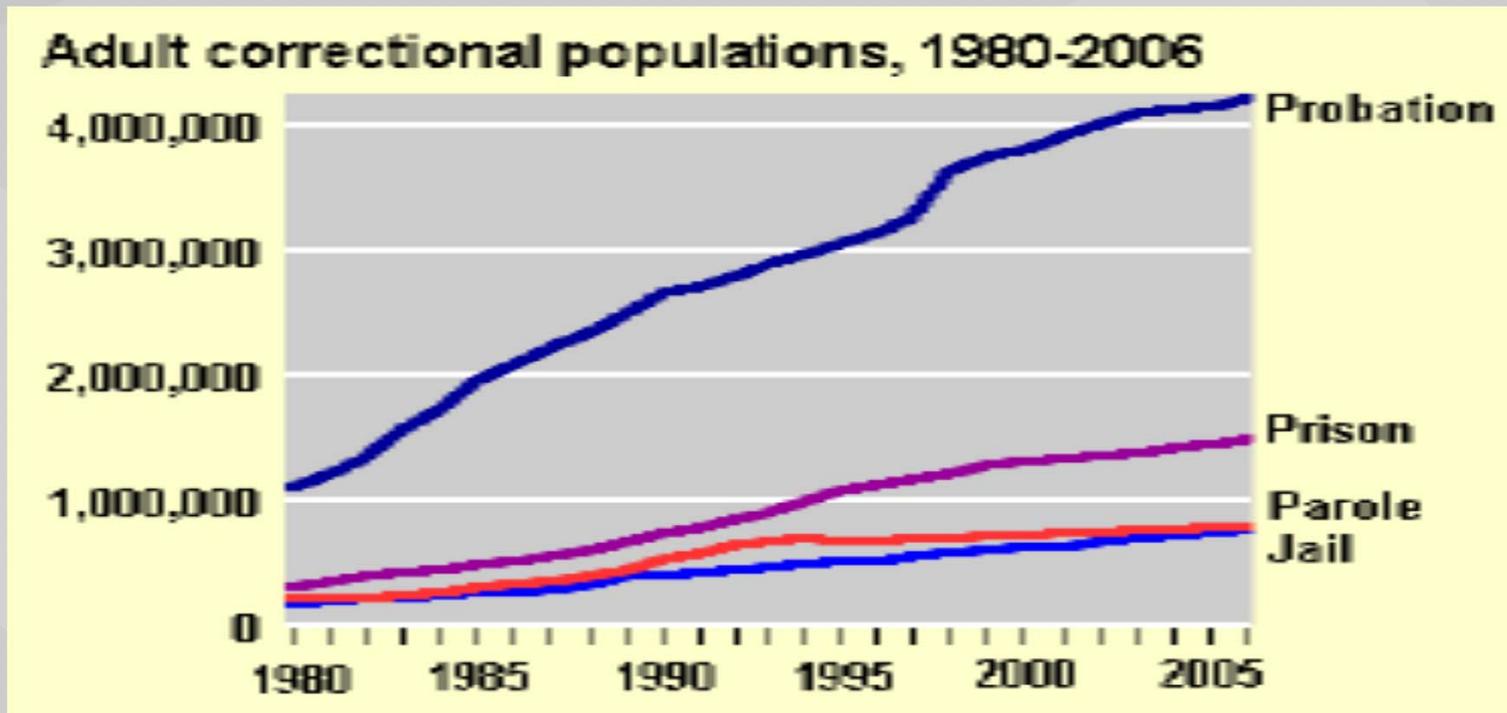
What Is the Problem?

- Many of the same people in multiple systems:
 - Mental health
 - Substance abuse
 - Criminal justice
 - Other social services
- Significantly overrepresented in the criminal justice system
- Expensive - high service users, people who cycle and recycle through the system



SOLUTION: Cross-Systems Coordination

Criminal Justice Populations Are Skyrocketing



Source: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics Correctional Surveys (The Annual Probation Survey, National Prisoner Statistics, Survey of Jails, and The Annual Parole Survey) as presented at <http://www.ojp.usdoj.gov/bjs/glance/corr2.htm>.



Scope of the Problem

- **Over 14 million arrests each year, involving more than 9 million adults.**
- **Over 1 million arrestees have serious mental illnesses.**
- 75% of those with serious mental illnesses have co-occurring substance use disorders.
- The vast majority will be released to the community.



National Perspective

- **16% of Jail Population has Serious Mental Illness (BJA, 1999)**
 - The Los Angeles County Jail is known as the largest mental health treatment facility in the world.
 - There are 22,000 inmates housed in the jail at any given time
 - 10% (2,200) are under active treatment with Jail Mental Health Services
 - Other large U.S. jails have similar challenges



Why jails instead of hospitals?

- **Why are there so many persons with mental illness in jails?**
 - Decrease in hospital beds?
 - Increase in arrests for “nuisance” offenses?
 - Increases in population, #s of arrests, longer sentences?
 - Or, just more attention being given to an ongoing problem?

<u>Then and now</u>	<u>National</u> Individuals in Psych Hospitals	<u>Virginia</u> Individuals in Psych Hospitals
Circa 1955	560,000	10,500
2008	< 50,000	1,490



Some Facts About Persons with Mental Illness in the Criminal Justice System

- **Likelihood of Arrest** – The probability of being arrested is greater for suspects exhibiting symptoms of mental disorders (Teplin, 1984)
- **Bail** – Many individuals with mental illness have no source of funds and may be detained because they cannot post even very low bail and are not offered release on personal recognizance (Health and Hospitals Corp, New York City, 1998)
- **More Serious Charges** – Persons with mental illness will often be charged with more serious crimes than other people arrested for similar behavior (Hochstedler, 1987, New York State Office of Mental Health Forensic Task Force, 1991)



Facts continued...

