

# Working Group Recommendations

Executive Summary

The Call to Action – End outdoor substance use by effectively engaging individuals to enter or begin inpatient treatment and long-term recovery.

## Positive Objectives:

### FOR INDIVIDUALS

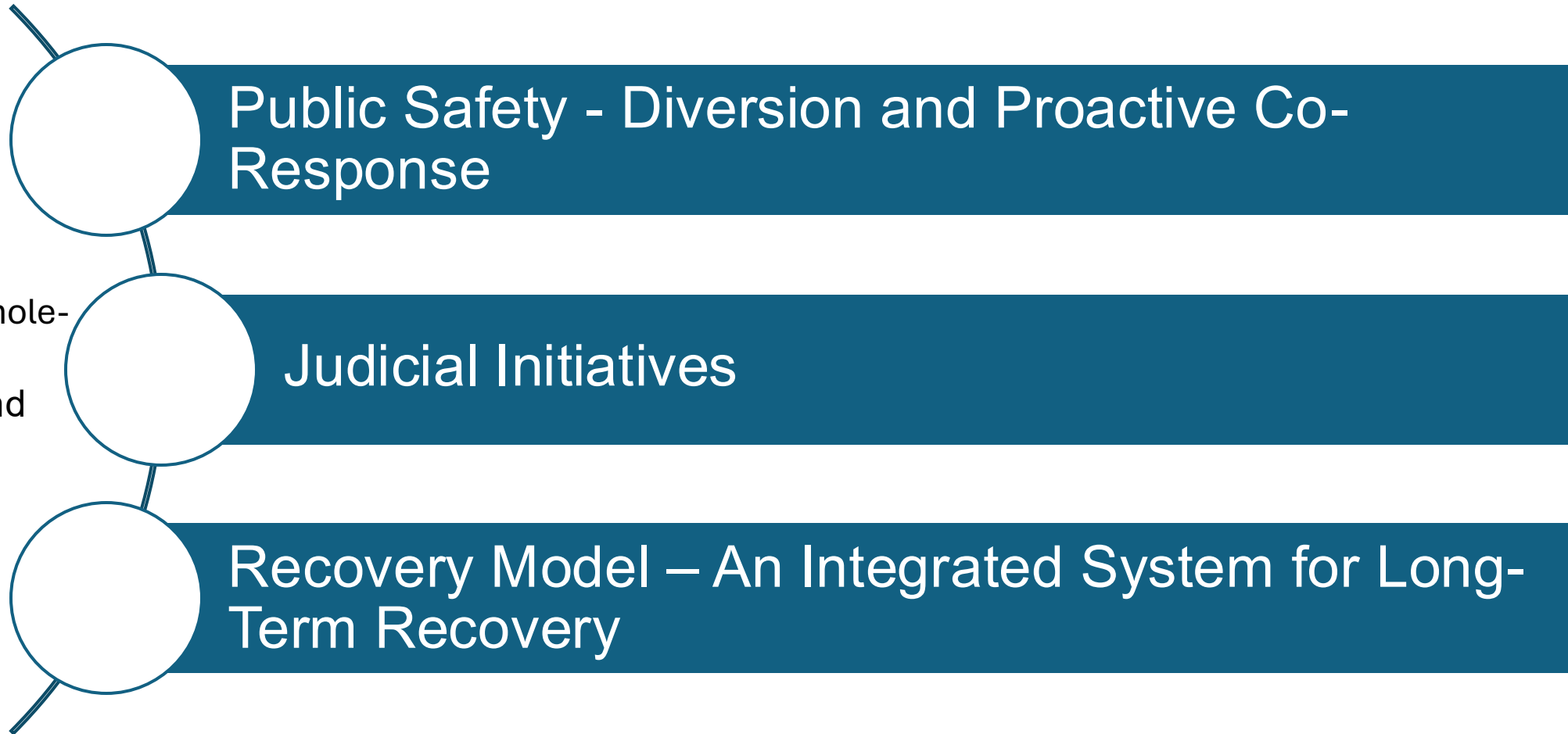
- Focus on engagement in residential treatment
- Supportive, continuous, effective care
- Comprehensive physical & mental health
- Stable and Supportive Housing
- Sustained Recovery, Employment, and Tenancy
- Reduced acute & emergency care
- Align justice system with treatment objectives
- Reduced chance of overdose

### FOR THE COMMUNITY

- Elimination of outdoor substance use
- Address criminal behaviors linked to unlawful public use
- Maintenance of a safe, clean, healthy, livable neighborhood
- Managed neighborhood safety for the public interest
- Create the conditions for vibrant local businesses and community
- Make efficient, effective use of public resources

