

Improving Court and Community Responses to Behavioral Health



First Annual Mental Health and the Court Summit
September 14, 2023



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In 2019, **61.2M** Americans had a
Mental Illness and/or Substance Use Disorder –

AN INCREASE OF **5.9%** OVER 2018 COMPOSED
ENTIRELY OF INCREASES IN MENTAL ILLNESS

7.7%
(19.3 MILLION)

People aged 18 or
older had a
substance use
disorder (SUD)

3.8%
(9.5 MILLION)

People 18 or older had
BOTH an SUD and
a mental illness

20.6%
(51.5 MILLION)

People aged 18 or older
had a mental illness

PAST YEAR, 2019 NSDUH, 18+



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Of the 51.5 Million with a Mental Illness



1 IN 4
(25.5% or 13.1M)
had a serious mental illness

SAMHSA
 Substance Abuse and Mental Health
 Services Administration

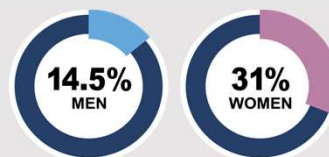
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Mental Illness is Overrepresented in the Courts



serious mental illness is
four to six times higher
 in jail than in the general population*

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



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

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SMI in U.S. Jails

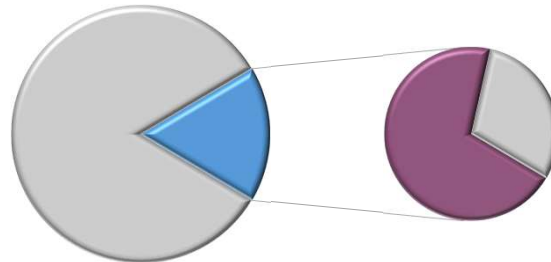
General Population

4% Serious Mental Illness



Jail Population

17% Serious Mental Illness **72%** Co-Occurring Substance Use Disorder



SAMHSA GAINS

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Of the 19.3 Million with a Substance Use Disorder



2 IN 5

(38.5% or 7.4M)

**Struggled with
illicit drugs**



3 IN 4

(73.1% or 14.1M)

**Struggled with
alcohol use**



1 IN 9

(11.5% or 2.2M)

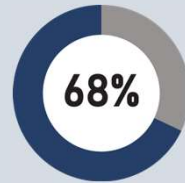
**Struggled with illicit
drugs and alcohol**

PAST YEAR, 2019 NSDUH, 18+

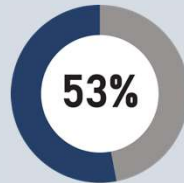
SAMHSA
Substance Abuse and Mental Health
Services Administration

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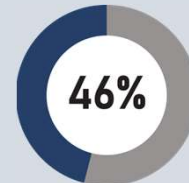
Substance Use Disorders are Overrepresented in Jails and Prisons



of people in custody



of people in custody in state prisons



of people in custody in federal

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

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Vermont Population

U.S. Census 2020

- Total Population 643,077
- 18 years and older 524,482
- Race/Ethnicity
 - White 89.8%
 - Hispanic/Latino 2.4%
 - Asian 1.8%
 - Black 1.4%
 - American Indian/Alaskan Native 0.4%
 - Other 0.8%

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Vermont Mental Health

Vermont Department of Health – 2021 Survey Behavioral Risk Factor Surveillance System (BRFSS)

- Vermont adults reporting poor mental health increased
 - 11% in 2011 compared to 16% in 2021
- One in six adults report poor mental health with higher rates
 - Younger adults 26%
 - Adults with lower education (21%) or income (33%)
 - LGBTQ+ adults 31%
 - Adults with disability 33%
- Vermonters report a higher rate of depressive disorder than US adults – 25% vs. 19%

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Vermont Substance Use

Vermont Department of Health

- Significant increase in adults using cannabis
 - 2020 – 18%
 - 2021 – 22%
 - 45% for non-medical reasons
- Reported alcohol and cigarette use steady by higher than U.S. rates
- Between January 2019 and June 2022 there were 635 fatal overdoses in Vermont ages 15 and over with age 35-44 with the highest percentage of 27%