- **Stiffer sentences** – People with mental illness are charged, convicted, and sentenced more severely than other people accused of similar crimes (Hochstedler, 1987; Axelson, 1992, New York State Office of Mental Health Forensic Task Force, 1991)
- Persons with mental illness spend two to five times longer in jail than persons without mental illness (Criminal Justice/ Mental Health Consensus Project, 2003)

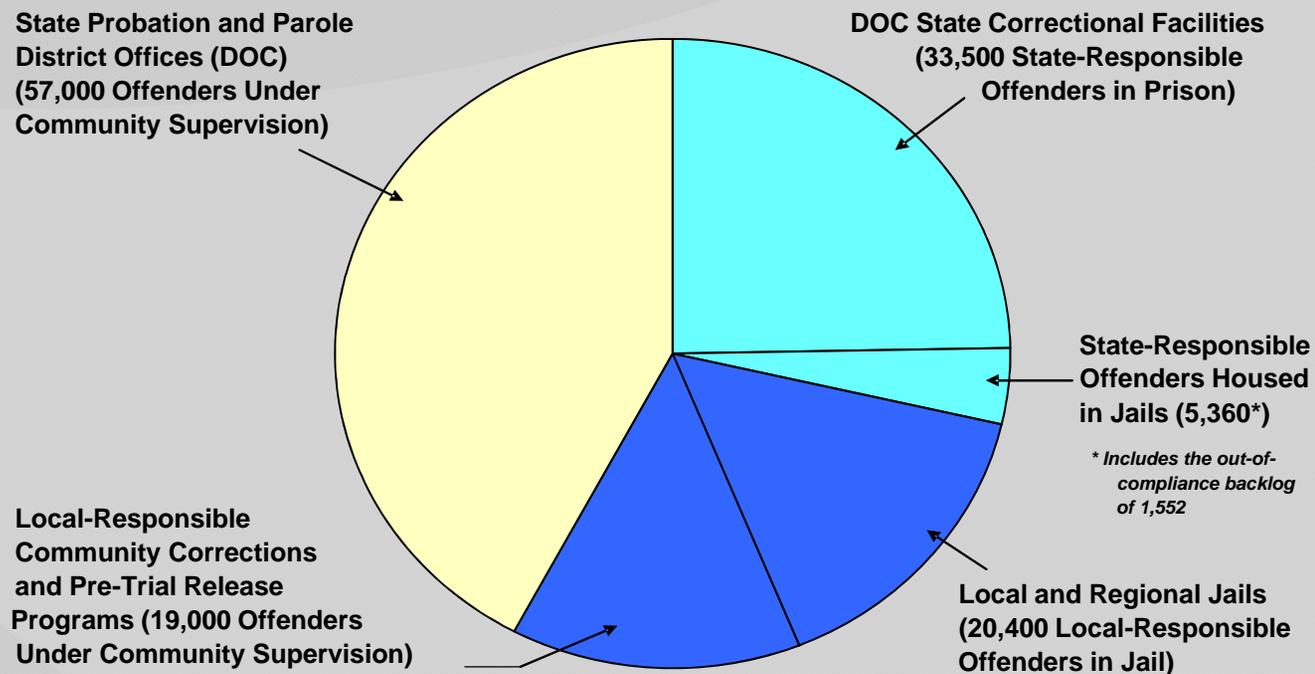


Virginia Challenges

- **FY 2007: 453,025 arrests** (>5% of Virginia census; one in 20 persons with CJ involvement)
- **FY 2008: 412,059 jail commitments**
- **57,000 DOC inmates on probation/parole**
 - 4,000 (7+%) with Mental Illness (VADOC, 2006)
- **19,000 Local probationers**
 - 3,400 (17+%) with mental illness (Senate Finance, 2006)

High #s in Virginia's CJ System

INDIVIDUALS UNDER CORRECTIONAL SUPERVISION (As of June 2008)



Source: Virginia General Assembly Senate Finance Public Safety Subcommittee Report, November, 2008



Jail Inmates with Mental Illness

- ***2007 Local and Regional Jails MH Survey:***
 - ***Total census on October 16, 2007: 28,281 inmates:***
- ***5056 Total inmates with Mental Disorder in all the jails on October 16, 2007; 17.9%***
- ***9% of total population had a Serious Mental Illness***
 - ***877 inmates diagnosed with Schizophrenia***
 - ***1693 inmates diagnosed with Bipolar or MDD***
- ***3091 with a Co-occurring mental illness and substance use disorder***



Alexandria Detention Center

(State Compensation Board, 8/1/2010)

- *Jail census – ADP for July 2010 was 256 (not including Feds)*
- **Total # inmates with mental illness in July 2010: 114 (45%). Total bed days for inmates with mental illness during July 2010 was 2774**

Diagnoses (# of inmates):

- *Schizophrenia: 15*
- *Bipolar Disorder or Major Depression: 46*
- *Anxiety Disorder: 4*
- *Other Mental Illness: 28*
- *Inmates Believed to be MI but no DX: 18*
- *Co-occurring disorder: 51*
- **Total Annual Cost for MH medication and treatment staff: \$1,300,226 (\$129,107 for medications and \$1,171,119 for MH Services)**



Developing Consensus

- Jails are treating too many individuals with chronic and serious mental illnesses
- Jails are not the best place to treat them
- We need to better identify who these individuals with Mental Illnesses are and where they are best treated
- More traditional Psychiatric Inpatient Beds are not the only or best answer
- We need to collaborate to use the “Sequential Intercept Model”, get better treatment, and make better use of your time and resources

ACTION: Cross-Systems Mapping & Taking Action for Change





Focus

Men and women with...