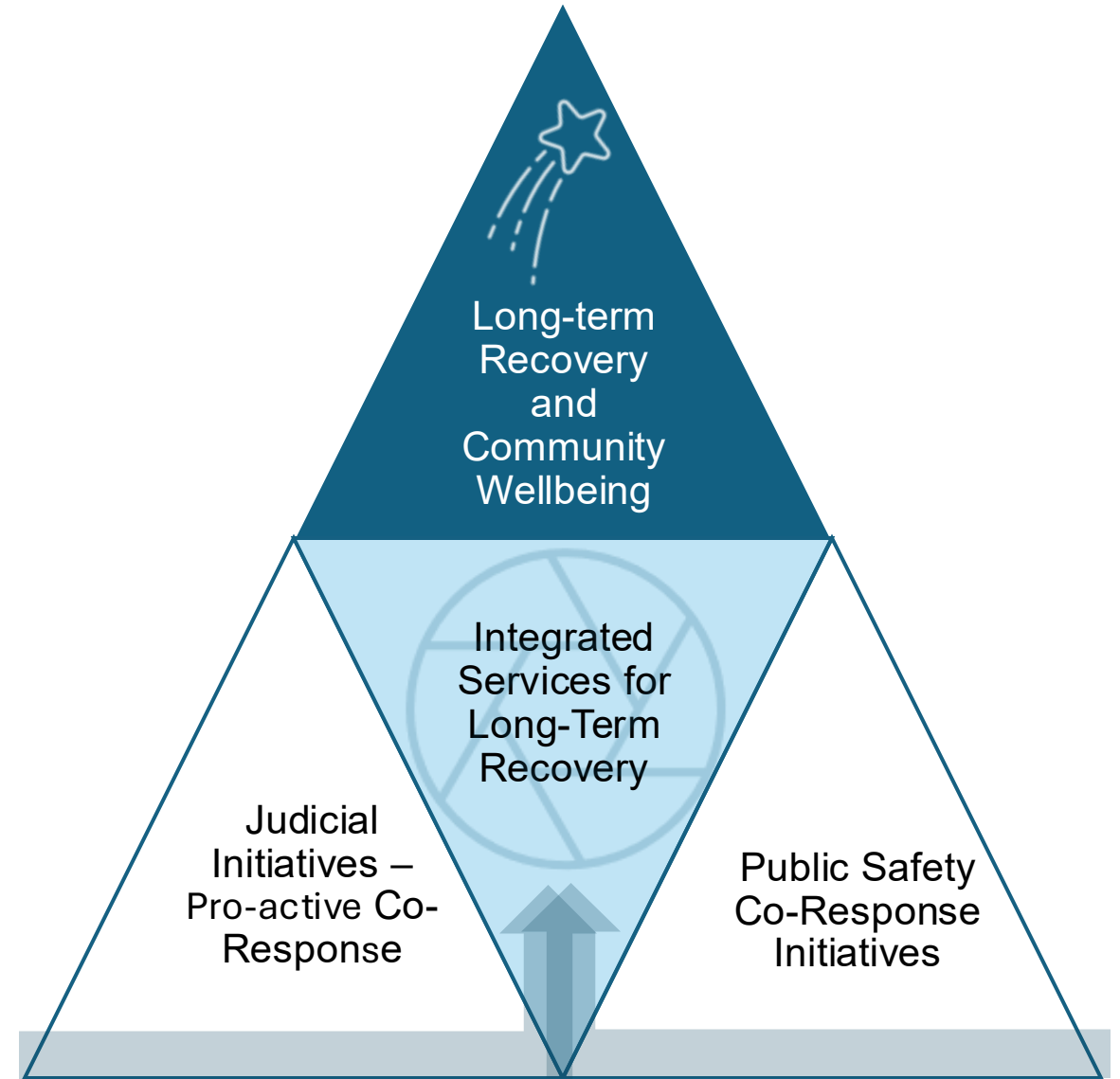
# The Approach – Develop Recommendations Across Three Pillars To Increase Long-term Recovery and Community Wellbeing.

Aligned to support individual whole-person Recovery and Community Wellbeing



## The Shared Vision:

Public Safety and Judicial  
Initiatives That Work  
Together with Integrated  
Systems of Support to  
Enable Long-Term  
Recovery



# Recommendations - Aligned Across All Three Pillars To Increase Long-term Recovery and Community Wellbeing.

## Public Safety Recommendations

- **Proactive outreach** - Street level recovery team in partnership with law enforcement.
- **Expand specialized units (NEST)** that are trained in diversion and deflection to work alongside individuals with lived experience.
- **Create a system of options** that are immediately available from first-touch to promote long-term recovery.

