

Partial Bibliography on the benefits and challenges of establishing a Mental Health Court in Tompkins County (HANDOUT)

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52858 Map Mental Health Courts in New York State. In, New York State Mental Health Courts: A Policy Study.

94694 Therapeutic Jurisprudence: The Impact of Mental Health Courts on the Criminal Justice System. North Dakota Law Review 83:225 2007.

<https://law.und.edu/files/docs/ndlr/pdf/issues/83/1/83ndlr225.pdf>

Therapeutic jurisprudence refers to the study of how the law acts as a therapeutic agent. Within this concept, procedures, rules, and the legal roles that lawyers and judges play during the process of adjudication are all social forces that create consequences. The concept of therapeutic jurisprudence suggests that reducing the "anti-therapeutic consequences" created by the law can be accomplished without "subordinating due process.

32024 Criminal Justice Interventions for Offenders With Mental Illness: Evaluation of Mental Health Courts in Bronx and Brooklyn, New York. 2012 Urban institute.

This study focused on a process and impact evaluation of two long-standing Mental Health Courts (MHCs) that substitute a problem-solving model in place of traditional court processing for defendants with mental illness. Research subjects were drawn from three sources: 1) 648 participants enrolled in the Bronx MHC between January 1, 2002 and December 31, 2006; 2) 327 participants enrolled in the Brooklyn MHC between March 1, 2002 and December 31, 2006; and a pool of approximately 5,000 offenders who were arrested in Brooklyn or the Bronx in 2005-2006 and entered into the Brad H discharge planning database maintained by the Department of Health and Mental Hygiene (DOHMH).

The study found that mental health court participants are significantly less likely to recidivate than similar offenders with mental illness who experience business-as-usual court processing. Individuals who recidivate are more likely to commit drug crimes, than violent, property or other crimes.

13341 Community-based Alternatives for Justice-involved Individuals with Severe Mental Illness: Diversion, problem-solving courts, and Reentry. Journal of Criminal Justice, 41, 64-71, 2013.

Adults with severe mental illness are overrepresented in the criminal justice system, and traditional criminal justice processing has not led to meaningful improvement in recidivism and other relevant outcomes. There has been considerable growth in community-based alternatives to standard prosecution for justice-involved adults with severe mental illness. This article

examined three community-based alternatives – diversion, problem-solving courts, and reentry into the community – and offer best practice recommendations for developing, implementing, and refining these programs.

Despite the relative novelty of many community-based interventions, a growing body of empirical and meta-analytic evidence supports their use. Community-based programs focusing on criminogenic needs are more effective than similar interventions in institutional settings.

Somewhere in this there is a cost savings that could be applied to community-based alternatives and so address the problem of fragmented or not enough community resources.

Several studies have found that participation in MHC results in fewer subsequent arrests for participants compared to their arrest record before participation (e.g., Case, Steadman, D. DeMatteo et al. / Journal of Criminal Justice 41 (2013) 64–71 67 Dupuis, & Morris, 2009). Additionally, MHC participants have fewer subsequent arrests, lower subsequent arrest rates, less serious subsequent offenses, and longer time to reoffense than comparable traditional criminal court defendants (Case et al., 2009; Hiday & Ray, 2010; Moore & Hiday, 2006).

Further, MHC participation connects defendants to community mental health resources and is associated with reduced mental health symptoms and improved quality of life (Cosden, Ellens, Schnell, Yamini-Diouf, & Wolfe, 2003).

Decreases in number of days spent in jail have also been observed compared to traditional criminal court defendants (Case et al., 2009). Thus, MHCs appear to be effective in decreasing subsequent involvement in the criminal justice system.

Relatively little is known, however, about how the variations in MHC procedures, sanctions, and criteria for participation are associated with criminal justice and clinical outcomes.

12370 Reentry Subcommittee Report and Recommendations Report (Tompkins County), September 14, 2015 Report of the Reentry Subcommittee To the Criminal Justice and Alternatives to Incarceration (CJATI) Board and the Tompkins County Legislature.

First step in implementing a comprehensive and effective reentry program in Tompkins County. The committee envisioned a three year process before a fully functional reentry program is up and running at full capacity.

More than 80% of all jail inmates are incarcerated for less than a month, providing Tompkins County jails with little time or capacity to address these overlapping issues. The cycling of individuals in and out of local jails undermines continuity of care. Due to the fluidity of the Tompkins County Jail population, the severe programming space constraints and the expense of extra correctional officers to monitor programming designed to assist inmates with a range of skills and coping mechanisms is severely limited. Space limitations are a key factor limiting more extensive programming. Short lengths of average stay also make the scheduling of programming more complicated.

