

Either way, ambitious but realistic targets will help the court reduce the time spent in jail for people with mental illnesses who can be supervised safely and effectively in the community.

## 7. INTEGRATION OF TREATMENT AND COMMUNITY SUPPORTS

A mental health court's success is predicated on its participants receiving comprehensive treatment in the community. Unfortunately, this is not as simple as assessing a participant, making a diagnosis, and setting up an appointment for services. People with serious mental illnesses, particularly those who become involved in the criminal justice system, have extensive and complicated needs. Typically, they have co-occurring substance abuse disorders and complicating medical conditions. They are more likely than the general population to be homeless and may lack resources to pay for treatment and other basic needs.

A mental health court that has effectively defined its goals, established a target population, assured voluntariness and confidentiality, developed terms of participation, and identified eligible participants—in other words, a court that has addressed all of the elements discussed thus far—has achieved only the precursors to program success; it has yet to actually apply the intervention designed to produce positive outcomes. This section provides guidance on integrating treatment and related supports into the court process, including identifying the treatment needs of court participants, developing treatment plans, contending with the high prevalence of co-occurring disorders, and planning for the transition of participants out of the mental health court program.

To address these issues, court practitioners will need to understand basic information about mental illnesses and their treatment, subjects which are beyond the scope of this guide. For this reason, CSG has published *Navigating the Mental Health Maze: A Guide for Court Practitioners* as a companion to this document. *Navigating the Mental Health Maze* provides detailed information about the mental health service system, the types of mental illnesses that court participants have, how those illnesses are diagnosed, and the kinds of treatment and supports that participants require.

Representatives of criminal justice agencies participating in mental health court programs are strongly encouraged to consult that guide.

## Identifying treatment needs

Developing strategies to meet the treatment needs of mental health court participants requires in-depth discussions to answer questions such as the following:

- What are the expected treatment needs of the participants?
- Who is able to provide each type of treatment?
- How much will these services cost?
- How will treatment providers be compensated?

Obviously, these questions can only be answered with criminal justice and mental health representatives at the table together. Courts cannot simply expect treatment to be made available to their participants without the buy-in of community-based treatment providers. As many court officials have learned, this often requires reaching out to an array of agencies. For example, more than 75 community-based agencies have provided services to participants in the Brooklyn Mental Health Court.<sup>54</sup> In other jurisdictions, such as in the example below, service slots may be somewhat easier to identify.

### **EXAMPLE: Bonneville County Mental Health Court (Idaho)**

The Bonneville County Mental Health Court relies on an existing Assertive Community Treatment (ACT) team to serve all court participants. Because of the low client-to-staff ratio of ACT programs, the mental health court accepts no more than 20 clients at any given time. The court chose to rely on an ACT Team to ensure public safety and to overcome the inherent difficulty of accessing treatment in a rural setting.

Recognizing the current gaps in the service system, some courts have secured resources and contracted with providers for a pre-determined number of beds or treatment slots. While this strategy may improve access to treatment for mental health court participants, it raises important philosophical and practical issues. One of the most trenchant criticisms of mental health courts is that they prioritize treatment for court-involved consumers above treatment for those who have not committed a crime.\* Isolating treatment slots for mental health court participants contributes to the perception, and in some cases the reality, that becoming involved in the criminal justice system makes it easier to obtain services. In response to this criticism, mental health court planners should establish clear arrangements with mental health treatment providers that ensure treatment access for mental health court participants without jeopardizing treatment availability for the general public.

**“Criminalization of**  
People with Mental  
Illnesses: The Role  
of Mental Health  
Courts in System Re-  
form,” by The Bazelon  
Center for Mental  
Health Law, offers a  
thorough discussion  
of this concern.  
Available at:  
[www.bazelon.org/  
issues/  
criminalization/  
publications/  
mentalhealthcourts/](http://www.bazelon.org/issues/criminalization/publications/mentalhealthcourts/)

As discussed later in this section, mental health court participants are likely to require care long after judicially supervised treatment has ended and, as a result, are best served by linkages with community-based providers who are prepared to treat consumers regardless of their court status. When defendants receive services from one agency while under court supervision and from a separate agency after the program ends, continuity of care is hampered. One exception to this view is court-based case management. Court-based case managers perform essential planning and monitoring functions of court-ordered treatment and support and this function can be readily transferred to a community-based case manager upon program completion without disrupting the flow of treatment.

