

THE JANIS C. GOOD MENTAL HEALTH COURT

A Re-Entry Court of the U.S. District Court, Eastern District of Missouri

The Janis C. Good Mental Health Court

- Introduction of Today's Presenters
- Program Overview
- Q & A



The Whole Person Approach to Mental Health and Corrections

- Today's Presenters:
Monica Mannino, Julia Roberts, Jennifer Jelinski, and Jennifer Parker
- Our Agency: The Eastern District of Missouri U.S. District Court and the U.S. Probation Office, St. Louis, Missouri
- Our Program: The Janis C. Good Mental Health Court

How We Came About

- Convergence of elements leading to our formation:
 - The District's Commitment Re-Entry Assistance vs. Revocation
 - Concern that those with Mental Health concerns were being underserved or over-revoked
 - Community Needs
 - Evidence Based Practice and increasing use of Therapeutic Courts

How We Came About

Community Need

- Missouri ranks 12th in need for mental health services among the states, but 31st in access to services (NAMI, 2015 citing National Institute of Mental Health data)
- Cuts to the state mental health budget between 2009-2012 resulting in diminished safety net. Adult community mental health services decreased from \$30.3 million - \$16.6 million – 45% cut -This included the elimination of all state-run acute care facilities (inpatient care) (NAMI, 2015)
- Shortage of psychiatrists, limited funding dollars (STLtoday.com, January 2014)

How We Came About

District Commitment

Target the causes of revocation:

In 2013, 27% of cases closed were revoked. 30% of those revoked cases, exclusive of sex offenders, had a Mental Health special condition. Note: Specific diagnosis and severity, responsibility factors now being captured for better specificity.



Monthly Cost of Community Supervision vs. Incarceration:

Bureau of Prisons Facilities
\$2,440.97

Community Corrections Centers
\$2,217.73

USPO
\$263.50

(Administrative Office, U.S. Courts)

How We Came About

District Commitment, cont'd.

Vision Statement: As an agency committed to positive change, we strive to focus on the needs of the individual, affording every individual an opportunity to succeed. Our efforts result in greater stability and heightened safety within our communities. An environment of respect is fostered where individuals are unified with teamwork and collaborative decision making. A balance of personal and professional endeavors is encouraged and supported. We embrace this vision each day and hold each other accountable for its realization.

How We Came About

District Commitment, cont'd.

- System wide commitment to EBP: Council of State Governments, NIJ, McArthur Foundation, RISE – Re-Entry Independence Through Sustainable Efforts, District of Utah; existing State Courts including Boone County, MO.
- It's settled! MHC's improve outcomes for people with mental disorders involved in the justice system. (Goodale, Callahan and Steadman, 2013).
- Program Evaluation in place with Lindenwood University, 2014
- Existing Court contracting arrangements amended to enhance client access to necessary care absent community access

Federal Public Defender Janis C. Good

- A tireless advocate for the vulnerable
- Invested many hours seeking out resources
- Believed in the re-entry Court model
- Fought for fair treatment and justice
- Advocated with tx providers and prison staff to ensure adequate assistance was provided
- Believed in the power of collaboration to improve long-term outcomes
- Was passionate about helping others



Federal Public Defender Janis C. Good

- On November 22, 2014 Janis Good was honored posthumously as the Outstanding Legal Advocate by NAMI at their annual gala



How It All Works...

The Mental Health Court (MHC) consists of team members

- U.S. District Judge
- U.S. Magistrate Judge (2)
- Program Manager (2)
- U.S. Probation Officers (2)
- Assistant U.S. Attorney
- Federal Public Defender
- Treatment providers
- National Alliance on Mental Illness (NAMI)

The Role of the Court

The Judge

- Active involvement of the Court with the participants is essential
- Encouragement
- Determines appropriate sanctions
- Provide and Discuss tasks

Role of the Program Manager	
Program Manager	<ul style="list-style-type: none"><input type="checkbox"/> Supervising U.S. Probation Officer<input type="checkbox"/> Liaison to community partners<input type="checkbox"/> Handles administrative duties of the Court<input type="checkbox"/> Coordinates strategic planning<input type="checkbox"/> Assists during Court sessions<input type="checkbox"/> Assist with crisis management<input type="checkbox"/> Assist with participant needs

