




NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS



**North Carolina
Behavioral Health Roundtable
October 13, 2023**

Richard Schwermer, Utah State Court Administrator (ret.), Court Consultant,
National Center for State Courts

<https://www.ncsc.org/behavioralhealth>

Definitions

Behavioral Health – mental health and/or substance use disorder

Serious Mental Illness (SMI)– schizophrenia, schizoaffective disorder, bipolar, major depressive disorder

Deflection – pre-arrest diversion from criminal legal system

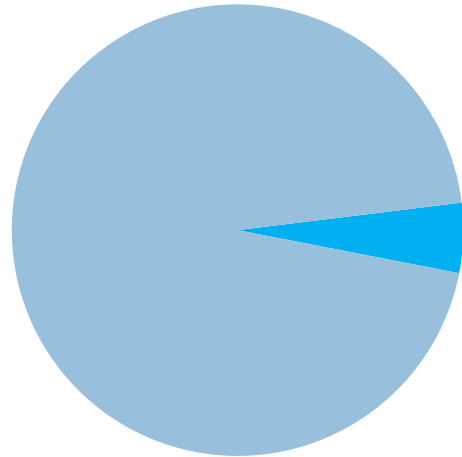
Diversion – post-arrest diversion from further penetration into the criminal legal system



SMI in U.S. Jails

General Population

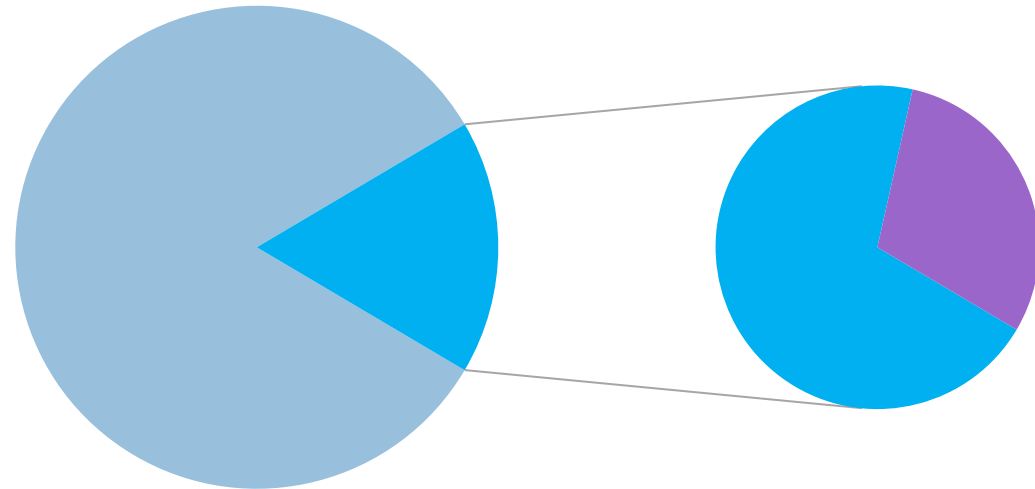
4% Serious Mental Illness



Jail Population

17% Serious Mental Illness

72% Co-Occurring Substance Use Disorder

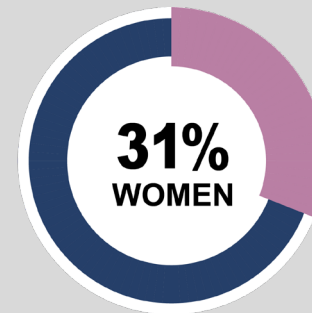
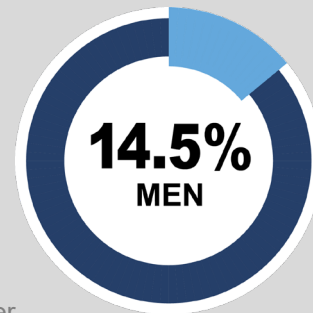


Mental Illness is Overrepresented in the Courts



serious mental illness is
four to six times higher
in jail than in the general population*

