



JUDICIAL COUNCIL OF CALIFORNIA

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REPORT TO THE JUDICIAL COUNCIL

Item No.: 21-026

For business meeting on March 12, 2021

Title

Collaborative Justice: Task Force for
Criminal Justice Collaboration on Mental
Health Issues: Adult Criminal Progress
Update and Priority Areas

Agenda Item Type

Action Required

Effective Date

March 12, 2021

Rules, Forms, Standards, or Statutes Affected

None

Date of Report

February 11, 2021

Recommended by

Collaborative Justice Courts Advisory
Committee
Hon. Richard Vlavianos, Chair
Mental Health Subcommittee
Hon. Stephen V. Manley, Chair

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Executive Summary

The Collaborative Justice Courts Advisory Committee recommends that the Judicial Council receive the *Task Force for Criminal Justice Collaboration on Mental Health Issues: Adult Criminal Progress Update and Priority Areas* report and direct the committee to continue its efforts to improve outcomes for criminal justice involved adults who struggle with mental health issues as identified through the committee's annual agenda. The report identifies emerging issues that currently impact people who have mental illness and are in the criminal justice system. It documents progress made to implement recommendations received by the Judicial Council from the Task Force for Criminal Justice Collaboration on Mental Health Issues that were designed to improve adult criminal court responses to defendants who have mental illnesses and outlines areas where work remains ongoing and further efforts are needed.

Recommendation

The Collaborative Justice Courts Advisory Committee recommends that the Judicial Council:

1. Receive the attached *Task Force for Criminal Justice Collaboration on Mental Health Issues: Adult Criminal Progress Update and Priority Areas* report as required in the Collaborative Justice Courts Advisory Committee's 2020 annual agenda; and
2. Direct the Collaborative Justice Courts Advisory Committee to continue its efforts to improve outcomes for criminal justice involved adults who struggle with mental health issues as identified in the committee's annual agenda.

The report is included as Attachment A.

Relevant Previous Council Action

The Judicial Council appointed the Task Force for Criminal Justice Collaboration on Mental Health Issues (Task Force) in February 2008 to explore ways to improve practices and procedures in cases involving defendants who have mental illnesses. At its meeting on April 29, 2011, the council received *Task Force for Criminal Justice Collaboration on Mental Health Issues: Final Report*, which provided recommendations focused on improving defendant outcomes. In January 2012, Chief Justice Tani G. Cantil-Sakauye appointed the Mental Health Issues Implementation Task Force (Implementation Task Force) to review the recommendations and develop a plan for implementation. The Judicial Council received the group's *Mental Health Issues Implementation Task Force: Final Report* at the council meeting on December 11, 2015 and directed certain Judicial Council advisory bodies and staff to continue efforts on the implementation of the recommendations.

Analysis/Rationale

The Task Force developed recommendations designed to improve outcomes for people who have mental illness and are in the criminal justice system, and the Implementation Task Force was tasked with developing a plan for implementing those recommendations. It identified recommendations that were determined to be under Judicial Council purview, benefitting from judicial branch leadership or involvement, requiring educational programs for judicial officers, or being best practice recommendations for the courts. Work to implement recommendations continued through the coordinated efforts of the Judicial Council's advisory committees following the sunset of the Implementation Task Force. The Judicial Council's Collaborative Justice Courts Advisory Committee received the largest number of recommendation referrals because of its members' unique subject-matter expertise and experience in mental health and criminal justice, and the considerable role that mental health courts play in effectively adjudicating cases involving people who have mental illnesses. Several members of the advisory committee also served on the Task Force, the Implementation Task Force, or both. This report focuses on recommendations and priority areas associated with adult criminal matters that were assigned to the Collaborative Justice Courts Advisory Committee. An update on implementation activities conducted by other advisory bodies and Collaborative Justice Courts Advisory Committee activities that focus on juveniles or adults who are not involved in the criminal justice system can be found at <https://www.courts.ca.gov/5982.htm>.

