

REPORT TO
**Conference of Chief Justices
&
Conference of State Court Administrators**
2021 ANNUAL CONFERENCE

Williamsburg, Virginia
July 26, 2021





“

**There comes a point
where we need to stop
just pulling people
out of the river.**

**We need to go upstream
and find out why
they're falling in.**

- Archbishop Desmond Tutu

”

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Dear friends and colleagues:

On behalf of the members of the Executive Committee of the National Judicial Task Force to Examine State Courts' Responses to Mental Illness, we are pleased to provide you with this update of our activities.

The Task Force was created by action of the CCJ and COSCA Boards of Directors in March 2020. Led by four chief justices and four state court administrators, joined by 40 additional judges and court and behavioral health experts, and funded by the State Justice Institute, the Task Force will spend the next year developing tools, resources, best practices and policy recommendations for the state courts. The Task Force will deliver its final report during the 2022 CCJ-COSCA Annual Meeting in Chicago.

Following our initial organization and appointment of all members, our early work focused on court responses to the difficulties presented by the pandemic when dealing with cases involving individuals with serious mental illness. This work was done with the support of and in collaboration with the CCJ-COSCA Rapid Response Team. Several on-line resources, the Behavioral Health Alerts newsletter, and a resource center – the “Behavioral Health Hub” – have been developed and can be found at <https://www.ncsc.org/behavioralhealth>.

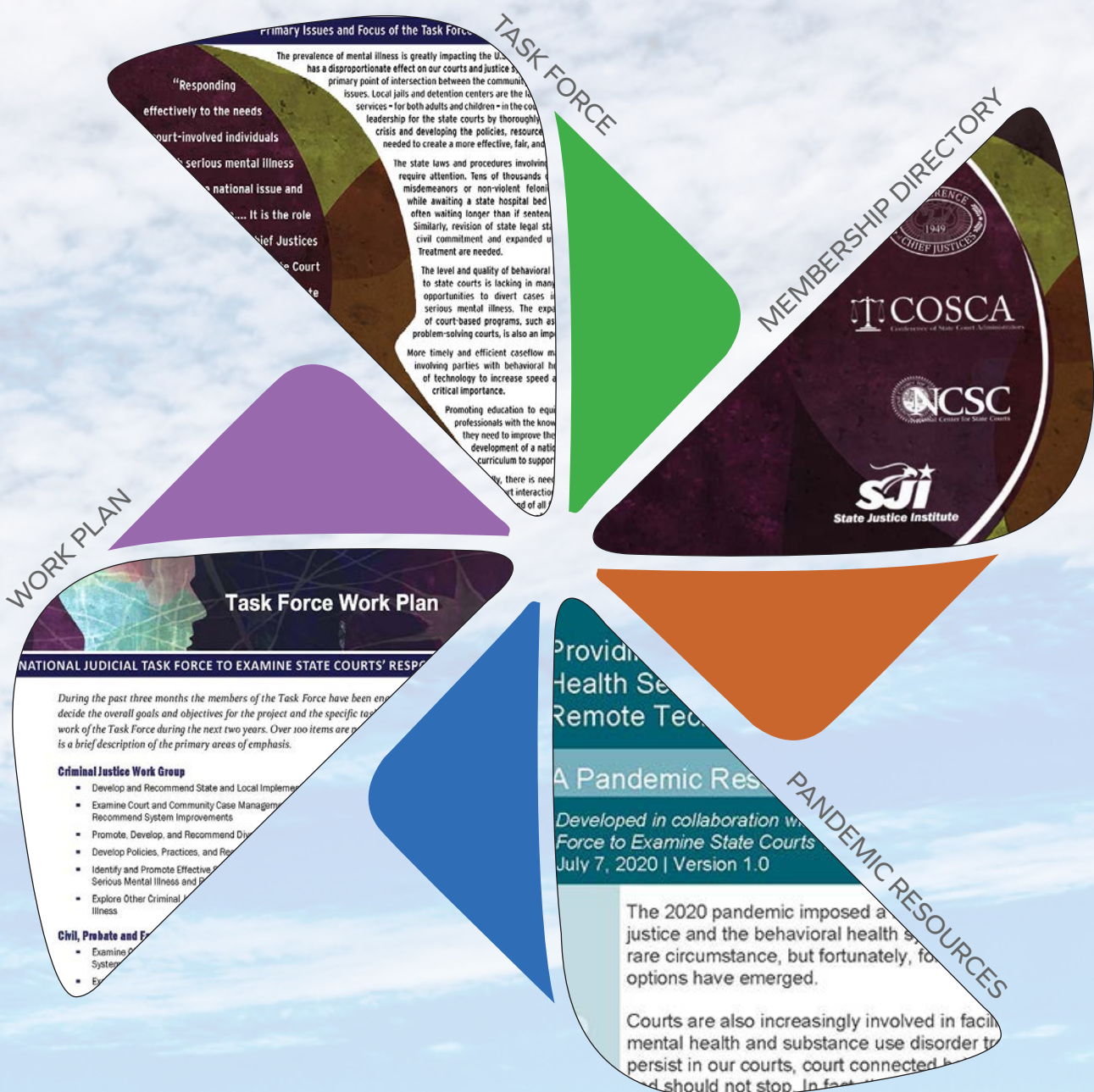
During our time in Williamsburg, you will hear a report about our work with SAMHSA, including a very successful series of meetings involving chief justices, state court administrators, and state behavioral directors from all states and territories. We are excited about the prospects for future collaboration with our federal partners.

