

Fair Justice Subcommittee on Mental Health and the Criminal Justice System

AGENDA

Thursday, April 10, 2018; 10:00 a.m. – 2:00 p.m.

Conference Room 119 A/B

State Courts Building, 1501 W. Washington, Phoenix, AZ 85007

[Click Here for Subcommittee Web Page](#)

Time*	Agenda Items	Presenter
10:00 a.m.	Welcome	<i>Kent Batty, Chair</i>
10:05 a.m.	Approval of Minutes from March 21, 2018 meeting <input type="checkbox"/> Formal Action/Request	<i>Kent Batty</i>
10:15 a.m.	Discussion of a recommendation that the AOC develop an informational guide on the civil commitment process in web-based and paper formats <input type="checkbox"/> Formal Action/Request	<i>Kent Batty</i>
10:45 a.m.	Review draft Final Report	<i>Kent Batty</i>
<hr/> Lunch (\$5.00) <hr/>		
12:00 p.m.	Discussion of Subcommittee's final meeting	<i>Kent Batty</i>
12:30 p.m.	Good of the Order/Call to the Public Adjournment	<i>Kent Batty</i>

Next Meeting:

April 26, 2018

Conference Room 101

Arizona State Courts Building

**All times are approximate and subject to change. The committee chair reserves the right to set the order of the agenda. For any item on the agenda, the committee may vote to go into executive session as permitted by Arizona Code of Judicial Administration § 1-202. Please contact Jodi Jerich, staff, at (602) 452-3255 with any questions concerning this agenda. Any person with a disability may request a reasonable accommodation, such as auxiliary aids or materials in alternative formats, by contacting Sabrina Nash at (602) 452-3849. Requests should be made as early as possible to allow time to arrange the accommodation.*

Fair Justice Task Force

Subcommittee on Mental Health and the Criminal Justice System

DRAFT

Wednesday, March 21, 2018
Conference Room 101
Arizona State Courts Building
1501 West Washington Street
Phoenix, AZ 85007

Present: Kent Batty, Chair, John Belatti, Mary Lou Brncik, Vicki Hill, Nancy Rodriguez, Jim Dunn, Josephine Jones, Dr. Dawn Noggle, Dr. Carol Olson, Commissioner Barbara Spencer, Lisa Surhio, Paul Thomas, Juli Warzynski

Appearing Telephonically: Dr. Tommy Begay, Judge Joe Mikitish

Absent/Excused: Susan Alameda, Detective Kelsey Commisso, India Davis, Dr. Michael Shafer, Mary Ellen Sheppard, Judge Susan Shetter, Judge Chris Staring, Sabrina Taylor, Danna Whiting

Administrative Office of the Courts (AOC) Staff: Theresa Barrett, Don Jacobson, Jodi Jerich, Sabrina Nash, Angela Pennington

Guests: Charles Arnold, Attorney, *Frazer, Ryan, Goldberg & Arnold*
Judge James McDougall, Attorney, *Frazer, Ryan, Goldberg & Arnold*
Dr. Leslie Dana-Kirby, Psychologist, Maricopa County Correctional Health Services, RTC-CEP Program
Lisa Struble, Administrator, Maricopa County Correctional Health Services, RTC-CEO Program

Welcome, opening remarks, and approval of minutes

The Chairman, Kent Batty, called the March 21, 2018 meeting of the Fair Justice Task Force Subcommittee on Mental Health and the Criminal Justice System to order at 10:12 a.m. The Chairman asked the members to go around the room and introduce themselves.

The draft minutes of the February 12, 2018 meeting were presented for approval.

Motion: To approve the January 18, 2018 minutes. **Action:** Approve. **Moved by:** Dr. Dawn Noggle. **Seconded by:** Jim Dunn. Motion passed unanimously.

Overview of the *Arnold v. Sarn* lawsuit and settlement agreement

Mr. Charles (“Chick”) Arnold briefed the members on the *Arnold v. Sarn* lawsuit and its 2014 settlement agreement. The lawsuit was filed in 1981 and has become Arizona’s longest standing class action lawsuit. At the time, Mr. Arnold was the Maricopa County Public Fiduciary. He worked with the Center for Law and the Public Interest to bring the lawsuit on behalf of David Goss and four other persons who constituted the representative plaintiff class. Mr. Arnold sued the Arizona Department of Health and Maricopa County alleging they did not provide a comprehensive community mental health system as required by state law. The trial court entered judgment in favor of the plaintiffs, holding that the State and the County violated their statutory duties. The Arizona Supreme Court affirmed this ruling in 1989.

