

Your Community, Your Mental Health Court

Activities Guide



BJA
Bureau of Justice Assistance
U.S. Department of Justice

JUSTICE ★ **CENTER**
THE COUNCIL OF STATE GOVERNMENTS

Your Community, Your Mental Health Court

Table of Contents

Overview..... 3

Activity 1: Thinking About Your Team 4

Activity 2: Your Mission, Goals, and Data 14

Activity 3: Building on What You Have 19

Summary 27

Your Community, Your Mental Health Court

These activities are designed to help you identify resources in your community that will help shape your program. The activities, which include questions and worksheets, should be completed by the people who will serve on your mental health court team, including its primary champion(s) who will be involved in planning. You will complete some activities on your own and others as a group. At the end of the activities, you will be asked to list three issues that the activities have raised for your own program planning.

Each activity is explained in the sidebar on the right-hand side of the page. The sidebar can also be used for notes as you complete the guide. If you are reading this document online, you can link to the resources for each activity below the activity description.



Activity 1: Thinking About Your Team

As you'll recall from the online Presentation, the stakeholders for your mental health court will make up two distinct groups: the advisory group and the mental health court team or work team. The advisory group consists of representatives of agencies with decision-making authority who guide the development of the mental health court, monitor its progress, and inform strategic decision making. The mental health court team oversees the day-to-day planning and operations of the program and reports to the advisory group on progress toward strategic goals.

The first step in establishing your program is to identify who needs to be at the table and how to define an appropriate role for each stakeholder. It's important to remember that each program's advisory group and mental health court team will look different from the next, based on the commitment levels, availability, and expertise of stakeholders. It is also important to remember that the composition of these groups can change over time. The chart on the next page outlines steps to complete the activity, actions required, and how long each step will take.










Activity 1 is designed to help you think about how to involve appropriate stakeholders in the planning process and to understand the difference between the advisory group and mental health court team.

Outputs

- A list of individuals or organizations who could potentially serve on your advisory group and mental health court team, as well as their roles and responsibilities
- Expectations for the roles and time commitment of each team member in the planning process

Module 2

Notes:

Steps	Action	Complete as	Completion Time (in minutes)
a. Scenario: Water County advisory board	Read		5
b. Questions: Stakeholders	Respond		5
c. Questions: Stakeholders	Discuss		5
d. Scenario: San Francisco and Kalamazoo teams	Read		5
e. Questions: Team composition	Discuss		10
f. Questions: Advisory group/ team composition	Respond		15
g. Questions: Advisory group/ team composition	Discuss		15
			60
 Complete on your own  Complete as a team			

a. As a group, read the sample list of an advisory group's members below.

This is the advisory group from “Water County,” a hypothetical county planning a mental health court.

- Chief District Court Judge
- Specialty Court Judge
- District attorney

Module 2

- Water County Pretrial Services Program Director
- Sheriff's Office representative
- Water County Jail Psychiatric Services representative
- Alcohol and Drug Addiction Services Board President
- Community Mental Health Board President
- Assertive Community Treatment (ACT) Program Administrator
- A person in recovery from a mental illness
- A representative from the National Alliance on Mental Illness (NAMI)

b. On your own, think about stakeholders who might be missing from this list. What other constituencies might contribute meaningfully to the planning process?

c. As a group, discuss your responses to the above question.

d. On your own, read the brief descriptions of the actual programs below and their mental health court teams.

The Behavioral Health Court of the Superior Court of California, County of San Francisco and the Kalamazoo County (MI) Mental Health Recovery Court are briefly described below. In contrast to the advisory group from Water County, above, the members of these teams may not be the most senior representatives of their organizations or agencies; rather, these are the individuals whose schedules are more likely to allow them to participate in weekly meetings to plan and operate the program. You'll notice that the teams look slightly different: one has a little more of a judicial orientation, and the other has a little more of a treatment orientation.

The Superior Court of California, County of San Francisco Behavioral Health Court

Overview:

The mission of the Behavioral Health Court of the Superior Court of California, County of San Francisco is to enhance public safety and reduce recidivism

Notes:

of criminal defendants who suffer from serious mental illnesses by connecting these defendants with community treatment services, and to find appropriate dispositions to the criminal charges by considering the defendants' mental illnesses and the seriousness of the offenses.

