



COMMONWEALTH OF VIRGINIA

JOSHUA C. LUTZ, CHIEF
JOSEPH R. SMITH, DEPUTY CHIEF

*Department of Corrections
Division of Community Corrections
Adult Probation and Parole
DISTRICT 39*

30-A WEST WATER STREET
HARRISONBURG, VA 22801
PHONE: (540) 433-2404
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December 3, 2020

Total Number of Cases: 1549 (327 Page) (1222 Rockingham/Harrisonburg)

+ 361 (OLU – Voice Monitor System used for low level cases)

1910 Page/Rockingham/OLU

Special Programs Being Utilized by District 39:

1. Community Corrections Alternative Program (VADOC)
2. Harrisonburg/Rockingham County CSB (Substance Abuse/Mental Health)
3. Gemeinschaft CRP (VADOC)
4. Gemeinschaft Day Reporting
5. Harrisonburg/Rockingham County Drug Court
6. RMH Life Recovery Program
7. Page County Counseling (at District 39 Substance Abuse Treatment)
8. Sex Offender Treatment (at District 39 Subsidized by the VADOC)
9. Strength in Peers
10. Private Counselors
11. Harrisonburg Methadone Clinic
12. Social Services and various other state agencies
13. VA Medical Center/Hospitals (Winchester and Roanoke)
14. VASAP
15. Multiple Other Agencies

Please note that these are a small number of the community resources we use most commonly in supervision of the people under our supervision.

Explanations:

- Our numbers under probation/parole/ post release supervision have continued to go up in Harrisonburg/Rockingham County, which slowly puts further strain and need for community resources.
- OLU Cases: These are cases that score low risk. We complete a 120 questions assessment with each individual placed in our care. This device is call a COMPAS Assessment which looks at Risk/Needs. Evidence shows that those that score low risk are better off not reporting to a Probation and Parole Office, b/c we then expose them to high risk individuals which could encourage/teach further criminal involvement.

Joshua C. Lutz, Chief P&P Officer

Community Criminal Justice Board Meeting Handout

RHRJ / MRRJ Numbers: *December 9, 2020*

RHRJ:

Total Population = 299 (Bond eligible = 12)

294 Males

5 Females

White 202 (67%)

Black 59 (20%)

Hispanic 38 (13%)

Additional RHRJ Numbers:

Federal Inmates 10

Sentenced Inmates 52

↳ (*W/Probation Violations 30)

Pretrial/Charges Pending 136

Probation Violations 101

Possession of Marijuana 0

Pretrial/Charges Pending:

Misdemeanor 24

Felony 213

Sentenced:

Misdemeanor 5

Felony 47

MRRJ: Total Population = 264

(Bond eligible = 0)

Pretrial:

Misdemeanor 5

Felony 71

TOTAL 76

Sentenced:

Misdemeanor 8

Felony 180

TOTAL 188

Sentenced Probation 115

Un-sentenced Probation 37

****TOTAL Probation Violations* 152***

*******PROBATION VIOLATIONS*******

RHRJ / MRRJ Combined:

Total Inmate Population = 563

Total Probation Violations = 283

******* 50% of total inmate population*******

Court Services Unit Update

Probation

Total number placed on Supervision for FY21, as of November 30, 2020 - 98 placements

Closed Cases FY21 - 55 successful, 46 unsuccessful

Probation supervision provides sentencing alternatives to the judiciary and supervise offenders through intermediate sanctions consistent with the community's views. The Program will hold the offender accountable to the community for his/her criminal behavior through payment of restitution, fines and court costs, performance of community service work, and completion of treatment or any other special condition as ordered by the court.

Pretrial

Total number placed on Supervision for FY21 as of November 30, 2020 - 158 placements

Total number of screenings - 753 defendants

Closed Cases - 63 successful 19 unsuccessful

Pretrial services agencies provide information and investigative services to judicial officers to help them decide whether persons charged with certain offenses and awaiting trial need to be held in jail or can be released to their communities subject to supervision. Pretrial is an alternative to incarceration. Virginia pretrial agencies currently use an objective and research-based risk assessment to assess risk of flight and danger to the community posed by pretrial defendants. This assessment is known as the VPRAI.

