

**Application and Proposal for Behavioral Health
Docket State Funding**

Hampton General District Court

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Brief Program Summary

Provide continuing funds for a full-time Behavioral Health Peer Specialist within Hampton Newport News Community Service Board (CSB), to provide frequent, ongoing, accessible and flexible support for participants in the Hampton General District Court Behavioral Health Docket (HBHD). The Behavioral Health Peer Specialist complements and enhances HBHD by creating the emotional, social and practical support necessary for HBHD participants to remain successful. The focus of the Behavioral Health Peer Specialist is to play an integral part of helping participants cope with social or emotional barriers and stay motivated to reach their goals.

Need for Funding

One of the most important goals of the criminal justice system is to reduce recidivism. Reducing recidivism for individuals diagnosed with a serious mental illness requires different tools than for those who do not. Once defendants with a serious mental illness are released back into the community they interact with a variety of agencies: the medical community, CSBs, family members, Social Services. The individual, when not fully engaged with these agencies, are put at a heightened risk of recidivating back into the criminal justice system.

Treatment of these defendants typically is a disjointed effort of mental health medical providers, law enforcement, the CSBs, and the Court. Appropriately handling these defendants is hampered by the Court's inability to fully address the underlying causes of these defendant's criminal behavior on a regular docket. Allowing those with mental health issues to remain on the regular criminal and traffic dockets result in delays for competency evaluations, delays in obtaining mental health screening, decomposition of the defendant's mental health status while incarcerated and the expenditure by the Sheriff's Office and the Department of Behavioral Health and Developmental Services of a disproportionate amount of money, time and services on defendants that could receive more appropriately and cost effectively serviced in the community.

A conventional sentence of a fine or jail time, without recognition of, and treatment for, mental health issues increases recidivism among these offenders. Additionally, the three judges of the Hampton General District Court rotate every month through criminal, civil and two traffic courts. A defendant is likely to appear before several different judges during the course of a case. It is imperative that cases involving defendants with serious mental illness be handled by the same judge to ensure familiarity with the individual needs of each defendant.

Without funding for a Behavioral Health Peer Support Specialist, HBHD and its participants will be forced to operate without the benefit of this critical and extremely powerful component.

Target Population

Hampton General District Court recognizes that a significant number of defendants that appear before the court suffer from some form of mental illness. Local data for Hampton shows psychosis and mood disorders (predominated by bipolar disorder) adversely affects reality orientation increasing the likelihood of interaction with criminal justice system and subsequently more intensive mental health services. A behavioral health docket not only seeks to better address the complicated needs these individuals have with the Courts but lessens the chance of recidivism by having direct Court oversight of their compliance.

According to Office of the Executive Secretary Supreme Court of Virginia, in 2018, Hampton General District Court processed **982** Mental Commitment Filings and **835** Temporary Detention Orders. The Hampton-Newport news Criminal Justice agency completed a modified Brief Mental Health Screen on **971** incarcerated individuals in 2016, **846** incarcerated individuals in 2017, and **792** incarcerated individuals in 2018, for possible mental health issues in Hampton. In 2018, **340** incarcerated individuals in Hampton were assessed by Community Service Board based on having a history of behavioral health issues or the presentation of current symptoms. Of the **340** incarcerated individuals, **8** had behavioral health symptoms which required a higher or different level of care than the average correctional population; these individuals were diverted out of a correctional setting and enrolled in treatment services through the Community Service Board. An estimated one-half of the incarcerated individuals enrolled in these services were charged with drug offenses and property crimes.

Additionally, the number of requests for evaluations of competency to stand trial at the General District Court level increased by **66** percent (**66%**) from 2017 to 2018.

HBHD targets defendants who have committed nonviolent misdemeanors and a select few felonies. The target population is broken into four main categories: 1) Defendants arrested and screened by a pre-trial diversion counselor and determined to be suffering from a serious mental illness; 2) Defendants in custody who have been identified by the Hampton Sheriff's Office as suffering from a serious mental illness; 3) Defendants who exhibit signs of serious mental illness at arraignment and are referred by a presiding judge; 4) Defendants who exhibit signs of serious mental illness when interviewed by counsel.

Behavioral Health Docket Description

HBHD is a *pre-adjudication* program intended to direct individuals with a serious and persistent mental illness or co-occurring mental illness and substance use disorder from the criminal justice system at Intercept 3 of the Sequential Intercept Model. Offenders may be referred to the program by their attorney, the Commonwealth's Attorney, local Pretrial Criminal Justice Agency, the CSB or the Judge. HBHD staff interview the participant and prepare a report developing the defendant's background history including the diagnosis and treatment for mental illness. The background investigation contains information regarding the defendant's background with a specific inquiry as to whether the defendant has been diagnosed with a serious mental illness as defined by the Department of Behavioral Health and Developmental Services (DBHDS) and is amenable to treatment. Risk for recidivism will be assessed by using the Offender

Screening Tool and/or Modified Offender Screening Tool (OST and/or M/OST).

Participant Eligibility: 1) Persons 21 Years of Age or Older with Serious Mental Health Diagnosis; 2) Resident of Newport News or Hampton; 3) Class One or Two Misdemeanor Offense or Felony Offense upon agreement of Commonwealth's Attorney, City's Attorney, Public Defender or Defense Attorney and Judge

Participant Disqualifiers: 1) Substance Abuse is the Primary diagnosis; 2) Currently in Any Other Therapeutic Dockets; 3) Determined Incompetent; 4) Diagnosis of Severe and Profound Intellectual and Developmental Disabilities, Dementia, Organic Brain Condition, Traumatic Brain Injury; 5) DWI charge; 6) Current charge of or prior conviction for predatory sexual offences; 7) Objection of Commonwealth's Attorney, Defense Attorney and/or Judge. Other disqualifiers may include prior records of violent felony crimes, charges of traffic offenses that resulted in death or serious injury to another person, prior sexual offense charges and those defendants who may already be enrolled in another therapeutic docket (such as drug court), court-ordered treatment, or orders of restoration. These types of additional disqualifiers will be reviewed on a case-by-case basis.

