Leading Change:

Improving the Court and Community's Response to Mental Health and Co-Occurring Disorders

A PROJECT ON BEHALF OF THE NATIONAL INITIATIVE
TO IMPROVE THE JUSTICE SYSTEM RESPONSE TO MENTAL ILLNESS

Table of Contents

Acknowledgments

In 2006, the Conference of Chief Justices (CCJ) published a resolution, *In Support of the Judicial Criminal Justice/Mental Health Leadership Initiative*, which encouraged all chief justices to lead the movement to address the impact of mental illness on the court system.[1] In 2017, the Conference of State Court Administrators (COSCA) adopted a policy paper, Decriminalization of Mental Illness: Fixing a Broken System.[2] The policy paper, endorsed by CCJ in 2018, addresses the evolution of responses to those with mental illness, highlights key issues for successful responses, and makes explicit recommendations around developing a more robust, capacity-based response to those with mental health issues.

Recognizing the immediate importance of addressing mental health issues in state courts, Arizona established the Fair Justice Subcommittee on Mental Health and the Criminal Justice System.[3] The Subcommittee developed "recommendations designed to promote a more efficient and effective justice system for those individuals who come to court and are in need of behavioral health services."[4] Those recommendations were incorporated into a Guide for Arizona Presiding Judges: Improving Court's Response for Persons with Mental Illness (the Arizona Guide), an Arizona-specific guide for presiding judges to use to lead change around mental health issues in their communities.[5]

In the spring of 2019, the State Justice Initiative (SJI) awarded a grant to the National Center for State Courts (NCSC) for a national three-year initiative to improve the justice system response to those with mental health issues. The Improving the Justice System Response to Mental Illness Initiative (National Initiative) focuses on developing resources, best practices, and recommended standards in a variety of mental health areas, improving caseflow management, building capacity of state and national court leaders to implement reforms, and promoting education for national and state court leaders. As a part of that initiative, the Arizona Guide was adapted into this Leading Change Guide. This guide will provide a national perspective for mental health responses at the local as well as the state court level by providing judges across the country with a guide to develop mental health plans for their local jurisdictions.

This guide is one tool developed within the National Initiative to help court leaders create community by community change in how mental health issues are addressed. The National Initiative also includes an interactive website, regional summits, and workshops.[6]

NCSC would like to thank the Arizona Administrative Office of Courts and the many professionals in multiple counties who have shared their time and expertise with the project team.[7] Significant input from the following agencies and individuals were instrumental in the revision of the Arizona Guide into this Leading Change Guide.

Leading Change Guide Committee

Hon. Paula Carey, Chief Justice of the Trial Court, Massachusetts

Leigh Ann Davis, Director, Criminal Justice Initiatives at The Arc

Callie Dietz, Washington and Alabama State Court Administrator (ret.)

Paul DeLosh, Director of Judicial Services, Supreme Court of Virginia

Hallie Fader-Towe, Program Director, The Council of State Governments Justice Center

Don Jacobson, Senior Special Projects Consultant, Arizona Supreme Court

Jessica Kay, Senior Associate Director, Center for Court Innovation

Hon. George Lipman, Baltimore City District Judge, Maryland

Michelle O'Brien, Principal Court Management Consultant, National Center for State Courts

Travis Parker, Senior Project Associate, Policy Research, Inc.

Richard Schwermer, Utah State Court Administrator (ret.)

Hon. John Stegner, Associate Justice, Idaho Supreme Court

Kristi Taylor, Executive Director, Texas Judicial Commission on Mental Health

Angie VanSchoick, Court Administrator, Town of Breckenridge, Colorado

National Center for State Courts

Patricia Tobias, Principal Court Management Consultant

Nicole L. Waters, Director of Research Services

Caisa Elizabeth Royer, Court Research Associate

---

[7] Arizona Guide, *supra* note 4. For a complete list of the names of many invaluable contributors to the *Arizona Guide* that could not be included here, please refer to the Acknowledgements section of the *Arizona Guide*.

The Leading Change Guide

Trial courts have increasingly become the default system for addressing the needs of those with mental and behavioral health issues. Sixty-four percent of people in local jails suffer from mental illness.[8] The rate of serious mental illness is four to six times higher in jail than in the general population,[9] and the rate of substance use disorders is seven times higher among those in jail than in the general population.[10] Failure to respond to these issues invites a continuing public health crisis and the continued criminalization of mental health that has devastating effects to individuals, families, and society.

Mental health advocate Judge Steve Leifman asserts that the "justice system is a repository for most failed public policy."[11] Over 57 percent of adults with mental illness did not receive mental health treatment in the previous year.[12] Without access to social services, the answer to a mental health crisis is often police and justice system involvement, which can have broad-reaching and lasting implications. Incarceration negatively affects mental health outcomes, housing stability, employment, and community integration. A robust community response can prevent justice system involvement, recidivism, and the associated negative outcomes for many individuals with mental health issues.

> *"What you learn after several years on the bench, is that the criminal justice system is the repository for most failed public policy. And there is no greater failed public policy than our treatment towards people with mental illnesses."*
>
> - Judge Steve Leifman

As leaders of their courts and communities, judges are in a unique position to expand and improve the response to individuals with mental illness.[13] The Conference of Chief Justices/Conference of State Court Administrators recognized the critical role of judges as leaders on this issue in Resolution 11, *In Support of the Judicial Criminal Justice/Mental Health Leadership Initiative*, a national group co-chaired by Judge Leifman that includes judges and psychiatrists from across the country.[14] For decades, courts have gained experience in convening diverse stakeholders to tackle complex problems both within and outside of the justice system. From the evolution of problem-solving courts to dependency dockets, courts are often at the vanguard of responding to societal issues. This reality has paved the way for an independent but involved judiciary. At the national level, state court leadership has recognized the important role courts play in addressing the mental health crisis. The Conference for State Court Administrators (COSCA) has adopted the stance that "court leaders can, and must... address the impact of the broken mental health system on the nation's courts—especially in partnership with behavioral health systems."[15]

---

[8] The White House, *Fact Sheet: Launching the Data-Driven Justice Initiative: Disrupting the Cycle of Incarceration* (June 30, 2016), https://obamawhitehouse.archives.gov/the-press-office/2016/06/30/fact-sheet-launching-data-driven-justice-initiative-disrupting-cycle.

[9] Vera Institute of Justice, *Incarceration's Front Door: The Misuse of Jails in America* (February 2015), http://www.safetyandjusticechallenge.org/wp-content/uploads/2015/01/incarcerations-front-door-report.pdf.

[10] The Council of State Governments Justice Center, *The Justice and Mental Health Collaboration Program (JMHCP) FAQs*, https://csgjusticecenter.org/substance-abuse/faqs/#q2.

[11] Judge Steve Leifman is an associate administrative judge on the county criminal division of the Eleventh Judicial Circuit Court of Florida and is the Special Advisor on Criminal Justice and Mental Health Reform for the Supreme Court of Florida, https://www.jud11.flcourts.org/Judge-Details?judgeid=735&sectionid=97.

[12] National Alliance on Mental Illness, *Mental Illness Statistics* (2017).), https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_154787.

[13] Recent conferences have focused on providing leadership training and resources for judges. *See* National Association for Presiding Judges and Court Executive Officers, 2017 Leadership Conference, http://napco4courtleaders.org/2017-conference/.

[14] Conference of Chief Justices, *Resolution 11: In Support of the Judicial Criminal Justice/Mental Health Leadership Initiative*, 2006, https://ccj.ncsc.org/~/media/Microsites/Files/CCJ/Resolutions/01182006-In-Support-of-the-Judicial-Criminal-Justice-Mental-Health-Leadership-Initiative.ashx.

[15] COSCA, *supra* note 1 at 20.

An effective response to the needs of individuals with mental health and co-occurring disorders requires committed stakeholders across a spectrum of services and time. From screening and assessment to diagnosis, emergency health responses, probation and beyond, effective mental health responses must be appropriately tailored to the individual as well as available services in the community. This Leading Change Guide is intended to be a practical tool for convening stakeholders across systems and developing a plan to address mental health needs in your community.

Over 70 percent of individuals with serious mental illness in jails also have a co-occurring substance use disorder[16]. As such, this guide can and should be extended to those individuals with a co-occurring disorders. In fact, this guide should be applied to the full spectrum of individuals with mental health issues, from those with emerging mental health concerns to those with serious mental illness. A comprehensive response must also consider the role of trauma, traumatic brain injury, and developmental disabilities.[17] In addition, court leaders should contemplate how to address the intersectionality between mental illness and special populations, such as juveniles, emerging adults, women, people of color, veterans, and those who are LGBTQ+.[18]

"Court leaders can, and must... address the impact of the broken mental health system on the nation's courts — especially in partnership with behavioral health systems."

- Conference for State Court Administrators

Court and behavioral health structures differ between states, but the advice in this guide is designed to apply universally. This guide emphasizes a community-by-community approach, and that action is best coupled with statewide leadership. Engaging state agencies in the process will help with alignment of local and state-level efforts and goals. The recommended checklist of action steps incorporates plan development considerations across a diverse set of jurisdictions. While these action steps provide the "backbone," specific strategies will vary from jurisdiction to jurisdiction depending on existing efforts, available resources, and community infrastructure. Where possible, this guide contains Local Considerations that reflect these considerations.

Addressing the mental health needs in your community is an important but weighty undertaking that will require sustained effort and time. Resources are often siloed, and it will take time to identify and untangle them. In their unique position as respected leaders, judges are optimal conveners of these diverse stakeholders. This guide will help judges and court professionals get started and provide information about what to consider during the beginning stages of the process. The guide describes the important steps of convening stakeholders, assessing the mental health landscape in your community, and implementing court and community responses and strategies. Any steps forward will be positive and will make a difference in the community.

---

[16] Vera Institute of Justice, The Burden of Mental Illness Behind Bars (June 21, 2016), https://www.vera.org/the-human-toll-of-jail/inside-the-massive-jail-that-doubles-as-chicagos-largest-mental-health-facility/the-burden-of-mental-illness-behind-bars.

[17] State Justice Institute National Initiative, Improving the Justice System Response to Mental Illness, http://www.ncsc.org/mentalhealth.

[18] Topic papers covering issues specific to special populations will be posted on the National Initiative's webpage as available at https://www.ncsc.org/mentalhealth.

Coordinated Court and Community Responses

In order to address mental health needs in your community, certain court and community responses must be developed. The most effective approach is to design responses that are engaged in by community collaborators early and often.

