LESSONS LEARNED FROM THE MENTAL HEALTH COURT MODEL

CAN WE ACHIEVE BETTER OUTCOMES?
OVERVIEW

- Why has “Traditional” sentencing and supervision of the mentally ill in criminal justice failed us, and what changes have taken place in the Courts?

- The critical elements of the Mental Health Court Model

- Mental Health Treatment alone is not enough

- Key elements that lead to good outcomes

- Supervision and treatment strategies

- Building a better system for the future
LESSON ONE:

Judges and the Courts Recognized the Need to Change
PERSONS WITH SERIOUS AND DISABLING MENTAL ILLNESS ARE GROSSLY OVERREPRESENTED in the CRIMINAL JUSTICE SYSTEM AND IT IS GETTING WORSE
Percentage of Jail and Prison Inmates With Serious Mental Illness

Blue = Actual

Red = Trend

Year

Percentage

1900
1920
1940
1960
1980
2000

0 0.05 0.1 0.15 0.2 0.25

Percentage

Year
The Mentally Ill are Also Disproportionately Likely to Fail under Probation and Parole Supervision

- Twice as Likely to fail, be revoked and sent back to prison within one year (52% to 62%)
The “Traditional” Approach in our Courts to the Mentally Ill and Mentally Challenged

- Rapid Cyclers (revolving door) = “credit for time served” = Return to custody soon
- “Something’s wrong” (Judge not sure what to do = wait in custody)
- “Probably Dangerous” (Judge knows what to do = punish them)
- Competency is built around process not treatment = warehouse
Perception that these offenders are more prone to violence and “out of control” behavior

Incarceration to achieve social control

Courts have focused on substance abuse and have not recognized the mental illness

Very high level of Probation/Parole Supervision
What about Stigma?

- The “moral” view of drug addicts, mentally ill and challenged offenders as well as “Parolees”

- Stigma results in offenders not being “accepted” in the community and, therefore, always failing in the community
Mental Illness
Addiction
Mental Retardation

Dallas Observer

FATAL FLAW

The state of Texas cannot execute the mentally retarded, but that may not prevent a Dallas cop killer from being put to death.

By Andrea Grimes
LESSON TWO:

Judges must Change their Response and must Lead a change in Criminal Justice
THE JUDGE MUST ACCEPT RESPONSIBILITY FOR OUTCOMES!
THERE ARE THREE IMPORTANT ROLES THAT A JUDGE MUST ACCEPT to REACH the GOAL of BETTER OUTCOMES:

- The Judge must be a convener
- The Judge must be a motivator
- The Judge must use practices that have been demonstrated to result in better outcomes (Evidence Based Sentencing and Monitoring)
THE NEXT STEP WAS TO GROUND THESE COURTS ON THE FOUNDATION THAT TREATMENT WORKS FOR THESE OFFENDERS AND STRAIGHT PUNISHMENT DOES NOT WORK
Criminal Sanctions versus Treatment

Reduced Recidivism

Increased Recidivism

CS -0.07 (Number of Studies=30)

Treatment .15 (Number of Studies=124)

Edward J. Latessa, Ph.D., Center for Criminal Justice Research
Division of Criminal Justice University of Cincinnati
LESSON THREE:  
WE MUST BE TRUE TO THE MODEL
Treatment MUST be our Main Focus

Participation in Treatment MUST be Mandatory
“COERCED COURT ORDERED TREATMENT” WORKS AS WELL AS VOLUNTARY TREATMENT!!
Effectiveness of Coerced Treatment

- Justice Involved, Mandated
- Justice Involved, Voluntary
- No Justice, Voluntary

Participants Arrested in Past Year

- Beginning of Treatment
- 1-Year Followup
- 5-Year Followup

Kelly, Finney, & Moos, 2005
It is Essential to Identify the Target Population to Work with
MENTAL HEALTH COURTS HAVE PROVEN APPROPRIATE FOR THOSE WHO ARE AT THE HIGHEST RISK TO REOFFEND AND HAVE THE GREATEST TREATMENT NEEDS
LESSON FOUR:
MENTAL HEALTH TREATMENT IS NOT ENOUGH
We must recognize that in the Criminal Justice System, the majority of mentally ill offenders use drugs and alcohol and continue to use them.

All co-occurring disorders must be addressed and the most successful programs are those that address these disorders in a unified way.
Mental Health Providers and Substance Abuse Providers as well as primary and specialized medical care providers must be brought together.

