**SYSTEM FOCUS AREA**

**ACTION ITEM**

**CATEGORY ELEMENT**

**#**

**RESOURCE LINKS**

**SUPPORT NEEDED**

**RATIONALE & INTENTION**

**ACTION ITEM TYPE**

1 Amend Criminal

Rule 46

Review and Draft or Amend

Statutes and Rules Regarding

Engagement Policy The purpose of this action item is to allow a Judge to

address a defendant’s mental health or substance

Support from Idaho Legislature and Courts

1. Obtain support from the Administrative Office of the

Pre-Trial Evaluations for Mental Health of Substance Abuse

abuse issues as early as the first appearance in court. Courts

1. Obtain draft of proposed amendments to the Idaho

Issues for Adult Offenders

The pertinent portion of Idaho Criminal Rule 46 currently provides:

“(e) Terms and Prohibitions of Bail or Release.

(1) If a defendant is admitted to bail or released on the defendant's own recognizance, the court making such determination may impose such reasonable terms, conditions and prohibitions as the court finds necessary in the exercise of its discretion.”

It is suggested that the rule be amended to specifically allow substance abuse evaluations and mental health evaluations at any stage in the proceedings and that the rule be amended to

Criminal Rules

1. Obtain support of the Idaho Criminal Rules Committee
2. Obtain draft of proposed amendments of the law
3. Identify legislator to sponsor an appropriate bill
4. Obtain support from a sufficient number of legislators to pass bill

Obtain support from criminal justice stakeholders (Judges, Prosecutors, Defense Attorneys, County Probation, State Probation and Parole, Dept. of Health and Welfare, treatment providers) to implement the

specifically include language regarding conditions that policy in practice incorporate substance abuse or mental health

treatment options and medication management. Such Funding Support

recommendation is made to avoid arguments as to the Medicaid expansion breadth or limitations of the general provision of ICR

46(e)(1).

Any proposed statute or rule should include provisions such that confidentiality is protected. It is suggested that any evaluation or treatment records obtained prior to a plea of finding of guilty should be confidential and may be released to the court/opposing legal counsel only upon consent of the defendant

It also recommended that any amendment to 19-2524

Make sure we are not duplicating efforts.

# # CATEGORY ELEMENT

# ACTION ITEM SYSTEM FOCUS ACTION ITEM TYPE RATIONALE & INTENTION SUPPORT NEEDED RESOURCE LINKS AREA

2 Amend Juvenile

Rule 7

Review and Draft or Amend Statutes and Rules Regarding Pre-trial Detention/Release of Juvenile Offenders

Engagement Policy The purpose of this action item is to allow a Judge to

address a juvenile’s mental health or substance abuse issues as early as the first appearance in court.

A judge has authority under Idaho Code section 20- 516 and Idaho Juvenile Rule 7 to enter an order at a detention hearing to have the juvenile placed in a specific placement and with specific conditions.

As provided in 20-516(4), the “[p]lacements may include, but are not limited to, the following:

1. Parents of the juvenile;
2. Relatives of the juvenile;
3. Foster care;
4. Group care;
5. A juvenile detention center; or
6. Community-based diversion programs.”

As provided in Juvenile rule 7(e), “In the event the court determines as a result of the detention hearing that the detention or protective supervision of the juvenile is not required, the court may enter an order delivering custody of the juvenile to any person or agency found by the court to be in the best interest of the juvenile and society and upon such terms, conditions, and restriction as the court shall determine and include in its order.”

