

Developing a National Education and Training Curriculum for Judges and Court Professionals

Mental Illness – Substance Use Disorders – Co-Occurring Disorders



STATE JUSTICE INSTITUTE
IMPROVING THE JUSTICE SYSTEM RESPONSE TO MENTAL ILLNESS

Interim Report
April 30, 2020

Overview

This report sets forth a proposed pathway for the CCJ-COSCA National Judicial Task Force to Examine State Courts' Response to Mental Illness to develop a National Education and Training Curriculum for Judges and Court Professionals. The resources and status of the proposals and opportunities to work with other partners will need to be refreshed before embarking upon the necessary steps forward and seeking funding to accomplish the objectives.

One of the general principles underlying the work of the National Initiative to Improve the Court and Community Response to Mental Illness and Co-Occurring Disorders was as follows:

We promote education and training for judges and court personnel to improve our capacity to lead change in our communities and to understand mental illness and co-occurring disorders and its impact on court proceedings.

In order to effectively lead change, judges – as well as other court professionals – need to be proficient in their understanding of behavioral health issues, including best practices and innovations across the Sequential Intercept Model (SIM),¹ the [Leading Change](#) framework, and of course the substantive areas of the law in each of our states.

On February 12, 2020, a number of representatives from a broad spectrum of those providing relevant education convened in Charlotte, North Carolina to develop a framework for a curriculum that addresses the education and training needs of judges, court personnel, and others related to mental illness and co-occurring disorders. Although beyond the direct scope of the national initiative, the discussions necessarily included the integration of substance use disorders into the curriculum and resources identified. This interim report includes the discussions and input of that group, as well as other experts subsequently consulted. (See Appendix A for the list of participants attending the Charlotte meeting.)

Charlotte meeting participants discussed what an ideal curriculum would look like, articulating the principles to which these programs should adhere, identifying some of the curricula and resources currently available, categorizing the requisite knowledge at various identified levels of training, and identifying gaps in the currently available training from a national perspective.

Shared Principles

The following principles were identified by the participants as necessary elements to consider when developing curriculum and training:

- The frequency and modality of training is important and should be periodically revisited.
- Training is necessary regardless of the level of court or type of docket (i.e., problem-solving court docket, criminal docket, or civil docket).
- Certain skills are fundamental, and training on these skills should be required for all judges and other court personnel.

¹ The Sequential Intercept Model (SIM) was developed over several years in the early 2000s by Mark Munetz, MD and Patricia A. Griffin, PhD, along with Henry J. Steadman, PhD, of Policy Research Associates, Inc. The SIM was developed as a conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal justice system. <https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf>

- Many of these foundational topics should be part of an orientation provided to judges prior to initially taking the bench or shortly thereafter.
- There should be a clear expectation that all new judges need to be proficient in these foundational skills.
- This training should be provided on an ongoing basis; this is not a one-time training, but rather an effort to institutionalize behavioral health competency and skills as an integral part of every judicial officer and employee's job.
- Attention must be paid to implicit biases and the prevalence of stigma and inappropriate language.
- An overall expectation of behavioral health competency should be developed.
- Some topics are best addressed by a common national training curriculum, while some topics should be taught at a state level, and others require a local and/or more targeted forum.
- Curricula should be developed in building blocks or modules that are complementary.
- Attention should be paid to skill-building within curriculum content.
- An understanding of local behavioral health resources is essential.
- Various content delivery models should be used in order to reflect adult learning best practices.
- A communication strategy should be included in the development of each curriculum.
- An understanding of the impact of judicial orders on the individual and the medical service provider system should be included in appropriate judicial trainings.
- Judicial and court personnel well-being is a critical inclusion.
- The impact of trauma and being trauma-informed are essential elements of the curriculum.
- Include competence on issues of racial and ethnic equity and inclusion in all training.

Inventory of Resources and Curricula

During the workshop, a litany of resources and curricula were reviewed by the group and categorized by the target audience. Additional resources and curricula were also identified and added to the inventory since then, and more are being added on a regular basis. This report reflects the available inventory at the time of the workshop. The inventory is categorized by whether the materials are Foundational, Operational, Enhanced or Transformational. (Appendix B provides definitions of each category; Appendix C summarizes the inventory by category.)

Currently Identified Education and Training Resource Gaps

The participants also identified topic areas for which there are no or insufficient resources available to the best of the participants' collective knowledge.