Electronic Monitoring FY21 as of November 30, 2020

GPS - 23 participants

TAD/SoberLink - 4 participants

Day Reporting Program - Total Participants as of November 30, 2020 - 16

Rockingham-Harrisonburg Adult Drug Court Participants as of November 30, 2020 - 59

Work Program - Litter Control Program

As of November 30, 2020, for FY21, a total of 169 bags of trash collected. In addition to keeping the roads clean in Rockingham County, the work program also performs various jobs at county locations to include: County Administration Building, Social Services, Landfill, Bluehole, Central School Office, Plains Community Center, Rockingham Regional Jail, Shooting Range, Bergton Community Center, and various other facilities tasks to include - vehicle washing, grass cutting, weed pulling, tree trimming, general clean up, moving, etc.

Crisis Intervention Team

Total number of trained personnel from Rockingham County Sheriff's Office - 111 (2), Harrisonburg Police Department- 93 (8), James Madison University Police Department - 30 (3), Timberville Police Department - 5, Broadway Police Department - 8, Bridgewater Police Department - 9, Dayton - 4, Elkton Police Department - 2 (3), Grottoes Police Department - 3, Virginia State Police - 15, EMU Public Safety - 1, Bridgewater College PD - 2, Norfolk Police Department- 3, Rockingham Harrisonburg Regional Jail - 30 (4), Magistrates 3 (1), Community Services Board - 8 (3), Rockingham-Harrisonburg Court Services Unit - 2 (1), Emergency Communications Center - 61 (2), Rockingham County Fire & Rescue 3, Harrisonburg Fire Department - 8, State Probation and Parole - 12 Federal Probation - 1, Sentara RMH - 1, USDA Forest Service - 2, VDOC Augusta Correctional Center - 2



Rockingham-Harrisonburg Regional Jail Mental Health Services Provided by Harrisonburg-Rockingham CSB Quarterly Update

HRCSB has been providing a full-time case management position to support incarcerated individuals who are experiencing mental health distress since January 2017. The Jail Services Case Manager is located at the Rockingham-Harrisonburg Regional Jail (RHRJ) and conducts assessments, screenings for psychiatric services, completes safety contacts, coordinates release planning, and facilitates educational groups in the designated mental health pod.

We have been fortunate to be able to continue to provide services in the jail to individuals during this unprecedented time. We have limited group interventions and have focused primarily on offering support through individual meetings.

Services Rendered By Jail Services Case Manager	
Services Provided	Percent to total
Assessment/Follow-up	29%
Release Planning	8%
Safety/Crisis	38%
Screening for Psychiatric Services	25%

During the time period of September 1, 2020 through November 30, 2020, the Jail Services Case Manager provided 155 contacts to 110 unique individuals. Of those 110 individuals, 4 were female and 106 were male. The primary services rendered were related to safety and crisis contacts with 38% of the contacts, second was assessment and follow up contacts which comprised 29% of all contacts.

There are several ways individuals can be identified as needing mental health services from the Jail Services Case Manager. The primary referral source during September 1, 2020 through November 30, 2020 was self-referrals which comprised of 35% of all referrals which is a decrease from last reporting period (July 1, 2020 – August 31, 2020).

Primary Issue	Percent to total
Mood Disorder	18%
Adjustment Disorder	23%
Drug / Alcohol Abuse	45%
Thought Disorder	5%
Bipolar	4.5%
Anxiety	4.5%

The primary behavioral health related concern identified continues to be substance use representing 45% of total contacts. A primary function of the case manager has been to help individuals identify and develop coping skills for dealing with behavioral health symptoms and overall life circumstances. Although our primary mode of providing support



currently is one-on-one contact, our jail case manager has been able to provide a limited amount of psychoeducational groups with individuals in the mental health pod, this resumed in September and has been occurring once a week.

HRCSB's Psychiatric Nurse Practitioner continues to provide psychiatric evaluations and medication management services 3.5 hours per week for individuals with mental health issues. During the time period of September 1, 2020 – November 30, 2020, 99 medication related services were provided to 59 unique individuals. Of the 99 services, 19 were initial psychiatric evaluations and 80 were medication management follow-up appointments.



COMMONWEALTH of VIRGINIA

ALISON G. LAND, FACHE
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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November 25, 2020

Dear Community Services Board Executive Director:

We are pleased to provide you with initial information for the first steps of the Marcus Alert implementation planning. Along with a number of specific responsibilities, DBHDS is tasked with leading the development of a written plan for implementation with broad stakeholder input that must be completed by July 1, 2021 in coordination with Department of Criminal Justice Services (DCJS). DBHDS is also responsible for supporting five initial implementations of the Marcus Alert, covering one area within each DBHDS region, by December, 2021. DBHDS has been provided funding for 1 FTE to devote to this effort and the job announcement will be posted soon.

