

## COMPARISON OF DRUG COURTS AND MENTAL HEALTH COURTS

| COURT COMPONENT  | DRUG COURTS  | MENTAL HEALTH COURTS  |
|--|--|---|
| Identification of prospective participants                   | Criminal charges are primary basis for identifying potential participants  | Cannot identify defendants with mental illness on the basis of criminal charges; must rely on referral sources  |
| Charges accepted   | Emphasis is on drug- or alcohol-related crimes   | Include a wider array of charges  |
| Clinical eligibility   | Evidence of addiction; no disqualifying conditions   | Most common criterion is serious and persistent mental illness, which includes many disparate disorders (schizophrenia, bipolar disorder, major depression, etc.). May also include other disorders and impairments (developmental disabilities, traumatic brain injury, personality disorders, etc.)   |
| Time frames  | Link defendant to treatment as soon after arrest as possible, preferably within just a few days  | Evaluation to determine eligibility and develop treatment plan may take weeks. Linkages to scarce services (supportive housing, intensive case management, assertive community treatment teams) may take months   |
| Expectations of participants                                 | <ul style="list-style-type: none"> <li>▪ Primary goal is sobriety. Other goals may include education, employment, self-sufficiency, and stabilization of co-occurring disorders</li> <li>▪ Understand that relapse is a part of recovery, but drug use indicates some degree of involvement in illegal activity</li> <li>▪ Recovery is lifelong, but treatment has a beginning, a middle and an end</li> </ul> | <ul style="list-style-type: none"> <li>▪ Primary goal is psychiatric stability. Recognize that, even in recovery, symptoms of mental illness cannot always be controlled, employment or taking classes may not be feasible, and participants may require ongoing case management and multiple supports</li> <li>▪ It is not a crime to have mental illness, nor is it a crime to fail or refuse to take medications</li> <li>▪ Lifelong engagement in treatment is necessary and desirable</li> </ul> |
| Monitoring   | Rely on urinalysis or other types of drug testing to monitor adherence to court requirements. Judicial monitoring through regular court appearances  | Do not have an equivalent objective test to determine participants' adherence to treatment conditions. Also rely on judicial monitoring   |
| Response to violations; motivating compliance with treatment | Apply behavior management grid that includes incentives and sanctions for compliance and noncompliance. Graduated sanctions may include brief jail sentences. Relationship with judge and court team are important for motivation  | Adjust treatment plans and apply sanctions in response to non-adherence; rely more heavily on incentives; use jail less frequently. Relationship with judge and court team are also important for motivation  |
| Coordination with treatment sector                           | Primary goal of sobriety and use of rewards and sanctions are roughly aligned between the criminal justice and substance abuse treatment systems   | Tension between mental health system's emphasis on individual autonomy, consumer voice and empowerment and criminal justice system's emphasis on mandates and accountability  |

Reference: "A Guide to Mental Health Court Design and Implementation", Council of State Governments (2005), available at <http://consensusproject.org/mhcp/Guide-MHC-Design.pdf>

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