

**City of Richmond  
Community Criminal  
Justice Board**



**Biennial Plan**

**FY2011-2012**

## ACKNOWLEDGMENTS

The Richmond Community Criminal Justice Board wishes to thank all members of the Board who took part in bringing this plan and its recommendations to life.

A special thank you is extended to Mayor, Dwight C. Jones for his vision and forethought in identifying the issue of 'alternatives to incarceration' as being pertinent for his administration to take on. The Board thanks Mayor Jones and his administration for the opportunity to tackle this issue and offer possibilities for the administration to pursue as program options. The task forces are grateful for the guidance provided by the Deputy Chief Administrative Officer, Human Services, Dr. Carolyn N. Graham for developing the charges that guided the work of three taskforces.

The Board's Chair, Kelly King Horne, played a tremendous role in helping to guide the process, and was there at every juncture of the work. Ms. King Horn attended all of the task force meetings and actively engaged in the discussions concerning policy, facilities, programs, etc. She co-chaired the Community Programs/Resources task force with Ms. Doris Moseley, Director of Social Services. Together, they steered their team in an examination of community-based models that support the recommendations proposed in this report.

Hearty thanks are extended to the Commonwealth Attorney, Mr. Michael Herring, Esq. who gave generously of his time as he co-led the Alternative Sentencing Facility task force with Ms. Susan Hansen, Esq., Public Defender. Under their leadership, the task force explored the system modifications that, if made, could cause significant savings and offer opportunities for individuals to escape the stigma of incarceration.

A warm appreciation is given to Ms. Rhonda Gilmer and Dr. Robyn Diehl who co-led the Administrative Legal/Policy Analysis task force, and reviewed current policies that will require change if comprehensive, complex community services are to be scaled for the population categories identified by the groups.

A special thank you is also given to Ms. Barbara Peterson for her contribution to the written plan as she provided the local perspective and final edits.

The Ridley Group and their contributions cannot be minimized in the development of this document and contacts made with the National Institute of Corrections that will ensure that the work continues post-approval. Mr. Walter Ridley brought tremendous credibility to the work as he shared information and supported the work of each task force. Members of the Ridley team attended task force meetings and tracked the meetings. Donna MP Wilson, Esq. wrote the national perspective and combined the local and national perspectives to create a total document, which she then edited and made ready on the day the Board voted to approve the recommendations.

The Board recognizes that the work needed to make this plan a reality is yet ahead. The Board is committed to working with city officials to ensure that the plan's vision is realized. The steps that the city now takes to ensure the restoration of some of the city's vulnerable residents to wholeness will be a cause for celebration in the not too distant future.

## Executive Summary

As the City of Richmond contemplates construction of a new or renovated jail facility and the appropriate disposition of offenders, it will examine evidence-based practices in community corrections from around the country to ensure that the City of Richmond has access to, and the benefit of, the best thinking on community-based practices. Safety of the victim, offender and the general public are key considerations from the point of initial contact, throughout any services or programming, and upon release. The task forces working on this project concluded that, by implementing certain alternatives to incarceration, Richmond will enjoy increased efficiency in the use of its resources, and communities will benefit from more effective responses to certain types of non-violent crime. The Richmond Community Criminal Justice Board's ("RCCJB") Biennial Plan outlines strategies, programs and mechanisms that, if implemented, would reduce the average jail census by approximately 400 persons.

This plan presents the work of the RCCJB members complemented by three task forces assigned to examine specific issues involving the effectiveness of alternatives to incarceration. The task forces focused their efforts on alternative facilities (*Alternative Sentencing Facility Task Force*); community programs (*Community Programs/Resources Task Force*); and administrative, legal, and policy issues (*Administrative Legal/Policy Analysis Task Force*).

The RCCJB used this planning period for the 2010-2012 Biennial Plan as an opportunity to respond to Mayor Dwight C. Jones' request to the RCCJB to address the issue of jail overcrowding by making recommendations to create alternatives to incarceration that are cost-effective, community-based, and able to deliver quality programs for individuals who receive services through these alternatives.

This plan is not a reentry plan and focuses solely on diversion and pre-adjudication and post-adjudication strategies to reduce jail overcrowding and to connect individuals to services and appropriate dispositions. Additionally, this plan is not intended to be exhaustive or to examine every nuance of the subject matters addressed, but to provide insight into ways Richmond City can involve the public and community stakeholders through collaborative opportunities that contribute to a Tier One City.

Careful attention must be given to identifying those jail detainees who could be safely and effectively supervised in a community, or non-jail setting. The following five (5) categories represent the populations targeted for inclusion in the proposed process changes or program improvements:

- Low-risk Offenders
- Substance Abusers
- Traffic Offenders
- Technical Violators of Probation
- Offenders with Underlying Mental Illness

Offenders who fall into these groups make up approximately 500 of the City of Richmond's offender population whose penalties for crimes committed, as research and other jurisdictions' success demonstrate, can be addressed in a more effective, less-costly manner than currently occurs. The strategies proposed to reduce jail overcrowding and to connect individuals to treatment are summarized below; a full discussion of each strategy is included later in this report.

## *I. Process Changes*

### **A. Pretrial Risk Screening and Supervision**

Adult pretrial services should develop an integrated system that establishes supervision criteria based on the actuarial risk assessment.

### **B. Legislative Education Plan**

A strategy to educate local and state legislators on the strengths of pretrial services is essential to preventing a reduction or elimination of future funding reduction.

### **C. Review of the Bond Process**

A review of the bond process is necessary to ensure consistency among the Courts.

### **D. Stakeholder Education Plan**

Develop an education plan that incorporates the recommendations identified by the National Institute of Corrections (NIC) Assessment.

### **E. Expansion of Pretrial Services**

By expanding pretrial services to increase the number of investigators, all new admissions awaiting trial may be screened for investigations. Expansion of pretrial services will promote the coordination of cases for mental health docket; bond review and appeal; intensive supervision of specialized population; and coordination of resources for the pre and post charge diversion placements.

### **F. Review of Police use of Summonses**

It is proposed that a legal, update, refresher training lesson plan be developed on the discretion afforded to police officers under the law, nuances under the state code, including a practical/hypothetical review of various situations and when it would be appropriate to issue a summons versus making a custodial arrest.

## *II. Programmatic Changes*

### **A. Pre-Charge and Post-Charge Diversion**

The proposed diversion program has two levels: pre-charge and post-charge. Whether pre- or post-charge, only the Commonwealth's Attorney has the discretion to divert an offender. In other words, diversion from prosecution is not a privilege available on a motion to the Court. Diversion decisions could be made at or shortly after the initial contact with the offender. Successful completion of the pre-charge diversion program will result in no criminal charges against the offender. Successful

completion of the post-charge diversion program will result in dismissal of pending criminal charges.

**B. Jail Diversion Program**

Utilize jail diversion programs for weekend and work program participants, allowing them to be housed in a less secure facility and/or to be monitored by electronic monitoring.

**C. Home Electronic Monitoring and Incarceration**

It is proposed that a technology plan be generated to outline the feasibility of expanding technology that uses a range of electronic monitoring methods i.e. voice recognition devices and active/inactive GPS effectively supervise low risk offenders i.e. pretrial defendants, jail inmates, technical violators, and other marginalized populations, such as the homeless and the mentally ill by placing them in a home environment allowing them to remain connected to services.

**D. Central Coordination of Community Service Work**

Create an unarmed civilian unit to supervise and provide security for the Community Service program.

**E. Intensive Treatment for Substance Abusers**

Approximately 100–150 jail inmates per month, who serve sentences for drug usage and are nonviolent, should be treated and supervised under community models that focus on the underlying addiction.

**F. Immediate Sanction of Technical Probation Violations**

It is proposed that revisions to the current system of revocation proceedings in the Richmond Courts be implemented.

**G. Mental Health Docket**

The development of a specialty docket will aid in the identification and diversion of these types of offenders experiencing mental illness.

**H. Utilization of Crisis Stabilization Units**

This model utilizes an emergency receiving facility to which officers can divert an individual in need of mental health services in lieu of arrest.

**I. Day Reporting Center**

It is proposed that Richmond establish a Day Reporting Center that addresses non-violent offender diversion, mental health and substance abuse diversion programs utilizing the “One-Stop Model.”

**J. Housing**

The primary housing-related strategies are to increase the number of units of permanent supportive housing available for this population, including additional spaces in a “housing first” program for persons with severe and persistent mental illness.

All members of all task forces met to review and rank the proposed recommendations.

The four top-ranked recommendations were:

- Expand specialty housing and homeless programs targeted to offenders with a history of homelessness or housing instability.
- Explore a special docket for non-violent offenders with mental health disorders and increase the capacity of mental health services for these offenders.
- Increase the capacity of substance abuse treatment and recovery programs for offenders involved in diversion or alternatives to incarceration.
- Establish pre-trial diversion programs addressing the needs of non-violent offenders, particularly those who are detained because they cannot afford to post bond and utilize jail diversion programs for weekend/work release program participants. Move community service program to the Dept. of Justice Services.

The action plans for these top-ranked recommendations can be found later in the plan.

**RICHMOND COMMUNITY CRIMINAL JUSTICE BOARD  
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## **RCCJB Role and Responsibility**

In 1994, the Virginia General Assembly passed legislation (§53.1-183) resulting in the creation of local Community Criminal Justice Boards (CCJBs). These Boards provide a direct link from state, federal and other local criminal justice entities to communities. CCJBs shall serve as a planning and advisory body to the city for developing, monitoring, and evaluating community corrections programs that will provide the judicial system with sentencing alternatives for certain individuals who meet the eligibility criteria established under the *Code of Virginia*, § 19.2-303.3 or other applicable provision of state law, pursuant to standards promulgated in conformity with the *Code of Virginia*, § 53.1-182. Membership is legislated to consist of a minimum of fifteen members, of which ten are from key positions in the criminal justice system i.e., judges from circuit court, general district court, and juvenile & domestic relations court; chief magistrate; chief of police; commonwealth's attorney; public defender; sheriff; local educator; CSB administrator.

The purpose of the Richmond Community Criminal Justice Board (RCCJB) is: 1) to allow the City Council of the City of Richmond greater flexibility and involvement in responding to the problem of crime in the City; 2) to provide more effective protection to the citizens of the City of Richmond; 3) to promote efficiency and effectiveness in the delivery of community criminal justice; 4) to provide increased opportunities for adult offenders to make restitution through financial reimbursement or the performance of community services; 5) to permit the City of Richmond through this Board, to establish policies that structure programs which will assist judicial officers in discharging their duties and meet the needs of selected adult offenders; and 6) to approve funding sources that support programs engaging in pre and post trial services.

## **Purpose of Biennial Plan**

Pursuant to §9.1-175 of the *Code of Virginia*, the CCJB shall approve standards as prescribed by the Department of Criminal Justice Services for the development, implementation, operation and evaluation of local community-based probation programs, services and facilities authorized by this article and shall submit a biennial criminal justice plan to the Department of Criminal Justice Services for review and approval.

## **Introduction of the Plan**

Safety of the victim, offender and general public are key considerations from the initial contact and throughout the term of alternative program participation. All relevant information should be used to make informed recommendations in determining when diversion or other alternative programming is in the best interest of the offender and the public. This will be accomplished by identifying key problems (i.e., mental capacity, drug or alcohol abuse, and the impact of factors such as poverty, housing, and unemployment); determining priorities; selecting a course of action, developing an action plan, implementing the plan and evaluating the outcome. Collaborative efforts among criminal justice professionals, service providers, and the community should work

together to identify services and supports that are accessible and coordinated within the criminal justice system and the broader public and private sectors. Formal partnerships between service providers should be developed and community resources identified whenever possible. Educating criminal justice professionals and service providers about diversion and pre-adjudicatory program's objectives and benefits to the criminal justice system is essential to appropriately place individuals. Finally, public education is critical to addressing awareness and to help alleviate the concerns of the community.

## **Background of the Plan**

The high percentage of offenders who cycle daily through the criminal justice system as a result of ineffective offender management practices is a major source of frustration and discouragement for criminal justice professionals and victims of crime. Research by the Washington State Institute for Public Policy (2003) has shown that use of research-based rehabilitation and prevention programs is more effective than incarceration for reducing crime. Rather than waiting for recidivism to run its course, it is incumbent upon criminal justice practitioners to promote conditions that break the cycle.

The issue of overcrowding and inadequate resources at the Richmond City Jail has long been and will continue to be a priority of the RCCJB. To better manage the jail population, the Board recognizes that it is essential to develop a broad range of processes and programs to reduce jail overcrowding and connect individuals to services. In recent years the number of offender populations experiencing homelessness, mental illness, substance abuse disorders, and those who are nonviolent has increased. To address this increase, the RCCJB established a number of strategies to assess the interface between the mental health and criminal justice system, improving the pretrial investigation processes, and enhancing the process for expanding transitional/aftercare services for jail releases. For example, a two-day cross-system mapping event hosted by the RCCJB in 2009 recommended cross-training in mental health issues for police, magistrates, pretrial officers, public defenders and other court personnel is necessary to promote the use of methodologies to de-escalate erratic behavior. The RCCJB also identified over the last two years that: increased availability of housing options is critical for treatment stabilization; an accelerated docket for certain first time misdemeanor offenses may reduce jail stay; and a pretrial investigation shift analysis that targets peak arrest and admission hours will likely increase the number of investigations completed.

Despite the large number of admissions at the Richmond City Jail, the RCCJB determined that the earliest point of intervention has the potential to produce the least amount of recidivism. Therefore, initiatives should include a reduction in reoffending; increased access to treatment care that is not readily offered in a jail setting; and the potential to reallocate public funding to other local initiatives by avoiding further penetration of offenders into the criminal justice system- leading to the high cost of incarceration.

## Scope and Limitations of the Plan

This plan presents the work of the RCCJB members complemented by three task forces assigned to examine specific issues involving the effectiveness of alternatives to incarceration. The *Alternative Sentencing Facility Task Force* was charged with assessing existing data concerning Richmond's post-adjudicated populations(s); conducting an environmental scan of best practices, identifying the types of services available in Richmond, and recommending a model that best meets the City of Richmond's needs within cost constraints. While working closely with the Alternative Sentencing Facility Task Force, the *Community Programs/Resources Task Force* was charged with providing recommendations on program designs that best meet the needs of specific population profiles of the populations that could be diverted or conditioned to participate in programming. This taskforce reviewed best practices from other jurisdictions; identified the intake/assessment/triage processes for residents in facilities in those jurisdictions; identified programs and resources that addressed the developmental needs of these individuals e.g., addiction, and mental health counseling, education (GED), financial literacy, dementia services, etc. The *Administrative Legal/Policy Analysis Task Force* reviewed existing legislation that impacts the degree to which individuals can or cannot be served in less restrictive community settings; and identified administrative policies and laws that may require revision.

This plan is not a reentry plan and focuses solely on diversion and pre and post adjudication. Additionally, this plan is not intended to be exhaustive or to examine every nuance of the subject matters addressed, but to provide a thorough understanding of ways Richmond City can involve the public and community stakeholders through collaborative opportunities that contribute to a Tier One City.

## Organization of the Plan

This plan will identify key terms and focus on the development and enhancement of alternative options by providing a brief review of Richmond's criminal justice system (including current statistical trends); key challenges faced by offenders and criminal justice professionals; the importance of stakeholder collaboration and proposed strategies with full descriptions, rationale and evidence-based models. The plan will then examine practices outside of the Commonwealth and their applicability to the City of Richmond, and will conclude with a summary and a set of recommendations.

## Key Terms

**As used in this document, the following terms or abbreviations have the indicated meanings.**

**Adjudication:** The formal giving or pronouncing a judgment or decree in a court proceeding; the decision given.

**ALOS:** Average Length of Supervision.

**Arraignment:** The formal reading of charges against a person. This is also the opportunity for someone charged with a crime to enter a plea.

**RCCJB:** Richmond Community Criminal Justice Board

**CIT:** Crisis Intervention Team

**Cognitive Behavioral Therapy:** An empirically supported treatment that focuses on patterns of thinking that are maladaptive and the beliefs that underlie such thinking.

**Community Corrections:** Those sanctions that punish an offender within his/her community. The term covers all facets of corrections concerning individuals under correctional supervision both inside and outside of the prison walls. The term includes probation and parole, halfway houses, day reporting centers, drug and alcohol treatment programs, home confinement (with or without electronic monitoring) and an array of supportive services such as educational classes, job preparation and training.

**Conviction:** The verdict that results when a court of law finds a defendant guilty of a crime

**Criminogenic:** Relating to characteristics or factors identified by research as predictors of crime and/or related recidivism.

**CSB:** Community Services Boards

**Disposition Hearing:** The hearing at which a judge accepts the offender's plea.

**Diversion:** A case is "diverted" out of the criminal justice system for a period of time (usually one year), during which time the defendant must undergo treatment, counseling, make restitution to the persons harmed or perform community service. If the defendant meets these conditions, pays all fines and court costs, and does not get into any additional trouble with the law during this time period, the case is dropped and this person does not have a criminal record.

**Electronic Monitoring:** The process of using electronic equipment to verify that a defendant or offender is at a pre-specified, fixed location.

**Evidence Based Practices (EBP):** Interventions and practices the adoption of which are informed by research.

**Home Electronic Incarceration:** The use of electronic equipment to verify that a defendant or offender is at a pre-specified, fixed location.

**Home incarceration:** A judicially or administratively imposed condition requiring a defendant or an offender to remain at home for all or some portion of the day with approved absences for work, treatment, counseling, education, or medical appointments.

**Housing First:** A program model for individuals who have experienced homelessness for a long period of time or for multiple times and who has a severe and persistent mental illness. Housing first programs place these individuals immediately in housing and provide intense services, usually following an Intensive Community Treatment or Assertive Community Treatment model. For more information on housing first in the Richmond region, please visit [www.virginiassupportivehousing.org](http://www.virginiassupportivehousing.org).

**Low-risk Offenders:** Those persons charged with offenses including, but not limited to: crimes against property (e.g., property damage, theft, trespassing), crimes involving fraud (e.g., checks, credit cards); certain driving offenses (e.g., felony habitual offender).

**NIC:** National Institute of Corrections

**On-View Summons:** A summons issued when the officer observes the violation of the law.

**Permanent Supportive Housing:** Cost-effective permanent housing combined with supportive services. For more information on supportive housing, please visit <http://www.csh.org>.

**Prosocial:** Prosocial behavior is based solely on the need/desire to help someone else, especially when there is no personal gain for the person exhibiting the behavior.

**Residential Recovery:** Residential recovery programs combine substance abuse recovery programs with housing or shelter.

**RCCJB:** Richmond Community Criminal Justice Board

**RCJ:** Richmond City Jail

**Recidivism:** The act of a person repeating an undesirable behavior after they have either experienced negative consequences of that behavior, or have been treated or trained to extinguish that behavior. It is also known as the percentage of former prisoners who are rearrested. As used in this document, recidivism will defined as a return to incarceration within three (3) years of a prior release.

**Responsivity Principle:** The responsivity principle states that styles and modes of treatment service must be closely matched to the preferred learning style and abilities of the offender.

**Restitution:** Monetary reparation to the victim by the offender for damages or loss caused by the offense.

**Risk Assessment Instrument:** The standardized objective instrument developed to assist pretrial services agencies in providing better information and services to judicial officers and for determining the level of, and facts contributing to, the defendant's risk for failure to appear or threat to public safety if released on bail pending trial.

**Summons:** A call by authority to appear at a place named or to attend to a duty; a warning or citation to appear in court: as either a written notification to be served on a person as a warning to appear in court at a day specified to answer to the plaintiff or a subpoena to appear as a witness.

**Technical Violations:** Persons who violate conditions of probation for non-compliance or drug use, without new charges.

**Traffic Court Defendants:** Traffic offenders (e.g., driving with suspended license, property damaged due to driving). This designation does not include offenders driving under the influence (DUI) offenders.

## Richmond Statistical Trends

The City of Richmond, Virginia, has a total estimated population of 202,002, of which 51% are African-American, 43% are white, and 5% are Hispanic or Latino<sup>1</sup>. Richmond is not only the capital of the Commonwealth of Virginia, but also the commercial and cultural hub for a metropolitan statistical area that is home to more than a million people.

**Table 1**

	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Total Population</b>	192,913	199,991	202,002
<b>Male</b>	89,792	93,057	93,950
<b>Female</b>	103,121	107,066	108,052

<b>Race</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>African American</b>	104,756	101,429	102,642
<b>Asian</b>	2,969	3,269	3,432
<b>Hispanic/Latino</b>	8,240	9,052	9,901
<b>White</b>	77,113	84,394	87,620

<b>Age</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Age 18 and over</b>	14,109	155,691	157,146
<b>Age 20 -54</b>	94,712	101,187	99,043

\* The Data in the three tables is from the U.S. Census Bureau, 2006, 2007, 2008 American Community Survey

Despite recent improvements in crime, schools, and generally providing better services to the community, a variety of criminogenic factors – including poverty, drug addiction, homelessness, high unemployment, and family instability – are prevalent in Richmond.

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<sup>1</sup> Unless otherwise noted in the narrative and table, data cited in this section is from the U.S. Census, 2008 American Community Survey 1-year Estimates.

