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Improving Outcomes for People Who Are “Familiar Faces” in Georgia and New Mexico

States Supporting Familiar Faces Report



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THE COUNCIL OF STATE GOVERNMENTS

Nationally, a small population of individuals frequently come into contact with law enforcement, jails, courts, crisis response, emergency departments, homeless services, and other behavioral health systems. These individuals, referred to as “familiar faces,” often have complex behavioral health needs that no single local system or program adequately addresses. Cycling through local systems in search of care and stability can cause symptoms to worsen leading to cycles of crisis and incarceration.

This revolving door has enormous human, fiscal, and public safety costs.¹

Local communities in the United States have decades of experience leading innovative efforts to serve this population, but they continue to encounter systemic barriers such as behavioral health workforce shortages, inadequate funding, and a lack of data to identify and coordinate care for people who are familiar faces across systems. Communities are developing intensive, person-centered coordination and specialized care for familiar faces to address structural barriers and challenges, but local communities cannot fully do this work alone.

States have essential roles as policymaking partners, funders, and regulators and can also accelerate learning and scale up successful approaches. Increasingly, states and local criminal legal and behavioral health systems are using data to identify people who are familiar faces as they come into contact with multiple service systems and design comprehensive and coordinated, evidence-based solutions across service, jurisdictional, and funding silos.

From 2021 to 2023, the States Supporting Familiar Faces (SSFF) Project supported two states, Georgia and New Mexico, in reorienting funding and policies to strengthen local data-driven efforts to improve outcomes for familiar faces. SSFF was funded by Arnold Ventures and led by The Council of State Governments (CSG) Justice Center. This report synthesizes findings from the efforts in both states, while two case studies explore the work in [New Mexico](#) and [Georgia](#) separately.

Georgia and New Mexico brought together local and state stakeholders to collaboratively develop solutions to improve outcomes for people who are familiar faces. This report outlines the steps that each state took to identify champions, build a coalition of state and local leaders, assess specific needs, develop policy recommendations, and work on policy implementation. While each state approached the work slightly differently, there are similar processes, lessons learned, and accomplishments that are replicable. This report is offered as a roadmap and call to action for other states searching for ways to help people who are familiar faces in their communities.

About the States Supporting Familiar Faces Project

With support from the judiciary and the legislature, the executive branches in Georgia and New Mexico requested training and technical assistance from the CSG Justice Center to advance their states' familiar faces work. In both states, a number of communities have built cross-system data sharing capacity and established interagency partnerships, including through the Data-Driven Justice Initiative.² Both states also have a number of [Stepping Up counties](#) that have been working to collect and report accurate data and have been taking steps to reduce the number of people with serious mental illness (SMI) in their local jails. The champions in the supreme court in both states agreed to provide leadership for the project, to recruit effective champions from all three branches of state government, and to house the project within a state-level advisory body or task force.

SSFF Project Timeline

Over the course of 18 months, each state worked with the CGS Justice Center to do the following:

- Understand best practices nationally for working with people who are familiar faces.
- Conduct a landscape analysis of existing local efforts to support people who are familiar faces.
- Identify relevant opportunities for local and statewide data analysis of people who are familiar faces.
- Develop and adopt a consensus-based list of policy recommendations.
- Begin implementation for priority policy changes.

Broad Coalitions of Support

State-Local Collaborative Bodies

The foundation of the SSFF Project was strong, effective champions and a formal commitment of leadership from all three branches of state government to work collaboratively with local leaders.

CSG Justice Center staff approached leaders in both states who had interest in and experience with policy and practice involving familiar faces. These leaders were also willing to champion the project within existing state commissions or committees and help recruit leaders in all three branches of state government to join the project.

Simultaneously, CSG Justice Center staff met with local stakeholders who were working on large-scale projects and developing innovative, data-driven solutions for urgent behavioral health challenges.³ For example, across the state, practitioners and policymakers in Georgia have been taking steps to reduce the over-representation of people with mental illness in the criminal justice system across Georgia's 159 counties. One study from Forsyth County revealed that people with mental illness stayed in jail over 3 times as long as the jail population without mental illness.⁴ In a similar study from Clarke County, individuals with SMI had more than double the number of lifetime arrests (12.7 arrests vs. 5.4) and stayed in jail 57 percent longer (22.7 days vs. 8.1) than people who did not have SMI.⁵