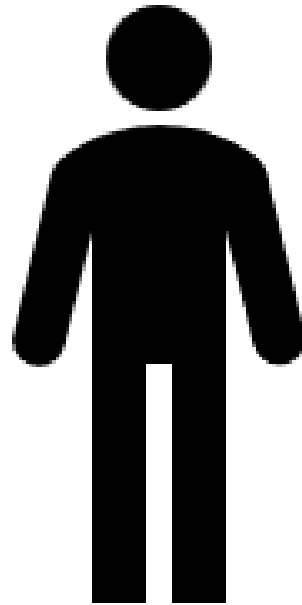
## Recovery Recommendations

- **One Dedicated Case Management Team** that works to ensure seamless continuum of recovery and reduce system gaps.
- **Intake referral from proactive co-response teams** will determine pathway to sustained recovery.
- **Dedicated clinical care teams** for comprehensive treatment and long-term recovery management.

## Judicial Initiatives Recommendations

- Establish a **single Specialty Court** to centralize resources.
- **Refer cases directly to dedicated clinical care teams** for comprehensive treatment and long-term recovery management.
- Create **strong collaboration between probation, court, and dedicated care team.**

Any individual openly engaging in public drug use will encounter Law Enforcement Officers (LEO) or Co-Response Team outreach workers.



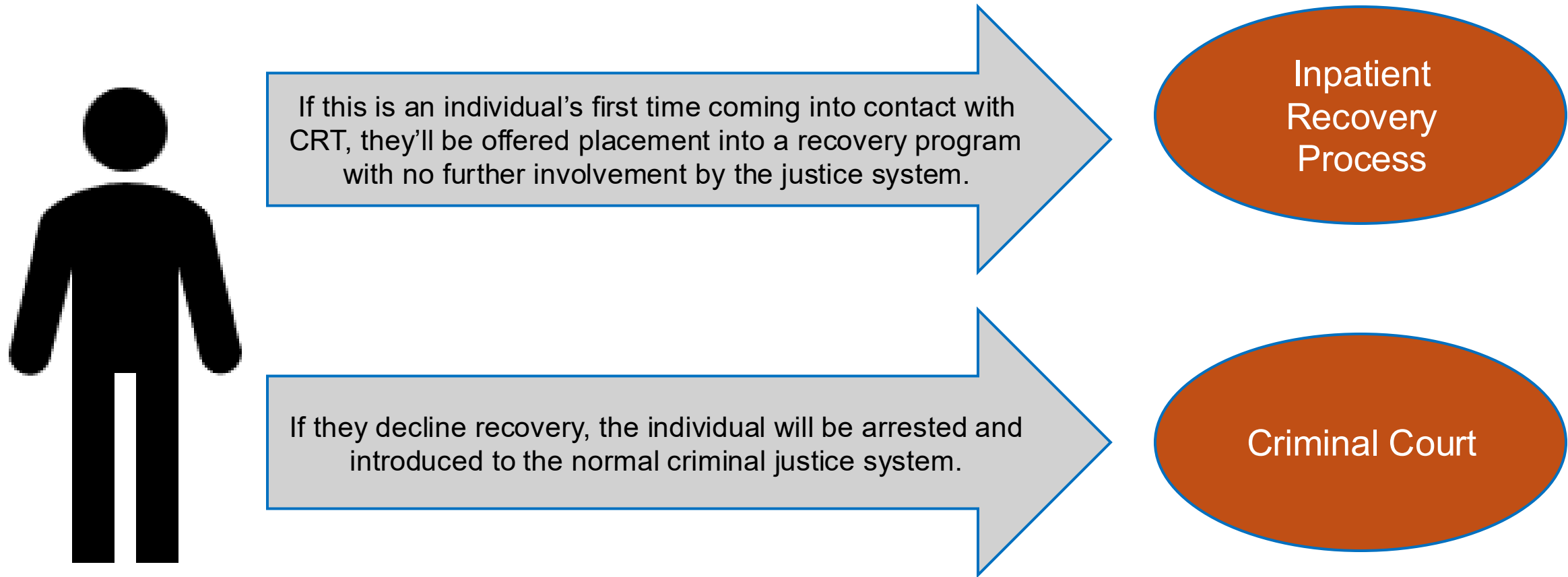
Outstanding warrants for violent crime leads to arrest or arraignment.