The following table shows a snapshot of the population's criminogenic needs:

**Table 2**

Measure	Actual or Estimate	Analysis/Comparison
Median Household Income	\$36,157	41% below Virginia's median of \$61,233
Percentage of total population living in poverty	26.7%	51,000 people living below poverty in Richmond; nearly three times state poverty rate of 10.2%
Unemployment rate <sup>2</sup>	10.6%	One-third higher than state rate of 7.6%
Number of annual drug-related arrests and crimes <sup>3</sup>	2,580 arrests 3,909 crimes	About one drug arrest per 80 citizens; Richmond was location of 5.6% of the total drug arrests in Virginia during 2008, while it is only 2% of state's total population
Number of offenders returning to Richmond from local jail	4,425 <sup>4</sup>	1 in 35 adults is a returning offender; compared with 1 in 89 Virginia adults in prisons or jails and 1 in 46 Virginia adults under any form of correctional control <sup>5</sup> .
Number of homeless in region on any given night <sup>6</sup>	1012	Sheltered and unsheltered; more than 72% report having been incarcerated
Percentage of homeless with mental illness <sup>6</sup>	32.2%	Using above total, this would be approximately 326 individuals on any given night
Percentage of homeless with substance abuse <sup>6</sup>	49.5%	Using above total, this would be approximately 501 individuals on any given night

The tables demonstrate the high levels of risk for criminal behavior among the City's population, exacerbated by the level of poverty, which has increased by an estimated 10% from 2007 to 2008 (U.S. Census estimates) as a result of the economic crisis and resulting high unemployment. The City has long suffered from high poverty rates, which have increased steadily since 1970. The interplay between poverty, crime, and substance abuse has long been established, and the importance of targeting all of these factors, and others, cannot be overstated.

<sup>2</sup> Virginia Employment Commission, January 2010, not seasonally adjusted

<sup>3</sup> Richmond Police Department, 2008 total

<sup>4</sup> Unique individuals released from Richmond Jail in 2008, Richmond City Sheriff's Office

<sup>5</sup> Pew Charitable Trust, March 2009

<sup>6</sup> "Snapshot of Individuals and Families Experiencing Homelessness in the Richmond Region," January 2010, Homeward.

## Incidents and Arrests by Offense Type

**Table 3**

Offense Type	CY 2008 Incidents	CY 2008 Arrests	CY 2009 Incidents	CY 2009 Arrests	Decrease and Increase	
					Incidents	Arrests
Murder	31	52	37	47	+1.9%	-9.6%
Sex-Offenses						
Force	95	36	93	44	-2.1%	+22.2%
Robbery	779	147	851	173	+9.2%	+17.7%
Kidnapping	82	68	77	65	-6.1%	-4.4%
Aggravated Assault	727	350	714	393	-1.8%	+12.3%
Simple Assault	4743	1578	4800	1880	+1.2%	+19.1%
Burglary	1750	144	1568	101	-10.4%	-29.9%
Arson	51	6	60	14	+17.6%	+133%
Auto Theft	1024	56	977	36	-4.6%	-35.7%
Larceny	5344	675	5870	749	+9.8%	+11%
Drug /Narcotics	2646	1708	2589	1742	-2.2%	+2%

Department of State Police, Virginia Uniform Crime Reporting Program CY 2008 and CY 2009

## Court Case Processing

**Table 4**

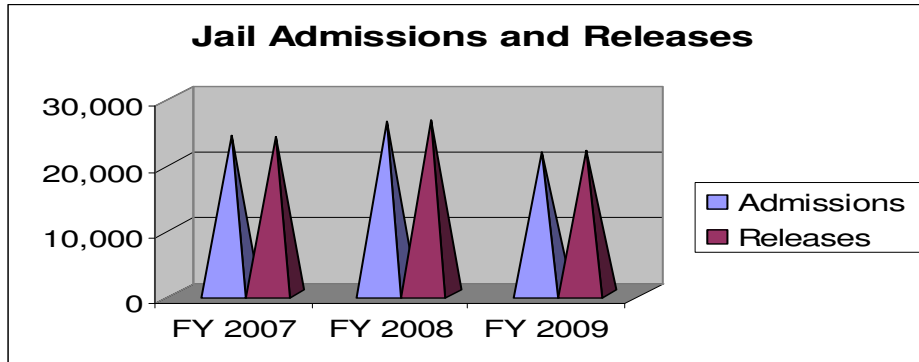
Court Type	2007		2008		2009	
	Commenced	Concluded	Commenced	Concluded	Commenced	Concluded
<b>Circuit</b>	9,262	9,284	8,599	9,298	8,230	8,019
<b>General District</b>	25,462	27,124	25,175	25,908	22,278	25,429
<b>Juvenile and Domestic Relations</b>	10,072	11,356	9,178	10,765	8,376	9,376

The table above represents the number of cases commenced and concluded in all three levels of the City of Richmond's local courts. The number of commenced cases has decreased for all three courts over the three year reporting period while the difference between the number of cases commenced and concluded has fluctuated drastically.

There was a 4.3% decrease of commenced cases between 2008 and 2009 for Circuit court cases and a 13.8% decrease in cases closed. In General District Court there was a 11.5% decrease in cases commenced between 2008 and 2009 and 1.8 % decrease in cases closed. In the Juvenile and Domestic Relations District Court there was an 8.73%

decrease in cases commenced and a 15.3% decrease in cases concluded. For reporting purposes, a criminal case is concluded when sentence is imposed (probation is included), a sentence suspended, the defendant is acquitted, or when an order for a new trial is entered. A felony charge reduced to a misdemeanor is counted as a felony case concluded.

**Figure 1**



	FY 2007	FY 2008	FY 2009
<b>Admissions</b>	24,142	26,164	21,643
<b>Releases</b>	23,914	26,440	21,678

Jail admissions are defined as individuals committed to the Richmond City Jail by a judge or a magistrate. Releases are defined as individuals who have been released from commitment such as sentenced served, transferred to another facility/jurisdiction, and those defendants who have posted bond. Please note that the total numbers may include multiple admissions of an individual. The number of admissions increased by 8.4% between 2007 and 2008 but decreased by 17.3% from 2008 to 2009. The number of releases increased 10.5% between 2007 and 2008 and decreased by 18 % from 2008 - 2009.

**Jail Pretrial Commitments  
Un-sentenced Awaiting Trial**

**FY 2009**

**Table 5**

July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
996	928	903	914	756	799	759	758	835	733	916	846

PTCC 2008- 2009 Pretrial Reports

The average daily population in the jail during 2009 was 1,463 inmates. The table above depicts the number of inmates who are in the jail on a monthly basis in a pretrial status, who have not been sentenced. On any given day there are approximately 845 individuals in the aforementioned categories. Those defendant's eligible for pretrial release can be released with a financial bond, released on their own recognizance, placed on pretrial supervision, or Home incarceration with or without Electronic Monitoring.

## Current Jail-Based Programs Involving Community Release

### Home Electronic Incarceration (HEI)

The HEI program offers non-violent offenders who meet the eligibility criteria, pursuant to Section §53.1-131.2 of the Code of Virginia, 1950, the opportunity to complete their sentences while being electronically monitored in their home. Participants are fitted with electronic ankle monitors designed to confine the participant to a specific environment.

There are three (3) types of HEI:

- HEI Employed: participants must be employed at inception into the program
- HEI Unemployed: participants report to Inmate Services Monday – Friday
- HEI Medical: This program is designed for severe medical patients who are best suited and cared for by their personal physician.<sup>7</sup>

In 2008, the Inmate Services Division processed 89 individuals out of the Richmond City Jail for home incarceration participation.<sup>8</sup>

### Misdemeanant Community Service Program (MCSP)

The MCSP program is designed to allow persons with misdemeanor offenses the opportunity to give tangible restitution through reporting to the jail on weekends and performing community service work. This weekend program does not require incarceration. Participants work within the community, assisting the Department of Public Works and a host of civic organizations with city-wide cleanup and park beautification projects. Involvement encourages participants to feel more vested in the community as they help improve the city in which they live. These inmates will be awarded 1 full day of Jail credit for every 8 hours of community service provided in lieu of incarceration.<sup>9</sup>

The Work/Study Release program offers eligible participants who meet the eligibility criteria pursuant to Section §53.1-131 of the Code of Virginia, 1950, as amended, the opportunity to continue work or study programs while serving a sentence. The participants in this program must complete an extensive screening process, including interviews and criminal records check before being recommended to the Courts for inclusion. If approved, the inmate is assigned a Jail staff case-worker and is permitted to leave the Jail during designated hours to participate in assigned activities.<sup>10</sup> In 2008, the Inmate Services Division processed 244 individuals for participation in the MCSP Program.<sup>11</sup>

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<sup>7</sup> Richmond City Sheriff's Office FY 2009 Annual Report

<sup>8</sup> Richmond City Sheriff's Office

<sup>9</sup> Richmond City Sheriff's Office FY 2009 Annual

<sup>10</sup> Ibid

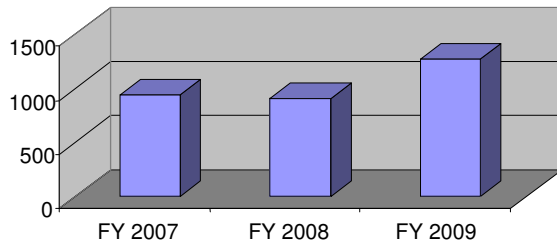
<sup>11</sup> Richmond City Sheriff's Office

## Current Local Community-Based Programs

### *Pretrial and Probation Services Utilization*

**Figure 2**

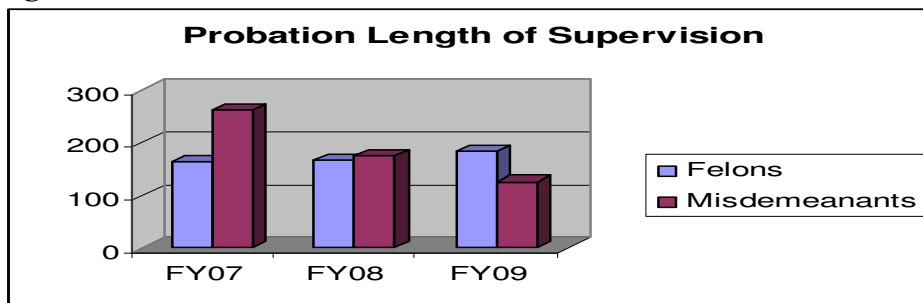
**Local Probation New Placements**



	FY 2007	FY 2008	FY 2009
<b>Supervision</b>	944	909	1,276

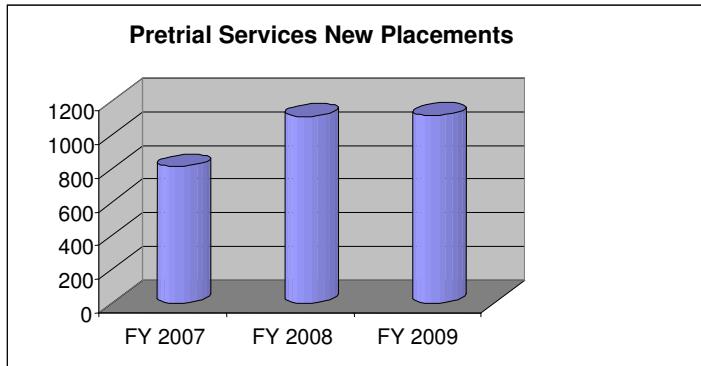
The table depicts the number of offenders supervised on local probation. These offenders are convicted of misdemeanor and non-violent felony offenses for which the Court imposes a jail sentence but requires less than institutional custody. As indicated, the number of placements has increased in FY09. This increase is attributed to new domestic violence cases resulting from the closing of the Family Violence Prevention Program. These domestic violence cases are now handled by local probation.

**Figure 3**



ALOS	FY07	FY08	FY09
<b>Felons</b>	164	167	184
<b>Misdemeanants</b>	263	175	126

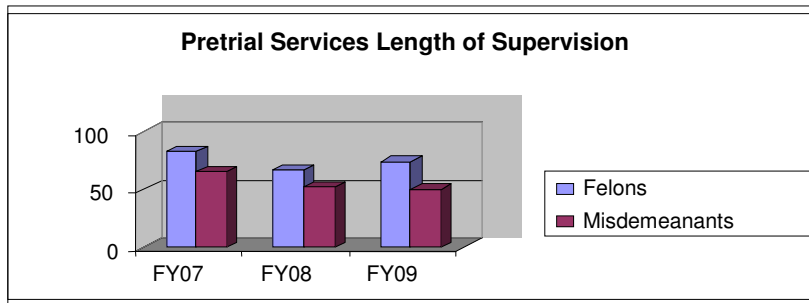
**Figure 4**



	FY 2007	FY 2008	FY 2009
<b>Supervision</b>	809	1,109	1,113

The number of defendants placed on pretrial supervision is shown in the table above. Placements are defined as those defendants ordered to pretrial supervision while awaiting trial. Supervision may include urinalysis and participation in treatment programs for substance abuse and psychological counseling, home incarceration with electronic monitoring devices, and contacts with household members and place of employment when ordered by the Court.

**Figure 5**



ALOS	FY07	FY08	FY09
<b>Felons</b>	83	67	74
<b>Misdemeanants</b>	65	52	50

### **Richmond Crisis Intervention Team (CIT)**

Jail diversion programs that include training for police officers in the area of responding to individuals with mental illness are critical to ensuring police officers' comfort, knowledge, efficiency, and safety. One of the most popular models addressing response to individuals with mental illness in crisis is the Crisis Intervention Team model (CIT). CIT models improve law enforcement perceptions of individuals with mental illness, decrease crisis response time, decrease law enforcement injury rates, decreased arrest rates of persons with mental illness, and improved community perceptions of law enforcement. CIT is classified as a pre-booking jail diversion model that can be implemented in a number of ways including: (1) police-based specialized response; (2) police-based mental health response; and (3) a mental health-based response. Police-based specialized responses utilize officers who have received specialized mental health training, while police-based specialized mental health responses utilize mental health staff hired by the police department to provide onsite or telephone consultations when an individual is in crisis. A mental health-based response does not involve contacting the police, instead mental health workers respond to calls placed to a hotline or designated telephone number stating a person is in crisis.<sup>12</sup>

In 2008, Richmond began the process of implementing the police-based specialized response which provides officers mental health training and training on various procedures guiding decisions related to disposition, transportation, custodial transfer, and diversion to appropriate treatment of individuals with mental illness experiencing crisis. Richmond Police Officers, Richmond Sheriff Deputies and Virginia Commonwealth University Officers Police have participated in trainings throughout the Commonwealth of Virginia. In January of 2010, the Richmond Police Department held the first locally-sponsored train-the-trainer class. April 5- 9, 2010, the Police Department conducted the first 40-hour training session for Richmond officers. Thirty-three (33) officers and sheriff's deputies have been trained in CIT. The goal is train 25% of patrol officers to ensure there is CIT coverage during all shifts. Fourteen (14) officers and deputies have completed the train-the-trainer course. Additional training sessions are scheduled in 2010.

### **Richmond Adult Drug Court**

The Richmond Adult Drug Court Program is a pre-adjudication and post-adjudication alternative to incarceration and probation for selected non-violent felony offenders with substance abuse problems. These offenders initially appear on any circuit court judge's docket for sentencing or probation revocation hearings. Substance abuse treatment includes drug testing, individual and group counseling, regular attendance at twelve-step meetings Narcotics Anonymous (NA) or Alcoholics Anonymous (AA), and participation in other recovery groups. On-site substance abuse clinicians, working with on-site probation officers and other Drug Court team members, provide individual and group counseling. The probation officers monitor compliance with court orders, and provide supervision and ancillary services. Program participants must be employed for a minimum of 35 hours a week or full-time students. They must perform 45 hours of community service while assigned to the program. They must appear regularly before the

Circuit Court Judge for judicial monitoring of program compliance. Approximately 95 individuals participated in the program between FY 2007-09, and their average length of stay in drug court was approximately 87 weeks.

### **Current Community-Based Service Providers and Stakeholder Input**

An online survey was developed by the Richmond Community Criminal Justice Board Community Programs Task Force to capture information about regional service providers that provide alternatives to incarceration through mental health, substance abuse, and other programming. Providers represented in the survey are: Richmond Behavioral Health Authority (RBHA), Offender Aid and Restoration of Richmond, Inc., Daily Planet, The Healing Place, Rubicon, The McShin Foundation, The Richmond Outreach Center (The ROC), and Boaz and Ruth. Overall findings are:

- Agencies provide services to a variety of subpopulations, including people experiencing homelessness; those with substance use disorders, mental illnesses, and co-occurring mental health and substance use disorders; people with intellectual disabilities; ex-offenders and current offenders; people under court order or deferred prosecution; people on probation or parole; and individuals referred by the police. Services are provided to adult males and females in all age groups.
- Services provided include case management, substance abuse treatment and recovery, mental health counseling, treatment of serious mental illness, medication management, employment services and placement, vocation/pre-vocation training, primary health care, housing/residential services, and housing placement. None of the agencies report that they provide housing subsidies.
- Clients generally access services in a variety of ways, including by appointment, walk-in, and referral. Services are available in the case of a crisis event. The most commonly cited factors that determine the number of people who can be served are funding for services/staff and maximum capacity. Most programs are funded with state or federal grants (along with other sources, which may include Medicaid reimbursement, private/self pay by clients, and others), and a number are available at no cost to clients.
- Funding for services was the most commonly endorsed barrier for agencies in serving their target populations. Lack of physical space and a partnership or referral source were also cited as barriers. It appears that there is no lack of qualified staff or people willing to work with their target populations.
- Agencies measure their outcomes in a variety of ways, including client-centric measures of service plan progress and other more general measures, such as employment, reduced recidivism to the criminal justice system, sobriety, stable housing, and compliance with medications.

- The agencies surveyed reported involvement with the Department of Justice Services, most often with probation and parole, drug court, or diversion. Only two agencies expressed involvement with pre-trial services, which may indicate a potential opportunity for increased partnership between pre-trial services and agencies that provide mental health and substance abuse services. Most agencies indicated that they had some involvement with Richmond's Department of Social Services, a few (McShin, The Healing Place, and The ROC) reported that they did not. Again, this may indicate a potential opportunity for increased partnership.
- While two respondents indicated that their agency was a part of formal discharge planning, a larger number (six) reported that they work with people re-entering the community after incarceration informally and served many recently released offenders. This may be an area to explore further in order to determine whether there is a benefit to formalizing these partnerships. Taken together with the lack of partnership or referral source which was cited as a barrier for agencies, this suggests that further exploration of partnerships in general is worth considering.

More detailed information about the agencies that responded, including the number of people they serve and their estimated program costs, is included in Attachment F of this report.

In addition to gathering input from existing community-based service providers, the Community Criminal Justice Board's task forces gathered information in Spring 2010 from people participating in local substance abuse or mental health programs, as well as an informal community support group of ex-offenders. All surveys were self-administered. Highlights of the findings include:

- Client demographics. A majority of surveys (76.4%) were completed by participants in Richmond Behavioral Health Authority (RBHA) programs. The most frequently selected response categories were male (63.5%), not Hispanic (93.8%), non-veterans (95.7%), single (never married) (59.2%), and parents (73.3%).
- Program/jail experiences. Most respondents (89.9%) have been in jail before, and about 1/3 of the community participants (38.3%) are participating in a program in lieu of jail or as a result of a legal case.
- Alcohol and drug use. A majority of respondents (86.5%) reported feeling or having been told that they had a drinking or drug problem. Of those who did, cocaine (52.5%), heroin (45.6%), and alcohol (43.1%) appeared to be the most frequently abused drugs. Over half (60.8%) indicated that they had been in treatment for drug/alcohol abuse, and most who had received treatment (72.7%) had been to a residential, inpatient program at some point.
- Mental and physical health events. Less than half (40.8%) indicated that they had felt or been told that they had a mental or psychological problem, and about a third of all respondents (30.5%) had been in treatment for mental/psychological problems. A vast majority of respondents (95.9%) reported that they had been to a doctor in the past year.

- Probation/parole involvement. Most respondents (81.0%) indicated that they have been on probation or parole, and less than half (41.1%) reported that they had participated in groups at the District 1 office in Richmond.
- Employment. Most respondents (70.4%) did not have a job before program attendance or jail, and most of the community participants (72.9%) indicated that they do not have a job to return to when they complete the program.
- Local service usage. The most commonly used (ever) service providers appear to be Rubicon (48.8%), RBHA (46.9%), the Daily Planet (28.7%), and The Healing Place (19.7%). (Note that these answers reflect the fact that surveys were actually administered at Rubicon and RHBA.)
- Experiences with homelessness and housing. A majority of respondents (52.9%) indicated that they had been homeless in their adult lives, with half of these individuals (51.5%) reporting that they had been homeless in Richmond in the past year. Prior to starting their program or going to jail, most people (80.3%) indicated that they were housed. Of those who were housed, most were either in their own place (50.0%) or living in someone else's place (43.3%). About ¾ (74.7%) indicated that they had lived in Richmond city.
- SSI/SSDI. Just 11.2% of respondents reported that they currently received SSI, and 9.6% indicated that they currently received SSDI.

Overall, these findings highlight the overlap between systems and services provided to people with substance abuse and mental health problems, as well as those who experience homelessness or are incarcerated in our community. Although these findings are not intended to be representative of the populations targeted for participation in diversion or alternatives to incarceration, a full report on these surveys can be found in the Attachment B, C, D, and F.

## **A Key Challenge for Implementation**

Alternatives to incarceration are not easy to implement – it is imperative to have strong stakeholder support before attempting to introduce an “alternatives” program. Additionally, stakeholders need to meet on a regular basis to establish and review guidelines and to evaluate the effectiveness of the programs. Bronner and colleagues (2001) suggested Stakeholders should be cross-trained in order to cultivate an understanding of the professional language and orientation respective to each. This ensures that the identification and resolution of barriers is achieved through an informed and collaborative process, clearly defining goals, benchmarks, and outcomes for piloting, implementing, refining, and evaluating the diversion initiative. There are two primary components of support: 1) the stakeholder's commitment to the success of the initiative, and 2) the stakeholder's support of the initiative.<sup>13</sup>

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<sup>13</sup> (Turbit, 2007)

## **Proposed Strategies for Addressing Key Challenges**

The goal of the task forces was to identify programs and mechanisms that would reduce the average jail census by approximately 400 persons. As the City of Richmond contemplates construction of a new jail facility and the appropriate disposition of offenders, it will examine evidence-based practices in community corrections from around the country. Safety of the victim, offender and the general public should be a key consideration from the point of initial contact, throughout any services or programming, and upon release. The task forces working on this project conclude that, by implementing certain alternatives to incarceration, Richmond will enjoy increased efficiency in the use of its resources, and communities will benefit from more effective responses to certain types of non-violent crime.