It is suggested that the code and rule be amended to specifically allow substance abuse evaluations, similar to mental health evaluations allowed under 20-511A, and regardless of whether the juvenile is held in

Support from Idaho Legislature and Courts

1. Obtain support from the Administrative Office of the Courts
2. Obtain draft of proposed amendments to the Idaho Criminal Rules
3. Obtain support of the Idaho Juvenile Rules Committee
4. Obtain draft of proposed amendments of the law
5. Identify legislator to sponsor an appropriate bill
6. Obtain support from a sufficient number of legislators to pass bill

Obtain support from criminal justice stakeholders (Judges, Prosecutors, Defense Attorneys, County Probation, Dept. of Health and Welfare, treatment providers) to implement the policy in practice

Funding Support

1. Medicaid expansion

**SYSTEM FOCUS AREA**

**ACTION ITEM**

**CATEGORY ELEMENT**

**#**

**RESOURCE LINKS**

**SUPPORT NEEDED**

**RATIONALE & INTENTION**

**ACTION ITEM TYPE**

3.a Increasing

utilization of Crisis

Centers

Gaps still in beds

Medications and formularies are still a barrier

Review and revise 24 hour rule

Increase utilization of Crisis

Centers

* 1. Broaden the admission criteria for crisis centers.
	2. Allow for the establishment of mandatory section in addition to the voluntary access portion of in Crisis Centers.
	3. Enhance the admission time beyond 24 hours. Consider

Prevention /

Engagement / Treatment

Program / Policy To reduce the overutilization of emergency

departments, hospitals, and jails which also results in decreased costs. To decrease suicidal risk and increase mental supports for those in crisis.

* + 1. Decrease law enforcement, emergency departments and legal system costs for holds that require minimal security.
		2. There are enough cases statewide showing the less than 24-hour rule is not adequate.
		3. Cost and stigma reduction. Enhanced referral to treatment.

Crisis Center, Law Enforcement, Idaho Department of

Health and Welfare; Private Mental Health Agencies, funding source

1. Utilize collaboratives to provide feedback to hospitals regarding barriers to admission.
2. A segregated area or process established to hold persons administratively or physically at the location.
3. Examine current rule regarding 24-hour limit and determine if a rule exemption or new rule would be

modifying or establishing new residential facility rules so that

1. Decriminalize mental illness crisis. Current choices appropriate. are hospitalizations and/or jail.

Crisis Centers can increase beyond 24 hours.

1. Utilize Crisis Centers for detox options beyond 24 hours.
2. Establish crisis center access for rural areas. Ability to do Tele-health through the Crisis Centers to expand access.
3. Modify Medicaid rules to allow for additional telehealth billing for clients currently experiencing a crisis but need to access a prescriber or other provider via telehealth.
4. Access to mental health services while in the Center due to lack of access outside of center.

e. Establish on-call centers and/or special transportation to and from regional crisis centers

3.b

Develop residential crisis services that last > 24 hours

Early Intervention/ Treatment

Program

Crisis Centers only currently serve patients for less Crisis Center, Health and Welfare, Behavioral Health than 24 hours but patient needs often exceed this Providers, Mental Health agency, funding source limitation. There is a need for residential crisis services

that last longer than 24 hours. These services will give law enforcement an option other than incarceration.

**SYSTEM FOCUS AREA**

**ACTION ITEM**

**CATEGORY ELEMENT**

**#**

**RESOURCE LINKS**

**SUPPORT NEEDED**

**RATIONALE & INTENTION**

**ACTION ITEM TYPE**

4 LEAD-Law

LEAD –

Promotion /

PROGRAM The Opioid and Substance Use Disorder Advisory

LEAD – training and education for partners in LEAD –

https://odp.idaho.gov

Enforcement

Law Enforcement Assisted

Prevention /

Group recommended that Idaho “[i]mplement and fund law enforcement; mental health agencies/personnel;

