

IDENTIFYING THE MENTAL HEALTH COURT POPULATION

Developed by:
National Drug Court Institute

©NDCI, December 2018

The following presentation may not be copied in whole or in part without the written permission of the author of the National Drug Court Institute. Written permission will generally be given upon request.

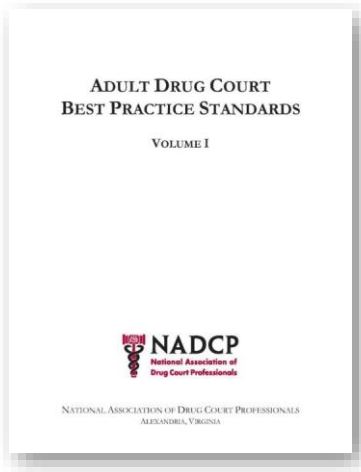


STEP 1: DEFINE THE TARGET POPULATION

Issue: Which offenders should be admitted into the treatment court?



BEST PRACTICE STANDARD I – TARGET POPULATION



- ✓ Eligibility and exclusion criteria are based on empirical evidence
- ✓ Assessment process is evidence-based
 - A. Objective eligibility criteria
 - B. High-risk & high-need participants
 - C. Validated eligibility assessments
 - D. Criminal history disqualifications
 - “Barring legal prohibitions . . .”
 - E. Clinical disqualifications
 - “If adequate treatment is available . . .”