San Francisco Behavioral Health Court Team:

- Presiding judge
- District attorney
- Public defender
- Probation Department representative
- Jail Psychiatric Services representative
- Citywide Case Management Forensics (an Assertive Community Treatment team)
- Community treatment providers
- Office of Collaborative Court Programs representative

The Kalamazoo County Mental Health Recovery Court

Overview:

The Kalamazoo County Mental Health Recovery Court (MHRC) is a specialized court that attempts to link individuals with mental illnesses who have committed criminal offenses to community-based services. MHRC is considered a part of the District Court and is used in lieu of traditional case processing. MHRC focuses on the treatment and rehabilitation of offenders with histories of serious and persistent mental illness, while still holding them accountable for their actions and seeking redress for crime victims.

Kalamazoo County Mental Health Recovery Court Team:

- Presiding judge
- Prosecuting attorney
- Public defender
- Probation Department representative
- Kalamazoo Community Mental Health and Substance Abuse Services representative
- Corrections-based behavioral health specialist

Notes:

- Kalamazoo Department of Public Safety representative
- Peer support specialist
- Community treatment providers
- Family and Children Services representative
- Court Coordinator

Notes:

e. As a group, discuss and answer the following questions regarding the two teams described above.

1. You will notice that these teams look a little different. How do they differ?
2. How do you think the presence of the attorneys on the San Francisco program team impact the way that team works together? How might including a peer support specialist impact the San Francisco program?
3. How could including more treatment professionals on your team help program proceedings and participant success, and how could it hinder proceedings and success?
4. How “court heavy” or “treatment heavy” will your program be? Consider the interests of your community stakeholders and participants while discussing this question. How does this decision impact the composition of your advisory group and mental health court team?

f. As a group, respond to the following questions.

As you go through the questions below, think about the stakeholders in your community. Once you have completed the exercise, you will have a picture of the composition of your advisory group and mental health court team and the roles each of your stakeholders will play.

Judges: _____

What are their levels of buy-in? _____

What time commitments can they make? _____

What should their roles be in the program? _____

What resources or linkages to community-based services will they offer the program? _____

Module 2

Notes:

Should someone from this group participate in the:

☐ Advisory group? *If so, who?* _____

☐ Mental health court team? *If so, who?* _____

Behavioral health care providers: _____

What are their levels of buy-in? _____

What time commitments can they make? _____

What should their roles be in the program? _____

What resources or linkages to community-based services will they offer the program? _____

Should someone from this group participate in the:

☐ Advisory group? *If so, who?* _____

☐ Mental health court team? *If so, who?* _____

Prosecutors and defense attorneys: _____

What are their levels of buy-in? _____

What time commitments can they make? _____

What should their roles be in the program? _____

What resources or linkages to community-based services will they offer the program? _____

Should someone from this group participate in the:

☐ Advisory group? *If so, who?* _____

☐ Mental health court team? *If so, who?* _____

Behavioral health administrators: _____

What are their levels of buy-in? _____

What time commitments can they make? _____

What should their roles be in the program? _____

What resources or linkages to community-based services will they offer the program? _____

Module 2

Should someone from this group participate in the:

☐ Advisory Group? *If so, who?* _____

☐ Mental health court team? *If so, who?* _____

Court administrators: _____

What are their levels of buy-in? _____

What time commitments can they make? _____

What should their roles be in the program? _____

What resources or linkages to community-based services will they offer the program? _____

Should someone from this group participate in the:

☐ Advisory Group? *If so, who?* _____

☐ Mental health court team? *If so, who?* _____

Victim advocates: _____

What are their levels of buy-in? _____

What time commitments can they make? _____

What should their roles be in the program? _____

What resources or linkages to community-based services will they offer the program? _____

Should someone from this group participate in the:

☐ Advisory Group? *If so, who?* _____

☐ Mental health court team? *If so, who?* _____

Community supervision officers: _____

What are their levels of buy-in? _____

What time commitments can they make? _____

What should their roles be in the program? _____

What resources or linkages to community-based services will they offer the program? _____

Notes:

Module 2

Should someone from this group participate in the:

- ☐ Advisory Group? *If so, who?* _____
- ☐ Mental health court team? *If so, who?* _____

Jail administrators:

What are their levels of buy-in? _____

What time commitments can they make? _____

What should their roles be in the program? _____

What resources or linkages to community-based services will they offer the program? _____

Should someone from this group participate in the:

- ☐ Advisory Group? *If so, who?* _____
- ☐ Mental health court team? *If so, who?* _____

Law enforcement officers: _____

What are their levels of buy-in? _____

What time commitments can they make? _____

What should their roles be in the program? _____

What resources or linkages to community-based services will they offer the program? _____

Should someone from this group participate in the:

- ☐ Advisory Group? *If so, who?* _____
- ☐ Mental health court team? *If so, who?* _____

Community members, including consumers and their family members: _____

What are their levels of buy-in? _____

What time commitments can they make? _____

What should their roles be in the program? _____

What resources or linkages to community-based services will they offer the program? _____

Notes:

Module 2

Should someone from this group participate in the:

☐ Advisory Group? *If so, who?* _____

☐ Mental health court team? *If so, who?* _____

Elected officials: _____

What are their levels of buy-in? _____

What time commitments can they make? _____

What should their roles be in the program? _____

What resources or linkages to community-based services will they offer the program? _____

Should someone from this group participate in the:

☐ Advisory Group? *If so, who?* _____

☐ Mental health court team? *If so, who?* _____

Organizations providing community supports (e.g., housing providers, transportation agencies, workforce development agencies, etc.): _____

What are their levels of buy-in? _____

What time commitments can they make? _____

What should their roles be in the program? _____

What resources or linkages to community-based services will they offer the program? _____

Should someone from this group participate in the:

☐ Advisory Group? *If so, who?* _____

☐ Mental health court team? *If so, who?* _____

Notes:

g. As a group, discuss how you will bring key stakeholders together for your advisory group and mental health court team.
Some questions to consider are listed below.

1. Who will issue invitations? Who will coordinate the meeting? Who will set the agenda?
2. What background information will these stakeholders need to understand why they have been convened?
3. What preparation do you want these individuals to do ahead of time? What information will they need to bring with them in order to have a productive conversation?
4. Which group (advisory group or mental health court team) will meet first?
5. Where will each group meet?
6. Who may have reservations about participating in this program? How will you address these reservations?

Notes:



Activity 2: Your Mission, Goals, and Data

Many mental health courts have similar mission statements and goals. The purpose of this exercise is to help you incorporate the priorities of your local stakeholders into a meaningful mission statement about what your program hopes to accomplish—rather than simply copying a neighboring jurisdiction’s mission statement. This activity will also help you think about how to measure whether you are achieving these goals from the very beginning by considering how to collect baseline data (data collected about key measures before the beginning of a new program). With measurable goals and an idea of the situation on the ground before starting your program, you will be able to collect data and meaningfully analyze the change the mental health court makes in your community. The chart on the following page outlines steps to complete the activity, the actions required, and how long each step will take.









Activity 2 is designed to help you develop a customized mission statement and articulate measurable goals for your mental health court.

Outputs

- A mission statement for your program
- Preliminary goals for your program
- An understanding of where and how to gather baseline data

Module 2

Notes:

Steps	Action	Complete as	Completion Time (in minutes)
a. Questions: Mission statement 1	Discuss		5
b. Questions: Mission statement 2	Discuss		5
c. Questions: Program goals	Respond		5
d. Questions: Your mission and goals	Respond		15
e. Questions: Data sources	Discuss		15
f. Questions: Data and goals	Discuss		15
			60
 Complete on your own  Complete as a team			

a. As a group, read Water County's mission statement and then discuss the questions that follow.

Mission Statement:

The Water County Mental Health Court will work to get individuals with mental illnesses out of the criminal justice system.

1. Is Water County Mental Health Court's mission statement simple and easy to understand?
2. Is it realistic, and could goals be developed to measure the program's success towards accomplishing the mission?
3. What is missing from the above mission statement?

b. As a group, read the following mission statement and then discuss the questions that follow.

Mission Statement:

The Water County Mental Health Court will bring together different agencies and organizations to attempt to reduce the prevalence of individuals with serious mental illnesses in the criminal justice system by reducing recidivism and increasing connections with treatment for program participants.

1. How does this mission statement translate into specific, measurable goals?
2. How does this statement differ from the weak mission statement provided in part a?

c. As a group, read Water County's goals and then respond to the questions that follow.

Water County Mental Health Court Goals

- ♦ Eliminating the involvement of individuals with mental illnesses within the criminal justice system in Water County
 - ♦ Saving costs for both the criminal justice and mental health systems in Water County by increasing participation of people with mental illnesses in the mental health court
1. Do these goals fit with Water County's mission statement as stated in part b above? Why or why not?

Notes:

Notes:

1. _____

2. _____

e. As a group, discuss what data you will need to collect in order to measure whether your program is achieving these goals.

In order to accurately assess the impact of your program, you will need to collect and analyze baseline data, which will be used to tell the story of the impact your program has had over time. For example, if one of your program's goals is to reduce reincarceration for program participants, you will need to collect data on the number of arrests individuals had before the program ("pre-program") and the number of arrests after the program ("post-program").

f. Use the following questions to shape this discussion.





