



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

Final Report

Newport News, Virginia



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

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Newport News, Virginia:

ACTION:

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

Introduction

The purpose of this report is to provide a summary of the *ACTION: Cross-Systems Mapping* and *Taking Action for Change* workshops held in Newport News, Virginia on May 7-8, 2009. The workshops were sponsored by the Newport News Community Criminal Justice Board (CCJB). This report (and accompanying electronic file) includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A cross-systems intercept map as developed by the group during the workshop
- An action planning matrix as developed by the group

Recommendations contained in this report are based on information received prior to or during the *ACTION* workshops. Additional information is provided that may be relevant to future action planning.

Background

The Newport News Community Criminal Justice Board and multiple other local stakeholders requested the *ACTION: Cross-Systems Mapping* and *Taking Action for Change* workshops to provide assistance to Newport News with:

- Creation of a map indicating points of interface among all relevant local systems
- Identification of resources, gaps, and barriers in the existing systems
- Development of a strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system

The participants in the workshops included twenty seven individuals representing multiple stakeholder systems including mental health, substance abuse treatment, human services, corrections, consumers, law enforcement, state & local parole, Office of the Commonwealth Attorney, Office of the Public Defender, and the Courts. A complete list of participants is available in the resources section of this document. Kristina Bryant, Assistant Director of Chesterfield Community Corrections Services, Sylvia Campbell, Virginia Beach Dept. of Human Services Adult Correctional Services Supervisor, and Michael Schaefer, Ph.D., Forensic Coordinator at Southern Virginia Mental Health Institute, facilitated the workshop sessions.

The Newport News Cross-Systems Map

Objectives of the Cross-Systems Mapping Exercise

The *Cross-Systems Mapping Exercise* has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the Newport News criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Re-entry, and Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

The Newport News Cross-Systems Map created during the workshop can be found in this report on page 5.

Keys to Success: Cross-System Task Force, Consumer Involvement, Representation from Key Decision Makers, Data Collection

Existing Cross-Systems Partnerships

- It is necessary to have an identified group to complete and implement the action plan developed during the workshop. Newport News already has in existence several working groups of individuals who address mental health/ criminal justice issues. The larger group has subgroups who take on specific tasks (i.e. CIT, jail diversion, etc). The Community Criminal Justice Board is active and involved. The community also has a Drug Treatment Court Planning and Advisory Team. A Best Practices Group, through the local Community Services Board, is also actively involved.
- It appears that, like in many communities, much of the work and momentum falls on one or two key individuals. Communities need to be cautious in relying too heavily on key individuals as if they leave the community initiatives can become paralyzed.

Consumer Involvement

- The Newport News mapping involved one consumer representative, who was an active participant in the discussions.
- The community may wish to explore how it can better collaborate with consumer run programs/agencies which may be able and willing to provide services, ideas, and manpower to assist this population.

Representation from Key Decision Makers

- The group present for the Cross-Systems Mapping exercise included a broad cross-section of individuals from various mental health and criminal justice agencies. There was general consensus about the scope of the problem. Everyone seemed invested in developing solutions to the problem(s). A good blend of management and line staff was present to share views.

Data Collection

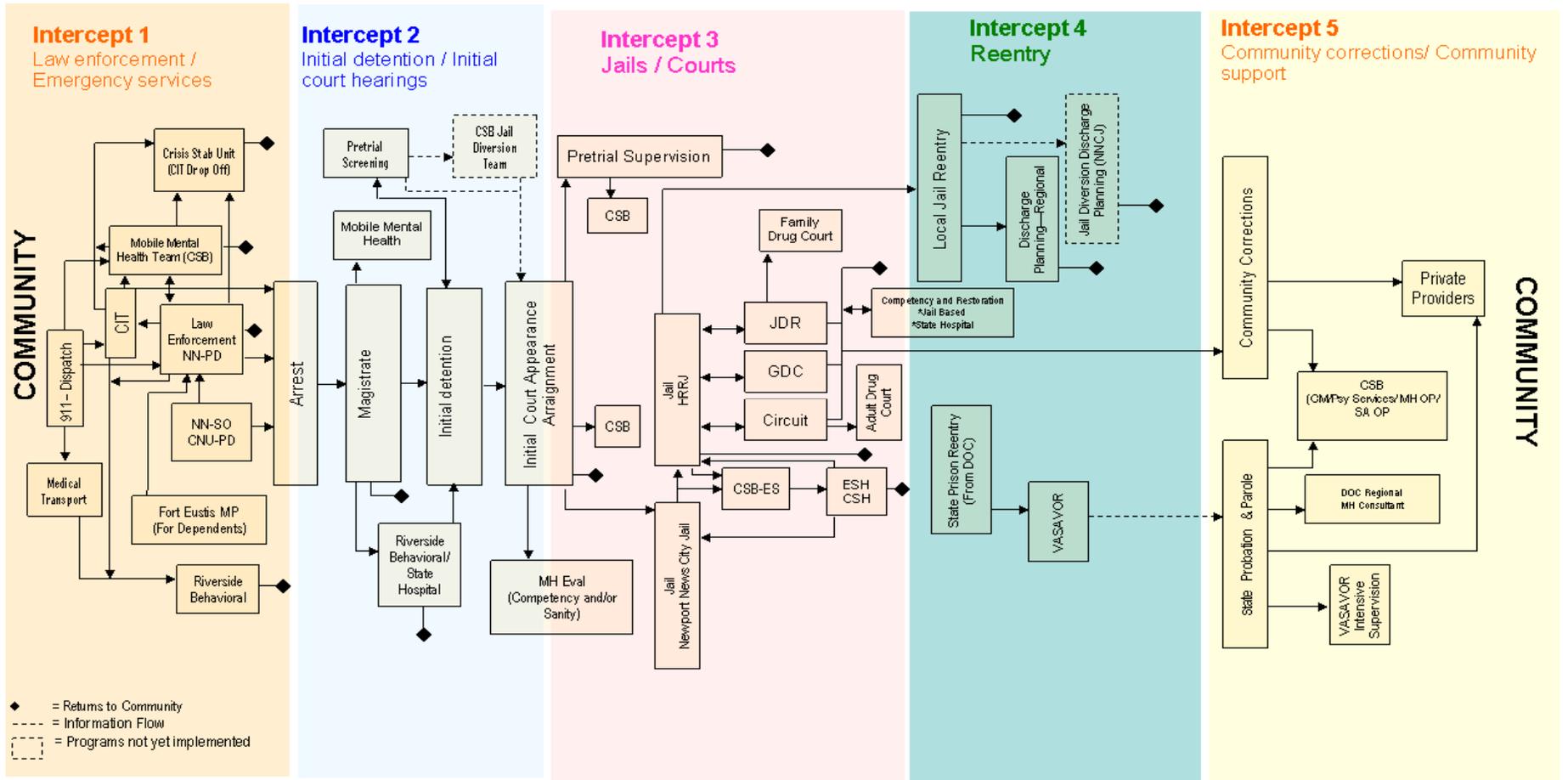
- It appears that each agency collects relevant data on this population. A new Jail Management data system is becoming operational which appears to have the capability to collect more data and may be able to be modified to collect other data to meet the community's needs.
- During the action planning phase, resolving the lack of particular data and addressing barriers to sharing data were identified as priorities for change. Although there appears to be a general willingness to share data, not everyone knows who needs what data or how to best share the data. The ability to share and effectively utilize data is essential to the systems transformation process. Additionally, it appeared as if some vital data to assess the effectiveness of current intervention strategies was not currently being captured thus handicapping the ability to assess the full impact of the intervention strategies.



