# Henrico Recovery Roundtable
# Final Report and Recommendations


**February 10, 2020**

# EXECUTIVE SUMMARY

Between May and December 2019, the Henrico County Recovery Roundtable explored strategies and recommendations to strengthen addiction and recovery programs in Henrico County. The Recovery Roundtable found that the institutions of the criminal justice system (including law enforcement, courts, and the jail) are struggling to keep pace with the criminal activity and recidivism that accompany untreated substance use disorder (SUD). The group concluded that Henrico County could more effectively ensure public health and safety by implementing a comprehensive, cohesive, and sustainable strategy to prevent and treat SUDs.

The comprehensive strategy should include the following new or expanded efforts (beyond the current services offered in Henrico County):

- Additional investments in evidenced-based prevention programs;
- Expansion of risk-based community outreach programs;
- The provision of a more comprehensive outpatient substance use treatment program with improved access to wrap-around services such as housing, childcare, and employment supports;
- The possible creation of a short-term residential facility for adults to safely detoxify from the effects of drugs and/or alcohol, in partnership with a health care provider partner;
- Establishment of contractual agreements with approved sober-living recovery residences and financial support for individuals seeking admission to those approved homes;
- Significantly expanded substance use diversion and treatment programs within the jails;
- Possible outsourcing of drug testing services; and,
- New efforts to reduce “failure to appear” cases in the Court system.

These recommendations are explored in greater detail throughout this report.

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# INTRODUCTION

## Background

On April 18, 2019, the County Manager established the Henrico County Recovery Roundtable to provide strategies and recommendations to strengthen addiction and recovery programs in Henrico County. The group was composed of a variety of stakeholders, including clinical treatment providers and recovery representatives, criminal justice practitioners, business interests, community organizations, and subject matter experts from several County agencies including the Health Department, the Sheriff's Office, Henrico Area Mental Health and Developmental Services (HAMHDS), and the Department of Social Services.

The Roundtable was co-chaired by two members of the Board of Supervisors: Tyrone Nelson, representative of the Varina District and 2019 Chairman, and Tommy Branin, representative of the Three Chopt District and 2019 Vice Chairman. The Roundtable conducted nine meetings over six months and participated in more than a dozen site visits or tours of facilities that provide treatment or recovery services and programs for individuals struggling with substance use disorders. The meetings were open to the public as well as to local media.

## Members of the Roundtable

- Hon. Tyrone E. Nelson, Roundtable Co-Chair
- Hon. Thomas M. Branin, Roundtable Co-Chair
- Dr. Danny Avula, Director, Richmond City and Henrico County Health Departments
- Raiford Beasley, President, Henrico County NAACP
- Matt Conrad, Executive Director, Government and Board Relations, VCU Health Systems
- Hon. B. Craig Dunkum, Presiding Judge, Chief Judge, Henrico General District Court
- Michael Y. Feinmel, Deputy Commonwealth's Attorney, Henrico County
- Sara Harman, Senior Project Manager, Henrico Sheriff's Office
- Bruce Kay, Vice President, Markel Corporation
- Hon. John Marshall, Presiding Judge, Henrico Circuit Court
- Ty Parr, Director, Henrico County Department of Social Services
- Rhodes Ritenour, Vice President of External and Regulatory Affairs, Bon Secours Health System
- Karen Stanley, CEO, CARITAS
- Laura Totty, Executive Director, Henrico Area Mental Health and Developmental Services

- Michel Zajur, President and CEO, Virginia Hispanic Chamber of Commerce
- Tony McDowell, Deputy County Manager, Henrico County
- Michael Schnurman, Legislative Liaison, Henrico County
- Holly Zinn, Management Specialist, Henrico County

Process Used

Presenters were asked to share their perspectives; that is, in what ways have they interacted with people who suffer from substance use disorders (SUD). The Roundtable sought to understand from each presenter the barriers they have encountered, the approaches or solutions that seem to be working, and the new opportunities that might exist. Presenters were encouraged to provide data and measures, but also to share examples and stories to illustrate their experiences. Meetings were set for approximately one hour each, allowing 35-40 minutes for the topical speaker, with the remainder of time set for questions and discussion. In addition to these presentation meetings, the Roundtable also conducted a work session (with no presenter) on September 9.

In addition to participating in Roundtable meetings, the group's members were invited to tour facilities and sites where SUD services are offered. These sites included treatment centers, recovery residences, the drug court, and the Henrico County jail facilities (including Jail West on Parham Road and Jail East in New Kent County).

Meetings were co-chaired by Mr. Nelson and Mr. Branin. The co-chairs collected questions or requests from the full membership and assigned staff to provide follow-up. As members of the Roundtable began to make specific recommendations on different ideas and topics, the co-chairs sought feedback from the rest of the group. The resulting recommendations contained in this report started as suggestions offered by members of the Roundtable that were refined through discussion and consensus of the group.

As the last of the scheduled presentations were made in October, the co-chairs assigned staff to collect the information that had been presented, along with the recommendations that had been brought forward by Roundtable members, to be compiled into a final report.

All meetings were posted as open to the public; most were covered by a local print news media representative.

Schedule of Meetings, Presentations, Tours

May 14: *Overview of drug addiction trends/impacts & publicly offered support services*
Presenter: Laura Totty & Daniel Rigsby
Henrico Area Mental Health & Developmental Services

June 25: *Perspectives from Henrico's first responders*
Presenters: Henrico Fire & Henrico Police

July 9: *Perspectives from the Commonwealth's Attorney*
Presenters: Shannon Taylor & Mike Feinmel

July 23: *Perspectives from the Sheriff's Office*
Presenter: Sheriff Mike Wade

Aug. 13: *Perspectives from the Judicial Branch*
Presenters: Judge John Marshall & Judge Craig Dunkum

Sept. 9: *Recovery Roundtable Group Discussion*

Sept. 24: *Overview of Henrico County's Drug Court*
Presenters: Sarah Perkins-Smith, Shelby Johnson, Kevin Purnell

Oct. 8: *Private Recovery Residence Standards and Programs*
Presenter: David Rook, Virginia Association of Recovery Residences

Oct. 22: *The McShin Foundation; CARITAS/The Healing Place*
Presenters: Jesse Wysocki, Karen Stanley

Drug Court Observation

Fridays at 1PM; Circuit Court

Drug Court graduation, Friday, September 20 at 1:00 PM

Tour of Henrico County Jail

July 29 at 10:00 AM – Jail East

July 30 at 10:00 AM – Jail West

Tour of CARITAS / The Healing Place

July 22 at 9:00 AM

Aug. 21 at 12:00 PM

Sept. 12 at 4:00 PM

Tour of McShin Foundation

Aug. 27 at 9:00 AM and 5:00 PM

Sept. 17 at 9:00 AM and 5:00 PM

## FINDINGS AND RECOMMENDATIONS

*Finding: There is a need for a more comprehensive approach to Substance Use Disorder*

Over the six months that the Roundtable met, its members were exposed to a variety of views and differing opinions about the nature of the challenges around substance use disorder (SUD) and potential solutions. They learned that there is a substance use "ecosystem" of sorts that is composed of a wide variety of people and players, including individuals with addiction and their families, law enforcement, courts, prosecutors, clinical treatment providers, hospitals, peer recovery specialists, housing providers, insurance companies, elected officials, and many others. Each of these individuals and/or organizations helps to form the overall ecosystem.

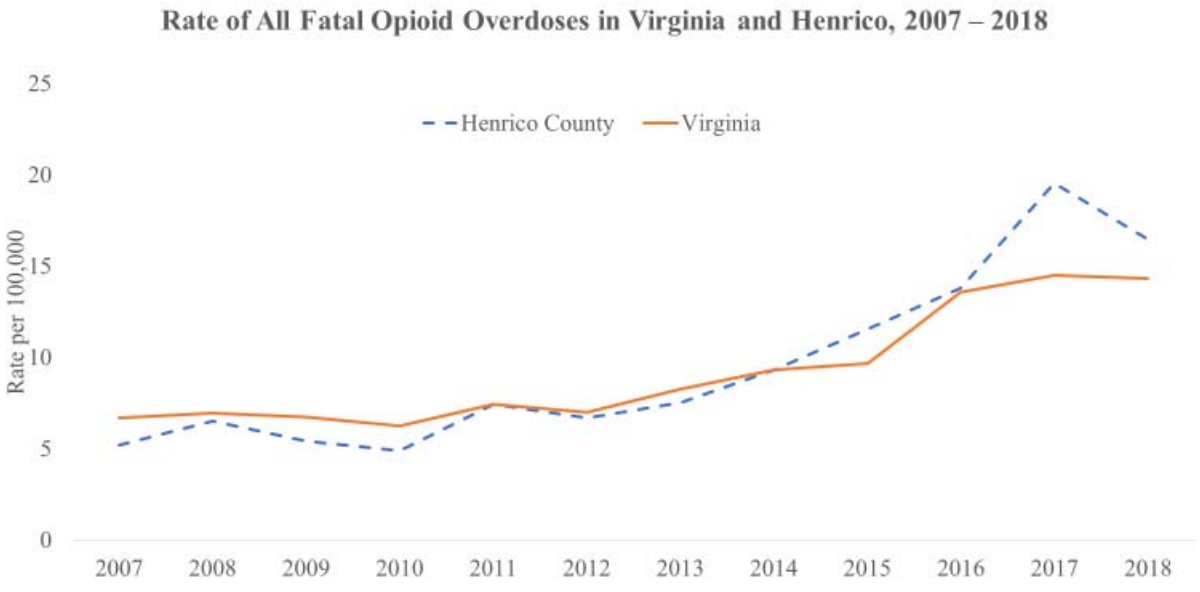
There are many well-intentioned people struggling to make a positive difference within this ecosystem. At times, efforts are at cross purposes with each other. This can result from stigma and perception, lack of awareness about programs and efforts, poor communication across the ecosystem (silos), or from differing experiences and philosophical perspectives. The ecosystem struggles to find balance.

Against this backdrop we have not seen the emergence of a comprehensive community-wide approach toward preventing and treating SUD while also ensuring public safety and accountability. Moving this unbalanced ecosystem toward a more functional and balanced recovery system, or "reco-system" will be a challenging but worthy goal. For the first time in Henrico County, as a result of the Roundtable's efforts, the key leaders and stakeholders from the ecosystem came together for open — and at times bold — conversations, and identified through consensus several of the key steps necessary to make progress for the community as a whole.

The Roundtable's discussions of the challenges faced within Henrico County can be summarized with the following statements:

(1) The institutions of the criminal justice system in Henrico County (including law enforcement, courts, and the jail) have been severely strained in attempting to keep pace with the criminal activity and recidivism that accompanies untreated SUD.
(2) Instead, the group concluded that Henrico County could more effectively ensure public health and safety by implementing a comprehensive, cohesive, and sustainable strategy to prevent and treat SUDs.

The Roundtable heard from a variety of experts about the evolving view of addiction as a disease process. The epidemic[1] has come to the forefront of public attention because of the proliferation of extremely powerful drugs, both legal and illegal, that create mind-altering and life-destroying addictions. Overcoming these addictions is not just a matter of self-discipline; detox side effects can cause severe illnesses, seizures, or death. Even after the initial chemical detoxification is completed, addiction and cravings continue. Recovery is possible but requires sustained effort over a long period of time supported with resources and a variety of supports. Most individuals with serious SUDs will experience multiple relapses over a period of years before achieving lasting recovery. It is not unusual for a person with opiate addiction, as an example, to relapse half a dozen times or more during recovery.




*Source: Virginia Department of Health, Office of the Medical Examiner Forensic Epidemiology Fatal Drug Overdose Quarterly Reports http://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/. Accessed 5/30/2019.*

Opiate-based drugs pose a particularly acute danger. One of the side effects common to all opiate-based substances (including morphine-based prescription pain pills, heroin, Fentanyl, etc.) is the depression of

[1] The terms "epidemic" and "crisis" did not emerge in national mainstream discussions until heroin-related deaths began to spike among middle and upper income communities. It should be noted that within disadvantaged communities and majority-minority neighborhoods, there have been efforts for many years to sound the public alarm and raise awareness about devastating impacts of drugs such as cocaine and methamphetamines. Had terms such as "epidemic" and "crisis" been used more widely to describe SUD among predominantly minority communities beginning in the 1970s, many experts believe that more public awareness and resources could have been brought to bear earlier and saved more lives, and potentially helped to stave off the proliferation of heroin.

the central nervous system. Users may initially experience euphoria, but over time the dose required to achieve this "high" must be increased. If a user takes an excessive dose the result is a decrease in the level of consciousness and decreased respiratory drive. In cases of overdose, the user loses consciousness and stops breathing. Whereas in a healthy person the central nervous system would trigger certain receptors in the brain to initiate breathing, in the narcotic-induced overdose these triggers stop working. With no oxygen coming into the lungs the body essentially suffocates, the heart stops, and organs such as the kidneys and the brain begin to shut down from anoxia. Death comes silently. The universal antidote for the opiate overdose is the drug naloxone, which blocks the action of the opiate and reverses the overdose.

Ironically, one of the most dangerous times for an opiate user is after they have had been detoxified. The reason is that although an active user will become more and more tolerant of the drug, during detoxification this tolerance is reduced back to a baseline level. The user who relapses and uses a dose of drug that in the past they were able to tolerate, can now overdose much more easily. This explains why many overdoses occur immediately after people are released from treatment or incarceration.

As the number of overdose-related deaths began to increase across the Commonwealth, it was apparent that more needed to be done. In April 2016 the County Manager appointed a Heroin Task Force to evaluate Henrico County's response to the opioid epidemic at that time. Three questions were posed to the group:

1. What efforts are currently underway in Henrico County to address heroin/opioid issues? Specifically, what is each agency doing and how are we coordinating our efforts?
2. Within our current funding resources, are there enhancements that can be made to strengthen our efforts?
3. What are recommendations to enhance our response that require additional resources?

The Task Force was initially composed of the following representatives:

- Chief Humberto Cardounel, Police Chief
- Dr. Susan Fischer Davis, District Health Director
- Chief Tony McDowell, Fire Chief
- Honorable Shannon Taylor, Commonwealth's Attorney
- Honorable Michael Wade, Sheriff
- Laura Totty, Executive Director, Mental Health and Developmental Services

As the work of the Task Force evolved, additional departments joined to maximize the comprehensive approach to the issues and possible solutions, to include the active participation of Henrico County Public Schools. The Task Force focused on prevention, treatment, communication and the criminal justice system. A few results from the work of the Task Force include:

Prevention

- Sponsored several summits:
  - *A Community Summit on the Heroin/Opioid Epidemic – Engaging Our Community to Find Solutions* Keynote Speakers James B. Comey, Former Director, FBI; Chuck Rosenberg, Former Administrator, Drug Enforcement Administration.
  - Cosponsored *National Experts on Opioids Inform Community & Faith Leaders* with Bon Secours.
  - Richmond, Henrico, Chesterfield and Hanover sponsored *REVIVE RVA: Regional Solutions to the Opioid Crisis* Keynote Speakers Dr. Robert L. DuPont; Dr. A. Omar Abubaker.
- Gave presentations on substance use at many town halls and community events.
- Created www.BounceBackHC.com website with resources and information and www.OpioidSolutionsRVA.com with regional partners.
- Expanded drug take-back sites.
- Provided REVIVE! training and naloxone to the public on a monthly basis (REVIVE! provides training on how to recognize and respond to an opioid overdose emergency using naloxone).
- Public Relations and Media Services produced 15 videos, several public service announcements, press releases and articles .
- Participants of the Henrico Sheriff's Office "Opiate Recovery By Intensive Tracking (ORBIT)" began speaking to students at high schools and community events about their drug use and recovery.

Treatment

- Implemented an Opioid Jail Diversion Program.
- Implemented an Office Based Treatment Program (OBOT) at HAMHDS.
- Prescribers began offering Medication Assisted Treatment (MAT) as a treatment option at HAMHDS.
- Created opportunity for Henrico inmates to start Naltrexone while incarcerated.

- Provided gender-specific treatment.
- Hired a peer recovery specialist within HAMHDS.
- Pursued grant opportunities to expand treatment options for substance use disorders.

Communication

- Developed a process to outreach/follow up on overdoses through coordinated involvement of Police, Fire, Community Corrections, Probation, Commonwealth's Attorney, Sheriff's Office, and HAMHDS.
- Provided targeted public safety and community interventions based on GIS mapping.
- Explored best practices and standards for recovery residences.
- Continued to track drug use and changes in use in order to provide education/awareness to the community.

Criminal Justice System

- Purchased 700 doses of naloxone for the Division of Police.
- ORBIT and Recovery in a Secure Environment (RISE) participation continued to increase in the jail with positive results.
- Commonwealth's Attorney's Office prosecuted a number of significant heroin dealers and distribution and possession, human trafficking, cigarette trafficking, and internet crimes against children.
- Alternatives to incarceration for drug offenders have been pursued.
- The Community Alternative Program (CAP) was implemented and has been studied statewide for other jurisdictions to adopt as a means of keeping first time drug offenders from becoming convicted felons.

The goals of the Task Force for the Fiscal Year 2019-2020 include the following:

1. Explore best practices and standards for recovery homes to better determine the integrity of the recovery homes in our community. Explore a voluntary registration process where homes meet basic health and safety requirements.
2. Provide targeted public safety and community interventions in areas experiencing or at elevated risk for heroin/opioid related incidents utilizing GIS mapping of such incidents.
3. Continue to explore the opportunity to establish a Comprehensive Harm Reduction Program directly or through a partnership.

4. Develop a process to outreach/follow up with individuals who EMS/Fire has responded to as a result of an overdose.
5. Continue to track drug use and changes in use in order to provide education /awareness to the community and County employees and increase safety.
6. Continue to increase awareness and utilization of safe prescription storage and disposal methods.
7. Develop a fully functioning OBOT (Office Based Opiate Treatment program), which includes prescribing Suboxone and Naltrexone, at HAMHDS.
8. Continue to educate all secondary school students on substance abuse awareness.
9. Collaborate with the HCPS Substance Abuse Task Force to coordinate quarterly events for the community.
10. Collaborate with the Substance Abuse Task Force and school counselors to create a transition program for rising 6th and 9th graders to include drug prevention.

Although the original formation of the Task Force was in part due to the alarming increase in opioid-related overdoses, the work of the Task Force is applicable for individuals suffering from addictions to all dangerous substances, not just opiates. The Task Force should continue to serve as a collaborative, central organizing group that maintains a focus on substance use prevention and response and ensures the efforts of County agencies, schools, and other organizations in the community are well-integrated.

***Recommendation:*** *Change the name of the Heroin Task Force to "Addiction Task Force."*

***Recommendation:*** *The Addiction Task Force should develop comprehensive performance goals and measures for the Henrico County "recovery ecosystem" and report the results quarterly to the County Manager.*

**Prevention-related activities, programs, and strategies undertaken by HAMHDS 2016-present**

2016

- Community Needs Assessment completed (substance misuse focus)
- PRIDE Questionnaire Survey administered to 3,239 MS and HS students in collaboration with Henrico County Public Schools (HCPS) & Henrico Too Smart 2 Start Coalition (TS2S)
- Ask the Question (#ATQ) suicide prevention campaign via social media & local GRTC bus system to promote the National Suicide Prevention Lifeline. *relaunched 11/2019
- Participated in Region IV partnership with Prevention Managers to develop www.bewellva.com website; established Annual Suicide Prevention Conference in partnership with NAMI

2017

- Audited and provided merchant education information on underage tobacco sales laws to 203 tobacco product retailers
- Partnered with Heroin Task Force Prevention Sub-committee and launched initial Opioid Social Marketing Campaign
- Participated on committee to develop VDH Community Health Assessment
- Presented at HCPS Administrators' workshop on Pride Questionnaire Survey results; developed opioid supplement to Life Skills Training curriculum and trained all HCPS Health & PE teachers

2018

- Presented PRIDE Questionnaire Survey and Community Needs Assessment results to HCPS MS & HS Counselors
- Presented PRIDE Questionnaire Survey results to HCPS PTA Council
- Participated in Henrico Senior Games as vendor (800+ athletes attended); distributed MH/SA information at Mental Health of America Community Wellness Fair
- Partnered with WBTK Radio Poder 1380AM to air Suicide Prevention and Opioid awareness PSAs to the Latinx community
- Participated on advisory committee for VCU Department of Psychology, Health Behavior and Policy Center for the Study of Tobacco Products - Adult/Adolescent Community Cigar/Cigarillos Study consultants
- PRIDE Youth Questionnaire Survey re-administered to 2,377 MS and HS students

2019

- Partnered with HCPS (Tucker HS Marketing) to develop "The Talk" social media campaign to promote substance misuse prevention conversations between youth and parents/trusted adults.
- Utility bill inserts with opioid information sent to 98,000 households (HTF)
- 4,000 opioid education flyers (English/Spanish) distributed to subsidized apartment communities across the County
- 1,066 medication lockboxes distributed to community to securely store prescription drugs
- 2,183 prescription drug disposal kits distributed to community to safely dispose of medications
- 168,000 medi-bags distributed through 7 Kroger pharmacies with messaging regarding safe medication disposal/storage
- Produced www.Bounceback.com PSAs (English and Spanish) promoting REVIVE training and treatment resources; aired in May and September with 365,600 impressions
- Hosted 4 Revive trainings in Connect communities
- Billboards posted in English and Spanish (5 in May and September) with 283,422 impressions
- Sponsored Henrico TS2S Coalition Chair to attend 2018 CADCA Mid-year Conference to support on-going ATOD education/prevention with specific attention to opioids. The current Henrico TS2S Coalition Chair is an alumnus of HAMHDS Prevention services.
- Provided after-school academic and social enrichment programming (Connect) to approximately 130 youth annually in resource-poor communities
- Provided jobs skills training and a summer work experiences to approximately 25-30 youth ages 14-15 annually
- Provided evidence-based substance use prevention curriculums in after-school programming
- Provided Prevention Basics training for youth to develop understanding of prevention concepts, ethics and strategies
- Youth Ambassadors (YA) participated in the Safe & Sober Conference in collaboration with YOVASO and Henrico Police
- Youth Ambassadors hosted Annual Health & Wellness Poetry Slam focusing on MH/SA prevention featuring students from area middle and high schools
- Youth Ambassadors attended Annual Youth Alcohol & Drug Abuse Prevention Project (YADAPP) a Longwood University; YA selected for leadership position at the Leadership Conference; earned special recognition for community action plan
- Participated in Annual It Takes a Village Community Forum in partnership with Henrico Too Smart 2 Start Coalition
- Participated in service-learning activities that support Henrico Too Smart 2 Start Coalition (TS2S), Heroin Task Force and other community initiatives (Out of Darkness Walk, NAMI Walk, HCPS B.A.A.D (Blaize'n Awareness Against Drugs) 5k, etc.)
- Attended Capital Hill Legislation Day to meet and dialogue with legislators
- Participated in DEA Prescription Drug Take-Back in collaboration with Henrico County Police Dept. and Henrico Too Smart 2 Start Coalition
- Conducted Project Sticker Shock in partnership with Virginia Dept. of Alcohol Beverage Control (ABC) to address under-age drinking
- Attended annual Spring College Tours

*Finding: Stigma is a serious barrier to treatment*

Until recent years, substance addiction was perceived to be evidence of a character flaw or personality weakness. Addiction treatment programs in recent decades have typically been designed to last 28 days, not because of any evidenced-based practice regarding the amount of therapy that is required, but rather based on tradition and the amount of time that most insurance plans would cover the cost of treatment.

The members of the Roundtable heard a strong message from both clinical practitioners and peer recovery specialists that people who have addictions to strong drugs like cocaine and heroin are dealing with a much stronger enemy than the general public may recognize. These drugs cause long-term changes to the chemistry and neuropathy of the brain; these changes can be reversed but the time required to do so is generally measured in months and years, rather than days or weeks. The longer a person was exposed, the longer it takes for the brain to heal. During this healing process, the cravings and urges are exceptionally powerful and relapses are common. For people who work in the recovery field, relapses are not surprising and do not indicate failure. In contrast to assumptions that have traditionally been built into the criminal code, relapse is simply viewed as an expected and normal part of the recovery process. Many people suffering from SUD will go through detox and intensive treatment six times or more before they achieve long-term or sustained sobriety. Recovery from addiction is a lifelong challenge and endeavor.

In many ways the opiate crisis has brought the larger issue of substance use disorder into the open, because its impacts have been seen widely across all social and economic groups. And although public perceptions around addiction may be changing, many people struggling with SUDs avoid seeking help because of the stigma and perception of being an "addict," and fear (perhaps with good reason) that admitting to a problem and asking for help may negatively impact their families, their careers, and reputations. Several members of the Roundtable were surprised to learn that 68% of people who come to HAMHDS seeking substance use treatment do so voluntarily, rather than under an order from the court.

The Roundtable heard from several presenters that certain traditional assumptions about SUD have been overly simplistic. For example, the notion that addiction is a weakness and that punishment/incarceration is the best response, fails to take into account the true complexities of the problem. The incarceration model, on its own and without treatment, simply cannot keep up; we cannot "solve" the addiction crisis or the opioid/drug epidemic by simply putting more and more people in jail.

*Finding: Prevention works and is much more cost effective than response*

Prevention focuses on helping people develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors. Prevention strategies promote individual, family, and community strengths, reduce the influence of risk factors, and increase protective factors. Risk factors are personal characteristics or community features that increase the danger of substance misuse, mental health concerns, violence, or other at-risk behaviors. Protective factors increase healthy behaviors and lifestyles, and ultimately reduce the risk of problem behaviors. By addressing risks and building upon the strengths of individuals, families, schools, and communities, the need for more costly treatment services is avoided.

HAMHDS provides an array of prevention programs and collaborates with multiple stakeholders including parents, schools, community organizations and businesses. Services are primarily community-based and include consultation and training, community education on mental health and substance use prevention (including Mental Health First Aid and Adverse Childhood Experiences), youth leadership development, evidence-based programs, and partnerships to develop community-level environmental approaches.

The Strategic Prevention Framework (SPF) is a model endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA) for community planning and implementation of prevention activities, programs and strategies. The SPF is a five-step process used to help communities build resilience and the capability to prevent/reduce at-risk behaviors. The SPF framework addresses both substance misuse and mental health issues. The process is comprised of assessment, capacity building (i.e., partnerships and collaboration), planning based on data, implementation, and evaluation. Cultural competency and sustainability undergird the effectiveness of this model. The model suggests that, in general, the best prevention outcomes are derived from effective working partnerships. This model has been embraced and promoted by Henrico County for developing prevention initiatives across agencies and provides a map for continuing to expand prevention efforts in the future.

Currently there are multiple County agencies that provide prevention services of some nature to address an identified portion of the addiction problem. Prevention is defined differently across agencies and disciplines, and there is a need to better align the various prevention efforts and to develop a method for measuring progress against established goals. These programs/services should be integrated with systems of treatment to move individuals along the behavioral health continuum of care.

***Recommendation:*** *Evaluate the full spectrum of all prevention-related efforts that exist regarding SUD both in Henrico County and in the region and provide recommendations through the budget process to enhance and expand these services over the next several years.*

*Finding: The C.I.T. model used by Henrico's Public Safety agencies is effective*

Henrico County's CIT (Crisis Intervention Team) Program has grown significantly since its inception in 2006, driven by the opportunities to assist those in behavioral health crisis. This is a collaborative, interagency team comprised of the HAMHDS, the Police Division, the Division of Fire (including both Fire and EMS), and the Sheriff's Office. The program is believed to be the first CIT program to include Fire and EMS as equal partners. Henrico's CIT initiatives fall into four categories: partnerships, training, a community-response continuum, and the assessment site.

CIT partnerships are maintained among the four primary County agencies, along with such community stakeholders as HCA Parham Doctors' Hospital, the National Alliance on Mental Illness, the Virginia Organization of Consumers Asserting Leadership, the Substance Abuse Addiction and Recovery Alliance, and other community advocacy and support groups. The Virginia Department of Behavioral Health and Developmental Services (DBHDS) has provided funding and is a supportive partner. The Department of Criminal Justice Services, Virginia CIT, and Central Virginia CIT are additional stakeholders.[2]

Nearly 2,000 first responders have been trained in the CIT Basic class since the inception of the training initiative. The training effort continues to expand. During the period of January through October of 2019, CIT staff provided training to more than 3,300 people in 50 training sessions, providing 550 hours

[2] The Central Virginia CIT was founded by Henrico CIT staff and created a model which has since been emulated throughout the Commonwealth. CVACIT members include CIT staff from Henrico, Richmond, Chesterfield, Hanover, Goochland, Powhatan, and Crossroads. This innovative group has ensured that each of programs is enhanced through the sharing of resources and information.

of instruction. This included more than 500 first responders receiving more than 400 hours of CIT training. The team also provided 48 hours of academy training to 70 first responders. Additional training offered by this team included the Mental Health First Aid course, Workplace Emergency Preparedness for all County employees, and training to specialized groups such as the first line supervisors and the Commonwealth's Attorney's Office. These training sessions require that multiple HAMHDS staff be onsite (in addition to the time they invest before and after each training to ensure its success). Additional CIT instructors are drawn from Henrico Police, Henrico Fire, and Henrico Sheriff's Office utilizing personnel who serve this function above and beyond their normal job duties.

Substance use disorders are specifically covered in Henrico's CIT Basic class, the CIT Refresher class and in CIT Advanced trainings. While Virginia's CIT Essential Elements program specifies that one hour be allotted to dual diagnosis of mental health and substance abuse, Henrico's CIT Basic class incorporates a minimum of three to four hours of instruction related to substance use. This includes a one-hour presentation by HAMHDS drug and alcohol clinical staff, a one-hour presentation from SAARA staff, and content that is included in the presentations from HAMHDS psychiatry, VOCAL, NAMI and CIT role plays.

The CIT Refresher class historically has been an eight-hour class that included two hours of SUD instruction. During 2019 the CIT Refresher class was decreased to four hours with one hour devoted to SUD. Henrico's CIT program is the only one in the Commonwealth to offer a CIT Refresher class, although other programs are exploring emulating this model.

Additional SUD training is provided to all new Sheriff's deputies and Police recruits during the Mental Health First Aid for Public Safety eight-hour module offered during their academies. There has been some discussion with Henrico Fire training staff about whether to include Mental Health First Aid for Fire and EMS staff module in the academy.

Henrico's CIT Advanced training offers topic-specific training and is generally organized around the request of CIT-trained first responders. Often requested topics include grief, resiliency, self-care, post-trauma stress, critical incident stress, fixed delusions, dementia, Alzheimer's, working with youth and trauma informed care. There has been discussion that it might be helpful to hear more about SUD resources to use as referrals, movement toward legalization of marijuana in Virginia, CBD Oil myths and facts, and the assessment of medical issues related to withdrawal from alcohol and benzodiazepines.

Henrico's CIT-trained responders provide a continuum of support to our residents with behavioral health challenges, whether they stem from mental health or substance use. The CIT program oversees the pioneering CIT STAR (Service To Aid Recovery) Team which seeks creative approaches and preventive actions to assist those identified as needing services. The weekly team meeting includes staff from HAMHDS, Police, Fire, Schools, Social Services, and Building Inspections. This list is often augmented with staff from additional agencies when warranted. Police and Fire identify those in our community who are frequently in need of first responder services, have an identified mental health or substance use challenge, and have some degree of lethality. These residents are generally not already receiving mental health or substance use services. The team creates a plan of what resources might be helpful, whether a home visit would be warranted, and identifies staff from the appropriate agencies to respond together. Police members of the CIT-STAR team often provide referrals and immediate access to mental health and substance use services through the HMH Same Day Access Program. The focus is on assisting the individual to connect with the needed resources and preventing crises.

Members of the Police team that support this initiative also provide critical support for Henrico County's Threat Assessment Teams (TAT). They are responding to an average of four to five people per day who meet the criteria of being seen through either CIT-STAR or Henrico TAT.

Henrico's CIT Assessment Site, known as the CIT Crisis Receiving Center (CRC), was founded in 2012 in partnership with PDH and with funding from DBHDS and HAMHDS. The goals of the CRC are to provide multidisciplinary care quickly in a trauma-informed environment that focuses on mental health recovery while avoiding unnecessary hospitalization or incarceration. The focus is on connecting people with community resources and offering hope that recovery is possible. The CRC serves individuals with mental health and substance use challenges. CRC staff have assisted over 5,600 people in psychiatric crisis since its inception. Nearly 1,000 of those have been assisted in the first 10 months of calendar year 2019, and over 1,000 were assisted in calendar year 2018. The CRC is currently open 24 hours a day and staffed by mental health emergency services clinicians, a CIT trained peer specialist, and CIT trained law enforcement. This team partners with hospital medical staff, many of whom have also been CIT trained, to provide immediate assessment and care from this multidisciplinary team.

Henrico's CIT mental health staff, in partnership with DBHDS, is pioneering an enhanced transportation program that will offer SAMHSA training on "*How Being Trauma Informed Enhances Criminal Justice System Responses*" to all deputies from Henrico, New Kent, and Charles City that provide transportation for Temporary Detention Orders. As part of this initiative, staff will explore options to ensure that the

transportation process from the CRC and other venues is supportive of the individual and the tenets of Mental Health Recovery and Trauma Informed Care.

Henrico's CIT program is a robust and pioneering program that often sets the standard for initiatives throughout the Commonwealth. Henrico's approach has successfully trained nearly 2,000 first responders who are prepared to assist those in psychiatric crisis due to mental health or substance use. Over 5,600 individuals have been assisted at the CIT assessment site. Twenty to 25 individuals in our community are served each week through the STAR and TAT initiatives. The hope is that through these initiatives and with future enhancements, the CIT program will continue to connect individuals with resources in the community to help them live full lives devoid of crises.

***Recommendation:*** *Expand Crisis Intervention (CIT) programs by funding honorariums for outside speakers, and consider adding full time trainers to the cadre in order to expand class offerings.*

*Finding: There is no one single right way to treat substance use disorder*

The treatment of SUD is complicated by the fact that no single approach works for all (or even most) patients. Rather, each person needs his or her own plan of care that takes into account such variables as:

- Readiness to change
- Emotional, behavioral and cognitive conditions
- Personal tolerance to intoxication and/or withdrawal management (ability to detox)
- Biomedical conditions and complications
- Relapse and continued problem potential
- Environment (employment, transportation, housing, etc.)

In order for Henrico County to find success in helping people find the right treatment, it is necessary to consider the full range of therapies and supports. In other words, one single solution will not be satisfactory or effective.

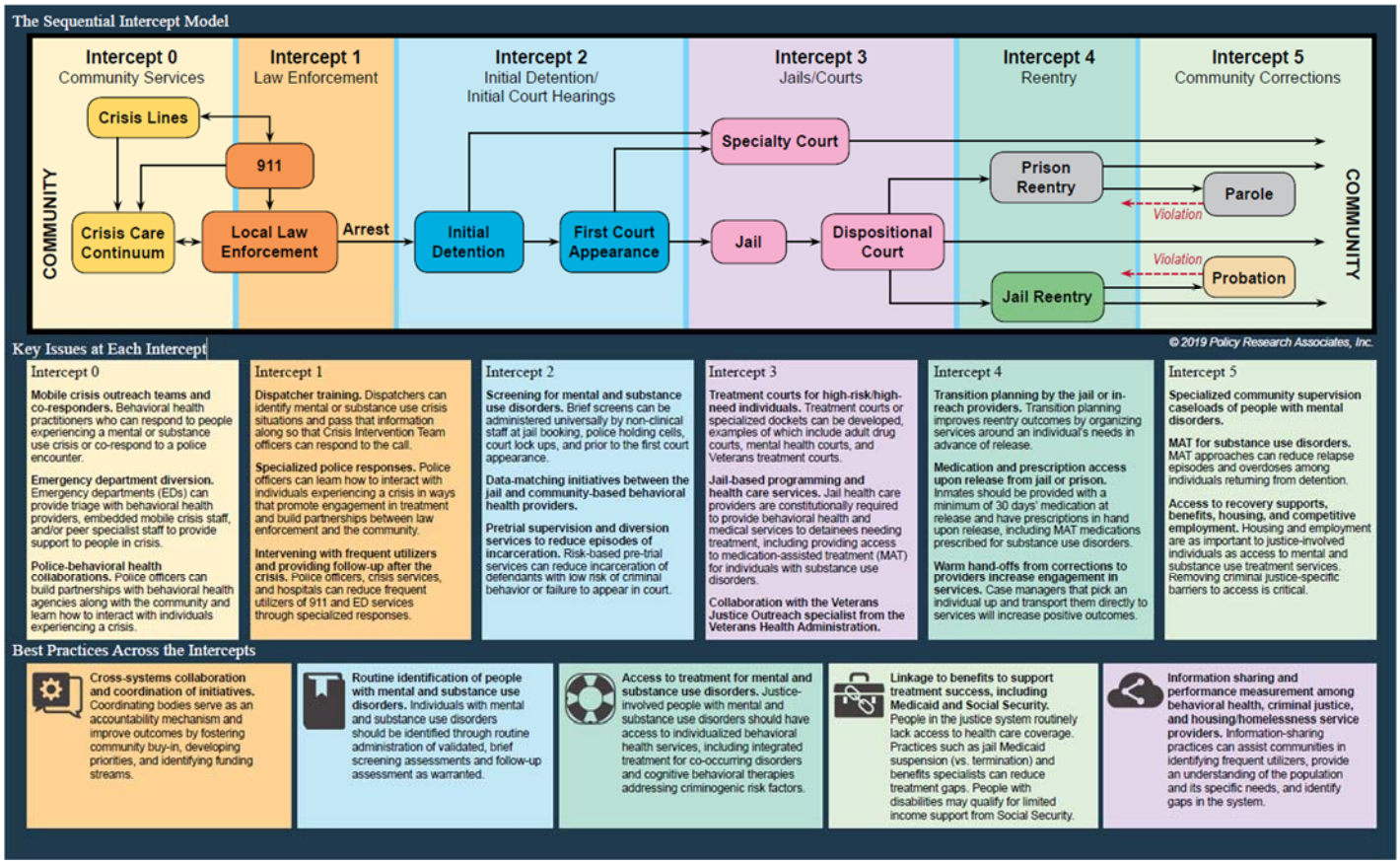
*Finding: Targeted community outreach can reach those who do not otherwise seek help*

The sequential intercept model for mental illness and the criminal justice system is a useful tool to conceptualize all of the points where interventions can happen. Page 19 contains a graphic from the Substance Abuse and Mental Health Services Administration (SAMHSA) that outlines the model and examples of interventions at each intercept.

This concept can be utilized when thinking of intervention opportunities for those with a substance use disorder as well. Intercept 0 occurs prior to involvement with law enforcement. This is the ideal time for targeted community outreach. Currently HAMHDS receives the list of overdose victims multiple times a week by Henrico Police. A peer counselor will attempt to contact the overdose victim by phone, but much more could be done. Through enhanced and targeted community outreach, staff could visit the victim in a timely manner after the overdose and potentially collaborate with Henrico Police to intervene at the time of the overdose. A case manager and peer would actively reach out, offer support, and provide a link to services, should the person be willing.

There are similar opportunities to intervene at different points in the sequential model, including as an alternative to arrest, or during the arraignment process, or during the establishment of terms of bond and granting of bail, during incarceration, after release from jail, and upon re-entry. Each of these points is an opportunity to intervene and break the cycle. Targeted efforts, both in the community and within the walls of the criminal justice system, could be used to divert people toward detoxification, treatment, and recovery.

A number of people drop out of services when they experience a relapse. Community outreach workers can provide home or work visits to reengage these clients in treatment. Other localities have demonstrated success in this area and have employed targeted community outreach workers. These workers collaborate well with Police, Fire and other community partners to link those with SUDs to care.




*Finding: The traditional models of drug testing need to be evaluated*

Urine drug testing (UDT) plays an important role in the care of patients in recovery from addiction, and it has become necessary for providers and programs to utilize specific, accurate testing. UDT has multiple benefits in assisting with the recovery process, such as motivating people in recovery to stay substance free (knowing that they are being tested) and giving providers feedback when a person is struggling.

Henrico Drug Court found that outsourcing UDT provided benefits to the treatment relationship with its clients. Because UDT is time consuming for staff, outsourcing the work frees up time for clinical work and counseling. And although it is critical that UDT be a monitored (observed) process to ensure reliability, using the clinician as the observer (enforcer) interferes with the counseling relationship and puts the treatment specialist in the role of a "probation officer." The Henrico Drug Court staff found that the clinical relationship with their clients was improved by outsourcing UDT.

The Recovery Roundtable heard from the Henrico judges that the most important consideration they make when releasing drug defendants in a pre-trial setting on bond is an appropriate period of detox, followed by a specific safe and reliable recovery treatment plan that includes regular drug testing and reporting of compliance with terms and conditions of the bond. In developing a comprehensive plan for responding to individuals struggling with SUD — from the community as well as the criminal justice system — there needs to be a working relationship with service providers, potentially including case management, as well as recovery residences. Currently each of these entities maintains its own protocols and bears its own expenses regarding UDT. More concerning for the judge is the reliability of the testing protocols and frequency determined by each service provider or recovery residence. Having UDT administered by one entity - i.e., an outsourced company - could provide the reliability necessary for the judges to ensure that testing is occurring appropriately and as frequently as required. Service providers and recovery residences are free to develop and maintain their own testing protocols consistent with their rules. But for SUD-involved defendants, a reliable provider for UDT reporting results to CCP or some other entity that reports to the Court would provide the judges with assurances regarding proper screening.

***Recommendation:*** *Explore the advantages of outsourcing drug testing to a private provider in order to improve access for clients and to improve efficiencies.*

*Finding: There is inadequate access to same-day inpatient detox services*

One of the most challenging problems in responding to substance use disorders is the lack of available inpatient treatment options, especially for those who do not have insurance or another payer source. It is the nature of the illness that people who suffer from SUD and who are in the throws of addiction are not likely to seek out detox and treatment. As noted by multiple presenters at the Roundtable, ranging from peer therapists to clinicians to Police officers, people with substance use disorders and active addictions "don't come up for air very often." For this reason, when people do "come up for air" and seek treatment, it is vital to match that demand with same-day access to professional help.