Following publication of the Task Force and Implementation Task Force reports, the state underwent substantial changes and reforms across criminal justice, mental health, and social services systems, including criminal justice realignment and the passage of Proposition 47. More recently, the state experienced large-scale public health and economic emergencies caused by the novel coronavirus disease 2019 (COVID-19) pandemic and the surge in the ongoing homelessness crisis. Research suggests that the COVID-19 pandemic is disproportionately affecting society's most vulnerable populations, including individuals who have behavioral health issues. Correspondingly, the needs of court-involved individuals who have mental illnesses have changed, shifting the priorities and the types of responses that the courts and justice system partners need to make to effectively assist these individuals in improving their outcomes. To improve outcomes for this population, it is important for the judicial branch to continue implementation of relevant Task Force recommendations while also identifying new priorities and recommendations that reflect current issues and needs.

The Collaborative Justice Courts Advisory Committee reviewed its 2020 annual agenda in light of the COVID-19 pandemic and determined that, because individuals with serious mental illnesses are more likely to be negatively affected by the pandemic, work related to this population and the implementation of the Task Force recommendations should move forward to mitigate the potentially disastrous impact of the crisis.

The advisory committee further identified (1) emerging priority areas that encompass Task Force recommendations that reemerged as ongoing priorities in light of the current landscape, and (2) priorities arising from state and local responses to the COVID-19 pandemic. These recommendations are designed to improve practices and procedures in criminal cases involving adults who have mental illnesses, ensure the fair and expeditious administration of justice, expand judicial education and research opportunities, and promote collaboration with justice system partners at the state and local levels.

Policy implications

The continued implementation of applicable Task Force recommendations and other ongoing efforts to respond to the needs of adults in the criminal court system who have mental illnesses remain important priorities for the courts and the judicial branch.

Comments

Public comment was not solicited for the report. Staff to the Collaborative Justice Courts Advisory Committee corresponded with staff from all advisory bodies charged with implementing Task Force recommendations to ensure that implementation progress was accurately represented in this report and in the summary table found at <https://www.courts.ca.gov/5982.htm>.

Alternatives considered

The advisory committee considered narrowing the scope of activities related to improving outcomes for criminal justice-involved individuals with mental health issues to focus only on the Task Force recommendations, without considering newly emerging priorities. This alternative

was rejected because Task Force recommendations were developed before large-scale reforms that affect both criminal justice and behavioral health systems. These reforms and other priorities that have emerged since the original report must be taken into consideration in order to support the courts, justice partners, and court users in their efforts to improve the outcomes of adults in the criminal court system who have mental illnesses.

Fiscal and Operational Impacts

This report identifies current priority areas of concern and presents an update on progress towards implementation of previous recommendations; as such, there are no fiscal or operational impacts. The Collaborative Justice Courts Advisory Committee, particularly through its Mental Health Subcommittee, is well positioned to make recommendations to the Judicial Council consistent with the priorities above and will do so through the annual agenda process.

Attachments and Links

1. *Task Force for Criminal Justice Collaboration on Mental Health Issues: Adult Criminal Progress Update and Priority Areas*



Task Force for Criminal Justice Collaboration on Mental Health Issues: Adult Criminal Progress Update and Priority Areas

FEBRUARY 2021



JUDICIAL COUNCIL
OF CALIFORNIA

OPERATIONS AND PROGRAMS DIVISION
CRIMINAL JUSTICE SERVICES

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Introduction

The Task Force for Criminal Justice Collaboration on Mental Health Issues (Task Force) was established in response to a 2008 Chief Justice–led initiative launched by the Council of State Governments (CSG) to assist state judicial leaders in their efforts to address challenges related to criminal justice and mental health. In 2011, the Task Force submitted to the Judicial Council a report that outlined 137 recommendations designed to improve outcomes for people who have mental illness and are in the criminal justice system. Chief Justice Tani G. Cantil-Sakauye appointed the Mental Health Issues Implementation Task Force (Implementation Task Force) in 2012 to develop a plan for implementing the Task Force recommendations. In 2015, the Implementation Task Force submitted to the Judicial Council a final report that identified 74 Task Force recommendations as being under Judicial Council purview, benefitting from judicial branch leadership or involvement, requiring educational programs for judicial officers, or being best practices for the courts. The Implementation Task Force sunsetted in December 2015, and its work continued through the coordinated efforts of the Judicial Council’s advisory committees, as directed by the Judicial Council.