Cross-Systems Mapping

Newport News, Virginia

Newport News, Virginia—Sequential Intercepts for Change: Criminal Justice—Behavioral Health Partnerships



Newport News Cross-Systems Map Narrative

The *Cross-Systems Mapping* exercise is based on the Sequential Intercept Model developed by Patty Griffin and Mark Munetz for the National GAINS Center. During the exercise, participants will be guided to identify gaps in services, resources, and opportunities at each of the five distinct intercept points. (Note that different bullets are used for gaps and for resources.)

This narrative reflects information gathered during the *Cross-Systems Mapping Exercise*. It provides a description of local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Newport News Cross-Systems Map. The cross-systems local task force may choose to revise or expand information gathered in the activity.

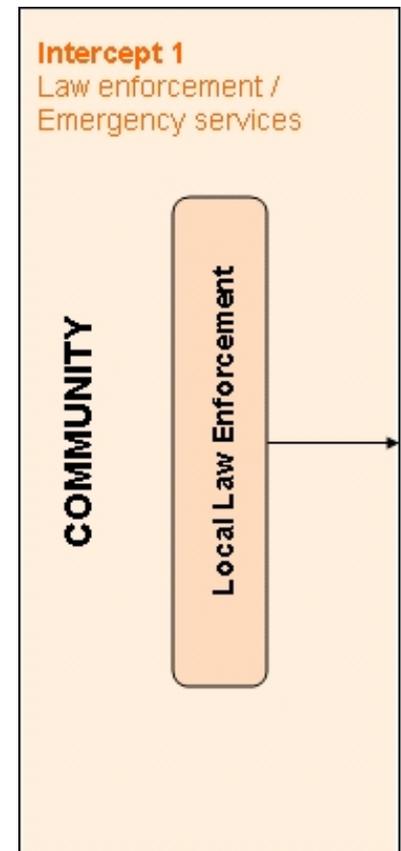
Intercept I: Law Enforcement / Emergency Services

General Description of Services and Cross-System Collaboration

Newport News is in the beginning stages of implementing a Crisis Intervention Team (CIT) model of intervention. Currently 21 police officers have been trained and 21 sheriff deputies (jail staff) have also been trained. There are approximately 430 police officers in the Newport News Police Department and the community has set a goal of training 25% of its officers (108 officers). The CIT training has also been made available to local jail staff although it was unclear if there was a target goal for number of jailors trained. There is some discussion of including 911 Dispatchers and other stakeholders in the CIT training, although there does not appear to be consensus on this issue. As the CIT program becomes more operational, it is likely that Intercept 1 may change slightly.

This mapping focused on citizens who are encountered in the Newport News Community. However, there is a large military installation in Newport News (Fort Eustis) which has its own police force and mental health delivery system. These systems respond to active military personnel who have criminal justice/ mental health needs. If a dependant family member living on the base is in need of criminal justice/ mental health involvement, then the Fort Eustis military police contact the appropriate community agency (either Newport News Police Department or Newport News Community Services) and transfer is arranged. Also within Newport News is Christopher Newport University, which maintains their own police department and mental health delivery system. Public entities are called on when the situation exceeds the University's capabilities. It was unclear during the mapping whether formal Memorandums of Understanding are in place to address these two subpopulations' needs. It was also unclear what communication mechanisms exist between the agencies to foster open communication and problem solving.

The vast majority of police interactions are initiated via calls to 911. 911 dispatchers go through a 2 week training academy and then must complete several training programs before they are certified to dispatch. Part of their training includes skills to detect and respond to persons with mental illness. When the 911 dispatcher receives a mental health related call they have several options: Dispatch non CIT Officer (if CIT officer is not working in or around call area), dispatch a CIT trained officer, dispatch



medical transport (if there is a co-occurring medical issue) or contact the Mobile Mental Health Team to have them respond. All responders (except for medical transport – who are required to take persons to emergency room) have access to the Crisis Stabilization Unit as a drop off/ diversion center. The criteria for admission to the Crisis Stabilization Unit is well known to responders and the center has a capacity of 8 (4 beds and 4 chairs – 4 “longer” term slots and 4 more temporary slots). The program is set up to keep individuals anywhere from 23 hours to 10 days. It is currently a non secure program, thus if an individual is unwilling to stay/participate in the program this may not be a viable option.

