Leading Change:

The Court's Collective Response to Individuals who Frequently Cycle Through Systems

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

Introduction

Those "who cycle in and out of jails, hospitals, shelters, and other social service programs at a startlingly high rate,"[1] have a significant impact on community resources. Across the country, communities are recognizing the social and financial impact of individuals with behavioral health issues involved across medical, emergency, behavioral health, justice, and social systems. Effective responses have emerged on how to identify individuals who continuously cycle through various community systems and connect them to appropriate services early.

Court leaders should take on community-centered approaches, identify gaps in the community and court processes for those with behavioral health needs, and advocate for data collection across systems to measure and assess effective responses to individuals with behavioral health needs. The recommendations herein were informed by interviews with jurisdictions in six states (Arizona, Illinois, Kansas, Virginia, Washington, and Wisconsin) as well as from workshops and webinars highlighting current efforts in responding to the needs of individuals with serious mental illnesses (SMIs), substance use disorders (SUDs), or co-occurring disorders (CODs) in their jurisdictions.

Understanding the impact

Individuals who frequently cycle through systems place a large strain on community resources which comes at substantial social and financial costs to communities. In Miami-Dade County, Florida, 97 individuals with SMI who repeatedly cycled through their systems cost taxpayers $13 million in criminal justice costs over five years. Also, in New York City, 800 individuals were frequently incarcerated at Riker's Island jail, 152 of whom had a diagnosed SMI, cost the city $129 million from 2008 to 2014. Specifying criteria to identify these individuals as well as targeting and developing responses tailored to best respond across the criminal and the civil justice systems can not only stop a vicious cycle for individuals and affected families, but it can lead to significant resource savings across these systems.

The Prison Policy Initiative found that individuals who frequently cycle through the justice system disproportionately come from marginalized communities and are more likely to have a behavioral health condition, less likely to have access to healthcare, more likely to be low income and/or living in poverty, to be unemployed, to suffer from chronic illnesses, to have less than a high school diploma, and more likely to experience

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[1] Overmann, L., LaScala-Gruenewald, A., and Winstead, A. (2018). Modern justice: using data to reinvent America's crisis response system. Laura and John Arnold Foundation. Retrieved from https://craftmediabucket.s3.amazonaws.com/uploads/PDFs/DDJ-MODERN-JUSTICE.pdf

homelessness.[2] Courts have increasingly become the system to address the mental and behavioral health needs of marginalized communities, in part, due to a failed response upstream, before entering the justice system. As indicated, behavioral health needs are one of the many compounding issues affecting court users. The Bureau of Justice Assistance found that people who are currently incarcerated in prisons are three times more likely to have serious psychological distress than the general population.[3]

To fully understand how courts have become the primary system addressing these individuals' needs, one must consider the many contributing factors to this complicated issue. The overrepresentation of individuals with SMIs and/or SUDs in the justice system is a multi-faceted issue arising from various social structures including inadequate community-based treatment, the fragmentation of service delivery, and the expansion of the justice system.[4] Furthermore, individuals with SMI experience higher rates of poverty, housing insecurity, CODs or SUDs, and criminogenic risk factors (e.g., impulsive behavior, spending time with antisocial peers) than individuals without SMI.[5,6,7] These factors relate to the susceptibility of contact with law enforcement and subsequent arrest, particularly for low-level offenses such as disorderly conduct and trespassing. The magnitude of this issue is staggering, and researchers have reported that the largest providers of mental health services across the country are correctional facilities,[8] which house more people with mental illness than psychiatric hospitals do.[9]

Responding through the Leading Change Model

Communities have recognized the impact on resources and therefore seek emerging and effective responses to identify individuals who continuously cycle through various systems and connect them to appropriate services as early as possible.

[2] Jones, A., & Sawyer, W. (2019). Arrest, release, repeat: How police and jails are misused to respond to social problems. Retrieved from https://www.prisonpolicy.org/reports/repeatarrests.html

[3] Bureau of Justice Assistance. (2017). National findings on mental illness and drug use by prisoners and jail inmates [PowerPoint slides]. Retrieved from https://csgjusticecenter.org/wp-content/uploads/2017/08/BJS-Webinar.pdf

[4] Kennedy-Hendricks, A., Huskamp, H. A., Rutkow, L., & Barry, C. L. (2016). Improving access to care and reducing involvement in the criminal justice system for people with mental illness. *Health Affairs*, *35*(6), 1076-1083. Retrieved from https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.0006

[5] Swartz, J. A., & Lurigio, A. J. (2007). Serious mental illness and arrest: The generalized mediating effect of substance use. *Crime & Delinquency*, *53*(4), 581-604. Retrieved from https://www.researchgate.net/publication/258127547_Serious_Mental_Illness_and_Arrest_The_Generalized_Mediating_Effect_of_Substance_Use