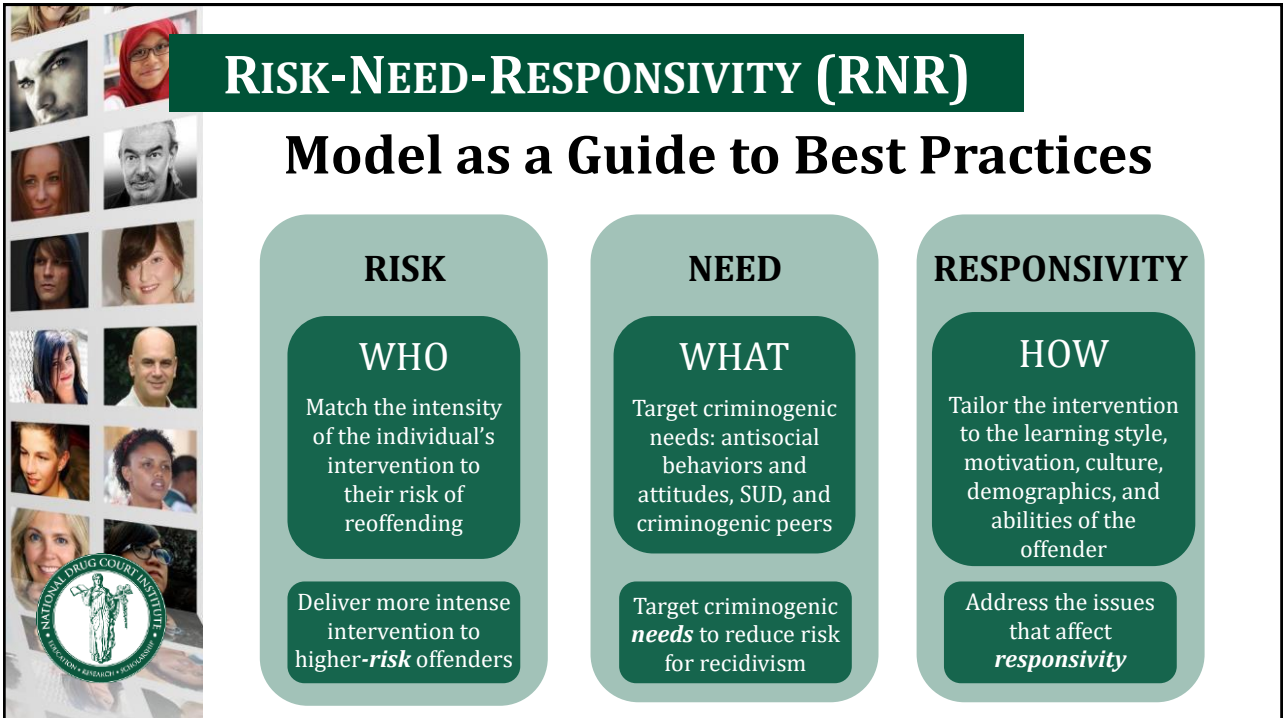
3

RESEARCH STATES

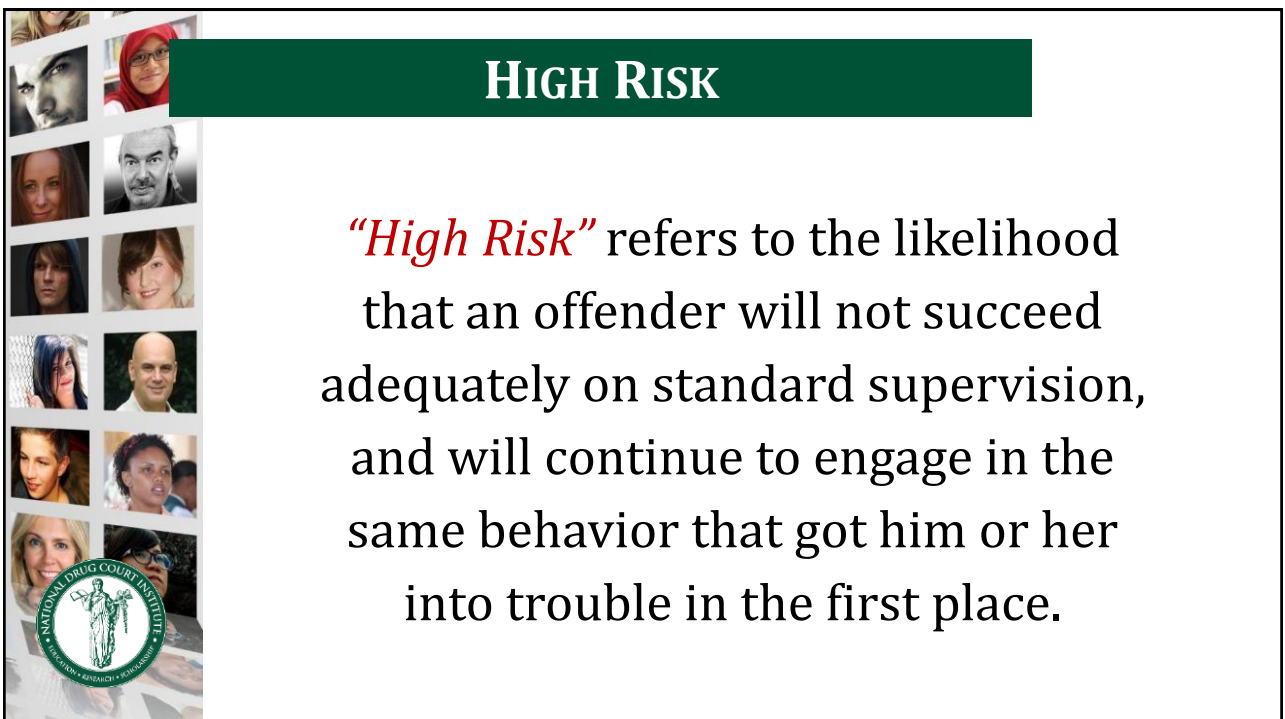
High Risk

High Need

4



5



6

RISK PRINCIPLE

- ✓ *Not* necessarily a risk for violence or dangerousness.
- ✓ Risk essentially means a difficult prognosis or lesser amenability to treatment.
- ✓ The higher the risk level, the more intensive the supervision and accountability should be, *and vice versa*.
- ✓ Mixing risk levels is contraindicated.

(Andrews & Bonta, 2010)

7

WHAT DO WE MEASURE TO DETERMINE CRIMINOGENIC RISK?