Upon arriving to a scene, the officers have several options. They may be able to resolve the situation and leave the individual in the community with referrals to treatment services. If needed, they can call upon the Mobile Mental Health Team to help respond. As the Mobile Mental Health Team covers the entire region of Newport News response time may become a factor. If appropriate the individual may be taken (voluntarily) to the Crisis Stabilization Unit. Once the officer arrives at the Crisis Stabilization Unit, they can quickly drop off the individual and then return to policing the community. Time needed to drop individuals off at the Crisis Stabilization Center was not identified as a problem. If the individual is in need of emergency, inpatient mental health treatment, he or she may be taken to one of several local emergency rooms for medical screening. Those in need of acute inpatient treatment and who have relatively minor possible criminal charges are referred to Riverside Behavioral. Those with more serious charges will be taken into custody and if they are in need of acute inpatient treatment will be subsequently referred to treatment at a state hospital facility from the jail. In general, diversion at Intercept I, is reserved only for those with minor misdemeanor charges. Persons with felony charges have no diversion options. As the social detoxification center closed several years ago due to funding cuts, those with substance intoxication charges (i.e. drunk in public, etc) will be taken to jail as there are no diversion options for such individuals.

■ Identified Gaps

- Diversion options are limited to a small subsection of cases.
- Only one behavioral health inpatient unit within region
- Limited availability of state hospital inpatient beds due to waitlists
- Only 21 officers have been trained and given the size of the locality, at times there are not a sufficient number of CIT officers on duty. It is unrealistic to pull a CIT officer from a different precinct to respond to a mental health call
- No social detoxification programs
- Data Collection - currently there is no mechanism in place to capture the number of CIT referrals and outcomes of each referral (i.e. how many are taken to Crisis Stabilization Unit, arrested, left in community, referred to other resources, etc).
- There is not consensus about the extent of CIT training that allied professionals (i.e. dispatchers) should/ need to receive.
- Currently no secure crisis stabilization drop off center



■ Identified Opportunities

- 21 CIT Officers have been trained
- Locality has a Mobile Mental Health Team who can perform a variety of functions including pre-screening for involuntary admission.
- Locality has a Crisis Stabilization Unit/ CIT drop off center, which will soon be a secure facility
- The Community Services Board will be taking over the operation of the inpatient psychiatric unit at Riverside Behavioral effective July 1, 2009 – should improve continuity of care.
- Experience with CIT shows good interagency collaboration. Partnerships have already been established.
- Dispatchers receive extensive training.

Intercept II: Initial Detention / Initial Court Hearing

General Description of Services and Cross-System Collaboration

Those individuals who have committed a chargeable offense are arrested and taken into custody. There is a centralized magistrate system so all individuals are taken to the same location. Magistrates have access to the Mobile Mental Health Team should there be a mental health issue. If warranted, Magistrates may issue an Emergency Commitment Order and have the individual evaluated for the need of a Temporary Detention Order (TDO). TDOs are referred to either Riverside Behavioral or the state hospital. Both a lack of local inpatient mental health beds and the long waitlist for state hospital beds were identified as gaps/barriers. Although Riverside Behavioral has 147 beds, 68 are for children/adolescents. Another 20 are longer term residential beds, thus leaving only 50-60 acute care beds. If the beds are full, the CSB looks out of area to refer an individual. This can cause law enforcement to wait longer periods of time and also to transport to distant locations.

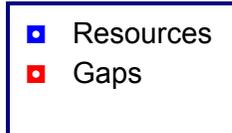
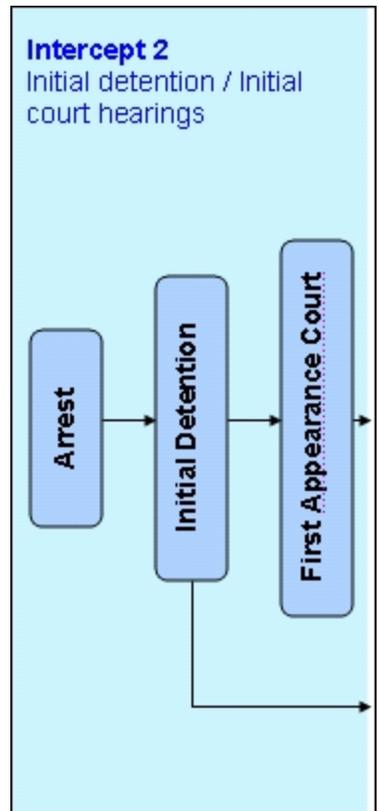
Magistrates do have the option of releasing individuals (for certain offenses) on secure or unsecure bond. They can refer individuals to the CSB as a condition of release. It is unclear whether there is any mechanism in place to follow-up and ensure adherence to the referral

All persons who are detained, after being seen by the magistrate, are seen by a pre-trial services officer within 24 hours. There are currently only 4 pre-trial services officers to handle the entire catchment area. Although pre-trial services does not currently screen for the presence of mental health issues, officers are currently being trained in using the Brief Jail Mental Health Screen. Although not currently in place, soon the pre-trial services officers will be able to refer individuals identified as having possible mental health issues to a CSB Jail Diversion Team. Upon booking, all individuals receive a medical and mental health screening by jail staff. The CSB has access to the lock up data (those persons admitted to the jail) although they don't have anyone currently designated to perform this task on a routine basis.