Beginning later this year, state teams will be invited to participate in summits that will take place in the CCJ-COSCA Southern, Mid-Atlantic and New England regions. States in the Western and Midwest regions, who held summits prior to the pandemic, are currently receiving technical assistance from the Task Force to implement plans that they developed during their previous regional summits. We just received notice from the State Justice Institute that an additional grant has been approved that will provide technical assistance to participating states following the Southern, Mid-Atlantic and New England summits. We know that you join us in gratitude for the important role the State Justice Institute continues to play in the improvement of our state judicial systems.

In the report that follows, we have provided more detail about our future activities, resources that have already been developed and are available for your use, and ways in which members of CCJ and COSCA can engage in our work. We are honored that we were selected to lead the Task Force and are hopeful that these efforts can increase our understanding, improve our practices, and bring real and lasting change as we work to develop the policies, resources, tools and changes that we need to create a more effective, fair, and timely judicial response for all of those with serious mental illness.

Honorable Paul L. Reiber
Chief Justice
Supreme Court of Vermont

Honorable Lawrence K. Marks
Chief Administrative Judge
State of New York Unified Court System



WORK PLAN

Task Force Work Plan

NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO THE 2020 PANDEMIC

During the past three months the members of the Task Force have been engaged in the process of identifying the overall goals and objectives for the project and the specific tasks to be completed in the work of the Task Force during the next two years. Over 100 items are included in the work plan. This is a brief description of the primary areas of emphasis.

Criminal Justice Work Group

- Develop and Recommend State and Local Implementation Plans
- Examine Court and Community Case Management and Recommend System Improvements
- Promote, Develop, and Recommend Diversion Programs
- Develop Policies, Practices, and Procedures
- Identify and Promote Effective Practices for Serious Mental Illness and Substance Use Disorder
- Explore Other Criminal Justice Issues

Civil, Probate and Family Work Group

- Examine Court and Community Case Management and Recommend System Improvements
- Identify and Promote Effective Practices for Serious Mental Illness and Substance Use Disorder
- Explore Other Civil, Probate and Family Issues

TASK FORCE

Primary Issues and Focus of the Task Force

The prevalence of mental illness is greatly impacting the United States. Mental illness has a disproportionate effect on our courts and justice systems. Local jails and detention centers are the primary point of intersection between the community and the justice system. Local jails and detention centers are the primary point of intersection between the community and the justice system. Local jails and detention centers are the primary point of intersection between the community and the justice system.

"Responding effectively to the needs of court-involved individuals with serious mental illness is a national issue and... It is the role of the Chief Justices of the State Courts to lead the way in addressing this issue. The level and quality of behavioral health services to state courts is lacking in many states. Opportunities to divert cases involving serious mental illness. The expansion of court-based programs, such as problem-solving courts, is also an important goal. More timely and efficient caseload management involving parties with behavioral health issues. The use of technology to increase speed and efficiency of the court process is of critical importance. Promoting education to equipping professionals with the knowledge and skills they need to improve the development of a national curriculum to support the development of the judiciary. There is a need for more interactive and collaborative efforts among all stakeholders."

