Mental Health Issues Implementation Task Force: Final Report

A TEMPLATE FOR CHANGING THE PARADIGM FOR PERSONS WITH MENTAL ILLNESS IN THE CALIFORNIA COURT SYSTEM

DECEMBER 2015

JUDICIAL COUNCIL OF CALIFORNIA

OPERATIONS AND PROGRAMS DIVISION

CENTER FOR FAMILIES, CHILDREN & THE COURTS

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For more information on the Mental Health Issues Implementation Task Force or to view the 2011 report of the Task Force for Criminal Justice Collaboration on Mental Health Issues online, please visit *http://www.courts.ca.gov/mhiitf.htm*.

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Introduction

The Task Force for Criminal Justice Collaboration on Mental Health Issues (TFCJCMHI) was established in 2008 as a Chief Justice–led initiative that was part of a national project of the Council of State Governments[1]. The project was designed to assist state judicial leaders in their efforts to improve responses to people with mental illnesses in the criminal justice system. The TFCJCMHI was charged with exploring ways to improve practices and procedures in cases involving adult and juvenile offenders with mental illness, to ensure the fair and expeditious administration of justice, and to promote improved access to treatment for defendants with mental illness in the criminal justice system.

The TFCJCMHI developed 137 recommendations designed to improve outcomes for offenders and other individuals with mental illness in the justice system by promoting collaboration at the state and local level.

Specifically, the recommendations were designed to:

- Promote innovative and effective practices to foster the fair and efficient processing and resolution of cases involving persons with mental illness in the court system;
- Expand education programs for the judicial branch, State Bar of California, law enforcement, and mental health service providers to address the needs of offenders with mental illness;
- Foster excellence through implementation of evidence-based practices for serving persons with mental illness; and
- Encourage collaboration among criminal justice partners and other stakeholders to facilitate interagency and interbranch efforts that reduce recidivism and promote improved access to treatment for persons with mental illness.

The recommendations focused on the following areas:

- Community-based services and early intervention strategies that reduce the number of individuals with mental illness who enter the justice system;
- Court responses that enhance case processing practices for cases involving mental health issues and reduce recidivism for this population;
- Policies and procedures of correctional facilities that ensure appropriate mental health treatment for inmates with mental illness;

[1] This project was supported by the Conference of Chief Justices in Resolution II: In support of the Criminal Justice/Mental Health Leadership Imitative http://ccj.ncsc.org/~/media/Microsites/Files/CCJ/Resolutions/01182006-In-Support-of-the-Judicial-Criminal-Justice-Mental-Health-Leadership-Initiative.ashx

- Community supervision strategies that support mental health treatment goals and aim to maintain adult and juvenile probationers and parolees in the community;
- Practices that prepare incarcerated individuals with mental illness for successful reintegration into the community;
- Practices that improve outcomes for juveniles who are involved in the delinquency court system; and
- Education, training, and research initiatives that support the improvement of justice responses to people with mental illness.

The recommendations were outlined in the final report received by the Judicial Council in April 2011.

In January 2012, Chief Justice Tani G. Cantil-Sakauye appointed the Mental Health Issues Implementation Task Force (Implementation Task Force), chaired by Judge Richard J. Loftus, Jr., of the Superior Court of Santa Clara County, to review the recommendations of the TFCJCMHI and to develop a plan for implementing the recommendations of that report. Implementation Task Force membership included judicial officers and court executive officers from throughout the state, as noted in the roster included with this report. While developing the implementation plan, it became clear that mental health issues cut across all case types and treatment, social service, and policy issues impacting defendants and other court users were often complex and multi-faceted. While the Implementation Task Force has focused on identifying ways to improve outcomes and reduce recidivism rates in criminal cases involving mental health issues, being mindful of cost and public safety considerations in the post-recession/post-realignment environment, members recognized the need to develop protocols and practices that support improved outcomes for court users with mental illness across other case types particularly those in juvenile, probate, dependency, and family courts.

Background

As noted in the final report of the TFCJCMHI, people with mental illness are overrepresented in the justice system.[2] One study found that although only 5.7 percent of the general population has a serious mental illness,[3] 14.5 percent of male and 31 percent of female jail inmates have a serious mental illness.[4] A 2009 study reported that in California there are almost four times more people with mental illness in jails and prisons than in state and private psychiatric hospitals.[5] It was also noted that inmates with serious mental illness often need the most resources and can be the most challenging to serve while incarcerated.[6] California's state psychiatric hospitals currently provide treatment primarily to a forensic population. California's forensic state hospital population of approximately 4,600 includes mostly individuals who have been found Not Guilty by Reason of Insanity (NGI) and Incompetent to Stand Trial (IST) or who are categorized as Mentally Disordered Offenders (MDO) or Sexually Violent Predators (SVP).[7] Persons with mental illness are also overrepresented in the courtroom. One study found that 31 percent of arraigned defendants met criteria for a psychiatric diagnosis at some point in their lives and 18.5 percent had a current diagnosis of serious mental illness.[8]

Evidence has demonstrated that only a systemic approach that brings together stakeholders in the justice system with mental health treatment providers and social service agencies can effectively address the needs of persons with mental illness. The TFCJCMHI was established with the recognition that courts are uniquely positioned to take a leadership role in forging collaborative solutions by bringing together these stakeholders. The Mental Health Issues Implementation Task Force was appointed by Chief Justice Tani G. Cantil-Sakauye to continue the important work the original task force had begun. The focus of the Implementation Task Force was to examine how to begin making the systemic changes needed to improve services for people with mental illness who are involved in the justice system. Unlike the original TFCJCMHI, which included representation from a wide array of justice system and mental health treatment partners, the Implementation Task Force is comprised only of trial court judges and court executive officers and was appointed for a limited term, with a sunset date of December 31, 2015.

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[2] Bureau of Justice Statistics Special Report, *Mental Health Problems of Prison and Jail Inmates* (September 2006), *www.nami.org/Content/ContentGroups/Press_Room1/2006/Press_September_2006/DOJ_report_mental_illness_in_prison.pdf*.

[3] Ronald Kessler, Wai Tat Chiu, Olga Demler, and Ellen Walters, "Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R)," *Archives of General Psychiatry, 62*(6) (2005), pp. 617–627.

[4] Henry J. Steadman, Fred C. Osher, Pamela C. Robbins, Brian Case, and Steven Samuels, "Prevalence of Serious Mental Illness among Jail Inmates," *Psychiatric Services, 60* (2009), pp. 761–765.

[5] Treatment Advocacy Center and the National Sheriffs' Association, *More Mentally Ill Persons Are in Jails and Prisons than Hospitals: A Survey of the States* (May 2010).

[6] *Ibid.*

[7] Pursuant to e-mail correspondence with Long Term Care Services Division, California Department of Mental Health, January 13, 2009.

[8] Nahama Broner, Stacy Lamon, Damon Mayrl, and Martin Karopkin, "Arrested Adults Awaiting Arraignment: Mental Health, Substance Abuse, and Criminal Justice Characteristics and Needs," *Fordham Urban Law Review, 30* (2002–2003), pp. 663–721.

Mental Health Issues Implementation Task Force Charge

The Implementation Task Force is charged with developing recommendations for policymakers, including the Judicial Council and its advisory committees, to improve system wide responses to persons with mental illness and to develop an action plan to implement the recommendations of the Task Force for Criminal Justice Collaboration on Mental Health Issues.

Specifically, the Implementation Task Force is charged with:

1. Identifying recommendations under Judicial Council purview to implement;
2. Identifying potential branch implementation activities; and
3. Developing a plan with key milestones for implementing the recommendations.

This charge recognizes the importance of the work begun by the TFCJCMHI and helps ensure that progress will continue to be made toward helping the criminal justice system and courts address the challenges posed when handling cases involving people with mental illness.

Guiding Principles

Members of the TFCJCHMI identified key principles that focused the work of the initial task force in the formulation of its recommendations. These same principles have guided the work of the Implementation Task Force. These guiding principles include the following:

- Courts should take a leadership role in convening stakeholders to improve the options and outcomes for those who have a mental illness and are at risk of entering or have entered the criminal justice system.
- Resources must be dedicated to identify individuals with mental illness who are involved or who are likely to become involved with the criminal justice system. Interventions and diversion possibilities must be developed and utilized at the earliest possible opportunity.
- Diversion opportunities should exist for defendants with mental illness as they move through the criminal justice system.
- Treatment and disposition alternatives should be encouraged for individuals who are detained, arrested, or incarcerated primarily because of actions resulting from a mental illness or lack of appropriate treatment.
- Effective responses to this population require the collaboration of multiple systems and stakeholders, because offenders with mental illness interface with numerous systems and agencies as they move through the criminal justice system.
- Flexible and integrated funding is necessary to facilitate collaboration between the various agencies that interact with offenders with mental illness.
- Offenders with mental illness must receive continuity of care as they move through the criminal justice system in order to achieve psychiatric stability.
- Information sharing across jurisdictions and agencies is necessary to promote continuity of care and appropriate levels of supervision for offenders with mental illness.
- Individuals with mental illness who have previously gone through the criminal justice system, and family members of criminally involved persons with mental illness, should be involved in all stages of planning and implementation of services for offenders with mental illness.
- Programs and practices with evidence-based practice models should be adopted in an effort to utilize diminishing resources and improve outcomes effectively.

Report and Recommendation Implementation

Organization of This Report and Recommendations

The original 2011 task force report was written using the Sequential Intercept Model (SIM)[9] as a framework for formulating and organizing its recommendations. The SIM illustrates various points along the justice continuum where interventions may be utilized to prevent individuals from entering or becoming more deeply involved in the system. Ideally, most people can be diverted before entering the justice system, with decreasing numbers at each subsequent point along the continuum.[10]

This report follows the same SIM framework used in the 2011 report, and begins with a brief overview of each section, beginning in section one with community-based strategies for early intervention and diversion followed by recommendations in section two focused on court-based strategies and responses for those not successfully diverted and who enter the justice system. The third and fourth sections outline responses related to individuals in custody or on probation or parole. The fifth section focuses on reducing recidivism and ensuring successful community reentry for those with mental illness. The sixth section focuses exclusively on juveniles with mental health issues in the delinquency system. The final section of the report highlights the education, training, and research necessary to implement the recommendations effectively and to measure the effectiveness of practices targeting justice-involved persons with mental illness.

The narrative portion of this report primarily discusses the recommendations that were found to be within the Judicial Council's purview and were the focus of the work of the Implementation Task Force. Next steps and the need for continuing the work is addressed at the conclusion of the report. Appendix A provides a chart of all 137 of the recommendations contained in the TFCJCMHI's final report, the full text of each recommendation, and the Implementation Task Force's response to each recommendation.

The work of both task forces, pursuant to their respective charges, focused on people with mental illnesses who may be, or are at risk of becoming, involved in the criminal justice or other juvenile or adult court systems, including dependency, family, or probate court proceedings. For purposes of this report, "mental illness" is used as a collective term for all diagnosable mental disorders; "serious mental illness" is defined to include schizophrenia and other psychotic disorders, bipolar disorder, and other mood disorders, and some anxiety disorders, such as obsessive-compulsive disorder, that cause serious impairment. Typically, both task forces focused their work on individuals with diagnoses that fall within the scope of serious mental illness. The terms "mental illness" or "offenders/people with mental illness" throughout the report should be understood to include co-occurring disorders, as approximately 50 percent of those in the general population with a mental illness also have a co-occurring substance use

[9] Created by Summit County, Ohio, and the National GAINS Center.
[10] Mark R. Munetz and Patricia A. Griffin, "Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness," *Psychiatric Services, 57* (April 2006), pp. 544–549.

disorder,[11] and incarcerated individuals with a severe mental illness have been found to have a 72 percent rate of co-occurring substance use disorder. [12]

Implementation of Recommendations

The Implementation Task Force members approached their work by identifying what could be done within the branch and what must be done by partners acting alone or in concert with one another. Although some of the recommendations developed by the initial task force and addressed by the Implementation Task Force may initially appear to be outside the purview of the judicial branch, Implementation Task Force members believe that not addressing relevant areas could have a deleterious impact on the branch and be antithetical to the charge and goals of both task forces.

After identifying recommendations within the judicial branch's purview, the Implementation Task Force prioritized its work, taking into consideration whether implementation would need to occur on a statewide or local level, whether there is a need for collaboration and involvement from justice and mental health partners, and what is needed to make implementation of recommendations viable. Each recommendation was prioritized using this framework and Implementation Task Force members made significant progress toward implementing many of the recommendations, as well as formulating strategies for implementation of recommendations that the Implementation Task Force was not in a position to implement during its limited appointment term.

Members of the original task force and members of the current Implementation Task Force recognized that some of their recommendations may require additional funding, legislative changes, or changes in the culture and practices of systems involved in responding to people with mental illness in the justice system. However, the goal throughout has been to develop and address recommendations that not only can be implemented with little cost but also recommendations that are aspirational in nature and can serve as a blueprint for developing and implementing the best possible responses over time. During the development of the original recommendations and in addressing implementation issues, members of both task forces were sensitive to the current economic climate and the fiscal difficulties still confronting state and local government and community-based programs. However, in both 2011 and in 2015, task force members felt that, even in difficult economic times, it is imperative that courts and counties jointly develop and pursue programs, services, and interventions that will best maximize resources to improve outcomes for offenders with mental illness. Moreover, task force members believe that effective approaches to offenders with mental illness will ultimately reduce the amount of fiscal resources expended on a long-term basis.

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[11] California Department of Alcohol and Drug Programs, Co-Occurring Disorders Information *(Co-Occurring Disorders Fact Sheet)* *http://cojac.ca.gov/cojac/pdf/COD_FactSheet.pdf* (as of December 2008).
[12] Karen M. Abram and Linda A. Teplin, "Co-Occurring Disorders Among Mentally Ill Jail Detainees: Implications for Public Policy," *American Psychologist, 46*(10) (1991), pp. 1036–1045; the CMHS National GAINS Center, *The Prevalence of Co-Occurring Mental Illness and Substance Use Disorders in Jails* (2002), *http://gainscenter.samhsa.gov/pdfs/disorders/gainsjailprev.pdf*.

Fostering a collaborative approach to creating solutions for defendants with mental illness has become even more critical in the time since the report of the TFCJCMHI was submitted to the Judicial Council. Criminal justice realignment (realignment), enacted as part of the Budget Act of 2011 and various budget trailer bills, transferred the responsibility for managing and supervising non-serious, non-violent, non-sexual felony offenders from the state to county governments. Under realignment, trial courts are now responsible for conducting revocation hearings in cases where individuals released from prison violate their conditions of supervision. Realignment also gave trial courts the responsibility for setting the terms of mandatory supervision. While this has presented some challenges, it also presents an opportunity to establish local protocols and set local conditions of supervision for individuals with mental illness.

It is important to remember that many of the original recommendations and implementation strategies are cost-neutral recommendations and may not require additional funding. Even without new or additional funding, many recommendations can be implemented at little or no cost through cooperative ventures and through innovative collaborative efforts with state and local justice and mental health partners. In fact, many of the recommendations are associated with cost savings, as they often focus on ways to maintain offenders with mental illness in the community through connections to treatment services as an alternative to costly state hospital stays or incarceration in local or state facilities. However, some recommendations do require additional court and staff time and the implementation of some of these recommendations may be hampered or limited by the serious reduction in judicial branch funding that has occurred since the original TFCJCMHI report was submitted.

In implementing the recommendations, courts and county partners require flexibility in developing appropriate local responses to improving outcomes for people with mental illness in the criminal justice system. Implementation Task Force members have been aware of and sensitive to the differences among California's counties and courts, recognizing that county size, county resources, and local county culture will influence what type of collaborative efforts would be most effective.

The Implementation Task Force identified 74 recommendations as being 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. The balance of the recommendations requires implementation by justice or mental health partners or would require executive or legislative branch action.

Partnerships

The Implementation Task Force identified 63 recommendations that are outside of the purview of the Judicial Council and the courts. These are recommendations that can be addressed only by mental health and justice partners, by the legislature, or, as in the case of some regulations such as those arising from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), by the federal government.

To facilitate discussion of these recommendations and potential action by criminal justice and mental health partners, as well as to foster those partnerships forged during the work of the TFCJCMHI, the Implementation Task Force leadership reached out to partners around the state. These partners included the Chief Probation Officers of California, California State Sheriffs' Association, Department of State Hospitals, Mental Health Services Oversight and Accountability Commission's Financial Oversight Committee, California Judges Association, California Institute for Behavioral Health Solutions, and the County Behavioral Health Directors Association of California. Outreach efforts resulted in invitations to make presentations to the executive committees or membership of these groups and to develop courses and teach at various educational programs. Educational presentations by Implementation Task Force members were provided to statewide organizations including the Chief Probation Officers of California, the California Institute for Behavioral Health Solutions, and the California Judges Association. These presentations outlined the work of the Implementation Task Force and discussed on specific recommendations made in the final report of the TFCJCMHI.

Outreach to all partners was important but was particularly significant in the case of the Chief Probation Officers of California (CPOC), and the California State Sheriffs' Association with whom discussions took place about jail treatment services, training of jail staff, discharge planning, and the development of common drug formularies. When speaking with CPOC representatives, Implementation Task Force members also discussed options for training probation officers in evidence-based practices for working with probationers with mental illness. Other efforts were primarily educational, wherein the role of the courts and judges was explained and there was an opportunity to engage in discussion about court and treatment evidence-based practices that can help improve outcomes for individuals with mental illness in the justice system.

The response to focusing on the need to improve outcomes for adults and juveniles involved in the criminal justice, delinquency, and dependency court systems has been favorable. Members of the Judicial Council's Trial Court Presiding Judges Advisory Committee have received regular updates about the work of the Implementation Task Force from the task force chair as have the Mental Health Services Oversight and Accountability Commission members. Task Force members have also provided reports to the Judicial Council's Collaborative Justice Courts, Criminal Law, Family and Juvenile Law, and Probate and Mental Health Advisory Committees regarding Implementation Task Force proposals and activities. Mental health and criminal justice partners repeatedly have noted that it is the involvement of judges and the leadership provided by the Judicial Council that has helped bring focused attention to these matters at local and statewide levels. The courts and their mental health and justice partners have come to realize that no single entity can solve the problem or bring about the changes that will improve outcomes. It is clear that improved outcomes for offenders and other court users with mental illness can only be achieved through collaboration and partnership with others.

Section 1: Prevention, Early Intervention, and Diversion Programs

The final report of the TFCJCMHI discusses factors that contribute to the disproportionate number of people with mental illness in the justice system, including the nature of the illness, negative stigmatization, homelessness, and decentralized and often underfunded mental health service delivery systems. The report's early intervention recommendations focus on the coordination of community services and the creation of community-based interventions/prearrest diversion programs to reduce the number of people entering the criminal justice system. The TFCJCMHI final report acknowledges that addressing these recommendations may be best done through local task forces since the recommendations focus on community agencies serving people with mental illness and on local law enforcement. The Implementation Task Force examined these recommendations and agreed with the assessment of the TFCJCMHI: these recommendations are most effectively addressed through collaboration between local justice partners, mental health agencies, other service providers, individuals, and family members.

While the Implementation Task Force did not specifically focus on the recommendations in this section, several of the projects and activities of the Implementation Task Force supported these recommendations, including:

- Amending rule 10.952 of the California Rules of Court to include additional justice system stakeholders involved with address mental health issues in courts' regular meetings concerning the criminal court system. These rule amendments will encourage judicial leadership in facilitating interbranch and interagency coordinated responses to people with mental illness in the criminal justice system.[13] (See further discussion, section 2.)

- Presenting at conferences and symposiums held by organizations such as the California Institute for Behavioral Health Solutions, National Association of Drug Court Professionals, California Association of Collaborative Courts, Chief Probation Officers of California, and the California Association of Youth Courts in order to provide education on how community justice partners and mental health professionals can assist people with mental illness who are, or may become, court involved.[14] (See further discussion, sections 3 and 5.)
- Directing and participating in summits cosponsored with partners such as the Center for Court Innovation and the American Bar Association that focus on community prosecution, diversion, and community policing and are designed to promote effective interface between community-based interventions and the courts.[15] (See further discussion, section 5.)

[13] Recommendations 1, 5, 6, 7.
[14] Recommendations 1, 2, 4, 6, 9, 10.
[15] Recommendations 1, 2, 5.

Improving and increasing the accessibility of services available to people with mental illness, combined with an expansion of pretrial diversion programs, can reduce the number of people with mental illness entering the criminal justice system. Thus, the Implementation Task Force recommends that courts work on the local level to foster connections with justice partners in order to open to branch local dialogues about how community service providers can assist people with mental illness who are currently involved, or at risk of becoming involved, in the justice system.

Section 2: Court Responses

The final report of the Task Force on Criminal Justice Collaboration on Mental Health Issues (TFCJCMHI) acknowledges that cases involving persons with mental illness are often the most challenging for courts to handle appropriately, and often require significant judicial branch resources. The report notes that the traditional adversarial approach is frequently ineffective in cases of defendants with mental illness. The TFCJCMHI indicated that the justice system could improve case processing and outcomes for persons with mental illness or co-occurring disorders by including the justice system partners who are most directly involved with the offenders with mental illness in the courts' criminal justice stakeholder meetings, and by establishing local protocols for these cases. Recommendations concerning court responses were in five primary areas: judicial leadership, case processing, coordination of civil and criminal proceedings, competence to stand trial, and additional court resources. While the TFCJCMHI didn't make specific recommendations related to Lanterman–Petris–Short Act (LPS) or emergency commitments, it is noteworthy that conversations that took place during the meetings of that task force have resulted in legislative proposals, including AB 1194 (Eggman) which was approved and signed into law on October 7, 2015. This action amends Welfare and Institution 5150 by explicitly expanding the information considered for involuntary commitment and treatment of persons with specified mental disorders to include available relevant information about the historical course of the person's mental disorder and not just consideration of the danger of imminent harm. This bill had the strong support of family members and medical professionals who all too often encounter serious barriers when trying to secure help for an individual.

- *Amended rule 10.952 to add representatives from the following stakeholders to the already mandated meetings that courts hold with justice system partners: parole, the sheriff and police departments; the Forensic Conditional Release Program (CONREP); the local county mental health director; and alcohol and drug programs director.*

The full text of these amended rules can be found in the Appendix C of this report.

Judicial Leadership

Recommendations in this area focused on the critical role judicial leaders can play in improving responses to people with mental illness involved in the justice system by facilitating interbranch and interagency collaboration. In support of this, the Implementation Task Force proposed amendments to California Rules of Court, rules 10.951 and 10.952 to encourage judicial leadership in facilitating interbranch and interagency coordinated responses to people with mental illness in the criminal justice system. The proposed rule changes were adopted by the Judicial Council and effective January 1, 2014.[16]

The amendment to rule 10.951 encourages the presiding judge, together with justice partners, to develop local protocols for cases involving offenders with mental illness or co-occurring disorders to help to ensure early identification of and appropriate treatment with the goals of

[16] Recommendations 11 and 12.

reducing recidivism, responding to public safety concerns, and providing better outcomes for these offenders while reducing costs.