If judges have concerns about a defendant's mental health, they can make a referral to the CSB (at the initial appearance) to have a basic mental health evaluation. The CSB is responsive to these requests, however, sometimes the arraigning judge does not keep the case and the new judge is unaware of the referral or what prompted the referral. Like in all jurisdictions, judges, commonwealth attorneys and defense attorneys can file motions for competency and sanity evaluations. These can be done either by private providers or in inpatient settings. Once again, lack of access to state hospital beds was raised as an issue. The group was also concerned that by 2010 Eastern State Hospital will be rebuilt and will have 90 fewer beds, thus further cramping access to the beds.

■ Identified Gaps

- There are a limited number of pre-trial services officers and they have had minimal mental health training.
- Currently there is no established communication system between Pre-trial Services and the CSB



- Sometimes the arraigning judge does not keep the case, thus the results of mental health referrals does not get communicated back to the judge. The judge managing the case may not know a referral was made or what prompted the referral.
- Lack of inpatient Competency Restoration Services (this applies both at Intercept 2 and 3)
- Long waitlists for Eastern State Hospital and Central State Hospital
- Prosecutors (and defense attorneys) have little access to defendant's histories so they struggle to make informed bond recommendations or recommendations about alternative dispositions. When evaluations have been completed, the attorneys sometimes are not provided with the results and if they ask they sometimes are told there are HIPPA issues which prevent the release.

■ **Identified Opportunities**

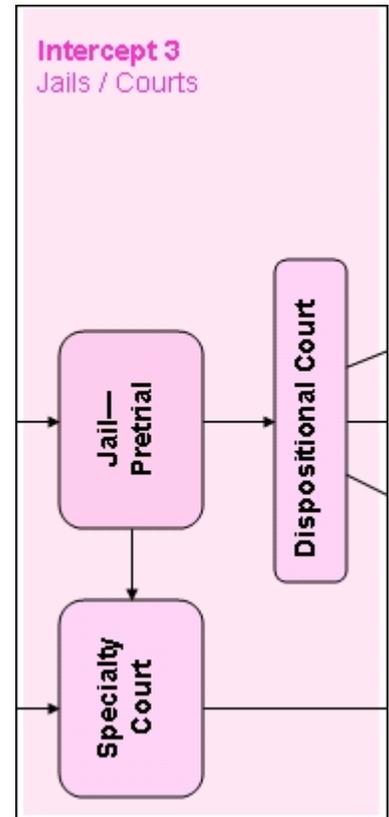
- A CSB sponsored jail diversion team is being developed and will soon be operational.
- The locality has been successful in getting grant funding to fill in gaps in services
- The locality engages peers in the provision of crisis stabilization services
- The CSB is able to offer emergency walk-in psychiatry hours/ appointments
- The CSB has staff present in adult criminal courts 2-4 times a week to provide assistance.

Intercept III: Jails / Courts

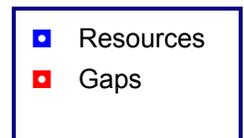
General Description of Services and Cross-System Collaboration

Mental health screenings are conducted by Jail Medical staff in the Newport News City jail in the Booking area. Jail Medical is comprised of eight LPN's and one medical doctor who provides services to inmates four hours per week. Those inmates identified with serious mental health issues and/or with Intellectual Disabilities may be held at the city jail for two weeks prior to being sent to Hampton Roads Regional Jail (HRRJ). There are no seriously mentally ill inmates at the City Farm. Screening for medical issues and an initial evaluation for competency are done by Jail Medical staff. The CSB is notified by Jail Medical of the outcomes of competency evaluations. When there is a need to determine a competency restoration order, Eastern State Hospital communicates with Jail Medical staff. Pretrial provides a copy of the court report and risk assessment to the Commonwealth Attorney, Public Defender and Clerk of Courts (Judges). CSB provides information to above offices when a request is made. Evaluations and medical releases are completed for inmates found Incompetent to Stand Trial. These inmates are placed on the wait list for a state hospital. The Sheriff's office transports to state hospitals. Restoration to competency may be done in the jail; however, if the inmate is not compliant with medication, they are placed on the wait list for a state hospital.

Specialty courts include a Substance Abuse Family Drug Court held in Circuit Court and a Substance Abuse Juvenile Drug Court which is held in Juvenile and Domestic Relations Court. Referrals for these courts are made by Probation Officers and Prosecutors. Judges order the evaluation. Evaluators are Juvenile Probation Officers for Juvenile Drug Court and DHS for Family Drug Court.



- Identified Gaps
 - HIPAA requirements become a barrier to information sharing
 - Office of the Commonwealth Attorney needs access to information relative to the mental health status of an individual
 - Waiting list at State Hospitals
 - Lack of inpatient beds for restoration
 - Lack of funds to pay for outpatient restoration
 - Regional jail does not see the restoration order to know who is in need and where they are in the process for restoration
 - Substance abuse services in the community are not capable of working with mental illness
 - Inability of JMS system to capture more relevant mental health information
 - Inadequate amount of training for judges
 - MH Court docket
 - Diversion for Substance Abuse Residential services
 - Inadequate on-going treatment options
- Identified Opportunities
 - Specialty courts
 - G.A.L.
 - Excellent juvenile competency resources