**Most importantly**, they need to communicate and coordinate treatment.
Through Mental Health Courts we have Learned that Cognitive Behavioral Therapy and Moral Reconciliation Therapy are programs that are often essential in helping mentally ill offenders be successful in the community.
Antisocial Attitudes
Antisocial Friends
Antisocial, Pro-Criminal Activities
Lack of Employment/Education
Poor Family Model
Drug use for multiple years
Homeless
THE COGNITIVE BEHAVIORAL PRINCIPLE

- Changing thinking is the first step towards changing behavior. Offenders behave like criminals because they think like criminals.

- Effective cognitive programs attempt to alter an offender’s cognitions, values, attitudes and expectations that maintain anti-social behavior.

- Treatment Model: Emphasis on problem solving, decision making, reasoning, self-control and behavior modification, through role playing, graduated practice and behavioral rehearsal.
LESSON FIVE:

THE ESSENTIAL ELEMENTS OF MENTAL HEALTH COURTS THAT ARE DIRECTLY ASSOCIATED WITH GOOD OUTCOMES
COLLABORATIVE COURT MODEL

- Support of the Presiding Judge and the Court
- One Judge to Lead the Mental Health Court
- Strong connection between the Court, Mental Health/Providers, Substance Abuse/Providers, Custody Mental Health, Sheriff, Probation, Parole, EPS, Primary and Specialized Medical Care, Families, Community, Housing Providers
- Non-adversarial Courtroom team
- Monitoring of compliance with treatment and services and supervision terms by the Court
ASSESSMENT IS CRITICAL

- Assessments are the engine that drives effective treatment interventions.

- Each offender is assessed and receives an individual treatment plan.

- The assessments are performed by a team of mental health and substance abuse professionals located in the courthouse.

- The assessments are used to determine the risk and treatment needs of the offender.

- Assessments must be repeatedly re-administered and treatment plans modified based on progress or lack thereof.
WHAT WE HAVE LEARNED

- Judges may have strong views. However, they should always respect a treatment recommendation.

- Assessments should be done at the earliest possible time, as close as possible to the first appearance in Court, including as a part of the booking process.

- The assessment should lead to the treatment plan recommended to the Judge.

- Reassessments and Modifications to Treatment plans as the offender progresses or decompensates are essential.

- Assessments must be repeatedly re-administered and treatment plans modified based on progress or lack thereof.
A STRONG RELATIONSHIP WITH CUSTODY STAFF RESPONSIBLE FOR THE MENTALLY ILL IS ESSENTIAL

- Medications should start as early as possible on booking into jail.

- The closer the connection between the custody treatment staff and the community treatment staff, the better the outcome for the offender.

- NO MENTALLY ILL OFFENDER RECEIVING MEDICATIONS WHILE IN CUSTODY SHOULD BE RELEASED WITHOUT A PRESCRIPTION TO COVER THE PERIOD BEFORE HE IS SEEN BY A DOCTOR IN THE COMMUNITY.

- Having Community Mental Health staff provide in reach into the jail to engage the offender leads to success on release.
LESSON SIX

JUDGES AND CRIMINAL JUSTICE PARTNERS MUST UNDERSTAND THE MENTALLY ILL IN COURT
JUDGES MUST THINK DIFFERENTLY:

- The Judge must confront the “stigma”.
- The Judge must “engage” the offender.
- The Judge must build trust.
- The Judge must learn new techniques to communicate.
JUDGES MUST CHANGE OUR EXPECTATIONS!

- Lower the bar
- Approach each participant within their world – not ours
- The “small steps” are the important ones
WITHOUT MENTALLY ILL OFFENDERS BEING GIVEN A PRIORITY IN TREATMENT RESOURCES AND HOUSING, THEY WILL FAIL

- They are the most challenging clients to engage and keep in treatment
- As high risk and high need, they need all levels and modalities of treatment to be available
- They are the least likely to access treatment, and the most likely to leave treatment on entry.
- They must have housing on release from custody
MENTAL HEALTH COURTS WITH A COLLABORATIVE THAT RECOGNIZES DECOMPENSATION AND RELAPSE ARE TO BE EXPECTED AND CONTINUE TO MOTIVATE, ENCOURAGE AND RETURN MENTALLY ILL OFFENDERS TO COMMUNITY TREATMENT AND HOUSING HAVE THE GREATEST SUCCESS

- High risk/need criminal justice offenders do not change behavior nor accept treatment easily

- Those collaborative teams that understand this fact and continue to work with the offenders have the greatest success.