- Effective civil case management related to behavioral health matters.
- Development of structural competency skills (the ability to appreciate how symptoms, clinical problems and attitudes toward patients are influenced by social determinants of health).
- Risk-Need-Responsivity Model (RNR).

- Understanding of risk/needs assessments.
- Understanding the types and appropriate use of other behavioral health screens and assessments.
- Adverse Childhood Experiences (ACEs) and the related protective factors.
- Traumatic Brain Injury (TBI).
- Understanding of Medicaid – eligibility, reimbursable services, enrollment, suspension, and reinstatement of benefits, etc.
- Effective caseflow management practices in criminal cases related to mental illness and co-occurring disorders.
- Special issues related to Self-Represented Litigants (SRL) and mental illness.
- Special ethical implications in working with those with mental illness and co-occurring disorders.

Recommendation to the CCJ-COSCA National Task Force to Examine State Courts' Response to Mental Illness

The participants identified a number of steps that should be undertaken as follows:

- 1. Curriculum Development.** Develop a comprehensive education and training curriculum for judges and court personnel that addresses mental illness and co-occurring disorders. The curriculum should include knowledge areas that all participants in the courts should possess, additional knowledge areas based on an individual's participation and role in the system, the development of supplemental specialized training, and the development of leadership skills for court leaders. The curriculum should include an emphasis on practical skills and focused training at all levels including Foundational, Operational, Enhanced, and Transformational. (Appendices B and C)
- 2. Curriculum Elements.** All areas of curriculum development would include specific elements such as:
 - A skills-focused adult learning approach.
 - Cross-disciplinary training.
 - Delivery systems that are current and effective.
 - Frequent exposure to relevant knowledge areas in order to reinforce ongoing understanding and skills.
 - Capacity to review and update curriculum periodically.
 - Marketing of the knowledge areas to emphasize the benefits in the application of and detriment of not exercising the skill sets in the various knowledge areas.
 - Leveraging capacity through shared resources, implementing a train-the-trainer approach and the development of judge and expert pairs.
 - Especially in light of the recent pandemic, extra attention should be paid to development of online or remote learning methodologies.

3. **Create and track appropriate outcome measures.** In the creation of these educational and training opportunities, care should be taken to develop adequate training capacity including faculty development. Ongoing training would need to be maintained moving forward as this should not be a “once and done” proposition, but rather a perpetual, programmatic, and evolutionary curriculum that seeks to not just impart knowledge, but modify the cultural attitudes and reactions surrounding mental health, mental illness, and co-occurring disorders.
4. **Develop a comprehensive and integrated system of curriculum delivery.** No one training modality or subject matter offering can meet the needs of all judges or court personnel. A diverse menu of topics, settings, and subjects should be offered. Some topics are amenable to online instruction, some are not; some subjects are best delivered to teams, others are just as well taught to large groups of only judges. The menu of offerings should acknowledge disparate access to education funding, resources, and travel opportunities, and the different learning styles and needs of a wide range of professions, levels of experience, generational styles and preferences, and roles.

No one entity can provide all of these different training opportunities, so an inventory of education providers and offerings should be coordinated and maintained once the overall curricula are developed. Many, if not all, of the partner organizations participating should be included in the development of the curricula and the service delivery menu.
5. **Coordination.** An advisory or steering committee, or Task Force special workgroup, comprised of representatives of the various resource and training providers as well as representatives of the consumers of the resources and training – judges and court personnel – should coordinate the development of the curricula and the cultivation of training resources. An ongoing quality assurance effort should also be maintained to monitor the fidelity of the trainings to the most recent research and best practices.

Recommended Coordination with National Entities

A number of existing partners already contribute to providing educational content to judges and court personnel. These partners have valuable expertise and infrastructure already in place, and these resources should be enhanced and coordinated to greater effect than they are currently.

