

**2009-2015 STRATEGIC PLAN
FOR PERSONS WITH SERIOUS AND PERSISTENT MENTAL
ILLNESS OR CO-OCCURRING MENTAL HEALTH AND
SUBSTANCE USE DISORDERS INVOLVED
IN THE CRIMINAL JUSTICE SYSTEM IN
THE DISTRICT OF COLUMBIA**

DRAFT Outline of Year One Implementation Workplan

This draft workplan reflects the four areas on which the CJCC Substance Abuse Treatment and Mental Health Services Integration Taskforce intends to focus for the first year of implementing the strategic plan. These include 1) jail linkages, 2) mobile crisis intervention, 3) Court needs, and 4) data sharing.

The priority goals associated with these four focus areas are presented in the first column.

The second column presents the specific strategic objectives from the strategic plan that reasonably and effectively could be undertaken in the first year for each of the four focus areas. The phrasing of the strategic objectives is taken directly from the strategic plan and the page numbers corresponding with the strategic plan are offered for your reference.

The third column lists the initial tasks proposed thus far to contribute to the accomplishment of the strategic objectives.

The fourth column indicates the workgroup or committee that has been identified to lead the implementation effort. The Taskforce did not establish any new bodies to focus on implementation tasks, but rather looked to groups that already are established and committed to the issues and strategic objectives.

The fifth column lists the agencies that potentially have responsibility for implementation of efforts identified for the first year. Other agencies and organizations, that may not necessarily have direct implementation responsibility, will be involved in developing the initiatives and providing input and feedback.

Associated Priority Goal(s)	Specific Strategic Objectives to be Addressed	Initial Tasks Proposed	Lead Workgroup/Committee	Agencies with Potential Implementation Responsibility
1 – Jail Linkages				
<p>Priority Goal A – Increase Capacity for Identifying and Treating Persons with Serious and Persistent Mental Illness and Co-Occurring Mental Health and Substance Use Disorders (p. 11)</p>	<p>(p. 15)</p> <p>4. Enhance continuity of care between the Department of Corrections, Pretrial Services Agency, Bureau of Prisons, Court Services and Offender Supervision Agency, Department of Mental Health and Addiction Prevention and Recovery Administration as appropriate.</p> <ul style="list-style-type: none"> ➤ Ensure that the releasing agencies (Department of Corrections, Bureau of Prisons and in-patient hospitals) provide appropriate medication to bridge the linkage to the community. ➤ Ensure that appropriate information is shared between the Pretrial Services Agency, Court Services and Offender Supervision Agency, and the D.C. Jail to facilitate effective discharge planning, linkage and treatment upon release to pretrial or probation supervision. ➤ Increase collaboration and the sharing of information between the Bureau of Prisons and Court Services and Offender Supervision Agency to ensure continuity of care for individuals returning to the District of Columbia and effective linkage to mental health and co-occurring services. ➤ Facilitate outreach, out-patient and in-patient follow up through Department of Mental Health and Addiction Prevention and Recovery Administration case management. ➤ Facilitate linkage to case management services. 	<ul style="list-style-type: none"> ▪ DOC will develop mechanism to identify those with mental health issues slated for probation and parole. ▪ DOC will review its release protocol of those with medical challenges. ▪ DOC will revise/enhance summary documentation in EMR to be shared with DMH Jail Liaisons. ▪ DOC will include validated tools for screening and brief intervention for referral to treatment (SBIRT) to screen/assess for substance abuse and MH disorders during intake or at classification. ▪ All agencies, ongoing review of budget commitments from the primary agencies to this priority area. 	<p>CJCC Detention Capacity Committee, DOC Director Devon Brown</p>	<ul style="list-style-type: none"> ▪ Addiction Prevention and Recovery Administration, DOH ▪ Bureau of Prisons ▪ Court Services and Offender Supervision Agency ▪ D.C. Superior Court ▪ Department of Corrections ▪ Department of Mental Health ▪ Pretrial Services Agency
<p>Priority Goal E² – Improve Connections to Substance Abuse and Mental Health Inmates for Inmates at the Jail (p. 42)</p>	<p>(p. 44)</p> <p>1. Develop a comprehensive system to assess and treat persons with serious mental illness and co-occurring disorders at the D.C. Jail, and move them as appropriate to community-based services. Clarify the various roles of the Addiction Prevention and Recovery Administration, Unity Healthcare and Department of Corrections.</p> <ul style="list-style-type: none"> ➤ Examine national promising practices such as the GAINS APIC Model, utilization of the GAINS Re-Entry Checklist, the Massachusetts Forensic Transitional Program, the Spectrum Program, and the Allegheny County, Pennsylvania, Reentry Program. 	<p>(This cell is shared with the row above and contains the same list of tasks.)</p>	<p>(This cell is shared with the row above and contains the same lead workgroup information.)</p>	<p>(This cell is shared with the row above and contains the same list of agencies.)</p>

