

How Treatment Courts Can Co-exist in a Community

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Goals of treatment courts are essentially the same:

- Reduce recidivism
- Increase public safety
- Improve health outcomes
- Promote recovery
- Reduce costs

....BUT....

....But.....

- Underlying causes of behavior are different
- Criminal justice system depends on consistency & reliability
- Variations across courts can challenge the system, public, participants, and professionals
- Courts address different needs

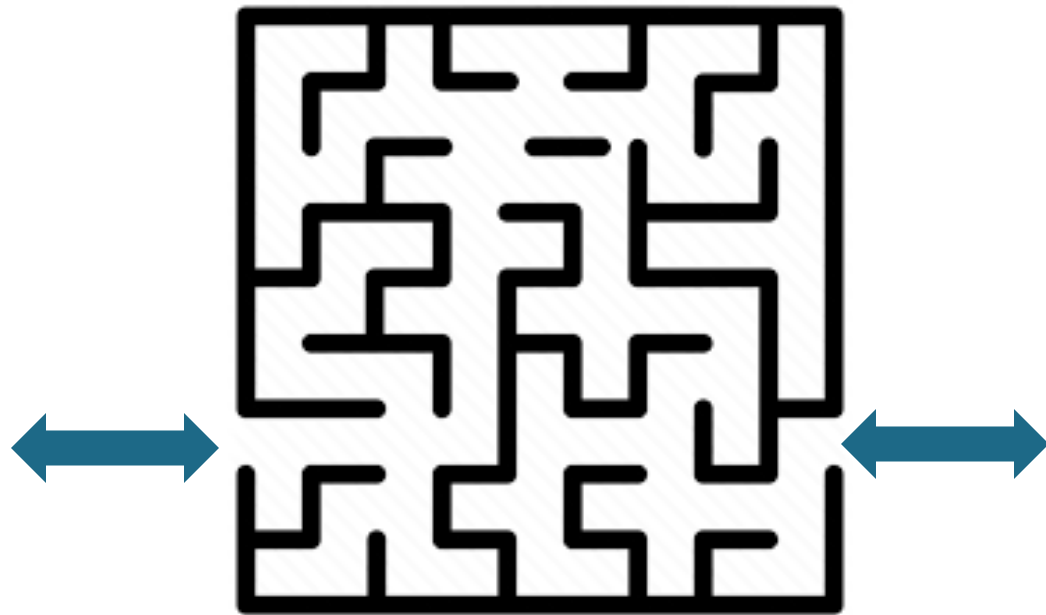
10 Key Components of Adult Drug Tx Courts

1. Integration of alcohol/drug treatment with justice system processing.
2. Non-adversarial approach
3. Early identification & enrollment of eligible participants
4. Access to treatment & rehabilitation services
5. Abstinence monitored by frequent testing
6. Coordinated strategy
7. On-going judicial interaction
8. Monitoring & evaluation of goals & effectiveness
9. Continuing interdisciplinary education for planning, implementation, & operations
10. Cross-system partnerships

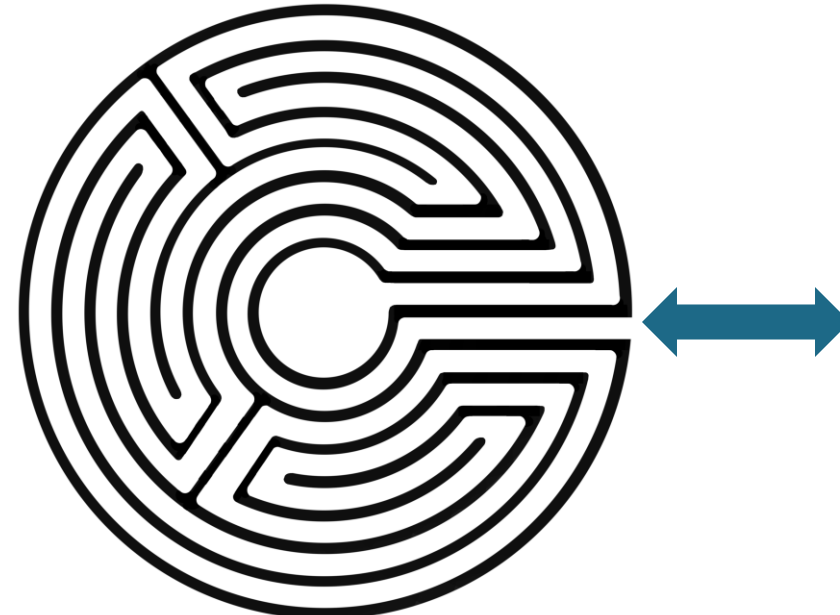
10 Essential Elements of Adult MHCs

1. Planning & administration – broad range of stakeholders
2. Target population
3. Timely participant identification & linkage to services
4. Terms of participation
5. Informed choice/voluntariness
6. Treatment supports & services
7. Confidentiality
8. Interdisciplinary court team
9. Monitoring & adherence to court requirements
10. Sustainability