- Serious mental illness, and often
- Co-occurring substance use disorders
- Involved in the criminal justice system



Goals

- Promote and support recovery
- Provide safety and quality of life for all community residents
- Keep people out of jail (when appropriate) and in treatment
- Provide constitutionally adequate treatment in jail
- Link to comprehensive, appropriate, and integrated community-based services



Workshop Tasks

1. Enhance cross-system collaboration
2. Map the local system
3. Build an Action Plan



Concerns & Assumptions

- What are your concerns or assumptions about working with other stakeholders in the room?
- Write these on the cards or Post-It notes
- Do not share your responses or write your name on them

**Improve integrated service
delivery by promoting
*Collaboration***



Collaboration

Among:

Professionals
Consumers
Advocates/Family

From:

Criminal Justice
Mental Health
Substance Abuse
Social Services
Health Services
Housing



Challenges to Collaboration

- Funding “silos”
- Limited resources create a competitive and/or protective environment
- System “cultures”

■ Beginning Strategies to ■ Enhance Collaboration

Cross-training:

Interagency agreements:

- Improved Communication
- Cross-systems partnerships
 - Sharing Knowledge
 - Sharing Systems
 - Sharing Goals





Benefits of Effective Collaboration

Community Collaboration + Services Integration =

- ↑ Service retention
- ↑ Stability in the community
- Public Safety
- Cost Savings



Essential Elements

- Task Force
 - Subcommittees
- Consumer Involvement
- Communication & Information Sharing
- Boundary Spanners
- Champions

***Create
Momentum!***



Strategies for Success

- Share a vision and direction
- Use evidence-based and promising practice models
- Use money creatively
 - Blended funding sources
 - Using both existing and new resources
- Collect and use data



Local Collaborative Efforts

- CCJB Jail Diversion Subcommittee
- Jail Diversion Coordinating Committee
- Mental Health Probation Officer/ACSB Jail Diversion Therapist
- Crisis Intervention Team (CIT)
- Jericho
- Cross Departmental Training
- Drunk in Public (DIP) Drop Off at Detox



Sequential Intercept Model

The Basis for Cross-Systems Mapping



Sequential Intercept Model

Basis for Cross-Systems Mapping

Cross-Systems Mapping is an activity which depicts contact/flow with the criminal justice system

A tool to:

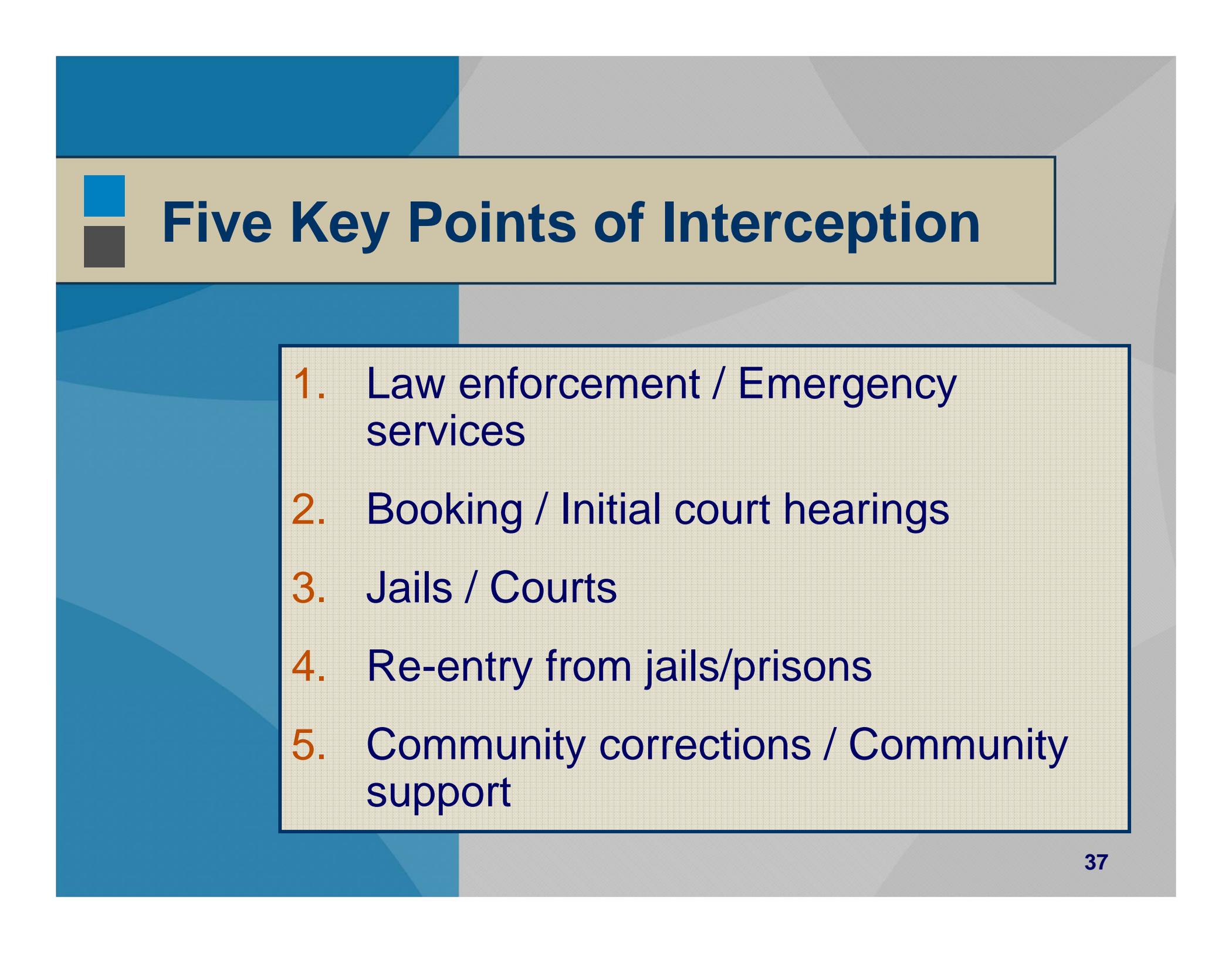
- Help transform fragmented systems
- Identify local resources, gaps and
- Help identify where to begin interventions



