

Implementation of the Task Force for Criminal Justice Collaboration on Mental Health Issues Recommendations: Progress Update

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

This chart summarizes progress made to implement the 137 recommendations of the Task Force for Criminal Justice Collaboration on Mental Health Issues, including the 74 recommendations identified by the Implementation Task Force.

Task Force Recommendation	Implementation Activities
<p>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.</p>	<p>Identified by the Implementation Task Force as being outside of the purview of the Judicial Council and most appropriately addressed by local mental/behavioral health and social service partners.</p> <p>Recognizing the importance of the courts in collaborating with local partners who are positioned to implement this recommendation, the Judicial Council has undertaken a number of measures to support appropriate local engagement:</p> <ul style="list-style-type: none"> • The 2018 <i>Serving Veterans and Their Families in California Courts Summit</i> included the “Veteran Mental Health and Veterans Treatment

	<p>Services should be client entered, recovery based, and culturally appropriate</p>	<p>Courts (VTC)” session focused on improving collaboration among advocates, VTC teams and the Mental Health Services Oversight and Accountability Commission.</p> <ul style="list-style-type: none"> • Judicial Council staff hosts the <i>Behavioral Health Education Series</i> that included the February 7, 2019 webinar, “Partnering with County Behavioral Health to Serve Justice-Involved Populations.” This three-part webinar discussed county behavioral health services, including the various available treatment options, levels of care, and types of treatment providers. • Judicial Council staff partnered with the California Association of Collaborative Courts to host two sessions during the Association’s 2019 <i>Annual Conference</i> that focused on court collaboration with local justice system partners. These sessions were “Courts Partnering with the Community: Behavioral Health” and “Mental Health Diversion: AB 1810.” • Judicial Council staff is working with the Council on Criminal Justice and Behavioral Health, the County Behavioral Health Directors Association, and the Council of State Governments Justice Center to conduct trainings to increase collaboration around criminal justice and mental health to advance mental health diversion programs. An in-person training was held in January 2020, with two half-day, virtual trainings in October and November 2020. A series of four topical webinars were also held between July and October 2020 to further support local diversion programs
<p>2</p>	<p>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</p>	<p>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.</p>

	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.	
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. The Judicial Council recognized the importance of courts in participating in such local workgroups and Judicial Council staff participates on a statewide

		steering committee that explores opportunities to support counties in engaging in these local workgroups. The Stepping Up California steering committee was initiated in 2016 to support statewide goals inspired by the national Stepping Up Initiative, which seeks to reduce the number of people in jails who have mental illnesses. This steering committee comprises local and state interests represented by the Chief Probation Officers of California, California State Sheriffs' Association, California State Association of Counties, County Behavioral Health Directors Association, Forensic Mental Health Association of California, Judicial Council of California, California Department of Corrections and Rehabilitation's Department of Adult Parole and its Council on Criminal Justice and Behavioral Health, Department of State Hospitals, Department of Health Care Services, Board of State and Community Corrections, and Mental Health Services Oversight and Accountability Commission, and is coordinated by the CSG Justice Center.
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	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. Senate Bill 11 (Stats. 2015, ch. 468) and Senate Bill 29 (Stats. 2015, ch. 469) were signed into law amending Penal Code sections relating to police officer training standards both in basic post training and for field training officers.

	alternative options such as a mental health training module for all cadets and officers.	
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 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	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.

	with the criminal justice system. Clients, as well as family members when appropriate, should be involved in the development of discharge plans.	
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 10.952 of the California Rules of Court. 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 to include representatives of the Forensic Conditional Release Program (CONREP), the county mental health director or designee, and the county alcohol and drug director or designee.
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 10.951 of the California Rules of Court. The Judicial Council approved the proposed revisions to the rule that became effective January 1, 2014. The revision added a subsection to the rule related to the development of local protocols for cases involving defendants who have mental illness or co-occurring disorders to ensure early identification and appropriate treatment with the goal of reducing recidivism, responding to public safety concerns, and providing better outcomes while using resources responsibly and reducing costs.
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	Rule 10.951 of the California Rules of Court was amended in 2014 to encourage courts to develop local protocols for cases involving defendants who have mental illness or co-occurring mental health and substance use disorders. The Judicial Council held two <i>Regional Roundtables</i> focused on Assembly Bill 1810 (Stats. 2018, ch. 34) mental health diversion programs in April and

	<p>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.</p>	<p>May 2019. To prepare for events, Judicial Council staff collected diversion protocols and information sharing templates and made those documents available to <i>Regional Roundtable</i> participants. These documents were also updated and provided to participants of the January 2020 Mental Health Diversion training co-hosted by the Judicial Council, Council on Criminal Justice and Behavioral Health, County Behavioral Health Directors Association, and the CSG Justice Center.</p> <p>This recommendation was identified by the Implementation Task Force as also being a best practice for courts and their state and local mental/behavioral health partners.</p>
<p>14</p>	<p>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.</p>	<p>This recommendation was identified by the Implementation Task Force as a best practice for courts and their state and local mental/behavioral health partners and deferred until resources become available to allow full initiation of this recommendation.</p> <p>Judicial Council staff have broached the development of local lists of agencies to support the needs of people moving through the court who have mental illnesses with certain courts that participated in Mental Health Diversion trainings in January 2020, October 2020, and November 2020. These trainings were co-hosted by the Judicial Council, Council on Criminal Justice and Behavioral Health, County Behavioral Health Directors Association, and CSG Justice Center, and the trainings provided a forum for judges to work collaboratively with their county behavioral health directors to develop a list of behavioral health services available locally.</p>
<p>15</p>	<p>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</p>	<p>Identified by the Implementation Task Force as a best practice for courts and their county mental/behavioral health partners and further determined out of the purview of the Judicial Council.</p>

agencies and to support services for people with mental illness involved in the criminal justice system.

The Judicial Council has developed strategies to encourage the courts to collaborate with their local Mental Health Services Act (MHSA) stakeholder teams:

- The Judicial Council developed a resource guide for the courts that provides an overview of MHSA funding and ways to engage with stakeholders. These guides are available on the Judicial Council website, at <https://www.courts.ca.gov/3080.htm>.
- The Mental Health Diversion training co-hosted by the Judicial Council, Council on Criminal Justice and Behavioral Health, County Behavioral Health Directors Association, and CSG Justice Center brings judges together with MHSA stakeholders who are essential to the success of mental health diversion programs. An in-person training was held in January 2020, with two half-day training held in October and November 2020.
- The Mental Health Diversion training was reimaged into a four-part webinar series to continue to reach courts and their diversion partners while responding to the public health implications of the COVID-19 pandemic. The July 2020 webinar focused on emergency changes to diversion programs by courts and their local diversion partners, including strategies that counties used amid the immediate jail population reductions in response to the COVID-19 and the Judicial Council's emergency bail schedule. The August 2020 webinar focused on the fiscal anatomy of diversion programs given economic challenges experienced by counties due to the COVID-19 pandemic. The September 2020 webinar focused on case management innovations that balance virtual appearances and telehealth with in-person court and treatment needs. The October 2020 webinar focused on preparing clients for diversion participation.