[6] Greenberg, G. A., & Rosenheck, R. A. (2008). Jail incarceration, homelessness, and mental health: A national study. *Psychiatric services*, *59*(2), 170-177. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/18245159

[7] Constantine, R., Andel, R., Petrila, J., Becker, M., Robst, J., Teague, G., Boza, T., & Howe, A. (2010). Characteristics and experiences of adults with a serious mental illness who were involved in the criminal justice system. *Psychiatric services*, *61*(5), 451-457. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/20439364

[8] Jaeckel, T., & Economy, C. (2015). Promising solutions to our nation's behavioral health crisis. Harvard Kennedy School Government Performance Lab. Retrieved from https://govlab.hks.harvard.edu/files/promising_solutions_to_nations_behavioral_health_crisis.pdf

[9] Prins, S. J. (2014). Prevalence of mental illnesses in U.S. state prisons: A systematic review. Psychiatric Service. 65(7):862–72. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/24686574

The first, and arguably the most important way to respond, is implementing data sharing protocols between stakeholder organizations. Data sharing will not only identify individuals with behavioral health needs in the community but track the individuals across agencies to allow for a continuum of care. This process requires the engagement and collaboration of many systems and stakeholders.[10] The NCSC has created a State Court Behavioral Health Data Elements Interim Guide[11] for State Courts to highlight a core set of recommended data elements. The Data Elements Guide should be used to inform and guide data collection practices regarding behavioral health in state courts.

Another effective response is to prioritize addressing individuals with mental illness in communities before justice involvement, given that incarceration often leads to increased trauma for individuals in custody and can exacerbate symptoms of mental illnesses.[12,13] Responses should be designed through a collaborative effort of all community stakeholders. The various intercepts listed in Table 1 below are a result of the National Center for State Court's (NCSC) Mental Health Initiative and their work to build on the Sequential Intercept Model (SIM), shown in the model below.[14]

Model 1: The Leading Change Model for coordinated court and community responses
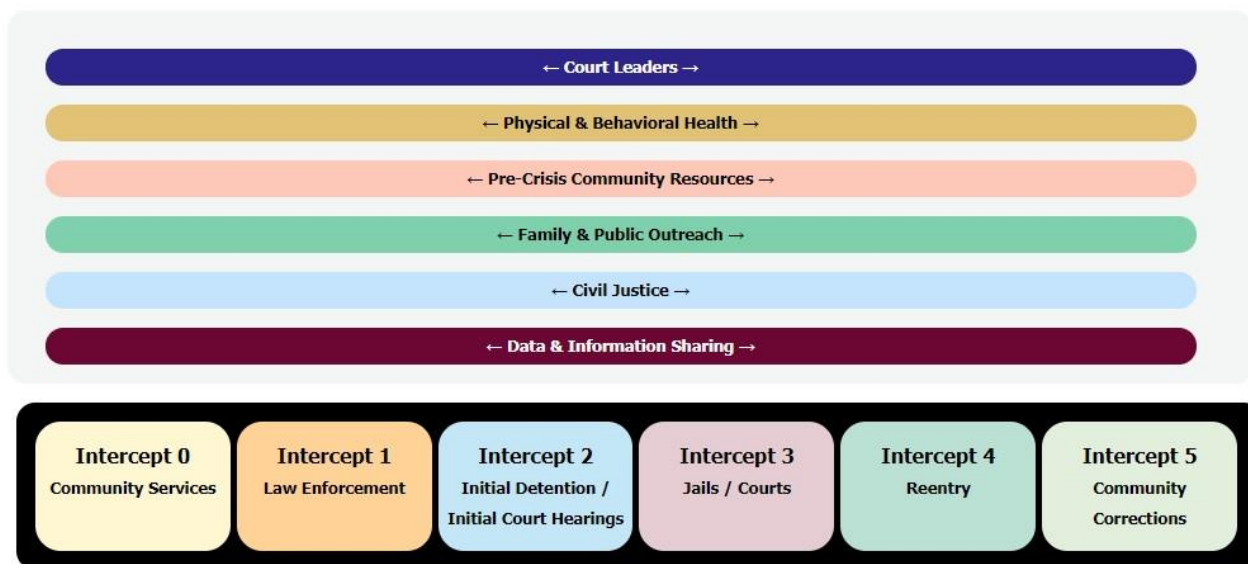
[10] See for complete list of stakeholders. National Center for State Courts. (2019). Leading change: Improving the court and community's response to mental health and co-occurring disorders. 11. Retrieved from
https://www.ncsc.org/~/media/Files/PDF/Topics/Court%20Management/Leading-Change-Guide.pdf
[11] National Center for State Courts. (2020). State Court Behavioral Health Data Elements Interim Guide.
[12] Durcan, G. & Zwemstra, J. C. (2014). Mental health in prisons. *World Health Organization.* Retrieved from
http://www.euro.who.int/__data/assets/pdf_file/0017/249200/Prisons-and-Health,-11-Mental-health-in-prison.pdf
[13] DeVeaux, M. (2013). The trauma of the incarceration experience. *Harvard Civil Rights-Civil Liberties Law Review, 48(1)* 257-277. Retrieved from https://harvardcrcl.org/wp-content/uploads/sites/10/2013/04/DeVeaux_257-277.pdf
[14] Policy Resource Associates. (2017). Sequential Intercept Model. Retrieved from https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf

