A microscopic view of neurons, showing a dense network of branching dendrites and axons. The neurons are rendered in shades of blue and white, creating a complex, interconnected pattern. The background is a solid dark blue color.

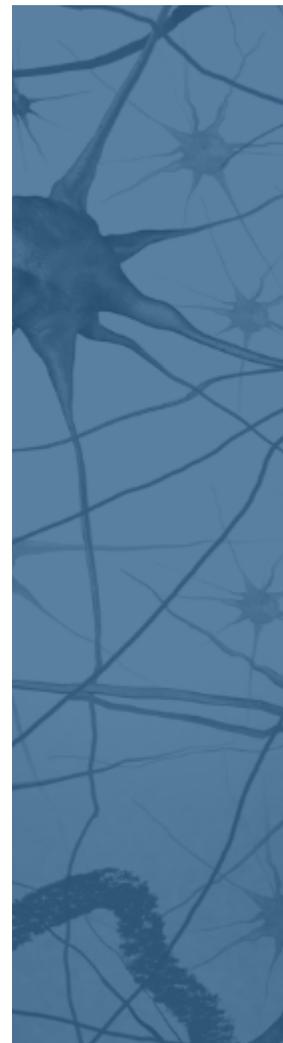
Leading Change: Improving
the Court and Community's
Response to Mental Health
and Co-Occurring Disorders

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



Table of Contents

3	<i>Acknowledgments</i>
5	<i>Leading Change: Improving the Court and Community's Response to Mental Health and Co-Occurring Disorders</i>
7	<i>Coordinated Court and Community Responses</i>
8	GETTING STARTED
11	CONVENE STAKEHOLDERS
15	AT YOUR FIRST MEETING
17	ASSESS THE MENTAL HEALTH LANDSCAPE
20	COLLECT DATA
22	IMPLEMENT IMPROVED RESPONSES
24	SUSTAIN YOUR EFFORTS
28	<i>A Concluding Reminder</i>



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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 caseload 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 national 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 developing 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,⁶ regional summits,⁷ and workshops.⁸

1 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>.

2 Conference of State Court Administrators, *Decriminalization of Mental Illness: Fixing a Broken System*, 2017, <http://cosca.ncsc.org/~media/Microsites/Files/COSCA/Policy%20Papers/2016-2017-Decriminalization-of-Mental-Illness-Fixing-a-Broken-System.ashx>. COSCA expressly advocates for “1) an Intercept 0 capacity based standard for court-ordered treatment as used in court-ordered treatment of other illnesses to replace the dangerousness standard now applied, 2) Assisted Outpatient Treatment (AOT) under a capacity-based standard, and 3) robust implementation of Intercepts 1 through 5 of the Sequential Intercept Model.”

3 Subcommittee meeting materials and member information can be found at <https://www.azcourts.gov/cscommittees/Task-Force-on-Fair-Justice-for-All/Subcommittee/Mental-Health-and-Criminal-Justice>.

4 Report and Recommendations of the Fair Justice Taskforce's Subcommittee on Mental Health and the Criminal Justice System, May 2018, <https://www.azcourts.gov/Portals/74/TFFAIR/Subcommittee/FJ-MHCJ/Resources/Report042618TFFAIRMHCJ.pdf>.

5 *Guide for Arizona Presiding Judges: Improving Court's Response for Persons with Mental Illness*, October 2018. 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.

6 <http://www.ncsc.org/mentalhealth>

7 <http://www.ncsc.org/mentalhealth>

8 <http://www.ncsc.org/mentalhealth>

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⁹ 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 National 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.¹⁰ The rate of serious mental illness is four to six times higher in jail than in the general population,¹¹ and the rate of substance use disorders is seven times higher among those in jail than in the general population.¹² 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 claims that the “justice system is a repository for most failed public policy.”¹³ Over 57 percent of adults with mental illness did not receive mental health treatment in the previous year.¹⁴ 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.¹⁵ 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.¹⁶ 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.”¹⁷

10 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>.

11 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>.

12 The Council of State Governments Justice Center, *Health, Mental Health, and Substance Use Disorders FAQs*, <https://csgjusticecenter.org/substance-abuse/faqs/#q2>.