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	<p>2. Explore the development of electronic interfaces between the Jail's computer network and the Department of Mental Health, Addiction Prevention and Recovery Administration, Court Services and Offender Supervision Agency and Pretrial Services Agency computer networks so that appropriate information can be shared quickly and data on service provision and continuity of care can be tracked. Consideration should be given to exploring the existing mechanism for information sharing between the Department of Mental Health and the Jail for possible expansion.</p>			
2 – Mobile Crisis Intervention				
<p>Priority Goal D – Increase Opportunities for Crisis Intervention and Other Alternatives to Arrest and Incarceration (p. 32)</p>	<p>(pp. 35-36)</p> <p>2. Move appropriate low-level incidents directly to support services, crisis emergency teams or the Comprehensive Psychiatric Emergency Program instead of the criminal justice system and from there link them directly to Core Service Agencies after stabilization</p> <ul style="list-style-type: none"> ➤ Continue interagency (resource and information) collaboration and ongoing support. <p>3. Enhance the range of crisis emergency services and capacity available, including the Comprehensive Psychiatric Emergency Program.</p> <ul style="list-style-type: none"> ➤ Implement the recommendations of the Crisis Emergency Services Planning Workgroup, which include but are not limited to increasing the capacity of the Comprehensive Psychiatric Emergency Program to provide more intensive services including stabilization beds and access to medical and detoxification treatment, mobile crisis teams, high level crisis bed supervision, in home stabilization services and urgent care services. ➤ Determine the need for legislation to implement any organizational changes required to implement the recommendations of the Crisis Emergency Services Planning Workgroup. ➤ Establish effective partnerships with community-based projects that would be willing to establish urgent care. <p>4. Provide training opportunities for dispatchers, law enforcement officers and the</p>	<p>All agencies, ongoing review of budget commitments from the primary agencies to this priority area.</p>	<p>DMH Crisis Emergency Services Planning Workgroup, DMH Director Stephen Baron</p>	<ul style="list-style-type: none"> ▪ Addiction Prevention and Recovery Administration, DOH ▪ Department of Health ▪ Department of Human Services ▪ Department of Mental Health ▪ Fire and Emergency Medical Services ▪ Metropolitan Police Department

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	<p>community about substance abuse and mental health disorders along with culturally and linguistically appropriate ways to address people with such needs.</p> <ul style="list-style-type: none"> ➤ Develop a cross-training process for both police and Emergency Medical Service dispatchers. The training should include assessment of risk. ➤ Develop a public education program on the resources available to individuals in crisis and who (which agencies) to call for assistance. <ul style="list-style-type: none"> ▪ Conduct community forums to provide information to consumers and families. 			
3 – Court Needs				
<p>Priority Goal F – Target Specific Populations for Treatment and Diversion Opportunities (p. 46)</p>	<p>(pp. 47-48)</p> <ol style="list-style-type: none"> 1. Conduct data analysis to determine programmatic needs of particular populations (e.g., jail, D.C. Misdemeanor and Traffic Court cases, etc.). <ul style="list-style-type: none"> ➤ Determine who in the D.C. Jail can be diverted from jail into appropriate community treatment. ➤ Examine ways to determine programmatic needs for women with serious and persistent mental illness who have minor children. ➤ Explore ways to work closely with D.C. Department of Mental Health Child and Youth Services Division to track juveniles with serious mental illness or co-occurring mental health and substance use disorders who are at risk of moving into the adult criminal justice system for the purpose of developing effective treatment interventions. ➤ Determine the numbers of individuals with severe mental illness or co-occurring disorders who have multiple encounters with the criminal justice system and consider how best to target resources to prevent their return to the criminal justice system . 2. Support efforts by the courts to develop a diversion court as a pilot with referrals from seven U.S. Misdemeanor calendars and hopefully D.C. Misdemeanor calendars. Eligibility requirements, conditions of diversion, and connections to community services are currently being considered. 3. Commit to developing a memorandum of understanding for expeditious referrals from the D.C. Superior Court and/or the Office of the Attorney General to the 	<p>All agencies, ongoing review of budget commitments from the primary agencies to this priority area.</p>	<p>CJCC Pretrial Systems and Community Option Committee, DC Superior Court Judge Ann Keary</p>	<ul style="list-style-type: none"> ▪ Addiction Prevention and Recovery Administration, DOH ▪ Court Services and Offender Supervision Agency ▪ D.C. Superior Court ▪ Department of Corrections ▪ Department of Employment Services ▪ Department of Mental Health ▪ Office of the Attorney General ▪ Pretrial Services Agency ▪ Public Defender Service ▪ United States Attorneys Office

