

COLLABORATIVE CASEFLOW MANAGEMENT: COURTS AND COMMUNITIES WORKING TOGETHER

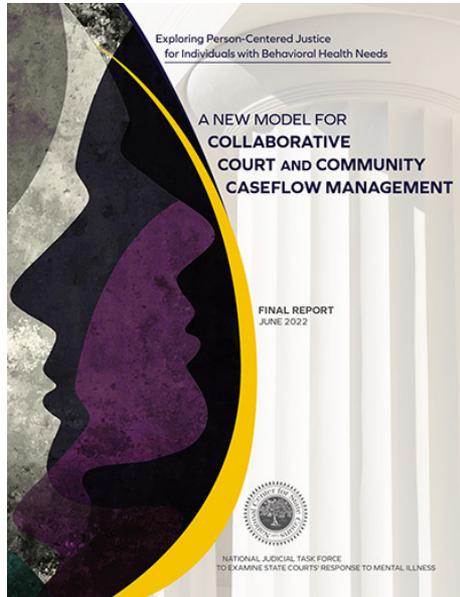
Travis Parker, Policy Research Associates
Patti Tobias, National Center for State Courts

Thursday September 29th, 2022
Concurrent Workshops #1
10:45 a.m. – 12:00p.m.



Supported by the John D. and Catherine T. MacArthur Foundation

Background



CONFERENCE OF CHIEF JUSTICES CONFERENCE OF STATE COURT ADMINISTRATORS

RESOLUTION 1

In Support of the Recommendations of the National Judicial Task Force to Examine State Courts' Response to Mental Illness

WHEREAS, the Conference of Chief Justices (CCJ) and the Conference of State Court Administrators (COSCA) established the National Judicial Task Force to Examine State Courts' Response to Mental Illness (Task Force) to "assist state courts in their efforts to more effectively respond to the needs of court-involved individuals with serious mental illness"; and

WHEREAS, multiple Resolutions adopted by CCJ and COSCA over the last twenty years have recognized that mental illness is a far-reaching problem and have identified the enormous impacts that it has on all aspects of the judicial system; and

WHEREAS, many courts have implemented successful programs, improved court practices and procedures, and initiated significant reform, but there is still a need and responsibility for all state and local courts to lead and promote systemic change in the ways that courts and communities respond to individuals with serious mental illness; and

WHEREAS, the Task Force has benefited greatly in its work from a strong collaboration with Substance Abuse and Mental Health Services Administration (SAMHSA) leadership and Regional Administrators and building upon this collaboration with SAMHSA and with other federal agencies will be critical in addressing the needs of justice-involved individuals with serious mental illness or substance use disorder; and

WHEREAS, members of CCJ and COSCA are uniquely positioned to assume a leadership role to address the impacts of serious mental illness on the court system in every state and territory; and

WHEREAS, the Task Force has comprehensively examined all aspects of the impacts of serious mental illness on state courts and now offers its findings and recommendations; and

NOW, THEREFORE, BE IT RESOLVED, that CCJ and COSCA support the Findings and Recommendations of the Task Force and urge each member of the Conferences to take the following action in his or her state or territory to improve the state courts' response to mental illness:

- LEAD. Create and support a state-level, inter-branch mental health task force and encourage and support local judges and courts in the creation of local or regional mental health task forces. Consider the appointment of a behavioral health

Learning Objectives

- How person-centered justice aligns with the sequential intercept model (SIM)
- Strengthening community responses, minimizing criminal justice involvement
- Using tools and effective practices to promote early intervention and effective management of court cases
- Reducing jail populations and length of stay in jails

WHAT IS COLLABORATIVE CASEFLOW MANAGEMENT AND HOW DOES IT ALIGN WITH THE SIM?

Why do we need a new approach?

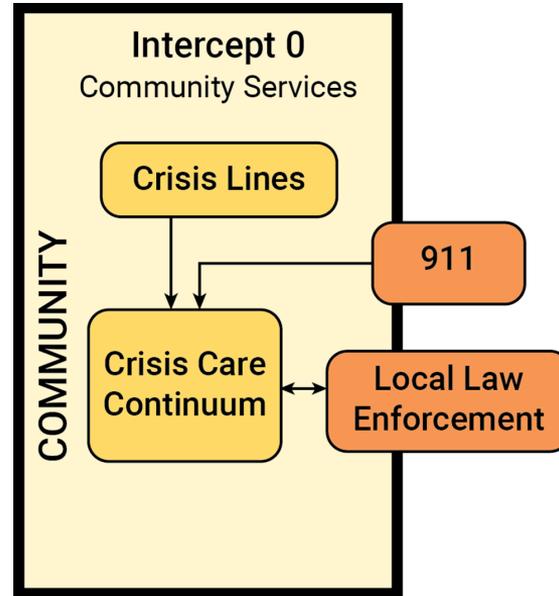
Traditional criminal case processes are not meeting the needs of the individuals served... a new comprehensive, collaborative approach is necessary to ensure public safety, control costs, and create fair and effective criminal justice and court caseflow management systems that meet the challenges of individuals with behavioral health needs.