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What We Have Learned

Those with SMI stay longer in jail	Access to care is often scarce or non-existent	SMI impacts all court dockets	Thousands are languishing in jails due to findings of incompetency
Pandemic has exacerbated challenges and deficiencies	Problem-solving courts are just one piece of the solution to our mental health and substance use crisis	Mental illness is not a crime	Mental health and substance use disorders are diseases so let's treat them as such

By Hon. Steve Leifman, Associate Administrative Judge, Miami-Dade County Court, 11th Judicial Circuit of Florida



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What We Must Do

Promote robust community health systems	Support model crisis response systems and the new 988	Develop seamless systems of care
Develop continuum of diversion options	Promote person-centered collaborative case management	Limit use of competency restoration to most serious offenses

By Hon. Steve Leifman, Associate Administrative Judge, Miami-Dade County Court, 11th Judicial Circuit of Florida



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The National Judicial Task Force



The National Judicial Task Force to Examine State Courts' Response to Mental Illness

<https://www.ncsc.org/behavioralhealth>

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NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS

www.ncsc.org/behavioralhealth

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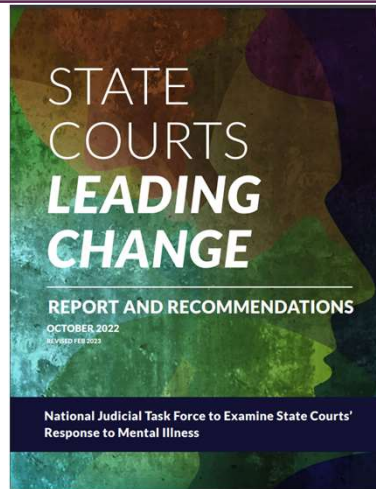
RESOURCES FOR STATE COURTS – TASK FORCE REPORT (JULY 2021)

Task Force Report and Recommendations

There comes a point
where we need to stop
just pulling people
out of the river.

We need to go upstream
and find out why
they're falling in.