<p>16</p>	<p>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 cooccurring 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.</p>	<p>Identified by the Implementation Task Force as a best practice.</p> <p>California has over 450 collaborative courts, many of which address the mental health or co-occurring mental health and substance use disorder needs of participants. These collaborative courts include adult and juvenile mental health courts, veteran treatment courts, homeless courts, reentry courts, dual diagnosis courts, and drug courts.</p> <p>Judicial Council provides grant programs that can support collaborative justice courts. The Collaborative Justice Courts Substance Abuse Focus Grant Program is a non-competitive grant available to all local collaborative justice courts that have a substance use disorder focus. Funding has been appropriated annually through the California Budget Act since 1998. The four-year Recidivism Reduction Fund grant was created as part of the Budget Act of 2014 and supported 20 collaborative justice courts through 2018. The limited-term Court Innovations Grant Program also provided awards to collaborative justice courts in 16 counties, with the program running from June 1, 2017 to June 30, 2020. The Budget Act of 2020 further extended the Court Innovation Grant Program through December 31, 2020.</p> <p>The Implementation Task Force drafted rule 10.951 of the California Rules of Court to encourage criminal courts and their justice partners to improve interagency communication and create clear procedures for addressing people involved in the criminal justice system who have behavioral health needs.</p>
<p>17</p>	<p>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</p>	<p>Identified by the Implementation Task Force as a best practice. Implementation Task Force members developed additional teaching tools, bench notes and sample orders along with other resources for use in judicial education programs, with materials available beginning in 2014. These</p>

	<p>criminal charges consistent with public safety and the defendant’s constitutional rights.</p>	<p>materials have been included as educational resources in online criminal law, probate and mental health, and family law toolkits.</p> <p>Courts responding to newly available diversion options under Assembly Bill 1810 (Stats. 2018, ch. 34) are beginning to design processes to connect eligible defendants who have mental illnesses to diversion programs.</p> <p>Assembly Bill 865 (Stats. 2018, ch. 523) amended Penal Code section 1170.01 to authorize resentencing for veterans suffering from certain behavioral health needs – sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems – as a result of their military service. The Judicial Council developed a resentencing form for use by veterans who have eligible behavioral health conditions.</p>
<p>18</p>	<p>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.</p>	<p>The Implementation Task Force identified this recommendation as being consistent with rules 10.951 and 10.952 of the California Rules of Court and that judicial officers should exercise their leadership role and require or encourage this in the context of rules 10.951 and 10.952.</p> <p>Assembly Bill 1810 (Stats. 2018, ch. 34) established mental health diversion for people charged with misdemeanor or felony offenses, including diversion for people declared incompetent to stand trial (Pen. Code, §§ 1001.35 – 1001.36). Diversion programs established under this legislation reduces incarceration for participants by placing them into community-based, supervised treatment programs.</p> <p>Courts continue to increase the availability of collaborative justice courts, which combine judicial supervision with community-based services and treatment. Many of these collaborative justice courts include mental health courts and other issue-specific courts that respond to the mental health needs</p>

		<p>of participants, such as veteran treatment courts, homeless courts, reentry courts, and drug courts.</p> <p>The 2019 State Budget Act provided \$75 million to the Judicial Council to launch and evaluate two-year pretrial projects in local trial courts. This project will allow the Judicial Council to begin understanding the impact of pretrial reform on defendants who have mental illnesses.</p>
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.	The Judicial Council’s 2017 multidisciplinary Beyond the Bench conference provided sessions framed around recognizing victims, including the sessions “How to Make Victims Feel Heard in The Court Process Without Compromising Neutrality,” “Listening to Victims: How to Design Services That Better Meet Their Needs,” and “Many Victims: A Holistic Approach to Victims and Victim’s Rights.”
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.	<p>Identified by the Implementation Task Force as being out of the purview of the Judicial Council and referred to the California Department of Corrections and Rehabilitation.</p> <p>Several local courts have begun implementing the use of video technology when conducting certain court proceedings involving the California Department of State Hospitals (which is responsible for state hospitals following the dissolution of the California Department of Mental Health in 2012), such as to conduct remote testimony by treating physician.</p>

<p>22</p>	<p>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.</p>	<p>This recommendation is consistent with rules 10.951 and 10.952 of the California Rules of Court. The Implementation Task Force encourages judicial officers to exercise their leadership role in the context of these rules.</p> <p>The Judicial Council provides educational programming for judicial officers, court staff and partner agencies in the juvenile justice system through numerous mechanisms, including:</p> <ul style="list-style-type: none"> • The biennial Beyond the Bench Conference; • Annual juvenile primary assignment orientations; and • The juvenile and family law institutes and supporting conferences and educational programs for family court staff. <p>The 2017 Beyond the Bench conference hosted the session, “Partnerships for Serving People and Families Impacted by Incarceration.” This session brought together representatives from the San Francisco Unified School District, community-based organization Community Works West, and impacted youth to share the story of an unprecedented, county-wide collaboration among multiple stakeholders to lessen the impact of incarceration on children and families. From their work linking services in jails, schools, community-based organizations, youth, and their families, facilitators shared insight on the needs of children of incarcerated parents and how to take a collaborative, multipronged, partnership-based approach to supporting youth, families, and communities.</p>
<p>23</p>	<p>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</p>	<p>The Judicial Council requires each trial court to develop record management practices consistent with minimum standards authorized in statutes and the California Rules of Court, consistent with this recommendation. Court administration education materials have been created to assist courts accordingly.</p>

	<p>collaborative court partners, should be treated with sensitivity in recognition of an individual’s rights to confidentiality</p>	<p>In 2018, the Judicial Council’s Criminal Law Advisory Committee developed and circulated a proposal to amend the rule of court on mental competency proceedings to make court-appointed experts’ reports in competency proceedings confidential. After circulation, the committee decided that a legislative change would be more comprehensive and did not move forward with the proposal. In 2019, the Judicial Council subsequently took a support position on Senate Bill 557 (Stats. 2019, ch. 251), which added section 1369.5 to the Penal Code, making documents submitted to a court pursuant to Penal Code sections 1369, 1370, 1370.01, 1370.1, and 1372 presumptively confidential, except as otherwise provided by law.</p> <p>Processes within VTCs were included in the 2020 report, <i>Collaborative Justice: Survey and Assessment of Veterans Treatment Courts</i>, which examined local practices of these courts and their impact on veterans’ outcomes as required pursuant to Senate Bill 339 (Stats. 2017, ch. 595). This report is available online at https://www.courts.ca.gov/documents/lr-2020-collaborative-courts-survey-and-assessment-of-treatment-courts.pdf.</p>
<p>24</p>	<p>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.</p>	<p>The Judicial Council sponsored legislation that was incorporated into Assembly Bill 2190 (Stats. 2014, ch. 734), which amended Welfare and Institutions Code section 5354 to require the public conservatorship investigator to submit a copy of a report to the court for the court-ordered evaluation of a criminal defendant.</p> <p>Senate Bill 684 (Stats. 2017, ch. 246) amended Penal Code sections 1368.1 and 1370 and Welfare and Institutions Code section 5008 as it relates to criminal trials. These amendments provide the criminal court with legal options for defendants declared incompetent to stand trial and for whom competence is not restored within the permitted time period.</p>