1. **Judges and Psychiatrists Leadership Initiative (JPLI)** Collaborate with the Council of State Governments (CSG) and JPLI to make available to state judicial education programs an onsite behavioral health and justice system curriculum taught by teams of psychiatrists and judges, preferably at no cost. This judicial education curriculum already exists, is well received, and is effective. However, Judge Leifman is currently the only national judicial faculty, and there are only a few psychiatrists on the faculty roster. JPLI trainings are currently only funded for four to five presentations each year. If this resource is going to be made available more broadly – and it should be – changes will need to be made to the current resources and format.
 - Additional judges will need to be added to the faculty, as well as more psychiatrists. This is perhaps easier said than done, if the current level of broad expertise and national perspective is to be maintained.
 - While these trainings are relatively cost-effective, more funding will need to be identified. One effective strategy already used is to pair JPLI trainings with other existing training gatherings such as state mental health summits,

problem-solving court trainings, or other existing behavioral health or general judicial conferences.

- Adjustments to the format may need to be considered. For example, a regional approach may be an option. Currently, the program includes tailored discussions of the statutes and processes relevant in that particular state which seem to be quite helpful, so a regional approach would require either breakout sessions or some other adjustment to the curriculum to allow for this important aspect of the training. Or strategies could be developed to increase the number of presentations offered each year in the CCJ-COSCA Regions so that once every three years or so a JPLI training could be offered to a state. The APA Foundation funds these valuable trainings.

The CSG Justice Center also supports the Stepping Up Initiative, a national effort to reduce the number of people with mental illness in jails; the Police-Mental Health Collaboration; and other initiatives that provide resource and training opportunities.

2. **National Association for Court Management (NACM)** Collaborate with NACM to develop a curriculum on Mental Illness, Substance Use Disorders, and Co-occurring Disorders for Court Professionals to include best practices for appropriately interacting with and serving people with behavioral health needs in court, along with workplace well-being strategies for judicial personnel. Some relevant curricula and other resources already exist, and those could be evaluated and used as appropriate.

Court managers are also great candidates for train-the-trainer opportunities, and while annual and mid-year NACM events are a good starting points, additional opportunities for state level train-the-trainer events for court managers should be explored in order to broaden the reach of these resources. NACM also has the capacity to develop webinars, podcasts, and guides on specific subject areas.

3. **The National Association for Presiding Judges and Court Executive Officers (NAPCO)** Collaborate with NAPCO to provide training and education for Court Leaders at the Transformational Level discussed earlier. NAPCO has already offered a number of significant sessions on Judicial Leadership in this area with Judge Leifman as a keynote speaker; the Sequential Intercept Model (SIM); and the Leading Change model (LC). NAPCO offers Annual Conferences and develops Leadership Guides on Special Topics and is an excellent resource to engage court leadership teams.
4. **National Association of State Judicial Educators (NASJE)** NASJE as an organization should be a significant partner in curriculum development and implementation, as should individual state judicial educators. Many states have developed excellent training resources, and NASJE is in a position to serve as a complimentary resource repository for those state resources, including faculty.

State level education directors are also critical partners in ensuring that training resources are provided at appropriate state, regional, and local educational opportunities.

5. **National Judicial College (NJC)** The NJC has an enormous existing training infrastructure. Behavioral health trainings could be provided as stand-alone multi-day onsite national events, one-day onsite events at either a national or regional level, in-depth online events, or

as single topic short webinars. There are resource implications for both the development of these options and for attendees, particularly for the onsite events, but these options should be a part of the menu of resources and trainings offered to judges. And NJC should be a partner in these efforts.

