

The Judicial Council of California's Administrative Office of the Courts (AOC) was allocated MHSA funds to address the increased workload relating to mental health issues in the courts and to develop a research component to evaluate court appointed programs for the mentally ill. This funding also supports mental/behavioral health court projects, innovative programs for mentally ill court users, and the Task Force for Criminal Justice Collaboration on Mental Health Issues.

AOC activities reported to DMH for the period 1/1/09 – 6/30/09 are as follows:

Highlights of Major Activities

The Administrative Office of the Courts (AOC) continues to be engaged in working with California's state courts and with our criminal justice, mental health, and alcohol and drug program partners in seeking to improve outcomes for the mentally ill in the criminal justice system and other mentally ill court users. The five subcommittees of the Task Force for Criminal Justice Collaboration on Mental Health Issues (TFCJCMHI) are specifically looking at issues and strategies related to early intervention, court-based responses, post-adjudication/re-entry, co-occurring disorders, and juveniles.

Detail of Major Activities

Inter-agency/Intra-agency Linkages

Staff has regularly attended MHSA Interagency Partners meetings and reported on judicial branch activities in support of MHSA goals. During the reporting period, staff continued to serve on and attended meetings of the Stigma and Discrimination Reduction Advisory Group formed to develop a statewide stigma and discrimination reduction plan through the Department of Mental Health.

The AOC continues to be actively involved with the Council on Mentally Ill Offenders (COMIO) with the Judicial Council officially represented by the Hon. Wendy Lindley, Judge of the Orange County Superior Court. AOC staff attends meetings on a regular basis and provides regular updates to COMIO members on the work of the task force and related AOC activities. Four members of COMIO were appointed to serve on the TFCJCMHI.

AOC staff has been invited to participate on the planning committee for this year's sixth annual "From Words to Deeds " workshop/conference to be held in Sacramento in September 2009. This conference brings together decision makers in corrections, state and local governments and the judiciary, as well as behavioral health directors, community mental health providers and experts to discuss issues related to persons with mental illness in the criminal justice system.

Staff continues to work with the statewide Homeless Court Network to assist in developing strategies for networking and training including the group's efforts to address the unique needs of mentally ill court users who are homeless. Representatives of the AOC were invited to participate in the local program announcing the release of the joint American Bar Association (ABA)/San Diego Homeless Court's publication, *The San Diego Homeless Court Program Service Provider Toolkit*. This toolkit contains a forward by Chief Justice Ronald M. George and is a valuable resource for addressing the needs of homeless community members in our justice system including those who are mentally ill.

In February 2009, AOC staff prepared a summary report related to California's mental health courts. This report was prepared as part of a national information collection effort. The report included information about the structure of California's mental health courts including similarities and differences, funding mechanisms, and reasons for success in providing citizens with the services they need while ensuring public safety. (See Attachment A.)

In March 2009 the Administrative Office of the Courts, represented by Judge Wendy Lindley, approached the California Department of Mental Health, Department of Alcohol and Drug Programs and the Mental Health Services Oversight and Accountability Commission Services Committee to explore ways to improve outcomes for persons with co-occurring mental illness and substance abuse who are involved in the criminal justice system.

While formal recommendations did not come out of the meeting, several key issues were identified for consideration by Judge Lindley and the Co-Occurring Issues and Strategies subcommittee of the TFCJCMHI. These recommendations are intended to improve life outcomes for those persons with co-occurring mental illness and substance abuse involved in the criminal justice system, and promote cost effective responses for public mental health and alcohol and drug agencies, law enforcement and the courts.

Staff meets regularly with colleagues from the Department of Alcohol and Drug Programs to discuss issues related to offenders with co-occurring disorders. In addition, staff attends meetings of the Offender Treatment Advisory Group. AOC staff also attends quarterly statewide meetings of the collaborative court coordinators network and provides reports and updates to this group. The network includes both court and local criminal justice and behavioral health employees representing a variety of court programs serving mentally ill and/or co-occurring disordered court users.