### **Potential Jail Populations for Alternatives to Incarceration**

Careful attention must be given to identifying those groups of jail detainees who could be safely and effectively supervised in a community, or non-jail setting. Each of the following five (5) categories estimates the number of a designated type of offender or jail inmate which the RCCJB believes could be managed in an alternative setting; the Richmond Sheriff's Office was consulted for purposes of the estimates:

#### ***Low-risk Offenders***

It is estimated that there is a monthly average of 100 to 150 low-risk offenders at the Richmond City Jail. Low-risk offenders, for purposes of these strategies, are considered unlikely to commit a crime of violence or a crime against a person. They include, but are not limited to, those charged with offenses such as property damage, theft, trespassing, and certain driving offenses (e.g. non-DUI).

#### ***Substance Abusers***

For purposes of these strategies, substance abusers are considered to be persons engaged in non-violent illegal activity primarily because of an underlying addiction to alcohol or controlled narcotics. The designation includes persons charged with felonies for possession (not distribution or sales) of illegal drugs. Research has shown that incarceration does little to reduce drug use or addiction long term. Similar research demonstrates that effective treatment protocols are best implemented in the community at a lower cost than incarceration. It is estimated that there are approximately 150 low-risk substance abusers at the RCJ in any given month.

### *Traffic Offenders*

With rare exception, traffic offenders are non-violent, pose minimal risk to public safety, and generally do not incur disciplinary infractions while under supervision. For that reason, it is concluded that they could be managed in nonresidential facilities and not subject to costly, armed, secure supervision. It is estimated that a monthly average of 30-50 traffic court offenders are either held or monitored under armed secure supervision through work release, weekend incarceration, or supervised community service programs; all are resource-intensive programs utilizing City Jail deputies.

### *Technical Violators of Probation*

Offenders who violate conditions of probation for non-compliance or drug use, without new charges, typically receive sentences of up to 12 months in jail. When such violations are not accompanied by new charges, and where the underlying probationary offense is not a crime against persons and otherwise considered non-violent, they could be addressed through a scheme of graduated sanctions demanding fewer resources than continuous detention at the jail. It is estimated that approximately 50 technical violators per month could be processed through immediate sanctions, depending on the type of violation and surrounding circumstances of probation adjustment.

### *Offenders with Underlying Mental Illness*

It is estimated that 50 to 100 non-violent jail inmates suffer from diagnosable mental illness. While jailing these individuals can be effective in reducing crime in the short run, they also require more intensive monitoring than jail staff can provide. Non-violent offenders could receive appropriate mental health care if they were housed in, or monitored by, a facility staffed by trained mental health workers, as opposed to being housed in the jail. It is important that high-risk inmates – those who pose an unacceptable risk to the community – remain in the jail.

## **Best Practices in Alternatives to Incarceration**

A review of the literature on best practices in alternatives to incarceration reveals that community correctional programs that focus on the principles of evidenced-based practice (EBP) are effective intervention strategies as alternatives to incarceration. The community correctional programs that are EBP utilize eight principles for effective intervention. The principles are:

1. Assess actuarial risk/needs
2. Enhance intrinsic motivation
3. Target interventions
4. Skill train with directed practice (using cognitive-based treatment methods)
5. Increase positive reinforcement
6. Engage ongoing support in natural communities

7. Measure relevant processes/practices
8. Provide measurement feedback

Target interventions are essential for EBP in community correctional programs in that it is based on three principles:

1. Risk Principle – The prioritization of supervision and treatment resources for higher risk offenders.
2. Need Principle – Target interventions to criminogenic needs.
3. Responsivity Principle – Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs.

Furthermore, target interventions require that the program dosage should structure 40-70% of high offenders' time to 3-9 months and treatment should be integrated into the full sentence/sanction requirements.

The increase of positive reinforcement, where rules are clear, consistent and swiftly enforced with appropriate graduated consequences tends to create an atmosphere in which offenders have a higher probability to comply in the direction of most rewards and least punishment. However, it should be noted that the increase of positive reinforcement should not be done as a means to circumvent or undermine the administration of swift or real responses for negative or unacceptable behavior.

In the Commonwealth of Virginia, there are ten community correctional programs that have implemented EBP. The Virginia Department of Criminal Justice Services, with federal grant funds from the Bureau of Justice Assistance (BJA) has provided support for these programs. The programs are:

1. Colonial Community Corrections in Williamsburg
2. Lynchburg Community Corrections and Pretrial Services
3. OAR-Jefferson Area Community Corrections Program in Charlottesville
4. Old Dominion Community Corrections in Winchester
5. Blue Ridge Court Services in Staunton
6. Chesterfield CC & PT Services
7. Hampton/Newport News criminal Justice Agency
8. Henrico County Community Corrections

9. Piedmont Court Services in Mecklenburg

10. Rappahannock Regional Jail Community Corrections in Fredericksburg

A link to the website for each of the above is attached as Attachment D.

There are several best practices outside of the Commonwealth that may serve the City of Richmond well. A representative sampling of those practices is reviewed below:

### ***Early Intervention***

#### **Project HOPE (Hawaii's Opportunity Probation with Enforcement)**

In 2004, Judge Steven Alm realized that “[n]early half of the people appearing before him were convicted offenders with drug problems who had been sentenced to probation rather than prison and then repeatedly violated the terms of that probation by missing appointment or testing positive for drugs. Whether out of neglect or leniency, probation officers would tend to overlook a probationer’s first 4 to 10 violations, giving the offender the impression that he could ignore the rules. But eventually the officers would get fed up and recommend that Alm revoke probation and send the offender to jail to serve out his sentence. Judge Alm decided to try something different”<sup>14</sup>:

#### **Program**

1. Weekly randomized testing (or twice-weekly scheduled testing), to eliminate any “safe window” for undetected drug use
2. Fixed sanctions on a set schedule: as little as two days in jail is adequate, so long as enforcement is reliable, with sentence length increasing gradually for successive violations
3. A formal warning to the probationer in open court, putting him on notice that violations have consequences
4. As short a time as possible between violations and sanctions. (For offenders with paycheck jobs, the first sanction could be deferred to the following weekend)
5. Quick service of bench warrants on those who abscond
6. Treatment services for those who prove unable to comply on their own.<sup>15</sup>

#### **Rationale**

1. The threat of a mild punishment imposed reliably and immediately has a much greater deterrent effect than the threat of a severe punishment that is delayed and uncertain
2. People are more sensitive to the immediate than the slightly deferred future
3. People focus more on how likely an outcome is than how bad it is
4. People are most likely to obey the law when they’re subject to punishments they perceive as legitimate, fair and consistent, rather than arbitrary and capricious

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<sup>14</sup> Rosen, J. (2010, January 10). Prisoners of Parole. *The New York Times*

<sup>15</sup> Hawken, A. (2007, April 10). HOPE for Reform. *The American Prospect*

## **Outcomes**

1. Deterrent impact – three hearings the first week, two the second and none in the third
2. Within a six-month period, the rate of positive drug tests fell by 93 percent for HOPE probationers, compared with a fall of 14 percent in a comparison group
3. 55% less likely to be arrested for a new crime
4. 72% less likely to use drugs
5. 61% less likely to skip appointments
6. 53% less likely to have their probation revoked

## **Costs**

1. HOPE costs about \$2,500 per probationer, including the costs of treatment
2. Routine probation cost about \$1,000 per probationer
3. Most or all of the cost for a HOPE-based program would be recouped as criminal justice savings

## **Additional Information**

1. Discussion with Congressman Schiff's staff regarding federal grants
2. Website: <http://hopeprobation.org>

## ***Mental Health Docket***

A Mental Health Docket is a pretrial diversion program based on the philosophy that a centralized mental health program that utilizes available community resources and support systems will increase the efficiency of the criminal court by creating an environment that is conducive to mental health treatment and wellness, while insuring the safety of the public at large.

The term mental health docket is most often used to refer to a specialized docket for defendants with mental illnesses that provides:

- The opportunity to participate in court-supervised treatment;
- A court team composed of a judge, court personnel, and treatment providers, which defines terms of participation;
- Continued status assessments with individualized sanctions and incentives; and
- Resolution of case upon successful completion of mandated treatment plan.

## **Eligibility**

An eligible Mental Health Docket candidate must be diagnosed with a mental illness or a developmental disability and arrested for a misdemeanor or criminal traffic offense, with the exception of those charged with domestic violence, driving under the influence, and sexual offenses. However, defendants charged with domestic violence

involving parents and children or siblings may be accepted into the program with the approval of the Court. Defendants charged with simple battery may be admitted with the victim's consent. The Mental Health Court may also hear cases in which a defendant is charged with a violation of county court probation with the consent of the county court judge to whom the case is assigned.

### Program Requirements

Defendants accepted onto the Mental Health Docket will attend weekly court hearings as ordered by the Court, based on each defendant's needs. After the defendant's acceptance into the Program, the defendant will participate in continued assessment and treatment and engage in discharge planning. The defendant's participation will end upon the successful completion of the discharge plan. The charges will then be dismissed by the Commonwealth Attorney or the violation of probation will be dismissed by the Mental Health Docket judge.

### Screening

Referrals into the program may be made by any Court (without input from any party), Court Services, the Mental Health Director (personnel) at the City Jail, the Commonwealth Attorney, the defense attorney, law enforcement, or mental health providers.

### **Dayton Municipal Mental Health Docket**

In 2003, Judge John S. Pickrel convened the first Dayton Municipal Mental Health Docket and reviewed two candidates for potential entry into the Access II Program.

Access II is designed to meet the needs of persons with mental health problems charged with misdemeanors in the City of Dayton. These individuals must be coherent or stable enough to understand and comply with the program requirements. Access II candidates are referred by Dayton Police officers trained in Crisis Intervention, the City of Dayton Prosecutor's Office, the Montgomery County Public Defender's Office, Crisis Care specialists at the Montgomery County Jail, or a licensed social worker from Day-Mont Behavioral Healthcare or Eastway Behavioral Healthcare agencies.

The Mental Health Court Docket team consists of representatives from the Dayton Municipal Court Probation Department, Prosecutor's Office, Public Defender's office, Good Samaritan Behavioral Healthcare, Crisis Care, Day-Mont and Eastway Behavioral Healthcare Centers.

This group meets weekly at what is termed the roundtable. The meetings are scheduled one week prior to the candidate's court date. The probation officer is responsible for compiling comprehensive information packets, including criminal histories, for review. Day-Mont and Eastway provide a mental health assessment which includes criminal histories to determine eligibility criteria. Subsequently, the roundtable makes a

recommendation to the judge for acceptance into the program. The ultimate decision for acceptance into the program rests with the Mental Health Docket Judge.

Should the candidate be accepted into the program, he is immediately connected to services with Day-Mont or Eastway and placed on intensive probation. The participants are involved in treatment and on probation in the Access II Program, for a period not to exceed 24 months. Status court hearings are set as needed for Access II participants to ensure program compliance. Individuals graduate from the program after successfully completing the treatment plan and having no new criminal charges during the 24-month period. Upon successful completion of the program, the prosecutor files a motion to vacate the guilty plea and dismiss the charge.

During 2008, Dayton Municipal Court, along with Montgomery County and the Alcohol, Drug and Mental Health Services Board (ADAMHS) of Montgomery County gained approval from the Ohio Supreme Court granting county-wide jurisdiction for the implementation of the Dayton Municipal/Montgomery County Municipal Mental Health Court. This partnership has proven to be very successful, with a needed tool now being offered to the surrounding jurisdictions. This expansion led to the hiring of a second probation officer to handle the increase of cases.

A review of the Access II Program indicates three hundred ninety (390) defendants have been referred to the Access II program since Mental Health Court began in 2003.

- Three hundred thirty-three (333) accepted into Access II.
- Fifty-seven (57) participants graduated from the program to date.
- Of the defendants accepted, forty (40) have re-offended.

A significant reduction in jail time is realized by those who are accepted into the program. Jail bed usage is tracked for one year before and one year after acceptance into Access II. A reduction of jail bed usage of approximately 60% has been realized.

### **Norfolk Mental Health Court**

The Norfolk Mental Health Court pairs mentally ill criminal defendants with psychiatrists and counselors. They work in collaboration with prosecutors, defense attorneys, probation officers, community mental health providers, the sheriff's office, and jail officials.

By making a finding of guilt, the mental health court is not a "get-out-of-jail free card". Every week, defendants must report on their treatment, and failure to complete it can result in jail time. Those who successfully complete treatment may have their criminal charge vacated.

The program is not for every mentally ill defendant. Defendants accused of sex crimes are not eligible. The success of the Norfolk program is seen in substantially lower recidivism rates. More than three-fourths of offenders suffering from mental illness will commit another crime within eighteen months of release. Only one-third of those who

completed the Norfolk Mental Health Court program committed a crime within that same time period.

The Norfolk program saved tax payers an estimated \$1.63 million by reducing time spent in jail. Additionally, the community benefitted as defendants became better able to support themselves and others.

### ***Day Reporting***

Day Reporting Centers (DRC) are highly-structured sanction and intervention programs that provide services to offenders who are not in compliance with the conditions of their parole and probation supervision requirements. Services target high risk/high need behaviors such as drug abuse, impulsivity, anti-social thinking, lack of employment and education, mental health concerns, and lack of positive peer support. DRC staff work closely with Parole/Probation Officers to address public safety concerns and provide clear structure for offenders.

DRC Corrections Counselors provide intensive case management to engage offenders in services; stabilize them with attention to their basic needs; and assess and refer them to in-house cognitive option groups and community resources.

### **180 Degrees, Inc.**

180 Degrees, Inc. was established in 1973 in Minneapolis, Minnesota. 180 Degrees is a sixty-day residential program (half-way house). Upon leaving the half-way house residents have acquired steady employment, sobriety, and an approved place to live. The goal of 180 Degrees, is to offer accountability, support and opportunity to residents.

Each resident is assigned a case manager to help develop a successful transition plan. Goals and strengths, as well as needs, are discussed. Weekly one-to-one meetings are vital to monitor each resident's goals and to discuss areas of concern. Case Managers are responsible for creating and maintaining a network of referrals to outside groups such as AA, anger management, and job training programs. 180 Degrees also provides a continuity of services by offering in-house groups and participation in a continuum of services. All residents participate in their Skills Offenders Need in the Community (SONIC) Program. Job attainment and retention, healthy food education, and spiritual outlets help engage the residents in pro-social activities in a positive environment.

180 Degrees' SONIC program provides services to individuals re-entering the community from correctional facilities and to other residents from the community facing barriers to employment and housing as a result of a criminal conviction. Many SONIC clients are re-entering the community after spending time incarcerated or placed out of the home. They have limited work histories and are often prime candidates for entry-level and manual labor jobs where they can develop a work history and establish pro-social connections within the community. 180 Degrees recognizes that many ex-offenders are re-entering the greater metropolitan area. To the extent that they can help

offenders succeed in maintaining a law-abiding life style, they contribute to greater public safety.

### ***D.C.S.I. Cook County (Department of Community Supervision and Intervention)***

The Day Reporting Center (DRC) is an intensive supervision program that reduces overcrowding in Cook County Jail while providing services and direction for pretrial, non-violent participants. Using a variety of methods, DRC aims to break the cycle of drug addiction and criminality while offering opportunities for education and employment for those willing to abide by the rules and make positive changes in their lives.

The basic concept is to allow the participant to become acclimated to the daily routine of reporting in a strictly supervised environment, where he is expected to adhere to a schedule and engage in productive activities. Step-by-step, as each individual proves capable of handling it, he or she is given greater freedom and flexibility. Extensive drug testing is employed along with group and individual therapies, all in a secure environment on the South Campus of the jail complex at 31st and California.

#### **Eligibility**

The typical DRC participant is a male, non-violent, and in a pre-trial status, usually on drug-related charges. Each participant is subject to mandatory daily attendance and drug testing. Any offender who fails to adhere to the rules of the program is re-incarcerated. Such infractions include: excessive tardiness and absenteeism, new arrests, or disregard for DRC rules.

#### **The Program**

Participants must complete an 8-day orientation upon entry into the program. Afterward, they is evaluated and placed in a program track which addresses their specific needs. Program tracks vary in intensity from nine (9) hours to three (3) hours daily. The goal of the track system is to move participants successfully through the continuum of services to the point where they either become drug free, gainfully employed, and/or are attending school or a vocational training program. Except for vocational training and employment, all program services are provided at the DRC during the 10-hour program day. Program staff develop off-site training and employment opportunities for eligible participants who are drug-free at least 30 days.

#### **Program Services**

The Day Reporting Center provides the following services:

- Drug/Alcohol Education and Treatment
- Drug Testing
- Adult Basic Education/GED
- Literacy Life Skills
- Violence Interruption
- HIV/AIDS Education

- Job Readiness
- Vocational Placement
- Job Placement
- Parenting

## ***Restorative Justice***

### **Red Hook Community Justice Center**

Launched in June 2000, the Red Hook Community Justice Center is the nation's first multi-jurisdictional community court. Operating out of a refurbished Catholic school in the heart of a low-income Brooklyn neighborhood, the Justice Center seeks to solve neighborhood problems like drugs, crime, domestic violence and landlord-tenant disputes. At Red Hook, a single judge hears neighborhood cases that under ordinary circumstances would go to three different courts—Civil, Family and Criminal. The goal is to offer a coordinated, rather than piecemeal, approach to people's problems. The Red Hook judge has an array of sanctions and services at his disposal, including community restitution projects, on-site educational workshops and GED classes, drug treatment and mental health counseling—all rigorously monitored to ensure accountability and drive home notions of individual responsibility.

The Red Hook story goes far beyond what happens in the courtroom. The courthouse is the hub for an array of unconventional programs that engage local residents in "doing justice." These include mediation, community service projects that put local volunteers to work repairing conditions of disorder and a Youth Court where teenagers resolve actual cases involving their peers. The idea here is to engage the community in aggressive crime prevention, solving local problems before they even come to court.<sup>16</sup>

### ***Non-Residential Alternative Program (NAP)***

NAP is a non-residential program for males and females on parole or probation. The purpose of NAP is to provide a short-term community alternative to residential placement or revocation for clients under community correctional supervision. The program is a 60-day community accountability program. NAP provides an additional layer of supervision, structure, and monitoring for clients who are experiencing difficulties in the community but whose circumstances do not warrant a long term, costly correctional response. NAP staff provides daily case management and accountability. NAP Case Managers help clients with employment and sobriety through community referrals and individualized support. NAP staff offer face-to-face day reporting contacts, employment assistance through referral, job leads, mock interviews, employment retention support, employment verification and monitoring of attendance, community resource referrals, random urine analysis and breathalyzers, and curfew monitoring.

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<sup>16</sup> The Center for Court Innovation.  
<http://www.courtinnovation.org/index.cfm?fuseaction=Page.viewPage&pageID=572>

## ***Substance Abuse Treatment (Diversion or Pretrial)***

### **Community Education Centers**

Community Education Centers (CEC) partner with state and local governments to provide community-based adult residential re-entry services to offenders released or diverted from incarceration. These facilities are designed to provide structured programming with a focus on substance abuse treatment and education and changing criminal behaviors. Additionally, services offered at CEC's residential re-entry facilities include comprehensive assessment, individual and group counseling, life skills training, and aftercare.

### **Substance Abuse Treatment**

Substance abuse treatment is a key component of CEC's programs. CEC's substance abuse treatment programs depend in large part on the successful implementation of the following:

1. Comprehensive assessment of the offender
2. Individualized treatment plan
3. Case management
4. Continuum of treatment
5. Drug and alcohol testing
6. Support services, including health care
7. Education services
8. Vocational training
9. Linkages to aftercare

### **Individual Counseling**

The goals of individual counseling include:

- providing a safe place to disclose and discuss sensitive personal issues
- fostering and modeling a close interpersonal relationship
- providing a positive role model
- providing supportive, cognitive-behavioral and insight-oriented psychotherapy as needed

### **Group Counseling**

Group therapy is combined with other treatment modalities to provide a structured, comprehensive treatment program for substance abusers. On-site meetings of Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA), and other community support group speakers are utilized when deemed appropriate.

## **Assessment**

During the assessment process, information is gathered to determine an offender's current risk factors for public safety concerns and recidivism. CECs use standardized and actuarial instruments to assess all offenders in the following domains:

- Substance abuse needs
- Level of recidivism
- Work-related Intelligence Quotient
- Static and dynamic risk factors
- The resident's likelihood of success in a community release program

## ***Education Programs***

An important element in the Community Education Center's care model is the emphasis placed on education and vocational training. There are four basic components to the education program at CEC facilities: Adult Basic Education (ABE), General Educational Development (GED), Vocational Training, and Post-Secondary education.

### **Oriana House, Inc.**

Oriana House has a long, successful history of operating community corrections programs. Oriana House was honored to receive the 2008 Clifford Skeen Award for Halfway Houses from the Ohio Department of Rehabilitation and Correction. The Oriana House provides a direct sentencing option for misdemeanor, felony, and traffic offenders; and is also used as a transition program for some offenders who are near the end of their prison sentences.

Oriana House is a chemical dependency treatment and community corrections agency operating programs and facilities for male and female residents in Summit, Cuyahoga, and Seneca counties in Ohio. Oriana House assists people in overcoming chemical dependencies and provides suitable, reintegrating community corrections programs for those offenders who live in or are returning to their communities.

For those in need of chemical dependency treatment: Oriana House helps individuals to begin the journey to recovery. Using assessment tools, Oriana House staff refers those seeking assistance to both residential and nonresidential settings.

For those sentenced to Oriana House programs: Multiple services, including treatment, education, employment and case management, are used to prepare offenders for a positive and long-lasting reintegration to the community.