MEMBERSHIP DIRECTORY

PANDEMIC RESOURCES

Providing Health Services and Remote Technology in a Pandemic Response

Developed in collaboration with the National Judicial Task Force to Examine State Courts' Response to the 2020 Pandemic

July 7, 2020 | Version 1.0

The 2020 pandemic imposed a rare circumstance, but fortunately, for many courts, options have emerged.

Courts are also increasingly involved in facilitating mental health and substance use disorder treatment. As these issues persist in our courts, court connected behavioral health services should not stop. In fact, these services should be expanded.

Justice . Safe

Framework for Redefining Collaborative Court and Community Responses for Individuals with Behavioral Health

CRIMINAL JUSTICE WORK GROUP

The Criminal Justice Work Group is developing a Framework for Redefining Collaborative Court and Community Responses for Individuals with Behavioral Health

Needs which defines and organizes the criminal justice work.

Strengthen Community Responses and Minimize Criminal Justice System Involvement

Promote Early Intervention and Effective Management of Court Cases

Community Behavioral Health

Evidence-Based Practices

Institutionalization, Sustainability, and Funding

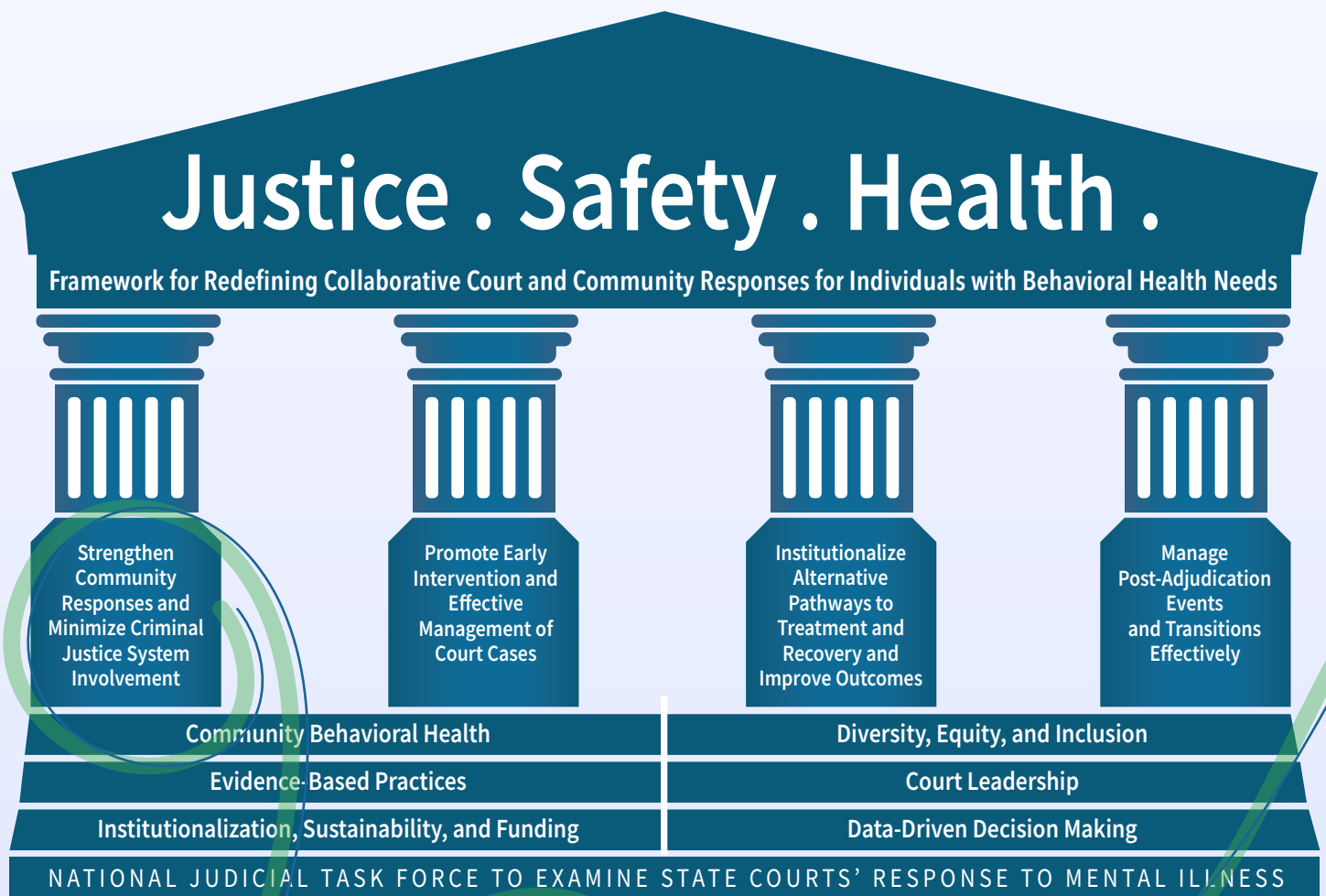
NATIONAL JUDICIAL TASK FORCE TO EXAMINE COURT