— Archbishop Desmond Tutu

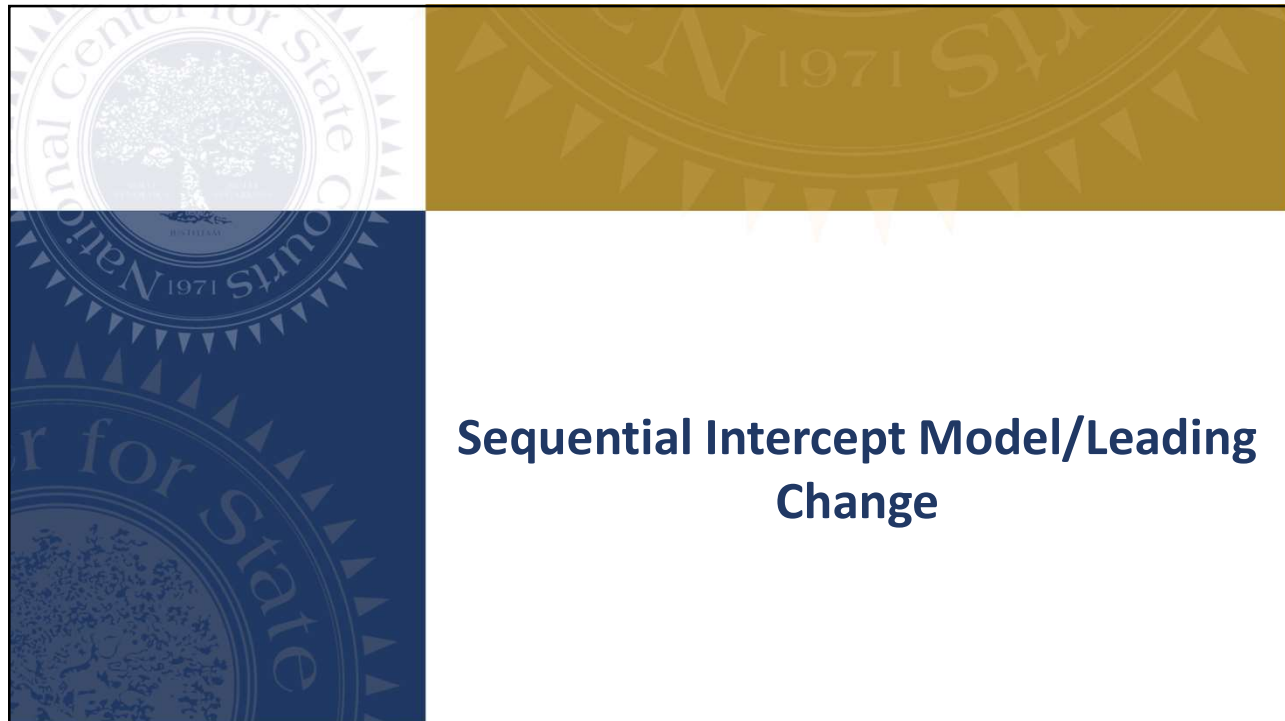


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Task Force Recommendations

- State and Trial Courts Leading Change
- Deflection and Diversion to Treatment
- Reforming the Competency to Stand Trial System
- Court and Community Collaboration: Person-Centered Justice
- Changing the Law and Process for Civil Commitment
- Children, Youth, and Families
- Training and Education
- Addressing Behavioral Health Equity
- Voices of Peers, Individuals with Lived Experience, and Families
- Well-Being of Judges and Court Personnel
- Key Questions Courts Must Ask: Data and Information Sharing

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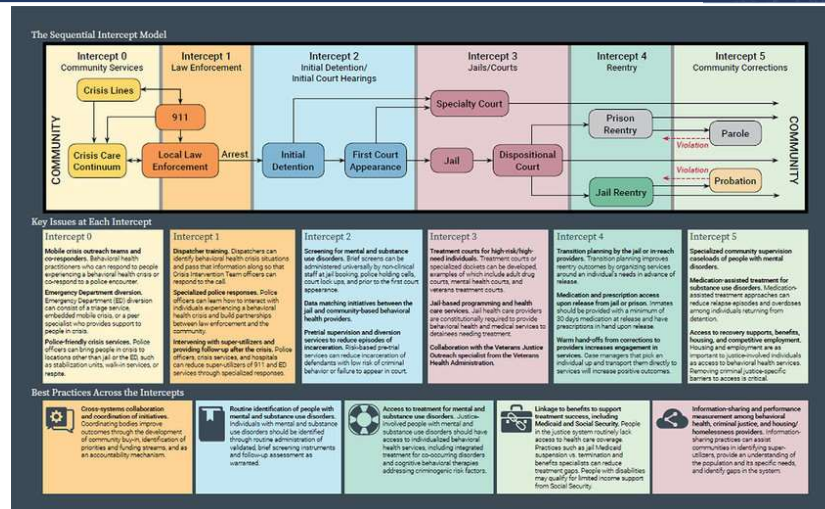
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Goals of Sequential Intercept Model (SIM)

- Detail how individuals with mental health and substance use disorders come into contact with and move through the criminal justice system
- Identify resources and gaps, establish priorities, and create an action plan
- Improve the court and community response to persons with behavioral health disorders through multidisciplinary community collaborations
- Ensure an inclusive list of stakeholders participate in the mapping workshop
- Use data to define the issues