Statewide Stakeholder Group

Participants for a statewide stakeholder group, representing a range of perspectives as described in the legislation, will be recruited during December, 2020. The group will include approximately 20 individuals representing critical stakeholder areas called for in the legislation. This group will play an integral role in the development of the statewide protocols and requirements for the implementation of the Marcus Alert, as well as the report that catalogs existing programs and the plan for evaluating the Marcus Alert. We are partnering with the Department of Criminal Justice Services (DCJS) on this effort. Lisa Jobe-Shields will lead the workgroup along with the dedicated staff member and DCJS partners. Mira Signer is the Executive Sponsor of the project and we are coordinating closely with the Crisis Systems Transformation initiatives lead by Heather Norton. We will send an email in the next week to CSBs, law enforcement, advocacy organizations, and other stakeholders to disseminate a link to an online nomination survey. Nominations will be requested to be completed by December, 10, 2020.

We will structure the group through the following three phases to proceed from January, 2021-June, 2021:

Understand (first 2 months): Collect inputs to understand context (e.g., presentations to group, reading materials), discuss needs of present and represented stakeholders, frame the goal/driver in context of all identified needs. This includes gathering information to catalog existing services and programs.

Explore (months 2-4): Identify all dimensions of policy and scope; break into subcircles for dimensions as needed. Subcircles gather information, research, data, and seek presentations to explore proposal ideas; synthesize proposal ideas within subcircle. Subcircle proposals presented to general circle; proposal ideas across subcircles; apply lens across proposals; synthesize subcircle proposals into general proposal. Examples of dimensions for this project include: 9-1-1 diversion protocols, police presentation details, use of force, being called as back-up, how to monitor/assess, drop off and warm hand off procedures, de-escalation training, arrest policies, assessments, responsibilities and authority. Will have one public meeting/forum during this period.

Decide (months 5-6): Discuss and ensure all members understand proposal and what it would look like locally, etc.; modify proposal to address objections; continue until proposal is consented to; finalize and publish decision/report.

Selection and Funding of Initial Areas

We seek a partner from each region to serve as an initial implementation area. This can be a single CSB, a combination of CSBs, or a fully regional solution to the implementation. It is important that the local governments and law enforcement departments involved are interested as serving as an initial site, in addition to the CSB's interest. Because of the complexity of the legislation, Attachment 1 to this memo outlines the readiness requirements for localities interested in serving as an initial implementation site. We recommend that each CSB reviews this with local government leaders as a self-assessment of readiness for the implementation, whether or not the area is interested in serving as an initial area. Once this readiness has been established with your local government, please reach out to Lisa Jobc-Shields by January 4th, 2021 to express interest in serving as a potential initial area. If you do not meet all criteria but are invested in meeting them during the implementation, we also encourage you to express interest. You can work internally as a region to identify an area, or if there are multiple volunteers from a region, we will work together to find a shared solution or set up a process for selection. We will require attestation to the readiness components as part of the selection process. If there are no volunteers for a region, an area will be selected by DBHDS.

Funding for the project is \$600,000 per region. It is expected that some of this funding (approximately equivalent to 2 FTEs) will be used at the regional STEP-VA hub to fund 2 liaison-type positions to work with law enforcement agencies and 9-1-1 dispatch across the region as the implementation unfolds. These positions may work primarily with the initial area over the first year, but will have regional responsibilities that grow over the course of the implementation. The remaining funds will be operationalized as part of the area implementation based on the individualized plan. Each area serving as an initial area will need to form a local group of stakeholders and champions by March, 2021 to operationalize the local implementation. Due

to the timeline of the state plan development and the local implementation timeline, there will be close coordination between the state and local planning teams. This will include each initial area sending one representative from their local group to each state planning meeting beginning in March. Dedicated state funding is not guaranteed for areas outside of the initial five implementation areas, and all localities must have Marcus Alert protocols in place by July 1, 2022. DBHDS will continue to invest in statewide coverage for mobile crisis response through STEP-VA, to the extent possible/authorized through existing or future funding, and additional local resources may be needed to fully operationalize local Marcus Alert requirements which according to the legislation must continue to cover additional localities until statewide coverage is achieved by 2026.

Intersection of STEP-VA Crisis and Marcus Alert Implementation

The Marcus Alert is a related and complementary, but distinct, proposal from ongoing mobile crisis system development in Behavioral Health (e.g., STEP-VA, DOJ Settlement Agreement). The coordination of these two efforts will improve overall function and success of both initiatives.