After the 1989 ruling, the trial court appointed a monitor to oversee efforts to bring the State into compliance. Mr. Arnold noted that he has worked with several governors to develop plans to resolve the lawsuit by bringing more state resources into the community mental health treatment system. In 2014, Governor Brewer worked with the litigants to develop a new settlement agreement that set Arizona’s standards to match the standards set by the federal Substance Abuse and Mental Health Standards Administration (SAMHSA). The Settlement Agreement centered around four (4) issues:

1. Crisis Services
2. Supportive Housing
3. Supportive Employment
4. Consumer Services (Family/Peer Support)

The Court approved the Settlement Agreement and dismissed the court monitor. However, the court retained jurisdiction in case there are future allegations that the State is not meeting the terms of the Settlement Agreement.

Mr. Arnold reported that the State has made significant efforts to comply with the 2014 Settlement Agreement. He cited increased access to the mental health care system through the expansion of Medicaid eligibility and the new navigation system implemented by Mercy Maricopa Integrated Care as examples of noteworthy effort. Nonetheless, Mr. Arnold noted that there is still a need for more housing.

Discussion ensued. A health care member noted that Arizona’s system is superior to those of other states. However, the provision in the Settlement Agreement that put the maximum number of inpatient beds at the Arizona State Hospital (ASH) at 55 has not been beneficial in the treatment the seriously mentally ill. Mr. Arnold noted that the bed limit at ASH was intended to force the healthcare system to respond by developing other inpatient facilities to supplement the 55 ASH beds. However, the system has not responded in the manner that was envisioned at the time of the Settlement Agreement. As a result, only Medicaid eligible persons have access to

inpatient treatment at ASH. Other members expressed concern that the State's decision to move behavioral health services to the Arizona Health Care Cost Containment System (AHCCCS) from the Department of Health (DHS) has resulted in less oversight of the mental health care delivery system.

The chairman thanked Mr. Arnold for his presentation.

Discussion of SB1195 application; emergency admission; nonevaluating hospitals

Judge James McDougall provided the members with a status report on legislation to amend several statutes relating to the evaluation and transport of persons who may need court-ordered evaluations or treatment. The bill, SB1195, has passed the Senate and is awaiting a hearing in the House Health Committee. Judge McDougall stated that in an effort to reach consensus with stakeholders, the bill was amended and is in a substantially different form than the draft the members reviewed back in January. He mentioned that there are some outstanding issues that still need to be resolved before the bill can move forward and that he is working hard to resolve them.

Discussion ensued. The members noted that it is a very difficult task to bring so many diverse stakeholders together over such a complex matter as involuntary mental health screenings, evaluations, and treatment. Again, members expressed concern over the State's level of oversight of Arizona's mental health care system. Additionally, concerns were raised that the 55-bed maximum at ASH makes it difficult to provide inpatient mental health treatment to those who need it. Members noted the irony of the court's efforts to keep mentally ill persons out of the criminal justice system when there are inadequate community resources to provide meaningful treatment. The untreated persons are likely to reoffend, putting them right back into the criminal justice system.

The Chairman thanked Judge McDougall for his update on SB1195.

Discussion that the Arizona Psychological Association be urged to create restoration to competency programs and evaluation tools using evidence-based best practices.

The Chairman introduced the next agenda item relating to a discussion of the court's restoration to competency (RTC) programs for defendants who have been found to be incompetent but restorable. An attorney member stressed the need for evidence-based practices in RTC programs. She proposed that the Subcommittee ask the Arizona Psychological Association (APA) to develop such programs.

