

# key differences between drug courts and mental health courts

<b>Program Component</b>	<b>Drug Courts...</b>	<b>Mental Health Courts...</b>
<b>Charges accepted</b>	Focus on offenders charged with drug- or alcohol-motivated crimes.	Include a wider array of charges because mental illness itself is not a crime.
<b>Monitoring</b>	Rely on urinalysis or other types of drug testing to monitor adherence.	Do not have an equivalent test available to determine whether a person with a mental illness is adhering to treatment conditions.
<b>Response to violations</b>	Apply behavior management grid that includes incentives and sanctions for compliance / noncompliance. Graduated sanctions culminate in brief jail sentences.	Adjust treatment plans and apply sanctions in response to non-adherence; rely more heavily on incentives; use jail less frequently.
<b>Role of advocates</b>	Feature only minimal involvement from substance abuse advocacy community, which is generally not as large or well organized as the mental health advocacy community.	Have been promoted heavily by some mental health advocates, who are often involved in the operation of specific programs; other mental health advocates have raised concerns about mental health courts, either in general, or in terms of how they are designed.
<b>Service delivery</b>	Often establish independent treatment programs for their participants.	Usually contract with community agencies; require more resources to coordinate services for participants.
<b>Expectations of participants</b>	Require sobriety, education, employment, self-sufficiency, payment of court fees, and stabilization of co-occurring disorders; some charge participation fees.	Recognize that even in recovery, participants are often unable to work or take classes and require ongoing case management and multiple supports; few charge a fee for participation.