The Sequential Intercept Model demonstrates how individuals with mental health disorders and substance use can be diverted from the criminal justice system at different intercept points (e.g., arrest, initial court hearings, re-entry). The model was expanded to include Intercept 0: Community Services after previously beginning with Intercept 1: Law Enforcement to highlight the role of community services in diverting from law enforcement interactions. STEP-VA and DOJ investments have occurred and are planned at Intercept 0. The investments focus on the development of regional hubs for mobile crisis response that will ultimately be integrated with the REACH program as well as the development of statewide infrastructure for phone and text support and dispatch of mobile crisis, which will form the basis of Virginia's federal 988 implementation. Ultimately, crisis receiving centers would also be part of this system. It is important to note that there are four Medicaid rates planned for implementation July, 2022: mobile crisis response (first 72 hours), community-based stabilization (post 72 hours), 23-hour observation, and CSU per diem. Marcus Alert places resources and investments along the different pathways from Intercept 1 to Intercept 0, which could include 9-1-1 diversion support, specialized co-response with changes to police presentation and behavior (e.g., dress, vehicle, use of force), improved drop-off procedures, and expectations when serving as back up to a mobile crisis response. Many of the outcomes specified in the Marcus Alert will be measured in law enforcement outcomes. DBHDS is committed to a comprehensive crisis system that serves as a "safety net to the safety net" and is coordinated at the state, regional, and local level.

The Marcus Alert fills a critical gap for our system and centers racial equity and equitable access in the ongoing implementation of a comprehensive crisis system. The Marcus Alert will support a coordinated crisis response between state, regional, and local work at Intercept 0 (Community Services) and Intercept 1 (Law enforcement). It ensures that as we build a robust community based crisis system under the Crisis Now Model (Intercept 0), there will be local policies, procedures, and supports to ensure that there is a diversion or specialized, safe, and trauma informed response whenever law enforcement is involved with a behavioral health crisis. This is expected to increase diversions to the behavioral health system and improve the safety and outcomes for individuals experiencing a behavioral health crisis at risk of law enforcement involvement, particularly Black Virginians as well as Indigenous Virginians and Virginians of Color. There are also 17 specific law-enforcement related goals named in the legislation.

We are committed to articulating a statewide framework that:

- Supports the rights of all Virginians, regardless of area of residence and race/ethnicity to access behavioral health care safely, in a timely fashion, and in the least restrictive environment
- Decreases Virginia's reliance on law enforcement as the *de facto* response to behavioral health crises, and
- Ensures that Virginians with disabilities receive appropriate accommodations to include a safe, compassionate, trauma-informed response when law enforcement is involved during a behavioral health crisis.

We are committed to articulating this framework in a way that is clear and comprehensive in its protections while also ensuring that localities are empowered to operationalize and apply the framework to meet their specific community needs and fit with existing programs, structures, and priorities.

Thank you for partnering with us on this important initiative. Please do not hesitate to reach out with any questions.

Sincerely,



Lisa Jobe-Shields, Ph.D.
Deputy Director, Community Services
Virginia Department of Behavioral Health and Developmental Services
Lisa.jobe-shields@dbhds.virginia.gov

Attachment 1: Local Readiness Checklist for Marcus Alert implementation

Copy: Mira Signer, Heather Norton

Attachment 1

Marcus Alert Implementation: Considerations for Local Readiness

Five localities or areas, one per DBHDS region, will be supported to implement Marcus Alert requirements by December, 2021. They will work with the statewide stakeholder group, form a local implementation group, and receive state general funds for the project. This checklist provides important considerations for areas interested in being an initial implementation area. Areas that are considered for initial implementation funding are attesting to the following readiness factors.