*14.5% of men and
31% of women in jails



Criminogenic Risk: Relationship to Mental Illness

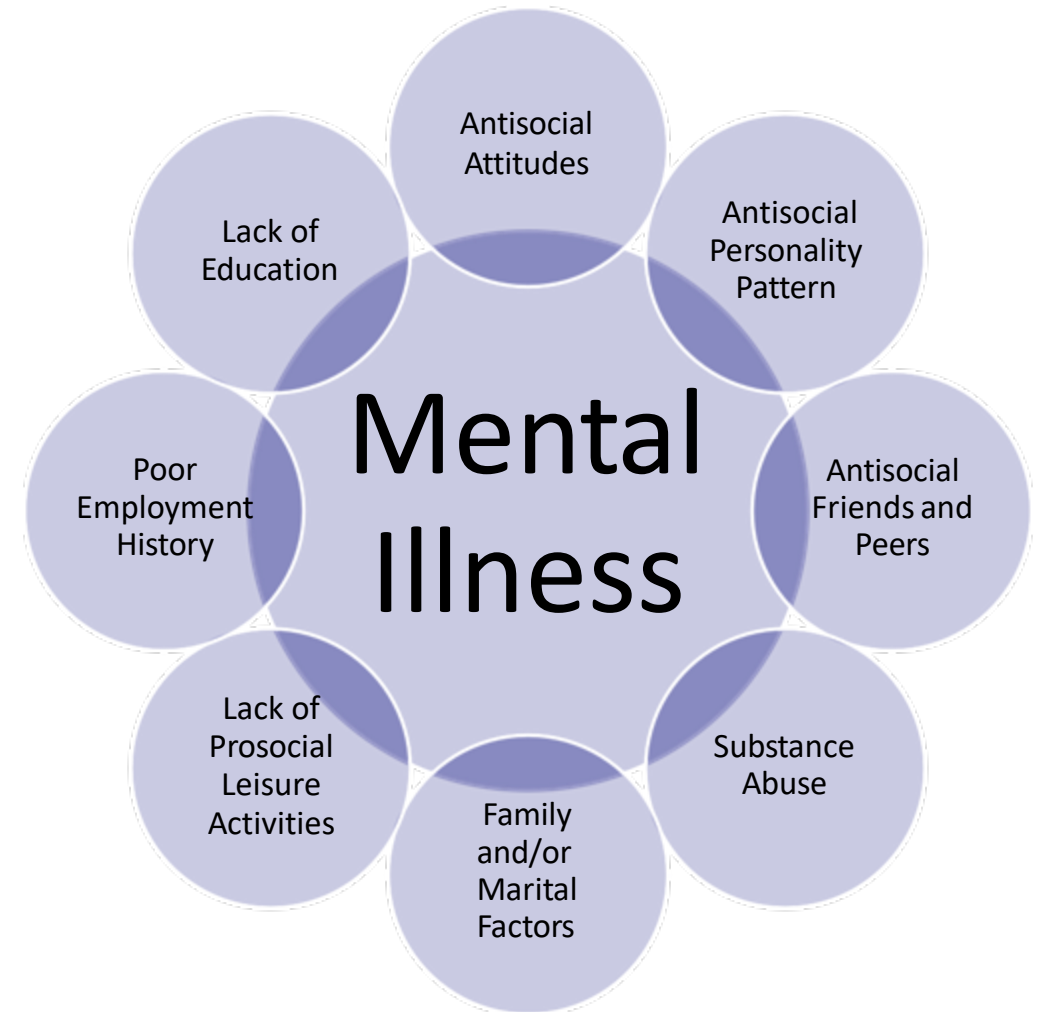
Mental Illness doesn't cause crime

But...

People with mental illness have more criminogenic risk factors.

And...

You can't effectively address dynamic risk factors without treating the mental illness.



