

**b. For ideas about motivating participant engagement, read and discuss *Mental Health Court Strategies to Help Defendants with Mental Illnesses Make Progress in Treatment and Comply with Court Requirements*, developed by the Center for Court Innovation and found below.**

### *General principles*

- Use judicial and clinical responses in a coordinated way to motivate adherence to an individualized treatment plan
- Individualize judicial and clinical responses to both progress and problems in treatment
- One person's sanction could be another person's reward
- Keep the concept of sanctions and rewards distinct from treatment—don't "punish" by increasing the intensity of treatment or "reward" by decreasing its intensity
- The nature of responses—to both progress and problems—will reflect the style of the mental health court judge and team. There is no "right way" to be a mental health court judge

### *Examples of responses to progress*

- Recognition: Praise, applause
- Frequency of status hearings: Give participants a voice in their frequency and/or priority in order of appearance or seating. Don't implement a blanket rule to have participants who are doing well come to court less frequently—many mental health court participants like to come to court.
- Honor roll: Publicly acknowledge all the participants on the calendar who have been in compliance for a specified number of consecutive court appearances, and call their cases first
- Frequency of case management appointments with mental health court/monitoring staff: Make appointments less frequent, or give court participant a say in how frequently they come to court
- Certificates for phase completion: Keep these fairly general ("adjustment," "engagement," "progress in treatment") and avoid highly specific or quantifiable standards for phase advancement
- Showcase talent: Encourage participants to bring in art work or poetry or to sing in court



- Presents, gift certificates (usually donated)
- Participation in court-sponsored events
- Less restrictive pretrial release conditions (e.g., telephone check-ins)
- Less frequent urine testing
- Granting of privileges (e.g., travel, later curfew)
- Charge reduction or case dismissal of case
- Intangibles: Respect, empathy, giving the participant a voice in the proceedings

### *Examples of responses to problems*

- Reprimand, disapproval
- More frequent appointments with mental health court/monitoring staff
- More frequent status hearings
- Unannounced visits by monitoring staff
- Penalty box (cautionary note: for some participants, especially those with trauma histories or anxiety disorders, this can be traumatizing or destabilizing)
- Writing assignments (e.g., journal entries, letter to the judge)
- Workbook assignments
- More restrictive pretrial release status (e.g., contact supervision, electronic monitoring, etc.)
- Loss of privileges (e.g., travel, curfew)
- Community service
- Bench warrants
- Jail remand (short stays; establish protocols with the jail to ensure continuity of treatment)
- Termination/sentencing



### *Examples of clinical responses*

- Transfer to a more or less intensive treatment modality
- Transfer to a different provider while continuing with the same type of treatment (i.e., improve the “fit” between client and provider)
- Transfer to a more or less restrictive housing program
- Require/recommend participation in Narcotics Anonymous/Alcoholics Anonymous/Double Trouble self-help groups
- Mandate participation in a group (e.g., money management, anger management, family relations, etc.)
- Treatment engagement groups offered at the courthouse for the hard-to-engage
- Hospitalization
  - Voluntary
  - Involuntary
- Detox/drug rehab