- ✓ We are ready to form a local group of Marcus Alert champions to lead the planning. We have buy in from local agency representatives such as behavioral health, law enforcement, social services, rehabilitation and aging, paramedics, 9-1-1 dispatch/PSAP, CIT, and non-governmental stakeholders representing individuals and families with lived experience and non-profits and advocacy organizations from these areas as well as racial justice.
- ✓ Leadership of each involved agency has a general understanding of systemic racism in both behavioral health disparities and in impact of policing on communities of color, and Black Virginians specifically. During Summer 2020, at least some of our community members called for police reform or other anti-racist community reforms.
- ✓ We are interested in the analysis of our existing laws, regulations, and designation of responsibilities across agencies as it relates to providing for the safety and welfare of individuals experiencing a behavioral health crisis due to a developmental disability, mental illness, or substance abuse disorder.
- ✓ We are willing to share policies as well as funding and workforce data across agencies and engage in dialogue about roles and responsibilities for community care. We are seeking a solution that works for all stakeholders and citizens, and think we can work together as a team, even if our roles vary.
- ✓ Our local partnership will include a local government official (or their designee) whose purview crosses law enforcement and behavioral health (e.g., Mayor's office). We are willing to work as a community to identify values and goals, and critically evaluate our policies and procedures and the alignment of our resources with our goals and values.
- ✓ We support the regional model of behavioral health mobile crisis through STEP-VA, including regional call center and shared dispatch infrastructure. We know local policies and procedures may change in order to align with both the Marcus Alert requirements and the broader crisis system to form a statewide "safety net to the safety net."
- ✓ Law enforcement is willing to evaluate use of force protocols and other details of police presentation like uniforms and vehicles as part of this process, and acknowledges that behavioral health mobile crisis takes a no-force-first approach, is committed to trauma informed care, and adheres to the principle that the key to safety is the engagement and empowerment of the individual in crisis.
- ✓ Our implementation of the Marcus Alert would benefit from receiving state general funds and work with the regional STEP-VA mobile crisis teams, including supporting some of the region's funds to be used for positions to ultimately serve the entire region. We are ready to work as a team to plan and budget for a Marcus Alert implementation, and believe we will be successful in this endeavor.

Criminal Justice Planner

Progress Report



Monday, 14 December 2020

Community Criminal Justice Board



Middle River Regional Jail Partners

Harrisonburg City

Staunton City

Waynesboro City

Augusta County

Rockingham County

Highland County *

* Not an MRRJ Authority Board Member



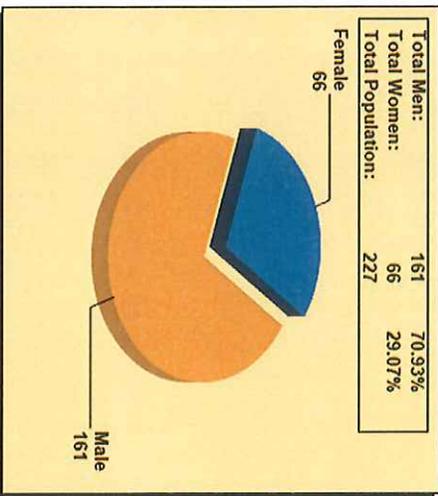
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Inmate Snapshot By Locality

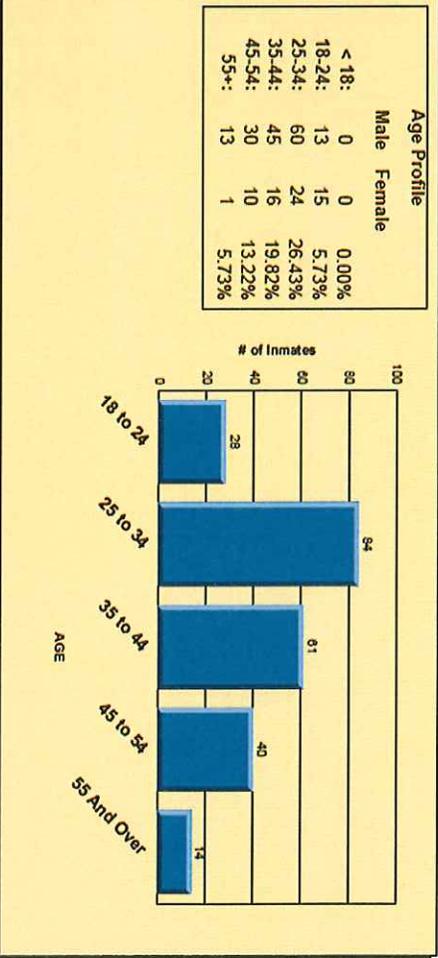
ROCKINGHAM COUNTY Method of Admission Code Only

Snapshot Date: 10/26/20 0:01

Total Men:	161	70.93%
Total Women:	66	29.07%
Total Population:	227	



Age Profile	Male		Female	
	Count	Percentage	Count	Percentage
< 18:	0	0.00%	0	0.00%
18-24:	13	5.73%	15	5.73%
25-34:	60	26.43%	24	26.43%
35-44:	45	19.82%	16	19.82%
45-54:	30	13.22%	10	13.22%
55+:	13	5.73%	1	5.73%



Inmates By Race	Female		Male		Total
	Count	Percentage	Count	Percentage	
BLACK	6	9.09%	37	22.99%	43
WHITE	60	90.91%	124	77.01%	184
Total	66	100%	161	100%	227

Partially Sentenced:	36	15.86%
Fully Sentenced:	144	63.44%
Pending Sentenced:	47	20.70%
Total	227	

