
Health Center & Justice System Collaboration to Improve Mental Health

**OCTOBER 11,
2022**



**1-2:30
PM ET**

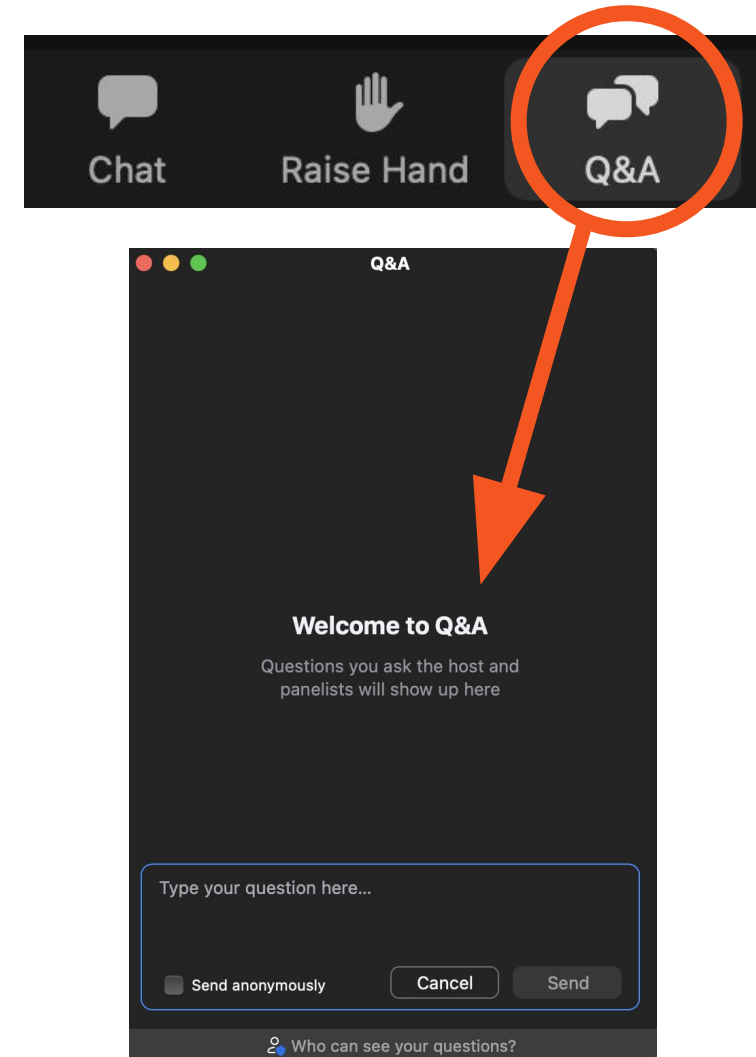
HRSA

Health Resources & Services Administration

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Housekeeping

- Attendees are muted throughout the webinar.
- Type questions into **Questions & Answers pane**.
- To activate captions, select “Live Transcript” and “Show Subtitle.”
- This webinar will be recorded and shared at medical-legalpartnership.org/resources/
- Email ncmlp@gwu.edu for help



Acknowledgements

NCMLP thanks HRSA, NCSC, James Teufel, Shannon Mace, and key informants for their work on this project.

We also want to share a very special thank you to:

April Merrill, Esq.

Director of Medical-Legal Partnerships, Legal Aid Services of Oklahoma

for inspiring the issue brief and amplifying the voices of the legal aid community working tirelessly to achieve justice and improve the health and well-being of people in their communities through partnership.

Polling Questions for You, the Audience (use Zoom to respond):

1. Tell us who you are:

- FQHC or Look-Alike
- CCBHC
- CMHC
- Legal Services Organization
- Hospital
- PCA
- HCCA
- Courts
- Other

2. Are you part of an MLP that currently engages courts or judges in any capacity?

- Yes
- No, my MLP does not engage courts/judges
- I am not part of an MLP
- I don't know

Learning Objectives

The audience will:

- Increase their understanding of the link between health care and justice systems;
- Explore the further integration of and partnership between health centers, certified community behavioral health clinics, and courts to improve the continuum of mental health care; and
- Learn about how to collaborate with courts to improve the mental health of patients and justice-involved individuals.

Today's Moderator and Panelists



**BETHANY
HAMILTON**

Co-Director
National Center for
Medical-Legal
Partnership



**SHANNON
MACE**

Executive Director
Health, Education,
and Legal Assistance
Project: A
Medical-Legal
Partnership



**JAMES
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James Teufel
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**PATTI
TOBIAS**

Principal Court
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Consultant
National Center for
State Courts

The Prevalence of Mental Health & Substance Use in our Criminal Justice System

PERCENT OF PEOPLE WITH HISTORY OF A MENTAL HEALTH CONDITION

37%

in State/Federal Prisons

44%

in Local Jails

25%
with Severe
Psychological Distress



PERCENT OF PEOPLE WITH A SUBSTANCE USE DISORDER

58%

in State/Federal Prison

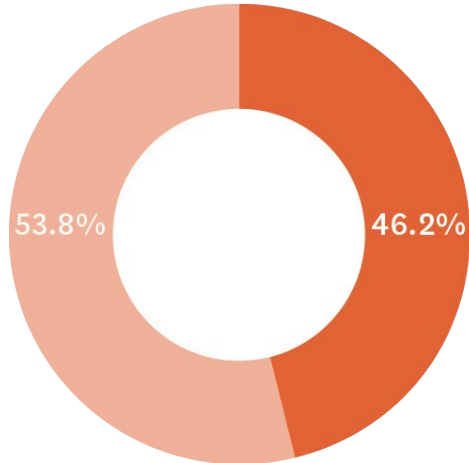
63%

in Local Jails

40%
Under the Influence at
the Time of Arrest

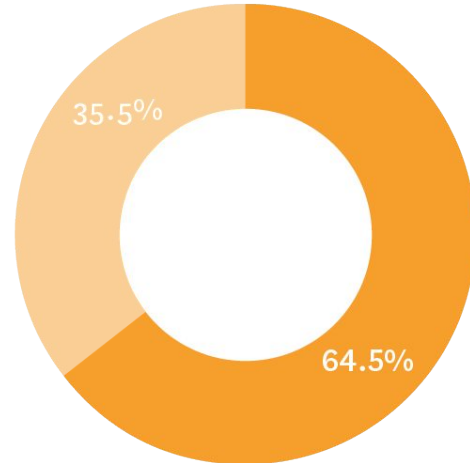
Opportunity Imperative: Improve Mental Health Care Access and Outcomes

ADULTS WITH ANY MENTAL ILLNESS



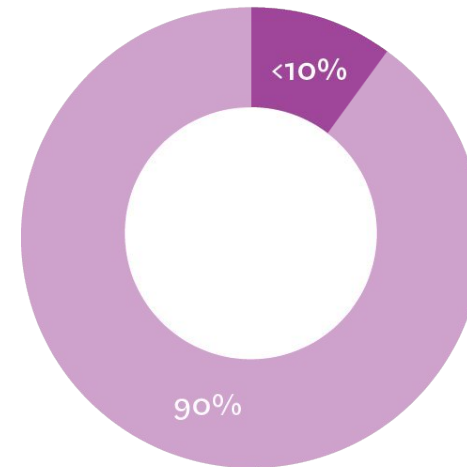
● Received Treatment
● Did Not Receive Treatment