The Judicial Council’s Collaborative Justice Courts Advisory Committee was charged with implementing many of the Task Force recommendations. This report fulfills the advisory committee’s 2020 annual agenda directive to update the Judicial Council on the implementation of the previous recommendations and to identify new and current opportunities for the judicial branch to improve its responses people who have mental illness and are in the criminal justice system.¹

Report and Recommendations

This report provides background information on issues facing people who have mental illness and are in the criminal justice system. It identifies opportunities for the judicial branch to effectively respond to these issues within the current political, economic, legal, and public health landscapes. The report concludes with an account of activities undertaken by the Judicial Council and its advisory bodies to implement the adult criminal justice–focused Task Force recommendations.²

¹ The annual agenda—available at www.courts.ca.gov/collabjusticecomm.htm—states the committee’s work plan for the year.

² Although the Task Force considered issues of both adults and juveniles involved in the justice system who have mental illness, the focus of this report is on criminal justice–involved adults. Progress towards all of the Task Force recommendations can be found at the following link: <https://www.courts.ca.gov/5982.htm>.

Background

People who have mental illnesses are overrepresented in the criminal justice system.³ National estimates suggest that over half of people in jails and prisons have a mental illness⁴ and that the prevalence of serious mental illness, which causes serious functional impairment, is at least three times higher for adults moving through the criminal justice system than adults in the general public.⁵ Studies show that this overrepresentation continues across people under the supervision of community corrections agencies.⁶ Although prevalence data specific to California are limited, they suggest that the state is aligned with national estimates.⁷ The California Board of State and Community Correction's Jail Profile Survey in 2016 showed that roughly 23 percent of the average daily jail population had a mental health need, with 20 percent receiving psychotropic medications and 6 percent assigned to mental health beds.⁸ Similar figures are reflected in the state prison population, with 38 percent of females and 23 percent of males in the prison system receiving mental health treatment in 2015.⁹

Although people with mental illness are disproportionately represented in the justice system, research indicates that mental illness on its own does not increase the likelihood of criminal activity.¹⁰ Similarly, addressing mental illness alone does not reduce the likelihood of returned criminal justice involvement.¹¹ People who have mental illnesses that led to their criminal justice

³ Henry J. Steadman et al., "Prevalence of Serious Mental Illness Among Jail Inmates" (June 2009) 60(6) *Psychiatric Services* 761–765.

⁴ Doris J. James and Lauren E. Glaze, "Mental Health Problems of Prison and Jail Inmates" (Sept. 2006) (NCJ 213600) *Bureau of Justice Statistics Special Report*.

⁵ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health* (2017) (HHS Publication No. SMA 17-5044, NSDUH Series H-52) 36.

⁶ Fred Osher, et al., *Adults With Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery* (The Council of State Governments Justice Center, 2012) 6.

⁷ Statewide efforts seeking to better understand the prevalence of people who have mental illness and are in the criminal justice system suggest a statewide data gap limiting a full analysis of this population. These efforts include support by California counties of Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails, the Mental Health Services Oversight and Accountability Commission's Data Driven Recovery Project, and the Council on Criminal Justice and Behavioral Health's Data-Informed State-Level Framework project.

⁸ California Health Care Foundation, California Health Care Almanac, *Mental Health in California: For Too Many, Care Not There* (Mar. 2018) 48, www.chcf.org/wp-content/uploads/2018/03/MentalHealthCalifornia2018.pdf; this point-in-time count excludes data from Marin, Mono, San Joaquin, and Sutter counties.