Risk Needs Responsivity

Criminogenic Risk - Probability of criminal recidivism; typically, the probability of being arrested for or convicted of any new crime or returned to custody for a technical violation

- Early onset of delinquency or substance use, prior treatment failures, prior criminal convictions, or incarceration
- ***Risk level*** informs ***Supervision***



Risk Needs Responsivity

Criminogenic Needs - Risk factors for criminal recidivism that are potentially changeable or treatable

- Delinquent peer interactions, antisocial values or attitudes, sparse involvement in prosocial activities, Substance Use Disorder
- Assessed **criminogenic *needs*** inform ***treatment plan***



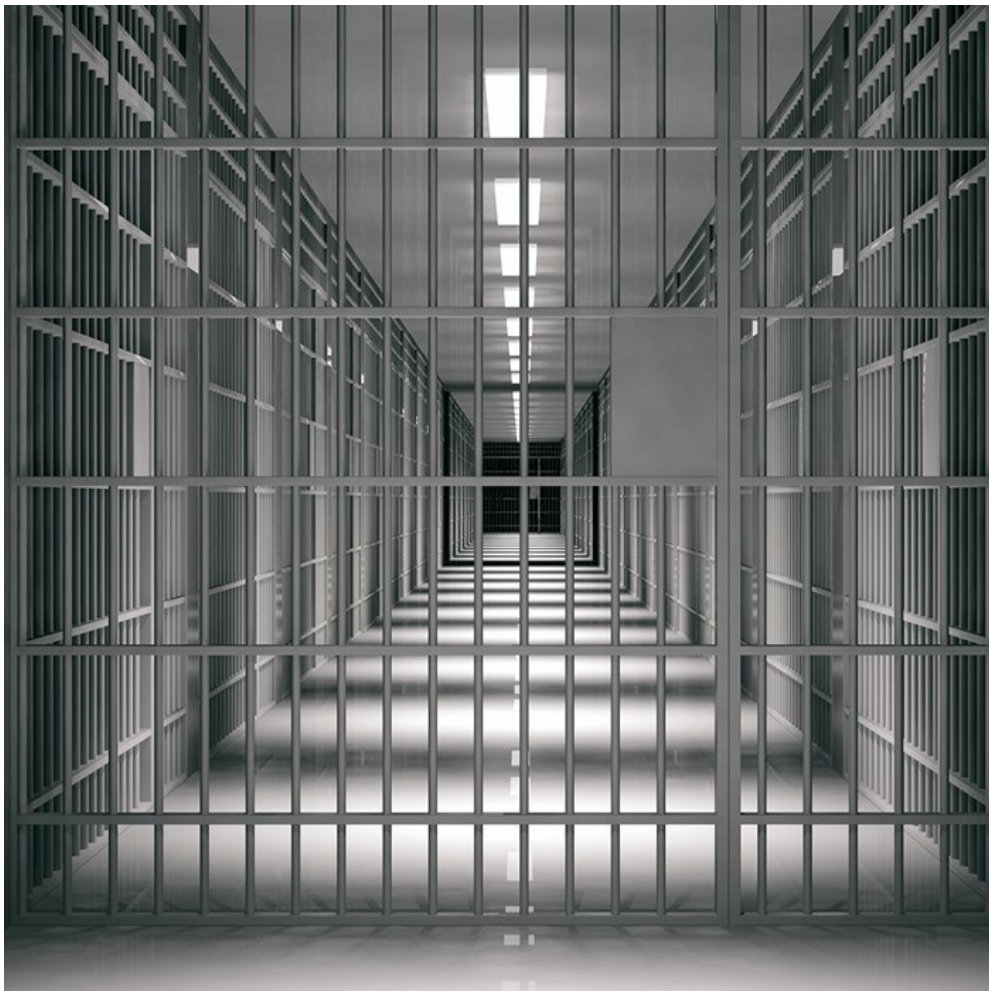
Risk Needs Responsivity

Responsivity Needs - Clinical syndromes, impairments, or social service needs that *usually do not cause crime but can interfere with rehabilitation*