Sequential Intercept Model

Patty Griffin, PhD & Mark Munetz, MD

- People move through criminal justice system in predictable ways
- Illustrates key points to “intercept,” to ensure:
 - Prompt access to treatment
 - Opportunities for diversion
 - Timely movement through criminal justice system
 - Linkage to community resources



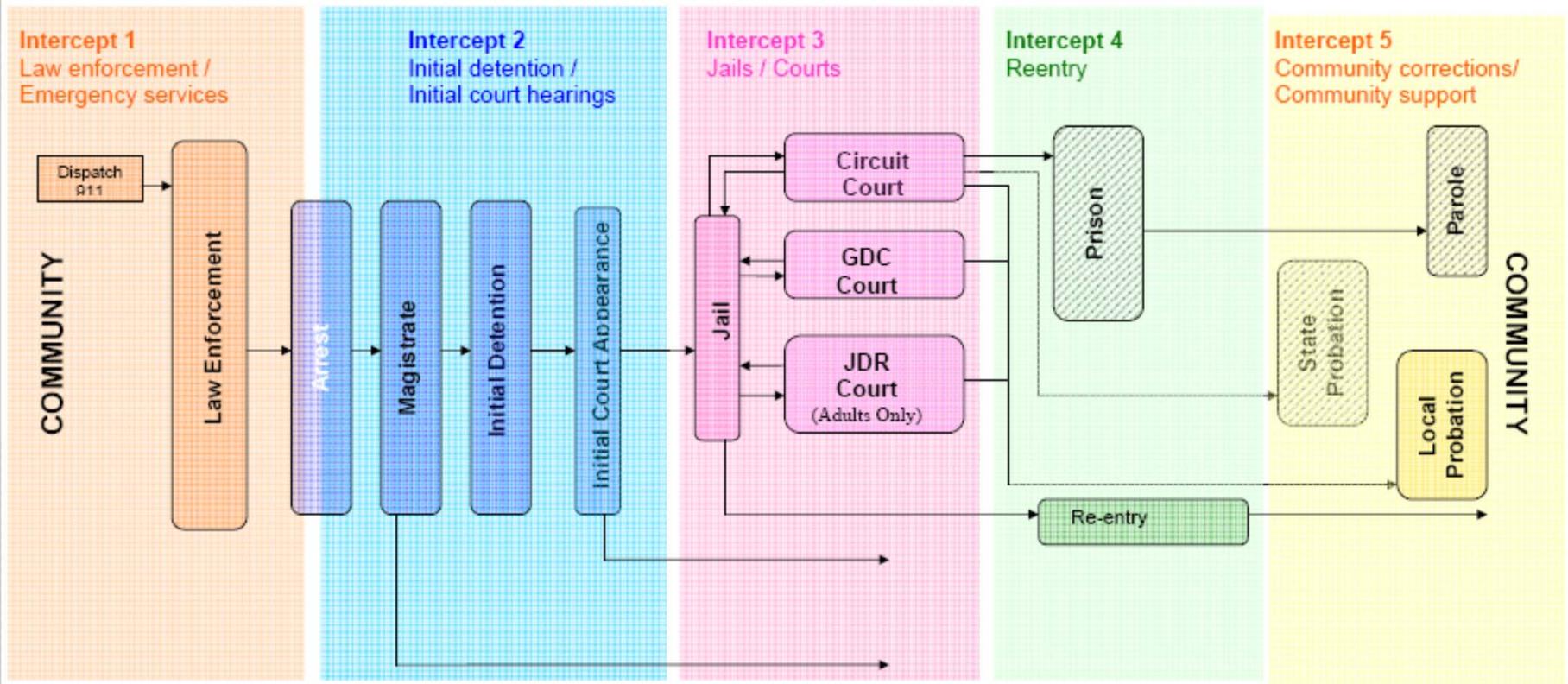
Five Key Points of Interception

1. Law enforcement / Emergency services
2. Booking / Initial court hearings
3. Jails / Courts
4. Re-entry from jails/prisons
5. Community corrections / Community support

