

Educational Court Briefs



STATE JUSTICE INSTITUTE IMPROVING THE JUSTICE SYSTEM RESPONSE TO MENTAL ILLNESS

Interim Report
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Educational Court Briefs

Two sets of educational court briefs are being developed and published to inform the national court community. The first set of briefs, *Mental Health Facts in Brief*, are designed to orient judges and court professionals to common mental health issues that come before the courts. These briefs are presented from a clinical and research perspective with a focus on significant psychiatric issues and how they relate to the courts. The second set of briefs, *Court Behavioral Health Briefs*, are designed to orient judges and court professionals on important topics, collaboration models, and resources which will enable courts to better respond to persons with mental illness and co-occurring disorders. These briefs are presented from a court administrative or legal perspective.

Each of the educational court briefs contain:

- A statement of purpose;
- Brief history of the topic covered;
- Summary of applicable laws and relevant policies and practices;
- Overview of evidence related to the topic; and
- List of judicial considerations.

Mental Health Facts in Brief

Authored by Debra A. Pinals, MD, and Doris A. Fuller, MFA, these Mental Health Facts in Brief have been reviewed and approved by the Advisory Committee for the National Initiative to Improve the Justice System Response to Mental Illness.

Four *Mental Health Facts in Briefs* are published on the [National Initiative Mental Health webpage](#):

- **The Psychiatric Care Continuum.** The disposition of respondents with mental illness and defendants into any area’s system of care are influenced by the nature and availability of appropriate services. This fact sheet identifies the components of a full continuum of psychiatric care, the population typically served by each component, and the usual duration of treatment.
- **Assisted Outpatient Treatment (AOT).** Forty-seven states and the District of Columbia have statutes authorizing court-ordered civil commitment in the community, commonly known as “assisted outpatient treatment” or “AOT.” This overview describes the factors that shape how AOT is practiced at the local level, the role of the court in its implementation, and judicial considerations such as the respondent’s clinical history.
- **Co-Occurring Mental Illness and Substance Use Disorders (COD).** This brief reviews the history and issues presented by co-occurring mental illness and substance use disorders and strategies courts can use to address them.
- **Trauma and Its Implications for Justice Systems.** This overview discusses how a trauma history may relate to individual justice involvement and implications of trauma awareness for the justice system.

Mental Health Facts in Brief under development:

- **Psychotropic Medications.** Case dispositions involving mental illness may include treatment plans containing specific clinical directives including psychiatric medications. This fact sheet provides an orientation to clinical and legal considerations that may come before the court with regard to medications. Medication types and applications, best practices, adherence factors, and issues in medication over objection are covered.
- **Mental Illness in Correction Settings.** An estimated two million individuals with mental illness are arrested annually, many of whom come before the court. This fact sheet introduces concepts of therapeutic setting, considerations that lead to jails being used as a substitute for therapeutic settings, limitations and impacts of jails in lieu of clinical settings, and alternatives for diversion.

The CCJ-COSCA Mental Health Task Force may wish to develop additional mental health briefs with a psychiatric focus. Possible topics include:

- **Special Populations.** Individuals with intellectual and developmental disabilities, substance use disorders, and neuropsychiatric conditions (e.g., dementia, traumatic brain injury) come before the courts for a variety of reasons. This fact sheet describes issues pertaining to these special populations and common considerations judges encounter in their dispositions.
- **Veterans.** Individuals with a history of military service and post-traumatic stress, substance use disorders, or other psychiatric conditions are increasingly becoming justice involved. This overview provides an orientation to factors that result in this overrepresentation of veterans among defendants and describes resources judges may be able to access in disposition of cases involving this population.
- **Nontraditional Partners.** The mental health community encompasses a large array of organizations and agencies participating in court cases which involve mental illness. This fact sheet identifies some of these nontraditional partners, the contributions they may be able to make, and information-sharing considerations for working with them on case dispositions.

Court Behavioral Health Briefs

Authored by Michelle O'Brien, JD, and other specified topic experts, the *Court Behavioral Health Briefs* will further educate the national court community on essential topics to improve the court and community response to mental illness. Topics currently underway, being considered, or recommended include:

- **“High Systems Utilizers.”** Vulnerable community members who cycle through jails, hospitals, behavioral health facilities, and other social service programs at a startlingly high rate, sometimes called “frequent utilizers,” place a large strain on court and community resources which comes at large social and financial costs to communities. This court brief will explore the definition of high systems utilizers, the role of the court, the importance of collecting and sharing data, and types of relevant data to improve the response to and outcomes for high systems utilizers.
- **Medicaid Opportunities.** Medicaid opportunities to improve the court and community response to mental illness and co-occurring disorders for both Medicaid expansion states and other states will be explored.

- **The Leading Change Model: How to Improve the Court and Community Response to Mental Illness.** As leaders of their courts and communities, judges are in a unique position to expand and improve the response to individuals with mental illness. This overview will explain the Leading Change Model and how courts can lead efforts to be the change agent. This brief will highlight the key elements of the Leading Change Guide and the companion website, [Coordinated Court and Community Resources](#).
- **Guardianship and Conservatorship Mapping: Identifying Process, Resources, Gaps, and Opportunities to Better Protect Vulnerable Adults.** This overview will discuss how creating a community map can increase collaboration in the community and help identify gaps and opportunities. Best practices will be identified for ensuring court oversight throughout the guardianship process. Alternatives to guardianship will also be discussed.
- **Trauma-Informed Courts.** This overview will describe trauma, the impact of trauma, and how often the justice system can often exacerbate trauma. Understanding trauma and appropriate trauma-informed justice responses can help to avoid retraumatizing individuals.
- **Lessons Learned: Guidance from Individuals and Families Impacted by Mental Illness and their Experience in the Justice System.** How can courts learn from the experiences of those who use the system? This overview will discuss difficulties and roadblocks, what worked, and suggestions for change. Experiences and first-hand information from those involved with the justice system will provide insight and potential for real change.
- **The Sequential Intercept Model and Beyond.** Additional considerations of what should be addressed with the Sequential Intercept Model and how to apply what we have learned with mapping to take this approach to the next level will be explored. Maximizing existing resources before creating new ones will also be discussed.
- **Strategies for Effectively Addressing Non-Compliance Among Problem-Solving Court Participants.** Judicial experts will share best practices and wisdom in how to effectively motivate and manage problem-solving court participants.
- **Adverse Childhood Experiences (ACES).** Adverse Childhood Experiences (ACEs) have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. ACEs are potentially traumatic events that occur in childhood between 0-17 years of age including experiencing violence, abuse, or neglect, witnessing violence in the home or community, and having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding; such as growing up in a household with substance misuse, mental health problems, and instability due to parental separation or household members being in jail or prison. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. This court brief will discuss ACEs, how they can inform behavior, and appropriate trauma-informed responses.