CRIMINAL JUSTICE

FRAMEWORK FOR REDEFINING COLLABORATIVE COURT AND COMMUNITY RESPONSES FOR INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS

The Framework for Redefining Collaborative Court and Community Responses for Individuals with Behavioral Health Needs includes four pillars which provide support and structure for the entire framework. Each of the identified pillars include essential elements which are fundamental and integral to the overall framework.

Foundations support all of the work ensuring that certain concepts are embedded and considered throughout including Community Behavioral Health; Diversity, Equity, and Inclusion; Evidence-Based Practices; Court Leadership; Institutionalization, Sustainability, and Funding; and Data-Driven Decision Making.

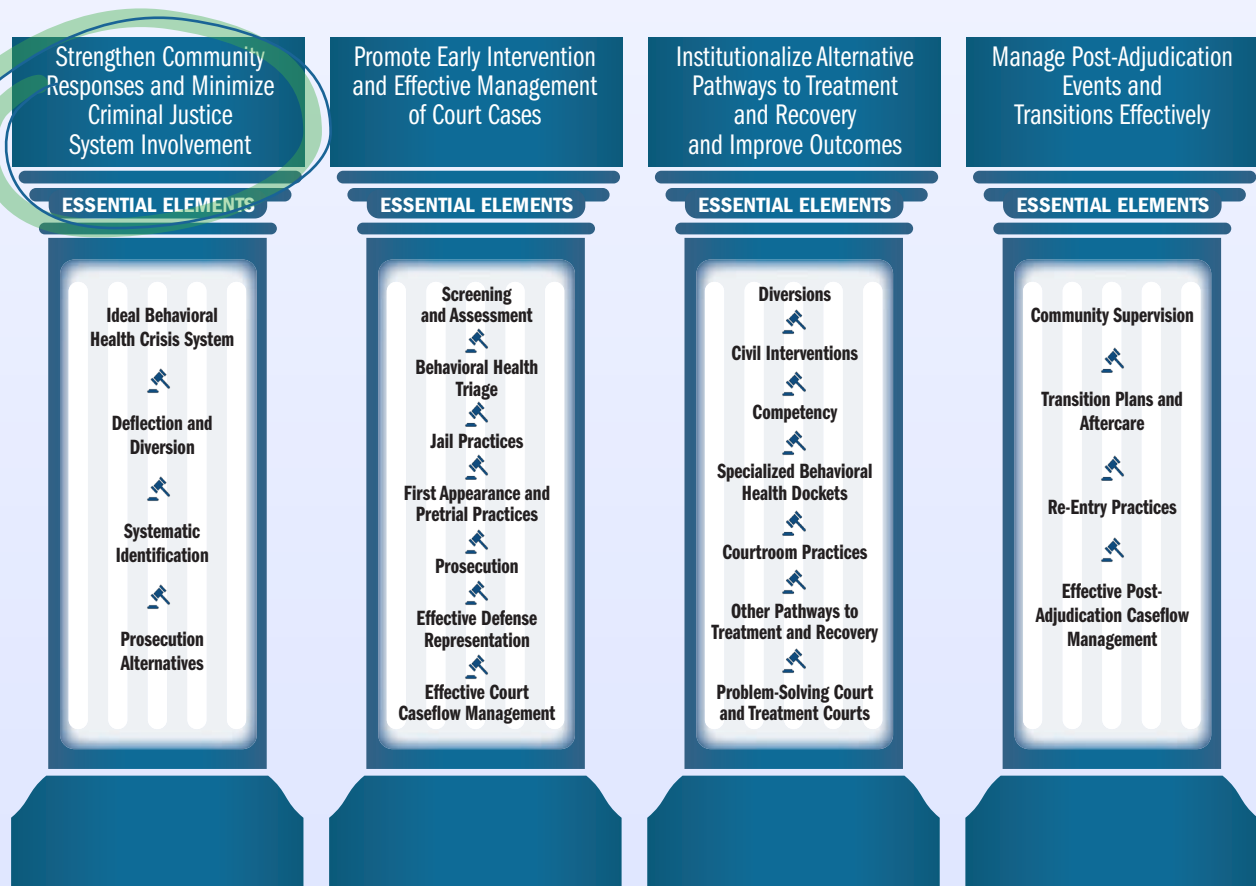


Additionally, solutions need to consider the many complexities at play and explicitly address any forces that perpetuate stigma, health inequities, and racism, including how they impact justice system interactions, decisions, outcomes, crisis response decisions, service structures, and service delivery.

Whenever possible, minorities, people of color, and individuals with lived experience should be involved in system planning to provide their perspectives on what it means to be a truly recovery-oriented, trauma-informed, and culturally responsive system.



The goal should be to ensure that all work is viewed with intentionality in intensifying the efforts to combat disparities, inequities, and explicit biases in the justice and behavioral health systems for individuals with a serious mental illness and to examine what system change is needed to make equality under the law an enduring reality for all.



Each of the identified pillars include essential elements which are fundamental and integral to the overall framework.

COMPETENCY

The Subcommittee on Competency began with an examination of the [competency interim report](#) and other resources to develop and recommend state and local implementation strategies to improve competency proceedings. The recommendations fall into ten categories.



An interim report was developed detailing these ten recommendations, [Leading Reform: Competence to Stand Trial Systems, A Resource for State Courts](#), which includes a related brief checklist for state courts to use to facilitate a review of their existing practices and a link to a partner publication, [Just and Well: Rethinking How States Approach Competency to Stand Trial](#). The Council of State Governments (CSG) Justice Center prepared this report in partnership with the American Psychiatric Association Foundation (APAF), the National Association of State Mental Health Program Directors (NASMHPD), the National Center for State Courts (NCSC), and the National Conference of State Legislatures (NCSL) as a project of the Judges and Psychiatrists Leadership Initiative (JPLI).