During this reporting period, staff continued to provide regular updates/reports on mental health issues and programs to a number of Judicial Council committees and other AOC divisions including the Collaborative Justice Courts Advisory Committee (CJCAC) and the Center for Families, Children & the Courts. Three members of the CJCAC have a background in mental health issues and mental

health courts. The relationships with the Judicial Council's Probate and Mental Health Advisory Committee and the Access and Fairness Advisory Committee as well as with the Criminal Law and Science and the Law education committees continue to be strengthened through regular contact among staff and cross-membership with the TFCJCMHI. Staff continues to be active in participating in branchwide efforts regarding specialized processing for elder abuse cases in the courts to better identify the overlap with mental health-related cases and has provided training support related to these issues.

During the spring months, an informal study was conducted of the San Francisco Behavioral Court. While not a formal research project, "Examining the Program Costs and Outcomes of San Francisco's Behavior Health Court: Predicting Success," does indicate that there is a cost/benefit value to targeting those who have been hypothesized as harder to serve and first time offenders since the number of previous arrests is positively associated with the number of future arrests.

The AOC also arranged/staffed a site visit to the Orange County Community Court in Santa Ana for members of the advisory committee and the task force. The Orange County Community Court is an outstanding national model of a court responding to the needs of the community. The court building includes a courtroom and space for over 20 health and human service agencies, medical providers, and criminal justice partners. During the site visit, members of the advisory committee and the task force were able to meet with doctors, police officers, attorneys, childcare providers, judges, employment development and housing representatives to discuss the planning and implementation of the community court project. At this court site, individuals can literally walk out of the courtroom into the offices of medical providers, social service representatives, housing specialists and employment and rehabilitation specialists where an array of needs can be addressed. This court services individuals at greatest risk in the community: drug addicts, persons with mental illness (including those with co-occurring disorders), veterans with PTSD/mental illness, and the chronically homeless (many of whom have addiction, mental illness, or co-occurring disorders).

In addition to the site visit to the Orange County Community Court, staff visited the Los Angeles Mental Health Court (Department 95) and the Long Beach Court to learn more about the Mental Health Court Linkage Program operated in collaboration with the Los Angeles Superior Court and the Los Angeles County Department of Mental Health. This program offers yet another model for collaboration between the court and local mental health programs. The program is staffed by a team of 16 mental health clinicians who are co-located at 22 courts countrywide. In speaking with judges at the Long Beach Court, the importance of this collaboration was stressed. The judges spoke highly of the services provided by the clinicians in a high-volume court setting.

Educational Programs

Staff continues to advocate for the inclusion of workshops and courses focusing on mental health/justice system issues into judicial branch educational programming and serves in a liaison role to program planning committees. AOC mental health court project staff will be working with other Center for Families, Children and the Courts project staff to develop training opportunities at the annual Beyond the Bench Conference to be held in December 2009. This program is fully self-supported and no state funds will be utilized in supporting this conference.

During the last quarter of the reporting period, AOC staff worked with the National Association of Drug Court Professionals (NADCP) and the California Association of Drug Court Professionals (CADCP) to identify resources and to provide course design support for several workshops offered during NADCP's annual training conference. This year's conference was held in Anaheim, California in mid-June. This year's conference also provided an opportunity to showcase the work of California's homeless, veterans, and mental health courts. In addition, the AOC supported the conference registration and travel expenses for members of CJCAC and the TFCJCMHI interested in attending the conference.

Court programs in San Francisco, Orange County, San Diego, Nevada County and Santa Clara were highlighted during the conference. In addition, a plenary session workshop highlighting the work of the TFCJCMHI was offered. Presenters included task force members Associate Justice Brad R. Hill (Fifth Appellate District), Judge Stephen V. Manley (Santa Clara), Judge Luis Rodriguez (Orange), Supervisor Susan L. Adams (Marin County), Dr. Swapna Jain (NAMI CA consumer), Mr. Mark Gale (NAMI CA), Mr. Aaron Carruthers (CDCR for Secretary Matthew Cate), and Ms. Gail Bataille (CMHDA). Senator Darrell Steinberg and Dr. Stephen Mayberg appeared by video. Over 150 individuals from California and from around the nation attended this session to learn more about the work that is being done in California and the role that the task force is playing in addressing the needs of those with mental illness in the criminal justice system.