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.	Assembly Bill 2190 (Stats. 2014, ch. 734) amended Welfare and Institutions Code section 5354 to improve coordination between the conservatorship court and the criminal court.
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.	<p>Assembly Bill 2190 (Stats. 2014, ch. 734) amended Welfare and Institutions Code section 5354 to allow the court in criminal proceedings to order a conservatorship evaluation pursuant to section 5200.</p> <p>This recommendation was identified by the Judicial Council’s Collaborative Justice Courts Advisory Committee in 2019 as to be deferred until such time resources allow initiation of the recommendation.</p>
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.	Welfare and Institutions Code section 5354 requires a conservatorship investigator to discuss and recommend alternatives to conservatorship if the report does not recommend conservatorship.
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.	The Judicial Council provides judicial education materials and programs to judges handling competency matters, including education for judges who preside over a regular criminal calendar. This recommendation is also identified by the Implementation Task Force as a best practice for implementation on the local level.

29	<p>Each court should develop its own panel of experts who demonstrate training and expertise in competency evaluations.</p>	<p>Judicial Council staff included discussion on this recommendation during the 2018 Presiding Judge/Court Executive Officer Institute. Additionally, a checklist was developed to support courts with implementation on the local level.</p> <p>Judicial Council staff conducted research to investigate how declarations of doubt about a person’s competency to stand trial has impacted the courts, particularly the availability of and funding for competency evaluations. This research reflected that courts have local processes in place for developing panels of experts who are qualified in performing competency evaluations. The Judicial Council is actively seeking funding to develop a program that would provide assistance to the court in recruiting qualified evaluators and that responds to challenges indicated through that research.</p>
30	<p>Mental health professionals should be compensated for competency evaluations in an amount that will encourage in-depth reports.</p>	<p>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.</p> <p>This recommendation was also identified as being appropriate to address in partnership with legislative and county partners.</p>
31	<p>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:</p> <p>a) A brief statement of the examiner’s training and previous experience as it relates to examining the</p>	<p>Rule 4.130(d)(2) of the California Rules of Court was amended as prescribed and went into effect on January 1, 2018.</p> <p>The Implementation Task Force also identified this recommendation as being appropriate to address with state and local partners, including the Forensic Mental Health Association of California.</p>

	<p>competence of a criminal defendant to stand trial and preparing a resulting report;</p> <p>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;</p> <p>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;</p> <p>d) A summary of an assessment conducted for malingering, or feigning symptoms, which may include, but need not be limited to, psychological testing;</p> <p>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.</p>	
32	An ongoing statewide working group of judicial officers, the Administrative Office of the Courts, Department of Mental	Identified by the Implementation Task Force as needing to be implemented in cooperation with partners such as the California Department State Hospitals

	Health, CONREP, and other stakeholders should be established to collaborate and resolve issues of mutual concern regarding defendants found incompetent to stand trial.	(which is responsible for state hospitals following the dissolution of the California Department of Mental Health in 2012) and the Forensic Conditional Release Program (CONREP). The Implementation Task Force noted that Judicial officers should exercise their leadership role and encourage or require this in the context of rules 10.951 and 10.952 of the California Rules of Court.
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, Forensic Conditional Release Program (CONREP), and state and local mental/behavioral health partners.
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, Forensic Conditional Release Program (CONREP), and state and local mental/behavioral health partners. Assembly Bill 1810 (Stats. 2018, ch. 34) established mental health diversion (Pen. Code, §§ 1001.35, 1001.36) and amended the statutes for mental competency proceedings in both misdemeanor and felony cases (Pen. Code, §§ 1370, 1370.01) to allow a judge to grant diversion to a defendant who has been found incompetent to stand trial. Additionally, rule 4.130 of the California Rules of Court was amended to incorporate changes made by Assembly Bill 1810.
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	Assembly Bill 1810 (Stats. 2018, ch. 34) added to Penal Code 1370(a)(1)(G) procedures to readdress competency if defendant regains competency before being transferred to the state hospital.

	deemed competent, he or she should not be transferred to a state hospital.	
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.	<p>Effective June 27, 2018, Assembly Bill 1810 (Stats. 2018, ch. 34) established mental health diversion (Pen. Code, §§ 1001.35, 1001.36) and amended the statutes for mental competency proceedings in both misdemeanor and felony cases (Pen. Code, §§ 1370, 1370.01) to allow a judge to grant diversion to a defendant who has been found incompetent to stand trial. Diversion programs under this legislation provides the court with procedural tools to place people in community treatment programs in lieu of admission to the state hospital system.</p> <p>Rule 4.130 of the California Rules of Courts was amended to incorporate changes made by Assembly Bill 1810.</p>
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 <i>Sell v. United States</i> , 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.	<p>The Judicial Council’s 2017 multidisciplinary Beyond the Bench conference provided a session entitled “Joining Current Court Practices with Medication Assisted Treatment (MAT) for Substance Abuse Disorders?” This session explained when, how, and why MAT works, some of the risks and benefits of using MAT, and how to monitor and manage MAT cases in reunification, visitation, and custody cases.</p> <p>Assembly Bill 1810 (Stats. 2018, ch. 34) established mental health diversion (Pen. Code, §§1001.35 – 1001.36). Diversion programs created under this authority encourages continued treatment for diversion participants, including for counties whose diversion programs are funded by the Department of State Hospitals under Assembly Bill 1810 and whose programs include wraparound services available following completion of the program (Welf. & Inst. Code, § 4361).</p>