/governors-opioid-

Assisted Diversion Diversion

Engagement /

Law Enforcement Assisted Diversionary (LEAD)

substance abuse treatment agencies/personnel; crisis and-substance-use-

Treatment

Program(s), or other locally controlled community- based diversionary programs, to refer first time, non-

centers; hospitals; prosecutors; defense attorneys; probation departments; schools; health and welfare;

disorder-advisory- group/

violent drug possessors (offenders in violation of Idaho housing agencies; shelters; food sources. Code 37-2732(c)(1)) to rehabilitative treatment

programs in lieu of formal criminal charges.” Often incarceration is utilized to answer community concerns where the real issue is addiction or untreated/undiagnosed behavioral health issues rather than criminality. Incarceration is costly to the individual and society. The dollar costs to society are easily measurable. The hidden costs to society lie in the costs to the individual. Incarceration can be a setback – any existing jobs and housing may be lost. Other family members depending on the person incarcerated are impacted by loss of financial support as well as emotional support. Early research indicates that LEAD may increase coordinated care between substance abuse providers, law enforcement, crisis centers, behavioral health providers, prosecutors and defense attorneys as well as reduce overutilization of jail; thereby reducing financial costs. In addition, LEAD may benefit members of society by facilitating access to education, treatment, recovery, and productivity within communities. Given the limited research on LEAD effectiveness, the Criminal Justice Workgroup recommends that the State measure the efficacy and effectiveness of existing pilot LEAD programs, using scientifically recommended methods, before expanding its use across the state.

Community education.

Financial investment – Medicaid expansion? Grant funding

State and county dollars.

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| **#** | **CATEGORY ACTION ITEM ELEMENT** | **SYSTEM FOCUS****AREA** | **ACTION ITEM TYPE** | **RATIONALE & INTENTION** | **SUPPORT NEEDED** | **RESOURCE LINKS** |
| 5 | Enhance Services Conduct Sequential Intercept and Improve Model (SIM) Workshops Coordination throughout Idaho to improvecollaboration, and identify gaps and opportunities for improvement. Support implementation of priorities developed by local stakeholders to improve local behavioral health and criminal justice system. | Promotion | Project | Criminal Justice, Behavioral Health, and related services are often created and performed in silos. Sequential Intercept Model (SIM) workshops bring local stakeholders together to discuss the local behavioral health and criminal justice systems. The stakeholders working together identify gaps, needs, and potential solutions at the local level. These workshops have been shown to improve local behavioral health systems and reduce reliance on the criminal justice system to address behavioral health needs.It is recommended that the State provide and fund Sequential Intercept Model (SIM) workshops in jurisdictions around Idaho. During these workshops, local stakeholders identify needs and prioritize improvements. The State should support the implementation of the priorities developed by local stakeholders in those workshops and the ongoing efforts of the stakeholders. It is also recommended that judges generate interest for these workshops and invite local stakeholders to attend. The judiciary is also encouraged to support the collaboration of the stakeholders after the workshops as they implement the stakeholder priorities. These workshops are an ongoing need. Every few years, local communities will benefit from having another workshop to continue collaboration between the behavioral health and criminal justice system.SIM was identified in the Building a Crisis System of Care in Idaho (Beacon Report) as a model that could | Funding for full-time behavioral health coordinator or ongoing funding to hire Sequential Intercept Model (SIM) Workshop facilitators. Related costs. |  |

6.a Mental Health

Idahoans who have a non-

Crisis Policy Many Idahoans who have a mental health crisis do not Crisis Centers, Health and Welfare, EMS, 911

Mobile Response

violent mental health crisis should receive prompt assistance from a mental health professional in conjunction with a law enforcement response.

receive a response from a mental health professional. Rather, law enforcement is called to address the mental health crisis. This often results in the person being arrested and charged. The State should adopt a policy and develop programs that ensure that people who have a non-violent mental health crisis receive a prompt response from a mental health professional.

Dispatch, Law Enforcement, and Local Stakeholders. Implementation of 988 and associated mental health and crisis system improvements. Additional funding.