Strengthen Community Responses and Minimize Criminal Justice Involvement (SIM 0,1)

ESSENTIAL ELEMENTS 1.1 Comprehensive Behavioral Health
Crisis Systems 1.2 Deflection 1.3 Stop the "Revolving Door"
into the Justice System 1.4 Prosecution Alternative

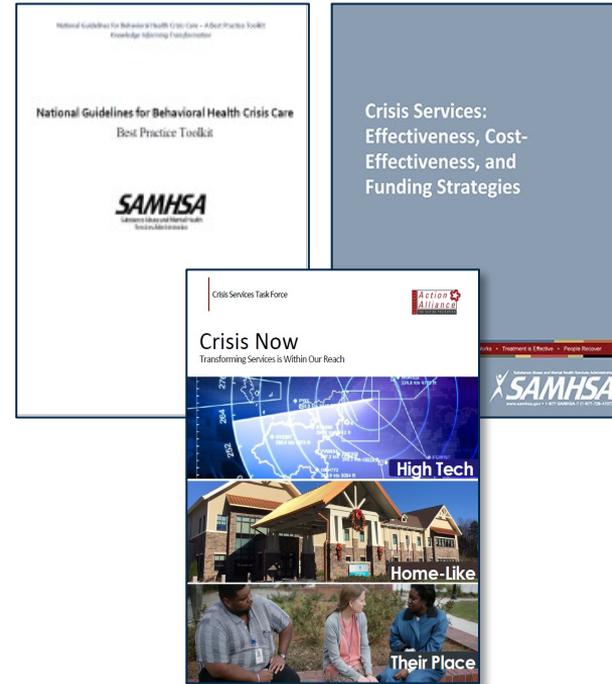
(See [A New Model for Collaborative Court and Community
Caseflow Management \(ncsc.org\)](#))

Intercept 0 Community Services

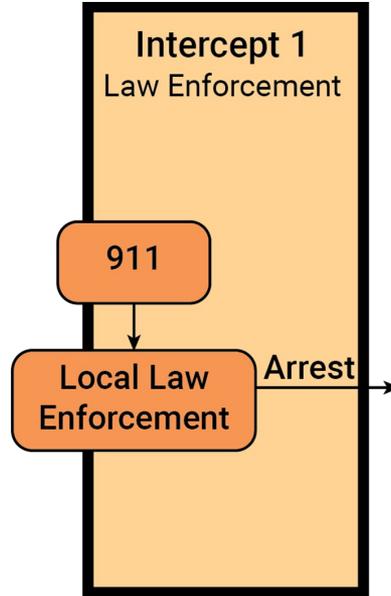


Crisis to Stabilization Care Continuum

- Mobile Crisis Outreach/Police co-response
- 24/7 Walk-in/Urgent Care w/connectivity
- ER Diversion and Peer Support/Navigators
- Crisis Stabilization – 16 beds, 3-5 days
- Crisis Residential – 18 beds, 10-14 days
- Crisis Respite – Apartment-style 30 days
- Transition Residential – Apartment-style 90 days
- Peer Respite Residential
- Critical Time Intervention: up to 9 months



Intercept 1 Law Enforcement



Law Enforcement/Emergency Services Models

Training

- Crisis Intervention Team training, Mental Health First Aid, Overdose symptoms/Naloxone administration

Co-Response Models

- Co-Responder (LAPD MEU, Houston PD MH Division, Denver, Boulder, Knoxville, Pima MHIST)
- Peer Recovery Support
- Mobile MH Crisis Teams
- Psychiatric Emergency Teams

Crisis Support

- Drop-off crisis stabilization centers, living room model, sobering centers (Houston, Charleston, San Francisco)

Off-site Support

- Phone/virtual support to on-scene officers (Hawaii; Fort Worth, TX; Lincoln, NE; Springfield, MO; Yuma, AZ)