13 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§ionid=97>.

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

15 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/>.

16 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>.

17 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 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. 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.¹⁸ 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+.¹⁹

“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, but 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. Because of your unique position as a judge and a leader, you are an optimal convener of these diverse stakeholders. This guide will help you 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.

¹⁸ <http://www.ncsc.org/mentalhealth>

¹⁹ Topic papers covering issues specific to special populations will be posted on the National Initiative's webpage, <http://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 early on. 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 from continuing to penetrate the criminal justice system.²⁰ 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 3.

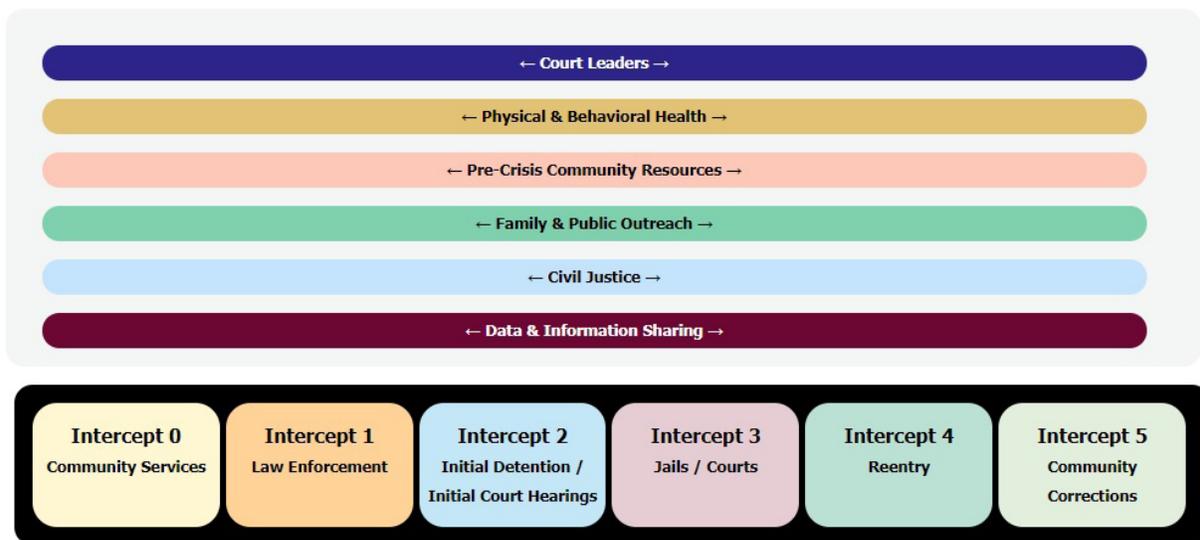


Figure 3. The Sequential Intercept Model and additional areas of focus for coordinated court and community responses.

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 within it. More information about recommended practices for each part of the model can be found on the National Initiative's web page.²¹

²⁰ 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/>.
²¹ <http://www.ncsc.org/mentalhealth>

Getting Started

- Consider the many stakeholders who could be involved and identify stakeholders relevant for your jurisdiction. See the list of potential stakeholders in Table 1.
- Plan a first meeting, create an agenda, and invite stakeholders.
- Convene the workgroup of stakeholders to assist you in this important effort.

This entire 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*²² or the *Safety and Justice Challenge*?²³ 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 Box on Six Questions County Leaders Need to Ask). While judges appropriately lead court response efforts, they are one piece of the mental

²² For more information, including a list of participating counties, visit <http://stepuptogether.org>.

²³ For more information, visit <http://www.safetyandjusticechallenge.org>.

health system responses; effective community-based mental health responses require 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.²⁴ In particular, the *Stepping Up* website includes a detailed *Project Coordinator's Handbook* with exercises to walk an interagency group through the *Six Questions*²⁵ and a Self-Assessment Tool.²⁶ 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.).²⁷

Six Questions County Leaders Need to Ask *The Stepping Up Initiative*

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?*

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 4 outlines the mapping process that informs effective and appropriate judicial and community responses.²⁸ All five phases (assessment, gap determination, plan development, implementation, and sustainability) are necessary to develop a comprehensive community response to mental and behavioral health issues.