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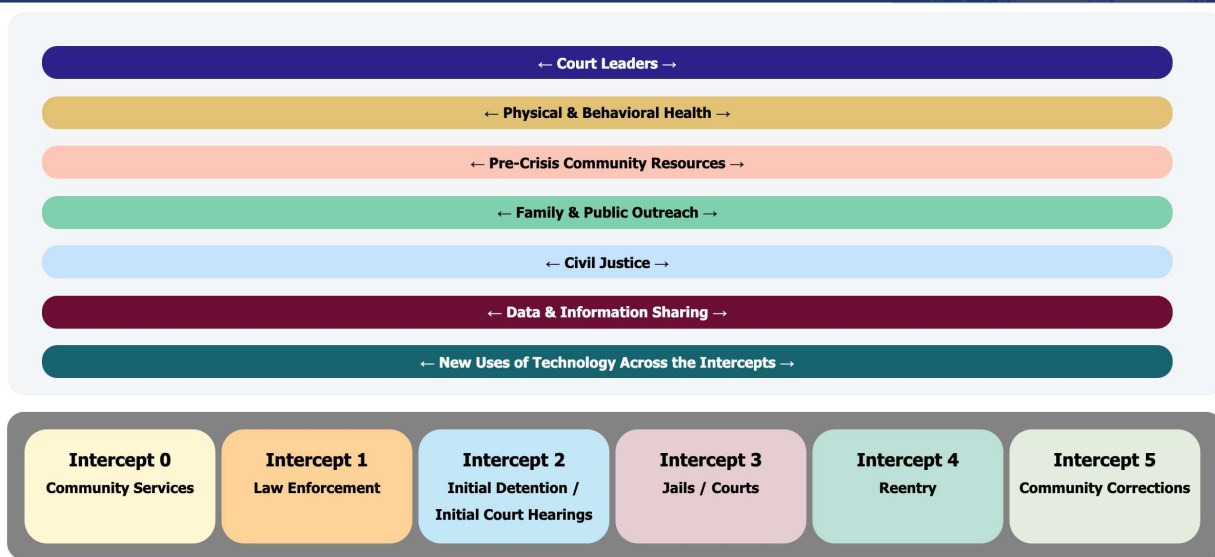
Sequential Intercept Model



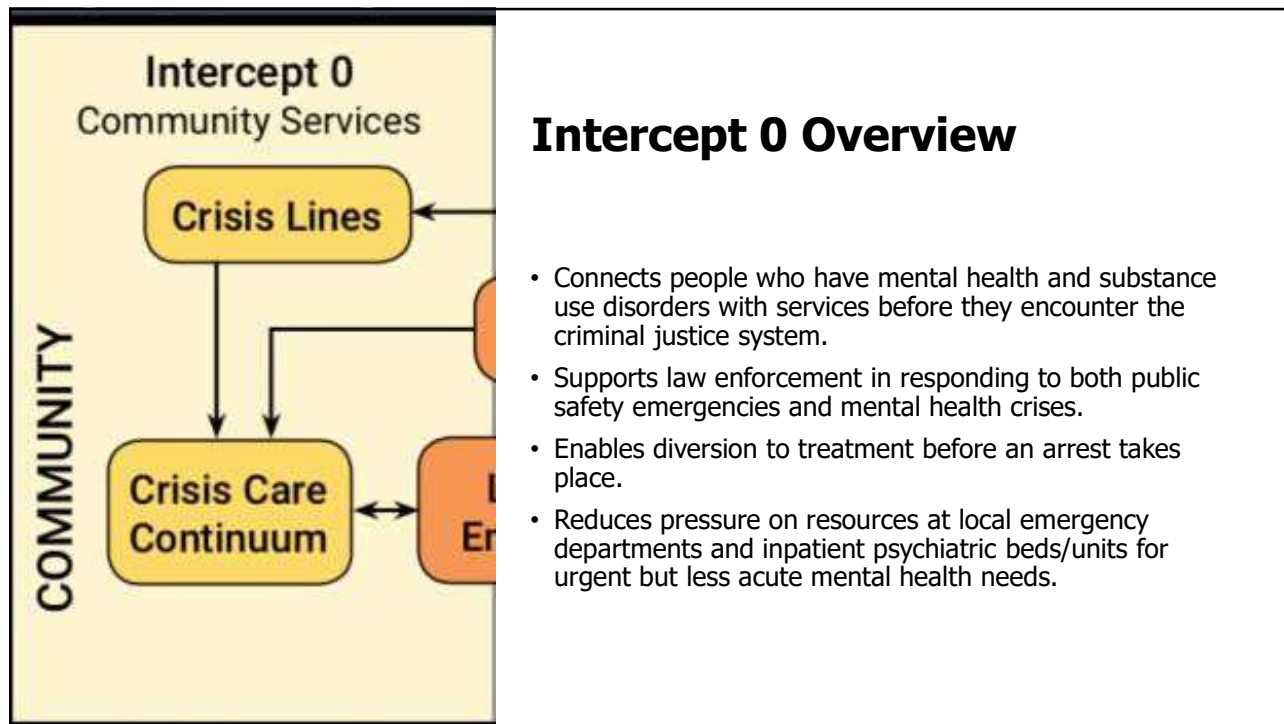
Policy Research Associates <https://www.prainc.com/sim/>