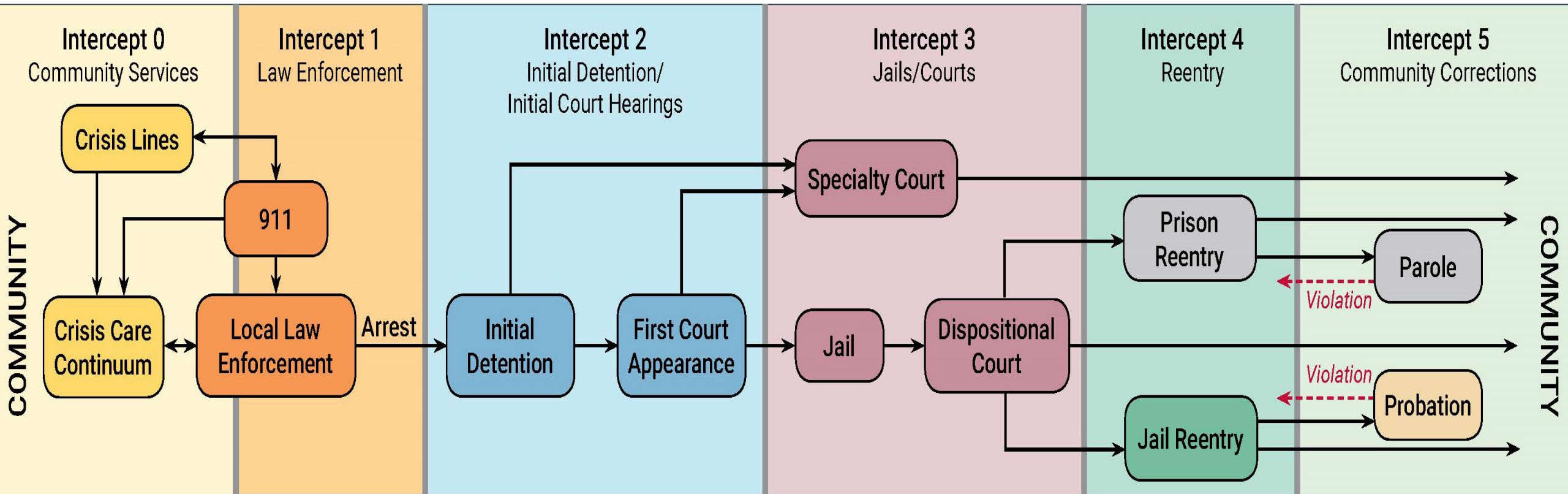
- Homelessness, serious or persistent mental illness, drug or alcohol cravings/withdrawal, PTSD, TBI, therefore often Veteran status
- **Responsivity needs have to be addressed before criminogenic needs**