Sequential Intercept Model: Virginia

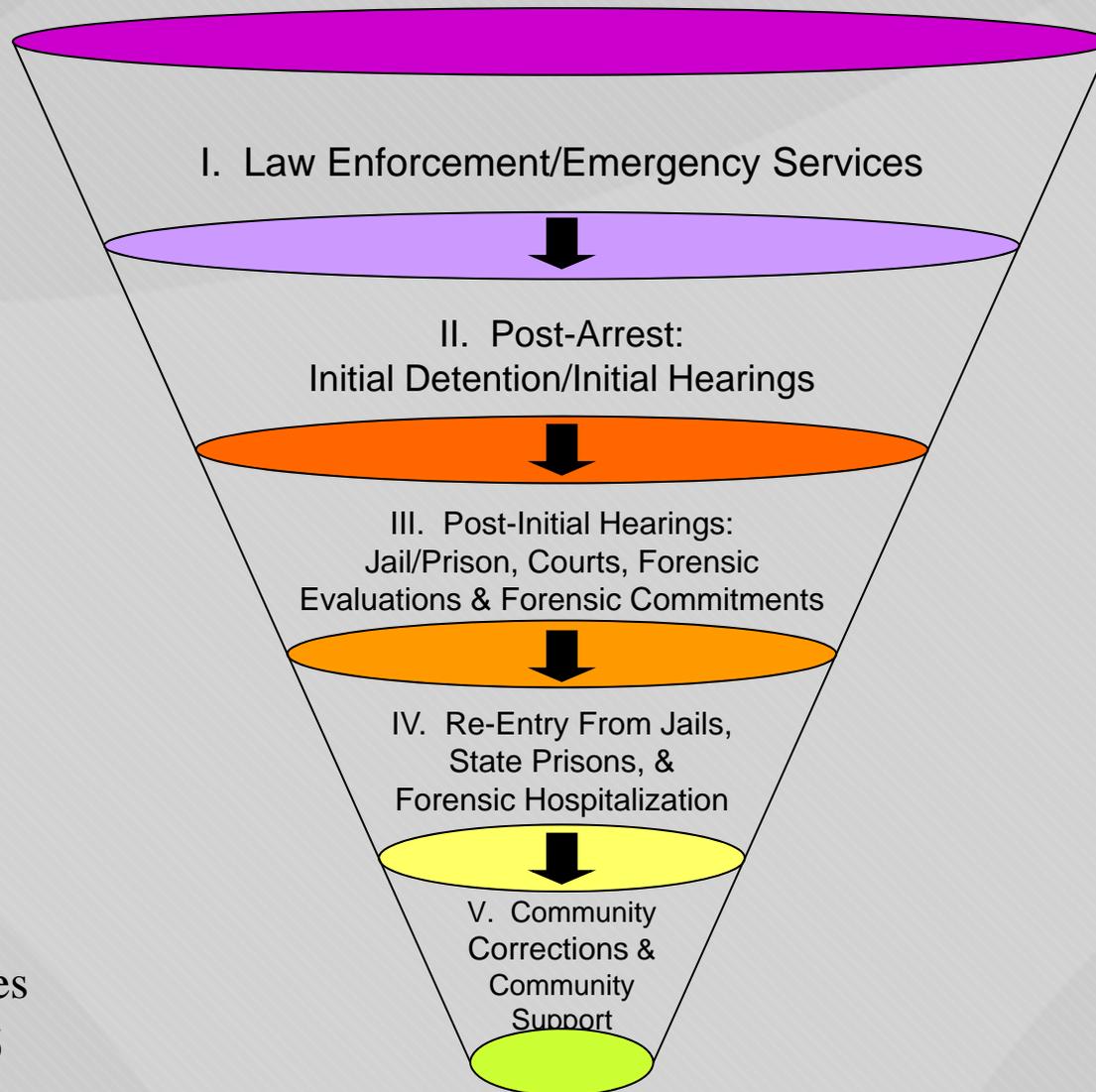
ACTION: Sequential Intercepts for Change: Virginia Criminal Justice - Mental Health Partnerships