- What data will you need to measure each of your program's goals?
- Will you collect these data regularly as part of the mental health court's operations or will you collect them only periodically as part of your program evaluation?
- Which agency or organization has access to these data? Do they collect the data already or will they need to start collecting it now?
- What sort of arrangement will be needed to share these data with the program coordinator or staff analyzing the data? Will a Memorandum of Understanding (MOU) be sufficient?
- Is there a senior stakeholder from each agency or organization who will persuade line staff that collecting these data is a priority?

Notes:



Activity 3: Building on What You Have: An Inventory of Resources

The purpose of Activity 3 is to help you develop an inventory of services and resources that are available in your community, including different types of behavioral health treatment services, housing, workforce development/vocational rehabilitation services, and other types of community supports. This activity will help you identify gaps in resources, which in turn will help you identify where your participants will need additional support. The chart below outlines steps to complete the activity, the actions required, and how long each step will take.

Steps	Action	Complete as	Completion Time (in minutes)
a. Worksheet: Resource Inventory	Respond		30
b. Questions: Identify gaps	Respond		15
			45
 Complete on your own  Complete as a team			

Taking an inventory of behavioral health services and supports that are available in your community is the necessary first step to ensure that your court has the service capacity to provide individualized treatment for each court participant. Access to a broad system of supports that integrates individuals' diverse needs increases the court's capacity to reach participants and help them meet treatment goals. When completing this activity, it is important to have multiple perspectives at the table to understand the full spectrum of services your community has to offer.

Activity 3 is designed to help you develop an inventory of services and resources that are available in your community that would be useful for your program participants. This exercise will also help you identify resource gaps that will need to be addressed.

Outputs

- A list of community resources available to your participants
- A plan for creating linkages between these resources and the mental health court

a. As a group, complete the following worksheet, “Resource Inventory.”

Instructions:

- Y/N:

If your community has the specified services, mark the cell with a (Y). If not, mark it with an (N).
- Agencies/Providers:

Specify the person or organization where the service or resource can be found.
- Capacity:

State the capacity the agency/provider has to accept new clients, provide quality care, and communicate with new partners.
- Connection:

Select a representative from your team to establish a connection with the agency/provider and pursue a MOU with the new partner.

b. Once you have completed the worksheet, review the service areas where your team wrote an (N). Try to identify alternate sources of supports in these areas.

Notes:

Activity 3 Worksheet: Resource Inventory

Module 2

Domains ¹	Y/N	Agencies/Providers	Capacity/Connection
MENTAL HEALTH TREATMENT			
Evidence-Based Programs			
Assertive Community Treatment (ACT) Treatment coordinated by a multidisciplinary team with high staff-to-client ratios that assumes around-the-clock responsibility for clients' case management and treatment needs.			
Illness Management and Recovery (IMR) An approach that involves teaching clients skills and techniques to minimize the interference of psychiatric symptoms in their daily lives.			
Integrated Mental Health and Substance Abuse Services Treatment and service provision to support recovery from co-occurring mental illness and substance abuse through a single agency or entity.			
Supported Employment An EBP for people with severe developmental, mental, and physical disabilities that matches them with and trains them for jobs where their specific skills and abilities make them valuable assets to employers.			
Psychopharmacology Treatment that uses one or more medications (e.g., antidepressants) to reduce depression, psychosis, or anxiety by acting on the chemistry of the brain.			
Evidence-Based Practices			
Cognitive Behavioral Therapy (CBT) A therapeutic approach that attempts to solve problems resulting from dysfunctional thoughts, moods, or behavior through brief, direct, and time-limited structured counseling.			

¹ The precise combination of treatment and services provided for one person must be guided by thoughtful assessment of his or her needs

Activity 3 Worksheet: Resource Inventory

Module 2

Domains	Y/N	Agencies/Providers	Capacity/Connection
Motivational Enhancement Therapy (e.g., Motivational Interviewing) A consumer-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.			
Promising Programs			
Supportive Housing A system of professional and/or peer supports that allows a person with mental illness to live independently in the community. Supports may include regular staff contact and the availability of crisis services or other services to prevent relapse, such as those focusing on mental health, substance abuse, and employment.			
Forensic ACT (FACT) ACT-like programs that have been adapted for people involved in the criminal justice system and focus on preventing arrest and incarceration. ACT involves treatment coordinated by a multidisciplinary team with high staff-to-client ratios that assumes around-the-clock responsibility for clients' case management and treatment needs.			
Forensic Intensive Case Management (FICM) Like FACT, FICM involves the coordination of services to help clients sustain recovery in the community and prevent further involvement with the criminal justice system. Unlike FACT, FICM uses case managers with individual caseloads as opposed to a self-contained team.			
Promising Practices			
Cognitive Behavioral Treatment Targeted to Criminogenic Risks (e.g., Reasoning and Rehabilitation or Thinking for a Change) CBT interventions that are designed to address criminogenic risks and may focus on anger management, problem-solving, and assuming personal responsibility for behavior.			