As a starting place, COSCA recommends using the Sequential Intercept Model (SIM), which identifies appropriate responses at several intercept points that can keep an individual with mental health or co-occurring disorders from continuing to penetrate the criminal justice system.[19] Nevertheless, effective court and community responses require interventions prior to engagement in the criminal justice system. As such, this guide recommends several additional areas of focus that, if engaged in proactively, can create necessary support structures and prevent justice system involvement for those with mental health disorders. These additional practices address physical and behavioral health needs, pre-crisis community resources, family and public outreach, and civil justice needs. Additionally, a focus should be placed on the role of court leaders and the importance of data and information sharing. This model is visualized in Figure 1.
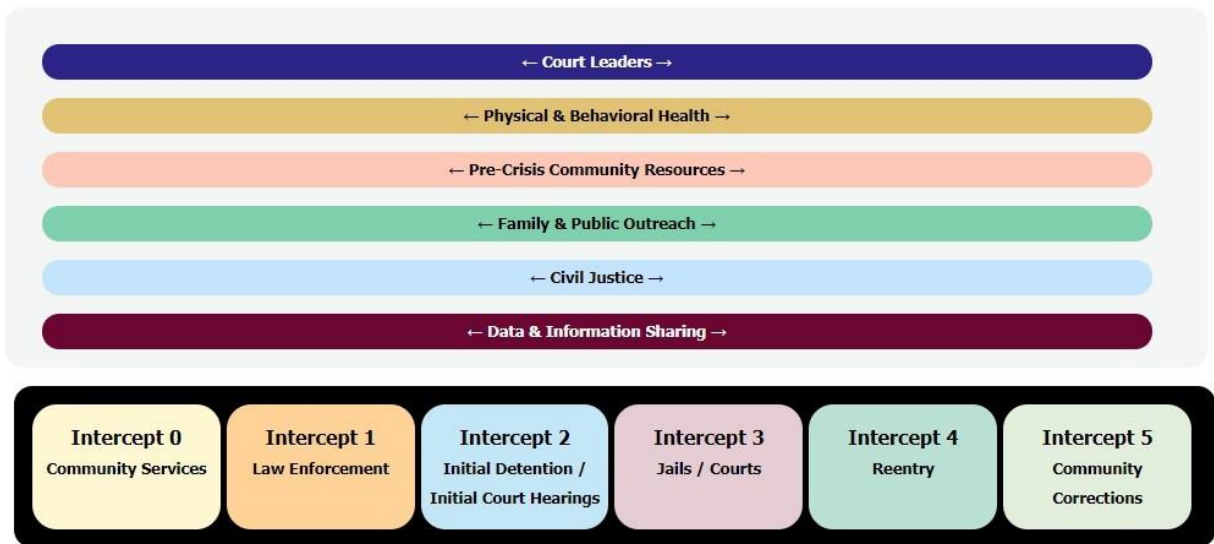
Figure 1. The Sequential Intercept Model and additional areas of focus
for coordinated court and community responses.

Every community will be at a different place with its response to mental health and co-occurring disorders. As you look through the various recommendations in this guide, consider your own community and the best way to use these tools to build a structure of support for mental health issues. More information about recommended practices and resources for each part of the model can be found on the National Initiative's web page.[20]

---

[19] The Sequential Intercept Model is a community strategic planning tool that helps communities assess available resources and determine gaps in services. The goal is to develop priorities and create a plan to improve the response to mental and substance use disorders. See Policy Resource Associates, The Sequential Intercept Model (2019), https://www.prainc.com/sim/.

[20] State Justice Institute National Initiative, Improving the Justice System Response to Mental Illness, http://www.ncsc.org/mentalhealth.

Getting Started

- Review this guide and talk with your court administrator.
- Together, discuss the status of your court and community response to those with mental health issues.
- What is the status of any other prior efforts undertaken in your county? What worked and didn't work?
- Who has been involved and provided leadership on key efforts in this area?

This entire Leading Change Guide has been developed for leaders in the court community. As a first step, review the guide in its entirety and ask others in your jurisdiction to do the same. After you have all read the guide, discuss your preliminary thoughts on the best way to proceed in your community. This discussion should include a conversation on existing court and community mental health responses. Laying these out in a preliminary manner will provide context on the community's size, infrastructure, and resources that shape the most appropriate approach to this effort. For example, a jurisdiction with numerous treatment providers and many stakeholders might tackle protocol development in more manageable working groups that report back to a main development group. A jurisdiction with fewer key stakeholders might develop protocols as an entire group.

Local Considerations

Existing councils and committees can be leveraged as a starting point and backbone support for your efforts.

Also, consider prior multi-disciplinary efforts that may have been undertaken in the last few years. Has your court and/or the community participated in the *Stepping Up Initiative*[21] or the *Safety and Justice Challenge*?[22] Have you participated in any "mapping" exercises designed to identify existing resources, gaps in services and community priorities? Do you have a criminal justice coordinating council or other group of stakeholders that meets periodically? Think about the leaders in your court and in the community. Like any successful effort, you will need "champions" to contribute to the work ahead.

The *Stepping Up Initiative* led by the National Association of Counties, the Council of State Governments Justice Center, and the American Psychiatric Association Foundation, provides a framework for convening stakeholders and gathering appropriate data to inform a system-wide planning process (See *Six Questions County Leaders Need to Ask* on the next page). While judges appropriately lead court response efforts, they are one piece of the mental health system responses; effective community-based mental health responses require

---

21 For more information, including a list of participating counties, visit https://stepuptogether.org/.

22 For more information, visit http://www.safetyandjusticechallenge.org.

buy-in and action from local elected officials. *Six Questions County Leaders Need to Ask*, developed by the Stepping Up Initiative, is an excellent resource for framing assessment at the systems level.[23] In particular, the *Stepping Up* website includes a detailed *Project Coordinator's Handbook* with exercises to walk an interagency group through the *Six Questions*[24] and a Self-Assessment Tool.[25]

As you begin this effort, you should make a commitment to be conscious of your choice of language and ask the others joining you to do the same. Avoid stigmatizing language. Person-first language helps keep conversations person-centered rather than focused on issues to be managed. Whenever possible, defer to the preferences of individuals for how they choose to identify themselves (e.g., person with lived experiences, survivor, person in recovery, etc.).[26]

Either prior to the first meeting or with your stakeholder group, a developmental plan should be established. Developing any effective collaborative response to a complex issue requires first understanding the available resources. Simply put, you must first understand where you are before you can determine where you want and need to go. Figure 2 outlines the mapping process that informs effective and appropriate judicial and community responses.[27] All five phases (assessment, gap determination, plan development, implementation, and sustainability) are necessary to develop a comprehensive community response to behavioral health issues.

> ## Six Questions
> ## County Leaders Need to Ask
>
> ## <u>The Stepping Up Initiative</u>
>
> 1. *Is our leadership committed?*
> 2. *Do we collect timely screening assessments?*
> 3. *Do we have baseline data?*
> 4. *Have we conducted a comprehensive process analysis and inventory of services?*
> 5. *Have we prioritized policy, practice, and funding improvements?*
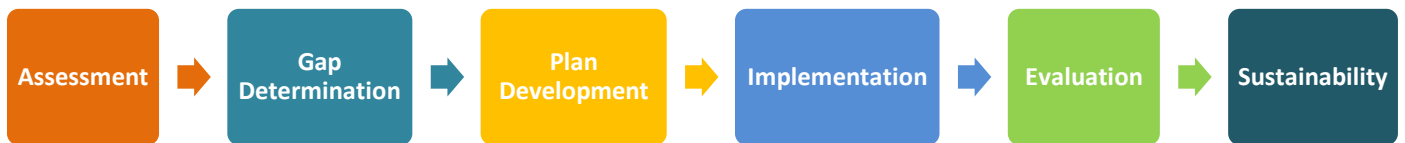> 6. *Do we track progress?*

Assessment → Gap Determination → Plan Development → Implementation → Evaluation → Sustainability

Figure 2. The Community-Based Mental Health Response Mapping Process

---

[23] National Judicial Opioid Task Force, The Court's Role in Combating the Opioid Crisis: Using the Sequential Intercept (SIM) as a Place to Start (2019), https://www.ncsc.org/~/media/Files/PDF/Topics/Opioids-and-the-Courts/NJOTF%20Resources/The%20Courts%20Role%20in%20Combating%20the%20opioid%20Crisis-Using%20the%20SIM%20Final.ashx; The Stepping Up Initiative, County Elected Official's Guide to the Six Questions County Leaders Need to Ask (2018) https://stepuptogether.org/wp-content/uploads/2018/04/Elected-Officials-Guide%E2%80%93to%E2%80%9360_4-4-18.pdf. A more robust guide describes why each question matters and what the best practices around the questions look like. Risë Haneberg et al., Reducing the Number of People with Mental Illness in Jail: Six Questions County Leaders Need to Ask (2017), https://stepuptogether.org/wp-content/uploads/2017/01/Reducing-the-Number-of-People-with-Mental-Illnesses-in-Jail_Six-Questions.pdf; The Stepping Up initiative, Stepping Up Strategy Lab, https://lab.stepuptogether.org/database/results/.

[24] Available online at: https://stepuptogether.org/products.

[25] Available online at: https://tool.stepuptogether.org/.

[26] For more information, see Jensen et al., *Championing Person-First Language: A Call to Psychiatric Mental Health Nurses*, 19 J. Am. Psych. Nurses Assn 146 (2013), City of Philadelphia, Department of Behavioral Health and Intellectual disAbility Services, http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.898.78&rep=rep1&type=pdf; *Person First Guidelines*, https://dbhids.org/wp-content/uploads/2015/09/Person-First-Initiative-Guidelines.pdf; ADA National Network, *Guidelines for Writing about People with Disabilities*, https://adata.org/sites/adata.org/files/files/ADANN_writing_guidelines_2015-FINAL.pdf.

[27] This process is similar to other court-led reform efforts in the access to justice and civil justice reform arenas. The Civil Justice Initiative provides a roadmap for implementing change in the civil justice system. *See Transforming Our Civil Justice System for the 21st Century: A Roadmap for Implementation*, http://www.ncsc.org/~/media/Microsites/Files/Civil-Justice/CJI%20Implementation%20Roadmap.ashx. The Justice for All project lays out the process for an integrated, action-driven assessment and planning process. See *Justice for All Guidance Materials Memorandum* 2016, http://www.ncsc.org/~/media/Microsites/Files/access/Justice%20for%20All%20Guidance%20Materials%20Final.ashx.