In New Mexico, over 200,000 people are living with substance use disorder (SUD), and the state has consistently experienced some of the highest rates of alcohol-related and drug overdose deaths in the country for over a decade.⁶ Despite the high rates of SUD and alcohol-related and drug overdose deaths, it is estimated that only about a third of people with SUD are receiving treatment in New Mexico.⁷

State and local leaders are working to develop responsive and innovative treatment and care systems, but expanding access to SUD treatment is challenging. The state is geographically big with a dispersed population across several large rural counties. For example, Sierra County, which is in the southwest region of New Mexico, has the third-highest county overdose death rate in the state and covers 4,181 square miles with a population of 11,436—a population density of about 3 people per square mile compared to 18 people per square mile for the whole state.⁸

New Mexico's efforts to build a community-based statewide forensic behavioral health care system involve rebuilding systems that were changed by funding reductions over the past decade and a half. Like other states, New Mexico is experiencing a severe behavioral health workforce shortage, which makes building a statewide behavioral health system difficult.

The [New Mexico Supreme Court Commission on Mental Health and Competency](#) established its task force as an ad hoc subcommittee of the Commission. The three task force co-chairs recruited leaders from five state agencies—the New Mexico Sentencing Commission, the Behavioral Health Service Division (BHSD), the New Mexico Human Services Department (HSD), the New Mexico Developmental Disabilities Council, and the New Mexico Corrections Department. Membership included county team representatives, behavioral health providers, judges and court officers from several courts, and the general counsel for the New Mexico Association of Counties. The New Mexico Administrative Office of the Courts (AOC) provided expert staff support.

Additionally, there are 23 sovereign Tribal Nations in New Mexico that have unique relationships and processes for working with state and local policymakers. The New Mexico Indian Affairs Department met with the CSG Justice Center team prior to the project's launch, and the Indian Affairs Committee of the legislature invited a presentation on the project. Both shared perspectives on the needs of individuals in Tribal Nations that informed the development of policy recommendations.

Georgia's task force, the Familiar Faces Advisory Committee, was created under the [Behavioral Health Reform and Innovation Commission](#), which was established in [statute](#) in 2019. Chief Justice Michael Boggs chaired the task force, which was composed of state leaders including a state senator, senior executive leadership from the Division of Behavioral Health and Developmental Disabilities (DBHDD), the Department of Community Affairs (DCA), and the state's housing agency. Task force membership also included the executive director of the Georgia Association of County Commissioners, a representative from the governor's office, interim executive director of the Georgia Mental Health Consumer Network, and all members of the existing Mental Health Courts and Corrections Subcommittee, a subcommittee of the Behavioral Health Reform and Innovation Commission. This broad array of stakeholders included members of the judiciary, corrections, and law enforcement.

Coalition of Counties

Working with the project champions, CSG Justice Center staff conducted outreach and coalition-building at a local level to establish a groundswell of support in both states. Working with the National Association of Counties, CSG Justice Center staff reached out to both states' county associations and local sheriffs, county elected and appointed officials, behavioral health providers, housing and other advocates, people with direct experience in the behavioral health and criminal justice systems, police departments, and others to build buy-in.

In addition, CSG Justice Center staff met with interested counties that have participated in national initiatives focused on improving outcomes for familiar faces and similar populations such as the Stepping Up initiative; Safety and Justice Challenge, funded by the MacArthur Foundation; Data-Driven Justice, an initiative funded by Arnold Ventures; and Justice and Mental Health Collaboration Program (JMHCP), supported by the Bureau of Justice Assistance, which is a component of the U.S. Department of Justice's Office of Justice Programs.

Through this outreach, the CSG Justice Center identified multidisciplinary teams in 10–12 counties⁹ in each state that wanted to participate by creating reliable communication pathways between the state task force and their local teams; contributing local experience, information, available data, and insights; participating in task force meetings; and contributing throughout each project phase.

Identifying effective local leaders was critical to the project's success. Counties were eager to share what they were learning, learn from neighboring communities, and partner with state policymakers. Local teams included elected or appointed county officials, sheriffs, police chiefs, judges, prosecutors, defense attorneys, community corrections representatives, behavioral health administrators and clinicians, community-based organizations (CBOs), peer support specialists, and hospital staff from a wide array of counties.