The amendment to rule 10.952 added the Forensic Conditional Release Program (CONREP), the county mental health director, the county director of alcohol and drug programs, and representatives from the parole, sheriff, and police departments to the list of justice system stakeholders with whom designated judges are required to meet on a regular basis in order to identify and eliminate problems in the criminal court system and to discuss other problems of mutual concern. It is anticipated that, with the addition of these stakeholders, justice system partners on the local level will likely begin to address the complex information-sharing suggestions included in recommendations 13 and 14 of the TFCJCMHI's final report. This will help break down barriers to communicating critical information related to defendants with mental illness to the courts and select court partners, and will facilitate the courts' obtaining information about local agencies that are appropriate and qualified service providers. The Implementation Task Force noted that inclusion of criminal justice partnership will ultimately promote improvements in case processing in other case types such as juvenile, probate, and family law cases, as well as improving criminal case processing.

Case Processing

Recommendations in this section address the idea that courts should use collaborative methods for processing cases involving persons with mental illness. To encourage development of local protocols for those with mental illness, an amendment of rule 10.951 that was adopted by the Judicial Council furthers the recommendations in this section urging that trial courts have a specialized approach, guided by each defendant's mental health needs, to adjudicating cases involving persons with mental illness.[17] Similarly, the amendment of rules 10.951 and 10.952 encourages collaboration between local courts, probation, and mental health professionals, as stated in recommendation 18. Educational materials for judicial officers have been developed by the Implementation Task Force, including sample orders, bench notes, and other resources, to help local courts implement recommendations in this section.[18] These materials were incorporated into CJER On-Line Toolkits. Similarly, the need for continued outreach to justice and mental health partners has been identified by the Implementation Task Force as a component that is critical to achieving case processing based upon evidence-based collaborative practices. These partnerships are expected to improve case processing in case types across the court system.

The California Rules of Court are a set of regulations, adopted by the Judicial Council, which govern court procedure in California. Proposed changes to the rules of court are available for public comment prior to Judicial Council action. As a result of the Implementation Task Force's proposal, the Judicial Council made the following amendments to the rules:

- *Added subdivision (c) to rule 10.951, encouraging the presiding judge, supervising judge or other designated judge, in conjunction with the justice partners, designated in rule 10.952, to develop local protocols for cases involving offenders with mental illness or co-occurring disorders.*

[17] Recommendations 16 and 17.
[18] Recommendations include 17, 20, 22, 23.

Coordination of Civil and Criminal Proceedings

The TFCJCMHI determined that when a court user with mental illness is involved in multiple case types, it is important to coordinate the cases and services. The final report recommended giving judicial officers hearing criminal proceedings the authority to order a conservatorship evaluation and the filing of a petition when there is reasonable cause to believe that a defendant is gravely disabled by a mental illness, and to receive a copy of the conservatorship investigator's report.[19] The Implementation Task Force successfully requested that the Judicial Council sponsor legislation it drafted to increase the options available to courts when handling criminal cases involving potentially gravely ill offenders and improve coordination between the conservatorship court and the criminal court when they have concurrent jurisdiction over an individual with mental illness.

Competence to Stand Trial

The issues of lengthy delays in case processing and competence restoration were addressed in this section. While most of the recommendations in the TFCJCMHI report concerning competence were found to be outside of judicial branch purview or an issue for judicial education, the Implementation Task Force drafted and requested that the Judicial Council sponsor legislation to amend Penal Code sections 1601(a), 1602(a) and (b), and 1603(a) pertaining to outpatient status for offenders who are gravely disabled as a result of a mental disorder or impairment by chronic alcoholism. The amendments would allow the court, when appropriate, to release conditionally a defendant found incompetent to stand trial to a placement in the community, rather than in a custodial or in-patient setting, to receive mental health treatment until competency is restored. The recommended legislation was accepted for Judicial Council sponsorship in the 2014–2015 legislative sessions and was passed and signed into statute as part of AB 2190 and amended 1601, 1602, and 1603 of the Penal Code 53, 54 Welfare and Institutions Code. [20]

Additional Court Resources

The need for courts to provide additional support to defendants with mental illness through peer support programs and self-help centers was highlighted in this section of the report. It should be

As one of the responsibilities of the Judicial Council is to sponsor legislation consistent with the council's established goals and priorities to support consistent, effective statewide programs and policies, the Implementation Task Force proposed legislation for Judicial Council sponsorship, and two of the proposals were incorporated in AB2190 in 2014. The proposals were designed to:

- *Improve the coordination between conservatorship and criminal courts by allowing the report of a conservatorship investigator to be shared with the criminal court, with the permission of the defendant or defense counsel, if the criminal court orders an evaluation of the defendant's mental condition and that evaluation leads to a conservatorship investigation.*

- *Increase the number of treatment options available for people who have been found incompetent to stand trial by allowing the court to order treatment in the community, thereby giving the court greater discretion in its ability to grant outpatient status to someone who was found incompetent to stand trial or not guilty by reason of insanity.*

[19] Recommendations 24–26.
[20] Recommendation 36.

noted that restoration of judicial branch funding is needed in order to have sufficient court resources and staff to fully implement these and other recommendations and to adapt to the changing needs of the justice system in the post-realignment environment. The Implementation Task Force acknowledged that, with the challenges of the current fiscal climate, these recommendations may be seen aspirational best practices and will require a joint commitment from courts and their mental health and justice partners system to implement these recommendations fully. However, the Implementation Task Force believes that implementing the recommendations and providing assistance to court users with mental illness and their families through court self-help centers would help with case processing processes and ultimately be cost-saving measures.

Section 3: Incarceration

The recommendations in this section of the TFCJCMHI's final report are focused on ways to provide appropriate care to people who are incarcerated and have mental illness. While recognizing that correctional facilities face a number of challenges in addressing the mental health needs of their inmate populations, including overcrowding, a shortage of qualified mental health professionals, and cultural aspects inherent in the prison and jail environment that pose additional challenges for persons in custody with mental illness, these recommendations seek to provide guidance on how to better serve people with mental illness through all phases of the incarceration process. The first subsection of these recommendations focuses on the jail booking/admission process and the need to identify, assess, and prepare for release individuals with mental illness. The second subsection examines the need for jails and prisons to address the mental health needs of their inmate populations and establish protocols to coordinate continuity of care both during and after incarceration. The Implementation Task Force considered the Section 3 recommendations and agreed with the TFCJCMHI that making the changes suggested in these recommendations is within the purview of county jails and state prisons and is not specific to the judicial branch.

In October 2011, criminal justice realignment (realignment) legislation went into effect and had a significant impact on the manner in which individuals with non-serious, non-violent, and non-sex crimes were incarcerated and supervised. Although the recommendations of the TFCJCMHI were crafted prior to the enactment of this legislation, the Implementation Task Force has taken steps to support the recommendations in this section in the context of realignment by identifying and contacting criminal justice partners in order address these recommendations during this time of significant change in the criminal justice system.

Members of the Implementation Task Force met with representatives from the State Sheriff's Association to identify common areas of interest and potential collaboration. Topics discussed included identifying common formularies and release strategies to maximize utilization of community resources for discharged individuals with mental illness. Implementation Task Force members have participated in joint educational programming with the State Sheriff's Association and other justice system partners that focus on improving outcomes and linkages to community services. It is anticipated that as more inmates with mental illness are housed and supervised on a local level as a result of criminal justice realignment, courts will need to work with their local sheriff's department and law enforcement justice partners to address how county jails can better meet the assessment and treatment needs of these inmates. The Implementation Task Force strongly recommends the establishment of collaborations with criminal justice partners to examine current booking procedures and treatment options, determine the local needs, and seek ways to improve the service to incarcerated people with mental illness. Judges need to provide leadership by communicating the courts' expectations concerning both the offenders with mental illness who appear before them and the treatment these offenders receive while in custody or under supervision of the court.

Section 4: Probation and Parole

Note: This report focuses on responses to the recommendations of the TFCJCMHI, which was submitted to the Judicial Council before criminal justice realignment became a reality. As such, some of the recommendations are no longer strictly related to parole (state) or probation (local) responsibilities. However, under the umbrella of community supervision, including mandatory supervision and post release supervision, recommendations and responses remain valid, although they are sometimes now in a context somewhat different than was originally envisioned.

The TFCJCMHI examined the issues associated with people with mental illness who are on probation or parole. The final report noted that people with mental illness are overrepresented in the parole and probation populations and are often the most challenging to supervise. People with mental illness have diverse treatment needs and are often economically disadvantaged having lost jobs or public benefits as a result of their incarceration. The TFCJCMHI determined that the challenges of providing supervision to probationers and parolees is exacerbated by the large caseloads and the availability of resources. The TFCJCMHI identified the need for specialized training on mental health issues, including the needs of the population and how mental disorders can interfere with the ability to adhere to supervision requirements, as well as the need to facilitate communication among collaborating treatment and supervision personnel.

The final report's recommendations concerning probation and parole focus on both the need to coordinate mental health treatment and supervision, and also the need for alternative supervision strategies that address public safety concerns and ensure improved outcomes for this population. While many of the recommendations require implementation by criminal justice partners, the Implementation Task Force found several recommendations to be appropriate work for the judicial branch.

Coordination of Mental Health Treatment and Supervision

In order to improve outcomes for probationers and parolees with mental illness, the TFCJCMHI made several recommendations encouraging the use of evidence-based practices that consider the specific treatment and service needs of that population. The Implementation Task Force examined these recommendations and found that education of judges as well as justice and mental health partners is an essential way to achieve the goals stated in the recommendations. In some instances, additional steps were taken to address and implement actions in response to specific recommendations.

The Implementation Task Force wrote an initial draft legislative proposal that, if adopted, would have added a new section to the Penal Code enabling judicial officers to make specific orders about the care, supervision, custody, conduct, maintenance, and support of offenders with mental illness on probation, under mandatory supervision, or placed on post release community supervision. Such legislation would also have given the court the ability to "join" in the criminal proceeding any agency or private service provider that the court determines has failed to meet a legal obligation to provide services to the defendant. Consistent with the original recommendation, under the proposed legislation, the agency or service provider would have been given advance notice of, and an opportunity to be heard on, the issue of joinder.[21] While a legislative proposal was initially drafted, additional collaboration with other stakeholder

[21] Recommendation 55.

is still needed. The Implementation Task Force members hope that work can continue in this area in the future.

The TFCJCMHI was concerned about the lack of coordination of mental health and other services for probationers, particularly in cases in which probationers committed offenses and sentencing occurred in a county other than the county of residence. This issue was addressed when the Judicial Council amended California Rules of Court, rule 4.530 to add subdivision (f), effective November 1, 2012. This new subdivision to the rule of court governing the jurisdictional transfer of probation cases compelled the court to take into consideration factors that include the availability of appropriate programs, including collaborative courts.[22]

The Implementation Task Force acknowledges that a significant amount of work remains to coordinate mental health treatment and supervision strategies. Members of the Implementation Task Force have met with members of the Chief Probation Officers of California to address these issues further and to develop collaborative approaches to issues of mutual concern. This collaboration is critical for the appropriate mandatory supervision of offenders with mental illness. The Implementation Task Force identified mental health courts as an effective approach for high risk/need offenders requiring intensive supervising and coordination of services and this approach was endorsed for both juveniles and adults. Related collaborative court types, such as veterans' courts, community courts, homeless courts, and reentry courts, were also noted as effective in improving outcomes for offenders with mental illness.

Alternative Responses to Parole and Local Supervision Violations

The TFCJCMHI crafted several recommendations related to responses to supervision violations and advocated that formal violations hearings for offenders with mental illness be conducted only as a last resort after the failure of alternative interventions.

Criminal justice realignment legislation transferred the responsibility for hearing the majority of parole violation cases from the Board of Parole Hearings to the local trial courts. It also redistributed funding from the state to local counties to support their new responsibilities and encouraged the use of evidence-based practices. Many counties chose to use this opportunity to expand or establish treatment intervention and/or collaborative justice courts for individuals with mental illness who are supervised by probation or parole. The number of parolee reentry courts in California has expanded from an original pilot program of 6 to 8 courts today.[23] Many other courts are utilizing existing collaborative courts for individuals on local community supervision who violate conditions or are charged with a new offense.

The Implementation Task Force has been instrumental in helping provide and shape judicial education in this area; however, this dynamic area of law continues to evolve and there remains a need for the development of additional judicial education opportunities and as well as the development of additional resource materials for judicial officers.

[22] Recommendation 56.
[23] Data on the number of reentry and other collaborative justice courts gathered by the Judicial Council of California, Fall 2015.

In addition, work still needs to be done in developing services based on evidence-based practices that better support probationers and parolees with mental illness and improve both short-term and long-term outcomes for this population.

Section 5: Community Reentry

Acknowledging California's high return-to-prison rate and that parolees with mental illness are more likely than other populations to face possible revocation, [24] the TFCJCMHI's final report made recommendations for ways to help offenders overcome some of the obstacles to effective transition to the community. These barriers to successful community reentry can include a loss of income or health benefits during incarceration, difficulties in accessing mental health and other services, problems with maintaining continuity of psychiatric medications, and homelessness. Because reentry can happen at many different points after an individual with mental illness has entered the criminal justice system and not just when a prisoner is released, these recommendations encompass issues encountered with reentry after jail diversion programs, mental health court participation, hospitalization, and post-incarceration, as well as through probation. The TFCJCMHI's community reentry recommendations focus on three areas: preparation for release, implementation of the discharge plan, and housing upon release. The recommendations focus on what can be done while the offender is incarcerated to ensure successful reentry and also outline crucial steps for linking offenders to services immediately following release, emphasizing the essential role that stable housing plays in promoting improved outcomes for this population. However the overarching theme of these recommendations is that the careful creation and implementation of discharge plans is critical to ensuring successful community reentry. The Implementation Task Force also noted the importance of community and family support in successful reentry and reintegration. Implementation Task Force members identified the need to address community reentry issues related to this population as an area in which it is important that additional work continue.

Preparation for Release

Because recommendations in this section focused on improving local procedures and services that prepare people with mental illness for release while the individual is still in custody, the Implementation Task Force found that its role in supporting changes on the local level was best effectuated through education and encouraging collaborations and cooperation between justice partners. The Implementation Task Force believes that the modifications to rules 10.951 and 10.952 will encourage the development of local court mental health protocols and that the addition of mental health stakeholders to already mandated meetings with criminal justice partners will facilitate planning and dialogue between the courts and their criminal justice and mental health partners. To advance this goal, Implementation Task Force members conferred with partners and participated in multidisciplinary educational programs with chief probation officers, mental health directors, and county sheriffs to identify the specific needs of offenders with mental illness during the various stages of incarceration, diversion, and reentry.

Recommendations concerning the need to amend legislation, regulations, and local rules to ensure that federal and state benefits are not terminated while an offender with mental illness is in custody[25] and the need to assist these individuals in order to help them obtain benefits immediately upon their reentry into the community[26] have been supported by the implementation of the Affordable Care Act (ACA) and Medicaid

[24] Ryken Grattet, Joan Petersilia, and Jeffrey Lin, "Parole Violations and Revocations in California" (Washington, DC: National Institute of Justice, October 2008), *www.ncjrs.gov/pdffiles1/nij/grants/224521.pdf*.
[25] Recommendation 75.
[26] Recommendation 76.

eligibility expansion. To support these recommendations the Implementation Task Force has provided education to multiple court stakeholders and partners, including the Judicial Council's Trial Court Presiding Judges Advisory Committee and the Court Executives Advisory Committee, concerning the ACA and Medicaid.

Implementation of the Discharge Plan

Judicial officers are a critical link in the discharge planning process and in promoting the coordination among the court, custody staff, probation, parole, the community mental health system, family members where appropriate, and all necessary supportive services. Accordingly, it is essential that judicial officers communicate their expectations regarding offenders with mental illness to justice partners. The Implementation Task Force believes that the leadership role of the court as convener of integrated community partnerships is as an effective strategy for discharge planning prior to release from custody. As discussed above, the Implementation Task Force laid the foundation for development of such linkages through the rule of court amendments that encourage mental health protocols and bring mental health providers into court-community partnerships. Because appropriate discharge planning is so critical to maximizing the possibility of successful outcomes for offenders with mental illness, the Implementation Task Force recommends that efforts continue to encourage partners to coordinate their efforts in developing discharge planning protocols and to provide assistance to help local courts identify ways to promote evidence-based practices, such as discharge planning, in their communities.

The TFCJCMHI and the Implementation Task Force both identified discharge planning as a key element for ensuring success for all offenders, but particularly those with mental illness, upon discharge from jail or prison. Key elements of the post release community plan include outlining the individualized community supervision plan; housing arrangements; transportation needs and options; benefits status; health-care, psychiatric and substance abuse services; and daily activity plans, including employment, job training, school, or other day programming. A sample discharge plan is found at Appendix E of this report.

Housing upon Release

Recommendations in this area focused on the need for every offender with mental illness leaving jail or prison to have in place an arrangement for safe housing. While many of these recommendations fall within the purview of local service providers, education about the important role of housing and the role courts can play in encouraging planning for housing in discharge plans was identified as an appropriate focus for Implementation Task Force consideration.[27] Thus, members of the Implementation Task Force participated in education programs sponsored by the American Bar Association's Commission on Homelessness and Poverty that specifically addressed homelessness among offenders with mental illness, veterans, and the reentry population. Effective practices addressing housing needs that have been developed by some local courts through homeless Stand Down programs, as well as through veterans, mental health, and community courts, were identified by the task force for highlighting as effective practices. Issues related to safe

[27] Recommendations 82–84.

housing upon release and effective methods for addressing housing and treatment needs have been included in multidisciplinary education programs in which Implementation Task Force members participated and served as faculty. Ongoing work in the areas of education, partnership development, and identification of effective practices will be needed as part of future work in this area.

Section 6: Juvenile Offenders

Citing research indicating that more than a quarter of the youth in the juvenile justice system should be receiving some form of mental health services,[28] the TFCJCMHI identified as a serious concern the prevalence of justice-involved youth with mental health disorders. The final report of the TFCJCMHI identified several challenges faced in handling juveniles in the delinquency system, including obtaining and maintaining appropriate services and medications; having effective procedural guidelines for addressing the restoration / remediation needs of juveniles with competency issues; the need for education, training, and research in the area of juvenile mental health; and the importance of collaboration among stakeholders. This section of the report notes that while some topics overlap with those in other sections of the report, the "uniqueness of juvenile mental health and the juvenile court system necessitates an independent discussion." Recommendations within this section are broken into six focus areas: juvenile probation and court responses, competence to stand trial, juvenile reentry, collaboration, education and training, and research.

Juvenile Probation and Court Responses

Recommendations in this section addressed the need for juveniles with mental illness involved in the delinquency court system to be identified, assessed, and connected to appropriate services. Because most of the specific recommendations in this area were identified as within the purview of, or requiring significant collaboration with, mental health and juvenile justice partners, much of the work of the Implementation Task Force focused on education about the recommendations and discussions with Judicial Council advisory groups that address juvenile issues. The work also focused on developing a framework to prioritize and address mental health issues in juvenile court. The groups that the Implementation Task Force partnered with include the Family and Juvenile Law Advisory Committee, the Collaborative Justice Courts Advisory Committee, and the Center for Judiciary Education and Research's (CJER) Juvenile Law Education and Curriculum Committee. A set of issues was identified that impact juvenile involvement in the justice system. These issues include psychological trauma leading to a variety of mental health issues, developmental disability, or mental illnesses that make juveniles vulnerable to exploitation and involvement in crime, such as human trafficking or gang involvement. Also identified were concerns related to socialization and school experiences that children and youth with mental illness or developmental disability are particularly vulnerable to, such as bullying, school discipline or performance issues associated with truancy, family disruption, and trauma. The Implementation Task Force initiated efforts to address these areas through education, identification of research needs, and specific approaches for future work.

Promising court practices that would benefit from the development of educational material and additional research were identified. They include juvenile mental health courts; girls' courts—especially in the area of human trafficking; and peer/youth courts that address early intervention and issues related to truancy, such as bullying or school discipline. The need for juvenile reentry courts and reentry programs for juveniles and young adult offenders was also noted as part of the consideration of emerging approaches to address

[28] Jennie Shufelt and Joseph Cocozza, "Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study," *Research and Program Brief* (Delmar, NY: National Center for Mental Health and Juvenile Justice, 2006).

juveniles with mental health issues. In general, effective approaches in the court system identify these high risk/high needs youth and provide a coordinated, multidisciplinary approach to assessing treatment needs and ensuring compliance.

Competency to Stand Trial

In partnership with other Judicial Council advisory bodies, the Implementation Task Force helped establish a process for the coordinated development and review of juvenile competency issues in California. Juvenile competency issues have long created problems for the courts and this remains a key issue in the juvenile mental health arena. The collaborative effort also focused on identifying effective local court practices for addressing juvenile competency issues. The information gathered will help inform future efforts including the potential development of rules of court and dissemination of information about evidence-based or promising practices related to juvenile competency issues.

To support the recommendation that juvenile competency definitions and legal procedures be improved, a joint working group on juvenile competency issues was formed with representatives from the Implementation Task Force, the Collaborative Justice Courts Advisory Committee, and the Family and Juvenile Law Advisory Committee. Taking into account recommendations suggested by the California Judges Association, this working group proposed changes to the Welfare and Institutions Code Section 709 that will benefit minors who may be incompetent by providing them with a clear standard for determination, clarifying the procedure for the competency hearing, attributing to the minor the burden of establishing incompetence, clarifying what is expected from an expert who is appointed to evaluate a minor, requiring minors who are found incompetent to receive appropriate services, and requiring the Judicial Council to develop a rule of court outlining the training and experience needed for juvenile competency evaluators. The working group went through an extensive review and public comment process to finalize proposed amendments to Welfare and Institutions Code Section 709; a copy of the proposed modifications can be found in Appendix H of this report. The Judicial Council will review the proposed changes and legislative proposal at its December 2015 meeting.[29]

Juvenile Reentry

These recommendations focus on the need for the juvenile court and probation to work together to ensure that juveniles have a plan for treatment, have access to medication, and are able to obtain other necessary services when they reenter the community after being in detention or placement. Much of the work on recommendations in this subsection is dependent upon local collaboration and an examination of local procedures. Although the Implementation Task Force identified best practices for courts to include as part of general juvenile court processes including juvenile mental health collaborative court models for high risk/high needs cases, the timing of the task force's sunset and resource constraints leave more work to be done in this arena. Future work, guided by the partnership of the Judicial Council advisory committees involved in juvenile and collaborative court issues, will determine how best to identify effective practices, support effective court models, and inform courts statewide about strategies to support reentry, and reduce juvenile recidivism rates. The Implementation Task Force noted that current work in the adult reentry arena

[29] Recommendation 96.

may help identify effective practices, such as reentry courts, for modification and potential use in juvenile courts.