HAMHDS is able to see people immediately in most cases, but the agency does not offer inpatient treatment of any kind, including detox. Due to the lack of access to immediate detox services for the

citizens of Henrico, HAMHDS has agreements with multiple detox and residential service providers throughout the state but unfortunately there is no access to same-day detox facilities. Multiple times a month, citizens present to Same Day Access at HAMHDS requesting detox and/or residential services. Generally it takes a week or more to find a detox facility (other than an emergency room). It is important to provide these services when requested, when a person is motivated. If a citizen requests detox and then must wait a week or more, the likelihood of a return to substance misuse is very high.

HAMHDS adds people to facility waiting lists for beds, and even in those cases the beds can be many hours away, in places like Galax or Winchester. Time delays and distance become barriers, and the patients become frustrated and do not follow through. The 28-day residential treatment providers often have longer waiting lists for admission, but even these traditional longer-term treatment programs do not have hopeful success rates. In fact, "one-third of people who leave treatment [28-day programs] begin using again within three days, and half begin using again within two weeks."[3]

Fees for detox and residential services are typically charged at the Medicaid approved rate (currently set at $393.50 per day) for clinically managed, high-intensity residential services. The Richmond Behavioral Health Authority North Campus provides detox and residential services for Richmond City residents and for individuals with insurance. However, in order to expand their capacity (hire staff and improve the facility) to be able to accept uninsured patients from Henrico County, they will require an up-front agreement with the County to cover the payment of the $393.50 per day, per patient. Without this commitment, their current staffing and physical infrastructure are not ready to accommodate more detox beds. It should also be noted that they only accept new patients on certain days and during certain hours, not 24 hours a day.

The Roundtable heard from several presenters that, in consideration of the issues listed above, there is a need for a 24-hour detox intake facility in Henrico County. Police noted that they frequently come into contact with individuals who are intoxicated on alcohol or drugs (or a combination) and who have committed a minor legal infraction such as "drunk in public," trespassing or belligerent behavior. In these circumstances Police would prefer to take the individual to a treatment location, but since there is no such facility available, they instead take the individual into custody and transport him/her to the magistrate where criminal charges are often placed. The user then goes to jail until an arraignment can be held. The individual begins detox services in the jail and then may either be released on bond or held for trial.

[3] Retrieved from https://www.huffpost.com/entry/rehab-substance-abuse-treatment on November 6, 2019

The Roundtable also learned from the Division of Fire that a typical EMS interaction involves a person suffering a fall or some other kind of injury as a consequence of intoxication. EMS arrives and assesses the patient. The injury itself may not require hospitalization, but the patient cannot consent to refuse treatment and transport due to their intoxication and altered mental status. In these cases, EMS must transport the patient — and the only option that is available is a hospital emergency room. Emergency rooms, in these cases, are then used as the detox location of first and last resort, tying up critically needed bed space at a premium cost.

Another example that the Roundtable heard about pertains to people who have both substance use disorder and a concurrent mental health condition (bipolar disorder, depression, schizophrenia, etc). Police will make contact with a person who is severely intoxicated, which in turn has triggered a crisis related to their mental illness. For instance, an intoxicated person with mental illness may stop taking their medicine, begin to behave aggressively, or express suicidal or homicidal threats. Police frequently have no choice but to seek an involuntary temporary detention order or emergency custody order and then take the subject into custody for transport to a mental health care receiving facility. The patient spends the next 12-24 hours sobering up, after which time they take their medications and the crisis is resolved. The custody order expires and the patient is released to the same setting and environment from which their problem stemmed in the first place. This process repeats itself without the patient obtaining the true SUD services that he or she needs.

***Recommendation:*** *Maintain an updated inventory of organizations and resources for treatment and recovery from substance use disorder. Make the inventory available on the "Bounce Back" and regional websites.*

***Recommendation:*** *Evaluate the creation of a short-term residential facility for adults to safely detoxify from the effects of drugs and/or alcohol. Services should include clinically managed and medical detoxification, case management, referral services for follow-up and appropriate care, peer support, and an introduction to a structured recovery process.*

***Recommendation:*** *Develop a plan that provides a comprehensive approach to substance use disorder treatment and includes centralized ("one-place") outpatient access and support. Services to be coordinated should include: case management and referrals for services, medically assisted treatment, certain primary health care services, drop-in support, access to treatment groups, individual therapy for substance use disorders, same place access, peer support, limited pharmacy, and child-minding support. This program should include educational programs including REVIVE training, family education, and vocational/job placement supports. The program should include access to representatives from the Department of Social Services, faith-based services, recovery residences, AA/NA groups, Smart Recovery groups, etc.*

*Finding: Safe and affordable recovery housing is needed*

An essential part of the recovery process for patients suffering from SUD is to obtain housing that is safe and sober. For many people this can be a serious obstacle because "home" for them is a place where other people are using drugs or engaging in negative behaviors. The negative influence of certain "people, places, and things" then triggers a relapse for the recovering user.

Private recovery residences offer an alternative "home" for people in recovery. Residents of recovery residences are all in the recovery process, living in what is intended to be a mutually supportive environment. The goal of recovery residences is to serve as a bridge to support people while they work on recovery goals of employment, transportation, and financial stability. The length of stay for a person successfully recovering from SUD can range from several weeks to years depending on their needs and condition, and the philosophy and policies of the recovery residence host organization.

Henrico County is considered "friendly" to recovery residences due to the County's zoning ordinance (Chapter 24), which defines "family" as "*a person living alone or <u>any number of persons living together as a single housekeeping unit</u> including domestic servants, caregivers, foster children and adults, and supervisory personnel in a group care facility. The term family shall not include a fraternity, sorority, club, convalescent or nursing home, institution or a group of persons occupying a hotel, motel, tourist home, boarding house or lodging house or similar uses*." This essentially allows for an unlimited number of unrelated people to form a single housekeeping unit within one house.

By contrast, Chesterfield County defines a "family" as, "*an individual; two or more persons related by blood, marriage, adoption or guardianship plus any domestic servants, foster children and not more than two roomers, living together as a single nonprofit housekeeping unit in a dwelling unit; group of <u>not more than four persons not related</u> by blood, marriage, adoption or guardianship living together as a single nonprofit housekeeping unit in a dwelling or dwelling unit; or residential care home."* Similarly, the City of Richmond zoning ordinance creates a cap of "*<u>not more than three unrelated persons</u> or a combination of related and unrelated persons*" living together.

For these reasons, a number of recovery residences are located in Henrico County. These facilities have not been regulated or licensed by the Commonwealth of Virginia. The lack of regulatory oversight for recovery residences has allowed a variety of different private operators (whether they are for-profit or charitable) to open up for business; not all of these recovery residences have had a good track record. <u>Law enforcement and the courts have expressed grave reservations about allowing substance users who are charged with a crime to be released from jail to stay in an otherwise "unknown" and potentially unsafe recovery residence as condition of bond or probation</u>.

During the 2019 session of the General Assembly, a bill was passed that provides for the promulgation of regulations for the certification of recovery residences by DBHDS. This legislation is codified in Virginia Code § 37.2-431.1 and requires DBHDS to maintain a list of certified recovery residences on its website.

It prohibits any person from advertising, representing, or otherwise implying to the public that a recovery residence or other housing facility is a certified recovery residence unless it is certified by DBHDS. It authorizes DBHDS to assess a civil penalty for violations of the prohibition.

A certified recovery residence seeking to be included on DBHDS's certification list must provide evidence of accreditation or certification by, a charter from, or membership in a credentialing entity. The Virginia Association of Recovery Residences (VARR) is the credentialing entity that will develop and administer the credentialing program on behalf of DBHDS for recovery residences to become certified in Virginia. VARR is a non-profit organization "dedicated to expanding the availability of well-operated, ethical and supportive recovery housing." VARR's certification program is based on the national standards developed by the National Association of Recovery Residences (NARR) with refinements by the VARR's Board of Directors. To be accredited, an applicant must submit an application to VARR and undergo a site visit performed by VARR. No claims of approval can be made until the site survey is completed and approved by the VARR Board of Directors. Upon VARR accreditation approval, members receive a VARR certificate. There is an annual membership fee of $500 per year which covers the inspection fee.

VARR began in 2012 under the direction and guidance of John Shinholser of the McShin Foundation. Over the years, VARR experienced challenges with changes in its board of directors, lack of funding and no full-time staff to support the organization and its operations. In 2017 an expansion of VARR was seen with a new board of Directors, a volunteer executive director, and a new partnership with DBHDS. VARR played a central role in guiding efforts for state certification of recovery homes. VARR hired its first full-time and paid executive director during 2019. This relatively new association will have considerable influence over the accreditation and ultimate certification of all recovery residences in Virginia.

It remains to be seen whether the decision for DBHDS to delegate much of its regulatory authority to VARR will resolve concerns about inconsistencies with recovery residences. Much will depend on the ability of DBHDS to verify and validate that accredited recovery residences provide a safe and healthy environment for their residents.

**The four levels of recovery residences under the NARR standards:**

**Level 1 recovery residences** are generally single-family residences that are democratically run with a set of policies and procedures. Oxford House is an example of a Level 1 recovery residence. The "Oxford House Model" is a community-based approach to recovery that provides democratically run, self-supporting and drug-free recovery houses. Level 1 recovery residences do not have paid positions within the residence and do not typically have an overseeing officer. Level 1 recovery residences have house meetings, drug screenings, and self-help meetings. They are best for individuals who have stabilized their alcohol and drug use and are mature enough to self-manage and commit to their recovery with a stay from 90 days to several years. Currently, there are 114 Oxford Houses in Virginia with an estimated 900 beds.

**Level 2 recovery residences** offer a minimal amount of support and structure by providing a house manager or senior resident, and they have at least one compensated position. Most other Virginia non-Oxford House recovery residences are Level 2. This level offers peer recovery groups, involvement in self-help and/or treatment services, and access to affordable services over a longer period of time.

**Level 3 and Level 4 recovery residences** are licensed by the Department and provide greater support and structure with an organizational hierarchy consisting of a facility manager, certified staff or case managers, and administrative oversight for services providers.

***Recommendation:*** *Establish contractual agreements with approved recovery residences to provide sober living opportunities to individuals recovering from substance use disorder.*

***Recommendation:*** *Create a scholarship program to provide financial assistance for individuals seeking admission to approved recovery residences. This should be need-based, prioritizing services for County residents, as well as for County-responsible inmates who are referred to an approved recovery residence while on bond or probation.*

*Finding: All elements of our criminal justice system are strained with this problem*

The possession, distribution, and use of illicit drugs is a crime punishable in Virginia by incarceration. Depending on the drug involved, the crime may be a misdemeanor or a felony, even for a first time offense.

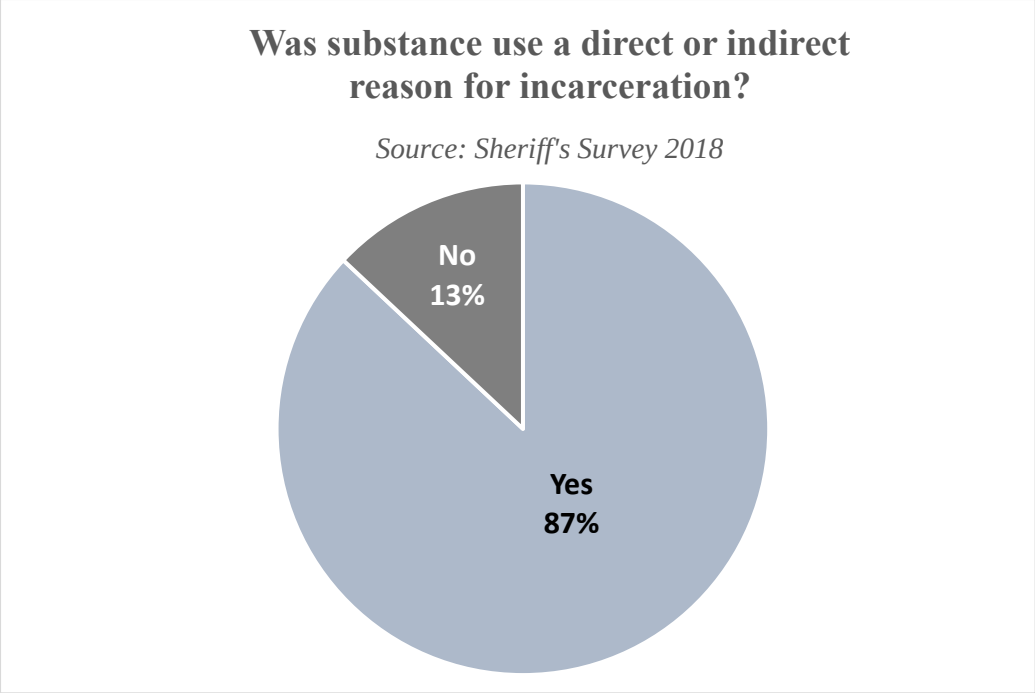
| **Narcotic Drug Law Violations** | | | |
|---|---|---|---|
| by Calendar Year | | | |
| | | | |
| | 2017 | 2018 | 2019 |
| | | | |
| Opiates | 503 | 457 | 492 |
| Cocaine | 413 | 454 | 573 |
| Marijuana | 1,369 | 1,544 | 1,655 |
| Synthetic | 320 | 316 | 388 |
| Non-narcotic | 76 | 53 | 21 |
| **Total** | **2,681** | **2,824** | **3,129** |
| | | | |
| *Source: Henrico County Police Division* | | | |

| **Henrico Police Responses to Drug Overdoses** | | | |
|---|---|---|---|
| by Calendar Year | | | |
| | | | |
| | 2017 | 2018 | 2019 |
| | | | |
| Non-Fatal | 237 | 191 | 240 |
| Fatal | 55 | 43 | 53 |
| **Total** | **292** | **234** | **293** |
| | | | |
| *Source: Henrico County Police Division* | | | |

People are introduced to substance use and become addicted through a variety of pathways, including the use of pain killers after surgery or an accident; substance use and addiction often accompanies diagnosed mental illness; and impulsive or immature decisions and/or association with friends and family with

substance use habits. Regardless of the path that leads to the addiction, the disease can overtake the brain in fundamental ways.

For the addicted brain, the need for the drug becomes more important than anything else in life – more urgent and important than family, job, shelter, or even freedom. At this level of addiction, people will do whatever they have to do in order to get the next "fix," to include committing other crimes such as trespassing, larceny, burglary, prostitution or assault. In the end, regardless of how a person becomes addicted to a substance, or how they fund the habit, the pathway frequently leads to arrest and incarceration.




Substance use and its consequences have a profound impact on all of the community's public safety response agencies.

- Drug users contribute to other crimes such as shoplifting, larceny from autos, and burglaries to support their habits.

- Individuals who are charged with relatively lower level drug-related crimes but who then violate bond or probation, or who fail to appear for court hearings, are issued additional criminal charges

and/or sanctions. These additional charges carry more potential jail time and require additional resources from the criminal justice system.

- Patients with mental illnesses often have a co-occurring SUD. Police frequently respond to "mental health crisis" calls in which a mentally ill patient has been using substances and the resulting intoxication triggers a crisis, requiring Police to detain the person under a temporary detention order. This approach does not necessarily address the underlying SUD and ties up scarce crisis beds at both at local and state facilities.

- Substance use disorder is a significant generator of calls for service for Fire/EMS. These agencies respond to overdoses as well as to mental health calls for service.

The Roundtable heard numerous examples of how the criminal justice system in Henrico County has struggled to keep pace with the rate of arrest and incarceration of individuals for drug-related crimes. Every element of the system is struggling under the strain of providing justice under such a massive workload of cases. For example:

- The Commonwealth's Attorney reports they are *at least* three prosecutors short in the office to maintain the criminal trial docket needed to provide timely preliminary hearings for felony charges to be heard in District Court.

- The 14th General District Court hears all Henrico County arraignments and preliminary hearings for felony charges and is the trial court for misdemeanor, traffic, most civil, and protective order cases. The staffing of the Court is the responsibility of the Commonwealth of Virginia; the clerks are State employees. However, according to an October 2019 report published by the Office of the Executive Secretary of the Supreme Court of Virginia, the 14th General District Court is one of the "top 5 understaffed" courts in the Commonwealth, and currently needs 11 additional full-time clerk positions to keep up with the dockets. The report also identified concerns about recruitment and hiring, compensation, and retention of Court staff statewide; in Henrico, the turnover of clerks in the District Court has been in excess of 60% over the past four years, according to the chief clerk.

- In Fiscal Year 2019, the Henrico Community Corrections Program provided 241,690 supervision days to pre-trial defendants, including for 1,427 felons. The agency has identified the need for

two additional full-time pre-trial service officers to keep up with increasing caseload. From 2009 to 2018 the number of referrals for pre-trial supervision increased 100% (or 1,000 cases), resulting in an average case load of 152 cases per officer.

| **New Drug-Related Case Filings in the Henrico District Court** | | | |
|---|---|---|---|
| January - June 2018 compared to January - June 2019 | | | |
| | | | |
| | 2018 | 2019 | Change |
| Felony | 722 | 909 | 25.9% |
| Misdemeanor | 786 | 898 | 14.2% |
| | | | |
| *Source: Henrico General District Court Clerk* | | | |

The most urgent and pressing example of the stress on the system is in the jail itself. During Fiscal Year 2019, the average daily population of Henrico's two jails was 1,436, whereas the Department of Corrections' recognized operating capacity is 787. The Sheriff's Office has made every possible accommodation to ease the impacts of overcrowding, from converting common areas such as day rooms and hallways into sleeping areas, to adding beds in existing cells. It is not unusual for inmates to have to sleep on mats on the floor next to one another, and other inmates have to step over them to move around. According to Sheriff Mike Wade, it is possible for a Federal Court to require Henrico County to build an additional jail; the estimated cost for such a facility would be at least $50 million.

*Finding: Jail overcrowding is a serious problem directly related to SUD*

Henrico County has been a leader in terms of providing behavioral health care and SUD counseling in the jail. The Henrico County jail provides detoxification services; in the past three years the jail has detoxified inmates more than 2,000 times per year.

Henrico Sheriff Mike Wade led the creation of the very successful jail-based recovery programs known as "Recovery in a Secure Environment" (RISE) and "Opiate Recovery By Intensive Tracking" (ORBIT). Both of these programs are conducted in the jail, and ORBIT includes a work program that gives inmates increasing access to work outside the facility, leading eventually to home incarceration.

The voluntary RISE program started in 2000 with a 36-bed men's community at Jail East; it was based on the Social Learning Model of recovery. This voluntary, peer-run program was implemented to address substance use, criminal behaviors, and positive opportunities for recovery-based peer interactions. In the nearly twenty years that the RISE program has been in operation, the program has grown to five communities at Jail East, to include a female program pod which was established in September 2002. The model for the RISE program is based on behavior modification principles and the 12-Step philosophies of NA and AA and cognitive-behavioral strategies. The program provides tools for recovery and fosters self-esteem and self-efficacy (the belief that a person can make his/her life better).

**No. of Inmates Detoxified in Henrico County Jail***

by Calendar Year

| | 2017 | 2018 | 2019 |
|---|---|---|---|
| Alcohol | 421 | 406 | 404 |
| Benzodiazepines | 383 | 320 | 294 |
| Opiates | 1,161 | 1,034 | 887 |
| Methadone | 186 | 167 | 153 |
| Suboxone | 111 | 177 | 255 |
| Pregnant on Opiates | 30 | 18 | 14 |
| Pregnant (total) | not avail | 44 | 62 |

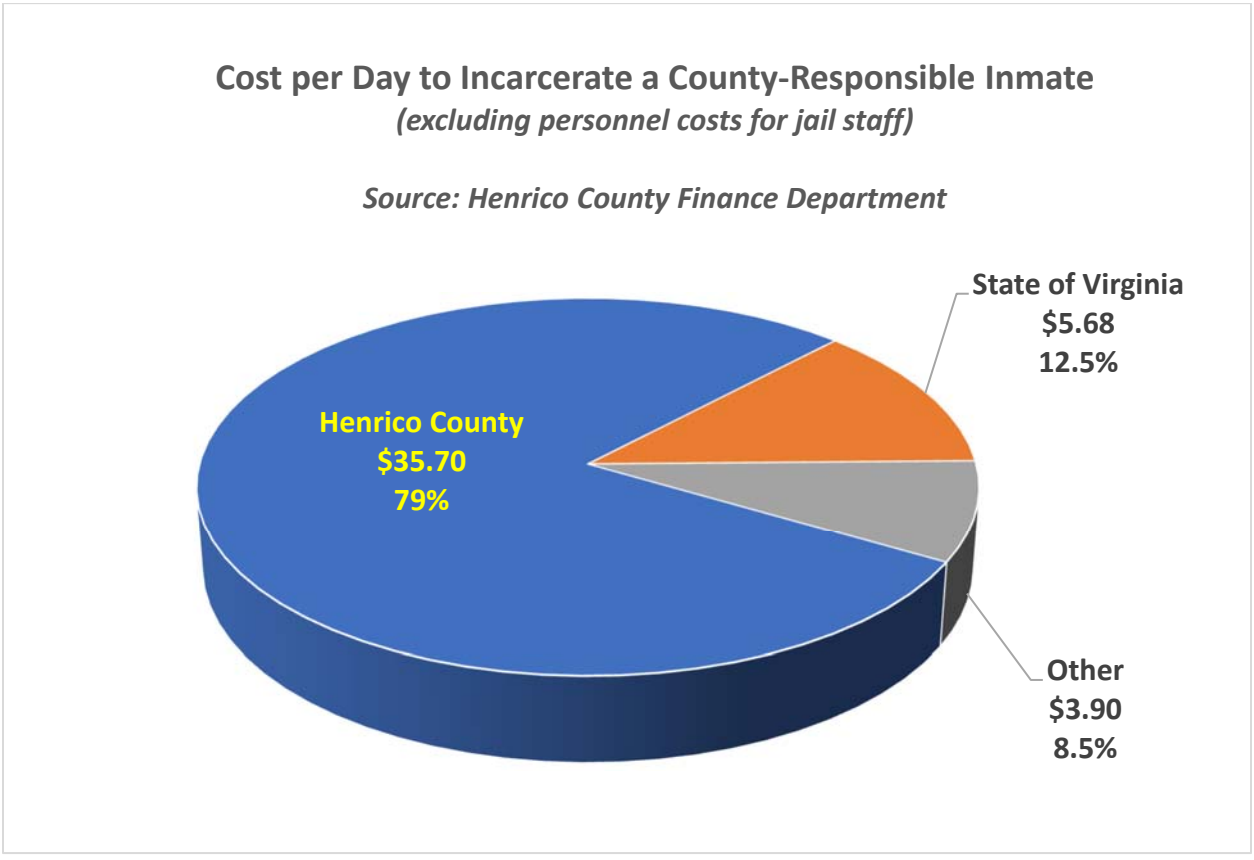
* One inmate could detox from multiple drugs and/or multiple times

*Source: Henrico County Sheriff's Office*

RISE consists of three six-week phases, with each phase broken out for men's and women's groups, and provides classes taught by peers in Phase II and Phase III. Participants in Phase II and III are required to facilitate groups on a daily basis. Senior leaders in the program, or "instructors," oversee participants' adherence to program rules, structure, and format. Security staff is tasked with ensuring appropriate behavioral sanctions for any rule violations. HAMHDS staff assists in overseeing the format of the program and facilitates access to resources and curricula required by community members for group facilitation. HAMHDS also provides weekly group sessions to each program pod. RISE programming takes place seven days per week, with nine groups per day on weekdays, and a reduced schedule on weekends. Inmates sign a contract to abide by all program rules and requirements upon entering the program.

The ORBIT program started in 2016 to support the recovery and rehabilitation of inmates with SUDs. ORBIT is specifically designed to address the immense control that addiction has over a person. The Sheriff's Office keeps watch ("intensive tracking") over the inmate for the time necessary for the person to gradually regain full control over their own lives. Recovery begins at once upon the inmate's initial incarceration. Once the court refers an inmate to the program, he/she will complete the first two phases of the RISE program at Jail East. Inmates who successfully complete the RISE program will be assigned to an inmate work detail. As part of a work detail, the inmate will work outside of the jail, under the supervision of a deputy, and will receive occupational skills training in areas such as painting or lawn care. In the third phase, inmates are afforded the opportunity to gain employment in the community while reporting to the jail at night. The final phase places the inmate on home electronic monitoring while maintaining employment. The inmate is monitored and is subjected to random drug testing. Throughout the inmate's experience in ORBIT, they are expected to participate in community outreach events and provide education about the perils of addiction.

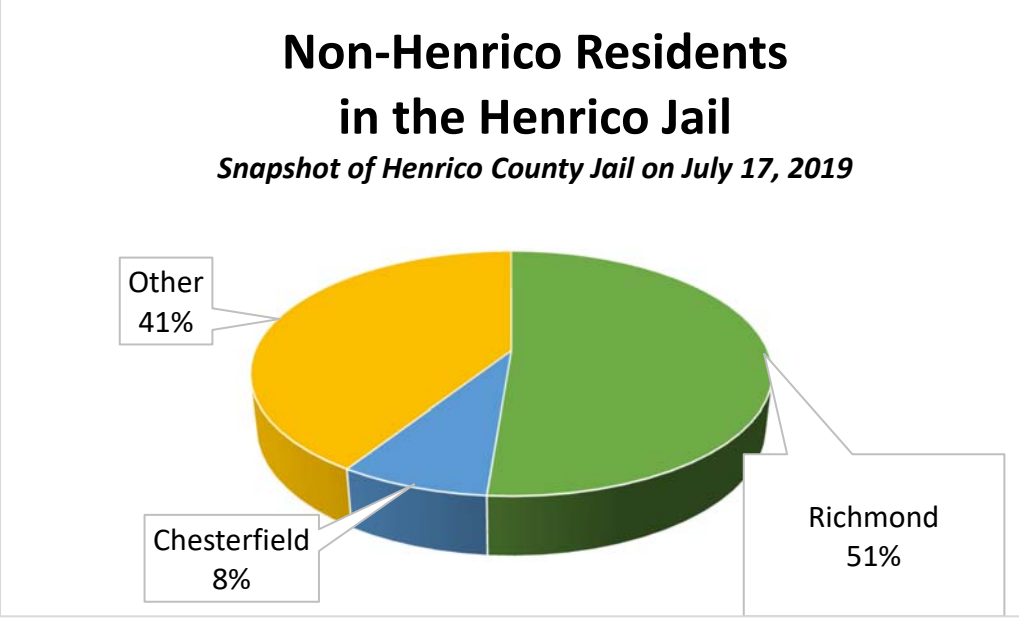
Since the inception of the program, 72 inmates have completed ORBIT. Of that total, only six have been re-arrested, indicating a recidivism rate of only 8%.



Even with these programs (and perhaps partially *because* of these programs and the lack of access to community-based alternatives) the inmate population in the Henrico County jail has been steadily increasing to the point of overcrowding. The current level of overcrowding is approaching a crisis and threatens to exceed the ability of the Sheriff and staff to provide a safe and healthy environment from which to maintain a corrections program — for the inmates as well as the deputies and other staff who work with them in the jail.

There are a number of reasons why Henrico's jail is overcrowded, but most of these reasons, at their core, can be traced back to substance use and the criminal activity that results from addiction. A detailed analysis also reveals that there are additional considerations and unique aspects to Henrico's criminal justice system and the jail itself.

- On any given day, slightly more than 50% of the population in Henrico's jail is comprised of people who are not Henrico residents. Of the non-residents, most are from the City of Richmond, with others comprised of residents from other parts of Virginia or from out of state.



- In recent years the City of Richmond and Chesterfield County courts have effectively eliminated cash bonds and have been more likely to allow offenders to be released on personal recognizance bonds than in Henrico[4]. There are mixed opinions as to whether this contributes to the detention of inmates who cannot afford even the most modest cash bonds, but it appears that Henrico's cash bond practices are perceived as a barrier to some inmates seeking bail. It should also be noted that drug offenders who are released on bond have a high rate of "failure to appear" on their court date.

- Once a defendant is out on bond, he or she cannot be given bail for another subsequent crime while they are still awaiting trial on the original charge. Therefore, if a person is out on bond already and is re-arrested, he/she is no longer eligible for bond. This is enforced in Henrico County. Henrico is frequently notified by the City of Richmond that a defendant who was out on bond from Henrico was re-arrested in the City, requiring Henrico's Sheriff to take that person into custody from the Richmond City jail and transfer the offender back to Henrico.

- Because Henrico County has progressive detox and treatment programs in the jail, frequently the families, attorneys, and judges prefer offenders stay in the jail to receive services – especially if they perceive there are no other options for obtaining services.

- The judges in Henrico's General District Court expressed significant concern and trepidation about the prospect of releasing an individual from jail when that person is at risk of overdosing once back "on the street." The judges consider the defendant's plan for what they will do once released; the plan needs to address detoxification, treatment and recovery, and sober housing. Because many defendants either do not know how, or are unable or otherwise unwilling to access these kinds of services, they frequently are either denied bond/bail or do not even ask for it in the first place. By contrast, the judges have a great deal of faith that Henrico's jail is a safe place for inmates to remain sober and to begin detox, treatment, and recovery. The judges know that Henrico's jail offers drug detoxification, treatment and recovery programs (including RISE and ORBIT) for people who are willing to seek and accept the help.

[4] In November 2019 the citizens of Chesterfield County elected a new Commonwealth's Attorney. It is not known yet whether this change in constitutional officers will have an impact on the issuance of cash or personal recognizance bonds in Chesterfield.

- When Henrico Police respond to a drug overdose, they are likely to charge the user with possession because this helps to ensure the user enters the criminal justice system where detox and treatment services can be offered. Henrico Police reported to the Roundtable that if they had the option to take drug users to a treatment center instead of the jail, this would be preferable. However, no such drop-off facility currently exists.

- Henrico Police report that a significant number of substance users from outlying and rural areas travel through Henrico to purchase illegal drugs in the Richmond metropolitan area. When these visitors overdose in Henrico County, they are then charged by Henrico Police and held in the Henrico jail.

- HAMHDS believes they could divert more inmates to services outside the jail if they had more staff to screen inmates and identify those who are good candidates. In February 2018, HAMHDS received grant funding from the DBHDS to develop an opiate jail diversion program. This program was designed to divert those with an opiate use disorder from jail to treatment and was largely modeled after the existing mental health jail diversion program. At this time, the program targets those Henrico residents diagnosed with an opiate use disorder and must be a part of one of the following populations: postpartum women, adults with dependent children, those who are also diagnosed with hepatitis C and/or HIV and/or a serious mental illness, and those employed at the time of their incarceration. All participants are jailed for non-violent offenses and are on a pre-trail basis. Once the inmate is assessed and found eligible, a release plan is jointly developed with the Commonwealth's Attorney, Community Corrections, probation and parole, Sheriff's Office, HAMHDS, defense attorney, family and inmate. The approval of the release is at the discretion of the judge. On the day of release, the person is released to HAMHDS and is transported to the community service board's offices for their first Naltrexone injection. Each person is seen multiple times a week, including in groups, in case coordination appointments, and in individual therapy. Should the client violate any part of the agreement, the court is alerted. Individuals are eligible for this service from the time they are released from jail until their trial date. They are then transitioned to outpatient services (individual and group). All participants can continue receiving the injection if they choose.

  This program has few staff and has experienced over a 50% vacancy rate at times. Increasing the staffing for this program with ongoing funding would allow more diversions to happen. Another benefit of funding this program locally (independent of the grant) is that it would allow staff to

target anyone with a substance use disorder, not simply those with an opiate use disorder, which is required by the current grant criteria. Additional staffing to work closely with the Commonwealth's Attorney's Office and the General District and Circuit Court judges at the initial phases of court would be helpful to divert residents to alternative treatment opportunities. These staff can work with the resident's current supports to link them to care, whether that be inpatient treatment, detox opportunities, outpatient therapy, recovery housing, etc. These plans will be developed based on the individual's assessment as to the appropriate level of care needed and can be provided to the judges and/or attorneys.

***Recommendation:*** *Expand the jail diversion program in the Henrico County jail by adding additional HAMHDS staff for screening inmate candidates and assisting them through the process to be diverted from the jail toward community-based treatment and recovery options.*

- There is a backlog of cases awaiting trial. Typically, at least 500 of Henrico's inmates are in jail awaiting trial. There are a number of reasons for this, including:

  - Clerk staffing limitations within the 14th General District Court impact the efficiency of the dockets.

  - There is a delay in the hearing of drug-related cases due to the time required to test evidence for the presence of illegal substances. The Commonwealth has the burden to prove, through empirical testing, that a substance taken into evidence is in fact an illegal drug. This requires sending the evidence to the Virginia Division of Consolidated Laboratory Services (DCLS). Due to the volume of evidence being sent to the lab from law enforcement agencies across the Commonwealth, in recent years the wait for results has been six months. Recent improvements in the processing of this evidence by DCLS has reduced the turnaround to four months, but this still constitutes a considerable wait time for those who are charged.

  - One of the most common reasons for incarceration is violating terms of bail or probation, such as "failure to appear" in court, failure to attend a meeting with CCP, failure to attend

recovery meetings, or a "dirty" drug test result. An interesting recommendation made during the Recovery Roundtable meetings was to provide offenders with reminders about appointments in an effort to reduce the number of "failure to appear" cases. These could be sent in a way similar to the automated systems used by doctors' offices to remind patients of appointments.

***Recommendation:*** *Explore methods to reduce "failure to appear" cases, including to provide prompts and reminders to defendants to come to court in time for hearings, to attend meetings with Community Corrections officers, etc.*

**COUNTY OF HENRICO**

**VIRGINIA**

**INTER-OFFICE MEMORANDUM**

| | | | |
|---|---|---|---|
| **TO:** | Co-Chairs<br>Henrico Recovery Roundtable | **SUBJECT:** | Recovery Center Working Group Findings |
| **FROM:** | Leslie Martin Stephen<br>Program Manager, Henrico CSB | **DATE:** | January 14, 2020 |

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The co-chairs of the Henrico Recovery Roundtable requested that a working group be formed to evaluate the concept of a substance use disorder recovery center to include medically supervised withdrawal management within the County. The purpose of this memo is to summarize the results of that working group's efforts.

The co-chairs of the Recovery Roundtable appointed the following individuals to serve on the working group:

- *Group Leader* - Leslie Stephen, Henrico Area Mental Health and Developmental Services
- Dr. Danny Avula, Richmond/Henrico Health Department
- Ray Beasley, Henrico NAACP
- Matt Conrad, VCU Health Systems
- Mike Feinmel, Henrico Commonwealth's Attorney office
- Rhodes Ritenour, Bon Secours Health System
- Lynn Taylor, Clean Slate and VARR
- Laura Totty, Executive Director, Henrico Area Mental Health and Developmental Services

The working group then solicited participation and input from the following individuals:

- *Contracted facilitator* – Terrie Glass, Leadership Solutions
- Christopher Denton, HCA Health System
- Monty Dixon, Henrico Fire
- Anthony Dowdy, Henrico Police
- Undersheriff Alisa Gregory, Henrico Sheriff's Office (elected as Sheriff effective Jan 1, 2020)
- Sara Harmon, Henrico Sheriff's Office
- Shelby Johnson, Henrico Community Corrections

- Dr. Caitlin Martin, VCU Motivate Clinic
- Tony McDowell, Henrico Deputy County Manager
- Courtney Nunnally, Richmond/Henrico Health Department
- Diane Oehl, Department of Behavioral Health and Developmental Services
- Ty Parr, Henrico Social Services
- Susan Parrish, Henrico Commonwealth's Attorney office
- Daniel Rigsby, Henrico Area Mental Health and Developmental Services
- Dr. Melissa Viray, Richmond/Henrico Health Department
- Ben Warner, HCA Health System
- Brittney Welsch, Henrico Area Mental Health and Developmental Services
- Robert Wershbale, Henrico Police

The group met on 10/8/19, 10/31/19, 11/8/19, 12/6/19, 12/13/19 and 1/13/20. A tour of RBHA North Campus Detox Services occurred on 10/11/19 and the group toured the Fairfax Detox Center and the Fairfax County jail and it's SUD programming on 11/22/19.

In addition to the working group, the following individuals and organizations were consulted:

- Peggy Cook, Residential Treatment and Detoxification Services, Fairfax CSB
- Troy Criser, Detoxification Services, Fairfax CSB
- Sheriff Stacey Ann Kincaid, Fairfax Sheriff
- Mark Blackwell, Director of Office of Recovery Services, DBHDS
- Jae Benz, Director of Licensing, DBHDS
- John Lindstom, Richmond Behavioral Health Authority
- Deidre Pearson, Richmond Behavioral Health Authority

The working group noted there are very few examples of detoxification centers run by local governments (see attached). This makes it very difficult to benchmark or predict with accuracy, certain key metrics such as expected patient volumes, required staffing levels, medical needs, and operating costs. Eight core issues were identified that require further study. General guiding principles for this project were also defined. A listing of these guiding principles and core issues are attached.

The working group strongly endorsed the concept of Henrico County continuing to pursue the development of a Substance Use Recovery Center to include 24 hour access to medically supervised withdraw management, a full complement of outpatient treatment and recovery services and connection to needed ancillary services. Furthermore, Henrico County may consider engaging a professional consultant to assist staff and community stakeholders in continuing to evaluate the details of a full service recovery center, specifically requirements for medical direction, ensuring proper licensing, outcome metrics, etc.

**Recovery Center Working Group**

**Guiding Principles and Key Areas for Consideration**

## GUIDING PRINCIPLES

- We value the voice and expertise of people in recovery
- Peer Recover Specialists will be an essential part of the team
- There must be long-term commitment to have the desired impact on the community
- Community participation, support and integration of the model is critical
- We are building a system, wrap-around response to those who struggle with addiction in our community
- Innovation and creativity are important in both the design and implementation
- We must stay flexible, learning from our experience once we begin
- A system that is capable of immediate response is essential
- We are committed to sustainability
- We are mindful of the disproportionate impact of addiction on people of color
- Opioid addiction is not the sole problem; addiction to all substances must be treated
- Community education regarding the realities and progression of addiction is important; we can have a powerful positive impact and, yet, we will not be 100% successful
- This effort will require an active, ongoing commitment on the part of funders, partners and community members in order to be successful

## KEY AREAS FOR CONSIDERATION SHOULD IMPLEMENTATION BE RECOMMENDED

- Population served
- Essential Partnerships
- Legal System Connections
- Recovery Houses and other ancillary services
- Services Directly operated vs. Delivered Through MOU
- Facility
- Project impact on community - Data/Outcomes/Tracking
- Staffing and funding

**Recovery Center Working Group**

**Detox facilities run by local governments**

The Substance Abuse and Mental Health Services Administration (SAMHSA) maintains a National Directory of Drug and Alcohol Abuse Treatment Facilities. The most recent version of this directory was accessed at: https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/National_Directory_SA_facilities_2019.pdf

The facilities were filtered by Operator Type (LCCG – local, county, or community govt), which resulted in 592 facilities. Those 592 facilities were then filtered by the Service Setting, using RD (residential detox).

It should be noted that further is required because some facilities may have been missed in the filtering. For example, the facility that the work group toured in Fairfax County was not identified by the filtering tool. Nevertheless, this illustrates that the directory is a useful research tool.

1. Stanislaus Recovery Center, Ceres, CA
   http://www.stanislausrecoverycenter.com/

2. San Joaquin County Substance Abuse Services, Stockton, CA
   https://www.sjgov.org/osa/programs/residential_services/residential_programs.htm

3. Denver CARES, Denver, CO
   https://www.denverhealth.org/services/community-health/denver-cares-detox-drug-alcohol-rehab

4. Broward Addiction Recovery Center (BARC), Ft. Lauderdale, FL
   https://www.broward.org/AddictionRecovery/Pages/LocationsandDirections.aspx

5. Charleston Center, Charleston, SC
   https://charlestoncounty.org/departments/charleston-center/programs-services.php

6. Care Campus (Pennington County), Rapid City, SD
   https://www.pennco.org/ccadp/

7. Kitsap Recovery Center in Port Orchard, WA
   https://www.kitsapgov.com/hs/Pages/KitsapRecoveryCenter.aspx

**COUNTY OF HENRICO**

**VIRGINIA**

# INTER-OFFICE MEMORANDUM

| | | | |
|---|---|---|---|
| **TO:** | Co-Chairs<br>Henrico Recovery Roundtable | **SUBJECT:** | Recovery Residence Working Group Recommendations |
| **FROM:** | Marissa Mitchell<br>Senior Deputy County Attorney | **DATE:** | January 14, 2020 |

The co-chairs of the Henrico Recovery Roundtable requested that a working group be formed to evaluate whether Henrico County could create some level of "approval" or standards for sober living / recovery residences in Henrico County. The purpose of this memo is to summarize the results of that working group's efforts.

The working group consisted of the following individuals:

- Leslie Stephen, HAMHDS
- David Kinkel, Courts Liaison
- R.C. Stevens, Division of Fire
- Lynn Taylor, Clean Slate Services / VARR Board Member
- Eric Leabough, Community Revitalization
- Marissa Mitchell, Sr. Asst. County Attorney

The group met on October 17, 2019; November 7, 2019; November 26, 2019; and January 14, 2020.

In addition to the working group, the following individuals and organizations were consulted: David Rook, CEO of True Recovery RVA and Anthony Grimes, President of the WAR Foundation.

As a result of these meetings and discussions, the working group created the attached recommended voluntary standards for offering a Henrico County "approval" of a recovery residence.

## Recovery Residence Work Group Recommendations

1. Recovery residences shall be certified by the Department of Behavioral Health and Developmental Services.
2. Recovery residences shall provide information on a form provided by the Henrico 911 Center identifying the residence as a "recovery residence."
3. Recovery residences shall provide drug testing policies to Henrico County for review.
4. Recovery residences shall provide policies on how the organization responds to failed drug tests and provide de-identified documentation every six months to Henrico County demonstrating how the organization has followed that policy.
5. Recovery residences shall provide proof of insurance coverage appropriate for the level of support provided by the recovery residence.
6. Recovery residences shall complete Sex Offender and Crimes Against Minors Registry background checks for all staff and/or house managers.
7. Recovery residences shall have a policy governing how certified peer recovery specialists and/or house managers are selected. Such policy shall require a minimum of 90 days of sobriety and a specific drug testing policy for those positions.
8. Recovery residences shall have a policy requiring staff and/or house managers to maintain clear personal and professional boundaries with residents. Such policies shall prohibit staff and/or house managers from having intimate relationships with residents in the same house or residence.
9. Recovery residences must have a policy requiring timely notification to residents of any data breach of the residents' personally identifiable information.

