

DEVELOPING A MENTAL HEALTH COURT: ESSENTIAL ELEMENTS AND LESSONS LEARNED

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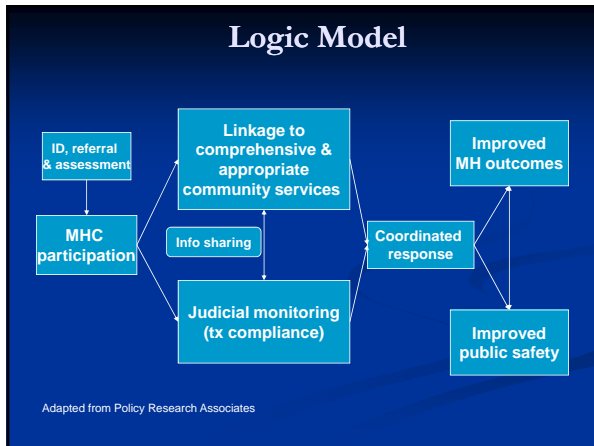
Typical Mental Health Court Mission Statement

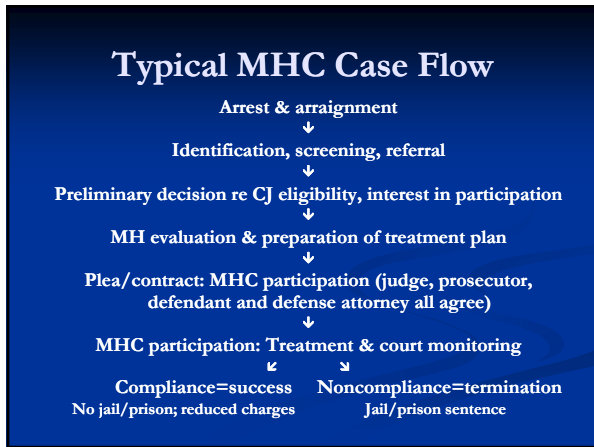
Improve public safety, court and correctional operations, and the well-being of people with mental illness

- By linking defendants to court-supervised, community-based treatment
- Without increasing risks to public safety

Overview: Assumptions

- Mental illness ↑ criminal behavior
- Treatment ↓ criminal behavior
- Criminal justice involvement = opportunity to connect to treatment
- Judicial supervision ↑ treatment retention & outcomes
- Treatment & judicial supervision ↑ public safety
- Overlap: Individual treatment goals & public safety goals





- ### Essential Elements
- Planning and administration
 - Target population
 - Timely participant identification and linkage to services
 - Terms of participation
 - Informed choice
 - Treatment supports and services
 - Confidentiality
 - Court team
 - Monitoring adherence to court requirements
 - Sustainability

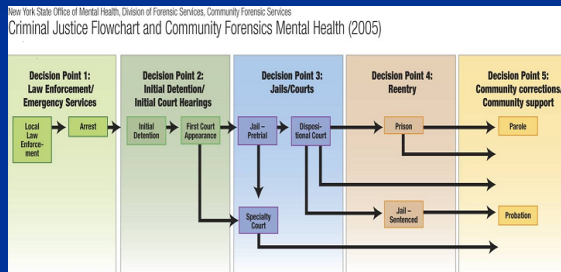
1. Planning and Administration

Collaboration among broad-based group of stakeholders

- Judges, court administrators, other court staff
- Prosecutors
- Defense counsel
- Law enforcement: police, sheriff
- Pretrial services staff
- Corrections officials
- Probation
- Services (public agencies and community-based providers): mental health, substance abuse, housing, case management, etc.
- Consumers, family members, mental health advocates, crime victims, and community members

1. Planning and Administration (cont.)

Context of MH/CJ collaboration:
Sequential intercept model



1. Planning and Administration (cont.)

- Stakeholders
 - Planning committee designs the MHC
 - Advisory group monitors MHC's adherence to its mission and coordination across MH and CJ systems
- Planning committee's tasks: policies and procedures, MOUs
- What to call your mental health court?

