



Virginia Association Of
Community Services Boards, Inc.
Making a Difference Together

VACSB Response to the OSIG Report for short-term and long term strategies: *A Review of Mental Health Services in Local and Regional Jails*

First Line of Prevention (Diversion from Front Door):

- Cross Systems Mapping
- Crisis Intervention Training (CIT) for all law enforcement agencies in the short term, with correctional facilities, and jails for the longer term. **
- CIT Assessment Centers in each CSB catchment area. There may be a need for more than one Center in some CSB catchment areas, depending upon geography and/or density. **
- Increased jail diversion services. **

Diversion Post Arrest:

- Mental Health Courts or Therapeutic Dockets, such as in Norfolk, Roanoke Valley, Petersburg.**

Back Door Strategies:

- Coordination, case management, and release planning for services in the community. **
- Additional DAP funds for certain levels of need.*
- Determine levels of care and develop expanded services for PACT, as an example, for individuals with serious mental illness (SMI) who have very difficult-to-manage symptoms and need oversight and supervision. *
- Provision of other less intensive services with case management. *

In-Jail Strategies

- Standard screening and assessment*
- Specialized (earmarked) funding for clinical services in all jails giving the jails the ability to contract with private providers and/or CSBs.*
- Case management, planning for discharge, reactivation of Medicaid when possible.**

Recommendations:

- Small workgroup or Steering Committee to assess strategies, desired solutions, and time frames and format a work plan for the Commonwealth. VACSB would be a very willing participant and dedicate time to this important tasks.

Additional Material:

- CSB Unduplicated count of individuals served
- CIT Assessment Centers
- Use of therapeutic dockets
- PACT information

* Indicates a need for funding

** Indicates a need for funding and partnership agreements

PEOPLE and SERVICES - FY 2013

	Mental Health Services	Developmental Services	Substance Use Disorder Services	Services outside a program area
Services - FY 2013	Individuals Served	Individuals Served	Individuals Served	Individuals Served
Emergency Services				58,300
Assessment/Evaluation				57,197
Early Intervention				2,429
Motivational Treatment				4,541
Consumer Monitoring				7,685
Inpatient Services	2,002		276	
Outpatient	96,556	645	28,679	
Case Management	57,341	18,466	10,166	
Day Support/Partial Hospitalization/Rehab	10,779	2,624	767	
Sheltered Employment	37	598		
Individual Supported Employment	1,169	934	53	
Group Supported Employment	76	423		
Residential Services	12,216	2,709	6,691	
Total individuals receiving services within program area (may have received more than one service across program area)	180,176	26,399	46,632	
Total unduplicated individuals receiving a service within program area	112,121	20,248	34,382	
Total individuals served outside program areas - not including emergency services (may have received more than one service)				71,852
Total unduplicated individuals receiving a service outside program area (not including emergency services)				67,735

TOTAL UNDUPLICATED COUNT: Individuals receiving services statewide: 213,902 plus 11,442 infants and toddlers served by CSBs/BHA and another 4,081 served by other Infant and Toddler Program Connection local lead agencies.

ID Waiting List as of 11/4/2013	Urgent	Non-Urgent	Total
	3,755	2,805	6,560

Mental Health (MH) and Substance Use Disorder (SUD) Waiting Lists as of April 2013	Receiving CSB Services	Not Receiving CSB Services	Total
Adult MH	2,646	572	3,218
Children and Adolescents	895	373	1,268
Adult SUD	507	514	1,021
Adolescent SUD	51	32	83

Prevention Services	Consumers Served Duplicated	Consumers Served Unduplicated	Service Hours
Multiple Classroom		38,210	22,959
Recurring		15,825	65,640
Single Events	897,972		46,782
Total	897,972	54,035	135,381

Collaboration with Public Safety: CRISIS INTERVENTION TEAMS (CIT)

Since 2001, Virginia has operationalized 33 CIT programs across the state with new secure assessment sites added to increase the effectiveness of the program.

Assessment sites provide secure clinical alternatives to arrest for persons in behavioral health crisis. Police officers will have the alternative to “drop-off” individuals for evaluation and intervention services to avoid incarceration. The Office of the Attorney General and The Department of Criminal Justice Services have also provided significant grant funds to support CIT training.