Convene Stakeholders

- Consider the many stakeholders who could be involved and identify stakeholders relevant for your jurisdiction. See the list of potential stakeholders in Figure 3.

- Plan a first meeting, create an agenda, and invite stakeholders.

- Convene the workgroup of stakeholders to assist you in this important effort.

For this endeavor, it will be important to have strong community collaboration, as well as judicial investment. Figure 3 identifies the many stakeholders who should be included in a task force or community meetings.

Community meetings are more inclusive than an appointed task force and do not limit the number of people involved. When determining which stakeholders to invite, consider broad involvement in the work ahead and consider gender, racial, ethnic and geographic diversity across all spectrums of responsibility. This might include bringing new stakeholders to the table and developing new relationships through the task force effort.

Think about the roles each task force member will play. For example, someone on the task force should understand funding opportunities and others should know the available community resources. You should be looking for both champions of the cause and people who can span boundaries across the justice,

Local Considerations

Judges should consider a jurisdiction's available resources and infrastructure when identifying stakeholders and the protocol development structure. If a jurisdiction's effort does not include a sufficient number of stakeholders to form meaningful working groups, the group should work as a whole on each intercept.

community, court, and behavioral health systems. Some community resources may be siloed, so it is important to identify diverse stakeholders who can make sure the whole spectrum of available resources is identified. Invite people who know the local landscape as well as those who know state-level resources. Extend invitations to leaders from other courts in your community. Stakeholders should have a working knowledge of the challenges of mental health issues across the community and justice system, and you should include stakeholders who cover all needs of a person with a mental health disorder.

You should consider implementation and sustainability strategies when convening participants. This includes ensuring stakeholder leadership representation and buy-in to execute developed plans. You should also consider the importance of soliciting a range of viewpoints from state leadership to "front-line" employees who directly interact with affected individuals. Inclusion of individuals with lived experiences and their family members is critical to understanding the specific challenges involved with navigating the systems. The importance of buy-in cannot be overstated in the development process. As leaders, judges

should endeavor to ensure the participants feel heard and are offered an opportunity to meaningfully contribute to the process.

Potential Stakeholders

- Judges
- Court administrators
- Law enforcement (sheriff, local police)
- Bailiffs
- Prosecutors
- County attorneys
- Private counsel
- Public defenders
- Former system-involved individuals and persons with lived experiences
- City council
- County Board and Board of Supervisors members
- School board members and representatives
- Criminal justice commissions or councils
- Legislators
- Family members
- Direct mental health treatment providers (public and private)
- National Alliance on Mental Illness, local chapter
- Psychiatrists
- Supported employment specialists
- Housing specialists
- Peer and self-advocacy organizations
- Jail administrators
- Domestic violence services
- Mental health hotlines
- Residential unit staff
- Mental health boards
- Jail mental health staff
- Probation and parole officers
- Pre-trial officers
- Disability and physical brain disorder advocates
- Civil commitment personnel
- Mobile crisis units
- Crisis units
- Benefits representatives
- Tribal representatives
- Competency evaluators
- Competency restoration treatment providers
- Disability law groups
- Social security and disability representatives
- Faith-based organizations
- Emergency room personnel
- Emergency medical technicians
- Public advocates and public fiduciaries
- Pediatricians and physicians
- Project coordinator
- Local business leaders
- Local researchers and academics
- Data quality and integrity contacts
- Victim rights advocates
- Guardianship and conservatorship groups
- Food banks
- Transportation services
- Community foundations
- Substance use treatment and services

Figure 3. Potential Stakeholders

Consider the appropriate number of stakeholders to invite to participate as well as strategies to ensure that everyone's perspectives are heard and incorporated in a manageable way. This decision will depend on the number of providers and interested parties in your community. You may want to invite different stakeholders to join the discussion at various stages. Inclusion throughout the process will foster ownership of the final plan and help ensure sustainability.

It is critical that court and community responses to mental health issues are viewed in a holistic manner to avoid narrow and siloed responses. Development efforts should include creation of individual working groups to develop plans across each point of the justice system, from before a crisis occurs to probation and beyond. Nevertheless, to ensure a comprehensive response, there should also be a mechanism for bringing the entire development group together to review findings and develop a plan that spans across intercepts.

You should think about:

1. The purpose of the group (e.g., develop policies, communication strategies, funding coalitions);

2. Whether the group is a standing committee or convened for a limited duration; and

3. Who is best suited to serve in this capacity (i.e., top leadership or those with in-depth knowledge about the resources and programs)?

To ensure inclusion, you should ask those participating in the first meeting if you have missed other important roles to include in the effort.

After you have considered who to invite to contribute to this effort, you will plan the first meeting agenda. Sample meeting agendas are included in this guide for your reference and adaptation to the needs of your court and the community (see Appendix A).

Once you have identified those you want to invite and drafted an initial agenda, issue the invitations. Personally reaching out to invitees through a phone call can help emphasize the importance of this effort. Consider the budgets of your stakeholders and make an effort to provide housing, transportation, or other arrangements as needed. Set the meeting date sufficiently in advance to maximize participation. A minimum of four to six weeks in advance is recommended.

At Your First Meeting

- Engage your stakeholders; do a lot of active listening. Ask stakeholders how to think outside the box to find solutions.

- Propose a process to "map" the resources in your community to understand where you are and where you need to go to improve court and community responses.

- If not already completed, plan to map your community's resources. Recognize that completing the mapping process may take a number of meetings and effort by separate workgroups.

- Decide the frequency of meetings to lead change in your community and choose a date for the next meeting.

- Create a communication plan for sustained collaboration with stakeholders.

Make sure your stakeholders feel welcome. There should be food and drinks provided. Print out copies of the meeting agenda and the invitation. Engage your stakeholders and thank them for their time. Share with them why this effort is important to you and what you hope to accomplish through this effort. Do a lot of listening. Ask each person to introduce themselves, share his or her role and responsibilities, and why the work is important to them. Later in the agenda you will ask each participant if they are willing to work with you in the months and year(s) ahead to improve the court and community response to those with mental health issues.

You should elect a co-chair from outside the court community to help spearhead the effort. The co-chair will bring a different perspective of the mental health landscape in your community, and their involvement will reinforce the importance of collaboration throughout this process.

You will then either propose a plan and/or invite the participants to offer their suggestions. Mapping using the Sequential Intercept Model (SIM) or a similar resource mapping exercise[28] is recommended as a key initial planning tool, if a resource map has not already been completed in your community (See Appendix C for sample planning materials for SIM). You can propose to conduct the National Initiative's Leading Change workshop, a SIM workshop model with a facilitator, or an abbreviated mapping process. Any of these methods will help stakeholders understand where the community is in terms of resources, what the gaps are, and what needs to be accomplished in order to improve court and community responses.

---

[28] The Stepping Up initiative has an *In Focus* brief on *Conducting a Comprehensive Process Analysis*, which includes several sample system maps, available online at: https://steptogether.org/wp-content/uploads/JC_Stepping-Up-In-Focus_Conducting-a-Comprehensive-Process-Analysis.pdf.

At this first organizational meeting, you will also want to decide how best to move forward, i.e., how to organize yourself within workgroups or meetings of the whole body and decide the frequency of meetings. Meeting at least monthly or every other month is recommended to build and maintain momentum.

Ongoing communications both within the workgroup or task force and throughout the community are critical to the success of the ongoing efforts. You will want to develop a plan to maintain active communication with your stakeholders. Later as you proceed you will want to expand the communication of plans and strategies throughout your communities.

Local Considerations

Jurisdictions without dedicated communications staff/support can explore tailoring communication plans that reflect jurisdiction capacity and explore coordinated communication partnerships with other jurisdictions or agencies.

Assess the Mental Health Landscape

- Inventory the mental health landscape in your community.

- Examine the existing resources at each intercept point and additional areas of focus; document those resources.

- Identify any gaps in the community and court processes for those with mental health issues.

- Consider adapting protocols that have been developed in other counties and states to meet your needs.

- Identify potential solutions and set priorities to address identified gaps. Develop an action plan.

- Solicit viewpoints and ensure "buy-in" of all stakeholders at every step.

Completing a collaborative and candid assessment of the mental health landscape will secure buy-in from stakeholders. You should encourage direct observations and analysis at each intercept regarding contact between an individual with mental health issues, the justice system, and the community broadly. Understanding the landscape is the foundation on which informed and targeted action is based. Each community is at a different stage in the process of addressing mental health needs and has a unique mental health system. It will take time to understand how the mental health system is structured within your community. As a first step, you can talk with mental health and other stakeholders about the types of treatment and supports available in your community.

Local Considerations

Jurisdictions that have already completed SIM mapping should complete an abbreviated review (and update) of their mapping process.

A comprehensive assessment requires input from all stakeholders and will allow you to identify ways to "intercept" persons with mental health and co-occurring disorders to ensure prompt access to treatment; opportunities for redirection or diversion; timely movement through the justice system; and linkage to community resources.[29] Each point in the model in Figure 3 provides opportunities for intervention as early as possible and allows you and the community to develop targeted strategies.

---

[29] Opportunities to "intercept" persons with mental health disorders are referred to as "intercepts" in the SIM model. For example, law enforcement could intercept a person with a mental health disorder during a call for service by diverting the individual to a stabilization unit rather than jail. Law enforcement is one of six intercepts in the SIM model. Policy Resource Associates, *The Sequential Intercept Model* (2019), https://www.prainc.com/wp-content/uploads/2018/06/PRA-SIM-Letter-Paper-2018.pdf.

A comprehensive assessment should consist of the following steps:

1. **Convene** stakeholders;

2. Discuss and **decide** on how to approach the assessment (workshops, working groups, evaluations, reports, etc.);

3. **Investigate** the existing resources at each intercept and data collection opportunities;

4. **Document** resources/gaps; and

5. **Identify** accompanying evidence-based and promising practices.
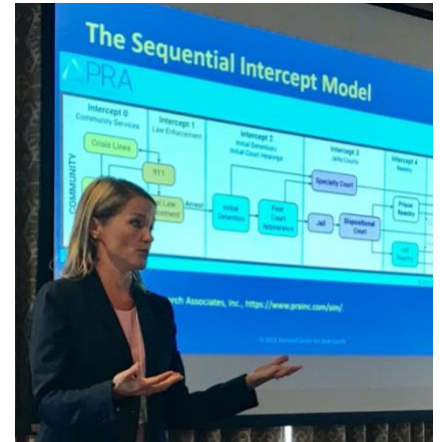
Depending on your community's experience with resource mapping, you will either schedule a separate mapping workshop or use the results of previous mappings to build upon. Mapping provides you the best tool to inventory community services and collaborative efforts, assess gaps and opportunities, identify where to begin interventions, and help you to examine, plan, and implement priority action plans to improve your community and court responses.[30]

A one- or two-day mapping workshop will generally include the following agenda items:

1. Description of the mapping workshop.
2. Evidence-based and promising practices and national trends across intercepts.
3. Mapping cross systems (court, community, civil, criminal, law enforcement, behavioral health, etc.).
4. Identifying resources, gaps and opportunities[31].
5. Setting priorities.
6. Action planning based upon priorities and developing specific plans for taking action.
7. Next steps and moving forward.
8. Setting goals to frame the work of the group.