⁹ *Id.* at p. 49."

¹⁰ Research suggests that crime is rarely directly caused by mental health symptoms, with that causal link only apparent in 1 out of every 10 people who have mental illness and are in the criminal justice system. Jennifer L. Skeem, Sarah Manchak, and Jillian K. Peterson, "Correctional policy for offenders with mental illness: creating a new paradigm for recidivism reduction" (Apr. 2011) 35(2) *Law & Human Behavior* 110–126.

¹¹ Jeffrey Draine, Amy Blank Wilson, and Wendy Pogorzelski, "Limitations and Potential in Current Research on Services for People with Mental Illness in the Criminal Justice System" (2007) 45(3/4) *Journal of Offender*

involvement often have overlapping risk factors such as indigence, substance use, and homelessness.¹² These factors require multidisciplinary strategies to address an individual's complex needs and improve outcomes.¹³

The Task Force and the Implementation Task Force identified recommendations and implementation activities to improve branch responsiveness to people who have mental illness and are in the criminal justice system. Significant progress has been made in the implementation of the recommendations; however, many challenges still exist, and new ones have arisen. Political, economic, and public health changes in recent years call for a reexamination of priorities and responses to most effectively address the challenges at the intersection of mental health and criminal justice, including criminal justice realignment. The following priority areas summarize those identified by the Collaborative Justice Courts Advisory Committee, including those established by its Mental Health Subcommittee during an October 2019 strategic planning meeting, and earlier Task Force recommendations that reemerged as ongoing priorities in light of the current landscape.

Priority Areas

Consistent with the Task Force recommendations and the guidance added by the Implementation Task Force, the following priority areas are designed to promote collaboration at the state and local levels, including improving practices and procedures in criminal cases involving adults who have mental illnesses, ensuring the fair and expeditious administration of justice, and promoting improved access to treatment. Consistent with current practice in forensic mental health treatment, the priority areas are organized to reflect the various stages in which people who have mental illnesses come into contact with and move through the criminal justice system; they conclude with a priority area focused on education, training, and research.

The priority areas identified focus on those that will assist the branch to effectively respond to people who have mental illness and are in the criminal justice system. They reflect many challenges related to current shifts in criminal justice and mental health policies and practices. The Collaborative Justice Courts Advisory Committee's Mental Health Subcommittee will work through the Judicial Council's annual agenda process to identify specific projects that will address the immediate needs for this population that arose during or were exacerbated by the novel coronavirus disease 2019 (COVID-19) crisis. Projects that are not in need of immediate attention will be deferred to a later date in recognition of current health and fiscal crisis.

Rehabilitation 159–177; John Junginger et al., “Effects of Serious Mental Illness and Substance Abuse on Criminal Offenses” (June 2006) 57(6) *Psychiatric Services* 879–882.

¹² D. A. Andrews and James Bonta, *The Psychology of Criminal Conduct* (5th ed.) (Matthew Bender & Co., 2010).

¹³ Fred Osher, et al., *Adults with Behavioral Health Needs*, 48.

Community Services and Law Enforcement

1. Increase local treatment capacity and appropriate housing options: This should include the establishment of and increased capacity at treatment facilities that provide the highest treatment modalities and levels of care, including facilities that meet statutory requirements for treating defendants who are determined incompetent to stand trial. Innovations implemented during the COVID-19 crisis, such as Project Roomkey, and the increased use of telehealth services should be evaluated to assess their feasibility and appropriateness for continued use as the state recovers from the crisis.
2. Monitor service availability: Through collaborative efforts between courts and local justice system partners, maintain a list of services available and accessible to defendants moving through the court system who have mental illnesses. These services include health care, vocational rehabilitation, income maintenance programs, supportive housing or other housing assistance, transportation, mental health and substance use treatment, and veterans' services. Effective services are client centered, recovery based, and culturally appropriate.
3. Justice system partner collaboration and communication: Enhance communication and collaboration among courts, county behavioral health agencies, jail medical providers, and other necessary justice system partners in an effort to identify and address information-sharing barriers that complicate collaborations, service delivery, and continuity of care for people who have mental illness and are in the criminal justice system, while still protecting their privacy rights. Communication technologies and data and privacy protection protocols implemented in response to the COVID-19 crisis provide strategies to aid in communication efforts.