Members discussed whether the APA was the appropriate entity to develop the RTC programs. Members expressed concern that it may take a long time for the APA to develop and approve guidelines and that such guidelines could be developed more quickly by the Administrative Office of the Courts. Members concurred that psychology is an inexact science and that tests can be subjective. They discussed the need to have a well-developed training program that ensures that the health care professionals who will conduct RTC programs are properly trained to do so. Members further noted that currently there is little oversight and no performance audits conducted of court-appointed psychiatrists and psychologists.

The Chairman introduced representatives from Maricopa County's Correctional Health Services RTC and competency evaluation programs (CEP): Ms. Lisa Strubel and Dr. Leslie Dana-Kirby.

Dr. Dana-Kirby is a forensic psychologist who conducts RTCs and CEPs. She noted that all defendants are different and have different diagnoses. Consequently, there is no single test that can be administered to every defendant who is ordered to be evaluated to determine competence. Additionally, there is no single program that can restore competence for every defendant. Dr. Dana-Kirby agreed that the courts could provide better training and should institute a measure of accountability for those psychologists and psychiatrists who perform RTCs and CEPs.

Lisa Strubel, Forensic Services Manager, RTC-CEP Manager, discussed the need for a standardized reporting methodology to be used by all health care professionals who must submit RTC and CEP reports to the court. She said that currently there is no standard reporting format which makes it difficult for the court and the parties to find information in an efficient manner. Ms. Strubel suggested that the courts devise a standard reporting format for psychiatrists and psychologists to use to ensure that all statutory requirements for an evaluation have been met and addressed in the report.

The Chairman noted that Pima County Superior Court had a mental health coordinator who developed standards for what the court needed to see in RTC and CEP reports. The coordinator would review reports filed by the evaluators to check whether the reports contained all necessary information for the court.

Discussion ensued. Members agreed with Dr. Dana-Kirby that there is no single test that can be used for all defendants. However, members expressed a desire to have the matter more thoroughly studied to ensure that the courts appoint qualified and well-trained psychiatrists and psychologists to conduct RTC and CEP, particularly in rural Arizona. They also noted the difficulty courts have in finding psychologists and psychiatrists who are willing to work with the court and participate in RTC and CEP programs.

A judge member noted that any changes in the training for court-certified psychologists and psychiatrists should be thoroughly vetted. A court administrator member suggested that there should be more evaluation and study of the Rule 11 process before there are any efforts to develop new guidelines. He noted that there have been no allegations that Rule 11 competency hearings were resulting in incompetent defendants being improperly found to be competent.

The following motion was put forward for debate and discussion:

“The Subcommittee recommends to the Fair Justice Task Force that it recommend that the AOC gather state experts to examine evidence-based and best practices for competency evaluations and restoration programs and to train accordingly.”

Don Jacobson proposed the motion be further amended to include at the end of the motion the following language:

“and that there should be a standard reporting format as established by the court.”

Motion made by Lisa Surhio; Amended by Don Jacobson; Motion seconded by Dr. Noggle. Motion passed unanimously.

The Chairman thanked Dr. Dana-Kirby and Ms. Struble for their perspectives they provided to the Subcommittee.

Discussion on the final report of the Subcommittee

The chairman informed the members that the Fair Justice Task Force will not be extended. It will hold its final meeting on May 21, 2018. As a subcommittee of the Task Force, this Subcommittee will end on that date as well.

The Subcommittee must submit a final report to the Task Force. This report will detail the work the Subcommittee has accomplished as well as any recommendations going forward. The Chairman acknowledged that there is a high level of interest in having the work of the Subcommittee continue and he anticipates the final report will contain a recommendation that a new committee be formed to continue this Subcommittee’s work. The final report should review the charges to the Subcommittee and its work to address these charges.

A court administrator member stated that even though the Subcommittee is coming to an end, there is more work to be done. He said that the charge of any future committee should include a review of rules, statutes and protocols. A mental health advocate member concurred that it would be important that a future committee be tasked with proposing changes to the criminal justice and mental health statutes to improve how the justice system interacts with persons who suffer from mental illness. A member urged that the final report be shared with the Director of the Arizona Health Care Cost Containment System (AHCCCS).

Staff proposed a rough outline of a final report for the members’ consideration. The final report would provide the following:

1. Inform the Task Force of the Subcommittee’s work to date and how that work matches the four charges of the Subcommittee.