10. Recovery residences shall provide Henrico County with quarterly reports of grievances filed by residents and how the grievances were resolved.
11. Recovery residences shall have a supply of naloxone available and accessible in each residence and shall require staff and house managers to complete REVIVE! training or similar training authorized by the Virginia Department of Health or the Department of Behavioral Health and Developmental Services.
12. Recovery residences shall ensure that each resident has his/her own bed.
13. Recovery residences shall comply with all applicable building and fire code requirements.
14. Recovery residences shall allow routine safety inspections by the Henrico County Fire Marshal's Office, the Henrico County Building Official's Office, and/or the Henrico County zoning inspectors. Routine inspections shall not take place more frequently than once every six months and will be performed only after advance notice of at least two hours to the recovery residence's representative or host organization.
15. Level I and II recovery residences shall support and allow access to treatment services available through Henrico Area Mental Health and Developmental Services if the residents so desire.

**Excerpts from presentation, "Services offered through Henrico MH/DS"**

**May 14, 2019**

- Henrico MH/DS has offered same day access for substance use services since 2006

- Genetic factors contribute to about half of a person's tendency to become addicted."

- Things such as divorce, frequent arguments, mental illness and familial alcohol or drug use can influence whether someone might develop an SUD.

- Smoking and injecting drugs increases its potential addictive properties. These drugs enter the brain within seconds produce very powerful biological responses. The inevitable fading of the high leaves a person longing to recreate the feeling.

- In addiction, the mid-brain, which is supposed to prioritize survival needs, re-arranges the focus and now the addiction becomes the priority. This can explain why people who are addicted might not keep up with social obligations, may isolate, or may not show up to work.

- PRIDE Survey was completed by 2,377 Henrico students from 8th, 10th and 12th grade:
    - Roughly 30% of the students report that their parents rarely or never talk about the dangers of drugs.
    - Students perceive smoking marijuana once or twice a week as being less risky than having 1 to 2 drinks of alcohol per day.

- Sheriff's Department surveyed inmates at both Henrico jails at the end of December.
    - 1,007 inmates responded (on a day the inmate population was 1,434) = 70% response rate.
    - The survey found that 87 percent of inmate respondents said their involvement with drugs was a "direct or indirect reason" for their incarceration.
        - That was an increase from March 2003 when a similar survey was last conducted. Back then, 74 percent of inmates surveyed reported their involvement in drugs was a direct or indirect cause of their incarceration.
    - 182 female respondents revealed that substance use had significant impact on their families:
        - 25 percent reported using drugs while pregnant
        - 43 percent reported that their children were removed from their custody due to drug use

- There are many roads to recovery for people with substance use disorders. What works for one person might not work for the next. People frequently have multiple attempts before they find the right time, the right place, and the right services to engage fully in treatment.

- Henrico Area MH/DS reports the following gaps in service for substance use disorder:
    - Easy access to detox services--a "sobering up center"
    - Services specifically designed for people with both serious mental illness and substance use disorder
    - Community outreach
    - Immediate access to Medication Assisted Treatment

Roundtable Comments / Discussion

- Mr. Branin asked what a sobering up center would look like.
    - Ms. Stanley mentioned social "detox" clinic license not available in VA like several years ago so no centers exist.
    - VCU has 1,000 beds available; Bon Secours doesn't have detox center, uses ER
    - VCU can speak on transfer from ER to support services

- Nelson asked what MH/DS would need to minimize gaps in services. Totty said limited resources and space.

- Rigsby said ~ 50% of clients come voluntarily to MH/DS for substance abuse treatment without any criminal justice system referral

- Beasley questioned prevention education at schools. MH/DS shared efforts and noted prevention education must begin in ES phase.

**Excerpts from presentation, "Perspectives from first responders"**

**June 25, 2019**

- In the late 80's and early 90's insurance companies seemed much more willing to cover the cost of inpatient substance abuse treatment. As a law enforcement officer, it made the recommendation of services easier and much more efficient. As we progressed through the 90's the gap in coverage not only caused a gap is services due to finances but facilities were forced to cut beds and close their doors due to the lack of funding.

- The biggest issue is the lack of rehabilitative services for inpatient treatment.

- The lack of same day rehabilitative services is the number one reason preventing users from recovering. As stated before, these folks only come up for air so often. We have to be ready to get them immediately into treatment when they ask for help. You would see a significant decrease in crime throughout the community. Since most substance abusers support their habit through criminal acts such as theft, robbery, breaking and entry, prostitution, fraud, bad checks, etc., they would no longer need to commit those acts to support a habit they no longer had.

- What might help you do your job better in terms of preventing crime/preventing addiction/reducing calls for service?

    - Educating prescribers in not over prescribing opiates as well as educating them on the signs of addiction.

    - Increasing prevention education in the schools in Middle and High Schools. Include prevention education for parents regarding the signs of addiction, hiding locations for drugs within their child's room as well as the whole house.

    - Start educating people as to the medical dangers of marijuana similar to the tobacco campaigns.

- We believe that the majority of individuals who are truly addicted want to stop but are unsure or even are scared to stop. They only come up for air for short times that they are willing to actually ask for help.

- We have spoken to many substance abusers who we are arresting that cry for help but when we have no immediate treatment options, they are frustrated that no one cares about them and their addiction.

- Henrico Officers are being trained through the CIT program on how to engage substance abusers. The biggest gap in training is having expanded resources for our officers to recommend to these substance abusers when we have contact with them.

- An in-service block of instruction on addiction and the actual services available would be extremely beneficial to our line officers and supervisors.

- In a perfect world, officers would be able to take substance abusers directly to inpatient treatment centers, in lieu of jail, for them to get help. The pending charge would be held and if the person leaves treatment and goes back to using the charge can be placed and the person put into the system where they will be more closely monitored and motivated to stay sober.

Roundtable Comments / Discussion

- Mr. Beasley asked about what ages and areas should be targeted for prevention; also about what programs do we have for kids to see / are able to report drug abuse.

- Dr. Avula asked about police best practices as a point for recovery services. Rate of success from arrest vs voluntary admission. There was a discussion about whether the best practice is to incarcerate addicts so they can be compelled to receive treatment, or whether the best practice is to provide services outside of confinement.

- Ms. Stanley asked who police are targeting: answer - targeting user to get to supplier.

- Mr. Nelson asked what specifically are we doing for prevention: drug take-back events, prevention kits, etc.

- Mr. Branin asked why fire stations can't do takebacks. Ms Stanley said DEA has to be involved. Henrico Jail could have these kinds of facilities, but currently does not.

- Mr. McDowell said Heroin Task Force can provide data to Roundtable, and Ms. Totty offered for MHDS staff can come talk about prevention.

- Ms. Stanley asked if Mike Zohab would be able to speak to Roundtable.

**Excerpts from presentation,**

**"Lessons learned from the Commonwealth's Attorney's perspective"**

**July 9, 2019**

- At least twice per week a Deputy Commonwealths Attorney reviews all narcotics files to determine if they are properly charged and to make recommendations for disposition, including treatment plans.

- Overview provided of how an individual moves through the court system: arrest and arraignment, arraignment and bod, preliminary hearing, Circuit Court.

- "Jumping off points" include: pre-arrest, pre-arraignment, before preliminary hearing, before Circuit Court trial, before sentencing, time of sentencing, probation violation.

- Overview of attitudes about addition and the time required for an individual to recover from addiction

- Discussion of different types of detoxification, developing a plan for recovery, biomedical conditions and complications, emotional/behavioral/cognitive conditions and complications, readiness to change, relapse/continued use or problem potential, and recovery environment.

- Interest in new approaches – drug court, opioid diversion program, CAP program, creativity in sentencing.

- Using an early jump off point may not be what's best for the recovering brain

- Discussion of Human Trafficking and similarities/overlap to approach in dealing with addiction

- Suggested goals going forward:

    - We can use the "jump off" points in the criminal justice system (even pre-arrest and pre-adjudication) as a tool to assist those battling addiction.

    - Recovery coaches are a much needed tool

    - Stable housing is one of the biggest impediments to recovery
    - A plan involving detox, followed by a proper assessment of all needs will provide a triage to help many avoid the criminal justice system.

- Each jumping off point requires much more planning and understanding of the difficulties that our addicted population is struggling with

- A recovery center would contemplate bed space for those in need, detox components, and enhanced office space and staff for Henrico Mental Health, Drug Court, C.A.P, Orbit/Rise, and others working on the community level to help combat addiction.

Roundtable Comments / Discussion

- Question from Mr. Beasley about court costs for the accused – answer - yes, and in the example given, the court costs could be in excess of $1,000

- Question from Dr. Avula about decision making by the magistrates (to set bond, to release, etc). Answer – state employees appointed to the position, use a combination of guidelines, laws, and their discretion.

- Question from Mr. Kay about the use of GPS devices such as ankle bracelets.

- Follow up from Mr. Nelson – are we able to do all this prior to arraignment, such as ankle bracelets? Answer - yes but we could do more / do better (Feinmel)

- Mr. Beasley - we need to be discussing the creation of a treatment facility. Answer - yes but we need an overall plan and investments in a number of areas (Feinmel)

- Judge Marshall discussed the problem of stable housing/environment after Drug Court including program time (housing) in the jail. Spoke about the success of programs in the jail.

- Comments from the co-chairs:

    - Mr. Branin - we need to identify the solution and November is the due date (hard stop)

- Mr. Nelson - Not as concerned about the hard stop, looking for the right answer(s), concerned about jail population and would like to see the trend of incarceration go the other direction.

**Excerpts from presentation**

**"Perspectives from the Henrico County Sheriff's Office"**

**July 23, 2019**

- State Code 53.1-106 specifies the Sheriff of each county or city shall be the keeper of the jail unless that locality is a member of a jail or jail farm board or regional authority

- Discussion of incarceration versus treatment

- Cost per inmate per day is $85.01 of which food is only $4.52
    - Henrico County share = $54.79
    - State of Va share = $30.22

- Snapshot of jail population, as of July 17, 2019

    - 1,442 inmates
        - 53% of jail population not Henrico County residents
        - Of the non-Henrico inmates, 51% from Richmond, 8% from Chesterfield, 41% from other areas

- Average daily population is 1,436
    - Operating capacity is supposed to be 787
    - They have a total of 1,341 beds in place

- Regional agreements with other localities – Goochland (10 inmates); New Kent (96)

- Sheriff predicts population increase will correspond to increase in the number of inmates

- Steep increase in the number of women inmates over the past three years

- Sheriff reported that 541 inmates in the jail were pending a trial. Of these, only 24 are being incarcerated solely on a drug charge

- Discussion of detox program – approximately 2,000 inmates detoxed in the jail each year

- RISE and ORBIT programs
    - RISE – 250 current participants
    - ORBIT – 143 current participants
    - AA/NA – 59 participants

- On-site resources for behavioral health – 11 MH professionals, 49 nurses, one M.D., ten teachers

- Comparisons with other local jails:
    - Richmond – no longer using cash bonds, 181 inmates on home incarceration;
    - Chesterfield – no longer using cash bonds, Commonwealth's Attorney no longer prosecutes misdemeanors

- Sheriff – "You should not have to go to jail to get treatment for substance abuse"

**Excerpts from presentation**

**"Perspectives from the Judicial Branch"**

**August 13, 2019**

- Review of the process by which a person enters and works through the criminal justice system

    - Possible terms and conditions of bail/bond:
    - GPS monitoring
    - SCRAM bracelet
    - Participation in a drug treatment program
    - Home confinement
    - CCP monitoring with drug testing
    - Residence / work requirements
    - No contact / banned from contact with certain individuals
    - Mental Health evaluation
    - Vivitrol Program

- Inmates only get one bond hearing in the GDC unless there is a legitimate change in circumstances

- Discussion of how judges make decision about bond
    - Is there a legal presumption against bond? (ie, judge has no choice)
    - If the inmate is a potential threat to himself (ie, overdose), this is a legal presumption against bail
    - Ties to the community
    - Criminal history
    - Employment
    - Ongoing treatment program

- Judge Dunkum believes each Henrico GDC judge sees at least ten defendants per week who have violated their bond conditions

- This year, felony drug cases appearing before the GDC are up 25.9% from last year same time

- When a defendant has no insurance, judges are aware that this means it will be very difficult for them to find the in-patient treatment that they require

- Judges are concerned about defendants leaving the jail, entering into an environment that is not secure from drugs coming in.

- They feel their only real option to protect these defendants is to deny bond and see that they are offered treatment through programs in the jail. May consider bond again after inmate completes the first phase of RISE.

- Concerns about recovery residences – do they have a good track record? Can they monitor the defendants? Can they keep drugs out?

  *"From my perspective as a General District Court judge, this early stage in the criminal process is where I think there may be an opportunity for a different type facility, whether public, private, or a combination, that can provide a secure environment for detox and at least the beginning of the recovery process."*

  *"Such a facility would need to provide an environment that would allow the judges to feel comfortable with the referral of certain defendants to the facility as a condition of bond instead of holding them in jail without bond."*

  *[The facility] . . . "would need to be at least minimally secure, have medically trained staff to assist with detox, treatment providers to develop a plan for each participant and to help determine an appropriate post-facility placement, the ability to drug test, the staffing to communicate with CCP for monitoring and to provide a status report to the court, and the ability to deal with relapses when they occur after the defendant's initial release from the facility."*

**Circuit Court –**

- Not as many opportunities for diversion

- Utilization with sentencing guidelines. Provide a range of sentence from probation to incarceration up to the maximum the law provides for the offense – if judge does not follow the guideline, he or she must provide a written explanation as to why

- Henrico Circuit Court judges hear ~ 5-6 cases every day for probation violation
  - Re-arrested for possession
  - Violation – dirty drug screen
  - Violation – missing required drug tests or meetings

## 9/9/19 Recovery Roundtable – Work Session

- Judge Marshall stated that the judges cannot be involved in policy matters or decisions; by statute, they only send defendants to jail who are deemed a danger to themselves or the community. Judges believe a secure environment of some kind is very important, but the security specifics are up to the County agencies involved. Regarding treatment, it's up to the individual to come up with a plan and present it to the judges because the judges can't favor one entity over another.

- He mentioned participants in the CAP program succeed more because of supervision/screenings. He shared that expanding Drug Court won't solve the problem because individuals will choose jail time if minimal over the 12+ month commitment to Drug Court.

- Karen Stanley said people come to recovery in many different ways; we need diverse solutions; putting people behind bars without connectivity in recovery isn't the answer. The county has many options. The trick is long-term sobriety.

- Mike Feinmel said the “804” region has failed in not presenting more recovery options at the front end; recovery (peer) coaches give support from experience. In addition, we don't provide ongoing treatment after ORBIT or Drug Court. Henrico's major positive is that its agencies work well together and could potentially provide solutions.

- Tony McDowell reminded everyone that the presentations previously given had provided perspectives and showed the gaps in service: there is a serious lack of beds for immediate detox.

- Judge Dunkum said he could only speak about the administration of justice and shared about a case on his docket where an individual said she’d be better off in RISE. Judges are looking for alternatives, but they need to know individuals will not be a danger to themselves/others.

- Rai Beasley praised the work being done currently by each agency, but he is hoping we can find a solution that includes suitable alternatives to incarceration; he hopes that Fairfax's program will be helpful.
- Danny Avula shared that he believed the Roundtable has a consensus in that none of the members want people in jail for addiction and the group is looking for alternatives.

- Laura Totty said much more work can be done in prevention and other areas and that a variety of treatments are needed, but it is individual and must be flexible on a case-by-case basis.

- Rhodes Ritenour shared he felt the treatment programming itself is more important than the physical facility, so the group should focus on the programming.

- Tony McDowell shared about Fairfax County's programs - detox facility and attached treatment facility (24/7/365). Then, Leslie Stephen shared more details about a visit to Fairfax's program.

**Excerpts from presentation, "Henrico County Drug Court"**

**September 24, 2019**

- Drug Court is only available for people who have been found guilty. The reason is that the Drug Court imposes sanctions for violations of behavior – sanctions such as temporary incarceration can only be ordered when someone has been found guilty of a crime. Most inmates appearing in the General District Court have not been found guilty, but rather are awaiting a trial.

- People are referred to drug court from Circuit Court judges, State Probation officers, or the Commonwealth's Attorney's office.

- Five phases to Drug Court:
    1. Orientation
    2. Stabilization
    3. Action
    4. Maintenance
    5. Treatment

- Drug Court uses both sanctions and incentives to address conduct. Incentives include medallion, movie tickets, gift cards, and certificates. Sanctions can include appearing before the judge to explain themselves, or days back in jail.

**<u>Community Alternative Program (CAP)</u>**

- Intended as a "2nd opportunity for first time felony drug offenders."

- For offenders who have been unsuccessful at traditional supervised probation

- Includes treatment, cognitive behavioral program, weekly drug testing, and behavior modifications.

- Participants have recorded 85% negative drug tests, up from 65% prior to program enrollment

- The CAP model includes one probation officer, on clinician, a peer recovery specialist, and the use of vivitrol. We have the capacity to serve up to 25 clients.

**Excerpts from presentation, "Recovery Residences"**

**October 8, 2019**

- The Virginia Association of Recovery Residences (VARR) is the accrediting body for the National Association of Recovery Residences. VARR is a non-profit organizations that develops and promulgates accreditation of private recovery residences. The organization is currently working for the Virginia Department of Behavioral Health and Developmental Services to establish recognition of recovery residences in Virginia.

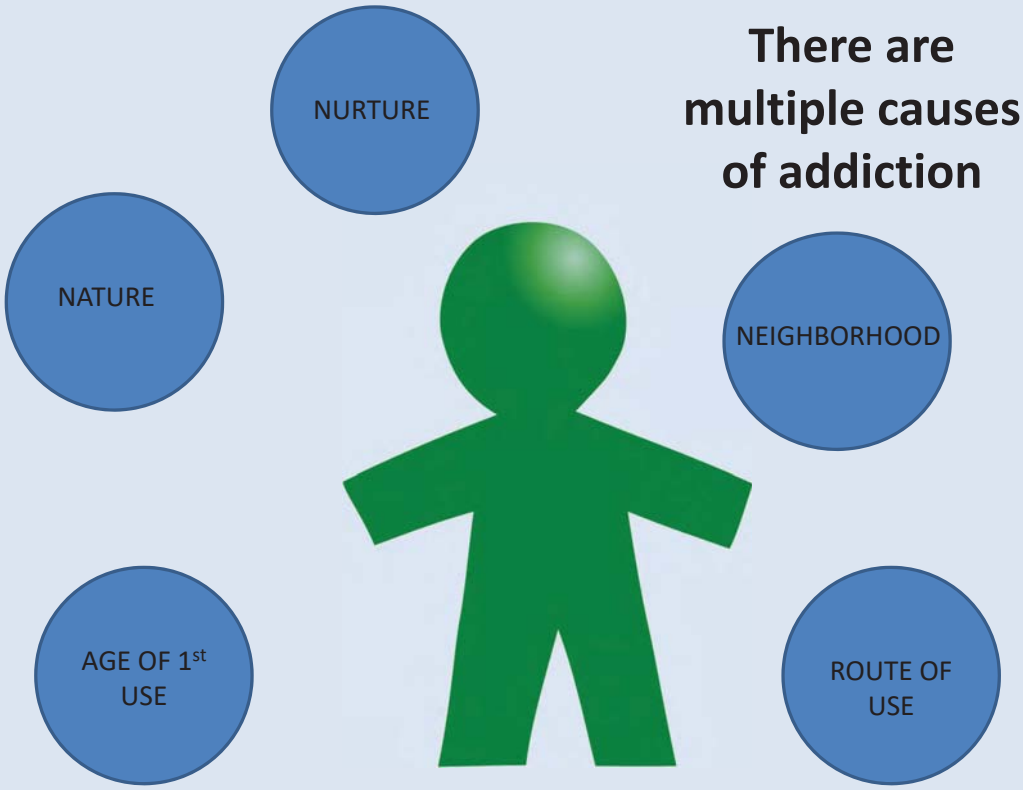
- Levels of Recovery Housing were presented. Most recovery residences in Henrico (Richmond area) are Level 2, which means they provide a minimum amount of services, but offer a sober living environment that is democratically run. There are house rules and policies that must be adhered to, peer-run groups, drug screening, house meetings, and usually one paid position.

- Recovery houses of this type do not offer clinical treatment. They offer safe and stable housing and the opportunity to build effective support relationships. People in recovery residences have the opportunity to re-integrate into the community through employment, to restore relationships with family, and to become independent and productive members of society.

# An Overview of Addiction

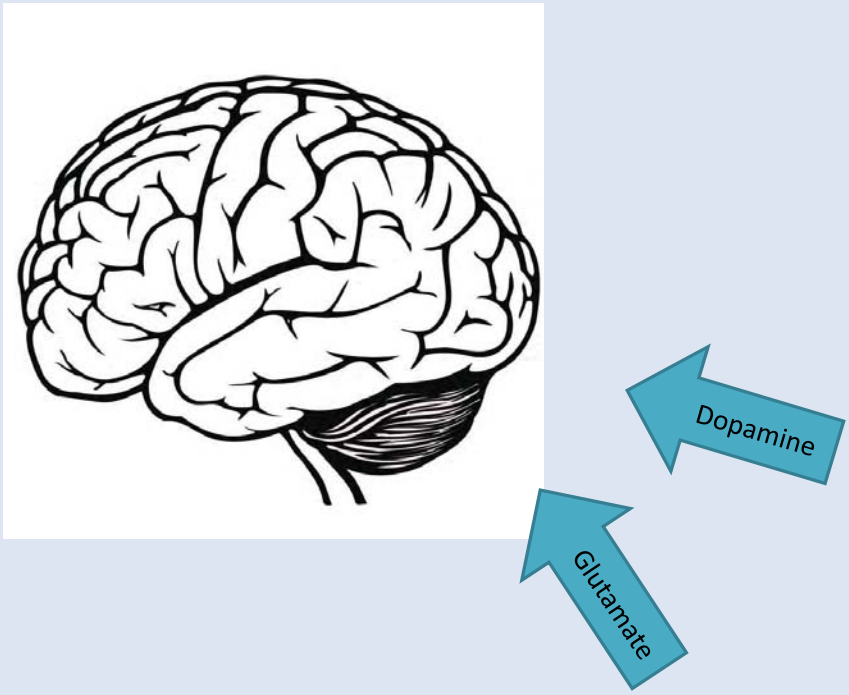
**What addiction does to the brain**
**Impacts on families and children**
**Connection to criminal behaviors**
**Services offered through Henrico MH/DS**
**GAPS in services**

## There are multiple causes of addiction

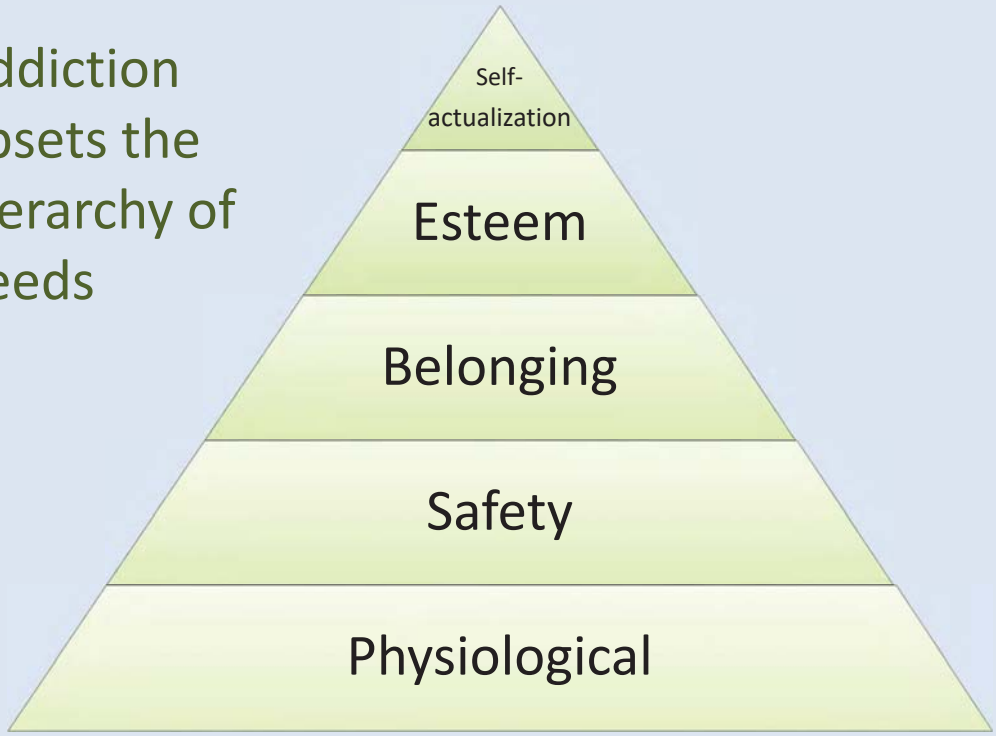


Using drugs changes your brain

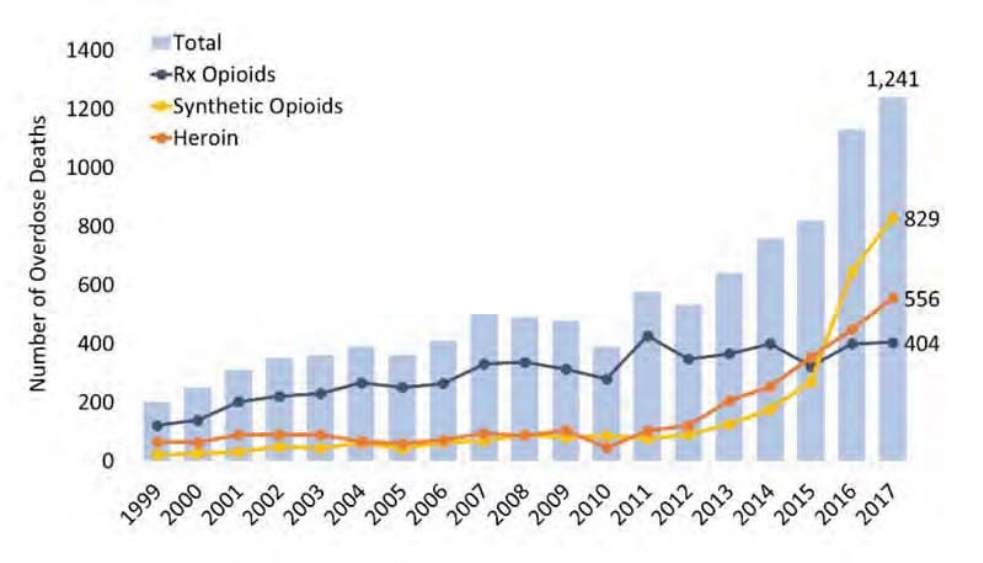
# Addiction and the brain



## Addiction upsets the hierarchy of needs




## The number of opioid overdose deaths in Virginia is rising



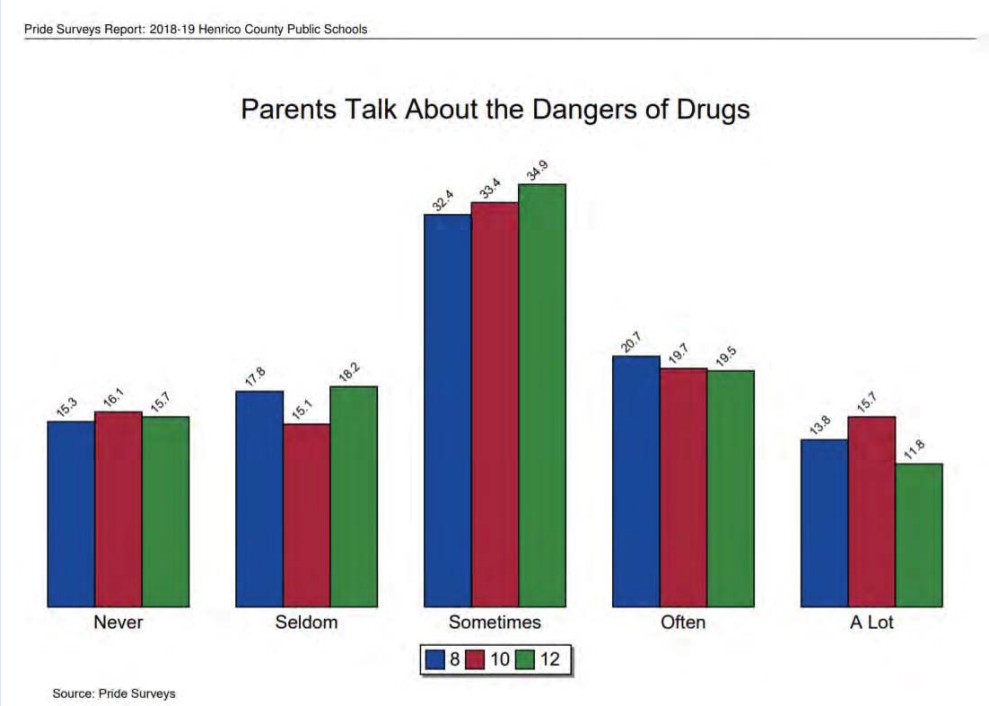

Source: National Institute on Drug Abuse

Trends and attitudes about substance use offer some hope and some caution.

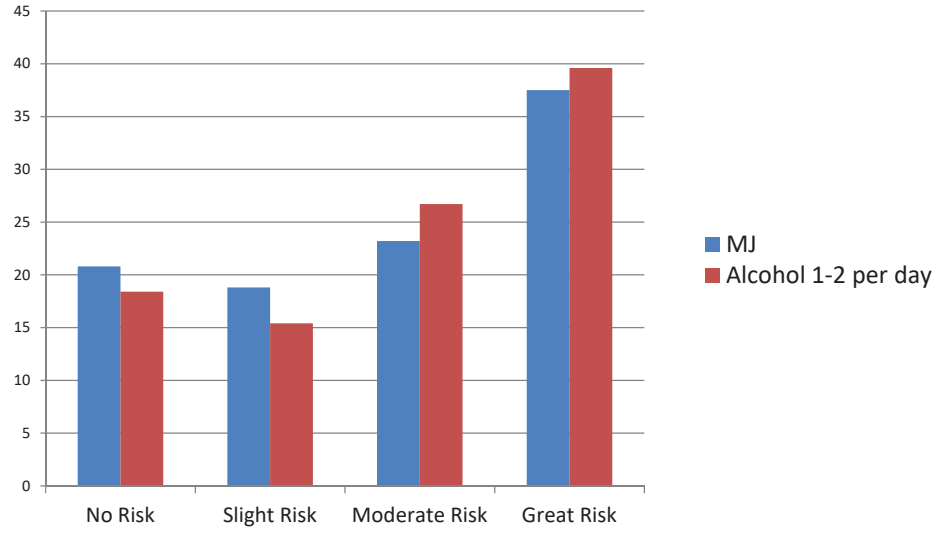
PRIDE Survey was completed by 2,377 Henrico students from 8th, 10th and 12th grade:

Roughly 30% of the students report that their parents rarely or never talk about the dangers of drugs.

Students perceive smoking marijuana once or twice a week as being less risky than having 1 to 2 drinks of alcohol per day.

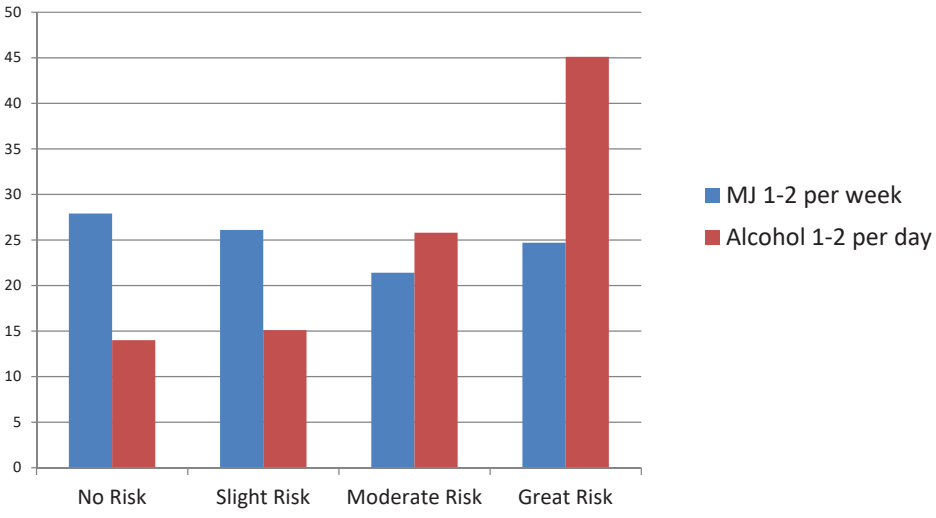


## Perception of Risk: 8th Graders (by percentage)



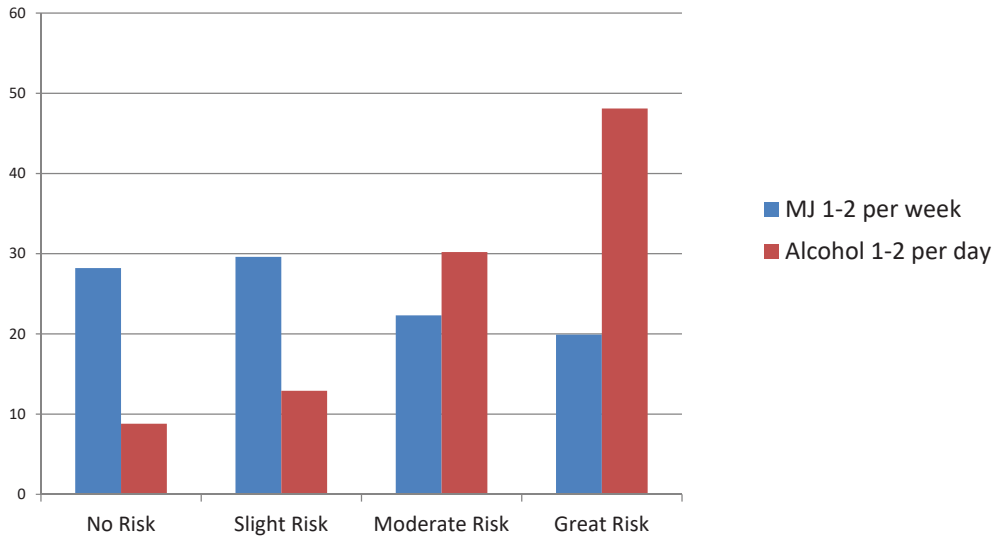

Source: Pride Survey

## Perception of Risk: 10th Graders (by percentage)




Source: Pride Survey

## Perception of Risk: 12th Graders (by percentage)




Source: Pride Survey

Using drugs impacts the individual

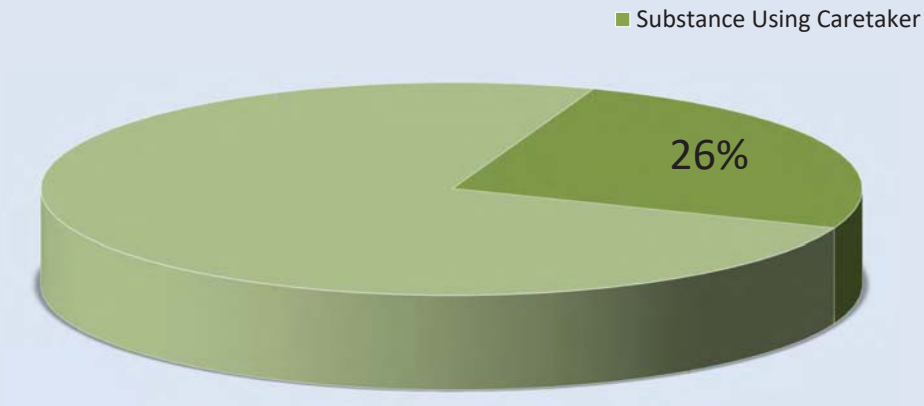
**AND**

the individual's family

- Sheriff's Department surveyed inmates at both Henrico jails at the end of December.
- 1,007 inmates responded on a day the inmate population was 1,434.
- 182 female respondents revealed that substance use had significant impact on their families:
  - 25 percent reported using drugs while pregnant
  - 43 percent reported that their children were removed from their custody due to drug use

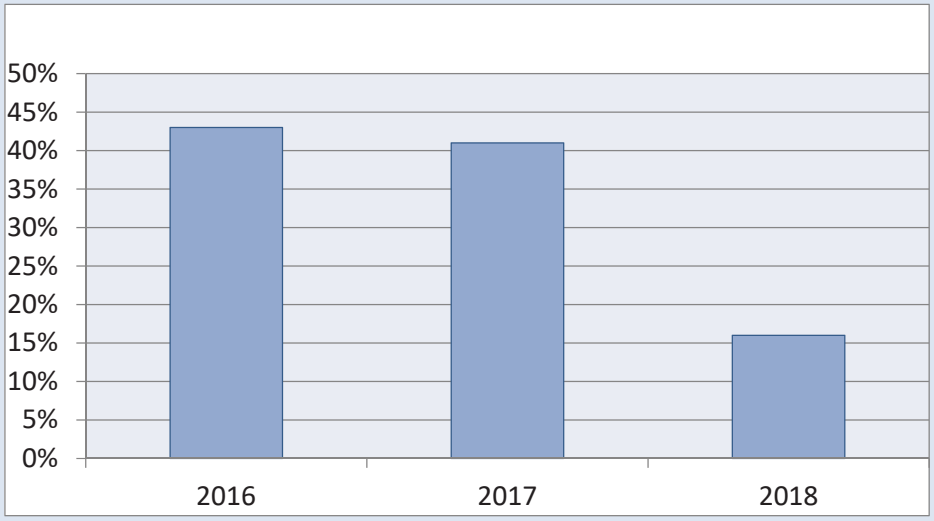
Source: Sheriff's Survey 2018

**Children placed in foster care in last 3 fiscal years with caretakers who abused substances**




Source: Henrico DSS

**Of children placed in foster care, Percentage of caretakers using substances was down last year**




There is a strong connection between substance use and criminal behavior.

# Roundtable Recovery

Henrico Police
Captain Dowdy & Captain Cook

Henrico Fire
Lieutenant Finan

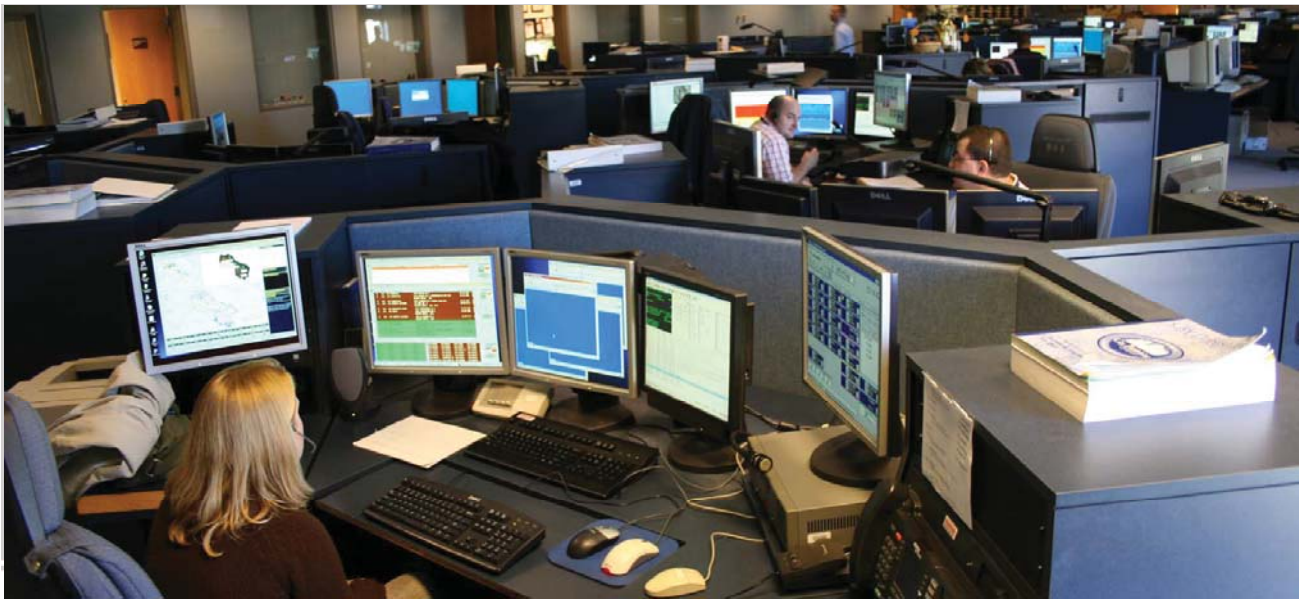
## Recent Call for Service

The initial caller you hear on the line is the patient's oldest son.

He is calling for his mother who has fallen down a flight of steps.

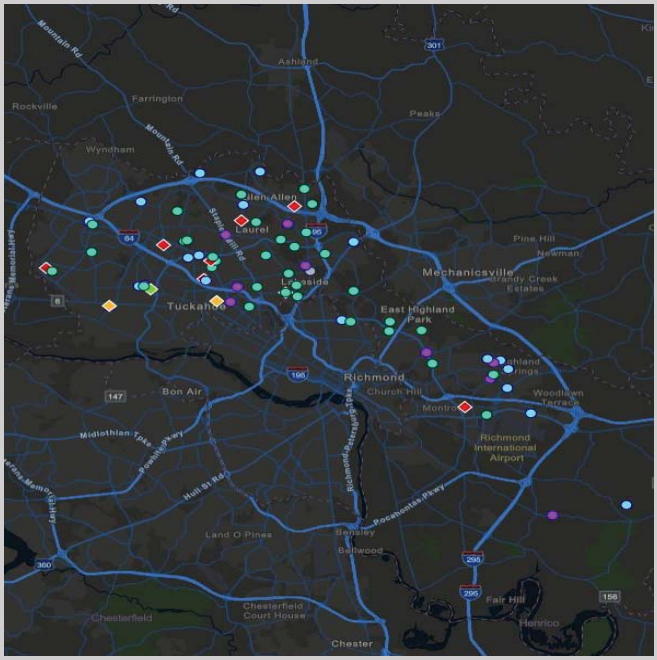
The patient is a:

| | | | | | |
|---|---|---|---|---|---|
| **34-year-old female** | **HCPS Graduate** | **Registered Nurse since 2011 and BSN in 2015** | **Studying to be Nurse Practitioner at Walden University** | **Employed as a RN in a Henrico County Hospital** | **She has three (3) children under the age of 15.** |



## Emergency Communication's Audio

## Current Impact on Henrico County and the Public Safety Workforce




- Nine Mile Road
- Creighton Road
- Route 360
- Laburnum and Meadowbridge Road
- Brook Rood and Azalea Road
- Staples Mill and Bethlehem Rd
- Any corridor that has a fast food or convenience store where sitting in cars does not seem abnormal


What has worked?