		This recommendation was identified by the Judicial Council’s Collaborative Justice Courts Advisory Committee in 2019 as to be deferred until such time resources allow initiation of the recommendation.
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 on the local level in partnership with local mental/behavioral health partners.
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.	<p>Identified by the Implementation Task Force as a best practice that should be carried out on the local court level insofar as funding allows.</p> <p>Judicial Council staff developed and is consolidating a list of mental health resources to help assist and inform 1) members of the public, and/or 2) Self-Help Centers or other justice system partners about federal, state, and county behavioral and mental health resources.</p> <p>The August 2018 <i>Self-Help and Family Law Conference</i> conducted a workshop entitled “Helping People with Mental Health Challenges” that discussed techniques for court staff to effectively assist self-represented litigants with mental health conditions. The presentation addressed implicit biases, mental health, and substance abuse needs. The program provided an overview of Laura’s Law and Assisted Outpatient Treatment programs. The conference also included a six-hour training entitled, “Mental Health First Aid” that provided a five-step strategy that included assessing risk, respectfully listening to and supporting the individual in crisis, and identifying appropriate professional help and other supports.</p>
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	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 and co-occurring substance use problems of incarcerated individuals.	
41	<p>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.</p>	<p>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.</p> <p>The Chief Probation Officers of California, California State Sheriff’s Association, County Behavioral Health Directors Association, and California State Association of Counties formed a statewide steering committee coordinated by the CSG Justice Center around the national Stepping Up Initiative; an initiative focused on reducing the number of people in jail who have mental illnesses. This steering committee was later expanded to include state agencies and other associations including the Judicial Council, California Department of Corrections and Rehabilitation’s Department of Adult Parole and its Council on Criminal Justice and Behavioral Health, Department of State Hospitals, Department of Health Care Services, Board of State and Community Corrections, Mental Health Services Oversight and Accountability Commission, and Forensic Mental Health Association of California. One area of focus for the steering committee is encouraging counties to implement a universal mental health screening process upon jail booking that includes the use of a validated, standardized screening tool.</p>
42	<p>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</p>	<p>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.</p>

	must be sensitive to cultural variations, and staff administering the tool must understand inherent cultural biases.	
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.	<p>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.</p> <p>The Implementation Task Force noted that Judicial officers should exercise their leadership role and require or encourage this in the context of rule 10.951 and 10.952 of the California Rules of Court. This judicial leadership will be a topic for inclusion in judicial education materials and programs.</p>

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.
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	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.

	individuals assessed as having a mental illness, unless a change in treatment regimen is necessary to improve or maintain mental health stability.	
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.

<p>55</p>	<p>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.</p>	<p>The 2011 Realignment Legislation addressing public safety, or Assembly Bill 109 (Stats. 2011, ch. 15), reinvested criminal justice resources to support community corrections programs and evidence-based practices, including the realignment of post-release supervision of people who have certain felony convictions who are returning from prison to local community corrections programs. Included in this realignment is the incorporation of community-based treatment and programs, such as mental health treatment, into post-release community supervision (Penal Code section 3450(b)(8)).</p> <p>This recommendation was identified by the Judicial Council’s Collaborative Justice Courts Advisory Committee in 2019 as to be deferred until such time resources allow initiation of the recommendation.</p>
<p>56</p>	<p>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.</p>	<p>This recommendation is consistent with rule 4.530 of the California Rules of Court 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.</p>
<p>57</p>	<p>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</p>	<p>Identified by the Implementation Task Force as not being under the purview of the judicial branch.</p>

	<p>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.</p>	<p>The Implementation Task Force noted that judicial officers should exercise their leadership role and require or encourage this in the context of rules 10.951 and 10.952 of the California Rules of Court. This judicial leadership will be a topic for inclusion in judicial education materials and programs.</p>
<p>58</p>	<p>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.</p>	<p>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.</p> <p>Implementation Task Force members met with representatives of the Chief Probation Officers of California (CPOC) 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.</p> <p>Senate Bill 260 (Stats. 2013, ch. 312) provides an opportunity for early parole for certain people sentenced to state prison who were under the age of 18 when they committed their crimes. Additionally, Senate Bill 261 (Stats. 2015, ch. 471) expands the new parole opportunity to people housed in state prison who were under the age of 23 at the time of their offense.</p> <p>The Implementation Task Force noted that judicial officers should exercise their leadership role and encourage or require this in the context of rules 10.951 and 10.952 of the California Rules of Court. This judicial leadership will be a topic for inclusion in judicial education materials and programs.</p>

<p>59</p>	<p>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.</p>	<p>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.</p> <p>The Implementation Task Force members met with representatives of the Chief Probation Officers of California (CPOC) 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.</p> <p>The Implementation Task Force noted that judicial officers should exercise their leadership role and encourage or require this in the context of rules 10.951 and 10.952 of the California Rules of Court. This judicial leadership will be a topic for inclusion in judicial education materials and programs.</p>
<p>60</p>	<p>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.</p>	<p>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.</p> <p>Implementation Task Force members met with representatives of the Chief Probation Officers of California (CPOC) 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.</p>
<p>61</p>	<p>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.</p>	<p>Identified 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.</p> <p>The Implementation Task Force noted that judicial officers should exercise their leadership role and encourage or require this in the context of rules</p>

		10.951 and 10.952 of the California Rules of Court. This judicial leadership will be a topic for inclusion in judicial education materials and programs.
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.	<p>Identified 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.</p> <p>The Implementation Task Force members met with representatives of the Chief Probation Officers of California to specifically discuss this recommendation.</p> <p>The Implementation Task Force noted that judicial officers should exercise their leadership role and encourage or require this in the context of rules 10.951 and 10.952 of the California Rules of Court. This judicial leadership will be a topic for inclusion in judicial education materials and programs.</p>
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.	<p>Identified 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.</p> <p>The Implementation Task Force noted that judicial officers should exercise their leadership role and encourage or require this in the context of rules 10.951 and 10.952 of the California Rules of Court. This judicial leadership will be a topic for inclusion in judicial education materials and programs.</p>

65	<p>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.</p>	<p>The 2011 Realignment Legislation addressing public safety, or Assembly Bill 109 (Stats. 2011, ch. 15), realigned processes concerning most people under probation supervision, including developing statutes requiring people under post-release community supervision and mandatory supervision to be revoked to jail rather than to prison. (Pen. Code, §§ 3452(b)(3), 3454(b), 1170(h)(2)(5)(B).)</p> <p>The Implementation Task Force noted that Judicial Council staff included guidance on this in its 2014 Criminal Law Institute Course, “Mentally Ill in the Criminal Justice System.” Judicial Council staff continues to include this content in its judicial education programming.</p>
66	<p>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.</p>	<p>The 2011 Realignment Legislation addressing public safety, or Assembly Bill 109 (Stats. 2011, ch. 15), shifted the responsibility of community corrections supervision from the state to local probation agencies for people who have certain felony convictions who are returning from prison to post-release supervision. This legislation outlined options for using “community-based punishment” for people on post-release community supervision, which includes a range of noncustodial and custodial evidence-based sanctions and programming in response to noncompliance. (Pen. Code, § 3450(b)(8).)</p> <p>Judicial Council staff included guidance on this in its 2014 Criminal Law Institute Course, “Mentally Ill in the Criminal Justice System.” Additionally, Judicial Council staff continues to include this content in its judicial education programming.</p> <p>This recommendation was identified by the Judicial Council’s Collaborative Justice Courts Advisory Committee in 2019 as to be deferred until such time resources allow initiation of the recommendation.</p>
67	<p>Specialized calendars or courts for probationers and parolees with mental illness at risk of returning to custody on a</p>	<p>Judicial Council staff entered into an agreement with the California Department of Corrections and Rehabilitation in 2009 to fund six parolee</p>