The mental health court planning committee should identify all available services, particularly those previously unknown to the court, and ensure that these programs are willing and able to accept court referrals. Estimated capacity needs for the various types of treatment should be informed by local data on the projected size of the target population and the types of diagnoses anticipated among court participants. As mentioned above, a complete discussion of the likely treatment needs of mental health court participants is included in *Navigating the Mental Health Maze: A Guide for Court Practitioners*. These needs include:

- Psychiatric hospitalization
- Inpatient mental health treatment (crisis stabilization)
- Outpatient mental health treatment

## paying for services and supports: the role of benefits programs

Practitioners working at the intersection of the criminal justice and mental health systems, including those in mental health courts, are increasingly paying attention to the importance of federal benefit programs such as Medicaid and Social Security Insurance as funding sources for treatment and other supports. In general, federal funds cannot be accessed for people who are incarcerated, but steps can be taken to accelerate the reinstatement of benefits after incarceration, including the establishment of policies to suspend, rather than terminate, Medicaid benefits,

and the development of prerelease application procedures with local, state, and federal benefit agencies. Mental health courts should take steps to ensure that eligible participants are connected as quickly as possible to federal benefit programs, and consult guides such as the Bazelon Center for Mental Health Law's "Arrested? What Happens to Your Benefits If You Go to Jail or Prison," and case studies recently developed by the Council of State Governments about efforts in four states to address these issues.<sup>55</sup>

- Substance abuse treatment
- Medication and symptoms management
- Housing (including supported housing)
- Benefits (e.g., Medicaid, SSI, SSDI, veterans)
- Transportation
- Supported employment

Some mental health providers may be reluctant or even unwilling to accept clients referred by the criminal justice system, especially those charged with felonies. Court officials should respect these concerns and provide information and consultation to mental health providers to help alleviate them. For example, courts can provide data to mental health providers demonstrating that many of their existing clients have been involved in the criminal justice system at some point in their lives. Emphasizing that the clinical requirements are comparable regardless of criminal justice involvement may make mental health treatment providers more amenable to serving court participants. Treatment providers can also be reminded that the addition of court

## peer supports

One of the emerging practices in mental health treatment is the use of consumers to provide support to their peers to aid recovery. Some mental health courts are adapting this strategy to their programs. Consumers, whether or not they have been involved with the criminal justice system, are ideally suited to support mental health court participants because of their unique insight into the dynamics of recovery. Peer supports can be important components in helping mental health court participants remain in treatment and develop adaptive, crime-free lifestyles.

### EXAMPLE: St. Louis County Mental Health Court (Missouri)

The St. Louis County Mental Health Court makes available a peer support specialist for all participants.

This specialist provides one-on-one consultation, facilitates group meetings, introduces participants to consumer education, and provides other supports as needed. For some participants, the peer support specialist serves as an intermediary with his or her mental health treatment providers to ensure a collaborative treatment environment. The peer support specialist also provides trainings on the use of public transportation, household management, budgeting, and social networking, among other issues. The peer support specialist is not a full-time employee but receives a stipend to cover costs associated with this work.

leverage to a treatment regimen often creates better overall outcomes for both the treatment and criminal justice systems.

### Developing treatment plans

Treatment plans provide the framework for services delivered to consumers; particularly when treatment is delivered by multiple providers and supervised by yet another agency, treatment plans are essential to ensure treatment integrity. The various court and mental health professionals involved with the participant should be involved in formulating the treatment plan, along with the participant himself, family and significant others, and other community supports (e.g., Alcoholics Anonymous sponsor, mentor). While language conventions and philosophical approaches will vary across providers, the end product should provide a framework for how the consumer will manage his or her issues and identify specific steps toward recovery. Treatment plans must be responsive to each consumer's individual needs, and should also provide specific benchmarks for progress. Treatment planning involves five basic steps:<sup>56</sup>

1. Identifying the Problem: clinicians must identify the most significant problems interfering with the consumer's functioning. Having a smaller, more manageable number of problems keeps the treatment plan focused.
2. Defining the Problem: the way in which the problems are manifested in terms of the consumer's behavior should be clearly articulated.
3. Setting Goals: broad, long-term goals should describe how the targeted problems will be resolved.
4. Specifying Objectives: specific and measurable steps for attaining each treatment goal should be listed, along with expected dates of completion. When appropriate, this section may also be used to discuss signs of relapse and to provide the consumer with specific strategies for resisting common triggers.
5. Identifying Interventions: specific interventions will vary according to the consumer's needs and the clinician's expertise, but will generally include a combination of cognitive, psychodynamic, behavioral, pharmacological, and family-oriented therapies; medical care; assistance with housing, employment, or education; peer-based supports; and concrete supports such as transportation and child-care. The people responsible for providing the various interventions should be clearly identified.