Rethinking Corrections - continue

<http://www.amazon.com/Rethinking-Corrections-Rehabilitation-Reentry-Reintegration/dp/1412970199>

69509 Introducing Mental Health Courts, Author: Sam P.K.Collins, Think Progress (Website), 2015.

KiDeuk Kim, an Urban Institute researcher, and others, believe that diversion programs show potential, especially if states can synchronize standards of care and definitions of mental illness. "The purpose of the mental health court is not to strengthen mental health services in prisons... Hopefully, we can use them to divert the mentally ill from the prison system so that we can treat them better and help them reintegrate into society."

49913 Why 6 Nonviolent Offenders With Mental Illnesses Are Being Forced to Stay In A Nevada Jail, Author: Sy Mukherjee, Think Progress (Website) February 24, 2014.

NOTE: While Nevada has taken the initiative and had the courage to establish a comprehensive mental health court system with the support of its legislature, and has demonstrated commitment and experienced some notable successes, the mostly rural state has unprecedented challenges. It has historically ranked low in serving the mentally ill compared to much of the nation, experienced the highest rate of budget cuts over the last decade compared to the rest of the nation.

At least a half-dozen Nevadans with mental illnesses who had been ordered by a court to receive inpatient psychiatric medical care are instead being forced to stay in jail, the Las Vegas Review-Journal reports. They're remaining incarcerated due to a lack of available mental health funding. Since December, Clark County District Judge Linda Bell has sentenced at least six nonviolent offenders to get inpatient treatment through the mental health court in lieu of serving a prison term. But Nevada Adult Mental Health Services has been blocking these would-be patients' release from jail — by as much as three months in some cases — citing insufficient funding for mental health beds in local group homes. "It's a complicated mess," said deputy public defender Christy Craig "They've known since December and it's February and they never bothered to tell anyone."

21167 Mental Health Court, 8th Judicial District, 2nd Judicial District, Clark County, Nevada, Honorable Jackie Glass, Honorable Peter Breen, Advisory Commission on Admin. of Justice, Exhibit, May 2008.

The Mental Health Court is a multi-jurisdictional, community-based program that provides court supervision and services to mentally ill offenders through cooperation of state, county, and local non-profit service agencies to promote engagement in treatment, improve quality of life, decrease recidivism, and increase community safety and awareness.

http://www.leg.state.nv.us/74th/Interim_Agendas_Minutes_Exhibits/Exhibits/AdminJustice/E051208E.pdf

68272 The Processing and Treatment of Mentally Ill Persons in The Criminal Justice System Research Report, Authors: Kideuk Kim, Miriam Becker-Cohen, Maria Serakos, 60, Urban Institute, March 15, 2015.

According to the Bureau of Justice Statistics, individuals with mental health needs make up a large proportion of the US correctional population. An estimated 56 percent of state prisoners, 45 percent of federal prisoners, and 64 percent of jail inmates have a mental health problem. These individuals often receive inadequate care, with only one in three state prisoners and one in six jail inmates having received mental health treatment since their admission (James and Glaze 2006). Offenders with severe mental illness place even more strain on the criminal justice system as a whole, in terms of their unique case-processing requirements and treatment needs and their increased risk of recidivism (Baillargeon et al. 2009; Cloyes et al. 2010; Feder 1991). Housing mentally ill offenders in the criminal justice system is costly. In addition to high health care costs, mentally ill inmates tend to have higher rates of prison misconduct and recidivism (Fellner 2006; Toch and Adams 2002).

<https://docs.google.com/viewer?url=http%3A%2F%2Fwww.urban.org%2Fsites%2Fdefault%2Ffiles%2Falfresco%2Fpublication-pdfs%2F2000173-The-Processing-and-Treatment-of-Mentally-Ill-Persons-in-the-Criminal-Justice-System.pdf>

98251 A Comparison of Prebooking and Post Booking Diversion Programs for Mentally Ill Substance Abusing Individuals With Justice Involvement, Journal of Contemporary Criminal Justice, 19. Authors: Pamela K. Lattimore, Nahama Broner, Richard Sherman, Linda Frisman, Michael S. Shafer, Sage Publications, 2003.