	<p>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.</p>	<p>reentry courts as established under the Parolee Reentry Accountability Program (Pen. Code, § 3015). Parolee reentry courts provide an alternative to reincarceration for people who violate their terms of parole and who have substance abuse or mental health needs.</p> <p>The 2011 Realignment Legislation addressing public safety, or Assembly Bill 109 (Stats. 2011, ch. 15), required each county create a plan as to how it will undertake the responsibility for criminal justice populations shifted from the state to counties, including mechanism for supervising new populations of people now under local probation supervision instead of under parole supervision. These plans also required counties to develop local responses to supervision violations, including the ability to develop “recommendations to maximize the effective investment of criminal justice resources in evidence-based correctional sanctions and programs, including, but not limited to, day reporting centers, drug courts, residential multiservice centers, mental health treatment programs, electronic and GPS monitoring programs, victim restitution programs, counseling programs, community service programs, educational programs, and work training programs.” (Pen. Code, § 1230.1.)</p> <p>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, an Implementation Task Force member advised the planning group to include information on treatment options and programs for individuals with mental illness, evaluation of results focused on participants with mental illness, and rule 10.952 of the California Rules of Court.</p>
<p>68</p>	<p>Immediate treatment interventions should be made available to a probationer or parolee with mental illness who considerably</p>	<p>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.</p>

	decompensate after his or her release or appears to be failing in community treatment.	
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.
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.	<p>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.</p> <p>The Implementation Task Force also noted a few existing programs that illustrate this recommendation:</p> <ul style="list-style-type: none"> • 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 people are soon to be released. In the event of a re-arrest, they go back into the jail in an effort to re-engage the person. This helps bridge the gap between jail and community treatment and supervision. • San Diego’s Probation Department implemented a policy of picking up everyone who will be released from prison and placed on post-release community supervision in San Diego, including those diagnosed with a

		<p>mental illness. People who access the San Diego Community Transition Center (CTC) 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.</p>
72	<p>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.</p>	<p>Identified 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.</p> <p>The Implementation Task Force also noted a few existing programs that illustrate this recommendation: 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. 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.</p>
73	<p>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.</p>	<p>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.</p>
74	<p>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.</p>	<p>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 Legislature, and parole and probation departments in collaboration with health care and social service partners.</p> <p>The Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 et seq. (2010) provided a new avenue to address this issue. Senate Bill 1147 (Stats. 2008, ch. 546) requires the suspension of Medi-Cal eligibility instead of</p>

		<p>termination for youth under the age of 21 who were Medi-Cal beneficiaries at the time that they became inmates of a public institution. Assembly Bill (Stats. 2013, ch. 646) requires people who are in jail and currently enrolled in Medi-Cal to have their Medi-Cal eligibility suspended rather than terminated unless required by federal law, they become otherwise ineligible, or their benefits suspension is ended pursuant Welfare and Institutions Code to section 14011.10.</p>
75	<p>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.</p>	<p>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.</p>
76	<p>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.</p>	<p>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.</p> <p>The Judicial Council made strides to instill this best practice into court programs, such as those established pursuant to Assembly Bill 1810 (Stats. 2018, ch. 34) mental health division program. Amid the novel COVID-19 pandemic and emergency responses to reduce jail populations to balance public safety and public health, Judicial Council’s Collaborative Justice Courts Advisory Committee expressed the continued need to explore options for implementing this recommendation and to reintroduce this as a recommendation for moving forward.</p>
77	<p>Offenders with mental illness should be released during daytime business hours rather than late at night or in the early</p>	<p>Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed by local criminal justice,</p>

	morning hours to ensure that offenders can be directly connected to critical treatment and support systems.	including sheriff departments, mental/behavioral health, and social service partners.
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 the California Department of Corrections and Rehabilitation.
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 the California Department of Corrections and Rehabilitation.
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.	<p>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 the California Department of Corrections and Rehabilitation.</p> <p>The Implementation Task Force noted that judicial officers should exercise their leadership role and encourage or require this in the context of rules 10.951 and 10.952 of the California Rules of Court.</p>
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,	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

	and others in his or her support system. CDCR should utilize similar procedures, to the greatest extent possible, when releasing an offender.	recommendation to be addressed by the California Department of Corrections and Rehabilitation.
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.	<p>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.</p> <p>Recognizing the importance of supporting local courts that are developing collaborative justice courts focused on people moving through their courts who have mental illness and are experiencing homelessness, the Judicial Council staff collaborated with local courts and housing stakeholders to develop <i>Homeless Court and Community Court Blueprint</i>. The blueprint is intended for local jurisdictions interested in starting or expanding a homeless or community court program. It provides an overview of the different court types, models, and highlights key principles and examples of effective homeless and community court approaches. The blueprint is available online at https://www.courts.ca.gov/documents/homeless-community-court-blueprint.pdf.</p>
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 the California Department of Corrections and Rehabilitation, Forensic Conditional Release Program (CONREP), and parole.

84	<p>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.</p>	<p>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 the California Department of Corrections and Rehabilitation, Forensic Conditional Release Program (CONREP), and parole.</p> <p>The Judicial Council’s 2017 multidisciplinary Beyond the Bench conference provided the session Stepping-Up Initiative: Addressing Housing Needs for Individuals with Co-occurring Disorders or Involvement in the Criminal Justice System. This session identified innovative approaches to address the housing needs of people involved in the criminal justice system, and critical partnerships for collaboratively addressing the housing needs of this population.</p> <p>This recommendation was identified by the Judicial Council’s Collaborative Justice Courts Advisory Committee in 2019 as being best addressed by local agencies.</p>
85	<p>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.</p>	<p>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.</p>
86	<p>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.</p>	<p>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.</p>

87	<p>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.</p>	<p>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 MHSOAC.</p>
88	<p>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.</p>	<p>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.</p> <p>The Implementation Task Force noted that judicial officers should exercise their leadership role and encourage or require this in the context of rules 10.951 and 10.952 of the California Rules of Court.</p> <p>Judicial Council staff included guidance on this as part of the Juvenile Delinquency Primary Assignment Orientation, including segment on:</p> <ul style="list-style-type: none"> • Mental Health and Substance Abuse by Dr. Carly Dierkhising, of the University of California, Irvine. is the faculty. In addition, judicial faculty teach many course segments that include this content. • The Role of the Juvenile Court Judge (Standard of Judicial Administration 5.40), focusing on convening local county mental health and social services, as well and community-based organization, in order to get the appropriate services for minors. • Other applicable segments, such as disposition, education, LGBTQ youth, commercial sexual exploitation of children, permanency planning, and psychotropic medication.