The assessment sites are located in the following CSBs: **Arlington County, Blue Ridge, Chesapeake/Portsmouth, Chesterfield, Hampton-Newport News, Henrico/Richmond, New River Valley, Piedmont Regional***, Rappahannock Area, Region Ten, Valley and Virginia Beach.

Martinsville City Police were awarded a grant from the Attorney General’s office of more than \$166,000 for CIT Training. The funds are being used for CIT training and an assessment center. **Piedmont CSB is partnering with the sheriff’s offices in their catchment area to staff these programs.*

The Henrico County Crisis Receiving Center (CRC) is a secure location supported by a multidisciplinary team approach that assists individuals who are experiencing a mental health crisis. The Henrico County CRC opened on December 3, 2012. Located within a hospital’s emergency department, it is a collaboration among CIT trained law enforcement, health care, and mental health agencies designed to improve the fragmented systems of care that assist those in crisis and increases public safety by returning law enforcement officers to the road.

A woman was transported to the Crisis Receiving Center by Henrico Police who were called by her psychiatrist, concerned by her threats to hurt others and herself. She arrived at the CRC in police custody and custody was transferred to the CRC. In addition to a thorough medical assessment, a mental health evaluation was completed by the Henrico Area Mental Health Clinician on duty, who used information from the woman’s private psychiatrist, family and the police officer involved. The woman was able to receive support, calm down and contract for safety at home with follow-up by her psychiatrist.

This collaborative approach was more efficient for law enforcement, more supportive for the individual and her family and avoided a costly and disruptive hospitalization.

CIT in Virginia

Over 5,700 police, deputies, mental health crisis workers, consumers and community members have been trained through CIT programs

Six new secure assessment sites were funded by the Legislature - bringing the total to 11 sites - which serve 13 CSB catchment areas



Collaboration with Public Safety: THERAPEUTIC DOCKETS

Sentenced to a course of mental health treatment

Last month, “Mary” stood in Roanoke County General District Court for the final disposition of the petty larceny charge against her. Mary’s guilt was not in doubt, but the judge gladly dismissed the charge.

“Mary, I didn’t think we’d see this day,” Judge Jacqueline Ward-Talevi said, her measured words offered with quiet satisfaction and perhaps a trace of triumph. “In spite of the fact it was not easy, being a mom, being there for your children, assisting your parent, taking charge of your life, mentally you’re a different woman standing in front of me. I couldn’t be prouder of you.”

Mary’s case was on the court’s mental health therapeutic docket, a program in the Roanoke Valley that Judge Ward-Talevi conceived as a unique sentencing alternative for people diagnosed with a serious mental illness who have committed misdemeanors. Most have major depression, bipolar disorders or mild forms of schizophrenia.

“I kept seeing people with particular issues coming before me,” Judge Ward-Talevi said later in her chambers. “Neither punishment nor the threat of more punishment had changed their behavior.” It wasn’t working,” she said. [The] “drug court model seemed successful to me [because it uses] a lot of court intervention. Why couldn’t it work for the mental health population? I think it has.”

To test her ideas she enlisted the help of Gail Burruss, Director of Adult Clinical Services at **Blue Ridge Behavioral Healthcare**, the access point for publicly funded mental health services. Judge Ward-Talevi credits Blue Ridge with providing the game-changing component.



Kelly Kiser (second from right) and Gretchen Alexander (far right) are BRBH case managers. They are photographed with staff from Court Community Corrections and the Honorable Jacqueline Ward-Talevi, General District Court judge for the 23rd judicial circuit. (Photo reprinted with permission of The Roanoke Times.)

Blue Ridge agreed to provide two case managers, on a part-time basis, to connect offenders with mental health services, monitor their participation and report regularly to the judge.

(Excerpts from story by Elizabeth Strother, printed by permission of The Roanoke Times)

Therapeutic docket participants accept the alternative of engaging in mental health services and probation supervision, rather than serving a traditional sentence. Judge Jacqueline Ward-Talevi began the docket in July, 2011. Since that time, of 31 participants, seven have graduated, and none of the graduates have re-offended.