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| **# CATEGORY ELEMENT** | **ACTION ITEM** | **SYSTEM FOCUS****AREA** | **ACTION ITEM TYPE** | **RATIONALE & INTENTION SUPPORT NEEDED** | **RESOURCE LINKS** |
| 6.b Mobile Crisis | Improve Mobile Crisis Response Throughout Idaho | Promotion Prevention Engagement Treatment | Program | Improving the quality and timeliness of mobile crisis Mobile Response-currently being implemented by response in Idaho will help to ensure that people with DHW-Regions any contract for mobile response will behavioral health crises receive services they need. be held to fidelity of each Regional crisis need.This can be achieved by behavioral healthprofessional responding with first responders. The Ensuring that best practices standards for mobile overall goal is to reduce risk by providing proactive crisis response that are developed by a consortium of responses to the community. Mobile crisis stakeholders (law enforcement, dispatch, EMS, crisis responders should be competently trained in how to centers, and behavioral health professionals) are assist various high-risk populations, such as mental included in the new managed care contract.health, substance use, and other at-risk populations.Improving the effectiveness of crisis response will Law enforcement, Mental Health workers, dispatch improve access to diversion options and reduce the need to be trained in CIT.over utilization of emergency rooms, hospitalizations,and jails. Encourage co responding and co-location of law enforcement, mental health professionals, and EMSIdaho Department of Health and Welfare has begun to to cover all regional areas-this meets fidelity in Mobile provide mobile crisis but this will be handled in the Response and should be included in the managed future by a managed care contractor. It is care contract.recommended that Health and Welfare work with aconsortium of stakeholders (law enforcement, Ensure that the Department of Health and Welfare is dispatch, EMS, crisis centers, and behavioral health providing the Center of Excellence and oversight to professionals) to develop best practice standards to be ensure that agencies are meeting fidelity in process implemented by the new managed care contractor. and procedure. |  |

**SYSTEM FOCUS AREA**

**ACTION ITEM**

**CATEGORY ELEMENT**

**#**

**RESOURCE LINKS**

**SUPPORT NEEDED**

**RATIONALE & INTENTION**

**ACTION ITEM TYPE**

6.c Mobile Crisis Pilot a Virtual Crisis Care

Program with Probation &

Parole and Law Enforcement

Mobile Crisis Program Pilot a Virtual Crisis Care program that provides

probation and law enforcement with 24/7 access to behavioral health professionals who can assist in responding to people experiencing a mental health crisis. This would help to ensure that those working in the criminal justice system have access to the resources they need to help people with mental illness, regardless of where they live. This would expand the reach of crisis services in each region. The Virtual Crisis Care program provides law enforcement access to behavioral health professionals when local crisis response services are not available. Through tablet technology, behavioral health professionals assist law enforcement officers with de-escalation, stabilization and safety assessment during a crisis situation wherever the crisis is occurring. Under this program, on-site law enforcement would call the crisis response team to request a safety assessment. Law enforcement would provide the individual in crisis with a tablet for a video session with the crisis response team. The response team would initiate a video session with the individual using the tablet. The crisis response team would complete a safety assessment and follow up with law enforcement by phone or continued video session to discuss recommendations and also follow up with the identified community mental health center.

Idaho Department of Health and Welfare, Law

Enforcement, Probation and Parole. Funding needed.

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| **#** | **CATEGORY****ELEMENT** | **ACTION ITEM** | **SYSTEM FOCUS****AREA** | **ACTION ITEM TYPE** | **RATIONALE & INTENTION** | **SUPPORT NEEDED** | **RESOURCE LINKS** |
| 7 | Enhancing Crisis Intervention Team’s (CIT) statewideAdd a systematic evaluation of all CIT sites, both process and outcome evaluations, need to be conducted to ensure that the benefits of CIT are actualized. | Improve Crisis Intervention Teams (CIT). It is recommended that Idaho take steps to improve CIT, including the following:1. Review status of CIT in each Region.
2. Expand CIT to be available to all counties (including rural)
3. Establish CIT trainers in each Region from Mental Health and Law Enforcement representation. Establish a dream team for quality assurance
4. Develop local marketing teams for CIT training
5. Provide funding support and or relief officers to assist agencies sending officers to CIT training
6. Utilize Peace Officer Standards and Training (POST) website and have the trainings POST certified with trainers so that officers can get training hours
7. Establishing a train the trainer to increase certified CIT trainers statewide
8. Expand CIT-Collaboratives