OTHER COMPETENCY RESOURCES

- ▶ [NCSC Competency Focus Group Discussion Summary](#)
- ▶ [Competence to Stand Trial Interim Report from the Advisory Committee](#)
- ▶ [Providing Court-Connected Behavioral Health Services During the Pandemic: Remote Technology Solutions](#) provides an overview of telehealth resources and options as they pertain to criminal justice related behavioral health interventions, including teleservices to provide behavioral health screening and assessment, behavioral health treatment, and competency evaluation and restoration.



BEHAVIORAL HEALTH CRIMINAL CASEFLOW MANAGEMENT

A new comprehensive, collaborative approach is needed to create fair and effective criminal justice and caseflow management systems that meet the needs for timely justice, improve outcomes for individuals with behavioral health needs, and reduce recidivism. The Work Group is developing [Exploring Person-Centered Justice for Individuals with Behavioral Health Needs - A New Model for Collaborative Court and Community Caseflow Management: An Interim Report](#) and will further develop strategies and provide state courts nationwide with a roadmap, tools, and practical resources to use this NEW MODEL to improve responses to individuals with behavioral health needs.



OTHER BEHAVIORAL HEALTH CRIMINAL CASEFLOW MANAGEMENT RESOURCES

- ▶ [Effective Criminal Case Management Project | NCSC](#)
- ▶ [Caseflow Management During a Pandemic](#)
- ▶ [Reducing Jail Populations During a Pandemic](#)
- ▶ [Improving Case Processing and Outcomes for People with Behavioral Health Needs - CSG Justice Center and NCSC](#)
- ▶ [Caseflow Management Interim Report](#)
- ▶ [Leading Change: The Courts' Collective Response to Individuals who Frequently Cycle Through Systems](#)
- ▶ [State Court Behavioral Health Data Elements Interim Report](#)

BEHAVIORAL HEALTH DIVERSION

To address behavioral health needs in our courts and communities, appropriate community services and supports must be available and accessible to deflect individuals with behavioral health needs from entering the criminal justice system and diverting individuals with behavioral health needs throughout the criminal justice system at the earliest point possible. The justice system must also provide leadership to develop behavioral health diversions and ensure that they are being utilized.