Study results suggest that prebooking and postbooking diversion subjects were similar on most mental health indicators, but differed substantially on measures of social functioning and substance use and criminality, with postbooking subjects scoring worse on social functioning and reporting more serious substance use and criminal histories. This study shows that earlier diversion is better for the mentally ill on a number of accounts. Criminal involvement of those potentially eligible for diversion is a serious policy issue that must be considered by a community that must balance concerns for public safety with the needs of those with co-occurring disorders. This study looked at the point at which diversion occurs.

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.564.1664&rep=rep1&type=pdf>

70899 The Sequential Intercept Model and Criminal Justice: Promoting Community Alternatives for Individuals with Serious Mental Illness. Authors: Patricia A. Griffin, Kirk Heilbrun, Edward P. Mulvey, David DeMatteo, Carol A. Schubert, Oxford University Press New York, 2015

NOTE: This is one of the more comprehensive and timely books related to the subject of mental health courts.

11419 Rethinking Corrections, Author: Rachel Porter, Lior Gideon, Hung-En-Sung, 448, Sage Publications, 2010.

Tompkins County - continue

Characteristics of Tompkins County Inmates - In 2014 there were 543 unsentenced and 251 sentenced inmates in the Tompkins County Jail. Of these 794 inmates, 34% were 25 years of age or younger; 64% were under the age of 33 upon admission. 23% of the population were African American, 72% were white and 5% were "other". The Jail population is made up of 80% male and 20% female. The numbers of females both sentenced and unsentenced have been steadily increasing over the past five years.

Research indicates that 68% of all jail inmates meet the criteria for substance abuse or dependence nationwide. Mental illness appears to occur at a higher rate among the incarcerated population than in the general population. In recent years, staff within the Tompkins County Jail has noted an increase in individuals with mental health problems being remanded to the jail. Further, the incidence of co-occurring disorders (substance abuse and mental health) in the Tompkins County Jail most likely mirrors or exceeds that of the nationally incarcerated population-approximately 25%.

Supportive housing has proven itself a cost effective strategy to end homelessness, but the supply of units here in Tompkins County is extremely limited. Inmates with mental health problems face limited access to a system of care in the community. A period of incarceration often suspends benefits depending on length of stay. Activating or reinstating benefits can take several months, interrupting access to prescription drugs and putting individuals at a high risk of relapse.

In the Tompkins County Jail, treatment is most commonly in the form of medication alone without counseling or therapy.

61407 The Cost of Implementing a Jail Diversion Program for People with Mental Illness in San Antonio, Texas . Evaluation and Program Planning. Authors: Alexander J. Cowell, Jessie M. Hinde, Nahama Broner, Arnie P. Aldridge, RTI International, 2014

<http://www.ncbi.nlm.nih.gov/pubmed/25463013>

91773 New York State Mental Health Courts: A Policy Study. Author: Josephine W. Hahn Report, Center for Court Innovation, 2015.

In early 2015, the Center for Court Innovation partnered with the New York State Unified Court System to conduct a policy survey examining policies and practices of adult mental health courts throughout New York State. A comprehensive survey identified current practices in court operations, program requirements, services and referrals, as well as key strengths and recommendations for mental health courts. Surveys were sent to all mental health courts in New York State, and all 26 courts responded for a 100 percent response rate. Six responding courts were from the New York City area, 1 and 20 courts were from the suburbs of New York City and upstate jurisdictions.

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 ABHC Resource Coordinator
 157 Genesee Street
 Auburn, New York 13021
 Phone: (315) 237-6430

As a participant in the AMHC program, you will be required to follow the instructions given in court by the ADATC Judge and comply with the treatment plan developed for you by your counselor/case manager.

WHAT IS MENTAL HEALTH COURT?

The Auburn Mental Health Court (AMHC) is a special part of Auburn City Court. It is a court-supervised treatment program for people who face criminal charges and who also suffer from a persistent mental health condition which is likely to have contributed to his or her involvement in the criminal justice system. Mental Health Court is a voluntary program that includes regular court appearances before the Mental Health Court Judge. If you are accepted into the AMHC, you will be expected to follow a treatment plan.

WHAT IS A TREATMENT PLAN?

A treatment plan will begin with an evaluation conducted by a Licensed Mental Health facility, such as Cayuga Community Mental Health. If you also have a drug or alcohol program, you may also be referred to an OASAS Licensed drug and alcohol treatment facility such as Confidential Help For Alcohol and Drugs, Inc., (CHAD) or Recovery Counseling Services (RCS).

