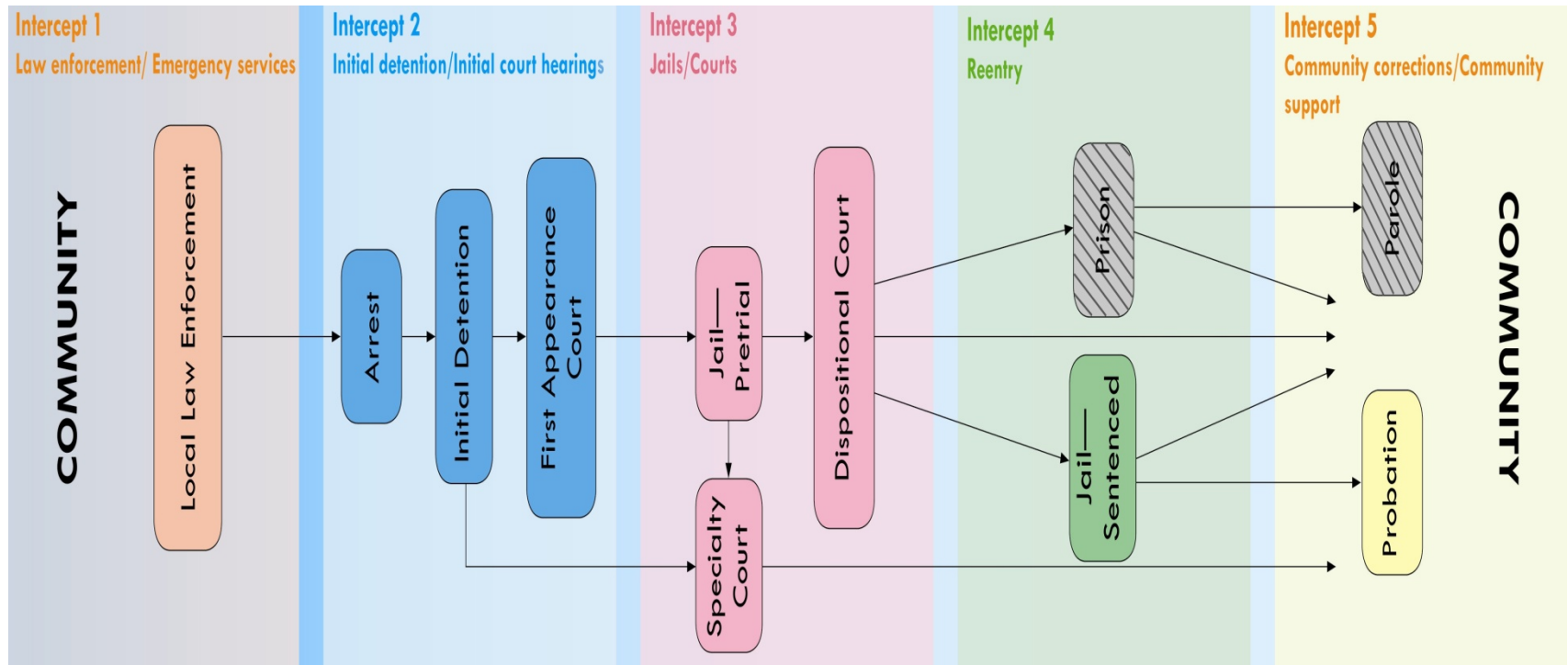


Moving Beyond Mental Health Courts: Introduction to the Range of Court-Based Initiatives

Hallie Fader-Towe, *Program Director,*
CSG Justice Center

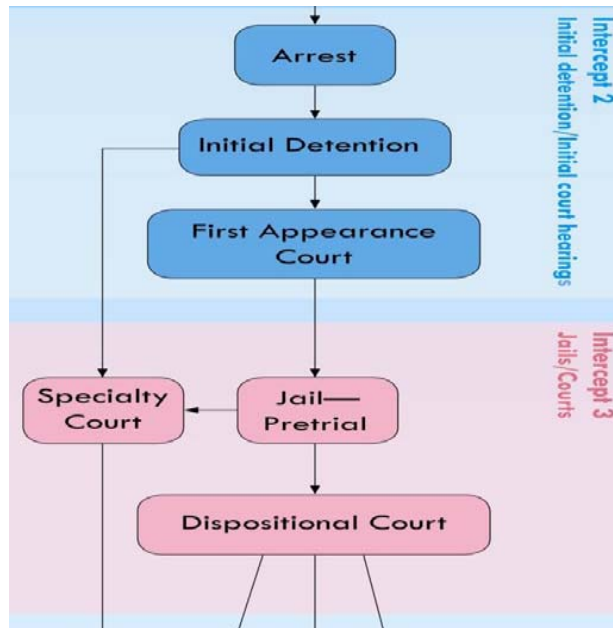
Ann-Marie Louison, *Director,*
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Sequential Intercept Model