PARADIGM SHIFT



SEQUENTIAL INTERCEPT MODEL



Intercept 0 *Community Services*

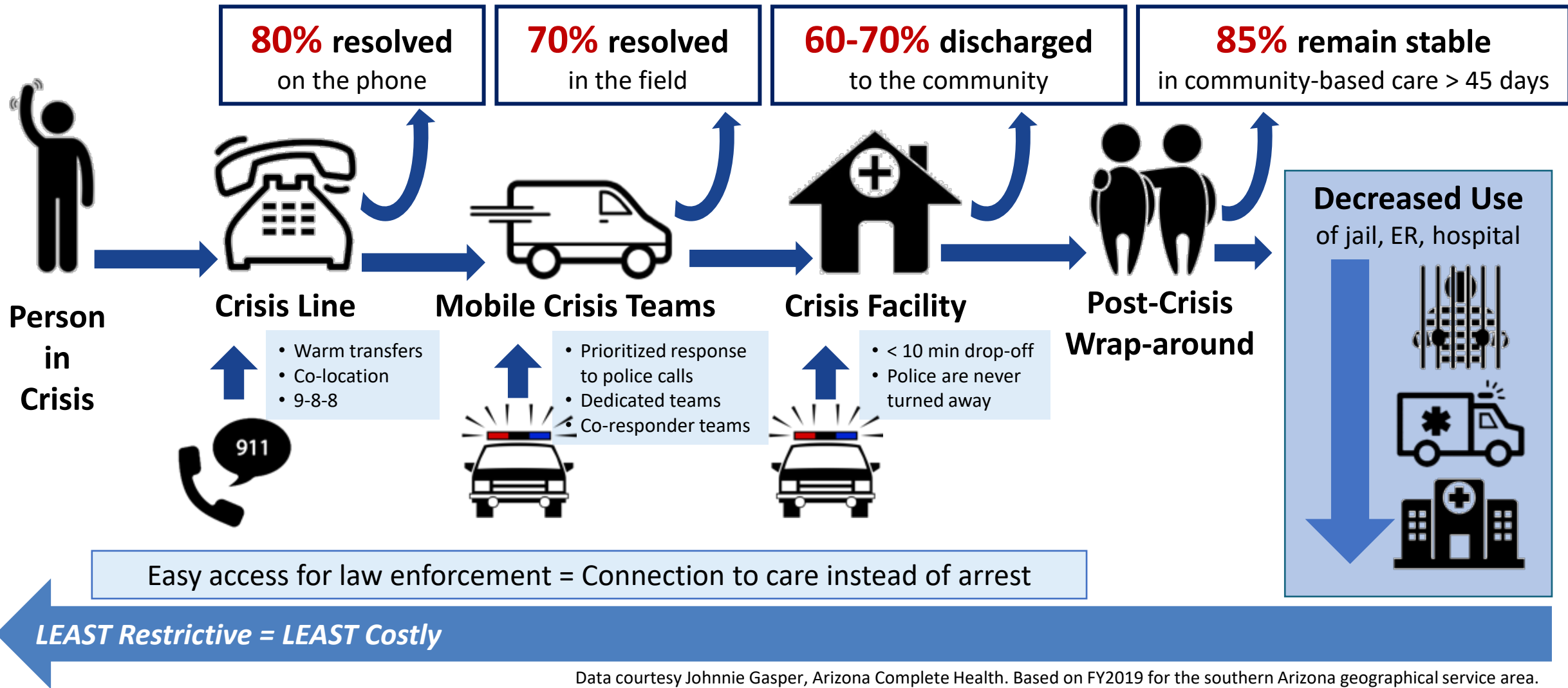
Behavioral Health Treatment Continuum

Crisis Responses

- Warm lines and hotlines
- 988
- Mobile crisis outreach teams/Co-responders
- Law enforcement-friendly crisis services
- Peer-operated crisis response support and/or respite



Arizona Crisis System



Intercept 1 *Law Enforcement*

Pre-Arrest Diversion [Deflection]

- Dispatcher training
- Specialized law enforcement training
- Specialized law enforcement responses

- Police-Mental Health Collaboration Self Assessment and Toolkit



PMHC
Police-Mental Health Collaboration

New and Refreshed Content

The Police-Mental Health Collaboration Toolkit has been refreshed with updated content! The Toolkit provides resources for law enforcement agencies to partner with mental health providers to effectively respond to calls for service, improve outcomes for people with mental illness and/or Intellectual and developmental disabilities (IDD), and advance the safety of all.

What is a Police-Mental Health Collaboration?
A PMHC is a law enforcement-based program that enables officers to respond appropriately and safely to people with mental illness. Effective PMHC programs are defined by collaborative partnerships with law enforcement agencies, mental health and IDD providers, and other community-based entities. PMHC programs allow officers to be safer, reduce repeat calls for service, minimize the strain on agency resources, and connect people with mental illness and IDD to services. Take the [PMHC Self-Assessment Tool](#) and learn how to fully implement a PMHC.

What is the purpose of the toolkit?
The PMHC Toolkit provides resources for law enforcement agencies to partner with service providers, advocates, and individuals with mental illness and/or IDD. The goal of these partnerships is to ensure the safety of all, to respond effectively, and to improve access to services and supports for people with mental illness and IDD.

To access the Police-Mental Health Collaboration Toolkit, go to www.illinois.gov/illinois
For questions, contact PMHC@illinois.gov