The SIM identifies appropriate responses at particular intercepts that can keep an individual from continuing to penetrate the justice system. The Leading Change Model includes additional aspects of the community and justice system that must also be addressed to improve the court and community response to persons with behavioral health needs. The places to intercept individuals who frequently cycle through various systems are outlined in Table 1 and represent various public health and community services, law enforcement, as well as other aspects of the justice system.

Table 1: Intercepts and responses[15]

Intercept	Descriptions and Responses
0. Community Supports and Services	Ensures appropriate and holistic interventions to protect against escalation and justice system involvement as behavioral health needs progress. Responses to meet needs include community resources, legal aid, shelters and food banks, emergency room referrals, crisis services, and data sharing.
1. Law Enforcement	Situations provide opportunities for diversion to a response that more effectively addresses the behavior that prompted law enforcement involvement, including wrap-around services, Crisis Intervention Training (CIT), pre-arrest/pre-booking diversion, stabilization units, mobile teams, and data sharing.
2. Initial Detention and Court Hearings	Recognizes that effective community-based responses to mental and behavioral health issues do not need to end when individuals enter the justice system. Provides the first opportunity for broader justice system partners to be involved in behavioral health responses through public safety assessments, screening for behavioral health issues, prescription continuity, screening for CODs, informed referrals, diversion options, data sharing, service co-location, and pretrial orders.
3. Jails and Courts	Addresses the importance of continued and concerted behavioral health responses in the justice system through collaboration case flow management, competency and restoration, court liaisons, medical and disability benefits, problem-solving courts, and diversion and alternative sentencing.
4. Reentry	Addresses the importance of continued and concerted behavioral health responses in the justice system through benefits enrollment, competency determination, diversion/alternative sentencing, court liaison, prescription continuity, restoration options, mental health courts, risk-based supervision, supported housing, transitional planning, prescription continuity, community-based treatment, educational and employment support, and peer supports.

[15] National Center for State Courts. Coordinated Court and Community Responses. Retrieved from http://apps.ncsc.org/MHBB/

5. Community Corrections	Combines justice system monitoring with individual-focused service coordination to establish a safe and healthy post-criminal justice system lifestyle through risk-needs assessment tools, risk-based monitoring, supported and transitional housing, screening of mental health and CODs, risk needs responsivity, team-based programming, pro-social activities, and peer supports.

Ideally, more resources and attention should be given to the early intercepts to prevent individuals who continually cycle through various social support systems from penetrating the justice system which will result in cost savings in communities. Courts should prioritize the practices of connecting those with behavioral health needs to the appropriate and timely care through validated screenings and risk assessments, promoting discharge planning at release, and supporting the use of community-based services through various diversion efforts. These practices will lead to better outcomes in the following areas: increasing the percentage of people connected to treatment and community supports, reducing the number of people with behavioral health disorders booked into jail, decreasing the average length of stay in jail for persons with behavioral health disorders, and reducing the recidivism rates.[16]

Coordinating efforts

Coordinated and collaborative efforts among justice, behavioral health, and public health systems are essential to responding to and serving individuals who overwhelmingly utilize various social systems. State and local agencies need improved systems for tracking individuals as they move between systems so that they can use information in real-time to improve the handoff to treatment and service delivery.[17] One resource recently developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) illuminates some essential data to collect at each intercept and provides examples of jurisdictions that have successfully done so.[18] Additionally, the NCSC Behavioral Health Data Elements Guide highlights a core set of recommended data elements that State Courts should be collecting.[19] As part of the National Initiative, the NCSC offers Train the Trainer Mapping workshops using the Leading Change model to bring together key stakeholders to develop an understanding of how individuals with

[16] Council of State Governments Justice Center. (2016). Brief assessment of New York city's behavioral health and criminal justice systems. Retrieved from
https://www.communityaccess.org/storage/images/Miscellaneous/CSGJC_2016_Assessment_of_NYC_BH_and_CJ_Systems.pdf
[17] Jaeckel, T., & Economy, C. (2015). Promising solutions to our nation's behavioral health crisis. Harvard Kennedy School Government Performance Lab. Retrieved from https://govlab.hks.harvard.edu/files/promising_solutions_to_nations_behavioral_health_crisis.pdf
[18] Substance Abuse and Mental Health Services Administration. (2019). Data collection across the Sequential Intercept Model (SIM): Essential measures. Retrieve from https://store.samhsa.gov/system/files/data_across_the_sim_508.pdf.
[19] National Center for State Courts. (2020). State Court Behavioral Health Data Elements Interim Guide.

mental illnesses and SUDs interact with the local justice system.[20] As shown in Table 2 below, stakeholders involved across systems will have a variety of roles.