Felony:	104	45.81%
Misdemeanor:	19	8.37%
Both:	104	45.81%
Total	227	

Inmate Snapshot By Locality



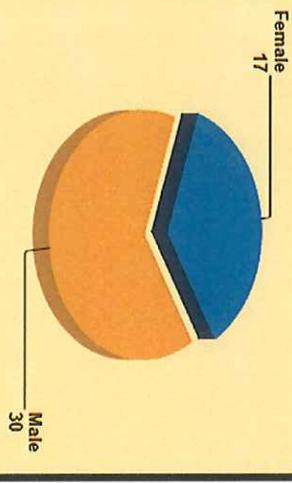
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Inmate Snapshot By Locality

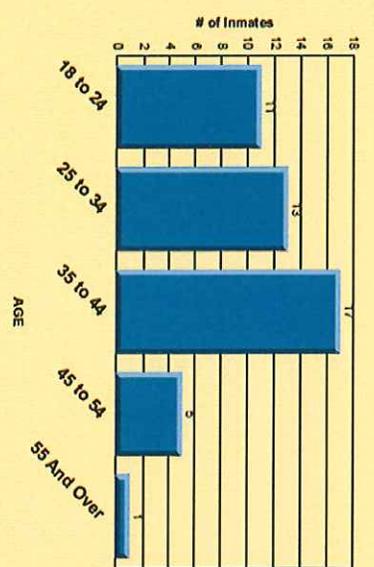
HARRISONBURG CITY Method of Admission Code Only

Snapshot Date: 10/26/20 0:01

Total Men:	30	63.83%
Total Women:	17	36.17%
Total Population:	47	



Age Profile	Male		Female	
	Count	Percentage	Count	Percentage
< 18:	0	0.00%	0	0.00%
18-24:	9	19.15%	2	10.64%
25-34:	5	10.64%	8	23.40%
35-44:	11	23.40%	6	12.77%
45-54:	4	8.51%	1	2.13%
55+:	1	2.13%	0	0.00%



Inmates By Race

	Female	Male	Total
BLACK	3	4	7
WHITE	14	26	40
Total	17	30	47

Partially Sentenced:	8	17.02%
Fully Sentenced:	22	46.81%
Pending Sentenced:	17	36.17%
Total	47	

Felony:	23	48.94%
Misdemeanor:	2	4.26%
Both:	22	46.81%
Total	47	

Inmate Snapshot By Locality



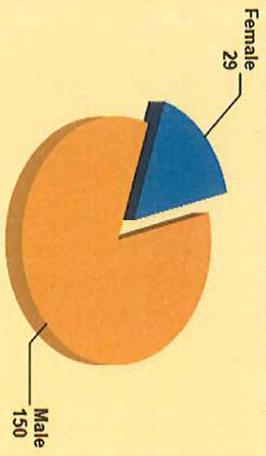
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Inmate Snapshot By Locality

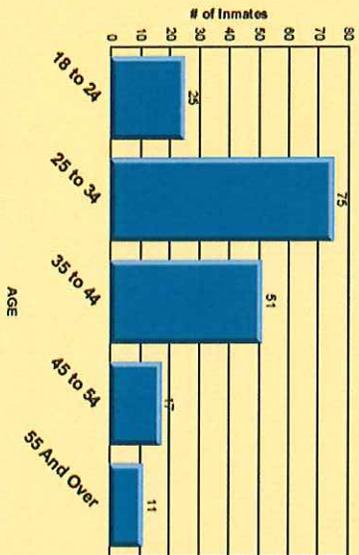
STAUNTON CITY Method of Admission Code Only

Snapshot Date: 10/26/20 0:01

Total Men:	150	83.80%
Total Women:	29	16.20%
Total Population:	179	



Age Profile	Male		Female	
	Count	Percentage	Count	Percentage
< 18:	0	0.00%	0	0.00%
18-24:	20	11.17%	5	3.631%
25-34:	65	36.31%	10	22.35%
35-44:	40	22.35%	11	7.82%
45-54:	14	7.82%	3	6.15%
55+:	11	6.15%	0	0.00%



Inmates By Race	Female	Male	Total
ASIAN OR PACIFIC ISLAND	0	1	1
BLACK	3	54	57
UNKNOWN	0	2	2
WHITE	26	93	119
Total	29	150	179

Partially Sentenced:	48	26.82%
Fully Sentenced:	54	30.17%
Pending Sentenced:	77	43.02%
Total	179	