2. Target Population

A. Criminal Justice Considerations

- Felonies, misdemeanors, or both
- What types of current offenses will be permitted?
- Any exclusions based on criminal history?

2. Target Population (cont.)

B. Mental Health Considerations

- Diagnosis
 - Major mental illness (Axis I disorders)
 - Other disorders (personality disorders, MR/DD, traumatic brain injury, etc.)?
 - Co-occurring substance abuse
- Causal connection between mental illness and criminal activity
- Specialized populations: gender, trauma, age, etc.

2. Target Population (cont.)

Issues to consider

- Coordination between MHC and other specialized courts (drug courts, community courts)
 - Eligibility for both drug court and MH court: Functioning level and ability to meet court's requirements are more important than diagnosis
- Treatment capacity; priorities for access to services

3. Timely Participant Identification and Linkage to Services

- Referrals
 - Offenders cannot be identified by criminal charges
 - Many possible referral sources (defense, DA, judges, police, pretrial services, probation, family, providers)
- Screening: brief process of identifying people who might meet MH eligibility criteria
- Assessment = thorough process of:
 - determining clinical eligibility
 - identifying appropriate community-based services
 - developing individualized treatment plan

3. Timely Participant Identification and Linkage to Services (cont.)

- ****Individualized**** treatment plans
 - Balance individual and public safety goals
 - Typical treatment goals: engagement in treatment, psychiatric stability, sobriety, no criminal activity
 - Core elements: MH treatment, substance abuse treatment, case management, supported housing
 - Adjust treatment plans as clinical needs change
- Speed: How important is it?

Linkage Models



4. Terms of Participation

- Stage of proceedings (pre- or post-plea, pre-or post-sentence, etc.)
- Length of treatment mandate:
 - Lifelong tx needs vs. time-bound court process
 - Proportionality of mandate to offense
- Requirements for graduation
 - Graduation from court ≠ graduation from treatment
 - Standardized goals, individually applied
- Rewards for successful completion
- Back-end punishment for noncompliance

5. Informed Choice

- Competence (regarding legal proceedings and treatment)
- Decision to participate:
 - “Voluntary mandate”
- Informed choice: Understanding the CJ and MH consequences of participation (including impact on right to refuse tx)

6. Treatment Supports and Services

- Core services
 - Mental health and substance abuse treatment
 - Case management
 - Housing
- Additional services: education, job training, parenting, anger mgmt, etc.
- Use the best of what’s available in the community; work to expand services and capacity
- Medications: Important but not sufficient!!!
- Be prepared to adjust the treatment plan

7. Confidentiality

- Information sharing is critical, but must be as narrow as possible
 - Limits on who gets information
 - Info related to eligibility, elements of tx plan & compliance → YES
 - Treatment notes → NO
- Consents and waivers
- Court files vs. clinical files
- What NOT to discuss in open court
- Defendants who don't become MHC participants: Don't share their confidential information outside of the MHC!

8. Court Team

- Smaller than planning team: those who are actively involved in court cases and treatment
 - Core members: judge, treatment provider or case manager, prosecutor, defense attorney, community supervision agent
 - Court coordinator: highly useful
- Ideal qualities
 - Boundary spanning mindset while respecting core roles
 - Flexibility, problem-solving orientation
- Ideal structure: Dedicated team members for extended tours of duty

8. Court Team (cont.)

- Early cross-training; ongoing education
- Regular communications, team meetings
 - Review individual cases
 - Review court operations
- Buy-in up and down the chain of command in the courthouse

9. Monitoring Adherence to Court Requirements

The heart of the mental health court!

Full discussion after our morning break

10. Sustainability

- Data collection and impact evaluation
- Periodic assessment (and modification) of goals and operations
- Feedback to stakeholders on outcomes, progress toward goals
- Institutionalize court operations
- Cultivate and expand community support
- Long-term funding!!!

“What About Resources!?!”