The cohorts of local teams included representatives from the population centers and more well-resourced areas of Fulton County (Atlanta) and Bernalillo County (Albuquerque), as well as counties with large, extremely rural and frontier geographies and a scarcity of health professionals, like Troup County, Georgia, with a population of 70,191 people living across 414 square miles, or McKinley County, New Mexico, with a population of 69,830 people living across 5,451 square miles.¹⁰

Data-Driven Findings

Landscape Analyses

The initial steps to understand local priorities, constraints, and successes included conducting landscape analysis interviews with participating counties and hosting virtual county convenings. County interdisciplinary teams presented at these convenings to neighboring counties to gain insights about common challenges, approaches, and themes, as well as differences, and to appreciate the breadth and depth of local expertise and collaboration represented in their coalitions.

The landscape analysis interviews with local teams surfaced a comprehensive portrait of promising local practices, challenges, and barriers. The interviews also helped pinpoint priorities for state policy action that the task forces could consider for developing policy recommendations. The project also sought out advice and input from state and local subject matter experts, people with direct experience with behavioral health and criminal justice systems, researchers, and policymakers.

Asked to define what would make the SSFF project a success in their communities, local teams identified the following:

Developing Cross-System Partnerships: There is wide variation regarding the history and leadership of cross-system partnerships. However, all participating SSFF counties have established collaborative, cross-system relationships at some level and understand building and strengthening these partnerships as foundational to coordinating care and to developing data use and sharing capabilities.

Securing Funding and Technical Support for Data Collection, Use, and Sharing: Counties varied in their capacity to collect, use, report, and share data on people who are familiar faces. Counties elevated the need for funding for data infrastructure and capacity building, including staffing capacity, as an area for state policy action as well as state guidance on what information and data can be legally shared according to state and federal laws.

Addressing Workforce and Transportation Shortages: Workforce shortages in behavioral health and justice systems, as well as lack of transportation, are serious barriers in all counties, most acutely in rural areas.

Expanding Crisis Response and Diversion: While several counties have diversion strategies in place, counties in Georgia and New Mexico emphasized an urgent need to be able to divert familiar faces away from the justice system as early as possible and connect them with appropriate services and care.

“This project will be a success if we can help the legislature and other state policymakers understand that public safety and public health are part of the same big picture and need to be thought about together in policymaking and funding.”

*Local criminal justice coordinator
from New Mexico*

Expanding Access to Medication-Assisted Treatment (MAT): State and county leaders emphasized the need to increase the availability and accessibility of MAT in communities, jails, and prisons. Leaders in New Mexico especially prioritized expanding access to MAT as a response to the urgency of the opioid crisis in the state.

Implementing Universal Screening for Mental Health Conditions and SUD: While some counties have implemented mental health and SUD screening at booking in jails, many counties in both states are working to identify and implement appropriate tools. Counties wanted state assistance in supporting the use of standardized screening tools in courts and jails to screen for behavioral health and housing needs.

Addressing Challenges When Competency to Stand Trial Is an Issue: Long wait times for competency evaluations and restoration services in nearly all participating counties result in long jail stays for individuals with serious mental illness. Counties expressed interest in advisement about how to address this issue both locally and through state policy.

Expanding Housing Services for People with Behavioral Health Needs: Lack of housing for people with the highest treatment needs is a critical, unresolved issue in every participating community. Local communities looked to their states for assistance with local housing development and regulatory dynamics.

People with Lived Experience

To deepen the task forces' understanding of local opportunities, challenges, and promising practices, the CSG Justice Center team asked community members and people with direct experience with behavioral health and justice systems for advisement. Community and family members, peer support workers, and behavioral health service providers offered their expertise during one listening session in Georgia and five in New Mexico. In both states, their input echoed many of the challenges identified by county teams and task forces: lack of access to housing and transportation; immense gaps in resources and services; and missing coordination among different systems to provide a network of care and support for people who are familiar faces.

Community members did offer opportunities and reasons for hope. They highlighted how valuable peer support workers are to familiar faces as they navigate the justice system, recovery, and reintegration into their communities after incarceration. Peers also emphasized that many people with direct experience are enthusiastic to work with state and local leaders to improve services and supports for familiar faces; they want to be included more in the policymaking process. Finally, they want decision-makers to understand that familiar faces are community members who need help and support.

Sourcing, Collecting, Using, and Sharing Local Data

For policymakers and practitioners, data can help identify familiar faces and quantify the impact of their service use on local systems. An individual can be a familiar face to a single, specific institution (frequent arrests, frequent jail bookings, frequent emergency department visits) or across multiple systems (frequent jail bookings *and* frequent emergency department visits *and* frequent entries into a homelessness services continuum of care).