Felony:	78	43.58%
Misdemeanor:	15	8.38%
Both:	86	48.04%
Total	179	

Inmate Snapshot By Locality



Jail Population Census



Print Date/Time: 12/01/2020 15:21
Login ID: Holly Grover (CS)

Rockingham County Sheriff's Office
ORI Number: VA0820000

RHRJ

Gender	#	%	Ethnic Group	#	%	Age Group	#	%
Male	291	97.70 %	American Indian/Alaskan Native	1	0.30 %	0 to 17	0	0.00 %
Female	7	2.30 %	White	243	81.50 %	18 to 21	24	8.10 %
			Black	54	18.10 %	22 to 40	173	58.10 %
						41 to 60	91	30.50 %
						61 to 80	10	3.40 %
						81 to 100	0	0.00 %
						Not Available	0	0.00 %

Total Population: 298

Partially Sentenced: 27 9%

Fully Sentenced: 53 18%

Pending Sentenced: 218 73%

Felony: 111 37%

Misdemeanor: 47 16%

Both: 140 47%

S. Frank Sottaceti

WORKING WITH OUR CIRCUIT COURT AND VA SUPREME COURT TO ENABLE THE FOLLOWING INFORMATION TO BE COLLECTED

Community Supervision Facility/Location

<input type="radio"/>	<input type="radio"/>
District 39	Court Services

Violation Type

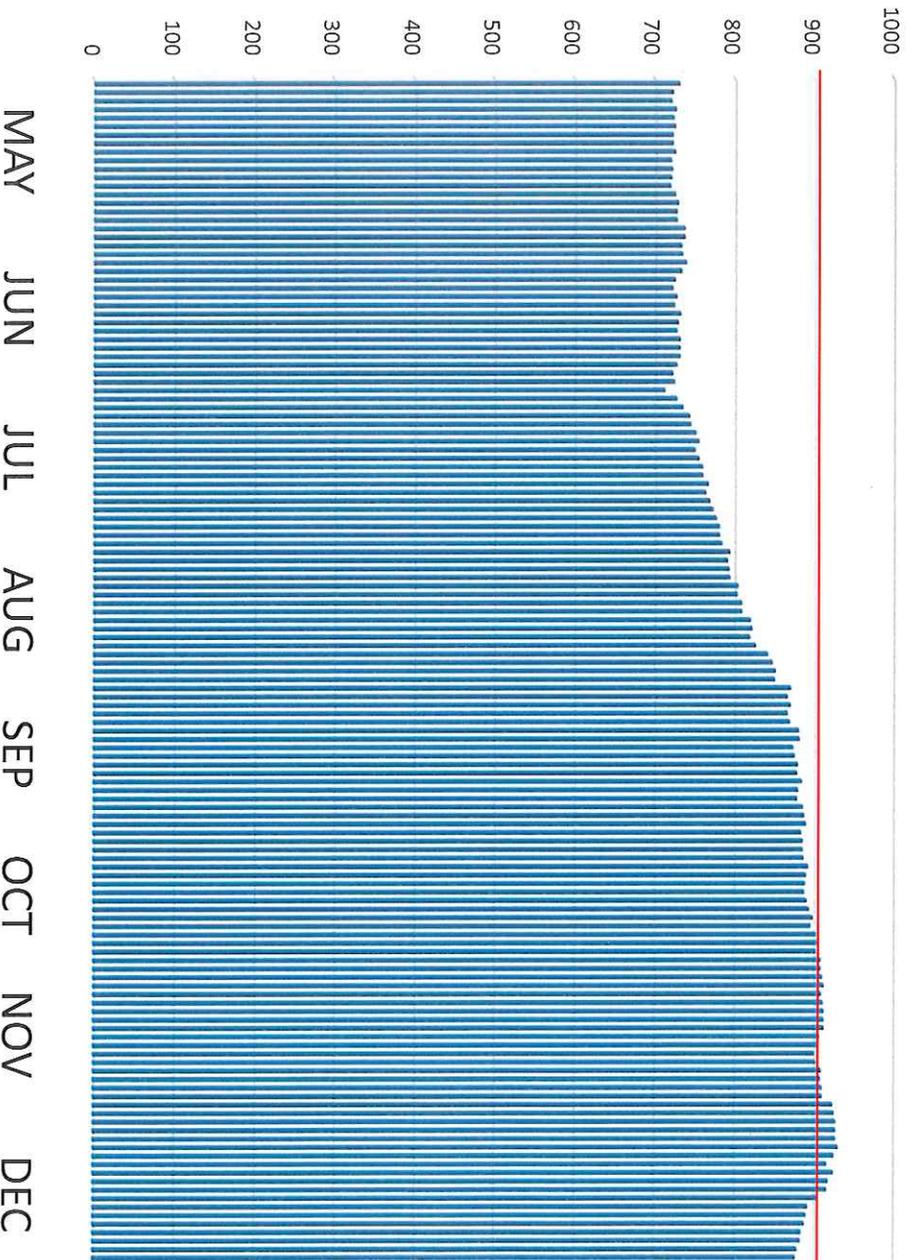
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Charge + Technical Violation	New Charge	Technical Violation