First/Other Responders

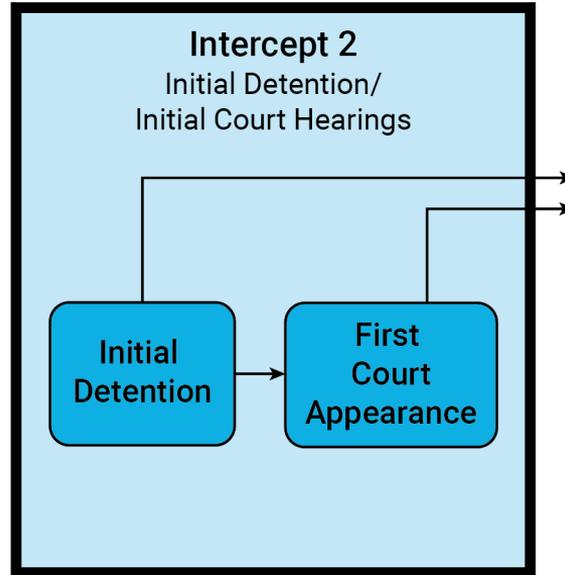
- Specialized EMS/Fire Response
- Specialized training/co-response (Wake County, NC; Denver, Colorado Springs, CO)

Promote Early Intervention and Effective Management of Court Cases (SIM 2)

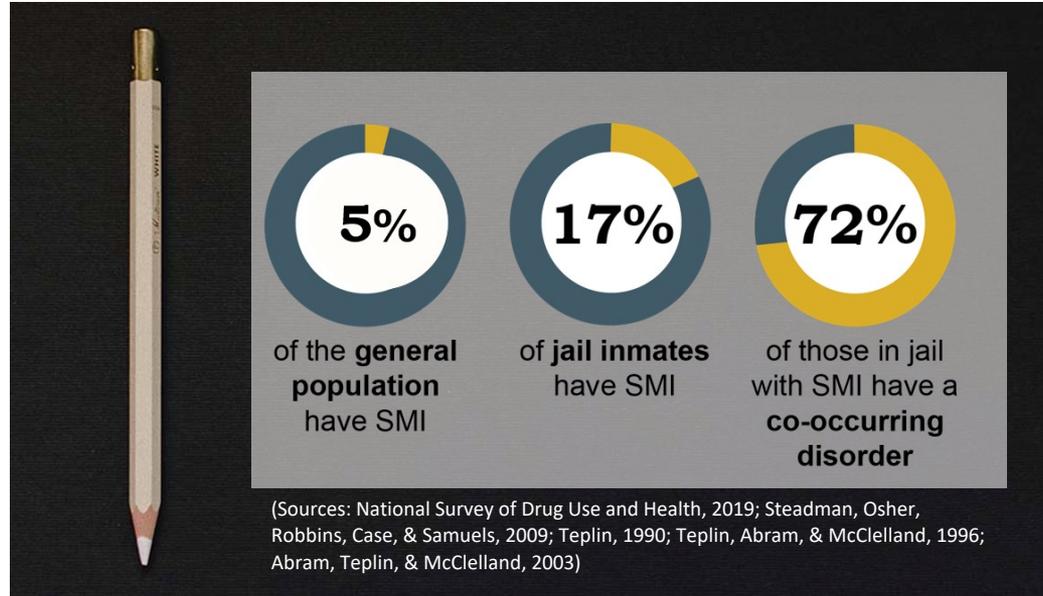
ESSENTIAL ELEMENTS 2.1 Screening and Assessment 2.2 Behavioral Health Triage 2.3 Jail Practices 2.4 First Appearance and Pretrial Practices 2.5 Prosecution Practices 2.6 Effective Defense Representation 2.7 Effective Caseflow Management

(see [A New Model for Collaborative Court and Community Caseflow Management \(ncsc.org\)](https://www.ncsc.org))

Intercept 2 Initial Detention/Initial Court Hearings/Pre-trial



Jails and Mental Disorders



Importance of Pretrial Diversion

*Detention of **low** and **moderate** risk defendants increases their rates of new crimes.*

2013 study of pretrial detention in Kentucky (N=155,000)