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.	<p>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.</p> <p>The Implementation Task Force noted that judicial officers should exercise their leadership role and encourage or require this in the context of rules 10.951 and 10.952 of the California Rules of Court.</p>
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.	The Judicial Council’s Family and Juvenile Law Advisory Committee completed a Rules Committee proposal calling for training in this area by providing extensive training and education on juvenile psychotropic medications.
91	Juvenciles 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.
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	The Judicial Council’s Keeping Kids in School and Out of Court Initiative released the <i>Supporting the Mental Health of Youth in Juvenile Court Resource Guide and Bench Cards</i> in collaboration with the National Center on Youth Law and East Bay Children's Law Offices. This resource supports judicial officers in making informed decisions and orders for youth involved in

	available support and educational nonprofit organizations to assist families in need.	<p>the child welfare and juvenile justice systems. This resource is accessible at https://www.courts.ca.gov/documents/kkis-mentalhealth-juvcourt.pdf.</p> <p>This recommendation was identified by the Judicial Council’s Collaborative Justice Courts Advisory Committee in 2019 as being outside of the purview of the Judicial Council and best addressed on the local level.</p>
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.	<p>Identified 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.</p> <p>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.</p>
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.	<p>The Judicial Council’s 2017 multidisciplinary Beyond the Bench conference provided the session, “Juvenile Records Under WIC 827 and Related Laws: What Can You Get and to Whom Can You Tell?” This session provided an overview of Welfare and Institutes Code section 827 and related confidentiality laws and provided information about how to access juvenile case files from different agencies or entities, including the court, child welfare agency, probation, law enforcement agencies, and school districts</p> <p>This recommendation was identified by the Judicial Council’s Collaborative Justice Courts Advisory Committee in 2019 as being outside of the purview of the Judicial Council and best addressed on the local level.</p>
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	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.

	purpose of improving the systemic response to youth found incompetent to stand trial in the delinquency court.	
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.	Assembly Bill 1214 (Stats. 2018, ch. 991) amended Welfare and Institutions Codes section 712, outlining the processes for competency to stand trial evaluations for juveniles, including the selection of an expert to conduct the evaluation. This bill also requires the Judicial Council in conjunction with criminal justice and behavioral health stakeholders to adopt a rule of court identifying the training and experience needed for an expert to be competent in forensic evaluations of juveniles. The Judicial Council developed and adopted rule 5.643 to amend rule 5.645 of the California Rules of Court.
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 Judicial Council's 2017 Beyond the Bench conference included the session "Helping Youth Overcome Barriers to Reentry: The Power of Juvenile Defenders and Legal Aid Attorneys Joining Forces." This session examined how public defenders and civil legal aid attorneys can combine their expertise and create meaningful partnerships and projects to help youth overcome obstacles to education, housing, and employment. This session assisted participants in 1) identifying the range of collateral consequences arising from a juvenile adjudication; 2) identifying the range of civil legal services that can mitigate the effects of these collateral consequences, including representation in education, housing, public benefits, and health care matters; and 3) best practices and policies for building partnerships with legal and nonlegal partners in their communities.

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 10.951 and 10.952 of the California Rules of Court. 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.
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 rules 10.951 and 10.952 of the California Rules of Court.

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 rules 10.951 and 10.952 of the California Rules of Court.
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 rules 10.951 and 10.952 of the California Rules of Court.
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.
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 rules 10.951 and 10.952 of the California Rules of Court.
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	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,

	<p>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.</p>	<p>and juvenile justice system partners. Judicial officers should exercise their leadership role and encourage or require this in the context of rules 10.951 and 10.952 of the California Rules of Court. Effective practices, such as juvenile mental health courts, are noted in recommendation 101.</p>
<p>107</p>	<p>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.</p>	<p>The Judicial Council’s 2017 multidisciplinary Beyond the Bench conference provided a number of sessions speaking to this recommendation, including:</p> <ul style="list-style-type: none"> • “Continuum of Care Reform in California: Overview and Implications for Local Court Partners.” This session described core principles of the Continuum of Care Reform and related requirements. • “Human-Centered Design: Designing for Community Engagement.” This course explained the concept of human-centered design, provided strategies for improving written communication with court users and identified ways to improve communication with lower-literacy court users. • “Special Education 101: Early Intervention and Special Education Rights.” This course provided insights for assessing the special education needs of youth involved in the court system, including identifying needs, processes for accessing assessments and services, and requesting and monitoring the provision of appropriate services. <p>The Judicial Council’s 2019 multidisciplinary Beyond the Bench conference provided a number of sessions speaking to this recommendation, including:</p> <ul style="list-style-type: none"> • “Adverse Childhood Experiences and Toxic Stress: Improving Outcomes for Children.” This plenary session featured Dr. Nadine Burke Harris, MD, Surgeon General of California. • “Convening of State, County and Court Leaders: Vision for Mental Health Reform.” Training included discussions about opportunities,

		<p>challenges and the System of Care Blueprint, along with planning sessions for counties to identify and map out resources and gaps based on data, and to develop an action plan to facilitate improved access to behavioral health services for children and families and for increased informed decision making by judges in their respective counties.</p> <ul style="list-style-type: none"> • “Tools and Tips to Engage Families and Children with Behavioral Health Challenges.” This workshop explored techniques and culturally responsive approaches to effectively engage with people who may have behavioral health challenges. Training included: techniques and strategies to serve clients with behavioral/mental health conditions, steps to take when a litigant is not mentally/emotionally stable, effective de-escalation strategies, and other behavioral health issues within juvenile law. • “When Mental Health Treatment Falls Short: Juvenile Court and the LPS Act.” This workshop discusses the cross-over between proceedings under the Lanterman-Petris-Short Act (LPS) and juvenile court proceedings (dependency and juvenile justice). Presenters explained the time frames and criteria for periods of involuntary hospitalizations under the LPS Act, and referral for conservatorship. Other topics included the role of the Public Guardian, placement options, psychotropic medication, the definition of “grave disability,” access to juvenile court records, alternatives to conservatorship, courtroom environment.
108	<p>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</p>	<p>Judicial Council staff has included information from this recommendation within Delinquency Orientation (ongoing inclusion), Dependency Orientation (ongoing inclusion), the 2017 Family Law Institute, the 2016 Juvenile Law Institute. Additionally, Judicial Council staff created online resources that are available Online resources (podcasts, videos and course materials) are</p>

