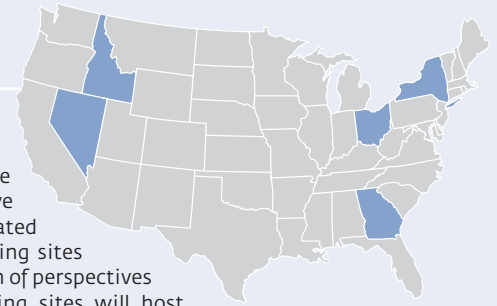


MENTAL HEALTH COURT LEARNING SITES

About the Mental Health Court Learning Sites. The number of mental health courts (MHCs) in the U.S. has grown exponentially over the past decade. State and local officials who have recently launched—or are considering whether to launch—such programs in their jurisdictions often seek out more experienced MHCs for guidance and advice.

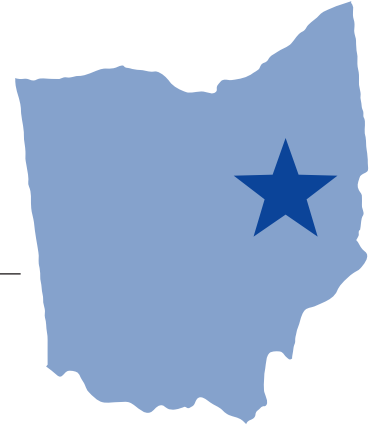
To facilitate peer-to-peer assistance among jurisdictions that have established, or are planning to establish, MHCs, the Bureau of Justice Assistance (BJA)—through its technical assistance provider, the Council

of State Governments Justice Center—has designated five MHCs as “learning sites.” Located across the country, these learning sites represent a diverse cross-section of perspectives and program examples. Learning sites will host visits to their courts and respond to telephone/email inquiries from the field.



Akron, Ohio Mental Health Court

Program Description



I. INTRODUCTION

The Akron Mental Health Court (MHC) was the first misdemeanor MHC in Ohio, a state that now has approximately 30 MHCs. The Akron MHC was established in January 2001 and accepts approximately 100 participants per year. Individuals with misdemeanor charges, who have bi-polar disorder, schizoaffective disorder, or schizophrenia, are eligible for participation in the MHC. The MHC team comprises a municipal court judge, a program manager (who is also the chief probation officer for the Akron Municipal Court), a court liaison, a clinical director (who is a psychiatrist), a treatment manager, and five community living specialists. Mental health treatment and case management for program participants is provided by Community Support Services (CSS), an Akron-based mental health treatment and social services provider.

Akron also utilizes a Crisis Intervention Team (CIT) to improve outcomes of police encounters with people with mental illnesses. The design of the MHC assumes that the CIT is effectively responding to minor offenses. As such the MHC accepts only misdemeanants whose offenses are serious enough to warrant at least 60 days in jail. Participants accepted into the MHC have been charged with a wide range of offenses, from quality-of-life offenses to violent crimes such as intra-family assault.

Akron, Ohio Mental Health Court

- Established in 2001
- Approximately 100 participants are under MHC supervision on any given day

The city of Akron is located in Summit County in northeastern Ohio. Akron is the fifth largest city in Ohio and shares an airport with neighboring Canton. The city of Akron has a population of approximately 212,000, and is approximately 67 percent Caucasian and 29 percent African American.

Participants in the MHC must plead guilty and agree to at least two years of supervision. They are supervised by community living specialists who provide case management services. The program has two phases. The first, which is more intensive and involves three steps, includes a residential program, assistance with benefits, linkage to drug and mental health services, medication stabilization, and frequent court appearances. The second phase, which includes two steps and in fact is described as a “step-down,” requires participants to demonstrate an ability to maintain a treatment routine, stable housing and employment, and other aspects of daily life. Charges are dismissed upon successful completion of the program.

II. PROGRAM ELEMENTS

A. Planning and Administration

Planning of the MHC was guided by a “criminal justice forum,” a group that included CSS, Kent State University, the public defender’s office, Oriana House (a chemical dependency treatment and community corrections agency), the Summit County Alcohol Drug and Mental Health Board (ADMH Board), Summit Psychological Associates, a judge, and the Akron Probation Department. The forum was also involved in the creation of the CIT program.

The criminal justice forum is supportive of the MHC and has identified areas that require improvement, which include increasing the number of dual-certified substance abuse and mental health counselors and the number of housing and employment opportunities. But even though the forum has identified areas for improvement, its members do not meet on a regular basis and have neither a strategic plan nor shared set of goals.