ADULTS WITH SEVERE MENTAL ILLNESS



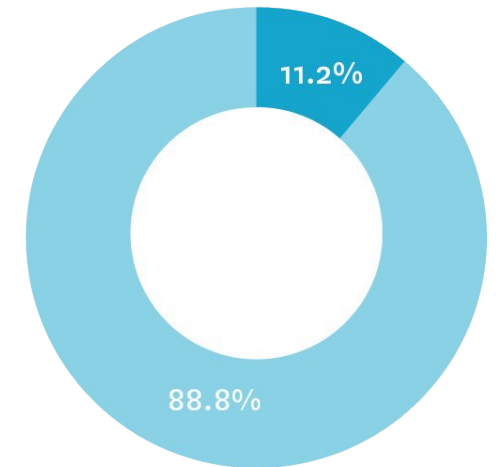
● Received Treatment
● Did Not Receive Treatment

PEOPLE OVER 12 WITH AN OPIOID USE DISORDER



● Received Treatment
● Did Not Receive Treatment

PEOPLE WITH AN OPIOID USE DISORDER



● Received Medication
● Did Not Receive Medication

Connecting Community Health Centers & Courts

Nine major recommendations for health centers and courts to better support the behavioral health of justice-involved people.

This brief proposes ways in which these organizations can collaborate and ultimately foster the next phase of the medical-legal partnership movement:

bringing the health provider into the legal context and expanding the pool of potential legal services providers.

Access the report:
medical-legalpartnership.org/mlp-resources/health-centers-and-courts/

CONNECTING COMMUNITY HEALTH CENTERS & COURTS TO IMPROVE BEHAVIORAL HEALTH OF PEOPLE & COMMUNITIES

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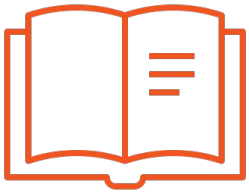
Health, Education, and Legal
Assistance Project: A
Medical-Legal Partnership



JAMES TEUFEL

James Teufel Consulting

METHODS



Methods

- Key informant interviews facilitated with 16 experts from 13 states.
 - Represented were a community health worker, health center leadership, a social worker, a mental health policy expert, a former judge, attorneys, medical-legal partnership directors, and legal researchers, among others.
 - Conducted thematic analysis to identify key themes and recommendations.
- Reviewed existing literature, including peer-reviewed and web-based materials and resources.

RECOMMENDATIONS



Evidence-Based Treatment

- Criminal legal system involvement leads to worsened health outcomes among people with behavioral health disorders, including increased risk of suicide, overdose, and overdose death, and decreased access to evidence-based treatment.
- In 2021, only 3.6% of people who were incarcerated with opioid use disorder received buprenorphine treatment
- Judges' understanding of treatment for substance use disorders (SUDs) can be influenced by persistent myths, stigma, and discrimination against people with SUDs.



Evidence-Based Treatment

“The courts don’t necessarily understand what Suboxone or MAT [medication-assisted treatment] is, and they think sometimes somebody can be weaned off of it. And there’s an expectation that you’re on Suboxone for six months and then you’re going to be off of it.”



Example from the Field: Lifespan Transitions Clinic

The Lifespan Transitions Clinic (Transitions Clinic) located in Rhode Island, is a multidisciplinary, primary care clinic that provides comprehensive health care, peer support, social, and legal services for people who are formerly incarcerated with chronic medical conditions, including behavioral health conditions. The Transitions Clinic care team includes a community health worker with lived experience of incarceration who leverages their unique experience to connect with patients, help them navigate health care, social services, and criminal legal systems, and offers mentorship and emotional support.

Understanding that many people who are formerly incarcerated, especially those with behavioral health conditions, continue to face repeated criminal legal system involvement, the Transitions Clinic forged an MLP with the Rhode Island Public Defender Office. Patients who are at risk of return to incarceration, for example due to pending charges, a potential probation violation, or unpaid court fines or fees, are referred to the Public Defender Office Social Services Department, which is staffed by social workers and licensed behavioral health clinicians. Transitions Clinic primary care providers, using their medical expertise, can help explain to a judge which types of medical treatment and care would be best for the person based on their specific condition and history. Transitions Clinic providers also offer credible information about evidence-based treatment for opioid use disorder and other SUDs and can help judges and probation officers understand how long people may engage in treatment and that return to use is a part of a person's SUD and recovery process. This type of advocacy helps judges identify non-punitive alternatives to care for people with behavioral health conditions and helps increase access to evidence-based treatment and services.



Evidence-Based Treatment

"What's been really helpful is if they had the doctor from the Transitions Clinic who is treating a patient who is being prescribed Suboxone through them, and they're still testing positive and they come to court and the court is aware that they've tested positive. But have the doctor send a letter educating the court on the person's medical issues on the person's opioid use disorder and recommending that the person be referred and continue in treatment."



MLPs & Health-Justice Partnerships

- Law is a powerful determinant of health impacting individual and population health outcomes; however, access to civil legal services in the U.S. is limited.
 - According to the 2021 World Justice Forum Rule of Law Index, the U.S. ranks 126th out of 139 countries on the measure of civil justice accessibility and affordability.
- Approximately 66% of people in the U.S. will experience at least one justiciable event within two years.
- Health consequences of experiencing a justiciable event include negative emotions (55%), negative impacts on mental health (39%), and negative influences on physical health (23%).



MLPs & Health-Justice Partnerships

"They come in a federally qualified health center because they don't have health insurance. They get treatment there by a therapist or a psychiatrist. But it's erratic. It's not like they have regular transportation or regular housing, and they're able to make their appointments every Tuesday at two, like somebody who doesn't have those same concerns."



MLPs & Health-Justice Partnerships

Four pathways in which legal determinants can influence behavioral health include:

1. Public health law
2. Access to medical care
3. Legal regulatory reform
4. Access to innovative legal services



I-HELP Framework

- **Income**
 - Appeal denials of public benefits, health insurance, and disability benefits.
- **Housing and utilities**
 - Secure housing subsidies, improve substandard conditions, prevent evictions, prevent utility shut off
- **Education and employment**
 - Secure specialized education services, prevent and remedy employment discrimination, enforce workers' rights
- **Legal status**
 - Resolve veteran discharge status, clear criminal and credit histories, assist with immigration applications
- **Personal and family stability**
 - Secure protection for abuse orders, assist with adoption, custody, and guardianship matters.



