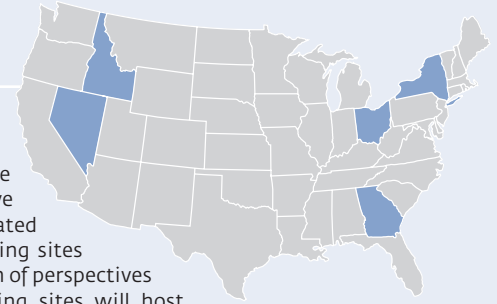


MENTAL HEALTH COURT LEARNING SITES

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.



Dougherty Superior Court, Georgia, Mental Health Court

Program Description



I. INTRODUCTION

The Dougherty County Superior Court, Mental Health and Substance Abuse Division (MH/SAD) in the city of Albany, Georgia, was established in 2002. Approximately 40 participants are under MHC supervision on any given day. Eligibility is limited to individuals charged with non-violent felonies who have a mental illness, co-occurring mental illness and substance abuse disorder, or a primary substance abuse disorder. The court handles both mental health and substance abuse issues because there is no separate drug court in the county. The MH/SAD team comprises a judge, a court coordinator (who is a registered nurse and also the mental health screener), three probation officers (one specializing in substance abuse, one in mental health, and one in co-occurring disorders), two caseworkers (specializing in mental health and substance abuse, respectively), two public defenders, and two district attorneys.

The MH/SAD was developed to respond to people with mental illnesses cycling in and out of jail, inundating the community court calendar with quality of life offenses. The majority of individuals enter the MH/SAD after their second or third probation violation. If they successfully complete the program, their probation terms may be terminated early, thereby relieving probation officers’ caseloads.

Dougherty Superior Court, Georgia, Mental Health Court

- Established in 2002
- Approximately 40 participants are under MHC supervision on any given day

The city of Albany is the Dougherty County seat. Albany is home to more than three quarters (76,000) of Dougherty County’s population (95,600). Dougherty County is the center of a very rural area in Georgia that has difficulty attracting mental health professionals like psychiatrists—a factor that impacts its ability to provide mental health services. The U.S. Department of Health and Human Services has designated Dougherty County as a Health Professional Shortage Area (HPSA). Dougherty County is also extremely poor and is characterized by a large income gap. The county has the highest incarceration rate in Georgia, and has, at times, had the highest incarceration rate in the U.S. Probation periods in Georgia are among the longest in the country: individuals are regularly sentenced to probation periods of 30 to 40 years.

Dougherty County offers a fair number of community treatment options, including some integrated treatment for co-occurring disorders, but could use more integrated treatment and safe and affordable housing.

The MHC collaborates with the Probation Department and the Department of Human Services, which provide staff and other services to the MHC; however, the MHC is not considered a part of these agencies (e.g. they do not provide oversight).

II. PROGRAM ELEMENTS

A. Planning and Administration

A planning committee that included representatives from the court system, the sheriffs' department, the local hospital, state and community mental health professionals, and the Departments of Probation and Parole convened in 2001 to address the frequent cycling of individuals with mental illnesses through the committee members' respective systems. The planning committee agreed on two goals: to provide better training for first responders, and to coordinate a better response to individuals with mental illnesses. The MH/SAD was thus developed to reduce the frequency with which probationers with mental illnesses utilized the emergency room, crisis intervention unit, and jail.

The planning committee currently meets in an advisory/oversight capacity, and actively works to collect data that will help determine whether the MH/SAD is achieving its goals. To date, the advisory committee has demonstrated that a decline in hospital use by the target population can be attributed to the MH/SAD, and that a decrease in the jail population (the jail has over 400 empty beds) can be attributed to the MH/SAD and a number of other initiatives.

The MH/SAD faced no opposition when it began operations and enjoys the support of all relevant members of the criminal justice and mental health systems.

Dougherty County is now working with NAMI Atlanta to provide crisis intervention training to jail and street law enforcement officials; the County hopes to train at least 50 percent of its law enforcement officials in crisis intervention.

The MH/SAD has developed a program binder which includes a mission statement, vision statement, goal statement, program description, and sample forms. The MH/SAD is eager to receive technical assistance, especially around its data analysis efforts.

B. Court Team

The MH/SAD team comprises a judge, a court coordinator (who is a registered nurse and also the mental health screener) three probation officers, two caseworkers

(specializing in mental health and substance abuse, respectively), two public defenders, and two district attorneys. Only the caseworkers, mental health screener, one public defender, three probation officers, and the district attorney attend staffings. The judge does not attend these meetings because he believes that his participation may be prejudicial.

The judge has attended a number of trainings on co-occurring disorders and teaches a course on this subject at the National Judicial College. The probation officers attended a training session on co-occurring disorders upon joining the team. Neither the district attorney nor the public defender received training on mental health issues upon joining the MH/SAD. The MH/SAD organized a mental health and substance abuse training in 2004 which was attended by 350 attorneys, judges, and sheriffs. The court hopes to hold this training annually.

