

JCAFS Recommendations

Peer Services, Crisis Response, and Diversion Programs

To enhance recovery and reintegration for individuals in the justice system, experiencing mental health crises, or having co-occurring conditions, peer support services and comprehensive diversion programs are recommended. Key actions include training and certifying peers, integrating peer support into diversion programs, deploying peer-led crisis response teams, and expanding services such as crisis intervention and mental health support. Coordination between law enforcement, mental health providers, the state hospital system and community resources is crucial, especially in rural areas through mobile crisis teams and telehealth services.

Goal: Enhance recovery, reintegration, and immediate support for individuals in the justice system, experiencing mental health crises, or having co-occurring conditions through peer support services and comprehensive diversion programs.

Actions:

- **Training and Certification:** Train and certify peers to work within forensic providers; train providers and first responders on best practices for co-occurring conditions. Assess barriers to peer support specialist certification, and address as appropriate.
- **Peer Support Integration:** Integrate peer support into pre-trial and post-trial diversion programs; train peers in crisis intervention and connect them with community resources.
- **Program Development and Evaluation:** Develop metrics to evaluate the impact of peer support on recidivism and recovery outcomes; evaluate the effectiveness of peer-led teams in reducing crisis-related incarcerations and hospitalizations; monitor and evaluate the effectiveness of diversion programs in rural areas; monitor and evaluate these interventions to reduce institutionalization.
- **Crisis Response:** Deploy peer-led crisis response teams in collaboration with local emergency services; develop mobile crisis intervention teams for remote areas.
- **Diversion Programs:** Expand diversion programs to include comprehensive services such as pre and post diversion, crisis intervention, mental health support, and other alternatives to incarceration; develop strategies to divert individuals with co-occurring conditions from state hospitals and county jails; increase crisis respite and other entry points for individuals with co-occurring conditions.
- **Collaboration and Coordination:** Ensure coordination between law enforcement, mental health providers, the state hospital and community resources; collaborate with law enforcement, mental health providers, and IDD specialists; develop infrastructure for regional collaboration.
- **Addressing Rural Needs:** Support local communities in identifying their specific needs and develop regional options to address service gaps in rural areas.

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Facilitate community outreach programs for rural residents and support regional diversion programs tailored to local requirements.

- **Telehealth and Outreach:** Establish telehealth services for mental health support.
- **Secure State and Federal Funding:** Secure state and federal funding to support diversion programs; as well as to expand crisis respite and peer respite programs.
- **Matching Fund Requirements:** Ensure matching fund requirements are feasible given the limited revenue capacity of counties.
- **Alternative Payment Models:** Explore and implement alternative payment models for peer support services to ensure sustainable funding and effective integration of these services into diversion programs.

Housing Solutions and Transition Support

To expand and diversify housing options for individuals with serious mental illness or co-occurring conditions transitioning from state hospitals, jails, prison, and the streets, it is recommended to amend HCBS-AMH to include innovative group home settings, increase funding for supportive housing, and train providers on best practices. Developing secure, community-based housing options and launching pilot programs with intensive case management are essential. Securing state, federal, and public-private partnership funding will support these housing solutions.

Goal: Expand and diversify housing options and provide specialized support for individuals with serious mental illness or co-occurring conditions as they transition from institutional care to the community.

- *See examples of innovative housing models in footnote*

Actions:

- **Policy and Funding:** Propose HCBS-AMH amendments to include innovative group home settings*, increase funding for supportive housing options; secure state and federal funding, as well as public-private partnerships, to support the establishment, operation, and expansion of pilot programs.
- **Training and Development:** Train providers on new housing models and best practices; develop secure, community-based housing options, such as campus settings, intentional communities, and farmsteads, to support recovery and reintegration.
- **Support for Vulnerable Populations:** Address needs of individuals with secure, community-based options; launch pilot programs offering intensive case management and coordinated care planning; partner with community organizations for comprehensive support services.

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- **Integration and Assessment:** Integrate crisis intervention and diversion strategies within pilot programs; conduct assessments to identify best practices and scale successful models statewide; use pilot outcomes to scale successful models statewide, ensuring broader access to effective transition support and housing solutions.

Assessment of OCR vs. JBCR

To optimize Outpatient Competency Restoration (OCR) and Jail-Based Competency Restoration (JBCR) programs, a comprehensive assessment is recommended. This assessment should focus on identifying best practices and evaluating outcomes in key areas, including restoration rates, length of stay, adjudication of legal charges, connection with community programs or transitions to OCR, and identifying areas for improvement. Conducting this evaluation will enhance the effectiveness of these program models. Securing state funding and support is necessary for localities to implement and improve these programs based on the assessment findings.

Goal: Optimize the use of Outpatient Competency Restoration (OCR) and Jail-Based Competency Restoration (JBCR) programs.

Actions:

- **Assessment and Evaluation:** Conduct a comprehensive assessment comparing OCR and JBCR programs; identify best practices with outcomes, goals and areas for improvement.
- **Implementation and Funding:** Use findings to expand and enhance the most effective program models; secure state funding and support to assist localities in implementing and improving these programs based on assessment findings.

Data Collection and Analysis

To improve decision-making and program effectiveness, a comprehensive data collection and analysis system is recommended. Establishing a centralized data system to track outcomes, collecting detailed demographic and service utilization data, and using this data to inform policy decisions and resource allocation are crucial steps.