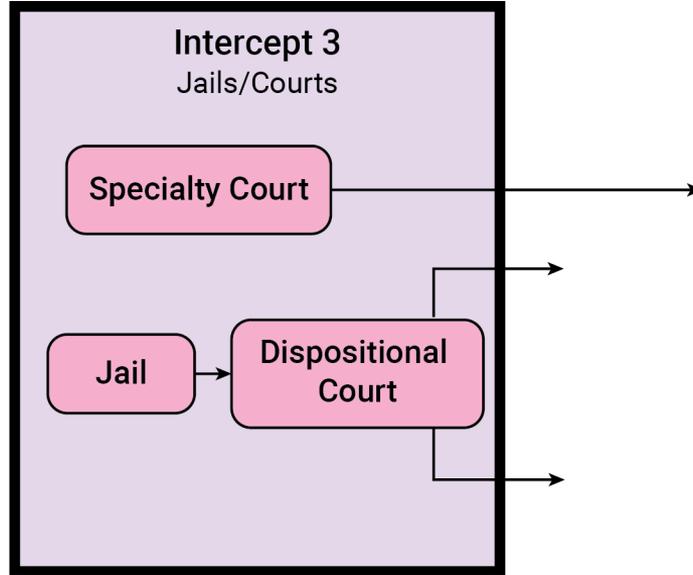
- When held **2-3 days**, low-risk defendants **40% more likely** to commit crimes before trial
- When held **8-14 days**, low-risk defendants are **51% more likely** to commit crimes 2 years after case disposition

Institutionalize Alternative Pathways to Treatment and Recovery (SIM 3)

ESSENTIAL ELEMENTS 3.1 Diversion – A Pathways Approach
3.2 Civil Responses 3.3 Competency Dockets 3.4 Specialized Behavioral Health Dockets 3.5 Courtroom Practices 3.6 Treatment Courts 3.7 Other Pathways and Strategies to Treatment and Recovery

(See [A New Model for Collaborative Court and Community Caseflow Management \(ncsc.org\)](#))

Intercept 3 Jails/Courts



Jails and Courts: Essential Services

- Jail Services
 - Assessment of in-custody needs
 - Access to medications, MH services, and SUD treatment without financial impacts
 - Communication with community-based providers
- Specialty/Treatment Courts
 - Drug/DUI courts, mental health courts, veterans court, DV, Tribal Wellness courts, reentry courts, etc.

Treatment Courts in the U.S.

Adult Treatment Courts	
Drug Court	1,729
DWI/DUI Court	286
Drug/DUI Hybrid Court	312
COD Court	69
Family Drug Treatment Court	318
Veterans Treatment Court	473
Mental Health Court	533
Tribal Healing to Wellness Court	138
Reentry Court	65

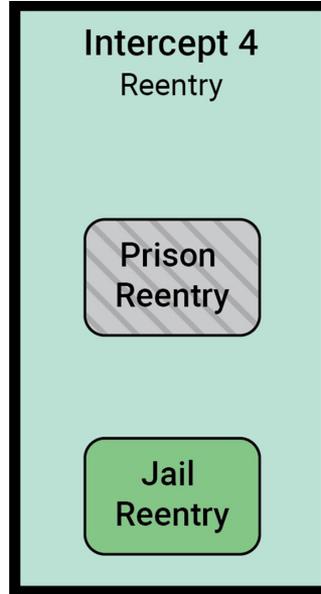
Juvenile Tx Courts	
Drug Court	309
COD	11
MH/Wellness	43
Other	26

Improve Outcomes and Manage Post-Adjudication Events and Transitions (SIM 4, 5)

ESSENTIAL ELEMENTS 4.1 Community Supervision and Violations 4.2 Transition and Aftercare Plans 4.3 Reentry Practice

(see [A New Model for Collaborative Court and Community Caseflow Management \(ncsc.org\)](#))

Intercept 4 Reentry



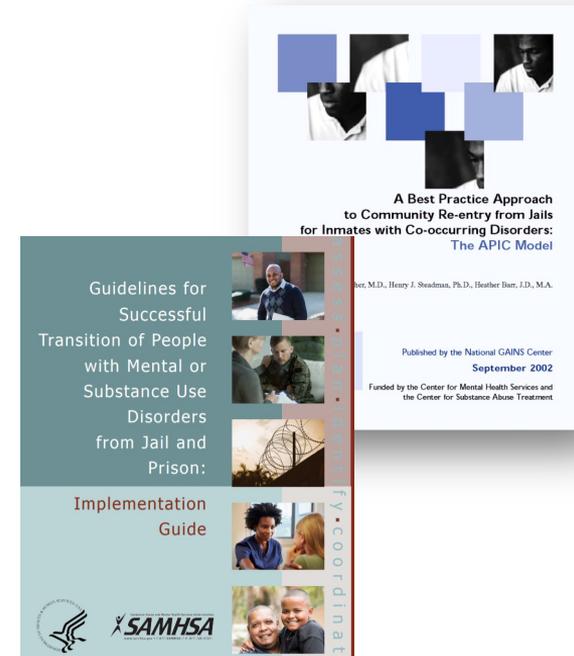
GAINS Re-Entry Checklist Domains

- Mental health services
- Psychotropic medications
- Housing
- Substance abuse services
- Health care
- Healthcare benefits
- Employment/Income support/benefits
- Food/clothing
- Transportation
- Other (often used for childcare needs of women)