For all other matters, individual chooses between judicial or recovery pathway

# Integrated Recovery System Design

Detailed Recommendations

When Co-Response Team engages an individual for the first time, they are given a choice of options for how to proceed; but every option eventually leads toward a stable pathway to recovery.



# First Contact

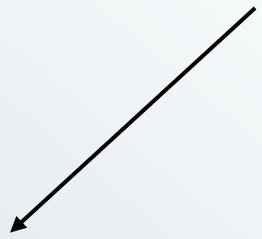
Individual using drugs on the street



Engaged by police or by Co-Response Team



Given choice: Go into Recovery or Justice System



Chooses Justice System



Court Decision



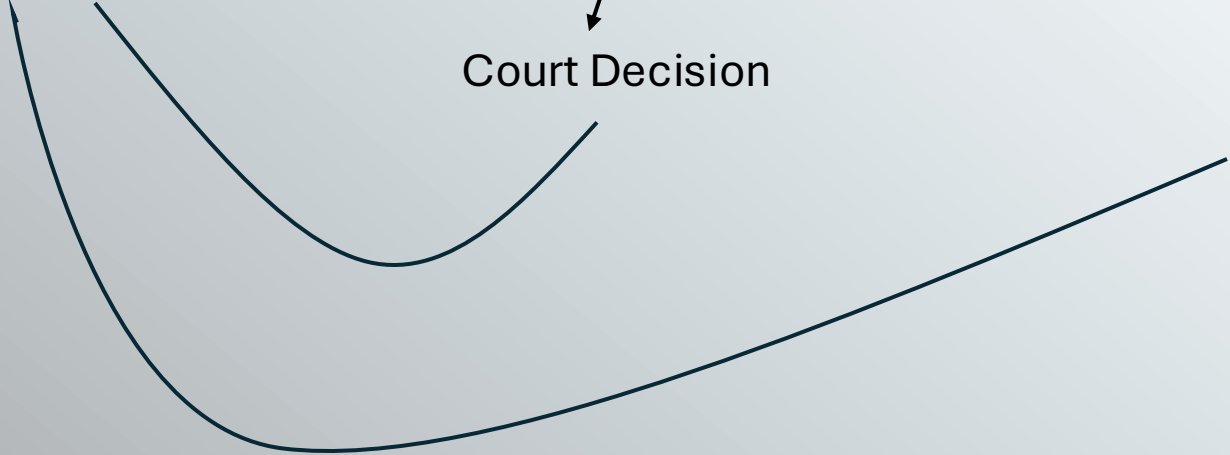
Chooses Recovery



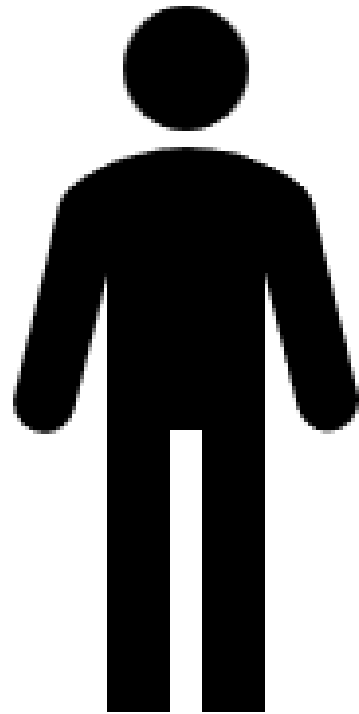
Successful start to recovery journey

Leaves early/doesn't continue past detox

Back on the street



When Co-Response Team engages an individual who has returned to the streets after first contact, they are given a new choice; like before, every option still eventually leads toward a stable pathway to recovery.



This time, direct recovery placement is no longer available, but they have the option for a new specialty court system that bypasses criminal charges and routes toward recovery.

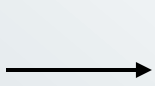


As before, if they decline recovery options, the individual will be returned to the normal criminal justice system.