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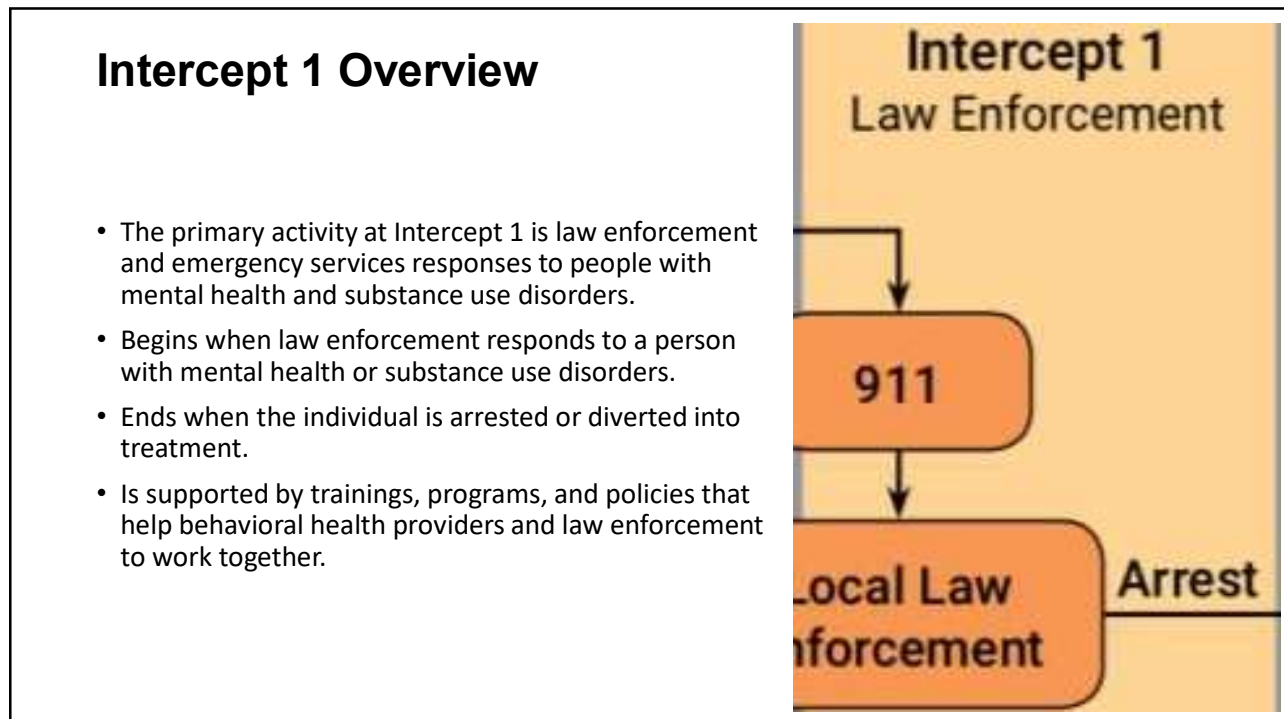
Leading Change: Improving the Court and Community's Response to Mental Health and Co-Occurring Disorders