Goal: Improve decision-making and program effectiveness through comprehensive data collection and analysis.

Actions:

- **Data System Implementation:** Implement a centralized data system to track outcomes across mental health, substance abuse, intellectual and developmental disabilities (IDD), and forensic services.
- **Data Collection:** Collect detailed demographic and service utilization data to identify trends and gaps.

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- **Data Utilization:** Use data and outcomes to inform policy decisions and resource allocation.

Substance Use Disorder (SUD) Services

To address high rates of substance use among individuals and reduce recidivism, it is recommended to increase funding for Substance Use Disorder (SUD) treatment programs in jails and prisons. Developing and expanding evidence-based recovery community organizations and community-based SUD treatment programs is also essential. Integrating SUD treatment with re-entry services will provide continuous support for individuals transitioning back into the community. Additionally, creating prevention and early intervention programs will help address substance use issues before they escalate. Coordination between criminal justice agencies, healthcare providers, and community organizations is crucial for a comprehensive approach. Providing training for law enforcement and correctional staff will ensure they are equipped to support individuals with SUDs. Implementing monitoring and evaluation mechanisms will ensure continuous improvement and success of these programs.

Goal: Address the high rates of substance use among justice-involved individuals to reduce recidivism and improve health outcomes.

Actions:

- **Funding and Development:** Increase funding for SUD treatment programs within jails and prisons; develop and expand community-based SUD treatment programs, and partner with and provide funding to Recovery Community Organizations (RCOs) to support individuals returning to the community.
- **Integration and Prevention:** Integrate SUD treatment with re-entry services like housing and employment support; create and expand community-based prevention and early intervention services.
- **Coordination and Training:** Foster coordination between criminal justice agencies, healthcare providers, and community organizations; provide training for law enforcement, correctional staff, and community providers on SUD recognition and intervention.
- **Standardized Screening:** Implement evidenced based screening across healthcare settings.
- **Monitoring and Evaluation:** Implement monitoring and evaluation mechanisms to assess the effectiveness of SUD treatment programs.

Addressing the Forensic Population in County Jails

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Goal: Address the issue of the forensic population being held in county jails due to insufficient state hospital bed space, which imposes significant financial and liability burdens on local county governments.

Actions:

- **Expedite Transfers:** Develop and implement strategies to expedite the transfer of the forensic population from county jails to state mental health facilities.
- **Local Challenges:** Address the financial and logistical challenges faced by local county governments in managing this population.
- **Reimbursement:** Advocate for state reimbursement to local governments for the costs incurred in housing and managing this population.
- **Incorporate Input:** Jails require adequate resources to manage behavioral health populations effectively and safely, it's vital to incorporate the voices and expertise of stakeholders in decision-making processes.

** Innovative Housing Models*

Innovative housing models may include:

Farmstead Model:

The farmstead model combines residential living with agricultural activities on or near a working farm. Residents engage in daily farming tasks, offering therapeutic benefits, community building, and skill development. This structured environment is particularly beneficial for individuals with developmental disabilities and mental health needs.

Campus Settings:

The campus model, or "village" model, features multiple residential units within a single campus. This setup provides a community-like environment with shared facilities such as dining halls, recreational areas, and therapeutic services. It supports individuals with developmental disabilities or co-occurring mental health needs by promoting integration and social interaction in a supportive setting.

Scattered-Site Housing:

This model places individuals in independent housing units dispersed throughout the community rather than in a centralized location. It promotes greater integration into the community and reduces the stigma associated with living in specialized housing. Residents receive ongoing support and services as needed, facilitating independence and community engagement.

Shared Housing:

Shared housing involves individuals living together in a house or apartment, sharing common areas while having their own private spaces. This model encourages social interaction, mutual support among residents, and cost-sharing for housing expenses. It is suitable for individuals who benefit from a communal living environment.

Micro-Communities:

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Micro-communities are small, intentional communities where residents live in close proximity and share resources and responsibilities. These communities are designed to foster social connections, mutual support, and a sense of belonging. They can be tailored to the specific needs of individuals with mental health conditions or developmental disabilities.

Transitional Housing:

Transitional housing provides temporary, supportive living arrangements for individuals transitioning from institutional settings, homelessness, or crisis situations to permanent housing. These programs offer intensive case management and support services to help residents stabilize and prepare for independent living.

Supportive Housing:

Supportive housing integrates permanent housing with voluntary, flexible support services designed to help individuals maintain their housing stability and improve their health and well-being. This model is particularly effective for people with chronic mental health conditions or those transitioning from homelessness.

Step-Down Housing:

Step-down housing provides a gradual transition from high-intensity, structured environments such as hospitals or residential treatment centers to more independent living. These facilities offer support services to help residents adjust and gain independence while ensuring their needs are met in a less restrictive setting.

Sober Living Homes:

Sober living homes offer a substance-free environment for individuals recovering from substance use disorders. These homes provide peer support, structure, and accountability, helping residents maintain sobriety while transitioning back into the community. Residents often participate in recovery programs and are required to adhere to house rules that support a sober lifestyle.

These models aim to provide diverse and flexible housing solutions to meet the varied needs of individuals with serious mental illness or co-occurring conditions, enhancing their ability to live independently and engage with their communities.