statewide (including rural areas) | Promotion / Prevention / Engagement / Treatment | Program | CIT has been shown to increase officer confidence in responding to situations with persons who have mental health issues and reduce the amount of time spent on scene in those instances. It has also been shown to be effective in meeting the needs of people who have mental health issues, increasing officers' knowledge about mental health issues, improving de- escalation skills, and increasing officers' willingness to socially engage with people who have mental health issues. Finally, CIT may also have some positive effects on community safety, accessing mental health services, improved attitudes towards people with mental health issues, diversion, and officers feeling prepared for encounters with people who have mental health issues. | Permanent funding sources for statewide CIT programs. Idaho Department of Health and Welfare. Peace Officer Standards and Training. Local law enforcement. |  |

Review status of CIT- Idaho’s crisis system is dependent on the coordination Stakeholders: Regional Staff-DHW, Law Enforcement,

Collaboratives in each Region. Provide Recommendations to maintain and enhance these

of stakeholders/agencies aligning purpose and providing proactive crisis responses to reduce suicide, incarcerations, and hospitalizations. Regular meetings

Mental Health Agencies, Crisis Centers, Hospitals etc.

Financial: Funds to support staff to attend these

collaboratives

between community stakeholders are a key element in meetings monthly if not bi-monthly. development of successful CIT programs.

Collaborative Coordinator: Recommended Regional Idaho

8

Pre-Adjudication Develop pre-adjudication Diversion Options diversion options for people

with behavioral health needs

Early Intervention/Treatment nt

Policy

Options that address behavioral health needs in the Behavioral Health Providers, Health and Welfare, Law community without resorting to incarceration may be in Enforcement, Courts

the individual's and community's best interest.

**SYSTEM FOCUS AREA**

**ACTION ITEM**

**CATEGORY ELEMENT**

**#**

**RESOURCE LINKS**

**SUPPORT NEEDED**

**RATIONALE & INTENTION**

**ACTION ITEM TYPE**

9 Mental Health Medication

continuity – between

Address medication and

medical record access and continuity. Explore statewide formulary shared by jails and

Prevention /

Treatment

Partnership Jails and prisons have different formularies that

determine what medications are available to individuals in their custody. An individual who moves between county jails can have their

1. Enhance training for providers on HIPAA application

and law enforcement exceptions

1. Collaboration with County Jails, Idaho Department of Correction prisons, State Hospitals, and Medicaid

community/jail/IDO Idaho Department of Correction

medications change based upon these formularies.

program. 3.Regular meetings of stakeholders to

C treatment providers and facility formulary

Extend collaboration with medical contractors

prisons – explore regular meetings of stakeholders to review and update formulary.

Likewise, individuals who move between jails and prisons have their medications changed due to these formularies. Many medications, including mental health medications, take time to reach therapeutic levels and for a person to acclimate to the medication. Similar formularies between our jails and prisons will assist these individuals.

review and update formulary

Sheriffs’ Association to standardize formulary

10

Replicate or enhance existing evidence-based court models

Investigate and Pilot Mental Health Pretrial Courts and Other Preadjudication Diversion Options

Engagement / Treatment

Program

Treatment court models have been shown to improve Commitment from the Court and Other Stakeholders

outcomes for participants. The Treatment Court Model could be adapted to serve defendants with mental health needs earlier in the case, at the pretrial stage, to facilitate early engagement and treatment and increases chances of success.

that serve on the treatment court team.

Additional resources / funding State funding

10.a Mental Health Courts

Ensure the Mental Health

Court program is successfully transitioned from the Department of Health and Welfare.