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	<p>Department of Mental Health and Addiction Prevention and Recovery Administration for persons charged with D.C. Misdemeanors and Traffic offenses (quality of life).</p> <ol style="list-style-type: none"> 4. Support the Department of Mental Health in efforts to develop an Urgent Care Clinic at the Court. 5. Place the Department of Employment Services, Department of Mental Health and Addiction Prevention and Recovery Administration resources at the courthouse for "one stop" shopping with immediate assessments, services and referrals for individuals with mental illness and/or substance abuse problems charged with low level offenses, and begin the Medicaid enrollment process. 6. Support Pretrial Services Agency resource requests for necessary screening and supervision services for diversion programs. 7. Develop formal diversion criteria and options for non-violent defendants with mental illness in cases prosecuted by United States Attorney's Office and in cases prosecuted by Office of the Attorney General. 			

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4 – Data Sharing				
<p>Priority Goal G – Improve Data and Information Sharing (P. 49)</p>	<p>(pp. 50-51)</p> <p>1. Create coordinated and comprehensive data systems.</p> <ul style="list-style-type: none"> ➤ Develop the information technology to have real-time access to consumer records that include all previous screens and assessments, visits to Emergency Departments, Detox and the Comprehensive Psychiatric Emergency Program, transport and non-transport Emergency Medical Services contacts and discharge summaries from hospitals. This electronic healthcare record also should connect to all appropriate contacts with the criminal justice system, and give real-time data on Pretrial Services Agency and Court Services and Offender Supervision Agency supervision where appropriate, and civil commitment status. ➤ This is a complex and long-term undertaking that will require support from the Mayor's Office, with potential requirements for legislation and a significant amount of funding. ➤ Examine the information technology systems established by Maricopa and Pima Counties in Arizona, Summit County, Ohio, Dallas, Texas, the Home Team in San Francisco, California, and other areas where promising practices are proving successful in allowing agencies to access real-time information on their clients. ➤ Examine the need for legislation to resolve any difficulties experienced by law enforcement and federal agencies, including the Metropolitan Police Department, Pretrial Services Agency and Court Services and Offender Supervision Agency, in the exchange of appropriate information with treatment agencies. Pursue consensus on general parameters of information exchange that should be included in any legislative change. ➤ Recognize that the first responders in a crisis (the Metropolitan Police Department, Fire and Emergency Medical Services, or Department of Mental Health and Addiction Prevention and Recovery Administration outreach) would more easily be able to consider alternatives to arrest if they knew whether the person was actively involved in treatment or has a mental health history, including a judicial finding of mental illness and likely to injure as the result of the mental illness. In addition, discharge summaries for 	<p>CJCC will retain a consultant to explore the issues in strategic objective 1.</p> <p>All agencies, ongoing review of budget commitments from the primary agencies to this priority area.</p>	<p>CJCC Electronic Interface Workgroup (to be established as a committee), preferred Committee Chair to be from the EOM</p>	<ul style="list-style-type: none"> ▪ Addiction Prevention and Recovery Administration, DOH ▪ Bureau of Prisons ▪ Court Services and Offender Supervision Agency ▪ Criminal Justice Coordinating Council ▪ D.C. Superior Court ▪ Department of Corrections ▪ Department of Employment Services ▪ Department of Health ▪ Department of Human Services ▪ Department of Mental Health ▪ Executive Office of the Mayor ▪ Fire and Emergency Medical Services ▪ Metropolitan Police Department ▪ Office of the Attorney General ▪ Pretrial Services Agency ▪ Public Defender Service ▪ United States Attorneys Office

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	<p>individuals who were hospitalized should be accessible, as appropriate, to ensure good transition to the community.</p> <ul style="list-style-type: none"> ➤ Consider the development of strategies to electronically share advanced directives and crisis plans as appropriate with first responders. ➤ Develop a data system after necessary legislative amendments are enacted to share appropriate information about consumers who seek or receive services from the various District Government agencies. ➤ Examine the work of the D.C. Regional Health Information Organization led by the Department of Health for lessons learned and possible opportunities in cross system agency collaboration for information sharing. The Regional Health Information Organization includes multiple stakeholders and focuses on the integration and exchange of healthcare information. ➤ Utilize data from the Department of Health Epidemiology Workgroup. ➤ Agencies should work together to determine whether there is non-identifying information that can be shared among treatment providers to improve service delivery. <p>2. Consider the development of a mutually acceptable release of information form that would allow the consumer to authorize the release of information to specific agencies for a defined time period.</p> <p>5. All stakeholders should have access to appropriate, available information and be able to utilize a common computer platform to add data to the shared community. The barriers to sharing data while still providing consumer confidentiality where required should be investigated carefully.</p>			