2. Discuss the challenges and barriers the members have identified that hinder the courts in effectively addressing persons with mental illness who enter the criminal justice system.
3. Propose that a future committee be formed to continue to identify solutions for the courts to better administer justice. The report would make recommendations regarding the membership and charge of any future committee.

Staff provided the Subcommittee an update on efforts to create a website that provides the public information on the civil commitment process.

Staff informed the Subcommittee that the Arizona Bar Foundation for Legal Services and Education (the Foundation) is excited to partner with the AOC to develop this website. The Foundation believed this project will provide significant benefit to persons who need information on the legal process and the resources available to assist them with the screening, evaluation, and hearing process to provide a person with court ordered mental health care.

Members discussed whether, in light of the amount of time needed to develop the website, the court should supplement the website with a paper pamphlet that provides a high-level overview of the Title 36 civil commitment legal process.

The Chairman directed staff to put on the next meeting's agenda an action item that the Subcommittee discuss and possibly vote on a recommendation to the Task Force that it direct the AOC to create a pamphlet for statewide use that describes the civil commitment process.

Paul Thomas informed the Subcommittee that the City of Mesa will launch its Community Court on June 4, 2018. This court will be available for defendants who have any underlying social issues. Eligibility to participate in this docket is purposefully broad so the court may offer a diversion option to as many people as possible while connecting them with assistance and resources.

Call to the public

No members of the public addressed the Subcommittee in response to a call to the public.

Adjournment

The meeting adjourned at approximately 2:00 p.m.

**THE SUPREME COURT OF OHIO
ADVISORY COMMITTEE ON MENTALLY ILL
IN THE COURTS: A CATALYST FOR CHANGE***

KRISTINA L. HAWK**

This is the sixteenth article from the Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts about effectively dealing with mentally ill offenders in the criminal justice system. This article chronicles the progress of the Advisory Committee and highlights some of our accomplishments.

*Do not go where the path may lead,
go instead where there is no path and leave a trail.*
— Ralph Waldo Emerson

The Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts was created in June 2001 when Justice Evelyn Lundberg Stratton, Justice, Supreme Court of Ohio, identified an urgency to examine the needs of the mentally ill persons caught up in the revolving door of the criminal justice system. The Advisory Committee began with just a few individuals who gathered to exchange information and identify potential partnerships. It has since grown to approximately fifty members representing a wide spectrum of agencies and organizations, organized several working subcommittees.

The Advisory Committee is working to establish local task forces in each county to bring similar local representatives together to collaborate on issues relating to the mentally ill in the criminal justice system. We encourage each county to start mental health specialty dockets to deal with these issues, but have also found that the collaboration that results when all these groups get together goes far beyond the courtroom.

The Advisory Committee provides guidance, resources, materials and information to the local task forces. We provide role models of successful mental health court dockets, encourage Crisis Intervention Team (CIT) training for the law enforcement who deal with the mentally ill, and pass on grant and other funding opportunities to the task forces.

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* Previously published in *The Voice* (NAMI-Ohio Newsletter) (Fall, 2003).
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** Staff Attorney, Justice Stratton's Chambers, Supreme Court of Ohio.

I. DIVERSION PROGRAMS: THEN & NOW

When the committee first met, there were two mental health courts in Ohio: one in the Akron Municipal Court, presided over by Judge Elinore Marsh Stormer, and a substance abuse/mentally ill (SAMI) court in Butler County Common Pleas Court presided over by Judge Michael Sage (his court differs from the Akron court because it targets felony-level dually-diagnosed offenders, i.e., those suffering from both substance abuse disorders and mental illness).

Around the same time, the Ohio Department of Mental Health issued thirteen grants to communities to establish programs for mentally ill offenders with the goal of diverting them from the criminal justice system where appropriate and to link them to community mental health services.

Now, mental health dockets are operating in Athens, Butler, Cuyahoga, Franklin, Hamilton, Hocking, Huron, Lake, Mahoning, Montgomery, Richland, Seneca, Summit and Vinton counties. In addition, mental health/criminal justice planning initiatives are underway in Allen, Athens, Clark, Clermont, Clinton, Columbiana, Cuyahoga, Delaware, Fairfield, Franklin, Hocking, Licking, Mahoning, Miami, Montgomery, Scioto, and Vinton counties.