Relapse Prevention assists clients in recognizing personal warning signs and symptoms of potential relapse. Clients entering this program have a history of prior treatment. Oriana House counselors recommend clients enter into relapse avoidance education. The program lasts up to eight weeks. Both group and individual sessions are available.

Oriana House believes chemical dependency is a disease that, once activated, requires an individual's continuous commitment to recovery over the course of his or her life. The goals of treatment include admission of a problem, abstinence, avoidance of relapse, and a daily dedication to recovery.

It is Oriana House's hope that, by providing community corrections programs for offenders who are in the community or who will soon be returning to the community that they achieve several goals:

- Help ensure jail/prison space for violent, dangerous offenders
- Assist individuals and communities in achieving a positive and successful integration
- Provide services for which, whenever possible, offenders will be financially responsible for their own punishment
- Provide community service allowing the client to give back to the community

Community Based Correctional Facilities (CBCFs) offer Oriana Houses most restrictive programming. Oriana House operates three CBCFs in Ohio -- two facilities in Akron, which is located in Summit County, and one facility in Tiffin, which is located in Seneca County. Felony offenders are sentenced to a CBCF in lieu of state prison commitments. Programming is highly structured and includes substance abuse treatment, job training, educational services, cognitive skills, and a required completion of community service. The CBCF Program strives to teach male and female offenders the skills they are lacking in order to function appropriately and productively in the community.

In Akron, the Summit County Judicial Corrections Board operates the Summit County Community Based Correctional Facility (a 120-bed facility for males that opened in 1992) and the Cliff Skeen Community Based Correctional Facility for Women (a 60-bed facility that opened in 2001).

In Tiffin, The CROSSWAEH Community Based Correctional Facility opened in October 1999. CROSSWAEH is an acronym for the nine counties the facility serves: Crawford, Richland, Ottawa, Seneca, Sandusky, Wyandot, Ashland, Erie, and Huron. The CROSSWAEH CBCF, a 50-bed facility, is operated by a 12-member Judicial Corrections Board comprised of judges from all counties served by the facility.

There is also a Summit County CBCF Citizens Advisory Board and a CROSSWAEH Citizens Advisory Board.

### ***Chemical Dependency Treatment Programs***

#### Residential Programs

- Detoxification, Central Assessment (A.D.M. Crisis Center) and Drop-in Center - Summit County

#### Nonresidential Programs

- Intensive Outpatient Program
- Relapse Prevention Program
- Aftercare
- Summit Link

## ***Community Corrections Programs***

### Residential Programs

- Community Based Correctional Facility Program - Summit and Seneca Counties
- Halfway House Program - Summit and Cuyahoga Counties
- Work Release Program - Summit County
- Cleveland Transition Center (Re-entry) - Cuyahoga County
- Glenwood Jail - Driver Intervention Program - Summit County
- Glenwood Jail - DUI Multiple Offender Program - Summit County
- Employment Placement Program - Summit County
- S.H.A.R.P. - Summit County

### Nonresidential Programs

- Day Reporting Center - Summit County
- Home Incarceration Program- Summit and Seneca Counties
- Pretrial Supervision - Summit County
- Drug Courts - Summit County
- Re-entry Court - Summit County
- Discretionary Rehabilitation Program - Summit County
- Family Violence Court - Akron Municipal Court, Summit County
- Pretrial Diversion Program - Summit County
- Misdemeanor Diversion Program - Barberton Municipal Court, Summit County
- Secure Remote Alcohol Monitoring Program (SCRAM) - Summit and Seneca Counties

Applicants must pay applicable fines, restitution or child support assessments, participate in Life Coaching for one year, and willing to receive case management for one year.

## **Process Changes**

Certain aspects of the criminal justice process must change if the City of Richmond is to benefit from any real measure of success with alternatives to incarceration and community corrections. The City should contemplate changes to the manner in which initial police contact is made; the booking process; and the screening and assessment process. Suggested changes to the criminal justice process include, but are not limited to, those outlined below:

### ***A. Pretrial Risk Screening and Supervision***

Adult pretrial services should develop an integrated system that establishes supervision criteria based on the actuarial risk assessment. Ongoing training for criminal justice practitioners should be conducted to emphasize the risk factors measured when utilizing pretrial screening instruments (risk of failure to appear or danger to the community) as opposed to risk factors of post-conviction offenders, such as those related solely to recidivism or criminogenic factors.

Adult pretrial services should develop and implement special procedures to more effectively supervise offenders with mental illness. This change should include specialized assessment processes, caseloads, and treatment options. This recommendation is reflective of national trends and evidence-based practices.

***Commentary:*** The American Bar Association and the National Association of Pretrial Services Agencies specify several core services or practices for pretrial services programs. Two of the recommendations in their standards are: 1) that all persons charged with a criminal offense should be interviewed by pretrial services; and 2) that objective criteria are utilized in the formation of a risk assessment tool when conducting these interviews. A study by the Bureau of Justice Assistance documented that programs which assess risks of pretrial misconduct in an exclusively subjective manner are more than twice as likely to have a jail population that exceeds its capacity than those programs that assess risk exclusively through an objective risk assessment instrument—56 percent compared to 27 percent.

### ***B. Legislative Education Plan***

A strategy to educate local and state legislators on the strengths of pretrial services is essential to preventing a reduction or elimination of future funding. Legislators should be regularly informed on the effectiveness of pretrial services as it relates to a reduction of threats to public safety, reduction of failures to appear in courts, an increase in fiscal accountability of jail budgets, and a concomitant reduction in jail populations. The City of Richmond must prioritize the collection and reporting of data in order to expand support for their programs.

***Commentary:*** During the 2010 General Assembly session, HB 728 was introduced on behalf of the bail bond industry and was designed to limit the scope of Virginia Pretrial Services agencies in order that bail bondsmen could increase their customer base. The unintended consequences of this legislation could have resulted in limiting judicial discretion in setting bond conditions and brought about significant increases in the awaiting trial population in local and regional jails, costing both the state and localities millions of dollars.

### ***C. Review of the Bond Process***

A review of the bond process is necessary to ensure consistency among the Courts.

#### ***D. Stakeholder Education Plan***

Develop an education plan that incorporates the recommendations identified by the National Institute of Corrections (NIC) Assessment.

***Commentary:*** The NIC Technical Assistance Program is designed to respond directly to the needs, problems, and individual requirements of state and local correctional agencies. The goal is to: (1) assess programs and operations; (2) implement effective practices; (3) improve agency management, operations, and programming; (4) improve the design, delivery, management, and evaluation of staff training programs; and (5) improve offender job training and placement efforts. Richmond's assessment is scheduled to be conducted in June 2010.

#### ***E. Expansion of Pretrial Services***

In FY09, 62% of all jail admissions awaiting trial (un-sentenced) were screened as meeting the criteria for receiving an investigation. Of those screened, investigation reports were completed on 77% of defendants. The investigation reports included a recommendation for release (without secured bond) in 49% of the cases. By expanding pretrial services to increase the number of investigators, all new admissions awaiting trial may be screened for investigation. Additional staff will allow investigators to be available in the court room during arraignment to address questions that may stem from reading the investigation reports. Finally, expansion of pretrial services will promote the coordination of cases for a mental health docket; bond review and appeal; intensive supervision of specialized population; and coordination of resources for the pre and post charge diversion placements.

***Commentary:*** Crime and Justice Institute (2009) reports that interventions and practices that are consistent with the legal and constitutional rights afforded to accused persons awaiting trial have proven to be effective in reducing unnecessary detention while assuring court appearance and the safety of the community during the pretrial stage. Research has also shown that defendants who are detained pending trial are more likely to plead guilty and receive more severe sentences if convicted (including being sentenced to prison) when compared to defendants who are released pending trial. These facts remain true even when other relevant factors are controlled for the current charge, prior criminal history, family ties, and type of counsel.<sup>17</sup> However, it is worth noting that when providing pretrial investigations and supervision, it is critical to understand that these services are not intended to be punitive or solely rehabilitative in nature. Expanding the City's pretrial services programs has the potential to reduce the jail population by providing reasonable assurance of court appearance and community safety pending trial.

#### ***F. Review of Police use of Summonses***

The Richmond Police Department reported in 2009 there were 2,962 On-View Misdemeanor arrests, 3,696 summonses issued for misdemeanors and 3,509 arrests-taken into custody and 31,487 misdemeanor traffic summonses. It is proposed that a

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<sup>17</sup>Stephen Demuth, —Racial and Ethnic Differences in Pretrial Release Decisions and Outcomes: A comparison of Hispanic, Black, and White Felony Arrestees, (2003). *Criminology*, 41, 873-907.

lesson plan be developed to teach refresher training on the discretion afforded to officers under the law, nuances under the state code; including a practical/hypothetical review of various situations and when it would be appropriate to issue a summons versus making a custodial arrest. Some policies reviewed from other agencies provided specific language about referrals for such things as alcohol/drug abuse, crisis intervention/mental health counseling, etc. Since one of the target populations specifically addressed in this plan is persons suffering from mental illness, a complete review of Richmond Police Department policies *The Handling of Mentally Ill*, should be conducted to highlight other affected directives and seek opportunities to insert language and ensure officers are provided with information necessary to give referrals, where appropriate.

## **Programmatic Changes**

The task forces discussed and reviewed strategies for implementing or increasing the capacity of best practice programs designed to address the needs of offenders referred to diversion or alternative programs.

All members of all task forces met to review and rank the proposed recommendations. The four top-ranked recommendations were:

- Expand specialty housing and homeless programs targeted to offenders with a history of homelessness or housing instability.
- Explore a special docket for non-violent offenders with mental health disorders and increase the capacity of mental health services for these offenders.
- Increase the capacity of substance abuse treatment and recovery programs for offenders involved in diversion or alternatives to incarceration.
- Establish pre-trial diversion programs addressing the needs of non-violent offenders, particularly those who are detained because they cannot afford to post bond, and utilize jail diversion programs for weekend/work release program participants. Move the community service program to the Department of Justice Services.

*\*The action plans for these top-ranked recommendations can be found later in the plan.*

Below is a description of all of the programmatic recommendations made by the task forces. Although each program could work within the current processes, the viability of each would ultimately depend on the extent to which the criminal justice process changes, as outlined in the preceding section.

### ***A. Pre-Charge and Post-Charge Diversion***

The proposed diversion program has two levels: pre-charge and post-charge. Whether pre- or post-charge, only the Commonwealth's Attorney has the discretion to divert an offender. In other words, diversion from prosecution is not a privilege available on a motion to the Court. Diversion decisions could be made at or shortly after the initial contact with the offender. Successful completion of the pre-charge diversion program will result in no criminal charges against the offender. Successful

completion of the post-charge diversion program will result in dismissal of pending criminal charges.

### **Pre-Charge Diversion**

Participation requirements: Offenders must (1) remain law-abiding and of good behavior and not commit any new offense during diversion; (2) follow all rules and regulations; and (3) successfully complete all program requirements including services specified in the diversion agreement. An offender will not be successfully discharged from pre-charge diversion until he has met all of the conditions set forth in the diversion agreement. The Commonwealth's Attorney will conduct a criminal record check before an offender is successfully discharged from diversion.

### **Post-Charge Diversion**

Participation requirements: Offenders must (1) remain law-abiding and of good behavior and not commit any new offense during diversion; (2) follow all rules and regulations; (3) successfully complete all program requirements specified in the diversion agreement. An offender will not be considered for successful discharge from diversion until he has met all of the conditions set forth in the diversion agreement which may include, but are not limited to, such programs and conditions as chemical dependency evaluation and treatment, counseling, attendance at various psychosocial or pro-social program classes, and performance of community service work. A final criminal record check will be conducted before a defendant is successfully discharged. Full restitution must be made during the period of diversion. The defendant must sign and comply with a restitution payment schedule as set by the Department of Justice Services.

*Commentary:* It is strongly suggested that a Diversion Committee be created as a standing committee of the Richmond Community Criminal Justice Board and that, in addition to the RCCJB Members, other persons (stakeholders) be invited to serve on this Committee. The Committee would meet bi-monthly and would review cases, policies and procedures, and identify issues and challenges. Committee members would include the Commonwealth's Attorney, Public Defender, Richmond Criminal Defense Bar, Richmond City Police Department, Victim/Witness Assistance Staff, Richmond Sheriff's Office and Jail, Richmond Behavioral Health Authority, and the Department of Justice Services.

The entire Proposed Diversion Plan is attached as Attachment A.

### ***B. Jail Diversion Program***

Utilize jail diversion programs for weekend and work program participants, allowing them to be housed in a less secure facility and/or be monitored by GPS technology. For example, a contract between the City, an alternative facility, and a GPS vendor would be a more cost-effective housing option and would allow the offender to participate in all of his daily activities while still being able to report.

**Commentary:** The fundamental principle on which all jail diversion programs should be based on is *treatment as the least restrictive alternative*. While the goal of a diversion program should be to reduce or eliminate the amount of time an individual is incarcerated, it must be kept in mind that most diversion programs include some level of community supervision under the auspices of court supervision, community corrections, or civil mental health statutes. The rights of the individuals must always be respected, and treatment should be the least restrictive option. According to the Gains Center (2010), there are six key features that have emerged as essential for creating a successful jail diversion program (Steadman et al., 1995). These elements are crucial in linking the criminal justice and community treatment systems: (1) interagency collaboration - service integration at the community level, including involvement of social services, housing, mental health, health, local corrections (institutional and community), criminal justice, and substance abuse agencies; (2) active involvement - regular meetings for service coordination and information sharing and the establishment of written Memoranda of Understanding; (3) boundary-spanner - staff who bridge the mental health, criminal justice, and substance abuse systems and manage cross-system staff interactions; (4) leadership - a strong leader to network and coordinate; (5) early identification - Individuals should be screened, at the earliest point possible, for mental health treatment needs and to determine whether they meet the criteria for diversion; and (6) cross-trained case managers - case managers should have adequate knowledge and experience with mental health and criminal justice systems.

### **C. *Home Electronic Monitoring and Incarceration***

It is proposed that a technology plan be generated to outline the feasibility of expanding technology that uses a range of electronic monitoring methods i.e., voice reconnection devices and active/inactive GPS can effectively supervise low risk offenders i.e. pretrial defendants, jail inmates, technical violators, and other marginalized populations, such as the homeless and the mentally ill by placing them in a home environment which allows them to remain connected to services. Participants who are gainfully employed are allowed to work while on the program.

Home electronic monitoring can be complimented by the effective use of a standardized risk assessment instrument to determine which individuals are most suitable for this particular form of supervision.

**Commentary:** Recent technological innovations in the field of community-based corrections include global positioning systems (GPS), ignition interlocks, kiosk reporting, and electronic monitoring. These methodologies have been successfully used in many jurisdictions, particularly with low-risk offenders who don't require face-to-face offender interaction, including offenders on pre-trial supervision. A recent survey of pre-trial services by the Bureau of Justice Assistance found that 54% of pretrial programs at the national level use at least one form of electronic monitoring. Most pretrial programs that use electronic monitoring use continuously signaling devices, which sound an alert if the defendant leaves a restricted area. Six percent of the programs use Global Positioning System (GPS) technology, which

allows the exact movements of a defendant in the community to be tracked from a remote location on a continuous basis.

Although electronic supervision tools have the potential to bring about significant changes in community corrections, an objective assessment of what they can and cannot do must be undertaken as part of any planning process. While technological innovations have the potential to enhance community supervision and allow qualified pretrial defendants and other low-risk offenders to continue their employment and/or educational endeavors while awaiting trial or concluding their sentence, reduce the financial burden of the local jail's population, reduce costs of supervision, and reduce jail overcrowding, they also have the potential to break, to fail to report violations, to increase officer stress and burnout, to add to costs through system breaches, and may lead to other potential negative consequences, such as net-widening. Electronic supervision technologies are tools that have the potential to contribute to the supervision process once all ethical, administrative and legal concerns are addressed.

#### ***D. Central Coordination of Community Service Work***

Create an unarmed civilian unit to supervise and provide security for the Community Service program. A civilian unit would alleviate overtime costs associated with this program. A civilian unit would also decrease the demand for utilizing Deputy Sheriffs and enhance the Sheriff's ability to use that manpower in another area of the agency. It is also recommended that gainful employment, in addition to community service hours, are requirements for program participation

***Commentary:*** Community service is an underused, intermediate sanction. It is inexpensive to administer, produces public value and can be scaled to the seriousness of a crime. However, Richmond currently has three agencies that provide monitoring and oversight of community service work ordered by the Court for adult offenders. These agencies are the Richmond Sheriff's Office, Richmond Police Department, and Richmond Department of Justice Services. Each agency has its own policies and procedures, site coordinator, and dedicated staff to provide supervision, transportation, and/or court reporting of offender performance. The anticipated savings of maintaining a single program could allow more flexibility for agencies to direct funds towards other programs that promote a reduction of jail population.

#### ***E. Intensive Treatment for Substance Abusers***

Approximately 100–150 jail inmates per month who serve sentences for drug usage and are nonviolent should be treated and supervised under community models that focus on the underlying addiction. Certain techniques such as cognitive behavior therapy have proven to be effective and far less expensive in community settings. The City of Richmond should facilitate the use of local and state funds to cover the costs of diverting drug addicted inmates to community residential and day treatment settings. Further, the City could expand the operation of the existing Adult Drug Court by a minimum of 50% its current capacity.

*Commentary:* Virginia Drug Courts are guided by state statute. The Drug Treatment Court Act indicates five specific goals in the legislation for Virginia’s drug treatment courts which include: 1) reducing drug addiction and drug dependency among offenders; 2) reducing recidivism; 3) reducing drug-related court workloads; 4) increasing personal, familial, and societal accountability among offenders; and 5) promoting effective planning and use of resources between criminal justice system and community agencies. Richmond’s Adult Drug Court has been successful in achieving the goals set forth by statute. The percentage of Richmond Adult Drug Court participants who obtain a misdemeanor conviction after graduation is 2.1% and for felony convictions it is 4.2% while the national average for drug courts for misdemeanor and felony convictions after graduation is 5%-19%.<sup>18</sup>

#### *F. Immediate Sanction of Technical Probation Violations*

It is proposed that revisions to the current system of revocation proceedings in the Richmond Courts be implemented. Those convicted of felony offenses in the Richmond Circuit Courts or misdemeanor offenses in the Richmond General District Courts are typically placed on supervised probation as a condition of having some portion of their sentence suspended. Offenders are referred to District One, Probation and Parole, a division of the Department of Corrections, or the Richmond Department of Justice Services, where they are supervised by Probation Officers. Probation Officers monitor offenders for any number of factors, including gainful employment, stable residence, abstinence from controlled substances, participation in treatment services, and general conformity as a law-abiding citizen. The Probation Officer explains these expectations to the offenders and informs them that violations will lead to revocation proceedings before the Circuit or General District Courts. Consequently, offenders often violate in a number of areas and are then referred to the Circuit and General District Court for a violation. These offenders are arrested and typically remain incarcerated for several weeks pending a revocation hearing on their violation. When a Court finds a violation, it typically imposes a penalty between zero and twelve months. However, even those who receive no active term of incarceration remain incarcerated during the time it takes to schedule a hearing. Evidence supports that swift and certain sanction increases compliance. Currently, the most significant impediment to the review of violations in Richmond is the coordination of schedules between the Court, the Commonwealth, and Defense counsel.

*Commentary:* The Project HOPE program was adopted in Hawaii and modified existing revocation procedures to allow for a rapid review of violations. Any violation, no matter how minor, results in an immediate arrest. Revocation hearings are usually scheduled within 72 hours of the violation, and punishment is swiftly applied – usually a few days in jail. The direct effect of such a plan would be to significantly reduce the cost of housing offenders pending a hearing. Additionally, jurisdictions that have adopted the project HOPE model have seen significant increases in compliance by offenders and a corresponding drop in the need for violation/revocation proceedings. Recently, Governor McDonnell signed a budget

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<sup>18</sup> Richmond Adult Treatment Drug Court

bill authorizing the establishment of two pilot immediate sanction probation programs.

### ***G. Mental Health Docket***

The Richmond City Jail's inability to accurately identify all of their inmates who may be mentally ill and incarcerated in their facility make the adoption of a specialty docket necessary in order to determine the number of offenders with mental illness in need of other less restrictive alternatives. The development of a specialty docket will aid in the identification and diversion of these types of offenders. Overall, the goal of the specialty docket is to advise the decision-maker, via the mental health assessment and the community release plan, of the options available and to allow for a disposition that would be practical for the defendant and in consideration of public safety.

***Commentary:*** The Non-Specialty First Appearance Court Model (Clark, 2004) has been adopted in several jurisdictions that have opted to address the needs of mentally ill offenders without adopting a mental health court. The Non-Specialty First Appearance Court Model will allow the court to determine at which point to divert offenders with mental illness: during pretrial or deferring prosecution. This model has been implemented in several jurisdictions around the country, such as District of Columbia Pre-Trial Services Agency, Connecticut Jail/Court Diversion Program in Hartford, Connecticut and the Cuyahoga County Common Pleas Court in Cleveland, Ohio. This model also assumes that persons suffering with mental illness should be allowed a timely release and a deferred prosecution decision just like any individual who does not have a mental illness. This model has been cited as reducing the stigma that mental health courts may impose, as it does not require the restructuring of a court's jurisdiction and the addition of judicial resources. Perhaps more importantly, this model allows for any individual with a mental illness to be served, rather than working to identify an individual who meets criteria to be followed within a mental health court.