Conditions of an individual's behavior that are associated with risk of committing a crime


Static Factors

Unchanging conditions

Dynamic Factors


Conditions that change over time and are amendable to treatment interventions

8




PROGNOSTIC RISK

- ✓ Current age < 25 years
- ✓ Delinquent onset < 16 years
- ✓ Substance use onset < 14 years
- ✓ Prior rehabilitation failures
- ✓ History of violence
- ✓ Antisocial Personality Disorder
- ✓ Psychopathy
- ✓ Familial history of crime or substance use disorder
- ✓ Criminal or substance use associations




9



HOW TO SELECT RISK INSTRUMENTS

- ✓ **Reliability and Validity**
 - ✓ *Be wary of overrides*
 - ✓ *Trust the tool*
- ✓ **Standardized**
 - ✓ Provide ongoing training, mentoring, and oversight
- ✓ **Ease of use**
 - ✓ *Does probation already have a validated tool?*
- ✓ **Cost**
- ✓ **Criminal justice population**



10



CLINICAL ASSESSMENT



11

HIGH NEED

“High Need” refers to offenders who are assessed at being moderate to severe based upon DSM-V for illicit substances or alcohol.

12

NEED PRINCIPLE

- ✓ Clinical syndromes or disorders.
- ✓ The higher the need level, the more intensive the treatment or rehabilitation services should be, *and vice versa*.
- ✓ Mixing need levels is contraindicated.



(Andrews & Bonta, 2010)

13

MENTAL ILLNESS

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

(American Psychiatric Association)

14



SUBSTANCE USE DISORDER

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; Risky behaviors

The diagnosis is made separately for each substance. Severity is rated by the number of symptoms present:

2-3 = mild

4-5 = moderate

6+ = severe

15



CO-OCCURRING DISORDER

A **co-occurring disorder** (COD) is a condition in which a person experiences a mental illness and a substance abuse problem simultaneously.

CODs represent a very broad category and extent of disorder, ranging from someone with mild, situational depression due to their substance abuse all the way to a person with bipolar disorder who uses meth during acute episodes of mania.

16



CO-OCCURRING DISORDER

People with mental health disorders are more likely than others to also have an alcohol or substance use disorder

Persons with a substance use disorder are more likely to have a mental health disorder when compared with the general population

17



CO-OCCURRING DISORDER

Studies have found that between 72 and 87 percent of justice-involved individuals with severe and persistent mental illness (SPMI) have co-occurring substance use disorders.

Therefore, if you are treating persons with mental illness, you are treating persons with co-occurring disorders.

(Abram & Teplin, 1991; Abram, Teplin, & McClelland, 2003; Chiles, Cleve, Jemelka, & Trupin, 1990; James & Glaze, 2006).

18

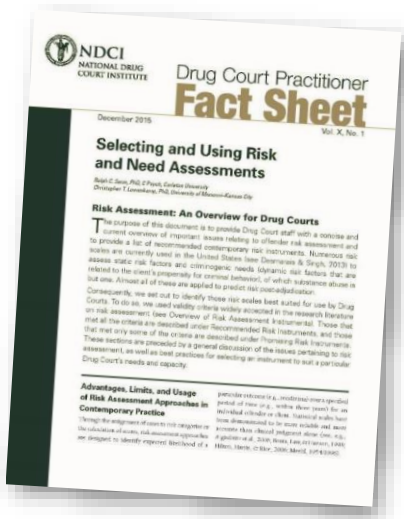


RESPONSIVITY NEED

COLLATERAL NEEDS

- ✓ Adaptive Behavior Skills (tasks of daily living)
- ✓ Functional impairments (e.g., homelessness, education, employment, family issues, etc.)

SELECTING AND USING RISK AND NEED ASSESSMENTS






RESEARCH STATES

High Risk

High Need

21



ALTERNATIVE TRACKS

	High Risk	Low Risk
High Need (dependent)	<u>Standard Track</u> Accountability, Treatment and Habilitation	<u>Treatment Track</u> Treatment and Habilitation
Low Need (abuse)	<u>Supervision Track</u> Accountability and Habilitation	<u>Diversion Track</u> Secondary Prevention

22

PRACTICAL IMPLICATIONS

High
Need
(dependent)

Low
Need
(abuse)

High Risk

- ✓ Status calendar
- ✓ Treatment
- ✓ Pro-social & adaptive habilit.
- ✓ Abstinence is distal
- ✓ Positive reinforcement
- ✓ Self-help/alumni groups
- ✓ ~ 18-24 mos. (~200 hrs.)