Mapping approaches and strategies require an action plan and timeline.[32] Investigating existing resources will provide the current mental health "landscape." For an idea of possible response strategies, the Stepping Up initiative has a database of different tools with descriptions.[33]

You can find suggestions of mapping questions at each intercept in Appendix D. Mapping inquiries should target a response from a multi-agency perspective in addition to a response from an individual perspective.

Effective individual responses are impossible if they are not backed by supportive systems. The workgroup should document existing responses and resources at each intercept to allow for meaningful synthesis of existing gaps. When documenting the current status, discuss the *quality* and *breadth* of existing responses in

---

[30] Policy Research Associates, Inc., *Using the Sequential Intercept Model to Decriminalize Mental Illness* video presented at July 2019 NACM Conference, . https://www.youtube.com/watch?time_continue=6&v=3qXp16y3i4E.

[31] Be sure to examine the court and community resources available in each intercept and area at the National Initiative website, http://www.ncsc.org/mentalhealth.

[32] For an example, see a variety of reports on community action plans from Massachusetts as part of the Massachusetts Community Justice Project, https://www.mass.gov/lists/massachusetts-community-justice-project-reports.

[33] The Stepping Up initiative, *Stepping Up Strategy Lab*, https://lab.stepuptogether.org/database/results/.

addition to their existence.[34] For example, what type of treatment is available for individuals with mental health disorders? How accessible is that treatment? Be sure to closely examine the court and community resources available in each intercept and area at the *Coordinated Court and Community Responses* website, http://apps.ncsc.org/MHBB.

---

[34] The Justice for All *Strategic Action Planning Guidance Materials*, developed in 2016 to help courts and other access to justice stakeholders meaningfully assess their access to justice ecosystem provides templates and questions that help drive a quality-driven inquiry. See *Appendix A: Justice for All Strategic Action Planning Action Step Checklist* (2016), http://www.ncsc.org/~/media/Microsites/Files/access/Justice%20for%20All%20Guidance%20Materials%20Final.ashx. Toolkits for collaborative educational teams also implicitly incorporate this concept in self-assessment. See State of New Jersey Department of Education, *Collaborative Teams Toolkit* (2015), https://www.state.nj.us/education/AchieveNJ/teams/Toolkit.pdf.

Collect Data

- Decide what data are important to collect to measure and assess effective responses.
- Identify which agency or agencies will be responsible for the collection of the data and reporting to the workgroup.
- Secure necessary data sharing agreements.
- Leverage technology whenever possible.

Existing data collection strategies inform many justice and public safety programs.[35] The development of comprehensive community-based behavioral health responses is no different. Data collection is critical for enabling outcome tracking and conducting the initial mapping assessment. Therefore, data collection opportunities and strategies should be discussed at every intercept and across both civil and criminal matters. For example, the Stepping Up initiative focuses on four key outcomes related to its goal of reducing prevalence in jails: admissions, average length of stay, connections to treatment in the community, and recidivism.[36]

The data to be collected should be discussed and determined at the beginning of the process and then used to inform the mapping procedure. As the work continues, you should continue to discuss what additional data need to be collected to ensure effective responses and best practices. A sample of data elements related to Intercept 2 are shown in Figure 4. The data elements listed are not exhaustive and should be identified by the stakeholders.
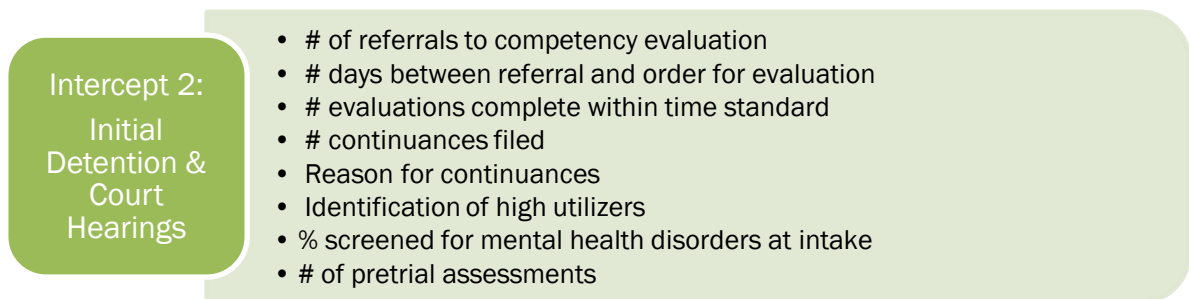
Intercept 2: Initial Detention & Court Hearings

- # of referrals to competency evaluation
- # days between referral and order for evaluation
- # evaluations complete within time standard
- # continuances filed
- Reason for continuances
- Identification of high utilizers
- % screened for mental health disorders at intake
- # of pretrial assessments

Figure 4. Sample Data Collection Opportunities

---

[35] States courts are now embracing evidence-based and data-informed strategies. There are a number of resources that provide informative data as well as questions to ask around data. *See* National Association of Counties, County Explorer: Mapping County Data, http://explorer.naco.org/ (mapping numerous county indicators), Council of State Governments Justice Center, 50-State Data on Public Safety, Arizona Workbook: Analyses to Inform Public Safety Strategies, 31 (March 2018), https://50statespublicsafety.us/app/uploads/2018/06/AZ_FINAL.pdf (outlining key questions about state data for public safety strategies); Urban Institute, Justice Reinvestment at the Local Level: Planning and Implementation Guide (October 14, 2010), https://www.urban.org/sites/default/files/publication/71341/412233-Justice-Reinvestment.pdf (discussing the collection of data and how to use data to inform the selection of interventions).

[36] The Stepping Up Initiative, In Focus: Collecting and Analyzing Baseline Data, https://stepuptogether.org/wp-content/uploads/In-Focus_Collecting-and-Analyzing-Baseline-Data.pdf.

Leading Change: Interim State Court Behavioral Health Data Elements Guide[37] outlines ideal state court behavioral health data elements to collect across the Leading Change Model as well as elements to collect in coordination with other systems. The guide also highlights which data elements are recommended as a core set of collected data. Many agencies and organizations won't have much available data. Work with the data that are readily available and then determine how to enable the collection of additional data moving forward.

Data collection opportunities often require data sharing agreements between agencies. For example, if a defendant is booked into jail but was receiving mental health treatment through a local behavioral health center, it is critical to share status notifications to allow for continuum of care. You should first look to see what data sharing agreements already exist. Stakeholder organizations should work collectively to identify additional data sharing opportunities. Once those opportunities are identified, stakeholders should enter into an agreement that delineates the events that trigger data sharing and who has access to what information. The agreement should consider data retention and timing for receiving data updates, as well as confidentiality. This agreement should be in writing to establish stability throughout leadership and staffing transitions. Once these agreements are in place, the improved tracking systems can help to identify individuals as they move between systems so that real-time information can be used to improve treatment and service delivery.

Leading Change: The Court's Collective Responsibility to Individuals Who Frequently Cycle Through Systems[38] offers guidance to court leaders and other system stakeholders on using data to respond to individuals with behavioral health needs. This guide is informed by interviews with six jurisdictions across the country and identifies ways in which court leaders can incorporate community-centered approaches, identify gaps in community and court processes, and advocate for data collection across systems.

Data collection opportunities should be identified throughout the mapping process as well as throughout the planning process. Priority should be given to data collection that supports addressing individuals with behavioral health needs in communities before any justice involvement. Responses should be designed through a collaborative effort of all community stakeholders. It is recommended that stakeholders:

- Use data to manage the impact of the justice system on individuals with behavioral health needs,

- Move away from siloed, adversarial approaches to collaborative solutions,

- Establish support from leadership, such as having a judge as a champion of efforts,

- Have dedicated staff who are familiar with data to operate as point people,

- Create a coordinating council to convene stakeholders, outline future work, and represent consistency,

- Anticipate challenges, such as the Health Insurance Portability and Accountability Act (HIPAA),

- Use data to make data-driven decisions, and

- Seek academic or research partnerships to assist with research, data analysis, and program evaluation.

---

[37] State Justice Institute National Initiative, Improving the Justice System Response to Mental Illness, http://www.ncsc.org/mentalhealth.

[38] State Justice Institute National Initiative, Improving the Justice System Response to Mental Illness, http://www.ncsc.org/mentalhealth.

Implement Improved Responses

- Develop an action plan, strategies, and timelines for implementation of responses.

- Identify plans to secure full leadership support.

- Identify strategies to overcome barriers, including a need for financial support.

- Discuss and document shared goals. Use these as a starting point for implementing strategies toward solutions.

- Consider grant, other funding, and technical assistance opportunities to enable you to accomplish your goals and action plans.

Following a workshop or similar mapping exercise(s), stakeholders should begin to refine the list of priorities identified and action plans developed. This further action planning should define the responses desired; identify necessary leadership support; prioritize the order for implementation starting with foundational steps first; and identify constraints, strategies to overcome barriers, and financial support to move forward.

This detailed action plan will include strategies and timelines for implementation of responses. You will also need to discuss funding needs and whether any funding could be obtained from grants, local or state funds, and other opportunities.[39] You should reach out to city, county, or state contacts to develop a plan to sustain funding for any developed responses. The stakeholders, with your leadership and encouragement and that of the court administrator, should make every effort to leverage technology to improve court and community responses to those with mental health issues.

The potential for leveraging technology in mental health responses is immense and should support the entire response process. Automated messaging can be used at virtually every intercept, whether raising awareness, prompting action, or enabling informed monitoring. Video appearances enable remote participation. Remote appearances and telehealth enable individuals with mental health issues to overcome many impediments to successful court hearings including social anxiety and navigating scheduling or transportation challenges for

Local Considerations

Jurisdictions can partner to leverage technology capacity and seek funding opportunities to overcome sparse resources.