For the first time, and with the support of California judicial officers, NADCP featured a one-day forum solely dedicated to issues and strategies related to individuals with mental illness and co-occurring disorders. The AOC also helped to support the attendance of advisory committee and task force members, as well as California mental health court judges and practitioners serving as faculty.

Staff continues to serve as a liaison to the Court Improvement Project in the AOC's Center for Families, Children & the Courts. Much of this effort focuses on preparation and support of trainings in the area of juvenile court and juvenile

offenders, as well as review of research outcomes in the area of mental health treatment needs of juvenile offenders. In addition, staff serves as a resource on a research project regarding the juvenile courts and the incidence of mental health issues in juvenile court as well as the use of Proposition 63 (MHSA) funds for juvenile justice cases.

Other Education Activities: Materials/Information Clearinghouse

Staff continues to disseminate the *Judges' Guide to Mental Health Jargon: a Quick Reference for Justice System Practitioners* to judges attending mental health related courses and workshops offered by the AOC and upon request. In addition, the AOC continues to provide organizations such as the National Drug Court Institute, the Center for Court Innovation, the Council of State Governments, and the National Center for State Courts with data and information about California's mental health projects. Information about California's mental health courts and other mental health projects is also made available to members of the state legislature, media representatives, local courts, community stakeholders, and members of the public.

Other Activities

AOC mental health courts project staff engaged in a variety of other activities throughout this reporting period including the following.

- Drafted a cost-benefit study of the San Francisco Behavioral Health Court.
- Continued to play an active role in a statewide project funded by Archstone Foundation focusing on the needs, including the mental health needs, of elderly adults vulnerable to exploitation or a possible danger to themselves; sponsored and supported a course on elder abuse courts and mental health issues in the elderly at the annual NADCP conference in Anaheim in mid-June.
- Met internally with AOC lead staff from the research and juvenile services units to identify and explore mental health issues related to court processes for juveniles.
- Provided assistance to mentally ill individuals and/or their family members with cases in courts throughout the state. Upon request, individuals are directed to local resources including court self-help centers, local mental health court coordinators, legal assistance organizations and mental health services in local communities. Legal advice cannot be provided but individuals and/or their families can be provided with the names and contact information for locally available resources and assistance.
- Visited mental health courts (and related programs) including San Francisco, Los Angeles, and Orange County.
- Provided research support for the TFCJCMHI including information about promising or evidence-based practices.
- Participated in planning discussions for trainings related to processing of and sentencing in cases involving persons with mental illness in the

criminal justice system and the courts. This includes planning for mental health/behavioral health education programming being developed in conjunction with the Education Division of the AOC for the spring of 2010.

- Held meetings with criminal justice system experts to discuss issues related to juveniles with mental illness in the delinquency systems and explored options for treatment related to those juveniles.
- Invited experts to address the members of the TFCJCMHI related to the areas of early intervention/CIT training, jail services for persons with mental illness, and lessons learned from California's Mentally Ill Offender Reduction Act (MIOCRA) programs.

Conclusion

During the 2008–2009 fiscal year, the AOC and its mental health project staff have continued working with a variety of interagency partners in both the public and private sectors to increase support for judicial officers and court personnel engaged in mental health programs in the courts.

During the latter half of the fiscal year, there was continued technical assistance provided to the task force and to the courts and their clients. This often took the form of helping court innovators in one area to connect with innovators in another and providing research support for the court leaders working on the TFCJCMHI.

We appreciate the opportunities that we have had to partner with the Department of Mental Health and with other organizations as we move forward in supporting services that address the needs of the mentally ill in the criminal justice system.

Enclosure

Attachment A

CALIFORNIA'S MENTAL HEALTH COURTS

Collaborative justice courts, also known as problem-solving courts, promote accountability by combining judicial supervision with rehabilitative services that are rigorously monitored and recovery-focused. These courts are distinguished by the following elements: a problem-solving focus, a team approach to decision making, integration of social and treatment services, judicial supervision of the treatment process, community outreach, direct interaction between defendants and judge, and a proactive role for the judge inside and outside the courtroom.