Role of the Probation Officer (P.O.)	
USPO	<ul style="list-style-type: none"><input type="checkbox"/> Regular supervision of participants<ul style="list-style-type: none">■ Office visits■ Home visits■ Community contacts■ Treatment provider contacts■ Law enforcement contacts<input type="checkbox"/> Treatment referrals<input type="checkbox"/> Weekly updates for MHC staffing<input type="checkbox"/> Determine weekly tasks

Role of U.S. Attorney	
AUSA	<ul style="list-style-type: none"><input type="checkbox"/> Participate in a team effort<input type="checkbox"/> Liaison to U.S. Attorney Office<input type="checkbox"/> Encourage participant's success<input type="checkbox"/> Program planning<input type="checkbox"/> Selection of participants

Role of Federal Public Defender	
Federal Defender	<ul style="list-style-type: none"><input type="checkbox"/> Participate in a team effort<input type="checkbox"/> Liaison to the Federal Public Defender's Office<input type="checkbox"/> Encourage participant success<input type="checkbox"/> Assist in decision making<input type="checkbox"/> Program planning<input type="checkbox"/> Selection of participants

Role of Treatment Providers	
Treatment Providers	<ul style="list-style-type: none"><input type="checkbox"/> Provide case management<input type="checkbox"/> Assessment of participant for treatment<input type="checkbox"/> Determine appropriate level of treatment<input type="checkbox"/> Provide weekly progress reports

Role of NAMI	
NAMI PEER SPECIALIST	<ul style="list-style-type: none"><input type="checkbox"/> Peer support<input type="checkbox"/> Peer Specialist, employed by NAMI and assigned to the Court<input type="checkbox"/> Is a consumer who offers support and advocacy to participants<input type="checkbox"/> Informs clients of groups, and services; provides support

Program Admission

Criteria

- Any offense, excluding sex offense crimes
- Moderate or High risk level according to Post Conviction Risk Assessment (PCRA)
- At least one year of supervision remaining
- Substance abuse Co-occurring as long as MH is primary barrier
- Serious mental illness
 - Axis I or II as defined in DSM-IV-TR or comparable from DSM-5

Program Phases

- MHC includes 4 phases
- All phases must be complete to graduate
- Minimum of 3 months per phase (1-year program)
- Distinct, achievable goals to move toward sustainable independence

Phase One (at least 3 months)

Requirements

- Weekly MHC
- Weekly case management
- Compliant with MH treatment
- Cognitive Skills Group
- Plan development

Criteria for Phase Advancement

- Cooperate with treatment team
- No illegal drug use
- Compliance with supervision conditions
- Presentation of treatment plan

Phase Two (at least 3 months)	
Requirements	Criteria for Phase Advancement
<input type="checkbox"/> Weekly MHC <input type="checkbox"/> Weekly case management <input type="checkbox"/> Compliant with MH treatment <input type="checkbox"/> Cognitive Skills Group <input type="checkbox"/> Disability pending	<input type="checkbox"/> Cooperate with treatment plan <input type="checkbox"/> No illegal drug use <input type="checkbox"/> Compliance with supervision conditions <input type="checkbox"/> Completion of Cognitive Skills Group <input type="checkbox"/> Shows consistent progress to address disability, housing, etc.
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Phase Three (at least 3 months)	
Requirements	Criteria for Phase Advancement
<input type="checkbox"/> Bi-weekly MHC <input type="checkbox"/> Bi-weekly case management <input type="checkbox"/> Compliant with MH treatment <input type="checkbox"/> Complete tasks as directed	<input type="checkbox"/> Cooperate with treatment plan <input type="checkbox"/> No illegal drug use <input type="checkbox"/> Compliance with supervision conditions <input type="checkbox"/> Concrete Plan to address disability
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Phase Four (at least 3 months)	
Requirements	Criteria for Phase Advancement
<input type="checkbox"/> Monthly MHC <input type="checkbox"/> Bi-monthly case management <input type="checkbox"/> Compliant with MH treatment <input type="checkbox"/> Complete community service project	<input type="checkbox"/> Prepare goal statement <input type="checkbox"/> Prepare relapse prevention plan <input type="checkbox"/> Prepare presentation for graduation
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Graduation											
<p>Criteria for Graduation</p> <table> <tr> <td><input type="checkbox"/> Compliant with all MH treatment</td> <td><input type="checkbox"/> Presentation of graduation statement</td> </tr> <tr> <td><input type="checkbox"/> No illegal drug use</td> <td><input type="checkbox"/> Demonstrate relationship with community resources</td> </tr> <tr> <td><input type="checkbox"/> Compliant with supervision conditions</td> <td><input type="checkbox"/> Residential stability</td> </tr> <tr> <td><input type="checkbox"/> Presentation of goals</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Presentation of relapse prevention</td> <td></td> </tr> </table>		<input type="checkbox"/> Compliant with all MH treatment	<input type="checkbox"/> Presentation of graduation statement	<input type="checkbox"/> No illegal drug use	<input type="checkbox"/> Demonstrate relationship with community resources	<input type="checkbox"/> Compliant with supervision conditions	<input type="checkbox"/> Residential stability	<input type="checkbox"/> Presentation of goals		<input type="checkbox"/> Presentation of relapse prevention	
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Noncompliant Acts	
<p>Examples of noncompliance includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unexcused absences from Court <input type="checkbox"/> Unexcused absence from P.O., case management, tx. <input type="checkbox"/> Drug or alcohol use <input type="checkbox"/> Refusal to submit to drug testing <input type="checkbox"/> Refusal to comply with treatment <input type="checkbox"/> Disruptive behavior <input type="checkbox"/> Failure to complete assigned tasks <input type="checkbox"/> New arrests 	