Figure 4. The Community-Based Mental Health Response Mapping Process

24 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 Election 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%9393to%E2%80%934-4-18.pdf>. A more robust guide describes why each question matters and what the best practices around the questions look like. Risè 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-Illness-es-in-Jail_Six-Questions.pdf; The Stepping Up initiative, *Stepping Up Strategy Lab*, <https://lab.stepuptogether.org/database/results/>.

25 Available online at: <https://stepuptogether.org/products>

26 Available online at: <https://tool.stepuptogether.org/>

27 For more information, see Jensen et al., *Championing Person-First Language: A Call to Psychiatric Mental Health Nurses*, 19 J. Am. Psych. Nurses Ass'n 146 (2013), <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.898.78&rep=rep1&type=pdf>; City of Philadelphia, Department of Behavioral Health and Intellectual disAbility Services, *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.

28 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 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 Table 1.
- 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. Table 1 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, community, court, and behavioral and mental 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, and you should include stakeholders who cover all needs of a person with a mental health disorder.

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.

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.

Table 1. Potential Stakeholders

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

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.

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, 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, or both. Mapping to the Sequential Intercept Model (SIM) or a similar resource mapping exercise²⁹ 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 workshops,³⁰ a SIM workshop

29 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://stepuptogether.org/wp-content/uploads/JC_Stepping-Up-In-Focus_Conducting-a-Comprehensive-Process-Analysis.pdf .

30 Reference the 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.

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 responses at each intercept point; document those responses.
- 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.³¹

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.³² 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.

³¹The Judges' and Psychiatrists' Leadership Initiative has developed a worksheet for judges to use to identify community-based treatments and supports, available online at: <https://csgjustice-center.org/wp-content/uploads/2019/07/My-Community-Resources-JPLI.pdf>.

³² 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 (working groups, evaluations, reports, etc.);
3. **Investigate** the existing response at each intercept and data collection opportunities;
4. **Document** responses and effectiveness as well as resources/gaps; and
5. **Identify** accompanying evidence-based, best, 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.³³

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

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

Assessment approaches and strategies require an action plan and timeline.³⁴ Investigating existing responses, both qualitatively and quantitatively, will provide the current mental health response "landscape." For an idea of possible response strategies, the Stepping Up initiative has a database of different tools alongside descriptions.³⁵

Six Questions County Leaders Need to Ask *The Stepping Up Initiative*

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?*

³³ See The Sequential Intercept Model as a Framework Video.

³⁴ For an example, see a variety of reports on community action plans from Massachusetts as a part of the Massachusetts Community Justice Project, <https://www.mass.gov/lists/massachusetts-community-justice-project-reports>.

³⁵ The Stepping Up initiative, Stepping Up Strategy Lab, <https://lab.stepuptogether.org/database/results/>.

You can find suggestions of assessment questions at each intercept in Appendix D. Assessment 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 addition to their existence.³⁶ For example, what type of treatment is available for individuals with mental health disorders? How accessible is that treatment?

36 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 Justice for All Guidance Inventory Assessment Guide, Appendix A (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 New Jersey Department of Education, Collaborative Teams Toolkit, 5 (2015), <https://www.state.nj.us/education/AchieveNJ/teams/Toolkit.pdf>



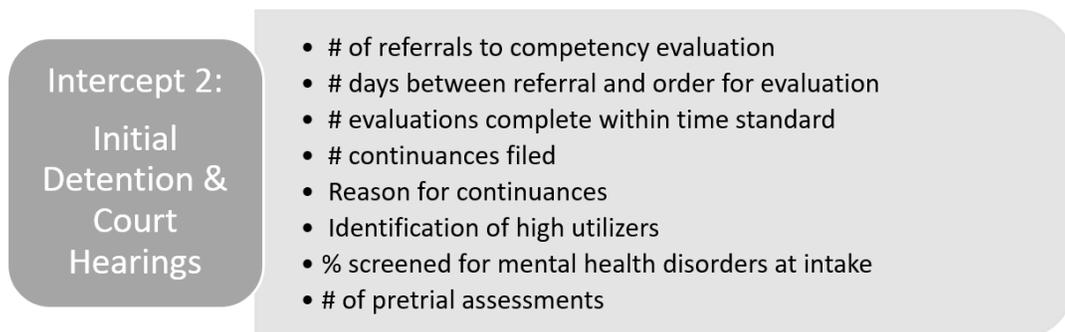
Collect Data

- Decide what data are important to collect to measure and assess effective responses.
- Identify which agency(ies) 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.³⁷ The development of comprehensive community-based mental and 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.³⁸

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 5. The data elements listed are not exhaustive and should be identified by the stakeholders.

