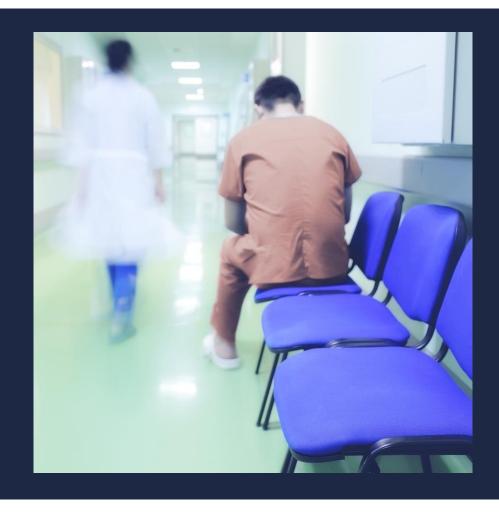


Decriminalizing Mental Illness: The Miami Model Winter, 2023

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

OUR CHALLENGE

Jails, prisons and the courts are the repository of failed public policy



"Approximately 1.5 million individuals with serious mental illnesses are arrested in over 2 million incidents each year. Jails have become the de facto mental health and substance use disorder care systems."

- HON. STEVE LEIFMAN, ASSOCIATE ADMINISTRATIVE JUDGE, MIAMI-DADE COUNTY COURT, 11th JUDICIAL CIRCUIT OF FLORIDA

The National Judicial Task Force



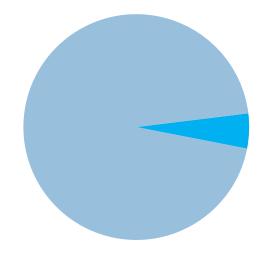
The Conference of Chief Justices and
Conference of State Court Administrators
established the National Judicial Task Force to
Examine State Courts' Response to Mental Illness to

"assist state courts in their efforts to more effectively respond to the needs of court-involved individuals with serious mental illness."

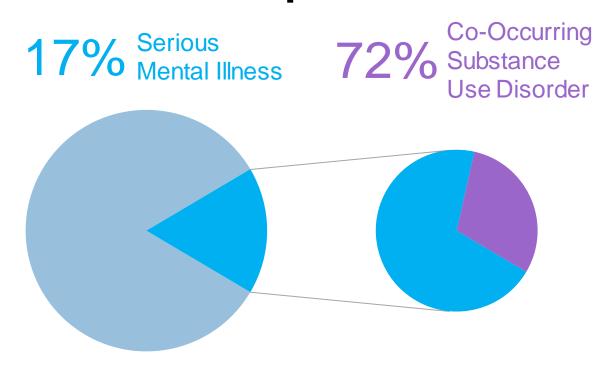
SMI in U.S. Jails

General Population

4% Serious Mental Illness



Jail Population



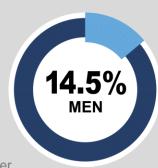
Mental Illness is Overrepresented in the Courts

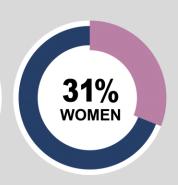


serious mental illness is four to six times higher

in jail than in the general population*

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





Sources: Vera Institute of Justice, Council of State Governments Justice Center.