The plan may require all or some of the following:

- Individual and/or Group Mental Health Counseling
- Day Treatment
- Inpatient treatment/Residential treatment
- Medication Management

- Substance Abuse Treatment
- Random supervised drug and alcohol testing
- Community-based case management or care coordination services
- Educational/vocational/employment programs
- Appropriate Housing
- Participation in Self-Help Groups
- Volunteer Service
- Appropriate Social Support
- Life Skills (such as anger management, family counseling and budgeting)

Your Treatment provider will also help you with other areas of your life according to your individual needs. This may include referrals for:

- Skills testing and an educational assessment
- Job Training and job-related training
- School or other educational services
- Job placement services
- Family Counseling
- Public Assistance/Medicaid
- Recreational activities

HOW CAN I PARTICIPATE IN THE AMHC PROGRAM?

Following your arraignment you may be offered the choice of participating in AMHC or remaining in criminal court for prosecution on your pending charges. If you choose to participate in Auburn Mental Health Court, you will be required to plead guilty prior to entering the program. You will be sentenced upon receipt of a pre-sentence investigation, but may enter the program before being sentenced. It is anticipated that most participants will be sentenced to a period of probation. Successful completion and graduation from the AMHC program may allow you to have your sentence converted in accordance with the AMHC contract.

NOTE: Termination from AMHC will result in sentencing in accordance with the AMHC contract.

RULES

To remain in the AMHC program you are required to follow the AMHC rules, which include:

1. You must participate in regular court supervision (in other words, you must show up at Mental Health Court and for meetings with the AMHC Resource Coordinator on time).
2. You must attend all scheduled treatment and support services appointments and comply with all referrals and recommendations.
3. You must take all of your prescribed medications.
4. You must abstain from the use of alcohol and intoxicating beverages, marijuana and controlled substances.
5. You must complete all required paperwork.
6. You must comply with the terms and conditions of the AMHC Participant Contract.
7. You must successfully complete all three phases of the program.

COMPARISON OF DRUG COURTS AND MENTAL HEALTH COURTS

COURT COMPONENT	DRUG COURTS	MENTAL HEALTH COURTS
Identification of prospective participants	Criminal charges are primary basis for identifying potential participants	Cannot identify defendants with mental illness on the basis of criminal charges; must rely on referral sources
Charges accepted	Emphasis is on drug- or alcohol-related crimes	Include a wider array of charges
Clinical eligibility	Evidence of addiction; no disqualifying conditions	Most common criterion is serious and persistent mental illness, which includes many disparate disorders (schizophrenia, bipolar disorder, major depression, etc.). May also include other disorders and impairments (developmental disabilities, traumatic brain injury, personality disorders, etc.)
Time frames	Link defendant to treatment as soon after arrest as possible, preferably within just a few days	Evaluation to determine eligibility and develop treatment plan may take weeks. Linkages to scarce services (supportive housing, intensive case management, assertive community treatment teams) may take months
Expectations of participants	<ul style="list-style-type: none"> ▪ Primary goal is sobriety. Other goals may include education, employment, self-sufficiency, and stabilization of co-occurring disorders ▪ Understand that relapse is a part of recovery, but drug use indicates some degree of involvement in illegal activity ▪ Recovery is lifelong, but treatment has a beginning, a middle and an end 	<ul style="list-style-type: none"> ▪ Primary goal is psychiatric stability. Recognize that, even in recovery, symptoms of mental illness cannot always be controlled, employment or taking classes may not be feasible, and participants may require ongoing case management and multiple supports ▪ It is not a crime to have mental illness, nor is it a crime to fail or refuse to take medications ▪ Lifelong engagement in treatment is necessary and desirable
Monitoring	Rely on urinalysis or other types of drug testing to monitor adherence to court requirements. Judicial monitoring through regular court appearances	Do not have an equivalent objective test to determine participants' adherence to treatment conditions. Also rely on judicial monitoring
Response to violations; motivating compliance with treatment	Apply behavior management grid that includes incentives and sanctions for compliance and noncompliance. Graduated sanctions may include brief jail sentences. Relationship with judge and court team are important for motivation	Adjust treatment plans and apply sanctions in response to non-adherence; rely more heavily on incentives; use jail less frequently. Relationship with judge and court team are also important for motivation
Coordination with treatment sector	Primary goal of sobriety and use of rewards and sanctions are roughly aligned between the criminal justice and substance abuse treatment systems	Tension between mental health system's emphasis on individual autonomy, consumer voice and empowerment and criminal justice system's emphasis on mandates and accountability

Reference: "A Guide to Mental Health Court Design and Implementation", Council of State Governments (2005), available at <http://consensusproject.org/mhcp/Guide-MHC-Design.pdf>

Figure 1.1: Map of New York State Mental Health Courts