Communities provide different types of treatment programs and services for individuals with behavioral health needs. The complete range of programs and services is referred to as the continuum of care. A continuum of care uses an interdisciplinary approach to provide opportunities for patient care through partnerships in community programs and services. These diverse community programs and services are necessary to provide appropriate treatment in the community and diversion opportunities from the justice system.

This Continuum of Behavioral Health Diversion has been divided into five areas based on where in the behavioral health system and justice system a person is located.

FIVE AREAS OF BEHAVIORAL HEALTH DIVERSION



Every jurisdiction has different resources, programs, and services in their community, and how a community develops their behavioral health diversion continuum may vary, as may the terminology that is used. The importance is placed on having a robust set of services and diversion opportunities that meet the needs of individuals.

The overall goal is to promote, develop, and recommend diversion to treatment alternatives and system improvements. The Work Group is developing a Continuum of Behavioral Health Diversion which is discussed in [Collaborative Court and Community Diversion for Individuals with Behavioral Health Needs: An Interim Report](#).

OTHER BEHAVIORAL HEALTH DIVERSION RESOURCES

- [Supporting Vulnerable Populations: Civil Interventions and Diversion for Those with Mental Illness](#) outlines civil interventions and diversions for those with mental illness.
- [Providing Court-Connected Behavioral Health Services During the Pandemic: Remote Technology Solutions](#) provides guidance on how courts can implement and leverage remote technologies regarding behavioral health screenings and assessments, competency determinations, and the provision of clinical services.

CIVIL, PROBATE, AND FAMILY WORK GROUP

The work of the Civil, Probate, and Family Work Group is wide ranging and significant.

The impact of mental illness affects all court dockets – Civil, Juvenile Justice, Child Welfare, Domestic Relations, and Domestic Violence.

Following is a summary of the work underway.

CHILD WELFARE



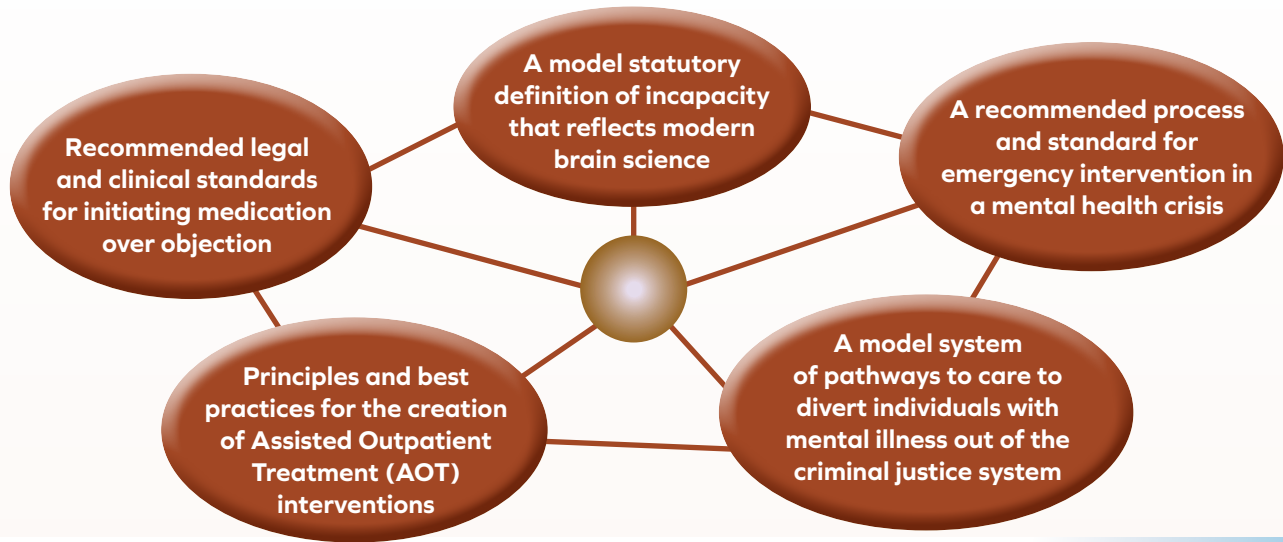
Building on the work of the National Judicial Opioid Task Force, the Civil, Probate, and Families Work Group and NCSC developed an interim report, [Upstream - Strengthening Children and Families through Prevention and Intervention Strategies: A Court and Community-Based Approach.](#)

Upstream serves as a conceptual framework for courts and communities to map specific community strengths, resources, and gaps and to identify points of prevention and intervention within the community, the child welfare system, and the courts. The goal is to maximize opportunities to divert children and families to behavioral health treatment and appropriate resources at the earliest opportunity.