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

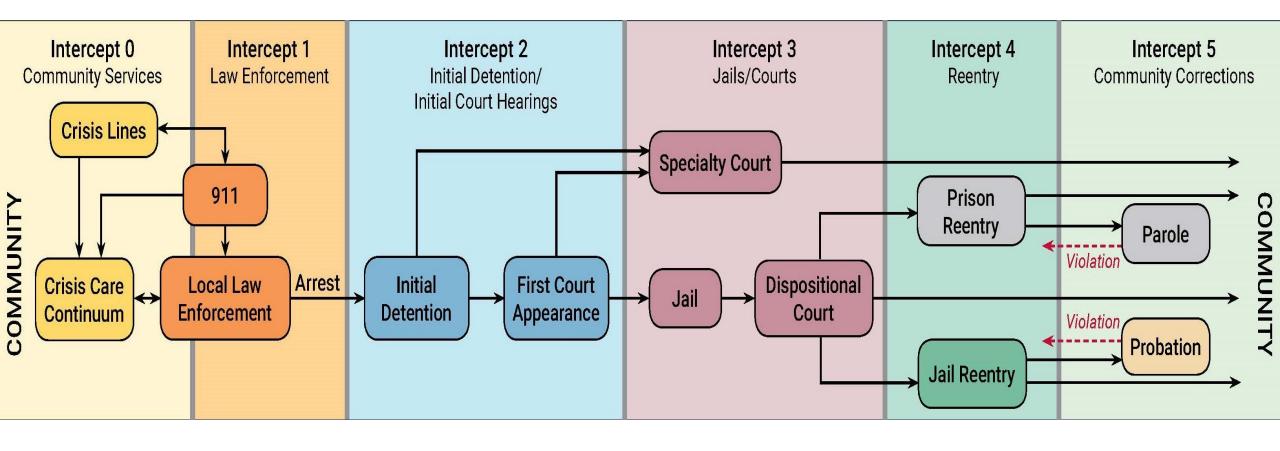


PARADIGM SHIFT





SEQUENTIAL INTERCEPT MODEL



Intercept 0 Community Services

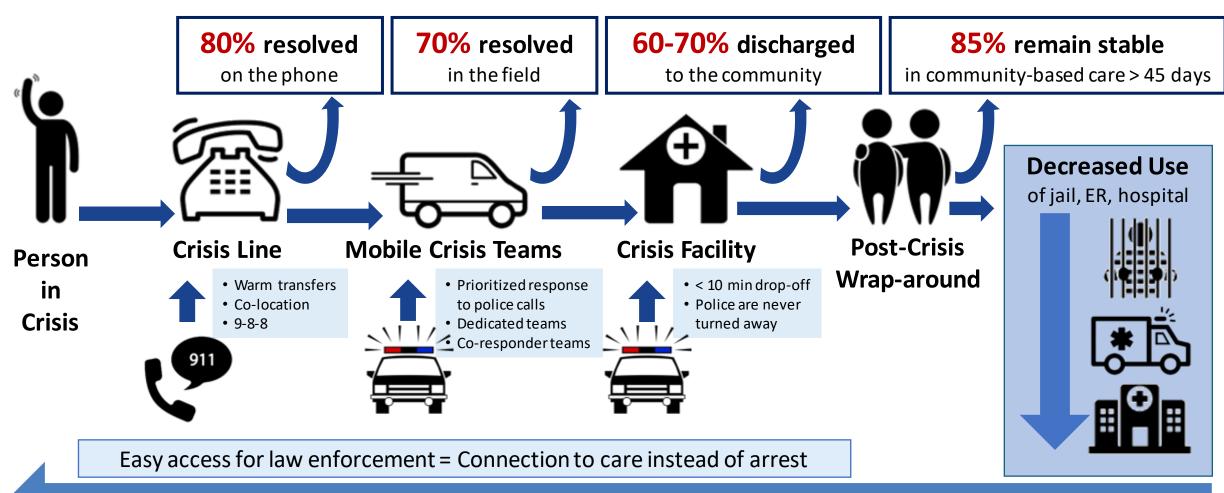
Behavioral Health Treatment Continuum

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



LEAST Restrictive = LEAST Costly

Intercept 0 Community Services - Resources

CCJ COSCA Task Force Resources

STRENGTHEN COMMUNITY RESPONSES AND MINIMIZE CRIMINAL JUSTICE SYSTEM:

Comprehensive Behavioral Health Crisis Systems

Deflection | Stop the "Revolving Door" into the Justice System | Prosecution Alternatives



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



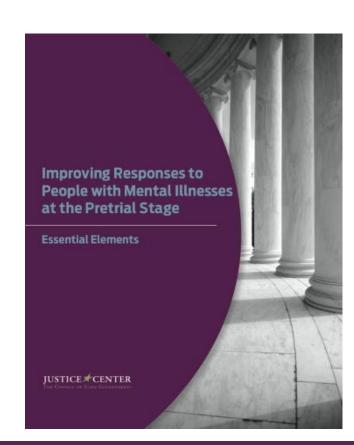
Intercept 2 Initial Detention/Initial Court Hearing