Figure 5. Sample Data Collection Opportunities



³⁷ 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).

³⁸ The Stepping Up Initiative, In Focus: Collecting and Analyzing Baseline Data, https://steptuptogether.org/wp-content/uploads/In-Focus_Collecting-and-Analyzing-Baseline-Data.pdf

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. 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.³⁹ This agreement should be in writing to establish stability throughout leadership and staffing transitions.

Data collection opportunities should be identified throughout the mapping process as well as throughout the planning process.

³⁹ See Summary of the HIPAA Privacy Rule: <https://multco.us/file/75791/download>.



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.⁴⁰ 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.

Local Considerations

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

⁴⁰ 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>.

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 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.⁴¹

⁴¹ 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.⁴²

Various organizations provide resources and tools to help drive and sustain change.⁴³ There are also new national and statewide efforts and taskforces aimed specifically at addressing mental health in the state courts.⁴⁴ These efforts should be leveraged as support for implementation.

To ensure sustainability, you must:

1. Measure impact, document results, and make adjustments;
2. Secure stable funding strategies; and
3. Establish leadership support.

⁴² 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).

⁴³ 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.

⁴⁴ Add references to new website address, regional workshops, opioid website, and state efforts

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

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.⁴⁵ 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,⁴⁶ which have built on the experiences of states like California,⁴⁷ Delaware,⁴⁸ and Wisconsin⁴⁹ 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.⁵⁰

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 mental and 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. 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.⁵¹

Local Considerations

Obtaining stakeholder feedback is an important part of protocol evaluation. Jurisdictions with fewer stakeholders might find more informal feedback channels more effective and timely.

45 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).

46 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 mental health issues in civil, criminal courts. See Judicial Commission on Mental Health, <http://www.txcourts.gov/supreme/news/commission-to-address-mental-health-issues-in-civil-criminal-courts/>. Ohio has a standing taskforce on criminal justice and mental illness, <https://www.ohioattorneygeneral.gov/Individuals-and-Families/Victims/Task-Force-on-Criminal-Justice-and-Mental-Illness>.

47 <https://www.courts.ca.gov/mhiitf.htm>

48 <https://courts.delaware.gov/AOC/MHTF/index.aspx>

49 <https://www.wicourts.gov/courts/programs/docs/alltaskforcereport.pdf>

50 See Report: <https://ncsc.contentdm.oclc.org/digital/collection/spcts/id/303/>

51 SAMSHA, *Empowering Communities to Address Health Disparities: Practical Steps to Take at the Local Level* (October 2016), <https://www.samhsa.gov/capt/tools-learning-resources/empowering-communities-address-health-disparities-practical-steps-take>

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.⁵² This may include asking stakeholders to submit pieces to relevant newsletters or listservs and reaching out to local media contacts for press 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.⁵³

⁵² 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 Peirce, 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).

⁵³ Id.

A Concluding Reminder

Improving the court and community's response to mental health needs is a difficult but rewarding undertaking. This guide is designed to help you start the conversation and begin the movement towards 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.⁵⁴ 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.⁵⁵

Finally, please share your challenges and successes with NCSC through the National Initiative 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.



⁵⁴ <http://www.ncsc.org/mentalhealth>

⁵⁵ <http://www.ncsc.org/mentalhealth>

Appendix A. Draft Invitation and Agendas

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 _____ at _____ am/pm at the _____ County Courthouse (Address) and I am hoping you can join me. Please RSVP to Court Administrator _____ at

_____.

Thank you for your consideration and please call me or the Court Administrator if we can answer any questions that you might have.

