Application

For

Behavioral Health Docket

Submitted by:

________________________________ ________________________________

Signature of Judge Signature of Coordinator

Of

Arlington County General District Court

Name of Court

____

Date

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APPLICATION GUIDELINES

The Supreme Court of Virginia has established a standardized review process to use in evaluating request from any locality seeking permission to establish a behavioral health docket. The application should be completed by the local planning committee created to plan the docket. Applications should be submitted to the Supreme Court of Virginia. All application packages should be sent to:

Supreme Court of Virginia

Office of the Executive Secretary

100 North 9th Street

Richmond, Virginia 23219

Email: apowers@courts.state.va.us

In order to evaluate the quality, efficiency and fairness of dockets requesting approval to establish a behavioral health docket the following information shall be submitted by the requesting local advisory committee.

Behavioral Health Docket Application

Jurisdiction Name: Arlington County

Court: ____Circuit ____District

Problem Solving Docket Model: ____Veterans ____Behavioral Health

Supervising Judge:

Name: ______________________________ Telephone: _______________________

Address: ____________________________ Email: ___________________________

Target Population- (list all that apply):

Defendants who are:

- 18 years of age or older
- Misdemeanor offense or felony that has been reduced to a misdemeanor
- Criteria met for serious mental illness and/or dual diagnosis based on the diagnosis, intensity, and duration of symptoms.

Proposed Start Date: 09/03/19

Approved Docket Planning Training:

______ ____________________ Veterans Treatment Court Planning Initiative (VTCP)

Date Location

______ ____________________ Developing a Mental Health Court: An Interdisciplinary Curriculum (CSG)

Date Location

______ ____________________ Other: ____

Date Location

______ ____________________ Other: ____

Date Location

Application Contact Person:

Name: ___________________________ Telephone: ___________________________________

Address: __________________________ Email: _______________________________________

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Behavioral Health Docket Project Abstract

The Arlington County Behavioral Health Docket (BHD) is a post-plea docket that will serve misdemeanor defendants suffering from serious mental illness or dual diagnosis (SMI/DD) who voluntarily agree to participate in Court-supervised treatment and community support in lieu of jail. The docket will serve Arlington County residents and Arlington homeless involved with cases in Arlington's General District Court.

Participant eligibility:

- Defendants 18 or older
- Diagnosed with a serious mental illness or dually diagnosed – meaning diagnosed with significant thought, mood or anxiety disorder and potentially carrying a secondary diagnosis of substance use or an intellectual or developmental disorder
- On a case by case basis, individuals with a sole diagnosis of an intellectual or developmental disability will be considered for inclusion
- Misdemeanor charges
- Felony offense reduced to misdemeanor with concurrence from the Commonwealth's Attorney
- Assessed at medium to high risk of recidivism as determined by the RNR Simulator Tool (described in greater detail in the Goals and Objectives section)
- Arlington resident or Arlington homeless (those who are considered Arlington residents and/or on the path to becoming an Arlington resident, i.e. street homeless in Arlington for 90 days)

Referring Parties:

- General District Court judges
- Defense attorney
- Commonwealth's Attorney
- Magistrate
- Pretrial Officer
- Jail Mental Health Team staff
- Law Enforcement
- Forensic Jail Diversion Team
- Mental Health Case Manager

Participation Disqualifier:

- Substance abuse as the sole diagnosis
- Established residence other than Arlington
- Currently enrolled in the Arlington County Drug Court or any other jurisdiction's therapeutic docket
- Defendants with an active capias and/or active warrants from another jurisdiction
- Prior record of violent felony crimes or prior sex offenses on a case by case basis. Team will take into account criminal history, risk assessments, and available clinical and residential options. The ultimate decision lies with the judge.

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Upon referral, the court will order the BHD treatment team to screen, assess and file an eligibility report to the court within two weeks. If the participant is deemed to be an appropriate candidate for the BHD, an initial treatment plan will be provided to the participant, court, Commonwealth's Attorney and defense attorney.

This is a post- plea docket. Participants agree to be in general good behavior, comply with the rules of the docket, the elements of the treatment plan, appear before the BHD and attend all meetings with the treatment team.

Participants, assisted by the assigned defense attorney, sign an agreement to participate, detailing constitutional and statutory rights waived during the participation in the BHD.

The BHD team collaborates with BHD participants to implement and monitor treatment that address behavioral health and criminogenic needs in the community.

The Clerk maintains separate files for participants, and seals documents as ordered to ensure confidentiality. BHD team members and participants execute appropriate confidentiality forms to ensure medical/behavioral health information remains protected under federal and state laws.

The Behavioral Health Docket team is a collaboration between:

- General District Court Judge
- BHD Coordinator
- BHD Mental Health Clinician
- BHD Case Manager
- Community Corrections Unit (CCU)
- Commonwealth's Attorney or his/her designee
- Mitigation Specialist for the Office of the Public Defender or his/her designee
- Defense attorney (able to attend at their discretion)
- Economic Independence Division/Clinical Coordination Program Designee
- Certified Peer Recovery Specialist

The BHD team ensures that program requirements are adhered to, which is specific to each program phase, as specified in the Policy and Procedure Manual.

Sustainability is the responsibility of the BHD Advisory Committee (to be further defined in the "Description of the Docket" section), working with the BHD team to establish and track performance measures and adjust the docket accordingly.

The program will be funded through in-kind services provided by the Arlington County Community Services Board, Arlington County Economic Independence Division/ Clinical Coordination Program Designee, Community Corrections, The Office of the Public Defender and Commonwealth's Attorney, and the Arlington County Sheriff's Office (ACSO), and the General District Court Clerk.

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Problem Statement

The Arlington County community has been committed to the development of programming for justice-involved mentally ill individuals for over a decade. To provide the services needed to effectively serve this population, the Arlington County Community Services Board (CSB) established the Forensic Jail Diversion Team. This team provides services for those individuals who are seriously mentally ill (SMI) or dually diagnosed (DD) that come into contact with the criminal justice system in various capacities (please see Attachment G, Behavioral Healthcare Division Admission criteria which fully describes diagnoses which can be served). Furthermore, this team is dedicated to providing comprehensive programming as well as developing and identifying areas for growth that meet the needs of individuals at each intercept within the Sequential Intercept Model (SIM).

As a result, through state and local funding the Forensic Jail Diversion Team has mapped programming across the SIM. On Intercept 1, the CSB's Emergency Services has more than a thirty-year history of close collaboration with law enforcement. These collaborative efforts have been strengthened through the Crisis Intervention Team (CIT) trainings as well as being awarded two grants, one in 2013 and one in 2015, through the Department of Behavioral Healthcare and Developmental Services (DBHDS), for the development of a CIT assessment site. These CIT trainings with law enforcement and a fully operational Crisis Intervention Center have resulted in an increased awareness on the part of the police to further consider a mental health assessment when indicated, ideally prior to arrest.

The Intercept 2 programming that was created was the Magistrate Post Booking Project (MPBP). This program strives to identify and divert SMI/DD individuals, when appropriate, from the Arlington County Detention Facility (ACDF). This program focuses on immediate diversion of SMI/ DD individuals post-arrest and before the initial arraignment hearing. In addition to the MPBP, the Arlington County CSB has established the Bond Diversion Program, which expands upon already existing diversion programming at the Intercept 2 juncture. This program engages and diverts SMI/DD individuals at "Intercept 2.5," which occurs post-arraignment at the bond hearing.

Efforts have also been made to develop programming at Intercepts 3, 4 and 5 of the SIM. The ACDF has a Mental Health Unit (MHU), which offers mental health treatment groups and individual support for male and female inmates. The Forensic Team has a forensic discharge planner who serves those SMI/DD individuals who go to Western State Hospital for restoration to competency. The team has also been trained to complete competency to stand trial evaluations as well as provide restoration to competency services. Furthermore, the Jail Re-Entry Committee assists the Forensic Team in identifying inmates who will be transitioning from the ACDF to the community in order to assist with community linkages.

Of note, Arlington has developed two innovative, specialized programs for justice involved SMI/DD individuals who are re-entering the community. Project Exodus (initiated in 2013) has been created to assist local and state probation officers with SMI/DD individuals on probation in order to decrease the re-incarceration rate for probation violations. The Re-entry Programming Unit (RPU) was initiated in February 2018 at a local shelter to assist with offenders' transition from ACDF to the community. This program can serve up to 6 justice involved, SMI/DD men, for a period of up to 9 months. This is a step-down from the jail and is set up in three phases focusing on recovery and community readiness. The