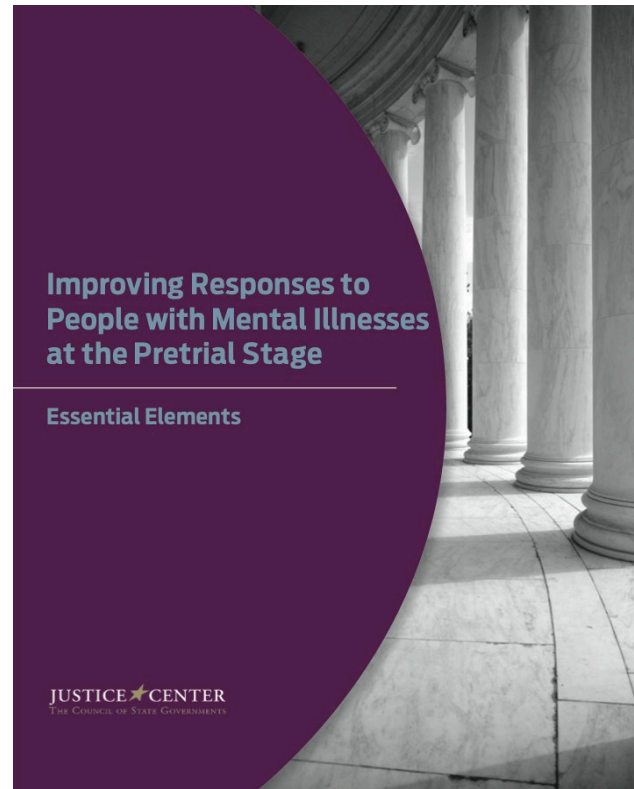
Intercept 2 *Initial Detention/Initial Court Hearing*

Diversion – Informed decision making

- Validated screens and assessments
- Data matching
- Pre-trial release

Jail Population Review

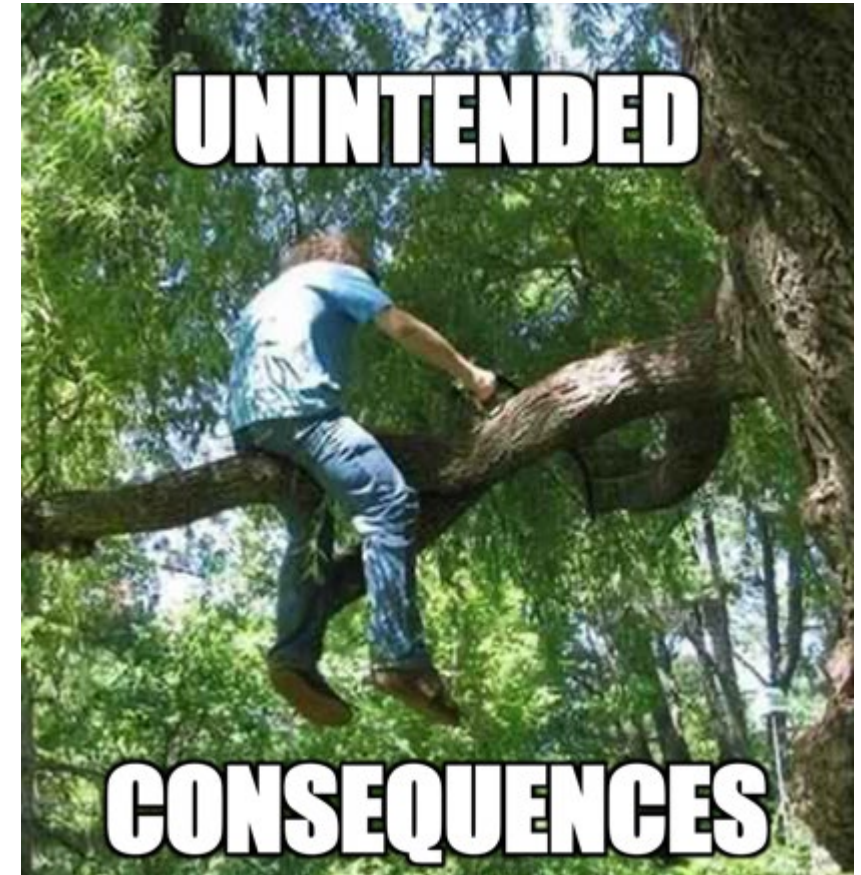
Effects of incarceration



Considering Effects of Actions on Outcomes for Individuals

Time in jail can have unforeseen consequences:

- ▶ Decompensation
 - ▶ Trauma
 - ▶ Suicide risk
- ▶ Treatment disruption
 - ▶ Loss of benefits (statutory)
 - ▶ No continuity of care
- ▶ Loss of supports in the community
 - ▶ Housing (misses rent payment)
 - ▶ Loss of employment (misses work)
 - ▶ Loss of social connections (non-criminal acquaintances/friends)