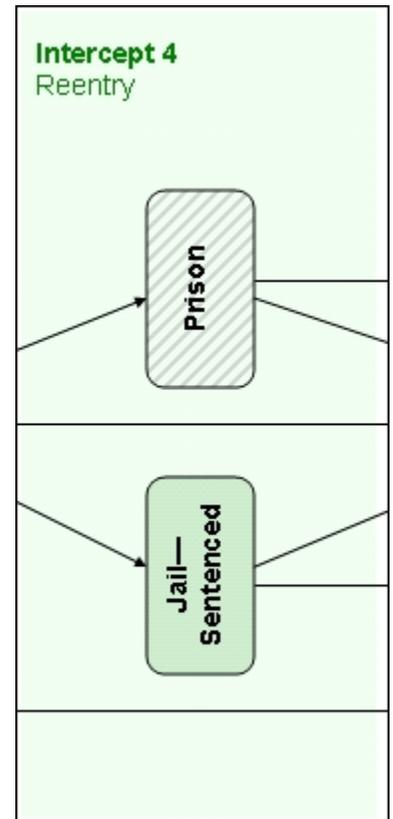
- Crisis Intervention Team (CIT) Deputies
- Jail Diversion Team for 7 segregated cells/14 beds: Consists of eight hours per week psychiatric time, one full time Case Manager and one full time Therapist
- Hampton City Jail: eight LPN's, Medical Doctor four hours per week, CSB for crisis intervention
- Regional Jail: forty hours medical doctor, twenty-nine nurses (LPN's and RN's), thirty-two hours per week Nurse Practitioner, sixteen hours per week psychiatric time, three Psychiatric Social Workers

Intercept IV: Re-Entry

General Description of Services and Cross-System Collaboration

Discharge Planners at Hampton Roads Regional Jail link with other CSB's to put necessary discharge supports in place. Release dates are typically known. When an inmate leaves the jail, they leave with the balance of their medications – at least three days worth of medication. Psychiatric services, case management, substance abuse and immediate out-patient linkages are made. Upon re-entry from Hampton Roads Regional jail, inmates go to a variety of local housing options, including Community Group Homes, Veteran's Administration housing, HUD housing, winter shelters and family members. Informal connections now occur with faith based programs and this is a resource to develop either further. Upon re-entry from Department of Corrections or Newport News City Jail, inmates are involved with services from Virginia Serious and Violent Offender Re-entry (VASAVOR) to receive case management and benefit entitlements.

- Identified Gaps
 - Continuity of care between state hospitals and jail for housing—there is a three day turnaround at most with a 2year waiting list
 - Intensive case management
 - More funding for discharge planning
 - No housing available for persons with felonies
 - No alternatives for the mentally ill person who gets evicted from community group homes
 - No state ID's
 - Lack of resources (housing, benefits, employment) for NGRI persons who are returning to the community
- Identified Opportunities
 - Discharge Planning is coming- will initiate eligibility paperwork
 - Release to the community with sufficient notification
 - Person always receives medications that are left in their prescription (a minimum of 3 -5 days)
 - Linkage to outpatient services at the CSB is almost immediately
 - Forensic Peer Specialist will be hired in the near future
 - There are community group homes for persons who are mentally ill
 - Resources are available for veterans
 - Liaison with Department of Motor Vehicles regarding rules, standards, and how to facilitate ID's



Intercept V: Community Corrections / Community Support

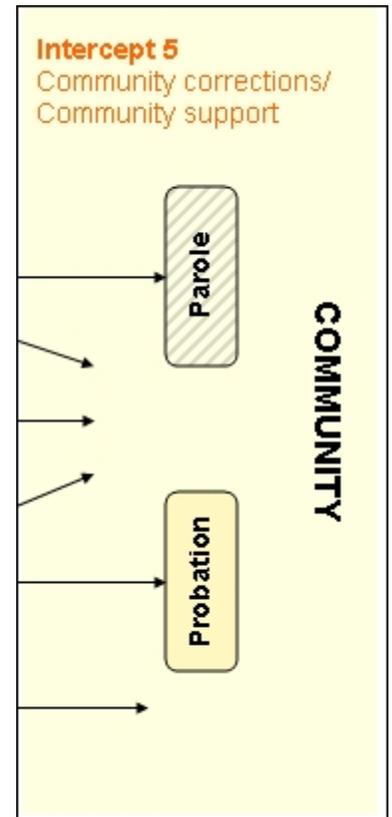
General Description of Services and Cross-System Collaboration

Individuals before the court and found guilty may be placed on probation supervision. Newport News is served by a State Probation unit serving felons and the local Criminal Justice Agency providing supervision to primarily misdemeanants. These agencies both rely on the Community Services Board as a source to refer individual on supervised caseloads who may suffer from a mental illness. This has required relationships to be built between the agencies that appears to be useful and healthy.

Both agencies providing community supervision do some type of validated assessment at entry to services. None of the assessments are geared to identify mental illness. There are no specialized services provided at the community supervision level for mentally ill. The State Probation agency has intensive supervision for violent offenders (VASAVOR) and has specialized case loads for sex offenders and substance abusers. The State Probation agency has had a mental health specialized Probation Officer and reflects on that period as a good experience. The local Criminal Justice Agency funnels the more difficult cases to senior staff, but they do not have a specialized caseload specific to offenders suffering from a mental illness. More recently the agency is supporting and sending staff for exposure to the CIT training.

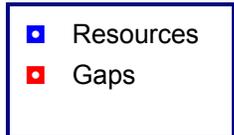
The State Probation agency often receives individuals for supervision from the Department of Corrections (DOC). In this instance the individual has a discharge summary from a psychologist at DOC including a diagnosis. The offender is returned to the community with medications and an appointment in the locality for follow up. In addition, the Probation Officer may refer to the Regional Psychologist for a follow up evaluation. This evaluation normally happens within two days. This encourages a more seamless service system. The local Criminal Justice Agency often receives referrals straight from the court and there are no opportunities to gather information before their arrival. The agency primarily relies on client report and observing behavior.