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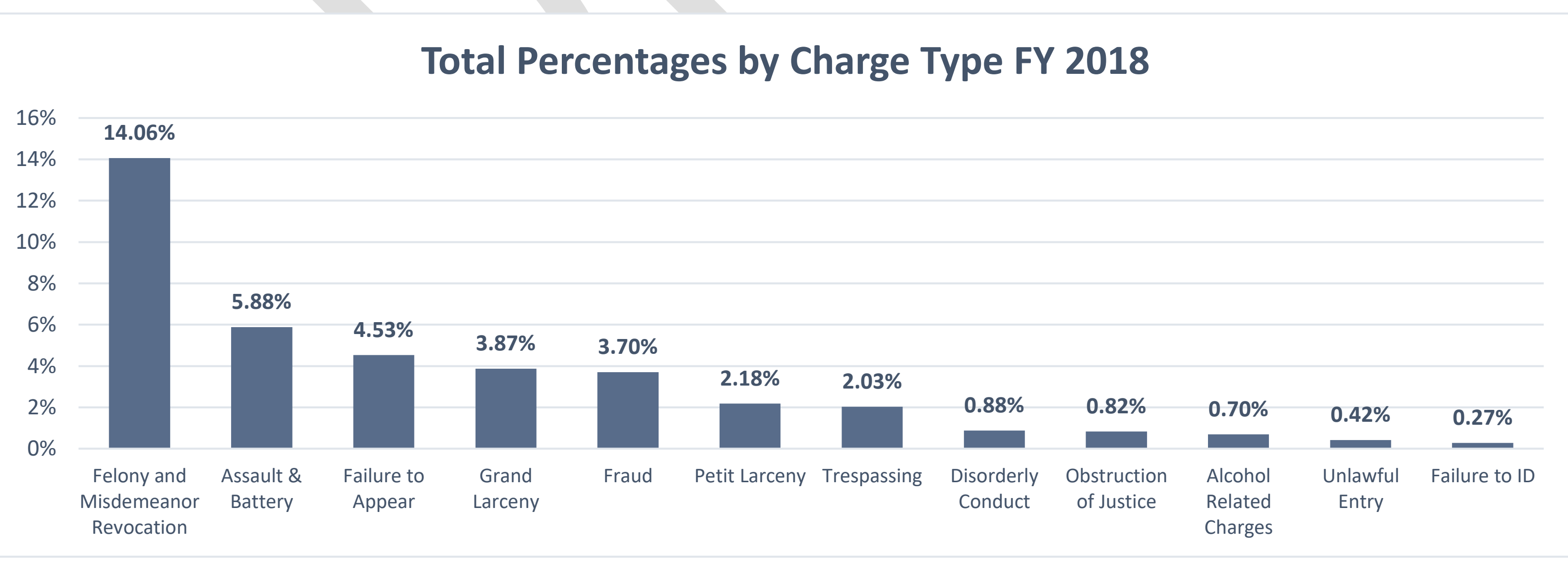
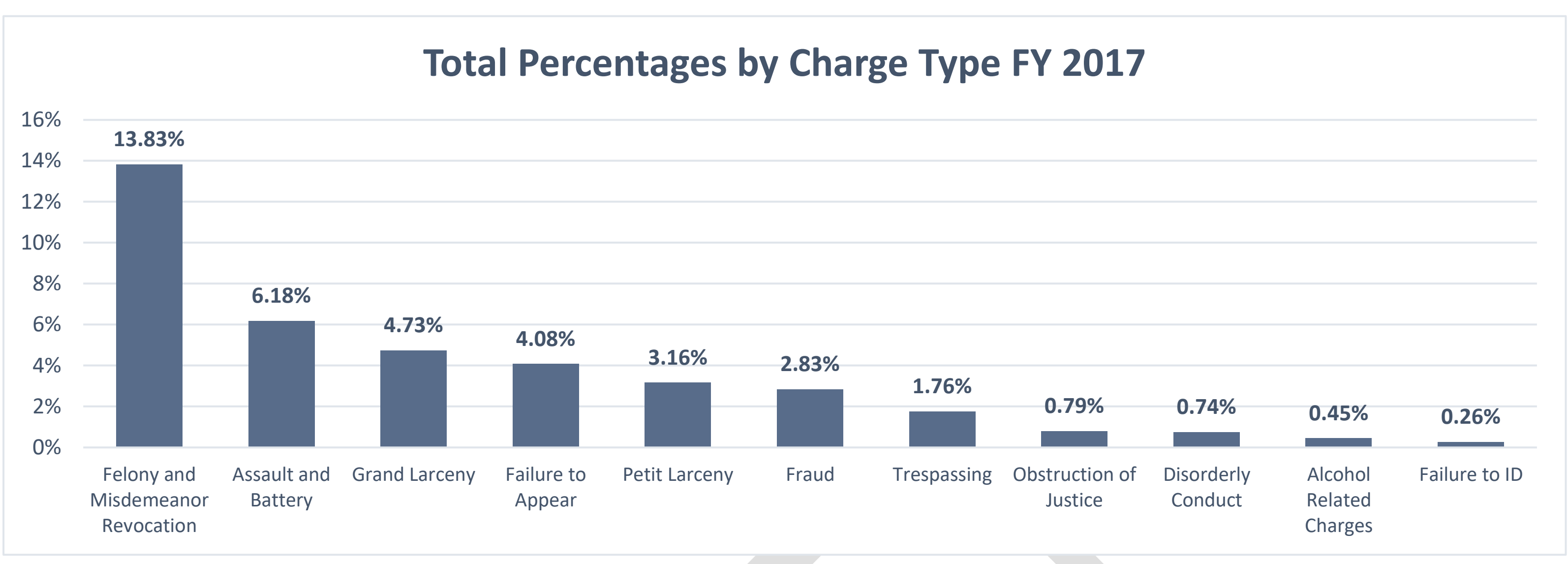
program is supported by a forensic recreation specialist who creates pro-social activities as a means to address holistic challenges these individuals often face as they reintegrate into the community.

Although the Arlington community has embraced the various programming options available, a systematic collaboration provided by a BHD is essential to address the specialized needs of the SMI/DD population. Many individuals are booked in the jail suffering from SMI/DD and jail-based mental health staff are increasingly called upon to provide mental health stabilization and treatment for inmates, a large percentage of whom recycle in and out of custody multiple times per year. Individuals who are released from jail suffering from SMI/DD often fail to connect to community treatment services as a result of living outside of the Arlington County jurisdiction or they lack the understanding and ability to connect to local treatment services. Recovery and a trauma-informed approach are the goals for the treatment of SMI/DD individuals and while there are mental health services available in the Arlington County Detention Facility (ACDF), it is preferable to address treatment issues in a community-based setting.

The Brief Jail Mental Health Screening is conducted on every individual that is booked into ACDF by the inmate counselor in the booking and processing area of the jail. There are two additional points at which mental health and substance abuse questions are asked by the booking deputy and the medical provider. This data is used as a flag to alert the jail and the Jail-Based Mental Health Team that an inmate may have SMI/DD concerns or general mental health issues that may require additional attention. As referenced in the yearly point in time LIDS survey from June of 2018, there were 361 individuals flagged as having a SMI/DD diagnosis, which accounted for 76% of the total census (476 individuals). It is also important to note that of the 476 individuals in the ACDF, 233 individuals (49%) were prescribed psychotropic medications. One can extrapolate from this number, since typically 30% of inmates are Arlington County residents, that 70 individuals could be referred to the BHD at any given time from which a pool of appropriate candidates can be selected. Ultimately, selections would be made based on the Behavioral Healthcare Division admission criteria (see Attachment G).

The following tables represent a snapshot of charges at ACDF most likely to be represented in the BHD. Of these cases, no less than a third are ordered to Community Corrections as a component of the disposition.





Currently, defendants who suffer from SMI/DD issues may receive a fine and/or a suspended or active jail sentence, often not requiring mental health treatment or with no added oversight of mental health treatment, particularly if not acutely symptomatic during the initial judicial process. Defendants who are sentenced to a deferred finding or suspended jail sentence can be placed on supervised probation with the Community Corrections Unit (CCU); however, the mental health (MH) and/or substance use disorder (SUD) treatment ordered by the court or recommended by the probation officer are not always tailored to the defendant's individual needs. This is a direct result of the MOST/OST tool not being utilized routinely with the SMI/DD due to the acuity of their illness and inability to accurately participate in this aspect of the probation intake process. It is at this juncture where CCU staff will consult with the CSB to discuss strategies for managing psychiatric concerns. Regular supervision with a team of dedicated professionals to monitor the defendant's treatment, rapid application of sanctions to modify behavior, and an opportunity to provide immediate access to MH/SUD treatment tailored to each defendant's specific needs, would assist with recidivism and assist the defendant toward illness management and recovery.

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Goals and Objectives

This BHD aims to identify individuals who may be experiencing SMI/DD symptoms who become involved in the criminal justice system. The goal is to quickly identify those individuals for potential referral and eligibility screening for participation in the BHD. If appropriate and once enrolled in the BHD, outcomes for the participant can include:

1. Reducing the length of incarceration of SMI/DD individuals charged with misdemeanor offenses and certain low-level felony offenses reduced to a misdemeanor or avoiding incarceration altogether.
2. Improving community mental health linkage and clinical outcomes for those accepted for participation in the BHD.
3. Reducing violations of probation as a result of non-compliance with treatment conditions.
4. Reducing an individual's long-term risk of recidivism.
5. Increasing the capability of individuals to successfully address their personal, family and societal responsibilities.
6. Promoting effective communication, planning and use of resources among criminal justice partners and other community agencies.

The BHD Coordinator will collect and provide reports to the BHD Advisory Committee (BHDAC), further defined in the "Description of the Docket" section, on the following measures:

1. Demographics of individuals screened and of participants in the BHD.
2. Number of individuals screened/assessed for eligibility for the BHD.
3. Number of individuals accepted to the BHD.
4. Number of individuals screened using the RNR Simulator Tool* that are moderate or high risk of recidivism or moderate to high need for MH or substance use treatment.
5. Type of MH/SUD treatment utilized for BHD participants.
6. Number of individuals who disengage from MH or substance use treatment.
7. Number of individuals re-arrested and/or convicted while participating in the BHD.
8. Number of individuals removed from the BHD for non-compliance.
9. Number of individuals who received a jail sanction.
10. Number of individuals who received a non-jail sanction.
11. Number of individuals who successfully completed the BHD.

*The tool was developed by the George Mason University Center for Advancing Correctional Excellence! (ACE!) team.

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Description of the Docket

The Arlington County BHD seeks to identify SMI/DD individuals arrested for misdemeanor and felony offenses that are reduced to misdemeanors in General District Court. The docket offers those who are eligible an opportunity to voluntarily participate in a court-supervised diversion program that provides intensive treatment and support in lieu of a jail sentence. The goal of the BHD is to improve both mental health treatment compliance and service connection as well as criminal justice outcomes.

Administration

This application is a collaboration between mental health and criminal justice stakeholders within the Arlington County Community including:

- The Honorable R. Frances O'Brien, Chief Judge, Arlington County General District Court
- Theophani Stamos, Commonwealth's Attorney for Arlington County and the City of Falls Church
- Bradley Haywood, Public Defender for Arlington County and the City of Falls Church
- Deborah Warren, Executive Director, Arlington County Community Services Board
- Beth Arthur, Sheriff, Arlington County Sheriff's Office
- Heather Venner, Community Assistance Bureau Chief, Arlington County Department of Human Services
- Kelly Nieman, Behavioral Health Docket Coordinator, Arlington County Community Services Board

Behavioral Health Docket Advisory Committee

Once implemented, on-going oversight and administration of the docket will be provided by the Behavioral Health Docket Advisory Committee (BHDAC). The Advisory Committee is composed of the stakeholders representing the criminal justice and mental health professionals who meet quarterly to discuss progress and address concerns regarding the docket. Members of the BHDAC will include:

- Judges of the General District Court
- Public Defender for Arlington County and the City of Falls Church
- BHD Coordinator
- Forensic Jail Diversion/Treatment on Wheels (TOW) Program Manager (homeless outreach program)
- Community Corrections Director
- Community Assistance Bureau Chief
- Sheriff's Office, or designee
- Commonwealth's Attorney for Arlington County and the City of Falls Church

Target Population

The target population for the docket will include:

- Defendants 18 or older

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- Diagnosed with a serious mental illness and/or dually diagnosed
- On a case by case basis, individuals with a sole diagnosis of an intellectual or developmental disability will be considered for inclusion
- Misdemeanor charges
- Felony offense reduced to misdemeanor with concurrence from the Commonwealth Attorney
- Assessed at medium to high risk of recidivism as defined by the RNR Simulator Tool
- Arlington resident or Arlington Homeless (those who are considered Arlington residents and/or on the path to becoming an Arlington resident)

Participant Identification and linkage to service

Potential participants can be referred by the following:

- General District Court judges
- Defense attorney
- Commonwealth's Attorney
- Magistrate
- Pretrial Officer
- Jail Mental Health Team staff
- Law Enforcement
- Forensic Jail Diversion Team
- Mental Health Case Manager

A primary goal of the docket is to identify potential participants as early as possible following arrest. Individuals can be identified at any stage of the criminal justice process. Upon referral, the court will order the BHD Coordinator to facilitate the screening and assessment of the individual's eligibility to participate. Within two weeks of the referral, The BHD Coordinator will file a written report describing the individual's suitability for participation, relevant clinical history such as mental health diagnosis, current medications and preliminary treatment plan. Once submitted to the BHD team, members will determine appropriateness for the BHD.

Terms of Participation

The BHD is a post- plea docket, focusing on individuals who have been diagnosed with SMI/DD. Participants agree to fully comply with the rules of the docket, the components of the treatment plan, required appearances before the therapeutic docket and meetings with the supervising probation officer and mental health clinician. The BHD will consist of four phases, which can range from six to twelve total months of participation. The phases are briefly outlined as follows:

Phase I: Orientation

During Phase I, the participant learns about the supervision and requirements of the docket, including the roles of the BHD team and initial engagement in the preliminary mental health treatment plan.

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Phase II: Stability

During Phase II, each new participant interacts intensely with members of the treatment team and continues to comply with the requirements of his or her individualized treatment plan.