Initiatives are developing rapidly around the state, so there may be other counties not mentioned who are in various stages of the process.

In addition to spreading the word about the success of mental health diversion programs, the Advisory Committee has accomplished many other goals.

II. CRISIS INTERVENTION TEAM (CIT) TRAINING

The Advisory Committee has worked to encourage Crisis Intervention Team (CIT) training. CIT is a collaborative effort between law enforcement and the mental health community to help law enforcement officers handle incidents involving mentally ill people. It is the first line of defense in diverting persons with mental illness from entering the criminal justice system. Volunteer patrol officers receive forty hours of training in mental illness and the local mental health system, provided free of charge by the mental health community, providers, consumers, and family members. The training focuses on providing practical techniques for de-escalating crises.

Because our committee continually promotes CIT as a key to the collaboration effort, interest in training has exploded. We are now expanding to train parole and probation officers and even university, college, and campus police who frequently deal with troubled college students. For more information about CIT training in Ohio, please contact

Michael Woody of the Coordinating Center of Excellence at Michael.s.woody@earthlink.net.

III. JAIL STANDARDS

Our Advisory Committee recently met with the state architect charged with designing jail cells for mentally ill detainees, who shared his frustration that he could find no standards for designing jail cells that would be appropriate for mentally ill offenders. In response, our Advisory Committee formed the Jail Standards Sub-Committee to review this issue. It has sought the advice of psychiatrists and other mental health professionals and has drafted a set of Model Jail Standards for Mentally Ill. After reviewing this matter nationally and finding very little data available on this issue, the sub-committee plans to share these standards with other states. For more information about model jail standards, please contact Scott Blough, Professor, Tiffin University, at (800) 968-6446.

IV. IMPACTING LEGISLATION

The Advisory Committee has had the opportunity to review and comment upon at least two major pieces of federal legislation and assist in the drafting of a new Ohio Statute.

In 2000, we provided feedback that was utilized by Ohio's own Senator Mike DeWine and Representative Ted Strickland in crafting America's Law Enforcement and Mental Health Project, enacted on November 13, 2001. It provided \$4 million to establish mental health dockets throughout the nation, and three Ohio programs have since received grants from this Act—Franklin, Mahoning, and Athens/Hocking/Vinton counties.

In 2002, our committee reviewed and commented on the Criminal and Juvenile Justice and Mental Health Collaboration Act of 2001, also introduced by Senator DeWine and Representative Strickland, and now known as the Mentally Ill Offender Treatment & Crime Reduction Act. In 2003, Justice Stratton had the privilege of testifying before the Senate Judiciary Committee in support of the Act, which will provide the catalyst to encourage collaboration, planning, and implementation of programs that could become models duplicated in other communities. It encourages the collaboration model that Ohio has already successfully used, but is broad and flexible enough to deal with the different social and political environments of each community. The Act, also known as Senate Bill 1194, passed the Senate and is currently under consideration in the House.

Over two years, 2002-2003, the committee assisted the Probate Law & Procedure Committee of the Ohio Judicial Conference in drafting a statute to create a Declaration for Mental Health Treatment, a special power of attorney/advanced directive to be used specifically by individuals with

mental illness. The bill, House Bill 72, was sponsored by State Representative Scott Oelslager and became effective on October 29, 2003. Several members of the committee worked with the Ohio State Bar Association to create a model form for used throughout Ohio.

V. EDUCATION

The Advisory Committee is not a task force that studies issues for long periods of time and produces white papers that decorate bookshelves. Rather, at each meeting we invite representatives from innovative programs around the state to share their successes with us. Many of their accounts are available as articles on the Committee's webpage, www.sconet.state.oh.us/ACMIC/.

In addition, the Supreme Court of Ohio, Capital University Law School and NAMI Ohio have sponsored two National Symposia on Mental Illness and the Criminal Justice System in Columbus, Ohio. Both symposia featured many national speakers as well as Ohio judges and others with experience from successful programs.

