

# How Your Treatment Court Can Effectively Cooperate and Co-exist with the Mental Health Court in Your Jurisdiction



NADCP  
2019 Conference  
7/15/2019



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# Drug Court and Mental Health Court

## The Art and Science of Co-existing Programs

Judge Christopher Stride  
Circuit Court Judge  
19<sup>th</sup> Judicial Circuit, State of Illinois



# Where is Lake County, Illinois?

- 30 miles north of Cook County (Chicago)
- Over 700,000 residents
- Extremely diverse in terms of demographics
- Currently in a heroin epidemic
- Generally speaking, a robust amount of supportive services...but changing for the worse

# The Art of Mental Health Court



# The Art of Mental Health Court

- We want our cases to look like the Mona Lisa
- Familiar, comfortable, recognizable
- Why?
  - We've been there and we've done that
  - They are predictable
  - We know the tools to use and how to use them

# The Art of Mental Health Court

- Do our clients look like the Mona Lisa?
- If not what do they look like?



# The Art of Mental Health Court



# The Art of Mental Health Court

- Isn't that more like what we *actually* see?
- Mental Health is like art...
  - It varies wildly
  - Sometimes its easy to understand, sometimes its not
  - The more you see it, the more you recognize it
  - Over time, you will appreciate its complexity

# The Science of Mental Health Courts

# The Science of Mental Health Court

- If you're on a drug court team, you already know what to do!
  - **MUST** follow the mandates of the state statute governing admission to program
  - **MUST** take only those clients who are eligible (or those who can be made eligible)
  - **MUST** screen and assess in a timely fashion (30 days or less)

# The Science of Mental Health Court

- Once criteria are met, screen the case for admission:
  - Use a validated risk assessment tool (TCU-5, SAMHSA Brief Mental Health Screening, etc...)
  - Screen clients quickly! (if client is incarcerated, we try to meet a five day goal)

# The Science of Mental Health Court

- Within the next 10 business days, client's case is staffed and a case plan is developed
- That case management and treatment plan is then reviewed by the full team at a staffing
- Plan is reviewed by the client with his/her attorney and approved
- Client pleads into the program within 30 days of filing their petition

# Blending the Art and the Science of Mental Health Court

- Process wise, Mental Health Court looks the same as Drug Court does:
  - Team members are essentially the same (with some possible exceptions for mental health professionals)
  - Staffings are the held in the same manner
  - It is still a multi-disciplinary approach
  - Cases are still staffed individually

# Blending the Art and the Science of Mental Health Court

- What is different:
  - Medication compliance is a HUGE part of any successful Mental Health Court
  - If have a co-occurring disorder, sobriety is critical
  - Treatment and therapy are rewarded more regularly (failure to attend MUST be met with an immediate response from the Court)



# Blending the Art and the Science of Mental Health Court

- Sanctions and incentives look a little different;
  - Incentives are designed to limit isolation and encourage pro-social activities (movie passes, Great America tickets, sober peer activities, etc...);
  - Sanctions are more therapeutic, and jail sanctions are used only when absolutely necessary;
    - Why?

# Blending the Art and the Science of Mental Health Court

- Challenges are unique:
  - Earning trust and building rapport takes time
  - Controlling client behavior requires patience and empathy
  - If you don't understand what the client is telling you, then ask!
  - If you have a concern about fitness, raise it!

# Conclusion



# Contact Information

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- THANK YOU!

# How San Francisco's Behavioral Health Court Differs From Drug Treatment Court

Jennifer Johnson, J.D.  
J.K. Johnson Advisors  
Senior Consultant  
SAMHSA's GAINS Center



# Embracing Our Differences

Mental Health Courts versus Drug Treatment Courts



# Why Does This Matter?

- The basic goals of a treatment court are the same:
  - reduce recidivism
  - increase public safety
  - improve health outcomes
  - promote recovery
  - reduce cost
- Treatment courts are here to stay

# However...

- The root causes of behavior are different so treatment courts differ
- The criminal justice system craves reliability and consistency
- The variability between courts can challenge the system



# Developing Behavioral Health Court

- San Francisco started Behavioral Health Court in 2002
  - Few mental health courts
  - No outcome data
- Out of necessity, the team
  - Looked to promising and evidence based practices
  - Adapted them too the forensic population
  - Found a willing, quality service provider
- Did NOT model the court after the existing drug court

# What Guides a Drug Court?

- Most states have drug court statutes
- Eligibility criteria are enshrined in law
- Exclusions are also clearly defined
- Statutes authorize legal relief
- Drug Courts have a reliable stream of funding