Collaboration

Recommendations in this section focused on the need for juvenile courts to collaborate with community agency partners to coordinate resources for juveniles with mental illness who are involved in the delinquency court system. It is hoped that the amendment of rule 10.952 encouraging local courts to include mental health agencies in court-community networks will results in a strengthened relationship between the courts and partner agencies, thereby creating greater collaboration and additional coordination of services for juvenile offenders with mental illness.[30] Implementation Task Force members reached out to community partners, including probation departments and mental health directors, in an effort to highlight approaches to address the needs of persons with mental illness in the courts. This outreach focused on both juvenile and adult offenders and included organizations such as the California Judges Association, the Council on Mentally Ill Offenders (COMIO) and other justice system partners. The Implementation Task Force also identified a need to coordinate across court types, including dependency, family, probate, and criminal courts in which family members and juveniles with mental illness have cases before the court. For the future, coordination among Judicial Council advisory bodies dealing with issues related to dependency, family, probate and criminal courts will be an important first step in developing protocols to address juveniles and families involved in multiple case types.

Education and Training

Citing California Government Code section 68553.5, the TFCJCMHI stressed the need for the Judicial Council to provide training and education about juvenile mental health and developmental disability issues for judicial officers and other individuals who work with children in delinquency proceedings and crafted recommendations addressing this need. The Implementation Task Force also highlighted areas for judicial education, including content related to juvenile mental health issues. In partnership with Judicial Council advisory groups that had similar concerns, members of the Implementation Task Force participated in planning processes that resulted in inclusion of mental health and developmental disability issues as part of CJER's Juvenile Law curriculum. The Implementation Task Force also identified the need for additional educational programming and resource development as a focus for ongoing work in this area. Implementation Task Force members also supported the development of multidisciplinary education programs focused on juvenile mental health issues, such as trauma-informed care, bullying, and human trafficking through Beyond the Bench conferences, Youth Court Summits, and collaborative justice educational programs.[31] The work of the Implementation Task Force served to crystallize the need for mental health content in juvenile court education programs and to provide support for developing educational content.

Research

The TFCJCMHI's final report highlights the need for additional research in the area of juveniles in the delinquency system. In response to recommendations on this topic, additional research on juvenile mental

[30] Recommendations 101–106.
[31] Recommendations 107–109.

health has been added to the California Courts website (*www.courts.ca.gov*), with new reports on juvenile mental health being added regularly.[32] Areas of focus for ongoing research include human trafficking, juvenile mental health courts, girls' courts and Commercial Sexual Exploitation of Children (CSEC) courts, and peer/youth courts. The joint working group on competency will consider and advise on the juvenile competency research that should be undertaken by the Judicial Council.[33] To assist delinquency and juvenile mental health courts interested in data collection, the Judicial Council published and distributed a report on juvenile delinquency performance measurement as an evidence-based practice (*www.courts.ca.gov/documents/JD_Performance_asEBP.pdf*). In addition, the Judicial Council worked with the National Center for State Courts to survey all collaborative courts in California and to document preliminary outcome measures for juvenile collaborative justice courts.[34] Outcomes data, where available, had been summarized and provided as part of research briefings and summaries. This survey will be replicated to provide an updated snapshot of California's collaborative courts. The Implementation Task Force, along with partnering Judicial Council advisory groups, focused on developing methods to identify and disseminate effective practices in the areas of juvenile competency, juvenile mental health courts, and human trafficking. These efforts of the Implementation Task Force are expected to continue as part of the ongoing work in developing judicial resources, and resources for partners, to address juvenile mental health issues in the court system. For example, Judicial Council staff, with input from the Collaborative Justice Courts Advisory Committee, is developing a briefing on juvenile collaborative court models, including a background in juvenile collaborative justice, the effectiveness and cost-effectiveness of these models, and how they can be replicated. This briefing is scheduled to be completed by mid-2016. In addition, staff is developing a trafficking tool kit for juvenile and criminal court judges to assist them in dealing with potential victims and perpetrators of human trafficking in their courtrooms.

[32] Recommendation 110.
[33] Recommendation 111.
[34] Recommendation 113.

Section 7: Education, Training, and Research

The TFCJCMHI's final report recognizes the need to heighten awareness and to provide the information and knowledge base necessary for improving outcomes for people with mental illness in the criminal justice system. Concluding that education and training for judicial officers, court staff, and mental health and criminal justice partners is critical, the TFCJCMHI's final report indicates that education and training programs should reflect a multidisciplinary and multisystem approach, and recommends that evidence-based practices and current information about mental health treatment and research findings be included in education efforts. The final report specified:

> Training programs should include, at a minimum, information about mental illness (diagnosis and treatment), the impact of mental illness on individuals and families, indicators of mental illness, stabilization and deescalation strategies, legal issues related to mental illness, and community resources (public and private). Training for judicial officers should include additional information about strategies for developing effective court responses for defendants with mental illness. Cross-training between criminal justice, mental health, and drug and alcohol services partners, and training in developing effective collaborations between the courts and mental health and criminal justice partners is critical if effective practices are to be designed and implemented to improve outcomes for individuals with mental illness in courts, jails, and prisons. All training initiatives should be designed to include mental health consumers and family members.

In order to help programs be more effective and to inform government leaders who can affect public policy, the final report calls for additional research to be done to identify best practices in California and to do a cost study, comparing the costs associated with traditional and alternate responses to people with mental illness in the criminal justice system.

The Implementation Task Force examined the recommendations and made efforts to implement those recommendations that were appropriate for judicial branch involvement. It accomplished objectives in all three categories of the TFCJCMHI's recommendations in this section: education and training for court and justice partner staff, collaboration with California law schools, and research.

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

Recommendations in this section center on the need for judicial officers, counsel, and justice partners to receive ongoing mental health education and training in strategies for working effectively with persons with mental illness. A key development in the area of judicial education was inclusion of mental health as an education priority in both the criminal and juvenile delinquency curriculum subcommittees of CJER. This development provides for significant education and materials for judicial education as well as inclusion of mental health content in judicial education programs sponsored by CJER.[35]

[35] Recommendations 117, 118, and124.

Implementation Task Force members also participated as faculty for CJER's judicial education programs, developing and testing judicial education curricula and materials as part of the work of the Implementation Task Force. Programs were offered at the Cow County Judges Institute, Juvenile Law Institute, Family Law Institute, and Criminal Law Institute. Multidisciplinary education was offered for justice system and treatment partners at Beyond the Bench, Family Law Education Programs, the California Sheriff's Association conference, the Chief Probation Officers of California conference, the County Behavioral Health Directors Association of California conference, the Youth Court Summit, the Community Justice and Homeless Summit, the Reentry Court Summit, the California Judges Association Conference, and the California Association of Collaborative Courts/National Association of Drug Court Professionals conferences.[36]

The Implementation Task Force also worked with CJER to post an extensive body of newly developed judicial mental health resources on the CJER On-Line website.[37] The Implementation Task Force also identified resources that were available outside the court system that address specific issues pertinent to mental health issues in the courts, for adults and juveniles. These resources were cited and catalogued for inclusion in the mental health websites on the judicial branch website. In addition, the Implementation Task Force identified effective practices in the courts, as well as areas where additional materials are needed, and began preparing new materials and cataloguing of effective practices. This area was also identified as an area for follow-up and ongoing maintenance once the project is fully launched.

Collaboration with California Law Schools

The TFCJCMHI's final report recommended that the Judicial Council, California law schools, and the State Bar of California collaborate to promote collaborative justice principles and expand knowledge of issues that arise at the interface of the criminal justice and mental health systems. Implementation Task Force members were invited to present in law schools and individual members included mental health issues and collaborative justice principles as part of their curriculum. Members of the Implementation Task Force also partnered with other advisory committees to reach out to law schools that established externships for law students in collaborative justice and mental health courts.

Research

The TFCJCMHI's final report calls for research to be conducted to evaluate practices aimed at improving outcomes for people with a mental illness who are involved in the justice system and to distribute that research to courts and their partners to better inform their own work. The Implementation Task Force directed or supported several research projects to support these recommendations. The California Courts website (*www.courts.ca.gov*) has been expanded to include links to several resources for juvenile mental health, including the California Department of Health Care Services and the Council on Mentally Ill Offenders, as well as to provide regular updates on juvenile mental health issues and on juvenile mental health courts.[38] Judicial Council staff is providing support for data collection among delinquency and juvenile mental health courts throughout the state and has published a report on juvenile delinquency court

[36] Recommendations 116–121; 124.
[37] Recommendation 115.
[38] Recommendation 132.

performance measurement as an evidence-based practice (*www.courts.ca.gov/documents/JD_Performance_asEBP.pdf*). Additionally Judicial Council staff has worked closely with collaborative justice court coordinators around the state to identify data definitions and standards and is working with the National Center for State Courts to survey all collaborative justice courts in the state and to identify preliminary outcome measures.

The Implementation Task Force has also supported research projects carried out by the Judicial Council. The Judicial Council published a literature review of mental health court–related research in 2012 that is available on the California Courts website at *www.courts.ca.gov/documents/AOCLitReview-Mental_Health_Courts--Web_Version.pdf*. In addition, Judicial Council staff is conducting a process evaluation project on California's mental health courts. This study examines the process and procedures of mental health courts, and identifies preliminary outcomes and promising practices. The project discusses the foundation for understanding California's mental health courts, describing the case study's courts in depth, as well as variations among courts' policies and practices. The final phase is an in-depth study of six specific mental health courts and will include qualitative data from interviews and focus groups and available outcomes from the six study courts. To further this research objective, the Implementation Task Forces recommends that Judicial Council staff seek external grant funding or other potential resources to expand the project and track individual-level data and court-specific outcomes.[39]

A similar study is being done on the effectiveness of reentry courts in California, which includes a focus on reentry of prisoners with mental illness and will include participant data, service data, and outcome data. Although the study's focus is on reentry, it is anticipated that the data collected on prisoners with mental illness will yield useful information on program efficacy and provide data that may be applicable to the broader population of offenders with mental illness.[40] However, the Implementation Task Force recommends that additional studies be conducted to address questions of the effectiveness of treatment programs and barriers to services.

Judicial Council staff, with direction from the Implementation Task Force, continues to provide technical assistance to collaborative justice courts, including mental health courts, on request to help with their efforts to conduct research on the local level. Staff also works with drug courts, mental health courts, and other collaborative justice courts to identify data elements and evaluation standards. In addition, staff is working with the National Center for State Courts on a nationwide survey of collaborative justice courts, assisting with the California portion. The results of this survey are forthcoming.

Finally, research briefings have been developed and disseminated in the areas of human trafficking, mental health courts, drug courts, reentry courts, and evidence-based practices in juvenile courts. The Implementation Task Force identified the need for expanded research and research briefings, specifically addressing outcomes in mental health and other collaborative courts addressing mental health issues, as well as summaries that identify effective practices in local courts as part of needed ongoing follow-up work.

[39] Recommendation 133.
[40] Recommendation 135.

Conclusion

When members of the Implementation Task Force first met in February 2012, there was overwhelming agreement that, even in an era of severe budgetary challenges, the recommendations of the TFCJCMHI remained viable and achievable and implementation of the recommendations would present a unique opportunity to impact the future of people with mental illness in the justice system. It was agreed that, in spite of organizational and fiscal challenges, resolution of long-standing problems is possible through collaborative and innovative efforts that strengthen and expand relationships between the courts and their mental health and justice partners. Members were also in agreement that the final report of the TFCJCMHI outlined a realistic blueprint for moving forward within the branch and with partners, even in the post realignment environment.

Much has been accomplished since that initial convening: Rules of court have been amended to address expanding partnerships at the local level; legislation was passed to help improve the adjudication of cases involving persons with mental illness; and educational materials have been developed, including an online toolkit and 'just in time' educational opportunities for judicial officers. Implementation Task Force members have worked closely with educational partners at the Judicial Council's Center for Judiciary Education and Research/CJER; with the Center for Children, Families & the Courts/CFCC; with the California Judges Association, and with the California Institute for Behavioral Health Solutions to include specialized mental health content in their own educational curricula and programs. Implementation Task Force members have also individually and collectively met and worked with state and local leaders to stress the importance of effectively serving those individuals in the justice system suffering from mental illness. During these meetings, Implementation Task Force members have provided the judicial leadership and the voice needed to effectively address the needs of those who are so often marginalized and powerless. Implementation Task Force members continue to work at the national, state, and local levels with judges, justice partners, and mental and behavioral health partners to promote access to services, including treatment, housing, and employment services, as well as access to improved outcomes that benefit each individual, their families, and local communities. While much has been accomplished, much still remains to be done to meet the needs of the court users with mental illness. The ongoing fiscal limitations that the judicial branch faces run the risk of negatively impacting this vulnerable population. While this ultimately affects case processing in all case types, there is a potentially disproportionate effect on those with mental illness in our courts.

The initial work of the TFCJCMHI focused on criminal justice populations. The Implementation Task Force continued to focus its effort in that area, but also noted that the entire court system is impacted by individuals with mental illness. Family, dependency, and probate courts have self-represented litigants, some with severe mental health and related issues, who can easily become confused during court proceedings and may require additional assistance. The Implementation Task Force took special note of the needs of children impacted by custody and child support disputes, parents away on military deployment, family and community violence, incarceration of family members, and bullying as areas that should be more fully addressed in future work related to mental health issues and the courts. It has also become apparent that veterans or individuals on active duty may appear in our courts with complicated mental health-related conditions that sometimes play a role in family violence or pending criminal or family law cases.

In 2014, one of the barriers restricting access to medical and mental health treatment for many of the individuals served by the court appears to have been removed with the implementation of the Affordable Care Act (ACA) and the expansion of Medicaid eligibility. This development is allowing courts, justice system partners, and community treatment providers to explore options that could not even be considered in the past. While the Implementation Task Force has provided educational briefings and materials about the ACA and Medicaid to presiding judges, members recognize that much more information and training is needed if the courts are to engage in the partnerships that will enable persons with mental illness in the courts to take advantage of the new options for treatment that these policy changes offer.

Similarly, realignment brought new populations back into local communities resulting in new responsibilities for the courts. The reentry court evaluation identified a greater incidence of mental health issues among reentry court participants than in the general parolee population, thus requiring increased focus on mental health issues in the court system. In addition, realignment resulted in changes in the delivery of local juvenile services, social services, treatment, and substance abuse services; these comprehensive changes are still being implemented at the local level. To further complicate matters, the passage of Proposition 47 in November 2014 may mean that the court has less influence over the longer term treatment and rehabilitation of some individuals, including those with mental illness and co-occurring disorders, than had been originally contemplated when realignment went into effect. As a result of all these changes — some small, some large — issues related to persons with mental illness in the courts will need to be addressed in entirely new ways. The Implementation Task Force has noted that continued work and judicial leadership is required to effectively link the courts with justice system and treatment partners in order to realign the justice and service systems at the local level and respond to monumental statewide policy changes.

Throughout its work, the Implementation Task Force has focused on the unique needs of persons with mental illness who are at risk of entering, or who have already entered, the justice system. However, members recommend that the experiences and needs of persons with mental illness who are elderly or disabled, women, veterans, transition-age youth, lesbian, gay, bisexual, or transgender (LGBT), person and those whose first language is not English, who are from diverse cultures, and who are from minority and underserved populations must also be considered and incorporated into the development of programs and services.[41] The Implementation Task Force noted that gender-specific and trauma-informed services are essential for all served in the courts but especially for incarcerated women with mental illness who often have extensive histories of trauma. Similarly, girls in the juvenile justice system appear to have experienced higher rates of physical neglect and higher rates of physical, sexual, and emotional abuse than boys and they can benefit from specific trauma-informed services.[42] For elderly incarcerated individuals with mental illness, the coordination of medical and mental health services is essential to manage medication needs effectively and to prevent unnecessary and harmful polypharmacy.[43] The nexus of dementia and mental illness among the elderly and elder abuse has been noted in trainings and materials

[41] This list is not intended to be exhaustive.
[42] Kristen M. McCabe, Amy E. Lansing, Ann Garland, and Richard Hough, "Gender Differences in Psychopathology, Functional Impairment, and Familial Risk Factors among Adjudicated Delinquents," *Journal of the American Academy of Child and Adolescent Psychiatry 41*(7) (2002), pp. 860–867.
[43] Judith F. Cox and James E. Lawrence, "Planning Services for Elderly Inmates With Mental Illness," *Corrections Today* (June 1, 2010).

developed with guidance from the Implementation Task Force. However, specific focus on this area, much like juvenile competency, was identified as an area for on-going work and attention. In addition, while promising practices such as elder courts have emerged, more work to evaluate outcomes and to address sustainability issues for these court programs is needed. In addition, many issues related to individuals with developmental disabilities and limited capacity to understand court proceedings remain unexplored and have been identified by the Implementation Task Force as needing attention and needing to be included in future work plans.

Likewise, veterans have unique experiences and needs often related to posttraumatic stress disorder (PTSD) and traumatic brain injuries (TBI), making it essential to connect veterans with veteran-specific resources and programs. Programs such as veterans' courts, veterans' stand-down courts, and homeless courts have emerged as promising practices that meet these unique needs. However, as in the case of elder courts, issues of sustainability and documenting and evaluating outcomes still need to be addressed, as does alternate sentencing and other relief, such as expungement of records offered to veterans through Penal Code section 1170.9.

Future Directions

Since developing the recommendations of the TFMHICJ and the implementation activities of the Implementation Task Force, major policy, demographic, and economic changes have taken place on the local, state and national levels. Such changes have dramatically altered the landscape for court users with mental illness. They include significant legislative changes in the criminal and juvenile justice and mental health systems, an increase in the number of combat veterans in California, as well as changing demographics in the state. Among the most dramatic changes in California policy is criminal justice realignment[44] and more recently, Proposition 47.[45]

Criminal Justice Realignment

Criminal justice realignment shifted the responsibility of incarceration and supervision of lower level felony offenders from the state to local counties. In the first year following implementation of realignment 58,746 individuals were released from prison - 30% of whom had a mental health classification while in prison.[46] Many of those who return to the community after incarceration may suffer from cognitive or physical conditions that may be age related, substance abuse related, or military service related. In addition, Proposition 47 reduced many previous felony offenses to misdemeanors, thus reducing the numbers of offenders in community supervision or jail.

Thus, large numbers of offenders with mental illness are now in the community. To the extent these persons have difficulty reintegrating into the community, but do not commit serious crimes, they may become involved in conflicts such as landlord tenant disputes, civil harassment or family conflicts, as well as quality of life infractions or lesser offenses such as those dealt with in Homeless or Community Courts.

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[44] Public Safety Realignment Act of 2011, Assembly Bill 109 (Stats. 2011, Ch. 5), enacted April 4. 2011
[45] The Safe Neighborhoods and Schools Act, enacted November 4, 2014.
[46] Cal. Department of Corrections and Rehabilitation (CDCR), *Realignment Report* (Dec. 2013), *http://www.cdcr.ca.gov/Adult_Research_Branch/Research_Documents/Realignment_1_Year_Report_12-23-13.pdf* (accessed Oct. 29, 2015).

They could also enter the probate court system through conservatorships or could be involved in court actions as victims of exploitation or abuse.

Demographics

In addition to policy changes, population changes and increases of persons dealing with mental illness may pose further challenges for the courts. In 2014, there were over 14,000 conservatorship and guardianship case filings statewide, and this number will likely increase based on changing demographics.[47] It is important to note that as well as changes through realignment and the potential release of aging or cognitively impaired individuals, the immediate future is also marked by increases in the aging population of California. In 2000, persons ages 65 and older represented 11% of the total population residing in California. With the 'baby boomer' generation aging, that number is expected to increase to 14% of the total population in 2020 and 19% in 2040.[48] Although much of the increased life expectancy can be attributed to advances in health care, increased life expectancy also carries a greater likelihood of living with chronic disease.[49] It is estimated that 13% of people ages 65 and older, and half of the people 85 and older, have Alzheimer's.[50] These demographics alone suggest that courts will be responding to increases in the numbers of cases involving elder victims or those in need of conservatorship due to cognitive or psychiatric issues.

Veterans

California has the highest number of veterans of any state, many of whom have recently returned from multiple deployments in Iraq and Afghanistan.[51] Of the nearly 2 million veterans residing in the state, approximately half are receiving benefits for service-connected Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).[52] Specific policy changes related to veterans with serious mental health issues have been established through PC1170.9.

Returning veterans and their families are also involved in the sometimes challenging and complex process of family reunification after periods of deployment. As such, they may be involved in court proceedings related to family conflict and child custody proceedings. Judges will need to be increasingly aware of issues related to domestic violence wherein PTSD and TBI may be a factor for one of the parties. These changes all point to the need for courts to develop approaches, in noncriminal as well as criminal courts, that can effectively respond to the needs of veterans with service related mental or cognitive disorders.

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[47] Data obtained from the Judicial Council of California's Office of Court Research
[48] All population figures are from the California Department of Finance tables, Population Projections by Race/Ethnicity, Gender, and Age for California and Its Counties 2000–2050, available at http://www.dof.ca.gov/research/demographic/reports/projections/P-3/ (as of October 29, 2015).
[49] Patricia A. Bomba, "Use of a Single Page Elder Abuse Assessment and Management Tool: A Practical Clinician's Approach to Identifying Elder Mistreatment," in M. Joanna Mellor and Patricia Brownell (Eds.) *Elder Abuse and Mistreatment: Policy, Practice, and Research*, (2006), (pp. 103–122). New York: Haworth Press.
[50] Alzheimer's Association (2007). Alzheimer's Disease Facts and Figures 2007. Washington, DC: Alzheimer's Association.
[51] United States Department of Veterans Affairs' National Center for Veterans Analysis and Statistics http://www.va.gov/vetdata/Veteran_Population.asp (accessed Oct. 25, 2015).
[52] United States Department of Veterans Affairs' National Center for Veterans Analysis and Statistics http://www.va.gov/vetdata/Veteran_Population.asp (accessed Oct. 25, 2015).

Families in the courts

As noted for returning veterans, formerly incarcerated persons who succeed in reentry are also likely to have greater involvement in family court and child custody or child support cases as family reunification occurs. It is notable that family reunification was among the issues identified in the reentry court evaluation project as supporting successful reentry.[53] Reentry court participants explained that they received support from staff to reconnect with family members and that this reconnection motivated them to maintain their sobriety and their commitment to rebuilding their lives. One reentry court participant noted, "They gave me a chance to go visit my family and be the father I should have been. It made me rethink myself."