The most densely populated counties in New Mexico and Georgia—Bernalillo County (Albuquerque) and Fulton County (Atlanta)—have undertaken efforts to match data across multiple state and local institutions to create a list of the most familiar faces and understand their impact on local systems.

Fulton County used data matching across jail, homelessness, and community behavioral health treatment providers to identify and analyze a pilot cohort of 100 people with the highest utilization. They found that familiar faces were booked into jail 10 times more frequently and used 20 times more jail bed days than the general jail population.¹¹ Using this data, the Fulton County team was able to identify whom to focus efforts on. However, the same barriers to improving outcomes for this population persisted, including challenges engaging individuals in voluntary services, frequent arrests and long jail stays, and homelessness.

Bernalillo County used existing jail data to identify familiar faces in the local detention center. They created a monthly “priority population” list of people with multiple jail bookings within the past 18 months and at least one visit to the Comprehensive Assessment and Recovery through Excellence (CARE) Campus’s detox or public inebriate program within the past 3 months. In 2020, they found that, for the 216 individuals in the “priority population,” there was a total of 4,657 visits to hospital emergency departments across the state, and that 92 percent of individuals on the list visited an emergency department more than once in the previous 18 months, with one person visiting 228 times in that period.¹²

Other counties in both states are building local capacity to identify and support people who are familiar faces. Forsyth County, Georgia (population 267,000), analyzed familiar faces admissions to the Forsyth County Jail by considering the number of bookings, their average length of stay, and the number of days between bookings over 5 years. This analysis revealed that people who are familiar faces who made up a small percentage of the population were booked into jail more frequently and stayed in jail longer than the general population.¹³

Leaders in Doña Ana County, New Mexico, are using state grant funding to build local data capacity to develop data-driven justice response systems for adults with SMI or co-occurring SUD. The county used the funding to host a half-day workshop that convened cross-system stakeholders to assess current data practices and develop a plan for building local data capacity. The plan included many of the data-related issues that surfaced during the landscape analysis, such as creating a local definition of *familiar faces* and aligning the definition across systems; addressing concerns about data privacy and what personal information can be shared; providing local agencies with technological or personnel resources to improve data collection abilities; and identifying standardized performance metrics to track outcomes for familiar faces.

Both states' task forces identified relevant statewide data collection efforts, barriers to data collection and analysis, and questions and concerns about data privacy law. Each state also identified an initial approach to conduct a statewide analysis of familiar faces.

- The Georgia Criminal Justice Coordinating Council conducted an [analysis](#) to look at trends in a population facing felony charges who were booked into jail so frequently that they represent the top 1 percent of bookings in 9 jails across the state. Consistent with other studies mentioned in this report, this study found that familiar faces with mental illness spend less than half as many days in the community between arrests (172 vs. 394) than people who are not familiar faces.¹⁴
- New Mexico's dataXchange, a data sharing platform maintained by the AOC that houses criminal justice data from state and local agencies, provides a window into court appearances and case dispositions statewide. The CSG Justice Center supported state agency and AOC policymakers to survey the data in the platform and develop research questions that could be answered using the data, such as demographic characteristics, most common types of offenses, recidivism rate, and typical case dispositions.

Information Sharing and Familiar Faces

Data collection and information sharing can be critical for identifying and coordinating care for people with mental illness who are familiar faces. Answers to the following questions can guide these efforts at both state and local levels:

What is the goal? An effort to facilitate care coordination across multiple providers will require a different approach than would a study to measure how jail utilization by the people with the highest frequency of bookings into jail affects jail expenses and other system costs.

What data are necessary for this goal? Does anyone currently collect this data? If so, who and what system do they use for storing the data? Are any of the data protected by state or federal privacy laws, such as the Health Insurance Portability and Accountability Act (HIPAA) or 42 C.F.R. Part 2?

Who needs the data and for what purpose? The case manager pulling together a comprehensive case plan will have different access needs and data requirements than a university analyst conducting a one-time study.

Efforts to coordinate care across different local providers hinge on accessible individual-level data that can be linked across different IT systems for providers in multiple agencies. These access needs should shape the legal and IT approach. In contrast, to determine the size of the population admitted most frequently into jail and emergency departments (such as the top 1 percent of people booked into jail and using emergency department care) may only require a unique identifier that allows an analyst to match across datasets without involving any individually identifiable information.