Established in the 1990s, mental health courts (MHCs), were designed to reduce recidivism by diverting person with mental illness to community mental health treatment. Mental health courts are criminal courts, with dedicated calendars, for persons with mental illness. These courts use collaborative justice principles in the adjudication of cases. Mentally ill offenders are carefully screened for inclusion in mental health court programs, with screening and referral occurring as soon as possible following arrest.

Collaborative MHCs use a multidisciplinary team approach, with involvement from justice system representatives, mental health providers, and other support systems in the community. Mental health treatment is judicially supervised and monitored. MHCs often use pre-adjudication suspension of charges and post-plea strategies that suspend sentencing or reduce charges after successful completion of the program in order to promote adherence to community treatment.

Mental Health Courts in California: Information Summary

How many mental health courts are in your state?

In California, there are currently 47 mental health courts in 35 counties

How are the mental health courts structured?

Several types of mental health court models have developed throughout California; however these courts in general apply the following common principles.

- Participation in a mental health court is voluntary. The defendant must consent to participation before being placed in the program;
- Each jurisdiction accepts only persons whose involvement with the criminal justice system can be attributed to demonstrable mental illnesses. In some courts, the individual may be eligible if

there is a co-occurring disorder (e.g. substance abuse and mental illness);

- Participation requires the consent of the judicial officer and the prosecutor. The victim may be contacted in determining eligibility;
- The key objective of a mental health court is to either prevent the incarceration of mentally ill offenders or to secure their release from jail to receive appropriate community services;
- Public safety is a high priority, and mentally ill offenders are carefully screened for appropriate inclusion in the program;
- Early intervention is essential, with screening and referral occurring as soon as possible;
- A multidisciplinary team approach is used. Teams typically include a judicial officer, prosecutor, public defender, county mental health liaison, substance abuse liaison, and probation officer;
- Clients receive intensive case management, which includes supervision of participants, with a focus on accountability and monitoring of each participant's performance;

Summary of Case Processing: Referral to Graduation

Most mental health court programs operate as follows.

- Clients can be referred for consideration by various parties (judicial officer, public defender, jail staff, family member, etc.);
- Clients are assessed for legal and clinical eligibility;
- On acceptance into a mental health court a treatment plan is created. Clients are linked to case managers and community mental health services as part of their treatment plan;
- Clients' progress is usually reviewed by the MHC team before court status hearings;
- Court status hearings may be required less frequently as clients are able to successfully adhere to their treatment plan;
- Rewards and sanctions are used to encourage compliance with court orders, including treatment;
- The judge is the center of the treatment and supervision process. There is direct interaction between the judicial officer and the defendant during court proceedings;
- The length of an individual's participation in the mental health court program should not exceed the term of probation or parole; and.
- If the defendant has performed successfully and completed the program, the criminal charge or charges may be dismissed.
- Charges can be reduced or expunged upon successful completion of program; and,

- Clients may choose to exit the program and resume their case in the traditional court process at any time.

Differences Among California's Mental Health Courts

Although mental health courts in California share many common characteristics, these courts may vary in terms of eligibility requirements, plea requirements, sanctions used, team composition, and court procedures, such as the frequency of status hearings and the processing of cases from referral to entry. Some mental health courts accept primarily felony cases while others target misdemeanants. Court processes also vary. For example, in one court, defendants do not report to court for status/progress hearings as program compliance is monitored solely by the treatment provider. In some courts, probation staff may play a large role in monitoring treatment compliance or play a minimal role if monitoring is done by county mental health professionals. Some mental health courts have structured the program into phases that all clients pass through, while other courts make decisions strictly on a case-by-case basis. Juvenile and adult mental health courts function similarly, although there are also variations among local courts in certain aspects of case processing and eligibility, as noted above.

How are your mental health courts funded?

Mental health courts within California are primarily funded by public and some private sources combining federal, state and local funding. Partners including trial courts, provide in-kind staff support to MHC teams, including superior court employees involved in the programs. Key state and federal funding sources supporting California's mental health courts are noted below.