In addition, the Court has recently obtained grant money from the Ohio State Bar Foundation to create a How-To manual and video to assist communities to develop their own mental health programs. We have also hired two full-time staff members at the court to respond to requests from local officials for assistance in establishing mental health dockets and other diversion programs at various stages of the criminal justice process. Corey Schaal, Program Manager of the Mental Health Court Program, and Kate Brunner, Program Assistant, can be reached at (614) 387-9425. We are very excited to have them on board.

VI. HOW CAN YOUR COMMUNITY GET STARTED?

The Advisory Committee usually meets the first Monday of every month and our meetings are open to the public. You are welcome to attend and learn about successful programs currently in place in Ohio, as well as programs in the pipeline. Meetings are held at the Ohio Supreme Court's new home, the Ohio Judicial Center, located at 65 South Front Street, Columbus, Ohio.

We challenge you to bring together key parties in your community to seek solutions for the mentally ill in the criminal justice system. Rally the troops and visit some existing programs to see for yourself how diversion, where appropriate, can not only save your community tax dollars, but more importantly, save lives. As Eleanor Roosevelt once encouraged, "Do what you can, with what you have, where you are." Take that first step now. Working together, we are accomplishing great things.

Please contact Kate Brunner, Program Assistant for the Mental Health Court Program, at (614) 387-9430, for more information or to schedule a meeting for your community.

To review Justice Stratton's testimony before the U.S. Senate Judiciary Committee or to read a set of articles describing successful programs already in place around Ohio, please log onto the Advisory Committee's webpage at www.sconet.state.oh.us/ACMIC.

IN THE SUPREME COURT OF TEXAS AND THE TEXAS COURT OF CRIMINAL APPEALS

**Supreme Court Misc. Docket No. 18-9025
Court of Criminal Appeals Misc. Docket No. 18-004**

ORDER ESTABLISHING JUDICIAL COMMISSION ON MENTAL HEALTH

Recognizing that improving the lives of Texans who are affected by mental health issues and are involved in the justice system requires judicial leadership at the highest level, in June 2016 the Supreme Court of Texas directed the Texas Judicial Council to establish a Mental Health Committee. The Court charged the Mental Health Committee with examining best practices in the administration of civil and criminal justice for persons with mental illness.

The Mental Health Committee determined that Texas requires additional resources to ensure that: (1) mental health providers and professionals are able to provide timely and complete mental health assessments; (2) community-based mental health services are available to defendants; (3) outpatient treatment services and education services are available to those providing competency restoration services; (4) inpatient mental health facilities other than those operated by the Department of State Health Services are available for purposes of competency restoration; and (5) jail-based competency restoration programs, either state-funded or county-funded or both, are available.

The Texas Legislature invests heavily each year in behavioral and mental health systems to address mental illness and associated disorders. Yet the criminal justice system still serves as a default provider of mental health services for many Texans. This impact is most often felt at the local level where jail costs related to mental illness exceed \$50 million each year in some counties.

Courts and the justice system have a profound impact on mental health services provided to children, adults, and families in this state, and the stakes are exceedingly high. As gatekeepers for families and individuals in crisis, courts must make life-altering decisions that require knowledge of multiple and complex issues such as childhood and adult trauma, abuse, neglect, intellectual and developmental disabilities, substance use, family violence, poverty, racism, and military combat, and how each affects a person's mental health. Too often, courts lack the technology, training, and resources needed to make well-informed decisions.

The Mental Health Committee identified other problems that traditionally exist where complex human service systems intersect with the judicial system, including:

- overcrowded dockets, leaving courts inadequate time to thoughtfully consider the multiple issues that persons with mental illness present and confront;
- a lack of communication, coordination, and collaboration between and among the courts, the state and local mental health providers, attorneys, and mental health advocates;
- a need for specialized, multidisciplinary legal training, and the means to develop and share best practices;
- a lack of technology to efficiently manage dockets and to track and analyze cases and caseloads involving mental health challenges;
- a lack of adequate training and fair compensation for attorneys;
- a need for the children and adults involved in the justice system to have a voice in decisions that affect their lives; and
- a lack of community resources to provide adequate mental health services to children, youth, and families.

The Mental Health Committee also recommended the establishment of a permanent judicial commission on mental health, similar to the Supreme Court’s Children’s Commission, the Texas Access to Justice Commission, and the Texas Indigent Defense Commission.