Example from the Field: Philadelphia Legal Assistance

To improve the health and well-being of people with SUDs and people in recovery from SUD, Philadelphia Legal Assistance created an MLP with federally qualified health centers (FQHCs) and CHCs in Philadelphia, Pennsylvania focused on serving people with SUDs, including opioid use disorder. The health centers provide evidence-based medications for opioid use disorder to patients, among other services. Attorneys and paralegals, located onsite at the health centers, introduce themselves to all new patients and describe the legal assistance that is available to them. Patients receiving medication for opioid use disorder often attend regular group or individual therapy sessions and can regularly meet with a behavioral health consultant, if needed.

Because of their substance use histories, patients are also likely to have past or current criminal legal system involvement. To ensure clients continue to have access to evidence-based treatment for their SUDs, Philadelphia Legal Assistance attorneys, in partnership with health care providers, work with judges and probation officers to help them understand an individual client's specific behavioral health condition and the appropriate treatment for it. Attorneys also regularly offer education and training to legal professionals on the topics of SUDs, recovery, and treatment for SUDs.



Policies & Procedures

“I don’t think there’s a full understanding of the brokenness of our system for mental health and SUD services. They [judges] just tell people to do things or accomplish things, or they write it into orders without a full understanding of how difficult it is, especially with housing and transportation issues, and a lack of resources and other barriers.”



Policies & Procedures

- Legal and medical approaches need further integration to improve behavioral health outcomes and courts should be included in the MLP framework.
- There needs to be more focus on community supports for behavioral health before they become legal cases.
- Interdisciplinary approaches should promote trauma-informed practices and policies.
- Justice systems should aim to disrupt the “vicious cycle” as opposed to accelerate or add to it.



Example from the Field: Redhook Community Justice Center

Improving Courthouse Signage: Procedural Justice Through Design



Source: [Center for Court Innovation \(2015\)](#)





Partnerships Between FQHCs & CCBHCs

"What would be most helpful is having treatment providers here in the courthouse or across the street. A big problem is that we have a population that doesn't get around easy, needs handholding, and needs a warm handoff."

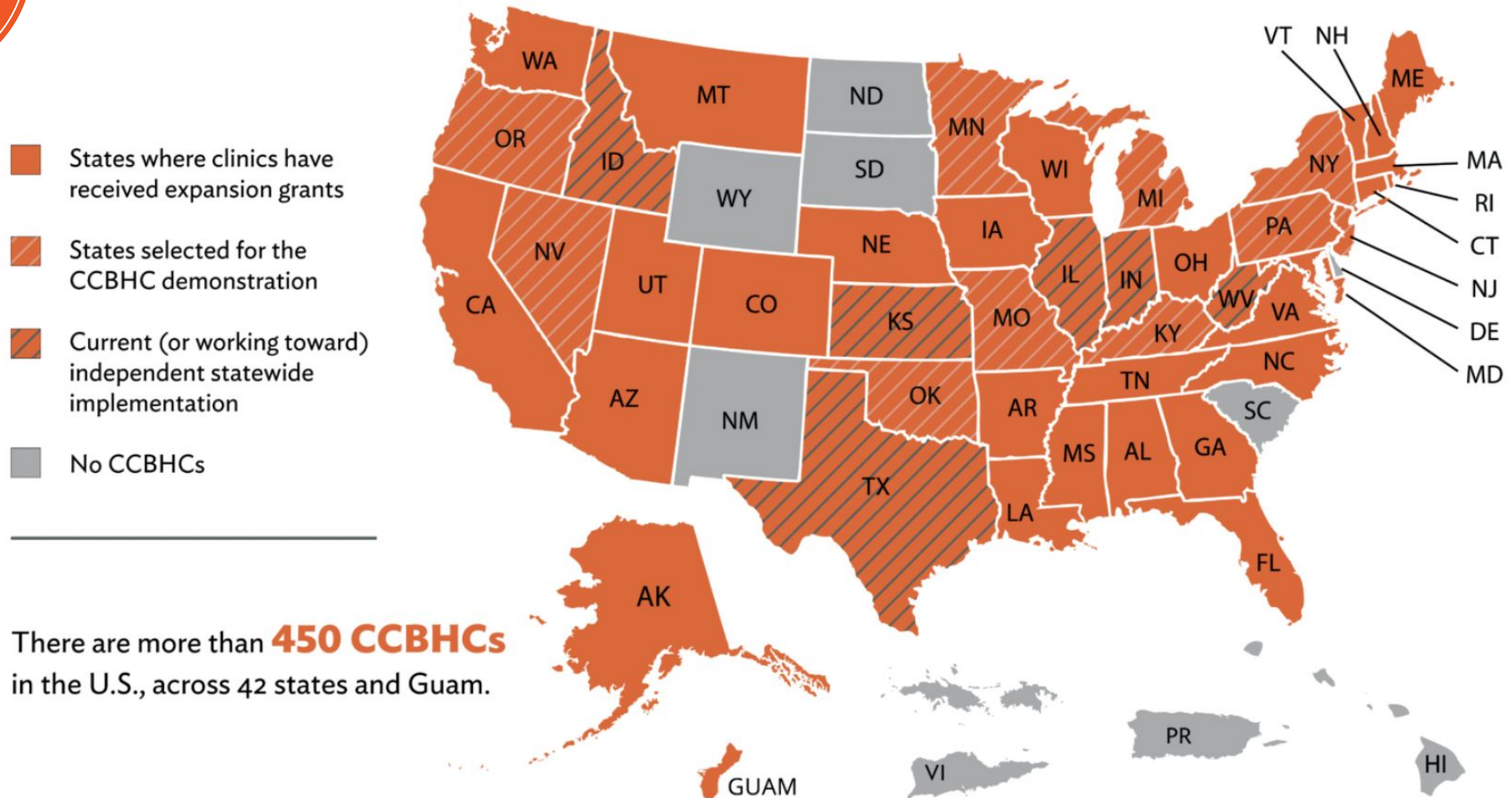


Partnerships Between FQHCs & CCBHCs

- Health center patients who engage in enabling services are more likely to engage in primary care and to report better patient satisfaction.
- Courts are a key behavioral health referral source and there is need to integrate more behavioral health expertise and evidence into courts.
- There is an indirect pathway from courts to Community Health Centers through Certified Community Behavioral Health Clinics.



Status of Participation in the CCBHC Model



There are more than **450 CCBHCs** in the U.S., across 42 states and Guam.