Probation Officers do not receive training specific to working with a mentally ill population. Once an individual is identified, normally due to self report or direct observation of abnormal behavior, referrals are made to the local Community Services Board. The agencies report a strong relationship with the mental health providers in the area.



Identified Gaps

- Clients do not have identification
- Lack of information sharing (history, needs, reports with the CSB of shared clients) Specific forms needed in Virginia
- No specialized caseload assignment specific to clients with mental illness
- Inadequate/limited resources available for clients with mental health in the community (medications, housing, etc.)
- Cut in State Probation and Local Probation manpower
- Caseload too high in State Probation and Local Probation



- No Reentry Programming; Needs to address housing, medication funding, access to primary healthcare
- **Identified Opportunities**
 - Probation has an excellent partnership with CSB and private providers for treatment services
 - Finding employment
 - Senior Probation Officer's have familiarity and specialized training for SMI (for example motivational interviewing and CIT training exposure)
 - Regional Psychologist who assists with evaluation within two days – skilled at tapping into services
 - CIT
 - Compassionate and caring Probation Officers at the state and local level
 - Shared eligibility worker between BSB and Human Services

Parking Lot Issues

- The need to increase housing is a huge issue which is a priority that requires assistance via increased funding and increased government support.
- Continuity of care discharge planning is a two year issue requiring increased funding and the development of standardized reporting.
- The need for funding for an increased number of case managers who provide intensive case management and discharge planning.



Taking Action for Change

Newport News, Virginia

Objectives of the Action Planning Activity

The action planning activity begins a detailed plan for the community. It identifies tasks, time frames and responsible parties for the first few identified priorities.

Action Planning Process

The stakeholders that assembled for the workshop were enthusiastic participants in the development of a strategic action plan. A copy of the local Action Plan can be found beginning on page 18 of this document. The action planning process promotes the development of specific objectives and action steps related to each of the priority areas, the individuals responsible for implementation of each action step, and a reasonable timeframe for completion of the identified tasks.

During the second half-day of the workshop, the group spent a significant amount of time focused on the first priority area, continuity of care. This includes housing, discharge planning, case management services and obtaining identification. The initial steps were determined and agreed on by the group and champions were identified who will lead the progress. The group went on to address each of the top five areas and worked out initial action steps for each. The work often required establishing a team or sub-committee to gather information, develop and implement.

The action planning culminated with creating the Mental Health/Criminal Justice Task Force. Leadership will be provided by the five main champions identified during the planning process and attended, through agreement, by all present in the workshop. The next meeting is to be held September 10, 2009, hosted by the Sheriff's Department.

Newport News Priorities

Subsequent to the completion of the *Cross-Systems Mapping* exercise, the assembled stakeholders began to define specific areas of activity that could be mobilized to address the gaps and opportunities identified in the group discussion about the cross-systems map. A total of 12 distinct priorities were identified, including both opportunities for tactical interventions to promote "early quick victories" and more strategic interventions to stimulate longer-term systems changes. Listed below are the priority areas as ranked by the workshop participants.

Top 12 List

Newport News, VA – Top 12 Priorities

1. Enhance Continuity of Care to include access to available, affordable housing, discharge planning, case management, and availability of identification cards for persons
2. Expand and strengthen Re-entry program
3. Improve information sharing
4. Increase manpower in Community Corrections
5. Enhance Pre-Trial Services (increase # of officers and provide more mental health training)
6. Increase the diversion Options at Intercept 1 to include a Social Detoxification Center and other drop off centers
7. Improve data collection and information sharing
8. Develop communication protocols among agencies
9. Develop more long term treatment options for persons with mental illness
10. Increase availability of acute care inpatient beds

11. Fill CSB position to review lock-up logs
12. Better coordinate and facilitate resources



Action Planning Matrix Newport News, Virginia

Priority Area 1: Continuity of Care (Housing/Discharge Planning/Case Management/IDs CHAMPION – SHERIFF MORGAN, CHUCK HALL AND ALAN ARCHER				
Objective		Action Step	Who	When
1.1	Facilitating obtaining IDs	1. Sub-committee Rep – Attorney General/DMV/NNDSS/SCB- Discharge Planner/PATH/Law Enf Officer	Jail Diversion Staff -Dean Barker	Assemble group in 30 days
		2. Develop/Implement Plan	Jail Diversion -Sub-committee	Develop Action Plan in 90 days
1.2	Identify Housing Options	1. Assemble Task Force – NAMI/NNRHA/PATH (CSB)/LINK/CCJB National Association of Residential Property Manager	Sheriff Morgan, Chuck Hall and Alan Archer	90 days
		2. Get on agenda of Regional Homeless Commission - Alan Archer	Sheriff Morgan/ Alan Archer	60 days

Priority Area 2: Reentry Program CHAMPION – LAURA DOBSON, ANDY WARRINER AND DEAN BARKER				
Objective		Action Step	Who	When
2.1	Develop resource manual for re-entry needs Housing Healthcare SA services ID services Employment	1. Regional information gathering - Task Force 2. Meet once a year Pull information together	Captain Smith- Regional/ City Jail - Eileen Sprinkle/ Andy Warriner - CJA/ Laura Dobson- DOC/ Stephanie Miller – Public Def Office/	1. Meet within 2 months – Tracy Martin 2. Manual complete in six months



Action Planning Matrix Newport News, Virginia

	Vocational Services and Benefits Transportation Mental Health Complete Manual/List Serv		Dean Barker/ Sylvia Murphey - Housing /DMV/DSS/DRS/VEC	With in 6 months
2.2	Specialized Case Management for MH with CCD and P&P	<ol style="list-style-type: none"> 1. ID current staff with interest and experience. 2. Seek training for these specialty staff 	Andy Warriver Laura Dobson Dean Barker	<ol style="list-style-type: none"> 1. ID staff and client within 3 months 2. Training with in 6 months