Noncompliance = Points...	
<ul style="list-style-type: none"> <input type="checkbox"/> Participants are assessed points for noncompliance <input type="checkbox"/> Points vary on grade of violation <input type="checkbox"/> Points range from 1-10 per act <input type="checkbox"/> Upon accrual of 5 points <ul style="list-style-type: none"> ■ Verbal warning from Court ■ Writing assignment <input type="checkbox"/> Upon accrual of 10 points <ul style="list-style-type: none"> ■ Afternoon in jail <input type="checkbox"/> Points can be removed by community service 	

And, Noncompliance = Sanctions	
Examples of Sanctions include:	
<ul style="list-style-type: none"> ■ Increased reporting ■ Writing assignments ■ Verbal/written reprimand ■ Judicial reprimand ■ Public explanation to Court and team ■ Reduction in phase ■ Incarceration of varying length, not to exceed 6 days ■ Termination of the program 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

No Act Goes Un-noticed	
Rewards	
<ul style="list-style-type: none"> ■ Snacks (Chips, Fruit, Candy) ■ \$5 gift card to restaurant ■ Go first in Court and leave when finished ■ Leave after turn ■ Verbal praise from team 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Individualized Treatment Plans																			
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Treatment Goals

- Support Effective Symptom Management
- Medication Compliance
- Sobriety
- Activities Conducive to Healthy Daily Living Choices
- Identify Positive Social and Leisure Activities

Treatment Management

- Make appropriate treatment referrals with contract and appropriate non-contract treatment agencies based on the needs of the individual
- Monitor the quality of services provided by the vendor
- Determine whether there individuals who are not receiving services and what can be done to address problem
- Work with treatment providers to ensure effective communication between them, the Court, and participants

A Typical Day



Challenges



Handwritten notes:

Challenges

- Participants with numerous, on-going needs
- Substance Abuse
- Lack of community resources
- Participants with different levels of engagement
- Establishing meaningful rewards and consequences
- Navigating differing viewpoints within the team
- Dealing with the impact of suicide
- Crisis

Handwritten notes:

CRISIS



Handwritten notes:

Strategies for Dealing with Crisis

- Second Chance Act Funds
- Increased treatment/hospitalization
- Field visits
- Assistance provided by case manager
- Referral to community agency
- Enlistment of family/significant others
- Incarceration

What We Have Learned So Far

- Collaboration Works
- Clear communication is key
- The challenges of any given Monday are not predictable
- Evaluation of the program is a constant
- We must respond to areas that require refinement
- Success is often measured in very small steps
- MAKING A DIFFERENCE IS PRICELESS

Questions, Answers...and rewards!

Questions??????

Contact Information

Monica Mannino

Monica_mannino@moep.uscourts.gov 314-244-6766

Julia Roberts

Julia_roberts@moep.uscourts.gov 314-244-7091

Jennifer Parker

Jennifer_parker@moep.uscourts.gov 314-244-7094

Jennifer Jelinksí

Jennifer.jelinks@moep.uscourts.gov 314-2446740

(side note.. There is an(_) between first and last names)