Table 2: Stakeholder roles

Stakeholder	Role
Behavioral Health Providers	Provide early identification of behavioral health disorders or trauma and can help individuals effectively manage their behavioral health needs through working with individuals and their families to create comprehensive treatment plans that focus on developing protective factors.
Medical Providers	Coordinate with other service providers and community systems to better identify individuals who regularly use various system resources and help stop their cycle through access to physical health care that often occurs alongside behavioral health issues.
Police Chiefs[21]	Through their diverse partnerships, they can combine the efforts of sheriffs' offices, other justice agencies, and community-based providers by diverting individuals who cycle through these systems away from the justice system.
Prosecutors[22]	Respond differently when someone has a record of frequent interactions with the justice system and work to include more data-driven and community-centered approaches.
Defense Attorneys	Advocate for diversion programs for clients with behavioral health issues and actively help clients find access to continuous treatment.
Judges[23]	As leaders of the courts, they are in a unique position to expand and improve the response to individuals with mental illness. The NCSC guide for court leaders who want to change how behavioral health needs are addressed in their community lays out the steps for beginning the movement.
Community Members	Members of the community can participate in a task force, committee, or other working group efforts to propose and implement solutions to address individuals who frequently utilizer various social systems. They will bring a unique perspective to the needs of the community.

[20] Policy Research Associates. (2017). Sequential Intercept Mapping (SIM) Workshops. Retrieved from https://www.prainc.com/wp-content/uploads/2017/08/SIM-2017.pdf.

[21] Police Executive Research Forum. (2018). Managing mental illness in jails: Sheriffs are finding promising new approaches. Retrieved from https://www.policeforum.org/assets/mentalillnessinjails.pdf

[22] Choi, J.J., Gualtieri, B., Travis, J., & Goldberg, A. (2019). Prosecutors and frequent utilizers: How can prosecutors better address the needs of people who frequently interact with the criminal justice and other social systems? John Jay College of Criminal Justice's Institute for Innovation in Prosecution. Retrieved from https://static1.squarespace.com/static/5c4fbee5697a9849dae88a23/t/5c6dd3271905f41e5f8636a3/1550701352414/IIP+ES+Prosecutors+and+Frequent+Utilizers.pdf

[23] National Center for State Courts. (2019). Leading change: Improving the court and community's response to mental health and co-occurring disorders. Retrieved from https://www.ncsc.org/~/media/Files/PDF/Topics/Court%20Management/Leading-Change-Guide.pdf

Court's role moving forward

While the Conferences of Chief Justices (CCJ) passed a [resolution](#)[24] over a decade ago outlining the need for court leadership to address the impact of mental illness on the court system, much work still needs to be done. This is evidenced by a recent [policy paper](#)[25] from the Conference of State Court Administrators (COSCA) which calls on judges to collaborate within their communities as well as engage with policymakers to correct problems and develop better tools for addressing behavioral health issues. In March of 2020, CCJ and COSCA endorsed their support for establishing a National Judicial Task Force to examine state courts' response to mental illness.[26]

Over the past decade, research indicates that providing community-based alternatives to standard prosecution and incarceration is appropriate and can be justified across many domains, including humanitarian grounds and cost-savings.[27] Community-centered approaches, identification of gaps in the community and court processes for those with behavioral health needs, and advocating for data collection across systems to measure and assess effective responses to individuals with behavioral health needs should be prioritized by court leaders. Interviews with jurisdictions in six states (Arizona, Illinois, Kansas, Virginia, Washington, and Wisconsin) as well as workshops and webinars highlighting current efforts informed the following recommendations.

Be advocates and leaders of change: Court leaders are in a unique position to gather stakeholders and convene changes across systems. A common notion expressed across jurisdictions was that addressing frequent utilization would not be possible without the support of judicial leadership, and in some cases, the initiation of change efforts from judges. Court leaders have a social justice responsibility to reduce the reach of the justice system to individuals with SMIs, SUDs, and CODs. In response to this call to action, the NCSC has created a *[National Leading Change Guide](#)* to help court leaders cultivate community change in addressing behavioral health issues. The *National Guide* lays out

[24] Conference of Chief Justices. (2006). Resolution 11: In Support of the Judicial Criminal Justice/Mental Health Leadership Initiative. Retrieved from https://ccj.ncsc.org/~/media/Microsites/Files/CCJ/Resolutions/01182006-In-Support-of-the-Judicial-Criminal-Justice-Mental-Health-Leadership-Initiative.ashx.

[25] Conference of State Court Administrators. (2016). Decriminalization of Mental Illness: Fixing a Broken System. Retrieved from https://cosca.ncsc.org/~/media/Microsites/Files/COSCA/Policy%20Papers/2016-2017-Decriminalization-of-Mental-Illness-Fixing-a-Broken-System.ashx.