<p>treatment services for youth under the jurisdiction of the juvenile delinquency court (e.g., Medi-Cal, housing, SSI).</p>	<p>available for through Judicial Council staff online within its Family Law Toolkit, Juvenile Delinquency Toolkit and Juvenile Dependency Toolkit.</p> <p>The Judicial Council’s 2017 multidisciplinary Beyond the Bench conference provided the session Reducing Racial & Ethnic Disparity in Juvenile Justice Through Court-Appointed Advocacy and Interagency Collaboration Presentation. This course describes an effective framework for collaborative interagency advocacy for supporting youth of color under probation supervision.</p> <p>The Judicial Council’s 2019 <i>Child and Family Focused Education</i> conference featured workshops on Tools & Tips on Behavioral Health and Resiliency in Children with Adverse Childhood Experiences.</p> <p>The Judicial Council’s 2019 multidisciplinary Beyond the Bench conference provided the Convening of State, County and Court Leaders: Vision for Mental Health Reform. With approximately 230 participants from 32 counties, this session brought together judicial officer led teams of county partners and included education sessions to inform judges and justice partners of the underlying behavioral health needs, funding, and service options available. The purpose of this convening was to help create a vision for mental health reform and address the urgent need for multidisciplinary solutions in improving behavioral and mental health services to children and families in California.</p>
<p>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.</p>	<p>The Judicial Council’s 2017 multidisciplinary Beyond the Bench conference provided the session Moving Towards Trauma-Responsive Practice in Treatment Court Teams. This course identified traumatic exposures for children and youth and how they may be associated with their behaviors and explained intergenerational trauma cycles steps court teams can take to effectively intervene.</p>

<p>110</p>	<p>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.</p>	<p>The Judicial Council website includes webpages dedicated to providing resources and links to external research related to mental health and criminal justice, including resources on collaborative justice courts and juvenile justice issues. These webpages include:</p> <ul style="list-style-type: none"> • Juvenile Collaborative Courts, https://www.courts.ca.gov/3081.htm • Collaborative Justice Courts, https://www.courts.ca.gov/programs-collabjustice.htm • Behavioral Health Education and Resources, https://www.courts.ca.gov/cjs-behavioral-health.htm
<p>111</p>	<p>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.</p>	<p>This recommendation was deferred as the Judicial Council did not have the necessary funding or resources to conduct assessments and evaluations of the current data, processes, and outcomes of juvenile competence to stand trial in California.</p>
<p>112</p>	<p>Additional research should be conducted related to juvenile mental health issues, including assessments and evaluations of the following:</p> <ol style="list-style-type: none"> a. The mental health services available to juveniles and transition age youth in each county. 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). 	<p>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.</p>

	<p>c. The prevalence of youth with disabilities or mental illness who enter the criminal justice system later as adults.</p>	
<p>113</p>	<p>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.</p>	<p>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. This report is located at http://www.courts.ca.gov/documents/JD_Performance_asEBP.pdf</p> <p>In addition, the Judicial Council continues to collaborate with the National Center for State Courts to track collaborative courts in the state and to document program outcome measures.</p> <p>This recommendation was identified by the Judicial Council’s Collaborative Justice Courts Advisory Committee in 2019 as being outside of the purview of the Judicial Council and best addressed on the local level.</p>
<p>114</p>	<p>Funding for education on collaborative justice principles and mental health issues should be sought from local, state, federal, and private sources.</p>	<p>The Judicial Council has continuously sought funding for education and training on mental health topics relevant to collaborative justice courts. These efforts include:</p> <ul style="list-style-type: none"> • Applying twice for Train the Trainers funding offered by the U.S. Substance Abuse and Mental Health Services Administration’s GAINS Center to support trauma informed care trainings. The Judicial Council was unfortunately not awarded funding for either application. • Applying and successfully being awarded \$200,000 for a Veterans Treatment Court (VTC) strategic planning grant offered by the U.S. Department of Justice Bureau of Justice Assistance with technical assistance provided by the Center for Court Innovations. This funding went towards the implementation of a VTC strategic plan and the Judicial Council allocated a bulk of the funds to the California

		<p>Association of Collaborative Court to provide education for VTC practitioners.</p> <p>As the Judicial Council recognizes the importance of providing education and training on these topics even when outside funding is unavailable, Judicial Council staff developed education and training by leveraging existing resources. These efforts include developing the Behavioral Health Education series and the Drug Court Standards series. The Behavioral Health Education series is a six-to-eight session series focused on mental health topics that is offered annually either in-person or online. The Drug Court Standard series is a set of webinars that address collaborative court practices.</p> <p>Judicial Council staff disseminates funding and technical assistance information to courts through the collaborative court coordinators' network and the California Association of Collaborative Courts. Judicial Council staff also disseminates such information to the court through its Mental Health Network and Collaborative Courts Network.</p>
115	<p>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.</p>	<p>Judicial Council staff developed a monthly Behavioral Health and Justice Webinar Series for judges, court employees, collaborative court staff, and partner agencies. The goal of the educational series is to increase the knowledge of courts and justice partners of the intersection between criminal justice and behavioral health in order to address the needs of court users.</p> <p>Judicial Council staff 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 mental health resources as well as to education products created specifically for the website by the Implementation Task Force.</p>

116	<p>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 cooccurring disorders in the criminal justice system. Education should include information on diversion programs and community services that target this population.</p>	<p>The Judicial Council formerly began collaborating with the Forensic Mental Health Association of California in 2020 to provide judicial education through the association’s trainings and conferences.</p> <p>Judicial Council staff is working with the Council on Criminal Justice and Behavioral Health, the County Behavioral Health Directors Association, and the CSG Justice Center to conduct trainings to increase collaboration around criminal justice and mental health. This training is for county teams comprising judges, behavioral health directors, prosecutors and defense attorneys. The first training in this series was held on January 30, 2020. Additional trainings will be held either in person or virtually, depending on protocols in place amid and following the COVID-19 pandemic.</p>
117	<p>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.</p>	<p>Judicial Council staff develops resources for judicial officers who are new to criminal assignments as well as providing ongoing educational materials.</p> <p>Ongoing education and training are also continuously provided by Judicial Council staff, including trainings offered through its Behavioral Health and Justice Webinar Series. With the advent of mental health diversion under Assembly Bill 1810 (Stats. 2018, ch. 34), the Judicial Council partnered with the Council on Criminal Justice and Behavioral Health, County Behavioral Health Directors Association, CSG Justice Center, and Department of State Hospitals to provide training to judicial officers and justice system partners involved in local diversion programs.</p>
118	<p>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</p>	<p>Judicial Council staff provides trainings to judicial officers and justice system partners involved in collaborative justice court programs, including training provided through its Behavioral Health and Justice Webinar Series and through developing educational content in collaboration with the California Association of Collaborative Courts.</p>