Court-Based Opportunities across the Sequential Intercept Model

Intercept-specific Opportunities



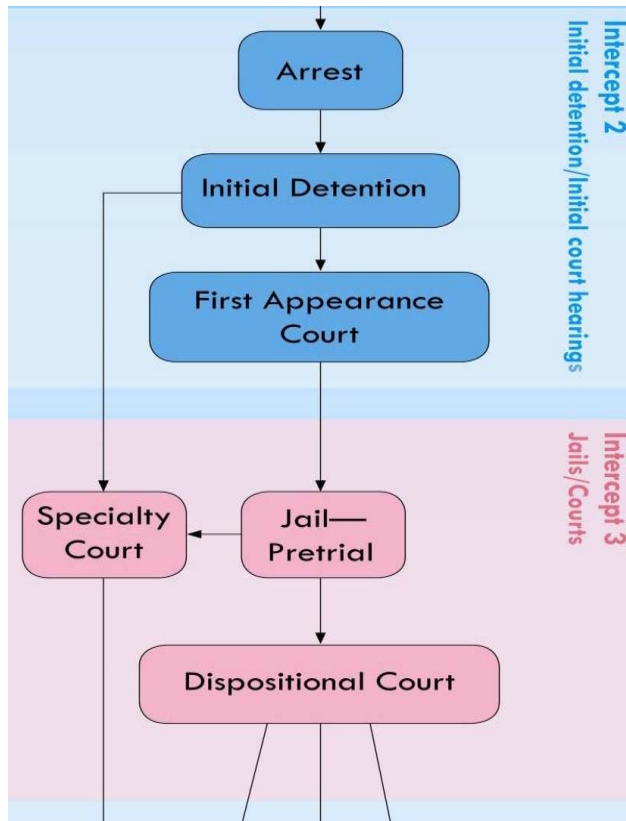
- Pretrial release conditions (case management, supervision, treatment)
 - Mental health “diversion” (in lieu of prosecution)
 - Referrals to community-based services (without court mandate)
-
- Specialty courts (pre- and post-adjudication)
 - Mental health court
 - Co-occurring disorders in drug court
 - Mental health services in other specialty courts (e.g., community court, veterans’ court, reentry court)
 - Community-based supervision and treatment
 - As a sentence
 - As a term of probation

Opportunities for Court-Based Practitioners



- Specialized mental health training and caseloads:
 - Pretrial services and probation officers
 - Public defenders or appointed counsel
 - Prosecutors
- Continuing education on individuals with mental illnesses

Mental Health Courts and Beyond in New York City (Adults)



- Mental health arraignment diversion program (Legal Aid Society)
 - Identification at arraignment of individuals for Transitional Case Management Program (CASES), includes linkage to community-based services
 - Court-based psychiatrist makes referrals to community-based treatment
-
- 5 felony and 2 misdemeanor MHCs; 6 treatment courts; 2 community justice centers
 - Day Custody Program (CASES) for frequent misdemeanants, includes community service, access to counseling & treatment
 - Screening, referral, and counseling for individuals convicted of misdemeanors (Bronx Community Solutions)
 - Screening, referral, case management (Bronx TASC)
 - Nathaniel Project (CASES) is an alternative to incarceration (ATI) that includes an Assertive Community Treatment (ACT) team
 - Veterans project
-
- MICA (mentally ill and chemically addicted) public defense attorneys who work with social workers (Legal Aid Society)
 - Specialized mental health probation caseload
 - Training for new prosecutors on mental illnesses
 - Collaborative planning efforts underway for additional opportunities and coordination