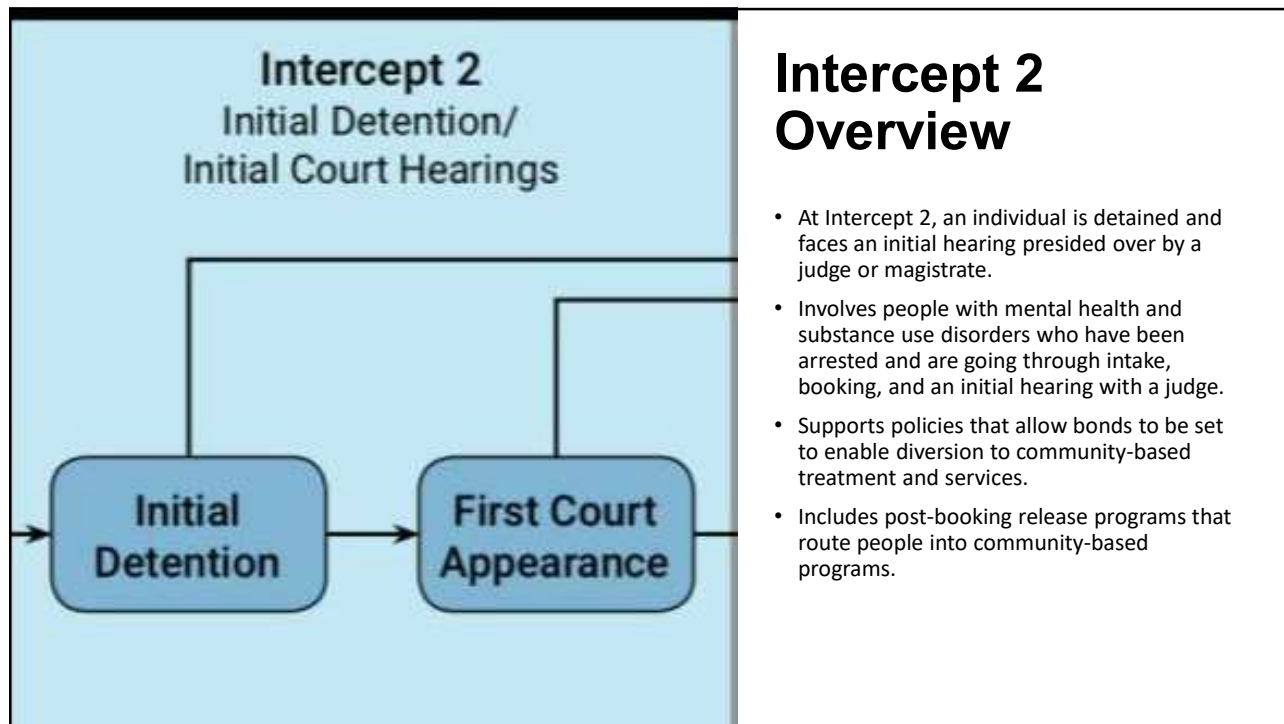
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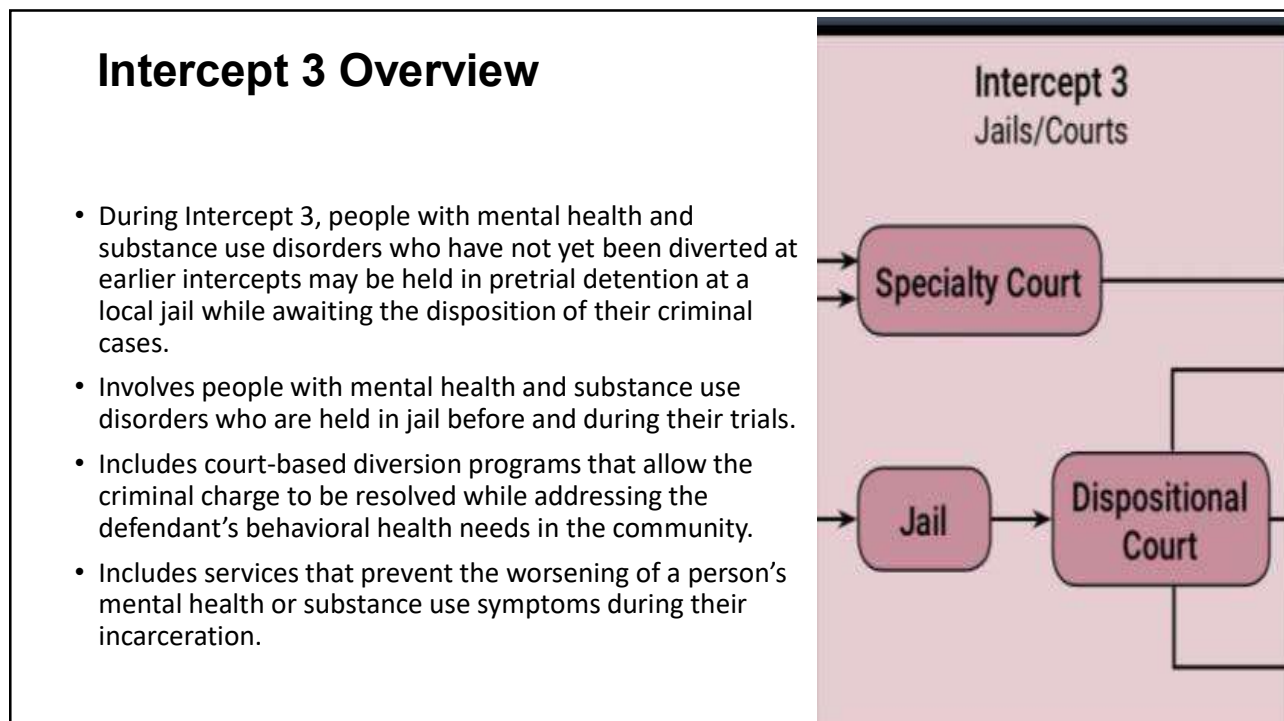
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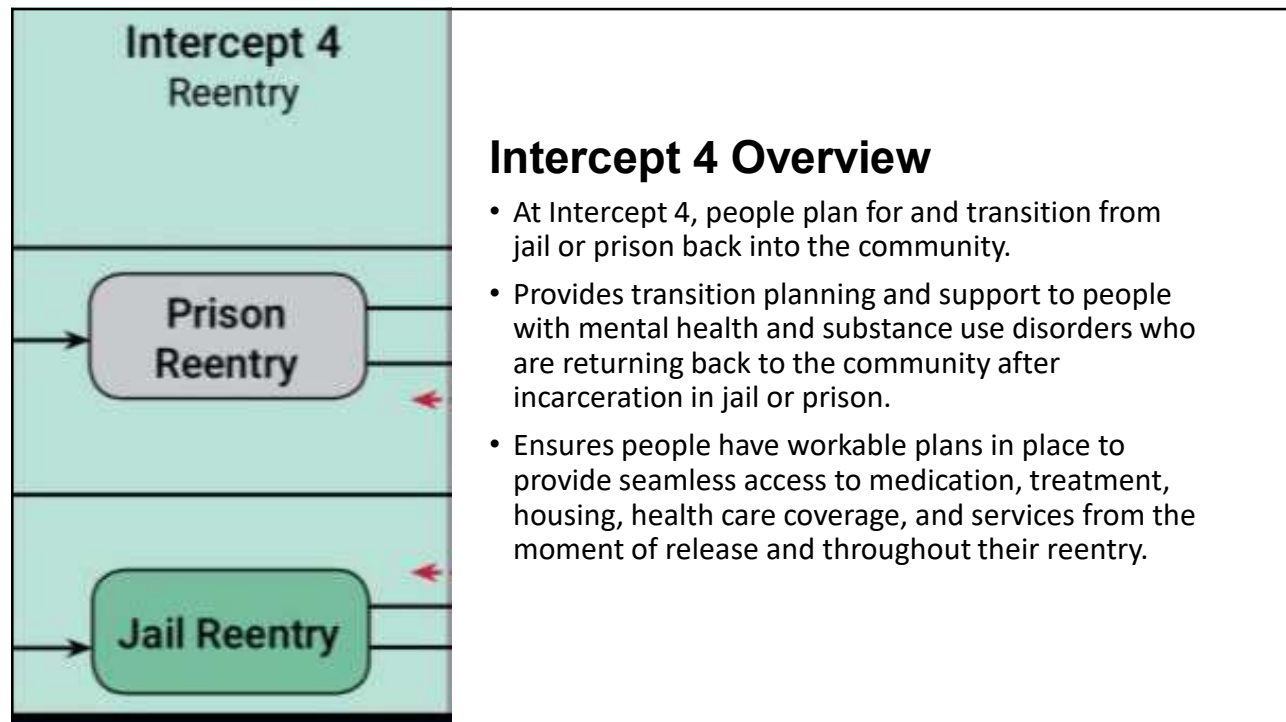