The MHC submits yearly reports to the city council, which provides financial support for the program; however, it is unclear whether the council evaluates the MHC in response to these reports.

B. Court Team

As mentioned above, the MHC team consists of a judge, a program manager (who is also the chief probation officer), a court liaison, a clinical director (who is a psychiatrist with CSS), a CSS treatment manager, and five CSS community living specialists.

While criminal justice personnel receive training on mental-health-related issues from the ADMH board, mental health personnel do not receive general training on criminal justice issues. All MHC personnel receive what the court calls “cross systems training” as part of their introduction to working at the MHC. This training occurs twice a year. Participation in this training is mandatory for mental health court staff and voluntary for prosecutors and defense counsel. Prosecutors and defense counsel, who rotate into the court for six-month assignments, receive informal training from the court manager. “Cross system training” between MHC team members enables a member to share some responsibilities with a colleague from a different professional background. Case management staff also receive monthly in-service training, including case reviews, from a forensic psychologist.

There are currently no plans to update the “cross systems training,” or any plans to provide continuing education for MHC personnel.

The current judge has been involved with the MHC since early 2005. She volunteered to sit on the MHC when her predecessor—the judge who was involved in developing the program—was promoted to a higher court. Her training consisted of observing the MHC prior to assuming the position.

While the judge, treatment supervisor, and probation officer meet for 15 minutes before MHC hearings to discuss problematic cases, the judge is not present at most team meetings. These team meetings reflect equal input from all staff members who are present, but are run by the mental health screener and probation officer. The judge attends full MHC team meetings, which are held every six weeks.

C. Timely Participant Identification and Linkage to Services

The MHC team reports that most referrals come from other judges, the drug court, and the court liaison. The court liaison searches municipal court records to find cases of individuals who are already involved with mental health services.

Most potential participants are referred to the court early in the criminal justice process. Potential participants are screened by the court liaison. These individuals move from arrest to screening and assessment and are accepted into the program within one to two weeks. Eighty to 90 percent of MHC participants are SSI recipients.

When a potential participant is charged with assault, a victim advocate is involved with the referral process, and the victim must consent to MHC as a sentencing option. Victims are usually family members, and consent is often granted.

Individuals accepted to the MHC are either in jail or the community. MHC staff assist participants with applications for benefits and entitlements after admission to the MHC. The process can only begin after individuals have re-entered the community from jail because the local social services agency has not been willing to provide Medicaid suspensions or applications for benefits and entitlements while people remain incarcerated.

D. Target Population

The MHC accepts individuals who plead guilty to misdemeanor charges (including felony charges that have been reduced to misdemeanor charges); and who have an Axis I diagnosis of bi-polar disorder, schizoaffective disorder, or schizophrenia. Individuals with major depression are excluded from participation because of concern regarding the resource implications for treating these individuals.

At the MHC's inception, individuals with primary diagnoses of traumatic brain injury and mental retardation were accepted by the MHC, but the court decided to exclude individuals with these diagnoses after limited treatment success.

E. Terms of Participation

To enter the MHC, participants must plead guilty and receive a sentence of probation, which can last as long as five years under Ohio law. While the minimum amount of time that a participant can remain under supervision in the MHC is one year, in reality most participants must agree to at least two years of supervision to participate in the program. The average amount of time that participants remain in the MHC is two-and-a-half years. Participants who are sanctioned or do not complete the program's steps in a timely manner may remain under supervision for longer. Participants are supervised by community living specialists who provide case management services.

Upon completion of the program, participants' pleas and sentences may be vacated and the cases may be dismissed; however, expungement of the criminal case is up to the individual, and is seldom accomplished due to the difficulty of expungement procedures.

Participants sign contracts and probation agreements before they enter the MHC, and are provided with a one page explanation of the court's processes and requirements.

F. Informed Choice

Each potential participant is screened for competency before acceptance into the program. A system is in place for restoring competency in cases in which individuals are deemed incapable of making an informed choice; once competency is restored these individuals are eligible to enter the MHC.

The terms of participation are explained before an individual agrees to enter the program. A defense attorney is available to explain these terms and implications

of participation. Participants must sign a release of information form in order to allow treatment providers to collect participant records and speak to other providers, family members, and friends.