Intercept 3 *Jails/Courts*

Diversion again – to Treatment and Habilitation

- Enhanced and targeted case management
 - Court navigators
 - Bridges Program/liaisons
 - Boundary spanners
- Housing - [FUSE Initiative](#), Housing First, LA
- Connect to benefits – SOAR (SSI/SSDI Outreach, Access and Recovery)
- Civil offramps – AOT, PADs



Intercept 3 *Jails/Courts*

Diversion from the traditional CJ process

- Treatment courts *for high-risk/high-need individuals*
 - Mental Health Courts*
 - Co-Occurring Courts
 - Drug Courts
 - Veterans Treatment Courts
 - RNR principles for all of them



ALTERNATIVE TRACKS



	High Risk	Low Risk
High Needs	<u>Standard Track</u> Accountability, treatment, and habilitation	<u>Treatment Track</u> Treatment and habilitation
Low Needs	<u>Supervision Track</u> Accountability and habilitation	<u>Diversion Track</u> Secondary prevention

PRACTICAL IMPLICATIONS

Low Needs

High Needs

High Risk

- ✓ Status calendar
- ✓ Treatment
- ✓ Prosocial & adaptive habilit.
- ✓ Abstinence is distal
- ✓ Positive reinforcement
- ✓ Self-help/alumni groups
- ✓ ~ 18–24 treatment court
- ✓ 9 to 12 mos. treatment (~200 hrs.)

- ✓ Status calendar
- ✓ Prosocial habilitation
- ✓ Abstinence is proximal
- ✓ Negative reinforcement
- ✓ ~ 12–18 mos. program
- ✓ Criminal thinking (~100 hrs.)

Low Risk

- ✓ Noncompliance calendar
- ✓ Treatment (separate milieu)
- ✓ Adaptive habilitation
- ✓ Abstinence is distal
- ✓ Positive reinforcement
- ✓ Self-help/alumni groups
- ✓ ~ 12–18 mos. program
- ✓ 9 to 12 mos. treatment (~200 hrs.)

- ✓ Noncompliance calendar
- ✓ Psycho-education
- ✓ Abstinence is proximal
- ✓ Individual/stratified groups
- ✓ ~ 3–6 mos. program
- ✓ Education (~ 12–26 hrs. or less)



Intercept 3 *Jails/Courts*

Diversion from the traditional CJ process

- Alternatives to prosecution
 - Fair and Just Prosecution, [Improving Justice System Responses to Individuals with Mental Illness](#)
- Mental health jail liaisons, jail in-reach
- Collaboration with Veterans Justice Outreach



Leading Reform - Competence to Stand Trial Systems: A Resource for State Courts

1. Diversion
2. Restrict referrals
3. Alternative evaluation sites
4. Alternative restoration sites
5. Revise restoration protocols
6. Rational timelines
7. Address inefficiencies
8. Training and recruitment
9. Data
10. Community-based treatment



Leading Reform:

Competence to Stand Trial Systems (Task Force, 2021)



Just and Well: Rethinking How States Approach Competency to Stand Trial

October 2020

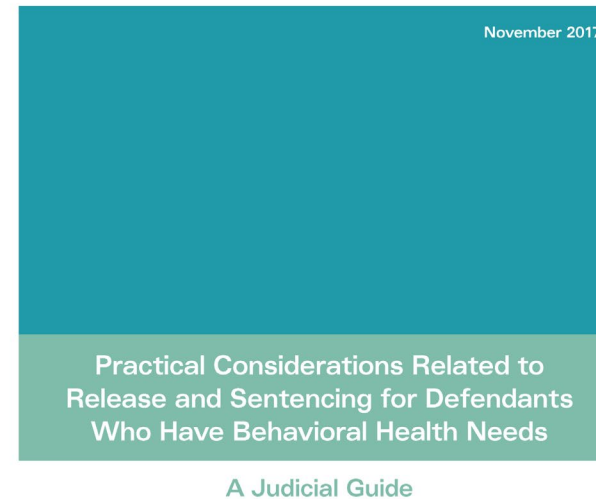


Intercept 3 *Jails/Courts*

Sentencing Considerations

- Treatment alternatives
- Special supervision options, dedicated teams, ACT

- Use reliable information
- Individualize
- Adapt to changing needs and resources