Phase III: Maintenance and Community Reintegration

During Phase III, the participant demonstrates continues stability and progress towards treatment goals.

Phase IV: Transition, Successful Completion and Graduation

During Phase IV, the participant has demonstrated sufficient personal and clinical improvement since entry into the BHD and is prepared for transition and graduation.

Due to the complex nature associated with the diagnosis and treatment of mental illness, the exact length of time in each phase may be different for each participant. When measuring the overall success and progress towards completion of the various phases of the docket, the BHD team must be mindful that each participant will navigate the phases according to his/her abilities, resources and unique circumstances.

Informed Choice

Each participant signs an "Agreement to Participate" document, which details the constitutional and statutory rights waived by participating in the BHD. The participant signs the agreement with the advice and guidance of his/her lawyer prior to entry into the BHD.

Treatment Supports and Services

The initial treatment plan will be created by the BHD Coordinator and the BHD mental health clinician at the time of the initial referral. The treatment plan will be reviewed and updated as necessary every ninety days thereinafter. The BHD Coordinator, the BHD mental health clinician, BHD case manager, and the Community Corrections Unit probation officer, along with any additional professionals already providing services, shall collaborate with the participant to address mental health needs as well as identified criminogenic needs (i.e. cognitive/behavioral issues, substance abuse, housing, employment, etc.).

These parties will utilize the RNR Simulator Tool (a risk-needs-responsivity screening tool) and/or the MOST/OST to determine the risks and needs of each participant and identify additional barriers to the participant's successful completion of the program. As part of the assessment process, the DLA-20 (Daily Living Activities functional assessment) is utilized by the BHD mental health clinician to determine clinical level of need. The BHD team shall discuss the individualized treatment plan with each participant to include the participant's goals/views. The treatment plan shall utilize evidenced-based practices and resources and all necessary services that are available in the community. The treatment plan shall be in writing, reviewed with each participant, signed by the participant and incorporated into the files of BHD.

Confidentiality

The clerk shall maintain separate files for those individuals who are participating in the BHD and seal documents as ordered by the court to ensure the confidentiality of the documents relating to the participant. The clerk shall seal the report filed by the BHD Coordinator, any medical/psychological reports prepared by the participant's private provider that were submitted by the defense counsel, any

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psychological test results or reports regarding mental health diagnosis/medications. The clerk shall make available to the public all unsealed documents relating to the case and these documents are always available to the BHD.

The BHD Team members and the participant shall complete all appropriate confidentiality forms to ensure information relating to medication/mental health issues remain protected under federal and state confidentiality laws. The BHD team members and the participant shall obtain appropriate release of information forms to permit the BHD team members to speak with each other and other providers regarding the participant's needs and treatment.

Docket Team

The responsibility for administration of the docket will be the responsibility of the BHD Team, which will engage and monitor the treatment plan for each participant. The BHD team will meet approximately one hour prior to the commencement of the docket. The BHD Team will discuss each participant's treatment plan, specifically discussing areas of compliance and non-compliance and provide recommendations or adjustments to the treatment plan as appropriate. The BHD Team members include:

- General District Court Judge
- BHD Coordinator
- BHD Mental Health Clinician
- BHD Case Manager
- Community Corrections Unit (CCU) probation officer
- Commonwealth's Attorney or his/her designee
- Mitigation Specialist for the Office of the Public Defender or his/her designee
- Defense Attorney (able to attend at their discretion)
- Economic Independence Division/Clinical Coordination Program designee
- Certified Peer Recovery Specialist

Monitoring and Adherence to Docket Requirements

It shall be the responsibility of the BHD team to ensure that all of the following requirements are adhered to by program phase:

Phase I:

1. Attend all court appearances weekly.
2. Meet with the CCU probation officer weekly.
3. Meet with the BHD mental health clinician weekly.
4. Comply with all aspects of the treatment plan.
5. Attend all appointments with all identified treatment providers.
6. Take all medication as prescribed.
7. Comply with all drug screens.
8. Remain drug and alcohol free.
9. Comply with all identified structured activities (i.e. groups, employment, volunteer work).
10. Have no new criminal charges/convictions arising after being placed in the BHD.
11. Begin to develop a plan to pay court costs, if appropriate.

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Phase II:

1. Attend all court appearances no less than twice per month.
2. Meet with the CCU probation officer as scheduled
3. Meet with the BHD mental health clinician as scheduled.
4. Attend all appointments with any identified treatment provider.
5. Comply with all aspects of the treatment plan.
6. Take medications as prescribed.
7. Maintain structured activities.
8. Maintain housing and/or work towards permanent housing.
9. Remain alcohol and drug free.
10. Enter payment plan for court costs, if appropriate.
11. Have no new criminal charges/convictions.

Phase III

1. Attend all court appearances every other week and/or once per month.
2. Meet with the CCU probation officer as scheduled.
3. Meet with the BHD mental health clinician as scheduled.
4. Attend all appointments with treatment providers.
5. Comply with all aspects of the treatment plan.
6. Take all medications as prescribed.
7. Demonstrate stability in housing or progress towards securing independent housing.
8. Remain drug and alcohol free.
9. Demonstrate consistent payment of court costs.
10. Attending all structured activities.
11. Have no new criminal charges/convictions.

Phase IV

1. Attend all court appearances monthly.
2. Meet with the CCU probation officer as scheduled.
3. Meet with the BHD mental health clinician as scheduled.
4. Attend all appointments with treatment providers.
5. Comply with all aspects of the treatment plan.
6. Take all medications as prescribed.
7. Demonstrate stability in housing and financial management.
8. Remain drug and alcohol free.
9. Payment of court costs in full, if appropriate.
10. Attend all structured activities.
11. Have no new criminal charges/convictions.
12. Preparation and readiness for graduation.

The BHD Coordinator or clinician/case manager will provide Aftercare services to BHD participants for at least the first 90 days post-graduation. All efforts will be made to contact graduates and determine their progress and offer assistance or resources in order to maintain stability in the community and avoid re-arrest.

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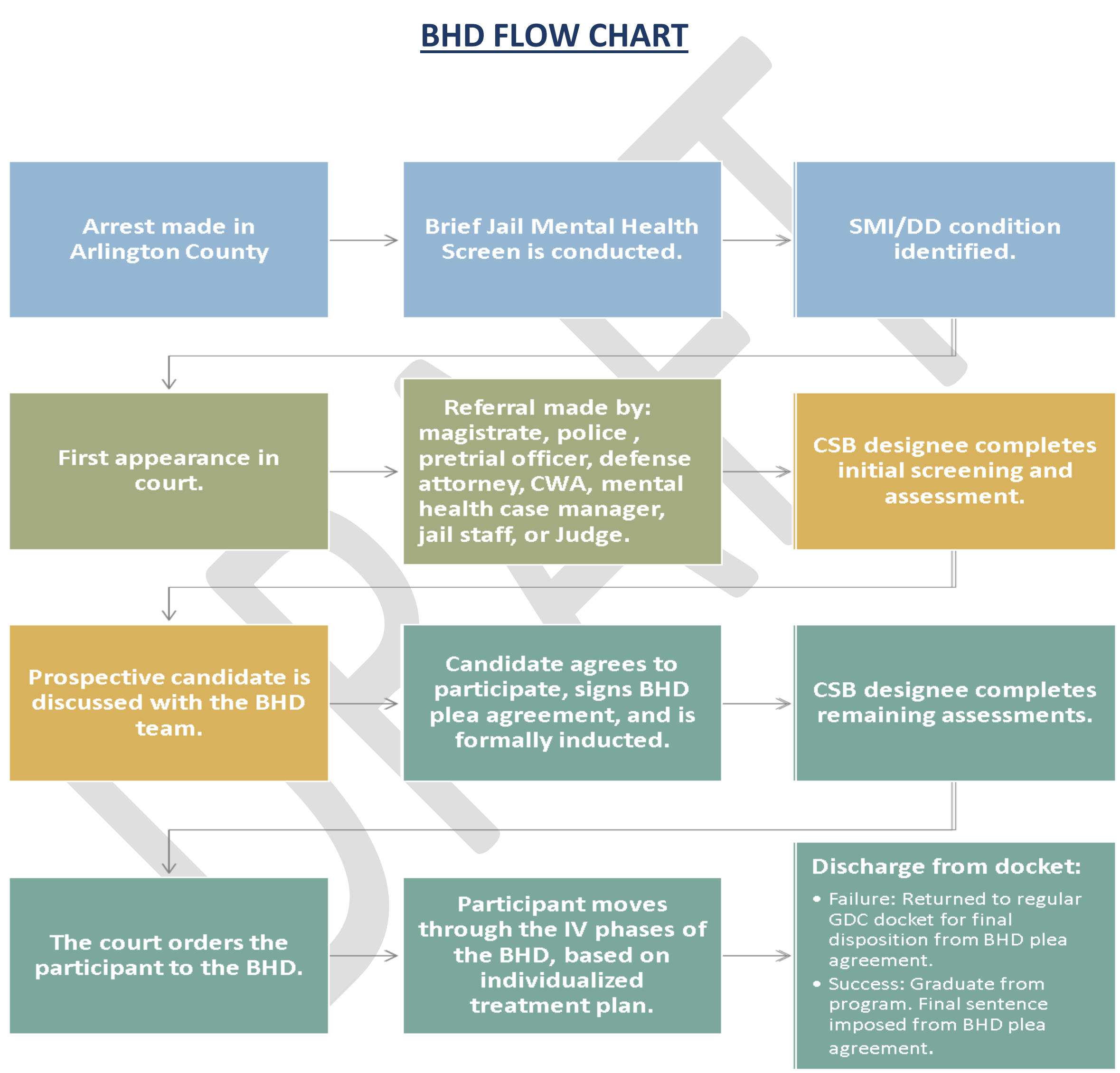
Sustainability

Sustainability is the responsibility of the BHDAC, working with the BHD team to establish and track performance measures and adjust the docket accordingly.

The program will be funded through in-kind services provided by the Arlington County Community Services Board, Arlington County Economic Independence Division/ Clinical Coordination Program Designee, Community Corrections, The Office of the Public Defender, Office of the Commonwealth's Attorney, and ACSO.

BHD FLOW CHART



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Policy and Procedure Manual

Forward:

This manual guides the implementation and ongoing operation of the BHD serving the Arlington County General District Court. The docket seeks to identify individuals arrested for either a misdemeanor or felony offense that is reduced to a misdemeanor who suffer from SMI/DD. The docket offers those meeting program eligibility an opportunity to voluntarily participate in a court-supervised diversion program that provides intensive treatment and support in lieu of a jail sentence. The goal of the BHD is to improve both mental health and criminal justice outcomes.

Mission Statement:

The mission of the Arlington County BHD is to apply evidence-based tools to empower and develop the potential for successful community reintegration, enhance public safety, and provide a multidisciplinary approach in addressing justice-involved seriously mentally ill/dually diagnosed individuals.

Program Description:

The BHD is a post- plea docket, focusing on individuals who have been diagnosed with SMI/DD. Individuals may be referred to the program by their defense attorney, the Commonwealth's Attorney, Pretrial Officer, Jail Mental Health staff, Forensic Jail Diversion Team, magistrate, law enforcement or the judge. Upon referral, the court will order the BHD Coordinator to facilitate the screening and assessment process to determine an individual's eligibility to participate. Within two weeks of the referral, the BHD Coordinator will submit a written report to the BHD team, describing the individual's eligibility for participation. If determined to be appropriate, the written report will include relevant information such as clinical history, mental health diagnosis, medications prescribed and the initial treatment plan which has been created utilizing the RNR Simulator Tool (See Attachment B).