# What Guides a Mental Health Court?

- Mental health courts are not generally statutory
- These courts may have fewer guidelines
- MHCs may have more flexible guidelines
- Less restriction allows for more freedom
- More freedom allows for individualized treatment
- Often there is no clear path for legal relief

# Example: California

- The only MHC statute to pass was vetoed
- MHCs had to work outside of the penal code
- First mental health diversion statute was enacted in July 2018
- There is still no authorization for MHCs

# Target Population Mental Health Court

- Serious mental illness is the primary issue
- Usually well established mental health history
- Most have co-occurring substance use disorders
- Eligibility turns more on diagnosis than crime
- Many courts work with violent offenders

# Target Population Drug Court

- Addiction is the primary issue
- Clients may have to admit addiction to participate
- Mental health issues common but not primary
- Generally more restrictive legal eligibility criteria
- Often have stricter guidelines for participation

# Common Structural Differences

- Phases versus no phases
- Pre plea versus post plea
- Felony versus misdemeanor
- Harm reduction versus abstinence model
- Defined incentives, sanctions and condition for graduation
- Use of jail as a sanction
- Legal relief available for successful completion

# Integrated Dual Diagnosis Treatment

- Systems integration may be more aspirational than actual
- Residential treatment is scarce and communities lack resources
- The cost of indicated treatment may be too high
- The culture of the two systems may be very different



# Our New Responsibility

- We serve a population with complex, overlapping needs
- Rather than trying to standardize the courts, we should:
  - Share data
  - Promote promising practices
  - Look critically at our successes and failures
- AND, we should advertise
  - **What we are doing**
  - **Why we are doing it**
  - **How it works**

# Contact Information

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- THANK YOU!

# Drug Treatment & Mental Health Treatment in the Criminal Justice System in Pima County, AZ

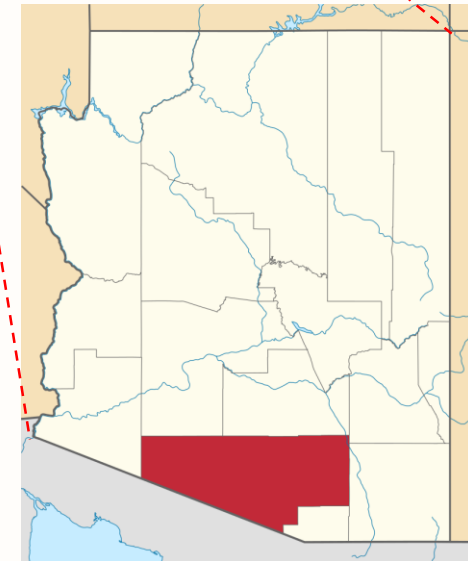
Amelia Cramer  
Chief Deputy Pima County Attorney  
Pima County, Arizona



Barbara LaWall  
PIMA COUNTY ATTORNEY

# Pima County, Arizona

- County Seat: Tucson
- Population: ~ 1 million
- 300 miles of border with Mexico



# Justice System Reform for those Suffering from Mental Illness & Substance Use Disorder in Pima County

- **Deflection by Law Enforcement:** Law Enforcement: Crisis Intervention Team (CIT) training, Mental Health Support Teams (MHST), Co-Responder Team, (Learning Site for BJA), new Deflection Program for Substance Use Disorder (Tucson Police Department)
- **Diversion by County Attorney:** Misdemeanor Diversion for Marijuana and Paraphernalia; Felony Drug Diversion for narcotic and dangerous drugs
- **Specialty Courts:** Felony and Misdemeanor Mental Health Courts, Felony Drug Court, **Felony Drug Treatment Alternative to Prison (DTAP)**, Misdemeanor Veteran's Courts, new **Consolidated Misdemeanor Problem Solving Court (co-occurring disorders)**
- **MacArthur Safety + Justice Challenge:** Jail population reduction projects, including enhanced services for pre-trial detainees and probationers
- **Housing First** (self-funded homeless program)