Developing and Adopting Policy Recommendations

Pinpointing Policy and Funding Strategies

The task forces set about developing a comprehensive set of locally and data-informed policy recommendations to give to their states. They met from June through November 2022 to hear directly from local teams, subject matter experts from many disciplines, and CSG Justice Center staff who conveyed information from focus groups, listening sessions, county convenings, and other information-gathering meetings. By synthesizing the information from each meeting and reviewing it at the next one along with additional data presentations, the task forces incrementally identified potential opportunities for state policy action.

State leaders drew heavily on the expertise and local knowledge of the county teams, and each full task force made effective use of the technical, policy, and political expertise of the state members. One strategy that the task forces used to advance policies that might be impeded by funding challenges, local resistance, or technical barriers was to envision pilot or proof of concept initiatives, enlisting participation from local communities interested in piloting the initiative or where existing efforts could be expanded. The task forces emphasized the need for pilots to be structured to measure impact and use data collection and reporting to improve knowledge and understanding and inform future efforts to expand, modify, or abandon the pilot projects.

Both states' task forces developed and approved detailed policy recommendations tailored to local needs and the implementation realities of their states' very different policy and political environments. The striking similarities in their sets of recommendations underscore the universal importance of state and local leadership and action to effectively shift practice and policies.

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Policy Recommendations

The specific policy recommendations that emerged in both states (described in more detail below along with implementation status at the time of this report's publication) mirror national best practices to reduce incarceration for familiar faces:

1. Expand access to various types of housing for familiar faces.
2. Adopt statewide definitions of common terms, such as *serious mental illness*.
3. Implement standardized metrics to evaluate the impact of policy and service changes.
4. Reform the state's competency to stand trial process to improve outcomes for people who are familiar faces who go through the process.

In addition to these recommendations, each state identified a handful of state-specific policy and service recommendations. The Georgia task force's recommendations included the following:

1. Improve coordination between jails and community service systems and implement validated, universal screening.
2. Address critical shortages of behavioral health services.
3. Establish a clearinghouse for best practices, information, and resources related to identifying and serving people who are familiar faces.

The New Mexico task force's policy recommendations included the following:

1. Strengthen local capacity to collect, use, and share data to better identify and coordinate care for people who are familiar faces.
2. Expand access to MAT, specifically in rural areas.
3. Leverage state programs and funding to strengthen local capacity to support people who are familiar faces.
4. Replace outdated language in state statutes related to intellectual and developmental disabilities.

Implementation and Next Steps

The prompt implementation of the task forces' policy recommendations is proof that they were salient and tailored to local needs. Under the leadership of task force sponsors, both states advanced many of the policy recommendations rapidly through legislative, administrative, budgetary, and executive actions. Some recommendations were implemented within the short timeframe of the project while others require a multiyear implementation timeline. Still other recommendations have been deferred for further action until additional legislative, budgetary, or administrative components are in place.

Georgia

Nearly all the SSFF policy recommendations in Georgia moved quickly to implementation through administrative action within a few months of the recommendations' publication. Recommendations with a longer implementation timeline involve additional development and work by multiple partners that will extend over one or more legislative and state budget cycles.

The rapid movement to implementation in Georgia relied on strong leadership in the Georgia DBHDD as well as strategic use of multiyear initiatives. The following summary describes the implementation status in Georgia of the SSFF policy recommendations at the time of this report's publication.

Policy Recommendations Currently Being Implemented

Expand access to various types of housing for familiar faces.

The Georgia Department of Community Affairs (DCA) published its draft 2024 Low Income Housing Tax Credit Qualified Allocation Plan (QAP) on August 9, 2023, for public comment. The plan incorporates targeted changes, aligned with the task force recommendations, to the scoring criteria to incentivize funding for housing development for familiar faces (using the HOME-ARP program, an important but time-limited funding source for housing development). DCA is also prioritizing housing developments that set aside units for people with low incomes or who need supportive services within its scoring criteria. Both of these measures aim to help close housing supply gaps faced by the familiar faces population. The final QAP was presented to the DCA Board for approval in October 2023. DCA is also implementing policies within its housing voucher programs to serve people who are familiar faces more effectively by increasing the inventory of available units with implementation anticipated in 2023.