- ✓ Status calendar
- ✓ Pro-social habilitation
- ✓ Abstinence is proximal
- ✓ Negative reinforcement
- ✓ ~ 12-18 mos. (~100 hrs.)

Low Risk

- ✓ Noncompliance calendar
- ✓ Treatment (separate milieu)
- ✓ Adaptive habilitation
- ✓ Abstinence is distal
- ✓ Positive reinforcement
- ✓ Self-help/alumni groups
- ✓ ~ 12-18 mos. (~150 hrs.)

- ✓ Noncompliance calendar
- ✓ Psycho-education
- ✓ Abstinence is proximal
- ✓ Individual/stratified groups
- ✓ ~ 3-6 mos. (~ 12-26 hrs.)

23

RESOURCE CONSIDERATIONS

Balance the need for the widest participant involvement with the resource limitations.

- Treatment Capacity
- Court Capacity
- Supervision/Testing Capacity
- Ancillary Capacity



24

STEP 2: DEVELOP ELIGIBILITY CRITERIA

Written characteristics that define who within your offender population may be admitted to treatment court.



25

RESEARCH CONSIDERATIONS

Treatment court allows nondrug charges

Recidivism ↓ 95% Costs Savings ↑ 30%

The time between arrest and program entry is 50 days or less

Recidivism ↓ 63%

Program caseload is less than 125

Recidivism ↓ 567%
Costs Savings ↑ 35%

Accept high risk/high need offenders

Recidivism ↓ 50%

NPC Research Key Components Study 2008



26

ELIGIBILITY CONSIDERATIONS

Refer to Essential Element 2 in *Improving Responses to People with Mental Illness*:

- Potential participants should exhibit one or more major mental illnesses, often referred to as Serious and Persistent Mental Illness (SSPI)
- Current offense(s) related to the individual's mental illness
- Inclusionary criteria depend in part on the community's capacity to treat mental illness using a continuum of care approach

27

ELIGIBILITY CONSIDERATIONS

- Potential participants for a mental health court are more likely than those seeking entry into most other accountability courts to have current or prior charges that include violence
- The question concerns the degree to which the violence was likely a manifestation of the mental illness – e.g., a response to internal stimuli such as auditory hallucinations or directly related to paranoid and/or delusional processes
- The idea is that appropriate treatment reduces the likelihood of future violent behavior

28

TREATMENT COMPONENTS

- Medication-based approaches
- Counseling/Psychotherapy (CBT) and skill-building
- Self-help and support groups
- Family involvement
- Individualized treatment plans
- Intensive case management
- Frequent, random drug screens



29

TREATMENT COMPONENTS - COD

Integrated Treatment (as recommended by SAMHSA) addresses mental and substance use disorders simultaneously, each within the context of the other disorder. Similar to the drug court team approach, integrated treatment requires interdisciplinary collaboration.

<http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367>



30

POLICY CONSIDERATIONS



- ✓ Felonies/misdemeanors? Both?
- ✓ Residency?
- ✓ Drug-motivated crimes?
- ✓ Level of alcohol and other drug involvement (substance use disorder)?
- ✓ Co-occurring – substance use and mental health issues?
- ✓ Domestic and other violence?
- ✓ Weapon possession?

31

PRACTICAL CONSIDERATIONS



Does your community provide for a complete continuum of care for persons with mental illness and co-occurring disorders?



Does your community provide structured or semi-structured residential care, day hospital, and sheltered workshop settings?



Can your court create partnerships with organizations such as the National Alliance for the Mentally Ill (NAMI) and ARC?



32

PRACTICAL CONSIDERATIONS



What resources does your community have for inpatient mental health care?



Can your community, partners, and court team adopt a harm reduction approach, one that defines success as reduced episodes of acute mental illness and increased time between acute episodes?