Diversion – Informed decision making

- Data matching
- Pre-trial release
- Validated assessments

Jail Population Review

Effects of incarceration

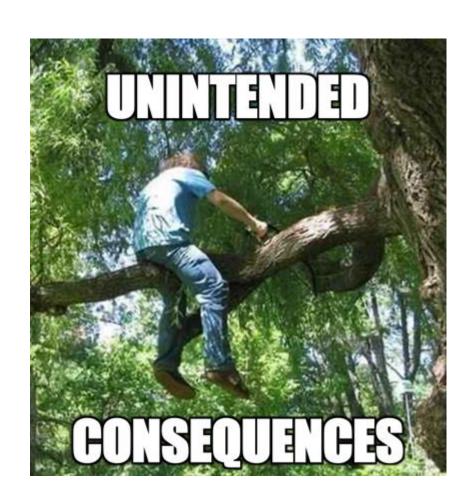




Considering Effects of Actions on Outcomes for Individuals

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 2 Initial Detention/Initial Court Hearing

CCJ COSCA Task Force Resources

PROMOTE EARLY INTERVENTION AND EFFECTIVE MANAGEMENT OF COURT CASES: Screening and Assessment | Behavioral Health Triage | Jail Practices | First Appearance and Pretrial Practices | Prosecution Practices | Effective Defense Representation | Effective Caseflow Management

Intercept 3 Jails/Courts

Diversion again – to Treatment and Habilitation

- Enhanced case management
 - Court navigators
 - Bridges Program/liaisons
 - Boundary spanners
- Housing Corporation for Supportive Housing, <u>FUSE Initiative</u>, Housing First, LA
- Connect to benefits SOAR (SSI/SSDI Outreach, Access and Recovery)
- Civil offramps



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



ALTERNATIVE TRACKS



High Risk

Low Risk

High Needs

Low Needs Standard Track
Accountability,
treatment, and
habilitation

Supervision Track
Accountability
and
habilitation

<u>Treatment Track</u>

Treatment and habilitation

<u>Diversion Track</u> Secondary prevention

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
- \checkmark ~ 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)

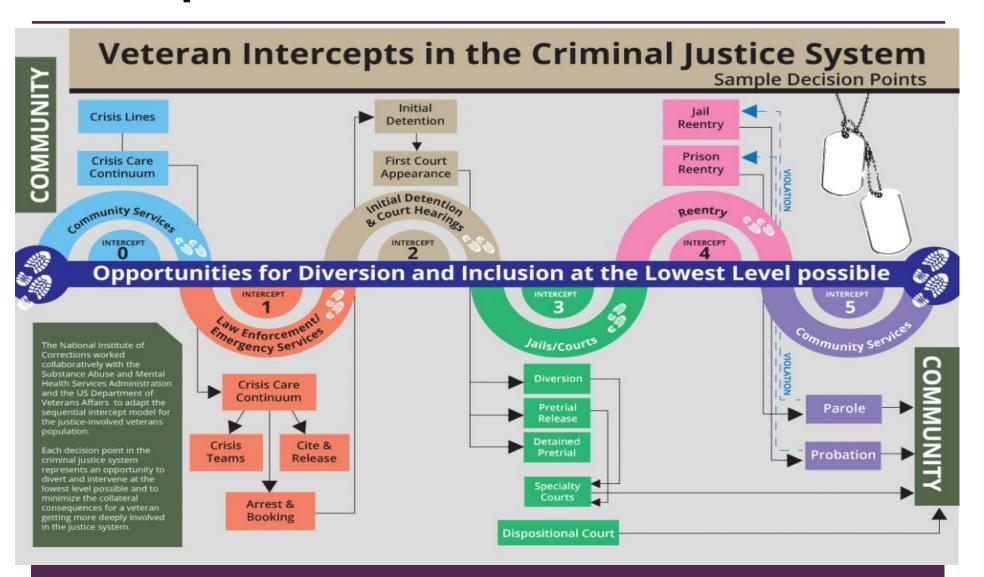
Intercept 3 Jails/Courts

Diversion from the traditional CJ process

- Alternatives to prosecution
 - Fair and Just Prosecution, <u>Improving Justice</u>
 <u>System Responses to Individuals with</u>
 Mental Illness
- Mental health jail liaisons, jail in-reach
- Collaboration with Veterans Justice Outreach