Source: [National Council for Mental Wellbeing \(2022\)](#)



CCBHCs & Justice Systems

PROPORTION OF CCBHCS WITH JUSTICE SYSTEM PARTNERSHIPS, AS OF 2019 ³⁵		
Care Coordination Partner	Proportion of CCBHCs with a Formal Relationship	Proportion of CCBHCs with an Informal Relationship
Juvenile justice agencies	52%	44%
Adult criminal justice agencies/courts	68%	29%
Mental health/drug courts	76%	24%
Law enforcement	53%	47%

Source: [National Council for Mental Wellbeing \(2022\)](#)

CCBHC REQUIRED SCOPE OF SERVICES
Must be delivered directly by a CCBHC
<ul style="list-style-type: none"> • Screening, Assessment, Diagnosis • Patient-centered Treatment Planning • Outpatient Mental Health/Substance use Disorder (MH/SUD) • Crisis Services: 24-Hour Mobile Crisis; Crisis Stabilization
Delivered by a CCBHC or a Designated Collaborating Organization (DCO)
<ul style="list-style-type: none"> • Peer Support • Psychiatric Rehab • Targeted Case Management • Primary Health Screening & Monitoring • Armed Forces & Veteran’s Services



Recognition from Court-Focused Organizations

- Rutgers Law School/Camden Coalition Medical-Legal Partnership
 - **Focus on fines and fees of courts**
- Medical and health policy experts advocating for changes in inequitable court fines/fees
- **M→L=P**





Recognition from Court-Focused Organizations

- Traditionally, MLPs have linked legal aid, law schools, and pro bono attorneys to community health centers (CHCs), medical clinics, and hospitals.
- **L→M=P**
- What about M or MLP connecting to L beyond legal assistance and fines & fees?
- **M&P→L**





Recognition from Court-Focused Organizations

- **A sole focus on legal assistance (legal aid, pro bono, law schools) and/or court fines & fees:**
 - 1) Misses key legal stakeholders and decision makers
 - Courts, Judges, Justices, Clerks, Court Administrators, Agency Administrators
 - *State courts through delegation to state Bars regulate who practices law and how law can be practiced within states*
 - 2) Tends to overly focus on fines & fees linked to criminal and municipal/traffic citations



Recognition from Court-Focused Organizations

- The American Bar Association has supported MLP for 15 years
- Medical-Legal Partnerships could aim to gain recognition from:
 - National Center for State Courts (NCSC)
 - Conference of State Court Administrators (COSCA)
 - Conference of Chief Justices (CCJ)



Opportunities to Intercept

- Most common impact of justice events
 - Negative impact to **emotional wellbeing** or **mental health** (Hiil & IAALS, 2021)
 - At least 30% of people experiencing a justice event will report a negative health outcome and 10% report substance use (Sandefur & Teufel, 2020)
- Most people **do nothing** or try to **resolve on their own**
- People **reach out to friends & family** as much as professionals for help
 - Seek help from **trusted sources**
 - People connect to legal services by a **personal recommendation** (CLIO, 2019)

Justice Needs and Satisfaction in the **United States of America**

2021

Legal problems in daily life





Opportunities to Intercept

World Justice Forum, 2021 Rule of Law Index

7.1 | PEOPLE CAN ACCESS AND AFFORD CIVIL JUSTICE

0.44

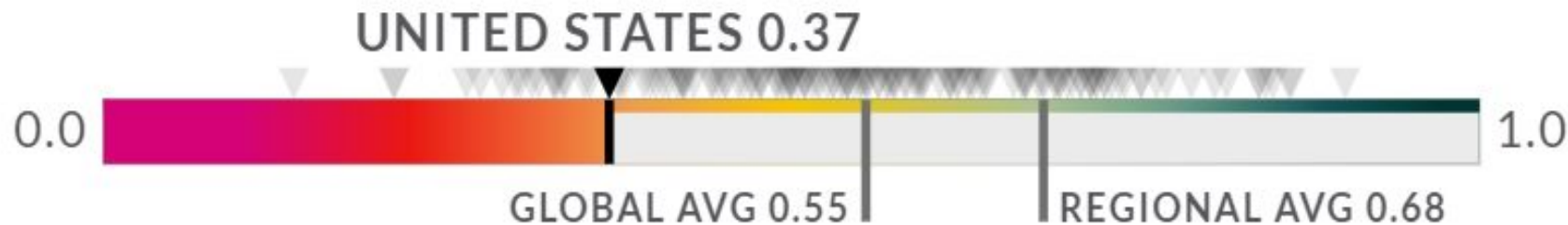
GLOBAL RANK 126 / 139
 REGIONAL RANK 31 / 31
 INCOME RANK 46 / 46