Designing a Court-Based Project

- ▶ **Partnerships**
- ▶ **Surveying the field:**
 - ▶ What is the need in the community?
 - ▶ What is already in place in terms of partnerships and services?
 - ▶ What are the relevant legal frameworks?
 - ▶ What are the priorities of key stakeholders?
- ▶ **Design decisions:**
 - ▶ **Target Population:**
 - ▶ Criminogenic risk and need
 - ▶ Behavioral health needs
 - ▶ Charges
 - ▶ Case status (pretrial, post-adjudication)
 - ▶ Criminal history
 - ▶ Residency
 - ▶ Timely Identification
 - ▶ Linkage to services & supervision
 - ▶ Conditions of participation
- ▶ **Program management:**
 - ▶ Who is doing what?
 - ▶ Data collection & sustainability

Resources

Organizations

- ▶ Center for Alternative Sentencing and Employment Services (CASES): www.cases.org
- ▶ CSG Justice Center Criminal Justice/Mental Health Consensus Project: www.consensusproject.org

Design & Implementation Resources

- ▶ Bush, Stephen C., *Using Conditional Release as a Strategy for Effective Linkage to Community Mental Health Services: The Memphis Public Defenders Office Model*, Community Mental Health Report, Vol. 2, No. 6 pp. 81-95 (Sept./Oct. 2002).
- ▶ Clark, John. *Non-Specialty First Appearance Court Models For Diverting Persons with Mental Illness: Alternatives to Mental Health Courts*, available online at <http://www.pretrial.org/Docs/Documents/non%20specialty%20first%20appearance%20court%20models%20clark.pdf>.
- ▶ Council of State Governments, *Criminal Justice/Mental Health Consensus Project Report*, http://consensusproject.org/the_report
- ▶ Council of State Governments, *Consensus Project, Bureau of Justice Assistance, A Guide to Mental Health Court Design and Implementation*, <http://consensusproject.org/mhcp/Guide MHC Design.pdf>
- ▶ Council of State Governments, *Report of the Reentry Council: Charting the safe and successful return of prisoners to the community*, http://www.reentrypolicy.org/documents/rpc_report.pdf
- ▶ Munetz & Griffin, *Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness*, 57 *Psychiatric Services* 544 (2006)
- ▶ GAINS Center, *Practical Advice on Jail Diversion: Ten Years of Learning on Jail Diversion from the CMHS GAINS Center (2007)* available online at: http://www.gainscenter.samhsa.gov/pdfs/jail_diversion/PracticalAdviceOnJailDiversion.pdf

Thank you

Questions? Comments?

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This material was developed by presenters for the 2012 JMHCP Orientation Event. Presentations are not externally reviewed for form or content and as such, the statements within reflect the views of the authors and should not be considered the official position of the Bureau of Justice Assistance, Justice Center, the members of the Council of State Governments, or funding agencies supporting the work.

Ann-Marie Louison

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CASES, NYC



Initial Appearance Arraignment Diversion

- ▶ **Transitional Case Management Program**
2007 JMHCP Grantee
- ▶ Arraignment misdemeanor diversion for people with serious mental illness
- ▶ 100,000 annual arraignments in New York County
- ▶ Defendants arraigned within 24-hours of arrest
- ▶ 50 percent of non-felony cases are resolved at arraignment



Planning

▶ **CASES**

2002 – 2005 SAMHSA funded jail-diversion program experience and evaluation findings

▶ **NYC Department of Correction**

40,000 individuals released annually within 1-7 days

High prevalence of short-stayers in jail

▶ **Criminal Court**

Defendant must be arraigned within 24-hrs of arrest

Mental health identification and assessment cannot slow down arraignment court processing

▶ **Defense Bar**

Diversion program mandate cannot exceed recommended jail sentence

▶ **TCM Stakeholders group established 2008**



Target Population

- ▶ Adults
- ▶ Serious mental illness
- ▶ Co-occurring substance use disorder
- ▶ Repeat misdemeanor arrests and convictions and at risk of receiving a jail sentence (mean arrests 4 in 12-months before admission)
- ▶ Designated Operation Spotlight – 3 misdemeanor arrests in 12-month period