Develop plan to transition treatment for mental health

Treatment Program /

Partnership

Medicaid expansion provides an additional source of

treatment funding for a significant portion of Mental Health Court participants. Also as a result of Medicaid expansion, Idaho Department of Health and Welfare Assertive Community Treatment (ACT) Teams no longer have the capacity to serve MHCs as they have in the past. A joint decision between the Department

Collaboration between Courts, Idaho Department of

Health and Welfare, and private provider network

Gap analysis to ensure continuation of treatment/services for participants

Treatment funding for participants who are not eligible

court participants from Idaho of Health and Welfare and the Administrative Office of for Medicaid and for services not reimbursed by

Department of Health and Welfare Assertive Community Treatment (ACT) teams to the private provider network.

the Court will need to implement a transition timeframe. Transition should be done as a warm handoff when the communities are equipped to provide these services then Idaho Department of Health and Welfare will step out only when implemented privately.

Medicaid.

10.b

Replicate or enhance existing evidence-based court models

Explore feasibility and benefits of making treatment court coordinators state employees.

Engagement / Treatment

Program

The ability of treatment courts to function effectively is State funding dependent, in part, on the availability of sufficient

coordination resources and consistency in coordinator expectations, roles, & responsibilities across the state.

This would enable coordinators to be shared among rural counties and may result in some cost savings. This would allow a greater level of training and expertise which would result in greater fidelity to the treatment court model and best practices.

10.c Replicate or

enhance existing

evidence-based court models

Adequately fund treatment

courts.

Treatment Program In order for treatment courts to be effective, it is critical Additional funding

that follow evidence-based models. This requires sufficient funding for treatment, drug testing, and staff.

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| **# CATEGORY****ELEMENT** | **ACTION ITEM** | **SYSTEM FOCUS****AREA** | **ACTION ITEM TYPE** | **RATIONALE & INTENTION SUPPORT NEEDED** | **RESOURCE LINKS** |
| 10.d Replicate orenhance existingevidence-based court models | Consider piloting a reentry court for the Retained Jurisdiction (Rider) population. | Engagement / Treatment | Program / Partnership | The Treatment Court model could be adapted to serve Commitment from the Court and Other Stakeholders, those returning from a Rider with mental health and including Idaho Department of Correction, that serve substance use needs who may struggle with on the treatment court team.successfully transitioning back into the community.Additional resources/funding |  |

12 Improve

Develop recommendations for

Engagement Policy Assessment processes are characterized by delay and Collaboration between government entities that are

Processes

improving processes used by courts and counsel to assess the behavioral health needs of criminal defendants

duplicative processes and information.

There is a significant need for criminal defendants to receive behavioral health assessments early in criminal cases. This will allow early engagement in treatment rather than waiting months for cases to be resolved. Early assessments will assist prosecutors and public defenders in understanding defendants’ behavioral health needs.

In addition, Medicaid expansion changes the landscape as it relates to funding for assessments and treatment.

The processes under I.C. Sections 19-2524, 19-2523, and I.C. 19-2522 do not function well and need to be revised.

impacted (Courts, Idaho Department of Health and Welfare, Idaho Department of Correction, defense counsel, and prosecutors)

Legal analyses

13

Medication- Assisted Treatment (MAT) for substance abuse disorders–

Explore how Medication- Assisted Treatment (MAT) for substance abuse disorders can be expanded and readily available across Idaho to

Treatment

expand availability ensure availability for all

Partnership / Project Medication-Assisted Treatment (MAT) for substance 1. More trained and certified treatment providers abuse disorders is not widely available across Idaho. across Idaho

According to the Food and Drug Administration, 2. Idaho Department of Correction, Misdemeanor "[m]edication-assisted treatment (MAT) is the use of Probation Departments, County Jails medications in combination with counseling and 2. Ensure gaps in services are addressed behavioral therapies, which is effective in the 3. “paradigm shift” in incarcerated environments

of MAT in Idaho

change language from MAT to MOUD

Idahoans. Build bridges between community, county jails, prisons, misdemeanor probation departments, and Probation and Parole to ensure MAT is available in custody and while on supervision in the community.

treatment of opioid use disorders (OUD) and can help 4. Partnering with Idaho Department of Health and

some people to sustain recovery." The Substance Abuse and Mental Health Services Administration (SAMHA) advises that "[r]esearch shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose...The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used."