---

[39] A list of funding resources to address substance use disorder and opioid misuse is available through the Office of National Drug Control Policy and U.S. Department of Agriculture: https://www.rd.usda.gov/files/RuralResourceGuide.pdf, National Judicial Opioid Task Force Resource Center https://www.ncsc.org/opioids, and SJI Funding Toolkit for State Courts and Justice System Partners https://fundingtoolkit.sji.gov/.

receiving services. Technology can also facilitate the participation of remote stakeholders to overcome access issues often experienced in remote locations and for those without reliable access to transportation.[40]

---

[40] Telehealth Learning Series for SUD Treatment and Recovery Support Providers, https://telehealthlearning.org/telehealth/#schedule. Courts should consult with mental and behavioral clinicians to carefully consider which individuals may have deleterious reactions to remote technologies (e.g., individuals suffering from paranoid disorders).

Sustain Your Efforts

- Conduct regular reviews through workgroup meeting agendas, adjust plans if necessary.

- Identify and implement outcome measures relevant to data collection.

- Reach out to the community on an ongoing basis through an established communication plan.

- Continue to engage your stakeholders; regularly review list of stakeholders for additions/adjustments.

- Discuss and agree upon effective communication strategies, such as enlisting leadership support and identifying a point of contact for regular communication.

- Establish a regular schedule to assess and reassess your response efforts.

- Facilitate necessary training (and cross-training) for the workgroup members and others involved in improving responses.

Once the plan has been implemented, it is important to sustain your efforts. This will require continued funding, persistence, and time. Throughout the developmental process, you should work to gain an understanding of how systems and services are funded and the opportunities that may provide support for this endeavor. One of your roles is to bring stakeholders together and build lasting relationships. Think about yourself as a broker for change, but also be mindful of judicial ethical considerations and your comfort level at trying to implement policy. Advocating for resources is not the same thing as advocating for a particular entity.[41]

Various organizations provide resources and tools to help drive and sustain change.[42] There are also new national and statewide efforts and taskforces aimed specifically at addressing mental health in the state courts.[43] These efforts should be leveraged as support for implementation.

---

[41] See National Judicial Opioid Task Force, *Judicial Leadership in Creating and Leading a Multidisciplinary Team to Address Substance Use Disorders* (2019), https://www.ncsc.org/~/media/Files/PDF/Topics/Opioids-and-the-Courts/NJOTF%20Resources/Judicial%20Leadership%20of%20MDT%20Final.ashx (discussing how judicial ethics can be upheld while convening a multidisciplinary team).

[42] Numerous federal and private funders support work in this area, including the Bureau of Justice Assistance (U.S. Department of Justice), the Substance Abuse and Mental Health Services Administration (U.S. Health and Human Services), and the MacArthur Foundation. Online resources are also for free through the Center for Court Innovation, the Council of State Governments Justice Center. The Judges' and Psychiatrists' Leadership Initiative, the National Association of Counties, Policy Research Associates, and the Stepping Up Initiative.

[43] See the State Justice Institute National Initiative, Improving the Justice System Response to Mental Illness website, http://www.ncsc.org/mentalhealth and National Judicial Opioid Task Force Resource Center https://www.ncsc.org/opioids; sign up for the *Behavioral Health Alerts* newsletter at https://www.ncsc.org/newsletters.

To ensure sustainability, you must:

1. Measure impact, document results, and make adjustments;

2. Secure stable funding strategies; and

3. Establish leadership support.

An important component for sustainability that informs regular reviews and targets appropriate responses and adjustments is evaluation. Evaluations should be built into the protocols. A successful strategy will document the response's desired impact on stated objectives and outcomes.

> ## Local Considerations
>
> *Obtaining stakeholder feedback is an important part of protocol evaluation. Jurisdictions with fewer stakeholders might find informal feedback channels are more effective and timely.*

You should use data from evaluations to secure stable funding allocations. As an example, researchers have noted the importance and impact of using data (e.g., impact of housing stabilization on arrests) to inform crisis response system reform.[44] Creating outcome measures, evaluation frameworks, and carrying out evaluations is critical.

You should explore funding strategies and grant opportunities to help support development efforts. National efforts in place to support and sustain local efforts include the *Improving the Justice System Response to Mental Illness* National Initiative, Substance Abuse and Mental Health Services Administration (SAMSHA), *Stepping Up Initiative*, and the MacArthur *Safety and Justice Challenge*. In recent years, state responses have moved to the forefront. These also include state efforts, including ones in Arizona, Texas, and Ohio,[45] which have built on the experiences of states like California,[46] Delaware,[47] and Wisconsin[48] that have done earlier state-wide planning.

Dedicated mental health liaisons can also help ensure continued attention to mental health responses in your community. Cross-agency coalitions, as used in Minnesota, may be a worthwhile strategy for securing funding from the legislature.[49]

Effective training and coordination ensure support by leadership and improves chances of successful implementation. For example, Virginia and Massachusetts have successfully implemented "train-the-trainer" approaches to mental health responses.

There are various forums at the national level to elevate behavioral health issues and share solutions at the national level. For example, the National Association for Court Management (NACM) and the National Association of Presiding Judges and Court Executive Officers (NAPCO) host annual conferences.

---

[44] Lyn Overman, Angela LaScala-Greunewald and Ashley Winstead, MODERN JUSTICE: USING DATA TO REINVENT AMERICA'S CRISIS RESPONSE SYSTEMS, May 2018 (provides examples where data is used to track the impact of reforms (e.g., impact of housing stabilization on arrests in San Diego and New York) as well as the benefit of data sharing).

[45] Arizona's Task Force on Fair Justice for All has a committee specifically focused on mental health issues in the justice system, https://www.azcourts.gov/cscommittees/Mental-Health-and-the-Justice-System. Texas recently started a Commission to address mental health issues in civil, criminal courts, https://www.txcourts.gov/supreme/news/commission-to-address-mental-health-issues-in-civil-criminal-courts/. Ohio has a standing task force on criminal justice and mental illness, https://www.ohioattorneygeneral.gov/Individuals-and-Families/Victims/Task-Force-on-Criminal-Justice-and-Mental-Illness.

[46] California Courts Mental Health Issues Implementation Task Force, https://www.courts.ca.gov/mhiitf.htm.

[47] Delaware Supreme Court Task Force on Criminal Justice and Mental Health, https://courts.delaware.gov/AOC/MHTF/index.aspx.

[48] Wisconsin Chief Justice's Task Force on Criminal Justice and Mental Health, *September 2010 Report: An Inventory of Current Practices, Current Challenges and Future Inititiatives*, https://www.wicourts.gov/courts/programs/docs/alttaskforcereport.pdf.

[49] See Report: https://ncsc.contentdm.oclc.org/digital/collection/spcts/id/303/.

The Substance Abuse and Mental Health Services Administration (SAMSHA) also provides trainings that are designed for addressing substance abuse and mental health issues at the local level.[50]

Central to securing leadership support, funding, and sustainable collaborative responses is communication and outreach. You should carefully consider how best to communicate response plans. There are several national resources available to help guide and inform communication efforts.[51] This may include asking stakeholders to submit pieces to relevant newsletters or listservs and reaching out to local media contacts for media releases. The court's website is also a great place to get the word out.

One national resource comes from efforts to achieve legislative reform. The *Toolkit for Legislative Reform: Improving Criminal Justice Responses to Mental Illness in Rural States* provides a number of excellent references and tools to consider for group composition, identifying problems, communications needs and strategies, stakeholder engagement, and setting the stage for sustainability.[52]

---

[50] See SAMSHA tools, training, and technical assistance to practitioners in the fields of mental health and substance use disorders, https://www.samhsa.gov/practitioner-training.

[51] See Stepping Up Initiative, *Talking to the Media and the Public about People with Mental Illness in their Jail* (2018), https://stepuptogether.org/wp-content/uploads/2018/04/Elected-Officials-Guide-to-Talking-to-the-Media_4-10-18.pdf; Barbara Pierce, *A Toolkit for Legislative Reform: Improving Criminal Justice Responses to Mental Illness in Rural States*, http://www.crj.org/assets/2017/10/CJ-Responses-to-MH-Toolkit-Sept-2017_Final.pdf (2017).

[52] *Id.*

A Concluding Reminder

Improving the court and community's response to mental health needs is a difficult but rewarding undertaking. This Leading Change Guide is designed to help you start the conversation and begin the movement toward change, but this effort will take hard work and perseverance that will likely continue for many years. These issues will not be resolved after one meeting with stakeholders or one assessment of the community's needs. Nevertheless, every effort you and your community partners make will benefit your community.

For additional guidance, please refer to the National Initiative's website at https://www.ncsc.org/mentalhealth. There, you will find links to state-specific and national resources, an assessment tool to further help you decide where to begin your efforts, workshops, and much more. We encourage you to sign up to receive the *Behavioral Health Alerts* newsletter[53] which communicates important developments and resources. Finally, you are encouraged to share your successes and lessons learned with NCSC using the *Contact Us* link on the website.

Together, state by state, and community by community, we will learn to improve our court and community responses to those with mental health and co-occurring disorders.

---

[53] Sign up for the *Behavioral Health Alerts* newsletter at https://www.ncsc.org/newsletters.

Appendices

Table of Contents

Appendix A. Draft Invitation and Agendas

Sample Invitation

[Judicial Letterhead]

Dear _____,

As you might know, I am currently participating in an effort to convene and engage key community members in identifying strategies and ideas to improve our court and community responses to those with mental health issues. This effort is very important to me because _____.

[You have been identified as / I know you are] an important person to involve in this effort and would make significant contributions given your _____.

I am convening a first meeting of community members on _____ at _____[am / pm] at the _____ County Courthouse, [address] and am hoping you can join me. Please RSVP to Court Administrator _____ at _____.

Thank you for your consideration. Please contact me or [name of court administrator] if we can answer any questions that you may have.

Sincerely,

Judge _____

CC: [Court Administrator]

Sample Agenda for a First Meeting

Expanding the Court and Community Response to Mental Health Issues

_____County

[Date]

[Time]

[Location]

1. **Welcome Remarks and Introductions**

   Hon. _____, Judge

   (The judge will welcome all the participants/stakeholders and describe the purpose of the effort and why it is important. The judge should convey the status of statewide efforts and the development of the Guide. Next, the judge should ask each participant to introduce themselves and describe his or role and responsibilities.)

2. **Purpose of the Meeting/Committee/Task Force**

   Goal (The judge and court administrator should articulate in writing a goal for the meeting/committee/task force and include it here.)

   Invite Feedback (The judge should engage the stakeholders in the purpose of the effort and invite their feedback.)

   Anyone Missing? (The judge should ask the stakeholders if any community members are missing and if any additional members should be added.)