Prevention

- **Public Education**
- **Education for Prescribers**
- **Education for Families**
- **Education in Schools**

## What has worked?

## Intervention

- **Awareness of available resources**
- **A safe and secure place to start the road to recovery**
- **Drug Court**
- **ORBIT and RISE**

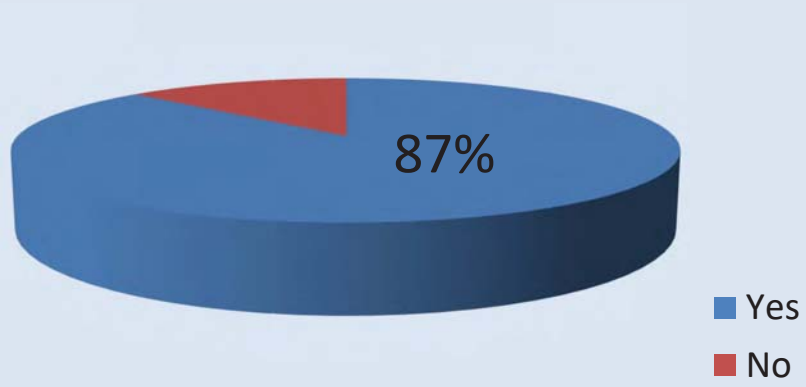
## Moving Forward

## What will help?

- **Immediate access to a secure and safe environment**
- **Continuity of care when released from programs**
- **Continued preventative education and awareness**
- **Erasing the stigma**

Questions?

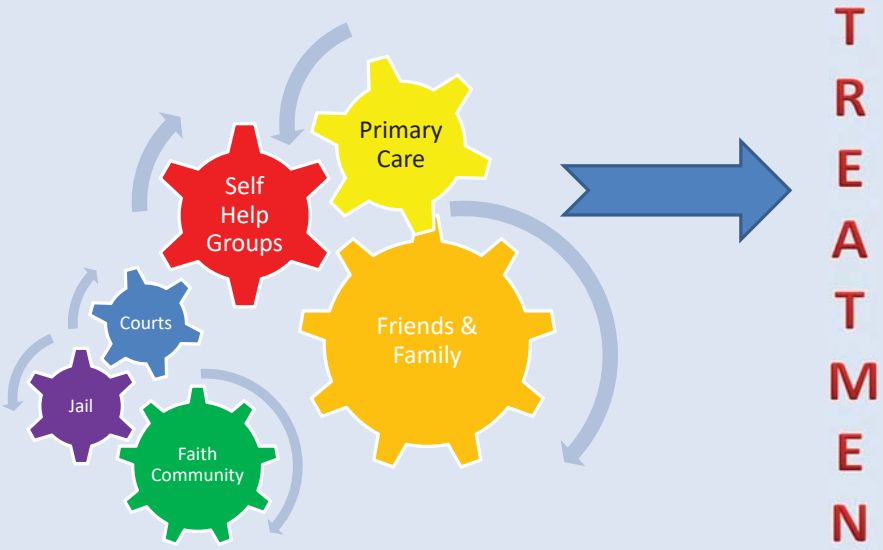
## Was substance use a direct or indirect reason for incarceration?




Source: Sheriff's Survey 2018

There are many roads to recovery for people with substance use disorders. What works for one person might not work for the next.

People frequently have multiple attempts before they find the right time, the right place, and the right services to engage fully in treatment. People are motivated to get into treatment in a variety of ways.




At Henrico MH/DS, our primary goals have been focused on:

removing barriers to treatment, and
expanding the range of treatments offered

There are multiple treatment methods that have been demonstrated to be effective in treating substance use disorders. Some of these evidence based treatments include:

- Cognitive Behavioral Therapy
- Contingency Management
- Medication Assisted Treatment
  - Methadone
  - Naltrexone (Vivitrol)
  - Buprenorphine (Suboxone)

- Motivational Enhancement Therapy
- Integration of therapy and medication assisted treament
- Multi-dimensional family therapy (adolescents)

# Gaps in Services

- Easy access to detox services--a “sobering up center”
- Services specifically designed for people with both serious mental illness and substance use disorder
- Community outreach
- Immediate access to Medication Assisted Treatment

## Lessons Learned from the Commonwealth's Attorney's Perspective

**Shannon L. Taylor, Commonwealth's Attorney**

**Michael Y. Feinmel, Deputy Commonwealth's Attorney**

## OVERVIEW

- Henrico Commonwealth's Attorney's Office
- How the Court System Works
- Criminal Charges connected with Narcotics
- What we used to think about Addiction
- What we've learned about Addiction
- How our office approaches Addiction
- Going Forward

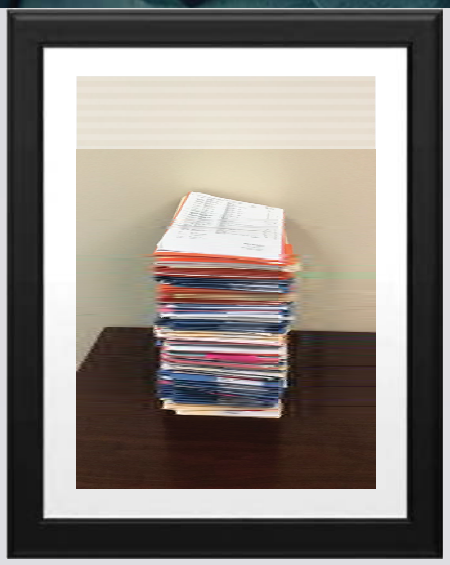
## Henrico Commonwealth's Attorney

- 35 attorneys and 41 staff members
- 5 teams: Juvenile and Domestic Relations, Traffic, Violent Crimes, Sex Crimes, Organized Crime
- Also embedded in the 3 criminal teams are a few specialty positions
- Largest Team is Organized Crime: 7 members

## Henrico Commonwealth's Attorney

Responsibilities for Organized Crime Teams

- All narcotics distribution cases
- A large percentage of narcotics possession cases
- Human Trafficking cases
- Cigarette Trafficking Cases
- Asset Forfeitures
- Gangs and Other Organized Criminal activities
- Internet Crimes Against Children



## HENRICO COMMONWEALTH'S ATTORNEY

At least twice a week, assigned deputy reviews all narcotics files (possession and distribution) to determine if they are properly charged and to make recommendations for disposition including treatment plans

## How the Court System Works

These next slides are designed to give you a working idea of the process from interaction with police to adjudication

We will work on a hypothetical case of an individual who is caught at a store stealing more than $500 worth of merchandise and who is found with cocaine on his person

## Arrest and Arraignment

Defendant is taken into custody by police, and searched incident to arrest where cocaine is discovered

Defendant is brought by Police to the Magistrate's office, where the arresting officer presents probable cause

The Magistrate determines probable cause and writes two felony warrants for Grand Larceny and Possession of Cocaine

## Arraignment and Bond

The Magistrate determines status, such as

(1) Maintaining Custody of Defendant without a bond

(2) Releasing Defendant with a bond

(3) Releasing Defendant without a bond

Defendant is brought before the General District Court Judge for formal arraignment and attorney status

General District Court Judge can set a bond, set a bond with conditions, release without requiring a bond, or not release

## Preliminary Hearing

Defendants arrested on warrants are provided a preliminary hearing – a court date generally within 90 days – for a judge to determine probable cause on the charges

With a Drug Charge, the Commonwealth is expected to produce an analysis proving the substance is an illegal drug

If the Judge finds probable cause, the case is certified to the Grand Jury and the Commonwealth seeks an indictment


## Circuit Court

The Commonwealth presents probable cause on the case by way of officer testimony to a Henrico Grand Jury

If the Grand Jury returns an indictment, then a Circuit Court trial is scheduled (these dates are usually pre-chosen)

A trial or guilty plea occurs on the pre-established date in Circuit Court. Defendant can be sentenced by agreement on that date, or sentencing can be delayed

## Circuit Court

The Court is provided Sentencing Guidelines, and information by way of a presentence report in determining an appropriate outcome

Using our scenario, if a defendant is convicted of grand larceny and possession of cocaine, by Virginia statute, he could receive up to 20 years incarceration for the grand larceny and 10 years incarceration for the possession of cocaine. The sentence for the Court is recommended pursuant to Virginia Sentencing Guidelines, which take into account a variety of factors, including criminal record

Defendant's sentence will often include probation, and a suspended sentence. In this case, we will use a sentence of 5 years with 4 years and 6 months suspended on both charges for a period of 10 years

## Circuit Court

Post Incarceration Supervision by the Court includes most often Supervised Probation, involving drug screens, meetings, and other requirements such as employment

Conditions of Defendant's suspended sentence involve keeping the peace and being of good behavior

If Defendant violates his probation or suspended sentence, for example, by losing contact with his probation officer, re-offending, or using narcotics, defendant is brought back for a hearing, called a "show cause"

## Circuit Court

At this Show Cause hearing, depending on the nature of the violation, the Circuit Court may or may not have sentencing guidelines

Henrico Drug Court is only an option for a show cause hearing

The Circuit Court, within the restrictions of the Sentencing Guidelines, has a great deal of options for resolutions of Show Causes, if the right information is provided them

## Jumping Off Points

This model provides a number of locations within the process where intervention, creative sentencing, charge modification, etc. can help defendants "Jump Off" of the Criminal Justice System, including:

- Pre arrest
- Pre arraignment
- Before Preliminary Hearing
- Before Circuit Court Trial
- Before Sentencing
- Time of Sentencing
- Probation Violation

## Virginia Narcotics Charges

Drug Distribution or Possession with Intent to Distribute Schedule I/II Drug charges are governed by 18.2-248 of the Code of Virginia

- 1st offense crimes carry 5-40 years imprisonment
- 2nd and 3rd offense crimes carry mandatory sentences
- Virginia law also provides for an Accommodation defense which reduces the penalty if the distribution was to assist another with their addiction or done in some other fashion not to profit – punished same as possession

## Virginia Narcotics Charges

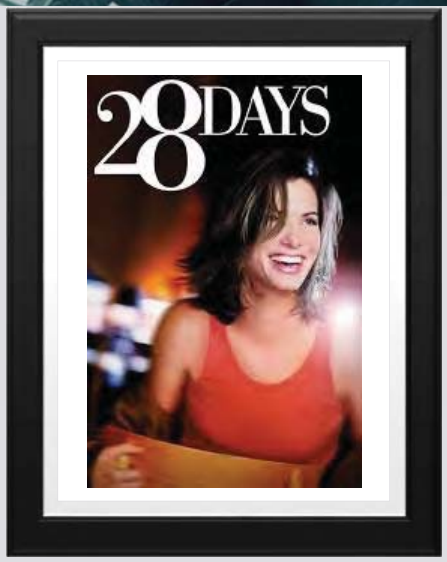
Felony Drug Possession Charges (Sch I/II) are governed by Section 18.2-250 and carry a range of punishment, including a fine, jail time, or up to 10 years imprisonment

Section 18.2-251 also allows a first time drug charge to be deferred and taken under advisement for up to 1 year, resulting in an acquittal if the defendant successfully completes his/ her probation

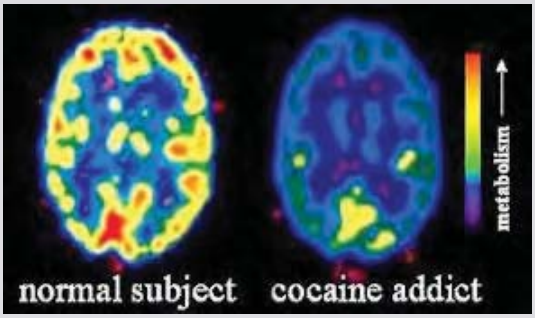
## What We Used to Think about Addiction

When you worked in the criminal justice system in the 1990s- the crack cocaine era- the system believed, and treated people as though, drug usage was the byproduct of personality weakness. Incarceration was thought of as a necessary tool to "motivate" people to stop using drugs as well as to punish

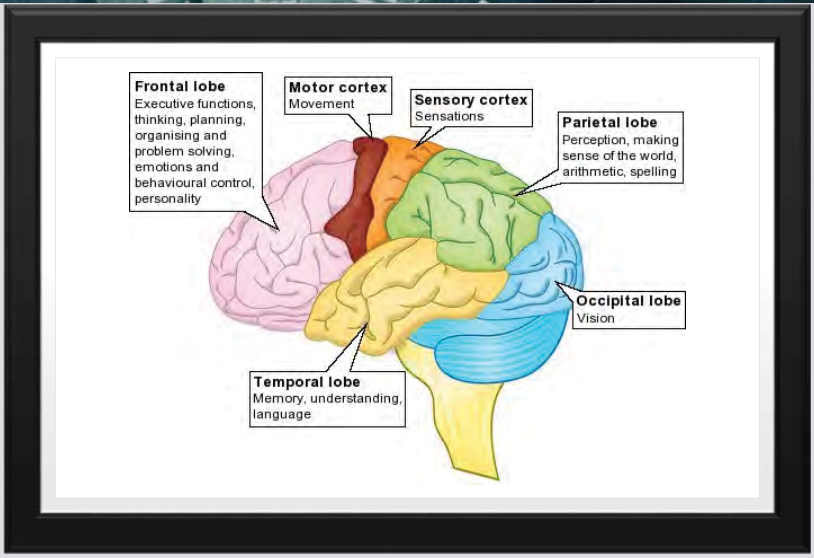
This was the treatment program. If you couldn't recover after 28 days, it was due to your personal weakness.



# WHAT WE'VE LEARNED ABOUT ADDICTION




# WHAT WE'VE LEARNED ABOUT ADDICTION



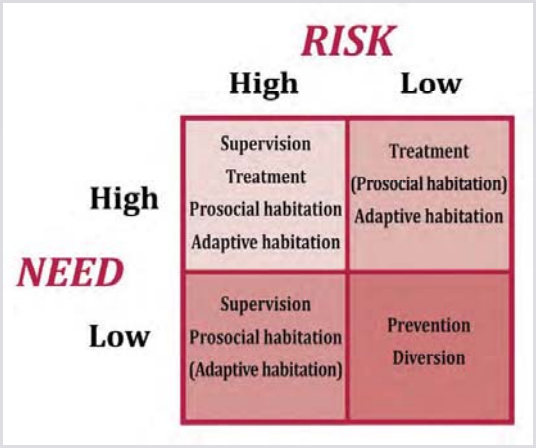
## The Good News: the brain recovers
## The Bad News: it takes time – often a lot of it


## This was the beginning of the approach to treating addicts

| NEED \ RISK | High | Low |
|---|---|---|
| High | Supervision<br>Treatment<br>Prosocial habitation<br>Adaptive habitation | Treatment<br>(Prosocial habitation)<br>Adaptive habitation |
| Low | Supervision<br>Prosocial habitation<br>(Adaptive habitation) | Prevention<br>Diversion |

Even this model is too simple – there are no "1 size fits all approaches"

2012




**Acute Intoxication and/or Withdrawal** Potential Assessment for intoxication and/or withdrawal management. Withdrawal management in a variety of levels of care and preparation for continued addiction services

**Biomedical Conditions and Complications** Assess and treat co-occurring physical health conditions or complications. Treatment provided within the level of care or through coordination of physical health services

**Emotional, Behavioral or Cognitive Conditions and Complications** Assess and treat co-occurring diagnostic or sub-diagnostic mental health conditions or complications. Treatment provided within the level of care or through coordination of mental health services

**Readiness to Change** Assess stage of readiness to change. If not ready to commit to full recovery, engage into treatment using motivational enhancement strategies. If ready for recovery, consolidate and expand action for change

**Relapse, Continued Use or Continued Problem Potential** Assess readiness for relapse prevention services and teach where appropriate. If still at early stages of change, focus on raising consciousness of consequences of continued use or problems with motivational strategies.

**Recovery Environment** Assess need for specific individualized family or significant other, housing, financial, vocational, educational, legal, transportation, childcare services

Assessment Dimensions Assessment and Treatment Planning Focus (2019) Assessment Process

## Acute Intoxication and/or Withdrawal

Potential Assessment for intoxication and/or withdrawal management. Withdrawal management in a variety of levels of care and preparation for continued addiction services

- Detox
- Assessment for the beginning of developing a plan for addiction services but will need to come back when treatment enters phase 3

## Biomedical Conditions and Complications

Assess and treat co-occurring physical health conditions or complications. Treatment provided within the level of care or through coordination of physical health services

- Need physical stability
- The brain can't begin to heal and begin to progress when the body isn't safe

## Emotional, Behavioral or Cognitive Conditions and Complications

Assess and treat co-occurring diagnostic or sub-diagnostic mental health conditions or complications. Treatment provided within the level of care or through coordination of mental health services

- Once physical stability has occurred, this becomes the most important step
- I call this “triaging”
- Identify the range of issues and begin coming up with treatment coordination – this is where we as a society have been failing with our “one size fits all approach”
- Identifying co-occurring disorders

## Readiness to Change

Assess stage of readiness to change. If not ready to commit to full recovery, engage into treatment using motivational enhancement strategies. If ready for recovery, consolidate and expand action for change

- While not even close to being recovered, the brain is starting to work again
- This is where the hard work begins for the treatment provider – coming up with strategies to identify what is going to work and what isn’t working

## Relapse, Continued Use or Continued Problem Potential

Assess readiness for relapse prevention services and teach where appropriate. If still at early stages of change, focus on raising consciousness of consequences of continued use or problems with motivational strategies

- "**People, Places, and Things**"
- Meaningful change needs to be made with peer groups, living environments, and life stability
- Positive peer support (peer coaching) and stable residence facilitate recovery

## Recovery Environment

Assess need for specific individualized family or significant other, housing, financial, vocational, educational, legal, transportation, childcare services

- AGAIN, **"People, Places, and Things."**
- This is the two to five year journey (actually rest of the life journey)
- Case Management is crucial to address the needs to the left, but the benefit far outweighs the cost in terms of quality of our community, reduced crime, safety, health, and overall well being, plus the healthy environments for the next generations

## How our office approaches addiction

- Active role in Drug Court
- Opiate Diversion Program
- CAP Program
- Encouraging Creativity in Sentencing
- Understanding that using an early Jump Off point may not be what's best for the recovering brain

## HENRICO COMMONWEALTH'S ATTORNEY

- Since 2012, Henrico County has been the statewide leader in the successful arrest and prosecution of Human Trafficking
- Important to this discussion because:
  - Has increased jail population for females
  - Is a nationwide crisis derivative of the addiction crisis
- Unlike the Hollywood portrayal of Human Trafficking, human trafficking is an industry driven by pimp recruitment of needy men and women
- Today's Drug Dealer becomes tomorrow's Pimp

**Substance abuse and prostitution**
Silbert MH, et al.
Journal, Psychoactive Drugs

A study of 200 street prostitutes documented a high prevalence of alcohol and drug abuse in their family of origin, during the drift into prostitution and as part of prostitution. It is not clear whether substance abuse is one of the factors that pushed these women into prostitution (55% of the subjects reported being addicted prior to their prostitution involvement) or whether it was prostitution that caused their drug involvement (30% became addicted following and 15% concurrently with their prostitution involvement)

55% + 30% + 15% = **100**%

## TREATMENT RESPONSE TO SEX TRAFFICKING

- Unlike narcotics distribution cases, sex trafficking cannot be prosecuted without a witness
- Prosecution of pimp requires recovery for our victims so our approach became two fold
- In 2016, Safe Harbor opened the Richmond area's first home for trafficking survivors – but had no success until substance abuse was addressed first

safe harbor

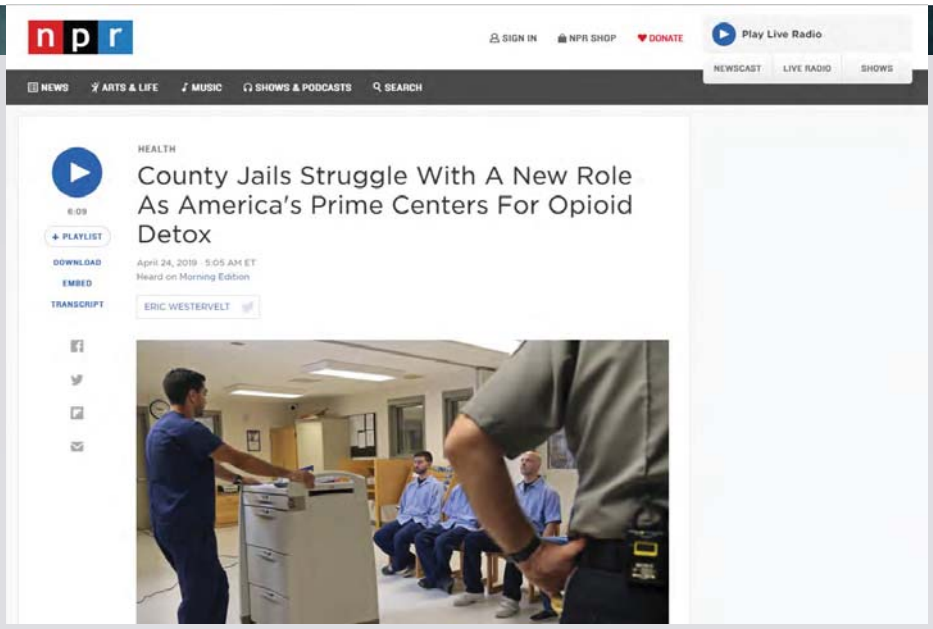
# GOING FORWARD

We have learned the errors of our thought process that (a) addiction is weakness and (b) that punishment/ incarceration is the proper response

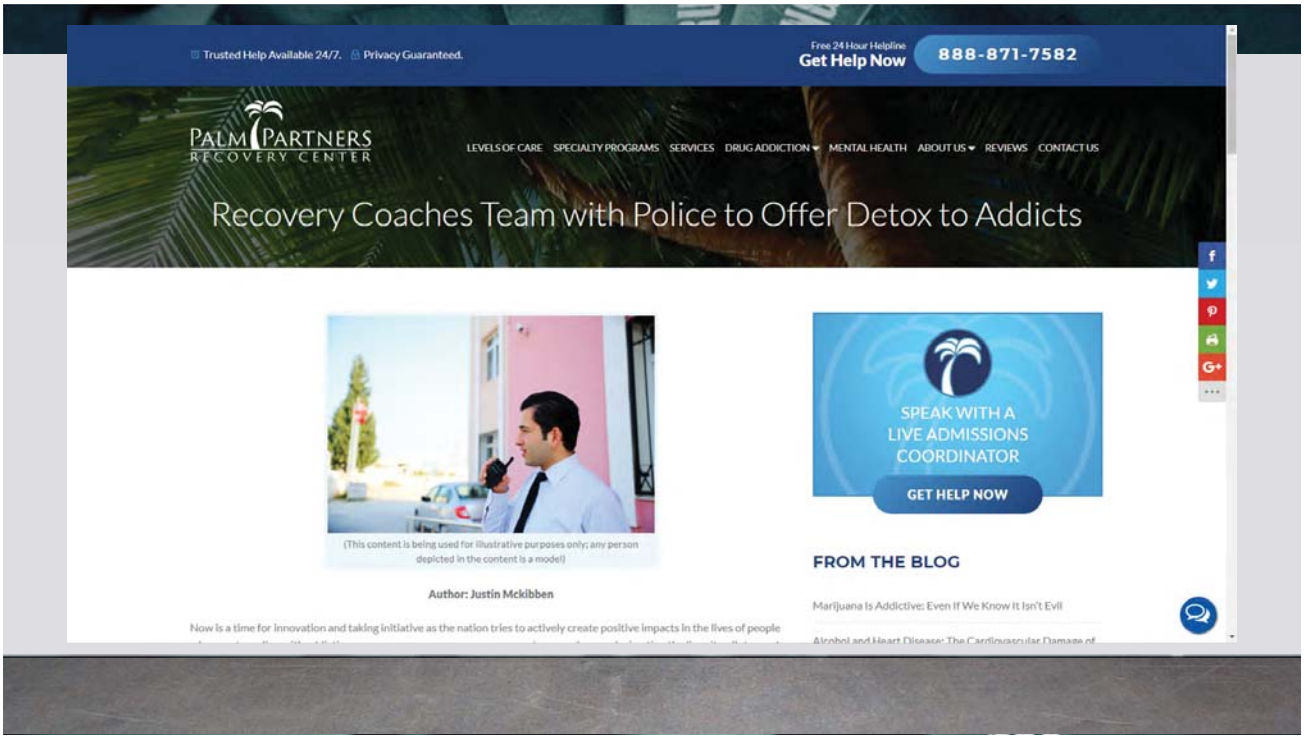
Models of approaching addiction become more complicated, and good intentioned approaches may and often will fail without a thorough and thoughtful approach

We remain limited by our community resources, but there are new ideas nationwide that would allow us to utilize our Jump Off points and successfully treat the addicted population

## We aren't alone in the issues that we are dealing with




## CREATIVE SOLUTIONS ARE EMERGING WITH DIFFERENT PARTNERSHIPS


Trusted Help Available 24/7.
Privacy Guaranteed.
Free 24 Hour Helpline
Get Help Now
888-871-7582
PALM PARTNERS RECOVERY CENTER
LEVELS OF CARE
SPECIALTY PROGRAMS
SERVICES
DRUG ADDICTION
MENTAL HEALTH
ABOUT US
REVIEWS
CONTACT US
Recovery Coaches Team with Police to Offer Detox to Addicts
(This content is being used for illustrative purposes only; any person depicted in the content is a model)
Author: Justin Mckibben
Now is a time for innovation and taking initiative as the nation tries to actively create positive impacts in the lives of people
SPEAK WITH A LIVE ADMISSIONS COORDINATOR
GET HELP NOW
FROM THE BLOG
Marijuana Is Addictive: Even If We Know It Isn't Evil


CBS THIS MORNING
Today's Rundown
Politics & Power
CBS NEWS October 11, 2018, 1:35 PM
Recovering addicts find support and community at sober gym
Share / Tweet / Reddit / Flipboard / Email
REPS FOR RECOVERY
CBS THIS MORNING
DANA JACOBSON
CBS NEWS | CONTRIBUTOR

## The FUTURE?

## New Model of Looking at Treatment

**A Lifespan Developmental Approach to Understanding Substance Abuse**

This approach focuses on the changes that occur within the individual from before birth through the end of life

Developmental approaches also take into account the interplay between genetics, environmental influences, learning, neural development, and behavior

## SUGGESTED GOALS GOING FORWARD

- We can use the “Jump Off” Points in the Criminal Justice System (even pre-arrest and pre-adjudication) as a tool to assist those battling addiction
- Recovery Coaches are a much needed tool
- As you will hear from the Drug Court presentation, stable housing is one of the biggest impediments to recovery
- A plan involving Detox, followed by a proper assessment of all needs will provide a triage to help many avoid the criminal justice system

## SUGGESTED GOALS GOING FORWARD

- Each Jump Off Point requires much more planning and understanding of the difficulties that our addicted population is struggling with
- A recovery center would contemplate bed space for those in need, Detox components, and enhanced office space and staff for Henrico Mental Health, Drug Court, C.A.P., Orbit/Rise, and others working on the community level to help combat addiction

## QUESTIONS/ COMMENTS

# RECOVERY ROUNDTABLE

Henrico Sheriff's Office

July 23, 2019

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## Sheriff's Office Duties

Code of Virginia Title 53.1. Prisons and Other Methods of Correction
Chapter 3.
Local Correctional Facilities

*§ 53.1-116.2. Sheriffs to be keepers of jails.*

*The sheriff of each county or city shall be the keeper of the jail thereof unless that locality is a member of a jail or jail farm board or regional jail authority, in which case the provisions of§ 53.1-106 shall apply.*

*1994, c. 491.*

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# Sheriff's Office Duties

**Code of Virginia Title 53.1. Prisons and Other Methods of Correction Chapter 3. Local Correctional Facilities**

***§ 53.1-126. Responsibility of sheriffs and jail superintendents for food, clothing and medicine.***

The sheriff or jail superintendent shall purchase at prices as low as reasonably possible all foodstuffs and other provisions used in the feeding of jail prisoners and such clothing and medicine as may be necessary. Nothing herein shall be construed to require a sheriff, jail superintendent or a locality to pay for the medical treatment of an inmate for any injury, illness, or condition that existed prior to the inmate's commitment to a local or regional facility, except that medical treatment shall not be withheld for any communicable diseases, serious medical needs, or life threatening conditions. Invoices or itemized statements of account from each vendor of such foodstuffs, provisions, clothing and medicines shall be obtained by the sheriff or jail superintendent and presented for payment to the governing body of the city or county or, in the case of regional jails, the regional jail authority or, if none, that body responsible for the fiscal management of the regional jails, which shall be responsible for the payment thereof. He shall certify on each statement or invoice that the merchandise has been received and that the vendor has complied with the terms of the purchase. Such certification shall be in the following words: "I hereby certify that the merchandise or service has been received and that the terms of the purchase have been complied with on the part of the vendor. The merchandise or service has been or will be used solely for the feeding and care of prisoners confined in jail." If any county or city has a purchasing agent, the local governing body may require all such purchases to be made by or through the purchasing agent.

Code 1950, § 53-175; 1982, C. 636; 1991, C. 383; 2003, cc. 928, 1019; 2011, C. 727.

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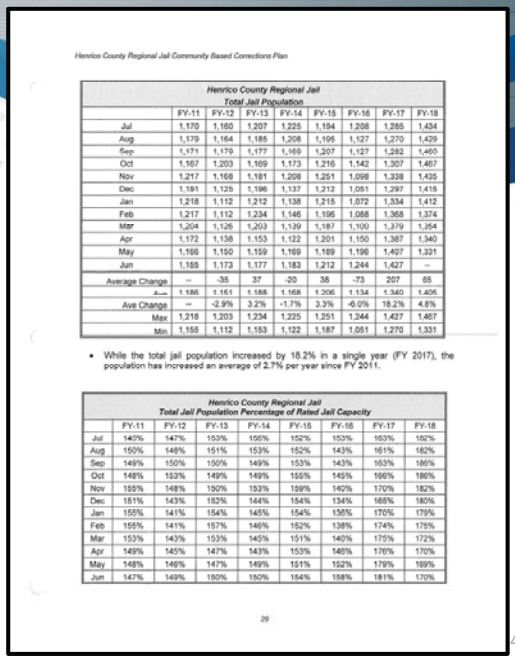
# 2011 Needs Study

- A 2011 independent study by Moseley Architects projected our total jail population would be **1,405** in FY 2018.
- Our actual average population in FY2018 was **1,436**.



*Henrico County Regional Jail Community Based Corrections Plan*

*Henrico County Regional Jail*
*Total Jail Population*

| | FY-11 | FY-12 | FY-13 | FY-14 | FY-15 | FY-16 | FY-17 | FY-18 |
|---|---|---|---|---|---|---|---|---|
| Jul | 1,170 | 1,160 | 1,207 | 1,225 | 1,194 | 1,208 | 1,285 | 1,434 |
| Aug | 1,179 | 1,164 | 1,185 | 1,208 | 1,195 | 1,127 | 1,270 | 1,429 |
| Sep | 1,171 | 1,179 | 1,177 | 1,169 | 1,207 | 1,127 | 1,282 | 1,460 |
| Oct | 1,167 | 1,203 | 1,169 | 1,173 | 1,216 | 1,142 | 1,307 | 1,467 |
| Nov | 1,217 | 1,168 | 1,191 | 1,208 | 1,251 | 1,098 | 1,338 | 1,435 |
| Dec | 1,191 | 1,125 | 1,196 | 1,137 | 1,212 | 1,051 | 1,297 | 1,415 |
| Jan | 1,218 | 1,112 | 1,212 | 1,138 | 1,215 | 1,072 | 1,334 | 1,412 |
| Feb | 1,217 | 1,112 | 1,234 | 1,146 | 1,196 | 1,088 | 1,368 | 1,374 |
| Mar | 1,204 | 1,126 | 1,203 | 1,139 | 1,187 | 1,100 | 1,379 | 1,354 |
| Apr | 1,172 | 1,138 | 1,153 | 1,122 | 1,201 | 1,150 | 1,387 | 1,340 |
| May | 1,166 | 1,150 | 1,159 | 1,169 | 1,189 | 1,196 | 1,407 | 1,331 |
| Jun | 1,155 | 1,173 | 1,177 | 1,183 | 1,212 | 1,244 | 1,427 | -- |
| Average Change | -- | -35 | 37 | -20 | 38 | -73 | 207 | 65 |
| Ave | 1,186 | 1,161 | 1,188 | 1,168 | 1,206 | 1,134 | 1,340 | 1,405 |
| Ave Change | -- | -2.9% | 3.2% | -1.7% | 3.3% | -6.0% | 18.2% | 4.8% |
| Max | 1,218 | 1,203 | 1,234 | 1,225 | 1,251 | 1,244 | 1,427 | 1,467 |
| Min | 1,155 | 1,112 | 1,153 | 1,122 | 1,187 | 1,051 | 1,270 | 1,331 |

- While the total jail population increased by 18.2% in a single year (FY 2017), the population has increased an average of 2.7% per year since FY 2011.

*Henrico County Regional Jail*
*Total Jail Population Percentage of Rated Jail Capacity*

| | FY-11 | FY-12 | FY-13 | FY-14 | FY-15 | FY-16 | FY-17 | FY-18 |
|---|---|---|---|---|---|---|---|---|
| Jul | 140% | 147% | 153% | 155% | 152% | 153% | 163% | 182% |
| Aug | 150% | 148% | 151% | 153% | 152% | 143% | 161% | 182% |
| Sep | 149% | 150% | 150% | 149% | 153% | 143% | 163% | 186% |
| Oct | 148% | 153% | 149% | 149% | 155% | 145% | 166% | 186% |
| Nov | 155% | 148% | 150% | 153% | 159% | 140% | 170% | 182% |
| Dec | 151% | 143% | 153% | 144% | 154% | 134% | 165% | 180% |
| Jan | 155% | 141% | 154% | 145% | 154% | 135% | 170% | 179% |
| Feb | 155% | 141% | 157% | 146% | 152% | 138% | 174% | 175% |
| Mar | 153% | 143% | 153% | 145% | 151% | 140% | 175% | 172% |
| Apr | 149% | 145% | 147% | 143% | 153% | 146% | 176% | 170% |
| May | 148% | 146% | 147% | 149% | 151% | 152% | 179% | 169% |
| Jun | 147% | 149% | 150% | 150% | 154% | 158% | 181% | 170% |

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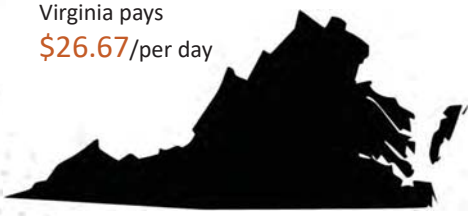
# Cost per Inmate per Day

**$85.01/per day**



Commonwealth of Virginia pays $26.67/per day

Henrico County is responsible for **$54.79** per-day for each inmate

$3.56
funded from other sources

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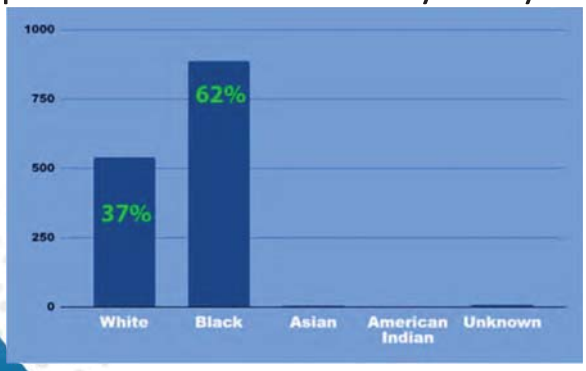
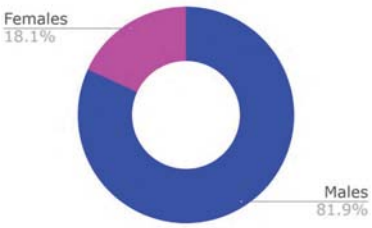
# Snapshot: Wednesday July 17, 2019




Total Jail Population: 1442
New Bookings: 45

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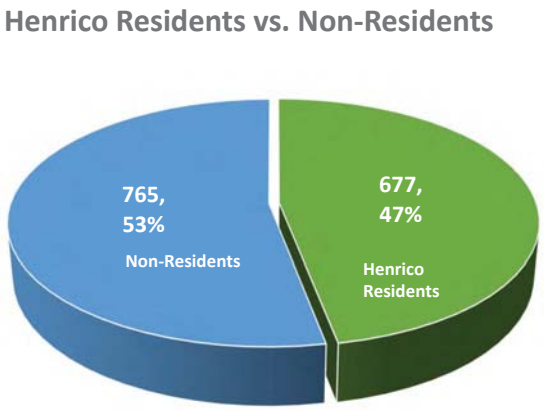
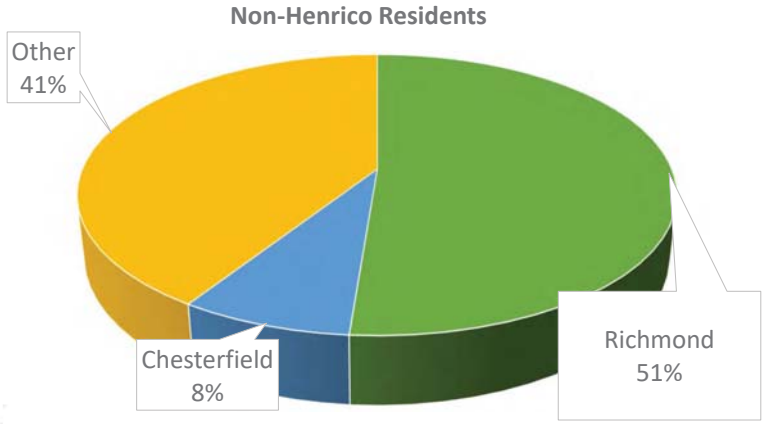
# Snapshot: Wednesday July 17, 2019




7

# Snapshot: Wednesday July 17, 2019

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# FY19 Facts

- There were 16,951 bookings
- Average daily population: **1,405**
  - Department of Corrections reports operating capacity of Henrico County Regional Jail East & West at **787.**
  - Henrico County Regional Jail East & West have **1341** beds.
  - Average of a **64-bed deficit** daily.

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# Regional Agreements

Henrico County has a regional agreement with New Kent County and Goochland County to house their inmates.

**New Kent County**
**96 Inmates**

**Goochland County**
**10 Inmates**

*Active inmates on Wednesday July 17, 2019*

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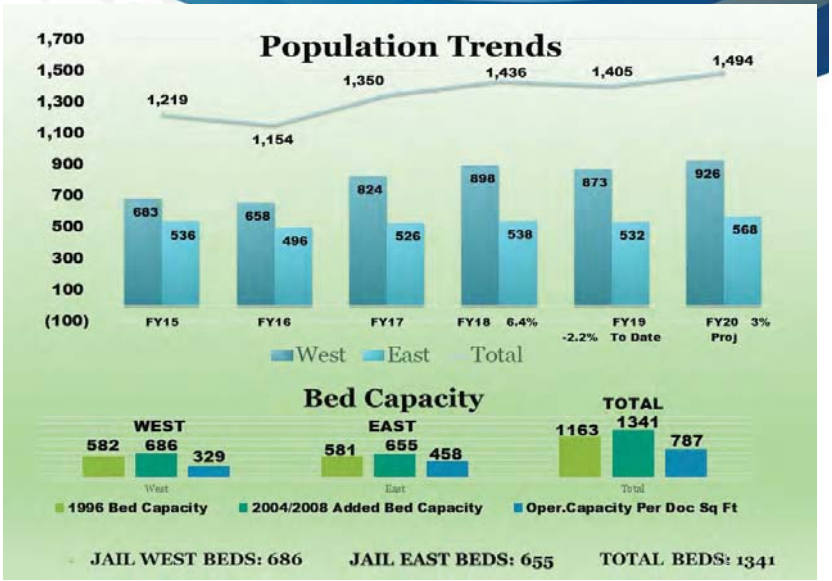
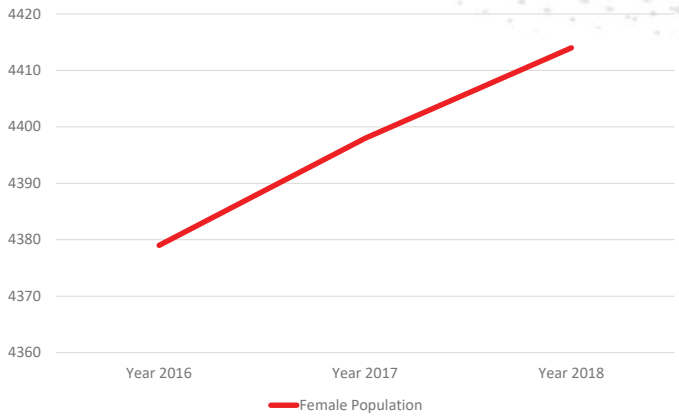
# Population Trend

**Reported in the FY 20 Budget Presentation, our daily population continues to trend up, projecting 3% increase in FY20.**

**The Sheriff's Office has a bed capacity of 1,341 beds, housing a daily average of 1,405 inmates in FY19 and projected 1,494 in FY20.**




# Female Population Trend

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# Weekenders

| Yearly Weekend Counts | | | |
|---|---|---|---|
| | Male | Female | Total |
| 2017 | 1018 | 371 | 1389 |
| 2018 | 1025 | 440 | 1465 |
| 2019 Year-to-Date | 409 | 188 | 597 |

*"Weekenders" don't necessarily mean they report on weekends. These participants have varied scheduling, which have great affect on the jail population.*

| June 2019 Weekend Counts | | | |
|---|---|---|---|
| | Males | Females | **Total** |
| Week 1 | 41 | 27 | **68** |
| Week 2 | 46 | 29 | **75** |
| Week 3 | 46 | 32 | **78** |
| Week 4 | 48 | 29 | **77** |

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# Department of Corrections- Out of Compliance

- As of July 1, **107 inmates** are housed at the Henrico County Jail that are state responsible ready to be transported to a state correctional facility.
- 4 of those inmates are voluntarily being held here in order to continue in the O.R.B.I.T Program.