	<p>options. Training should include recent outcome research on collaborative court programs.</p>	
<p>119</p>	<p>Continuing Legal Education (CLE) courses focusing on mental health law and participation by mental health professionals in the criminal process should be developed.</p>	<p>The Beyond the Bench Conference is a biennial, multidisciplinary conference providing training and education to judges, court leaders, attorneys, probation officers, social workers, court users, researchers, policy makers, and other professionals whose work focuses on children, youth, and families involved in the court system. The conference addresses core legal and social issues pertaining to juvenile and family law, including collaborative courts, tribal court-state court jurisdiction, veterans and military families, incarceration and reentry, and mental health.</p> <p>The Judicial Council partnered with the American Bar Association to host the 2018 Homeless Court Summit. This conference provided training and education around court programs focused on people who are experiencing homelessness with the goal of engaging them in treatment and program activities.</p> <p>The Judicial Council partnered with California Association of Collaborative Courts (CACC) to host the annual CACC Annual Conference that provides training and education to support evidence-based practice guidelines for collaborative court programs. These sessions have included topics such as mental health diversion implementation, collaboration with county behavioral health departments, among other topics important to the courts work.</p> <p>Beginning in 2020, the Judicial Council partnered with the Forensic Mental Health Association of California to provide judicial education credits for its trainings and conferences.</p>

120	<p>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.</p>	<p>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.</p> <p>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.</p>
121	<p>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.</p>	<p>Identified by the Implementation Task Force as not being under the purview of the judicial branch and more appropriately addressed parole and probation partners.</p> <p>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</p>
122	<p>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.</p>	<p>The Judicial Council provided a copy of the Mental Health Issues Implementation Task Force Recommendations and Report to the California Department of Corrections and Rehabilitation.</p> <p>Shortly after the release of the initial report by the Task Force for Criminal Justice Collaboration on Mental Health Issues, the state underwent a massive reform to the adult criminal justice system under pursuant to the 2011 Realignment Legislation addressing public safety, or Assembly Bill 109 (Stats. 2011, ch. 15), which shifted much of the responsibility of the Board of Parole Hearings to the courts. This shift allowed the courts to be responsible for implementing the intent of this recommendation under its expanded role. The Judicial Council has and will continuously provide education about mental</p>

		illness to inform reposes to probation supervision violations as described in more details in responses to progress made to implementing applicable recommendations throughout this report.
123	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.	<p>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.</p> <p>The Implementation Task Force worked with the California Institute for Behavioral Health Solutions (formerly the California Institute of Mental Health) to provide information about crisis intervention training programs and procedures to state and local mental/behavioral health partners in an effort to encourage local partnerships.</p>
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.	Judicial Council staff included information from this recommendation within Delinquency Orientation (ongoing inclusion), Dependency Orientation (ongoing inclusion), the 2017 Family Law Institute, the 2016 Juvenile Law Institute. Additionally, Judicial Council staff created online resources that are available Online resources (podcasts, videos and course materials) are available for through Judicial Council staff online within its Family Law Toolkit, Juvenile Delinquency Toolkit and Juvenile Dependency Toolkit.
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.
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	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.

	California Strategic Plan on Reducing Mental Health Stigma and Discrimination.	
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.	<p>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.</p> <p>The Judicial Council's 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.</p>
128	<p>The Administrative Director of the Courts should transmit this report to California law school deans and urge them to consider the following strategies:</p> <ul style="list-style-type: none"> 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. 	Judicial Council staff is in the process of determining progress made in disseminating the Task Force report to California law schools.

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.	The Judicial Council provided a copy of the <i>Mental Health Issues Implementation Task Force: Final Report</i> to the State Bar of California upon its release.
131	Funding for research initiatives outlined in this report should be sought from local, state, federal, and private sources.	The Judicial Council previously sought funding for research, including applying for grants offered by the National Institute of Justice, but has unsuccessful in its pursuits. The Judicial Council continually seeks external funding for research initiatives and provides technical assistance to courts engaging in their own research and evaluation projects.
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.	<p>The courts website includes a section on collaborative justice courts that provides information and resources on a variety of mental health issues, such as adult and juvenile mental health courts and other courts that assist people who have mental health issues in receiving treatment, such as veterans treatment courts, and reentry courts https://www.courts.ca.gov/programs-collabjustice.htm.</p> <p>The courts website also includes the webpage Behavioral Health Education and Resources that includes internal and external resources including training materials and research, https://www.courts.ca.gov/cjs-behavioral-health.htm.</p>

<p>133</p>	<p>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.</p>	<p>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.</p> <p>Implementation Task Force members provided guidance for several studies undertaken by the Judicial Council, including a literature review of mental health court related research published by the Judicial Council in 2012. This literature review is available at http://courts.ca.gov/documents/AOCLitReview-Mental_Health_Courts--Web_Version.pdf.</p> <p>Judicial Council staff prepared a series of briefings providing an overview of juvenile collaborative courts, including what types of courts exists, how they work, and how they can be replicated. Included in this series is a briefing on the juvenile mental health court, released in February 2020. This briefing is accessible at https://www.courts.ca.gov/documents/JCJC_Models_Juvenile_mental_health_court.pdf.</p>
<p>134</p>	<p>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:</p> <ul style="list-style-type: none"> 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); 	<p>Local courts collect individual data metrics relevant to their programs and are encouraged to follow the guidance of this recommendation. The Judicial Council also makes effort to collect various data metrics outlined in this recommendation to the extent in which it falls under its purview, which is often limited to certain service data and criminal justice outcomes. For example:</p> <ul style="list-style-type: none"> • The Judicial Council is required to study Veteran Treatment Courts (VTC) pursuant to Senate Bill 339 (Stats. 2017, ch. 595). Required in this study is the collection of 1) service data including the number of VTC program participants and services available; 2) outcome data

	<p>c) Criminal justice outcomes (e.g., number of arrests, types of charges, jail days);</p> <p>d) Mental health outcomes (e.g., number of inpatient hospitalizations and lengths of stay, number of days homeless); and</p> <p>e) Program costs and savings data.</p>	<p>including program outcomes such as completions and terminations; and 3) an evaluation of a sample of participant outcomes, including, recidivism data and outcomes on mental health, homelessness, employment, social stability, and substance abuse.</p> <ul style="list-style-type: none"> • The Judicial Council is required pursuant to the Legislative Analyst’s Office’s <i>Supplemental Report of the 2019-20 Budget Act</i> to provide annual data relevant to mental health diversion programs established under Assembly Bill 1810 (Stats. 2018, ch. 34). This data is required to capture the number of petitions for mental health diversion that were granted, as well as, where possible, the number of petitions received for mental health diversion; the number of petitions for mental health diversion that were denied; the number of petitions for mental health diversion that were denied because the person did not meet statutory requirements for eligibility under Penal Code section 1001.36(b); the number of petitions for mental health diversion in which the person successfully completed diversion; and the number of petitions for mental health diversion in which the person was terminated unsuccessfully from the diversion program. <p>This recommendation was deferred by the Judicial Council’s Collaborative Justice Courts Advisory Committee in 2019 until such time resources allow initiation of this recommendation.</p>
135	<p>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</p>	<p>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, Forensic Conditional Release Program (CONREP), the Forensic Mental Health Association of California, and juvenile and adult criminal justice partners.</p>

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.