G. Confidentiality

In order to observe staff meetings regarding participants' cases, visitors are asked to sign confidentiality forms. The MHC team and judge keep mental health information separate from criminal justice records, and mental health information does not become a part of the criminal record. Mental health information is not forwarded to other courts if the participant chooses to return to a traditional docket. Each participant signs roughly 30 release forms to ensure access to information by the MHC team for past and future records. Releases are valid for one year.

While the court does take some steps to ensure confidentiality, the court does not ensure that treatment information is safeguarded in open court; the sign outside of the court room states that MHC hearings are in session.

H. Treatment Supports and Services

The MHC relies heavily on CSS to participate in the management of the court and provide most services, including psychiatric counseling, case management, vocational training, assistance with housing, and medical and other benefits. A chemical dependency treatment and community corrections agency, Oriana House, provides residential support but is not directly involved in MHC operations. While a number of other providers exist in the community, there is no formal mechanism for obtaining their input regarding the operation of the MHC.

The Intensive Outpatient Program (IOP), operated by Oriana House, provides excellent dual disorder education programs for MHC participants, but most other community providers do not provide integrated treatment. Rather, they focus on mental health or substance abuse treatment exclusively. The MHC staff have expressed the need for more integrated treatment and dually licensed clinicians in the community.

The MHC has developed a written protocol for evaluating participants for psychiatric inpatient services. In addition, the MHC uses a case management model that is not limited to medication and appointment monitoring—case managers at CSS also help clients apply for benefits and secure housing.

CSS also includes a vocational component, which eliminates the need for an additional provider and streamlines access to employment—the program has a waiver that allows it to bypass the state-operated vocational services application process.

Other resources in the community include Alcoholics Anonymous, Dual Diagnosis Anonymous, and a life skills group. The MHC developed, then disbanded, an early alumni group that obtained limited success; however, the court may try to develop a similar group in the future.

I. Monitoring Adherence to Court Requirements

Monitoring of adherence to court requirements is provided exclusively by the CSS community living specialists, who have weekly contact with MHC participants. Municipal law in Akron prohibits probation officers from visiting or searching for their probationers in the field; probation officers are essentially “desk bound.”

The MHC does not have written protocols for administering sanctions and incentives. At the weekly staff meetings the program manager/chief probation officer, court liaison, clinical director/psychiatrist, treatment manager, and five community living specialists discuss all cases and agree on which require a judge-issued sanction. The judge is briefed on these cases (especially those in which participants have particular issues that the treatment team feels should be addressed at the court hearing) immediately before the hearing.

Sanctions include verbal reprimands, sitting in court for a day of viewing, community service, increased contact with the community living specialist, house arrest, Alcoholics Anonymous meetings, “90 meetings in 90 days” (i.e., participants must attend 90 Alcoholics Anonymous meetings in 90 days), day reporting, and jail. Incentives include tins of cookies, praise, and reduced supervision. There are no written protocols for sanctions and incentives.

J. Sustainability

The MHC is participating in an ongoing independent study conducted by researchers at Kent State University; however, the MHC team does not use data gathered in this study and in related client satisfaction surveys to strategically assess the program and promote sustainability.

The MHC has the buy-in of relevant community providers and municipal agencies, and has had ongoing funding from the ADMH Board, which is a pass-through agency for federal and state funds, from its inception. Specifically, the ADMH Board covers all costs associated with substance abuse assessments and treatment.

The MHC went through some difficulty when it transitioned from the founding judge to the current judge and there has been some turnover of treatment and case management staff at CSS. In spite of these difficulties, there does not appear to be a strategy or plan for training or transitioning staff to ensure the court’s continuity.

To learn more about the Akron Mental Health Court, visit: <http://consensusproject.org/mhcp/>

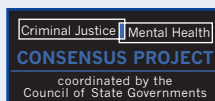
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The Mental Health Court Learning Sites Program is supported by the Bureau of Justice Assistance (BJA). More information on BJA can be found at <http://www.ojp.usdoj.gov/BJA/>

To learn more about the Mental Health Court Learning Sites, visit <http://consensusproject.org/mhcp> or contact:

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To download other mental health court resources, please visit <http://consensusproject.org/mhcp/info/mhresources/pubs/>:

- *The Essential Elements of a Mental Health Court*
- *A Guide to Collecting Mental Health Court Outcome Data*
- *A Guide to Mental Health Court Design and Implementation*
- *Navigating the Mental Health Maze*

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