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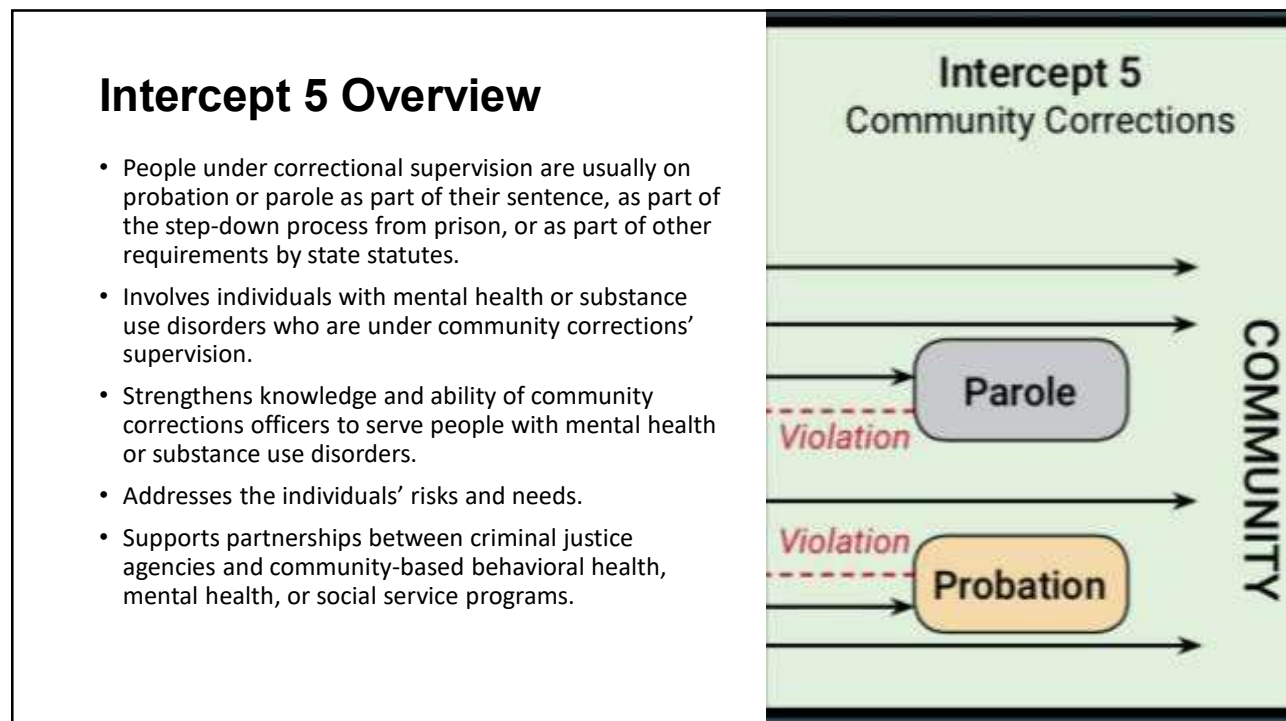
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Questions Across Intercepts