Many organizations and individuals throughout the state share a commitment to improving mental health services to Texans, but no single entity is able to coordinate and implement a comprehensive effort aimed at the improvement of the administration of justice in this area.

On January 11, 2018, the Supreme Court and the Court of Criminal Appeals held a historic joint hearing to gather input on what should comprise the priorities of a statewide judicial commission. Mental health experts, state and tribal judges, law enforcement, veterans, juvenile services experts, psychologists, psychiatrists, and persons with lived experience with these systems, provided valuable insight at the hearing and voiced unqualified support for the creation of a statewide judicial commission.

Therefore, the Supreme Court of Texas and the Texas Court of Criminal Appeals (“the two Courts”), having reviewed the report of the Judicial Council’s Mental Health Committee, and

understanding the urgency expressed by various community stakeholders and participants in the Texas mental health system, HEREBY ORDER:

The Judicial Commission on Mental Health (“the Commission”) is created to develop, implement, and coordinate policy initiatives designed to improve the courts’ interaction with—and the administration of justice for—children, adults, and families with mental health needs.

The Judicial Council’s Mental Health Committee, chaired by the Honorable Bill Boyce of Houston, is commended for its examination of best practices and identification and review of innovative approaches to improve the administration of justice in cases involving mental health issues. The Judicial Council’s Mental Health Committee will remain intact until it is dissolved by the Judicial Council upon the Commission’s recommendation, at which time the Committee’s duties will transition to the Commission.

The Commission will:

- develop a strategic plan for strengthening courts and the administration of justice in relation to Texas’ mental health system;
- identify and assess current and future needs for the courts to be more effective in achieving positive outcomes for Texans with mental illness;
- promote best practices and programs that are data-driven, evidence-based, and outcome-focused;
- improve collaboration and communication among courts and the mental health system stakeholders;
- endeavor to increase resources and funding and maximize the effective and efficient use of available judicial system resources;
- promote appropriate judicial training regarding mental health needs, systems, and services;
- establish a collaborative model that will continue systemic improvement within the judiciary beyond the tenure of individual Commission members;
- oversee the administration of funds appropriated and granted to the Commission; and
- provide progress reports to the two Courts.

The Commission will consist of no fewer than fourteen (14) Commissioners. The Commission will be co-chaired by a justice of the Supreme Court of Texas and a judge of the Texas Court of Criminal Appeals appointed by their respective Courts. The two Courts shall appoint a justice from the Texas Courts of Appeals to serve as Vice Chair of the Commission. The first collection of Commissioners shall be appointed by a joint order of the two Courts. Thereafter, new Commissioners shall be appointed jointly by the Chief Justice of the Supreme Court and the Presiding Judge of the Court of Criminal Appeals (“the two chiefs”). Each Commissioner shall serve a two-year term and may be renewed by the two chiefs at their discretion. A vacancy on the Commission is created by a Commissioner’s three consecutive absences from scheduled Commission meetings, subject to reappointment or the resignation of the Commissioner.

The Commissioners shall include members of the judiciary, members of the juvenile, criminal, and child protection systems and community, representatives of the business and legal communities, representatives of foundations or organizations with a substantial interest in mental health matters, and other state and local leaders who have demonstrated a commitment to mental health matters affecting Texans.

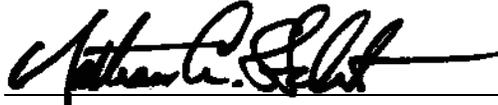
The Governor is invited to designate a person to serve as an ex-officio member of the Commission. The Lieutenant Governor and the Speaker of the House are invited to designate a member from the Texas Senate and the Texas House of Representatives, respectively, to serve as ex-officio members of the Commission. Ex-officio members appointed by the Governor, Lieutenant Governor, and Speaker serve at the pleasure of the appointing officer.

The two Courts recognize that participation by a broad spectrum of persons involved with the mental health, juvenile, criminal, and child welfare systems is critical to the Commission’s success. Accordingly, the Commission is empowered to appoint an advisory council as necessary to ensure the Commission is informed by experts in multiple disciplines. Members of the advisory council may attend Commission meetings and may serve on committees as determined by the Commission.