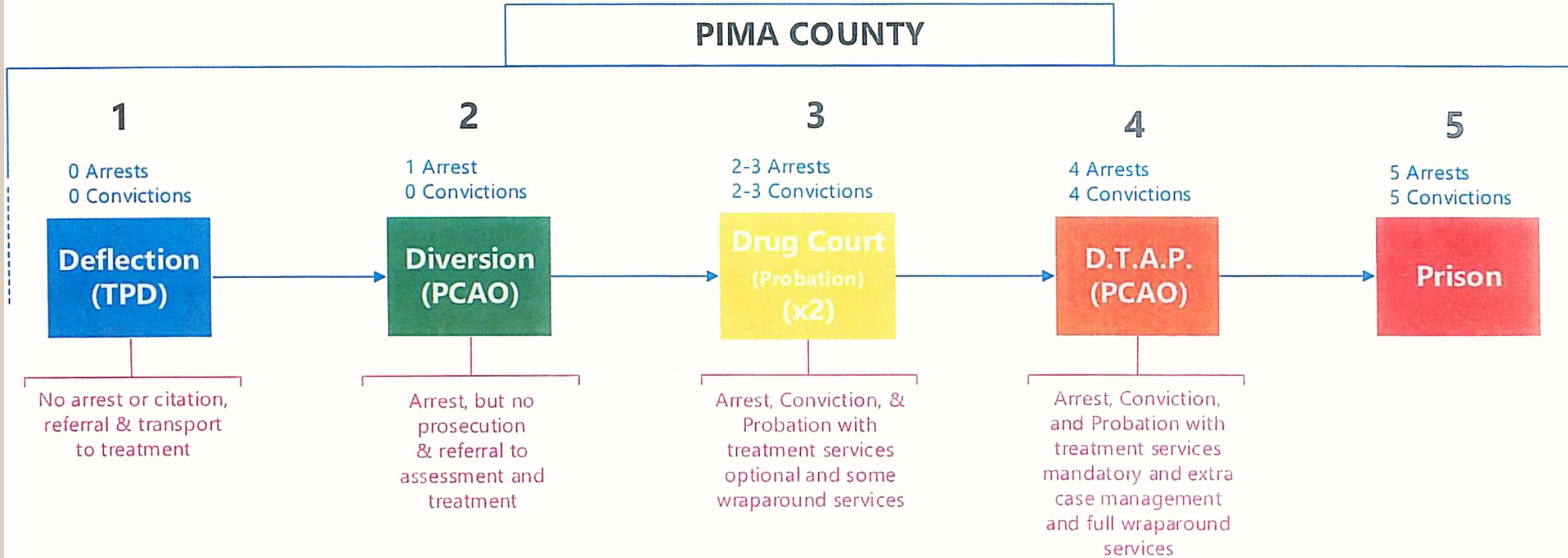
\* Initiatives led by the Pima County Attorney's Office



# Adult Felony Drug Possession Interventions

(Herion, Cocaine, Fentanyl, etc.)

## PIMA COUNTY



# Prosecutor-Led Diversion

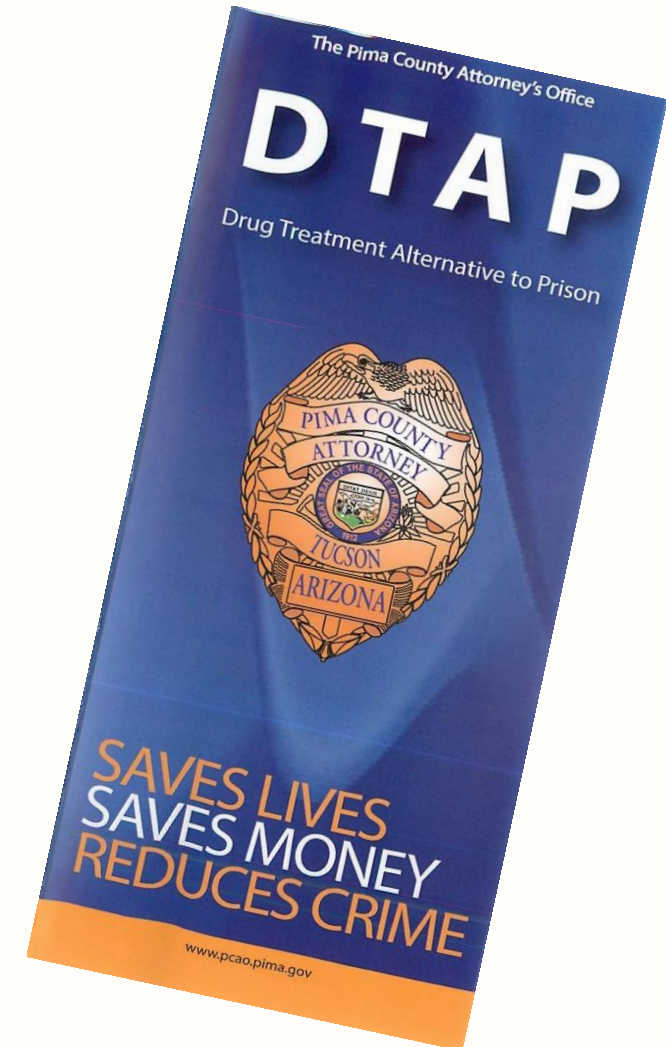
- Misdemeanor Diversion for Marijuana/Paraphernalia