[26] Conference of Chief Justices. (2020). Resolution 3: In Support of Establishing a National Judicial Task Force to Examine State Courts' Response to Mental Illness.

[27] Griffin, P. A., & Heilbrun, K. (Eds.). (2015). The sequential intercept model and criminal justice: Promoting community alternatives for individuals with serious mental illness. Oxford University Press, USA.

steps for beginning the movement toward change in the court and community's response to mental health and CODs, by inviting stakeholders to participate in commencing and sustaining responses for long-term impact. An additional resource published by the NCSC is the *Data Governance Policy Guide*,[28] which guides courts to convene stakeholders to discuss how to store, share, and manage their data.

> The National Association of Counties (NACo) has created several resources through the Data-Driven Justice (DDJ) Initiative which are free and available online to assist communities in addressing individuals who frequently utilize various social systems. Court leaders may find the resources helpful in beginning their change efforts. Two important resources include a guide regarding Team Planning for Data-Driven Justice[29] and a DDJ Playbook[30] to assist in creating a system of diversion. The *Team Planning* workbook is designed to guide communities through the process of identifying individuals who frequently cycle through various systems and the development of strategies to share data across systems. Similarly, the *Playbook* highlights interventions, policies, and practices deployed by local communities across the country, with accompanying contact information. These strategies, including pre-arrest diversion, crisis stabilization, housing, and social supports, were developed through sustained collaboration between community, behavioral health, and law enforcement leaders. These resources center around the idea that communities should identify the individuals who are the highest users of social system services, develop alternative responses, establish clear policies and procedures for encounters, review performance regularly, and make data-driven decisions.[31]

Recognize opportunities for growth and improvement: While no jurisdiction wants a systematic failure to be publicly highlighted in their community, these events provide an opportunity to reexamine how various systems address the needs of vulnerable community members. By proactively addressing systemic failures, the court will avoid delays in competency evaluation and restoration services and reduce the potential for litigation.

Be receptive to innovation and change: Court leaders should embrace data, listen to stakeholders who outline issues that may need to be addressed, and be open to the

[28] Robinson, D. & Gibson, S. (2019). Data Governance Policy Guide. National Center for State Courts' Courts Statistic Project. Retrieved from http://www.courtstatistics.org/Other-Pages/Data-Governance-Policy-Guide.aspx.
[29] National Association of Counties. (2018). Team planning for data-driven justice. Retrieved from https://www.naco.org/sites/default/files/documents/DDJ_Design%20Institute_Workbook_FINAL.pdf.
[30] National Association of Counties. (2016). Data-driven justice playbook: how to develop a system of diversion. Retrieved from https://www.naco.org/sites/default/files/documents/DDJ%20Playbook%20Discussion%20Draft%2012.8.16_1.pdf.
[31] Council of State Governments. (2019). How to reduce repeat encounters: A brief for law enforcement executives. Retrieved from: https://csgjusticecenter.org/wp-content/uploads/2020/01/JC_How-to-Reduce-Repeat-Encounters_TwoPager8JAN20508compliant.pdf.

interpretation of data that illuminates issues. Data, information from programs and stakeholders, and feedback loops should inform discussions, spur innovative solutions, and create meaningful change. Court leaders, when appropriate, should empower stakeholders to innovate rather than become embattled in adversarial approaches. For example, in Milwaukee County, judges received trauma-informed training as part of their dedication to determine better solutions to serve justice-involved individuals with mental illness. Court leaders should use data as a strategic asset to effect meaningful change. Court leaders can begin by tracking and extracting data to enable the community to understand the current system. An example of innovation is the Jail Diversion Program in Miami-Dade County, where individuals are diverted from the justice system into treatment and their legal charges may be dismissed in accordance with treatment engagement. These approaches not only provide connections to services but also reduce the negative impact of the justice system on those suffering from SMIs, SUDs, and CODs.

Establish relationships with service providers: Court leaders have the capacity to work collaboratively across the systems. For example, the establishment of problem-solving courts recognizes that there are treatment aspects to individuals who appear in court and whose cases involve multiple social determinants of poor health. Many individuals need flexible, person-centered care to adequately address their complex circumstances. Judges have become more creative in approaches to vulnerable populations with complex needs and have embraced therapeutic justice versus an adversarial approach. For example, judges in many jurisdictions consider leveraging treatment options rather than incarceration if an individual does not comply with a court order due to symptoms of SMI, SUD, or COD.

Lessons learned from jurisdictions around the country

Interviews with jurisdictions around the country (in Arizona, Illinois, Kansas, Virginia, Washington, and Wisconsin) implementing programs to identify and address the individuals who are the highest users of social and emergency system services informed the following list of practical advice and recommendations. These recommendations should be considered for beginning and sustaining efforts to reduce the social and financial impact of justice-involved individuals with behavioral health needs on various health, civil, and criminal justice systems.