HBHD Planning Committee was established in 2018. The docket began hearing cases June 1, 2020. HBHD addresses the issues inherent in having mentally ill defendants integrated with those on the regular criminal and traffic court dockets. The issues include oversight of treatment compliance as it relates to the individual's potential recidivism, the need for consistency in adjudication of charges, the need for an appropriate environment for family and witnesses to communicate their concerns for the court and the need to reduce recidivism resulting from a failure to address these issues.

Collaborative Partners

HBHD Team is made up of the BHD Judge, the BHD Manager from the Clerk's Office, the BHD Program Coordinator and Case Manager from CSB, Pretrial Officer/Community Supervisor from Community Corrections, Commonwealth Attorney, City's Attorney, Public Defender, any private attorney whose client is on the docket, Legal Aid, and the Behavioral Health Peer Support Specialist (if funded). Representatives from other involved agencies may include, but is not limited to, the Department of Aging and Rehabilitative Services, the United Way, and NAMI. Representatives from these organizations will provide updates to the Judge on the status of each person on the docket and discuss recommendations.

Evidence Based Practices

HBHD employs a strategy of using evidence-based practices as required by the Office of Executive Secretary in the design and delivery of services to meet all the goals. Data collection includes performance driven metrics in four categories: participants, services, criminal justice outcomes and mental health outcomes. Data is reviewed on a quarterly basis to determine the effective administration of screening and assessment, case planning according to risk levels and the number of service units per participants impacting change. Data is collected by the Community Services Board, Community

Corrections Department/Pre-Trial Services and the Sheriff's Office based on current policies and procedures within each organization. An individual treatment plan is developed by the Behavioral Health Program Coordinator/Case Manager from the Community Services Board.

HBHD recognizes the importance of incorporating the ten essential elements of a behavioral health docket as explained in *The Essential Elements of Mental Health Dockets in Virginia* (DBHDS, 2016). All ten of the essential elements of a behavioral health docket are incorporated within the policies and procedures of the HBHD.

Implementation Plan

HBHD is scheduled at 2:00pm on the first and third Mondays of each month. The Docket Team staffing is scheduled for 1:00pm on those days. The Docket Team staffing consists of a group of stakeholders linked with a memorandum of agreement to protect a participant's confidentiality. Program participants are required to sign a consent to participate and have their case discussed with Docket Team. HBHD can accommodate 15-20 participants at any given time. HBHD is staffed by a Judge, Docket Manager, Program Coordinator/Case Manager (CSB), Case Manager (CSB), Behavioral Health Pretrial Officer, Behavioral Health Peer Specialist (if funded), Assistant Commonwealth's Attorney, City's Attorney, and Assistant Public Defender.

Performance and Outcome Measures

The primary goal of HBHD is to decrease recidivism. It will identify defendants who may be more suitable for treatment in the community instead of incarceration in the city jail. It will assist in the case management of defendants with mental health issues. A defendant's case which is heard on HBHD does not dictate or mandate an outcome or sentence. It ensures that the criminal justice system will consider each defendant's mental health issues when determining an appropriate disposition. The five specific goals of HBHD are as follows: 1) Identify offenders with serious mental illness at all intercept points of the criminal justice system; 2) Improve defendant's access to mental health treatment services and other community resources; 3) Improve collaboration between the criminal justice system and community mental health providers to better serve defendants with serious mental illness; 4) Increase treatment adherence of defendants through case management and supervision; 5) Reduce recidivism of defendants.

The effectiveness of HBHD will be determined by decreasing the recidivism rate and incarceration costs among the target population. The decrease in costs of incarceration will be determined by comparing the average length and daily costs of program participation compared to the average length and daily cost of incarceration. The decrease in recidivism will be determined by calculating the number of new offenses committed by participants on the docket within three (3) years of beginning participation on the docket compared to the national average of recidivism rates among the criminal population. The benefits will be assessed by determining the successful access to community treatment, integration into the community, a decrease in recidivism and incarceration costs.

Budget and Narrative

HBHD is requesting approximately \$35,000.00 per fiscal year to employ a Behavioral Health Peer Specialist. HBHD receives funding from the City of Hampton; these funds are directly allocated to a part-time Docket Coordinator and one Community Service Board Case Manager. The funds HBHD is requesting will not supplant the funding from the city. Grant funds will not be used for: equipment replacement, firearms, ammunition or related equipment; clothing/uniforms; construction or renovation; land acquisition; lobbying or political contributions; food or beverages; honoraria; bonuses; personal entertainment such as tickets to sporting events; food; alcohol; or luxury vehicles. Grant funds will be specifically designated to employing a Behavioral Health Peer Specialist.

Behavioral Health Peer Specialist will provide frequent, ongoing, accessible and flexible support to participants. This support can come in many forms – phone calls, text messaging, group meetings, home visits, and even going for walks together. This position complements and enhances HBHD by creating the emotional, social and practical support necessary for HBHD participants to remain successful. Through empathetic listening and encouragement, Peer Specialists are an integral part of helping participants cope with social or emotional barriers and stay motivated to reach their goals. Without a Behavioral Health Peer Specialist, it may be difficult for HBHD to bridge the gap between providing a positive support system and perceived misunderstanding that is oftentimes felt by individuals with serious mental health diagnoses.