A hybrid of this model may be effective at reducing the number of individuals with mental illness in the Richmond City jail. Offenders with underlying mental illness should be screened at the point of initial contact with the criminal justice system. Although the offender may be identified through several sources (jail personnel, pretrial investigators, or RBHA staff), a coordinator who would interact with the criminal justice system, the jail, and the behavioral health authority could serve as the liaison within the systems and identify those individuals who could be placed on a specialized docket. Once reviewed by the coordinator, the offender would be referred for a thorough mental health assessment and review of eligibility for potential release to the community. After a thorough review of the offender's mental and criminal history, if eligible, could be diverted from the traditional prosecution pathway and into a framework of a specialty docket. A mental health docket would convene weekly and would be staffed by attorneys with special training who are familiar with the offenders' histories. Ideally, the same attorneys from the Commonwealth's Attorney's office, public defenders' office, and the judicial office would each serve

this weekly docket so that each become familiar with the unique needs of mentally ill offenders and the resources available to them in the community. Offenders placed on this specialty docket would be reviewed for either pretrial release or deferred prosecution. In some cases, the Commonwealth's attorney may choose to defer prosecution altogether if a viable community plan is in place. In other cases, the court may choose to retain jurisdiction and release a defendant with conditions. These conditions would likely involve regular mental health treatment and other recommendations made by the mental health assessment along with regular status updates to the court about the offender's progress. In cases where the court chooses to retain jurisdiction and the offender is not participating in the community release plan, then the court may choose to intervene (either issuing a warning or pursuing prosecution).

#### *H. Utilization of Crisis Stabilization Units*

As noted earlier in the document, in 2009 the Richmond Behavioral Health Authority was awarded a grant through the Virginia Department of Criminal Justice Services to develop and implement a Crisis Intervention Team (CIT) in the City of Richmond. Richmond's CIT was patterned after the Memphis Model. This model was developed by the Memphis Police Department and is the most widely recognized of the CIT models. This model utilizes an emergency receiving facility that officers can divert an individual in need of mental health services to in lieu of arrest. RBHA currently operates a 16 bed residential crisis stabilization unit which began operating in November of 2009. It is recommended that a second facility be built to increase the availability of crisis stabilization beds within the City of Richmond. A second facility would need to meet Medicaid requirements which state a facility may not exceed 16 beds and maintain eligibility for Medicaid reimbursement.

*Commentary:* The Memphis Model promotes three key Operational Elements for a successful CIT program. The three elements include pertinent staff (trained officers and dispatchers and a program coordinator), a comprehensive curriculum and an Emergency Mental Health Receiving Facility.

A designated Emergency Mental Health Receiving Facility is a critical aspect of the CIT Model. It provides a source of emergency entry for consumers into the mental health system. To ensure CIT's success, the Emergency Mental Health Receiving Facility must provide CIT Officers with minimal turnaround time and be comparable to the criminal justice system. The facility should accept all referrals regardless of diagnosis or financial status. Additionally, the facility will need access to a wide range of emergency health care services and disposition options, as well as, alcohol and drug emergency services. Finally, the Emergency Mental Health Receiving Facility is part of the operational component of the CIT Model that provides feedback and engages in problem-solving with the other community partners, such as Law Enforcement and Advocacy Communities.<sup>19</sup>

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<sup>19</sup> Crisis Intervention Team Core Elements, The University of Memphis School of Urban Affairs and Public Policy Department of Criminology and Criminal Justice  
CIT Center September 2007

Service plans should be developed for individuals brought to the crisis stabilization unit. Individuals will require a range of services from low needs to high needs. Services for low needs might include: Fast track to psychiatric/medical assessment, or prescription refill, job placement, job training, AA/NA and Outpatient treatment/groups for substance abuse, mental health or both. Services for individuals with high needs might include: crisis intervention/possible hospitalization/detoxification, intensive case management (individual knowledgeable in both mental health and criminal justice systems preferred), fast track to psychiatric/med assessment, or prescription refill, co-occurring treatment; if applicable (programs that are able to treat both mental health and substance abuse disorders and understand the necessity of medication in some cases), supportive therapy, permanent supportive housing or a housing first program which includes Assertive Community Treatment (such as “A Place to Start” at Virginia Supportive Housing), assistance with obtaining entitlements, transportation/bus tokens, clothing/hygiene items, assistance obtaining picture identification, medical care, food stamps and access to legal aid.

### ***I. Day Reporting Center***

It is proposed that Richmond establish a Day Reporting Center that addresses non-violent offender, mental health and substance abuse diversion programs utilizing a “One-Stop Model”. However, two separate facilities should be established, independent from the Richmond City Jail and Courthouse structure. Individuals participating in both diversion centers should be identified by the Commonwealth Attorney’s Office and agreed upon by the Judiciary. Both diversion centers would be coordinated through the Richmond City Department of Justice Services. The two separate facilities would be developed to include ALL providers needed to serve these two diversion communities, including, but not limited to, case managers, program coordinators, social services, and criminal justice staff necessary to manage the case loads.

***Commentary:*** The Day Reporting Center that utilizes the One-Stop Model identifies the appropriate institutions and resources for inclusion and exercises local leadership, without the complex systems and often overlapping constituencies and politics associated with human services that are sometimes seen in urban areas. One-Stop systems must address the inclusion of partners, co-location or coordinated system approach, technology and data systems, facility management, and contracting out, all of which must be addressed and agreed to by multiple agencies for the One-Stop to be successful.

### ***J. Housing***

The task forces reviewed the housing needs of the targeted populations for diversion and alternative programs. Upon a review of available community data, the task forces determined that the targeted populations for these programs overlapped with the population of individuals experiencing or at risk of homelessness in the region. In order to increase the housing stability of offenders with a history of homelessness or housing instability, the task forces decided to review the *Ten Year Plan to Prevent and End Homelessness in the Richmond Region*. Several strategies were determined

to be relevant to this report and are included as Attachment D. The primary housing-related strategies are to increase the number of units of permanent supportive housing available for this population, including additional spaces in a “housing first” program for persons with severe and persistent mental illness.

Other housing strategies recommended include increasing the capacity of residential recovery programs for both men and women, exploring the option of limited equity housing, and adding a housing barrier assessment to the screening and assessment protocols developed for diversion or alternatives to incarceration. The task force recommends that the RCCJB partner with Homeward, the regional planning and coordinating agency for homeless services, to address the housing needs of the targeted populations. (A copy of Homeward’s *Ten Year Plan to Prevent and End Homelessness in the Richmond Region* can be found at [www.homewardva.org](http://www.homewardva.org) )

## Stakeholder Priorities

**Recommendation: Establish pretrial diversion programs addressing the needs of non-violent offenders, particularly those who are detained because they cannot afford to post bond; utilize jail diversion programs for current weekend/work release program participants and centralize community service program to one agency.**

<b>Resources needed to implement recommendation</b>	<b>Estimate of need/ cost/ where to find out more</b>
Staffing	Administrator to provide oversight of case proceedings; Program manager; case workers; oversight of individuals in program; estimate of 20+ FTE's (possibly contractors)
Partnership	Richmond Police Department, Commonwealth's Attorney, DJS, Courts, VCU Police
Formal agreement/ protocol/ memorandum of understanding	For pretrial diversion: agreement between Public Defender and Commonwealth's Attorney; For post-charge programs: agreement between Commonwealth's Attorney (CA) and Judges
Legislative or policy change	No legislative changes needed. Policy changes would be needed in CA's office and RPD and VCU PD with MOU's between those agencies
Other:	Potentially need a site for day reporting or other space for programming (i.e. a vacant school?)
Other:	Data process upgrade

### **Next Steps: How to go from recommendation to practice**

<b>Action Step</b>	<b>Timeline</b>	<b>Person/ Agency Responsible</b>
Arrange for a presentation on best practices related to pre and post charge diversion	Next 30 days	CCJB Board members (especially the VCU Criminal Justice Department)
Select program models to visit. Those on the visit should be the staff who would be involved with the Richmond program.	Fall	Partner agencies
Review options for child support violators that enforces compliance that do not include incarceration	Fall	VCU Dept. of Criminal Justice

**Recommendation: Expand specialty housing and homeless programs targeted to offenders with a history of homelessness or housing instability.**

<b>Resources needed to implement recommendation</b>	<b>Estimate of need/ cost/ where to find out more</b>
Staffing	Housing coordinator for pre-trial services or diversion (located at one stop center or with DJS); coordinator would complete housing barrier assessment (used by homeless service providers) and make referrals to appropriate housing or shelter providers.
Partnerships	Crisis Intervention Team, Pretrial services (DJS), Homeless service providers, Sober houses and other residential recovery programs, Virginia Supportive Housing (for permanent supportive housing and housing first for persons with severe and persistent mental illness), and Richmond Redevelopment and Housing Authority (for vouchers for housing first program)
Formal agreement/ protocol/ memorandum of understanding	RRHA, Housing providers, referral providers, Housing barrier assessment, use of Homeward Community Information System (potentially)
Legislative or policy change	Use of CDBG or other funds for additional permanent supportive housing units, review zoning issues for halfway houses
Other:	Learn more about roommate matching services
Other:	Residential recovery programs that deal with housing and recovery needs simultaneously
Other:	Permanent supportive housing for persons with behavioral health disorders

**Next Steps: How to go from recommendation to practice**

Action Step	Timeline	Person/ Agency Responsible	Notes
Get cost estimates for permanent supportive housing	Next 30 days	Homeward	
Target 2010 slots for “A Place to Start” program at Virginia Supportive Housing to persons with recent incarcerations or history of frequent incarcerations at RCJ for non-violent offenses	Current	Virginia Supportive Housing, VCU Police, Richmond Police	This is in process and began as a result of the CCJB planning process. APTS is designed to house individuals with a history of homelessness and a severe or persistent mental illness.
Facilitate the development of a residential recovery program for women with a history of homelessness or housing instability	6 – 9 months	The Healing Place and City of Richmond	
Determine the need for permanent supportive housing units for persons with behavioral health issues	Fall	Homeward, RBHA, Dept. of Behavioral Health and Developmental Services	
Ask the Dept. of Planning for a study of zoning issues	Fall	Richmond Dept. of Planning	
Review the need for transitional housing or halfway housing and funding sources	Fall	Homeward and Dept. of Justice Services	

**Recommendation: Increase the capacity of substance abuse treatment and recovery programs for offenders involved in diversion or alternatives to incarceration.**

<b>Resources needed to implement recommendation</b>	<b>Estimate of need/ cost/ where to find out more</b>
Staffing	Additional funding for existing providers
Partnership	
Formal agreement/ protocol/ memorandum of understanding	
Legislative or policy change	Regulations or standards of operations for recovery houses or transitional housing programs

**Next Steps: How to go from recommendation to practice**

<b>Action Step</b>	<b>Timeline</b>	<b>Person/ Agency Responsible</b>
Develop a letter of interest to SAARA to coordinate the standardization of recovery housing programs	Next 30 days	RBHA
Draft language for General Assembly to adopt the standardization of recovery housing programs	60 days	RPD, DJS
Estimate cost of expanding the capacity of existing residential and intensive outpatient treatment services.	90 days	RBHA, DJS
Explore Demonstration Project with the possibility of using recovery homes as drop off sites once standardization is in place.	6-9 months	RPD, DJS
Examine arrest data to determine the number of arrests for public drunkenness	30 days	RPD

**Recommendation: Explore a special docket for non-violent offenders with mental health disorders and increase the Increase the capacity of mental health services for these offenders.**

<b>Resources needed to implement recommendation</b>	<b>Estimate of need/ cost/ where to find out more</b>
Staffing	Coordinator, specialized intensive case managers (4) and pretrial services (2); estimated cost range is \$340,000
Partnership	RBHA, Commonwealth's Attorney. Public Defender, Police Department, Dept. of Justice Services, Richmond Sheriff's Department
Formal agreement/ protocol/ memorandum of understanding	All agencies listed above.
Legislative or policy change	Will require policy changes in Commonwealth's Attorney and Public Defender offices
Other:	Routine mental health screening at booking by Richmond Sheriff's Office; cost estimate \$5,000

**Next Steps: How to go from recommendation to practice**

<b>Action Step</b>	<b>Timeline</b>	<b>Person/ Agency Responsible</b>	<b>Notes</b>
Bring together all stakeholders to draft MOU for developing mental health docket	Next 120 days	DJS	Initial draft within 60 days and then develop MOU
Approval of funding for all positions needed to implement screening process		All	
Develop standard operating procedures for assessments		DJS	
Establish specialized treatment teams		RBHA and Daily Planet	

## Recommendations: Summary

### *Process Changes*

**A. Pretrial Risk Screening and Supervision**

Adult pretrial services should develop an integrated system that establishes supervision criteria based on the actuarial risk assessment.

**B. Legislative Education Plan**

A strategy to educate local and state legislators on the strengths of pretrial services is essential to preventing a reduction or elimination of future funding reduction.

**C. Review of the Bond Process**

A review the bond process is necessary to ensure consistency among the Courts.

**D. Stakeholder Education Plan**

Develop an education plan that incorporates the recommendations identified by the National Institute of Corrections (NIC) Assessment.

**E. Expansion of Pretrial Services**

By expanding pretrial services to increase the number of investigators, all new admissions awaiting trial may be screened for investigations.

**F. Review of Police use of Summonses**

It is proposed that a lesson plan be developed to be used to teach refresher training during in-service as part of legal update on the discretion afforded to officers under the law, nuances under the state code, including a practical/hypothetical review of various situations and when it would be appropriate to issue a summons versus making a custodial arrest.

### *Programmatic Changes*

**G. Pre-Charge and Post-Charge Diversion**

The proposed diversion program has two levels: pre-charge and post-charge. Whether pre- or post-charge, only the Commonwealth's Attorney has the discretion to divert an offender. In other words, diversion from prosecution is not a privilege available on a motion to the Court. Diversion decisions could be made at or shortly after the initial contact with the offender. Successful completion of the pre-charge diversion program will result in no criminal charges against the offender. Successful completion of the post-charge diversion program will result in dismissal of pending criminal charges.

**H. Jail Diversion Program**

Utilize jail diversion programs for weekend and work program participants, allowing them to be housed in a less secure facility and/or to be monitored by GPS.

**I. Home Electronic Monitoring and Incarceration**

It is proposed that a technology plan be generated to outline the feasibility of expanding technology that uses a range of electronic monitoring methods i.e. voice reconnection devices and active/inactive GPS effectively supervise low risk offenders i.e. pretrial defendants, jail inmates, technical violators, and other marginalized populations, such as the homeless and the mentally ill by placing them in a home environment allowing them to remain connected to services.

**J. Central Coordination of Community Service Work**

Create an unarmed civilian unit to supervise and provide security for the Community Service program.

**K. Intensive Treatment for Substance Abusers**

Approximately 100–150 jail inmates per month, who serve sentences for drug usage and are nonviolent, should be treated and supervised under community models that focus on the underlying addiction.

**L. Immediate Sanction of Technical Probation Violations**

It is proposed that revisions to the current system of revocation proceedings in the Richmond Courts be implemented.

**M. Mental Health Docket**

The development of a specialty docket will aid in the identification and diversion of offenders experiencing mental illness.

**N. Utilization of Crisis Stabilization Units**

This model utilizes an emergency receiving facility to which officers can divert an individual in need of mental health services in lieu of arrest.

**O. Day Reporting Center**

It is proposed that Richmond establish a Day Reporting Center that addresses non-violent offender diversion, mental health and substance abuse diversion programs utilizing the “One-Stop Model”.

**P. Housing**

The primary housing-related strategies are to increase the number of units of permanent supportive housing available for this population, including additional spaces in a “housing first” program for persons with severe and persistent mental illness.

## Attachment A

### **PROPOSED RICHMOND ADULT CRIMINAL DIVERSION PLAN**

A significant number of criminal defendants pose low or otherwise acceptable degrees of risk to the community. Rarely does incarceration (or conviction) address the underlying causes of unlawful behavior. Instead the Alternative Facility Task Force recommends that the City of Richmond consider a formal framework that holds offenders responsible for their actions while providing appropriate services to address the triggers for unlawful behavior.

Jurisdictions around the country have enjoyed varying degrees of success with formal diversion of certain categories of offenses, typically misdemeanor crimes against property. Diversion contemplates that the offender is not prosecuted but is nevertheless held accountable for underlying unlawful behavior. Some localities have experimented with community courts or other forums where the offender admits responsibility and makes the victim whole. Diversion would require extensive collaboration among local police departments, commonwealth's attorneys, public defenders, Dept. of Justice Services and affected communities. An underlying theory of diversion is that non prosecution is an incentive to change behavior and thus reduce recidivism. It has also been shown to promote payment of restitution to crime victims. Because offenders are not prosecuted in a traditional courtroom setting, diversion often reduces court costs (and expenses) and may reduce costs associated with detaining low risk offenders pending trial. Finally, diversion means the defendant avoids a criminal record and the stigma that is attached to a conviction.

The proposed City Diversion Plan has two levels: pre-charge and post-charge. Under either scenario, only the Commonwealth's Attorney has the discretion to divert an offender. In other words, diversion from prosecution is not a privilege available on a Motion to the Court. Diversion decisions could be made at or shortly after the initial contact with the offender. Successful completion of the pre-charge diversion program will result in no criminal charges against the offender. Successful completion of the post-charge diversion program will result in dismissal of pending criminal charges.

The Task Force believes the City should consider a Diversion approach and review best practices from around the country for possible implementation in the city. The following framework is, based, to some degree, on the diversion programs operating in the State of Minnesota.

#### I. ELIGIBILITY FOR PRE-CHARGE DIVERSION:

**PROHIBITIONS: Persons with prior felony convictions for crimes of Violence as defined in the Code of Virginia are not eligible for pre or post charge diversion**

A. OFFENDERS WHO:

1. Admit guilt and acknowledge responsibility for their action.
2. Demonstrate a willingness to make restitution in cases where the damage is estimated not to exceed \$999.00.
3. No prior diversion or adult cases of deferred disposition.
4. No prior felony convictions.
5. Not more than three misdemeanor convictions within the preceding ten years, excluding traffic. (A DUI misdemeanor is considered a traffic offense for purposes of this proposal)
6. No pending felony or class 1 misdemeanor charges, excluding traffic.
7. No prior juvenile felony adjudication within the previous seven years which occurred while the offender was between ages 14 and 18.

II. ELIGIBLE OFFENSES:

A. MISDEMEANORS:

1. Larceny where there is no evidence of an organized larceny ring.
2. Trespassing as a first offense
3. Possession of Marijuana
4. Underage Possession of Alcohol
5. Misdemeanor Assault with cross warrants

B. FELONIES ELIGIBLE FOR PRE-CHARGE DIVERSION:

None

III. DISCRETIONARY ADMISSION INTO DIVERSION PROGRAM

- A. Admission into any diversion program rests within the discretion of the Commonwealth's Attorney.

- B. **FACTORS TO CONSIDER:** Factors which may be considered by the prosecutor in making the recommendation for Diversion may include the following: The nature and circumstances of the offense and the sanction or punishment to be imposed if a person is convicted; the probability of the conviction; the characteristics of the offender; the willingness of offender to cooperate and succeed in diversion; the interests of the victim; the recommendations of law enforcement; the age of the offense; undue hardship on the offender; undue hardship upon or reluctance of witnesses to testify; and any mitigating or aggravating circumstances.
- C. **INAPPROPRIATE CONSIDERATIONS:** A prosecutor shall not consider any personal or political advantages which a prosecution may bring, nor should a prosecutor consider in any way the race, gender, social status, or economic status of the offender, victim, and/or witnesses in the charging decision.

IV. **PLAN PROCEDURES FOR PRE-CHARGE DIVERSION:**

A. **IMPLEMENTATION:**

1. The Commonwealth's Attorney will screen to verify the offender is facing a pre-charge eligible offense, and determine that there is sufficient evidence to charge the offender with an offense.
2. The Commonwealth's Attorney staff will screen the offender's criminal history for eligibility based on the above criteria.
3. Victim/Witness will contact the Investigator and Victim, where appropriate, and inform them that the offender is eligible for pre-charge diversion. Victim/Witness will refer all reasonable objections to pre-charge diversion to the Commonwealth's Attorney.
4. If above criteria are met, the Attorney Coordinator will send the offender a letter inviting them to appear at the Department of Justice Services to enter pre-charge diversion. A copy of this letter, along with the names and dates of the meetings, will go to Public Defender, Police, Department of Justice Services, Victim/Witness, and the Attorney Coordinator.
5. The letter will include an overview of the pre-charge diversion program, as well as an outline of offender's constitutional rights, and the right to speedy proceedings. The letter will also inform

them that the Commonwealth proceed on criminal charges if they fail to appear at the meeting.

6. At the meeting, if they don't have counsel, the offender must confer with the public defender who will be present at the meeting. The offender must sign a written waiver of their constitutional and speedy trial rights. The offender must then stipulate in writing to the sufficiency of the commonwealth's evidence.
7. The offender must agree to participate in the City of Richmond Diversion Program and pay all fees associated with the program. A fee payment schedule may be arranged when the Department of Justice Services determines the offender's financial circumstances warrant such a schedule and community work service is an option where the offender lacks any ability of meeting even a minimum payment schedule.
8. As part of the diversion program, the offender will be required to sign a City of Richmond Diversion Program Agreement specifying the terms and conditions that must be followed during the period of diversion. The diversion agreement will specify a time period certain in which the offender must complete diversion – not to exceed one year.
9. Upon the offender's successful completion of pre-charge diversion the Department of Justice Services will so inform the Commonwealth's Attorney Coordinator, and no criminal charges will issue.

**B. PRE-CHARGE DIVERSION PROGRAM CONTENT:**

2. The offender must remain law-abiding and of good behavior and not commit any new offense during diversion.
3. The offender must follow all rules and regulations of the City of Richmond Diversion Program and must successfully complete all program requirements (including services) specified in the diversion agreement. An offender will not be successfully discharged from pre-charge diversion until the offender has met all of the conditions set forth in the diversion agreement.
4. The Commonwealth's Attorney will conduct a criminal record check before an offender is successfully discharged from diversion.