Sincerely,

Judge

CC: Court Administrator

Appendix A. Draft Invitation and Agendas

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 to the Judge. 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 multi-disciplinary 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.)

Appendix A. Draft Invitation and Agendas

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*

(A second and 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 a 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 also identify the who and the 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

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?
- 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 included in this Guide.
- Plan a first meeting, create an agenda, and invite stakeholders. Sample agenda(s) are included in this guide.
- Convene the workgroup of stakeholders to assist you in this important effort.

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 “mapping process” with your stakeholders to understand where you are and where you need to go to improve court and community responses.
- If not already completed in your county, map your community’s resources. Recognize that completing the mapping process may take a number of meetings and effort by separate workgroups.

<ul style="list-style-type: none"> <input type="checkbox"/> Decide the frequency of agendas and meetings to lead change in your community. <input type="checkbox"/> Create a communication plan for sustained collaboration with stakeholders. 	
--	--

ASSESS THE LANDSCAPE

<ul style="list-style-type: none"> <input type="checkbox"/> Examine the existing responses at each intercept point; document those responses. <input type="checkbox"/> Identify any gaps in the community and court processes for those with mental health issues. <input type="checkbox"/> Consider adapting protocols that have been developed in other counties and states to meet your needs. <input type="checkbox"/> Develop protocols to address identified gaps. <input type="checkbox"/> Solicit viewpoints and ensure “buy-in” of all stakeholders at every step. 	
--	--

COLLECT DATA

<ul style="list-style-type: none"> <input type="checkbox"/> Decide what data are important to collect to measure and assess effective responses. <input type="checkbox"/> Identify which agency(cies) will be responsible for the collection of the data and reporting to the workgroup. <input type="checkbox"/> Secure necessary data sharing agreements. <input type="checkbox"/> Leverage technology whenever possible. 	
---	--

IMPLEMENT IMPROVED RESPONSES

<ul style="list-style-type: none"> <input type="checkbox"/> Develop an action plan, strategies, and timelines for implementation of responses. <input type="checkbox"/> Identify plans to secure full leadership support. <input type="checkbox"/> Identify strategies to overcome substantial barriers, including a need for financial support. 	
---	--

<ul style="list-style-type: none"> <input type="checkbox"/> Discuss and document shared goals. Use these as a starting point for implementing strategies toward solutions. <input type="checkbox"/> Consider grant and funding opportunities to enable you to accomplish your goals and action plans. 	
---	--

SUSTAIN YOUR EFFORTS

<ul style="list-style-type: none"> <input type="checkbox"/> Conduct regular reviews through workgroup meeting agendas, adjust plans if necessary. <input type="checkbox"/> Identify and implement outcome measures relevant to data collection <input type="checkbox"/> Reach out to the community on an ongoing basis through an established communication plan. <input type="checkbox"/> Continue to engage your stakeholders; regularly review list of stakeholders for additions/adjustments. <input type="checkbox"/> Discuss and agree upon effective communication strategies, such as enlisting leadership support and identifying a point of contact for regular communication. <input type="checkbox"/> Establish a regular schedule to assess and reassess your response efforts. <input type="checkbox"/> Facilitate necessary training (and cross-training) for the workgroup members and others involved in improving responses. 	
---	--

Appendix C. Sample Planning Materials for Sequential Intercept Mapping

	SAMHSA'S GAINS Center for Behavioral Health and Justice Transformation	Planning for <i>Sequential Intercept Mapping</i> Workshop
GAINS Center Sequential Intercept Mapping Planning Kit		
<p>A successful <i>Sequential Intercept Mapping</i> 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 SAMHSA's GAINS Center.</p>		
<hr/>		
<i>Sequential Intercept Mapping</i>	-	1 -
<i>Program Description: Sequential Intercept Mapping</i>	-	2 -
Specific Services Provided by SAMHSA's GAINS Center	-	4 -
Agency / Community Services	-	4 -
Planning for <i>Sequential Intercept Mapping</i>	-	5 -
<i>The Planning Group</i>	-	5 -
<i>The Consultation Call</i>	-	5 -
<i>Participants</i>	-	6 -
<i>The Space</i>	-	8 -
<i>Amenities</i>	-	10 -
<i>Additional Planning Issues</i>	-	10 -
Planning Checklist	-	11 -
Who to Invite.....	-	12 -
<i>Who to Invite – Sample Services and Roles</i>	-	14 -
Preparing for the <i>Sequential Intercept Mapping</i> Workshop	-	15 -
<i>Sequential Intercept Mapping Pre-Workshop Data Collection</i>	-	17 -
<i>Community Collaboration Questionnaire</i>	-	18 -
The Planning Tools.....	-	21 -
<i>Save the Date!</i>	-	22 -
<i>You are Cordially Invited</i>	-	23 -
<i>Reminder!</i>	-	24 -
<i>Press Release</i>	-	25 -