Each participant will sign an Agreement to Participate (see Attachment A), which details the statutory rights waived when participating. The participant signs the document with the guidance of his/her lawyer prior to entry into the docket. The BHD Coordinator, mental health clinician and participant develop a treatment plan, which includes treatment for mental illness and substance abuse, if applicable, and address any high scoring criminogenic needs. Regular court appearances ensure compliance with the details of the treatment plan. If, after six to twelve months, the participant graduates from the BHD, the court may release the participant from probation and court supervision.

Once the defendant accepts the conditions imposed by the BHD and signs the Agreement to Participate form, the court will place the defendant on probation supervision through the Community Corrections Unit. Immediately following the placement of the defendant on the docket, he/she will meet with the assigned probation officer and BHD mental health clinician to review probation requirements and the treatment plan. The probation officer and the BHD mental health clinician will begin working with the participant to carry out the treatment plan. The treatment plan will be reviewed and updated as necessary no less than every ninety days.

The court requires the participant to comply with all conditions of probation, including special conditions of probation which may be imposed due to the participant's unique circumstances.

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Participation in mental health treatment, including medication compliance, is essential for compliance. The court may require the participant to adhere to any additional programming to address high-scoring criminogenic needs such as cognitive behavioral programming, job training, substance abuse treatment, etc. Strict compliance is required with all requirements. Sanctions are imposed for non-compliance. Docket participants attend review hearings in General District Court at a frequency determined by the current phase level so that the judge and the BHD team can monitor progress and adjust supervision and/or treatment accordingly.

Once a participant successfully completes the requirements of the BHD, the case will proceed to disposition. That judge will enter a disposition pursuant to the terms of a plea agreement, if there is such an agreement. In the absence of a plea agreement, the court may dismiss the charge in the appropriate case or otherwise impose a disposition that will close the case and terminate supervision. A graduation ceremony marks the completion of the docket participation. The BHD clinician or case manager will provide ninety days of Aftercare services.

Behavioral Health Docket Advisory Committee:

The on-going oversight and administration of the docket will be provided by the BHDAC. The Advisory Committee is composed of stakeholders representing the criminal justice and mental health system who meet quarterly to discuss progress and address concerns regarding the docket. Members of the BHDAC will include:

- Judges of the General District Court
- Public Defender for Arlington County and the City of Falls Church
- BHD Coordinator
- Forensic Jail Diversion/Treatment on Wheels (TOW) Program Manager (homeless outreach program)
- Community Corrections Director
- Community Assistance Bureau Chief
- Sheriff's Office, or designee
- Commonwealth's Attorney for Arlington County and the City of Falls Church

Behavioral Health Docket Treatment Team:

The responsibility for administration of the docket will be the responsibility of the BHD team, which will engage and monitor the treatment plan for each participant that addresses mental health and criminogenic needs as well as any other barriers to success. The BHD Team will meet approximately one hour prior to the commencement of the docket. The BHD Team will discuss each participant's treatment plan, specifically discussing areas of compliance and non-compliance and provide recommendations or adjustments to the treatment plan as appropriate. The BHD Team members include:

- General District Court Judge
- BHD Coordinator
- BHD Mental Health Clinician
- BHD Case Manager
- Community Corrections Unit

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- Commonwealth's Attorney
- Mitigation Specialist for the Office of the Public Defender
- Defense Attorney (able to attend at their discretion)
- Economic Independence Division/Clinical Coordination Program designee
- Certified Peer Recovery Specialist

Eligibility to Participate:

Who is Eligible

- Defendants 18 or older
- Diagnosed with a serious mental illness or dually diagnosed
- On a case by case basis, individuals with a sole diagnosis of an intellectual or developmental disability will be considered for inclusion
- Misdemeanor charges
- Felony offense reduced to misdemeanor with concurrence from the Commonwealth Attorney
- Assessed at medium to high risk of recidivism (per RNR Simulator Tool)
- Arlington resident or Arlington homeless (those who are considered Arlington residents and/or on the path to becoming an Arlington resident, i.e. street homeless in Arlington for 90 days)

Who is not Eligible

- Substance abuse as the sole diagnosis
- Established residence other than Arlington
- Currently enrolled in the Arlington County Drug Court or any other jurisdiction's therapeutic docket
- Defendants with an active capias and/or active warrants from another jurisdiction (*may apply for reconsideration once these matters have been resolved)
- Prior record of violent felony crimes or prior sex offenses on a case by case basis, taking into account criminal history, risk assessments, and available clinical and residential options

Reconsideration of Eligibility

Reconsideration may be requested in writing by the defense counsel on behalf of a defendant. The request should detail the facts supporting the request and the BHD team will review and decide on eligibility.

Referral Sources:

- General District Court judges
- Defense attorney
- Commonwealth's Attorney
- Magistrate
- Pretrial Officer
- Jail Mental Health Team staff
- Law Enforcement
- Forensic Jail Diversion Team
- Mental Health Case Manager

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Referral Process: Post-Plea

Individual represented by counsel:

Individual enters a plea of guilty or nolo contendere. Counsel orally or on a written motion asks the court to screen the individual for eligibility to participate in the BHD once competency has been determined. At any time if the competency of the defendant/participant is in question, a competency evaluation can be ordered upon motion of defense counsel, the Commonwealth's Attorney, or the client.

Individual Pro Se:

Individual enters a plea of guilty or nolo contendere. Upon request made by the Commonwealth's Attorney or BHD mental health clinician, the court will order the defendant to be screened to determine eligibility to participate in the BHD. If approved for participation, the judge will ensure that the individual is capable of knowingly and voluntarily waiving his/her rights to counsel, and knowingly and voluntarily plead guilty or nolo contendere. The judge will engage in an extended colloquy with the defendant to ensure the above.

Whether represented by counsel or pro se, once an individual is approved to be screened for the BHD, the court enters an order requesting the necessary screening and assessment to be completed. The clerk will alert the BHD coordinator via e-mail of the need to screen/assess the potential participant as well as provide all necessary referral paperwork. The court schedules the individual and his/her attorney to return to court in two weeks for consideration of the screening report.

The BHD Coordinator shall file a written report to the BHD team for approval. Once approved by the BHD team, the court will review the findings of the individual's eligibility for participation and if eligible, the initial treatment plan. The court shall review the report in the presence of the individual and counsel. If the individual is eligible to participate in the BHD and consents to participate then the individual and counsel review the Waiver of Constitutional Rights and Agreement to Participate form outside the presence of the court. If the individual agrees to all conditions of participation and waives his/her constitutional rights as contained in the form, then the court accepts the individual as a BHD participant. Additionally, the court orders the participant to report immediately to the Community Corrections Unit to meet with the probation officer as well as meet with the BHD mental health clinician. The court provides the participant with the referral form and all necessary paperwork to complete intake for the Community Corrections Unit. The court will also schedule the participant to attend the next scheduled court date for the BHD. The court orders the clerk to seal the report prepared by the BHD Coordinator to ensure the information remains confidential, except for the BHD team.

The BHD Coordinator, Community Corrections Unit Probation Officer and BHD mental health clinician, along with any additional professionals already providing mental health services, shall collaborate with the participant to implement the initial service plan as well as regularly re-assess mental health and criminogenic needs. The BHD Coordinator, Community Corrections Probation Officer and BHD mental health clinician shall review the treatment plan no less than every ninety days and address criminogenic and mental health treatment needs such as cognitive behavioral issues, substance abuse, housing, employment, etc. In creating the treatment plan, the RNR Simulator Tool, a risk-needs-responsivity tool,

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and the MOST/OST when utilized, will be used to identify mental health treatment needs, address risk and identify potential barriers to his/her successful completion of the program. The individualized treatment plan will be discussed with each participant and include the participant's views/goals. The treatment plan will address the needs of each participant using evidenced-based practices (i.e. Trauma-Informed Care, Illness Management Recovery, Moral Reconation Therapy) that utilize all necessary resources and services available in the community. The treatment plan shall be in writing, signed by the participant and incorporated into the files of the BHD Team.

BHD Supervision Phases:

Due to the complex nature associated with the diagnosis and treatment of mental illness, the exact length of time in each phase may be different for each participant. When measuring the overall success and progress towards completion of the various phases of the docket, the BHD team must be mindful that each participant will navigate the phases according to his/her abilities, resources and unique circumstances. In most instances, individuals will spend approximately three months in each phase.

Participants who demonstrate positive behaviors and continued compliance with the BHD will receive incentives. These incentives will be determined by the BHD team in order to reinforce positive, pro-social behaviors. All participants will have the opportunity during their docket hearings to share their perspectives as to their progress or challenges in complying with the BHD guidelines.

Phase I

Orientation:

During Phase I, the participant learns about the supervision and requirements of the docket including the role of the BHD Team. Each participant reviews the conditions of probation and signs acknowledgement of probation conditions. Additionally, the participant learns about the requirements for participation in structured activities, begins participation in the treatment plan, meets with the BHD mental health clinician, reviews his/her reporting scheduled with the probation officer and begins attending BHD court dates.

Participants must meet the following standards in Phase I:

1. Attend all court appearances weekly.
2. Meet with the CCU probation officer weekly.
3. Meet with the BHD mental health clinician weekly.
4. Comply with all aspects of the treatment plan.
5. Attend all appointments with all identified treatment providers.
6. Take all medication as prescribed.
7. Comply with all drug screens.
8. Remain drug and alcohol free.
9. Comply with all identified structured activities (i.e. groups, employment, volunteer work).
10. Have no new criminal charges/convictions arising after being placed in the BHD.
11. Begin to develop a plan to pay court costs, if appropriate.

Participants may move to Phase II when he/she has consistently done the following:

1. Attended all appointments with the court, CCU probation officer, BHD mental health clinician, structured activities and treating psychiatrist.

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2. Complied with the elements of the treatment plan.
3. Remained alcohol and drug free.
4. Had no new criminal charges/convictions.

The BHD mental health clinician and the Probation Officer shall make the recommendation to the BHD Team that the participant is ready to advance to the next phase of the program. The court shall make the final decision regarding advancement, giving weight to the BHD team's support.

Phase II

Stability:

During phase II, each new participant interacts intensely with members of the treatment team and continues to comply with the requirements of his/her individualized treatment plan. The participant continues to attend specialized programming, meets with the probation officer as required, attends all structured activities as required, provides urine screens as required, attends scheduled court hearings, attends all mental health treatment appointments, remains medication compliant, remains law abiding and follows the established treatment plan. The participant must show progress towards treatment goals and demonstrate stability in his/her life to move to the next phase.

The participant must meet the following standards in Phase II:

1. Attend all court appearances no less than twice per month.
2. Meet with the CCU probation officer and BHD mental health clinician as scheduled.
3. Attend all appointments with any identified treatment provider.
4. Comply with all aspects of the treatment plan.
5. Take medications as prescribed.
6. Maintain structured activities.
7. Maintain housing and/or work towards permanent housing.
8. Remain alcohol and drug free.
9. Enter payment plan for court costs, if appropriate.
10. Have no new criminal charges/convictions.

