

Promote Early Intervention and Effective Management of Court Cases

ESSENTIAL ELEMENT 2: Behavioral Health Triage

POLICY

Courts should establish a behavioral health “triage” system to identify individuals with mental health and substance use conditions at the earliest point of court involvement. Triage should involve screening and assessment; processes for consideration and enrollment in diversion, pretrial, or treatment court programs; and connections to community-based treatment, recovery support, and care coordination in alignment with the needs of the individual. In regions where screening and assessment take place prior to court involvement, courts should develop information exchange agreements with law enforcement and jail booking facilities to expedite triage and consideration of appropriate diversion and court programming pathways. Urgent care and immediate access points must be a systemic priority.

GETTING STARTED

Courts should establish relationships with community-based providers who deliver person-centered mental health and substance use services.

In states and regions with Certified Community Behavioral Health Clinics (CCBHCs), courts are encouraged to create partnerships with CCBHCs to maximize and conserve resources and streamline care coordination. CCBHCs deliver services by providing clinics with a financial foundation to expand access to care and improve coordination with community partners

in the civil and criminal legal systems.

The model for care delivery allows staff to provide services outside of the clinic, including in non-clinical settings such as courts. The CCBHC model can embed clinical staff and technology at no cost to the court to conduct screening, assessment, diagnosis, treatment services, and care coordination. Courts can refer to [this map](#) to identify CCBHCs in their region.

In regions without CCBHCs, partnerships with local clinical providers should be pursued, particularly with clinics that provide Medicaid-billable services (e.g., federally qualified health centers), when possible. The key is to ensure urgent care and immediate access points even if a region does not have a CCBHC.

Alternatively, courts may hire clinical staff (e.g., psychiatrists, social workers) who work directly for the court. For examples of such positions and initiatives, please see [State Court Leadership Brief: Statewide, Regional, and Trial Court Behavioral Health Positions are Recommended](#).

ROLES AND RESPONSIBILITIES

Once relationships with clinical providers are established, courts should collaborate with prosecutors and public defenders on processes and protocols for screening, assessment, information exchange, referral, and continued care in the community. The court will want to collaborate closely with the provider to ensure that capacity and staffing are aligned with the need (e.g., number of cases, backlogs). Court

staff, providers, jail administrators, and court partners should plan to meet regularly during triage development, implementation, and maintenance of the project. Collaboration and coordination are necessary between justice and behavioral health partners to ensure that all cases for a particular individual are considered and coordinated.

NEXT GENERATION

Innovation, Technology, New Practice

Certified Community Behavioral Health Clinics (CCHCBs) working in collaboration with justice partners demonstrate significant promise for consideration and expansion of the model. CCBHCs facilitate participation in diversion to treatment, outreach, and service delivery programs, and facilitate community supports. The use of technology, information and data sharing, and automating processes could further enhance the manner in which courts identify and support individuals with mental health and substance use conditions.

- 3 out of 4 CCBHCs participate in treatment courts (e.g., mental health, drug, and veterans' courts)
- 2 out of 3 CCBHCs have enhanced outreach and service delivery programs to expand access to care among individuals who have or are at risk of justice system involvement
- 1 out of 3 CCBHCs share data with justice entities in their community to support collaboration; and
- 1 in 5 CCBHCs provide technology to justice partners (e.g., iPads, tablets) to support telehealth co-response or other education or intervention supports.

Institutionalization, Sustainability, Funding

Partnerships between courts and community-based clinics for triage and navigation into appropriate diversion, court, and treatment pathways provide important opportunities for improved service delivery and care continuity for justice-involved individuals. CCBHCs and other clinics operating under a Medicaid model are able to maximize the federal benefit through the early identification of behavioral health needs, decreased risk of crisis development, and decreased risk of recidivism. Notably, these partnerships improve sustainability beyond grant funding and budgets which enables often siloed systems to build and sustain cross-systems efforts.

RESOURCES

The Certified Community Behavioral Health Clinic (CCBHC) Model:

[Certified Community Behavioral Health Clinics and the Justice Systems](#) (National Council for Mental Wellbeing)

[Certified Community Behavioral Health Clinics \(CCBHCs\) and the State Courts](#) (National Center for State Courts)

Supportive Treatment and Engagement Program (STEPS) Model: [Pima County's Pre-Indictment Diversion Program](#)

[Connecticut Jail and Court Diversion](#)

[Missouri Community Behavioral Health Liaison Program](#) (CBHL)

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