

RECOMMENDATIONS FOR *TRUEBLOOD* SITES

Policy Research Associates (PRA) was engaged to work with the Washington State *Trueblood* Court Monitor's Office, *Trueblood* Workgroup, and other key stakeholders to develop a collaborative structure guide the strategic planning to address court compliance priorities in the competence to stand trial process. Through its work, PRA developed a set of nine recommendations for communities interested in enhancing their competence evaluation, restoration, and jail diversion and reentry processes.

1. Expand and enhance the crisis care continuum and law enforcement/mental health co-response.



Developing partnerships between law enforcement and community behavioral health services is a crucial strategy to enhance the engagement of individuals who may be experiencing behavioral health crises. To create a robust crisis care continuum, localities should prioritize partnership development, integrating crisis lines with 911 dispatch centers, promoting the use of mobile crisis teams and co-responder models, and developing crisis stabilization capacity (e.g., triage units, detoxification, respite beds).

2. Develop formal and coordinated screening and diversion strategies for arraignment and pre-plea diversion.



An individual's initial detention and/or initial court hearing is a brief but opportune time for diversion, as incarcerating low- and medium-risk individuals, even for short periods of time, increases the likelihood of recidivism.¹ When developing diversion strategies at this intercept, communities should examine universal screening protocols at arraignment.

3. Provide written guidance and strategies to the diversion sites for sharing individual-level information between treatment providers and justice stakeholders.



Critical to effective diversion and reentry programs is consistent information sharing between court personnel, behavioral health providers, and law enforcement. There is flexibility within federal and state-level privacy regulations to develop an information sharing framework. Answering the question "why should we track and share data" is an important place to start, as are data sharing agreements to provide more appropriate case dispositions.

4. Develop and enhance formal officer wellness strategies.



The establishment of police-based co-responder programs and specialized mental health training for law enforcement will bring increased awareness of staff's own potential mental health needs and the mental health needs of colleagues and family. Communities should be prepared to develop more formal wellness resources for law enforcement.

5. Ensure Veterans Affairs is informed and included in the planning and implementation of all initiatives for identification of Veterans and linkage to appropriate services.



The U.S. Department of Veterans Affairs offers multiple services for justice-involved Veterans, namely the Veterans Justice Outreach Program (VJO) and the Veterans Reentry Search Services (VRSS), a database which locates Veterans who are currently incarcerated in federal, state, city, and county correctional facilities, or represented as defendants on court dockets. Communities can develop partnerships with their local VA offices to identify justice-involved Veterans through a comparison of records from correctional facilities and court systems and the VA/ Department of Defense Identity Repository (VADIR).

6. Address the potential gap in insurance coverage when individuals transition from detox units to residential care.



A common issue in some communities is the wait time between an individual's completion of a detox program and transfer to a residential treatment bed—in some cases, an individual will be released back to the community without appropriate treatment or support, where the likelihood of relapse is high. Community stakeholders should collaborate to ensure a smooth transition to appropriate levels of care once someone decides to engage in treatment, which can result in cost savings in the long-term (e.g., through fewer repeat detox admissions).

7. Ensure full implementation of Medicaid suspension versus termination.



Thirty-one states, including Washington State, have policies governing Medicaid suspension while an individual is incarcerated. Stakeholders can work together to implement policies in local jails that would reactivate an individual's Medicaid coverage upon release, offering a smooth transition to the community and community-based healthcare services.

8. Develop guidance to courts and diversion stakeholders to request a re-evaluation of competence status for those in jail awaiting transfer to a restoration bed.



Developing procedures to reevaluate an individual's competence while they are awaiting transfer to a restoration bed may lead to a speedier adjudication of the individual's case. This is an opportunity for improvement reported across multiple *Trueblood* sites.

9. Pursue multiple strategies to improve access to housing for justice-involved individuals.



In the face of rising rents across the United States, communities should develop multi-pronged approaches to housing for justice-involved individuals. A strong housing continuum includes emergency shelters, landlord support and intervention, rapid rehousing, Permanent Supportive Housing, Supportive Housing (partial rent subsidies), transitional housing, affordable rental housing, and homeownership. In addition, communities should consider how dependent care, institutional care, home-based services such as FACT, FUSE and ACT, halfway houses, and respite care can support specific populations' needs.

¹ Christopher T. Lowenkamp, Marie VanNostrand, and Alexander Holsinger, "The Hidden Costs of Pretrial Detention," Laura and John Arnold Foundation, (November 2013): 3-4, https://craftmediabucket.s3.amazonaws.com/uploads/PDFs/LJAF_Report_hidden-costs_FNL.pdf.