**C. FAILURE TO COMPLETE THE DIVERSION PROGRAM AND TERMINATION FROM THE PROGRAM:**

If the offender provides false material information to the prosecutorial agents or the Department of Justice Services during the screening process or entrance into the diversion program, fails to complete any condition of the diversion agreement, commits a new offense during the diversion period, or otherwise violates any rule or condition of the diversion program, the Department of Justice Services will notify the Commonwealth's Attorney, in writing, and the offender will be charged with the crime from which diversion was granted.

IF AN OFFENDER FAILS TO SUCCESSFULLY COMPLETE PRE-CHARGE DIVERSION, HE OR SHE IS NOT ELIGIBLE FOR POST-CHARGE DIVERSION.

V. ELIGIBILITY FOR POST CHARGE DIVERSION

A. OFFENDERS WHO:

1. Admit guilt and acknowledge responsibility for their action.
2. Demonstrate a willingness to make restitution in cases where the damage is estimated not to exceed \$2,500.
3. No prior diversion or adult cases of deferred disposition.
4. Not more than three misdemeanor convictions within the preceding ten years, excluding traffic.
5. No pending felony or class 1 misdemeanor charges, excluding traffic.
6. A prior nonviolent felony conviction shall not in and of itself render an offender ineligible.

B. ELIGIBLE OFFENSES

1. All offenses eligible for pre-charge diversion
2. Worthless Checks
3. Damage to Property not in excess of \$2500.

C. FELONIES ELIGIBLE FOR POST-CHARGE DIVERSION:

1. Possession of a schedule 1 or 2 controlled substance
2. Grand Larceny not associated with a burglary or crime of violence

## VI. PLAN PROCEDURES FOR POST-CHARGE DIVERSION

### A. IMPLEMENTATION:

1. To be eligible for consideration, a defendant must be charged with an offense which is eligible for diversion consideration.
2. A defendant seeking diversion consideration will be referred to the Richmond Department of Justice Services for eligibility screening.
3. The Commonwealth's Attorney and the Department of Justice Services will screen the case for diversion program eligibility and conduct a criminal record check. The Department of Justice Services will then notify the prosecutor, the court, the defendant, and defendant's attorney, if any, as to whether or not the defendant meets the program eligibility requirements. The prosecutor having jurisdiction to prosecute the offense must concur in the request for there to be diversion consideration. If there is no approval by the prosecutor, the individual will not be eligible for diversion consideration.
4. The prosecutor should make an effort to consult with the victim and the appropriate law enforcement agency to determine if they have any reasonable objection to diversion before a defendant is approved by the prosecutor for diversion. The commonwealth's attorney prosecuting the offense has the discretion of rejecting diversion consideration in any case. Any reasonable objection from the victim or law enforcement will be given significant weight in the decision of the prosecution authority. In addition, the court may in its discretion reject diversion in any case
5. The defendant must agree to participate in the City of Richmond Diversion Program and pay all fees associated with the program. A fee payment schedule may be arranged where Department of Justice Services determines the defendant's financial circumstances warrant such a schedule and community work service is an option where Department of Justice Services find the defendant lacks any ability of meeting even a minimum payment schedule.
6. As part of the diversion program, the defendant will be required to sign an City of Richmond Diversion Program Agreement specifying the terms and conditions that must be followed during

the period of diversion. The diversion agreement will specify a time period certain in which the defendant must complete diversion – not to exceed one year. In exceptional circumstances, Department of Justice Services may extend the diversion period for an additional one year.

6. A written agreement for post charge diversion disposition must be made not fewer than 30 days prior to a trial date if the underlying offense is a misdemeanor and not fewer than 30 prior to the preliminary hearing date for a felony. In either event the diversion request must be made before a contested hearing is held or jeopardy otherwise attaches.
7. If the court approves the defendant for diversion, the defendant will enter a plea of guilty pursuant to the procedures established for a guilty plea for an offense of that nature, provided however, that the court will not accept the plea of guilty, will order the defendant into the diversion program and defer acceptance of the guilty plea, and continue the criminal prosecution pending successful completion of the program by the defendant.
8. Upon successful completion of the diversion program by the defendant, the Commonwealth Attorney will submit a recommendation and proposed order to the court dismissing the warrant.

B. PROGRAM CONTENT:

1. Full restitution must be made during the period of diversion. The defendant must sign and comply with a restitution payment schedule as set by the Department of Justice Services. In the event that the Department of Justice Services determines that the defendant is indigent and unable to pay restitution, then Department may allow the offender to perform an appropriate amount of community service to satisfy his obligation to the victim and or community.
2. The defendant must remain law-abiding and of good behavior and not commit any new offense during diversion.
3. The defendant must follow all rules and regulations of the City of Richmond Diversion Program and must successfully complete all program requirements specified in the diversion agreement. A defendant will not be considered for successful discharge from diversion until the defendant has met all of the conditions set forth in the diversion agreement which may include, but are not limited

to, such programs and conditions as chemical dependency evaluation and treatment, counseling, attendance at various program classes, and performance of community work service.

4. Department of Justice Services will conduct a criminal record check before a defendant is successfully discharged from diversion.

C. FAILURE TO COMPLETE THE POST-CHARGE DIVERSION PROGRAM AND TERMINATION FROM THE PROGRAM:

1. If a defendant provides false material information to the Court or Department of Justice Services during the screening process or entrance into the diversion program, fails to complete any condition of the diversion agreement, commits a new offense during the diversion period, or otherwise violates any rule or condition of the diversion program, the Department of Justice Services will so notify the defendant, the prosecutor, and the court of the violation and the defendant will be returned to court for acceptance of the earlier plea of guilty and sentencing.
2. Department of Justice Services will give the defendant a date, time and location to appear in court, with notice to the prosecutor. When requested by a defendant and where circumstances justify same, the court may conduct a hearing to determine whether a defendant has violated the diversion program. A defendant failing to successfully complete the diversion program shall not be entitled to withdraw the earlier plea of guilty except as allowed by the court rules.
3. If the defendant fails to appear in court on the date and at the time and location specified to do so by the Department of Justice Services, the court may issue a warrant for the arrest of defendant.

VI. ANNUAL REPORT:

- A. The City of Richmond Commonwealth's Attorney and the Department of Justice Services will keep records of the number of participating offenders, their offenses and characteristics of persons who successfully complete the program and those who fail to complete the program.

VII DIVERSION COMMITTEE

- A. It is strongly suggested that a Diversion Committee be created as a subcommittee of the Community Criminal Justice Board (CCJB) and that in addition to the CCJB Board Members, other persons (stakeholders) be invited to serve on this Committee. The Committee would meet bi-monthly and would review cases, policies and procedures, identify issue and challenges. Initially, the Committee would help the Commonwealth's

Attorney and the Board of Juvenile with the program planning and implementation. After the program is in operation, the Committee would monitor the program, and evaluate the services provided and the outcomes. Following the evaluations, policies and procedures may be refined so the program can be sustained.

- IIX. A. Training would be provided to the staff of the Commonwealth Attorney, the Public Defender, the Richmond Bar, the Richmond City Police Department, the Victim/Witness Assistance Staff, the Richmond Sherriff's Office and Jail, the Richmond Behavioral Authority, and the Department of Justice Services.

## Attachment B

### **January 2010 Snapshot of Ex-Offenders Experiencing Homelessness in the Richmond Region**

The following data were collected in Homeward's twelfth winter (January 21, 2010) count of individuals and families experiencing homelessness in the Richmond region. A total of 881 adults and 131 children were counted, and 77.2% of adults completed the Homeward point-in-time survey. The statistics reported below represent the 469 individuals who indicated that they had spent time in jail or prison.

- 83.3% of ex-offenders are males, 16.5% are females, and .2% are transgendered. Most are single, never married adults (51.9%). 6.9% are married, and 48.1% have been in families, including those who are married, as well as those who are widowed, separated, or divorced.
- 6.0% of ex-offenders have children living with them.
- A majority of ex-offenders report that they are African-American (65.7%), followed by White (28.8%). 3.6% indicated that they are Hispanic.
- The average age for adult ex-offenders is 44.8 years.
- 52.5% have only a high school education or GED. 20.0% attended some college, and 9.7% have a college degree or higher.
- 17.2% are veterans.
- A majority of ex-offenders have served time in jail (64.6%). 4.3% indicated that they served time in prison, and 31.1% reported that they had served time in both jail and prison. 62.0% reported having felony convictions. 36.2% reported being homeless before incarceration, and 51.1% indicated that they were homeless upon release.
- 33.0% experienced domestic violence in their lifetime. Of those experiencing domestic violence, 5.0% had experienced it in the past month, and 29.5% had experienced it in the past year.
- 54.3% report having a problem with alcohol sometime in their lifetime. Of those reporting a problem with alcohol, 79.1% are currently in recovery.
- 60.0% report having a problem with substance abuse sometime in their lifetime. Of those reporting a problem, 80.6% are currently in recovery.
- 34.2% report having a mental health problem sometime in their lifetime. Of these, 57.2% are currently being treated and 53.5% are taking medication for mental health problems.
- 45.9% report having a long-term disability. Of those reporting a long-term disability, 69.4% indicated that their disability was drug or alcohol abuse, and 50.0% indicated that their disability was a mental illness. (Note that respondents could select both or neither of these options.)
- 19.1% are employed. Of those who are employed, 34.1% work full-time, 45.1% work part-time, and 20.7% do day labor or temp work.

- 49.9% of respondents have lived in Greater Richmond for 10 years or more; 43.0% have lived in the area for 17 years or more.
- Most (55.1%) reported having their last housing in Richmond. Others indicated previous housing in Henrico (9.1%), Chesterfield (5.6%), and Hanover (1.9%). 16.0% of respondents last lived elsewhere in Virginia, and 11.4% lived in other states.
- In the past three years, most homeless ex-offenders have been homeless once (60.7%) or twice (23.2%); 16.1% have been homeless three or more times during this time period.
- A little less than half (45.8%) have been homeless for 5 months or less. 49.0% have been homeless for more than 6 months.

For more information:

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## Attachment C

### **January 2010 Snapshot of Individuals and Families Experiencing Homelessness in the Richmond Region**

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The following data were collected in Homeward's twelfth winter (January 21, 2010) count of individuals and families experiencing homelessness in the Richmond region. A total of 881 adults and 131 children were counted. While most people experiencing homelessness in our area are staying in local shelters, 152 unsheltered individuals (all adults) were counted this year. The statistics below represent the 77.2% of adults experiencing homelessness (680 people) who completed the Homeward point-in-time survey.

- 76.0% of adults are males, 23.8% are females, and .1% are transgendered. Most homeless persons are single, never married adults (54.0%). 6.1% are married, and 46.0% of people experiencing homelessness are or have been in families, including those who are married, as well as those who are separated, widowed, or divorced.
- 11.5% of homeless persons have children living with them.
- A majority of persons report that they are African-American (64.4%), followed by White (30.5%). 3.9% indicated that they are Hispanic.
- The average age for adults is 44.3 years.
- 52.4% have just a high school education or GED. 21.1% attended some college, and 9.3% have a college degree or higher.
- 18.2% are veterans.
- The majority (72.4%) served some time in jail and/or prison. Out of all individuals surveyed (including those who have not served time in jail and/or prison), 46.8% reported serving time in jail, 3.1% reported serving time in prison, and 22.5% indicated that they had served time in both jail and prison.
- 30.7% have experienced domestic violence in their lifetime. Of those experiencing domestic violence, 5.5% had experienced it in the past month, and 32.6% had experienced it in the past year.
- 45.4% report having a problem with alcohol sometime in their lifetime. Of those reporting a problem with alcohol, 76.9% are currently in recovery.
- 49.5% report having a problem with substance abuse sometime in their lifetime. Of those reporting a problem, 79.4% are currently in recovery.
- 32.2% report having a mental health problem sometime in their lifetime. Of these, 61.7% are currently being treated and 57.9% are taking medication for mental health problems.
- 42.4% report having a long-term disability. Of those reporting a long-term disability, 60.6% indicated that their disability was drug or alcohol abuse, and 51.6% indicated that their disability was a mental illness. (Note that respondents could select both or neither of these options.)

- 21.2% are employed. Of those who are employed, 35.6% work full-time, 49.2% work part-time, and 15.2% do day labor or temp work.
- 53.0% of respondents have lived in Greater Richmond for five years or more; 38.6% have lived in the area for 17 years or more.
- Most (53.8%) reported having their last housing in Richmond. Others indicated previous housing in Henrico (9.7%), Chesterfield (5.8%), and Hanover (2.3%). 16.3% of respondents last lived elsewhere in Virginia, and 11.5% lived in other states.
- In the past three years, most homeless persons have been homeless once (62.8%) or twice (21.7%); 15.5% have been homeless three or more times during this time period.
- A little less than half (47.2%) of homeless persons have been homeless for 5 months or less.

For more information:

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## Attachment D

**Exert from Homeward's *Ten Year Plan to Prevent and End Homelessness in the Richmond Region*.**

**Strategy 1.5: Support ex-offenders and current offenders in obtaining and maintaining housing stability by working with public safety, criminal justice, housing and workforce officials to develop housing and related supportive services.**

1.5.1 Assess the housing and service needs of ex-offenders experiencing homelessness including an emphasis on substance abuse and mental health

1.5.2 Increase regional knowledge of innovative housing and housing services programs targeted to ex-offenders and support a pilot program for this population

1.5.3: Coordinate service provision between public safety and regional homeless service providers.

1.5.4 Assess the need for specialized court docket for those experiencing homelessness and pilot a diversion program

**Strategy 1.6: Develop programs to increase the housing stability of persons experiencing chronic homelessness.**

1.6.1: Increase coordination of local governments, public safety, mental health, and nonprofit service providers to address the housing and service needs of this population.

1.6.2: Increase regional knowledge of innovative housing and housing services programs targeted to persons experiencing chronic homelessness and support a pilot program for this population.

1.6.4: Create an alternative to living on the street during the day by providing outreach and support services to those persons experiencing chronic homelessness and those who are not currently engaged in services.

**Strategy 2.2. Partner with private market landlords to increase the number of rental units available and accessible to those regional community members earning below 30% of AMI.**

Action Step 2.2.1: Develop programs for people with poor credit histories or criminal backgrounds to qualify for housing.

Collaboration: Homeward, community housing services/programs, city administration, RRHA



## Attachment E

Program	Description	Associated Costs	Model(s)	Web Links
Drug Court	A specialized court given the responsibility to handle cases involving drug- using offenders through comprehensive supervision, drug testing, treatment services and immediate sanctioning and incentives.	Drug Court costs \$4K - \$6K per offender per year; average incarceration costs range from \$22K - \$38K per offender per year	National Drug Court Institute  D.I.R.E.C.T. and F.A.I.P  Chesterfield County, VA  Henrico County, VA	<a href="http://www.ndci.org">www.ndci.org</a>  <a href="http://www.tarrantcounty.com">http://www.tarrantcounty.com</a>  <a href="http://www.chesterfield.gov">www.chesterfield.gov</a>  <a href="http://www.co.henrico.va.us">www.co.henrico.va.us</a>
Substance Abuse Programs	Substance abuse treatment programs strive to enhance public safety by providing the means to reduce the incidence of recidivism and relapse by facilitating the opportunity for offenders to acquire social values needed to remain crime and substance free and becoming productive members of society.		Substance Abuse and Addiction Recovery Alliance  Court Services and Offender Administration, Washington, DC  TROSA, Durham, NC  Correctional Education Centers (CEC)	<a href="http://www.saaracenter.org">www.saaracenter.org</a>  <a href="http://www.CSOSA.gov">www.CSOSA.gov</a>  <a href="http://www.trosainc.org">www.trosainc.org</a>  <a href="http://www.cecintl.com">www.cecintl.com</a>

Program	Description	Associated Costs	Model(s)	Web Links
Mental Health Court	A pretrial diversion program based on the philosophy that a centralized mental health program that utilizes available community resources and support systems will increase the efficiency of the criminal court by creating an environment that is conducive to mental health treatment and wellness, while insuring the safety of the public at large.	Participant's yearly cost is \$14,578 compared to \$53, 224 (City Jail)  (Cited in Nathaniel Project Report)	Nathaniel Project (Center for Alternative Sentencing and Employment Services)  San Francisco Medical Society  Effectiveness of a Mental Health Court  Norfolk Mental Health Court  New River Valley Bridge Program, VA  Dayton Municipal Mental Health Docket  Cuyahoga County, Ohio Mental Health Court Docket	<a href="http://www.cases.org">www.cases.org</a>  <a href="http://www.sfms.org">www.sfms.org</a>  <a href="http://www.psychiatryonline.org">www.psychiatryonline.org</a>  <a href="http://www.hamptonroads.com">www.hamptonroads.com</a>  <a href="http://www.mhanrv.org">www.mhanrv.org</a>  <a href="http://www.mentalhealth.ohio.gov">www.mentalhealth.ohio.gov</a>  <a href="http://cuyahogacounty.us">http://cuyahogacounty.us</a>

	Description	Associated Costs	Model(s)	Web Links
Electronic Monitoring	An extension of a work-release program; a cost-effective method of incarceration by electronic monitoring. Instead of returning to jail each evening, the inmate's house becomes the jail cell.	At present, City of Richmond associated participant's cost is \$7.30 per day, per offender	City of Richmond Jail (requires expansion) Fairfax County, VA City of Norfolk, VA Department of Community Intervention (DCSI), IL	<a href="http://richmondgov.com/sheriff">http://richmondgov.com/sheriff</a>  <a href="http://www.fairfaxcounty.gov/sheriff">www.fairfaxcounty.gov/sheriff</a>  <a href="http://www.norfolksheriffsoffice.com">www.norfolksheriffsoffice.com</a>  <a href="http://www.cookcountysheriff.org">www.cookcountysheriff.org</a>

Program	Description	Associated Costs	Model(s)	Web Links
Day Reporting Center	A place which offenders who are on pretrial release, probation or parole, are required to appear regularly. Through treatment and training, the centers provide an intermediate sanction for, and reduce recidivism by, low and medium risk offenders.	Typical Day Reporting Center costs approximately \$20 per day, per offender	<p>Ogden, Utah Department of Corrections Study</p> <p>Franklin County Jail in Chambersburg, Pennsylvania</p> <p>180 Degrees, Minneapolis, MN</p> <p>The Hope Program, Hawaii</p> <p>Department of Community Intervention (DCSI)</p> <p>Fresno DRC (California Department of Corrections)</p> <p>Chesterfield County, VA</p>	<p><a href="http://corrections.utah.gov">http://corrections.utah.gov</a></p> <p><a href="http://www.co.franklin.pa.us">www.co.franklin.pa.us</a></p> <p><a href="http://www.180degrees.org">www.180degrees.org</a></p> <p><a href="http://www.hopeprobation.org">www.hopeprobation.org</a></p> <p><a href="http://www.cookcountysheriff.org">www.cookcountysheriff.org</a></p> <p><a href="http://www.co.fresno.ca.us">www.co.fresno.ca.us</a></p> <p><a href="http://www.chesterfield.gov">www.chesterfield.gov</a></p>
Restorative Justice	Restorative justice emphasizes repairing the harm caused or revealed by criminal behavior.		<p>OAR-Jefferson Area Community Corrections, Charlottesville, VA</p> <p>Red Hook Community Justice Center, Brooklyn, NY</p>	<p><a href="http://www.oar-jacc.org">www.oar-jacc.org</a></p> <p><a href="http://www.courtinnovation.org">www.courtinnovation.org</a></p>

Program	Description	Associated Costs	Model(s)	Web Links
Community Service	Community service is a form of restorative justice whereby work is performed in the community by the offender as their contribution for the benefit to the good of the public.		<p>OAR – Arlington, VA</p> <p>OAR of Fairfax County, VA</p> <p>OAR-Jefferson Area Community Corrections, Charlottesville, VA</p> <p>Community Corrections, Henrico, VA</p>	<p><a href="http://www.joaronline.org">www.joaronline.org</a></p> <p><a href="http://www.oarfairfax.org">www.oarfairfax.org</a></p> <p><a href="http://www.oar-jacc.org">www.oar-jacc.org</a></p> <p><a href="http://www.co.henrico.va.us/departments/cc">www.co.henrico.va.us/departments/cc</a></p>
Halfway House	Structured residential settings in the community that provide re-integrative services that emphasize basic economic and living responsibilities.	Sliding fee scale based on income and other factors; Payment assistance (Self payment, Medicaid, Medicare, Private health insurance.)	<p>Salvation Army</p> <p>Oriana House, Inc. of Ohio</p> <p>Tully House, Newark, NJ</p>	<p><a href="http://www.salvationarmyusa.org">www.salvationarmyusa.org</a></p> <p><a href="http://www.orianahouse.org">www.orianahouse.org</a></p> <p><a href="http://www.cecintl.com">www.cecintl.com</a> (NJ Department of Corrections)</p>

Program	Description	Associated Costs	Model(s)	Web Links
Pretrial Release and Supervision	Cost efficient mechanism for the release of defendants from jail to assist in alleviating an overcrowded jail and to provide a fair and unbiased method of release. Some pretrial release programs may also require a limited form of pretrial supervision.	\$20 or 3% of bond, whichever is less	<p>Colonial Community Corrections</p> <p>OAR of Fairfax County, VA</p> <p>OAR-Jefferson Area Community Corrections, Charlottesville, VA</p> <p>Community Corrections, Henrico, VA</p>	<p><a href="http://www.jccegov.com/communityservices">www.jccegov.com/communityservices</a></p> <p><a href="http://www.oarfairfax.org">www.oarfairfax.org</a></p> <p><a href="http://www.oar-jacc.org">www.oar-jacc.org</a></p> <p><a href="http://www.co.henrico.va.us/departments/cc">www.co.henrico.va.us/departments/cc</a></p>
Pretrial Release and Supervision			<p>Community Corrections, Chesterfield, VA</p> <p>Tarrant County, TX</p>	<p><a href="http://www.chesterfield.gov">www.chesterfield.gov</a></p> <p><a href="http://www.tarrantcounty.com">http://www.tarrantcounty.com</a></p>

## Attachment F

### Community Criminal Justice Board Service Provider Survey

#### *Summary/Highlights*

An online survey was developed by the Richmond Community Criminal Justice Board Community Programs Task Force to capture information about regional service providers that provide alternatives to incarceration through mental health, substance abuse, and other programming. Providers represented in the survey are: Richmond Behavioral Health Authority (RBHA), Offender Aid and Restoration of Richmond, Inc., Daily Planet, The Healing Place, Rubicon, The McShin Foundation, The Richmond Outreach Center (The ROC), and Boaz and Ruth. Overall findings are:

- Agencies provide services to a variety of subpopulations, including people experiencing homelessness; those with substance use disorders, mental illnesses, and co-occurring mental health and substance use disorders; people with intellectual disabilities; ex-offenders and current offenders; people under court order or deferred prosecution; people on probation or parole; and individuals referred by the police. Services are provided to adult males and females in all age groups.
- Services provided include case management, substance abuse treatment and recovery, mental health counseling, treatment of serious mental illness, medication management, employment services and placement, vocation/pre-vocation training, primary health care, housing/residential services, and housing placement. None of the agencies report that they provide housing subsidies.
- Clients generally access services in a variety of ways, including by appointment, walk-in, and referral. Services are available in the case of a crisis event. The most commonly cited factors that determine the number of people who can be served are funding for services/staff and maximum capacity. Most programs are funded with state or federal grants (along with other sources, which may include Medicaid reimbursement, private/self pay by clients, and others), and a number are available at no cost to clients.
- Funding for services was the most commonly endorsed barrier for agencies in serving their target populations. Lack of physical space and a partnership or referral source were also cited as barriers. It appears that there is no lack of qualified staff or people willing to work with their target populations.
- Agencies measure their outcomes in a variety of ways, including client-centric measures of service plan progress and other more general measures, such as employment, reduced recidivism to the criminal justice system, sobriety, stable housing, and compliance with medications.

