

August 2024 Diversion Reentry Workgroup Recap and Key Points

Workgroup Purpose

The August Diversion and Reentry Workgroup meeting showcased presentations on the multi-system implementation of criminal justice evidence-based practices, including the Risk-Responsivity Model and Collaborative Comprehensive (CC) Case Plans.

Presenters:

- **Council on State Governments (CSG)**: Hallie Fader-Towe and Katie Herman presented on evidence-based corrections models and CC Case Plans.
- **Boulder County, Colorado, Behavioral Health Assistance Program (BHAP)**: Kristen Compston discussed Boulder County's initiatives for supporting justice-involved individuals with complex behavioral health needs.
- **Orange County (OC) Probation Department**: Chief Daniel Hernandez highlighted OC's collaborative efforts in implementing evidence-based practices and reentry programs through the OC Cares initiative.

Key Points from August Diversion/Reentry Workgroup Discussion

Presentation 1- Council on State Governments (CSG)

- **CSG Background**: CSG's mission is to bridge justice, health, and housing efforts nationwide. CSG focuses on providing research-backed resources to policymakers and practitioners to improve public health, safety, and equity across various sectors.
- **Second Chance Act and Funding Opportunities**: A critical component of the presentation was the Second Chance Act, which provides funding, training, and technical assistance for reentry initiatives, particularly focusing on health and housing.
- **Risk-Need-Responsivity (RNR) Model**: A cornerstone of evidence-based corrections. The model is structured around three main principles:
 - **Risk Principle**: This principle emphasizes assessing an individual's risk of reoffending. The RNR model suggests that higher-risk individuals benefit from more intensive interventions.
 - **Need Principle**: Focuses on identifying criminogenic needs that contribute to an individual's likelihood of reoffending. These may include substance abuse, lack of education, or antisocial behavior.
 - **Responsivity Principle**: Responsivity refers to adapting interventions to the individual's unique circumstances. This includes ensuring language accessibility, cultural sensitivity, and even ensuring that treatment is covered by insurance.
- **CC Case Plans**: offer a multi-system approach that integrates criminal justice, behavioral health, housing, and other services to meet the needs of justice-involved individuals with behavioral health issues. These case plans prioritize coordinated interventions that address both

criminogenic risks and behavioral health needs, improving outcomes like reduced recidivism and better health. By engaging multiple stakeholders—such as behavioral health providers, community supervision agencies, and peer mentors—case plans remain flexible and responsive to participants' evolving needs, ensuring successful reintegration.

- **Online Tools and Resources for Case Planning:** The online tools developed by CSG provide resources for professionals, including guidelines on collaborative case conferences, training, screening, and assessment.
- **Medical Reentry Coordination and Medicaid Waivers:** Historically, Medicaid could not be billed for services provided in correctional facilities, but this has changed. The 1115 demonstration waivers from the Centers for Medicare and Medicaid Services (CMS) allow states to experiment with Medicaid coverage for pre-release services, such as Medication Assisted Treatment (MAT) and case management.
- **Opportunities for Young Justice-Involved Individuals:** Recent legislative changes have extended federal support to youth up to age 26 who were previously involved in the foster care system.

Presentation 2- Boulder County, Colorado, Behavioral Health Assistance Program (BHAP)

- **Overview of BHAP:** supports justice-involved individuals with complex behavioral health needs, particularly those found incompetent to stand trial (IST) who have been stabilized and restored to competency. Once individuals are found competent and released from the state hospital, BHAP provides reentry services aimed at preventing further justice system involvement by helping them maintain stability and protective factors during their transition back into the community.
- **Program Creation and Goals:** Established to address gaps in services for individuals who repeatedly cycle through jail and struggle to comply with probation. It targets those with behavioral health and housing instability, many of whom are chronically homeless and have acquired brain injuries. The program aims to reduce recidivism by providing comprehensive reentry support.
- **Program Structure:** Centered around four core components: screening and assessment, jail-based treatment, peer support, and case management. Staff work within the jail and the community to support clients pre- and post-release. The program emphasizes meeting clients where they are most comfortable, including within community settings.
- **Voluntary Program:** Not mandated by the court or probation. It uses background checks and the Level of Service Inventory (LSI) to assess risk and need levels. Clients are invited to engage in the program on their own terms.
- **Community-Based Approach:** Emphasizes connecting clients to critical services such as housing, healthcare, and employment, while aligning with their personal goals. The program relies on a universal release of information, enabling better coordination across agencies.
- **Reentry Planning:** Reentry planning is individualized, with a focus on setting specific, measurable, attainable, realistic, and time-bound (SMART) goals and addressing immediate needs like shelter and food.

- **Program Outcomes:** BHAP has seen nearly 40% of its participants successfully complete the program, with the main barrier being loss of contact post-release. Successful participants experienced a 36% reduction in jail bookings and 53% less time spent in jail. 77% of service referrals had known follow-through.

Presentation 3- Orange County (OC) Probation Department Application of Evidence-Based Corrections

- **Overview of OC's Approach:** OC probation system operationalizes evidence-based principles to reduce recidivism and support successful reintegration. A key factor in OC's success is the collaboration among agencies, facilitated by OC Cares, which coordinates services for high-need clients.
- **Health Care and Behavioral Health Services:** OC's Health Care Agency provides comprehensive medical and behavioral health services to residents and individuals in custody, including juvenile facilities. Senate Bill (SB) 823 funding has expanded in-custody services, including mental health support and MAT for juvenile and adult populations.
- **Evidence-Based Case Planning:** OC uses an in-house, strengths-based case plan that incorporates family-based principles, supported by partnerships with organizations like the Annie E. Casey Foundation. Correctional officers are trained to facilitate family-based meetings, ensuring a holistic approach to addressing youth and family needs.
- **Youth Reporting Centers and Diversion:** OC has developed Youth Reporting Centers as alternatives to detention for youth violating probation or transitioning out of custody, providing structured support and behavioral health services. Diversion opportunities for foster youth are a focus, ensuring they have access to the same services as other youth. The department utilizes risk assessments to identify which youth require court referrals and which can be diverted.
- **Reentry and Service Expansion:** OC is expanding reentry services through SB 823 funding, providing comprehensive care for high-risk populations. OC's reentry efforts include plans for a juvenile reentry center and adult reentry housing, offering non-secure housing, treatment, and job placement services.
- **Future Projects:** OC Cares is committed to expanding services, including a new workforce reentry center and apartment-style housing for youth and individuals transitioning from custody.