Court Responses

1. Funding for collaborative justice courts: Dedicated funding should be provided to support mental health and other collaborative justice courts.
2. Availability of forensic evaluators: Forensic evaluators performing statutorily required competency evaluations when doubt is declared about a defendant's competence to stand trial should be available in all superior courts.
3. Mental health diversion: Penal Code sections 1001.35 and 1001.36 permit the courts to collaborate with local behavioral health departments and other necessary justice system partners to implement pretrial mental health diversion programs. The implementation of diversion programs that include adequate access to services are of heightened importance during this public health crisis.
4. Mental health diversion training: Education and training opportunities should be made available for judicial officers, local behavioral health departments, and other personnel involved in pretrial mental health diversion programs under Penal Code sections 1001.35 and 1001.36 in order to understand the unique challenges facing diversion program participants and diversion best practices.

Incarceration, Community Corrections, and Reentry

1. Local collaboration on discharge plans: Local justice system partners including courts, sheriff's offices, probation departments, county behavioral health departments, and other justice system partners should collaborate to establish processes for developing individualized discharge plans for defendants who have mental illnesses as a part of their case disposition, sentencing, and other decisions leading to their release from jail. Discharge plans should include arrangements for housing; ongoing treatment and support services, such as applicable public benefits; transportation; and food and clothing resources. Responses to the COVID-19 pandemic to reduce the number of people in jail amplified the need for discharge planning to ensure that people who have mental illnesses and are being diverted or released from jail receive needed services to preserve their health and safety.
2. Local collaboration on housing plans: Local partners including courts, county behavioral health agencies, and other justice system partners should collaborate to develop relationships with local Continuum of Care programs and other housing programs to develop a network of housing options, including supportive housing, and to coordinate housing placements for defendants who have mental illnesses and are returning to the community. Existing collaborative models to explore include Homeless Court programs and other collaborative housing programs incorporated into collaborative justice courts, mental health diversion programs, and local efforts such as those developed in pursuit of the national Stepping Up initiative. As the state's homelessness crisis is intensified by the COVID-19 pandemic, exploration may also be needed to determine whether the courts have a role in helping to inform collaborative efforts arising out of new state and local strategies that respond to homelessness.

Education, Training, and Research

1. Collaboration on Training: The Judicial Council collaborates with stakeholders including the Forensic Mental Health Association of California, Council on Criminal Justice and Behavioral Health (CCJBH), County Behavioral Health Directors Association (CBHDA), and other professional mental health organizations to develop and provide ongoing education for judicial officers, court staff, and justice system partners on mental health issues and strategies for responding to people who have mental illness or co-occurring disorders and are in the criminal justice system. The Judicial Council increased its collaboration and communication with justice system partners as part of its response to the pandemic. This increased collaboration resulted in the development of several webinars designed to assist courts dealing with the COVID-19 crisis. The Judicial Council should maintain the communication lines after the crisis is over.
2. On-going education: Educational opportunities should be made available for judicial officers that include information on mental illness and best practices for adjudicating cases involving defendants who have a mental illness or co-occurring disorders. The need for ongoing training is particularly important because national research suggests that various factors caused by the COVID-19 pandemic and ensuing emergency changes to criminal justice,

health, and other systems may retraumatize people who have mental illnesses or exacerbate their symptoms.