Timely Identification & Linkage to Services

- ▶ **Arraignment Operations**
- ▶ CASES non-clinical court staff administer the Brief Jail Mental Health Screen (BJMHS) to defendants with 3 or more prior misdemeanor convictions
- ▶ Clinical psychologist interviews individuals screened positive by BJMHS, also administers Texas Christian University Drug Screen II and Mental Health Screening Form III
- ▶ Arraignment judge sentences eligible individuals to complete either 3 or 5 case management sessions en lieu of jail sentence
- ▶ Jail alternatives range from 5 days to 1 year in jail
- ▶ Community case management services begin immediately or within 24-hours of arraignment



Terms of Participation

- ▶ Court mandate 3 or 5 case management sessions
- ▶ Community case management services begin immediately or within 24-hours of arraignment
- ▶ Program offers voluntary case management services once participant completes the court mandate
- ▶ 80 percent complete court mandate
- ▶ 85 percent of participants retained in voluntary case management, average length of stay 5.6 months



Program Services

- ▶ Immediate enrollment in case management services and assessment of immediate needs
- ▶ Linkage to mental health, integrated, and substance abuse community-based treatment
- ▶ Level of Service Case Management Inventory (risk and needs assessment)



Results

	Pre-Admission		Post-Admission		Percent Decrease
	(1 year)		(1 year)		
n = 178	N	%	N	%	
Any arrests	178	100%	129	72%	28%
Arrests (Mean)	3.64		2.49		32%
Any Convictions	175	100%	120	69%	31%
Convictions (Mean)	3.54		2.29		35%



Supreme Court Felony Diversion

- ▶ **Nathaniel Assertive Community Treatment (ACT) Alternatives to Incarceration Program**
- ▶ Licensed by NY State Office of Mental Health
- ▶ Contracted with NYC Department of Health & Mental Hygiene
- ▶ Funded by NYC Mayor's Office of the Criminal Justice Coordinator to provide ATI component
- ▶ Provides diversion to eligible participants being adjudicated in Manhattan Supreme Court



Planning

- ▶ Stakeholders met in 1999
- ▶ Non-specialized felony diversion in Manhattan Supreme Court
- ▶ 2000-2003 Nathaniel Project pilot grant funded
- ▶ Intensive Case Management to link participants to community treatment and housing – brokering community mental health services
- ▶ 2003 converted to Assertive Community Treatment (ACT) team licensed by NY State Office of Mental Health – directly providing treatment and supervision



Target Population

- ▶ Adults
- ▶ Serious Mental Illness (SMI)
- ▶ Co-occurring substance use disorders
- ▶ Eligible for ACT – defined by NYC DOHMH high utilization of hospitals and ERs
- ▶ Convicted of felony (non-violent and violent)
- ▶ At risk of state prison sentence



Timely Identification

- ▶ Intake Specialist accepts referrals from defense attorneys, judges, prosecutors and Kirby Forensic Psychiatric Center
- ▶ ACT program psychiatrist meets with participant before release from jail
- ▶ Participants enrolled in ACT on day of release from jail



Linkage to Services

- Team Leader
 - Psychiatrist
 - Nurses RN & LPN
 - Family Specialist
 - Employment Specialist
 - Substance Abuse Specialist
 - Peer Specialist
 - **Housing Specialist – social worker**
 - **Case Manager**
 - **Supported Employment Coordinator**
 - **Intake Specialist**
 - **Court Liaison Specialist**
-



Terms of Participation

- ▶ Sentencing deferred for periods ranging for 12-24 months
- ▶ Assessment includes – Level of Service Case Management Inventory (risk and need assessment)
- ▶ Progress hearings held in regular supreme court parts at periods ranging 2-4 month intervals
- ▶ Program reports non-compliance to judge, defense attorney and prosecutor
- ▶ Successful completion results in dismissal, misdemeanor conviction, conditional discharge or probation sentence



Results

	Pre-Arrest Intake Charge		Post-Admission		Percent Decrease
	(2 year)		(1 year)		
n = 178	N	%	N	%	
Any arrests	173	100%	63	72%	64%
Arrests (Mean)	2.37		0.73		69%
Any Convictions	150	100%	59	69%	61%
Convictions (Mean)	1.90		0.62		67%



Sustainability

- ▶ Medicaid – ACT treatment services
- ▶ Blended criminal justice funding for intake, court liaison services, and housing resources
- ▶ Criminal justice funding for program enhancements – supported employment services
- ▶ PATH funding housing services
- ▶ Private foundation funding for case manager