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C168 - Dayroom 218 East Tower
6/24/2019 16:53:27.714

15


C157 - Dayroom 215 Common Area
7/15/2019 18:13:42.676

16


C192 - Dayroom 332
6/24/2019 16:53:27.793

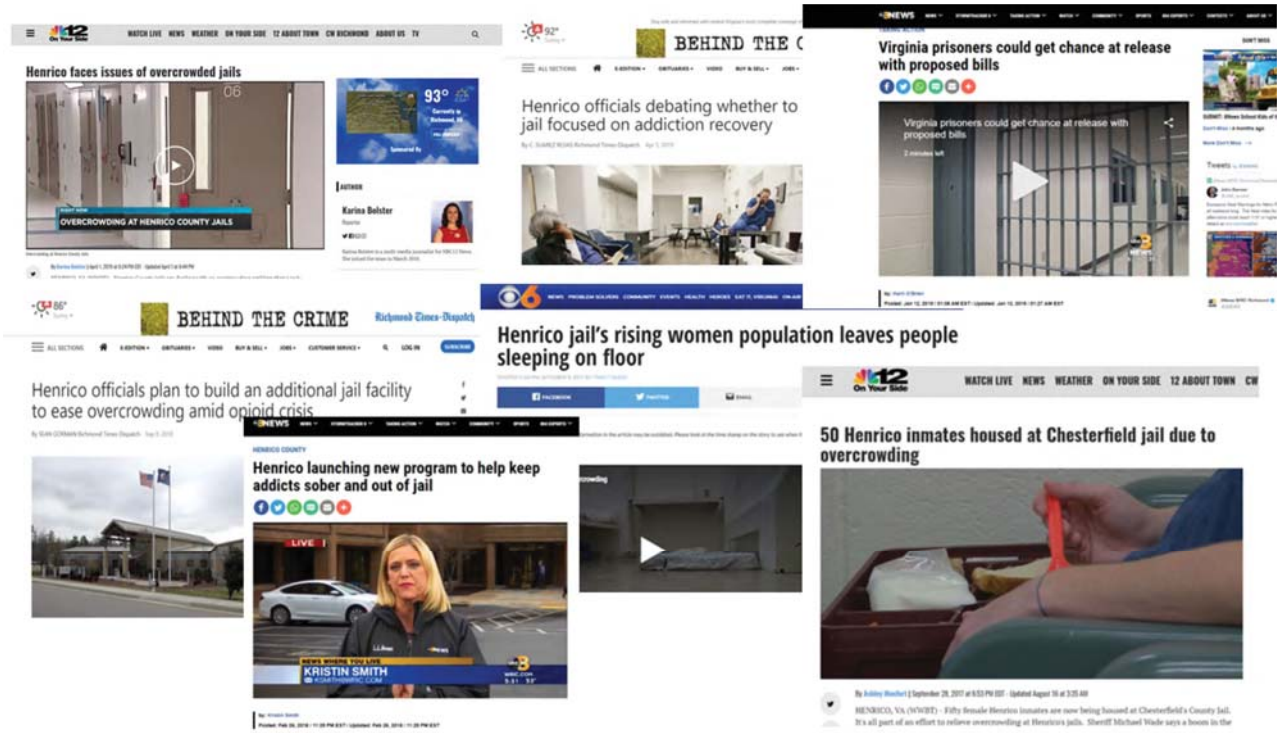
17


C134 - Dayroom 229
6/24/2019 16:58:52.955

18


C155 - Dayroom 215
7/15/2019 18:22:30.077


C135 - Dayroom 229
6/24/2019 16:58:52.885




# Pending Charges

**21% Narcotics**
**13% Probation Violations**
**9% Larceny**
**6% Weapon Charges**

**1,962 Pending Charges**

| | | | |
|---|---|---|---|
| **NARCOTICS** | **411** | Kidnapping | 20 |
| **PROBATION VIOLATION** | **250** | Murder | 17 |
| **LARCENY** | **177** | Trespassing | 15 |
| **ASSAULT** | **152** | Prisoner Related Charge | 13 |
| **WEAPON CHARGES** | **121** | Family Offenses | 12 |
| **FRAUD** | **119** | Racketeering | 7 |
| **CONTEMPT OF COURT** | **111** | Sex Offender Registry Violation | 7 |
| **Obstruction of Justice** | **57** | Hit & Run | 5 |
| **DWI Offenses** | **55** | Extradition | 4 |
| Driver's License Violations | 53 | Bondsman Violation | 4 |
| Burglary | 50 | Taxation Violation- Cigarettes | 3 |
| Obscenity | 43 | Furlough Violation | 2 |
| Paraphernalia | 38 | Vehicle Registration Violation | 2 |
| Sex Offenses | 38 | Motorcycle Violation | 1 |
| Reckless Driving | 35 | Disorderly Conduct | 1 |
| Sexual Assault | 32 | Dumping on Highway | 1 |
| Vandalism | 32 | Pretrial Contempt | 1 |
| Robbery | 24 | Traffic Signal | 1 |
| Fail To Appear | 23 | Telephone Abuse | 1 |
| Protective Order Violation | 23 | Stalking | 1 |

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# Sentenced Charges

**21% Probation Violation**
**14% Larceny**
**13% Narcotics**
**5% Weapon Charges**

**2,676 sentenced charges**

| | | | |
|---|---|---|---|
| **Probation Violation** | **572** | Vandalism | 20 |
| **Larceny** | **377** | Paraphernalia | 14 |
| **Narcotics** | **370** | Family Offenses | 12 |
| **Assault** | **152** | Sex Offender Registry Violation | 12 |
| **Weapon Charges** | **135** | Hit & Run | 11 |
| **Fraud** | **124** | Murder | 9 |
| **Driver's License Violation** | **107** | Bondsman Violation | 7 |
| **DWI Offenses** | **78** | Kidnapping | 7 |
| **Burglary** | **74** | Drug Test Violation | 5 |
| Reckless Driving | 64 | Arson, Explovive, Bomb | 3 |
| Obscenity | 47 | Disorderly Conduct | 3 |
| Robbery | 39 | Escape | 3 |
| Obstruction of Justice | 37 | Racketeering | 3 |
| Sex Offense | 35 | Extortion | 2 |
| Desertion/Child Support | 29 | Stalking | 2 |
| Protective Order Violation | 29 | Telephone Abuse | 2 |
| Prisoner Related | 28 | Alcohol Violation | 1 |
| Fail to Appear | 27 | Extradition | 1 |
| Trespassing | 26 | Solicitation of Felony | 1 |
| Sexual Assault | 24 | Vehicle Equipment Violation | 1 |

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# Pending Trial Inmates

| Race | Male | Female | Total |
|---|---|---|---|
| Black | 295 | 47 | 342 |
| White | 137 | 60 | 197 |
| Asian | 1 | 0 | 1 |
| American Indian | 1 | 0 | 1 |
| Total | 434 | 107 | 541 |

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# Active Inmates: Prostitution Related Charges

| Charge | Awaiting Trial | Sentenced | Certified-Grand Jury |
|---|---|---|---|
| AIDING/ASSISTING IN PROSTITUTION PROCUREMENT | 2 | 0 | |
| COMMERCIAL SEX TRAFFICKING | 0 | 4 | |
| **MAINTAIN OR FREQUENT BAWDY PLACE** | **19** | **2** | |
| PANDER, PIMP, OR RECEIVE MONEY FROM PROSTITUTE | 12 | 1 | |
| PROSTITUTION | 6 | 1 | |
| SEX TRAFFICKING | 13 | 3 | 2 |
| SOLICITATION OF PROSTITUTION FROM MINOR LESS THAN AGE 16 | 0 | 1 | |
| USING VEHICLE TO PROMOTE PROSTITUTION | 1 | 1 | |
| TOTAL CHARGES: (**68**) | 53 | 13 | 2 |

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# Opiate & Mental Health Diversion

HENRICO AREA MENTAL HEALTH & DEVELOPMENTAL SERVICES
SERVING THE COUNTIES OF HENRICO, CHARLES CITY AND NEW KENT

- Current Opiate Diversions
  - 4 white males
- 2019 Opiate Diversions
  - 12 participants
    - 2 AA women, 1 AA male
    - 2 Successful graduations
- Mental Health Diversions
  - 7 participants
    - 3 Black males
    - 1 White male
    - 2 White females
    - 1 Hispanic males

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# Inmate Detox

**Detox Protocol Stats for 2013 - 2018**

| Year | ETOH | BENZO | OPIATES* | Total |
|---|---|---|---|---|
| 2013 | 257 | 445 | 993 | 1695 |
| 2014 | 401 | 397 | 989 | 1787 |
| 2015 | 442 | 375 | 1179 | 1996 |
| 2016 | 398 | 463 | 1464 | 2325 |
| 2017 | 412 | 383 | 1458 | 2253 |
| 2018 | 406 | 320 | 1368 | 2094 |

*OPIATES include Methadone and Suboxone

| Year | Pregnancies | New Pregnancy on Opiates |
|---|---|---|
| 2016 | 66 | 14 |
| 2017 | 56 | 30 |
| 2018 | 44 | 18 |

| JANUARY-JUNE 2019 | TOTAL | Average/ Month |
|---|---|---|
| ETHYL ALCOHOL, OR ETHANOL | 231 | 38.5 |
| BENZODIAZEPINES | 152 | 25.3 |
| OPIATE | 496 | 82.6 |
| METHADONE | 76 | 12.6 |
| SUBOXONE | 146 | 24.3 |
| PREGNANCY ON OPIATE | 8 | 1.3 |
| TOTAL | **1,109** | **92.4** |

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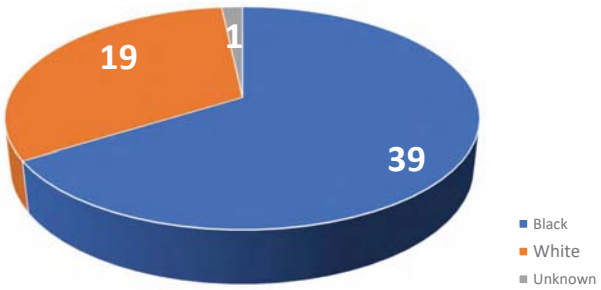
# NA/AA Jail West Participants- June 2019

**59 Participants**

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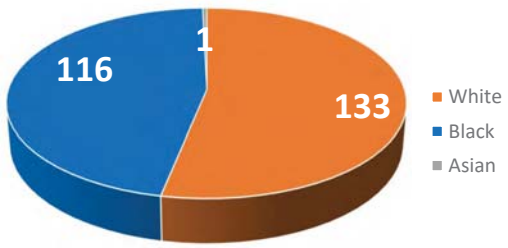
# R.I.S.E. Participants- June 2019

**250 Participants**

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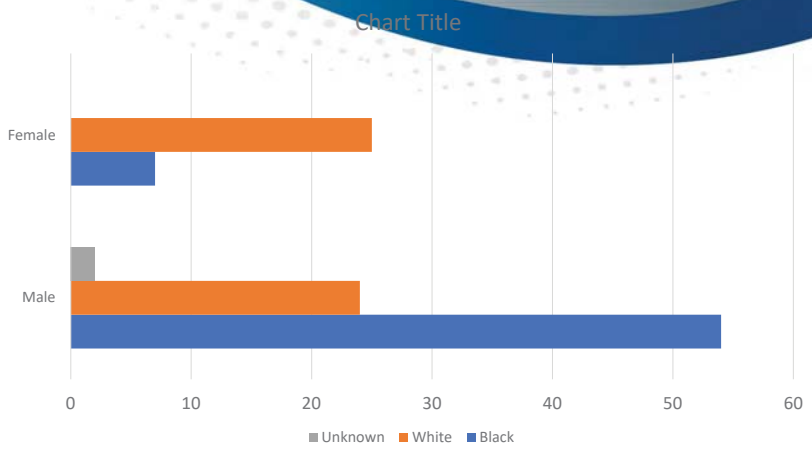
# O.R.B.I.T.- June 2019

**143 Participants**

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# O.R.B.I.T.


O•R•B•I•T
RECOVERY AT WORK
HENRICO COUNTY

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# O.R.B.I.T.

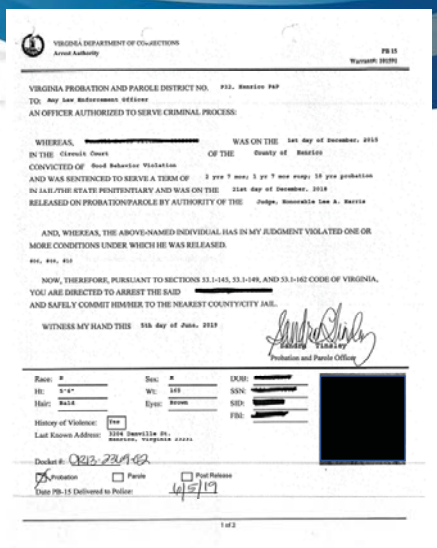


O•R•B•I•T
RECOVERY AT WORK
HENRICO COUNTY

# PB-15 vs. Major Violation Report

## Sheriff's Office Receives:

- PB-15 only
- Descriptors
- Sentence term information
- "Violated one or more conditions"
  - Example "06,08,10"
- No reason why; was it a violent offense?, drug related?, circumstances of the violation?
- Security risk and risk of recidivism if we don't have the information.



VIRGINIA DEPARTMENT OF CORRECTIONS
Arrest Authority

PB 15
Warrant#: 282591

VIRGINIA PROBATION AND PAROLE DISTRICT NO. 32, Henrico P&P
TO: Any Law Enforcement Officer
AN OFFICER AUTHORIZED TO SERVE CRIMINAL PROCESS:

WHEREAS, [redacted] WAS ON THE 1st day of December, 2015
IN THE Circuit Court OF THE County of Henrico
CONVICTED OF Good Behavior Violation
AND WAS SENTENCED TO SERVE A TERM OF 2 yrs 7 mos; 1 yr 7 mos susp; 18 yrs probation
IN JAIL/THE STATE PENITENTIARY AND WAS ON THE 21st day of December, 2018
RELEASED ON PROBATION/PAROLE BY AUTHORITY OF THE Judge, Honorable Lee A. Harris

AND, WHEREAS, THE ABOVE-NAMED INDIVIDUAL HAS IN MY JUDGMENT VIOLATED ONE OR MORE CONDITIONS UNDER WHICH HE WAS RELEASED.
etc, etc, etc

NOW, THEREFORE, PURSUANT TO SECTIONS 53.1-145, 53.1-149, AND 53.1-162 CODE OF VIRGINIA,
YOU ARE DIRECTED TO ARREST THE SAID [redacted]
AND SAFELY COMMIT HIMMER TO THE NEAREST COUNTY/CITY JAIL.

WITNESS MY HAND THIS 5th day of June, 2019

Zachary Tinsley
Probation and Parole Officer

Race: H Sex: M DOB: [redacted]
Ht: 5'6" Wt: 165 SSN: [redacted]
Hair: Bald Eyes: Brown SID: [redacted]
FBI: [redacted]
History of Violence: Yes
Last Known Address: 3204 Danville St, Henrico, Virginia 23223
Docket #: CR13-2304-02
Probation Parole Post Release
Date PB-15 Delivered to Police: 6/5/19

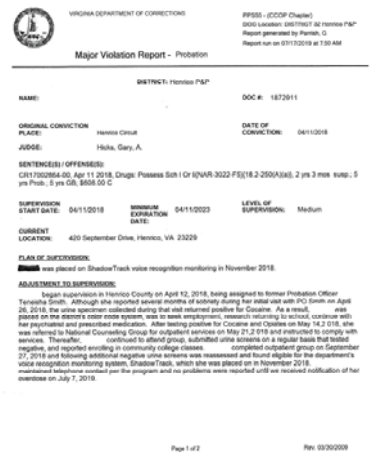
1 of 2



# PB-15 vs. Major Violation Report

## Commonwealth Attorney & Court Receives:

- PB-15
- Major Violation Report
  - Demographic & Offenses
  - Supervision level
  - Current Address
  - Supervision plan
  - Violation data (could be overdose, violent crime, or simply administrative related)



VIRGINIA DEPARTMENT OF CORRECTIONS

IPSS5 - (CCDP Chester)
DOG Location: DISTRICT 32 Henrico P&P
Report generated by Parrish, G
Report run on 07/17/2019 at 7:50 AM

Major Violation Report - Probation

DISTRICT: Henrico P&P

NAME: [redacted] DOC #: 1872011

ORIGINAL CONVICTION PLACE: Henrico Circuit DATE OF CONVICTION: 04/11/2018

JUDGE: Hicks, Gary, A.

SENTENCE(S) / OFFENSE(S):
CR17002864-00, Apr 11 2018, Drugs: Possess Sch I Or II(NAR-3022-F5)(18.2-250(A)(a)), 2 yrs 3 mos susp.; 5 yrs Prob.; 5 yrs GB, $858.00 C

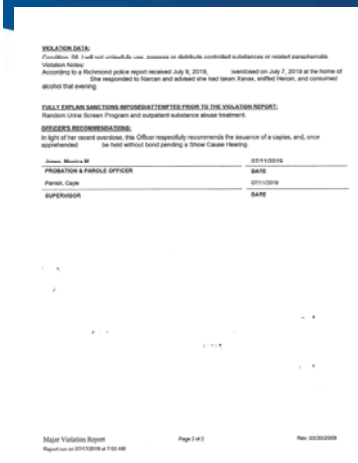
SUPERVISION START DATE: 04/11/2018 MINIMUM EXPIRATION DATE: 04/11/2023 LEVEL OF SUPERVISION: Medium

CURRENT LOCATION: 420 September Drive, Henrico, VA 23229

PLAN OF SUPERVISION:
[redacted] was placed on ShadowTrack voice recognition monitoring in November 2018.

ADJUSTMENT TO SUPERVISION:
began supervision in Henrico County on April 12, 2018, being assigned to former Probation Officer Teneisha Smith. Although she reported several months of sobriety during her initial visit with PO Smith on April 26, 2018, the urine specimen collected during that visit returned positive for Cocaine. As a result, was placed on the client's color code system, was to seek employment, research returning to school, continue with her psychiatrist and prescribed medication. After testing positive for Cocaine and Opiates on May 14,2 018, she was referred to National Counseling Group for outpatient services on May 21,2 018 and instructed to comply with services. Thereafter, continued to attend group, submitted urine screens on a regular basis that tested negative, and reported enrolling in community college classes. completed outpatient group on September 27, 2018 and following additional negative urine screens was reassessed and found eligible for the department's voice recognition monitoring system, ShadowTrack, which she was placed on in November 2018. maintained telephone contact per the program and no problems were reported until we received notification of her overdose on July 7, 2019.

Page 1 of 2 Rev: 03/30/2009



VIOLATION DATA:
Condition: 08 I will not unlawfully use, possess or distribute controlled substances or related paraphernalia
Violation Notes:
According to a Richmond police report received July 9, 2019, [redacted] overdosed on July 7, 2019 at the home of [redacted]. She responded to Narcan and advised she had taken Xanax, snifffed Heroin, and consumed alcohol that evening.

FULLY EXPLAIN SANCTIONS IMPOSED/ATTEMPTED PRIOR TO THE VIOLATION REPORT:
Random Urine Screen Program and outpatient substance abuse treatment.

OFFICER'S RECOMMENDATIONS:
In light of her recent overdose, this Officer respectfully recommends the issuance of a capias, and, once apprehended be held without bond pending a Show Cause Hearing

[redacted] 07/11/2019
PROBATION & PAROLE OFFICER DATE
Parrish, Gayle 07/11/2019
SUPERVISOR DATE

Major Violation Report Page 2 of 2 Rev: 03/30/2009
Report run on 07/17/2019 at 7:50 AM

# Regional Comparison

| Average Daily Population FY19 | | |
|---|---|---|
| Henrico County | City of Richmond | Chesterfield County |
| 1436 | 749 | 275 |

35

# Regional Comparison

| | City of Richmond | Chesterfield County |
|---|---|---|
| Black | 279 | 111 |
| White | 101 | 146 |
| Other | 22 | 18 |
| Male | 421 | 206 |
| Female | 101 | 69 |

36

# City of Richmond Response

City of Richmond no longer seeks cash bail bonds for defendants awaiting trial. So, this gives two options. One, personal recognizance bond; released after processing. If has charges in another jurisdiction, the subject gets turned over to the other jurisdiction, hence lessening the burden on the jail. Second, no bond and stays in custody.

City of Richmond has two programs that require no actual jail time; one community service program that the offender reports on weekends during the day and the other is a five-day community service program. Both keep the offender at home and not in the jail. It helps the offender with family separation issues and the jail with overcrowding and costs.

City of Richmond has 181 offenders on Home Electronic Incarceration program.

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# Chesterfield Response

Chesterfield has a Dual Treatment Track (DTT) is a court-ordered, pre-trial, jail diversion program, for dually diagnosed incarcerated offenders in Chesterfield County and the City of Colonial Heights. This program is a partnership between Chesterfield Community Corrections and Chesterfield Mental Health Support Services.

Chesterfield County Commonwealth Attorney's Office no longer has prosecutors handling misdemeanor or traffic offenses due to the workload of their office.

Chesterfield County, like Richmond, do not do cash-bonds.

Chesterfield Commonwealth Attorney has directed prosecutors to offer plea agreements that do not require jail time on simple marijuana charges to lessen the burden on the jail.

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# Population Growth Reasons

- More population, businesses and tourism, more potential crime
- Increase in hotel development
- Airport travelers have risen
- Shopping center development, re-development
- Increase of restaurants, housing developments added, sports complex
- Innsbrook After Hours
- RIR events
- Expansion of GRTC's bus service in the county
- Major interstates 95 & 64 cigarette operations

- New Kent – Return of Colonial Downs (Rosie's Gaming Parlor)
- Goochland – Increase attendance of Field Days of the Past
- Glover Park
- Reynolds Crossing expansion
- Facebook Data Center
- West Chase Townhomes
- Innslake Place
- River Mill
- Lakeside Landing
- Rocketts Landing
- Top Golf

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# Increased Population Demands

To respond to the increase of 72,000 residents since 2000, the County has:

- Increased bus service made available
- Since 2003, eight new schools have been built. Planned new construction of two existing high schools
- Henrico Division of Fire has grown by four engines, two ladder trucks, and eleven fire medic units.
- Henrico Police Division has grown by an additional station in the central area of the county.
- Commonwealth Attorney's Office has expanded by four attorneys (inclusive of an additional Deputy C.A.
- Courtroom expansion to handle increased case loads
- Additional Mental Health Building

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# Increased Population Demands

*We do not control the population of Henrico, how many people get arrested, what cases the Commonwealth Attorney prosecutes, or what sentences a judge decides is the best sentence for an offender.*

*However, The Henrico Sheriff's Office is here to protect and provide for those incarcerated and to give opportunity to those here to become a better person through providing job and educational skills in order to reduce recidivism.*

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# RECOVERY ROUNDTABLE

Thank you for your valuable time.
We would be more than happy to entertain
any questions you may have.

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# Presentation Resources

- Virginia State Code Title 53.1 Chapter 3: Local Correctional Facilities
- Virginia Department of Corrections Policy & Procedures
- 2011 Henrico County Jail Needs Study by Moseley Architects
- The Commonwealth of Virginia Compensation Board Cost Report
- Henrico County statistical data reports obtained by the jail management system, Offendertrak
- Photographs are directly collected from security video cameras
- Regional comparison statistics were graciously provided directly from the respective jurisdiction.
- Population growth examples complied from various Henrico County Annual Reports and other respective jurisdictions.
- Increased population demands on Henrico County compiled by comparison of annual reports and budget documents.

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# Further Reading

- "Richmond Prosecutors to Stop Seeking Cash Bonds for Criminal Defendants" *–Richmond Times Dispatch, April 23, 2018*
- "Chesterfield Prosecutors Plan to Stop Handling Misdemeanor Criminal Cases, Traffic Offenses Starting May 1 Because of Workload" – Richmond Times Dispatch, February 21, 2018
- *"Scott Miles has a Year to Reform the County's Criminal Justice System. Is Chesterfield Ready?" –Chesterfield Observer, December 12, 20*

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Henrico County VIRGINIA

# OPIOIDS –
# THE VIEW FROM THE GENERAL DISTRICT COURT BENCH

**THE FIRST STEP:**

**-Defendant arrested and charged with felony or misdemeanor drug possession or drug distribution or related offenses (larceny, prostitution, B&E, etc.)**

**-Taken before a magistrate who determines whether defendant will be held in jail or granted bail with a cash/surety or recognizance bond under terms and conditions**

**-The next court day after arrest if defendant is not granted bail by a magistrate, he/she is brought before General District Court for arraignment and determination regarding retained or appointed counsel and scheduling of a preliminary hearing or trial date**

**-At arraignment the judge reviews the charges, the defendant's record, a pre-trial risk assessment, if available, and the alleged facts to determine if bail is appropriate and, if so, what type of bond and what terms and conditions are appropriate based on all of the available information**

KeyCite Yellow Flag - Negative Treatment
Proposed Legislation

West's Annotated Code of Virginia
Title 19.2. Criminal Procedure (Refs & Annos)
Chapter 9. Bail and Recognizances (Refs & Annos)
Article 1. Bail (Refs & Annos)

Va. Code Ann. § 19.2-120

§ 19.2-120. Admission to bail

Effective: July 1, 2018
Currentness

Prior to conducting any hearing on the issue of bail, release or detention, the judicial officer shall, to the extent feasible, obtain the person's criminal history.

A. A person who is held in custody pending trial or hearing for an offense, civil or criminal contempt, or otherwise shall be admitted to bail by a judicial officer, unless there is probable cause to believe that:

1. He will not appear for trial or hearing or at such other time and place as may be directed, or

2. His liberty will constitute an unreasonable danger to himself or the public.

B. The judicial officer shall presume, subject to rebuttal, that no condition or combination of conditions will reasonably assure the appearance of the person or the safety of the public if the person is currently charged with:

1. An act of violence as defined in § 19.2-297.1;

2. An offense for which the maximum sentence is life imprisonment or death;

3. A violation of § 18.2-248, 18.2-248.01, 18.2-255, or 18.2-255.2 involving a Schedule I or II controlled substance if (i) the maximum term of imprisonment is 10 years or more and the person was previously convicted of a like offense or (ii) the person was previously convicted as a "drug kingpin" as defined in § 18.2-248;

4. A violation of § 18.2-308.1, 18.2-308.2, or 18.2-308.4 and which relates to a firearm and provides for a mandatory minimum sentence;

5. Any felony, if the person has been convicted of two or more offenses described in subdivision 1 or 2, whether under the laws of the Commonwealth or substantially similar laws of the United States;

 



6. Any felony committed while the person is on release pending trial for a prior felony under federal or state law or on release pending imposition or execution of sentence or appeal of sentence or conviction;

7. An offense listed in subsection B of § 18.2-67.5:2 and the person had previously been convicted of an offense listed in § 18.2-67.5:2 or a substantially similar offense under the laws of any state or the United States and the judicial officer finds probable cause to believe that the person who is currently charged with one of these offenses committed the offense charged;

8. A violation of § 18.2-374.1 or 18.2-374.3 where the offender has reason to believe that the solicited person is under 15 years of age and the offender is at least five years older than the solicited person;

9. A violation of § 18.2-46.2, 18.2-46.3, 18.2-46.5, or 18.2-46.7;

10. A violation of § 18.2-36.1, 18.2-51.4, 18.2-266, or 46.2-341.24 and the person has, within the past five years of the instant offense, been convicted three times on different dates of a violation of any combination of these Code sections, or any ordinance of any county, city, or town or the laws of any other state or of the United States substantially similar thereto, and has been at liberty between each conviction;

11. A second or subsequent violation of § 16.1-253.2 or 18.2-60.4 or a substantially similar offense under the laws of any state or the United States;

12. A violation of subsection B of § 18.2-57.2;

13. A violation of subsection C of § 18.2-460 charging the use of threats of bodily harm or force to knowingly attempt to intimidate or impede a witness;

14. A violation of § 18.2-51.6 if the alleged victim is a family or household member as defined in § 16.1-228; or

15. A violation of § 18.2-355, 18.2-356, 18.2-357, or 18.2-357.1.

C. The judicial officer shall presume, subject to rebuttal, that no condition or combination of conditions will reasonably assure the appearance of the person or the safety of the public if the person is being arrested pursuant to § 19.2-81.6.

D. A judicial officer who is a magistrate, clerk, or deputy clerk of a district court or circuit court may not admit to bail, that is not set by a judge, any person who is charged with an offense giving rise to a rebuttable presumption against bail as set out in subsection B or C without the concurrence of an attorney for the Commonwealth. For a person who is charged with an offense giving rise to a rebuttable presumption against bail, any judge may set or admit such person to bail in accordance with this section after notice and an opportunity to be heard has been provided to the attorney for the Commonwealth.

 

§ 19.2-120. Admission to bail, VA ST § 19.2-120

E. The court shall consider the following factors and such others as it deems appropriate in determining, for the purpose of rebuttal of the presumption against bail described in subsection B, whether there are conditions of release that will reasonably assure the appearance of the person as required and the safety of the public.

1. The nature and circumstances of the offense charged;

2. The history and characteristics of the person, including his character, physical and mental condition, family ties, employment, financial resources, length of residence in the community, community ties, past conduct, history relating to drug or alcohol abuse, criminal history, membership in a criminal street gang as defined in § 18.2-46.1, and record concerning appearance at court proceedings; and

3. The nature and seriousness of the danger to any person or the community that would be posed by the person's release.

F. The judicial officer shall inform the person of his right to appeal from the order denying bail or fixing terms of bond or recognizance consistent with § 19.2-124.

G. If the judicial officer sets a secured bond and the person engages the services of a licensed bail bondsman, the magistrate executing recognizance for the accused shall provide the bondsman, upon request, with a copy of the person's Virginia criminal history record, if readily available, to be used by the bondsman only to determine appropriate reporting requirements to impose upon the accused upon his release. The bondsman shall pay a $15 fee payable to the state treasury to be credited to the Literary Fund, upon requesting the defendant's Virginia criminal history record issued pursuant to § 19.2-389. The bondsman shall review the record on the premises and promptly return the record to the magistrate after reviewing it.

Credits
Acts 1975, c. 495; Acts 1978, c. 755; Acts 1979, c. 649; Acts 1987, c. 390; Acts 1991, c. 581; Acts 1993, c. 636; Acts 1996, c. 973; Acts 1997, c. 6; Acts 1997, c. 476; Acts 1999, c. 829; Acts 1999, c. 846; Acts 2000, c. 797; Acts 2002, c. 588; Acts 2002, c. 623; Acts 2004, c. 308; Acts 2004, c. 360; Acts 2004, c. 406; Acts 2004, c. 412; Acts 2004, c. 461; Acts 2004, c. 819; Acts 2004, c. 954; Acts 2004, c. 959; Acts 2005, c. 132; Acts 2006, c. 504; Acts 2007, c. 134; Acts 2007, c. 386; Acts 2007, c. 745; Acts 2007, c. 923. Amended by Acts 2008, c. 596; Acts 2010, c. 862; Acts 2011, c. 445; Acts 2011, c. 450; Acts 2011, c. 480; Acts 2012, c. 467; Acts 2015, c. 413; Acts 2018, c. 71.

Notes of Decisions (19)

Va. Code Ann. § 19.2-120, VA ST § 19.2-120
The statutes and Constitution are current through End of the 2019 Reg. Sess.

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**THE JUDGE'S OPTIONS**:

**1. No Bail –**

**-Defendant is a flight risk or likely not to appear for court date**

**-Defendant presents a danger to himself/herself**

**-Defendant presents a danger to the community or is likely to re-offend**

**-There is a statutory presumption against bond not rebutted by any information available at arraignment**

**2. Grant Bail –**

**-Set a cash/surety bond that must be posted by the defendant prior to release or personal recognizance bond**

**-Set terms and conditions for the bond**

§ 19.2-121. Fixing terms of bail, VA ST § 19.2-121

West's Annotated Code of Virginia
Title 19.2. Criminal Procedure (Refs & Annos)
Chapter 9. Bail and Recognizances (Refs & Annos)
Article 1. Bail (Refs & Annos)

Va. Code Ann. § 19.2-121

§ 19.2-121. Fixing terms of bail

Effective: July 1, 2019
Currentness

A. If the person is admitted to bail, the terms thereof shall be such as, in the judgment of any official granting or reconsidering the same, will be reasonably fixed to assure the appearance of the accused and to assure his good behavior pending trial. The judicial officer shall take into account (i) the nature and circumstances of the offense; (ii) whether a firearm is alleged to have been used in the offense; (iii) the weight of the evidence; (iv) the financial resources of the accused or juvenile and his ability to pay bond; (v) the character of the accused or juvenile including his family ties, employment or involvement in education; (vi) his length of residence in the community; (vii) his record of convictions; (viii) his appearance at court proceedings or flight to avoid prosecution or failure to appear at court proceedings; (ix) whether the person is likely to obstruct or attempt to obstruct justice, or threaten, injure, or intimidate, or attempt to threaten, injure, or intimidate a prospective witness, juror, or victim; and (x) any other information available which the court considers relevant to the determination of whether the accused or juvenile is unlikely to appear for court proceedings.

B. When a magistrate conducts a bail hearing for a person arrested on a warrant or capias for a jailable offense, the magistrate shall describe the information considered under subsection A on a form provided by the Executive Secretary of the Supreme Court and shall transmit the completed form to the circuit court or district court before which the warrant or capias is returnable.

C. In any case where the accused has appeared and otherwise met the conditions of bail, no bond therefor shall be used to satisfy fines and costs unless agreed to by the person who posted such bond.

Credits
Acts 1975, c. 495; Acts 1978, c. 755; Acts 1980, c. 190; Acts 1991, c. 581; Acts 1992, c. 576; Acts 1993, c. 636; Acts 1999, c. 829; Acts 1999, c. 846. Amended by Acts 2019, c. 176.

Notes of Decisions (1)

Va. Code Ann. § 19.2-121, VA ST § 19.2-121
The statutes and Constitution are current through End of the 2019 Reg. Sess.

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**POSSIBLE TERMS AND CONDITIONS:**

**-GPS MONITOR**

**-SCRAM BRACELET**

**-PARTICIPATION IN A DRUG TREATMENT PROGRAM**

**-HOME CONFINEMENT**

**-CCP MONITORING WITH DRUG TESTING**

**-RESIDENCE/WORK REQUIREMENTS**

**-NO CONTACT/BANNED**

**-MENTAL HEALTH EVALUATION**

**-VIVITROL PROGRAM**

- If bail is not granted at arraignment attorney may schedule bond hearing in General District Court at any time through Commonwealth Attorney's office
- Get only one bond hearing in General District Court unless there is a legitimate change in circumstances
- May appeal denial of bail to Circuit Court
- Commonwealth's Attorney may appeal bail decision by magistrate to General District Court and decision by General District Court to Circuit Court

§ 19.2-152.4:3. Duties and responsibilities of local pretrial..., VA ST § 19.2-152.4:3

West's Annotated Code of Virginia
Title 19.2. Criminal Procedure (Refs & Annos)
Chapter 9. Bail and Recognizances (Refs & Annos)
Article 5. Pretrial Services Act (Refs & Annos)

VA Code Ann. § 19.2-152.4:3

§ 19.2-152.4:3. Duties and responsibilities of local pretrial services officers

Effective: July 1, 2019
Currentness

A. Each local pretrial services officer, for the jurisdictions served, shall:

1. Investigate and interview defendants arrested on state and local warrants and who are detained in jails located in jurisdictions served by the agency while awaiting a hearing before any court that is considering or reconsidering bail, at initial appearance, advisement or arraignment, or at other subsequent hearings;

2. Present a pretrial investigation report with recommendations to assist courts in discharging their duties related to granting or reconsidering bail;

3. Supervise and assist all defendants residing within the jurisdictions served and placed on pretrial supervision by any judicial officer within the jurisdictions to ensure compliance with the terms and conditions of bail;

4. Conduct random drug and alcohol tests on any defendant under supervision for whom a judicial officer has ordered testing or who has been required to refrain from excessive use of alcohol or use of any illegal drug or controlled substance or other defendant-specific condition of bail related to alcohol or substance abuse;

5. Seek a capias from any judicial officer pursuant to § 19.2-152.4:1 for any defendant placed under supervision or the custody of the agency who fails to comply with the conditions of bail or supervision, when continued liberty or noncompliance presents a risk of flight, a risk to public safety or risk to the defendant;

6. Seek an order to show cause why the defendant should not be required to appear before the court in those cases requiring a subsequent hearing before the court;

7. Provide defendant-based information to assist any law-enforcement officer with the return to custody of defendants placed on supervision for which a capias has been sought; and

8. Keep such records and make such reports as required by the Commonwealth of Virginia Department of Criminal Justice Services.

§ 19.2-152.4:3. Duties and responsibilities of local pretrial..., VA ST § 19.2-152.4:3

B. Each local pretrial services officer, for the jurisdictions served, may provide the following optional services, as appropriate and when available resources permit:

1. Conduct, subject to court approval, drug and alcohol screenings, or tests at investigation pursuant to subsection B of § 19.2-123 or following release to supervision, and conduct or facilitate the preparation of screenings or assessments or both pursuant to state approved protocols;

2. Facilitate placement of defendants in a substance abuse education or treatment program or services or other education or treatment service when ordered as a condition of bail;

3. Sign for the custody of any defendant investigated by a pretrial services officer, and released by a court to pretrial supervision as the sole term and condition of bail or when combined with an unsecured bond;

4. Provide defendant information and investigation services for those who are detained in jails located in jurisdictions served by the agency and are awaiting an initial bail hearing before a magistrate;

5. Supervise defendants placed by any judicial officer on home electronic monitoring as a condition of bail and supervision;

6. Prepare, for defendants investigated, the financial statement-eligibility determination form for indigent defense services; and

7. Subject to approved procedures and if so requested by the court, coordinate for defendants investigated, services for court-appointed counsel and for interpreters for foreign-language speaking and deaf or hard of hearing defendants.

Credits
Acts 2003, c. 603; Acts 2007, c. 133. Amended by Acts 2008, c. 551; Acts 2008, c. 691; Acts 2019, c. 288.

VA Code Ann. § 19.2-152.4:3, VA ST § 19.2-152.4:3
The statutes and Constitution are current through End of the 2019 Reg. Sess.