7.2 | CIVIL JUSTICE IS FREE OF DISCRIMINATION

0.37

GLOBAL RANK 122 / 139
 REGIONAL RANK 30 / 31
 INCOME RANK 45 / 46



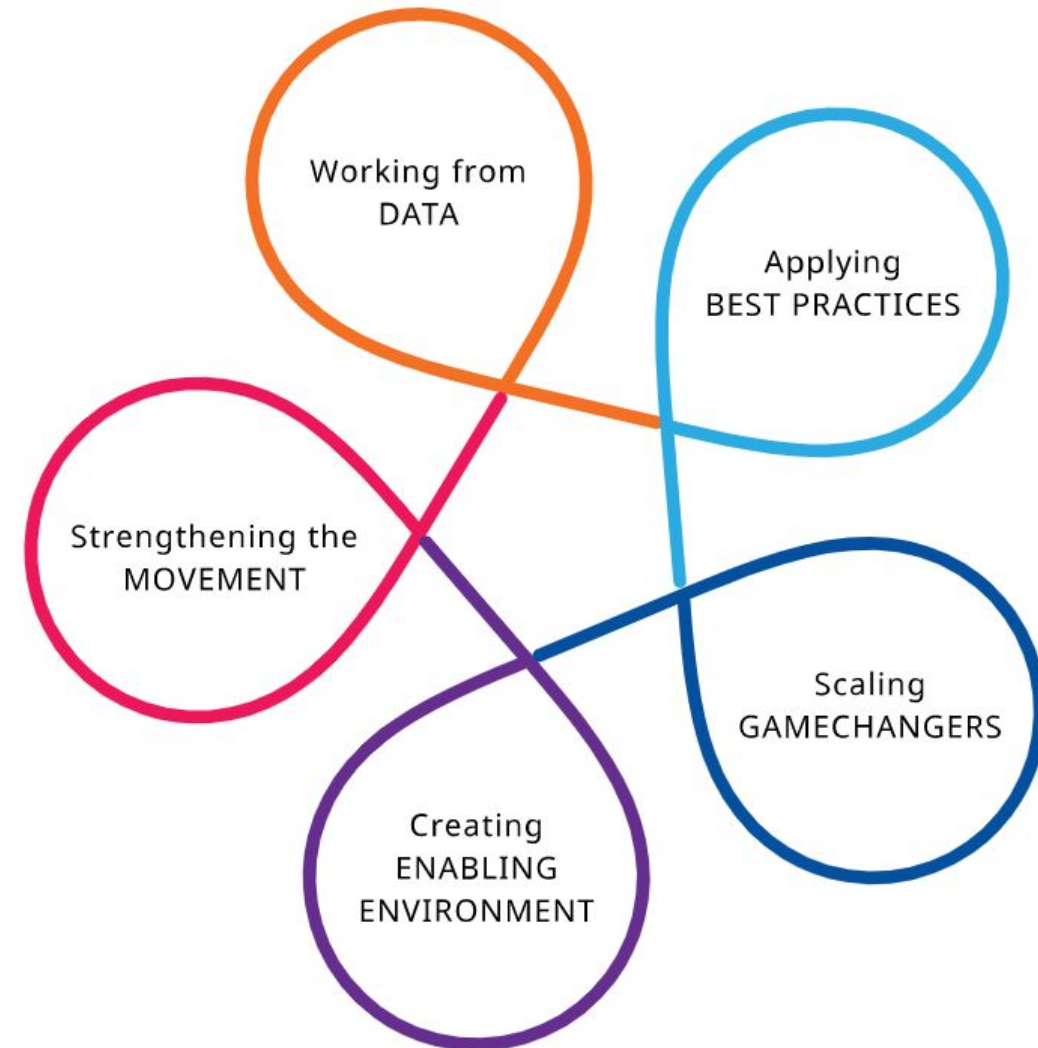


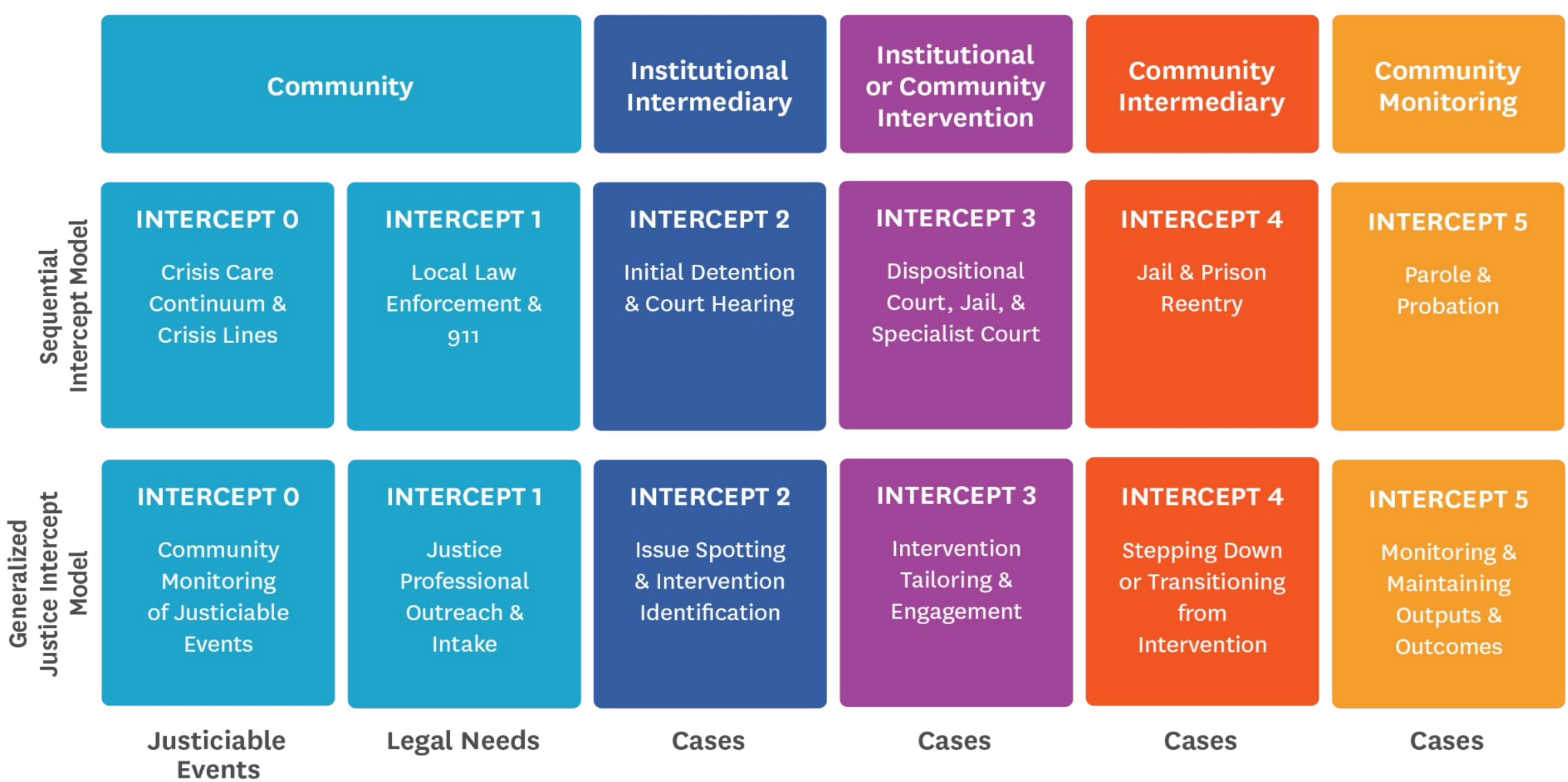
Opportunities to Intercept

Hiil People- Centered Justice (2021)

- Only one-third of people with a justice issue report satisfactory resolution
- **Game Changer:** “Community justice services that help people with a **simpler** way to resolve problems, **close** to where they live, combining **informal and formal** justice.”

<https://www.hiil.org/wp-content/uploads/2021/12/Hiil-Policy-Brief-PCJ-Programmes.pdf>





Recommendation 6



Opportunities to Intercept

- Important to **elevate the community, including people with behavioral health issues and lived experience**, in:
 - Monitoring, Preventing, Intervening, Rehabilitating
- The approach can be expanded in:
 - Peer or lay support programs
 - Ensuring representation in organizations at all levels
 - **CHCs include consumers as the Board majority**
 - Courts could learn from CHCs regarding stakeholder inclusion



Opportunities to Intercept

“none of the supports in the community exist in a courtroom and courts create “vicious cycles” in which behavioral health conditions are reasons for court involvement and court involvement often exacerbates behavioral health issues. Justice systems should aim to disrupt the “vicious cycle” as opposed to accelerate or add to it.”



Community & Courtroom Navigators

- **Court navigators** have remarkable **impacts on court processes and outcomes**, by providing legal information, social support, expectation setting, and way-finding services within courts (Sandefur & Clarke, 2015).
- **Community health workers cross-trained** as court or community navigators
 - *Legal Link's Legal First Aid* for community legal navigators (Legal Link, 2022)
- **Behavioral health providers could be embedded within courts or court-related organizations** in a similar way that lawyers are centered in hospitals and health centers as part of medical-legal partnerships.