3. Study the effectiveness of competency timelines: If funding becomes available as the state recovers from the financial crisis, the Judicial Council should study the effectiveness of current time frames for determining competence once doubt has been declared. The study would be used to inform whether rule 4.130 of the California Rules of Court needs to be modified to adjust those time frames.
4. Study Mental Health Services Act funding usage: If funding becomes available as the state recovers from the financial crisis, the Judicial Council should collaborate with justice system partners to identify the use of Mental Health Services Act (MHSA) funding to support criminal justice programs across all 58 counties. The information would be used to inform the type of training needed to assist courts in better accessing these local funds.
5. Study impact of diversion programs on defendants who have mental illness: If funding becomes available as the state recovers from the financial crisis, the Judicial Council should work with state and local justice system partners to research the impact of pretrial diversion programs on defendants who have mental illnesses.
6. Data improvement: Court programs responding to the needs of defendants who have mental illnesses can benefit from tracking and analyzing outcome data. Data analyses should identify effective practices, potential issues of disproportionality, and other equity metrics. Although programmatic goals will determine the data collected, key data elements should include the following:
 - Participant data (e.g., number served and relevant characteristics, such as diagnosis, race and other demographic information, and criminal history);
 - Service data (e.g., type of service received, frequency of service, and length of service provision);
 - Program capacity data (e.g., number of current and previous treatment spots, number of needed treatment spots, and length of waitlists);
 - Criminal justice outcomes (e.g., number of arrests, types of charges, and jail days);
 - Mental health outcomes (e.g., number of inpatient hospitalizations, lengths of stay, and number of days homeless); and
 - Program costs and savings data.

The following section outlines efforts made by the Judicial Council to address the earlier recommendations of the Task Force and the guidance around those recommendations as outlined by the Implementation Task Force through its final report.

Task Force Recommendations Implementation

The Judicial Council undertook many activities in response to the Task Force recommendations that were identified as under the purview of the Judicial Council. Highlighted below are many of the activities related to adult criminal mental health, organized to reflect the stages along the criminal justice system continuum. Information about efforts to implement all 137 Task Force recommendations can be accessed on the California Courts Mental Health Courts webpage under the Related Links section (www.courts.ca.gov/5982.htm).

Community Services and Law Enforcement

Recognizing the importance of court collaboration with local partners, the Judicial Council undertook certain measures to support local engagement and enhance these collaborations:

- The 2018 *Serving Veterans and Their Families in California Courts Summit* session “Veteran Mental Health and VTCs [Veterans Treatment Courts]” focused on improving collaboration among advocates, VTC teams, and the Mental Health Services Oversight and Accountability Commission (MHSOAC).
- The February 7, 2019, webinar, “Partnering with County Behavioral Health to Serve Justice-Involved Populations,” a part of the Judicial Council’s *Behavioral Health Education Series*, discussed county behavioral health services, including the various available treatment options, levels of care, and types of treatment providers.
- Judicial Council staff participates in the Stepping Up California steering committee, which supports statewide goals to reduce the number of people in jails who have mental illnesses. This steering committee comprises the Chief Probation Officers of California (CPOC), California State Sheriffs’ Association (CSSA), California State Association of Counties, CBHDA, Forensic Mental Health Association of California, Judicial Council, California Department of Corrections and Rehabilitation’s Division of Adult Parole Operations, CCJBH, Department of State Hospitals (DSH), Department of Health Care Services, Board of State and Community Corrections, Department of Social Services, MHSOAC, and CSG Justice Center.

Court Responses

The Task Force recommendations pertaining to court responses include actions that can be taken within court contexts to address cases involving people who have mental illnesses. The recommendations focus specifically on judicial leadership, case processing, coordination of civil and criminal proceedings, and competence to stand trial.

Judicial Leadership

The Task Force recommendations exploring judicial leadership focused on the authority of judges to use their role to facilitate interbranch and interagency collaboration.