Other studies have indicated that healthy family relationships are important for children of incarcerated parents to avoid multigenerational institutionalization. A new initiative by the Bureau of Justice Assistance regarding children of incarcerated parents reflects a growing awareness of the unique needs of these families. This awareness is already leading to increased involvement in child custody and child support proceedings, as well as parenting programs and substance abuse and mental health treatment.

It is envisioned that courts will increasingly include family centered programs as part of collaborative courts across adult, family, and juvenile case types and that family court programs will prepare to respond in a proactive way to the mental health issues and needs of these families. Again, demographics suggest that at least in the current phase of criminal justice realignment and the return of large numbers of combat veterans, there is likely to be an increase in the numbers of persons with significant mental health issues among the families seeking services and court orders to address child support, custody, visitation, and family reunification.

These families will also be addressing more severe issues through domestic violence, juvenile justice and juvenile dependency proceedings. Many children were left behind during the long incarceration periods prior to realignment or during the extended wars in Iraq and Afghanistan. Effects on families and children are still being documented; however, it is apparent that children suffer emotionally during such disruption and are more at risk of becoming involved in juvenile justice or dependency during family disruption and estrangement.[54]

There were also other factors that contributed to extreme vulnerability of children during this period. Since the economic downturn of 2008, the numbers of homeless children and families has greatly expanded, with one in five children living in poverty.[55] These conditions have doubtlessly exacerbated any underlying mental health or cognitive disorders that might have already been present. Family or community violence, especially school shootings, and excessive use of force by authorities, have increased the exposure of children to trauma, extreme fear, and grief. Exposure to such trauma can be linked to significant mental health problems in children and can have long lasting impacts.[56]

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[53] Judicial Council of California, California Reentry Court Evaluation Report. http://www.courts.ca.gov/documents/jc-20141212-itemC.pdf (accessed 11/13/15)

[54] Steve Christian, "Children of incarcerated parents." *National conference of State legislatures* (2009), http://www.ncsl.org/documents/cyf/childrenofincarceratedparents.pdf (as of October 29, 2015).

[55] The U.S. Census' *Current Population Survey* https://www.census.gov/hhes/www/poverty/about/overview/ (as of November 2, 2015).

[56] Lenore C. Terr, "Childhood traumas: An outline and overview," *Focus 1.3*, (2003), pp. 322-334, *http://www.columbia.edu/cu/psychology/courses/3615/Readings/Terr_Childhood_Trauma.pdf* (as of November 2, 2015).

Youth in court

It is important to note that children may enter the court system due to serious mental illness or cognitive disorders involving themselves, and/or their parents, that require specialized responses by the court. Many specialized procedures have been developed in family court to respond to domestic violence. In dependency court, children can be detained due to untreated parental mental illness or severe mental health issues from child neglect or abuse.[57] It is anticipated that use of psychotropic medication in the foster care system will continue to be an area for review to develop effective policies and practices going forward. Likewise, concerns regarding cognitive impairment or mental illness in juveniles facing charges in the juvenile justice system led to proposals regarding juvenile competency. The Implementation Task Force moved forward to help develop draft legislation for the Judicial Council to consider that would address and define juvenile competency in order to assist courts with cases involving some of the most impacted youth in juvenile justice.

With many children and youth that have cognitive impairment or significant mental health issues entering the juvenile court system, a number of innovations have been developed. These include dependency drug courts, juvenile mental health courts, and programs such as the family finding model, which offers methods and strategies to locate and engage relatives of children currently living in out-of-home care. In addition, girls' courts and CSEC courts are designed to help youth who have been exploited through sex trafficking.

Some have noted that the juvenile system is not set up to offer real protections to noncriminal youth, particularly homeless youth, runaways and throwaways. For example, the juvenile system often does not have the necessary trauma-based services for these youth, who are often most at risk for trafficking. Researchers and practitioners have indicated that there should be a collaborative approach that limits criminalization of victims and provides the necessary trauma-informed services and treatment for victims of human trafficking.[58] [59] One example of this is a pilot enacted by Assembly Bill 499 in 2008 (extended by Assembly Bill 799 in 2011) that created a diversion program in Alameda County in which commercially sexually exploited minors are provided with extensive wrap-around services to address their physical, mental health, and survival needs thus avoiding entry into the justice system.

Adapting to change

As outlined above, cases involving serious mental health issues and mental illness are present throughout the court system in all case types. There are also indicators that these cases will increase in the near future, and that courts and policymakers will continue to seek effective approaches to address these cases. For instance, new legislation related to inclusion of mental health history in 5150 evaluation appears to reflect efforts to respond more broadly to gravely disabled mentally ill persons.[60] Similarly, Laura's Law[61] which

[57] Welf. & Inst. Code §300(b) and (c)
[58] T. K. Logan, R. Walker, and G. Hunt, "Understanding Human Trafficking in the United States" (2009) 10(1) *Trauma, Violence, and Abuse* 3–30; Florida State University. (2003). *Florida Responds to Human Trafficking*. Tallahassee: Author (Center for the Advancement of Human Rights), *www.cahr.fsu.edu/sub_category/floridarespondstohumantrafficking.pdf* (as of December 6, 2012).
[59] Annie Fukashima & Cindy Liou, "Weaving Theory and Practice: Anti-Trafficking Partnerships and the Fourth 'P' in the Human Trafficking Paradigm" (2012), *http://iis-db.stanford.edu/pubs/23750/Liou%26Fukushima_Final_06_12.pdf* (as of December 6, 2012).
[60] Assembly Bill 1194 (Eggman)
[61] Welf. & Inst. Code §5345-5349.5

passed in 2002 and allows the option for court ordered assisted outpatient treatment for persons with serious mental illness and a record of recent psychiatric hospitalizations, threats or attempts of serious violence, or incarceration, is being increasingly implemented by local jurisdictions. These changes reflect the need for broader responses to mental health crisis intervention that were discussed in the first mental health task force report. Similarly, in the wake of mass shootings by severely disturbed individuals, often youth or young adults, there has been increased focus on firearms regulation through the reporting of proceedings involving mentally ill persons in noncriminal as well as criminal courts. In reviewing the Task Force report, many elements that are recommended for the criminal justice system, such as involvement of court partners; coordination of court proceedings; coordination of services and court programs; appropriate sharing of records; use of collaborative courts; and education for judicial officers and justice partners have been noted as applicable to noncriminal case types as well as to cases in the criminal justice system.

Adapting to the kind of changing landscape the court system is encountering requires flexibility and fresh approaches. Policymaking bodies must be able to adapt to the pressing changes with best practices that also evolve. Key to furthering what was started by both Task Forces is the ability to coordinate the continuing efforts of the Judicial Council to improve services to court users with mental illness. Work done by different committees needs to be united, with liaisons between different groups who can ensure that the work is not being done in silos, and that each affected advisory body is working towards shared goals and a unified vision.

Summary

Implementation of the recommendations made in the final report of the Task Force on Criminal Justice Collaboration is well underway. Judicial leadership and a concentrated, focused effort has made a real difference in how not only our courts, but also in how our justice and mental health partners have begun addressing issues related to offenders and other court users with mental illness.

However, in spite of all that has been accomplished, much remains to be done if we are to achieve our goal of making a real, sustained, lasting, and cost-effective difference in the lives of persons with mental illness who are served by our courts and who, sometimes, are also our own brothers and sisters, mothers and fathers, children, neighbors, or childhood friends. Only by judges working collaboratively with our mental health, social service, and justice partners can our courts begin or continue to see improved outcomes for offenders and other court users impacted by serious mental illness or having limited capacity for understanding court proceedings. Without that leadership, without that collaborative effort, and without that focus, we will continue to cycle and recycle individuals through our jails, through our prisons, and through our courts creating a burden for ourselves and for our communities. With a commitment to addressing the problem, judicial branch leaders have been and remain uniquely positioned to make a real difference today and well into the future as we continue our work together promoting access to justice and fairness for all.

Appendices

Appendix A: Mental Health Issues Implementation Task Force (MHIITF) Responses to the Recommendations of the Task Force for Criminal Justice Collaboration on Mental Health Issues (TFCJCMHI)