Managing the impact through data: Data and information sharing span the Leading Change Model which informs a range of efforts, including pre- and/or post-booking diversion, services provided in custody, creative sentencing options, and reentry efforts which emphasize referrals and warm handoffs to community-based services. In custody screening for SMI and SUDs as well as data sharing and matching efforts between jails and community-based behavioral health providers can contribute to identifying

individuals' needs and providing appropriate services spanning when individuals are in custody and upon their release into the community. Ultimately, these efforts can encourage stakeholders to incorporate proactive approaches to offering outreach and providing services rather than reactive responses after a crisis or an interaction with the justice system.

> **Lake County, IL** identifies the individuals who are recurrently in the jail (individuals who were booked three or more times in 12 months), screens for SMI and connects individuals to community service providers for intensive case management and to a peer specialist to assist with individual needs.

> **Fairfax County, VA** examines 9-1-1 and call-for-service data to identify which individuals utilize first-responder systems the most and employ these data to identify which individuals to provide community outreach to, including utilizing a peer specialist on the outreach team.

> Outreach efforts and referrals based on screenings conducted at the jail as well as previous use of county services occur in **Johnson County, KS**. Additionally, a collaboration with Carnegie Mellon University uses predictive analytics to determine which individuals may have an adverse interaction with law enforcement and this list is sent to the mental health center every month for outreach efforts.

Beginning change efforts: Bringing stakeholders together is the first hurdle and courts are able to convene these stakeholders. Using judges to convene a meeting for community collaboration should be the first step. Some jurisdictions suggest starting with large, inclusive efforts inviting various stakeholders to the table and creating topic-specific workgroups. Conversely, some jurisdictions suggest starting small, with available data, demonstrate success through the data, and then utilize that success to fuel further efforts. Where and how a jurisdiction begins their efforts will likely depend on the resources and existing partnerships within a community. Whether a jurisdiction begins an effort with a large group or a small task force, it is crucial to gather data, agree on the definitions, and create responses that can be employed in meaningful ways. Additionally, it is essential to include community members in change efforts and create awareness of the issues and propose impacts of new programmatic efforts. Not only are these efforts important to obtain community buy-in, but they create accountability checks among stakeholders.

> **Fairfax County, VA** recommends maintaining momentum with change efforts through continued leadership and buy-in. They emphasized collaboration from the beginning as an essential component of their success and sustainability. They

indicated a need for a senior problem-solving team to help remove any barriers as they arise, handle any push back that comes up, and guide the future of the initiative. Fairfax County also highlighted the importance of stakeholders having shared ownership or the idea that there is not one agency alone who owns the initiative, but that each agency remains dedicated to collaboration and meeting the overarching goals.

Conversely, **Johnson County, KS** started their data sharing initiatives small. They collected data where it was easy to accomplish and built up from there. Some agencies began sharing data in the 1990s and they have slowly grown their collaborative efforts since. *My Resource Connection*, their data sharing platform was a huge undertaking to fulfill their desire to share data across agencies in the county. For Johnson County, taking the time to get people on board allowed them to see the value and made it easier to start branching out. It took them nearly five years to develop the stakeholder relationships they have today.

The starting up process in **King County, WA** included efforts to involve all stakeholders on board right away. The *Familiar Faces* initiative allowed for any willing organizations and agencies to join. They used a cross-sector framework to be as expansive as possible and to invite as many service providers that a familiar face would touch.

Break down silos: Jurisdictions should move away from siloed, adversarial approaches to more collaborative solutions. Organizations should understand that there is no specific entity that oversees the provision of comprehensive services and continuity of care for individuals. In fact, many individuals utilize several services simultaneously, underscoring the need to coordinate responses. Working groups should create data sharing and data privacy agreements as well as memorandums of understanding (MOUs) to outline expectations for the involved organizations. Stakeholders should share their knowledge, listen and compromise when faced with opposing viewpoints, and propose solutions to multi-system issues. While stakeholders may disagree on some topics, it is valuable to reinforce the message that everyone is working towards common goals aimed at addressing issues that impact community systems, and most importantly, the individual and their family.

King County, WA elaborated on the benefits of breaking down silos in their jurisdiction. System collaboration allowed King County to identify of individuals who frequently utilize various social system supports, produce the data needed to better understand their population, and design programs and approaches that focus on harm reduction. King County prosecutors learned that as compliance-

oriented approaches were not working, more judges became willing to have creative approaches to alternatives to incarceration, and treatment courts embraced that the justice involvement had behavioral health aspects to them. System collaboration created room for a more innovative conversation across the jurisdiction.