Participants will be promoted to Phase III once they consistently demonstrate a clear pattern of stability in the following areas:

1. Attendance at appointments with the court, probation officer and BHD mental health treatment team.
2. Compliance with treatment plan.
3. Compliance with mental health treatment, including medication.
4. Stability in housing/working towards permanent housing.
5. Remain drug and alcohol free.
6. Make progress towards obtaining financial stability.
7. Have no new criminal charges/convictions.

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The BHD clinician and the CCU probation officer shall make the recommendation to the BHD team that the participant is ready to advance to the next phase of the program. The court shall make the final decision regarding advancement, giving weight to the BHD Team's support.

Phase III

Maintenance and Community Reintegration:

During this phase, the participant demonstrates continued stability and progress towards treatment goals. The participant attends fewer court dates, attends treatment and probation meetings as scheduled, remains medication compliant, attends all structured activities, remains compliant with all aspects of his/her treatment plan and remains law abiding. The participant and BHD team should begin planning for the participant's transition from the docket and to prepare for graduation.

1. Attend all court appearances every other week or once per month.
2. Meet with the CCU probation officer and BHD mental health clinician as scheduled.
3. Attend all appointments with treatment providers.
4. Comply with all aspects of the treatment plan.
5. Take all medications as prescribed.
6. Demonstrate stability in housing or progress towards securing independent housing.
7. Remain drug and alcohol free.
8. Demonstrate consistent payment of court costs and treatment costs (sliding scale), if applicable.
9. Attend all structured activities.
10. Have no new criminal charges/convictions.

Participants will be promoted to Phase IV once they consistently demonstrate a clear pattern of stability in the following areas:

1. Attendance at appointments with the court, probation officer and BHD mental health treatment team.
2. Compliance with treatment plan.
3. Compliance with mental health treatment, including medication.
4. Stability in housing.
5. Remain drug and alcohol free.
6. No new criminal charges/convictions.
7. Paying court costs and treatment costs (sliding scale), if applicable.

The BHD clinician and the CCU probation officer shall make the recommendation to the BHD Team that the participant is ready to advance to the next phase of the program. The court shall make the final decision regarding advancement, giving weight to the BHD team's support.

Phase IV

Transition, Successful Completion and Graduation:

A participant is eligible to graduate from the BHD upon successful completion of all requirements of the treatment plan.

Once the participant has demonstrated sufficient personal and clinical improvement since entry into the program, the BHD Team should prepare the participant for transition and graduation. The BHD Team

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and participant should review the treatment plan to recognize the participant's progress and accomplishments. The BHD Team and participant should identify potential issues and needs going forward. The BHD Team should help the participant create a plan to address his/her needs following graduation. The BHD Team should stress the participant's need to remain connected to services and resources in the community following graduation from the docket.

Generally, participants are deemed successful when they have:

1. Attended all court appearances.
2. Met with the probation officer and BHD mental health clinician as scheduled.
3. Attended all appointments with treatment providers.
4. Complied with all aspects of the treatment plan.
5. Taken all medications as prescribed.
6. Demonstrated stability in housing and financial management.
7. Remained drug and alcohol free.
8. Paid court costs in full, if appropriate.
9. Attended all structured activities.
10. Had no new criminal charges/convictions.

The BHD clinician and the CCU probation officer shall make the recommendation to the BHD Team that the participant is ready to graduate from the program. The court shall make the final decision regarding graduation, giving weight to the BHD team's support.

Participants successfully completing the BHD will appear at the docket and be recognized as a graduate. A graduation ceremony will mark the completion of the program. At graduation, the judge will conduct the ceremony and the participant will be recognized for his/her successful completion of the docket requirements. Participant's family members or others important to his/her recovery may attend the ceremony. The judge will call the graduate to the bench to recognize the graduate's successful completion of the requirements of the BHD and probation. The judge will present the graduate with a Certificate of Completion.

Following the graduation ceremony, the judge will proceed to final disposition. In a case in which a plea agreement was entered at the time of the plea, the court will enter the agreed upon disposition.

Sanctions for Non-Compliance:

The court and CCU probation officer explain the consequence of non-compliance to each participant. The court and the probation officer will remind the participant that he/she signed the Agreement to Participate form (see Attachment A) prior to entering the docket, which identified sanctions that may be imposed for noncompliance. The court will strive to encourage all participants to comply with the conditions of probation and the BHD prior to imposing sanctions.

The Court may impose immediate sanctions. In an appropriate case, the court may issue a capias and remand the participant to jail as punishment for noncompliant behavior. For less severe violations, the BHD team will discuss and attempt to reach a consensus as to the nature or type of sanction based on the infraction. Determination of the appropriate sanction will ultimately be the decision of the judge.

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Possible sanctions and treatment responses for violating the terms and conditions of Phase I:

1. Report more frequently to CCU probation officer and/or BHD mental health clinician
2. Community Service
3. Thinking report
4. Increased level of treatment
5. Period of incarceration
6. Attend more frequent structured activities
7. Termination from the docket

Possible sanctions and treatment responses for violating the terms and conditions of Phase II:

1. Demotion to Phase I
2. Increased court appearances
3. Report more frequently to CCU probation officer and/or BHD mental health clinician
4. Community Service
5. Thinking report
6. Increased level of treatment
7. Period of incarceration
8. Attend more frequent structured activities
9. Termination from the docket

Possible sanctions and treatment responses for violating the terms and conditions of Phase III:

1. Demotion to Phase I or Phase II
2. Increased court appearances
3. Report more frequently to CCU probation officer and/or BHD mental health clinician
4. Community Service
5. Thinking report
6. Increased level of treatment
7. Period of incarceration
8. Attend more frequent structured activities
9. Termination from the docket

Removal from the BHD:

Generally, participants are deemed to be unsuccessful when he/she has:

1. Repeatedly failed to remain actively engaged in treatment.
2. Repeatedly failed to adhere to taking prescribed medications.
3. Repeatedly failed to remain alcohol and drug free.
4. Arrests and/or convictions for a felony or misdemeanor offense.

The CCU probation officer and BHD clinician shall make a recommendation regarding unsuccessful completion of the program to the BHD team. The BHD team will discuss the basis for the termination recommendation and the judge will decide whether termination is warranted. If the decision is that termination is warranted, the court will issue a show cause, providing notice to the participant of the

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grounds for termination. Counsel will be appointed, and a hearing will be held before final disposition is entered.

Confidentiality:

The clerk shall maintain separate files for those individuals who are participating in the BHD and seal documents as ordered by the court to ensure the confidentiality of the documents relating to the participant. The clerk shall seal the report filed by the BHD Coordinator, any medical/psychological reports prepared by the participant's private provider that were submitted by the defense counsel, any psychological results and mental health diagnosis/medications. The clerk shall make available to the public all unsealed documents relating to the case and these documents are always available to the BHD.

The BHD team and the participant shall complete all appropriate confidentiality forms to ensure information relating to medication/mental health issues remain protected under federal and state confidentiality laws. The BHD team members and the participant shall obtain appropriate release of information forms to allow the BHD team to speak with each other and other providers regarding the participant's needs and treatment.

Evaluation:

The BHD Coordinator will collect and provide data to both the BHDAC as well as the Office of the Executive Secretary. Data will include the following measures and any other required information:

1. Demographics of individuals screened and of participants in the BHD.
2. Number of individuals screened/assessed for eligibility for the BHD.
3. Number of individuals accepted to the BHD.
4. Number of individuals screened using the RNR Simulator tool who are moderate or high risk of recidivism or moderate to high need for MH/SUD treatment.
5. Type of MH/SUD treatment utilized for BHD participants.
6. Number of individuals who disengage from MH/SUD treatment.
7. Number of individuals re-arrested while participating in the BHD.
8. Number of individuals removed from the BHD for non-compliance.
9. Number of individuals who received a jail sanction.
10. Number of individuals who received a non-jail sanction.
11. Number of individuals who successfully completed the BHD.

Continuing Education:

All members of the BHD Team will attend continuing education and training opportunities relating to the legal aspects of the BHD and clinical aspects of mental health and substance abuse. All BHD team members will keep abreast of new developments in the field.

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Tab 3

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IN THIS SECTION: Roles and Responsibilities

- Docket Team Page 25
- Organizational Plan Page 26
- Referral Sources Page 27
- Data Collection Page 27
- Sustainability Page 28

Roles and Responsibilities

Authority for operation of the BHD rests with the General District Court judge who presides over the docket. The docket is provided administrative oversight by the BHDAC.

Behavioral Health Docket Team:

- General District Court Judge
- BHD Coordinator
- BHD Mental Health Clinician
- Community Corrections Unit (CCU)
- Commonwealth's Attorney
- Mitigation Specialist for the Office of the Public Defender or his/her designee
- Defense attorney (able to attend at their discretion)
- Economic Independence Division/Clinical Coordination Program Designee
- Certified Peer Recovery Specialist

General District Court Judge:

Presides over the BHD and oversees the operations of the docket in collaboration with the BHD Coordinator.

Behavioral Health Docket Coordinator:

Provides general administration and overall coordination of interdisciplinary operations for the BHD under the management/direction of the General District Court and in close communication and collaboration with the BHD Team. The BHD Coordinator will develop and maintain written policies and procedures to guide the operations of the BHD in compliance with any statewide guidelines and generally accepted best practices. The BHD Coordinator provides guidance to involved agencies, and to other stakeholders and the public as to eligibility criteria for participation. The BHD Coordinator will also facilitate the completion of the application process for prospective participants including gathering of application materials and communicating with attorneys, referral sources, and probation officer. The BHD Coordinator's overall role is to ensure the successful implementation of the BHD in Arlington County.

Behavioral Health Docket Mental Health Clinician:

Is the front-line individual acting as the primary point of contact for BHD participants. Provides assessment, case planning and case management service for BHD participants. Additionally, he/she facilitates referrals to community services and supports. The BHD mental health clinician utilizes the RNR Simulator Tool to identify appropriate level/dosage of treatment and implements the identified plan.

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Community Corrections Probation Officer:

Is the front-line individual providing oversight and supervision of probation and docket requirements to include drug/alcohol testing. The probation officer completes the MOST/OST risk assessment, whenever possible, and that data along with the data developed from the RNR Simulator Tool will be used to identify mental health treatment needs.

The Commonwealth's Attorney:

Represents the voice of the community, including victims. Their role is to ensure that justice is achieved, and that public safety is considered by the BHD. The Commonwealth's Attorney shall participate actively in the docket team meetings, attend all hearings, has a voice in the eligibility/acceptance decisions of the participant, removal or successful completion of the docket, and in the final dispositions of the cases.

Mitigation Specialist:

Provides support to the docket team regarding mental health, educational, and medical needs of participants.

Defense Attorney:

Represents the best interests of the participant. The defense attorney can be present when a client's case is being discussed at docket team meetings. They shall be present during hearings where decisions about entrance into the docket and removal from the docket occur. The defense attorney plays a crucial role in explaining the docket to a client prior to agreeing to participate, including explanation of the process, legal rights, ramifications of participation and possible consequences for non-compliance.

Economic Independence Division/Clinical Coordination Program Designee:

Assists the docket team with identifying and providing necessary referrals for shelter, independent living and community resources in order to provide housing and financial support/stability.

Certified Peer Recovery Specialist:

Utilizes his/her own unique experience with mental health and/or a substance use condition to guide and support the participants towards recovery.

Behavioral Health Docket Case Manager:

Is the front-line individual responsible for case management, e.g. transporting participants, assisting with social service applications, assistance with obtaining housing, linkage to primary care, etc.