Implementation of the two additional housing-related recommendations of the task force is deferred for further consideration and development: (1) establishing tenant selection plans through DCA that do not create barriers to housing unrelated to fitness as a tenant, similar to approaches in North Carolina and Louisiana, and (2) securing federal and private funding to seed a landlord incentive fund that would be allocated regionally to recruit more landlords serving people who are familiar faces (such as leasing incentive payments and risk mitigation funds).

Adopt statewide definitions of common terms, such as *serious mental illness*.

An interagency working group led by DBHDD is identifying definitions of *serious mental illness*, *homelessness*, and *familiar faces* to be used across criminal justice and behavioral health agencies to better facilitate information sharing. Finalized definitions will be adopted by the Georgia Behavioral Health Coordinating Council by December 31, 2023.

Reform the state’s competency to stand trial process to improve outcomes for people who are familiar faces who go through the process.

DBHDD created a forensic code workgroup to study and generate policy recommendations about processes, rules, and statutes regarding competency to stand trial and competency restoration.

Improve coordination between jails and community service systems and implement validated, universal screening.

DBHDD launched pilot jail in-reach programs in five county jails. Beginning in July 2023, pilots were funded and being brought online with a full-time certified peer mentor to facilitate connection to treatment services, housing vouchers and other supportive housing, and medical and other benefits.

In August 2023, jail in-reach pilot sites began implementing validated mental health and housing screening tools to identify people with behavioral health needs to link them to post-release care.

Two of the task force’s policy recommendations that required appropriations are still under consideration: (1) creating a county-based coordinator position to build collaboration between criminal justice and behavioral health partners and (2) increasing funding for Supplemental Security Income/Social Security Disability Insurance Outreach, Access, and Recovery (SOAR) case managers and pilot programs in jails.

Implement standardized metrics to evaluate the impact of policy and service changes.

DBHDD staff are finalizing several metrics for use in the jail in-reach pilot projects. The metrics are expected to be finalized by the end of 2023 and implemented in the pilot projects as they are stood up. The selection and use of metrics for the pilots will inform future policy, funding, and practice decisions as successful approaches are scaled up. The metrics in development include the following:

- The number of familiar faces incarcerated
- The number of days between jail bookings for familiar faces
- The number of days between arrests for familiar faces
- The number of days in the community for familiar faces
- A set of outcome performance measures of individuals’ experience of jail in-reach services (such as self-assessment of ability to manage care; knowledge about how to manage symptoms)

Address critical shortages of behavioral health services.

DBHDD conducted a statewide study of available crisis, psychiatric, and other behavioral health beds and a comprehensive workforce study in August 2023 to inform legislative recommendations for the 2024 legislative session, as well as for multiyear capacity planning.

Recognizing that a workforce that is well equipped to work with people who are familiar faces is a distinct need within the more general workforce needs in behavioral health, DBHDD is working on several fronts to expand the use of certified peer support specialists, including training initiatives and hiring a state-level peer support specialist.

Policy Recommendations with Longer-Term Implementation Timelines

Establish a clearinghouse for best practices, information, and resources related to identifying and serving people who are familiar faces.

State leaders are developing innovative plans for establishing and funding a center for learning and knowledge sharing among peer communities in Georgia doing this work. With support from the CSG Justice Center, they are exploring the variety of structures and approaches used by states around the country to meet this need.

New Mexico

Of the 8 SSFF policy recommendations, 3 moved to implementation within 6 to 12 months after the New Mexico task force approved them in December 2022. These recommendations advanced through legislation passed in the 2023 legislative session; administrative collaboration among several state agencies, including the BHSD, the AOC, and the governor's office; and policy and practice changes at the local level.

To implement some of the policy recommendations with a longer timeframe, all three branches of government provided support for the creation of a Competency Diversion Pilot project focused on the competency to stand trial system. The state judiciary branch is sponsoring the pilot project through the New Mexico Supreme Court Commission on Mental Health and Competency. Planning for the pilot project began in July 2023, and the project will be launched in early 2024 in four judicial districts with state and local cross-system collaboration to build local forensic behavioral health systems. The task force policy recommendations are largely encompassed by the work in the pilots, such as expanding diversion options, connecting individuals to housing and behavioral health services, adopting metrics to measure impact, and building local capacity to identify and coordinate care for people who are familiar faces.

The remaining recommendations are being developed through the New Mexico Supreme Court Commission on Mental Health and Competency's Teams or through legislative or administrative action that will extend to one or more years. The following summary describes the implementation status in New Mexico of the SSFF policy recommendations as of the publication of this report.