Fundamental Difference between DTC & MHC



Mental Health Tx Court



Drug Tx Court

Treatment Court Guidance

Drug Tx Courts

- State statutes for DTCs
- Eligibility criteria statutory
- Exclusionary offenses statutory
- Legal relief is statutory
- Significant funding at all levels

Mental Health Tx Courts

- Often not statutory
- Fewer, flexible guidelines
- More individualized plan
- No clear path for legal relief
- Little funding at all levels

Treatment Court Target Population

Drug Tx Courts

- Addiction is primary issue
- Participants may have to admit to addiction
- Mental health issues are secondary
- Restrictive eligibility criteria
- Stricter guidelines

Mental Health Tx Courts

- SMI is primary issue
- Well-established MH history
- Most have COD
- Eligibility based on diagnosis > offense
- Many allow violent offenses

Treatment Court Program Goals

Drug Tx Courts

- ✓ Reduce recidivism (the revolving door)
- ✓ Enhance access to & engagement in community-based treatment
- ✓ Remain substance free
- ✓ Return to typical activities (e.g. work, family, school)

Mental Health Tx Courts

- ✓ Reduce recidivism (the revolving door)
- ✓ Enhance access to & engagement in community-based treatment
- ✓ Treatment adherence
- ✓ Harm reduction
- ✓ Maximum benefit from program

Possible Program Differences

- Is the court pre- or post-plea?
- Does the court have phases?
- Does the court accept felonies and/or misdemeanors? Violent offenses?
- Is the underlying philosophy abstinence or harm reduction?
- What are the incentives and sanctions?
- Is there graduation or maximum achieved benefit?
- Is there legal relief for program completion?

What is mental illness?

Mental illnesses are health conditions involving changes in thinking, emotion, or behavior (or combination of these). Mental illnesses are associated with distress and/or problems in functioning in social, work, or family activities.

- American Psychiatric Association

In any given year,

- 19% of U.S. adults experience some form of mental illness
- 4.1% of U.S. adults have an SMI

What is substance use disorder (SUD)?

A substance use disorder is diagnosed when the recurrent use of alcohol and/or drugs results in clinically and functionally significant impairment as evidenced by: health and social problems; disability; failure to meet responsibilities; inability to control intake; and risky behaviors.

In any given year, about 8.5% of U.S. adults experience a substance use disorder.

What is a co-occurring disorder (COD)?

A COD is a condition in which a person simultaneously experiences a mental illness and a substance abuse problem.

Between 70-90% of justice-involved individuals with SPMI have COD.

Treatment Components for MHC & COD

- Medication-based approaches
- Counseling/psychotherapy (CBT)
- Self-help and support groups
- Family involvement
- Individualized treatment plans
- Intensive Case Management
- Frequent, random drug screens

Which treatment court is the best fit?



Treatment Courts' Multi-disciplinary Team's Unified Triage

- Reviews all referrals
- Gathers information about individual & case
- Makes acceptance determinations based on screening/assessment results:
 - ✓ Mental illness
 - ✓ Substance Use
 - ✓ Risk
 - ✓ Trauma

Sample Eligibility Criteria

	AIM Court	Drug Court	Mental Health Ct.	Veterans' Court
Type of Charge	Felony or habitual misdemeanor	Felony or habitual misdemeanor	Felony or misdemeanor	Felony or misdemeanor
Diagnosis	Meets criteria for substance use disorder	Meets criteria for substance use disorder	<ul style="list-style-type: none"> MH Dx DD considered MH-crime nexus 	AODA or MH treatment, including trauma need identified
Risk Level	Moderate to high	Moderate to high	Moderate to high	<ul style="list-style-type: none"> Low track – low Regular track – moderate to high
Probation Status	At least 18 months	At least 18 months	At least 18 months	At least 6 months
Potential Exclusions	<ul style="list-style-type: none"> Convicted of serious sex offense, viol crime, delivery of control sub Lack of prior probation or tx history 	<ul style="list-style-type: none"> Convicted of serious sex offense, viol crime, delivery of control sub Lack of prior probation or tx history 	<ul style="list-style-type: none"> Convicted prev of violent felony or crime w/ weapon Lack of prior probation or tx history Unable/unwilling to participate in tx Not likely to respond to tx 	<ul style="list-style-type: none"> Ineligible for BA benefits Convicted of serious sex offense, viol crime, delivery of control sub Lack of prior probation or tx history VTC cannot provide level of care

Considerations During Triage

- Where do your courts overlap in terms of process? Staff? Providers?
- Have you “mapped” the resources for your courts?
- Practical issues:
 - Can s/he participate in groups? In your program?
 - Can s/he report in front of a judge, in open court, with an audience?
 - Does your court have the providers to meet the individual’s needs?
 - Does your sanction/incentive “rubric” look the same across courts?