Organizational Plan:

The RNR model was developed to assess the needs of individuals who are involved with the criminal justice system. It is based on three principles:

1) Risk principle: Match the level of service to the individual's level of risk to re-offend.

2) Need principle: Assess criminogenic needs and target them in treatment.

3) Responsivity principle: Maximize the individual's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the individual.

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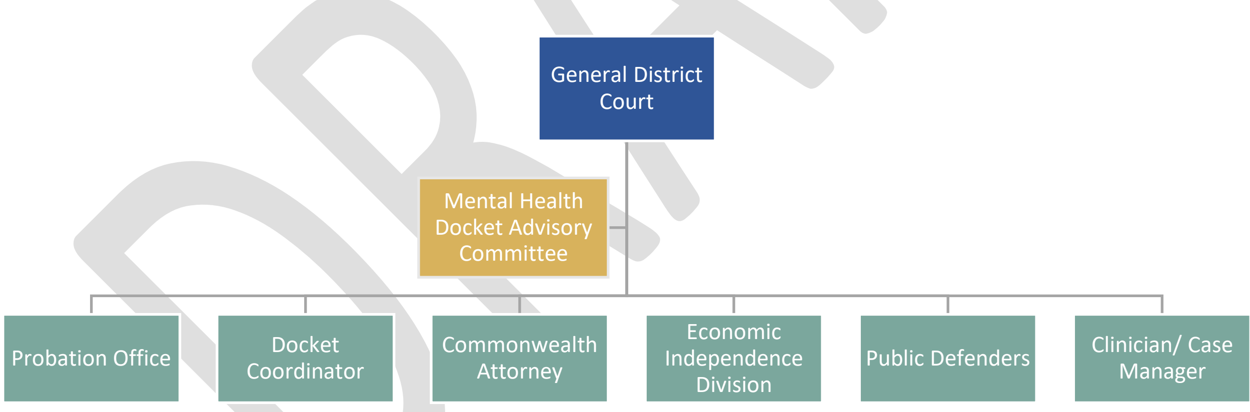
The RNR Simulator Tool will be utilized to assist the BHD Coordinator and BHD mental health clinician to identify the risk of recidivism and the dosage level of services. The RNR Simulator Tool is specifically mapped to services available in Arlington County.

Referring Parties:

- General District Court judges
- Defense attorney
- Commonwealth's Attorney
- Magistrate
- Pretrial Officer
- Jail Mental Health Team staff
- Law Enforcement
- Forensic Jail Diversion Team
- Mental Health Case Manager

BEHAVIORAL HEALTH DOCKET ORGANIZATIONAL CHART



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Data Collection:

The BHD will collect the following statistics:

1. Demographics of individuals screened and of participants in the BHD.
2. Number of individuals screened/assessed for eligibility for the BHD.
3. Number of individuals accepted to the BHD.
4. Number of individuals screened using the RNR Simulator tool that are moderate or high risk of recidivism or moderate to high need for MH/SUD treatment.
5. Type of MH/SUD treatment utilized for BHD participants.

6. Number of individuals who disengage for MH/SUD treatment.
7. Number of individuals re-arrested while participating in the BHD.
8. Number of individuals removed from the BHD for non-compliance.
9. Number of individuals who received a jail sanction.
10. Number of individuals who received a non-jail sanction.
11. Number of individuals who successfully completed the BHD.

Sustainability:

Sustainability is the responsibility of the BHDAC, working with the BHD team to establish and track performance measures and adjust the docket accordingly.

The program will be funded through in-kind services provided by the Arlington County Community Services Board, Arlington County Economic Independence Division/ Clinical Coordination Program Designee, Community Corrections, The Office of the Public Defender, Office of the Commonwealth's Attorney, and the ACSO.

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IN THIS SECTION: Attachments

- Attachment A: Agreement to Participate — Page 30
- Attachment B: Initial Treatment Plan — Page 33
- Attachment C: Memorandum of Agreement — Page 36
- Attachment D: Non-Disclosure Agreement — Page 38
- Attachment E: Example of RNR Simulator Tool — Page 39
- Attachment F: Daily Living Activities Functional Assessment (DLA-20) — Page 43
- Attachment G: Behavioral Healthcare Division Admission Criteria — Page 45

Attachment A: Agreement to Participate

Commonwealth vs. ____

Charges: _____________________ Court Date: _____________

Case No.(s):___________________

1. I understand I have pled guilty or nolo contendere to the misdemeanor charge(s) listed above. I further understand that by pleading guilty or nolo contendere to the charge(s), I am submitting my sentencing to the court.
2. I understand the court may a) defer imposing a sentence in my case or b) may sentence me to jail and suspend all of the jail sentence conditioned upon my entry into and my successful completion of the Behavioral Health Docket.
3. I understand that my progress and treatment will be discussed in my absence prior to court hearings.
4. I agree to the following conditions as a prerequisite to my acceptance into the Behavioral Health Docket:
   a. I agree to attend all review hearings scheduled by the court in which my progress and adjustment to supervision shall be reported by my treatment team to the court.
   b. I agree to be bound by all conditions of probation imposed by the court in my case
   c. I agree to pay all probation supervision fees.
   d. I agree to fully participate in mental health treatment and/or substance abuse treatment as directed by my treatment team.
   e. I agree to comply with all medication requirements as directed by my treatment team.
   f. I agree to refrain from the use of alcohol and all drugs not approved by the BHD team while on probation.
   g. I agree and consent to provide my treatment team with a urine sample or complete a breathalyzer test as requested by my treatment team.
   h. I agree to cooperate with my treatment team and their recommendations.
   i. I agree to be of general good behavior and not to engage in criminal activity while on probation.
5. I understand that I may be removed from the BHD for any reason deemed sufficient by the presiding judge. The court may issue a capias for my arrest or revoke my bond. I understand that I will receive written notice of the alleged violation(s) and be entitled to a hearing on those issues. I understand that I will be entitled to be represented by counsel at that hearing. At my request, if I am unable to afford counsel, I understand that the court shall appoint counsel to represent me. If I am terminated from the program, I understand that the court may impose a sentence up to the maximum permitted by law.
6. I understand, for violations of BHD rules not calling for or resulting in termination, the court may impose sanctions for my non-compliance and order any of the following sanctions:

a. Issue a capias and remand me to jail to await a further hearing.
b. Perform community service hours.
c. Attend additional structured activities and/or treatment meetings with my substance abuse and/or mental health treatment team.
d. Attend community meetings such as AA, NA or other self-help groups.
e. Attend more frequent court reviews.
f. Provide more frequent breathalyzer samples or urine screens.
g. Attend more frequent meetings with my probation officer.
h. Other measures the court deems appropriate to punish or sanction my non-compliance

7. I agree to a probation period of not less than twelve months; however, upon meeting all the goals set by my treatment team and upon recommendation of the BHD team, the court may release me from probation prior to the expiration of twelve months.
8. I understand that a possible incentive of participation in this Behavioral Health Docket is the potential for my charges to be dismissed.
9. I understand that specified and non-identified data elements relating to my progress and participation in the BHD may be shared with relevant Arlington County stakeholders as well as the Office of the Executive Secretary as an oversight agency.

I have discussed the contents of this Agreement to Participate with my attorney and understand its contents. I fully understand and accept the conditions set forth above. I further agree to be bound by this document and ask the judge to refer me to the Behavioral Health Docket as an alternative disposition to be imposed in my case.

___________________ ____________________________________

Date Participant

I certify that I have discussed the contents of this document with my client as it relates to possible sentencing alternatives and specifically my client’s participation in the Behavioral Health Docket.

_________________ ______________________________________

Date Counsel for the Participant

The defendant and counsel appeared before me on this date, acknowledged the contents of this document. The defendant has knowingly, freely and voluntarily executed this Agreement to Participate.

_________________ ______________________________________

Date Judge

Attachment B: BHD Initial Treatment Plan

1) I agree to reside where authorized by the Arlington Community Services Board (ACSB). I further agree to provide any change of residence address to the treatment team.

   Address

   Phone

2) I will receive approximately $ per month in benefit funds or earn a salary. I agree to apply for entitlements and health insurance for which I may be eligible in the community.

3) I agree that I will participate in structured daytime activities for the duration of my time on the Behavioral Health Docket, i.e., employment, community service, school, clubhouse/psychosocial rehabilitation, AA, NA, other special groups, etc.

   My initial plan is the following:

   Type of daytime activity/ies:
   Frequency of daytime activity/ies:

4) I agree to meet with my case manager for monitoring compliance with docket requirements.

   Name and phone number of case manager:

   Frequency of case management office visit contacts:

   Frequency of case management home visits contacts:

5) In case of an afterhours or weekend emergency I can reach someone at the CSB at this number:

6) I agree to work with my BHD mental health clinician who will periodically assess my progress in the program. I understand that this may be conducted as part of case management visits, individual therapy appointments or a separate meeting as directed by the BHD. The BHD clinician is and will be responsible for evaluating my mental health status and conducting risk assessments as needed.

7) When applicable, I agree to participate in individual therapy with treatment staff of the ACSB. The initial schedule for my individual therapy is:

Duration of Therapy:

Frequency of Individual Sessions:

Location of Therapy Sessions:

8) I agree to take psychotropic medication as recommended by my treating psychiatrist. I agree to meet with my treating psychiatrist (or psychiatrist's designee) at the ACSB for the purposes of monitoring my psychotropic medications and to have my prescriptions renewed and refilled. I will participate in psychiatric treatment for the duration of probation unless otherwise specified by the treating psychiatrist.

Psychotropic medications:
Location of meetings with psychiatrist:
Frequency of meetings with psychiatrist:

9) I agree to submit to periodic blood or urine analysis as directed by treatment staff of the ACSB for the purposes of monitoring psychotropic medication compliance and tolerance.

10) I agree to receive recommended medical treatment. My current medical conditions and providers are listed below:

My current medical condition(s) is:

Name and office location of medical provider(s):

11) I agree to be evaluated for substance abuse treatment at the ACSB and to follow the treatment recommendations made because of this evaluation.

Location of Substance Abuse Evaluation:

Date and Time of Evaluation:

12) I agree to submit to random and/or periodic breathalyzer, blood or urine analysis as directed by treatment staff of the ACSB for purposes of monitoring alcohol consumption, illicit drug use and/or other prohibited substances. Drug/alcohol screens will be given for the duration of participation in the docket or as otherwise indicated. If there is a concern raised regarding substance use, I agree to a full drug panel screening. I further agree to pay any lab fees associated with this screening based on my sliding fee agreement. Detection of any illicit substances, detection of alcohol use, or refusal to participate in these screenings shall constitute noncompliance with BHD requirements. The screening schedule is as follows:

Frequency of SA screening:

Duration of SA screening:

13) If applicable, I agree to be assessed by a vocational rehabilitation counselor and to follow the recommendations made from this assessment. The vocational assessment may be provided by treatment staff of ACSB or can be conducted by another agency designated by the ACSB.

Attachment C: Memorandum of Agreement

This Memorandum of Agreement (MOA) covers the provision of treatment services within the Arlington County Behavioral Health Docket.

This agreement is entered into between Arlington Community Services Board (ACSB), Arlington County General District Court; Office of the Commonwealth's Attorney for Arlington County and the City of Falls Church; Arlington County Community Corrections Unit; Arlington County Department of Human Services, Economic Independence Division; Arlington County Sheriff's Office, and Office of the Public Defender for Arlington County and the City of Falls Church and is effective on the date of full execution.