Appendix C. Sample Planning Materials for Sequential Intercept Mapping



Sequential Intercept Mapping Workshop

AGENDA

County, State

Date

8:00	Registration
8:30	Opening <ul style="list-style-type: none">■ Welcome and Introductions■ Overview of the Workshop■ Workshop Focus, Goals, and Tasks■ Collaboration: What's Happening Locally What Works! <ul style="list-style-type: none">■ Keys to Success The Sequential Intercept Model <ul style="list-style-type: none">■ The Basis of Cross-Systems Mapping■ Six Key Points for Interception Cross-Systems Mapping <ul style="list-style-type: none">■ Creating a Local Map■ Examining the Gaps and Opportunities Establishing Priorities <ul style="list-style-type: none">■ Identify Potential, Promising Areas for Modification Within the Existing System■ Top Five List■ Collaborating for Progress Wrap Up <ul style="list-style-type: none">■ Review
3:30	Adjourn

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

There will be break for lunch at approximately noon.

Appendix C. Sample Planning Materials for Sequential Intercept Mapping



Sequential Intercept Mapping Workshop

AGENDA

County, State
Date |

8:00	Registration and Networking
8:30	Opening <ul style="list-style-type: none">■ Remarks■ Preview of the Day Review <ul style="list-style-type: none">■ 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 break mid-morning.