Community & Courtroom Navigators

- Nonlawyers are **competent and effective**, especially for simple procedural issues
- **Consumer satisfaction** with nonlawyer assistance meets or exceeds that of lawyers
 - Rebecca L. Sandefur, Legal Advice from Nonlawyers: Consumer Demand, Provider Quality, and Public Harms, 16 Stan. J. C.R. & C.L. 283 (2020).
- If procedural justice or justice outcomes matter, then nonlawyers (as well as lawyers) matter
- Navigators help with empowering people, and **empowering people improves health.**



Partnerships & Training: Interdisciplinary & Intersectoral

- **Convening, collaborating, partnering, and navigating**
- The Medical-Legal Partnership model could be extended to provide health care services, including behavioral health, in legal settings.
 - Social workers are likely a key bridging profession, given the impact of debt, family, and housing cases in courts and people's lives.
- There are **simple wins in health justice navigation** to assist people in engaging their justice issues in and out of court
 - Basic wayfinding
 - *People typically want basic advice more than representation* (Community Needs & Services Study)



Partnerships & Training: Interdisciplinary & Intersectoral

- **Court clerks, administrators,** and judges can be trained on behavioral health by social workers or substance use experts.
- Medical-Legal Partnerships could contribute to and advocate for health justice bench cards for judges.
 - Checklists and decision rules improve decision making (Grave, et al, 2000)



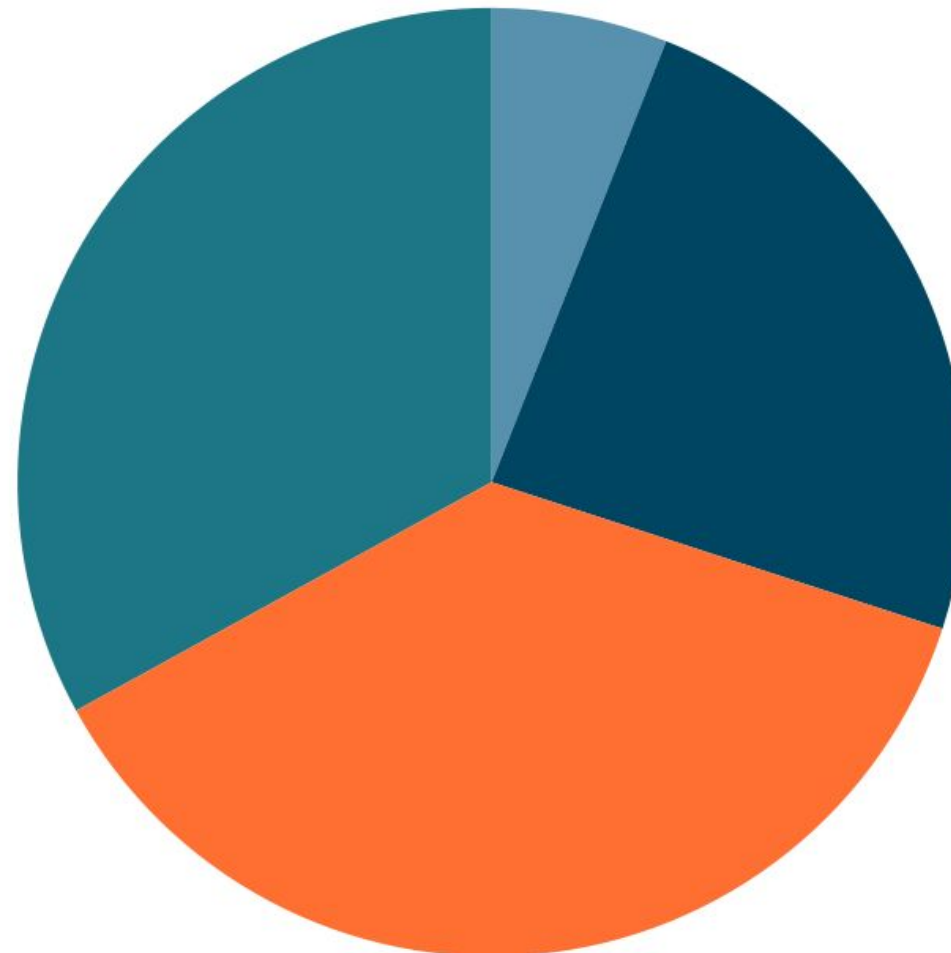
Regulatory Reform

- MLP could be extended to advocate for **alternative legal providers and alternative business structures** for legal service provision.
 - Including courts in the discussion legal service diversification is key
- **Diversifying the legal services workforce** enables lawyers to work at the top of their licenses and allows nonlawyers to engage in outreach and procedural legal services, areas in which they perform well
 - **Lawyers effectuate change most in complex issues, substantive law, or challenging judging/courts on the law**



Regulatory Reform

Legal Help for Legal Needs



- Lawyer Acting as Lawyer
- Lawyer Acting as NonLawyer
- NonLawyer Acting as NonLawyer
- No Help At All

When studies examine addressing legal needs, much of the activity is outside of traditional lawyer regulation

Mayson, 2020

https://iaals.du.edu/sites/default/files/documents/publications/irlsr_final_report.pdf