- The agencies surveyed reported involvement with the Department of Justice Services, most often with probation and parole, drug court, or diversion. Only two agencies expressed involvement with pre-trial services, which may indicate a potential opportunity for increased partnership between pre-trial services and agencies that provide mental health and substance abuse services. Most agencies indicated that they had some involvement with Richmond's Department of Social Services, a few (McShin, The Healing Place, and The ROC) reported that they did not. Again, this may indicate a potential opportunity for increased partnership.
- While two respondents indicated that their agency was a part of formal discharge planning, a larger number (six) reported that they work with people re-entering the community after incarceration informally and served many recently released offenders. This may be an area to explore further in order to determine whether there is a benefit to formalizing these partnerships. Taken together with the lack of partnership or referral source which was cited as a barrier for agencies, this suggests that further exploration of partnerships in general is worth considering.

More detailed information about the agencies that responded, including the number of people they serve and their estimated program costs, is included in the body of this report.

### *Background*

An online survey was developed by the Richmond Community Criminal Justice Board Community Programs Task Force to capture information about regional service providers that provide alternatives to incarceration through mental health, substance abuse, and other programming.

The major agencies that provide these services were solicited by email for participation, and all are represented in the data below. Providers represented in the survey are: Richmond Behavioral Health Authority (RBHA), Offender Aid and Restoration of Richmond, Inc., Daily Planet, The Healing Place, Rubicon, The McShin Foundation, The Richmond Outreach Center (The ROC), and Boaz and Ruth.

A total of ten surveys were completed. One appeared to be a duplicate and was deleted. Nine surveys representing eight agencies are included here. Because providers/agencies are unique, results are summarized by agency, rather than grouped together. In the case in which two surveys were completed for the Richmond Behavioral Health Authority, the results of each are presented separately because a number of answers differed.

*Richmond Behavioral Health Authority (RBHA) (1)*

Participant description: RBHA is the public provider of Mental Health, Substance Abuse and Intellectual Disabilities services for the City of Richmond. Core services include emergency (crisis) services and case management.

Type: It provides outpatient or day services to clients.

Program details: Answers selected on the online survey have an X next to them.

<b>Subpopulations</b>	
	People experiencing homelessness
X	People with substance use disorders
X	People with mental illness
X	People with co-occurring mental health and substance use disorders
	Ex-offenders
	People under court order or deferred prosecution
	People on probation or parolees
	People referred by the police
X	Other (specified) – Intellectual disabilities
<b>Gender of clients</b>	
X	Males
X	Females
<b>Age groups</b>	
X	18-20
X	21-24
X	25-34
	35-49
X	50+

<b>Services provided</b>	
	Case management for people experiencing homelessness
	Case management for offenders on supervision
	Case management for people with serious mental illness
X	Case management for people with substance use disorders
X	Substance use disorders treatment program, outpatient (licensed)
X	Substance use disorders treatment program, residential (licensed)
X	Substance use disorders treatment program, methadone (licensed)
X	Recovery program (outpatient)
X	Recovery program (residential)
X	Mental health counseling
X	Treatment of serious mental illness
X	Medication management
	Housing/residential services
	Housing placement
	Housing subsidies
	Primary health care services
	Employment services
	Employment placement
	Vocational or pre-vocational training
<b>How do clients access your services?</b>	
	By appointment only
	Referrals required
	Referrals required from payer
	Walk-in admissions, 24/7
	Walk-in admissions, M-F, 9 a.m. – 5 p.m.
	Walk-in admissions, other hours
	Court order
X	Other (specified): By appointment, walk-in screenings, crisis events, other referral agency
<b>What factors determine the number of people you normally serve?</b>	
	Staffing levels
X	Payer mandates
X	Funding for services/staff
	Number of referrals
X	Maximum capacity

X	Restrictive program rules
	Other (specified)

<b>What would be required for your program to be completely full?</b>	
X	My program is currently completely full
	More staff
	Additional funding for services
	More referrals
	Additional funding for supplies
	Additional funding for staff
X	Other (specified): RBHA operates at or near capacity at all times; emergency services are available 24/7
<b>Please select the types of admissions for services of which your program is capable.</b>	
	Walk-in or drop-off admissions, 24/7
	Walk-in or drop-off admissions, M-F, 9 a.m. – 4 p.m.
	We are capable of admitting some people who are intoxicated
X	Other (specified): Intake appointments are offered on a scheduled basis; emergency services unscheduled
<b>How are your program's services funded?</b>	
	No charges to client; services are paid through organizational fund development
X	Medicaid reimbursement
X	State or federal grants
X	Private/self pay by client or family
X	Sliding scale fees
	Other (specified)
<b>Does your agency currently work with the Department of Justice Services?</b>	
	No
	Yes, pre-trial
X	Yes, drug court
	Yes, diversion
	Yes, probation and parole
	Other (specified)
<b>Does your agency currently work with the Richmond Department of Social Services?</b>	
X	Yes (describe): Therapeutic Foster Care, TANF
<b>What are the most significant barriers to serving your target population?</b>	
	Lack of qualified staff

	Lack of staff willing to work with this population
	Lack of a partnership or referral source
	Limited physical plant (office space, treatment space, meeting space, etc.)
X	Funding for services
	Other (specified)
<b>Does your agency work with people re-entering the community after incarceration?</b>	
X	Yes, we do this informally and serve many recently released offenders

<b>What are the primary outcome measures for your program's success?</b>	
	Sobriety
	Compliance with medications
	Employment
	Stable housing
	Reduced recidivism to criminal justice system
X	Other (specified): Goals achieved on consumer's individual service plan

Additional information: None.

*Richmond Behavioral Health Authority (RBHA) (2)*  
Participant description: Case management community base

Type: It provides outpatient or day services to clients.

Program details: Answers selected on the online survey have an X next to them.

<b>Subpopulations</b>	
	People experiencing homelessness
X	People with substance use disorders
X	People with mental illness
X	People with co-occurring mental health and substance use disorders
X	Ex-offenders
X	People under court order or deferred prosecution
	People on probation or parolees
	People referred by the police
	Other (specified)
<b>Gender of clients</b>	
X	Males
X	Females
<b>Age groups</b>	
X	18-20
	21-24
	25-34
	35-49
	50+

<b>Services provided</b>	
	Case management for people experiencing homelessness
	Case management for offenders on supervision
X	Case management for people with serious mental illness
	Case management for people with substance use disorders
X	Substance use disorders treatment program, outpatient (licensed)
	Substance use disorders treatment program, residential (licensed)
	Substance use disorders treatment program, methadone (licensed)
	Recovery program (outpatient)
	Recovery program (residential)
	Mental health counseling
	Treatment of serious mental illness
	Medication management
	Housing/residential services
	Housing placement
	Housing subsidies
	Primary health care services
	Employment services
	Employment placement
	Vocational or pre-vocational training
<b>How do clients access your services?</b>	
	By appointment only
X	Referrals required
	Referrals required from payer
	Walk-in admissions, 24/7
	Walk-in admissions, M-F, 9 a.m. – 5 p.m.
X	Walk-in admissions, other hours
X	Court order
	Other (specified): By appointment, walk-in screenings, crisis events, other referral agency
<b>How many clients do you usually serve on a normal day?</b>	
X	20
<b>How many clients do you have the potential to serve on a normal day (i.e., your capacity)?</b>	
X	30
<b>What percentage of your current clients would you estimate were referred or</b>	

<b>ordered to participate by the courts or a criminal justice system agency?</b>	
X	80%
<b>What is the average cost of your program per client?</b>	
X	30

<b>Is there a waiting list for your program? If so, how long is it in terms of the number of people on the list and the amount of time it would take to get through the list?</b>	
X	No
<b>What factors determine the number of people you normally serve?</b>	
	Staffing levels
X	Payer mandates
	Funding for services/staff
	Number of referrals
X	Maximum capacity
	Restrictive program rules
	Other (specified)
<b>What would be required for your program to be completely full?</b>	
	My program is currently completely full
	More staff
	Additional funding for services
X	More referrals
	Additional funding for supplies
	Additional funding for staff
	Other (specified): RBHA operates at or near capacity at all times; emergency services are available 24/7
<b>Please select the types of admissions for services of which your program is capable.</b>	
X	Walk-in or drop-off admissions, 24/7
	Walk-in or drop-off admissions, M-F, 9 a.m. – 4 p.m.
X	We are capable of admitting some people who are intoxicated
	Other (specified)
<b>How are your program's services funded?</b>	
	No charges to client; services are paid through organizational fund development
X	Medicaid reimbursement
	State or federal grants
	Private/self pay by client or family
	Sliding scale fees
	Other (specified)
<b>Does your agency currently work with the Department of Justice Services?</b>	

	No
	Yes, pre-trial
X	Yes, drug court
X	Yes, diversion
X	Yes, probation and parole
	Other (specified)
<b>Does your agency currently work with the Richmond Department of Social Services?</b>	
X	Yes (describe): referrals

<b>What are the most significant barriers to serving your target population?</b>	
	Lack of qualified staff
	Lack of staff willing to work with this population
X	Lack of a partnership or referral source
X	Limited physical plant (office space, treatment space, meeting space, etc.)
X	Funding for services
	Other (specified)
<b>Does your agency work with people re-entering the community after incarceration?</b>	
X	Yes, we are a part of formal discharge planning
<b>What are the primary outcome measures for your program's success?</b>	
	Sobriety
	Compliance with medications
X	Employment
	Stable housing
X	Reduced recidivism to criminal justice system
	Other (specified)

Additional information: None.

*OAR of Richmond, Inc.*

Participant description: OAR provides pre-release case management services to persons incarcerated in the area jails and post-release case management services to anyone with an adult criminal conviction who requests services at our post-release offices in Richmond and Petersburg.

Type: It provides outpatient or day services to clients.

Program details: Answers selected on the online survey have an X next to them.

<b>Subpopulations</b>	
	People experiencing homelessness
	People with substance use disorders
	People with mental illness
	People with co-occurring mental health and substance use disorders
X	Ex-offenders
	People under court order or deferred prosecution
	People on probation or parolees
	People referred by the police
X	Other (specified) – Persons incarcerated in the area jails who request our services
<b>Gender of clients</b>	
X	Males
X	Females
<b>Age groups</b>	
X	18-20
X	21-24
X	25-34
X	35-49
X	50+

<b>Services provided</b>	
X	Case management for people experiencing homelessness
X	Case management for offenders on supervision
	Case management for people with serious mental illness
X	Case management for people with substance use disorders
	Substance use disorders treatment program, outpatient (licensed)
	Substance use disorders treatment program, residential (licensed)
	Substance use disorders treatment program, methadone (licensed)
	Recovery program (outpatient)
	Recovery program (residential)
	Mental health counseling
	Treatment of serious mental illness
	Medication management
	Housing/residential services
	Housing placement
	Housing subsidies
	Primary health care services
X	Employment services
	Employment placement
	Vocational or pre-vocational training
<b>How do clients access your services?</b>	
	By appointment only
	Referrals required
	Referrals required from payer
	Walk-in admissions, 24/7
X	Walk-in admissions, M-F, 9 a.m. – 5 p.m.
	Walk-in admissions, other hours
X	Court order
X	Other (specified): Inmates request to be seen by the case manager; some court-ordered cases
<b>How many clients do you usually serve on a normal day?</b>	
X	40-70
<b>How many clients do you have the potential to serve on a normal day (i.e., your capacity)?</b>	
X	No set #
<b>What percentage of your current clients would you estimate were referred or</b>	

<b>ordered to participate by the courts or a criminal justice system agency?</b>	
X	-1%
<b>What is the average cost of your program per client?</b>	
X	Less than \$200 per client/per year

<b>Is there a waiting list for your program? If so, how long is it in terms of the number of people on the list and the amount of time it would take to get through the list?</b>	
X	No
<b>What factors determine the number of people you normally serve?</b>	
	Staffing levels
	Payer mandates
	Funding for services/staff
	Number of referrals
	Maximum capacity
	Restrictive program rules
X	Other (specified): Everyone who requests services or is referred for services is served.
<b>What would be required for your program to be completely full?</b>	
	My program is currently completely full
	More staff
	Additional funding for services
	More referrals
	Additional funding for supplies
	Additional funding for staff
X	Other (specified): I don't know what "full" is. We serve anyone who requests services.
<b>Please select the types of admissions for services of which your program is capable.</b>	
	Walk-in or drop-off admissions, 24/7
	Walk-in or drop-off admissions, M-F, 9 a.m. – 4 p.m.
	We are capable of admitting some people who are intoxicated
X	Other (specified): We aren't residential but serve any eligible person who walks in
<b>How are your program's services funded?</b>	
	No charges to client; services are paid through organizational fund development
	Medicaid reimbursement
X	State or federal grants
	Private/self pay by client or family
	Sliding scale fees

X	Other (specified): Foundation grants, United Way, local government, donations, etc.
<b>Does your agency currently work with the Department of Justice Services?</b>	
	No
	Yes, pre-trial
	Yes, drug court
	Yes, diversion
	Yes, probation and parole
X	Other (specified): Have partnered with Justice Services with AND Program and other collaborations

<b>Does your agency currently work with the Richmond Department of Social Services?</b>	
X	Yes (describe): Coordinate the Richmond Regional Reentry Program with RDSS. Take SNAPET referrals from them.
<b>What are the most significant barriers to serving your target population?</b>	
	Lack of qualified staff
	Lack of staff willing to work with this population
	Lack of a partnership or referral source
X	Limited physical plant (office space, treatment space, meeting space, etc.)
X	Funding for services
	Other (specified)
<b>Does your agency work with people re-entering the community after incarceration?</b>	
	Yes, we do this informally and serve many recently released offenders
X	Other (specified): A small number are required to come to OAR for services
<b>What are the primary outcome measures for your program's success?</b>	
	Sobriety
	Compliance with medications
X	Employment
	Stable housing
	Reduced recidivism to criminal justice system
X	Other (specified): no answer

Additional information: We operated the first pretrial program in the state and an alternatives to incarceration program beginning in the mid 1970s. The alternatives to incarceration program consisted primarily of supervising court-ordered community service work, court-ordered group attendance, or other more specific directions from the court.

*Daily Planet*

Participant description: Non-profit Health and Social Service Center with 4 major components 1.The Daily Planet's Health Center provides primary health care, dental, mental health/psychiatric and vision care to not only greater Richmond's homeless, but also the uninsured and underinsured. 2. Medical Respite is a 20-bed program is a collaborative project designed to provide recuperative care to the medically frail homeless in our community. 3. Safe Haven is a designation given by our government for facilities that provide stable housing to the chronically homeless who are also mentally ill. The Daily Planet operates a Safe Haven program (the only program w/this designation in the state, one of less than 40 in the country). 4. Intensive Case Management Services which is the core of service delivery for our agency and works with clients in overcoming such barriers as employment, housing and substance abuse.

Type: It provides outpatient or day services to clients.

Program details: Answers selected on the online survey have an X next to them.

<b>Subpopulations</b>	
X	People experiencing homelessness
X	People with substance use disorders
X	People with mental illness
X	People with co-occurring mental health and substance use disorders
X	Ex-offenders
	People under court order or deferred prosecution
X	People on probation or parolees
	People referred by the police
	Other (specified)
<b>Gender of clients</b>	
X	Males
X	Females
<b>Age groups</b>	
X	18-20
X	21-24
X	25-34
X	35-49
X	50+

<b>Services provided</b>	
X	Case management for people experiencing homelessness
X	Case management for offenders on supervision
X	Case management for people with serious mental illness
X	Case management for people with substance use disorders
X	Substance use disorders treatment program, outpatient (licensed)
X	Substance use disorders treatment program, residential (licensed)
X	Substance use disorders treatment program, methadone (licensed)
X	Recovery program (outpatient)
X	Recovery program (residential)
X	Mental health counseling
X	Treatment of serious mental illness
X	Medication management
X	Housing/residential services
X	Housing placement
	Housing subsidies
X	Primary health care services
X	Employment services
X	Employment placement
	Vocational or pre-vocational training
<b>How do clients access your services?</b>	
X	By appointment only
X	Referrals required
X	Referrals required from payer
	Walk-in admissions, 24/7
X	Walk-in admissions, M-F, 9 a.m. – 5 p.m.
X	Walk-in admissions, other hours
X	Court order
	Other (specified)
<b>How many clients do you usually serve on a normal day?</b>	
X	100-150
<b>How many clients do you have the potential to serve on a normal day (i.e., your capacity)?</b>	
X	150
<b>What percentage of your current clients would you estimate were referred or ordered to participate by the courts or a criminal justice system agency?</b>	

X	10%
<b>What is the average cost of your program per client?</b>	
X	Varies according to service

<b>Is there a waiting list for your program? If so, how long is it in terms of the number of people on the list and the amount of time it would take to get through the list?</b>	
X	Only for residential services and inpatient SA services. The number varies.
<b>What factors determine the number of people you normally serve?</b>	
X	Staffing levels
	Payer mandates
X	Funding for services/staff
X	Number of referrals
X	Maximum capacity
	Restrictive program rules
	Other (specified)
<b>What would be required for your program to be completely full?</b>	
	My program is currently completely full
X	More staff
X	Additional funding for services
	More referrals
	Additional funding for supplies
X	Additional funding for staff
	Other (specified)
<b>Please select the types of admissions for services of which your program is capable.</b>	
	Walk-in or drop-off admissions, 24/7
X	Walk-in or drop-off admissions, M-F, 9 a.m. – 4 p.m.
X	We are capable of admitting some people who are intoxicated
	Other (specified)
<b>How are your program's services funded?</b>	
X	No charges to client; services are paid through organizational fund development
	Medicaid reimbursement
	State or federal grants
X	Private/self pay by client or family
X	Sliding scale fees
	Other (specified)
<b>Does your agency currently work with the Department of Justice Services?</b>	
	No

	Yes, pre-trial
X	Yes, drug court
	Yes, diversion
X	Yes, probation and parole
	Other (specified)

<b>Does your agency currently work with the Richmond Department of Social Services?</b>	
X	Yes (describe): Health screenings
<b>What are the most significant barriers to serving your target population?</b>	
	Lack of qualified staff
	Lack of staff willing to work with this population
X	Lack of a partnership or referral source
	Limited physical plant (office space, treatment space, meeting space, etc.)
X	Funding for services
	Other (specified)
<b>Does your agency work with people re-entering the community after incarceration?</b>	
X	Yes, we do this informally and serve many recently released offenders
<b>What are the primary outcome measures for your program's success?</b>	
X	Sobriety
X	Compliance with medications
X	Employment
X	Stable housing
	Reduced recidivism to criminal justice system
X	Other (specified): All of the above as well as best practice clinical measures in the health center

Additional information: None.

*The Healing Place*

Participant description: The Healing Place is a long-term residential recovery program for homeless men with addiction. The program has three components: a 20-bed overnight shelter that will accept men that are under the influence of drugs or alcohol; an 18-bed detox center where men can detoxify from alcohol and some drugs and a 160-bed recovery program that employs a unique curriculum based on the 12 Steps of Alcoholics Anonymous and a peer driven process for maintaining accountability and responsibility. The recovery program also includes a transition phase where clients attend life skills classes, receive assistance with obtaining permanent housing and employment and create a departure plan that focuses on independence and maintaining long-term sobriety. The Healing Place partners with The Daily Planet to provide healthcare on-site and CARITAS to provide graduates of The Healing Place with transitional employment.

Type: It is an unlicensed residential program.

Program details: Answers selected on the online survey have an X next to them.