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
Section 1: Prevention, Early Intervention, and Diversion Programs ***Coordination of Community Services*** ***To prevent entry or reduce the number of people with mental illness entering the criminal justice system, both public and private services that support this population should be expanded and coordinated. Having a range of available and effective mental health treatment options can help prevent people with mental illness from entering the criminal justice system.***		
1	Community partners should collaborate to ensure that community-based mental health services are available and accessible. Community services should include, but are not limited to, income maintenance programs, supportive housing or other housing assistance, transportation, health care, mental health and substance abuse treatment, vocational rehabilitation, and veterans' services. Strategies should be developed for coordinating such services, such as co-location of agencies and the provision of interagency case management services. Services should be client centered, recovery based, and culturally appropriate.	Identified by the Mental Health Issues Implementation Task Force (Implementation Task Force) as not being under the purview of the judicial branch and more appropriately addressed by local mental/behavioral health and social service partners.
2	State and county departments of mental health and drug and alcohol should design and adopt integrated approaches to delivering services to people with co-occurring disorders that cross traditional boundaries between the two service delivery systems and their funding structures. Resources and training should be provided to support the adoption of evidence-based integrated co-occurring disorder treatment, and information from existing co-occurring disorder work groups (e.g., Co-Occurring Joint Action Council and Mental Health Services Oversight and Accountability Commission) should inform the development of integrated service delivery systems.	Identified by the Implementation Task Force as not being under the purview of the judicial branch more appropriately addressed by state and local mental/behavioral health and substance abuse treatment partners.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
3	Mental health programs, including both voluntary and involuntary services, should be funded at consistent and sustainable levels. Funding should be allocated to programs serving people with mental illness that utilize evidence based practices (e.g., programs established under AB 2034 that serve homeless individuals with mental illness).	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by state and local mental/behavioral health and social service partners.
4	Community mental health agencies should utilize resources such as the California Network of Mental Health Clients; National Alliance on Mental Illness, California (NAMI CA); the United Advocates for Children and Families; local community-based programs that interact with populations most in need; and peer networks to perform outreach and education about local mental health services, drug and alcohol programs, and other programs that serve individuals with mental illness in order to improve service access.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by state and local mental/behavioral health and substance abuse treatment partners.
5	Local task force or work groups composed of representatives from criminal justice and mental health systems should be created to evaluate the local needs of people with mental illness or co-occurring disorders at risk of entering the criminal justice system, to identify and evaluate available resources, and to develop coordinated responses.	Identified by the Implementation Task Force as not being under the purview of the judicial branch more appropriately addressed by local criminal justice, mental/behavioral health and substance abuse treatment partners. The Implementation Task Force noted that local courts could participate or act as conveners of such workgroups.
6	Local mental health agencies should coordinate and provide education and training to first responders about mental illness and available community services as options for diversion (e.g., detoxification and inpatient facilities, crisis centers, homeless shelters, etc.).	Identified by the Implementation Task Force as not being under the purview of the judicial branch more appropriately addressed by local law enforcement and other emergency services, social service, mental/behavioral health, and substance abuse treatment partners.
7	Law enforcement and local mental health organizations should continue to expand the development and utilization of Crisis Intervention Teams (CIT), Mobile Crisis Teams (MCT), and Psychiatric Emergency Response Teams (PERT) to effectively manage incidents that require responses by law enforcement officers. Such teams provide mental health expertise through specially trained police officers or through mental health professionals who accompany officers to the scene. Smaller counties unable to assemble response teams should consider alternative options such as a mental health training module for all cadets and officers.	Identified by the Implementation Task Force as not being under the purview of the judicial branch more appropriately addressed by state and local law enforcement and mental/behavioral health treatment partners. In October 3, 2015, SB11 and SB29 (Beall) were signed into law amending Penal Code sections relating to police officer training standards both in basic post training and for field training officers.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
8	Community-based crisis centers that operate 24 hours daily, 7 days a week should be designated or created to ensure that law enforcement officers have increased options for people with suspected mental illness in need of timely evaluation and psychiatric stabilization. Local mental health providers, hospitals, and law enforcement agencies should collaborate to designate or create such crisis centers so that individuals are appropriately assessed in the least restrictive setting.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by local law enforcement and other emergency services, social service, mental/behavioral health, and substance abuse treatment partners.
9	People with mental illness, working with their mental health care providers, should be encouraged to create Psychiatric Advance Directives (PADs) to distribute to family members or members of their support system so that vital treatment information can be provided to law enforcement officers and other first responders in times of crisis. The development of PADs should be encouraged for persons discharged from correctional or inpatient facilities. PADs should be included in clients' personal health records and abbreviated PADs could be made available in the form of a wallet card.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by state and local law enforcement and mental health treatment partners along with the National Alliance on Mental Illness California (NAMI CA) and mental/behavioral health consumer groups.
10	Discharge planning protocols should be created for people released from state and local psychiatric hospitals and other residential facilities through collaborations among the hospitals, community-based agencies, and pharmacies to ensure that no one is released to the streets without linkage to community services and stable housing. Discharge planning should begin upon facility entry to support a successful transition to the community that may prevent or minimize future interactions with the criminal justice system. Clients, as well as family members when appropriate, should be involved in the development of discharge plans.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by state and local mental hospitals or other mental health residential facilities, social services, and mental/behavioral health treatment partners.
11	California Rule of Court 10.952 (Meetings concerning the criminal court system) should be amended to include participants from parole, the police department, the sheriff's department, and Conditional Release Programs (CONREP), the County Mental Health Director or his or her designee, and the County Director of Alcohol and Drug Programs or his or her designee.	Identified by the Implementation Task Force as being under the purview of the judicial branch. To address this issue, the Implementation Task Force proposed revisions to Rule of Court 10.952. The Judicial Council approved the proposed revisions to the rule that became effective January 1, 2014. The revision expanded the list of those involved in regular meetings with criminal justice partners were representatives of the Forensic Conditional Release Program (CONREP), the county mental health director or designee, and the county alcohol and drug director or designee.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
12	Courts and court partners identified under the proposed amendment of California Rule of Court 10.952 should develop local responses for offenders with mental illness or co-occurring disorders to ensure early identification and appropriate treatment. The goals are to provide better outcomes for this population, reduce recidivism, and respond to public safety concerns.	Identified by the Implementation Task Force as being under the purview of the judicial branch. To address this issue, the Implementation Task Force proposed revisions to Rule of Court 10.951. The Judicial Council approved the proposed revisions to the rule that became effective January 1, 2014. The revision added a subsection to the rule of court related to the development of local protocols for cases involving offenders with mental illness or co-occurring disorders to ensure early identification and appropriate treatment of offenders with mental illness or co-occurring disorders with the goal of reducing recidivism, responding to public safety concerns, and providing better outcomes while using resources responsibly and reducing costs. A sample protocol was developed for educational purpose and is included in the Appendix to this report.
13	Courts and court partners identified under the proposed amendment of California Rule of Court 10.952 should identify information-sharing barriers that complicate collaborations, service delivery, and continuity of care for people with mental illness involved in the criminal justice system. Protocols, based on best or promising practices, and in compliance with Health Insurance Portability and Accountability Act (HIPAA), and other federal and state privacy protection statutes, rules, and regulations, should be developed to facilitate effective sharing of mental health–related information across agencies and systems. Agencies should be encouraged to maintain mental health records electronically and to ensure compatibility between systems.	Identified by the Implementation Task Force as being under the purview of the judicial branch. It is anticipated that the amendment of California Rule of Court 10.952 to include additional stakeholders to already mandated meetings will help break down barriers to communicating critical information. In addition, this recommendation was identified by the Implementation Task Force as being a best practice for courts and their state and local mental/behavioral health partners.
14	**LIST OF SERVICE PROVIDERS** The presiding judge, or the judge designated under California Rule of Court 10.952, should obtain from county mental health departments a regularly updated list of local agencies that utilize accepted and effective practices to serve defendants with mental illness or co-occurring disorders and should distribute this list to all judicial officers and appropriate court personnel.	Identified by the Implementation Task Force as being under the purview of the judicial branch. It is anticipated that the amendment of California Rule of Court 10.952 to include additional stakeholders to already mandated meetings will help identify the need for information about mental health resources. In addition, this recommendation was identified by the Mental Health Issues Implementation Task Force as being a best practice for courts and their state and local mental/behavioral health partners.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
15	Courts should become involved with local Mental Health Services Act stakeholder teams in order to promote greater collaboration between the courts and local mental health agencies and to support services for people with mental illness involved in the criminal justice system.	Identified by the Implementation Task Force as a best practice for courts and their county mental/behavioral health partners. Local Mental Health Services Act stakeholder meetings are generally convened by county mental/behavioral health partners and courts and other criminal justice partners should be among those invited to attend these meetings. Judicial leaders should work with executive officers or designees to encourage adoption and identification of best practices for the offenders with mental illness.
16	Each California trial court should have a specialized method based upon collaborative justice principles for adjudicating cases of defendants with mental illness, such as a mental health court, a co-occurring disorders court, or a specialized calendar or procedures that promote treatment for the defendant and address public safety concerns. Judicial leadership is essential to the success of these efforts. Information about planning a mental health court is included with the sample mental health protocols in the Appendix to this report.	Identified by the Implementation Task Force as a best practice. By adopting problem-solving approaches and employing collaborative justice principles, courts can better connect defendants with mental illness to treatment, reduce recidivism and promote public safety. Under the current California Rule of Court 10.951 (effective January 1, 2014) courts are encouraged to develop local protocols for cases involving offenders with mental illness or co-occurring disorders to ensure early identification and appropriate treatment of offenders with mental illness or co-occurring disorders with the goal of reducing recidivism, responding to public safety concerns, and providing better outcomes while using resources responsibly and reducing costs.
17	Information concerning a defendant's mental illness should guide case processing (including assignment to a mental health court or specialized calendar program) and disposition of criminal charges consistent with public safety and the defendant's constitutional rights.	Identified by the Implementation Task Force as a best practice. In addition to information about mental health issues being identified as a topic for judicial education programs, this recommendation is supported by the amendment of California Rule of Court 10.951 by encouraging the development of local protocols for offenders with mental illness, and encouraging trial courts to have a specialized approach, guided by the defendant's mental health needs, to adjudicating cases involving defendants with mental illness Implementation Task Force members have also developed additional teaching tools, bench notes and sample orders along with other resources for use in judicial education programs. Materials will be available late summer 2014. These materials have been included as educational resources in the criminal law probate and mental health and family law tool kits of CJER on line.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
18	Local courts, probation, and mental health professionals should collaborate to develop supervised release programs to reduce incarceration for defendants with mental illness or co-occurring disorders, consistent with public safety.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch, but also as an appropriate area to be addressed in partnership with state and local probation, parole, and mental/behavioral health treatment partners. This recommendation is consistent with California Rule of Court 10.951 and California Rule of Court 10.952 (effective January 1, 2014). The judicial officer should exercise their leadership role and require or encourage this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
19	Prosecutors should utilize, as appropriate, disposition alternatives for defendants with mental illness or co-occurring disorders.	Identified by the Issues Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by criminal justice partners.
20	In accordance with the Victim's Bill of Rights Act of 2008 (Marsy's Law), judicial officers should consider direct input from victims in cases involving defendants with mental illness or co-occurring disorders to inform disposition or sentencing decisions, recognizing that many victims in such cases are family members, friends, or associates.	Identified by the Implementation Task Force as being under the purview of the judicial branch and identified as a best practice as well as a topic appropriate for inclusion in judicial education materials and programs.
21	The court system and the California Department of Mental Health cooperatively should develop and implement video-based linkages between the courts and the state hospitals to avoid delays in case processing for defendants being treated in state hospitals and to prevent the adverse consequences of repeated transfers between hospitals and jails. The use of video-based procedures is to be voluntary, and clients should retain the right to request live hearings. Policies and procedures should be in place to ensure that clients have adequate access to private conversations with defense counsel.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch and more appropriately addressed in partnership with the California Department State Hospitals (formerly the Department of Mental Health) and criminal justice partners including the California District Attorneys Association, the California Public Defenders Association, and the California Sheriffs Association.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
22	Judicial officers should require the development of a discharge plan for defendants with mental illness as a part of disposition and sentencing. Discharge plans should be developed by custody mental health staff, pretrial services, or probation, depending on the status and location of the defendant, in collaboration with county departments of mental health and drug and alcohol or other designated service providers. Discharge plans must include arrangements for housing and ongoing treatment and support in the community for offenders with mental illness.	Identified by the Implementation Task Force not solely being under the parties of the Judicial Branch but requiring implementation in cooperation with partners such as the Chief Probation Officers Association of California, California Department of Corrections and Rehabilitation (parole), and California Mental Health Directors Association and other partners. This recommendation is consistent with California Rule of Court 10.951 and California Rule of Court 10.952 (effective January 1, 2014). The judicial officer should exercise their leadership role and require or encourage this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
23	Court administrators should develop local policies and procedures to ensure that medical and mental health information deemed confidential by law is maintained in the nonpublic portion of the court file. Mental health information not otherwise a part of the public record, but shared among collaborative court partners, should be treated with sensitivity in recognition of an individual's rights to confidentiality	Identified by the Implementation Task Force as being under the purview of the judicial branch and identified as a best practice as well as a topic appropriate for inclusion in court administration education materials and programs.
24	Conservatorship proceedings and criminal proceedings should be coordinated where a defendant is conserved and has a pending criminal case or a defendant has a pending criminal case and is then conserved. Such coordination could include designating a single judicial officer to preside over both the civil and criminal proceedings. When all parties agree, or a protocol for how such proceedings can be coordinated, when heard by different judicial officers. If a judicial officer presides over both civil and criminal proceedings, he or she should have training in each area.	Identified by the Implementation Task Force as being under the purview of the judicial branch and identified as a best practice as well as a topic appropriate for inclusion in judicial education materials and programs. Initial work in this area was begun through Judicial Council sponsored legislation drafted by the Implementation Task Force by requesting that the Judicial Council sponsor legislation it drafted to increase the options available to courts when handling criminal cases involving potentially offenders with mental illness, and improve coordination between the conservatorship court and the criminal court when they have concurrent jurisdiction over an individual with mental illness. This legislative proposal has been incorporated into AB 2190 (Maienschein) – Criminal defendants: gravely disabled persons and signed into law on September 28, 2014.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
25	Legislation should be enacted that allows judicial officers to join the county conservatorship investigator (Welf. & Inst. Code, § 5351), the public guardian (Gov. Code, § 27430), private conservators and any agency or person serving as public conservator to criminal proceedings, when the defendant is conserved or is being considered for conservatorship.	Identified by the Implementation Task Force as being most appropriately addressed in conjunction with the state legislature. Initial work in this area began with a legislative proposal drafted by the Implementation Task Force requesting that the Judicial Council sponsor legislation to increase the options available to courts when handling criminal cases involving potentially offenders with mental illness, and improve coordination between the conservatorship court and the criminal court when they have concurrent jurisdiction over an individual with mental illness. The legislative proposal was incorporated into AB 2190 (Maienschein) – Criminal defendants: gravely disabled persons and signed into law on September 28, 2014.
26	Existing legislation should be modified and new legislation should be created where necessary to give judicial officers hearing criminal proceedings involving defendants with mental illness the authority to order a conservatorship evaluation and the filing of a petition when there is reasonable cause to believe that a defendant is gravely disabled within the meaning of Welfare and Institutions Code section 5008(h). The conservatorship proceedings may be held before the referring court if all parties agree. Judicial officers should have training in the area of LPS law if ordering the initiation of conservatorship proceedings.	Identified by the Implementation Task Force as being under the purview of the judicial branch. Therefore, the Mental Health Issues Implementation Task Force drafted a legislative proposal that was approved as part of the Judicial Council's 2014-2015 legislative agenda. The legislative proposal has been incorporated into AB 2190 (Maienschein) – Criminal defendants: gravely disabled persons and signed into law on September 28, 2014.
27	When the criminal court has ordered the initiation of conservatorship proceedings, the conservatorship investigation report should provide recommendations that include appropriate alternatives to conservatorship if a conservatorship is not granted.	Identified by the Implementation Task Force as being under the purview of the judicial branch and identified as a best practice as well as a topic appropriate for inclusion in judicial education materials and programs. In addition, this recommendation was identified as being appropriate address with county partners.
28	There should be a dedicated court or calendar where a specially trained judicial officer handles all competency matters. Competency proceedings should be initiated and conducted in accordance with California Rule of Court 4.130 and relevant statutory and case law.	Identified by the Implementation Task Force as being under the purview of the judicial branch and identified as a best practice as well as a topic appropriate for inclusion in judicial education materials and programs.
29	Each court should develop its own panel of experts who demonstrate training and expertise in competency evaluations.	Identified by the Implementation Task Force as being under the purview of the judicial branch and identified as a best practice as well as a topic appropriate for inclusion in judicial education materials and programs.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
30	Mental health professionals should be compensated for competency evaluations in an amount that will encourage in-depth reports.	Identified by the Implementation Task Force as being under the purview of the judicial branch and identified as a best practice. However, the Implementation Task Force recognizes that because of the current uncertain fiscal situation for the courts, implementation of this recommendation will likely need to be deferred. This recommendation was also identified as being appropriate to address in partnership with legislative and county partners.
31	California Rule of Court 4.130(d) (2) should be amended to delineate the information included in the court-appointed expert report in addition to information required by Penal Code section 1369. The report should include the following: a. A brief statement of the examiner's training and previous experience as it relates to examining the competence of a criminal defendant to stand trial and preparing a resulting report; b. A summary of the examination conducted by the examiner on the defendant, including a current diagnosis, if any, of the defendant's mental disorder and a summary of the defendant's mental status; c. A detailed analysis of the competence of the defendant to stand trial using California's current legal standard, including the defendant's ability or inability to understand the nature of the criminal proceedings or assist counsel in the conduct of a defense in a rational manner as a result of a mental disorder; d. A summary of an assessment conducted for malingering, or feigning symptoms, which may include, but need not be limited to, psychological testing; e. Pursuant to Penal Code section 1369, a statement on whether treatment with antipsychotic medication is medically appropriate for the defendant, whether the treatment is likely to restore the defendant to mental competence, a list of likely or potential side effects of the medication, the expected efficacy of the medication, possible alternative treatments, whether it is medically appropriate to administer antipsychotic medication in the county jail, and whether the defendant has capacity to make decisions regarding antipsychotic medication;	Identified by the Implementation Task Force as being under the purview of the judicial branch and identified as a best practice. The Implementation Task Force recommends work continue to amend California Rule of Court 4.130(d) as stated in this recommendation. In addition, this recommendation was identified as being appropriate to address with state and local partners including the Forensic Mental Health Association of California.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
	f. A list of all sources of information considered by the examiner, including, but not limited to, legal, medical, school, military, employment, hospital, and psychiatric records; the evaluations of other experts; the results of psychological testing; and any other collateral sources considered in reaching his or her conclusion; g. A statement on whether the examiner reviewed the police reports, criminal history, statement of the defendant, and statements of any witness to the alleged crime, as well as a summary of any information from those sources relevant to the examiner's opinion of competency; h. A statement on whether the examiner reviewed the booking information, including the information from any booking, mental health screening, and mental health records following the alleged crime, as well as a summary of any information from those sources relevant to the examiner's opinion of competency; and i. A summary of the examiner's consultation with the prosecutor and defendant's attorney, and of their impressions of the defendant's competence-related strengths and weaknesses.	
32	An ongoing statewide working group of judicial officers, the Administrative Office of the Courts, Department of Mental Health, CONREP, and other stakeholders should be established to collaborate and resolve issues of mutual concern regarding defendants found incompetent to stand trial.	Identified by the Implementation Task Force as needing to be implemented in cooperation with partners such as the California Department State Hospitals (formerly the Department of Mental Health) and the Forensic Conditional Release Program (CONREP). Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
33	State hospitals and mental health outpatient programs should be adequately funded to ensure effective and timely restoration of competency for defendants found incompetent to stand trial in order to eliminate the need to designate jails as treatment facilities (Pen. Code §1369.1).	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by the legislature and partners including the California Department of State Hospitals, CONREP, and state and local mental/behavioral health partners.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
34	There should be more options for community placement through CONREP and other community-based programs for felony defendants found incompetent to stand trial on nonviolent charges so that not all such defendants need be committed to a state hospital for competency restoration.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including the California Department of State Hospitals, CONREP, and state and local mental/behavioral health partners. It is noted that the recommendation comports with the Judicial Council proposed legislation referenced under recommendation 36.
35	Courts are encouraged to reopen a finding of incompetence to stand trial when new evidence is presented that the person is no longer incompetent. If the defendant is re-evaluated and deemed competent he or she should not be transferred to a state hospital.	Identified by the Implementation Task Force as being under the purview of the judicial branch and identified as a best practice as well as a topic appropriate for inclusion in judicial education materials and programs.
36	Existing legislation should be modified or new legislation be created to give judicial officers hearing competency matters access to a variety of alternative procedural and dispositional tools, such as the jurisdiction to conditionally release a defendant found incompetent to stand trial to the community, where appropriate, rather than in a custodial or hospital setting, to receive mental health treatment with supervision until competency is restored.	Implementation Task Force as being under the purview of the judicial branch. Therefore, the Implementation Task Force drafted a legislative proposal that was approved as part of the Judicial Council's 2014-2015 legislative agenda. The legislative proposal has been incorporated into AB 2190 (Maienschein) – Criminal defendants: gravely disabled persons and signed into law on September 28, 2014.
37	Care and treatment of defendants with mental illness should be continued after restoration of competence. Penal Code section 1372(e) should be expanded, consistent with *Sell v. United States,* to ensure that competence is maintained once restored and that medically appropriate care is provided to defendants until such time that a defendant's incompetent-to-stand-trial status is no longer relevant to the proceedings. In an effort to maintain a defendant's competence once restored, courts, state hospitals, and the California State Sheriff's Association should collaborate to develop common formularies to ensure that medications administered in state hospitals are also available in jails.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch and more appropriately addressed in partnership with the California Department of State Hospitals, the California Sheriffs Association and local criminal justice and mental/behavioral health partners.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
38	Forensic Peer Specialist Programs should be utilized within the courts, particularly in mental health courts to assist defendants with mental illness in navigating the criminal justice system.	Identified by the Implementation Task Force as promising practice not solely under the purview of the judicial branch but more appropriately addressed in partnership with local mental/behavioral health partners. The Substance Abuse & Mental Health Services Administration's (SAMSHA) Gains Center reports that case studies clearly suggest that using Forensic Peer Specialists is a promising cost-effective practice: http://www.mhselfhelp.org/storage/resources/tu-clearinghouse-webinars/ForensicPeerGAINSCenter%201.pdf.
39	Court Self-Help Centers should provide materials to defendants with mental illness, family members, and mental health advocates about general court processes, mental health courts or other court-based programs and services for defendants with mental illness, and community and legal resources.	Identified by the Implementation Task Force as a best practice that should be carried out on the local court level insofar as funding allows. Materials should be developed, potentially in partnership with local mental/behavioral health and justice system partners.
40	At the time of initial booking or admission, all individuals should be screened for mental illness and co-occurring disorders through a culturally competent and validated mental health screening tool to increase the early identification of mental health and co-occurring substance use problems of incarcerated individuals.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including local criminal justice and mental/behavioral health partners. The Implementation Task Force encourages the judiciary to engage with partners, as determined appropriate at the local level, to support efforts to implement recommendations 40-45.
41	The California State Sheriff's Association, California Department of Corrections and Rehabilitation, Corrections Standards Authority, California Department of Mental Health, California Department of Alcohol and Drug Programs, County Alcohol and Drug Program Administrators in California, California Mental Health Directors Association, and the Chief Probation Officers of California should collaborate to develop and validate core questions for a Mental Health and Co-occurring Disorder Initial Screening instrument based on evidence based practices and consistent with the defendant's constitutional rights. All jails and prisons in California should adopt the screening instrument to standardize procedures statewide and to promote consistency and quality of information across counties. The content of such a screening instrument can be expanded upon or automated by local programs.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including state and local criminal justice and mental/behavioral health partners.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
42	The adopted screening instrument should inquire about the individual's mental health and substance use history, history of trauma, other co-occurring conditions (including physical and metabolic conditions), and military service status, as well as his or her current housing status and any history of homelessness. The screening should be conducted in the incarcerated individual's spoken language whenever possible, the instrument must be sensitive to cultural variations, and staff administering the tool must understand inherent cultural biases.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including local criminal justice and mental/behavioral health partners.
43	If the initial screening indicates that an individual in custody has a mental illness or co-occurring disorder, a formal mental health assessment should be administered to determine the level of need for treatment and services while in custody. The assessment should be conducted by a qualified mental health practitioner as close to the date of the initial screening as possible.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including local criminal justice and mental/behavioral health partners.
44	Mental health staff should be available at jail-booking and prison admission facilities at all times.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including local criminal justice and mental/behavioral health partners.
45	Upon booking or admission, individuals with mental illness should be housed in an appropriate setting within the jail or prison based on their medical and mental health needs as identified in the mental health screening and evaluation.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including local criminal justice and mental/behavioral health partners.
46	A discharge plan should be developed for incarcerated individuals with mental illness or co-occurring disorders. The discharge plan will build upon information gathered from the mental health screening and assessment instruments and will document prior mental health treatment and prescribed psychiatric medications to ensure continuity of essential mental health and substance abuse services in order to maximize psychiatric stability while incarcerated as well as after being released. Treatment and services outlined in the discharge plan should be culturally appropriate (e.g., according to ethnicity, race, age, gender) for the individual with mental illness.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including local criminal justice and mental/behavioral health partners. While not under the purview of the judicial branch, the Implementation Task Force identified that is it a best practice for judicial officers to have access to the discharge plan. A sample discharge plan is included in the Appendix. Judicial officers should exercise their leadership role and require or encourage this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
47	Discharge plans should follow the individual across multiple jurisdictions, including local and state correctional systems and mental health and justice agencies to ensure continuity of care. Information sharing across agencies and jurisdictions must follow criminal justice, HIPAA, and other federal and state privacy protection statutes, rules, and regulations.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including local criminal justice and mental/behavioral health partners. The Implementation Task Force encourages the judiciary to engage with partners, as determined appropriate at the local level, to support efforts to implement recommendations 48-54.
48	Jails and prisons should have sufficient resources and staff to ensure access to mental health treatment services. Assessment and treatment services must begin immediately upon entry into jail or prison and should include, but not be limited to, the following: an assessment and discharge plan developed by custody mental health and psychiatric staff, appropriate psychotherapeutic medications, psychiatric follow up, custody mental health staff to monitor treatment progress, and behavioral and counseling interventions, including peer-based services.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including local criminal justice and mental/behavioral health partners.
49	Jails and prisons should implement therapeutic communities or other evidence based programming for incarcerated individuals with mental illness or co-occurring disorders where clinically appropriate.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including local criminal justice and mental/behavioral health partners.
50	Custody nursing and mental health staff should be available 24 hours a day in order to sufficiently respond to the needs of incarcerated individuals with mental illness or co-occurring disorders.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including local criminal justice and mental/behavioral health partners.
51	Custody mental health staff should continue the treating community physician's regimen in order to prevent relapse and exacerbation of psychiatric symptoms for incarcerated individuals assessed as having a mental illness, unless a change in treatment regimen is necessary to improve or maintain mental health stability.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including local criminal justice and mental/behavioral health partners.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
52	The California Department of Mental Health, California Department of Corrections and Rehabilitation, California State Sheriff's Association, and California Department of Health Care Services — Medi-Cal should coordinate, to the greatest extent possible, drug formularies among jail, prison, parole, state hospitals, and community mental health agencies and establish a common purchasing pool to ensure continuity of appropriate care for incarcerated individuals with mental illness. The coordination of formularies should not further restrict the availability of medications.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including state and local criminal justice and mental/behavioral health partners.
53	In the absence of a common drug formulary, jails, prisons, parole, state hospitals, and community mental health agencies should obtain expedited treatment authorizations for off-formulary medication to ensure psychiatric stabilization and continuity of care when necessary.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including state and local criminal justice and mental/behavioral health partners.
54	The California State Sheriff's Association and California Department of Corrections and Rehabilitation should consider utilizing the NAMI California Inmate Mental Health Information Form for use in all California jails and prisons. Both the original jail form and its more recent adaptation by the prison system provide family members an opportunity to share diagnosis and historical treatment information with correctional clinical staff.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by partners including state and local criminal justice and mental/behavioral health partners.
55	The court should have jurisdiction to join to the proceedings those agencies and providers that already have legal obligations to provide services and support to probationers and parolees with mental illness. Before joining, any agency or provider should have advance notice of and an opportunity to be heard on the issue.	Identified by the Mental Health Issues Implementation Task Force as needing to be addressed in partnership with the state legislature. The Mental Health Issues Implementation Task Force has drafted a legislative proposal for consideration by the Judicial Council and its advisory committees that addresses this recommendation.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
56	In cases where the offense is committed and sentencing occurs in a county other than the probationer's county of residence, before the court grants a motion to transfer jurisdiction to that county (pursuant to Pen. Code, § 1203.9), judicial officers should give very careful consideration to the present mental stability of the probationer and determine whether or not the probationer will have immediate access to appropriate mental health treatment and other social service supports in the county of residence. The court must ensure that adequate discharge planning has taken place, including referral to a mental health court if appropriate, to ensure a direct and immediate connection with treatment and services in the county of residence.	Identified by the Mental Health Issues Implementation Task Force as being under the purview of the judicial branch. This recommendation is consistent with California Rule of Court Rule 4.530 regarding the inter-county transfer of probation and mandatory supervision. Effective November 1, 2012, this rule of court was modified to require courts to consider certain factors including the availability of services such as collaborative courts when making their transfer decisions. *(Rule 4.530 amended effective February 20, 2014; adopted effective July 1, 2010; previously amended effective November 1, 2012.)*
57	Probation and parole supervision should follow the discharge plan approved by the judicial officer as part of the disposition of criminal charges or by California Department of Corrections and Rehabilitation at the time of release. The discharge plan should include probationers' or parolees' treatment and other service needs as well as risks associated with public safety, recidivism, and danger to self. Individuals with low risk or needs may require no supervision and early termination of probation or parole, whereas individuals with high risk or needs may need to receive intensive supervision joined with intensive mental health case management.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by state and local criminal justice partners, including parole and probation, in collaboration with mental/behavioral health partners. Judicial officers should exercise their leadership role and require or encourage this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
58	Probation and parole conditions should be the least restrictive necessary and should be tailored to the probationers' or parolees' needs and capabilities, understanding that successful completion of a period of community supervision can be particularly difficult for offenders with mental illness.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by state and local criminal justice partners, including parole and probation in collaboration with mental/behavioral health partners. Implementation Task Force members met with representatives of the Chief Probation Officers of California to specifically discuss this recommendation. As a result, CPOC created a working group to investigate and address issues related to individuals with mental illness on their caseload. Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
59	Probationers and parolees with mental illness or co-occurring disorders should be supervised by probation officers and parole agents with specialized mental health training and reduced caseloads.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by parole and probation departments. Implementation Task Force members met with representatives of the Chief Probation Officers of California to specifically discuss this recommendation. As a result, CPOC created a working group to investigate and address issues related to individuals with mental illness on their caseload. Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
60	Specialized mental health probation officers and parole agents should utilize a range of graduated incentives and sanctions to compel and encourage compliance with conditions of release. Incentives and positive reinforcement can be effective in helping offenders with mental illness stay in treatment and follow conditions of probation or parole.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by parole and probation departments. Implementation Task Force members met with representatives of the Chief Probation Officers of California to specifically discuss this recommendation. As a result, CPOC created a working group to investigate and address issues related to individuals with mental illness on their caseload.
61	Specialized mental health probation officers and parole agents should conduct their supervision and other monitoring responsibilities within the communities, homes, and community-based service programs where the offender with mental illness spends most of his or her time. This approach should reorient the supervision process from enforcement to intervention.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by parole and probation departments. Implementation Task Force members met with representatives of the Chief Probation Officers of California to specifically discuss this recommendation. Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
62	Specialized mental health probation officers and parole agents should work closely with mental health treatment providers and case managers to ensure that probationers and parolees with mental illness receive the services and resources specified in their discharge plans, and that released offenders are connected to a 24-hour crisis service.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by parole and probation departments in collaboration with mental/behavioral health and social service partners. Implementation Task Force members met with representatives of the Chief Probation Officers of California to specifically discuss this recommendation. Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
63	Working agreements and relationships should be developed between community-based service providers and probation and parole to increase understanding and coordination of supervision and treatment goals and to ensure continuity of care once supervision is terminated.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by parole and probation departments in collaboration with mental/behavioral health and social service partners.
64	Probationers and parolees with mental illness or co-occurring disorders should receive mental health and substance abuse treatment that is considered an evidence based or promising practice.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by parole and probation departments in collaboration with mental/behavioral health and social service partners. Judge should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
65	Judicial officers should avoid stating fixed sentencing terms that mandate state prison for an offender with mental illness upon violation of probation conditions regardless of the seriousness of the violation.	Identified by the Implementation Task Force as being under the purview of the judicial branch and identified as a topic appropriate for inclusion in judicial education materials and programs.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
66	Judicial officers hearing probation violation calendars and deputy commissioners of the Board of Parole Hearings should carefully review the offender's discharge plan and consider the seriousness of the alleged violation(s) as well as the offender's progress or lack thereof in mental health treatment. Absent new serious criminal behavior by the probationer or parolee, alternative responses short of reincarceration should be considered. Incarceration should be reserved for those violations that demonstrate a threat to public safety.	Identified by the Issues Implementation Task Force as being under the purview of the judicial branch, as it relates to courts, and identified as a topic appropriate for inclusion in judicial education materials and programs.
67	Specialized calendars or courts for probationers and parolees with mental illness at risk of returning to custody on a supervision violation should be established in every jurisdiction. Such courts (e.g., reentry courts) or calendars should be modeled after collaborative drug and mental health courts. If an individual is a participant in a mental health court and violates probation, he or she should be returned to the mental health court for adjudication of the violation.	Identified by the Implementation Task Force as being under the purview of the judicial branch and identified as a topic appropriate for inclusion in judicial education materials and programs. The Judicial Council hosted a summit on April 19, 2014, "Court Programs and Practices for Working with Reentry, PRCS and Mandatory Supervision Populations." Although the program was not specifically focused on mental health issues, a task force member advised the planning group to include information on treatment options and programs for individuals with mental illness, as well as evaluation results focusing on participants with mental illness and the Rule of Court10.952 provide vehicle to address this recommendation and will be a topic for inclusion in judicial education materials and programs.
68	Immediate treatment interventions should be made available to a probationer or parolee with mental illness who considerably decompensate after his or her release or appears to be failing in community treatment.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by parole and probation departments in collaboration with mental/behavioral health partners.
69	Probation officers and parole agents should utilize graduated sanctions and positive incentives and work with mental health treatment providers to increase the level of treatment or intervention or initiate new treatment approaches when probationers and parolees with mental illness violate conditions of supervision.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by parole and probation departments in collaboration with mental/behavioral health partners.
70	Probation officers, parole agents, and treatment providers should provide pertinent treatment information to custody staff for those probationers or parolees with mental illness who are returned to jail or prison to ensure continuity of care.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by parole and probation departments in collaboration with mental/behavioral health and social service partners.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
71	A community mental health care manager should initiate person-to-person contact with the incarcerated individual in jail who has a mental illness prior to his or her release from custody through an in-reach process in order to engage the individual in the development of his or her community treatment plan, and to provide a "bridge" to the community, thereby increasing the probability that the individual will follow up with treatment upon release. The community health care manager should also work with those involved in the development of the discharge plan to find appropriate stable housing for the incarcerated individual upon release.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by parole and probation departments in collaboration with mental/behavioral health and social service partners. In-reach projects have been established in several jurisdictions including Santa Clara where both the mental health case managers and the veterans' mental health liaison go into the jail to engage the defendants who are being released. In the event of a re-arrest, they go back into the jail in an effort to re-engage the defendant. This helps bridge the gap between jail and community treatment and supervision. San Diego's Probation Department has implemented a policy of individually picking up all Post-release Community Supervision (PRCS) offenders who are returned to San Diego including those with a diagnosed mental illness. Individuals processed through the San Diego Community Transition Center (CTC) where they undergo a multi-phased assessment process that includes a mental health screening. The CTC provides temporary housing during the transition period and transportation is also provided to any residential program to which they might be referred. These best practices will be a topic for inclusion in judicial education materials and programs.
72	A formal jail liaison should be designated by local mental health departments and local correctional facilities to improve communication and coordination between agencies involved in the discharge planning and post adjudication services for offenders with mental illness. Jail liaisons provide a single point of access within each system for problem identification and resolution regarding care of specific individuals as well as coordination of systems.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by parole and probation departments in collaboration with mental/behavioral health and social service partners. Jail liaison services have been developed in several counties including in the El Dorado jail where two transitional case managers from the Public Guardian Office and a Public Health Nurse from Public Health coordinate the release of inmates with mental illness. Current plans are to expand this service to all inmates. While the inmates are in custody, their care is handled by the jail's medical vendor. Both offices are under the umbrella of the County Health and Human Services Agency. These best practices will be a topic for inclusion in judicial education materials and programs.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
73	Peer support services, through an in-reach process, should be offered to offenders in jail with mental illness while incarcerated and upon release to help ensure successful community reentry.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by probation departments in collaboration with mental/behavioral health partners.
74	Legislation and regulations, as well as local rules and procedures, should be modified or enacted to ensure that federal and state benefits are suspended rather than terminated while offenders with mental illness are in custody. Administrative procedures should be streamlined to ensure that benefits are reinstated immediately after offenders with mental illness are released from jail or prison.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by Congress and the California legislative and parole and probation departments in collaboration with health care and social service partners. The Affordable Care Act has provided a new avenue to address this issue and the Implementation Task Force has made it a part of a presentation to Presiding Judges and judicial education materials and programs.
75	Offenders with mental illness who do not have federal and state benefits, or have lost them due to the length of their incarceration, should receive assistance from jail or prison staff or in-reach care managers in preparing and submitting the necessary forms and documentation to obtain benefits immediately upon reentry into the community.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by parole and probation departments in collaboration with health care and social service partners. The Affordable Care Act has provided a new avenue to address this issue and the Task Force has made it a part of a presentation to Presiding Judges and judicial education materials and programs.
76	The discharge plan for release from jail, approved by the judicial officer as part of the disposition of criminal charges, should be implemented immediately upon release. The discharge plan should include arrangements for mental health treatment (including medication), drug and alcohol treatment, case management services, housing, applicable benefits, food, clothing, health care, and transportation.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch and needing to be addressed in partnership with local criminal justice, mental/behavioral health, and social service partners. This was identified by the Implementation Task Force as a best practice as well as a topic appropriate for inclusion in judicial education materials and programs.
77	Offenders with mental illness should be released during daytime business hours rather than late at night or in the early morning hours to ensure that offenders can be directly connected to critical treatment and support systems.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by local criminal justice, including sheriff departments, mental/behavioral health, and social service partners.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
78	Upon release from jail, the sheriff's department should provide or arrange the offender's transportation to the location designated in the discharge plan. CDCR should utilize similar procedures, to the greatest extent possible, when releasing an offender to parole.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by local criminal justice, including the sheriff's department, mental/behavioral health, and social service partners; in the event of an offender being released from prison, this is a recommendation to be addressed by CDCR and parole.
79	Upon release from jail, the sheriff's department should facilitate access to an appropriate supply of medication as ordered in the discharge plan, a prescription, and a list of pharmacies accepting the issued prescription. CDCR should utilize similar procedures, to the greatest extent possible, when releasing an offender to parole.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by local criminal justice, including the sheriff, mental/behavioral health, and social service partners; in the event of an offender being released from prison, this is a recommendation to be addressed by CDCR and parole.
80	Upon release from jail, the care manager who engaged the offender through in-reach services while in custody should facilitate timely follow-up care, including psychiatric appointments as outlined in the discharge plan. CDCR should utilize similar procedures, to the greatest extent possible, when releasing an offender to parole.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by local criminal justice, including the sheriff, mental/behavioral health, and social service partners; in the event of an offender being released from prison, this is a recommendation to be addressed by CDCR and parole. Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
81	The sheriff's department should give advanced notice of the offender's release date and time from jail to the offender's community treatment coordinator as specified in the discharge plan as well as to members of his or her family, as appropriate, and others in his or her support system. CDCR should utilize similar procedures, to the greatest extent possible, when releasing an offender.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by local criminal justice partners including the sheriff, mental/behavioral health, and social service partners; in the event of an offender being released from prison, this is a recommendation to be addressed by CDCR and parole.
82	Offenders with mental illness should be released with arrangements for appropriate safe and stable housing in the community as provided in the discharge plan.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by local criminal justice partners including the sheriff, mental/behavioral health, and social service partners. The Implementation Task Force participated in providing education to community partners on these topics.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
83	Courts, prisons, jails, probation, parole, and community partners, including CONREP, should be prepared to assume the role of housing advocate for the release, recognizing that there are explicit as well as implicit prejudices and exclusions based on either mental illness or the criminal history of the release.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch and more appropriately addressed in partnership with local criminal justice, mental/behavioral health, and social service partners; in the event of an offender being released from prison, this is a recommendation to be addressed by CDCR, CONREP, and parole.
84	Courts, prisons, jails, and community partners, including law enforcement, discharge planners, service providers, probation, and parole, should establish agreements with housing programs, including supportive housing, to develop a housing referral network to coordinate stable housing placements for offenders with mental illness who are returning to the community.	Identified by the Mental Health Issues Implementation Task Force as not being solely under the purview of the judicial branch and more appropriately addressed in partnership with local criminal justice, mental/behavioral health, and social service partners; in the event of an offender being released from prison, this is a recommendation to be addressed by CDCR, CONREP, and parole.
85	Need-based housing options should be available, recognizing that offenders with mental illness and co-occurring disorders require different levels of housing at release that may change over time.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by local criminal justice partners including sheriffs and mental/behavioral health, and social service partners.
86	Legislation should be enacted to provide incentives (e.g., funding, tax credits) to housing developers; providers of supportive housing, including peer-run organizations; and owners of rental units, to support the development and availability of housing to incarcerated offenders with mental illness when they are released to reenter the community.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by the legislature and local criminal justice partners including the sheriff, mental/behavioral health, and social service partners.
87	Mental Health Services Act (MHSA) funding dedicated to housing, per the local stakeholder process, should be leveraged with other funding sources to ensure equal access to housing for offenders with mental illness, including those on probation. The state Director of Mental Health and the Mental Health Services Oversight and Accountability Commission (MHSOAC) should ensure that county plans include provisions to secure equal access to housing paid for with MHSA funding for offenders with mental illness.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by the legislature, state and local criminal justice, including sheriffs, mental/behavioral health, and social service partners, and the Mental Health Services Oversight and Accountability Commission (MHSOAC).