What happens when a person with a mental health or co-occurring disorder comes into contact with this intercept?	What screening and assessment tools are used to identify behavioral health needs? Are the screening and assessment tools validated for the population for whom they are being used? What happens when mental health needs are identified?	What resources are available to the individual and staff at this intercept?	What relationships (formal and informal) exist between justice, behavioral health, healthcare, and social services at each intercept?	What training do staff receive at this intercept regarding mental health, substance use disorders, and trauma?
Are peers and/or advocates engaged at this intercept?	Are community services identified in Intercept 0 available across all intercepts? Note if they are not available.	Who are the champions on these issues in the court and community?	Are there cross-sector task forces or coalitions working on behavioral health issues in your community?	What data collection and information sharing exists? What additional data collection and information sharing needs to occur? Do any information sharing protocols and agreements exist?

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Opportunities

 Formal planning structure and coordination	 Cross-system screening for military service
 Information sharing and data integration	 Integrated health services and healthcare reform
 Cross-training	 Integration of peer services
 Evidence-based practices	 Housing, transportation, and employment
 Trauma-responsive approaches and trauma-specific treatment	 Data, data, data

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Phases to Effectively Use SIM



State Leadership Planning, Coordination, and Capacity Building



Training Facilitators to Conduct Local Mapping Workshops



Local Planning and Collaboration, Local Mapping Workshops, Action Planning, and Implementation

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Questions

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