<b>Subpopulations</b>	
	People experiencing homelessness
X	People with substance use disorders
	People with mental illness
	People with co-occurring mental health and substance use disorders
	Ex-offenders
	People under court order or deferred prosecution
	People on probation or parolees
	People referred by the police
	Other (specified)
<b>Gender of clients</b>	
X	Males
	Females
<b>Age groups</b>	
X	18-20
X	21-24
X	25-34
	35-49
X	50+

<b>Services provided</b>	
	Case management for people experiencing homelessness
	Case management for offenders on supervision
	Case management for people with serious mental illness
	Case management for people with substance use disorders
	Substance use disorders treatment program, outpatient (licensed)
	Substance use disorders treatment program, residential (licensed)
	Substance use disorders treatment program, methadone (licensed)
	Recovery program (outpatient)
X	Recovery program (residential)
	Mental health counseling
	Treatment of serious mental illness
	Medication management
	Housing/residential services
	Housing placement
	Housing subsidies
	Primary health care services
	Employment services
	Employment placement
	Vocational or pre-vocational training
<b>How do clients access your services?</b>	
	By appointment only
	Referrals required
	Referrals required from payer
	Walk-in admissions, 24/7
	Walk-in admissions, M-F, 9 a.m. – 5 p.m.
X	Walk-in admissions, other hours
	Court order
	Other (specified)

<b>How many beds for males does your program have?</b>	
X	199
<b>How many resident male clients do you currently have?</b>	
X	199
<b>Of these male resident clients, approximately how many were referred or ordered to participate by the courts or a criminal justice system agency?</b>	

X	0
<b>What is the average cost of your program per client</b>	
X	\$7000/year

<b>Is there a waiting list for your program? If so, how long is it in terms of the number of people on the list and the amount of time it would take to get through the list?</b>	
X	No, men who wish to participate in the recovery program may do so even if a program bed is not available. They can stay in the overnight shelter or off site and participate in the program until a bed becomes available.
<b>What factors determine the number of people you normally serve?</b>	
	Staffing levels
	Payer mandates
X	Funding for services/staff
	Number of referrals
	Maximum capacity
	Restrictive program rules
	Other (specified)
<b>What would be required for your program to be completely full?</b>	
	My program is currently completely full
	More staff
X	Additional funding for services
	More referrals
	Additional funding for supplies
	Additional funding for staff
	Other (specified)
<b>Please select the types of admissions for services of which your program is capable.</b>	
	Walk-in or drop-off admissions, 24/7
	Walk-in or drop-off admissions, M-F, 9 a.m. – 4 p.m.
	We are capable of admitting some people who are intoxicated
X	Other (specified): Overnight – daily after 3:45 p.m.; Detox – 8 a.m. to 8 p.m.; Recovery – M-F, 8 a.m. – 5 p.m.
<b>How are your program's services funded?</b>	
X	No charges to client; services are paid through organizational fund development
	Medicaid reimbursement
X	State or federal grants
	Private/self pay by client or family
	Sliding scale fees

	Other (specified)
<b>Does your agency currently work with the Department of Justice Services?</b>	
X	No
	Yes, pre-trial
	Yes, drug court
	Yes, diversion
	Yes, probation and parole
	Other (specified)

<b>Does your agency currently work with the Richmond Department of Social Services?</b>	
X	No
<b>What are the most significant barriers to serving your target population?</b>	
	Lack of qualified staff
	Lack of staff willing to work with this population
	Lack of a partnership or referral source
	Limited physical plant (office space, treatment space, meeting space, etc.)
X	Funding for services
	Other (specified)
<b>Does your agency work with people re-entering the community after incarceration?</b>	
X	Yes, we do this informally and serve many recently released offenders
<b>What are the primary outcome measures for your program's success?</b>	
X	Sobriety
	Compliance with medications
X	Employment
X	Stable housing
	Reduced recidivism to criminal justice system
	Other (specified)

Additional information: None.

*Rubicon, Inc.*

Participant description: Rubicon is a licensed substance use and mental health disorder treatment agency offering a full range of services including; inpatient, outpatient, detoxification, crisis stabilization, co-occurring disorders, inpatient for women with children and after care. Our services are designed to address individual needs of clients and vary in treatment intensity and length depending on the client's needs. Our treatment combines individualized therapy and concentrated care within a "family" environment. Evidence based practices include Medication Assisted Therapy, Accupuncture, Contingency Management and Cognitive Behavioral Therapy.

Type: It provides outpatient or day services to clients.

Program details: Answers selected on the online survey have an X next to them.

<b>Subpopulations</b>	
X	People experiencing homelessness
X	People with substance use disorders
X	People with mental illness
X	People with co-occurring mental health and substance use disorders
X	Ex-offenders
X	People under court order or deferred prosecution
X	People on probation or parolees
	People referred by the police
X	Other (specified) – Transitional people from jails and prison
<b>Gender of clients</b>	
X	Males
X	Females
<b>Age groups</b>	
X	18-20
X	21-24
X	25-34
X	35-49
X	50+

<b>Services provided</b>	
X	Case management for people experiencing homelessness
	Case management for offenders on supervision
	Case management for people with serious mental illness
X	Case management for people with substance use disorders
X	Substance use disorders treatment program, outpatient (licensed)
X	Substance use disorders treatment program, residential (licensed)
	Substance use disorders treatment program, methadone (licensed)
X	Recovery program (outpatient)
X	Recovery program (residential)
X	Mental health counseling
	Treatment of serious mental illness
X	Medication management
X	Housing/residential services
X	Housing placement
	Housing subsidies
	Primary health care services
X	Employment services
	Employment placement
X	Vocational or pre-vocational training
<b>How do clients access your services?</b>	
	By appointment only
	Referrals required
X	Referrals required from payer
	Walk-in admissions, 24/7
X	Walk-in admissions, M-F, 9 a.m. – 5 p.m.
	Walk-in admissions, other hours
X	Court order
X	Other (specified): Self-pay appointments
<b>How many beds for males does your program have?</b>	
X	134
<b>How many resident male clients do you currently have?</b>	
X	51
<b>Of these male resident clients, approximately how many were referred or ordered to participate by the courts or a criminal justice system agency?</b>	
X	20

<b>How many beds for females does your program have?</b>	
X	45

<b>How many resident female clients do you currently have?</b>	
X	37
<b>Of these female resident clients, approximately how many were referred or ordered to participate by the courts or a criminal justice system agency?</b>	
X	8
<b>What is the average cost of your program per client</b>	
X	\$2250/month for residential treatment
<b>Is there a waiting list for your program? If so, how long is it in terms of the number of people on the list and the amount of time it would take to get through the list?</b>	
X	No
<b>What factors determine the number of people you normally serve?</b>	
	Staffing levels
X	Payer mandates
X	Funding for services/staff
X	Number of referrals
X	Maximum capacity
	Restrictive program rules
	Other (specified)
<b>What would be required for your program to be completely full?</b>	
	My program is currently completely full
	More staff
X	Additional funding for services
X	More referrals
X	Additional funding for supplies
	Additional funding for staff
	Other (specified)
<b>Please select the types of admissions for services of which your program is capable.</b>	
X	Walk-in or drop-off admissions, 24/7
X	Walk-in or drop-off admissions, M-F, 9 a.m. – 4 p.m.
X	We are capable of admitting some people who are intoxicated
X	Other (specified): Admissions that are 24/7 are limited to crisis stabilization
<b>How are your program's services funded?</b>	
	No charges to client; services are paid through organizational fund development

X	Medicaid reimbursement
X	State or federal grants
X	Private/self pay by client or family
X	Sliding scale fees
	Other (specified)

<b>Does your agency currently work with the Department of Justice Services?</b>	
	No
	Yes, pre-trial
	Yes, drug court
X	Yes, diversion
X	Yes, probation and parole
	Other (specified)
<b>Does your agency currently work with the Richmond Department of Social Services?</b>	
X	Yes (describe): Food stamp and emergency relief subsidies
<b>What are the most significant barriers to serving your target population?</b>	
	Lack of qualified staff
	Lack of staff willing to work with this population
	Lack of a partnership or referral source
	Limited physical plant (office space, treatment space, meeting space, etc.)
X	Funding for services
	Other (specified)
<b>Does your agency work with people re-entering the community after incarceration?</b>	
X	Yes, we are a part of formal discharge planning
<b>What are the primary outcome measures for your program's success?</b>	
X	Sobriety
X	Compliance with medications
X	Employment
X	Stable housing
X	Reduced recidivism to criminal justice system
	Other (specified)

Additional information: Rubicon is willing to work with the Criminal Justice system as it relates to any re-entry efforts available.

*The McShin Foundation*

Participant description: Peer to peer Recovery Community Organization helping individuals fight against Substance Use Disorders.

Type: It is an unlicensed residential program.

Program details: Answers selected on the online survey have an X next to them.

<b>Subpopulations</b>	
	People experiencing homelessness
X	People with substance use disorders
	Case management for people with serious mental illness
	People with mental illness
	People with co-occurring mental health and substance use disorders
	Ex-offenders
	People under court order or deferred prosecution
	People on probation or parolees
	People referred by the police
	Other (specified)
<b>Gender of clients</b>	
X	Males
X	Females
<b>Age groups</b>	
X	18-20
X	21-24
X	25-34
X	35-49
X	50+

<b>Services provided</b>	
	Case management for people experiencing homelessness
	Case management for offenders on supervision
	Case management for people with substance use disorders
	Substance use disorders treatment program, outpatient (licensed)
	Substance use disorders treatment program, residential (licensed)
	Substance use disorders treatment program, methadone (licensed)
	Recovery program (outpatient)
X	Recovery program (residential)
	Mental health counseling
	Treatment of serious mental illness
	Medication management
	Housing/residential services
	Housing placement
	Housing subsidies
	Primary health care services
	Employment services
	Employment placement
	Vocational or pre-vocational training
<b>How do clients access your services?</b>	
	By appointment only
	Referrals required
	Referrals required from payer
	Walk-in admissions, 24/7
X	Walk-in admissions, M-F, 9 a.m. – 5 p.m.
X	Walk-in admissions, other hours
	Court order
	Other (specified)

<b>How many beds for males does your program have?</b>	
X	25
<b>How many resident male clients do you currently have?</b>	
X	20
<b>Of these male resident clients, approximately how many were referred or ordered to participate by the courts or a criminal justice system agency?</b>	
X	35%

<b>How many beds for females does your program have?</b>	
X	9

<b>How many resident female clients do you currently have?</b>	
X	5
<b>Of these female resident clients, approximately how many were referred or ordered to participate by the courts or a criminal justice system agency?</b>	
X	0%
<b>What is the average cost of your program per client</b>	
X	\$3500 for first 28 days
<b>Is there a waiting list for your program? If so, how long is it in terms of the number of people on the list and the amount of time it would take to get through the list?</b>	
X	No
<b>What factors determine the number of people you normally serve?</b>	
	Staffing levels
	Payer mandates
X	Funding for services/staff
	Number of referrals
X	Maximum capacity
	Restrictive program rules
	Other (specified)
<b>What would be required for your program to be completely full?</b>	
	My program is currently completely full
	More staff
X	Additional funding for services
	More referrals
	Additional funding for supplies
	Additional funding for staff
	Other (specified)
<b>Please select the types of admissions for services of which your program is capable.</b>	
X	Walk-in or drop-off admissions, 24/7
	Walk-in or drop-off admissions, M-F, 9 a.m. – 4 p.m.
	We are capable of admitting some people who are intoxicated
	Other (specified)
<b>How are your program's services funded?</b>	
	No charges to client; services are paid through organizational fund development

	Medicaid reimbursement
	State or federal grants
X	Private/self pay by client or family
	Sliding scale fees
	Other (specified)

<b>Does your agency currently work with the Department of Justice Services?</b>	
	No
	Yes, pre-trial
X	Yes, drug court
	Yes, diversion
X	Yes, probation and parole
	Other (specified)
<b>Does your agency currently work with the Richmond Department of Social Services?</b>	
X	No
<b>What are the most significant barriers to serving your target population?</b>	
	Lack of qualified staff
	Lack of staff willing to work with this population
	Lack of a partnership or referral source
	Limited physical plant (office space, treatment space, meeting space, etc.)
X	Funding for services
	Other (specified)
<b>Does your agency work with people re-entering the community after incarceration?</b>	
X	Yes, we do this informally and serve many recently released offenders
<b>What are the primary outcome measures for your program's success?</b>	
X	Sobriety
	Compliance with medications
X	Employment
X	Stable housing
X	Reduced recidivism to criminal justice system
	Other (specified)

Additional information: None.

*The Richmond Outreach Center (The ROC)*

Participant description: The mission of The Richmond Outreach Center (The ROC) is to sustain permanent, positive change in low-income, urban youth and adults by making significant, long-term investments in these individuals through our outreach programs and services. Through these programs and services, youth and adults are introduced to positive, constructive lifestyles that are free of drugs, alcohol, crime, and violence, thereby encouraging and empowering these individuals to make better life decisions. Furthermore, The ROC gives these individuals opportunities to go back into their communities as agents of change, offering the same programs and services that changed their life to others in desperate need of a changed life; thus Changing Lives and Making Life Changers.

Type: It provides outpatient or day services to clients.

Program details: Answers selected on the online survey have an X next to them.

<b>Subpopulations</b>	
X	People experiencing homelessness
X	People with substance use disorders
	People with mental illness
	People with co-occurring mental health and substance use disorders
X	Ex-offenders
X	People under court order or deferred prosecution
X	People on probation or parolees
X	People referred by the police
	Other (specified)
<b>Gender of clients</b>	
X	Males
X	Females
<b>Age groups</b>	
X	18-20
X	21-24
X	25-34
X	35-49
X	50+

<b>Services provided</b>	
	Case management for people experiencing homelessness
	Case management for offenders on supervision
	Case management for people with serious mental illness
	Case management for people with substance use disorders
	Substance use disorders treatment program, outpatient (licensed)
	Substance use disorders treatment program, residential (licensed)
	Substance use disorders treatment program, methadone (licensed)
X	Recovery program (outpatient)
X	Recovery program (residential)
	Mental health counseling
	Treatment of serious mental illness
	Medication management
X	Housing/residential services
	Housing placement
	Housing subsidies
	Primary health care services
	Employment services
	Employment placement
X	Vocational or pre-vocational training
<b>How do clients access your services?</b>	
	By appointment only
	Referrals required
	Referrals required from payer
X	Walk-in admissions, 24/7
X	Walk-in admissions, M-F, 9 a.m. – 5 p.m.
X	Walk-in admissions, other hours
X	Court order
X	Other (specified): The ROC offers several different programs with different intake times/procedures.

<b>How many beds for males does your program have?</b>	
X	65
<b>How many resident male clients do you currently have?</b>	
X	48
<b>Of these male resident clients, approximately how many were referred or</b>	

<b>ordered to participate by the courts or a criminal justice system agency?</b>	
X	10

<b>How many beds for females does your program have?</b>	
X	24
<b>How many resident female clients do you currently have?</b>	
X	12
<b>Of these female resident clients, approximately how many were referred or ordered to participate by the courts or a criminal justice system agency?</b>	
X	4
<b>What is the average cost of your program per client</b>	
X	Our program is free to our clients, but it costs us approximately \$1744 per person
<b>Is there a waiting list for your program? If so, how long is it in terms of the number of people on the list and the amount of time it would take to get through the list?</b>	
X	We do not currently have a waiting list
<b>What factors determine the number of people you normally serve?</b>	
X	Staffing levels
	Payer mandates
X	Funding for services/staff
	Number of referrals
X	Maximum capacity
	Restrictive program rules
	Other (specified)
<b>What would be required for your program to be completely full?</b>	
	My program is currently completely full
X	More staff
X	Additional funding for services
	More referrals
X	Additional funding for supplies
X	Additional funding for staff
	Other (specified)
<b>Please select the types of admissions for services of which your program is capable.</b>	
X	Walk-in or drop-off admissions, 24/7
X	Walk-in or drop-off admissions, M-F, 9 a.m. – 4 p.m.
X	We are capable of admitting some people who are intoxicated
X	Other (specified): We do the majority of admissions on Thursday and

	Saturday evenings, but make some exceptions
<b>How are your program's services funded?</b>	
X	No charges to client; services are paid through organizational fund development
	Medicaid reimbursement
	State or federal grants
	Private/self pay by client or family
	Sliding scale fees
	Other (specified)

<b>Does your agency currently work with the Department of Justice Services?</b>	
	No
X	Yes, pre-trial
	Yes, drug court
X	Yes, diversion
X	Yes, probation and parole
	Other (specified)
<b>Does your agency currently work with the Richmond Department of Social Services?</b>	
X	No
<b>What are the most significant barriers to serving your target population?</b>	
	Lack of qualified staff
	Lack of staff willing to work with this population
	Lack of a partnership or referral source
	Limited physical plant (office space, treatment space, meeting space, etc.)
X	Funding for services
	Other (specified)
<b>Does your agency work with people re-entering the community after incarceration?</b>	
X	Yes, we do this informally and serve many recently released offenders
<b>What are the primary outcome measures for your program's success?</b>	
X	Sobriety
	Compliance with medications
X	Employment
	Stable housing
X	Reduced recidivism to criminal justice system
	Other (specified)

Additional information: None.

*Boaz and Ruth, Inc.*

Participant description: To achieve our vision of a healthy community comprised of healthy individuals, Boaz & Ruth operates with three strategies: We rebuild lives of formerly incarcerated man and women (emotional and relational competencies, work readiness, OJT training) We restore the community of Highland Park concurrently with the men and women doing the difficult work of recovery from prison. They open and operate stores, cafe, moving business and restore buildings. We intentionally connect the "over there" privileged community to the gifts of Highland Park and its residents. Together these 3 strategies form a strong cord to support sustainable change needed to develop healthy communities of healthy people. We refer to this program as "RestoreCorps." Who better to restore blighted and crime ridden communities than the men and women who contributed to the blight. In the process both are healed.

Type: It provides outpatient or day services to clients.

Program details: Answers selected on the online survey have an X next to them.

<b>Subpopulations</b>	
X	People experiencing homelessness
X	People with substance use disorders
	People with mental illness
	People with co-occurring mental health and substance use disorders
X	Ex-offenders
X	People under court order or deferred prosecution
X	People on probation or parolees
	People referred by the police
	Other (specified)
<b>Gender of clients</b>	
X	Males
X	Females
<b>Age groups</b>	
	18-20
	21-24
X	25-34
X	35-49
X	50+

<b>Services provided</b>	
X	Case management for people experiencing homelessness
X	Case management for offenders on supervision
	Case management for people with serious mental illness
X	Case management for people with substance use disorders
	Substance use disorders treatment program, outpatient (licensed)
	Substance use disorders treatment program, residential (licensed)
	Substance use disorders treatment program, methadone (licensed)
X	Recovery program (outpatient)
X	Recovery program (residential)
	Mental health counseling
	Treatment of serious mental illness
	Medication management
X	Housing/residential services
	Housing placement
	Housing subsidies
	Primary health care services
X	Employment services
X	Employment placement
X	Vocational or pre-vocational training
<b>How do clients access your services?</b>	
	By appointment only
	Referrals required
	Referrals required from payer
	Walk-in admissions, 24/7
X	Walk-in admissions, M-F, 9 a.m. – 5 p.m.
	Walk-in admissions, other hours
X	Court order
	Other (specified)

<b>How many clients do you usually serve on a normal day?</b>	
X	70
<b>How many clients do you have the capacity to serve on a normal day (i.e., your capacity)?</b>	
X	100
<b>What percentage of your current clients would you estimate were referred or</b>	

<b>ordered to participate by the courts or a criminal justice system agency?</b>	
X	50%
<b>What is the average cost of your program per client?</b>	
X	\$61 a day

<b>Is there a waiting list for your program? If so, how long is it in terms of the number of people on the list and the amount of time it would take to get through the list.</b>	
X	Yes-- up to 100 and then we stop taking applications. Half of our program is 12 months long 40+ hours a week. We cycle in applicants 3 times a year. The other half is supportive jobs- we take people as openings appear. Most openings come because a person fails a drug test or moves to permanent employment
<b>What factors determine the number of people you normally serve?</b>	
	Staffing levels
	Payer mandates
X	Funding for services/staff
	Number of referrals
	Maximum capacity
	Restrictive program rules
X	Other (specified): funding for stipends, increase in social enterprise revenues
<b>What would be required for your program to be completely full?</b>	
	My program is currently completely full
	More staff
X	Additional funding for services
	More referrals
X	Additional funding for supplies
X	Additional funding for staff
X	Other (specified): additional funding for stipends
<b>Please select the types of admissions for services of which your program is capable.</b>	
	Walk-in or drop-off admissions, 24/7
X	Walk-in or drop-off admissions, M-F, 9 a.m. – 4 p.m.
	We are capable of admitting some people who are intoxicated
	Other (specified)
<b>How are your program's services funded?</b>	
	No charges to client; services are paid through organizational fund development
	Medicaid reimbursement
X	State or federal grants

	Private/self pay by client or family
	Sliding scale fees
X	Other (specified): social enterprise-- retail, construction, moving, food services, small grants, some family pay school

<b>Does your agency currently work with the Department of Justice Services?</b>	
	No
	Yes, pre-trial
	Yes, drug court
	Yes, diversion
X	Yes, probation and parole
	Other (specified)
<b>Does your agency currently work with the Richmond Department of Social Services?</b>	
X	Yes, not sure how
<b>What are the most significant barriers to serving your target population?</b>	
	Lack of qualified staff
	Lack of staff willing to work with this population
	Lack of a partnership or referral source
	Limited physical plant (office space, treatment space, meeting space, etc.)
X	Funding for services
	Other (specified)
<b>Does your agency work with people re-entering the community after incarceration?</b>	
X	Yes, we do this informally and serve many recently released offenders
<b>What are the primary outcome measures for your program's success?</b>	
	Sobriety
	Compliance with medications
X	Employment
X	Stable housing
X	Reduced recidivism to criminal justice system
X	Other (unspecified)

Additional information: B&R has won several national awards for our "RestoreCorps" vision and has received numerous requests for replication help. How do we share this innovative and effective program that impacts community (crime has dropped 37% since we began our "urban farming" type of restoration)? Recidivism rate of graduates is around 10%. Even those who return to jail are called back toward wholeness upon their release-- the restored community provides them Hope of what they can do and who they can be.

The family type program creates a supportive group to nurture personal change. And the connection with the "over theres" provides wholeness for us all.