3. **How Should Our Work Be Organized?**

   Proposal (The judge and court administrator should articulate in writing a proposed approach and strategy to move forward. Consider coordination/differentiation of related ongoing efforts. For example, is a separate mapping workshop advisable or can you build on prior mapping efforts? Is there already an established working group to improve responses to those with mental health issues or some sort of multidisciplinary workgroup that could be expanded?)

4. **Moving Forward**

   (The judge should lead a discussion about the frequency of meetings and a potential meeting schedule. Most importantly, the judge should obtain a commitment from each stakeholder.)

Sample Agenda for Subsequent Meetings

Expanding the Court and Community Response to Mental Health Issues

_____County

[Date]

[Time]

[Location]

1. **Welcome Remarks and Introductions**

   Hon. _____, Judge

   (Subsequent meeting agendas will vary depending upon the extent of community "mapping" that may have already occurred. Generally, either a separate Sequential Intercept Mapping (SIM) workshop will be scheduled or you will build upon prior mapping efforts.)

2. **Mapping the System**

   (The "mapping exercise" facilitates collaboration and what is called cross-system communication. An experienced facilitator is recommended to promote communication and to strengthen local strategies. The mapping exercise is generally scheduled for at least one day if it has not been completed before.)

3. **Prioritizing the Gaps and Opportunities**

   (As you "map" each of the intercepts, you will identify gaps in the community and court response. Talk about what ideas and strategies could be implemented in your community. Turn the gaps into opportunities based upon your discussions.)

4. **Action Planning**

   (The action planning will identify both short- and long-range goals. Action plans will identify priority areas, strategic objectives, and action steps, and will also identify the "who and when.")

5. **Recommendations**

   (In addition to the action plans, the participants will identify next steps and other recommendations for moving forward. A summary of the mapping exercise and a list of participants is recommended to accurately document the workshop or planning activity.)

Appendix B. Checklist of Judge Action Steps

GET STARTED

❑ Review this guide and talk with your court administrator.	
❑ Together, discuss the status of your court and community response to those with mental health issues.	
❑ What is the status of any other prior efforts undertaken in your county? What worked and didn't work?	
❑ Who has been involved and provided leadership on key efforts in this area?	

CONVENE STAKEHOLDERS

❑ Consider the many stakeholders who could be involved and identify stakeholders relevant to your jurisdiction. *See the list of potential stakeholders in Figure 3, page 10.*	
❑ Plan a first meeting, create an agenda, and invite stakeholders. *See sample agendas in Appendix A.*	
❑ Convene the workgroup of stakeholders to assist you in this important effort.	

YOUR FIRST MEETING

❑ Engage your stakeholders; do a lot of active listening. Ask stakeholders how to think outside the box to find solutions.

❑ Propose a process to "map" the resources in your community to understand where you are and where you need to go to improve court and community responses.

❑ If not already completed, plan to map your community's resources. Recognize that completing the mapping process may take a number of meetings and effort by separate workgroups.

❑ Decide the frequency of meetings to lead change in your community, and choose a date for the next meeting.

❑ Create a communication plan for sustained collaboration with stakeholders.

ASSESS THE LANDSCAPE

❑ Inventory the mental health landscape in your community.

❑ Examine the existing resources at each intercept point; document those resources.

❑ Identify any gaps in the community and court processes for those with mental health issues.

❑ Consider adapting protocols that have been developed in other counties and states to meet your needs.

❑ Identify potential solutions and set priorities to address identified gaps. Develop an action plan.

❑ Solicit viewpoints and ensure "buy-in" from all stakeholders at every step.

COLLECT DATA

- ❑ Decide what data are important to collect to measure and assess effective responses.

- ❑ Identify which agency or agencies will be responsible for the collection of the data and reporting to the workgroup.

- ❑ Secure necessary data sharing agreements.

- ❑ Leverage technology whenever possible.

IMPLEMENT IMPROVED RESPONSES

- ❑ Develop an action plan, strategies, and timelines for the implementation of responses.

- ❑ Identify plans to secure full leadership support.

- ❑ Identify strategies to overcome substantial barriers, including a need for financial support.

- ❑ Discuss and document shared goals. Use these as a starting point for implementing strategies toward solutions.

- ❑ Consider grant, other funding, and technical assistance opportunities to enable you to accomplish your goals and action plans.

SUSTAIN YOUR EFFORTS

❑ Conduct regular reviews through workgroup meeting agendas; adjust plans, if necessary.	
❑ Identify and implement outcome measures relevant to data collection.	
❑ Reach out to the community on an ongoing basis through an established communication plan.	
❑ Continue to engage your stakeholders; regularly review the list of stakeholders for additions and adjustments.	
❑ Discuss and agree upon effective communication strategies, such as enlisting leadership support and identifying a point of contact for regular communication.	
❑ Establish a regular schedule to assess and reassess your response efforts.	
❑ Facilitate necessary training (and cross-training) for the workgroup members and others involved in improving responses.	

Appendix C. Planning Materials for Sequential Intercept Mapping

Sample Toolkit

PRA
POLICY RESEARCH ASSOCIATES

Planning for *Sequential Intercept Mapping Workshop*

Sequential Intercept Mapping Planning Kit

A successful *Sequential Intercept Mapping* program begins with the planning process. For maximum benefit, use this Planning Kit for suggestions, a checklist, and materials to help plan the entire program. The program consists of a pre-workshop consultation conference call, the workshop, and a summary report with recommendations. All aspects of the program are conducted by experts from Policy Research Associates, Inc.

Sample Day One Agenda

PRA
POLICY RESEARCH ASSOCIATES

Sequential Intercept Mapping Workshop

AGENDA

County, State

Date

8:00   **Registration**

8:30   **Opening**
- Welcome and Introduction
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

What Works!
- Keys to Success

The Sequential Intercept Model
- The Basics of Cross-Systems Mapping
- Six Key Points for Interception

Cross-Systems Mapping
- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities
- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

Wrap Up
- Review

3:30   **Adjourn**

There will be 15-minute mid-morning and mid-afternoon breaks.

There will be a lunch break at approximately noon.

Sample Day Two Agenda

PRA
POLICY RESEARCH ASSOCIATES

Sequential Intercept Mapping Workshop

AGENDA

County, State

Date

8:00 **Registration and Networking**

8:30 **Opening**
- Remarks
- Preview of the Day

Review
- Day 1 Accomplishments
- Local County Priorities
- Keys to Success in Community

Action Planning

Finalizing the Action Plan

Next Steps

Summary and Closing

12:30 Adjourn

There will be a 15-minute mid-morning break.

Sample Strategic Plan

Boston Community Justice Project
Strategic Plan [DRAFT]
April 2019

Vision: We envision a City of Boston where people have access to treatment and support that meets them where they are, promotes recovery, enhances public safety and improves lives.

Mission: Our mission is to reduce justice involvement among people with addiction and mental health challenges, through collective action across systems, in the City of Boston.

Goal #1: Increase coordinated planning and collective action within and between justice and community systems		
Objectives	**Strategies**	**Committee(s)**
Increase and maximize opportunities for cross-system coordination	• Implement Sequential Intercept Mapping workshops • Develop coalition to increase opportunities for collaboration between intervening systems and agencies ○ Secure funding to support a coalition Coordinator • Increase information and data sharing across agencies to ensure efficiencies of care and measure change • Create/strengthen/optimize coordination of care processes to ensure smooth transitions and wrap-around care for individuals with complex needs	• Planning • Steering

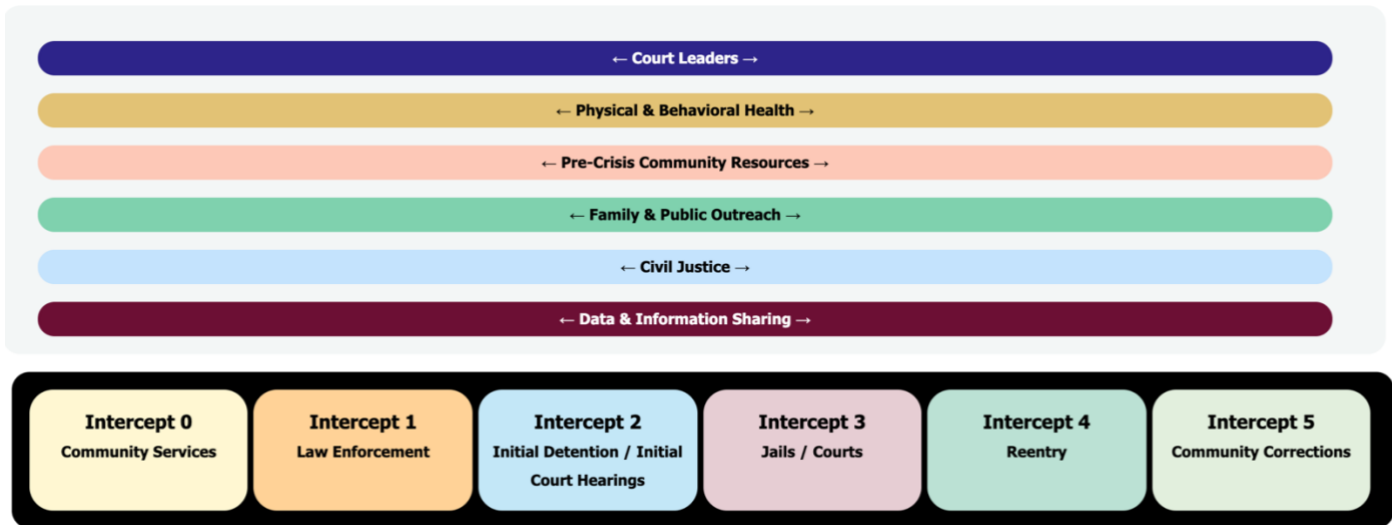| Goal #2: Increase knowledge and skills regarding behavioral health and justice involvement		
Objectives	**Strategies**	**Committee(s)**
Increase training and education opportunities about behavioral health among criminal justice system partners	• Law Enforcement: CIT, MHFA, academy and annual training • Court Staff and Partners (Attorneys, Probation, Judges, Clerks, Court Officers): model training • Corrections: academy and annual training	• Model Training
Increase training and education opportunities about justice-involvement among key community partners	• Treatment Providers • Emergency Services • Homeless Shelters • Social Services	• Model Training?