Appendix C. Sample Planning Materials for Sequential Intercept Mapping

**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.

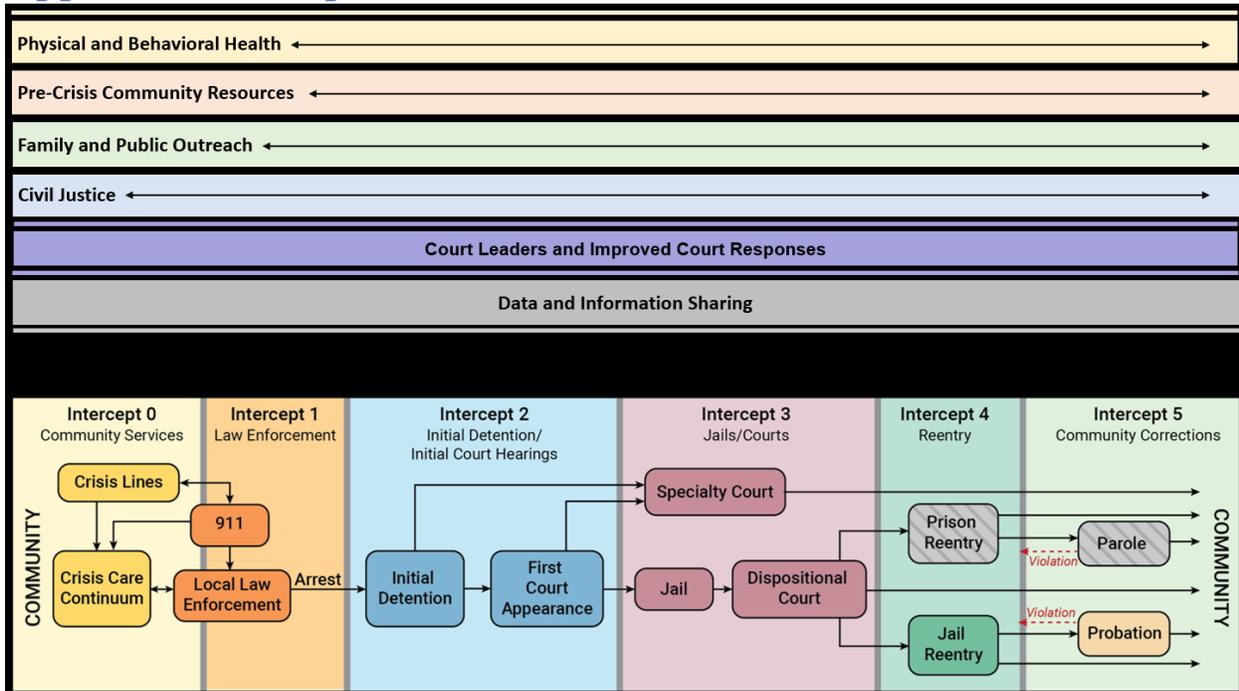
Goal #1: Increase coordinated planning and collective action within and between justice and community systems		
Objectives	Strategies	Committee(s)
Increase and maximize opportunities for cross-system coordination	<ul style="list-style-type: none"> • Implement Sequential Intercept Mapping workshops • Develop coalition to increase opportunities for collaboration between intervening systems and agencies <ul style="list-style-type: none"> ◦ 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Model Training
Increase training and education opportunities about justice-involvement among key community partners	<ul style="list-style-type: none"> • Treatment Providers • Emergency Services • Homeless Shelters • Social Services 	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Co-Response
Increase access to evidence-based treatment	<ul style="list-style-type: none"> • Ensure health insurance and benefits enrollment • Create/optimize care transition processes between justice facilities and community providers that ensure timely access to care <ul style="list-style-type: none"> ◦ Psychiatric care and medication transitions ◦ Medication Assisted Treatment ◦ Co-Occurring Disorders Treatment ◦ Cognitive behavioral health interventions for criminogenic risk 	<ul style="list-style-type: none"> • Access to Treatment • Reentry
Increase access to recovery support services	<ul style="list-style-type: none"> • Peer Support • Comprehensive Case Management • Housing • Workforce Development and Supportive Employment 	<ul style="list-style-type: none"> • Peer Support • Reentry
Increase coordinated care for high utilizers of justice, treatment and healthcare systems	<ul style="list-style-type: none"> • Connect with high utilizer and data-driven justice initiatives 	<ul style="list-style-type: none"> • 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



Physical and Behavioral Health

- What resources are available in the community to provide behavioral health services?
- What mental health awareness information is provided during routine medical visits?
- What types of mental health or co-occurring disorder screenings are done during routine medical visits?
- What public benefit assistance is available for behavioral health services? What assistance exists for obtaining and maintaining it?
- What practices are in place to identify individuals with behavioral health needs?
- What screening or assessment tools are used to identify behavioral health needs? Are these tools validated on the population of those with mental health issues?

Pre-Crisis Community Resources

- What organizations are working with people with a mental health or co-occurring disorder (e.g., syringe exchanges, business community, faith-based community, homeless shelters, food banks)?

- What housing resources are available in the jurisdiction?
- Does the community have adequate, affordable, and convenient transportation services?
- Does the community have food banks? Supported employment services? Education services?
- Is information available to the public about what resources are available in the community and how to access those services?
- Are services co-located?

Family and Public Outreach

- What public outreach on mental health currently exists (e.g. awareness campaigns, hotlines, health fairs)?
- 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?

Civil Justice

- What resources are available on advanced directives, power of attorney, and other prospective legal planning? Where is this information provided? Is legal aid assistance available? Are private attorneys trained?
- What options exist for establishing advanced directives (e.g., guardianships) for individuals at risk for mental crises?
- What proactive measures are available to establish advanced directives/guardianship?
- What processes are in place to initiate a civil commitment? Are family and the public made aware of these 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 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?

- What information sharing protocols and agreements are established to access mental health information (e.g., past evaluations) across agencies?
- What protocols are established to reduce redundancy in conducting and maintaining assessment and evaluation results?