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
88	Each presiding judge of the juvenile court should work with relevant stakeholders, including family members, to develop procedures and processes to provide appropriate services to youth in the delinquency system, who have a diagnosable mental illness or a developmental disability, including developmental immaturity, or a co-occurring disorder. These procedures should include collaboration with mental health systems, probation departments, and other community resources.	Identified by the Implementation Task Force as being under the purview of the judicial branch to implement on the local level in partnership with local mental/behavioral health, social services, education, and juvenile probation. Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
89	Every juvenile who has been referred to the probation department pursuant to Welfare and Institutions Code section 602 should be screened or assessed for mental health issues as appropriate.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by state and local criminal justice (including sheriffs), mental/behavioral health, and juvenile probation. Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
90	Protocols should be developed for obtaining information regarding a child's mental health diagnosis and medical history. Emphasis should be placed on acquiring thorough information in an expedited manner. Memorandums of understanding should be utilized to control the use and communication of information.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch and more appropriately addressed in partnership with local mental/behavioral health, health services, and juvenile probation. Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
91	Juveniles in detention should have a medication evaluation upon intake into the detention center. Any psychotropic medication that a juvenile in detention is currently prescribed should be available to that juvenile within 24 hours of intake into detention unless an evaluating psychiatrist determines that it is no longer in the child's best interest.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by local mental/behavioral health and juvenile probation.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
92	Each court should have informational and educational resources for juveniles and their families, in multiple languages if needed, to learn about juveniles' rights, resources available, and how to qualify for services and benefits as they relate to issues of mental health. Those resources could include specially trained personnel, written materials, or any other sources of information. Each local jurisdiction should develop listings of available support and educational nonprofit organizations to assist families in need.	Identified by the Implementation Task Force as being under the purview of the judicial branch to be implemented on the local level in partnership with local mental/behavioral health, social services, education, and juvenile probation. Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
93	Mental health services should continue to be available to youth upon completion of their involvement with the delinquency system. Specifically, services should be extended in a manner consistent with the extension of services to dependent youth after they turn 18. This includes services provided for systemically appropriate transition age youth (18–25 years of age) who were formerly adjudicated as delinquent wards.	Identified by the Implementation Task Force as not being under the purview of the judicial branch but important to be addressed by the legislature, local mental/behavioral health and juvenile probation. The Implementation Task Force identified this area as part of juvenile reentry services and identified juvenile reentry courts and programs as promising practices to support this recommendation, noting examples of programs such as the juvenile reentry court and the Back on Track Program in San Francisco. Information on these programs can be found at http://www.sfsuperiorcourt.org/divisions/collaborative/jrc and at http://www.sfdistrictattorney.org/
94	Between the delinquency system and the adult criminal justice system should be improved to ensure that if a person once received mental health treatment as a juvenile, the information regarding that treatment is provided in a timely and appropriate fashion if they enter the adult criminal justice system. Information sharing must be in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other federal and state privacy protection statutes, rules, and regulations. When deemed appropriate upon assessment, treatment should continue in a consistent fashion if a minor transitions into the adult criminal justice system.	Identified by the Implementation Task Force as not being under the purview of the judicial branch but important to be addressed by the legislature, local juvenile and adult mental/behavioral health and juvenile and adult justice system partners. The Implementation Task Force noted examples of programs such as the juvenile reentry court and the Back on Track program in San Francisco as examples of programs that address this recommendation.
95	Experts in juvenile law, psychology, and psychiatry should further study the issue of juvenile competence, including the need for appropriate treatment facilities and services, for the purpose of improving the systemic response to youth found incompetent to stand trial in the delinquency court.	Identified by the Implementation Task Force as not being under the purview of the judicial branch but important to be addressed by universities and other research-based organizations.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
96	Existing legislation should be modified or new legislation should be created to refine definitions of competency to stand trial for juveniles in delinquency matters and outline legal procedures and processes. Legislation should be separate from the statutes related to competency in adult criminal court and should be based on scientific information about adolescent cognitive and neurological development and should allow for appropriate system responses for children who are found incompetent as well as those remaining under the delinquency court jurisdiction.	Identified by the Implementation Task Force as needing to be addressed in partnership with the state legislature and experts in juvenile law and child development. Representatives of three Judicial Council advisory bodies worked together to consider and propose possible changes to juvenile competency legislation, as well as to examine research and resource needs in this area as a result a legislative proposal amending welfare and institutions code section 709 Juvenile competency.
97	Youth exiting the juvenile delinquency system, including those returning from out-of-state placements, should receive appropriate reentry and aftercare services, including, but not limited to, stable housing, and a discharge plan that addresses mental health, education, and other needs.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch and more appropriately addressed in partnership with mental/behavioral health, education, and social service partners. The Implementation Task Force identified this area as part of juvenile reentry services and identified juvenile reentry courts and programs as promising practices as regards recommendations 97-100.
98	Upon release from detention or placement, the probation department should facilitate access to an adequate supply of medication to fill any gap in time before having a prescription filled as ordered in the discharge plan. Upon release juveniles should have a scheduled appointment with a mental health agency.	Identified by the Implementation Task Force as not being under the purview of the judicial branch but important to be addressed by local juvenile mental/behavioral health and juvenile justice system partners.
99	The presiding judge of the juvenile court, working with the probation department, should create memoranda of understanding with local pharmacies and mental health service providers to ensure that juveniles leaving detention or placement have a reasonable distance to travel to fill prescriptions and obtain other necessary mental health services.	Identified by the Implementation Task Force as a best practice to be implemented on the local level in partnership with mental/behavioral health and juvenile justice system partners. Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
100	Administrative procedures should be revised and streamlined to ensure that benefits of youth with mental illness are suspended instead of terminated during any period in detention and that those benefits are reinstated upon an individual's release from detention or placement. A youth's probation officer or mental health case manager should assist youth and their families with any associated paperwork.	Identified by the Implementation Task Force as not being under the purview of the judicial branch but important to be addressed by local juvenile mental/behavioral health, medical and juvenile justice system partners. The Affordable Care Act has provided a new avenue to address this issue and the Task Force has made it a part of a presentation to Presiding Judges and judicial education materials and programs.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
101	The presiding judge of the juvenile court should work collaboratively with relevant local stakeholders to ensure that mental health services are available for all juveniles in the juvenile court system who need such services, including facilitating the delivery of culturally competent and age appropriate psychological and psychiatric services.	Identified by the Implementation Task Force as a best practice to be implemented on the local level in partnership with mental/behavioral health partners. The Implementation Task Force noted juvenile mental health courts as an effective practice to improve outcomes for high risk/high need juveniles with mental health issues. Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
102	The presiding judge of the juvenile court of each county should work collaboratively with relevant agencies to ensure that youth in detention receive adequate and appropriate mental health treatment.	Identified by the Implementation Task Force as a best practice to be implemented on the local level in partnership with local juvenile mental/behavioral health and juvenile justice system partners including juvenile probation. Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
103	The presiding judge of the juvenile court should establish an interagency work group to identify and access local, state, and national resources for juveniles with mental health issues. This work group might include, but is not limited to, stakeholders such as schools, mental health, health care, social services, local regional centers, juvenile probation, juvenile prosecutors, juvenile defense attorneys, and others.	Identified by the Implementation Task Force as a best practice to be implemented on the local level in partnership with local juvenile mental/behavioral health, education, medical, social services, regional centers, and juvenile justice system partners. Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
104	Guidelines for processes and procedures should be created for information sharing among institutions that protects juveniles' right to privacy, privilege, confidentiality, and due process.	Identified by the Implementation Task Force as not being under the purview of the judicial branch but important to be addressed by local juvenile mental/behavioral health, education, medical, social services, regional centers, and juvenile justice system partners. Guidelines and protocols may vary based on local conditions and resource availability.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
105	Counties should uniformly apply standards of care for youth in detention who have mental illness or developmental disabilities. Local jurisdictions should collaborate to develop strategies and solutions for providing services to youth with mental health issues that meet this minimum statewide standard of care utilizing available local and state resources.	Identified by the Implementation Task Force as not being under the purview of the judicial branch but important to be addressed by local juvenile mental/behavioral health, education, medical, social services, regional centers, and juvenile justice system partners. Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
106	The presiding judge of the juvenile court of each county should work collaboratively with relevant local stakeholders to ensure that out-of-custody youth with co-occurring disorders are obtaining community-based mental health services. These stakeholders can include, but are not limited to, schools, mental health, social services, local regional center, juvenile probation, juvenile defense attorneys, drug and alcohol programs, family members, and others.	Identified by the Implementation Task Force as a best practice to be implemented in partnership with local juvenile mental/behavioral health, education, medical, social services, regional centers, and juvenile justice system partners as well as others mentioned in the recommendation. Effective practices, such as juvenile mental health courts, are noted in recommendation 101. Judicial officers should exercise their leadership role and encourage or require this in the context of Rule of Court 10.951 and 10.952. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
107	Education and training related to juvenile development, mental health issues, co-occurring disorders, developmental disabilities, special education, and cultural competency related to these topics should be provided to all judicial officers, probation officers, law enforcement, prosecutors, defense attorneys, court evaluators, school personnel, and social workers. This education and training should include information about the identification, assessment, and provision of mental health, developmental disability, and special education services, as well as funding for those services.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch but important to be addressed by all partners. In addition, this was identified by the Implementation Task Force as a topic appropriate and necessary for inclusion in judicial education materials and programs. Implementation Task Force members worked with the Juvenile Law Curriculum Committee of the Center for Judiciary Education (CJER), which established juvenile mental health and developmental disabilities are priority areas for judicial education curricula and programs.
108	Education and training that is culturally competent should be provided to judicial officers, juvenile defense attorneys and prosecutors, court evaluators, probation officers, school personnel, and family members on how to assist juveniles and their families in qualifying for appropriate mental health treatment services for youth under the jurisdiction of the juvenile delinquency court (e.g., Medi-Cal, housing, SSI).	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch but important to be addressed by all partners. In addition, this was identified by the Implementation Task Force as a topic appropriate and necessary for inclusion in judicial education materials and programs including education about suicide-risk and the impacts of stigma, discrimination and cumulative trauma.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
109	The Administrative Office of the Courts should disseminate information to the courts regarding evidence-based collaborative programs or services that target juvenile defendants with mental illness or co-occurring disorders.	Identified by the Implementation Task Force as being under the purview of the judicial branch and the Judicial Council, with the recommendation that research in this area by the Judicial Council be encouraged and supported. In addition this was identified by the Implementation Task Force as a topic appropriate and necessary for inclusion in judicial education materials and programs.
110	The California Courts website should include links to national and international research on collaborative justice and juvenile mental health issues, as well as information on juvenile mental health courts, promising case processing practices, and subject matter experts available to assist the courts.	Identified by the Implementation Task Force as being under the purview of the judicial branch and the Judicial Council and recommends ongoing development and maintenance of these materials. The California Courts website (www.courts.ca.gov) currently includes links to several resources for juvenile mental health, including the Council on Mentally Ill Offenders (http://www.cdcr.ca.gov/COMIO/index.html) and the California Department of Health Care Services (http://www.dhcs.ca.gov/services/Pages/MentalHealthPrograms-Svcs.aspx). In addition, current information about juvenile mental health courts and mental illness is added to the Juvenile Mental Health Courts home page at http://www.courts.ca.gov/5990.htm.
111	Assessments and evaluations of the current data, processes, and outcomes of juvenile competence to stand trial in California should be conducted. This research should include, but is not limited to, an assessment of the number of cases in which the issue of competence is raised, the number of youth found incompetent versus competent, and what happens when a youth is found to be incompetent to stand trial.	Identified by the Implementation Task Force as being under the purview of the judicial branch and the Judicial Council. Representatives of three Judicial Council advisory bodies are worked together to consider and propose possible changes to juvenile competency legislation and the California Rules of Court, as well as to examine research and resource needs in this area as a result a legislative proposal amending welfare and institutions code section 709 Juvenile competency