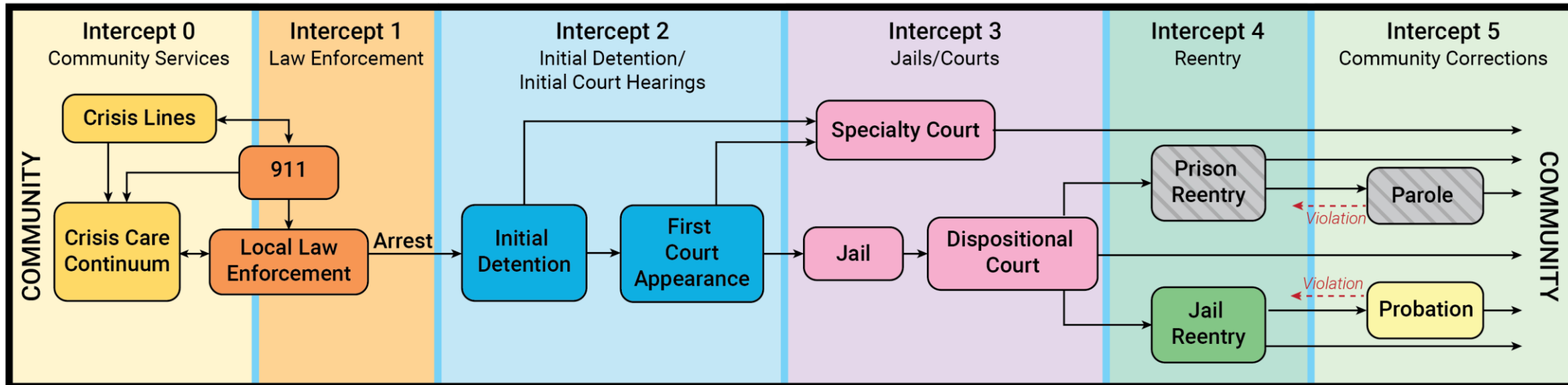


Where would the individual do best?

Practical Considerations

- Do you have the complete continuum of care for each of your treatment courts' participants?
- Does your community have suitable housing for participants?
- What community organizations can you partner with?
- Do you have access to inpatient mental health care?
- Is your community supportive of a harm reduction approach?

Where are your gaps & opportunities to improve your treatment courts?



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35(5-6), 380-395. <https://doi.org/10.1002/bsl.2300>
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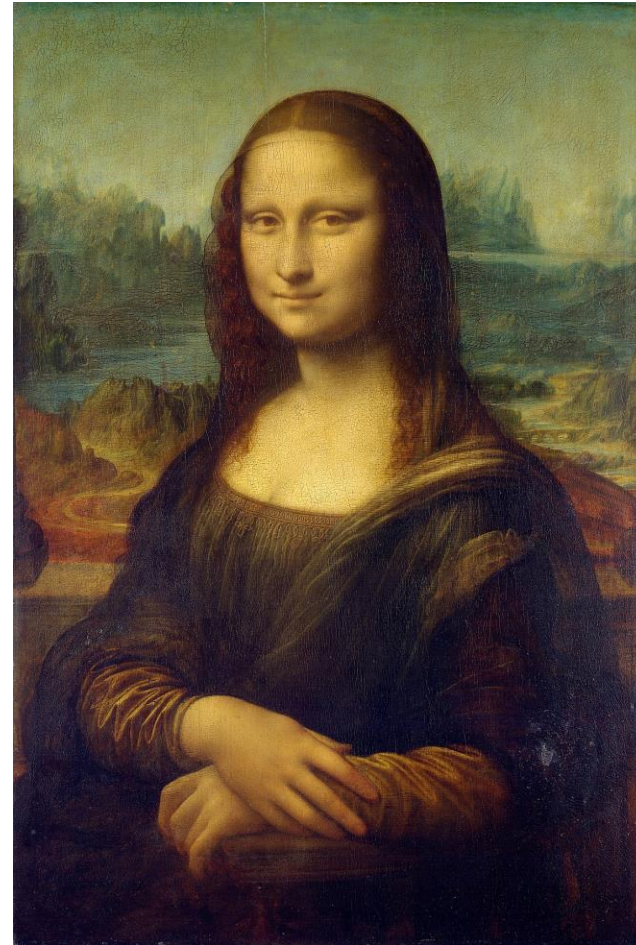
Practical comparisons of MHC & DTC

- Getting “buy in” & gaining trust from MHC participants takes time, patience, & empathy
- “Voluntariness” is ongoing concern – is participant competent?
- Time frames & phases individualized
- Expectations & requirements in program widely vary
- Sanctions & incentives look different
- Physical setting & environment might be less formal in MHC
- Medication compliance is likely THE biggest goal in MHC – need jail’s cooperation if using jail as a sanction

Which one better represents how a mental health court works?



Conformity by Jackson Pollock



Mona Lisa by Leonardo Da Vinci

Thank You
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