10/2008



Sequential Intercepts

Best Clinical Practices: The Ultimate Intercept

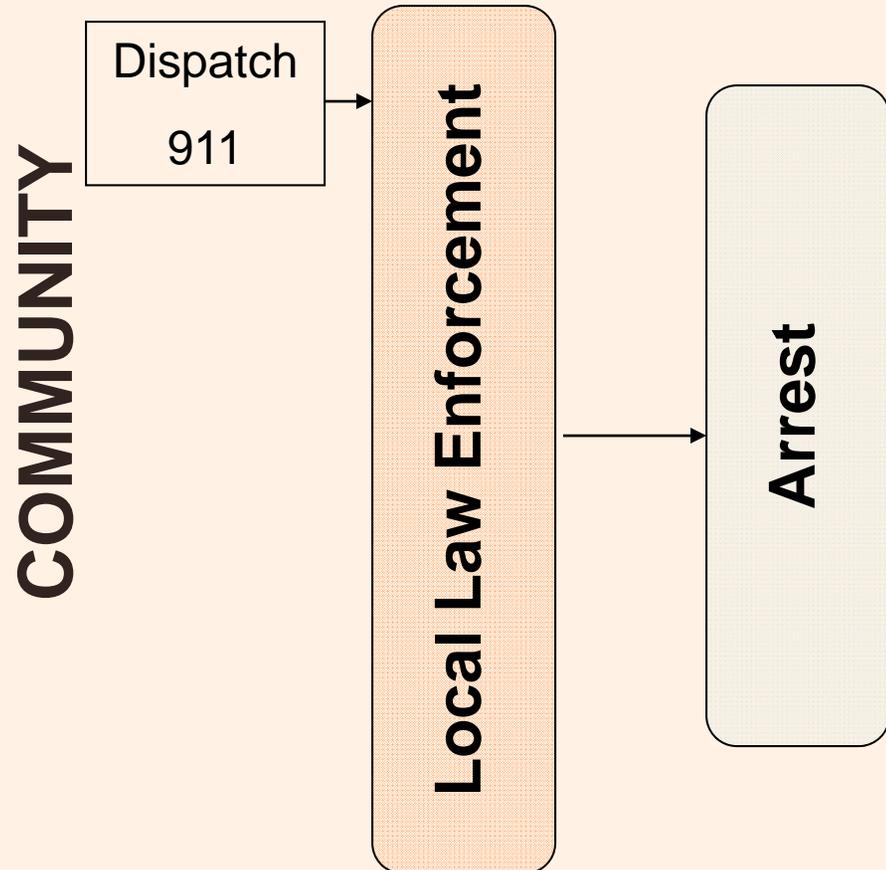


Munetz & Griffin:
Psychiatric Services
57: 544–549, 2006

Pre-booking Jail Diversions

Intercept 1

Law enforcement / Emergency services





Model Programs: Intercept 1

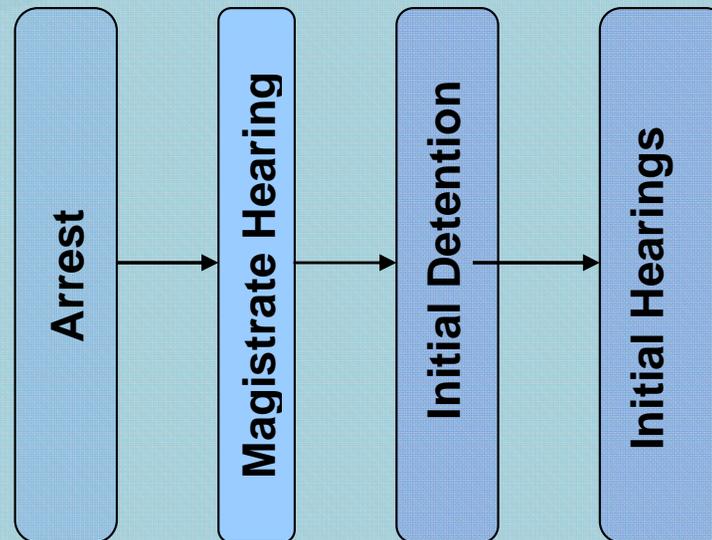
- ***National Examples:***
 - **Crisis Intervention Teams (CIT)**
 - Memphis, TN Law Enforcement approach
 - **Mobile MH Crisis Teams:**
 - Montgomery County PA
 - **System-wide Mental Assessment Response Team (SMART)**
 - Police/mental health secondary co-response (Los Angeles)
- ***Virginia examples:***
 - **New River Valley CIT:**
 - Multi-jurisdictional CIT approach
 - **CIT or similar/developing: Charlottesville, Fairfax, Portsmouth, Va. Beach, others**
 - Most are participating in developing VA CIT coalition activities

Post-Booking Diversion Options

After arrest has
been made.

Intercept 2

Initial detention /
Initial court hearings





Model Programs: Intercept 2

- ***National Examples:***
 - **The Jericho Project:**
 - Shelby County/Memphis, TN Public Defender-operated diversion
 - **Connecticut First Appearance diversion program:**
 - Statewide initiative in 4 high population cities
 - **Honolulu Diversion Project:**
 - 24/7 coverage at the jail for postbooking diversion
 - **Bucks and Montgomery Counties (PA) Emergency Services:**
 - Postbooking directly into MH treatment center or community care
- ***Virginia examples:***
 - **Virginia Beach MH/CC Arraignment approach:**
 - Court approves release plan developed by MH case manager & CC pretrial officer
 - **Fairfax-Falls Church CSB/Fairfax ADC:**
 - CSB case managers and jail MH staff work with courts to divert asap

**Specialty
Courts?**

**Other Court
Programs**

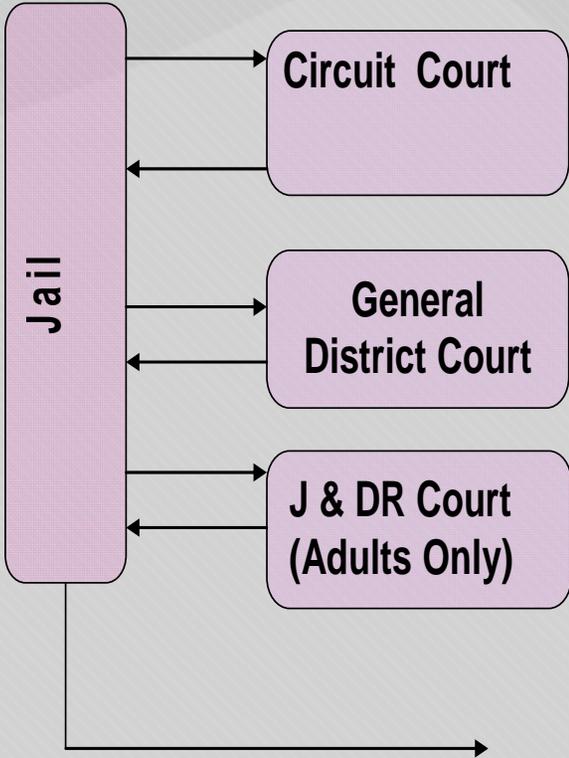
**Jail-Based
Diversion
Programs**

&

**Jail Mental
Health Services**

**State Hospital
Treatment**

Intercept 3
Jails / Courts





Model Programs: Intercept 3

➤ *National Examples:*

➤ **The Nathaniel Project:**

- New York City pretrial diversion program; Riker's Island

➤ **Brooklyn, NY Mental Health Court:**

- Pretrial diversion of defendants with mental illness with felony or misdemeanor charges

➤ **Maryland's TAMAR and TAMAR's Children Programs:**

- Trauma recovery program for women inmates in Maryland jails

➤ *Virginia examples:*

➤ **Norfolk MH Court:**

- Only dedicated MH docket in Virginia; CSB and CC staff develop post-plea community MH treatment and supervision plan