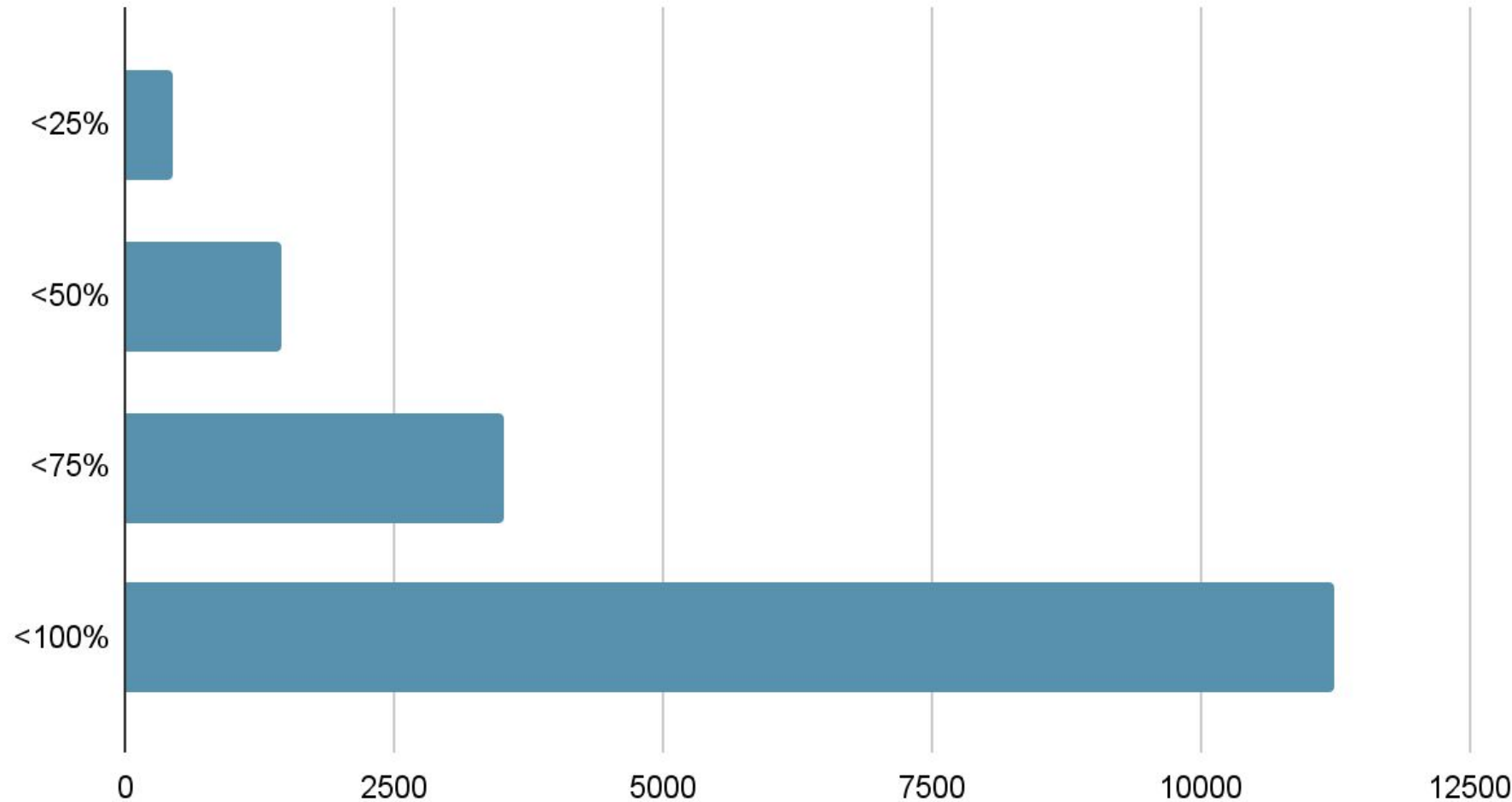


Regulatory Reform

Based on analyses of legal deserts, we may need to at least double legal providers in the public interest (PeopleLaw) to simply eliminate legal deserts

– (Gallo & Teufel, preliminary findings)

Number of Legal Providers to Reduce Legal Deserts



Panelist



PATTI TOBIAS

Principal Court Management Consultant

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PERSPECTIVES FROM NCSC

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

Task Force Executive Committee



Honorable Paul L. Reiber
Chief Justice, VT
Task Force Co-chair



Honorable Lawrence K. Marks
Chief Administrative Judge, NY
Task Force Co-chair



Nancy Cozine
State Court Administrator, OR



Honorable Richard Robinson
Chief Justice, CT



Honorable Loretta H. Rush
Chief Justice, IN



Tammy K. Kohn
State Court Administrator, SC



Honorable Robert Brutinel
Chief Justice, AZ



Marcia M. Meis
Director, Administrative Office
of the Illinois Courts

On March 30, 2020, the **Conference of Chief Justices (CCJ) and Conference of State Court Administrators (COSCA)** established the National Judicial Task Force to Examine State Courts' Response to Mental Illness with a charge to "assist state courts in their efforts to more effectively respond to the needs of court-involved individuals with serious mental illness."

With the financial support of the State Justice Institute, work is underway to **develop and publish tools, resources, best practices and policy recommendations for courts, engage in research, provide training and education, and deliver technical assistance to states and local communities.**

National Judicial Task Force Findings and Recommendations: Highlights

Finding:

An estimated **70% of individuals involved in the criminal justice system have a behavioral health disorder**, making state courts a significant referral source to community behavioral health treatment, and often making jails the largest behavioral health facilities in the jurisdiction.

Recommendation:

Courts should partner with state Medicaid agencies, state behavioral health authorities, developmental disabilities authorities, **community-based providers, and community health centers, to identify collaboration opportunities** and advance systems improvements.

See the complete list of findings and recommendations at [Findings and Recommendations of the National Judicial Task Force to Examine State Courts' Response to Mental Illness](#) (National Center for State Courts)

“Resolution 1” Adopted by CCJ and COSCA

LEAD

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

EXAMINE

“... undertake an assessment of the court system including state laws, court rules, policies, practices, and procedures across all case types involving individuals with serious mental illness.”

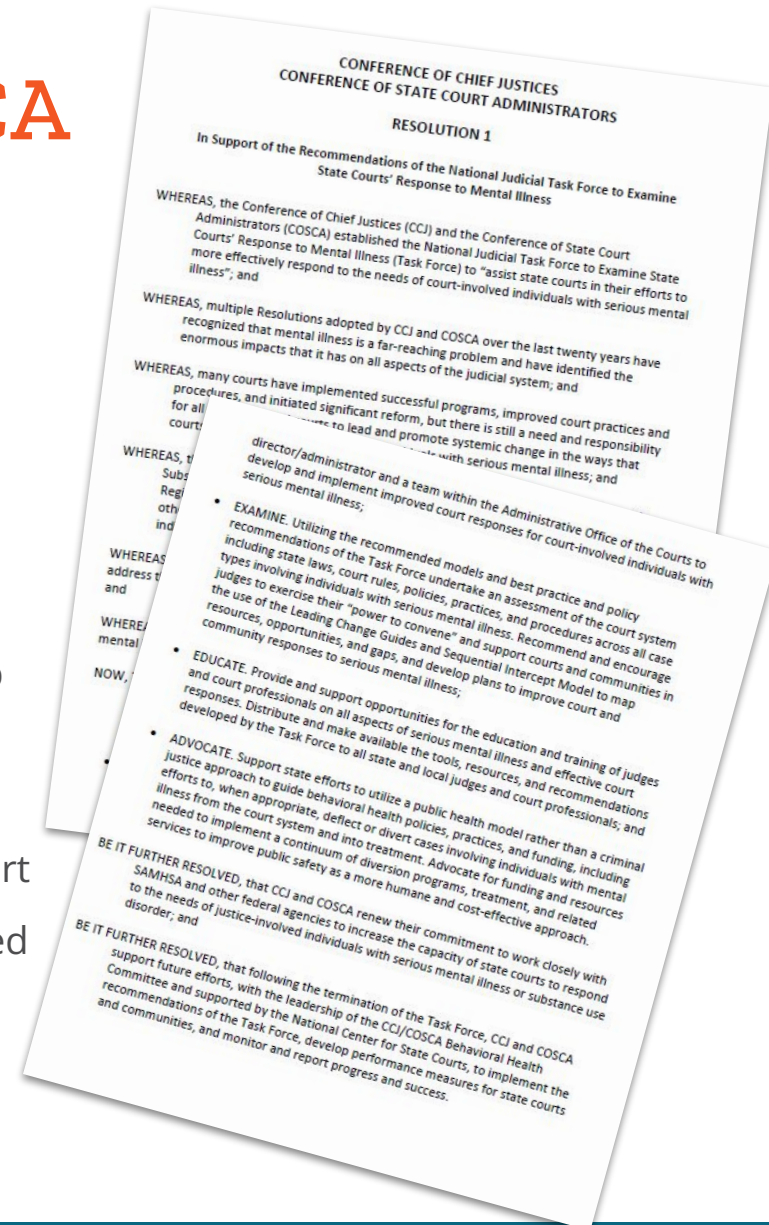
“... support courts and communities in the use of the Leading Change Guides and Sequential Intercept Model to map resources, opportunities, and gaps, and develop plans to improve court and community responses to serious mental illness;”