33

POLICY CONSIDERATIONS

Community impact

Stakeholder concerns

Geographical obstacles

Cultural competence

Victims' issues



34

BE ALL YOU CAN BE!

Consider everyone you have the **political support** to take

Consider everyone you have the **resources** to take

Consider the **offender** before you consider the **offense**



35

STEP 3: DESIGN A TREATMENT COURT STRUCTURE

ISSUE: What is the legal status of someone placed into treatment court?



36

MODELS



- ✓ Pre-Plea
- ✓ Post-Plea
 - ✓ Deferred Sentencing
 - ✓ Probation
- ✓ Probation Revocation
- ✓ Re-Entry
- ✓ Mixed Models

37

STEP 4: DEFINE THE ENTRY PROCESS



What process gets offenders into the treatment court?

What barriers must be overcome along the way?

38

LEGAL SCREENING

What?

- ✓ Check criminal record
- ✓ Follow eligibility criteria
- ✓ Review current charges

Who?

- ✓ Probation?
- ✓ Prosecutor?
- ✓ Defense attorney?
- ✓ Court coordinator?



39

ASSESSMENT

LEGAL

Administer Risk/Needs
Tools

Identify High Risk
Individuals

CLINICAL

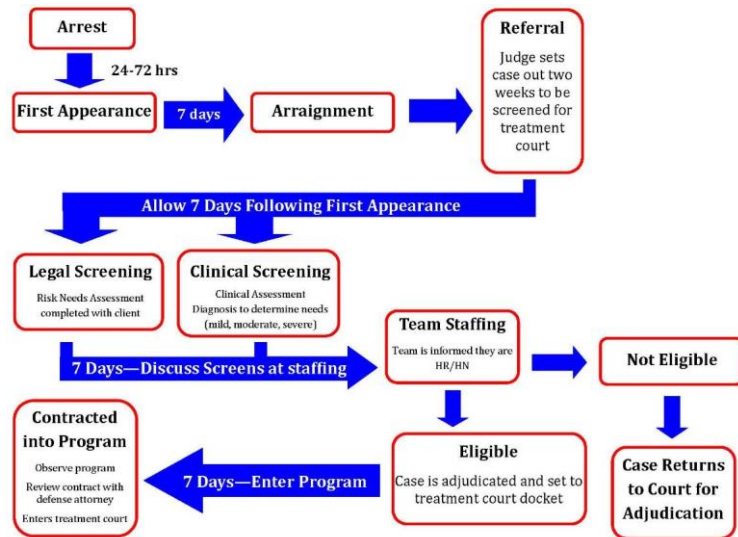
Administer in-depth
substance use
assessment to obtain
diagnosis of moderate
to severe

Do Both Prior to Program Acceptance



40

ENTRY PROCESS FLOW CHART



41

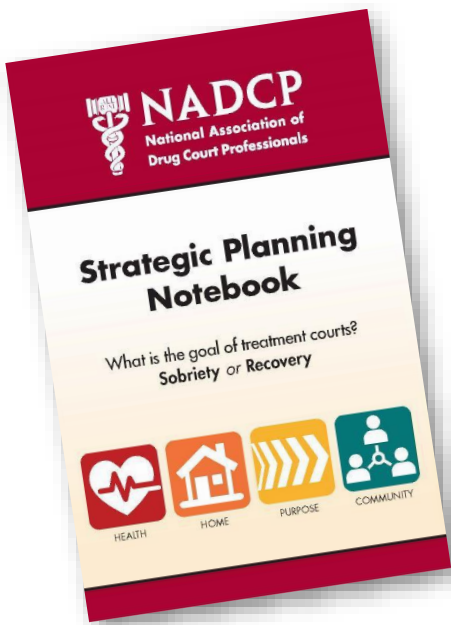
MEMORIALIZE YOUR DECISIONS

Record Decisions in your Policy Manual

- ✓ Structure
- ✓ Eligibility criteria
- ✓ Legal and clinical assessment
- ✓ Entry process

Be certain that every team member and referral source understands the rules

42



Strategic Planning Notebook

Connect how the topic relates to recovery

Write down these connections to recovery

Share ideas on how to incorporate the topic into your program