- The Judicial Council developed strategies to encourage the courts to collaborate with their local MHSA stakeholder teams, including court resource guides that provide an overview of MHSA funding and ways to engage with stakeholders. These guides are posted on the Grants/Funding webpage of the California Courts website (<https://www.courts.ca.gov/3080.htm>).
- In 2019, the Judicial Council held two regional roundtables that provided judicial education and peer learning focused on Assembly Bill 1810 (Stats. 2018, ch. 34), the legislation that established court-ordered pretrial mental health diversion.
- The Judicial Council partnered with CCJBH, CBHDA, DSH, and CSG Justice Center to provide mental health diversion trainings in person in January 2020 and virtually in October and November 2020. These trainings brought multidisciplinary teams from local diversion programs to work collaboratively through implementation needs. This partnership also designed a four-webinar series in 2020 focused on overcoming challenges within diversion programs caused by the COVID-19 pandemic.

Case Processing

The Task Force recommendations outlined areas where courts might use collaborative methods to process cases involving people who have mental illnesses.

- California has over 450 collaborative justice courts, including mental health courts, VTCs, homeless courts, reentry courts, dual diagnosis courts, and drug courts. Numerous courts also incorporate pretrial mental health diversion into existing collaborative court programs.
- The Judicial Council administers several grants that support mental health and other collaborative justice courts:
 - The Collaborative Justice Courts Substance Abuse Focus Grant Program, a noncompetitive mini-grant, is available to all local collaborative justice courts with a substance use focus, including those that address co-occurring mental illness and substance use disorders.
 - Through an agreement with the California Department of Corrections and Rehabilitation, the Parolee Reentry Court Program provides funds for six parolee reentry courts, an alternative to reincarceration for people who violate their terms of parole and who have substance use or mental health needs.
 - The Court Innovations Grant Program supported 16 collaborative justice courts from 2017 through 2020.
 - The Recidivism Reduction Fund grant supported 20 collaborative justice courts from 2014 through 2018.

- Numerous trial courts began using video technology to conduct certain court proceedings involving the DSH, with video technology use becoming more commonplace amid the COVID-19 pandemic.

Coordination of Civil and Criminal Proceedings

The Task Force recommendations focused on effective case coordination for people who have mental illnesses and are involved in multiple case types. Several of these recommendations were considered by the Legislature and became law. Assembly Bill 2190 (Stats. 2014, ch. 734) improves coordination between the conservatorship court and the criminal court when concurrent jurisdiction exists over a person. Senate Bill 684 (Stats. 2017, ch. 246) provides criminal courts with civil legal options for people declared incompetent to stand trial and for whom competence is not restored within the permitted time period.

Competence to Stand Trial

The Task Force recommendations focused on delays in case processing and competence restoration, opportunities for judicial education, and areas that involve coordination with external justice systems partners.

- AB 1810 established mental health diversion and provides the courts with procedural tools to place people found incompetent to stand trial in community treatment in lieu of admission to the state hospital system (Pen. Code, §§ 1370, 1370.01). This legislation also added procedures to readdress competency determinations if a person regains competency before transfer to the state hospital (*id.*, § 1370(a)(1)(G)).
- Rule 4.130 of the California Rules of Court was amended to require detailed information in the reports by court-appointed experts in making their competency determinations required under Penal Code section 1369 and in response to AB 1810.
- The Judicial Council provided judicial education and resources on competence to stand trial, including expert panels at the 2018 *Presiding Judges/Court Executive Officers Management Institute*, a three-part *Behavioral Health Series* that included an episode on AB 1810, and the 2020 AB 1810 training roundtables noted previously in this report.

Incarceration and Reentry

The Task Force recommendations on incarceration and reentry focused on providing appropriate care in custody and on release. These recommendations were determined as outside the purview of the judicial branch, and when appropriate, the Judicial Council supported their local implementation.

- Assembly Bill 109 (Stats. 2011, ch. 15) provided the opportunity for the Implementation Task Force to support the Task Force recommendations as they related to realignment by engaging representatives from CSSA and CPOC to identify areas to advance collaboration.