Therapeutic Dockets are becoming more prevalent in Virginia including:

- A new docket added in July 2013 by Judge Francis W. Burkart, III, Roanoke General District Court, 23rd Judicial Court.
- Norfolk’s Mental Health Court, the first in Virginia in 2004, is a collaborative effort between the **Norfolk Community Services Board**, Circuit Court, Commonwealth’s Attorney Office, Public Defenders’ Office, Sheriff’s Department and Probation and Parole Offices. Judge Charles A. Posten presides over the Court.
- Petersburg’s Mental Health Docket began in March 2011 with Judge Lucretia Carrico presiding. The Petersburg Commonwealth Attorney’s office receives assistance from a grant through the Cameron Foundation and **District 19 CSB** provides behavioral health services. Of the estimated fifty (50) people who have been impacted by the program only four have reoffended and the recidivism rate is approximately 8% while the rates through the normal Court process are normally 60-75%.

Collaboration with Communities:

PACT & ICT

Programs for Assertive Community Treatment (PACT) and Intensive Community Treatment (ICT)

PACT is a service-delivery model that provides comprehensive, locally based treatment for people with serious and persistent mental illnesses. PACT recipients receive the multidisciplinary, around-the-clock staffing of a psychiatric unit, but within the comfort of their own home and community.

The PACT team provides these necessary services 24 hours a day, seven days a week, 365 days a year. Sometimes, a client's dedication to a new way of life results in a high-level of independence, while others will continue to need the intensive care, as Chris has experienced.

Chris graduated from Hopewell High School where he played varsity football. His mother characterized him as shy, caring and helpful but in his senior year he became withdrawn and guarded, isolating himself from others, but his mother attributed the behavioral changes to "teenage moodiness". His behavior didn't change and at the time Chris was referred to **District 19 CSB's** PACT program in 2007, he could have been described as a "hermit", locking himself in his room all day only to surface in order to eat. Chris paid no attention to his personal hygiene or appearance, wearing soiled clothing for days, letting his hair and beard grow, totally unaware of his appearance. He was habitually non-compliant in his treatment, not speaking to his case manager or taking his medication and denying any mental illness.

In 2010 Chris experienced an episode of severe

psychosis resulting from medication non-compliance and treatment refusal. He

became extremely paranoid, assaulting his mother and brother with a screwdriver and was admitted to Central State Hospital.

In 2011, Chris was referred back to District 19 CSB's PACT team. and has been fully compliant with all treatment recommendations. He moved from an assisted living facility to a supervised independent living environment. Chris attends the Sycamore Center daily, participates in weekly socialization outings with the PACT team and is a member of the "I-Work" program where he is currently looking for employment through the assistance of his DARS job coach.



Community Outcomes — FY 2013

Of 1,672 Individuals served in 19 sites:

- 94% had no arrests
- 87% had stable housing
- 74% lived in private households
- 9% had some employment experience

Diagnoses of the 1,672 individuals served:

- 73% had a diagnosis of schizophrenia
- 13% had a Bipolar Disorder diagnosis
- 12% had other MI diagnoses or unknown

Of the 1,672 individuals:

- 35% had a co-occurring substance abuse diagnosis
- 19% had a co-occurring medical problem
- 7% had a co-occurring personality disorder and
- 2% had a co-occurring intellectual disability diagnosis

State Hospital Outcomes: FY 2013

101 state hospital beds were reduced as a result of PACT and ICT programs

PACT/ICT locations:

Arlington County Community Services Board
 Blue Ridge Community Services Board
 Horizon Behavioral Health
 Chesapeake Community Services Board
 Chesterfield Community Services Board
 Danville-Pittsylvania Community Services Board
 District 19 Community Services Board
 Fairfax-Falls Church Community Services Board
 Hampton Newport News Community Services Board
 Hanover Community Services Board
 Henrico Area Mental Health and
 Developmental Services-(2 locations)
 Mount Rogers Community Services Board
 New River Valley Community Services
 Norfolk Community Services Board
 Prince William Community Services Board
 Richmond Behavioral Health Authority
 Region Ten Community Services Board
 Valley Community Services Board