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## THE SECOND STEP

- **The defendant fails to comply with bond conditions while awaiting General District Court date judge may:**
- **1. Issue capias for arrest of defendant with no bond or allowing bond on capias**
- **2. Issue show cause to be served on defendant requiring his/her appearance on a date certain**
- **3. Take no action and continue bond conditions**

**THE THIRD STEP**

**ON GENERAL DISTRICT COURT DATE:**

- **Options For Felony:**
- **1. Waive preliminary hearing and have case certified to circuit court and set for trial**
- **2. Judge hears evidence on preliminary hearing and certifies case to circuit court if probable cause is found, dismisses case or reduces to misdemeanor**
- **3. Commonwealth's Attorney reduces felony to misdemeanor and defendant pleads guilty to misdemeanor with a plea agreement for a certain sentence (may or may not include a jail sentence).**

- **Options For Misdemeanor**
- **1. Reach plea agreement with Commonwealth**
- **2. Go to trial with Judge determining guilt or innocence and punishment**
- **3. Plead guilty or no contest and allow judge to determine punishment**

General District Courts of Virginia-Henrico
January 2018 to December 2018
Felony Drug

**EI-01 FILINGS OR NEW CASES**

*January thru December*

| 2018 | 2017 |
|---|---|
| 1,498 | 1,567 |

-4.4%
-69


**EI-03 DISPOSITIONS WITH FINAL DISPOSITIONS**

| | 2018 | 2017 |
|---|---|---|
| *Total* | 1,486 | 1,434 |
| GJ | 735 | 730 |
| NP | 572 | 513 |
| G | 123 | 132 |
| D | 31 | 27 |
| FF | 16 | 22 |
| Others | 9 | 10 |

**EI-09 CLEARANCE RATE**


**EI-02 CONTINUANCE REPORT**

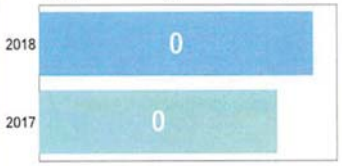
| | 2018 | 2017 |
|---|---|---|
| *Total* | 3,711 | 3,630 |
| | 3,674 | 3,590 |
| FTA | 32 | 33 |
| DD | 5 | 7 |

**EI-04 DISPOSITIONS WITH CODE SECTIONS**

| | 2018 | 2017 |
|---|---|---|
| *Total* | 1,486 | 1,434 |
| 18.2-250 | 1,080 | 1,107 |
| 18.2-248 | 272 | 220 |
| 18.2-248.1 | 130 | 105 |
| 18.2-248.01 | 4 | 2 |
| 18.2-248.03 | 0 | 0 |

**EI-09 FILING TO 1ST HEARING**

| | Average | Median |
|---|---|---|
| 2018 | 0 | 0 |
| 2017 | 0 | 0 |
| Total | 0 | 0 |



**Days=File Date to Disposition Date**

**EI-06 FILING TO DISPOSITIONS (Days=File Date to Disposition Date)**

| | 0-30 | | 31-60 | | 61-90 | | 91-180 | | 181-365 | | >365 | | Total | Avg | Med |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2018 | 18 | 1% | 25 | 2% | 117 | 8% | 777 | 52% | 520 | 35% | 29 | 2% | 1,486 | 161 | 130 |
| 2017 | 26 | 2% | 24 | 2% | 117 | 8% | 940 | 66% | 320 | 22% | 7 | 0% | 1,434 | 144 | 127 |
| *Total* | 44 | 2% | 49 | 2% | 234 | 8% | 1,717 | 59% | 840 | 29% | 36 | 1% | 2,920 | 153 | 128 |

**EI-07 DISPOSITIONS (Number of Cases Diposed at Each Hearing; HPC=Average Hearings Per Case)**

| | At 1st Hearing | | At 2nd Hearing | | At 3rd Hearing | | At 4th Hearing | | 5 or More | | Total | HPC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2018 | 4 | 0% | 399 | 27% | 448 | 30% | 408 | 27% | 227 | 15% | 1,486 | 3.36 |
| 2017 | 7 | 0% | 403 | 28% | 472 | 33% | 303 | 21% | 249 | 17% | 1,434 | 3.38 |
| *Total* | 11 | 0% | 802 | 27% | 920 | 32% | 711 | 24% | 476 | 16% | 2,920 | 3.37 |

GENERAL DISTRICT COURTS OF VIRGINIA
JANUARY 2018-DECEMBER 2018
MISDEMEANOR DRUG

**EI-01 FILINGS OR NEW CASES**

*January thru December*

| 2018 | 2017 |
|---|---|
| 1,577 | 1,482 |

6.4%
95


**EI-03 DISPOSITIONS WITH FINAL DISPOSITIONS**

| | 2018 | 2017 |
|---|---|---|
| *Total* | 1,520 | 1,416 |
| G | 858 | 804 |
| NP | 378 | 373 |
| D | 196 | 164 |
| FF | 48 | 40 |
| NG | 13 | 15 |
| Others | 27 | 20 |

**EI-09 CLEARANCE RATE**


**EI-02 CONTINUANCE REPORT**

| | 2018 | 2017 |
|---|---|---|
| *Total* | 3,123 | 2,918 |
| | 2,759 | 2,600 |
| DD | 286 | 262 |
| FTA | 78 | 56 |
| GEN | 0 | 0 |

**EI-04 DISPOSITIONS WITH CODE SECTIONS**

| | 2018 | 2017 |
|---|---|---|
| *Total* | 1,520 | 1,416 |
| 18.2-250.1 | 1,322 | 1,228 |
| 18.2-250 | 142 | 140 |
| 18.2-248.1 | 54 | 48 |
| 18.2-248 | 2 | 0 |

**EI-09 FILING TO 1ST HEARING**

| | Average | Median |
|---|---|---|
| 2018 | 6 | 5 |
| 2017 | 5 | 4 |
| Total | 5 | 4 |

## EI-06 FILING TO DISPOSITIONS (Days=File Date to Disposition Date)

| | 0-30 | | 31-60 | | 61-90 | | 91-180 | | 181-365 | | >365 | | Total | Avg | Med |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2018 | 32 | 2% | 14 | 1% | 225 | 15% | 689 | 45% | 485 | 32% | 75 | 5% | 1,520 | 175 | 119 |
| 2017 | 31 | 2% | 35 | 2% | 355 | 25% | 546 | 39% | 377 | 27% | 72 | 5% | 1,416 | 168 | 119 |
| *Total* | 63 | 2% | 49 | 2% | 580 | 20% | 1,235 | 42% | 862 | 29% | 147 | 5% | 2,936 | 172 | 119 |

## EI-07 DISPOSITIONS (Number of Cases Diposed at Each Hearing; HPC=Average Hearings Per Case)

| | At 1st Hearing | | At 2nd Hearing | | At 3rd Hearing | | At 4th Hearing | | 5 or More | | Total | HPC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2018 | 35 | 2% | 638 | 42% | 464 | 31% | 223 | 15% | 160 | 11% | 1,520 | 2.96 |
| 2017 | 19 | 1% | 582 | 41% | 447 | 32% | 205 | 14% | 163 | 12% | 1,416 | 3.02 |
| *Total* | 54 | 2% | 1,220 | 42% | 911 | 31% | 428 | 15% | 323 | 11% | 2,936 | 2.99 |

GENERAL DISTRICT COURTS OF VIRGINIA
JANUARY 2019-JUNE 2019
FELONY DRUG

### EI-01 FILINGS OR NEW CASES

*January thru June*

| 2019 | 2018 |
|---|---|
| 909 | 722 |

25.9%
187


### EI-03 DISPOSITIONS WITH FINAL DISPOSITIONS

| | 2019 | 2018 |
|---|---|---|
| *Total* | 804 | 744 |
| GJ | 407 | 357 |
| NP | 280 | 305 |
| G | 73 | 58 |
| D | 13 | 16 |
| FF | 25 | 4 |
| Others | 6 | 4 |

### EI-09 CLEARANCE RATE


### EI-02 CONTINUANCE REPORT

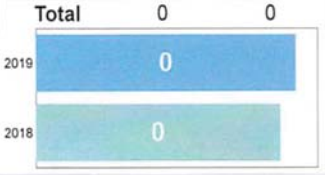
| | 2019 | 2018 |
|---|---|---|
| *Total* | 2,263 | 1,726 |
| | 2,241 | 1,717 |
| FTA | 11 | 7 |
| GEN | 10 | 0 |
| DD | 1 | 2 |

### EI-04 DISPOSITIONS WITH CODE SECTIONS

| | 2019 | 2018 |
|---|---|---|
| *Total* | 804 | 744 |
| 18.2-250 | 581 | 538 |
| 18.2-248 | 132 | 135 |
| 18.2-248.1 | 82 | 69 |
| 18.2-248.01 | 8 | 2 |
| 18.2-248.03 | 1 | 0 |

### EI-09 FILING TO 1ST HEARING

| | Average | Median |
|---|---|---|
| 2019 | 0 | 0 |
| 2018 | 0 | 0 |
| Total | 0 | 0 |



## EI-06 FILING TO DISPOSITIONS (Days=File Date to Disposition Date)

| | 0-30 | | 31-60 | | 61-90 | | 91-180 | | 181-365 | | >365 | | Total | Avg | Med |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2019 | 18 | 2% | 7 | 1% | 112 | 14% | 346 | 43% | 292 | 36% | 29 | 4% | 804 | 165 | 160 |
| 2018 | 10 | 1% | 14 | 2% | 21 | 3% | 424 | 57% | 265 | 36% | 10 | 1% | 744 | 165 | 132 |
| *Total* | 28 | 2% | 21 | 1% | 133 | 9% | 770 | 50% | 557 | 36% | 39 | 3% | 1,548 | 165 | 141 |

## EI-07 DISPOSITIONS (Number of Cases Diposed at Each Hearing; HPC=Average Hearings Per Case)

| | At 1st Hearing | | At 2nd Hearing | | At 3rd Hearing | | At 4th Hearing | | 5 or More | | Total | HPC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2019 | 7 | 1% | 182 | 23% | 247 | 31% | 198 | 25% | 170 | 21% | 804 | 3.55 |
| 2018 | 2 | 0% | 197 | 26% | 248 | 33% | 212 | 28% | 85 | 11% | 744 | 3.30 |
| *Total* | 9 | 1% | 379 | 24% | 495 | 32% | 410 | 26% | 255 | 16% | 1,548 | 3.43 |

GENERAL DISTRICT COURTS OF VIRGINIA
JANUARY 2019-JUNE 2019
MISDEMEANOR DRUG

### EI-01 FILINGS OR NEW CASES

*January thru June*

| 2019 | 2018 |
|---|---|
| 898 | 786 |

14.2%
112


### EI-03 DISPOSITIONS WITH FINAL DISPOSITIONS

| | 2019 | 2018 |
|---|---|---|
| *Total* | 966 | 708 |
| G | 517 | 384 |
| NP | 241 | 187 |
| D | 126 | 94 |
| FF | 53 | 18 |
| GA | 11 | 9 |
| Others | 18 | 16 |

### EI-09 CLEARANCE RATE


### EI-02 CONTINUANCE REPORT

| | 2019 | 2018 |
|---|---|---|
| *Total* | 1,795 | 1,544 |
| | 1,628 | 1,368 |
| DD | 123 | 130 |
| FTA | 42 | 46 |
| GEN | 2 | 0 |

### EI-04 DISPOSITIONS WITH CODE SECTIONS

| | 2019 | 2018 |
|---|---|---|
| *Total* | 966 | 708 |
| 18.2-250.1 | 853 | 623 |
| 18.2-250 | 88 | 70 |
| 18.2-248.1 | 25 | 13 |
| 18.2-248 | 0 | 2 |

### EI-09 FILING TO 1ST HEARING

| | Average | Median |
|---|---|---|
| 2019 | 6 | 5 |
| 2018 | 6 | 5 |
| Total | 6 | 5 |

EI-06 FILING TO DISPOSITIONS (Days=File Date to Disposition Date)

| | 0-30 | | 31-60 | | 61-90 | | 91-180 | | 181-365 | | >365 | | Total | Avg | Med |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2019 | 28 | 3% | 17 | 2% | 239 | 25% | 342 | 35% | 270 | 28% | 70 | 7% | 966 | 178 | 112 |
| 2018 | 16 | 2% | 5 | 1% | 101 | 14% | 331 | 47% | 219 | 31% | 36 | 5% | 708 | 174 | 121 |
| *Total* | 44 | 3% | 22 | 1% | 340 | 20% | 673 | 40% | 489 | 29% | 106 | 6% | 1,674 | 176 | 119 |

EI-07 DISPOSITIONS (Number of Cases Diposed at Each Hearing; HPC=Average Hearings Per Case)

| | At 1st Hearing | | At 2nd Hearing | | At 3rd Hearing | | At 4th Hearing | | 5 or More | | Total | HPC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2019 | 27 | 3% | 400 | 41% | 298 | 31% | 137 | 14% | 104 | 11% | 966 | 2.95 |
| 2018 | 15 | 2% | 285 | 40% | 225 | 32% | 104 | 15% | 79 | 11% | 708 | 3.00 |
| *Total* | 42 | 3% | 685 | 41% | 523 | 31% | 241 | 14% | 183 | 11% | 1,674 | 2.97 |

**The easiest decisions for us as judges are those where there is a presumption against bond, the facts are egregious, the criminal record is significant, the defendant has no job and no real ties to the community.**

**How do we decide the rest, whether to set bail or bond with certain conditions?**

**If the defendant DOES NOT present an unreasonable danger to the public to re-offend, we can usually fashion a set of conditions that will allow either a recognizance or surety bond.**

**Those that are NOT reasonably likely to appear for trial will normally be required to have a bond with surety or will NOT get bail.**

**The toughest cases are those where the defendant presents an unreasonable danger to himself/herself. The most common being the defendant who overdosed or acknowledges daily opioid use.**

**We know they should go thru detox for anywhere from 5 to 10 days and then need to begin some type of treatment program to maximize the chance of recovery.**

**Most defendants do not have health insurance that will allow inpatient treatment, so what do we do with them? Clearly, they present a danger to themselves and are very susceptible to use and possibly overdose again.**

**Our duty as judges when we find them to be a danger to themselves is to first try to protect them from harming or killing themselves.**

**I can tell you from experience that one of the worst feelings in the world is to allow a defendant to go out on bond with conditions and find out before they make it back to court that they have overdosed and died.**

**Right now, the only real option we have to protect them if they cannot get inpatient treatment is to deny them bail and allow them to detox in the program at the jail before moving to the treatment phase.**

**So what happens after they detox and are still in jail after the 5 – 10 days? We normally want some active treatment plan in place before we allow them to bond out so we can maximize their recovery chances. We do consider release on bond after completion of the first phase of R.I.S.E. if there is a proper plan going forward.**

**Some of the available placements outside the jail are peer recovery houses and not all of them have a good track record of monitoring defendants, keeping drugs out of the house, and allow them to leave for lengthy periods.**

**There is an effort underway to identify peer recovery programs that meet certain criteria, but we've actually had an individual who got out of jail and began accepting money from individuals to live in his peer recovery house and had them submit their request to the court for release to that facility when the facility didn't even exist (He just received a 5 year sentence for that fraud in Circuit Court).**

**The jail has the R.I.S.E. Program, which has been very successful, but it requires incarceration for a longer period of time, as you heard from the Sheriff approximately 6 weeks for each of three phases.**

**Unless there's a good alternative that provides more supervision during the post-detox treatment process with the assurance that there will not be access to illegal drugs, regular testing, and at least the beginning of education on the tools necessary for recovery, at this time the jail is really the safest option for the daily opioid user who is charged with a new offense or violation of bond conditions or violation of the terms of a suspended sentence.**

**As Judge Marshall will explain, he deals with defendants at a different stage or when they are brought back for violations, so the Circuit Court judges have different considerations.**

**From my perspective as a General District Court judge, this early stage in the criminal process is where I think there may be an opportunity for a different type facility, whether public, private or a combination, that can provide a secure environment for detox and at least the beginning of the recovery process.**

**For one thing, as we discussed in earlier sessions, there is a certain stigma attached to "going to jail" that might not exist with an alternative facility with a different name.**

**Such a facility would need to provide an environment that would allow the judges to feel comfortable with the referral of certain defendants to the facility as a condition of bond instead of holding them in jail without bail.**

**I certainly don't have all of the answers as to what would be required of the facility because I'm not an expert in detox or the best treatment processes.**

**As a judge considering placement in such a facility as a condition of bond, it would need to be at least minimally secure, have medically trained staff to assist with detox, treatment providers to develop a plan for each participant and to help determine an appropriate post-facility placement, the ability to drug test, the staffing to communicate with CCP for monitoring and to provide a status report to the court, and the ability to deal with relapses when they occur after the defendants' initial release from the facility.**

**Clearly, we as judges don't have a complete answer to how the current jail population can be reduced or how best to deal with defendants charged with opioid related offenses.**

**Our hope is that we can provide information that will help others better equipped to address those issues, including the Henrico Board of Supervisors, understand what we face on a daily basis, how we currently deal with the problems, and what we see as possible alternative solutions.**

**We invite you to visit our courts so that you can see first hand some of the things I have described today, and we welcome the opportunity to have further discussions that will help lead us to the better administration of justice in Henrico County.**

# HENRICO CIRCUIT COURT

CIRCUIT COURT
5 JUDGES
TYPES OF CASES

CIVIL CASES: SOME TYPES OF THESE MATTERS ARE PERSONAL INJURY, BUSINESS DISPUTES, CONSTRUCTION DISPUTES, FORECLOSURES, SEXUAL PREDATOR DETERMINATIONS, ASSET FORFEITURES, APPEALS OF STATE ADMINISTRATIVE AGENCY DECISIONS, APPEALS OF PROTECTIVE ORDERS FROM GENERAL DISTRICT COURT AND JUVENILE AND DOMESTIC RELATIONS COURT

DOMESTIC RELATIONS CASES: TRIALS CONCERNING DIVORCE, EQUITABLE DISTRIBUTION, SPOUSAL SUPPORT, CHILD CUSTODY AND VISITATION, CHILD SUPPORT.

APPEALS OF SPOUSAL SUPPORT, CHILD SUPPORT AND CUSTODY AND VISITATION CASES FROM JUVENILE AND DOMESTIC RELATIONS COURT.

CRIMINAL MATTERS: 4 GRAND JURIES PER YEAR, ALL FELONY TRIALS, PROBATION VIOLATIONS.

APPEALS OF TRAFFIC AND MISDEMEANOR CASES FROM GENERAL DISTRICT COURT AND APPEALS OF FELONY, MISDEMEANOR AND DETENTION ORDER CASES FROM JUVENILE AND DOMESTIC RELATIONS COURT.

APPEALS OF BOND DETERMINATIONS FROM GENERAL DISTRICT COURT AND JUVENILE AND DOMESTIC RELATIONS COURT

ALTERNATIVE DOCKETS

DRUG COURT AND CAP (COMMUNITY ALTERNATIVE PROGRAM)

BOND ISSUES:

VIRGINIA CODE SECTION 19.2-120 CONTAINS PRESUMPTIONS AGAINST BOND

FOR NUMEROUS OFFENSES AND CIRCUMSTANCES

TYPICAL FELONY CASE PROGRESSION

CASE IS CERTIFIED TO THE CIRCUIT COURT FOR TRIAL BY A GRAND JURY.

CASE IS SET FOR A TRIAL DATE AND THAT COURT DATE IS USUALLY PRE-SELECTED IN DISTRICT COURT AT THE PRELIMINARY HEARING.

DAY OF TRIAL IF DEFENDANT IS FOUND GUILTY A PRE-SENTENCE REPORT IS.

ORDERED, UNLESS WAIVED BY THE DEFNDANT, AND THE CASE IS SET OUT 90 DAYS FOR SENTENCING.

IF THE PRE-SENTENCE REPORT IS WAIVED THE DEFENDANT IS SENTENCED BASED ON THE SENTENCING GUIDELINES AND THEIR CRIMINAL RECORD, IF ANY SENTENCING GUIDELINES ARE REQUIRED FOR EVERY FELONY CASE AND MUST BE FILLED OUT AND SIGNED BY THE JUDGE.

THESE GUIDELINES PROVIDE A RANGE OF SENTENCE FROM PROBATION NO INCARCERATION UP TO THE MAXIMUM THE LAW PROVIDES FOR THE OFFENSE THE GUIDELINES TAKE INTO ACCOUNT THE FACTS OF THE CASE, THE TYPE OF THE OFFENSE AND THE DEFENDANT'S PRIOR RECORD, IF ANY.

THE GUIDELINES ARE FORMULATED BASED ON THE SENTENCES GIVEN STATEWIDE FOR THE SAME OFFENSES.

IF THE JUDGE DOES NOT FOLLOW THE GUIDELINES A WRITTEN EXPLANATION HAS TO BE PROVIDED BY THE JUDGE AS TO WHY THEY WERE NOT FOLLOWED.

IF DEFENDANT RECEIVES JAIL TIME OR RECEIVES A SUSPENDED SENTENCE SUPERVISED PROBATION IS ORDERED TO BEGIN IMMEDIATELY IF NO SENTENCE OR UPON COMPLETION OF THE SENTENCE IF JAIL TIME IMPOSED.

IF THE DEFENDANT VIOLATES PROBATION THE PROBATION OFFICER REQUESTS THE DEFENDANT BE ARRESTED AND BROUGHT BEFORE THE COURT TO SHOW CAUSE WHY SOME OF THE SUSPENDED JAIL TIME SHOULD NOT BE IMPOSED FOR VIOLATING PROBATION.

TYPES OF PROBATION VIOLATIONS ARE NEVER REPORTING TO PROBATION, TESTING POSITIVE FOR DRUGS, MISSING URINE SCREENS, MISSING APPOINTMENTS WITH PROBATION, NOT SHOWING UP FOR SUBSTANCE ABUSE TREATMENT, BEING ARRESTED ON NEW CHARGES.

DEFENDANT IS ARRESTED ON THE PROBATION VIOLATION AND APPEARS IN COURT AND A COURT DATE FOR THE VIOLATION IS SET 30 TO 60 DAYS OUT AND THEIR ATTORNEY IS NOTIFIED.

PROBATION PREPARES SENTENCING GUIDELINES FOR THE VIOLATION

COURT HANDLED 1,199 PROBATION VIOLATION CASES FOR 688 DEFENDANTS IN 2018.

COURT HAS HANDLED 656 PROBATION VIOLATION CASES FOR 392 DEFENDANTS THROUGH JUNE 20, 2019

DISPOSITION IN CASES WHERE JAIL TIME IS IMPOSED

IF APPROPRIATE, DEFENDANTS CAN BE MADE ELIGIBLE FOR WORK RELEASE, WEEKENDS, HOME INCARCERATION OR ORBIT IF THE SHERIFF DETERMINES THEY ARE ACCEPTABLE FOR ANY OF THESE ALTERNATIVES

THE COURT HANDLES THE CRIMINAL CASES AND DEFENDANTS BROUGHT BEFORE IT.

# Henrico County Drug Court

*"Turning Over A New Leaf"*

## Meet Our Staff

**Circuit Court Judges**
Honorable Randall G. Johnson, Jr.
Honorable John Marshall

**Administrator**
Sarah Perkins-Smith, MS, CSAC

**State Probation and Parole Officer**
Aysan Bilgin

**Local Probation Officer**
Alex Deas, Jr.

**Clinicians**
Aaron Rowe, LCSW
Kaelan Lohr, MSW

**Administrative Assistant**
Secret Hatchett

**Sheriff's Investigator**
Margo Dandridge

**Certified Peer Specialist**
Tim Alexander

***Commonwealth's Attorney's Office***:
Mike Feinmel
Casey Coleman

***Defense Attorneys***:
Kevin Purnell
Bobbi Graves

# Requirements

- Must have violated state probation
- Must be appearing before the circuit court for a show cause hearing
- Non-violent criminal history
- No convictions of predatory sex crimes or any felony convictions in which children were victims
- Strict adherence to the drug court behavior contract
- No drug distribution convictions within the past 10 years
- Must have been incarcerated for less than 120 days
- Must meet the criteria for a Moderate to Severe Substance Use Disorder

# Referral Process

Referral Source:
* Circuit Court Judges
* State Probation Officer
* Commonwealth's Attorney's Office

* VCIN Record Check- violent offenses, pending charges, etc.
* CORIS Check- gang affiliation, flagged concerns, etc.
* Days incarcerated (under 120)

* Clinician sets up assessment (based on jail location, on bond, etc.)
* Assesses for appropriateness based on substance use and mental health needs
* Completes RANT form indicating "High Risk/High Need"

Investigator completes home check for appropriateness

Administrator formulates referral letter for the court advising of appropriateness

# Five Phase Structure

**Phase I: Orientation**

- Weekly individual counseling sessions
- Groups two to three times a week
- Develop individualized treatment plan
- Weekly court appearance
- Supervision meeting at least once a week
- Pay drug court fee of $50/month
- At least two home checks and one employment check a month, if applicable
- Random urine drug and alcohol screens at least three times weekly

**Phase II: Stabilization**

- Bi-weekly individual counseling sessions
- Groups two to three times a week
- Participation in at least two self-help/community support activities a week
- Weekly court appearance
- Supervision meeting at least once a week
- Pay drug court fee of $50/month
- Obtain employment or enroll in school for at least 30 hrs./week
- At least two home checks and one employment check a month, if applicable
- Random urine drug and alcohol screens at least three times weekly

# Five Phase Structure

**Phase III: Action**

- Individual counseling sessions every three weeks
- Groups two to three times a week
- Participation in at least two self-help/community support activities a week
- Court appearance every other week
- Supervision meeting at least bi-weekly
- Pay drug court fee of $50/month
- Maintain 30 hrs./week of employment or education
- At least one home check and one employment check a month, if applicable
- Random urine drug and alcohol screens at least three times weekly

**Phase IV: Maintenance**

- Individual counseling sessions monthly
- Groups two to three times a week
- Participation in at least two self-help/community support activities a week
- Court appearance once a month
- Supervision meeting at least bi-weekly
- Pay drug court fee of $50/month
- Maintain 30 hrs./week of employment or education
- At least one home check and one employment check a month, if applicable
- Random urine drug and alcohol screens at least three times weekly

# Five Phase Structure

**Phase V: Transition**

- Individual counseling sessions bi-weekly
- Attend Alumni Group weekly
- Court appearance once a month
- Supervision meeting at least once monthly
- Pay drug court fee of $50/month
- Maintain 30 hrs./week of employment or education
- At least one home check and one employment check a month, if applicable
- Random urine drug and alcohol screens at least two times weekly

# What Does Drug Court Offer?

## Treatment

- Gender-specific process groups
- Moral Reconation Therapy (Cognitive Behavioral Therapy)
- Individual therapy sessions
- Motivational Enhancement Therapy
- Seeking Safety (trauma and substance use disorder)
- Living In Balance (relapse prevention)
- Parenting and Relationship Group (Fatherhood/Motherhood Collaboration)
- Alumni Group (peer led)

## Collaborations

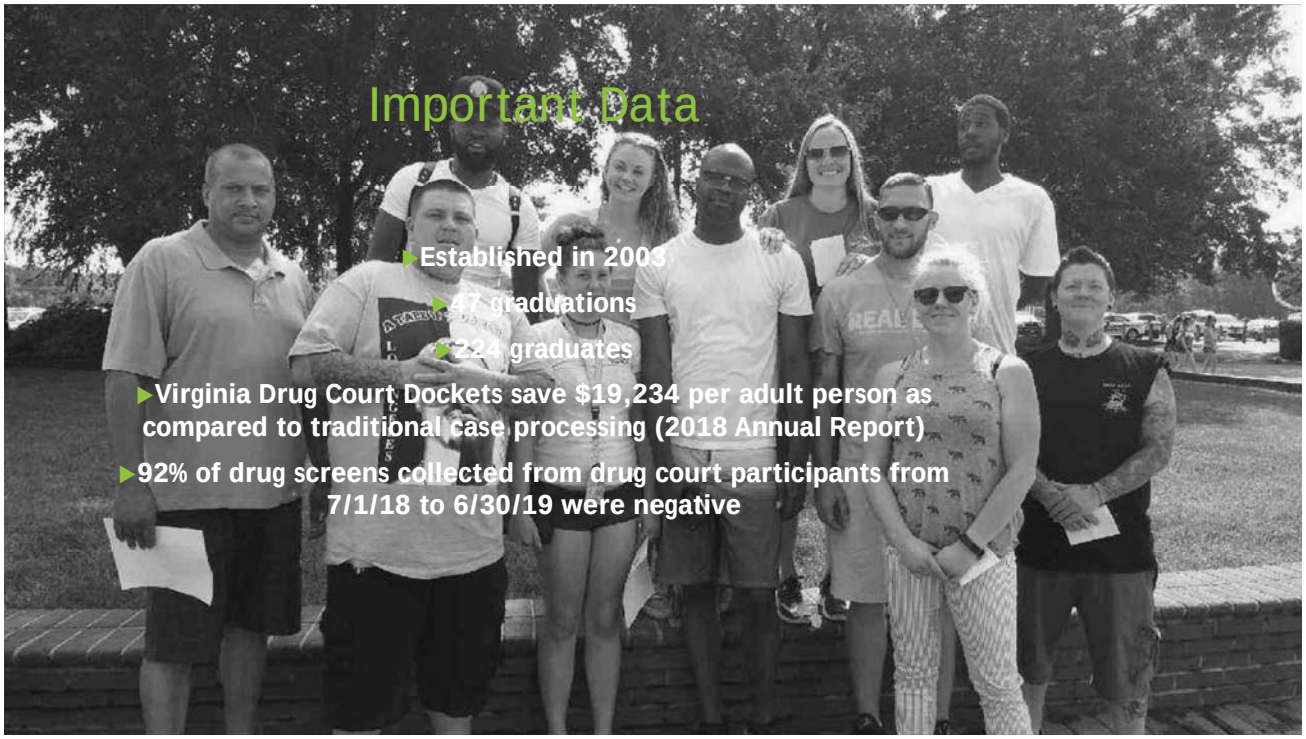
- Health Department Hepatitis A vaccines and education
- Health Brigade- HIV testing
- Henrico Federal Credit Union- budget, banking, credit building, etc.
- Extension Office- Nutrition
- Defense Attorneys- information sessions on licenses, custody, and other legal topics
- Insurance Broker- Mary Viles
- Recovery Houses- VARR, WAR Foundation, True Recovery, and Journey House

# Sanctions and Incentives

- Advancement through Phases I - V are recognized through certificates and special medallions.
- Periods of sobriety (30 days, 60 days, 90 days, etc.) are recognized by medallions, movie tickets, gift cards, and certificates of recognition during the first court session following the period.
- Incentives are administered weekly during Drug Court to quickly recognize the positive actions of the participants.
- Formal ceremonies are held for commencement to recognize completion from the drug court program.
- Sanctions are designed to be clearly specified, certain and progressive in nature.
- Immediacy of incentives/sanctions as well as the usage of the "theater" of the court, foster positive outcomes.

# Prosocial Activities and Reunification

- Family Days
- Kickball
- Softball
- Ziplining
- Kings Dominion
- Flying Squirrels Game
- March Madness Basketball Games
- Sponsor Pizza Nights
- Bowling
- Ice Cream Socials
- Sporting events with ORBIT members
- Worthdays
- Ronald McDonald House
- Sportsbackers (Monument Ave. 10k)


Important Data
Established in 2003
47 graduations
224 graduates
Virginia Drug Court Dockets save $19,234 per adult person as compared to traditional case processing (2018 Annual Report)
92% of drug screens collected from drug court participants from 7/1/18 to 6/30/19 were negative

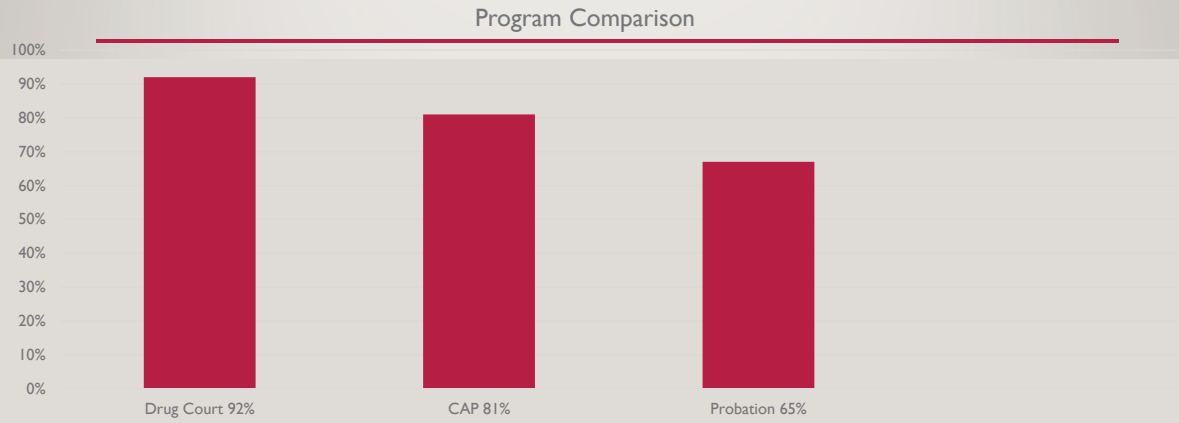
# COMMUNITY ALTERNATIVE PROGRAM (CAP)

A SECOND OPPORTUNITY FOR FIRST TIME FELONY DRUG OFFENDERS

# CAP- WHAT IS IT?

- First time felony drug offenders unsuccessful at traditional probation supervision
- Weekly non-compliance docket and court staffing
- Treatment
- Cognitive Behavioral Program (MRT)
- Weekly substance abuse testing
- Affirmations & Behavior Modifications

## % OF NEGATIVE DRUG SCREENS SUBMITTED JULY 1, 2018 - JUNE 30, 2019




# DRUG AND ALCOHOL TESTING RESULTS

- Before CAP-65% of tests were negative
- Participants in CAP-85% of tests have been negative

## DRUG TESTING RESULTS BEFORE ENTERING CAP

- 20% Opiates
- 16% Cocaine
- 9% Marijuana
- 23% Alcohol
- 14% Other

## DRUG TESTING RESULTS WHILE IN CAP

- 12% Opiates
- 10% Cocaine
- 14% Marijuana
- 17% Alcohol
- 7% Other

# CAP MODEL

- One Probation Officer
- One Clinician
- Peer Recovery Specialist
- Vivitrol
- Capacity to serve up to 25 clients

# Henrico County Recovery Roundtable October 8, 2019

**Private Recovery Residence Standards and Programs**

David Rook, CPRS
Founder & Principal True Recovery RVA
Chairman Virginia Association of Recovery Residences

Henrico County VIRGINIA

*Recovery Partners…*

VARR

1

## David Rook, CPRS

Personal and professional experience has blessed me with extensive knowledge of recovery, which I passionately share with others. I served as Director of Operations at a Recovery Community Organization (RCO) for four years, and founded True Recovery RVA in 2017. As a court advocate; Peer Recovery Coach; family liaison and advisor; DBHDS Peer Recovery Specialist trainer of trainers and a presence in the political community, I've helped build the Virginia Association of Recovery Residences (VARR) and strongly believe quality recovery housing is a crucial aspect in the success of an individual seeking recovery.

Henrico County VIRGINIA

*Recovery Partners…*

VARR

2

## True Recovery RVA

The lived experience of those associated with True Recovery RVA (TRRVA) equips us to help individuals seeking recovery. We consider this lived experience a privilege and have a passion for leading others down the pathway. We support many pathways to recovery, including those on medically assisted recovery (MAR). We know that recovery is the solution to addiction and look forward to the opportunity of showing others the freedom from addiction and hope that recovery provides. True Recovery RVA is LIVING PROOF THAT RECOVERY IS POSSIBLE – Recovery knowledge from those who have been there!

Henrico County VIRGINIA *Recovery Partners…* VARR

3

## Virginia Association of Recovery Residences (VARR)

**Mission** – Set high levels of standards for quality recovery residences in Virginia and accredit residences that meet such rigorous criteria.

**Vision** – As Virginia's only National Alliance of Recovery Residences (NARR) accredited body, VARR builds the highest level of quality recovery residences, so all Virginians seeking safe recovery residences can have timely access to effective services.

Henrico County VIRGINIA *Recovery Partners…* VARR

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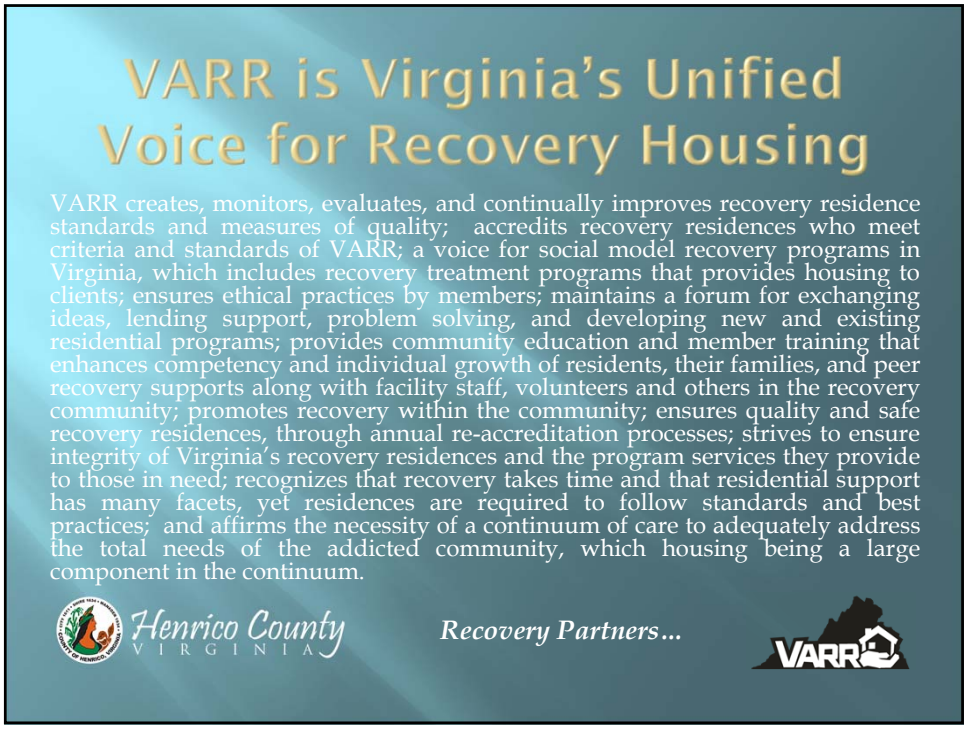
VARR is Virginia's Unified Voice for Recovery Housing
VARR creates, monitors, evaluates, and continually improves recovery residence standards and measures of quality; accredits recovery residences who meet criteria and standards of VARR; a voice for social model recovery programs in Virginia, which includes recovery treatment programs that provides housing to clients; ensures ethical practices by members; maintains a forum for exchanging ideas, lending support, problem solving, and developing new and existing residential programs; provides community education and member training that enhances competency and individual growth of residents, their families, and peer recovery supports along with facility staff, volunteers and others in the recovery community; promotes recovery within the community; ensures quality and safe recovery residences, through annual re-accreditation processes; strives to ensure integrity of Virginia's recovery residences and the program services they provide to those in need; recognizes that recovery takes time and that residential support has many facets, yet residences are required to follow standards and best practices; and affirms the necessity of a continuum of care to adequately address the total needs of the addicted community, which housing being a large component in the continuum.
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Recovery Partners...
VARR

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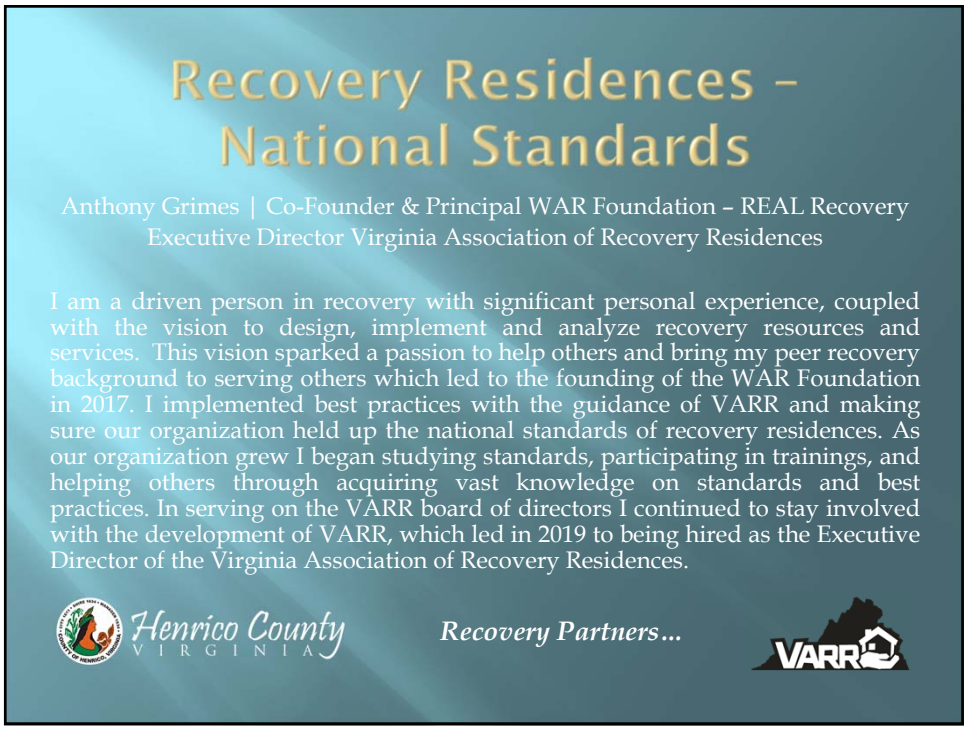
Recovery Residences – National Standards
Anthony Grimes | Co-Founder & Principal WAR Foundation – REAL Recovery
Executive Director Virginia Association of Recovery Residences
I am a driven person in recovery with significant personal experience, coupled with the vision to design, implement and analyze recovery resources and services. This vision sparked a passion to help others and bring my peer recovery background to serving others which led to the founding of the WAR Foundation in 2017. I implemented best practices with the guidance of VARR and making sure our organization held up the national standards of recovery residences. As our organization grew I began studying standards, participating in trainings, and helping others through acquiring vast knowledge on standards and best practices. In serving on the VARR board of directors I continued to stay involved with the development of VARR, which led in 2019 to being hired as the Executive Director of the Virginia Association of Recovery Residences.
Henrico County VIRGINIA
Recovery Partners...
VARR

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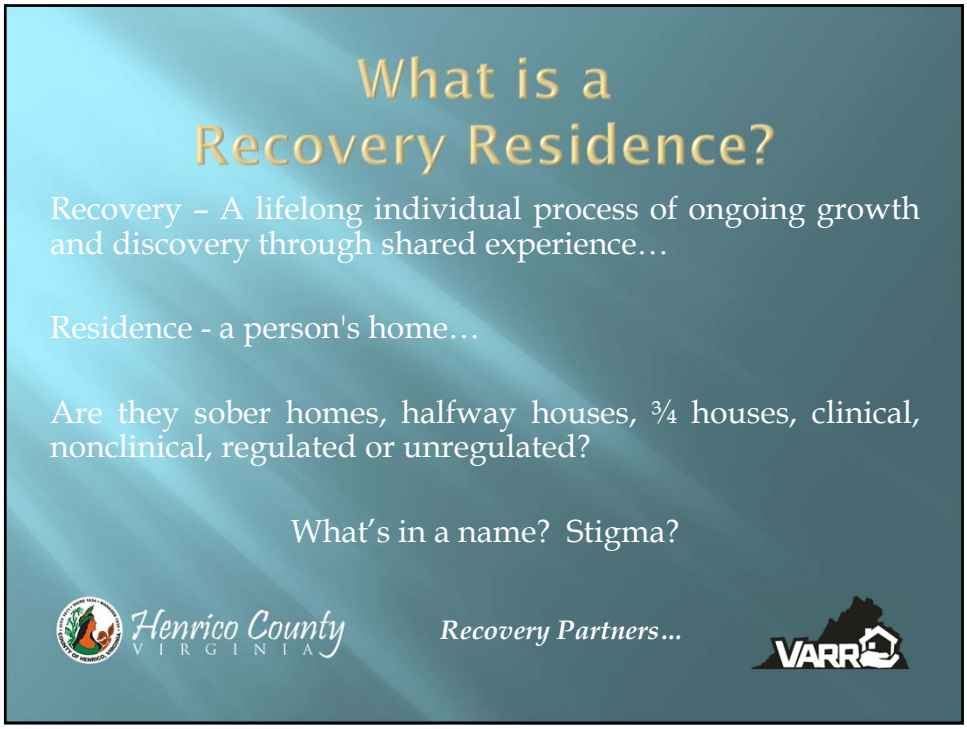
What is a
Recovery Residence?
Recovery – A lifelong individual process of ongoing growth and discovery through shared experience…
Residence - a person's home…
Are they sober homes, halfway houses, ¾ houses, clinical, nonclinical, regulated or unregulated?
What's in a name? Stigma?
Henrico County
VIRGINIA
Recovery Partners…
VARR