INTERCEPT 0: COMMUNITY SERVICES

- Are in-custody or inpatient beds available if required? 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)?
- 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 and tactics? Are community resources aware of and trained on appropriate practices for responding to individuals with mental or behavioral health needs?
- Are any organizations working to identify high utilizers of the justice, healthcare, and/or behavioral health systems and provide coordinated care management?
- What training do emergency room staff have regarding mental health, substance use disorders, and trauma?

INTERCEPT 1: CONTACT WITH LAW ENFORCEMENT

- What pre-arrest diversion, deflection, or redirection options are available in the community?
- What law enforcement and first responder training and efforts are available and offered for effective responses to crisis intervention (e.g., CIT, mental health first aid)?
- Are dedicated stabilization units established in the community to handle mental and behavioral crises? Are there stabilization units dedicated to co-occurring substance abuse/mental health crises?

INTERCEPT 2: INITIAL DETENTION AND COURT HEARINGS

- What protocols are in place to identify mental and behavioral health needs upon intake to detention?

- What screening or assessment tools are used to identify mental or behavioral health needs? Are these tools validated on the population of those with mental health issues?
- How and when do courts identify individuals with mental or behavioral health needs?
- How are mental and behavioral health needs communicated to providers? How are individuals connected to providers?
- Has your community planned and established co-located services? What (additional) opportunities exist for co-locating services?
- How can justice stakeholders identify high system utilizers? What criteria should be applied to identify high utilizers?
- How are justice system stakeholders and individuals informed of diversion options?
- What services are available to law enforcement for someone who is in a behavioral health crisis while detained?

INTERCEPT 3: COURTS AND JAILS

- Is there a mental health liaison position in the courts to connect with detention facilities and/or conduct evaluations?
- Who are the referral sources (e.g., prosecutors, defense attorneys, judges)? Are they familiar with identification of individuals with mental health issues, and do they understand potential judicial responses?
- Does a mental health court operate in your community? Are referral sources informed about eligibility criteria?
- Is the referral process to a mental health court established in writing and shared with referral sources?
- Are judges aware of alternative sentencing options?
- How are individuals identified and referred for competency evaluations? Are the processes efficient? 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 mental health information is provided to judges for pretrial release or sentencing decisions?
- Are mental health screens presented to the judge as part of the pre-sentence investigations?
- Is prescription continuity ensured during incarceration and while awaiting disposition? This includes from the community to jail, from jail to competency restoration, from competency restoration back to jail, and from jail to the community.

- Do people participating in problem-solving/treatment courts have to plead guilty to felony offenses to participate? If yes, what rights are in jeopardy for that individual (e.g., voting, housing, employment, etc.)?
- Do problem-solving courts utilize graduated sanctions to assist persons in getting needed treatment and assistance after a rule or law violation?
- What mental health and co-occurring disorder assessment and treatment is provided during incarceration?

INTERCEPT 4: RE-ENTRY

- Are individualized re-entry plans developed that include treatment and social services? Do individuals actively participate in the development of plans?
- What is done to facilitate benefit (re)enrollment upon re-entry?
- Have you worked with the state Medicaid system to ensure that a person’s Medicaid status is only suspended and not terminated upon incarceration?
- What community-based treatment resources are available to sustain long-term support for individuals with mental health issues?
- What are potential remote service opportunities?
- Are wrap-around services coordinated for individuals? Are “warm hand-offs” available upon release?
- What strategies and supports are available upon re-entry to improve long-term outcomes (e.g., employment, education, or pro-social activities)?
- How are medication transitions into the community handled? What services are available for someone who needs to refill a prescription quickly (e.g., a bridge clinic)?
- For someone leaving incarceration with probation conditions, is the reentry plan shared with the probation officer? Is the probation officer involved in reentry planning?

INTERCEPT 5: PAROLE AND PROBATION

- Does probation offer a specialized caseload or specialized probation officers to be assigned to work with individuals with mental health issues?
- What screening and treatment/service coordination is conducted by probation? Does probation have specialized units with probation officers trained to work with individuals with mental health issues?

- What pro-social behaviors or wellness indicators are monitored by supervision agencies (e.g., housing, health, peer support)?
- Are there specialized units or trained probation/parole officers to assign individuals to with mental health issues?
- Are parole/probation officers trained on 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 conditions of their probation or parole?

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/>.