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
112	Additional research should be conducted related to juvenile mental health issues, including assessments and evaluations of the following: a. The mental health services available to juveniles and transition age youth in each county; and b. Any overlap between youth who enter the delinquency system and youth who are eligible to receive mental health services under a special education program provided by the Individuals with Disabilities Education Act (IDEA, in accordance with AB 3632). c. The prevalence of youth with disabilities or mental illness who enter the criminal justice system later as adults.	Identified by the Implementation Task Force as not being under the purview of the judicial branch but important to be addressed by research, education, social service, and juvenile and adult criminal justice partners.
113	Ongoing data should be collected about juveniles diverted from the juvenile delinquency court to other systems, including, but not limited to, the mental health system or juvenile mental health court.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch and needing to be addressed in partnership with mental/behavioral health partners and juvenile justice partners. The Judicial Council currently encourages data collection among delinquency and juvenile mental health courts throughout the state. The Judicial Council published and distributed a report on juvenile delinquency performance measurement as an evidence-based practice:(http://www.courts.ca.gov/documents/JD_Performance_asEBP.pdf). In addition, the Judicial Council is working with the National Center for State Courts to survey all collaborative courts in the state and to document preliminary outcome measures.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
114	Funding for education on collaborative justice principles and mental health issues should be sought from local, state, federal, and private sources.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch and more appropriately addressed in partnership with California trial courts as well as mental/behavioral health and justice system partners. The Judicial Council of California, Center for Families, Children & the Courts currently disseminates funding and technical assistance information to courts through the collaborative courts coordinators' network and the California Association of Collaborative Courts (CACC) in addition to advisory and task force members.
115	The Administrative Office of the Courts should disseminate to the courts, using advanced technology, information regarding evidence-based collaborative programs or services that target defendants with mental illness or co-occurring disorders.	Identified by the Implementation Task Force as being under the purview of the judicial branch and the Judicial Council. In addition, this was identified by the Issues Implementation Task Force as a topic appropriate and necessary for inclusion in judicial education materials and programs including a focus on evidence-based practices in the areas of juvenile and adult mental health, co-occurring disorder, reentry, and veterans' courts. The Judicial Council, Center for Families, Children & the Courts currently disseminates information to courts through the collaborative courts coordinators' network and the California Association of Collaborative Courts (CACC) in addition to posting information on the California Courts website. The Judicial Council, Center for Families, Children & the Courts and through the Center for Judiciary Education (CJER) has increased education programming focusing on mental health issues in the courts and justice system. In addition, a mental health education toolkit with links to traditional CJER mental health resources as well as to education products created specifically for the website by the Implementation Task Force.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
116	The Administrative Office of the Courts, in collaboration with consumer and family groups, the Forensic Mental Health Association, California Institute of Mental Health (CIMH), California Mental Health Directors Association (CMHDA), and other professional mental health organizations, should develop and provide ongoing education for judicial officers, appropriate court staff, and collaborative partners on mental health issues and strategies for responding to people with mental illness or co-occurring disorders in the criminal justice system. Education should include information on diversion programs and community services that target this population.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch and more appropriately addressed in partnership with state and local mental/behavioral health and justice system partners. During the tenure of the Mental Health Issues Implementation Task Force, outreach and joint educational programming was accomplished in collaboration with the Forensic Mental Health Association of California where task force members and other judges working in mental health courts or with mental health calendars served as faculty; with the California Institute of Mental Health where task force members served a keynote presenters and faculty, and the 2012 and 2013 Words to Deeds Summit where task force members served a keynote presenters and faculty. In addition, several local courts, including the Kern County Superior Court, developed their own mental health training for judges in conjunction with mental health partners. The Implementation Task Force through its chair also held exploratory meetings with the Chief Probation Officers of California and the California Sheriffs' Association to discuss working in collaboration to develop appropriate mental health training for those two organizations that would help support and complement the work of mental health judges throughout the state.
117	Judicial officers should participate in ongoing education on mental illness and best practices for adjudicating cases involving defendants who have a mental illness or co-occurring disorder. An overview of such information should be provided to all judges during judicial orientation and/or judicial college and should be included in a variety of venues for ongoing education.	Identified by the Implementation Task Force as being under the purview of the judicial branch and the Judicial Council. During the tenure of the Implementation Task Force, educational programming offered through the Center for Families, Children & the Courts (CFCC) and the Center for Judiciary Education (CJER) increased. As of 2014, mental health topics have been added to many curriculum plans and mental health education, including evidence-based practice responses, has been included in primary assignment orientations, institutes, and the judicial college. In addition, mental health education has increased in programs offered through CFCC including at Beyond the Bench, in Family Dispute Resolution programs for family court facilitators and mediators, and in programs offered for collaborative court practitioners.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
118	Ongoing training should be provided to judicial officers and attorneys with assignments in collaborative justice courts on collaborative justice principles and all areas related to defendants with mental illness or co-occurring disorders, including diagnoses, communication techniques, and treatment options. Training should include recent outcome research on collaborative court programs.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch and more appropriately addressed in partnership with the California Judges Association, the State Bar of California, California law schools, and professional organizations, such as the California Association of Collaborative Court Professionals, the American Bar Association Commission on Homelessness and Poverty, and the California Association of Youth Courts.
119	Continuing Legal Education (CLE) courses focusing on mental health law and participation by mental health professionals in the criminal process should be developed.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch and more appropriately addressed in partnership with the State Bar of California and state and local mental health partners. It is noted that Continuing Education Units for social workers, marriage and family counselors, and psychologists are offered for multidisciplinary education programs at the Judicial Council and that these programs, with participation of Task Force members, have included mental health law and court practices as part of the content.
120	Pretrial services and probation personnel should receive training regarding symptoms of mental illness so that they can refer, or recommend that a judicial officer refer people who may suffer from a mental illness to trained mental health clinicians for a complete mental health assessment.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch and more appropriately addressed in cooperation with pretrial and probation partners. The Implementation Task Force through its chair held exploratory meetings with the Chief Probation Officers of California to discuss working in collaboration to develop appropriate mental health training for probation officers that would help support and complement the work of mental health judges throughout the state.
121	Probation officers and parole agents should receive education and training about mental illness to increase understanding of the unique challenges facing these offenders and to obtain better outcomes for this population. Education and training should promote a problem-solving approach to community supervision that balances both therapeutic and surveillance goals and includes information regarding communication techniques, treatment options, and criminogenic risk factors.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed parole and probation partners. The Implementation Task Force through its chair also held exploratory meetings with the Chief Probation Officers of California to discuss working in collaboration to develop appropriate mental health training for probation officers that would help support and complement the work of mental health judges throughout the state.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
122	Deputy commissioners of the Board of Parole Hearings who are responsible for hearing parole violations should receive education about mental illness and effective methods for addressing violations of supervision conditions by parolees with mental illness.	Identified by the Mental Health Issues Implementation Task Force as now being under the purview of the judicial branch because of changes made through criminal justice realignment. Because courts now do revocation hearings for parolees, judicial or hearing officers making those determinations require training in this area. Moreover, there also remains a need for education of parole officers regarding the persons with mental illness, and work in this area is best accomplished in partnership with parole and probation partners. Implementation Task Force members participated as faculty and served on the planning team for multidisciplinary education programs that had mental health content, including the Reentry Court, Community Justice, and Homeless Summits. These programs were held at the Judicial Council and cosponsored with the Center for Court Innovation and the ABA Commission on Homelessness and Poverty.
123	Crisis intervention training and suicide prevention training should be provided to law enforcement, including jail custody personnel and correctional officers, on an ongoing basis to increase understanding of mental illness and to improve outcomes for and responses to people with mental illness. CIT training and suicide prevention training should also be part of the standard academy training provided to new officers. On October 3, 2015, SB11 and SB29 (Beall) were signed into law amending Penal Code sections relating to police officer training standard in basic post training and for field off training officer.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed law enforcement and other criminal justice partners. The Implementation Task Force worked with the California Institute of Mental Health to provide information about CIT programs and procedures to state and local mental/behavioral health partners in an effort to encourage local partnerships similar to those in several jurisdictions including the City of Santa Cruz which recently received a Council on Mentally Ill Offenders (COMIO) award in recognition of its MOST team (Making the Most of Collaboration) which focuses on criminal justice system and behavioral health services integration.
124	All mental health training and education should include information on cultural issues relevant to the treatment and supervision of people with mental illness. Custodial facilities, courts, probation, parole, and treatment agencies should be encouraged to actively seek practitioners who have the cultural and language skills to directly relate to people with mental illness.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch and more appropriately addressed in partnership with mental health and criminal justice partners.
125	Education and training programs for criminal justice partners should utilize mental health advocacy organizations and include presentations by mental health consumers and family members.	Identified by the Issues Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by mental/behavioral health and criminal justice partners.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
126	Mental Health Services Act funding should be actively utilized, per the local stakeholder process as applicable, for state and local educational campaigns and training programs for the general public that reduce stigma and discrimination toward those with mental illness. Educational campaigns and training programs should incorporate the recommendations of the California Strategic Plan on Reducing Mental Health Stigma and Discrimination.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by state and local mental/behavioral health partners including the Mental Health Services Oversight and Accountability Commission.
127	All accredited law schools in California should expand their curricula to include collaborative justice principles and methods, including those focused on defendants with mental health issues.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by the State Bar of California and law schools throughout the state. The Collaborative Justice Courts Advisory Committee has undertaken an effort to reach out to California law schools to provide internships for law students in collaborative courts or at the Judicial Council. In addition, presentations have been made by advisory committee members to several law schools throughout the state focusing on collaborative court principles and the ways in which they are applied in the court setting including in mental health courts.
128	The Administrative Director of the Courts should transmit this report to California law school deans and urge them to consider the following strategies: a. Develop effective strategies to institutionalize collaborative justice principles and methods in training programs for law school faculty and staff; b. Provide faculty with access to periodic training that focuses on understanding mental illness and how to best represent those with mental illness based on collaborative justice principles and methods; and c. Encourage faculty to develop teaching methods and engage speakers who can integrate the practical aspects of how collaborative justice principles and methods relate to the reality of legal practice in the substantive areas being taught.	Identified by Implementation Task Force as being under the purview of the judicial branch and the Judicial Council.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
129	The State Bar of California admissions exam should be expanded to include questions testing knowledge of collaborative justice principles and methods, including those focused on defendants with mental health issues. The Board of Governors and the Committee of Bar Examiners of the State Bar of California should collaborate, as appropriate, with law school deans regarding the inclusion of collaborative justice principles and methods into bar examination questions	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by the State Bar of California and law schools throughout the state.
130	The Administrative Director of the Courts should transmit this report to the Law School Admissions Council (LSAC) and the Board of Governors of the State Bar of California for its information and consideration.	Identified by the Implementation Task Force as being under the purview of the judicial branch and the Judicial Council.
131	Funding for research initiatives outlined in this report should be sought from local, state, federal, and private sources.	Identified by the Implementation Task Force as being under the purview of the judicial branch and the Judicial Council. The Judicial Council continually seeks external funding for research initiatives and provides technical assistance to courts engaging in their own research and evaluation projects. The reentry court evaluation, which focuses on the incidence of participants with mental illness in reentry courts and outcomes for these participants, is funded in part by the California Endowment.
132	The California Courts website should include links to national and international research on collaborative justice and mental health issues, as well as information regarding mental health court and calendar best practices and subject matter experts available to assist the courts.	Identified by the Implementation Task Force as being under the purview of the judicial branch and the Judicial Council. The California Courts website (www.courts.ca.gov) includes links to several resources focused on mental health issues in the courts including the California Department of Health Services, the California Mental Health Directors Association, the Council on Mentally Ill Offenders, and the Council of State Governments along with a number of federal agencies including Substance Abuse and Mental Health Services Administration and the Bureau of Justice Assistance. The Council of State Governments has a particular robust mental health on-line resource center found at http://csgjusticecenter.org/mental-health. California and its Task Force for Criminal Justice Collaboration on Mental Health Issues was one of the seven initial mental health task force projects supported by the Council of State Governments and its Judicial Leadership Initiative.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
133	There should be further research on the effectiveness of programs that serve people with mental illness involved in the criminal justice system, such as crisis intervention teams, mental health courts, reentry courts, and specialized mental health probation programs. Research should analyze mental health, recidivism, and criminal case outcomes, costs, and savings, as well as the elements of such programs that have the most impact. Research should evaluate outcomes for different subgroups (e.g., according to race, gender, diagnosis, etc.) within the participant population.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch but important to be addressed with research, law enforcement, education, social service, and juvenile and adult criminal justice partners. Implementation Task Force members have provided guidance for several studies underway at the Judicial Council that are described below. The Judicial Council published a literature review of mental health court related research in 2012 that is available on the Judicial Council website at http://courts.ca.gov/documents/AOCLitReview-Mental_Health_Courts--Web_Version.pdf. In addition, the Judicial Council is conducting a process evaluation project of California's mental health courts. This study examines the process and procedures of mental health courts and identifies preliminary outcomes and promising practices. The project discusses the foundation for understanding California's mental health courts, describing the courts in depth, as well as variations among courts' policies and practices. This report is expected to be published by summer 2014. The final phase of the project will be an in-depth study of six specific mental health courts and will include qualitative data from interviews and focus groups and available outcomes from the six study courts. The Judicial Council will seek external grant funding or other potential resources to expand the project and track individual-level data and court specific outcomes.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
		The Judicial Council is conducting an evaluation of reentry courts that includes outcomes and cost analysis as well as identification of incidence of participants with mental illness in these courts and outcomes for those participants. The Judicial Council provides technical assistance to specific courts, such as reentry courts, to conduct research, and works with drug courts, mental health courts, and other collaborative justice courts to identify data elements and evaluation standards. In addition, the Judicial Council is working with the National Center for State Courts on a nationwide survey of collaborative justice courts, including California's mental courts. The results of this survey are forthcoming. The Judicial Council is also working with the Implementation Task Force to develop a Resource Guide to Innovative Responses to Persons with Mental Illness in California's Criminal Courts (in press).
134	Programs targeting offenders with mental illness should track outcome data. Although programmatic goals will determine the data collected, key data elements should include the following: a. Participant data (e.g., number served and relevant characteristics, such as diagnosis and criminal history); b. Service data (e.g., type of service received, frequency of service, length of service provision); c. Criminal justice outcomes (e.g., number of arrests, types of charges, jail days); d. Mental health outcomes (e.g., number of inpatient hospitalizations and lengths of stay, number of days homeless); and e. Program costs and savings data.	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch but important to be addressed with research, law enforcement, education, social service, and juvenile and adult criminal justice partners. The Judicial Council encourages data collection among delinquency and juvenile mental health courts throughout the state. A report has been published and distributed on juvenile delinquency performance measurement as an evidence-based practice (http://www.courts.ca.gov/documents/JD_Performance_asEBP.pdf). In addition, the Judicial Council has worked closely with collaborative justice court coordinators, including mental health court coordinators, around the state to identify data definitions and standards and is working with the National Center for State Courts to survey all collaborative courts in the state and to document preliminary outcome measures.

Mental Health Issues Implementation Task Force Responses to the Recommendations of Task Force for Criminal Justice Collaboration on Mental Health Issues		
Recommendation #	**Original Recommendation**	**Mental Health Issues Implementation Task Force Responses**
135	Statewide evaluations should be conducted to identify and study the effectiveness of inpatient and outpatient programs that regularly accept forensic mental health clients. Barriers to the placement of individuals under forensic mental health commitments should be identified	Identified by the Implementation Task Force as not being solely under the purview of the judicial branch but important to be addressed with research institutions, CONREP, the Forensic Mental Health Association of California, and juvenile and adult criminal justice partners. The Judicial Council is currently conducting a study on the effectiveness of reentry courts and a study California's mental health courts, both of which include participant data, service data and some outcome data (in progress).
136	Independent researchers should evaluate the effectiveness of competency restoration programs.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by universities, the Department of State Hospitals, and other competency restoration programs.
137	Local public agencies, including law enforcement, should collaborate to create a system in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations that identifies individuals involved in the criminal justice system, who frequently access services in multiple public systems in order to distinguish those most in need of integrated interventions, such as permanent supportive housing. Public agencies can use this system to achieve cost savings by stabilizing the most frequent and expensive clients.	Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by state and local mental/behavioral health, social service, and criminal justice partners.

Appendix B: Mental Health Issues Implementation Task Force Fact Sheet

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FACT SHEET November 2015

Mental Health Issues Implementation Task Force

The Judicial Council's Mental Health Issues Implementation Task Force was appointed to advise the council on ways to implement the recommendations of the Task Force for Criminal Justice Collaboration on Mental Health Issues. These recommendations were designed to improve the response of the criminal justice system to offenders with mental illness by promoting collaboration at the state and local level. The task force is focused on improving practices and procedures in criminal cases involving adult and juvenile offenders with mental illness, ensuring the fair and expeditious administration of justice, and promoting improved access to treatment for litigants with mental illness in the criminal justice system. The task force is scheduled to sunset on December 31, 2015.

Charge

The task force is charged with developing recommendations for policymakers, including the Judicial Council and its advisory committees, to improve systemwide responses to mentally ill offenders and to develop an action plan to implement the recommendations of the Task Force for Criminal Justice Collaboration on Mental Health Issues.

Specifically, the task force is charged with:

1. Identifying recommendations under Judicial Council purview to implement;
2. Identifying potential branch implementation activities; and
3. Developing a plan with key milestones for implementing the recommendations.

History

The Mental Health Issues Implementation Task Force evolved from the Task Force for Criminal Justice Collaboration on Mental Health Issues which was one of seven similar projects established by state supreme courts throughout the nation with support from the Council of State Governments (CSG) as part of its criminal justice and mental health initiative encouraging effective leadership from different facets of the criminal justice and mental health systems. Continued funding for this project is supported by California's Mental Health Services Act (MHSA) fund.

Presiding Judge Richard J. Loftus, Jr., of the Superior Court of Santa Clara County serves as chair of the task force. Task force membership currently includes judicial officers and court executive officers from throughout the state.

The task force, in collaboration with its mental health and justice system partners, has been addressing ways to improve outcomes and reduce recidivism rates for offenders with mental illness while being mindful of cost and public safety considerations. The work of the task force is based on the final recommendations submitted to the Judicial Council by the Task Force for Criminal Justice Collaboration on Mental Health Issues.

The recommendations are designed to:

- Promote innovative and effective practices to foster the fair and efficient processing and resolution of cases involving mentally ill persons in the criminal justice system;
- Expand education programs for the judicial branch, State Bar of California, law enforcement, and mental health service providers to address the needs of offenders with mental illness;
- Foster excellence through implementation of evidence-based practices for serving persons with mental illness; and
- Encourage collaboration among criminal justice partners and other stakeholders to facilitate interagency and interbranch efforts that reduce recidivism and promote improved access to treatment for persons with mental illness.

Contacts:

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Additional resources:

Criminal Justice/Mental Health Consensus Project http://consensusproject.org/; and
Criminal Justice/Mental Health Consensus Project Leadership Initiative:
http://consensusproject.org/judges-leadership-initiative
California Department of Mental Health/Mental Health Services Act Information:
http://www.dmh.ca.gov/Prop_63/MHSA/State_Interagency_Partners.asp

Appendix C: Rules of Court

2015 California Rules of Court

Rule 10.951. Duties of supervising judge of the criminal division

(a) Duties

In addition to any other duties assigned by the presiding judge or imposed by these rules, a supervising judge of the criminal division must assign criminal matters requiring a hearing or cases requiring trial to a trial department.

(Subd (a) amended effective January 1, 2007.)

(b) Arraignments, pretrial motions, and readiness conferences

The presiding judge, supervising judge, or other designated judge must conduct arraignments, hear and determine any pretrial motions, preside over readiness conferences, and, where not inconsistent with law, assist in the disposition of cases without trial.

(Subd (b) amended effective January 1, 2008; previously amended effective January 1, 2007.)

(c) Mental health case protocols

The presiding judge, supervising judge, or other designated judge, in conjunction with the justice partners designated in rule 10.952, is encouraged to develop local protocols for cases involving offenders with mental illness or co-occurring disorders to ensure early identification of and appropriate treatment for offenders with mental illness or co-occurring disorders with the goals of reducing recidivism, responding to public safety concerns, and providing better outcomes for those offenders while using resources responsibly and reducing costs.

(Subd (c) adopted effective January 1, 2014.)

(d) Additional judges

To the extent that the business of the court requires, the presiding judge may designate additional judges under the direction of the supervising judge to perform the duties specified in this rule.

(Subd (d) relettered effective January 1, 2014; adopted as subd (c).)

(3) Courts without supervising judge

In a court having no supervising judge, the presiding judge performs the duties of a supervising judge.

(Subd (e) relettered effective January 1, 2014; adopted as subd (d); previously amended effective January 1, 2007.)

Rule 10.951 amended effective January 1, 2014; adopted as rule 227.2 effective January 1, 1985; previously amended and renumbered effective January 1, 2007; previously amended effective January 1, 2008.

Rule 10.952. Meetings concerning the criminal court system

The supervising judge or, if none, the presiding judge must designate judges of the court to attend regular meetings to be held with the district attorney; public defender; representatives of the local bar, probation department, parole office, sheriff department, police departments, and Forensic Conditional Release Program (CONREP); county mental health director or his or her designee; county alcohol and drug programs director or his or her designee; court personnel; and other interested persons to identify and eliminate problems in the criminal court system and to discuss other problems of mutual concern.

Rule 10.952 amended effective January 1, 2015; adopted as rule 227.8 effective January 1, 1985; previously amended and renumbered effective January 1, 2007; previously amended effective January 1, 2014.

Appendix D: Legislative Proposal: Draft Welfare and Institution Code §709

Draft Juvenile Competency Legislative Proposals

709. (a) Whenever the court has a doubt that a minor who is subject to any juvenile proceedings is mentally competent, the court must suspend all proceedings and proceed pursuant to this section.

(1) A minor is mentally incompetent for purposes of this section if he or she is unable to understand the nature of the delinquency proceedings, including his or her role in the proceedings, or to assist counsel in conducting a defense in a rational manner, including a lack of a rational or factual understanding of the nature of the charges or proceedings. Incompetency may result from the presence of any condition or conditions, including, but not limited to, mental illness, mental disorder, developmental disability, or developmental immaturity. Except as specifically provided otherwise, this section applies to a minor who is alleged to come within the jurisdiction of the court pursuant to Section 601 or Section 602.

(2) ~~(a)~~ During the pendency of any juvenile proceeding, ~~the minor's counsel or~~ the court may receive information from any source regarding the ~~express a doubt as to the~~ minor's ~~competency. A minor is incompetent to proceed if he or she lacks sufficient present~~ ability to understand the proceedings. Minor's ~~consult with~~ counsel or the court may express a doubt as to the minor's competency. Information received or expression of doubt ~~and assist in preparing his or her defense with a reasonable degree of rational understanding, or lacks a rational as well as factual understanding, of the nature of the charges or~~ does not automatically require suspension of proceedings ~~against him or her~~. If the court has ~~finds substantial evidence raises~~ a doubt as to the minor's competency, the court shall suspend the proceedings ~~shall be suspended~~.

(b) Unless the parties stipulate to a finding that the minor lacks competency, or the parties are willing to submit on the issue of the ~~Upon suspension of proceedings, the court shall order that the question of the~~ minor's lack of competency, ~~competence be determined at a hearing. The~~ the ~~court~~ court shall appoint an expert to evaluate the minor and determine whether the minor suffers from a mental illness, mental disorder, developmental disability, developmental immaturity, or other condition affecting competency, and, if so, whether the minor is competent to stand trial. ~~condition or conditions impair the minor's competency.~~

(1) The expert shall have expertise in child and adolescent development~~,~~ and ~~training in the~~ forensic evaluation of juveniles~~, and shall be familiar with~~ for purposes of adjudicating competency, ~~standards~~ and shall be familiar with competency standards and accepted criteria used in evaluating juvenile competency, and shall have received training in conducting juvenile competency evaluations. ~~competence.~~

(2) The expert shall personally interview the minor and review all the available records provided, including, but not limited to, medical, education, special education, probation, child welfare, mental health, regional center, court records, and any other relevant information that is available. The expert shall consult with the minor's attorney and any other person who has provided information to the court regarding the minor's lack of competency. The expert shall gather a developmental history of the minor. If any information is not available to the expert, he or she shall note in the report the efforts to obtain such information. The expert shall administer age-appropriate testing specific to the issue of competency unless the facts of the particular case render testing unnecessary or inappropriate. In a written report, the expert shall opine whether the minor has the sufficient present ability to consult with his or her attorney with a reasonable degree of rational understanding and whether he or she has a rational, as well as factual, understanding of the proceedings against him or her. The expert shall also state the basis

for these conclusions. If the expert concludes that the minor lacks competency, the expert shall make recommendations regarding the type of remediation services that would be effective in assisting the minor in attaining competency, and, if possible, the expert shall address the likelihood of the minor attaining competency within a reasonable period of time.

(3) The Judicial Council shall ~~develop and~~ adopt a rule~~s~~ of court identifying the training and experience needed for an expert to be competent in forensic evaluations of juveniles and shall develop and adopt rules for the implementation of other ~~these~~ requirements related to this subdivision.

(4) Statements made to the appointed expert during the minor's competency evaluation, statements made by the minor to mental health professionals during the remediation proceedings, and any fruits of such statements shall not be used in any other delinquency or criminal adjudication against the minor in either juvenile or adult court.

(5) The prosecutor or minor may retain or seek the appointment of additional qualified experts who may testify during the competency hearing. The expert's report and qualifications shall be disclosed to the opposing party within a reasonable time prior to the hearing and not later than five court days prior to the hearing. If disclosure is not made in accordance with this subparagraph, the expert shall not be allowed to testify and the expert's report shall not be considered by the Court unless the Court finds good cause to consider the expert's report and testimony. If, after disclosure of the report, the opposing party requests a continuance in order to prepare further for the hearing and shows good cause for the continuance, the court shall grant a continuance for a reasonable period of time.

(6) ~~(f)~~ If the expert believes the minor is developmentally disabled, the court shall appoint the director of a regional center for developmentally disabled individuals described in Article 1 (commencing with Section 4620) of Chapter 5 of Division 4.5, or his or her designee, to

evaluate the minor. The director of the regional center, or his or her designee, shall determine whether the minor is eligible for services under the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500)), and shall provide the court with a written report informing the court of his or her determination. The court's appointment of the director of the regional center for determination of eligibility for services shall not delay the court's proceedings for determination of competency.

(7) An expert's opinion that a minor is developmentally disabled does not supersede an independent determination by the regional center ~~whether~~ regarding the ~~minor is eligible~~ minor's eligibility for services under the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500)).

(8) ~~(h)~~ Nothing in this section shall be interpreted to authorize or require the following:

A. ~~(1) The court to place~~ Placement of a minor who is incompetent in a developmental center or community facility operated by the State Department of Developmental Services without a determination by a regional center director, or his or her designee, that the minor has a developmental disability and is eligible for services under the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500)).

B. ~~(2) The director of the regional center, or his or her designee, to make determinations~~ Determinations regarding the competency of a minor by the director of the regional center or his or her designee.

(c) The question of the minor's competency shall be determined at an evidentiary hearing unless there is a stipulation or submission by the parties on the findings of the expert. The minor has the burden of establishing by a preponderance of the evidence that he or she is incompetent to stand trial.

(d) ~~(c)~~ If the minor is found to be competent, the court shall reinstate proceedings and proceed commensurate with the court's jurisdiction.