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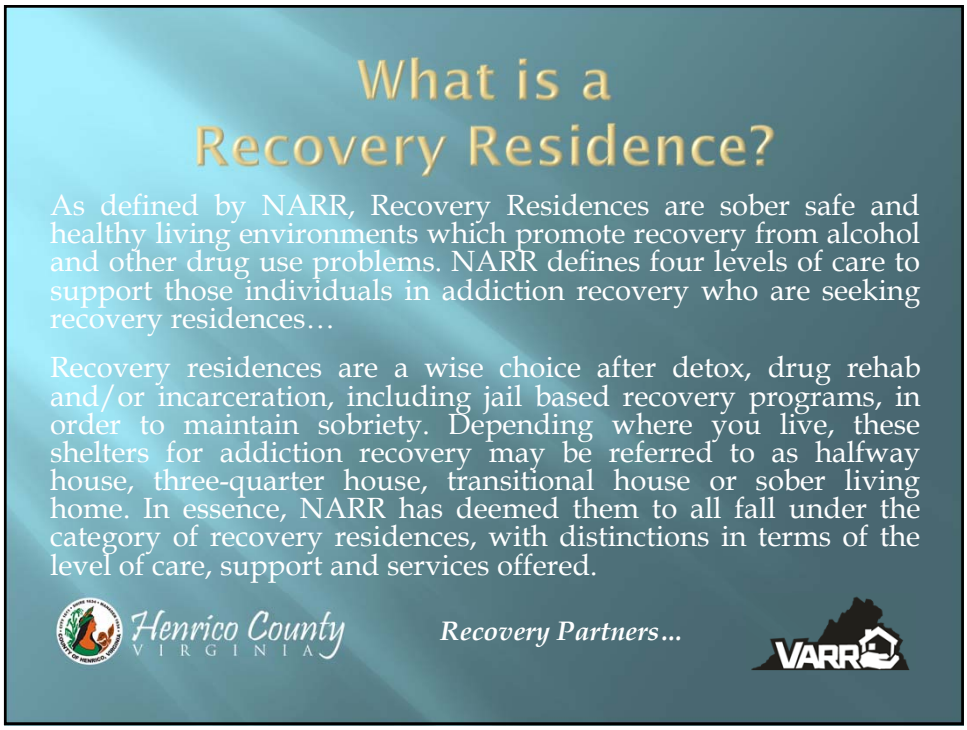
What is a
Recovery Residence?
As defined by NARR, Recovery Residences are sober safe and healthy living environments which promote recovery from alcohol and other drug use problems. NARR defines four levels of care to support those individuals in addiction recovery who are seeking recovery residences…
Recovery residences are a wise choice after detox, drug rehab and/or incarceration, including jail based recovery programs, in order to maintain sobriety. Depending where you live, these shelters for addiction recovery may be referred to as halfway house, three-quarter house, transitional house or sober living home. In essence, NARR has deemed them to all fall under the category of recovery residences, with distinctions in terms of the level of care, support and services offered.
Henrico County
VIRGINIA
Recovery Partners…
VARR

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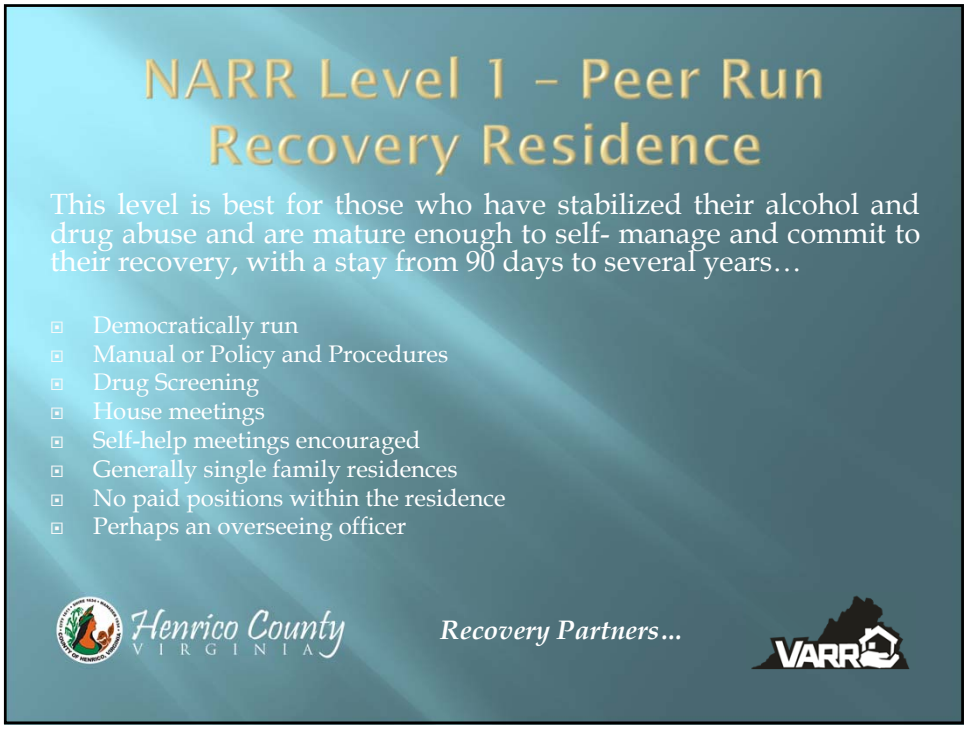
NARR Level 1 – Peer Run Recovery Residence
This level is best for those who have stabilized their alcohol and drug abuse and are mature enough to self- manage and commit to their recovery, with a stay from 90 days to several years…
Democratically run
Manual or Policy and Procedures
Drug Screening
House meetings
Self-help meetings encouraged
Generally single family residences
No paid positions within the residence
Perhaps an overseeing officer
Henrico County VIRGINIA
Recovery Partners…
VARR

9


NARR Level 2 – Monitored Recovery Residence
This level offers a minimal amount of support and structure, with access to affordable services over a longer period of time…
House manager or senior resident
Policy and Procedures
House rules provide structure
Peer run groups
Drug Screening
House meetings
Involvement in self-help and/or treatment services
Primarily single family residences
Possibly apartments or other dwelling types
At least 1 compensated position
Henrico County VIRGINIA
Recovery Partners…
VARR

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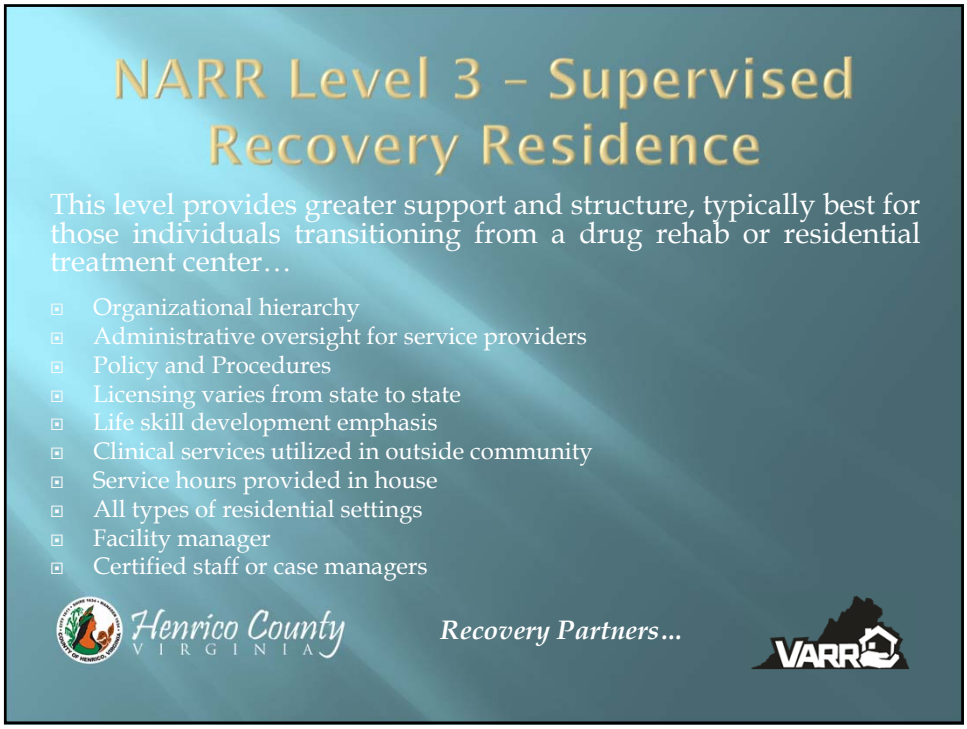
NARR Level 3 – Supervised Recovery Residence
This level provides greater support and structure, typically best for those individuals transitioning from a drug rehab or residential treatment center…
Organizational hierarchy
Administrative oversight for service providers
Policy and Procedures
Licensing varies from state to state
Life skill development emphasis
Clinical services utilized in outside community
Service hours provided in house
All types of residential settings
Facility manager
Certified staff or case managers
Henrico County VIRGINIA
Recovery Partners…
VARR

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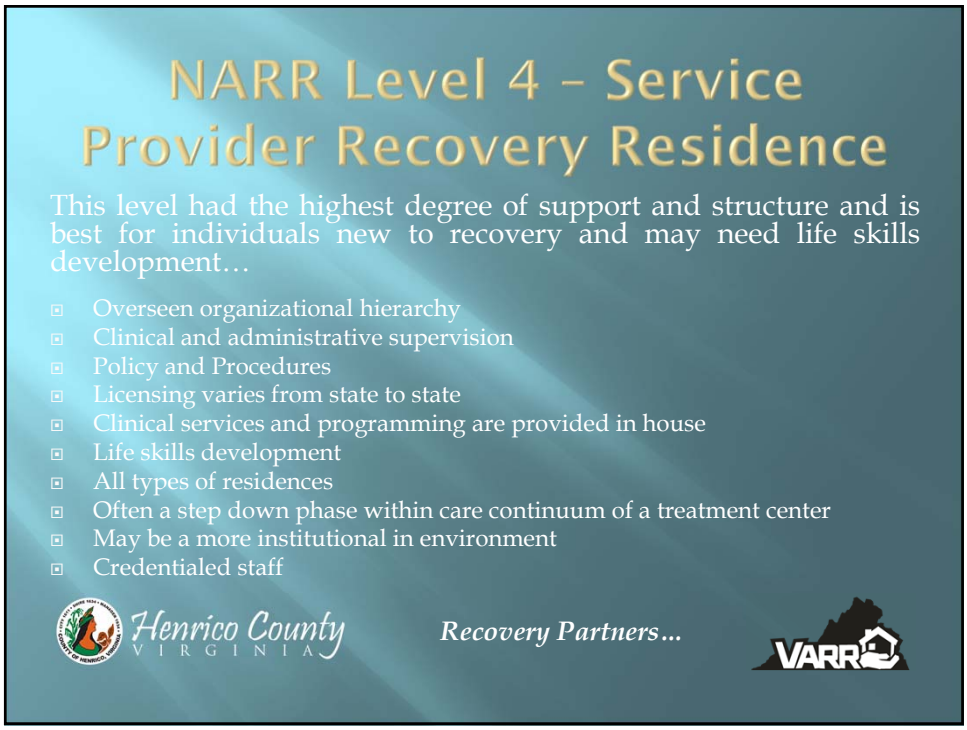
NARR Level 4 – Service Provider Recovery Residence
This level had the highest degree of support and structure and is best for individuals new to recovery and may need life skills development…
Overseen organizational hierarchy
Clinical and administrative supervision
Policy and Procedures
Licensing varies from state to state
Clinical services and programming are provided in house
Life skills development
All types of residences
Often a step down phase within care continuum of a treatment center
May be a more institutional in environment
Credentialed staff
Henrico County VIRGINIA
Recovery Partners…
VARR

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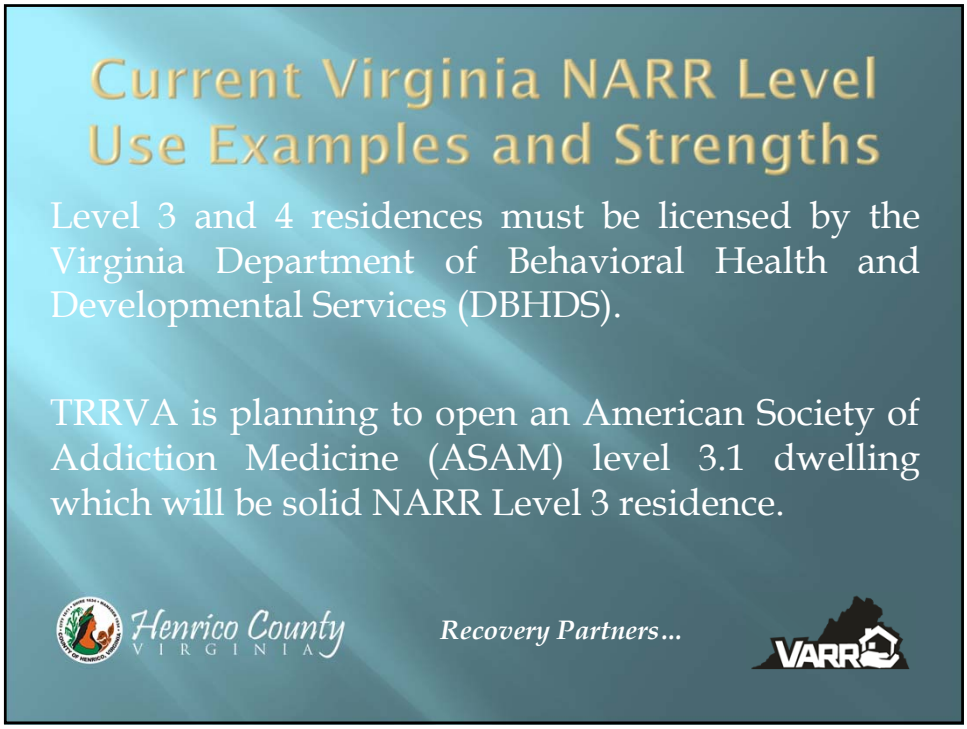
Current Virginia NARR Level Use Examples and Strengths
Level 3 and 4 residences must be licensed by the Virginia Department of Behavioral Health and Developmental Services (DBHDS).
TRRVA is planning to open an American Society of Addiction Medicine (ASAM) level 3.1 dwelling which will be solid NARR Level 3 residence.
Henrico County VIRGINIA
Recovery Partners...
VARR

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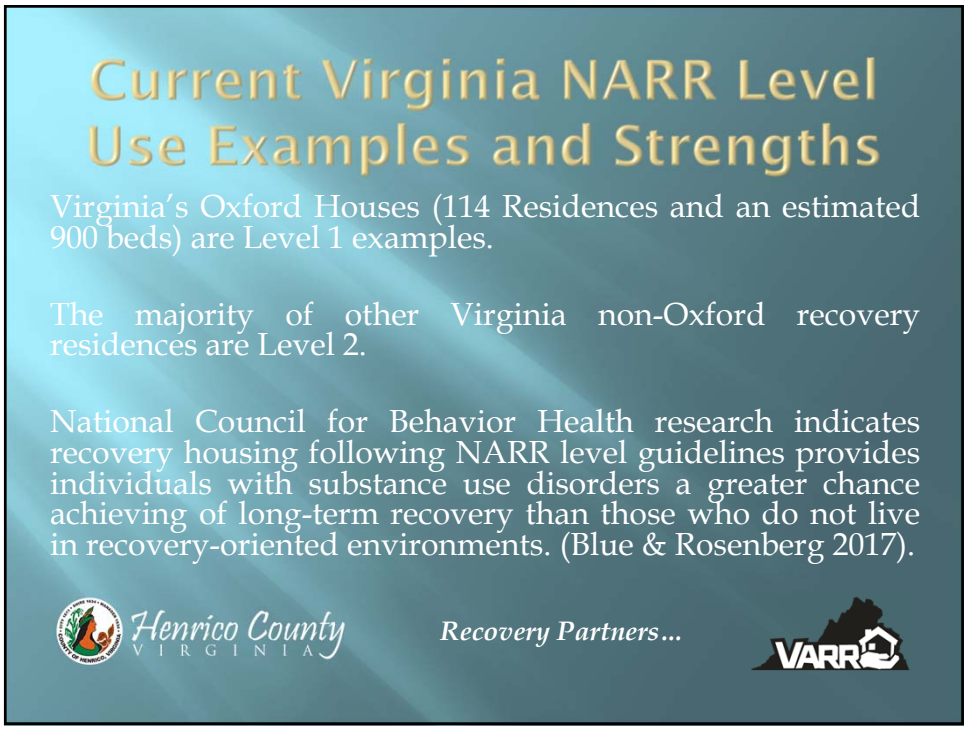
Current Virginia NARR Level Use Examples and Strengths
Virginia's Oxford Houses (114 Residences and an estimated 900 beds) are Level 1 examples.
The majority of other Virginia non-Oxford recovery residences are Level 2.
National Council for Behavior Health research indicates recovery housing following NARR level guidelines provides individuals with substance use disorders a greater chance achieving of long-term recovery than those who do not live in recovery-oriented environments. (Blue & Rosenberg 2017).
Henrico County VIRGINIA
Recovery Partners...
VARR

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Recovery Residence Programs
Strengthen Henrico's Services
Mental Health & Developmental Services
First Responders – Police/Fire/EMS
Commonwealth's Attorney
Sheriff's Office – Jails
Judicial – General District and Circuit Courts
Judicial – Drug Court
Leadership – Need for Recovery Residence Standards
Henrico County VIRGINIA
Recovery Partners…
VARR

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Recovery Residence Programs
Strengthen Henrico's Services
Mental Health & Developmental Services
Access to a Comprehensive Licensed Services Menu
Organic Recovery Community Embraces Seeking Help
Residential Stability & Location Improves Outcomes
Recovery House vs. "the Hood!"
Peers vs. Former Potentially Toxic Relationships
Additional Accountability Layer with No Direct Costs
Henrico County VIRGINIA
Recovery Partners…
VARR

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Recovery Residence Programs Strengthen Henrico's Services
First Responders – Police/Fire/EMS
Narcan Availability Bridges Response Time Gap
REVIVE Trained Peers Improve Overdose Outcomes
Overall Public Safety Response Burden Reduction
Commonwealth's Attorney – Low Risk CJS Diversion
Lower Costs to Public Safety Benefits are Favorable
Resources Reallocation to High Profile Prosecutions
Sheriff's Office – Jails
Reduce Population
Henrico County VIRGINIA
Recovery Partners…
VARR

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Recovery Residence Programs Strengthen Henrico's Services
Judicial – General District and Circuit Courts
Substance Use Monitoring Frequency
Improved Violation Reporting
Judicial – Drug Court
Longer Term Graduated Program with Consequences
"Time In" vs. "Time Out"
Larger Potential Participant Population Footprint
Recovery Residence Partnership Bed Growth in Last 3 Years
TRRVA (2017) 158 | WAR (2016) 70 | JHF (2016) 50 | 278 Total!
All are VARR Members…
Leadership – Need for Recovery Residence Standards
Henrico County VIRGINIA
Recovery Partners…
VARR

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Recovery Residence Programs Strengthen Henrico's Services
Mental Health - Participant Stability
First Responders – Response Bridge
Sheriff's Office (Jail) – Population Reduction
General District & Circuit Courts – Accountability & Consequences
Drug Court – Expand Service Footprint
Commonwealth's Attorney – Diversion Frees Resources
County Leadership – Expressed Need for Standards
Recovery Residence Programs
Henrico County VIRGINIA
Recovery Partners…
VARR

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Gaps in Recovery Residence Programs & Henrico Services
Mental Health & Developmental Services
Fast Track Quality Detox
First Responders – Police/Fire/EMS
Stigma – Engagement Resistance & Reluctance
Commonwealth's Attorney / CCP
Substance Use Testing & Organic Improvement
Henrico County VIRGINIA
Recovery Partners…
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Gaps in Recovery Residence Programs & Henrico Services
Sheriff's Office – Jails
95% Will be Released
More than 85% Admit SUD Led to Incarceration
Institutional vs. Organic Recovery
Environments and Outcomes
To Where Are We Releasing Them?
Judicial – General District and Circuit Courts
Community Connection | Employment | Volunteerism
Henrico County VIRGINIA
Recovery Partners…
VARR

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Gaps in Recovery Residence Programs & Henrico Services
Judicial – Drug Court
Legislative Criteria Limits Participant Population
County Leadership
Quality of Life and Fiscal Stewardship Balance
Recovery Residence Programs
Lack of Security – "Drugs in and out"…
Drug Testing Standards
Direct Line Accountability
Henrico County VIRGINIA
Recovery Partners…
VARR

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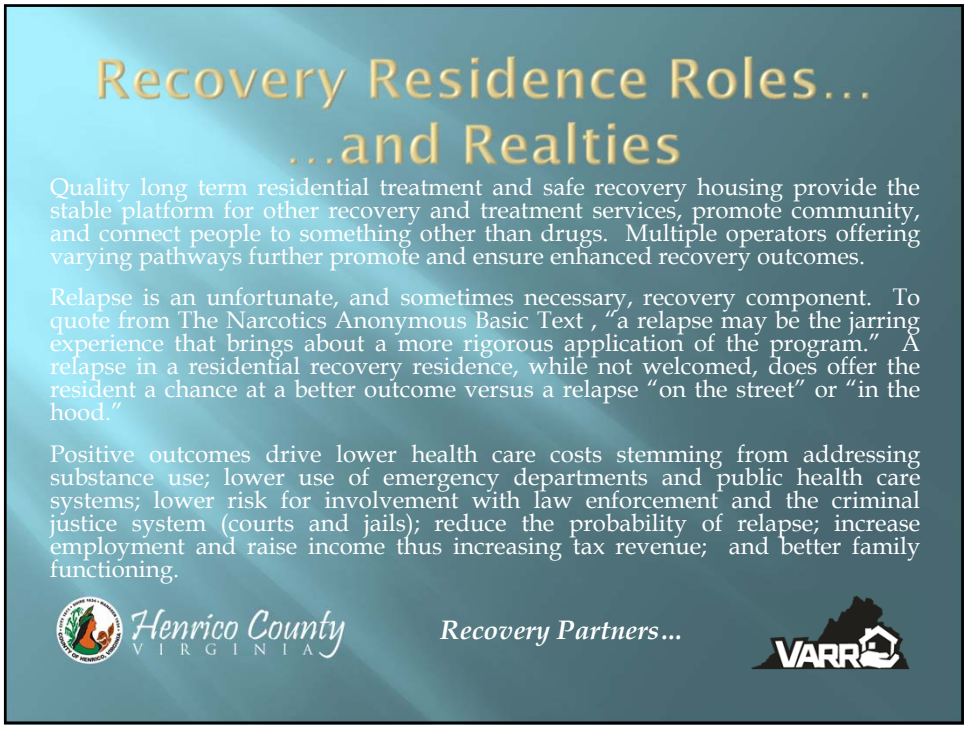
Recovery Residence Roles…
…and Realties
Quality long term residential treatment and safe recovery housing provide the stable platform for other recovery and treatment services, promote community, and connect people to something other than drugs. Multiple operators offering varying pathways further promote and ensure enhanced recovery outcomes.
Relapse is an unfortunate, and sometimes necessary, recovery component. To quote from The Narcotics Anonymous Basic Text , "a relapse may be the jarring experience that brings about a more rigorous application of the program." A relapse in a residential recovery residence, while not welcomed, does offer the resident a chance at a better outcome versus a relapse "on the street" or "in the hood."
Positive outcomes drive lower health care costs stemming from addressing substance use; lower use of emergency departments and public health care systems; lower risk for involvement with law enforcement and the criminal justice system (courts and jails); reduce the probability of relapse; increase employment and raise income thus increasing tax revenue; and better family functioning.
Henrico County VIRGINIA
Recovery Partners…
VARR

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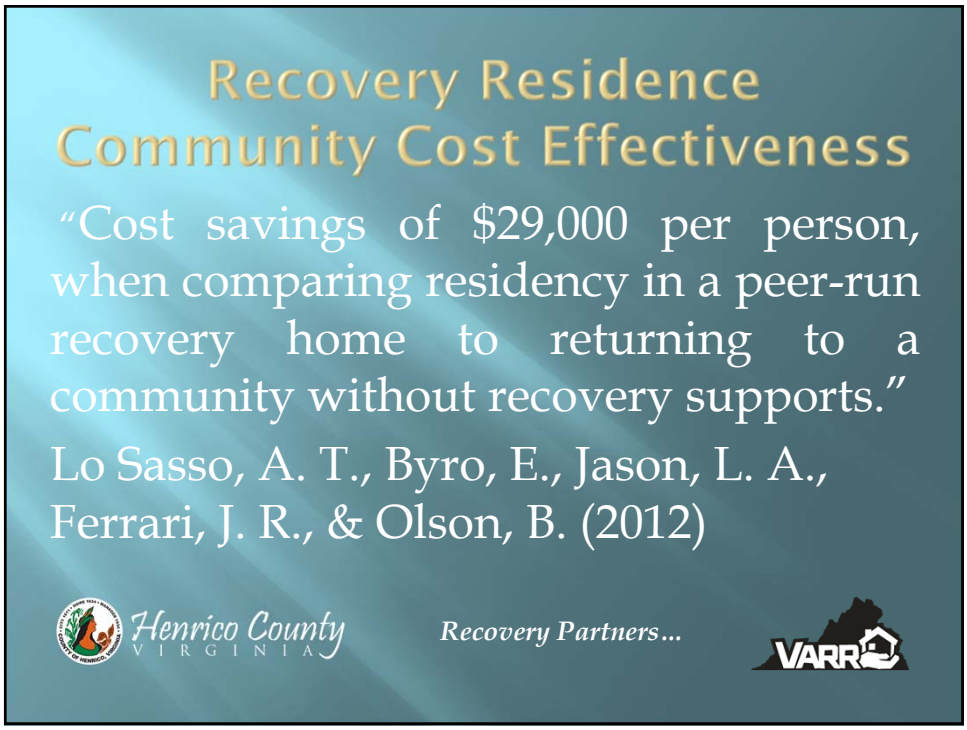
Recovery Residence
Community Cost Effectiveness
"Cost savings of $29,000 per person, when comparing residency in a peer-run recovery home to returning to a community without recovery supports."
Lo Sasso, A. T., Byro, E., Jason, L. A., Ferrari, J. R., & Olson, B. (2012)
Henrico County VIRGINIA
Recovery Partners…
VARR

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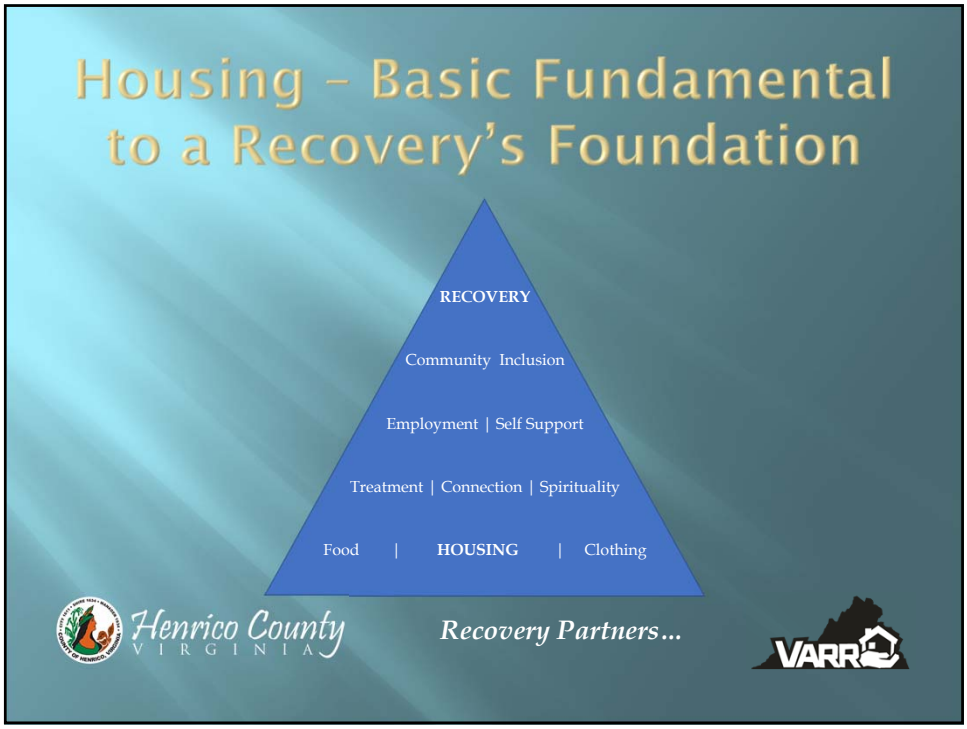
Housing – Basic Fundamental to a Recovery's Foundation
RECOVERY
Community Inclusion
Employment | Self Support
Treatment | Connection | Spirituality
Food | HOUSING | Clothing
Henrico County VIRGINIA
Recovery Partners…
VARR

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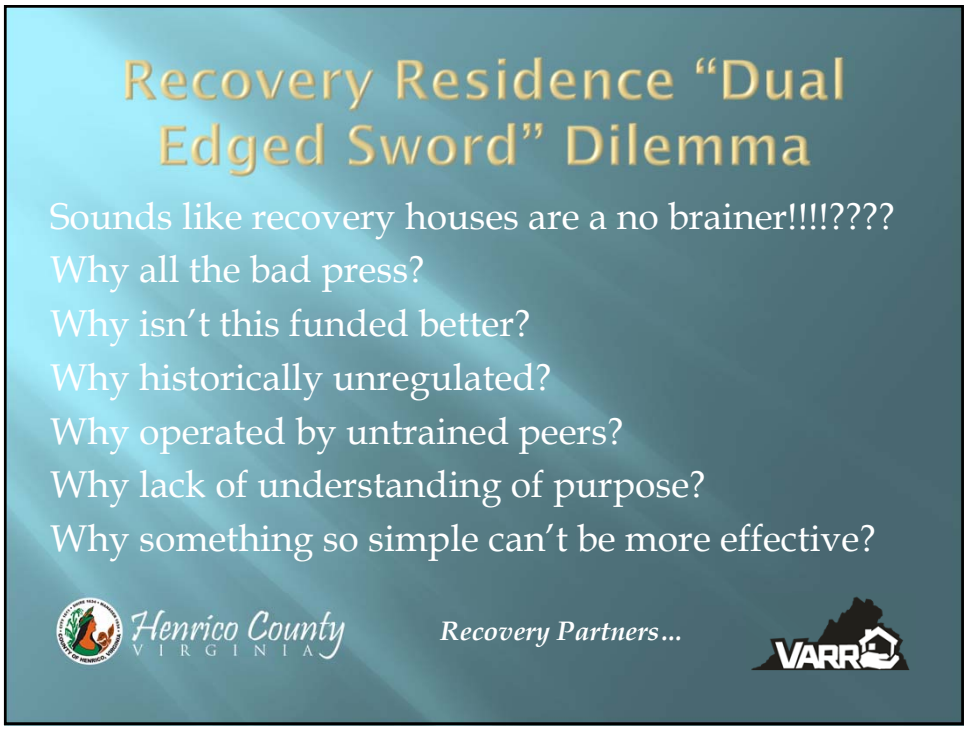
Recovery Residence "Dual Edged Sword" Dilemma
Sounds like recovery houses are a no brainer!!!!????
Why all the bad press?
Why isn't this funded better?
Why historically unregulated?
Why operated by untrained peers?
Why lack of understanding of purpose?
Why something so simple can't be more effective?
Henrico County VIRGINIA
Recovery Partners…
VARR

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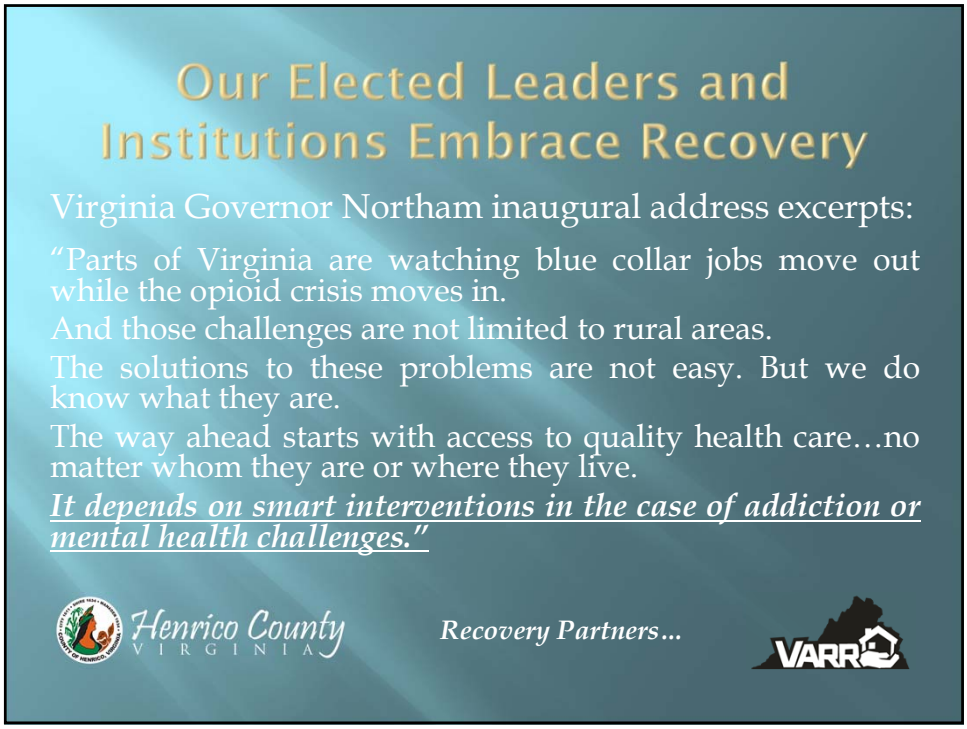
Our Elected Leaders and Institutions Embrace Recovery
Virginia Governor Northam inaugural address excerpts:
"Parts of Virginia are watching blue collar jobs move out while the opioid crisis moves in.
And those challenges are not limited to rural areas.
The solutions to these problems are not easy. But we do know what they are.
The way ahead starts with access to quality health care…no matter whom they are or where they live.
It depends on smart interventions in the case of addiction or mental health challenges."
Henrico County VIRGINIA
Recovery Partners…
VARR

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Our Elected Leaders and Institutions Embrace Recovery
Code of Virginia § 37.2-431.1 Certified recovery residences…in part states –
"No person shall advertise, represent, or otherwise imply to the public that a recovery residence or other housing facility is a certified recovery residence unless such recovery residence or other housing facility has been certified by the Department in accordance with regulations adopted by the Board. Such regulations may require accreditation by or membership in a credentialing agency as a condition of certification."
Henrico County VIRGINIA
Recovery Partners…
VARR

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## Our Elected Leaders and Institutions Embrace Recovery

The Honorable B. Craig Dunkum, Presiding Judge, Henrico General District Court, recently stated at the Henrico County Recovery Roundtable –

"Some of the available placements outside the jail are peer recovery houses and not all of them have a good track record of monitoring defendants, keeping drugs out of the house, and allow them to leave for lengthy periods.

There is an effort underway to identify peer recovery programs that meet certain criteria, but we've actually had an individual who got out of jail and began accepting money from individuals to live in his peer recovery house and had them submit their request to the court for release to that facility when the facility didn't even exist (He just received a 5 year sentence for that fraud in Circuit Court)."

Henrico County VIRGINIA *Recovery Partners…* VARR

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## Our Elected Leaders and Institutions Embrace Recovery

Virginia's legislature, through just adopted Recovery Residence legislation, and the Virginia Department of Behavioral Health and Developmental Services, through recent funding, have empowered VARR's alignment and STANDARDS with Northam's vison for a better Virginia.

Judge Dunkum's recent remarks further validates the community desire, need and opportunity to promote, grow and monitor quality certified recovery residences throughout the entire state of Virginia…

Henrico County VIRGINIA *Recovery Partners…* VARR

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In Conclusion…
Evidence Shows Recovery Residences Following Best Practices Deliver Better Participant and Community Outcomes Without Lowering Property Values…
Recovery Residence Demand is Growing…
Organic Best Practices are Ever Evolving…NARR 3.0!
Social Consensus on Recovery Residences and Unified Accepted Standards has Reached Critical Mass…
Our Elected Leaders & Officials
Law Enforcement & Criminal Justice Systems
Healthcare (including Mental!) Providers & Community-at-Large!
Henrico County VIRGINIA
Recovery Partners…
VARR

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Thank You!!!
Questions???
David Rook, CPRS
(804) 690-2204 | david@truerecoveryrva.com
Anthony Grimes
(804) 489-4224 |agrimesvarr@gmail.com
Henrico County VIRGINIA
Recovery Partners…
VARR

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McShin
Recovery Resource
Foundation

1


TABLE
OF CONTENTS
1 OUR MISSION
2 OUR MODEL
3 INTRODUCTION TO STAFF
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5 MCSHIN RECOVERY COMMUNITY CENTER
6 RECOVERY COACHING & ASSESSMENT FORMS
7 STATISTICS AND SUCCESSES
8 TESTIMONIALS
9 AFFILIATIONS
10 CONTACT

2

## OUR MISSION

Founded in 2004, McShin is a recovery resource foundation whose mission is to deliver a message of hope to individuals and families with Substance Use Disorders and to facilitate their journey to a healthier life.

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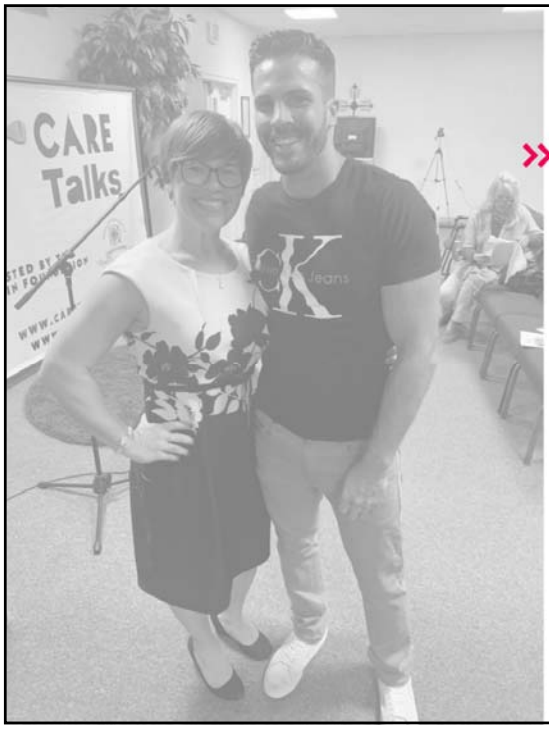


## OUR MODEL

McShin provides an authentic peer-to-peer pathway from drug and alcohol addiction based on the lived experience and successful recovery of our staff, alumni and participants.

The McShin Model represents a pragmatic approach to recovery. Our participants learn to cope with life's responsibilities without the use of drugs or alcohol, to replace a negative mindset with gratitude, and to abandon self-centered behavior for service to others.