6. **National Association of Drug Court Professionals (NADCP)** Problem-Solving Courts, Adult Mental Health Courts, Juvenile Mental Health Courts, Adult Drug Courts, Family Treatment Courts, Veterans Courts, and Juvenile Drug Courts are an important part of Intercept 3 responses to people with serious behavioral health needs. NADCP has a rich spectrum of training and technical assistance resources. These resources are often treatment team oriented, which is particularly important in establishing an appropriate and consistent continuum of interventions and services. The most recent national trainings included over 5,000 attendees, but NADCP also provides online, state level, and court level trainings. An effort should be made to be sure these resources are coordinated and consistent with the overall curriculum promoted by the Task Force.
7. **Substance Abuse and Mental Health Services Administration (SAMHSA)** SAMHSA, and specifically, the GAINS Center for Behavioral Health and Justice Transformation, provides a direct conduit to federal resources and training opportunities. SAMHSA sponsors numerous webinars through the GAINS Center as well as other partners. These opportunities tend to be topic driven, free, and timely, and they fill a critical niche in the overall behavioral health curriculum.
8. **American Academy of Addiction Psychiatry (AAAP)** Working with the National Judicial Opioid Task Force, the AAAP is developing a resource guide on *Justice Involved Individuals with Substance Use Disorders: Cultivating Law and Medicine Partnerships*. This will be a valuable addition to the resources and materials available as part of a national curriculum.
9. **Other Partners** There are a host of other governmental, non-profit, and private entities that currently offer training and other resources that will be critical to fleshing out the behavioral health curriculum. Some of those partners include:
 - The Bureau of Justice Assistance (BJA) — <https://bja.ojp.gov/>
 - Policy Research Associates (PRA) — <https://www.prainc.com/>
 - Pretrial Justice Institute (PJI) — <https://www.pretrial.org/>
 - International Association of Chiefs of Police (IACP) — <https://www.theiacp.org/>
 - National Sheriff's Association (NSA) — <https://www.sheriffs.org/>
 - National Association of Counties (NACo) — <https://www.naco.org/>
 - National Association of Criminal Defense Lawyers (NACDL) — <https://www.nacdl.org/>
 - National Conference of State Legislatures (NCSL) — <https://www.ncsl.org/>
 - National Council of Behavioral Health (NCBH) — <https://www.thenationalcouncil.org/>
 - National District Attorneys Association (NDAA) — <https://ndaa.org/>
 - American Psychiatric Association (APA) — <https://www.psychiatry.org/>
 - Mental Health First Aid (MHFA) — <https://www.mentalhealthfirstaid.org/>
 - Treatment Advocacy Center (TAC) — <https://www.treatmentadvocacycenter.org/>

Foundation Resources

A number of foundations have missions that align with the goals of the Task Force. Their input and assistance should be sought as well. Some of the potential foundation partners that currently include behavioral health resources and education include the PEW Charitable Trusts, the Laura and John Arnold Foundation (now encompassed in Arnold Ventures), and the MacArthur Foundation. Of course, this Task Force is only possible because of the support of the State Justice Institute, as well.

Concluding Note

This interim report has been prepared in the midst of the unprecedented COVID-19 pandemic. Judicial education, like all aspects of court operations, will return to a “New Normal.” The key elements of this report will need to be revisited in the months ahead, and we will need to reconnect with all of the partners who contributed so much to these discussions.

Appendix A

CHARLOTTE WORKSHOP PARTICIPANTS/PARTNERSHIPS

Ms. Lisa Callahan, GAINS Center/Policy Research Associates (PRA)

Chief Justice Paula Carey, National Association for Presiding Judges and Court Executive Officers (NAPCO)

Ms. Kathryn Cates-Wessel, American Academy of Addiction Psychiatry (AAAP)

Mr. Paul DeLosh, National Association for Court Management (NACM)

Ms. Hallie Fader-Towe, Council of State Governments (CSG) Justice Center

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Ms. Amy Lukes, Treatment Advocacy Center (TAC)

Judge Milton Mack, State Court Administrator, Michigan (COSCA)

Judge Robert C. Marsaglia, 13th Judicial Circuit, Illinois

Dr. Debra Pinals, American Psychiatric Association (APA)

Chief Justice Paul Reiber, Vermont Supreme Court (CCJ)

Mr. Richard Schwermer, National Center for State Courts (NCSC)

Mr. Chris Seeley, American Psychiatric Association Foundation (APA)

Judge Jonathan Shamis, Colorado Supreme Court Mental Health Training Committee

Ms. Patti Tobias, National Center for State Courts (NCSC)

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Appendix B

Level 1 (*Foundational*). These are skills that all participants in the system should be required to demonstrate. Knowledge areas at this level include understanding stigma and language in relation to mental illness, workplace mental health, how to support workplace well-being, and how to interact and work with those who have a mental illness or a co-occurring disorder.

Level 2 (*Operational*). These are skills that are needed within the operational context of an individual's work. While not all knowledge areas would be mandatory for all judicial branch employees, some would be essential to an individual's sphere of practice. Knowledge areas at this level may include specialization based on the various case types such as civil, family, juvenile, criminal, and probate.

Level 3 (*Enhanced*). This level is focused on the development of an enhanced skill set. Knowledge areas would include those that help judges and court staff who have repeated encounters with individuals who have mental illness and co-occurring disorders. Concentrated on interpersonal interactions, the skills developed in these knowledge areas would help those who interact with this target population respond with appropriate legal and clinical responses.