There are great collaboration efforts between prosecution and defense in **Pima County, AZ**. The MacArthur Foundation's *Safety and Justice Challenge* efforts in their jurisdiction have helped to build relationships across agencies and departments. Stakeholders each have their roles, but they prioritize open and honest conversations across systems. They have also incorporated community members into the committee to further break down silos.

Establish support from leadership: It is imperative during reform to secure the support among leaders across systems. By ensuring that cross-system leadership, a culture of change can flow downstream through organizations. A successful model for innovative problem-solving communities is through a champion of the effort that commits to finding solutions addressing root causes of problems, convening stakeholders, overcoming barriers, and maintaining a sustained level of dedication. Judges are the perfect champion to bring stakeholders together.

The former chief judge in **Milwaukee County, WI** was passionate about improving the outcomes of people with mental health conditions and diverting them when possible. In a leadership role, she engaged other members of the judiciary in conversations addressing mental health in the justice system. Their judiciary is supportive and determined to find resources to better serve persons with mental health needs. The advice Milwaukee County gives to other jurisdictions seeking to begin similar efforts is to identify a champion.

Pima County, AZ underscored the importance of establishing support from leadership. They encouraged other jurisdictions to work with the executive and legislative branches to come up with solutions to address mental health in the justice system and their population of individuals with high system utilization, including funding sources. They have found that fostering relationships with law enforcement and executive branches in their counties and state have helped them to get closer to reaching their goals.

Ensure the right people are in the right roles: Cross-system data are messy and often dissimilar by definition and format. Such data are best understood by individuals with intimate knowledge of the jurisdiction, its history, and services. Therefore, many

jurisdictions voiced the importance of having dedicated individuals who are familiar with data to operate as point people. Moreover, the expertise of information technology staff represents an important aspect of collecting, integrating, housing, and extracting data from various systems in a sustainable, secure, and accessible way. Additionally, having traditionally adversarial stakeholders who are willing to compromise and collaborate has proved to be an essential component of success in many jurisdictions.

> **Milwaukee County, WI** indicated many key stakeholders' commitment to addressing the complex needs of individuals with SMI, SUD, and CODs. Their judiciary, prosecutor, and public defender have had an amiable working relationship over many years. The chief public defender is thoughtful and committed to having collaborative relationships. All three have come together to create solutions they can agree on, which has been part of their key to sustaining efforts.

> In **Pima County, AZ** the previous chief justice created a statewide task force to ensure the justice system is not doing more harm than good around various areas in the jurisdiction. Within the task force is a mental health committee, chaired by the former court administrator, that looks at the intersection of mental health and the justice system. It is currently exploring areas to introduce legislation or supporting other areas where courts can find alternatives to incarceration and appropriate mental health treatment. The chief justice and court administrator's roles in the task force and committee were of significant advantage to accomplishing many of their goals.

Create a coordinating council: A coordinating council, oversight committee, or similar working group dedicated to convening stakeholders, outlining avenues of future work, and which represents a consistent stakeholder is an important factor in the success, sustainability, and collaborative nature of efforts.

> **Johnson County, KS** attributed part of their success to having the leadership and commitment from their Criminal Justice Coordinating Council to organize efforts across the county.

> **Milwaukee County, WI** created a Community Justice Council in 2007. During the creation, they also started a Public Health Committee. It was quickly noted that when various stakeholders came together to discuss the intersection of mental health and the justice system, the focus needed to be on mental health. In 2008, a Mental Health Committee began. They explained that having a council that was integrated with the community and illuminated community voices was a priority.

The strategies informed by the council are generating innovative solutions to better serve justice-involved individuals with mental health needs.

Anticipate challenges: The issues that lead jurisdictions to change are multifaceted, and therefore, sustained efforts to implement meaningful changes will not occur overnight. Common hurdles that jurisdictions face when sharing data across systems are the Health Insurance Portability and Accountability Act (HIPAA) which outlines what personal health information can be shared and under what circumstances as well as Title 42 of the Code of Federal Regulations (42 CFR) Part 2 which relates to personal SUD information. While questions and common misconceptions regarding HIPAA and 42 CFR 2 pose challenges to data sharing, it should not deter jurisdictions from understanding how data can be used as tools to better serve individuals. Jurisdictions should work closely with legal counsel and HIPAA compliance officers to understand the intricacies of sharing individual-level data across systems. In some cases, an MOU or data-sharing agreement may not be sufficient, and jurisdictions will need to consider obtaining individual consent for the release of information.

Fairfax County, VA highlighted a major challenge as beginning their efforts to share and match data across systems. One of the biggest challenges they indicated was that many of the agencies operate under different data systems that do not have the capacity to communicate in any way. They are in the process of working on building a county-wide data warehouse. Currently, most of their data entry and analysis are manual, but they are working to automate these processes as much as possible.