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## MCSHIN BOARD MEMBERS

**Jim Walker**
Chairman of Board

**Dr. Peter Breslin**
Medical Advisor

**Josh Loving**
Board Member

**Angela Gottwald**
Vice Chair

**Dusty O'Quinn**
Board Member

**Paul Thomson**
Board Member

**Chick Jordan**
Board Member

**John Finn**
Board Member

**Mary Jenczweski**
Board Member

**David Bunston**
Board Member

**Vicki Courrier**
Board Member

**Debbie Rosenbaum**
Board Member

**Virginia Hall**
Board Member

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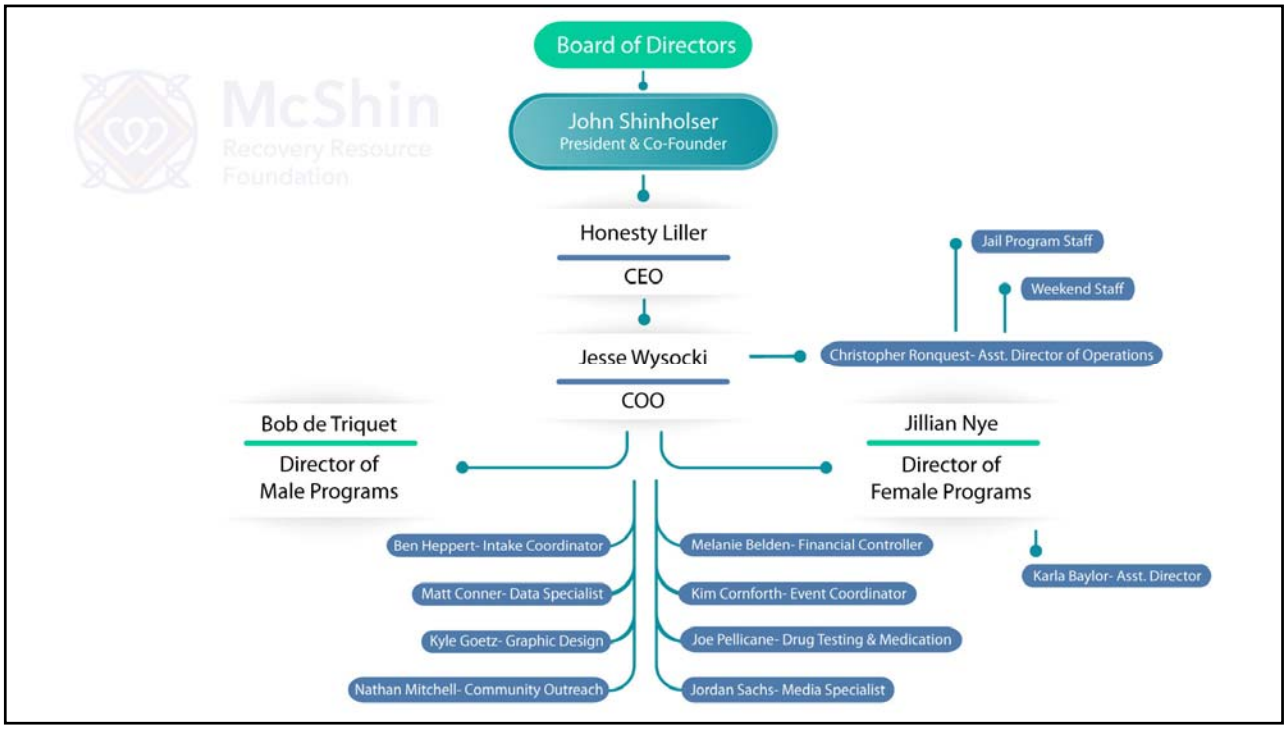
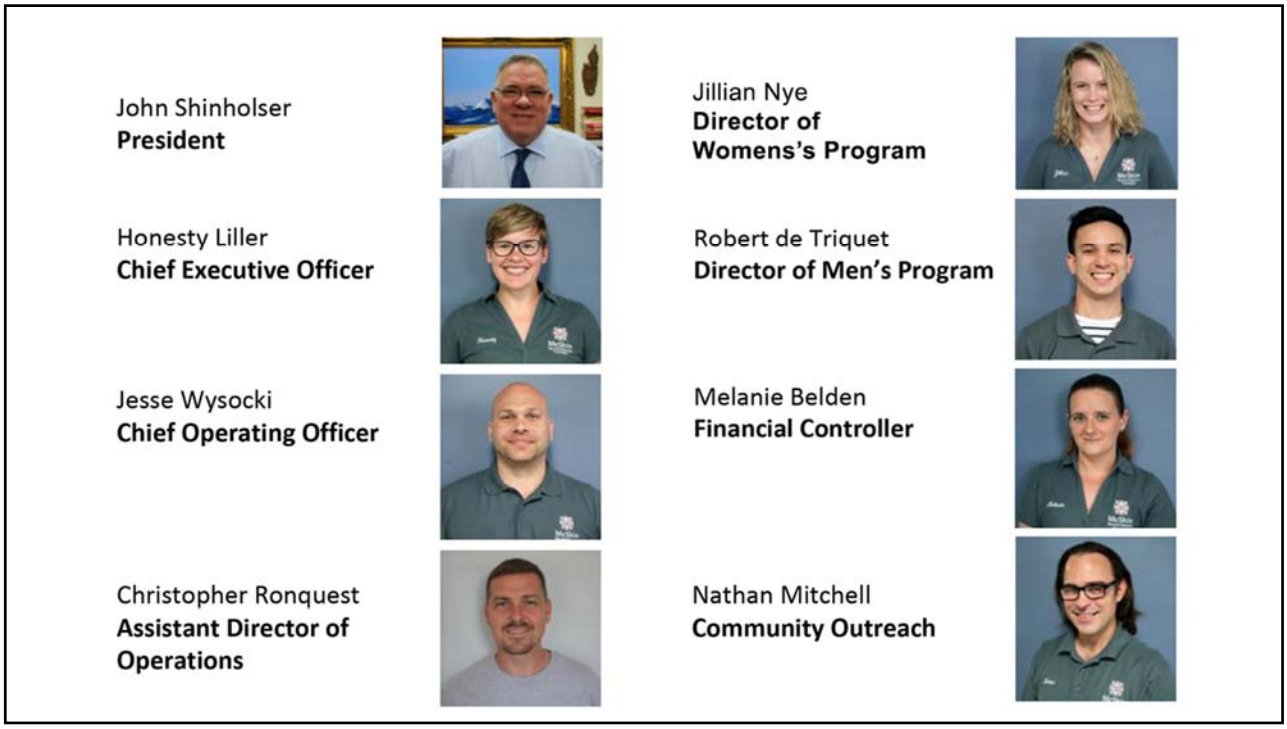

Board of Directors
John Shinholser
President & Co-Founder
Honesty Liller
CEO
Jesse Wysocki
COO
Jail Program Staff
Weekend Staff
Christopher Ronquest- Asst. Director of Operations
Bob de Triquet
Director of Male Programs
Jillian Nye
Director of Female Programs
Ben Heppert- Intake Coordinator
Matt Conner- Data Specialist
Kyle Goetz- Graphic Design
Nathan Mitchell- Community Outreach
Melanie Belden- Financial Controller
Kim Cornforth- Event Coordinator
Joe Pellicane- Drug Testing & Medication
Jordan Sachs- Media Specialist
Karla Baylor- Asst. Director

7


John Shinholser
President
Jillian Nye
Director of Womens's Program
Honesty Liller
Chief Executive Officer
Robert de Triquet
Director of Men's Program
Jesse Wysocki
Chief Operating Officer
Melanie Belden
Financial Controller
Christopher Ronquest
Assistant Director of Operations
Nathan Mitchell
Community Outreach

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Karla Baylor
**Assistant Director of Women's Programs**

Kim Cornforth
**Event Coordinator**

Matthew Conner
**Data Management**

Ben Heppert
**Intake Coordinator**

Hannah Newsome
**Virginia Recovery & Reentry Project Coordinator**

Kyle Goetz
**Graphic Design & Admin. Assistant**

Joe Pellicane
**Drug Testing & Medication**

Moses Wright
**CSAC**

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Eric Todd
**Americorps**

Frank Bellanger
**Jail Facilitator**

Marshall Tucker
**Jail Facilitator**

McShin Foundation
Healing Families & Saving Lives Since 2004

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McShin
PATHWAY
TO RECOVERY

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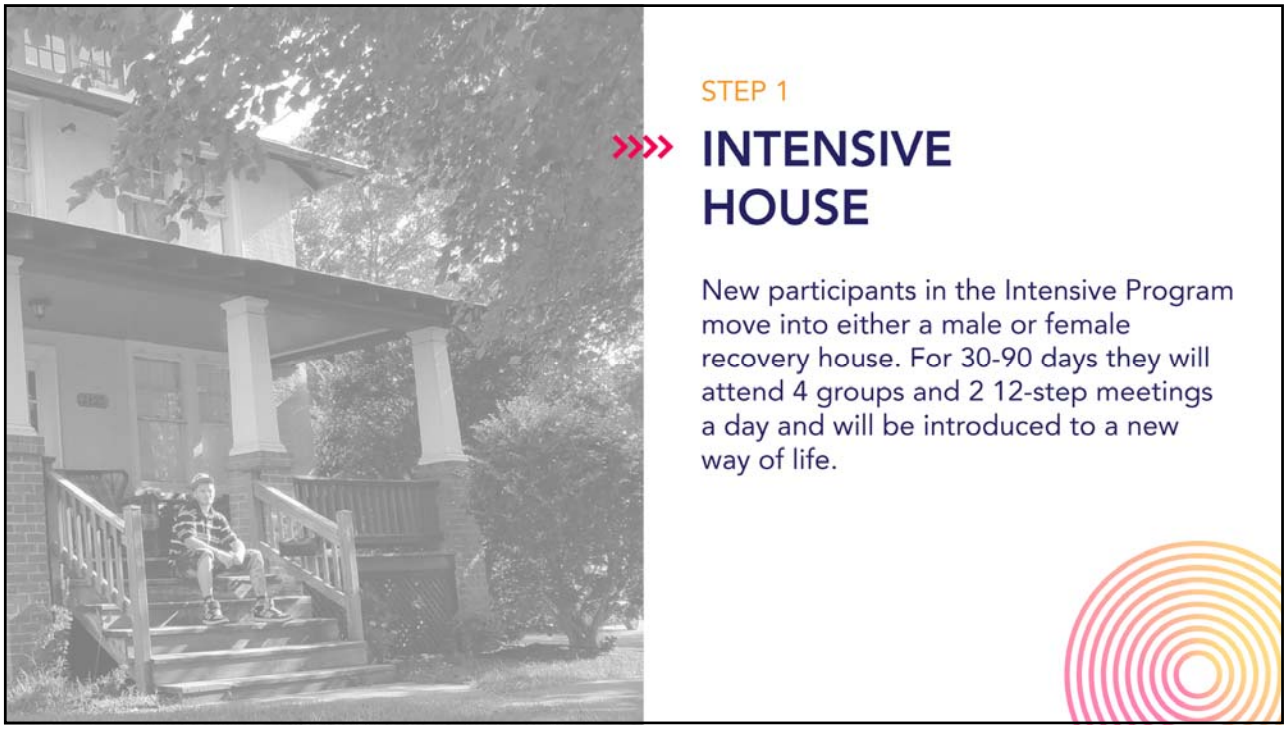
STEP 1
INTENSIVE
HOUSE
New participants in the Intensive Program move into either a male or female recovery house. For 30-90 days they will attend 4 groups and 2 12-step meetings a day and will be introduced to a new way of life.

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STEP 2

## HELP WITH SERVICES

Each participant in the program will be assigned a peer recovery coach to help guide them on their new path of recovery. We are MAT friendly and offer help with EBT, Medicaid, grief support and an introduction to 12-step programs. Linkage to therapy, psych evaluations, and detox are also included in the intensive program


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STEP 3

## RECOVERY RESIDENCE

Our sober living homes are available to anyone seeking a safe, productive environment to live, as well as, a step-up home for intensive program participants who find employment while they continue to build their recovery.

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STEP 4

## S.U.D TRAINING & EDUCATION

Participants are given the opportunity to take a free Certified Recovery Coach training course to give them the tools to help them find a new way of life. A free REVIVE Naloxone Training Course is also available to participants and to the public.

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STEP 5

## ALUMNI

After leaving McShin, our alumni are encouraged to attend monthly alumni meetings, bowling trips, relax in the alumni lounge, and mentor new participants.

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McShin

# RECOVERY COMMUNITY CENTER

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## »» THE ONLY LOCALLY ACCREDITED RCO

**CAPRSS Accreditation:**

We commit to provide asset-based accreditation (TM) that is (1) based on recovery principles; (2) fair, balanced, contemporary, and focused on the "real world"; (3) inclusive of information and data from peers, leadership, and the recovery community served; (4) respectful and authentic; (5) designed around organizational function and mission; and (6) based on strengths, opportunities for improvement, and emerging evidence-based practices.

The Council on Accreditation of Peer Recovery Support Services (CAPRSS) is the only accrediting body in the US for recovery community organizations (RCOs) and other programs offering addiction peer recovery support services (PRSS). CAPRSS offers a recovery-oriented accreditation program that:

- helps emerging and established peer programs to build capacity;
- improves the performance of organizations and programs providing peer services by setting and measuring the achievement of standards; and
- increases accountability of peer services providers to funders, the public, and the field.

**This accreditation helps with policy makers and the trust of the public insuring there is a body other than the staff and board members holding the RCO accountable to the community.**

CAPRSS
Council on Accreditation of Peer Recovery Support Services

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15,000 sq/ft Recovery Community Center open to the public 365 days a year.

Large group rooms that seat approximately 220 individuals, as well as, group and conference rooms that seat 20+ people.

Assistance applying for social services, resume building, job seeking, and transportation.

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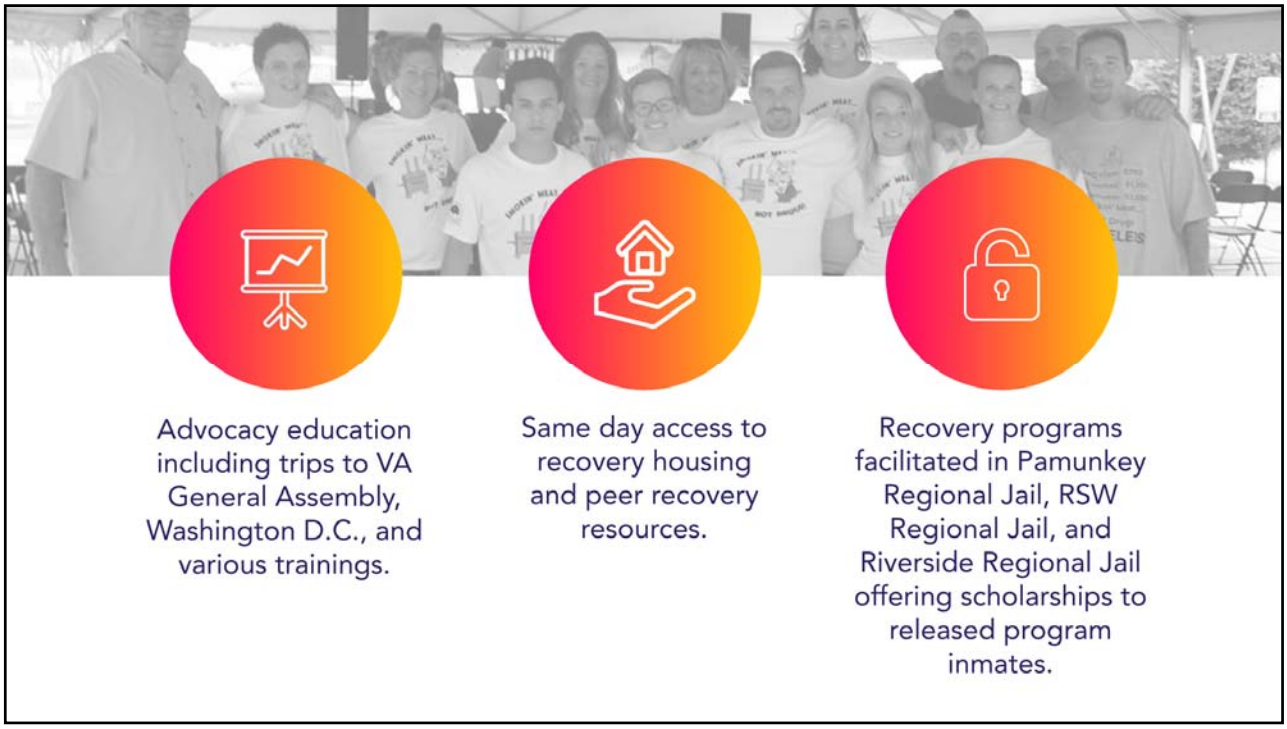

Advocacy education including trips to VA General Assembly, Washington D.C., and various trainings.

Same day access to recovery housing and peer recovery resources.

Recovery programs facilitated in Pamunkey Regional Jail, RSW Regional Jail, and Riverside Regional Jail offering scholarships to released program inmates.

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## »»» DRUG TESTING PROTOCOL

While a part of our program or in our recovery residence, participants are required to follow all rules and regulations set in place by The McShin Foundation. In addition, a participant is required to provide random urine screens, breathalyzers, or oral mouth screens. After a participant completes their intake, they are required to take a baseline urine screen. Aside from being the first urine screen administered, the baseline also sets the standard for following urine screens to be measured against to ensure all levels are going down. The participant is entered into our lab database system along with their results of their baseline urine screen. After the initial baseline, this is our normal drug testing procedure:

- A participant is given at least one random urine screen, per week, in their first 30 days of residency.
- Once the participant has resided with us for 30 days, they will then be required to take at least one random urine screen every other week.
- After 90 days of residency, the participant will then be required to take at least one random urine screen per month.
- If at any time the participant relapses, they will be required to restart the random schedule and submit to a random urine screen at least once per week.
- At all times we utilizie a randomized system that generates a particpant's name for a random screening. At least 60 names are generated a week.

All staff are trained to identify behaviors that are associated with relapse and intoxication. At any given time, participants can be required to submit to a random screen based on these behaviors. These screens are in addition to our random system in place.

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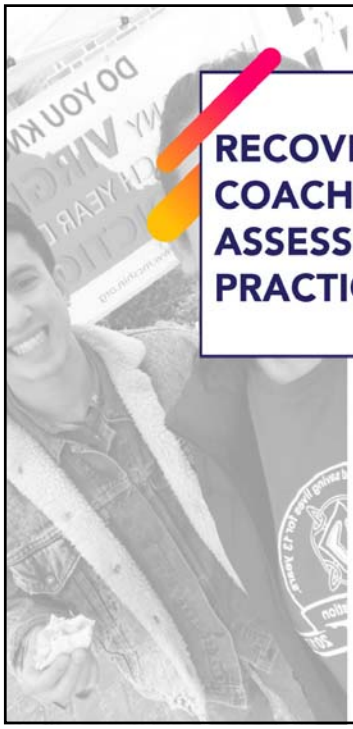

## RECOVERY COACHING & ASSESSMENT PRACTICES

At The McShin Foundation, we track demographic data, participant progress, and recovery coach interactions through a platform called RDP (Recovery Database Platform), survey method, and personal observations of participants. RDP implements more than 400 unique data points and aids Recovery Community Organizations (RCOs) and treatment environments with the tools and assessments needed to effectively implement peer recovery coaching programs and programmatic decision making. There are four objectives in the implementation of RDP: to engage, to record, to report and to analyze a participant's recovery journey.

Through the tools in RDP, known as recovery vital signs. we are able to apply evidence-based assessment to develop recovery plans for our participants. The information we collect is recorded in the following forms:

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## RDP ASSESSMENT FORMS

- Participant Demographics
- New Participant Intake Information
- BARC: Brief Addiction Recovery Capital
- Lifestyle Data
- Substance Use Data
- Recovery Capital Data (ARC)
- Engagement Scale Data (Outcome Rating Scale, Craving Rating Scale & Relationship Rating Scale)
- Recovery Management Plans
- Recovery Coaching Logs

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## BREAKDOWN OF FORMS

The Brief Addiction Recovery Capital (BARC) and Assessment of Recovery Capital (ARC) allow us to gather information on our participants' recovery capital, state of sobriety, perceived mental and physical health, activity and engagement with others, and perceived level of progress, among other indicators. The Engagement Scale gathers similar information, with greater emphasis on overall level of satisfactions with various facets of life and recovery. Through tracking results, we evaluate trends in recovery for our participants, both individually and the group as a whole. With this information, we determine if additional programming, be it focused on employment, interpersonal communication, health and wellness, financial management, spiritual fulfillment, etc., is needed to ensure our participants are successful in their recovery.

To learn more about RDP and the assessment tools used please visit the following link https://facesandvoicesofrecovery.org/recovery-data/

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## Recovery Capital Data

**Rate on a scale of 1-5**

| | |
|---|---|
| I have the financial resources to provide for myself and my family. | --None-- |
| I have personal transportation or access to public transportation. | --None-- |
| I live in a home and neighborhood that is safe and secure | --None-- |
| I live in an environment free from alcohol and other drugs. | --None-- |
| I have an intimate partner supportive of my Recovery process. | --None-- |
| I have family members who are supportive of my Recovery process. | --None-- |
| I have friends who are supportive of my Recovery process. | --None-- |
| I have people close to me (intimate partner, family members, or friends) who are also in Recovery. | --None-- |
| I have a stable job that I enjoy and that provides for my basic necessities. | --None-- |
| I have an education or work environment that is conducive to my long-term recovery. | --None-- |
| I continue to participate in a continuing care program of an addiction treatment program, (e.g., groups, alumni association meetings, etc.). | --None-- |
| I have a professional assistance program that is monitoring and supporting my Recovery process. | --None-- |

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## (BARC)Brief Addiction Recovery Capital

**On a scale of 1-6, please indicate your level of agreement with the following statements:**

| | |
|---|---|
| There are more important things to me in life than using substances | --None-- |
| In general I am happy with my life | --None-- |
| I have enough energy to complete the tasks I set myself | --None-- |
| I am proud of the community I live in and feel part of it | --None-- |
| I get lots of support from friends | --None-- |
| I regard my life as challenging and fulfilling without the need for using drugs or alcohol | --None-- |
| My living space has helped to drive my recovery journey | --None-- |
| I take full responsibility for my actions | --None-- |
| I am happy dealing with a range of professional people | --None-- |
| I am making good progress on my recovery journey | --None-- |

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# American Society of Addiction Medicine (ASAM)

## Recovery Support Services Questionnaire

- Goals and Motivation
- Transportation
- Employment
- School & Training
- Housing & Recovery Environment
- Recovery Status
- Talents and Recreation
- Spiritual
- Culture, Gender, & Sexual Orientation
- Medical
- Financial & Legal
- Family Status & Parenting
- Recovery Wrap-Up

We at McShin utilize ASAMs when performing recovery coach sessions.

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McShin

# BY THE NUMBERS


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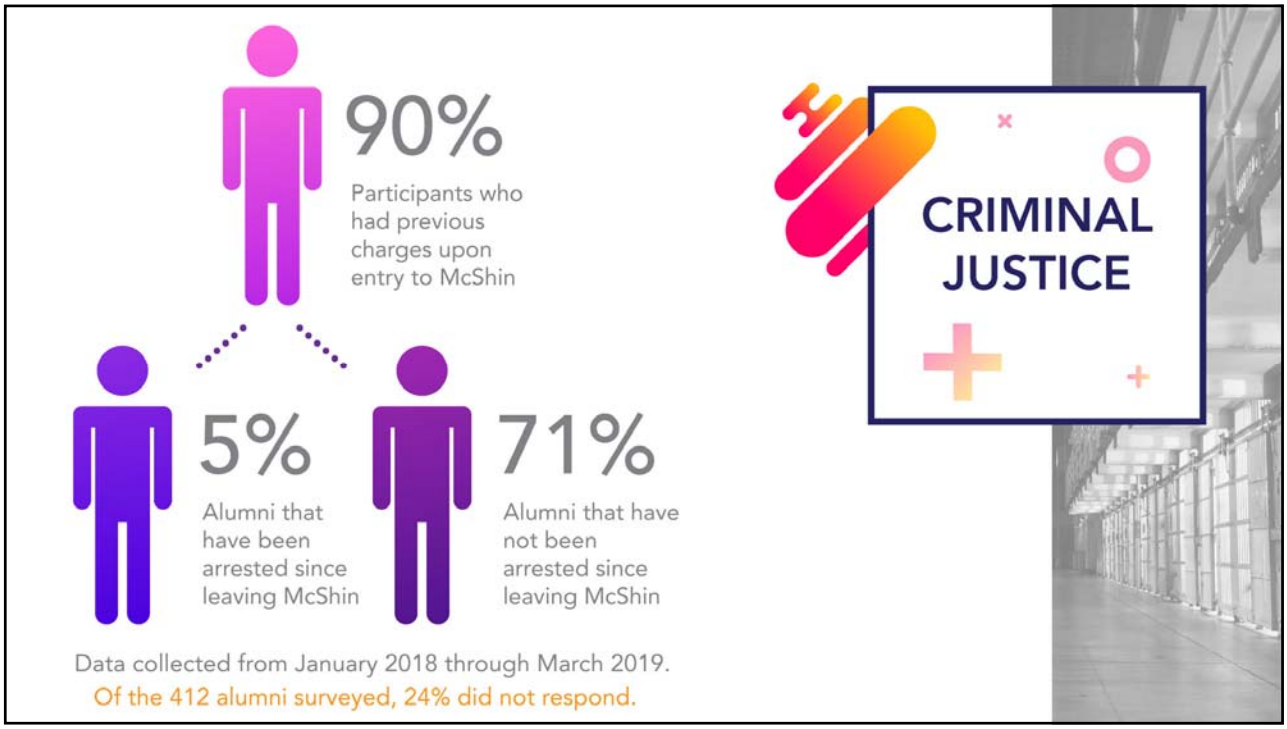
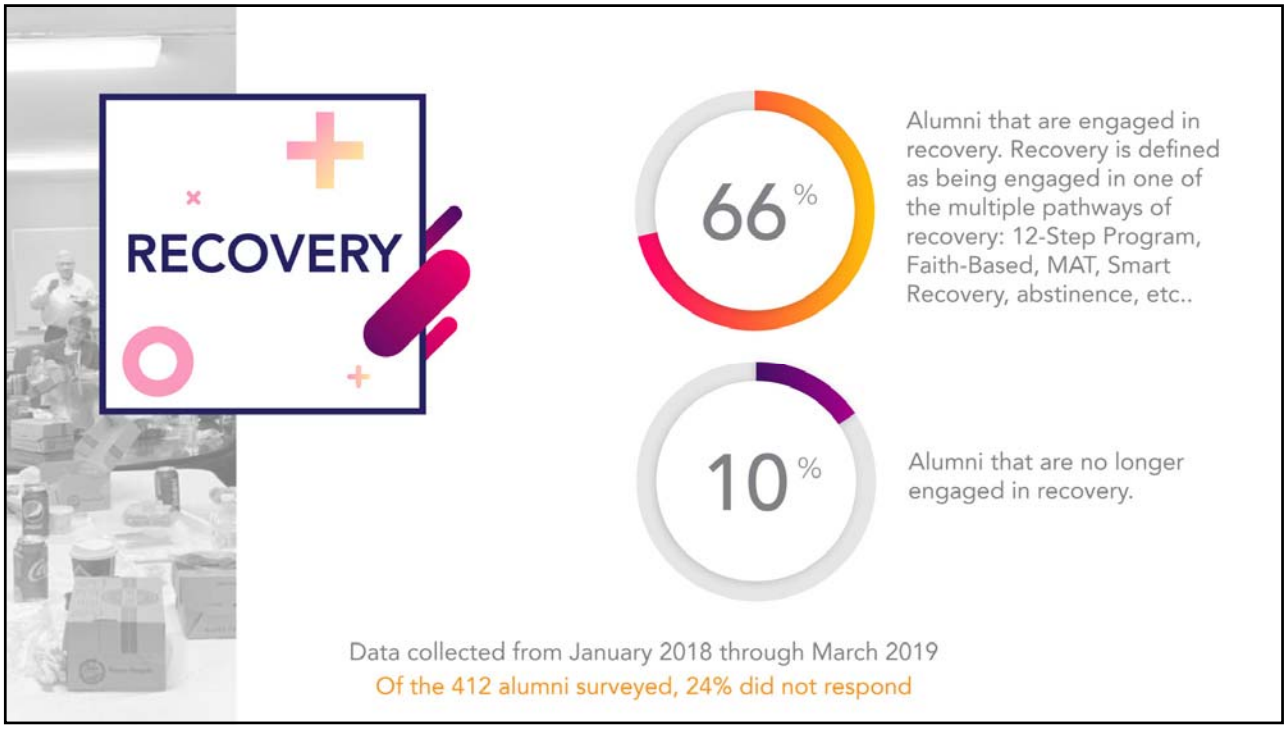
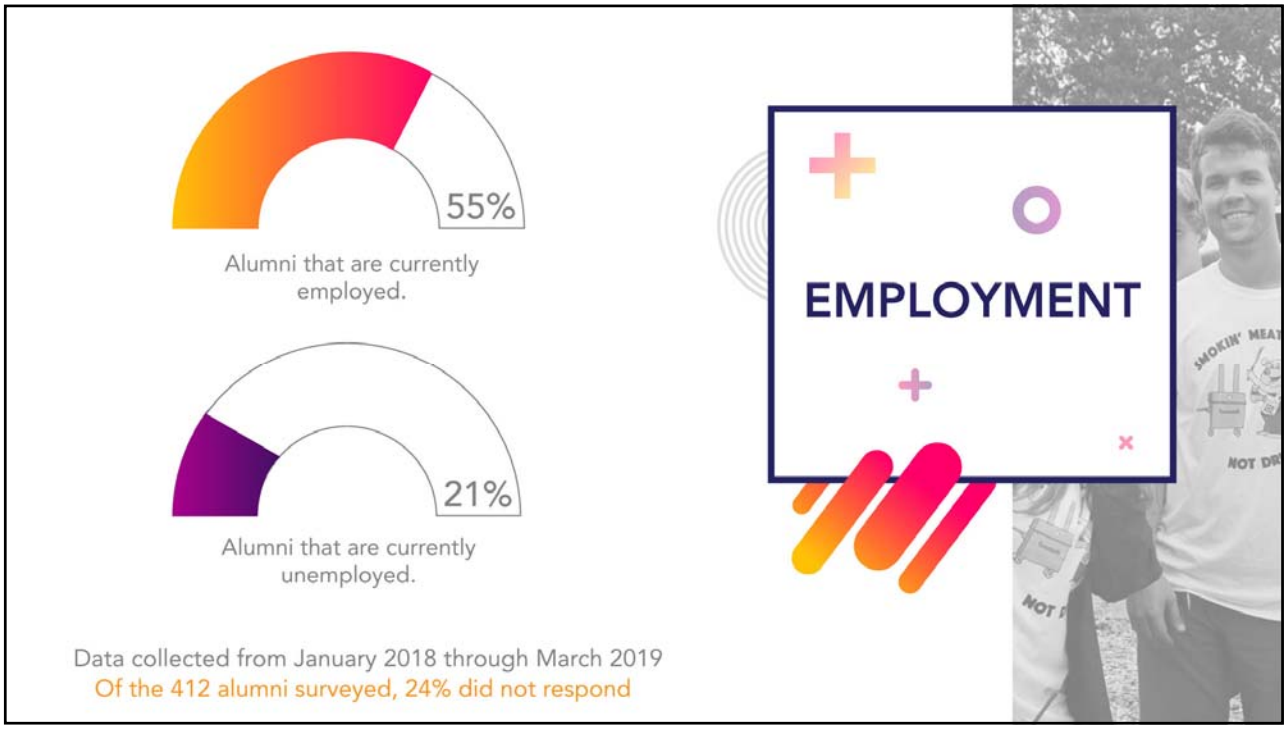

90%
Participants who had previous charges upon entry to McShin
5%
Alumni that have been arrested since leaving McShin
71%
Alumni that have not been arrested since leaving McShin
CRIMINAL JUSTICE
Data collected from January 2018 through March 2019.
Of the 412 alumni surveyed, 24% did not respond.

29


RECOVERY
66%
Alumni that are engaged in recovery. Recovery is defined as being engaged in one of the multiple pathways of recovery: 12-Step Program, Faith-Based, MAT, Smart Recovery, abstinence, etc..
10%
Alumni that are no longer engaged in recovery.
Data collected from January 2018 through March 2019
Of the 412 alumni surveyed, 24% did not respond

30


55%
Alumni that are currently employed.
21%
Alumni that are currently unemployed.
Data collected from January 2018 through March 2019
Of the 412 alumni surveyed, 24% did not respond
EMPLOYMENT

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McShin
DEMOGRAPHICS REPORT

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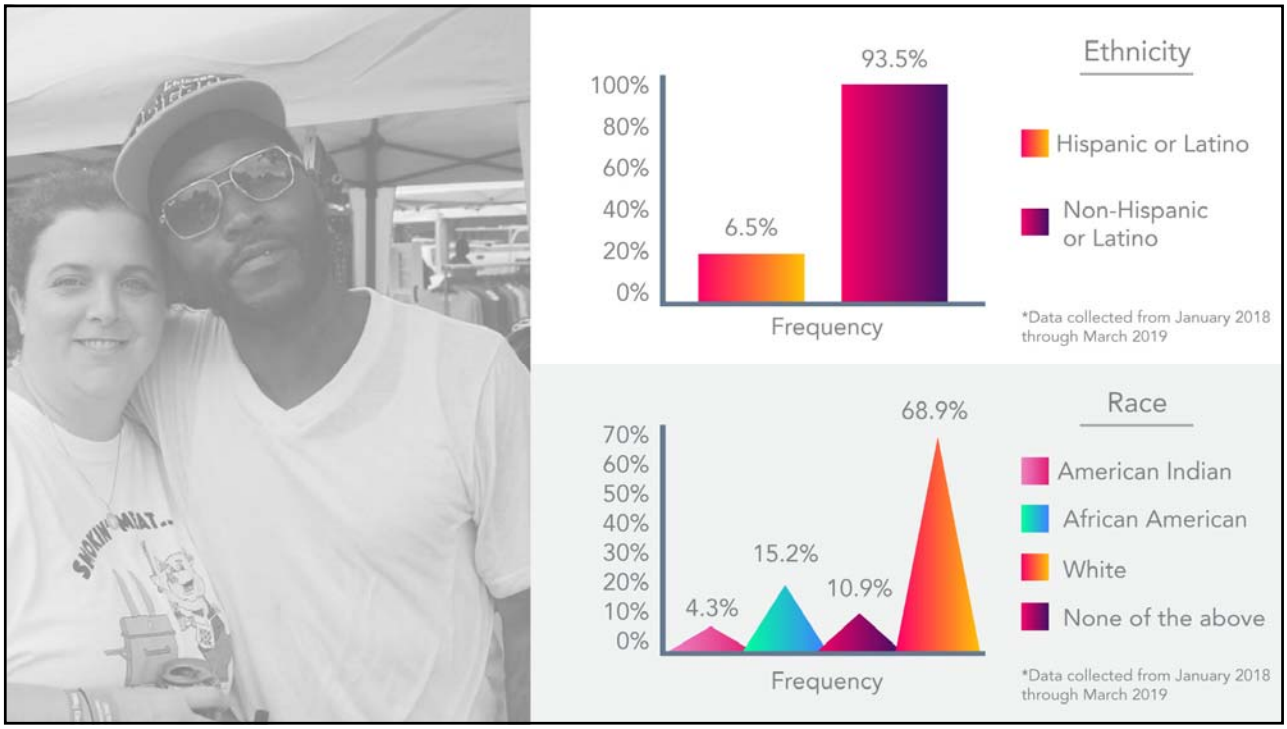
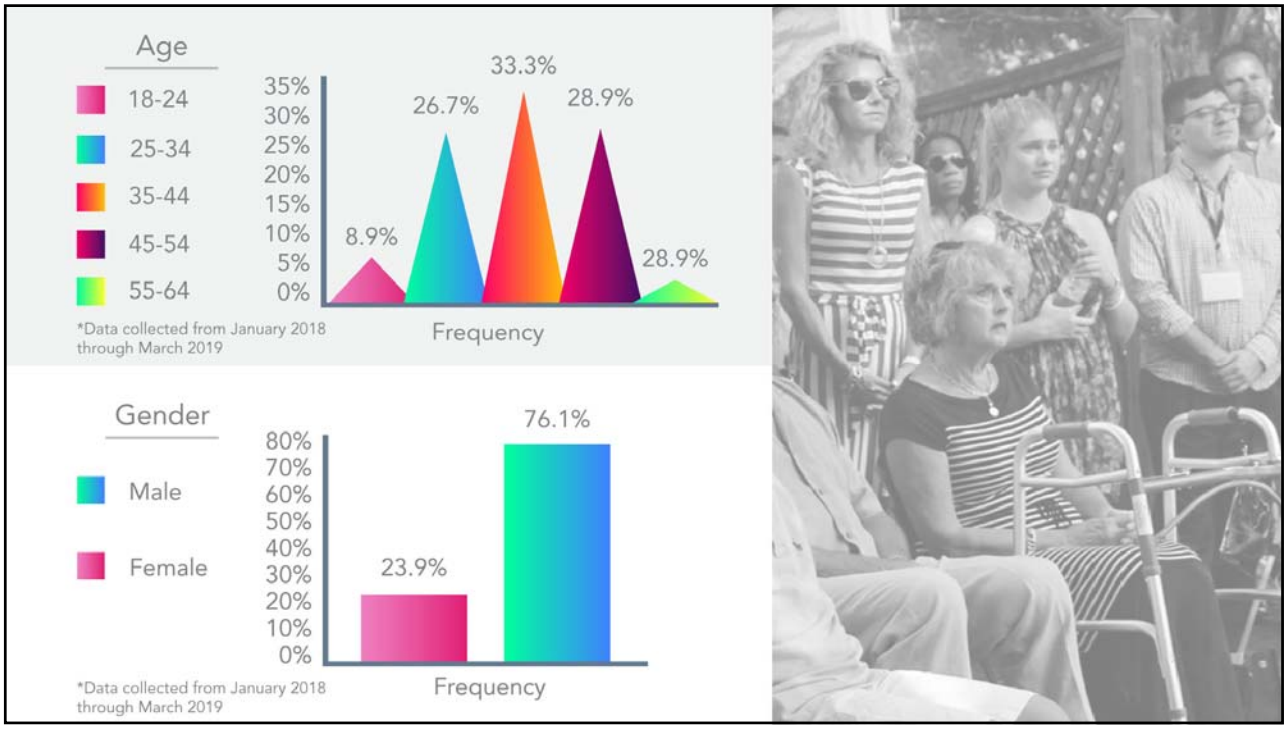

Ethnicity
93.5%
6.5%
100%
80%
60%
40%
20%
0%
Frequency
Hispanic or Latino
Non-Hispanic or Latino
*Data collected from January 2018 through March 2019
Race
68.9%
15.2%
10.9%
4.3%
70%
60%
50%
40%
30%
20%
10%
0%
Frequency
American Indian
African American
White
None of the above
*Data collected from January 2018 through March 2019

33


Age
18-24
25-34
35-44
45-54
55-64
35%
30%
25%
20%
15%
10%
5%
0%
8.9%
26.7%
33.3%
28.9%
28.9%
Frequency
*Data collected from January 2018 through March 2019
Gender
Male
Female
80%
70%
60%
50%
40%
30%
20%
10%
0%
23.9%
76.1%
Frequency
*Data collected from January 2018 through March 2019

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"Before I came to McShin, my life was on a downward spiral. I finally decided to give in and surrender myself to try and find a new way of life. Thanks to the Henrico County Scholarship, I found that here at The McShin Foundation. McShin gave me the motivation to change, broaden my views, and find a new way to live."

**Jakief Johnson**
McShin Participant
Henrico County Scholarship Recipient

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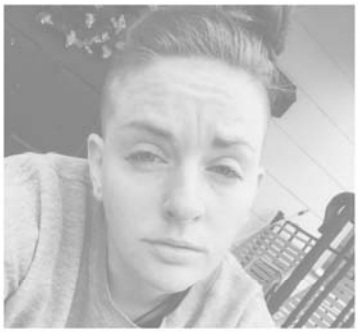
Christopher Doyle
McShin Participant
Scholarship Recipient

"Today, I am in such a different place in life than I was four months ago. **I'm healthy, I'm employed, I'm hopeful, and I'm happy.**"

Joyce Bronson
McShin Participant
Scholarship Recipient

"**...because of the Scott Zebrowski Scholarship Fund, I was able to go to a safe environment that allowed me to continue in my recovery.** At McShin I have come out of my shell, have been able to overcome my insecurities, and blossom into a strong, independent person who helps my fellow peers."

37



Rachel Hester
McShin Participant
Scholarship Recipient

"Before coming to McShin I was broken. I was at the end where I knew I would either kill myself or cry out to God to save me. I used drugs for a long time to forget every pain I've ever felt. I turned into a person who I hated an I hated the things I did to my family. ... If it wasn't for getting a scholarship, I think I would be dead. Words cannot express my gratitude for this place, the people, and the scholarship I got. Thank you to everyone who helped save my life."

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## AWARDS & AFFILIATIONS

2019 -- CEO Honesty Liller received the *Jean C. Harris Award for Excellence* from the Hanover Community Service Board.

2018 – SAMSHA Building Communities of Recovery (BCoR) Grantee for the Virginia Recovery & Re-entry Program. Robert de Triquet, Men's Program Director and Jesse Wysocki, COO awarded a feature on CBS6 Heroes Amongst Us

2017 – CEO Honesty Liller accepted into The Community Foundation's Emerging Nonprofit Leadership Program. John Shinholser, President, received the Young Nonprofit Professionals Network Great Bosses Award. McShin Foundation received the National Recovery Month Event Award from SAMHSA for Annual Recovery Fest for the third year.

2016 – CEO Honesty Liller received *Young Nonprofit Professionals Network Great Bosses Award*. McShin Foundation received 2016 kaléo Cares Award. John Shinholser named a Richmond Times Dispatch 2016 Person of the Year honoree.

2016 -- The McShin Foundation earned a three-year re-accreditation from the Council on Accreditation of Peer Recovery Support Services (CAPRSS).

2015 – CEO Honesty Liller received the *Vernon Johnson Award* from Faces and Voices of Recovery at America Honors Recovery

2012-2014 – President John Shinholser served as Chairman of the Board for Rubicon, Inc.

2012, 2013, 2017 – McShin Foundation received the *National Recovery Month Event Award* from SAMHSA for Annual Recovery Fest.

2011 – President John Shinholser was the President of SAARA of Central Virginia and is a former board member of SAARA of Virginia.

2011 – McShin Foundation received the *Joel Hernandez Award* at America Honors Recovery.

2005 – President and co-founder John Shinholser honored with *America Honors Recovery Award* from the Johnson Institute.

VARR · Association of Recovery Community Organizations · ARCVA · Facing Addiction with NCADD · Faces & Voices of Recovery: Advocate. Act. Advance. · VAAP

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## CONTACT MCSHIN

**McShin Foundation**
2300 Dumbarton Road
Henrico, Virginia 23228
For intake call 24/7
(804) 249-1845

**Recovery Coach Training**
Courses take place the last
Thursday & Friday of every month.
To schedule, call (804) 249-1845

McShin
Recovery Resource
Foundation

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# CARITAS

# Emergency Shelter, Recovery, Jobs, HOPE

30+ years Strong

1

## CARITAS - Our Mission

United by our compassion, CARITAS helps our most vulnerable neighbors break the cycles of homelessness and addiction to reclaim their dignity.

## CARITAS - Our Purpose

To provide effective, permanent solutions to individuals dealing with the crisis of homelessness and/or addiction in the Metro Richmond area.

2

## Our Programs

- Emergency Shelter
- **The Healing Place**(Recovery)
- **CARITAS Works**(Workforce development)
- Furniture Bank

3

## CARITAS - A leader in two systems


4

# The Healing Place- 13 years, 8000+ men!

**A long-term residential recovery program that includes a workforce development program, a transitional sober living community, and an active Alumni Association to sustain lifelong sobriety. THP-W 2020.**

- A Solution for any drug or alcohol addiction including Opioids
- Peer coaching, peer role-modeling, peer accountability
- Builds resiliency and accountability
- Enrollment in Medicaid and access to health care
- Spiritual wellness through immersion in the 12-Steps
- Positive relationships and supportive community
- Repeats expected and welcomed
- NO CHARGE

5

6

# The Program Model


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# How to refer potential residents

- Call 804 230-1217 - Press 1 to talk to staff
  - Special line for medical professional referrals - Press 3
  - See caritasva.org for frequently asked questions
- THP is OPEN every day of the year
  - Walk-ins are accepted
  - Many start in the 24/7 shelter. It's open during weekends and afterhours. People are stabilized, assessed and may commit to enter the program and begin orientation.
- THP has 166 program beds for men

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# CARITAS Works

- Introduced 5-6 months into the program
- Participants learn:
  - employability skills,
  - interview skills
  - conflict management,
  - financial management,
  - how to use computers, and more.
- Participants are equipped with
  - suits, personal statements, resumes, and ongoing support for two-years.
- 90% find jobs within one month of completing CARITAS Works!

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# Henrico County and CARITAS

## How can we Partner?

## Q&A

## caritasva.org

Karen Stanley – President & CEO
Marilyn Milio – Works Program Director
Stephen Vicoli – The Healing Place Program Manager

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Presentation: CARITAS, Karen Stanley