Activity 3 Worksheet: Resource Inventory

Module 2

Domains	Y/N	Agencies/Providers	Capacity/Connection
Forensic Peer Specialists Justice-involved clients who are in recovery provide support to other clients who are also involved, or at risk of becoming involved, in the criminal justice system.			
SUBSTANCE ABUSE AND DEPENDENCE TREATMENT			
Evidence-Based Programs for Substance Abuse and Dependence			
Modified Therapeutic Community (MTC) MTCs alter the traditional TC approach in response to the psychiatric symptoms, cognitive impairments, and other impairments commonly found among individuals with co-occurring disorders. These modified programs typically have (1) increased flexibility, (2) decreased intensity, and (3) greater individualization.			
Promising Programs for Substance Abuse and Dependence			
12-Step or Other Mutual Aid Groups Groups of non-professionals who share a problem and support one another through the recovery process.			
Peer-Based Recovery Support Programs Justice-involved clients who are in recovery providing support to other clients who are also involved, or at risk of becoming involved, in the criminal justice system.			
Evidence-Based Practices for Substance Abuse and Dependence			
Cognitive Behavioral Therapy (CBT) A therapeutic approach that helps clients address problematic behaviors and develop effective coping strategies to stop substance use and address other synchronous issues.			
Motivational Enhancement Therapy (e.g., Motivational Interviewing) A consumer-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.			

Activity 3 Worksheet: Resource Inventory

Module 2

Domains	Y/N	Agencies/Providers	Capacity/Connection
Contingency Management (CM) Interventions The objective of CM interventions is to reinforce a client's commitment to abstinence and to reduce his/her drug use using positive (e.g., vouchers) and negative (e.g., increased supervision) reinforcers in response to desired and undesired behaviors.			
Pharmacotherapy (i.e., Medication Assisted Treatments) Treatment that uses one or more medications as part of a comprehensive plan to reduce symptoms associated with dependence on drugs and/or alcohol.			
Relapse Prevention Therapy A systematic treatment method of teaching recovering clients to recognize and manage relapse warning signs.			
Behavioral Couples Therapy (BCT) A family treatment approach for couples that uses a "recovery contract" and behavioral principles to engage both people in treatment, achieve abstinence, enhance communication, and improve the relationship.			
Promising Practices for Substance Abuse and Dependence			
Case Management An intervention that involves the coordination and/or direct delivery of services to meet the complex needs of justice-involved clients with substance use disorders.			
Medical Health Care			
Access to evidence-based, quality medical care, including preventive services in the community (e.g., access to primary health care)			
Dental care			
Vision care			

Activity 3 Worksheet: Resource Inventory

Module 2

Domains	Y/N	Agencies/Providers	Capacity/Connection
Housing			
Housing assistance services (e.g., rental assistance)			
Housing placement programs			
Federal/state/local housing programs (e.g., public housing)			
Vocational Training			
Training in vocational skills and development			
Job placement services			
Transportation			
Available, affordable, and accessible public transportation			
Community transit initiatives (e.g., offering reduced fares, training people to use transit independently)			
Subsidized transportation programs for eligible people (e.g., vouchers, volunteer drivers)			
Education			
Educational training to ensure person is functionally literate and capable of receiving high school (e.g., GED services) or postsecondary credentials			
Training to develop marketable skills (e.g., computer literacy)			
Finances			
Debt counseling and consolidation services			
Training in financial management, budgeting, and other organizational skills			
Payee agencies			
Assistance for people who are eligible in gaining access to federal benefits (e.g., Medicaid) and other public benefits programs (e.g., TANF)			

Activity 3 Worksheet: Resource Inventory

Module 2

Domains	Y/N	Agencies/Providers	Capacity/Connection
Child and Family			
Indirect assistance to caregivers			
Foster care placement			
Parenting programs			

Summary

Notes:

List three issues these activities have raised for your own program planning.

1.
2.
3.