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

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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

› 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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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

<table>
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<tr>
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<th>Pre-Admission (1 year)</th>
<th>Post-Admission (1 year)</th>
<th>Percent Decrease</th>
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<tbody>
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<td>n = 178</td>
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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

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<th>Pre-Arrest Intake Charge</th>
<th>Post-Admission</th>
<th>Percent Decrease</th>
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<td>(1 year)</td>
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<tr>
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<td>N</td>
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<tr>
<td>Any arrests</td>
<td>173 100%</td>
<td>63 72%</td>
<td>64%</td>
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<td>1.90</td>
<td>0.62</td>
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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