# Multiple Contacts

Individual using drugs on the street

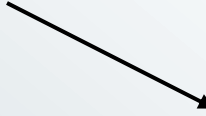


Engaged again by Co-Response Team



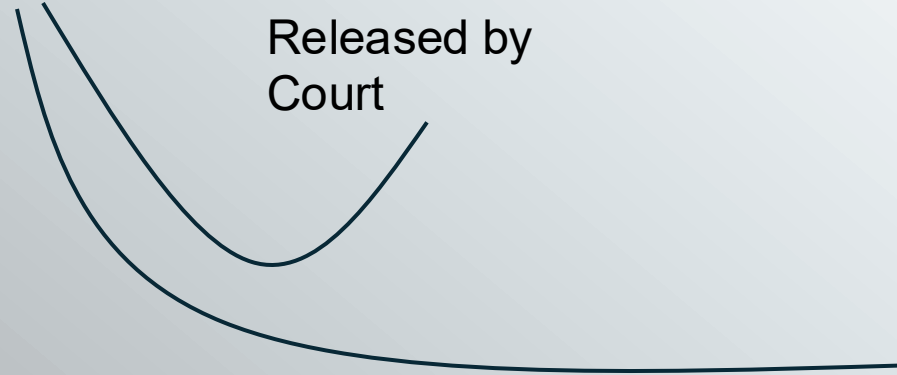
New choice: regular Justice System or Specialty Court

Chooses Justice System

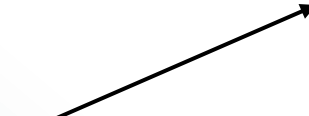


Released by Court

Back on the street



Judge requires mandatory treatment



Chooses Specialty Court

Diversion & referral to multi-disciplinary Team (case management & clinical) and placement with preferred recovery provider



Leaves treatment



Successful start to recovery journey!

If individual engages with CORE multiple times, a recommendation may be made to the Courts

# Specialty Diversion Court

Works cohesively to provide comprehensive support through pre-arraignment diversion

Ensures structured, coordinated support during critical early engagement

Specialty pods addressing an individual's trauma, sex trafficking experiences, substance use disorder, and severe mental illness

Reduces silos between probation, parole, and court systems

Treats the whole person, addressing underlying causes of substance use rather than just symptoms

Individuals who choose arrest can have their cases managed through the court at the first point of diversion with the Co-Response Team, ensuring treatment and recovery support are coordinated from the outset—whether via street-level engagement, ongoing coordination, or while incarcerated

Draws on federal drug court practices emphasizing restorative justice and rehabilitation

Ensures access to treatment both while incarcerated (if applicable) and throughout the recovery process, enhancing continuity of care and long-term recovery engagement

# Relapse and Re-Engagement

- Our proposed model is intentionally non-linear.
- Relapse triggers immediate re-engagement by the Co-Response Team.
- Once triaged, any provider may re-refer an individual back into the system.
- The pathway restarts quickly without unnecessary barriers.

# Mobile Clinical Continuity Team (Team 2)

Clinical social workers,  
nurse practitioners,  
psychiatrists, and  
medical providers

Conducts medical and  
behavioral health  
assessments

Provides MOUD,  
psychopharmacology,  
and co-occurring  
disorder care

Works with individuals  
while inpatient at any  
level of care,  
coordinating directly  
with providers

Ensures individuals do  
not fall through system  
gaps during transitions

Follows individuals  
through ATS, TSS, CSS,  
or PHP

Commits to clinical  
support and prescribing  
for up to two years,  
ideally covering the 18–  
24 month PAWS period

Works in close  
coordination with Team  
1 (Long-Term Care Team)  
to maintain alignment  
and collateral sharing

# Long-Term Recovery and Rehabilitation (Team 3)



# Preferred Provider Network

## • **The Provider agrees to:**

- Deliver or coordinate a full continuum of care, beginning with ATS or Inpatient MH TX , including:
  - Acute Treatment Services (ATS) Inpatient and residential treatment
  - Outpatient services and recovery supports Peer-to-peer and stabilization supports
- Serve individuals with judicial involvement, including those referred by law enforcement or courts
- Participate as an active member of a multidisciplinary team, including law enforcement and judicial partners
- Strong preference for staff with field experience and decision-making authority including crisis intervention and trauma informed care.
- Respond flexibly to complex engagement and intervention scenarios

## **Provider Qualifications**

- Have demonstrated experience working with judicial-involved populations
- Understand court processes, supervision requirements, and accountability-driven engagement and possess deep field-based expertise, including lived or direct operational experience.
- Can engage individuals in complex, real-time environments

## **Collaboration & Team Integration**

- Providers must demonstrate the ability to:
  - Work collaboratively with law enforcement, courts, and public safety partners and function effectively within a diverse, multidisciplinary team.
  - Communicate clearly, professionally, and responsively across systems

## **Core Competencies**

- Flexibility and adaptability in dynamic settings
- Strong judgment and ability to think creatively and quickly
- Willingness to operate outside traditional service delivery models when appropriate