Welfare regarding Idaho Response to the Opioid Crisis grant funding opportunities

**SYSTEM FOCUS AREA**

**ACTION ITEM**

**CATEGORY ELEMENT**

**#**

**RESOURCE LINKS**

**SUPPORT NEEDED**

**RATIONALE & INTENTION**

**ACTION ITEM TYPE**

14 Idaho Secure

Medical Program

funding for staff positions and shift to monitor the building and initiating services at the state forensic psychiatric facility. Or it could include securing funding for long term operation of the forensic psych facility

Consider developing a forensic

program for competency restoration and civil commitments that is not under Idaho Department of Correction

Treatment Program The Idaho Department of Correction manages the

statutorily-created Idaho Secure Medical Program, which means people who have not been convicted of a crime, are housed in our maximum-security prison facility. This environment is very restrictive and does not have the same therapeutic opportunities that a hospital setting would provide. In other states, these people would be managed in a secure forensic hospital setting.

Funding. Idaho Department of Health and Welfare

and Idaho Department of Correction.

14.a

Improve Processes

Develop a step-down or community restoration option for misdemeanor case

Explore alternatives to the competency restoration process in misdemeanor cases.

Treatment

Policy / Program The competency restoration process is resource-

Idaho Legislature and Governor with Input From

intensive and time-consuming. Currently, competency Criminal Justice and Behavioral Health Partners restoration is required for all misdemeanor crimes in

cases where the defendant has been found incompetent to stand trial. Defendants often spend more time in custody doing competency restoration than they would serve as a sentence for their crime. Explore whether this is the most effective use of resources in all misdemeanor cases.

Nationally, there are examples of models in which defendants are engaged in treatment and reintegrated into the community in lieu of a restoration process.

15 Enhance Services Develop supervision/treatment

Treatment &

Program Treatment courts are effective for individuals with high Collaboration between Courts, Idaho Department of

and Improve Coordination

additional options that address the full continuum of risk/responsivity needs of probationers and parolees.

Recovery

levels of need, but space in the courts is limited. Very few services are required for low-need individuals.

However, a large portion of the justice-involved population fits into the middle, which lacks adequate needs-based services, and are not likely to benefit from treatment courts.

Correction, Misdemeanor Probation, Idaho Department of Health and Welfare, Private Behavioral Health Providers

Adequate funding for individuals who do not qualify for Medicaid or other benefits

Treatment

Partnership

Expanded Medicaid increased access to behavioral Funding health and related services for many individuals

involved in the justice system. The goal would be to ensure that there is not inequity in availability of services for those who have no other source of health care coverage. State funds previously used to cover these services have been reduced and are extremely limited.

Address the need for more

robust supportive services, to include housing, transportation, and childcare.

Engagement &

Recovery

Individuals accessing behavioral health services will

be more successful in their treatment and recovery if their basic needs are me and they have an adequate support system. In general, supportive services are limited across the state.

Funding and collaboration between partners.

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| **#** | **CATEGORY****ELEMENT** | **ACTION ITEM** | **SYSTEM FOCUS****AREA** | **ACTION ITEM TYPE** | **RATIONALE & INTENTION** | **SUPPORT NEEDED** | **RESOURCE LINKS** |
| 16 | Develop Residential services to decrease incarceration | Explore a partnership between Department of Health and Welfare and Department of Correction to Develop Diversionary Placements for people in behavioral health crisis who are on supervision. | Engagement and Recovery | Program | Currently, when a person on probation or parole | Idaho Department of Correction, local law |  |
| experiences acute behavioral health needs, (e.g., are | enforcement, Idaho Department of Health and |
| suicidal or in need of detox), Probation and Parole | Welfare, community-treatment providers. This project |
| Officers are often forced to use incarceration as a way | would need funding. |
| to maintain the person’s safety. Then, the person |  |
| either faces revocation or is quickly returned to the | Funding Support |
| community. Creating a stabilization and housing |  |
| model would help by providing on-demand services to |  |
| address the behavioral health crisis, stabilize the |  |
| individual, connect them to community-based |  |
| treatment, and prepare them for returning home. |  |