A CCJ-COSCA Resolution is proposed to establish a national consortium to support and advance the Upstream model and other strategies to promote access to behavioral health treatment and additional resources to lead to better outcomes for children and their families.

CIVIL RESPONSES

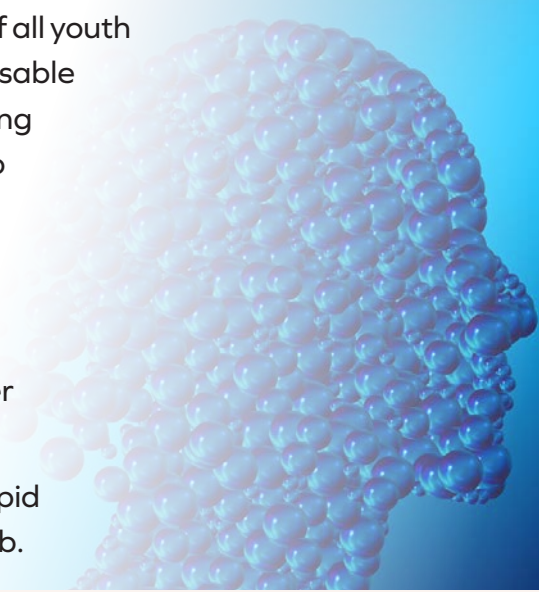
This subcommittee is actively working to identify a range of evidence-based responses that can be recommended to state courts and others. A distinguished group of psychiatrists, law professors, judges, and others convened by the Equitas Project and Mental Health Colorado will be recommending a number of products for consideration by the Work Group including:



JUVENILE JUSTICE

There is a growing body of evidence that suggests that more than half of all youth who come into contact with the juvenile justice system have a diagnosable behavioral health disorder. This subcommittee is focused on developing recommended system changes and practices to divert young people to treatment at multiple points of contact – school, arrest, detention, pre-petition, post-petition, pre-adjudication, and post-adjudication. The goal is to develop trauma-informed practices, employ standardized behavioral health screens and assessment, and develop a continuum of evidence-based treatment and supportive resources, among other critical components.

The Subcommittee is also collaborating with the CCJ-COSCA Rapid Response Team (RRT) and will be offering a RRT Juvenile Diversion Lab.



DOMESTIC RELATIONS AND DOMESTIC VIOLENCE



In partnership with the Cady Initiative for Family Justice Reform, this subcommittee is examining and will recommend court policies, procedures, and services that are trauma responsive, protect families from violence, and promote access to behavioral health treatment and supports. Recommendations will also address how judicial system responses may exacerbate or contribute to mental health issues. The intended outcome is to [promote the well-being of families, including implementation of trauma responsive practices for families throughout the life of the case and as the primary desired case outcome.](#)

EDUCATION, PARTNERSHIPS, AND IMPLEMENTATION WORK GROUP

The Education, Partnerships, and Implementation Work Group is focused on four major efforts:

1 Developing educational materials, curricula, and strategies to improve the education and training of the national court community on serious mental illnesses and improving state court responses

2 Organizing national, regional, and state summits, workshops, and initiatives and providing technical assistance to state courts to improve responses to individuals with serious mental illnesses

3 Developing and maintaining a repository of behavioral health and the courts' resources

4 Developing strategic relationships and national priorities to improve state court responses to individuals with serious mental illnesses



EDUCATIONAL STRATEGIES



The Judges and Psychiatrists Leadership Initiative (JPLI) agreed to collaborate with the Task Force to develop onsite and virtual training programs for state court judges and offer a train-the-trainer program to expand its educational capacity. CCJ and COSCA will be kept apprised of these developments and opportunities.

The Arizona Courts produced the [State Courts' Behavioral Health Series](#) available on the [Behavioral Health and the Courts website](#). The skills-based educational series teaches participants about mental health and substance use issues.

Thank you, Arizona Courts!



Thank you also to the [Addiction Policy Forum](#) for providing training modules on medications to treat opioid use disorders, the cascade of care framework and opioids, addressing the stigma of addiction, and re-entry best practices for individuals with substance use disorders.