Intercept 4 *Reentry*

Pro-active transition planning by the jail and in-reach providers

- Timely supports
 - SOAR
 - Medicaid suspension/reinstatement
 - Peer Support (TF) [Peers in Courts](#)
 - Mental Health America, [Peers: Their Roles and The Research](#)
- Medication and prescription access upon release from jail or prison



Intercept 4 *Reentry*

Timely transition planning by the jail and in-reach providers includes:

- Warm hand-offs to providers (increases engagement in services)
- Policy Research Associates, [Guidelines for the Successful Transition of Individuals with Behavioral Health Disorders from Jail and Prison](#)



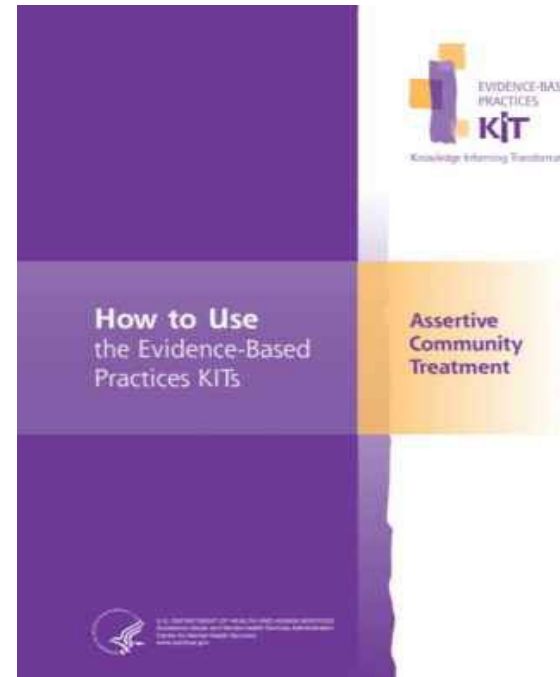
Intercept 5 *Community Corrections*

- Mental health training for all community corrections officers
- Specialized caseloads for people with mental health and substance use disorders
 - CSG Justice Center, [Implementing Specialized Caseloads to Reduce Recidivism for People with Co-Occurring Disorders](#)



Intercept 5 *Community Corrections*

- Assertive Community Treatment (ACT/FACT)



- Access to recovery supports – peers, housing, treatment, pro-social opportunities

Final Themes

- Provide resources at the front end to prevent CJ involvement
- Screen, assess, share, USE that information
- Triage - RNR
- Look for diversion opportunity at every step
- Collaborative, specialized teams
- We know what works at every intercept, use the resources, and JUST START!

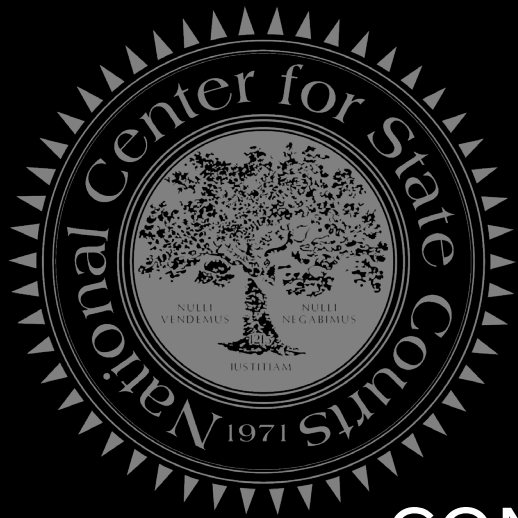


“

...there is overwhelming public support for courts doing more on behavioral health. The 2022 State of the State Courts' report revealed that **82% of respondents believed state courts should help individuals find treatment options, and 79% believed courts should divert low-risk offenders with behavioral health issues.**

- Chief Justice Loretta Rush, Indiana Supreme Court, Feb 2023 ABA Remarks

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CONTACT US

Rick Schwermer, NCSC, rschwermer@ncsc.org

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