Goal #3: Improve behavioral health outcomes with high quality and evidence-based assessment, treatment and recovery support		
Objectives	**Strategies**	**Committee(s)**
Increase and maximize opportunities for identification of behavioral health issues (screening and assessment)	• Crisis team: mobile and walk-in • Law enforcement: Co-Response team, CIT, Hub Tables, Post-Crisis outreach • Court-based: Court Clinic (Section 15 and 35), CPCS Social Service Advocate, Bar Advocate Social Worker, Probation, Specialty Courts, Court Advocate • Corrections • Community: Healthcare, Public Health, Homeless	• Co-Response

Increase access to evidence-based treatment	• Ensure health insurance and benefits enrollment
	• Create/optimize care transition processes between justice facilities and community providers that ensure timely access to care
	  ○ Psychiatric care and medication transitions
	  ○ Medication Assisted Treatment
	  ○ Co-Occurring Disorders Treatment
	  ○ Cognitive behavioral health interventions for criminogenic risk
		• Access to Treatment
		• Reentry

Increase access to recovery support services	• Peer Support • Comprehensive Case Management • Housing • Workforce Development and Supportive Employment	• Peer Support • Reentry
Increase coordinated care for high utilizers of justice, treatment and healthcare systems	• Connect with high utilizer and data-driven justice initiatives	• Steering • Co-Response • Access to Tx

Partners: Boston Municipal Court, BMC Probation, Office of Community Correction, Boston Police, Suffolk District Attorney's Office, Suffolk Sheriff's Office, Suffolk Law, Committee for Public Counsel Services, BMC BEST Team, Boston EMS, Mayor's Office of Recovery Services, Boston City Council, Massachusetts Organization for Addiction Recovery, JRI, Pine Street Inn, Rosie's Place, Boston Public Health Commission (AHOPE and PAATHS), Gavin Foundation, Arbor House, MassHealth, Boston Medical Center, Mass General Hospital, Community Resources for Justice, DPH: BSAS, DMH, DDS, East Boston Neighborhood Health, North Suffolk Mental Health, Boston Healthcare for the Homeless

Appendix D. Sample Assessment Questions

← Court Leaders →
← Physical & Behavioral Health →
← Pre-Crisis Community Resources →
← Family & Public Outreach →
← Civil Justice →
← Data & Information Sharing →

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Community Services	Law Enforcement	Initial Detention / Initial Court Hearings	Jails / Courts	Reentry	Community Corrections

KEY QUESTIONS ACROSS ALL INTERCEPTS

❑ What happens when a person with a mental health or co-occurring disorder comes into contact with this intercept?

❑ What screening and assessment tools are used to identify behavioral health needs? Are the screening and assessment tools validated for the population for whom they are being used? What happens when mental health needs are identified?

❑ What resources are available to the individual and staff at this intercept?

❑ What relationships (formal and informal) exist between justice, behavioral health, healthcare, and social services at each intercept?

❑ What training do staff receive at this intercept regarding mental health, substance use disorders, and trauma?

❑ Are peers and/or advocates engaged at this intercept?

❑ Are community services identified in Intercept 0 available across all intercepts? Note if they are not available.

❑ Who are the champions on these issues in the court and community?

❑ Are there cross-sector task forces or coalitions working on behavioral health issues in your community?

❑ What data collection and information sharing exists? What additional data collection and information sharing needs to occur? Do any information sharing protocols and agreements exist?

❑ Are there any organizations working to identify "high utilizers" of the justice, healthcare, or behavioral health systems? Is there any data collection and information sharing? Is there coordinated care management for those identified?

❑ Are there any other resources at this intercept that we didn't discuss? Are there any challenges that didn't come up?

COURT LEADERSHIP

CASEFLOW MANAGEMENT

❑ Is caseflow management examined and evaluated at each intercept regarding how persons with mental illness flow through the justice system?

❑ Is there timely access to behavioral health services at each intercept?

❑ What data is available to monitor caseflow? Who monitors caseflow for the courts? For the jails?

❑ What processes are in place to address an identified delay with a case?

❑ Do persons with mental illness stay in jail longer or move through the system slower than persons without mental illness? What causes the delays?

PHYSICAL AND BEHAVIORAL HEALTH

❑ What resources are available in the community to provide behavioral health services?

❑ What mental health awareness information is provided in the community and by whom? What mental health awareness information is provided during routine medical visits?

❑ What type of mental health screenings are done in the community and by whom? What types of mental health or co-occurring disorder screenings are done during routine medical visits?

❑ What screening or assessment tools are used to identify behavioral health needs? Are these tools validated?

❑ Are family practitioners trained to screen for mental illness? Do family practitioners screen and refer for mental illness? Who do family practitioners refer to?

❑ What public assistance is available for behavioral health services? What assistance exists for obtaining and maintaining it?

❑ Are inpatient or residential beds available? What are the discharge practices? Are there warm handoffs to outpatient treatment?

❑ Are service providers trained (e.g., de-escalation, trauma, etc.)?

❑ Are there telehealth options available in your community? Do your clients have adequate internet access?

PRE-CRISIS COMMUNITY RESOURCES

❑ What agencies are working with people with mental health or co-occurring disorders in the community (e.g., syringe exchanges, business community, faith-based community, homeless shelters, food banks, supported employment, educational services)?

❑ What housing or supported housing resources are available in the community?

❑ What transportation is available? Is transportation adequate, affordable, and convenient?

❑ Is information available to the public about what resources are available in the community? How is information about resources made available to the community? Are services co-located?

FAMILY AND PUBLIC OUTREACH

❑ What public outreach regarding mental health currently exists (e.g., awareness campaigns, hotlines, health fairs)? Who provides the public outreach?

❑ Does your community have a local National Alliance on Mental Illness chapter? Do they provide training, classes, or support groups?

❑ What resources and treatment are available for families? Are there residential programs that allow parents to bring their children? What respite care exists? What support groups are available for families?

❑ What information is available for families online? Where are the online resources located (city, county, court, state, advocacy organizations, national websites)?

CIVIL JUSTICE

❑ What resources are available on advanced directives, powers of attorney, and other prospective legal planning for individuals at risk for mental health crises? Where is this information available? Is legal aid assistance available? Are pro bono attorneys available? Are there forms and instructions available to the public, and are they online?

❑ What options exist for establishing guardianships? Are there forms and instructions available to the public? Are pro bono attorneys available?

❑ What processes are in place to initiate a civil commitment? Are families and the public made aware of these processes and accompanying services? What challenges exist with the civil commitment process?

❑ Is assisted outpatient treatment available? What processes are in place? Are families and the public made aware of the processes and accompanying services?

DATA AND INFORMATION SHARING

❑ Are relevant providers aware of and trained on data-sharing best practices, including applicable federal and state laws on privacy?

❑ What data and information sharing protocols and agreements exist between justice, behavioral health, healthcare, and social services?

❑ What data and information sharing practices currently exist? What are additional data sharing priorities?

❑ What, if any, data are collected on mental health issues during law enforcement responses? How are such data shared across agencies and systems?

❑ What information sharing protocols and agreements are established to access mental health information (e.g., past evaluations, current or past services) across agencies?

❑ What protocols are established to reduce redundancy?

INTERCEPT 0: COMMUNITY SERVICES

❑ What mental health services are available in the community and are they trauma-informed? What substance use disorder treatment services are available in the community and are they trauma-informed? What trauma treatment and practices are available in the community?

❑ Are inpatient or residential beds available if needed? What are the discharge practices? Who is notified, when, and what resources are in place upon discharge (e.g., plans for medication continuity, housing, transportation, clothing)? Are there warm handoffs?

❑ What are the potential referral sources for individuals seeking behavioral health treatment and services?

❑ What efforts are in place to increase public and referral source awareness of treatment and service options?

❑ Are service providers trained in de-escalation techniques? Are community resources aware of and trained on appropriate practices for responding to individuals with behavioral health needs?

CRISIS SERVICES

❑ Describe what happens when someone with a mental health or co-occurring disorder has a crisis in the community.

❑ What crisis services are available for mental health? What crisis services are available for substance use disorders?

❑ Is there a strategic service plan developed? Who is responsible? Is there accountability to the service plan?

❑ What crisis lines are available to the community?

❑ Who arrives on the scene? Is there a behavioral health crisis service or center in the community? Is the service mobile? Is there a walk-in location? Are there police-friendly processes for drop-off? Is law enforcement seen as a preferred customer?

❑ Is there a culture of "no wrong door" for services?

❑ What are the acute mental health and substance use disorder services in the community and how are they accessed? Are there crisis stabilization beds in the community and how are they accessed?

❑ If the person is to be transported to a hospital or behavioral healthcare facility, who provides the transportation? If emergency medical services are on the scene, what mental health training is provided for EMS?

❑ What training do emergency room personnel have regarding mental health, substance use disorders, and trauma? Are emergency room procedures sensitive to these issues? Do you have access to emergency room services that can timely and adequately address mental health crises? Are there alternatives to emergency room services for mental health crises?

❑ Does the hospital emergency department have a psychiatric unit or a designated behavioral health space? Does the hospital have inpatient psychiatric beds? Do hospital personnel have training on mental illness, substance use disorders, and trauma? Does the hospital make referrals to local mental health services prior to discharge? Is there a warm handoff to community services?

❑ Are any crises or other behavioral health services co-located in the community? Are there opportunities for co-locating services?

❑ Are there any other resources at this intercept that were not discussed? Are there any challenges that did not come up in conversation?

INTERCEPT 1: LAW ENFORCEMENT

❑ Describe the typical police contact with someone dealing with mental illness or co-occurring disorders.

❑ Does local law enforcement have a mental health unit?

❑ What training do law enforcement and 911 operators have regarding mental illness, substance use disorders, or trauma? Is there Crisis Intervention Team training? Is there Mental Health First Aid training? What is the prevalence of CIT and Mental Health First Aid training? Has law enforcement signed on to the One Mind Campaign?

❑ What options are available to law enforcement in the community for pre-arrest diversion, deflection, or redirection? Are there police-friendly crisis drop-off services in the community? How are officers kept informed about the behavioral health services and resources in the community?

❑ Do law enforcement and the crisis team collaborate? Does law enforcement have a co-response clinician embedded in the police department, to either respond to crisis calls, provide follow-up care coordination, or both?

❑ Is law enforcement asking about history of military service?

❑ Is law enforcement collecting data to identify "high-utilizers" of the justice system? What criteria should be applied to identify "high-utilizers?" Is law enforcement part of any "high-utilizer" or elevated-risk outreach program?

❑ Does law enforcement have a way to red flag reports that involve persons with a mental illness to inform the justice system?

❑ Are dedicated stabilization units established in the community to address behavioral health crises? Are there stabilization units dedicated to co-occurring substance abuse and mental health crises?

