



Understanding mental illness and addiction is rarely thought of as part of the necessary education for judges. Yet judges throughout our country are continually forced to confront the effects of unaddressed behavioral health issues on our judicial systems.<sup>1</sup> These issues negatively impact public safety, burden taxpayer resources, and create a revolving door of “familiar faces” between courthouses, jails, hospitals, and homelessness services. As leaders in our states’ judiciaries, we feel obligated to assist in remediating this problem. That’s why we’re working with colleagues in our state legislatures and executive branches, as well as stakeholders from across our states, to use data to drive better outcomes for these “familiar faces.”

In Georgia, where Chief Justice Boggs presides, a study examined the top 1 percent of people who had the most felony bookings in nine counties.<sup>2</sup> It found that this group of familiar faces averaged 15 percent of jail bookings over a five-year period, most on non-violent charges.<sup>3</sup> When these familiar faces also had histories of mental illness, they stayed in jail much longer and at a significantly higher cost than those without mental illnesses.<sup>4</sup> And, once released, this population spent far less time in the community before being reincarcerated.<sup>5</sup>

In New Mexico, where Justice Zamora presides, one 18-month study in Bernalillo County identified 900 individuals who frequently used the county’s behavioral health services and the county jail.<sup>6</sup> From April 2019 through October 2022, the 100 people with the highest use of behavioral health services and jail bookings accounted for 871 bookings, 35,891

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days in jail, 313 admissions to detox services, and \$5.5 million in costs.<sup>7</sup>

Across our states, community members, case managers, attorneys, police, treatment providers, and judges are coming together to better understand who is cycling through jails and develop strategies for connecting people to support. For example, judges in our states are addressing the lack of resources for defendants when they are found not competent to stand trial or face pending competency proceedings. In several judicial districts, judges are bringing together behavioral health, criminal legal, and housing entities to create solutions for the challenges posed by limited state resources for this population. We are also developing new approaches to identify those with behavioral health needs, standardizing definitions of behavioral health terms to guide judicial decision-making, and expanding skills training for judges to improve their interactions with court users. And we continue to review laws and procedures regarding competency to stand trial to improve connections to treatment and housing that will ideally shorten the duration of time spent in the justice system.

We are not alone. All the nation’s chief justices have endorsed the importance of judicial leadership in

addressing the intersection of mental illness and criminal justice.<sup>8</sup>

While this may not be what we expected to do when we became judges, we recognize our responsibility to protect public safety while also ensuring justice for the people who appear in our courtrooms. We’ve seen the benefits of collaboration across all three branches and with communities to improve outcomes for people who are familiar faces. With a shared vision and goal, we can implement data-driven policies to end the revolving door and begin long-term change.

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<sup>1</sup> This article stems from a series of studies on “familiar faces,” or those with “frequent contact with jails, courts, crisis response . . . and other behavioral health service systems” who “often have complex behavioral health needs.” See generally Amy Button, Ryan Carlino & Marilyn Leake, *Improving Outcomes for People Who Are “Familiar Faces” in Georgia and New Mexico: States Supporting Familiar Faces Report*, THE COUNCIL OF STATE GOVERNMENTS JUST. CTR (Nov. 2023), <https://cs-gjusticecenter.org/wp-content/uploads/2023/11/Improving-Outcomes-for-People-Who-Are-Familiar-Faces-in-Georgia-and-New-Mexico.pdf>.

<sup>2</sup> See *id.* at 11.

<sup>3</sup> See GEOR. CRIM. JUST. COORDINATING COUNCIL, ANALYSIS OF NINE JAIL DATASETS FOR REPRESENTATION OF MENTAL ILLNESS AMONG FAMILIAR FACES (2022), available at <https://cjcc.georgia.gov/press-releases/2022-06-08/mental-illness-county-jail-data>.

<sup>4</sup> See Button et al., *supra* note 1, at 10.

<sup>5</sup> *Id.* at 11.

<sup>6</sup> See Michael Hess, Cheryl Schmitt & Marcia Harris, *Caring about the CARE Campus*, BERNALILLO CNTY. DEP’T. BEHAV. HEALTH SERV., 3 (2023) available at <https://www.berncgo.gov/department-behavioral-health-services/wp-content/uploads/sites/62/2023/03/92947-BEHAVIORAL-HEALTH-SERVICES-BCC-PRESENTATION-3-28-23.pdf>.

<sup>7</sup> See *id.*; see also Button et al., *supra* note 1.

<sup>8</sup> See National Judicial Task Force to Examine State Court’s Response to Mental Illness, State Courts Leading Change: Report and Recommendations, Nat’l. Ctr. State Ct. (Oct. 2023), [https://www.ncsc.org/\\_data/assets/pdf\\_file/0031/84469/MHTF\\_State\\_Courts\\_Leading\\_Change.pdf](https://www.ncsc.org/_data/assets/pdf_file/0031/84469/MHTF_State_Courts_Leading_Change.pdf) (detailing potential judicially led reforms to the criminal justice system to address mental illness).