EDUCATE

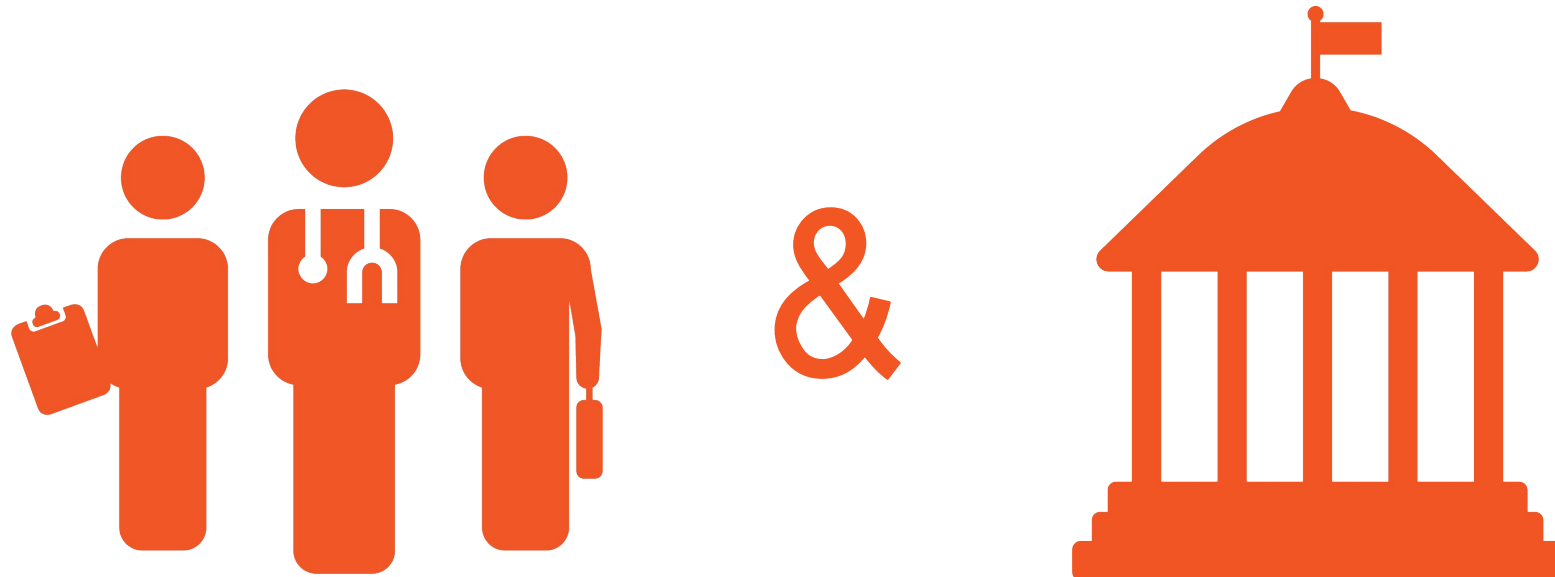
Provide and support opportunities for the education and training of judges and court professionals on all aspects of serious mental illness and effective court responses. Distribute and make available the tools, resources, and recommendations developed by the Task Force to all state and local judges and court professionals; and

ADVOCATE

“Support state efforts to utilize a public health model rather than a criminal justice approach to guide behavioral health policies, practices, and funding, ...”



Where Should MLPs Start?




Q&A

Please submit your questions using the Q&A Panel.


Happening Soon!

Subscribe to our **newsletter** to stay up-to-date on our events and resources.

bit.ly/mlpnews

National Center for Medical  Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY


THE MLP IN HEALTH CENTERS SERIES




PART 2

DEVELOPING SCREENING, REFERRAL, & SERVICE DELIVERY WORKFLOWS FOR MLPS

OCTOBER 18, 2022
1-2:30 PM ET

National Center for Medical  Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

THE MLP IN HEALTH CENTERS SERIES



PART 3

TRAINING PROMISING PRACTICES TO MEET THE NEEDS OF PROVIDERS & PATIENTS

NOVEMBER 1, 2022
1-2:30 PM ET

Please feel free to
email
ncmlp@gwu.edu
with any further
questions.

THANK YOU!

Please take a moment to complete our survey. Link is in the chat.

ADDITIONAL RESOURCES

Additional Resources

[National Judicial Task Force to Examine State Courts' Response to Mental Illness](#)

(National Center for State Courts)

[Findings and Recommendations of the National Judicial Task Force to Examine State Courts' Response to Mental Illness](#)

(National Center for State Courts)

[Conference of Chief Justices, Conference of State Court Administrators - Resolution 1](#)

(National Center for State Courts)

[Task Force Publications and Resources](#)

(National Center for State Courts)



ONLINE RESOURCES
Behavioral Health and the Courts Website
Behavioral Health Resource Hub
State Innovations and Resources
Webinars and Podcasts
Behavioral Health eLearning Series & Resources

PUBLICATIONS
Behavioral Health Alerts Newsletter (twice monthly, Jan 2020 - present)

PANDEMIC-RELATED REPORTS
Improving Outcomes for People with Behavioral Health Needs: Diversion and Case Processing Considerations During a Pandemic (Mar 2021)
Listening to the Field: Observation and Recommendations to Reduce Jail Population During a Pandemic (Jan 2021)
Addressing the Mental Health and Well-Being of Judges and Court Employees (Jan 2021)
The Crisis Care Continuum: Resources for Courts During and After the COVID-19 Pandemic (Dec 2020)
Providing Court-Connected Behavioral Health Services During the Pandemic: Remote Technology Solutions (Jul 2020)
Supporting Vulnerable Populations: Civil Interventions and Diversion for Those with Mental Illness (Jul 2020)
Addressing Court Workplace Mental Health and Well-being in Tense Times - Webinar (Jun 2020)

CRIMINAL JUSTICE
DEFLECTION & DIVERSION
National Diversion Landscape: Continuum of Behavioral Health Diversions Survey Report (May 2022)
National Diversion Landscape Survey Summary (May 2022)
Collaborative Court and Community Diversion for Individuals with Behavioral Health Needs (Jun 2021)
Improving Outcomes for People with Behavioral Health Needs: Diversion and Case Processing Considerations During a Pandemic (Mar 2021)
Listening to the Field: Observation and Recommendations to Reduce Jail Population During a Pandemic (Jan 2021)

Additional Resources

[Certified Community Behavioral Health Clinics and the Justice Systems](#)

(National Council for Mental Wellbeing)

[Medication-assisted Treatment for Opioid Use Disorder in Jails and Prisons:](#)

[A Planning and Implementation Toolkit](#)

(National Council for Mental Wellbeing)

[Deflection and Pre-arrest Diversion Tools and Resources](#)

(National Council for Mental Wellbeing)

**THE OPIOID CRISIS IN
AMERICA & THE ROLE
MEDICAL-LEGAL
PARTNERSHIP CAN PLAY
IN RECOVERY**



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**CONNECTING COMMUNITY
HEALTH CENTERS & COURTS
TO IMPROVE BEHAVIORAL
HEALTH OF PEOPLE &
COMMUNITIES**



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