Intercept 3 Jails/Courts





Leading Reform of 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:

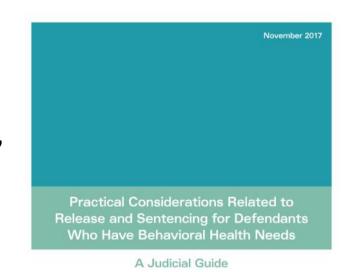
Rethinking How States Approach Competency to Stand Trial

October 2020

Intercept 3 Jails/Courts

Sentencing Considerations

- Treatment alternatives
- Special supervision options, dedicated teams
- Use reliable information
- Individualize
- Adapt to changing needs and resources









Intercept 3 Jails/Courts

CCJ COSCA Task Force Resources

INSTITUTIONALIZE ALTERNATIVE PATHWAYS TO TREATMENT AND RECOVERY: Diversion – A Pathways Approach | Civil Responses | Competency Dockets | Specialized Behavioral Health Dockets | Courtroom Practices | Treatment Courts | Other Pathways and Strategies to Treatment and Recovery



Intercept 4 Reentry

Transition planning by the jail or in-reach providers

- Supports
 - SOAR
 - Medicaid suspension/reinstatement
 - Peer Support (TF) <u>Peers in Courts</u>
 - Mental Health America, <u>Peers: Their</u> Roles and The Research
- Medication and prescription access upon release from jail or prison



Intercept 4 Reentry

Transition planning by the jail or in-reach providers includes:

- Warm hand-offs to providers increases engagement in services
- Policy Research Associates, <u>Guidelines for the Successful Transition of Individuals with Behavioral Health Disorders from Jail and Prison</u>



Intercept 4 Reentry

CCJ COSCA Task Force Resources

MANAGE POST-ADJUDICATION EVENTS AND TRANSITIONS EFFECTIVELY: Community Supervision and Violations | Transition and Aftercare Plans | Reentry Practices



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, <u>Implementing</u>
 <u>Specialized Caseloads to Reduce Recidivism</u>
 <u>for People with Co-Occurring Disorders</u>



Intercept 5 Community Corrections

Assertive Community
 Treatment (ACT/FACT)



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

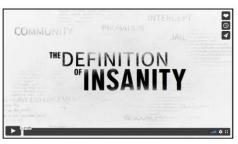


Final Themes

- 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, use the resources!



Resources for State Courts













Resources Across the Intercepts

- American Bar Association, <u>Criminal Justice Mental Health</u> Standards
- Major County Sheriffs of America (MCSA), <u>Sheriffs Addressing</u> the Mental Health Crisis in the Community and in the Jails
- National Institute of Corrections, <u>Veteran Intercepts in the Criminal Justice System</u>
- Michigan Mental Health Diversion Council, <u>Promising Practices</u> for Jail <u>Diversion Across the Sequential Intercept Model</u>
- National Association of Medicaid Directors, <u>Medicaid Forward:</u>
 <u>Behavioral Health</u>
- National Center for State Courts, <u>Effective Court Responses to</u> <u>Persons with Mental Disorders</u>



Resources Across the Intercepts

- National Conference of State Legislators, <u>Front End Mental</u> Health Primer
- Policy Research, Inc., <u>Rethinking Jails and Behavioral Health:</u>
 <u>Strategies, Challenges, and Successes Midway through the</u>
 <u>MacArthur Foundation's Safety and Justice Challenge</u>
- Policy Research, Inc., <u>Release to What? Behavioral Health-Based Strategies to Address COVID-19</u>
- Policy Research Associates, <u>Peer Support Roles Across the Sequential Intercept Model</u>
- Judges' Criminal Justice/Mental Health Leadership
 Initiative, <u>Judges' Guide to Mental Illnesses in the Courtroom</u>
- SAMHSA, <u>Resources on Serious Mental Illness</u>



Behavioral Health Alerts

Keep up with the latest behavioral and mental health resource links and information:

www.ncsc.org/publications-and-library/newsletters
https://www.ncsc.org/behavioralhealth