Policy Recommendations Currently Being Implemented

Adopt statewide definitions of common terms, such as *serious mental illness*.

The New Mexico Human Services Department (HSD) has published a standardized definition of *serious mental illness* (SMI) in its Behavioral Health and Billing Policy Manual, which is used by state agencies that bill HSD for behavioral health services. The BHSD and the Behavioral Health Collaborative are working with other state agencies, including the Corrections Department, the AOC, the governor's office, the Department of Health, and the Law Office of the Public Defender, to implement the HSD definition of SMI in 2024.

Leverage state programs and funding to strengthen local capacity to support familiar faces.

The New Mexico BHSD has hosted feedback sessions with state and local stakeholders to identify burdensome application and reporting requirements in state grant programs that may prevent local agencies and under-resourced communities from applying for or securing grant funding. These stakeholders offered suggestions for simplifying state grant processes, which would alleviate some challenges that applicants, especially smaller rural counties with few grant-writing resources, face when seeking state grants. The BHSD is working with the state procurement office to implement stakeholder recommendations for the next grant cycle in 2024.

Expand access to MAT, specifically in rural areas.

The Court Education Institute within the AOC is developing training on MAT for judges and court personnel that is planned to be offered in summer 2024.

Replace outdated language in state statutes related to intellectual and developmental disabilities.

The New Mexico Supreme Court asked the task force to develop recommendations to revise outdated references to individuals with developmental or intellectual disabilities in state statutes. Task force members identified relevant statutes and drafted and won passage of legislation. Governor Lujan Grisham signed [the bill](#) on April 4, 2023.

Policy Recommendations Being Implemented through the Competency Diversion Pilot Project

Reform the state's competency to stand trial process to improve outcomes for people who are familiar faces.

The CSG Justice Center provided introductions to peer states and examples of legislation from around the country to policymakers in New Mexico to help them draft legislation that will reform the competency to stand trial process. The draft legislation would statutorily permit the state and counties to develop local forensic behavioral health systems, which includes more options for diversion pre-booking and pretrial; off-ramps for misdemeanor cases; options for community-based outpatient evaluation and restoration; warm handoffs to community-based services; options for civil commitment and assisted outpatient treatment; and a system navigator position to help individuals moving through the process. The four judicial districts in the Competency Diversion Pilot project will launch some or all of these systems and options, and the successes and lessons learned from the pilots will be scaled to counties across the state. The legislation will be introduced during the 2024 or 2025 legislative session.

Expand access to various types of housing for familiar faces.

Housing policy recommendations are being implemented through the Competency Diversion Pilot project created and supported by the New Mexico Supreme Court Commission on Mental Health and Competency. State agency staff are collaborating with local teams in four pilot judicial districts charged with developing local forensic behavioral health systems. This partnership will identify local housing organizations, leaders, and stakeholders and develop and implement the housing support parts of the project. The Competency Diversion Pilot project's co-chairs meet monthly with state-level housing leaders to coordinate on focusing state housing resources within pilot judicial districts.

Implement standardized metrics to evaluate the impact of policy and service changes.

The AOC, BHSD, and HSD have agreed on four metrics that the pilot judicial districts can implement to track and measure an individual's movement and outcomes across different systems over time, specifically in the competency to stand trial process. The four metrics are as follows:

1. How frequently an individual has contact with different parts of the behavioral health and justice systems
2. An individual's movements across systems during a five-year period
3. The number of cases in which competency to stand trial is raised and disposition of those cases
4. Reduction in system contact for an individual year by year

The Competency Diversion Pilot Project Team is considering which of these metrics to adopt for the pilots. The goal is to make a determination in fall 2023 so the metrics can be implemented in the pilots in early 2024.

Expand access to MAT, specifically in rural areas.

When individuals served in the Competency Diversion Pilot districts require MAT, the pilot judicial districts will build local capacity and address access and linkage to care.

Policy Recommendations with Longer-Term Implementation Timelines

Strengthen local capacity to collect, use, and share data to better identify and coordinate care for people who are familiar faces.

The CSG Justice Center provided suggestions for potential data analyses that could be conducted using data in the dataXchange platform. These have been provided to BHSD and the governor's office to identify state agencies and departments to lead the analysis and plan its uses. This planning is expected to be complete by early 2024.

Expand access to MAT, specifically in rural areas.