Milwaukee County, WI conveyed their struggle with data communication between behavioral health and jail data, both of which initially had paper records. They went through a modernizing process of the system and indicated it took a lot of time and patience. Now they are at a point of systems functioning, but there continue to be limitations around 42 CFR 2. The behavioral health division is cautious with sharing some of the information. To address this, they created a behavioral health position directly in the jail to connect with the user to get their authorization to share information and help bridge the behavioral health and criminal justice system.

Use data to make data-driven decisions: Data can inform how to save, reinvest, and target resources to reach people more effectively. Data, as a strategic asset, should be utilized to educate individuals, inform programs and policies, and serve as neutral evidence of the need for the creation or expansion of services. For example, data matching regarding those with SMI and individuals who frequently use other community support systems will enable courts to understand if specialized dockets are being utilized by their target populations. In Seattle, for example, data revealed that treatment courts were only serving about 8% of individuals who are most frequently cycling through their systems.

> **Johnson County, KS** recommends starting with the available data and ensuring stakeholder agreement on the data, including what the data capture and how data elements are defined. They underscored the importance of analyzing available data to inform decisions. For them, starting small and demonstrating success through the data and metrics helped continue to build upon their efforts. They highlighted that often other jurisdictions fail when they try to start very large or when they have lots of data but have not come to a common understanding of what the data mean to them.

> In **Lake County IL**, they emphasized the importance of data-sharing. They found that solutions can only be established with good data. They added that receiving data from the courts is helpful in creating better solutions. Being open to data-sharing with system partners can help to make decisions that offer solutions under multiple departments and agencies.

Seek academic or research partnerships: There are limitations in what jurisdictions can do on their own. Recognizing these limitations and calling on various organizations such as local research or academic institutions can bridge the gap between internal capacities and project goals. These can be low- or no-cost partnerships that create a synergy around problem-solving, research, data analysis, and program evaluation. Jurisdictions may also consider partnering with the National Association of Counties (NACo), through the Data-Driven Justice (DDJ) Initiative[32] which assists communities in addressing individuals who are the highest users of social system resources or partnering with agencies to conduct Sequential Intercept Mapping workshops.[33]

> The strategies in **Milwaukee County, WI** have been in alignment with the DDJ Initiative and are working to better serve the population in the mental health system rather than through the justice system.

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[32] National Association of Counties. (2016). Data-driven justice playbook: How to develop a system of diversion. Retrieved from https://www.naco.org/sites/default/files/documents/DDJ%20Playbook%20Discussion%20Draft%2012.8.16_1.pdf.
[33] See for example, Policy Research Associates. (2017). Sequential Intercept Mapping (SIM) Workshops. Retrieved from https://www.prainc.com/wp-content/uploads/2017/08/SIM-2017.pdf.

Lake County, IL is seeking to implement strategies informed by the DDJ Initiative and have an overarching goal to create safe communities through an integrated, data-driven justice system, including law enforcement that embraces a guardian mindset to build public trust and other innovative programs that reduce crime, recidivism, family
violence, and substance abuse.

Incorporate peer services and supports: Jurisdictions around the country embrace the idea of employing and utilizing services that connect individuals to peer specialists. Peer specialists have lived experiences that make them uniquely qualified to assist individuals with community reentry and engagement in treatment and services. Research regarding peer services supports the notion that peer services are not detrimental to care quality and results in at least equivalent clinical outcomes to usual care and/or services by non-peer staff and have positive impacts on clients' levels of hope, empowerment, and quality of life.[34]

In **Miami-Dade County, FL** peer specialists are a crucially important aspect of their Criminal Mental Health Project and are uniquely qualified to perform the functions of the position based on their life experiences. Peer support specialists work as members of the jail diversion team to assist program participants with community re-entry and engagement in continuing treatment and services. For example, a peer specialist may meet a program participant just outside of the jail upon release or at the courthouse with a change of clothes and food to facilitate a warm handoff from one aspect of the program to another.

Lake County, IL has expanded its Jail High Utilizer Program and added a peer recovery specialist to maintain engagement upon release from incarceration. Jail high utilizers are encouraged to participate in expanded jail programming while incarcerated and upon release and are provided culturally sensitive intensive case management and peer support.

[34] Bellamy, C., Schmutte, T., & Davidson, L. (2017). An update on the growing evidence base for peer support. Mental health and social inclusion. Retrieved from
https://www.researchgate.net/publication/316533906_An_update_on_the_growing_evidence_base_for_peer_support

Conclusion

The need to better identify and effectively serve individuals who continuously cycle through various systems relates not only to the justice system but also to important issues concerning public health and social justice. Courts have a social justice duty to not only focus on the cost of individuals who frequently cycle through various systems but also respond to the core issues contributing to the number of individuals who experience this cycle. As stated previously, judges as leaders of the court, have an important role in manifesting change in the justice system and to contribute to identifying effective community responses to vulnerable populations. Augmenting the justice system and community solutions for individuals with SMI, SUDs, and CODs is a lofty goal, but efforts around the country have shown that these endeavors are not only necessary but are also achievable and sustainable objectives.