Middle River Regional Jail

Operating Capacity 902

Friday 12/09/2020 – 878

97%

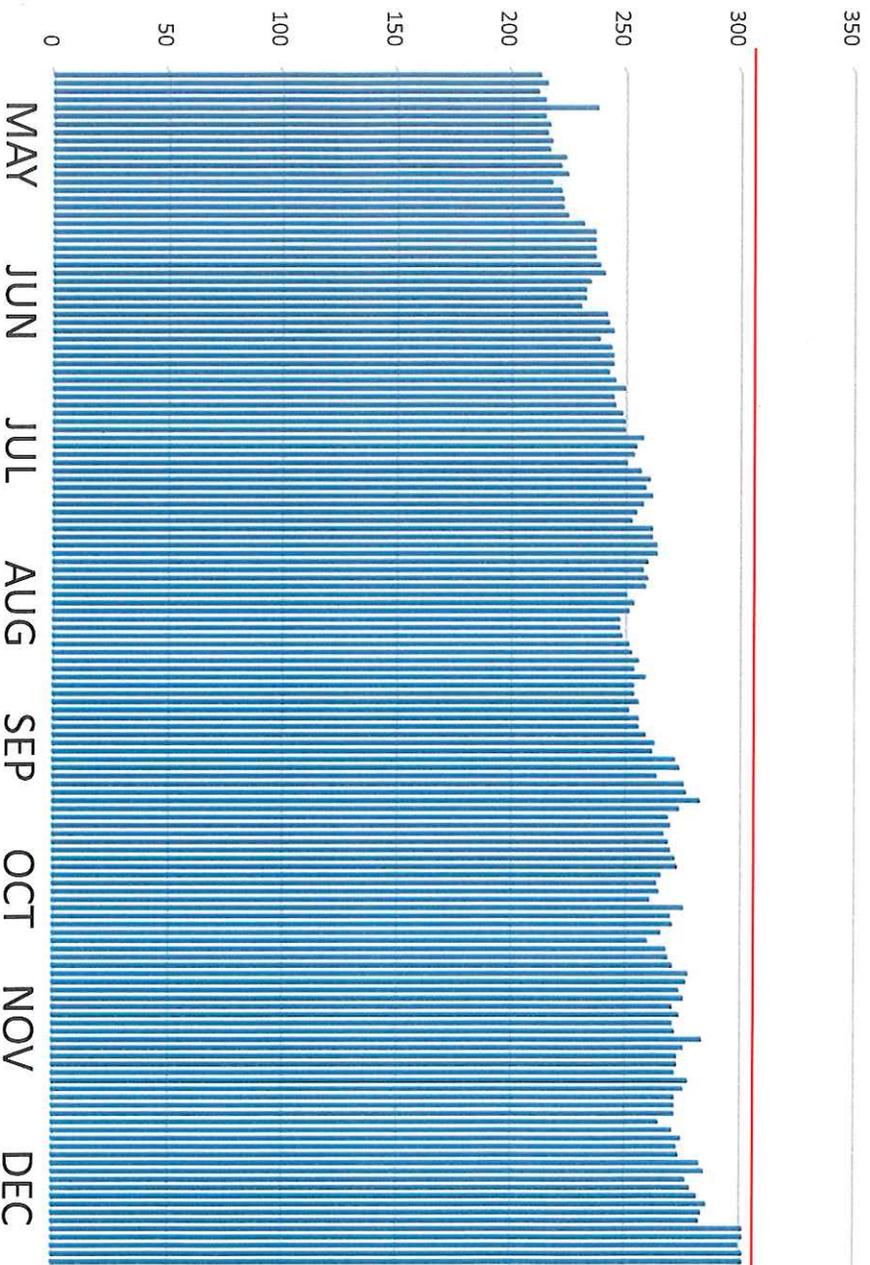


Rockingham/Harrisonburg Regional Jail

Operating Capacity 312

Friday 12/09/2020 – 302

97%



Rockingham/Harrisonburg at Middle River Regional Jail

30%