- They are the least likely to access treatment, and the most likely to leave treatment on entry.
LESSON SEVEN:

SUPERVISION APPROACH OF PROBATION AND PAROLE MUST CHANGE
SUCCESSFUL STRATEGIES FOR SUPERVISION

- Support and work with the offenders treatment providers
- Work with the offender in the community not in the office
- Do not focus on technical violations
- Incentives are effective with mentally ill offenders and sanctions are the least effective intervention.
LESSON EIGHT:

THE CLOSER WE BRING TREATMENT AND SERVICES TO THE COURT, THE BETTER THE OUTCOMES
Mentally ill offenders spend a lot of time in Court when they are in a Mental Health Court.

The closer and more available treatment, medications and services are to the offender when he or she is in the courtroom, the more likely an intervention will be successful, and the less likely a new arrest will be the outcome.

The availability of mental health and substance abuse assessment and placement staff in the courtroom reduces the length of incarceration.
LESSON NINE:

MENTAL HEALTH TREATMENT IN THE COMMUNITY FOR CRIMINAL OFFENDERS SHOULD NOT BE AN OPTION, IT SHOULD BE AN EXPECTATION
UNDER REALIGNMENT, ALL OF US AS COMMUNITY LEADERS AND PARTNERS HAVE A NEW MANDATE.

- A Commitment to reduce recidivism and reinvest criminal justice resources to support community-based corrections programs and evidence-based practices.

- Expand use of community-based punishment that is evidence-based.

- Manage and allocate the criminal justice population more cost-effectively, generating savings to invest in evidence-based strategies.

(PC sections 17.5, 3450, 6024 et. seq.)
WE CANNOT ALLOW OUR JAILS TO CONTINUE TO BE OVERCROWDED

- The average daily population of a jail depends on two variables – the number of admissions and inmate length of stay.

- An increase in inmate length of stay is the major factor that results in Jail Caps and Early release programs in the United States.
Percent of Beds Used by Inmate Length of Stay

Inmates who spend less than 11 days in confinement account for only 5.0% of the beds used, but represent 82.7% of the admissions.
“A crowded jail can result in the loss of system integrity. This occurs when inmates are turned loose from the jail through ‘forced releases’.”
LESSON TEN:

THE MENTAL HEALTH COURT MODEL PROVIDES ALL OF US AN OPPORTUNITY TO BUILD A BETTER SYSTEM OF CARE FOR THE FUTURE
IN DECEMBER 2013 SENATE PRESIDENT PRO TEM, DARRELL STEINBERG ANNOUNCED A PROPOSAL TO RE-ESTABLISH THE MIOCR GRANT PROGRAM

- A partnership that includes Law Enforcement, the Courts, Mental Health and the Community

- Place Mentally Ill offenders in treatment rather than jail

- In 1998 the original program funded local projects that included the first Mental Health Courts
IF WE ARE GOING TO MAKE THIS MODEL AN INTEGRAL PART OF A COURT-COUNTY-COMMUNITY PARTNERSHIP, WHAT ISSUES DO WE NEED TO ADDRESS TOGETHER:

- Co-Occurring Disorders – There must be only one door

- End the use of Hospital Emergency Psychiatric Services and the County Jail as the safety net for the chronically mentally ill

- Bridge the gap between Custody Treatment and Community Treatment

- Give Law Enforcement an alternative to arrest when offenders decompensate

- Treat the majority of those found incompetent in the community rather than State hospitals
IT IS ALL ABOUT COLLABORATION!
What is the Purpose of Juvenile Courts?

• “Minors under the jurisdiction of the juvenile court as a consequence of delinquent conduct shall, in conformity with the interest of the public safety and protection, receive care, treatment, and guidance that is consistent with their best interests, that holds them accountable for their behaviors, and that is appropriate for their circumstances”
Goals of Juvenile Mental Health Court

• 1. Treat the underlying cause of criminal behavior
• 2. Keep the community safe and decrease recidivism
• 3. Hold the juvenile accountable
• 4. Find solutions that are strength-based, child-centered, family focused, and culturally appropriate
Methodology

• 1. Screening, Triage and Comprehensive Assessment process
• 2. Coordinated approach with a multidisciplinary team
• 3. Non-adversarial
• 4. Services for both the juvenile and the family
Methodology

• 5. Sharing confidential information between agencies
• 6. Mental health experts have an equal voice in developing a plan and monitoring supervision
• 7. Frequent judicial reviews
• 8. Community based supervision
Thank You!