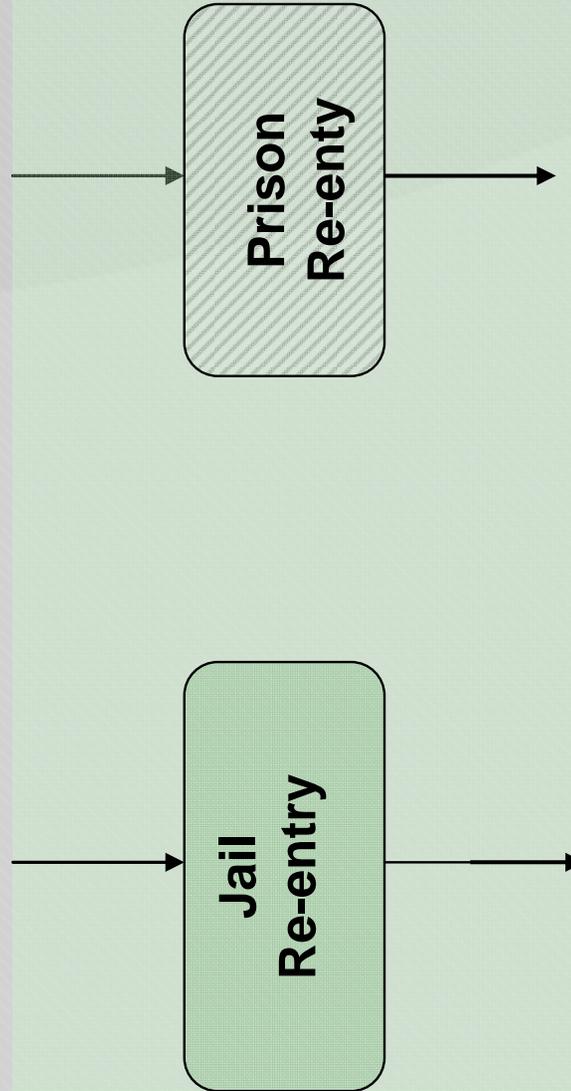
➤ **Fairfax ADC and Hampton Roads Regional Jails:**

- Provide state-of-the-art MH treatment services in their jails

➤ **HPR IV Jail Team:**

- Provides in-jail competency restoration, postbooking diversion and in-jail services for inmates with mental illness in the greater Richmond area.

Intercept 4 Reentry (Planning)





Model Programs: Intercept 4

➤ ***National Examples:***

➤ **NY State Probation Division:**

- Has integrated reentry program for inmates with mental illness from state prisons to New York City

➤ **Michigan DOC:**

- Comprehensive reentry program with MH component

➤ ***Virginia examples:***

➤ **Northern Virginia CSBs (HPR II):**

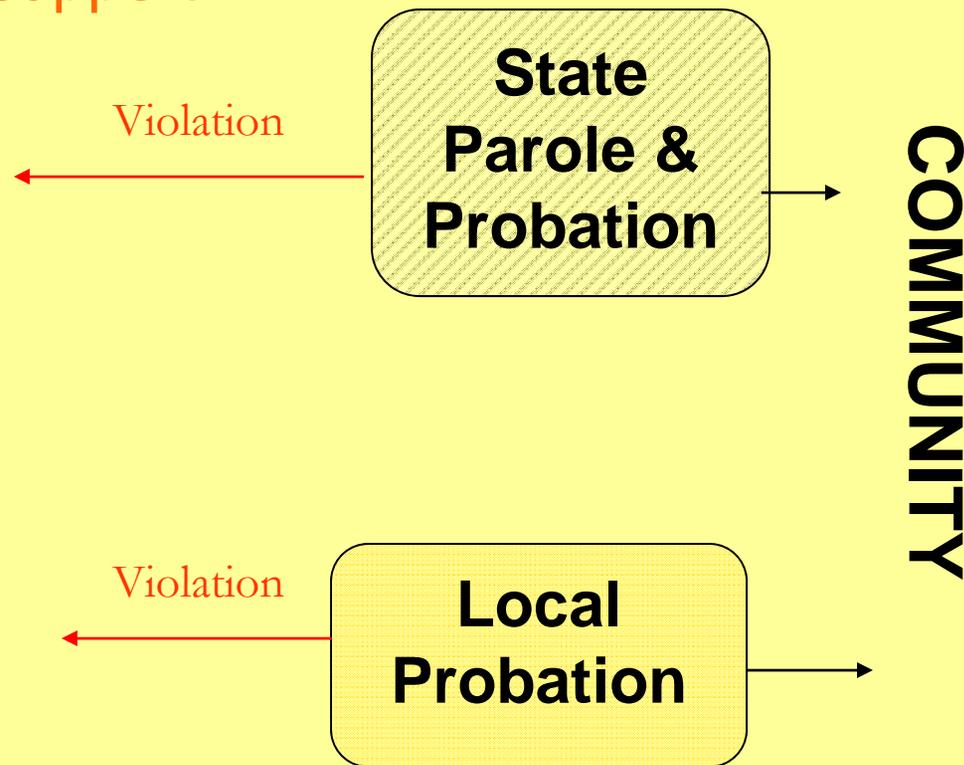
- 6 localities have Forensic Discharge Planners; promote continuity of care from jail and state hospitals to community

➤ **Statewide OAR:**

- Nonprofit offender services agencies provide release and reentry planning for jail and DOC inmates with or w/o MH and SA disorders
- Program case managers work with jail MH staff & courts to divert asap