Description of Services

Pursuant to this MOA, ACCSB will provide one full time employee (FTE) as the Behavioral Health Docket Coordinator, who will complete all clinical assessments of individuals being referred to the docket and oversight of all docket processes. ACSB will also provide one FTE as clinical staff to assist and implement clinical services for those within the docket. These FTEs will attend all team meetings as well as docket meetings that relate to the Behavioral Health Docket Program.

The Community Corrections Unit, Economic Independence Division, Office of the Public Defender and Office of the Commonwealth Attorney will provide representation to supervise and/or support individuals within the Behavioral Health Docket Program.

The signatories agree to adhere to all program policies and procedures as defined in the Arlington County Behavioral Health Docket Policies and Procedure Manual, which defines the target population and definitions, roles and responsibilities, phases of the program, confidentiality and stakeholder responsibilities. This document is part of the Arlington Behavioral Health Docket Application.

Term

This MOA will automatically renew annually but may be terminated by any party within thirty-days' written notice to the other parties.

Dispute Resolution

The Parties will meet as needed to discuss matters related to this MOA. Should the Parties be unable to resolve any disagreement concerning this MOA, the issue will be brought to the County Manager or his designee for final resolution.

Non-Appropriation

Any and all services provided pursuant to this MOA are subject to the Arlington County Board appropriating any necessary funds for such purposes.

General Provisions

1. This written MOA constitutes the entire agreement among the Parties concerning the provision of treatment services within the Arlington County Behavioral Healthcare Docket.

2. This MOA may be modified only by written amendment signed by all parties.

In witness thereof, the Parties have caused this agreement to be executed by its respective representatives.

________________________________	________________________________
The Honorable R. Frances O'Brien Chief Judge General District Court for Arlington County	Date
________________________________	________________________________
Theophani Stamos, Commonwealth's Attorney Office of the Commonwealth's Attorney Arlington County and the City of Falls Church	Date
________________________________	________________________________
Bradley Haywood, Chief Public Defender Office of the Public Defender Arlington County and the City of Falls Church	Date
________________________________	________________________________
Deborah Warren, Executive Director Arlington County Community Services Board	Date
________________________________	________________________________
Heather Venner, Community Assistance Bureau Chief Arlington County Department of Human Services	Date
________________________________	________________________________
Beth Arthur Sheriff, Arlington County	Date

Attachment D: Non-Disclosure Agreement

Arlington County Behavioral Health Docket

Due to the sensitivity and confidentiality of the data provided by ________________________ to the Behavioral Health Docket Treatment Team, use and disclosure guidelines must be established.

By Signing this Non-Disclosure Agreement, each member of the BHD Treatment Team agrees to the following:

- To receive and use this data for the sole intended purpose of the Arlington County BHD.
- To not disclose any information contained within the data to anyone outside of the BHD team without written permission of the BHD team.

______________________________ __________________________

Signature Date

Attachment E: Example of RNR Simulator Tool

Assess an Individual - MS010194

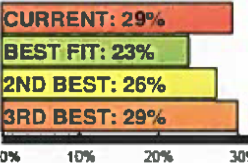
Recommended RNR Program Group, Estimated Rearrest Rate 05/01/2019

Risk Level: Moderate
Dosage Level: Moderate
(approximately 200 hours of programming over a 6 month to 1 year period)

Strengths:
No drug or alcohol issues, Lifestyle conducive to pro-social behavior, Pro-social peers/family, Social supports/relationships, Family support

Target Needs:
Critical: Housing, Mental health, Co-occurring substance use and mental health issues
Additional: Employment, Ability to manage finances

Estimated Rearrest Rate:
One Year Rearrest
29%



Best Fit Program Group: Self-Improvement and Management (C)
Recommended Dosage Level: Moderate *(approximately 200 hours of programming over a 6 month to 1 year period)*

Group C programs primarily target self-improvement and management. These programs use an evidence-based curriculum and cognitive restructuring techniques to develop social functioning and self-management skills and reduce criminal activity.

Programs in this category fall under American Society of Addiction Medicine (ASAM) levels of care 0.5 to 1. Individuals in this category may present with co-occurring mental health and substance use disorders. Dosage of Group C programs depends on the severity of the mental health issues. Individuals assigned to Group C should consult with a mental health professional for professional clinical judgement on program dosage.

Individuals in Group A often need medication management in conjunction with therapy.

Example Programs:

- Manualized drug treatment
- Individual or group counseling to manage triggers
- Outpatient treatment

2nd Best Program Group: Social and Interpersonal Skill Development (D)

Group D programs target interpersonal skills, dealing with family problems, alcohol abuse, and lack of prosocial peers. These programs build skills such as communication, problem solving, and conflict resolution. Staff who implement these programs have generic certifications (e.g. PO, CO).

Programs in this category generally target lower risk individuals or individuals with few needs/multiple strengths. For higher risk individuals, programs in this category may be completed in conjunction with other treatments (A, B, or C group programs) that target an individual's prevailing criminogenic needs.

Programs in Group D may range from very brief interventions of only a few hours to up to 40 hours and can last anywhere from a few weeks to up to 1 year.

Example Programs:

- Group, individual, and/or family counseling
- Anger management

3rd Best Program Group: Life Skills Development (E)

Group E programs target life skills such as education, employment, and management of financial obligations.

Programs in this category generally target lower risk individuals or individuals with few needs/multiple strengths. For higher risk individuals, programs in this category may be completed in conjunction with other treatments (A, B, or C group programs) that target an individual's

prevailing criminogenic needs.

Dosage for life skills programming vary depending on the type of program. For example, a financial literacy class may exist of one session, while a vocational program may last for many months.

Example Programs:

- Employment Services
- Education/Vocational Programs
- Assistance with obtaining support of entitlement services

Signatures

PO: ______________________________

Client: ______________________________

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Center for Advancing Correctional Excellence!

CRIMINOLOGY, LAW, & SOCIETY, GEORGE MASON UNIVERSITY

RNR Program Tool for Adults

Programs in My Jurisdiction

Program Group A

- ACT Program
- Arlington County Drug Court
- Matrix Model Groups (ALL)
- OBOT
- Residential substance abuse services
- Social Detox
- Substance Abuse Case Management Services

Interventions Targeting Severe Substance Use Disorders

Group A programs target severe drug use disorders on drugs such as opiates, opioids, amphetamines, methamphetamine, crack/cocaine, heroin, PCP, benzodiazepines, and barbiturates. Programs use specific modalities designed to address severe addiction, offer a range of dosage levels across a continuum of care, and adhere to an evidence-based treatment manual. Examples may include residential drug treatment, therapeutic communities, specialty courts, or intensive outpatient treatment.

Program Group B

- Cognitive Behavioral Therapy - With a Focus on Maladaptive Thinking and Behaviors
- Cognitive Distortion Recognition
- DBT - All Modules With a focus on thoughts/emotions influencing criminal behavior
- MRT Group Moral Reconation Therapy

Criminal Thinking Interventions

Group B programs focus on criminal thinking using cognitive restructuring techniques, but also include interpersonal and social skills interventions. These programs predominantly target high and moderate-risk offenders, have a higher dosage of clinical hours, and are implemented with a curriculum. Interventions in this group should include components that can address the primary treatment target as well as other potential treatment targets (e.g., self-improvement and management, social skills, and life skills). Examples may include cognitive-based criminal thinking curriculums, therapeutic communities, behavioral interventions, and intensive supervision paired with treatment to change criminal thinking patterns.

Program Group C

- Crisis Stabilization
- DBT - focusing on non-criminal behaviors
- Depression Group
- Dual Diagnosis Group
- Dual Diagnosis Women's Group
- Early Recovery Group
- Family Education Group
- Finding the Tools to Manage Anxiety
- Grupo De Auto-Evaluacion (En Espanol
- IMR Depression Group
- Medication management services
- Men's Recovery Group
- Monday Morning Process
- Office-based crisis stabilization
- Outpatient Mental Health Services
- PACT
- Proceso De Grupo en Uso De Substancias (En Espanol)
- Psychiatric Services
- Relapse Prevention
- Relapse Prevention Men's Group
- Relapse Prevention/SA - Early Recovery Process Group
- Residential Crisis stabilization
- Self-Evaluation (Co-Ed)
- Self-Evaluation (Men's Group)
- Treatment on Wheels (TOW)/Project for Assistance in Transition from Homelessness (PATH)
- Wellness Group
- Wellness Recovery Action Plan (WRAP)
- Women's group Trauma Recovery and Empowerment (TREM)
- Women's Recovery Group

Self-Improvement and Management

Group C programs focus on developing self-improvement and management skills including some cognitive restructuring work for those with mild to moderate substance use disorders and/or mental health issues. These programs predominantly target moderate-risk offenders with a modest dosage of clinical hours. Examples may include manualized drug treatment, individual or group counseling to address substance use or mental health, outpatient treatment, or drug treatment/mental health courts.

Program Group D

- AIP - Anger Management
- AIP - Men's Group
- AIP - Orientation
- AIP - Women's Group
- Anger Management
- Art Support Groups
- Clarendon House - Exercise and Wellness
- Clarendon House - Healthy Relationships
- Clarendon House - Self-Esteem and Stress Management
- Indoor Walking
- Knitting/Crocheting
- Peer to Peer Recovery
- Reentry Readiness Group
- Self-Evaluation (Young Adult Males Group)
- User's Intervention Program

Social and Interpersonal Skill Development

Group D programs focus on building social skills and interpersonal skills, targeting multiple destabilizing issues. These programs target moderate and low-risk offenders, and should have a low to modest dosage of clinical hours depending on the number of needs being addressed. Examples may include group counseling, individual counseling, and family counseling. These interventions address communication, problem solving, and conflict resolution skills.

Program Group E

- 9A Peer Group
- Addiction Awareness
- Arm & Arm
- Clarendon House - Basic Living Skills
- Computer Skills
- Debtors Anonymous
- EDGE
- Employment Readiness
- Fatherhood
- Health Awareness
- Job Ave
- Job Avenue Employment Dinner
- N/A and AA
- Nutrition and Exercise for Wellness and Recovery (NEW-R)
- Offender Aid and Restoration (OAR)
- Peer Recovery Center
- Permanent Supportive Housing
- POWER Group
- Pride Group
- Reentry Programming Unit
- Residential Housing/Group Homes
- Self-Esteem Group
- Smoking Cessation
- Whole Health Action Management (WHAM)
- Yoga

Life Skills Development

Group E programs primarily target life skills (e.g., education, employment, management of financial obligations, etc.) and are intended for lower risk individuals. These programs have a low dosage of clinical hours, and are implemented by staff with relevant experience using an internally generated treatment manual. Examples may include employment services, education classes, vocational training, and assistance with obtaining support or entitlement services.

Program Group F

- ASAP
- BARE
- Class Sobre Educacion En Drogas (En Espanol)
- Community Service
- Drug Education
- Drug Education
- Transition to Probation and Parole

Punishment Only

Group F includes few to no restrictions on behavior, punishment or supervision only, with programming/services as needed. This group targets lower risk individuals with no primary criminogenic needs (e.g., severe substance use disorder or criminal thinking) and few destabilizers (e.g., no mental health concerns, antisocial peers, or substance use issues). Interventions at this level are more focused on controls than treatment. Examples may include standard probation, electronic monitoring, or administrative supervision.