Priority Area 3: Information Sharing				
CHAMPION – ANDY WARRINER				
Objective	Action Step	Who	When	
3.1	Develop Steering Committee Collect Data Report Monitor Community/Criminal Justice/ Behavioral Health Data Team	Identify who should be on the team Develop priorities for data Develop information technical protocols (MOAs) Annual Report - one year from first meeting	Dean Barker/Joyce Sylvia/Andy Warriner / Derek Curran/Police Sheriff/ Hospital Reps/ HRRJ/ PICH/P&P/NN City Rep/Consumer Representation – Evelyn Gay	Meet within one month Priorities within 2 months Draft within 2 months



Action Planning Matrix Newport News, Virginia

		Identify High and Frequent Flyers – immediate and on-going		
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Priority Area 4: Increase manpower in Community Corrections (State and Local)
CHAMPION – Laura Dobson and Andy Warriner

Objective	Action Step	Who	When	
4.1	Increase staff	Collect Data Educate legislatures/local administration Identify Grant Opportunities – New Money	Andy Warriner/Joyce Syliva Laura Dobson Jerry Wilson – City Legislative Liaison CSB Consumer Representation	3-6 months Ready by October 2009 6 months then on-going
4.2	Review staff resources in community corrections	Determine opportunities to collaborate with shared clients or tasks	Andy Warriner Laura Dobson Cross Section of Staff	Within 90 days - on-going
4.3	Agency collaboration	Request assistance of shared eligibility worker	Glen Butler – DSS Laura Dobson	1 Month



Action Planning Matrix Newport News, Virginia

Priority Area 5: Enhance Pretrial Services (Mental Health Training / # of Investigators) CHAMPION – Andy Warriner				
Objective		Action Step	Who	When
5.1	Increase the number investigators	Apply for DCJS recent grant (2 positions)	Andy Warriner	Turn in next week
5.2	Train all pretrial investigators on Mental Health Screening	Refine and implement CSB training program	Dean Barker Dave Ambrose	July 8, 2009
5.3	Collaborate with court to enhance pretrial Mental Health reporting	Attend JDR Judges meeting (agenda given in advance of the meeting) Draft memo to GDC/Circuit courts informing/ requesting input on Mental Health reporting	Dean Barker Dave Ambrose Judge Logsdon	July 2, 2009 1 st Thursday in July
5.4	Create protocol for personal medical history (doctors, meds, history) Arrestment Bond Hearing	Focus group Set Meeting	Patty Gilbertson Julie White Sorayal Robinson Private Bar Attorney	July 15, 2009

Priority Area 6: Keep the momentum

Objective		Action Step	Who	When
6.1	Continue the momentum	Mental Health/Criminal Justice Task Force	CHAMPIONS Sheriff Morgan Dean Barker Chuck Hall Laura Dobson Andy Warriner	September 10, 2009 3 pm – Sheriff's Office 2 nd floor

Evidence-Based and Promising Practices

Specific treatment, service or criminal justice practices were not examined during the course of the Cross-Systems Mapping exercise. At some point, Newport News may want to assess its successful use of evidenced-based and promising practices in each of these areas. Key areas to examine are listed below.

Criminal Justice

- A focus on increasing cultural competence and decreasing disparities in access/availability to behavioral healthcare in all system changes planned and at each intercept
- Consideration of the impact of trauma in regard to policy and procedures at all intercepts
- The need for gender-informed practices at all intercepts
- Facilitation of transitional planning and linkage of individuals to appropriate services in the community
 - The APIC model and the transitional planning checklist, currently being used by the Jericho Project, provides criminal justice, behavioral staff, and others with a concrete model to consider for implementing transitional planning across all intercepts. Aftercare medications
- Information sharing across criminal justice and treatment settings

Treatment

- Integrated treatment of co-occurring mental illness and substance use disorders that focuses on recovery and includes illness self-management strategies and services for families
- Services that are gender sensitive and trauma informed
- Treatment of trauma-related disorders for both men and women
- Assertive Community Treatment and intensive forensic case management programs

Service

- Utilization of a systemized approach to accessing benefits for individuals who qualify for SSI and SSDI, including individuals who are homeless and those recently released from jail or prison building on the current SOAR efforts.
- Employing consumers in delivery of in-reach, case management and training services
- The use of natural community supports, including families, to expand service capacity to this vulnerable population.
- Supported employment programs and programs that assist individuals in accessing mainstream employment opportunities.
- Safe housing for persons with mental illness involved with the criminal justice system.

Closing

The City of Newport News is extremely fortunate to have identified champions genuinely interested and ready to work from both the Mental Health and Criminal Justice system. The interest in putting forward a coordinated strategy for state, local, and private efforts offers a remarkable opportunity to move forward with the priorities crafted by the Cross-Systems Mapping workshop participants

The *ACTION*: Cross-Systems Mapping & Taking Action for Change workshop participants displayed a high level of energy and optimism. There are many relationships already formed that can be forged for greater coordination. The stakeholders have identified numerous areas to collaborate and build improved services for individuals suffering from a mental illness. This is in addition to a successful collaboration to bring CIT to the locality.

On behalf of the Cross System Mapping & Taking Action for Change facilitators we thank you for your time and willingness to work together as a community across the boundaries often observed between

professions to improve services to individuals in the criminal justice system who suffer from a mental illness.

Please visit the National GAINS Center or Policy Research Associates, Inc. websites for more information and for additional services to assist in these endeavors.