- Felony Drug Diversion



# DTAP Program

- **Started in 2011 by Pima County Attorney Barbara LaWall**
- Post-Conviction Probation Specialty Court
  - Felony “Prison-Only” Cases
  - Different from Drug Court (prosecutor-led\_
- Standard Plea: 3 years Specialized Probation
- Significant substance abuse dependency/addiction (high need/high risk)
  - Co-occurring disorders common
- Accept approximately 65 people into program every year
- Average daily program census of 90-100 participants

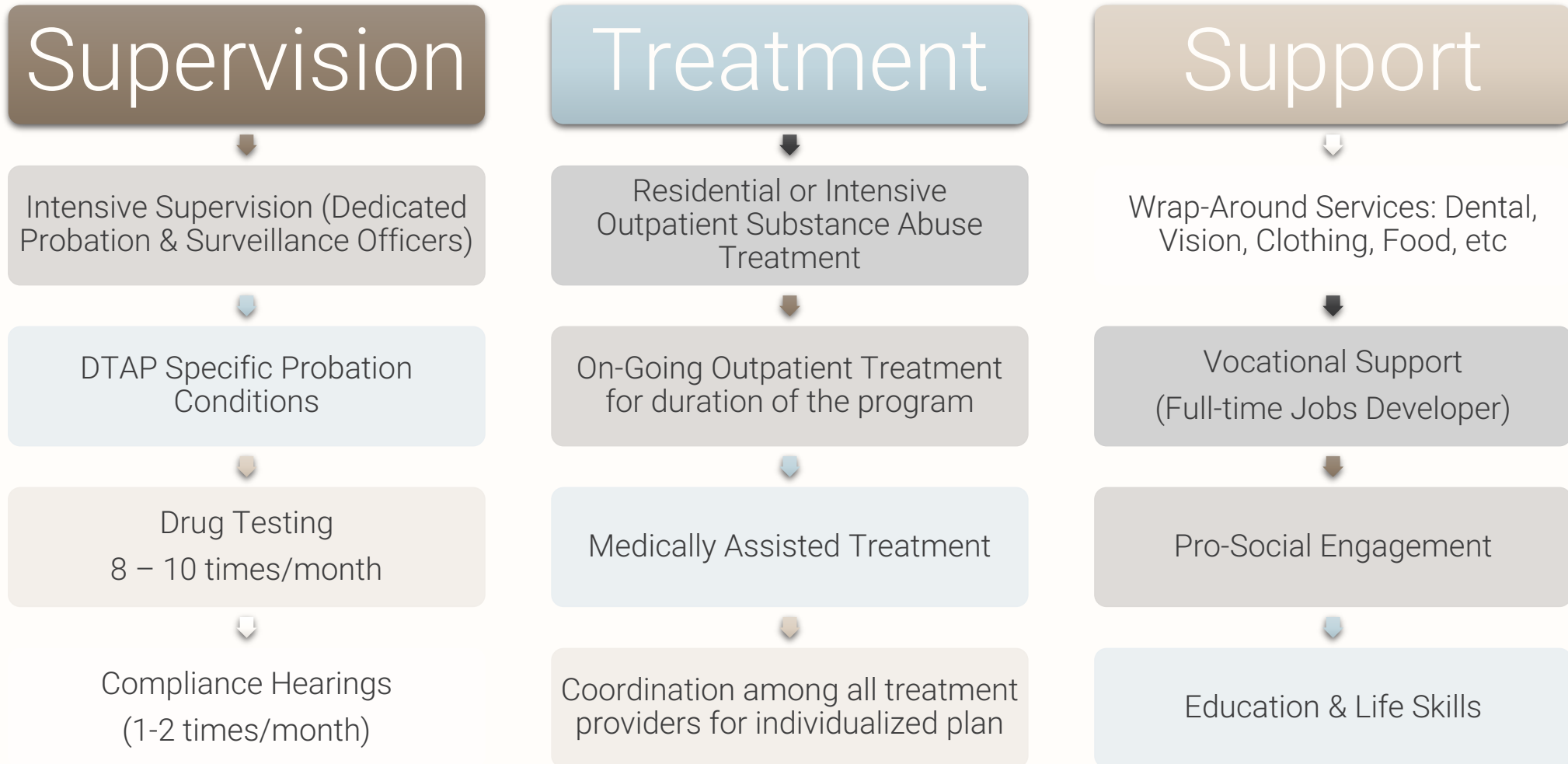




# DTAP Program Eligibility

- Prosecutor-Lead Program
  - Prosecutor makes determination on who to admit to program
- Candidates: Repeat offenders, prison-only crimes
- Eligible Charges: Drug Possession, Some theft/property charges
- Exclusionary Criteria: no violent/dangerous history, no sex offenses, must be lawfully present in the US
- Medical Necessity: must have an addiction/dependency on substance
  - ASAM assessment administered by clinician

# What Happens in DTAP Program?



# DTAP Outcomes

- Rolling Success rate of ~65%
- Independent Evaluation by University of Arizona found:
  - Recidivism rate less than half of those who go to prison
  - Each participant saves taxpayers \$17,000 over cost of prison
  - Saves approximately \$1 million each year of operation

# Pima County Justice Court Mental Health Court

- Started in 2004
- Requirements:
  - SMI
  - Enrolled in Medicaid and receiving services from participating treatment provider
  - ***“Defendants whose chemical dependency issues do not significantly eclipse their mental health diagnosis”***

# Pima County Specialty Courts Initiative

- Objective: bring all courts with treatment component under one umbrella of resources and leadership
  - Parity of wrap-around recovery resources & incentives
  - Parity of legal options (probation, sanctions)
  - Adherence to best practice standards (NADCP)
  - Training
  - Data tracking & management
  - Independent evaluation



# Collaboration of Felony DTAP and Drug Court with Felony and Misdemeanor Mental Health Courts

## Currently

- Problem Solving Courts Collaborative (PSCC)
  - Chaired by Chief Presiding Judge to provide leadership, continuity, and shared programmatic development among all specialty courts
- Training for all members of the court team to attend conferences and best practice standards training
- Limited Wrap-Around Resources for participants of MHC (as grant resources permit)
  - Transportation, housing assistance, supplemental treatment outside of Medicaid, incentives items

