

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, responsivity factors now being captured for better specificity.*



Monthly Cost of Community Supervision vs. Incarceration:

Bureau of Prisons Facilities	Community Corrections Centers	USPO
\$2,440.97	\$2,217.73	\$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	
<div style="border: 1px solid black; padding: 5px; width: 100px;">Program Manager</div>	<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.)	
<div style="border: 1px solid black; padding: 5px; width: 100px;">USPO</div>	<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	
<div style="border: 1px solid black; padding: 5px; width: 100px;">AUSA</div>	<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	<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	<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	<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

- ☐ Weekly MHC
- ☐ Weekly case management
- ☐ Compliant with MH treatment
- ☐ Cognitive Skills Group
- ☐ Disability pending

Criteria for Phase Advancement

- ☐ Cooperate with treatment plan
- ☐ No illegal drug use
- ☐ Compliance with supervision conditions
- ☐ Completion of Cognitive Skills Group
- ☐ Shows consistent progress to address disability, housing, etc.

Phase Three (at least 3 months)

Requirements

- ☐ Bi-weekly MHC
- ☐ Bi-weekly case management
- ☐ Compliant with MH treatment
- ☐ Complete tasks as directed

Criteria for Phase Advancement

- ☐ Cooperate with treatment plan
- ☐ No illegal drug use
- ☐ Compliance with supervision conditions
- ☐ Concrete Plan to address disability

Phase Four (at least 3 months)

Requirements

- ☐ Monthly MHC
- ☐ Bi-monthly case management
- ☐ Compliant with MH treatment
- ☐ Complete community service project

- ☐ Prepare goal statement
- ☐ Prepare relapse prevention plan
- ☐ Prepare presentation for graduation

Graduation

Criteria for Graduation

- ☐ Compliant with all MH treatment
- ☐ No illegal drug use
- ☐ Compliant with supervision conditions
- ☐ Presentation of goals
- ☐ Presentation of relapse prevention
- ☐ Presentation of graduation statement
- ☐ Demonstrate relationship with community resources
- ☐ Residential stability

Noncompliant Acts

Examples of noncompliance includes:

- ☐ Unexcused absences from Court
- ☐ Unexcused absence from P.O., case management, tx.
- ☐ Drug or alcohol use
- ☐ Refusal to submit to drug testing
- ☐ Refusal to comply with treatment
- ☐ Disruptive behavior
- ☐ Failure to complete assigned tasks
- ☐ New arrests

Noncompliance = Points...

- ☐ Participants are assessed points for noncompliance
- ☐ Points vary on grade of violation
- ☐ Points range from 1-10 per act
- ☐ Upon accrual of 5 points
 - ☐ Verbal warning from Court
 - ☐ Writing assignment
- ☐ Upon accrual of 10 points
 - ☐ Afternoon in jail
- ☐ Points can be removed by community service

And, Noncompliance = Sanctions

Examples of Sanctions include:

- 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

No Act Goes Un-noticed

Rewards

- Snacks (Chips, Fruit, Candy)
- \$5 gift card to restaurant
- Go first in Court and leave when finished
- Leave after turn
- Verbal praise from team

Individualized Treatment Plans

- | | |
|--|---|
| <input type="checkbox"/> Urinalysis Testing | <input type="checkbox"/> Inpatient Treatment |
| <input type="checkbox"/> Group Substance Abuse Counseling | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Individual Substance Abuse Counseling | <input type="checkbox"/> Sober Living Housing |
| <input type="checkbox"/> Individual Mental Health Counseling | <input type="checkbox"/> Psychiatric Evaluations |
| <input type="checkbox"/> Integrated Treatment For Dual Disorders | <input type="checkbox"/> Psychotropic Medications |
| <input type="checkbox"/> Cognitive Behavioral Treatment | <input type="checkbox"/> Medication Monitoring |
| | <input type="checkbox"/> Case Management |
| | <input type="checkbox"/> Community Support Programs |
| | <input type="checkbox"/> Transportation |

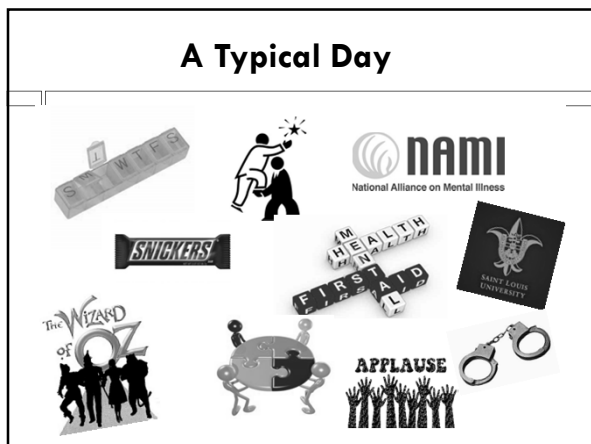
Treatment Goals

- ☐ 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



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

CRISIS



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??????

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