Intercept 5

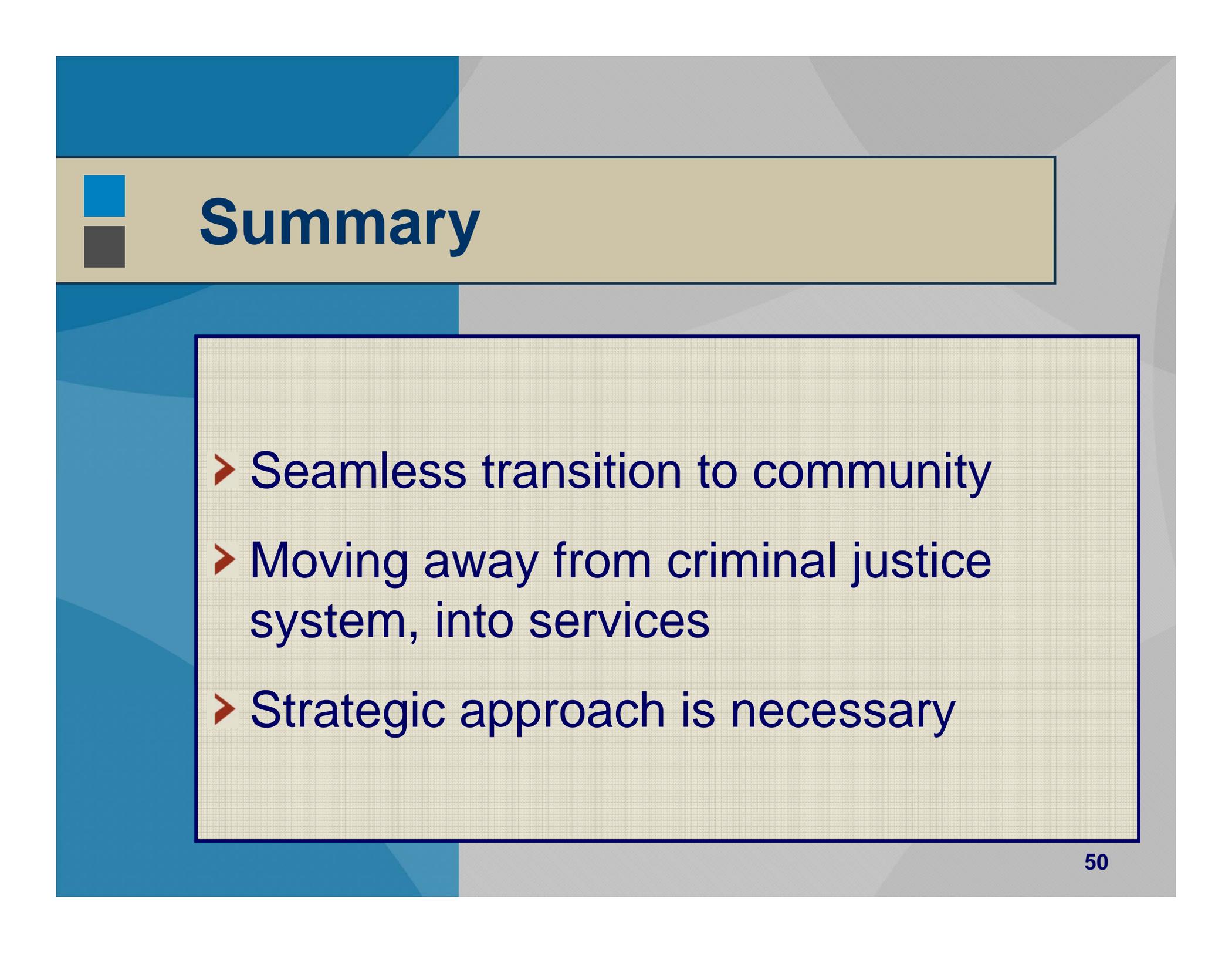
Community corrections / Community support





Model Programs: Intercept 5

- ***National Examples:***
 - **Lane County, OR:**
 - Innovative approach to preserving access to Medicaid and SSI/SSDI benefits for reentering inmates with disabilities
 - **Miami, FL Housing and Transition Program;**
 - Provides housing placement assistance and follow up monitoring for diverted inmates with mental illness
 - **San Francisco, CA:**
 - FACT Team: Forensic Assertive Community Treatment for Postbooking directly into MH treatment center or community care
- ***Virginia examples:***
 - **Daily Planet, Richmond:**
 - Offers reentry shelter access, including Safe Haven Home, MH and SA treatment and general medical care
 - **VADOC Pilot Programs:**
 - Provides interagency collaborative approach to reentry from jail or prison, including MH and SA treatment in 5 Virginia localities



Summary

- Seamless transition to community
- Moving away from criminal justice system, into services
- Strategic approach is necessary



Creating a Local Map to Identify Priorities for Change



Priorities for Change

- Summarize service gaps
- Target priorities for change
- Identify resources and needs



Closing



Wrap - Up

- Review
- Setting the Stage for Day 2
- Homework
- Wishes & Plusses
- Participant Feedback/Evaluations



Cross-Systems Mapping

- *Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System*



Day 2:

Taking Action for Change



Day 2 Agenda

- Review
- Action Planning
- Next Steps
- Workshop Evaluation/Feedback



Next Steps

What will happen to the Action Plan & Cross-Systems Map of *Your County?*

- Date of next meeting
- Subcommittee assignment
- Subcommittee tasks
- Stay in touch!

Resources



- Commonwealth Consortium:
- <http://www.dmhmrsas.virginia.gov/OFS-MHCJConsortium.htm>
- National GAINS Center/Policy Research Associates:
www.prainc.com
- Council of State Governments CJ/MH Consensus Project:
www.consensusproject.org
- Reentry Policy Council:
www.reentrycouncil.org



Closing

Please complete the Workshop Evaluation Form

Facilitator Contact Information:

Cynthia Koshatka

Cynthia.koshatka@fairfaxcounty.gov

Michael Schaefer –

Michael.schaefer@dbhds.virginia.gov

Leslie Weisman –

Lweism@arlingtonva.us