Leadership Level (*Transformational*). This includes all the knowledge areas and skill elements noted in the previous levels along with the development of leadership skills specifically designed to address the development of judicial branch policy and practice in relation to mental health, mental illness, and co-occurring disorders. Knowledge areas at the Leadership Level would include the ability to work across disciplines such as developing legal-medical partnerships and partnerships with other branches of government to develop policies, resources, and an understanding of effective practices for working with this population.

Appendix C

R – Resource (website or static document) ²

C – Curriculum

Level 1 (Foundational)

Agency	Title	R/C
Council State Government Justice Center	https://www.csg.org/	R
Council State Government Justice Center	Justice and Mental Health Collaboration Program (JMHCP)	R
Council State Government Justice Center	Pretrial Essential Elements	R
Council State Government Justice Center	Implementing Evidence Based Practices Checklist	R
Council State Government Justice Center	Information Sharing	R
Judges & Psychiatrists Leadership Initiative	Bench Card	R
Judges & Psychiatrists Leadership Initiative	Practical Consideration	R
Judges & Psychiatrists Leadership Initiative	Judges Guide to Mental Illness in the Courtroom	R
Judges & Psychiatrists Leadership Initiative	Overvaluation of Risk	R
Judges & Psychiatrists Leadership Initiative	Onsite Training Judges Guide	C
National Judicial College	Justice Involved	C
National Judicial Opioid Task Force	Tools and Resources	R
National Judicial Opioid Task Force	Final Report	R
National Center for State Courts	Mental Health Website	R
National Center for State Courts	The Psychiatric Care Assisted Outpatient Treatment Co-Occurring Mental Illness and Substance Use Trauma and Its Implication for Justice Systems	R
Policy Research Associates	Essential Components of Trauma	R
Policy Research Associates	Trauma Curriculum	C
National Association of Drug Court Professionals	Local Structure and Resources	R
National Association of Drug Court Professionals	Equity and Inclusion Tool Kit	R
National Association of Drug Court Professionals	Publications	R

Level 2 (Operational)

Agency	Title	R/C
Council State Government Justice Center	Behavior Health Diversion Interventions	R
Council State Government Justice Center	https://www.csg.org/	R
Council State Government Justice Center	Law Enforcement Survey	R
Council State Government Justice Center	Law Enforcement Mental Health Learning Site	R
Council State Government Justice Center	Screening and Assessment	R

² R – [Resource \(website or static document\)](#)

Agency	Title	R/C
Judges & Psychiatrists Leadership Initiative	Bench Card	R
National Judicial College	4 Day Involving Co-occurring Disorders	R
National Judicial College	Behavioral Health	R
National Judicial Opioid Task Force	Resource Center	R
National Center for State Courts	Jail and the Courts EBD	C
Policy Research Associates	MAT Checklist	R
Policy Research Associates	other (SOAR, etc.)	R
Substance Abuse & Mental Health Services Administration	Resource List	R
Treatment Advocacy Center	AOT White Paper	R
Treatment Advocacy Center	QPR (Suicide)	R

Level 3 (Enhanced)

Agency	Title	R/C
National Association of Drug Court Professionals	Adult Best Practice Standards	R
National Association of Drug Court Professionals	Training – various subjects	C
National Association of Drug Court Professionals	Online Training	C
Council of State Governments	Repeat Encounters	R
Council of State Governments	Mental Health Court	C
CCJ/COSCA	Dr. Pinals - Competency	R

Leadership Level (Transformational)

Agency	Title	R/C
CCJ/COSCA	COSCA Policy Paper	R
CCJ/COSCA	Balfour Presentation	R
National Council of Behavioral Health	Mental Health First Aid Training	R
National Council of Behavioral Health	Jails/Prisons	R
National Council of Behavioral Health	Opioid Response Network	R
National Center for State Courts	Support for Innovation & Change	R
National Center for State Courts	Leading Change Guide	R
Policy Research Associates	SIM Training	C
Stepping Up	Mental Illness in Jail	R
Stepping Up	Toolkit	R
Safety and Justice Challenge	Resources	R
Treatment Advocacy Center	What is Assisted Outpatient Treatment (AOT)	R
Equitas	Advisors	R
Equitas	Mentally Healthy Workplace	R
Office National Drug Control Policy	Rural Community Action Guide	R