18

Re-entry Supervision Programs

Expand “dosage probation” model

engagement

partnership

"Dosage probation" has been proven to be successful 1. Ongoing funding for expansion and sustainability. on national level and reduce reincarceration. The Current grant expires in 2023.

Idaho Department of Correction has piloted "dosage 2. Assess whether national result translate into local probation" in some areas of Idaho. It is recommended jurisdictions

that "dosage probation" be expanded. 3. Idaho Department of Correction support

19 Re-entry Supervision

Programs

Expand “forensic” Peer Support

Specialist or Recovery Coach into an IDOC program

recovery program Provide peers with direct experience in behavioral

health and criminal justice system to support those in re-entry - dovetailing with current peer support positions

1. Idaho Board of Alcohol/Drug Counselor Certification

develop certification/licensure (with criminal history)

1. Clinical oversight per Idaho Administrative Procedure Act (IDAPA) regulations

20

Re-entry Supervision Programs

Expand Connection and Intervention Stations (CIS) to all districts, and ensure access to all residents, including rural areas

treatment / recovery

partnership

Connection and Intervention Stations (CIS) give 1. Possibly additional funding from Idaho legislature Probation and Parole tools to assist probationers and 2. Idaho Department of Correction support

some parolees with routine check-ins, programming, 3. Community support

referrals for treatment, and other tools to be successful 4. Recovery centers as partners on supervision and avoid re-incarceration. CISs focus

on individual needs. Also, consider implementing virtual online programming development.

21 Mechanism to

Examination of non-

recovery Partnership (Parole

High proportion of incarcerated population are

Idaho Commissions of Pardons and Parole and Idaho

divert parole violators (others facing return to prison) into other

incarceration options for Technical Parole Violations for parolees with behavioral health needs that are causing the

Commission)

incarcerated due to Technical Parole Violations (TPV), Department of Correction if effective and safe alternative parole response could

be developed, cost of incarceration (in both financial and human terms) would be decreased.

programs/services Technical Parole Violations

22

Data

Explore the availability and use Prevention/Early of CJIDS Data to Develop Intervention Policies and Programs

The State has invested in CJIDS and the Council CJIDS should use this data to develop its policies and

programs. Specifically, it is recommended that the Council leverage CJIDS data related to social determinants of health and invest in "off ramps" that keep people out of the criminal justice system.

**SYSTEM FOCUS AREA**

**ACTION ITEM**

**CATEGORY ELEMENT**

**#**

**RESOURCE LINKS**

**SUPPORT NEEDED**

**RATIONALE & INTENTION**

**ACTION ITEM TYPE**

23 Trauma Treatment Provide trauma interventions to

 Expand to all correctional staff and residents

employees involved of IDOC facilities

with justice involved

individuals

 and seek permanent funding that continues to address both resident and staff trauma resources

Engagement/Treatm

ent

Program Correctional staff experience trauma and PTSD at

rates significantly higher than the general public. Similarly, incarcerated persons have extremely high rates of adverse childhood experiences and traditional evidence-based practices do not address trauma. The purpose of this action item is to conduct a research study of the impacts of providing specific trauma interventions and wellness initiatives to improve the mental health of staff and residents. Additionally, this project will measure if directly targeting trauma impacts reoffending rates.

Idaho Department of Correction; Support from

stakeholders (Department of Human Resources, staff, residents, researchers); Funding support