Expanding access to MAT is a high priority for all three branches of government in New Mexico as well as for local leaders. The New Mexico Department of Health plans to offer MAT services through its local Public Health Offices, which are the entities that coordinate health planning, assessment, and collaboration at a local level. The Public Health Offices work closely with local government agencies, health care providers, community organizations, advocates, and community members to identify local needs, develop community-specific plans, and coordinate resources to deliver services.¹⁵

By coordinating among these state and local entities, the Public Health Offices are positioned to offer MAT services in their communities. The Department of Health is working with local Public Health Offices to prioritize implementation in communities that have behavioral health and health care workforce resources where there is also willingness from local leaders to expand access to MAT. The Department of Health hopes to offer MAT services via the Public Health Offices starting in 2024.

Endnotes

1. Doris A Fuller, Elizabeth Sinclair, John Snook, *A Crisis in Search of Data: The Revolving Door of Serious Mental Illness in Super Utilization* (Arlington, VA: Treatment Advocacy Center, 2017); S.A. Zottola et al., “Understanding and Preventing Frequent Jail Contact,” in *Handbook on Prisons and Jails*, ed. D. Rudes et al. (Routledge, 2023), 323–344, <https://doi.org/10.4324/9781003374893-27>.
2. During the course of this work, “Data-Driven Justice” was re-launched as “Familiar Faces Initiative” by the National Association of Counties and Arnold Ventures.
3. Georgia and New Mexico have participated in the national Familiar Faces Initiative, the MacArthur Foundation Safety and Justice Challenge, and the Stepping Up initiative to reduce the prevalence of people with serious mental illness in local jails.
4. Stefanie L. Howard, *Forsyth County Co-Responder Model: Descriptive and Process Evaluation* (Cumming, GA: Criminal Justice Coordinating Council, 2022).
5. *Athens Clarke County Criminal/Behavioral Health Systems Data Collected for the Justice Mental Health Collaboration (JMHC) grant* (Athens, GA: Athens Clarke Criminal/Behavioral Health Systems, 2015).
6. New Mexico Legislative Finance Committee, *Progress Report: Addressing Substance Use Disorders* (Santa Fe, NM: New Mexico Legislative Finance Committee, 2023), https://www.nmlegis.gov/Entity/LFC/Documents/Program_Evaluation_Reports/Progress%20Report%20Addressing%20Substance%20Use%20Disorders,%20August%202023.pdf
7. Ibid.
8. New Mexico Legislative Finance Committee, *Progress Report*, 5; “Quick Facts: Sierra County, New Mexico,” U.S. Census Bureau, accessed September 8, 2023, <https://www.census.gov/quickfacts/fact/table/sierracountynewmexico,NM/PST045222>.
9. The following counties participated: Georgia: Bibb, Chatham, Clarke, DeKalb, Dougherty, Forsyth, Fulton, Gwinnett, Newton, Richmond, Rockville, Troup; New Mexico: Bernalillo, Chaves, Colfax, Doña Ana, Grant, McKinley, Otero, San Juan, Santa Fe, Sierra.
10. “Quick Facts Troup County, Georgia,” United States Census Bureau, accessed September 5, 2024, <https://www.census.gov/quickfacts/fact/table/troupcountygeorgia/PST045222>; “Quick Facts McKinley County, New Mexico,” United States Census Bureau, accessed September 5, 2024, <https://www.census.gov/quickfacts/fact/table/mckinleycountynewmexico/PST045222>.
11. Tyler Technologies, *Case Study: Fulton County’s System-Wide Jail Overhaul* (Atlanta, GA: Tyler Technologies, 2021).
12. Email correspondence between CSG Justice Center staff and Bernalillo County staff, September 2020.
13. *Athens Clarke County Criminal/Behavioral Health Systems Data Collected for the Justice Mental Health Collaboration (JMHC) grant* (Athens, GA: Athens Clarke Criminal/Behavioral Health Systems, 2015).
14. Georgia Criminal Justice Coordinating Council, *Analysis of Nine Jail Datasets for Representation of Mental Illness among Familiar Faces* (Atlanta: Georgia Criminal Justice Coordinating Council, 2022).
15. New Mexico Department of Health, *Strategic Plan: A Healthier New Mexico FY 21-23* (Santa Fe, NM: New Mexico Department of Health, 2022), 7, <https://www.nmhealth.org/publication/view/plan/7187/>.