The Mentally Ill Offender Crime Reduction (MIOCR) grant program: this program provided funding to locally developed efforts to reduce recidivism and promote long-term stability among mentally ill offenders. Statewide funding was made available on a competitive basis from January 1, 2007 through September 30, 2008. As the administering agency, the Corrections Standards Authority (CSA) awarded \$22,295,500 for grants targeting adult mentally ill offenders and \$22,295,500 for grants targeting juvenile mentally ill offenders.

Proposition 63-The Mental Health Services Act (MHSA) (Prop 63): Passed in 2004, the MHSA authorized a 1% tax on incomes exceeding \$1,000,000 to fund the transformation of the California mental health system through six components:

1) community planning; 2) community services and supports; 3) prevention and early intervention; 4) innovative programs; 5) capital facilities and technology; and 6) workforce education and training. The California State Department of Mental Health contracts with counties to provide comprehensive local mental health programs. California mental health courts reported using MHSA funding for mental health treatment service and for mental health liaison staff.

Substance Abuse Focus Grants: These grants are administered through the Administrative Office of the Courts. In 2008-2009, the Collaborative Justice Courts Advisory Committee allocated approximately \$1.2 million to 50 collaborative justice courts across the state. Six counties included their mental health/co-occurring disorder courts in the request for these funds. In total, these counties requesting funds for mental health/co-occurring disorder courts were awarded \$167,000 with two counties receiving a total of \$36,000 solely in support of their mental health courts.

SAMHSA Grants: This funding is administered by the Substance Abuse and Mental Health Services Administration, an agency of the United States Health and Human Services. Through mental health discretionary funding as well as the Community Mental Health Services Block Grant, SAMHSA awarded California \$87,267,095 in grants in 2007/2008.

Other: Mental health courts are created through local collaborative efforts and are primarily supported through the contribution of in-kind services from the courts and from various justice system partners. According to responses to a recent survey sent to California's mental health courts, most of the mental health court programs do not have a specific program budget as all partnering agencies, as well as the court, provide in-kind services. Court costs are generally covered by state general fund money (trial court operating funds), while mental health treatment costs are often covered by MHSAs funding, MediCal billings, and money from the county's general fund. In some courts, private grants from local and national foundations may support some of the work on a temporary basis.

How much was last year's total operating budget?

While most counties/courts did not have a specific program budget, one court/county with four mental health courts noted that the total budget for all four courts was approximately \$4,275,440 for the current fiscal year. This court listed their main funding sources as MHSAs, MediCal, and SAMHSA. Another court that receives all staff support and treatment services as in-kind services estimated an approximate cost of services to be \$242,500 (\$100,000 of this coming from MHSAs funding and \$54,200 from the county general fund). Some of the courts specifically reported using trial court operating funds to support court personnel assigned to the program. One county reported receiving the majority of its funding from a SAMSHA grant which provided \$1.5 million over a three year period, MHSAs funds of \$367,000 per year, \$25,000 from a private foundation, and a small portion of its support from the previously funder MIOCR program.

Why are mental health courts in your state successful at providing citizens with the services they need while ensuring public safety?

Courts reported that they felt their programs were successful for the following reasons.

- The effective integration of systems and services (criminal justice, mental health, substance abuse, and other social services).
- Providing a non-adversarial court environment focused on client stability, treatment, and public safety considerations.
- Focusing on highest risk clients to increase the leverage of the court and provide incentives for adhering to treatment.
- Development of a comprehensive treatment plan that takes into consideration client needs and public safety considerations.
- Close judicial oversight and frequent and random drug and alcohol testing.
- Positive reinforcement for program participants; immediate responses to non-compliance and strict accountability requirements.
- Constant communication among team members and collaborative partners.
- Case managers who work closely with clients to ensure compliance with court orders and conditions of probation.
- Case processing/staffing meetings that occur regularly before each court session.
- Ensuring that clients receive ongoing support after program termination through discharge planning.
- The formation of a strong and committed planning group that meets regularly and adjusts to changing circumstances.
- Participation of the sheriff and jail services on the planning team and as an essential partner.
- Program integration of mental health treatment and substance abuse treatment best practices such as FACT (Forensic Assertive Community Treatment), Intensive Case Management, and Supported Employment.
- Monitoring and evaluating of programs involved.