[Behavioral Health Educational Resources](#) have been developed for educators and court personnel to use day to day as part of training and educational programs. These resources will be updated continually, so please forward additional resources as you become aware of them.



REGIONAL SUMMITS

Three CCJ-COSCA Regional Mental Health Summits were delayed during the pandemic but are now being planned and scheduled. The summits combine educational sessions with opportunities for state team planning to improve system responses to individuals with mental illnesses. Chief Justices and State Court administrators appoint the state teams to attend the summits.

Mid-Atlantic Region
November 3-5, 2021
Brooklyn, New York

Southern Region
April-May 2022
Austin, Texas

New England Region
May-June 2022
Burlington, Vermont



WORKSHOPS

A series of National Workshops is also being offered in 2021-2022 in Miami, Florida, Tucson, Arizona, and Los Angeles, California.

Stay tuned for registration information in upcoming Behavioral Health Alerts – sign up [HERE](#).

TECHNICAL ASSISTANCE

The State Justice Institute has been generously supporting technical assistance to support implementation of state team priorities developed during the first two summits in the Western Region and Midwest Region.

REPOSITORY OF BEHAVIORAL HEALTH AND THE COURTS' RESOURCES

The [Behavioral Health and the Courts website](#) is a one-stop clearinghouse for all [Task Force publications](#) and links to other [relevant resources](#) such as the NJOTF Opioid Resource Center, Regional Judicial Opioid Initiatives, and the CCJ-COSCA Behavioral Health Committee.

Of special interest is the [Behavioral Health Resource Hub](#) which is organized along the [Sequential Intercept Model](#) and the Leading Change Framework. The “Hub” is continually updated with important and timely resources and is nationally recognized for its content and value to state courts.

Sign up today for the [Behavioral Health Alerts](#), if you do not yet receive this twice monthly update of task force activities, resources, training opportunities, and news from across the nation. Chief Justices and State Court Administrators are encouraged to share them widely with judges and court personnel within their respective states.

The Mental Health and Well-Being of Judges and Court Personnel is another important area of focus for the Work Group, especially during and after the pandemic. See the webinar, [Addressing Court Workplace Mental Health and Well-being in Tense Times](#). The Work Group is also testing the services and resources of the [ONE MIND at WORK](#) with several states to see if that organization is a “good fit” for state courts.

[A Leading Change Guide for Trial Courts](#) was developed earlier, and a [Leading Change Guide for State Court Leaders: An Interim Report](#) is now available for further testing and innovation. Be sure to read Judge Steve Leifman’s summary of [What We Have Learned and What We Must Do!](#) before embarking in your state on the necessary reforms. An index of [State Commissions and Task Forces](#) is provided as a resource to your state leadership efforts to improve state court responses to mental illness.

The Work Group is committed to publishing Mental Health Facts in Brief from a clinical and research perspective and State Court Leadership Behavioral Health Briefs from a court administrative and legal perspective. [Four briefs](#) are available and more are in development. Ideas and suggestions for additional topic areas are encouraged.

The prevalence of mental health and substance use disorders is available to the [national court community](#) from key data sources and will be updated from time to time.

STRATEGIC RELATIONSHIPS AND NATIONAL PRIORITIES

The Education, Partnerships, and Implementation Work Group has been proactive in reaching out to national organizations and foundations to maximize and leverage resources and to align strategic objectives. The initial effort has been to develop a network of partner organizations to identify common goals, available resources, and opportunities for collaboration. See the summary of [2020-2021 National Convenings](#) for emerging themes and additional information.

The Work Group is learning more about behavioral health organizations and systems, such as [Certified Community Behavioral Health Clinic \(CCBHC\) Success Center](#) and other opportunities to align state court needs with existing and new funding opportunities.

As mental health and substance use disorder funding opportunities become available, the Task Force is actively communicating with Chief Justices and State Court Administrators and encouraging the development of critical state relationships. A recent example involved significant funds provided through the Substance Abuse and Mental Health Services Administration (SAMHSA) to State Behavioral Health Authorities.

On the national level, the Task Force works closely with the CCJ-COSCA-NCSC Government Relations Committee to identify gaps and opportunities in access to treatment and to improve responses across all court docket types.

Of special note is the recent series of 10 regional meetings with Chief Justices, State Court Administrators, and Behavioral Health Authorities, co-hosted by the Task Force Executive Committee and the SAMHSA Regional Administrators.

www.ncsc.org/behavioralhealth