❑ Are there any other resources at this intercept that were not discussed? Are there any challenges that did not come up in conversation?

INTERCEPT 2: INITIAL DETENTION AND COURT HEARINGS

INITIAL DETENTION

❑ If an arrest is made, where is the person brought?

❑ What protocols are in place to identify behavioral health needs upon intake to jail?

❑ What screening and assessment tools are used to identify behavioral health needs at booking? Are these tools validated on the population of those with mental health issues?

❑ Is the Jail Brief Mental Health Screen or other validated mental health screen conducted? If mental health issues are identified, with whom is the information shared?

❑ Are questions about military service asked at this intercept?

❑ What services are available to law enforcement for someone who is in a behavioral health crisis while detained?

❑ How is medication continuity ensured for someone placed in jail?

❑ Is there a formal diversion program available at booking?

INITIAL COURT HEARING

❑ Where and when do initial court hearings take place? Are behavioral health questions asked at the first court appearance?

❑ How and when do courts identify individuals with behavioral health needs?

❑ What are the diversion and release options available at the initial court hearing?

❑ Is there a pretrial report done prior to the first court appearance? Does it make recommendations for release and coordination with and referral to behavioral health services?

❑ What training do court personnel and partners (prosecutors and defense attorneys) have regarding mental health, substance use disorders, trauma, and the resources available in the community?

❑ How are behavioral health needs communicated to providers? How are individuals connected to the providers?

❑ Has your community planned and established co-located services? What (additional) opportunities exist for co-locating services?

❑ What data is collected and analyzed? With whom is it shared? Are "high utilizers" identified?

❑ How are justice system stakeholders and individuals informed of diversion options?

❑ Are there any other resources at this intercept that were not discussed? Are there any challenges that did not come up in conversation?

COMPETENCY

❑ What is the process for initiating a competency evaluation?

❑ What challenges are associated with the determination of competency (e.g., time it takes to get an evaluation)?

❑ What services are available for competency evaluations?

❑ What challenges exist for competency restoration (e.g., delays in getting to a state hospital or restoration services)?

CASEFLOW MANAGEMENT

❑ Is there timely access to behavioral health services?

❑ Who monitors the status and court events for the jails to ensure there are no delays? For the courts?

❑ What data is available to monitor caseflow?

INTERCEPT 3: COURTS AND JAILS

JAIL

❑ Are any mental health or substance use disorder screening and assessment tools utilized at intake to the jail? Are risk and need or clinical assessments done prior to sentencing? Are questions about military service asked?

❑ How is medication continuity handled? Will your jail provide psychotropic medications or medication-assisted treatment? If someone is in need of psychiatric medications, how long does it take for them to be seen and begin the medication?

❑ What specific psychiatric services are available at the jail? What counseling services? Group therapy? Are cognitive behavioral programs available? Are all services and treatments evidence-based? Are there

differences in what is available for pre-trial vs. sentenced individuals? What is the make-up of the behavioral health services team at the jail? If someone is in a mental health crisis, what services are available to them and how long does it take for them to be seen?

❑ Is there a mental health liaison position or team in the jail for continuity of care?

❑ Are there any differences in the services or programs available to men and women? What gender-specific programming is available?

❑ Do jail personnel receive training regarding mental health, substance use disorders, or trauma (healthcare, behavioral health, and security staff)?

❑ What is the prevalence of mental illness, substance use disorders, and co-occurring disorders in the jail? How many individuals are prescribed psychiatric medications?

❑ How many or what percentage of people are held at the jail pre-trial? How many or what percentage are sentenced? What is the breakdown of men and women (actual number and percentage)?

COURT

❑ Is there a behavioral health liaison in the jail or a court clinician position in the courts to connect with detention facilities to conduct evaluations?

❑ Who can make referrals (e.g., prosecutors, defense attorneys, judges)? Are they familiar with identification of individuals with mental health issues and do they understand potential judicial responses?

❑ Do you have a problem-solving court? Is the referral process to the problem-solving courts established in writing and shared with referral sources? Are referral sources informed about eligibility criteria? Do people have to plead guilty to participate in the problem-solving court? Are any rights in jeopardy for the individual (e.g., voting, housing, employment, etc.)? Does the individual have to give up any rights to participate in a problem-solving court? What are the processes to ensure that problem-solving courts are using evidence-based practices? Do team members receive training which is ongoing? Is there a process in place to evaluate your problem-solving courts using best practices?

❑ What behavioral health information is provided to judges at all stages of a case such as initial appearance, pretrial release, release decisions, all court appearance, and at sentencing? Are judges aware of alternative sentencing options?

❑ What behavioral health services are available? What behavioral health services are missing? Are there delays in accessing behavioral health services?

❑ Does the court have training and well-being programs for judges and court personnel regarding mental illness, co-occurring disorders, and vicarious trauma?

❑ What processes are in place to initiate a civil commitment? Are families and the public made aware of these processes and accompanying services? What challenges exist with the civil commitment process?

COMPETENCY

❑ How are individuals identified and referred for competency evaluations? Are the processes efficient?

❑ What challenges are associated with the determination of competency (e.g., time it takes to get an evaluation)?

❑ What competency restoration, treatment, and education services are provided?

❑ What outpatient restoration services are available? What, if any, restoration processes differ for lower level offenses?

❑ What challenges exist for competency restoration?

CASEFLOW MANAGEMENT

❑ Who monitors the caseflow for the courts?

❑ What data is available to monitor caseflow?

❑ Do persons with mental illness stay in jail longer or move through the system slower than persons without mental illness? What causes the delays?

❑ Are there any other resources at this intercept that were not discussed? Are there any challenges that did not come up in conversation?

INTERCEPT 4: RE-ENTRY

❑ How is re-entry planning handled from jail, prison, and behavioral health custodial settings? Are re-entry plans informed by individual screening and assessment results? How soon before release do re-entry planning meetings take place?

❑ Does the jail employ re-entry caseworkers prior to and post-release?

❑ Are individualized re-entry plans developed that include treatment and social services? Do individuals actively participate in the development of the plans?

❑ What services and resources are available to a person with mental health and co-occurring needs re-entering the community (e.g., employment, education, pro-social activities)?

❑ How is enrollment and re-enrollment to benefits handled prior to or upon release? Is Medicaid suspended or terminated during incarceration? Are there gaps in Medicaid coverage for someone re-entering the community?

❑ Are psychiatric, behavioral health counseling, and healthcare appointments made prior to release? Does the person need to request them or are they offered?

❑ How are medication transitions into the community handled? Can residents bring their remaining medications with them? What services are available in the community for someone who needs to refill a prescription quickly?

❑ Are providers in the community providing in-reach services to connect with residents prior to release?

❑ Are there residential treatment facilities available as a treatment and housing option post-release? How many people are released without a plan for housing?

❑ When are individuals with mental health needs released? What time of day or night? Released to treatment? Warm handoff?

❑ Are families provided with any education and support pre- or post-release?

❑ For someone with a probation or parole sentence after incarceration, how is the re-entry plan shared with probation? Is probation able to meet with the person prior to release or play a role in re-entry planning? Is the individual released to probation?

❑ What data collection and information sharing exist? What additional data collection and information sharing need to occur? Do any information sharing protocols and agreements exist?

❑ Are there any other resources at this intercept that were not discussed? Are there any challenges that did not come up in conversation?

COMPETENCY

❑ What services are available for competency evaluation?

❑ What outpatient competency restoration services are available in the community?

CASEFLOW MANAGEMENT

❑ Is there timely access to behavioral health services?

❑ Who monitors caseflow for the courts? What data is available to monitor caseflow?

❑ Are there any other resources at this intercept that were not discussed? Are there any challenges that did not come up in conversation?

INTERCEPT 5: PAROLE AND PROBATION

❑ Are probation and parole officers trained on the risk/needs models and responsivity?

❑ Do community-based treatment providers understand criminogenic risk and evidence-based strategies to address risk factors?

❑ How are transportation issues addressed for individuals who are required to go to treatment and services as a condition of their probation or parole?

❑ What behavioral health screening and assessment tools are conducted by probation and parole? What tools are used to assess criminogenic risk factors? Is a risk/needs/responsivity model used by community corrections?

❑ What pro-social behaviors or wellness indicators are monitored (e.g., housing, health, peer support) and how are they addressed?

❑ Who provides behavioral health and social services to people who are being supervised? What relationships exist with probation and parole and community-based treatment providers? Do community-based treatment providers understand criminogenic risk factors and use evidence-based strategies to address them?

❑ Do probation and parole personnel receive training about mental health, co-occurring disorders, trauma, and resources and services available in the community?

❑ Does probation have dedicated personnel working with individuals with mental illness or co-occurring disorders? If there is a problem-solving court in this community, are there dedicated probation personnel?

❑ Are probation and parole officers provided with well-being programs for mental health and dealing with vicarious trauma?

❑ What data collection and information sharing exist? What additional data collection and information sharing need to occur? Do any information sharing protocols and agreements exist?

❑ Are there any other resources at this intercept that were not discussed? Are there any challenges that did not come up in conversation?

CASEFLOW MANAGEMENT

❑ Is there timely access to behavioral health services?

❑ Who monitors caseflow for the courts? For probation and parole?

❑ What data is available to monitor caseflow?

❑ Is recidivism monitored?

❑ Do individuals with mental illness stay in jail longer or move through the system slower than individuals without mental illness? What causes the delays?

Appendix E. Glossary

Co-location of services: Co-location occurs when several service or resource providers are housed in the same physical space. An example of this is a jail giving satellite office space to housing, employment, and education service providers for the accessibility of recently discharged individuals.

Co-occurring disorder: Co-occurring disorders refers to an individual diagnosed with both a mental health disorder and a substance use disorder.

Intercept: In the Sequential Intercept Model, intercept or intercept point refer to the particular points where an individual with mental health needs can be intercepted and prevented from continuing to penetrate the criminal justice system. The intercepts include community services, law enforcement, initial detention and court hearing, jail and courts, reentry, and community corrections.

Mapping: Resource mapping is a tool for identifying available resources and gaps within a community while also encouraging collaboration and priority planning.

Person-first language: A way of acknowledging mental health disorders and other disabilities by referring to the individual first and the disorder second (e.g., "a person living with schizophrenia" as opposed to "a schizophrenic"). This is the preferred method for communicating about mental health needs.

Sequential Intercept Model: A conceptual model developed to inform community-based response to the involvement of people with mental and substance use disorders in the criminal justice system. See https://www.prainc.com/sim/.