The Commission may adopt rules as necessary for the performance of the Commission’s duties and may form new committees or disband existing committees as it deems appropriate.

The Honorable Jeff Brown, Justice, Supreme Court of Texas, and the Honorable Barbara Hervey, Judge, Texas Court of Criminal Appeals, shall serve as the initial Co-Chairs of the Commission. The Honorable Bill Boyce, Justice, Fourteenth Court of Appeals, shall serve as the initial Vice Chair.

SIGNED BY THE SUPREME COURT OF TEXAS this 13th day of February, 2018.



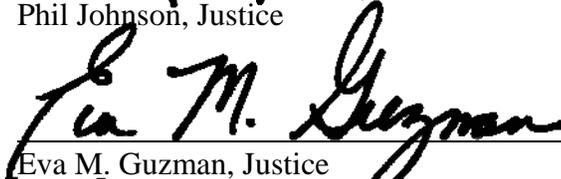
Nathan L. Hecht, Chief Justice



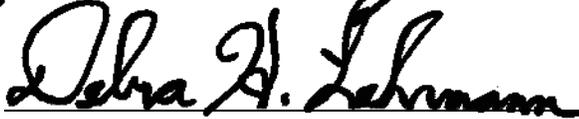
Paul W. Green, Justice



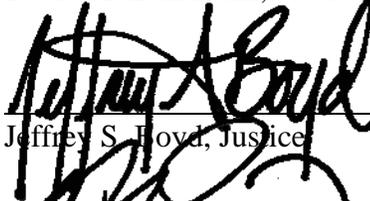
Phil Johnson, Justice



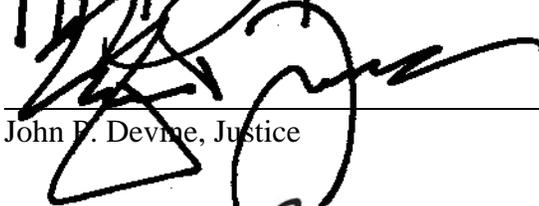
Eva M. Guzman, Justice



Debra H. Lehrmann, Justice



Jeffrey S. Boyd, Justice



John F. Devine, Justice

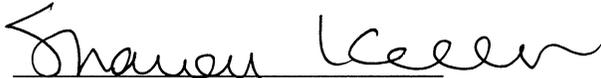


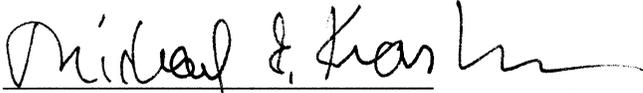
Jeffrey V. Brown, Justice

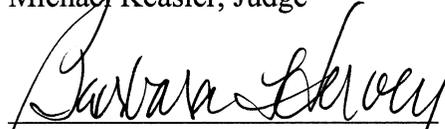


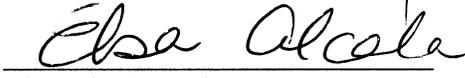
James D. Blacklock

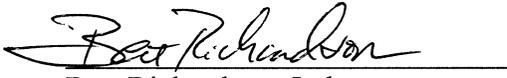
SIGNED BY THE TEXAS COURT OF CRIMINAL APPEALS this 13th day of February, 2018.

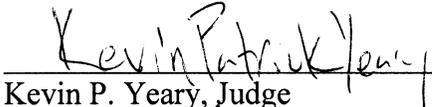

Sharon Keller, Presiding Judge


Michael Keasler, Judge

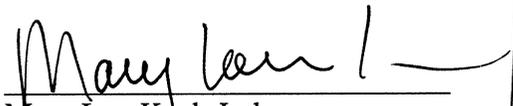

Barbara Hervey, Judge

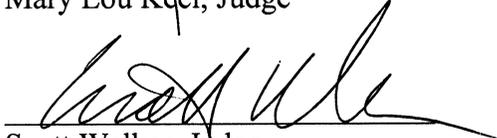

Elsa Alcala, Judge


Bert Richardson, Judge


Kevin P. Yeary, Judge


David Newell, Judge


Mary Lou Keel, Judge


Scott Walker, Judge