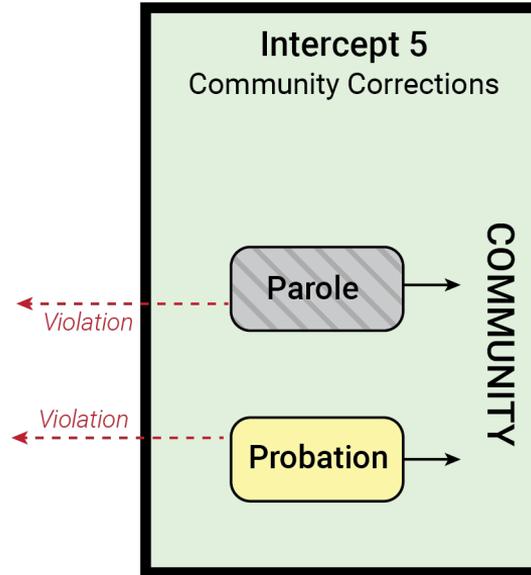
Are culturally responsive services available across these domains?

Facility-to-Community Transition

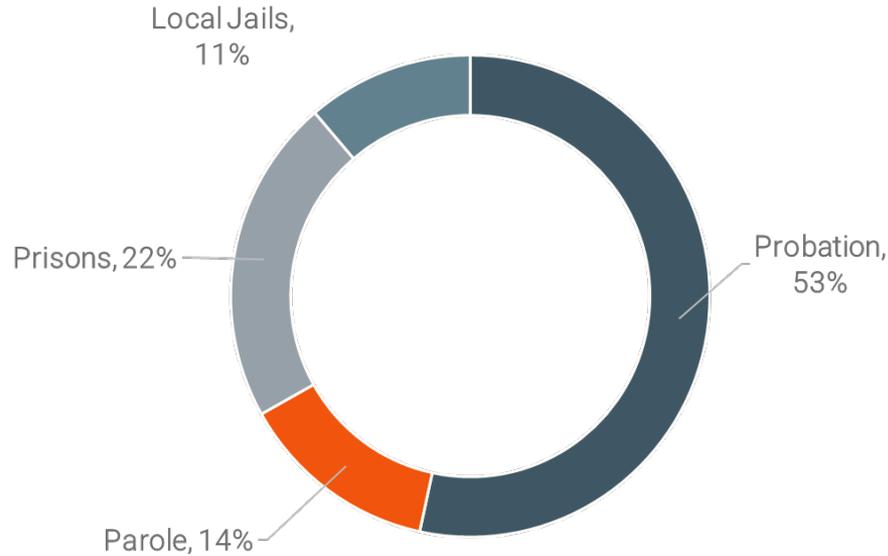
- Begin person-centered, recovery-oriented reentry planning upon entry into a correctional facility.
- Integrate “refer out” AND “reach in” for providers.
- Focus on addressing stability needs in the first: 24 hours, 1 week, 3 months and 9 months.
- Utilize peer support services.
- Embrace an equity lens to identify/address the racial discrimination a person may face upon reentry.
- Provide information about expungement services.
- Provide information about restoration of certain civil rights (such as the right to vote).



Intercept 5 Community Corrections/Community Supports



6.3 Million Under Correctional Supervision



(Source: Minton, Beatty, & Zeng, 2021)

Specialized Caseloads: Promising Practice

- Rely on an effective partnership between supervising probation officers and treatment providers
- Benefits
 - Improves linkage to services
 - Improves functioning
 - Reduces risk of violation- fewer arrests and jail days
 - Cost savings- reduced recidivism and ED/inpatient use
- Probation best practices: validated assessment tools, training for officers, including Motivational Interviewing and building cognitive skills, case planning, & a focus on criminogenic risks

SELF- ASSESSMENT – HOW WELL ARE YOU DOING?

FACILITATED DISCUSSION

Challenges and Solutions across the 4 Pillars and 6 Intercepts

IDENTIFY 1-2 TAKE HOME STRATEGIES

CLOSING REMARKS AND RESOURCES

Questions? Need Assistance?

Contact:

Patti Tobias, NCSC, ptobias@ncsc.org

Travis Parker, PRA, tparker@prainc.com



SafetyAndJusticeChallenge.org