(e) ~~(part of (c))~~ If the court finds ~~incompetent~~ by a preponderance of evidence that the minor is incompetent, all proceedings shall remain suspended for a period of time that is no longer than reasonably necessary to determine whether there is a substantial probability that the minor will attain competency in the foreseeable future or the court no longer retains jurisdiction. During this time, the court may make orders that it deems appropriate for services~~, subject to subdivision (h), that may assist the minor in attaining competency~~. Further, the court may rule on motions that do not require the participation of the minor in the preparation of the motions. These motions include, but are not limited to, the following:

(1) Motions to dismiss.

(2) Motions ~~by the defense~~ regarding a change in the placement of the minor.

(3) Detention hearings.

(4) Demurrers.

(f) Upon a finding of incompetency, the court shall refer the minor to services designed to help the minor to attain competency. Service providers and evaluators shall adhere to the standards set forth in this statute and the California Rules of Court. Services shall be provided in the least restrictive environment consistent with public safety. Priority shall be given to minors in custody. Service providers shall determine the likelihood of the minor attaining competency within a reasonable period of time, and if the opinion is that the minor will not attain competency within a reasonable period of time, the minor shall be returned to court at the earliest possible date. The court shall review remediation services at least every 30 calendar days for minors in custody and every 45 calendar days for minors out of custody.

(g) Upon receipt of the recommendation by the remediation program, the court shall hold an evidentiary hearing on whether the minor is remediated or is able to be remediated unless the

parties stipulate to or submit on the recommendation of the remediation program. If the recommendation is that the minor has attained competency, and if the minor disputes that recommendation, the burden is on the minor to prove by a preponderance of evidence that the minor remains incompetent. If the recommendation is that the minor is not able to be remediated and if the prosecutor disputes that recommendation, the burden is on the prosecutor to prove by a preponderance of evidence that the minor is remediable. If the prosecution contests the evaluation of continued incompetence, the minor shall be presumed incompetent and the prosecution shall have the burden to prove by a preponderance of evidence that the minor is competent. The provisions of subdivision (c) shall apply at this stage of the proceedings.

(1) ~~(d)~~ If the court finds that the minor ~~is found to be competent~~ has been remediated, the court ~~may proceed commensurate with the court's jurisdiction~~ shall reinstate the delinquency proceedings.

(2) If the court finds that the minor is not yet been remediated, but is likely to be remediated, the court shall order the minor returned to the remediation program.

(3) ~~(e) This section applies to a~~ If the court finds that the minor will not achieve competency, the court must dismiss the petition. The ~~who is alleged to come within the jurisdiction of the~~ court ~~pursuant to Section~~ may invite all persons and agencies with information about the minor to the dismissal hearing to discuss any services that may be available to the minor after jurisdiction is terminated. Such persons and agencies may include, but not be limited to, the minor and his or her attorney; probation; parents, guardians, or relative caregivers; mental health treatment professionals; public guardian; educational rights holders; education providers; and social service agencies. If appropriate, the court shall refer the minor for evaluation pursuant to Welfare and Institutions Code Sections ~~601 or 602~~6550 et seq. or 5300 et seq.

(h) The presiding judge of the juvenile court; the County Probation Department; the County Mental Health Department; the Public Defender and/or other entity that provides representation for minors; the District Attorney; the regional center, if appropriate; and any other participants the presiding judge shall designate shall develop a written protocol describing the competency process and a program to ensure that minors who are found incompetent receive appropriate remediation services.

Appendix E: Discharge plan

Sample Jail/Prison Discharge and Community Re-entry Plan (J/PDCRP)

Client Name _____

Contact Information _____

Family/others contact information : *Provide names contact information for family other key support persons*

- _____

Staff/Person Completing the Initial J/PDCRP:

Name: _____ Title: _____

Agency: _____

1. Community Supervision

Judicial Supervision: Judge/Court: _____

Probation/Parole program

Supervising Agent Name/unit: _____

Phone & e mail contact : _____

After hours/emergency contact: _____

Community Supervision Plan

Pre-release contact with Supervising Agent?

Describe _____

_____

Anticipated type/frequency of contact post-release

- Within 72 hours post-release: _____
- First 30 days post-release: _____
- First supervision appointment:

Date: _____ Time: _____

Location: _____

2. Post Release Housing/living Arrangement

Address: _____

Phone: _____

Type of housing/facility:

☐ Temporary Shelter ☐ Family Residence ☐ Other

☐ Supervised/Treatment Facility ☐ Independent

Staff contact if supervised housing: _____

3. Transportation *Describe immediate post-release transportation needs/arrangements*

_____

4. Benefits: *Describe financial/health benefit status*

- Income/financial**:** _____
- Health Coverage**:** _____

Plan for applying for or reinstating health care and other benefits**:** _____

_____

5. Community Services Plan

Services Coordinator name/agency: _____

Phone & e mail contact: _____

After hours/emergency contact: _____

Services Coordination and Plan

Has Services Coordinator met with offender? Yes ☐ No ☐

Immediate post-release Services Coordination Plan: _____

_____

Medications & Psychiatry follow-up

Medications:

# of days of medications provided: _____

Prescription(s) to be filled by date: _____

Name/location of pharmacy: _____

List of current medications and directions attached: Yes ☐ No ☐

Services Plan: mental health, substance abuse treatment and other services (Include peer recovery, support groups, etc.) *Describe:* _____

Psychiatry:

Name of Provider: _____

Appointment date: _____ Contact information: _____

Other services: *(service, program location, appointment information)*

- _____ • _____

Daily activity (Employment, job training, school, etc.) Describe: _____

_____

Healthcare *(Indicate any known health care providers and needs for follow-up referrals and appointments)*

- _____ • _____

6. Recovery Plan: Strengths, Triggers for relapse, Actions to Address Triggers

Strengths:

- _____ • _____

Triggers--Indicators of risk of relapse/crisis:

- _____ • _____

Actions to Address Triggers:

- _____ • _____

Other needs: *Indicate if the individual has needs or requires additional support re: family/ parenting role, etc. Describe:* _____

Staff/Person(s) Completing the Final J/PDCRP

Name: _____ Agency: _____

Signature: _____ Date: _____

Individual to be Released

Name: _____

I have discussed and agree with this plan for my release: Yes ☐ No ☐

I have discussed this plan: *(comment):* : _____

Signature : _____ Date: _____

Appendix F: Sample Protocols and Mental Health Courts

California Rule of Court 10.951 (c), (d)
(c) Mental health case protocols
The presiding judge, supervising judge, or other designated judge, in conjunction with the justice partners designated in rule 10.952, is encouraged to develop local protocols for cases involving offenders with mental illness or co-occurring disorders to ensure early identification of and appropriate treatment for offenders with mental illness or co-occurring disorders with the goals of reducing recidivism, responding to public safety concerns, and providing better outcomes for those offenders while using resources responsibly and reducing costs.

(d) Additional judges
To the extent that the business of the court requires, the presiding judge may designate additional judges under the direction of the supervising judge to perform the duties specified in this rule.
(Subd (d) relettered effective January 1, 2014; adopted as subd (c).)
Rule 10.951 amended effective January 1, 2014; adopted as rule 227.2 effective January 1, 1985; previously amended and renumbered effective January 1, 2007; previously amended effective January 1, 2008.

Rule 10.952. Meetings concerning the criminal court system
The supervising judge or, if none, the presiding judge must designate judges of the court to attend regular meetings to be held with the district attorney; public defender; representatives of the local bar, probation department, parole office, sheriff department, police departments, and Forensic Conditional Release Program (CONREP); county mental health director or his or her designee; county alcohol and drug programs director or his or her designee; court personnel; and other interested persons to identify and eliminate problems in the criminal court system and to discuss other problems of mutual concern. Rule 10.952 amended effective January 1, 2015; adopted as rule 227.8 effective January 1, 1985; previously amended and renumbered effective January 1, 2007; previously amended effective January 1, 2014.

Mental Health Protocols for California Courts
A Guide for Implementing California Rule of Court 10.951 (c), (d) and 10.952

These Rules of Court not only make it clear that judges have the responsibility for the oversight and placement of individuals with mental illness who appear in their courts but also provide a mechanism for assisting judges with this responsibility. When bringing together the criminal justice and behavioral health partners noted in Rule of Court 10.952, California courts have the opportunity to address the issue of offenders with mental illness in the criminal justice system. Although only 5.7 percent of the general population has a serious mental illness,[62] 14.5 percent of male and 31 percent of female jail inmates have a serious mental illness.[63] Similar to jail populations, approximately 23 percent of California's prison inmates have a serious mental illness.[64] It is noted that inmates with serious mental illness often need the most resources and can be the most challenging to serve while incarcerated.[65]

Of special concern to the courts is the fact that persons with mental illness are also overrepresented in the courtroom. One study found that 31 percent of arraigned defendants met criteria for a psychiatric diagnosis at some point in their lives, and 18.5 percent had a current diagnosis of serious mental illness.[66] In many instances, the traditional adversarial approach is ineffective when processing cases in which the defendant has a mental illness. Connecting the defendant to mental health treatment and support services is often essential to changing behavior and reducing recidivism. This, in turn, may require courts to adopt new collaborative approaches to work more closely with criminal justice partners and other community agencies in order to improve outcomes for offenders with mental illness.

[62] Ronald Kessler, Wai Tat Chiu, Olga Demler, and Ellen Walters, "Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R)," *Archives of General Psychiatry* 62(6) (2005), pp. 617–627.
[63] Henry J. Steadman, Fred C. Osher, Pamela C. Robbins, Brian Case, and Steven Samuels, "Prevalence of Serious Mental Illness among Jail Inmates," *Psychiatric Services* 60 (2009), pp. 761–765.
[64] Division of Correctional Health Care Services, California Department of Corrections and Rehabilitation, May 24, 2009 e-mail correspondence.
[65] Treatment Advocacy Center and the National Sheriffs' Association, *More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States* (May 2010).
[66]Nahama Broner, Stacy Lamon, Damon Mayrl, and Martin Karopkin, "Arrested Adults Awaiting Arraignment: Mental Health, Substance Abuse, and Criminal Justice Characteristics and Needs," *30 Fordham Urban Law Review 663-721* (2002–2003).

This Guide for Implementing California Rule of Court 10.951(c) and 10.952 has been designed by the members of the Mental Health Issues Implementation Task Force to assist presiding and supervising judges of the criminal divisions of California courts in developing local guidelines and protocols for responding to the challenges posed by individuals with mental illness who appear as defendants in criminal courts statewide. This Guide was inspired by recommendations of the Task Force for Criminal Justice Collaboration on Mental Health Issues presented to the Judicial Council in April 2011.

Key Steps in Developing Local Protocols

During the regularly scheduled meetings with criminal justice and mental/behavioral health partners, discuss the following issues:

1. Do custodial officers who oversees prisoners with mental illness ~~mentally ill prisoners~~ in the jail have Crisis Intervention Training (CIT)? How are prisoners with mental illness treated in jail? Are they segregated or put the general population? Is there a special treatment unit in the jail? Have any particular problems been noted when dealing with prisoners with mental illness in the jail? Are prisoners with mental illness receiving their usual medications while in jail (if taking medication on a regular basis)? Are offenders who are mentally ill and in custody being given a supply of medication(s) upon release from jail? Are they given a prescription for medication(s)? Where is the nearest pharmacy that will fill this prescription and when is it accessible? Is it near public transportation? Is there continuity of care for both medical and mental health services including medications once released from jail? Who is responsible for following up to confirm adherence to the discharge/continuity of care plan? Who oversees the discharge/continuity of care plan and updates it as necessary?

2. Does the probation department take into account an offender's mental illness when making disposition recommendations? *If yes, please answer the following questions.*

    - What training is given to probation officers who supervise individuals with mental illness, so that those offenders are not placed on unreasonable terms of probation?

    - Are probationers with mental illness being "violated" based on terms and conditions of probation that are unreasonable given their illness? ("Unreasonable" being defined as terms that an offender with mental illness cannot satisfy)?

3. Does this county/court have a problem with admission of incompetent defendants to the Department of State Hospitals for restoration to competency services*? If yes, please answer the following questions.*

    - How long does an incompetent defendant wait to be transported to the state hospital for treatment to restore competence?

    - Is there a way to expedite the transportation of the incompetent to stand trial to the state hospitals?

    - Does your court address delays in the same way across the board/in every location? If not, why not?

    - Is there an option for developing local competency restoration programs?

    - Does the jail or some local mental health agency in your county prepare a discharge plan for those defendants who are released from custody after being found not restorable to competency?

    - Is there a protocol in your county by which the Public Guardian is advised of those defendants who may be suitable for LPS proceedings?

4. What training are your judges getting with respect to resources in the community as options for sentencing or conditions of diversion?

5. Once issues in your county are identified, a schedule for continuing review should be established: i.e. monthly or bi-monthly meetings, written reports, annual audits, etc. In addition, judges and criminal justice and mental health partners should maintain a current list of community based organizations (CBOs) available in your community to provide services to persons with mental illness or co-occurring disorders. Additional questions: Who maintains the list? To whom is the list distributed? How frequently is it updated? Does the presiding judge of supervising judge of the criminal division of the court have access to this list and is he/she on the distribution list for updated information?

6. Other: you may find your county's collaborative partners may have other questions as you work together to fashion a local response for addressing the needs of persons with mental illness in the criminal justice system or at high risk of recidivism.

Mental Health Courts[67]

Once concerns and issues have been identified addressing challenges related to offenders with mental illness in the criminal court system, many courts and local criminal justice and mental/behavioral health partners have worked together to develop and implement mental/behavioral health courts for both misdemeanants and felons addressing issues related to recidivism reduction and improving overall outcomes for offenders with mental illness. In some instances, defendants in criminal court may also be involved in other court case types, including cases in family and dependency courts, and improved outcomes in the criminal court may favorably impact outcomes in other court case types as well.

Key Steps and Planning Process

Planning is key to developing a successful justice system response to the problems that often result in recidivism and treatment failure. Many courts find that they can build upon the success of pre-existing collaborative courts, including drug and/or veterans' courts, while others find that they can build upon other types of local collaborative partnerships. Key steps in planning effective and evidence based responses to the problem are outlined below.

1. ***Develop a core mission and goal statement. Goals need to be practical, specific, and measurable.***

Goals may include reducing the number of jail bed days, reducing occurrence or frequency of new offenses, reducing psychiatric inpatient bed days, reducing days of homelessness or life on the streets, increasing treatment compliance, achieving a more consistent level of sobriety (if applicable), increasing pro-social activities, and resolving outstanding legal issues.

2. ***Define team member roles.***

Teams typically are comprised of the judge, mental/behavioral court coordinator, mental health forensic supervisor, case manager(s), court probation officer(s), court district attorney, court defense counsel, county sheriff's office, and community treatment provider(s). Each team member has a specific role and responsibilities to the individual participant and to the team.

3. ***Develop participant eligibility requirements.***

These might include all or some of the following: the type of diagnosis, impairment levels, eligibility to have an assigned case manager, receiving psychiatric treatment and medication for his/her disorder, eligibility for

[67] This guide for addressing the needs of offenders with mental illness in the courts is based on the Behavioral Health Court design developed by the Superior Court of California, County of Santa Cruz with additional input from the members of the Judicial Council's Mental Health iIssues Implementation Task Force in September 2015.

county Medi-Cal (or other insurance), and being subject to formal probation terms. Although clients/participants must meet all or most of the diagnostic, functional, and criminal justice requirements, participation is voluntary.

4. ***Develop and outline referral process guidelines.***
Develop or approve forms for mental/behavioral health court use including the following: Consent for Release of Confidential Information, Treatment Plan Form, Jail Discharge Form, Probation Discharge Form, and other certificates/forms/documents that may assist in the processing of referrals, intake, or discharge.

5. ***Address confidentiality and information sharing issues.***
Determine how information will be shared among team members and for what purposes. Identify information that cannot or should not be expected to be shared.

6. ***Develop standard terms of probation.***
While conditions of probation may vary, the mental/behavioral court should develop some standard probation terms that apply in most cases. These standard probation terms might include complying with county mental health directives (program placement, approved house, work programs, support groups, and counseling).

Other directives might include medication adherence, abstaining from alcohol, intoxicants/controlled substances not prescribed by a medical doctor; submitting to regular testing for alcohol, intoxicants/ controlled substances; submitting to search and seizure of person, residence, vehicle, and other areas under the client's domain without a warrant (including weapons if appropriate and determined by sentencing); signing a release of information/release of confidentiality.

7. ***Develop client requirements.***
Client requirements often include permission to share protected client information for use by mental/behavioral court team members. Generally, clients are subject to program requirements, including adherence to mental health treatment recommendations, adherence to taking all psychotropic medications as prescribed, participation in residential treatment if recommended, compliance with drug and alcohol testing if appropriate, following all terms of probation, attending mental/behavioral health court as directed, fulfilling any community service requirements, and providing proof of treatment compliance as requested (proof of attendance, group sign-off sheets, etc.).

8. ***Outline team decision process and expectations.***
Team members may meet weekly, bi-weekly, or monthly depending on the size of the program and, typically, will receive the treatment plan with updates noting progress or concerns for each participant when on the calendar. Ideally this team meeting is in person, but some courts handle this successfully through teleconference and/or videoconference meetings. The team decision-making process takes into consideration clinical needs while keeping community safety and victims' rights as a priority. Team decision-making approaches are typically collaborative and treatment oriented.

9. ***Develop treatment plan templates and expectations for completion.***
Treatment plan templates and an outline of commonly agreed upon expectations will be useful to clinical and probation staff preparing for team staffing meetings to discuss each participant's progress or areas of clinical/probation concern.

10. ***Develop commonly understood and agreed upon incentives and sanctions*****.**
Incentives might include verbal praise from the court, gift cards, applause, less restrictive treatment recommendations, reduced frequency of court appearance, randomized incentives/prizes, certificates of completion, and graduation. In some jurisdictions, the court may suspend, reduce, or convert fines and fees

based on individual participation in the program. Support may be available for individualized pro-social activities or employment and community service hours may be used as a means of paying off court ordered fines and fees.

Sanctions may include verbal reprimands from the court, more restrictive treatment recommendations, increased frequency of court appearances, drug testing, bench warrants, short-term remands, or termination from the mental/behavioral court and return to regular criminal court.

11. ***Develop a plan for responding to violations of probation.***
Allegations of probation violations are typically presented to the court as well as to counsel in written form along with written recommendations regarding the violation(s) and impact on the defendant's ability to continue participation in the program. The report also typically includes recommendations for the next steps in handling the defendant's case.

12. ***Develop Completion/Graduation Criteria.***
Typically a participant becomes eligible to graduate if he/she complies with his/her probation terms for the designated term and achieves his/her rehabilitative goals. The length of mental/behavioral court participation may vary depending on the term of probation, each individual's program needs and his/her ability to adhere to the treatment plans as well as his/her ability to achieve rehabilitative goals. Consideration for early termination may arise based on the participant's commitment and success in treatment and his/her ongoing needs.

13. ***Develop termination protocols.***
Participation in mental/behavioral health court is voluntary, and the defendant may terminate his/her participation at any time. Typically, defendants who choose to terminate participation will have his/her case transitioned back to the department where the case originated. Termination may also be triggered by allegations of a new crime.

14. ***Identify additional resources that may be required.***
Additional resources may be needed by the team, including lists of assessment/treatment services for individuals who are in custody or out of custody. Information cards for all team members should be created and updated as needed.

Appendix G: 2015 Counties with Collaborative Courts

California Counties with Collaborative Justice Courts as of October, 2015*

*California has more than 390 collaborative justice courts in 53 of its 58 counties. Collaborative justice courts are defined as those that have a dedicated calendar and judge and use a collaborative justice model (i.e., drug court model) that combines judicial supervision with social and treatment services to offenders in lieu of detention, jail, or prison. This includes using a multidisciplinary, nonadversarial team approach with involvement from justice system representatives, treatment providers, and other stakeholders. Data have been voluntarily provided by the courts in an ongoing effort to maintain a roster of all collaborative justice courts in California. This chart provides information on select collaborative justice courts that meet the above definition of collaborative justice court; not all court types may be represented here. There may be multiple courts of the same type within one county.

Superior Court of California, County of	COMMUNITY	DRUG - ADULT	DRUG - JUVENILE DELINQUENCY	DRUG - DEPENDENCY	DUI	ELDER	HOMELESS	MENTAL HEALTH - ADULT	MENTAL HEALTH - JUVENILE	REENTRY	STAND-DOWN	TRUANCY	VETERANS	YOUTH/PEER
Alameda		X		X		X	X	X	X	X	X	X	X	X
Alpine														
Amador		X												X
Butte		X		X	X									X
Calaveras		X											X	
Colusa														
Contra Costa		X				X	X	X		X				
Del Norte		X												
El Dorado		X	X	X	X			X					X	X
Fresno		X	X	X		X		X	X		X			X
Glenn		X	X											
Humboldt		X					X		X					X
Imperial														
Inyo		X												
Kern		X					X	X						
Kings		X											X	
Lake			X	X									X	
Lassen		X												X
Los Angeles	X	X	X	X			X			X			X	X
Madera		X												
Marin	X	X	X					X						X
Mariposa		X												
Mendocino		X	X	X										X
Merced		X	X	X				X						

Superior Court of California, County of	COMMUNITY	DRUG - ADULT	DRUG - JUVENILE DELINQUENCY	DRUG - DEPENDENCY	DUI	ELDER	HOMELESS	MENTAL HEALTH - ADULT	MENTAL HEALTH - JUVENILE	REENTRY	STAND-DOWN	TRUANCY	VETERANS	YOUTH/PEER
Modoc		X	X	X										
Mono														
Monterey		X	X		X			X			X			
Napa		X	X	X				X						X
Nevada		X	X		X		X	X						X
Orange	X	X	X		X		X	X				X	X	X
Placer		X	X				X	X					X	X
Plumas		X												
Riverside		X		X				X					X	X
Sacramento		X	X	X				X		X	X	X	X	
San Benito		X												
San Bernardino		X	X					X	X				X	X
San Diego		X	X	X			X	X	X	X	X		X	X
San Francisco	X	X	X	X				X		X	X	X	X	
San Joaquin		X		X	X		X	X		X			X	
San Luis Obispo	X	X	X	X				X					X	
San Mateo		X	X					X					X	X
Santa Barbara		X	X	X			X	X		X			X	X
Santa Clara	X	X	X	X			X	X	X	X			X	
Santa Cruz		X	X	X				X						X
Shasta		X	X					X		X				X
Sierra		X												
Siskiyou		X	X	X										
Solano		X	X	X									X	
Sonoma		X		X	X			X						
Stanislaus		X	X					X					X	X
Sutter		X												
Tehama		X		X				X						X
Trinity														
Tulare		X			X			X					X	X
Tuolumne		X		X										X
Ventura	X	X	X	X		X	X	X	X	X	X		X	X
Yolo		X						X			X			
Yuba		X												