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

Additional Resources

Web Sites Sponsored by PRA	
Policy Research Associates	www.prainc.com
National GAINS Center/ TAPA Center for Jail Diversion	www.gainscenter.samhsa.gov
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar

Additional Web Sites	
Center for Mental Health Services	www.mentalhealth.samhsa.gov/cmhs
Center for Substance Abuse Prevention	www.prevention.samhsa.gov
Center for Substance Abuse Treatment	www.csat.samhsa.gov
Council of State Governments Consensus Project	www.consensusproject.org
Justice Center	www.justicecenter.csg.org
National Alliance for the Mentally Ill	www.nami.org
National Center on Cultural Competence	www11.georgetown.edu/research/gucchd/nccc/
National Center for Trauma Informed Care	http://mentalhealth.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	www.health.org
National Criminal Justice Reference Service	www.ncjrs.org
National Institute of Corrections	www.nicic.org
National Institute on Drug Abuse	www.nida.nih.gov
Office of Justice Programs	www.ojp.usdoj.gov
Ohio Criminal Justice Center for Excellence	www.neoucom.edu/cjccoe
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Substance Abuse and Mental Health Services Administration	www.samhsa.gov



Cross-Systems Mapping & Taking Action for Change May 7- 8, 2009

Participant List

Abrose, Dave

Investigator
Newport News Pretrial
2600 Washington Ave.
Newport News, VA 23607
(757)926-6971

Archer, Alan

Assistant City Manager
City of Newport News
2400 Washington Avenue
Newport News, VA 23607
(757) 926-8411
aarcher@nngov.com

Barker, Dean

CIT Coordinator
Community Services Board
300 Medical Drive
Hampton, VA 23666
(757) 788-0011
RBarker@hnncsb.org

Daly, Sheila

Local Probation Officer II
Newport News Community Corrections
2600 Washington Ave
Newport News, VA 23607
(757) 926-6958
sdaly@hampton.gov

Dobson, Laura

Chief
Newport News Probation & Parole
247-28th Street
Newport News, VA 23607
(757) 247-8000
laura.dobson@vadoc.virginia.gov

Fahey, Margaret, Ph.D

Forensic Coordinator
Eastern State Hospital
4601 Ironbound Road
Newport News, VA 23602
(757) 253-5032
margaret.fahey@esh.dmhmrzas.virginia.gov

Fitzpatrick, Sharon

Emergency Care
Mary Immaculate Hospital
2 Bernardine Drive
Newport News, VA 23602
(757) 886-6000
shanon_Fitzpatrick@bshsi.org

Gay, Evelyn

NAMI

Gilbertson, Patty

Director, Marketing & Planning
Community Services Board
300 Medical Drive
Hampton, VA 23666
(757) 788-0011
pgilbertson@hnncsb.org

Gwynn, Howard

Commonwealth's Attorney
Office of the Commonwealth's Attorney
2501 Washington Avenue
Newport News, VA 23607
(757) 926-7372
hgwynn@nngov.com

Hall, Chuck

Director
Community Services Board
300 Medical Drive
Hampton, VA 23666
(757) 788-0011
chall@hnncsb.org



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Hall, Kathryn

Director
ASAP
604 Morris Drive
Newport News, VA 23605
(757) 896-6822
khall@nngov.com

Haywood, John

Administrator
Newport News Drug Court
130 30th Street
Newport News, VA 23607
(757) 247-2370
jhaywood@hnncsb.org

Hileman, Buddy

Lieutenant
Newport News Police Department- Dispatch
9710 Jefferson Avenue
Newport News, VA 23605
(757) 926-3882
hilemanfl@nngov.com

Jordan, Harold

Social work Supervisor
Newport News Department of Human Services
6060 Jefferson Ave
Newport News VA, 23605
(757) 926-6329
hij700@dss.state.va.us

Logsdon, Barry

Judge
Newport News J&DR Court
230 25th Street, Courtroom 1
Newport News, VA 23607
(757) 926-3603
blogsdon@courts.state.va.us

Miller, Stephanie

Attorney
Newport News Public Defender's Office
115 28th St.
Newport News, VA 23607
(757) 247-2034
smiller@idc.virginia.gov

Moore, Joseph

Assistant Chief
Newport News Police Department
9710 Jefferson Avenue
Newport News, VA 23605
(757) 926-4306
mooreja@nngov.com

Moore, Judson

Major
Newport News City Farm
100 City Farm Rd
Newport News, VA 23602
(757) 369-8900
jmoore@nngov.com

Morgan, Gabriel A.

Sheriff
Newport News Sheriff's Office
224 26th Street
Newport News, Virginia 23607
(757) 926-8759
gabemorgan@nngov.com

Murphy, Sylvia

Community Resource Officer
Newport News Redevelopment and Housing
Authority
227 - 27th Street
Newport News, VA 23607
(757)926-2662
smurphy@nnrha.org



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Olliver, Valla

Chief Magistrate
Newport News Magistrate's Office
224-26th Street
Newport News VA 23607
(757) 926-8121
volliver@courts.state.va.us

White, Julie

Director of Operations Newport News PTS and CCD
2600 Washington Ave
Newport News, VA 23607
757-926-6767
jwhite@hampton.gov

Rabon, Kim

Lieutenant
Newport News Fire & EMS
2400 Washington Avenue
Newport News, VA 23607
(757) 926-8404
krabon@nngov.com

Smith, William

Captain
Hampton Roads Regional Jail
2690 Elmhurst Lane
Portsmouth, VA 23701
(757) 488-7500
smithw@hr.rj.virginia.gov

Sprinkle, Eileen

Lt. Colonel
Newport News Sheriff's Office
224 26th Street
Newport News, Virginia 23607
(757) 926-3993
esprinkle@nngov.com

Warriner, Andy

Executive Director
Hampton-Newport News Criminal Justice Agency
136 Kings Way
Hampton, VA 23669
(757)726-5431
awarriner@hampton.gov