## Future Additions

- Common database to track participants of all specialty courts
- Adherence to best practice standards
- Common policies and procedures manuals, participant workbooks, etc
- Unified funding to support wrap-around resources and incentives for all participants of each specialty court

# New Regional Consolidated Misdemeanor Problem-Solving (CMPS) Court

- Started in 2019 (pilot implementation underway with NDCI technical assistance; AADCP and NADCP training)
- Eligibility Requirements:
  - Co-Occurring Substance Use and Mental Health Disorders
  - ASAM shows need for residential or intensive outpatient treatment
  - Multiple open misdemeanor cases and/or 10 or more contacts with police within 24 months
  - No pending felony charges or probation; no pending DUI charge; not deemed incompetent/non-restorable within 24 months; not registered sex offender; no prior conviction for murder, attempted murder, or exploitation of a minor

# New Regional Consolidated Misdemeanor Problem-Solving (CMPS) Court

- Steering Committee; Logistics Committee; Services Committee
- City and County judges, prosecutors, and defense counsel
- Community-based case manager and peer support specialist available 24/7
- Tucson Police MHST Team available 24/7
- Full residential treatment or intensive outpatient treatment
- Full wraparound recovery support services



# New Regional Consolidated Misdemeanor Problem-Solving (CMPS) Court

- Eight male participants thus far (each having from 3 to 38 currently-pending cases, some in multiple courts)
- All are discovered to be diagnosed with schizoaffective disorder as well as substance use disorder; all are homeless
- Treatment-compliance successes already

# Grant Funding

- SAMHSA “Adult Treatment Drug Court”
  - 5 years
  - \$2 million
  - Primarily funds DTAP with support to Drug Court, MHC and Consolidated Misdemeanor Problem Solving Court (CMPS)
- BJA “Justice and Mental Health Collaboration”
  - 3 years
  - \$750,000
  - Primarily funds CMPS Court and the Specialty Courts Initiative

# For More Information:

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- Kate Vesely (Lawson), Director of Specialty Court Initiatives
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Barbara LaWall  
PIMA COUNTY ATTORNEY

# Questions?

GAINS Center for Behavioral Health and Justice Transformation  
The GAINS Center focuses on expanding access to services for people with mental and/or substance use disorders who come into contact with the justice system.

<https://www.samhsa.gov/gains-center>

1-800-311-4246



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