George Mason University
Criminology, Law and Society

CJ TRAK was developed by the Center for Advancing Correctional Excellence (ACE!) (www.gmuace.org) at George Mason University with collaborators at University of Massachusetts, Lowell, Maxarth, LLC, and Stonky, LLC under grant BJA 2010 DG-BX-K026. This Web site is funded in whole or in part through a grant from the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Neither the U.S. Department of Justice nor any of its components operate, control, are responsible for, or necessarily endorse, this Web site (including, without limitation, its content, technical infrastructure, and policies, and any services or tools provided).

Funding provided by

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Attachment F: Daily Living Activities Functional Assessment

Consumer Name:
Consumer ID:

Daily Living Activities (©DLA-20): Adult Mental Health

© W.S. Presmanes, M.A., M.Ed., and R.L. Scott, PhD.

Instructions: Using the scale below, rate how often or how well the consumer independently performed or managed each of the 20 Activities of Daily Living (ADLs) in the community during the last 30 days. If the consumer's level of functioning varied, rate the lower score. Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Do not consider environmental limitations (e.g., "no jobs available"). Strengths are scored >=5 in an activity and indicate functioning "within normal limits" (WNL) for that activity. Enter N/A only if the activity was not assessed & do not exceed 5 N/A DLAs

1	2	3	4	5 (WNL)	6 (WNL)	7 (WNL)
None of the time; **extremely severe** impairment of problems in functioning; pervasive level of continuous paid supports needed	A little of the time, **severe** impairment or problems in functioning, extensive level of continuous paid supports needed.	Occasionally, **serious** to moderately severe impairment or problems in functioning, moderate level of continuous paid supports needed	Some of the time, **moderate** impairment or problems in functioning, low level of continuous paid supports needed	A good bit of the time, **mild** impairment or problems in functioning, moderate level of intermittent paid supports needed	Most of the time, strength w/very mild impairment or problems in functioning, low level of intermittent paid supports needed	All of the time, independently managed DLA in community; no impairment or problem in functioning requiring paid supports

ACTIVITIES	Examples of scoring strengths as WNL behaviors (Scores 5-7) Dates:	Eval	R2	R3	R4	R5
1. Health Practices	Takes care of health issues, manages moods, infections; takes medication as prescribed; follows up on medical appointments.					
2. Housing Stability, Maintenance	Maintains stable housing; organizes possessions, cleans, abides by rules and contributes to maintenance if living with others					
3. Communication	Listens to people, expresses opinions/feelings; makes wishes know effectively.					
4. Safety	Safely moves about community – adequate vision, hearing, makes safe decisions. Safely uses small appliances, ovens/burners, matches, knives, razors, other tools.					
5. Managing Time	Follows regular schedule for bedtime, wake-up, meal times, rarely tardy or absent for work, day programs, appointments, scheduled activities.					
6. Managing Money	Manages money wisely (independent source of funds); controls spending habits.					
7. Nutrition	Eats at least 2 basically nutritious meals daily.					
8. Problem Solving	Resolves basic problems of daily living, asks questions for clarity and setting expectations.					
9. Family Relationships	Gets along with family, positive relationships as parent, sibling, child, significant other family member.					
10. Alcohol/Drug Use	Avoids abuse or abstains from alcohol/drugs, cigarettes; understands signs and symptoms of abuse or dependency; avoids misuse or combining alcohol, drugs, medication.					
11. Leisure	Relaxes with a variety of activities; attends/participates in sports or performing arts events; reads newspapers, magazines, books; recreational games with others; involved arts/crafts; goes to movies.					
12. Community Resources	Uses other community services, self-help groups, telephone, public transportation, religious organizations, shopping.					
13. Social Network	Gets along with friends, neighbors, coworkers, other peers.					
14. Sexuality	Appropriate behavior toward others; comfortable with gender, respects privacy and rights of others, practices safe sex or abstains.					
15. Productivity	Independently working, volunteering, homemaking, or learning skills for financial self-support.					
16. Coping Skills	Knows about nature of disability/illness, probable limitations, and symptoms of relapse; behaviors that cause relapse or make situation/condition worse; makes plans and uses options for coping, improving, preventing relapse, restoring feelings of self-worth, competence, being in control.					
17. Behavior Norms	Complies with community norms, probation/parole, court requirements, if applicable; controls dangerous, violent, aggressive, bizarre, or nuisance behaviors; respects rights of others.					
18. Personal Hygiene	Cares for personal cleanliness, such as bathing, brushing teeth.					
19. Grooming	Cares for hair, hands, general appearance; shaves.					
20. Dress	Dresses self; wears clean clothes that are appropriate for weather, job, and other activities; clothing is generally neat and intact.					

Scoring Instructions						
Scoring Instructions: Step 1. Add scores from applicable Review column (R1-R5). **Step 2.** Divide sum by number of activities actually rated to obtain average DLA-20 composite score-keep 2 digits; NO N/A_Valid N=20 ADLs! **Step 3.** To estimate Modified Global Assessment of Functioning (mGAF), multiply the average DLA score by 10 (Standard Error range +/-3 points) Consult the mGAF https://www.dcf.state.fl.us/programs/samh/mentalhealth/mgaf.pdf for the DSM-5 count of serious disturbances. **Step 4:** Consult the crosswalk for the ICD-10 Severity of Illness Index (SI).	**Sum (max.140)**					
	Average DLA-20					
	Est. count DSM-5 # disturbances					
	SI for ICD-10 4th digit Modifier					

Crosswalk from Average Composite DLA-20 to ICD-10 4th digit SI & DSM-5 # serious disturbances:
DLA-20 > 6.0 = Adequate Independence, no significant to slight impairment in functioning
ICD 10 4th digit modifier – 0 Severity - No difficulty means the person has no problem.

DLA-20: 5.1- 6.0 = Mild impairments, minimal interruptions in recovery
ICD 10 4th digit modifier = 1 Severity - Mild difficulty means problem is present less than 25 percent of the time with intensity a person can tolerate and happened rarely over the last 30 days.
DSM-5 # symptoms: few and mild (mGAF tallies)
WHODAS 2.0 Self-report average score <=2
LOCUS (generally crosswalks) Level 1

DLA-20: 4.1- 5.0 = Moderate impairment in functioning
ICD 10 4th digit modifier = 2 Severity - Moderate difficulty means problem is present less than 50 percent of the time with moderate intensity that is interfering in the persons' day-to-day life and happened occasionally over the last 30 days.
DSM-5 counts of serious symptoms: 1-3 serious symptoms/disturbances
WHODAS 2.0 Self-report average score 3
LOCUS (generally crosswalks) Level 2 or ASAM Level 1

DLA-20: 3.1- 4.0 = Serious impairments in functioning
ICD 10 4th digit modifier = 3 Severity - Serious difficulty means problem is present more than 50 percent of the time with severe intensity that is partially disrupting the persons' day-to-day life and happened frequently over the last 30 days.
DSM-5 counts of serious symptoms: 4-6 serious symptoms/disturbances
WHODAS 2.0 Self-report average score 4
LOCUS (generally crosswalks) Level 3, ASAM 2

DLA-20: 2.1- 3.0 = Severe impairments in functioning
ICD 10 4th digit modifier =3 Severity - Severe difficulty means problem is present more than 75 percent of the time with severe intensity disrupting the persons' day-to-day life and happened frequently over the last 30 days.
DSM-5 counts of serious symptoms: 7-10 serious disturbances
WHODAS 2.0 Self-report score >4 is severe distress, high risk
LOCUS (generally crosswalks) Level 4

DLA-20: <= 2.0 Extremely severe impairments in functioning
ICD10 4th digit modifier = 4 Severity - Extremely severe indicates complete difficulty, a problem that is present more than 95 percent of the time with intensity that is totally disrupting the persons' day-to-day life and happened every day over the last 30 days.
Modified Global Assessment of Functioning (mGAF) identifies intensely high-risk symptoms = 11+

DLA-20© Scoring Rules

- Assess level of functioning or impairment compared to the entire population.
- Evaluation is based on the past 30 days.
- If functioning varied in the last 30 days, rate the lowest score on the more frequent pattern of behavioral responses to symptoms.
- Once you pick a number, look at the rating below to make sure a lower rating is not more accurate. Continue this until the most accurate rating is found.
- If you cannot decide between two scores, always choose the lower score.
- Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Assess needs.
- Do not consider environmental limitations (e.g. "no jobs available").
- Must address at least 15 items

The score is not necessarily correlated with the client's self-reported functioning as research shows —trust your own assessment of current behaviors, known and reported, and the anchors defining strengths & weaknesses compared to general population (not client population).

Attachment G: Behavioral Healthcare Division Admission Criteria

BHD Admission, Program and Service Eligibility Criteria

A. Division Admission Criteria (Revised July 2012)

1. RESIDENCE

- Resident of Arlington County (AC)[1] or
- Not an AC resident and
  - Homeless or
  - Medicaid recipient choosing AC services (except circumstances in which the service provided is substandard, such as when transportation outside the County prevents the provision of proper PACT, support, or case management services) or
  - Residing in an institution in AC (jail[2], psychiatric hospital) and intending to remain in AC or
  - Hospitalized at a state psychiatric facility through AC Emergency Services or
  - Living in Arlington County sponsored placements or participating in regional agreements, i.e., RAFT, CSA funded services, group homes (ICRT), or
  - Enrolled in AC public schools, or
  - Requesting emergency services [3]

2. AGE

- 18 years and older

3. DIAGNOSIS

Mental Health:

- Diagnosed with a serious mental illness as follows:
  - Schizophrenia and other psychotic disorder or
  - Mood disorder or anxiety disorder and psychotic symptoms or medication to control psychotic symptoms, history of psychiatric hospitalization past 12 months, or suicide attempt or plan last 12 months) or

---

[1] Clients whose residence changes during the course of their treatment can continue to receive clinically appropriate, agency-based [effective 12/8/14] services while a transition plan is established for a period not to exceed six months. In no case will clients who are experiencing acute symptoms or in crisis be discharged.

[2] Non-Arlington individuals residing in the AC Detention Facility may be eligible for services provided directly in the jail, but, because of limited resources, may not be eligible for services in the community

[3] Emergency Services and/or short term safety net services will be provided for those individuals who do not meet the criteria for a serious mental illness but suffer from an acute mental illness and do not have the financial resources to obtain treatment elsewhere.

- Other mental health diagnosis (Axis I or II) with resulting functional impairment (in such areas as employment, social relationships, finances, housing, self-care and safety, behavioral appropriateness) within the past 12 months, <u>except</u>:
    - Adjustment Disorder
    - V codes
    - A sole diagnosis of:
        - Organic Disorder (including Dementia, Delirium and Amnesic Disorders; Mental Disorders due to a General Medical Condition)
        - Sexual and Gender Identity Disorder/ Pain Disorder
        - Impulse-control Disorders

<u>Or</u>

- Previously met the criteria for a serious mental illness and is now stable and requires services to maintain stability and prevent relapse.
  <u>Or</u>
- Does not meet the criteria for serious mental illness but suffers from a mental illness causing distress, does not have financial resources to obtain treatment elsewhere[3] and is appropriate for time-limited[4] psychotherapy services[5], within available resources [effective 10/14, Manual amended 12/8]

Substance Abuse:

- Meets the criteria for Substance Abuse or Substance Dependence in the past 12 months