Explore use of existing resources for:

- Identification & screening
- Assessment
- Individualized treatment plans
- Linkage to services
- Community supervision/monitoring
- Reports to court
- General guidance for CJ personnel on MH issues: individual cases, training, resource materials
- Record keeping

Drug Courts vs. Mental Health Courts

- Identification of prospective participants
- Charges accepted
- Clinical eligibility
- Time frames
- Expectations of participants
- Monitoring
- Response to violations; motivating compliance
- Coordination with treatment sector

Issues of Concern

- Stigma persists!
- Can't we divert earlier in the CJ process?
- What treatment is being mandated?
 - Deficiencies in mental health system
 - Scarcity of evidence-based service
- Roles and responsibilities
 - Judges making treatment decision?
 - Courts running mental health services?
- Do we know enough about MHC effectiveness?

Issues of Concern (cont.)

- Mental health court impact research: Few studies, but promising results
- Recidivism: six studies with comparison groups
 - Four show positive impact on re-arrests (Bess 2004; McNeil & Binder 2007; Moore and Hiday 2006; Trupin & Richards 2003)
 - One shows no impact (Boonard County, Christy et al. 2005)
 - One shows positive impact after one year but not two years (Cosden et al. 2005)
- Psychosocial functioning:
 - Two randomized trials show improved psychosocial functioning (Bess 2004; Cosden et al. 2005)
- Cost effectiveness
 - One study shows potential savings of public funds (Rand 2007)

Issues of Concern (cont.)

- Big gaps between MH and CJ systems
 - Autonomy, empowerment in MH system vs. loss of freedom, coercion in CJ system
 - Open courtroom vs. confidentiality in treatment
 - Abstinence vs. harm reduction
- Coercion: Is it appropriate to use criminal justice sanctions to motivate treatment compliance?
- Are specialized courts necessary?
- The importance of trust

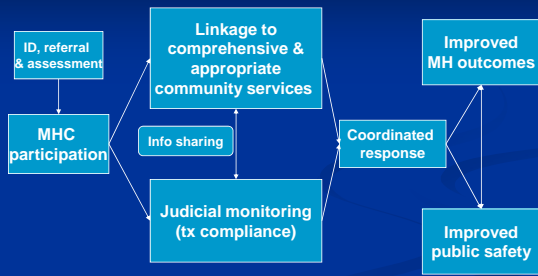
Questions?

MOTIVATING ADHERENCE (INCENTIVES & SANCTIONS)

Alternative Title:

MOTIVATING ENGAGEMENT IN TREATMENT TO IMPROVE PUBLIC SAFETY

Back to the Logic Model . . .



Adapted from Policy Research Associates

Monitoring and Supervision

- Goals: Engagement in treatment and law-abiding behavior
- Dynamic process
 - Treatment
 - Community supervision: community mental health staff, court staff, probation, or a combination
 - Clinical responses
 - Judicial responses
- Framing the issue:
 - What can we do to motivate a participant to engage in treatment and remain law-abiding?
 - NOT: What counts as an infraction? What rewards and sanctions do we use?

Motivating Engagement

- Clinical responses:
 - Adjust the treatment plan: try different treatment modalities, different medications, different providers
- Judicial/court responses:
 - Relationships with the judge and the court team are vital
 - Desire to please the judge, avoid disappointment or anger
 - Judges and court staff foster therapeutic alliances with empathy, warmth, acceptance, allowance of self-expression, respect
 - Judicial styles vary
- Your punishment = my reward (and vice versa)
- MH professionals can advise judges on effective responses

Ideas from the Field

- Frequency of court appearances
- Praise, admonition
- Dialogue between judge & participant
- Motivational interviewing techniques
- Empowering the participant
- “Honor roll”
- Peer-to-peer support
- Phases & certificates
- Journal and letter assignments
- Giving “goodies”
- Showcasing talent
- Giving/restricting privileges (curfew, outings, travel, working with the court team)
- Family engagement/support
- Jail

Questions?

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