- Judicial Council staff collaborated with local courts and housing stakeholders to develop the *Homeless and Community Court Blueprint*. The Blueprint is intended for local jurisdictions interested in starting or expanding homeless or community court programs.
- The Judicial Council provided education to support local courts, including the 2017 and 2019 multidisciplinary Beyond the Bench conferences. Sessions at these conferences included “Stepping-Up Initiative: Addressing Housing Needs for Individuals with Co-occurring Disorders or Involvement in the Criminal Justice System,” and “Convening of State, County, and Court Leaders: A Vision for Mental Health Reform,” respectively.

Community Corrections

The Task Force recommendations acknowledged the overrepresentation of people who have mental illnesses in parole and probation caseloads, as well as the numerous barriers to providing them with effective supervision and case management support.

- Members of the Implementation Task Force met with representatives of CPOC to address issues surrounding mental health treatment and supervision coordination. As a result, CPOC created a working group to investigate and address issues related to people on their caseloads who have mental illness.
- Judicial Council staff provided guidance on improving supervision and violation responses in the 2014 Criminal Law Institute course, “Mentally Ill in the Criminal Justice System.” This content is continually included in judicial education programming.
- The Judicial Council’s 2014 summit, Court Programs and Practices for Working with Reentry, PRCS, and Mandatory Supervision Populations, included information on treatment options and programs for people who have mental illness.

Education, Training, and Research

The Task Force recommendations acknowledged the need for education, training, and research to better understand the needs of and issues affecting people who have mental illness and are in the criminal justice system.

Education and Training for Judicial Officers, Attorneys, and Criminal Justice Partners

- The Judicial Council successfully applied for and received an award for VTC strategic planning assistance offered by the U.S. Department of Justice Bureau of Justice Assistance, with technical assistance provided by the Center for Court Innovation. The award supported the implementation of a VTC strategic plan and supports ongoing educational efforts of the California Association of Collaborative Courts for VTC practitioners.
- The Judicial Council hosts the biennial Beyond the Bench conference, which addresses core legal and social issues, including collaborative justice courts and mental health. Judicial Council staff also collaborate with the California Association of Collaborative

Courts on its annual conference, which provides education on collaborative justice courts, mental health, and substance use disorders.

- The Judicial Council partnered with the American Bar Association to host the 2018 Homeless Court Summit, which focused on court programs involving people experiencing homelessness, with the goal of engaging them in treatment and services.

Research

The Task Force recommendations calls for research to evaluate practices aimed at improving outcomes for people involved in the justice system who have mental illnesses and to distribute that research to courts and their partners to better inform their work.

- The Judicial Council was required to study VTCs under Senate Bill 339 (Stats. 2017, ch. 595). The study included the collection of service and outcome data and an evaluation of a sample of participant outcomes, including recidivism data and outcomes on mental health, homelessness, employment, social stability, and substance abuse.
- The Judicial Council is required under the *Supplemental Report of the 2019–20 Budget Act* by the Legislative Analyst’s Office to provide annual data on mental health diversion established under AB 1810. Required data include the number of petitions that were granted for pretrial mental health diversion and, where possible, the number of petitions received and denied, the number of successful diversion completions, and the number of unsuccessful diversion terminations.

Conclusion

The Task Force recommendations provided a road map for the courts and justice system partners to develop strategies for responding to people who have mental illness and are in the criminal justice system. Major policy, demographic, and economic changes have occurred since the reports of those task forces, and these changes have dramatically altered the landscape for people moving through the courts who have mental illness.

The Task Force recommendations were thoughtfully crafted and continue to guide the work of several Judicial Council advisory bodies. Although much has been accomplished, ongoing work is needed to achieve the task force’s goals of creating real, sustained, and cost-effective changes. A coordinated and systemwide approach is necessary to accomplish these goals. Together with justice system partners at the state and local levels, the courts can continue to improve the outcomes for people moving through the courts who have mental illnesses.