The district attorney and public defender reported that their roles in the MH/SAD team were limited unless a participant violated the terms of the program, in which case the district attorney provides options for possible sanctions and the public defender provides a counteroffer.

C. Timely Participant Identification and Linkage to Services

Referrals to the MH/SAD come from a variety of sources, including the jail, probation department, court, and district attorney's or public defender's offices. Most referrals come from the jail, involving individuals with technical probation violations. When an individual is arrested and shows evidence of mental illness, a contract psychiatrist performs an assessment. If an individual is not eligible for inpatient treatment and has violated the terms of his or her parole, the psychiatrist can refer the individual to the MH/SAD. The assessment performed by the psychiatrist may include recommendations that subsequently become part of the individuals' MH/SAD treatment plan.

Referred individuals are interviewed and assessed within approximately one week of the referral, followed by a second interview within three weeks of the initial referral. Placement is arranged with existing community services, where treatment plans are developed for each participant.

It usually takes one month from an initial referral for an individual to be accepted into the MH/SAD, but services are arranged for these individuals while they await notification of acceptance.

Treatment plans often include a stay at a 28-day residential facility. Individuals who are not accepted into the MH/SAD still receive services as they leave jail through the Transitional Aftercare for Probationers and Parolees

(TAPP) program. The TAPP is also used to transition some MH/SAD participants to generic community mental health and substance abuse services. The MH/SAD helps participants pursue entitlements after they are released from jail.

D. Target Population

Eligibility is limited to individuals charged with non-violent felonies who have mental illnesses, co-occurring mental illness and substance abuse disorders, or a primary substance abuse disorder. The majority of participants enter the court after violating the terms of their probation. The MH/SAD has three tracks to address its large target population: 1) participants with mental illnesses, 2) participants with co-occurring disorders of mental illness and substance abuse, and 3) participants with substance abuse disorders.

Individuals charged with crimes against children, sex offenses, and those with histories of violence are excluded from participation. Individuals with developmental disabilities or organic brain injuries as a primary diagnosis are also excluded. While the program does not exclude all individuals with violent offenses, the program has not accepted any participant charged with a violent weapons offense.

MH/SAD's target population is determined based on the availability of services in the community, i.e. it does not accept participants with needs that the community cannot meet.

E. Terms of Participation

Terms of participation vary according to each participant's needs. The district attorney reviews general program requirements with each potential participant, and the judge explains each participant's individual terms of participation before he or she accepts admission into the program.

Participants can remain under supervision by the MH/SAD for an amount of time equivalent to the maximum probation period (40 years), but the longest length of supervision in the program thus far has been 28 months.

Participants receive and sign an amendment of probation supervision which clearly explains their obligations while participating in the MH/SAD.

F. Informed Choice

Because the MH/SAD deals exclusively with individuals on probation, competency issues have been addressed earlier in the criminal justice process. As mentioned

above, the MH/SAD goes to great lengths to explain the program to each participant throughout the duration of the program. Although most participants are on probation at the time of admission, the public defenders routinely advise clients regarding placement in the MH/SAD.

G. Confidentiality

The MH/SAD makes an effort to protect the confidentiality of its participants. Probation officers are the only criminal justice members of the MH/SAD team present when clinical information is discussed during case reviews, and participants sign a release of information form as a condition of participation in the court. The general public is not permitted to attend court sessions, and participants are called into the courtroom one at a time. During hearings, which are on the record, treatment and criminal justice personnel and the bailiff are the only individuals present. Family members can attend hearings if they are invited by the participant.

H. Treatment Supports and Services

Community mental health providers at the state, regional, and local level were heavily involved in the planning and operation of the MH/SAD, which was designed to utilize the community's existing service system. As mentioned above, Dougherty County has very few psychiatrists; it may take up to one week for an individual in need to meet with a psychiatrist.

Despite the lack of psychiatrists, Dougherty County has a range of services, including a crisis stabilization unit for individuals with mental illnesses and substance abuse disorders, a 28-day residential program for individuals with dual diagnoses, a detoxification center, a Transitional Aftercare for Probationers and Parolees program (TAPP: The program includes transportation assistance, case management, and assistance applying for benefits and entitlements), psychoeducation, dual diagnosis groups, and a peer support program run by a consumer of mental health services.

While the MH/SAD was designed to utilize existing services, the court has also identified and filled gaps in those services. For example, the MH/SAD identified a need for, and then created, a drug treatment program. The MH/SAD has also identified a need for residential treatment services for women with co-occurring disorders who have children.

Case management is provided by the MH/SAD internally, through positions funded by the community services board. Additional case management services

are available through the TAPP re-entry program. Treatment plans are individualized for each participant and developed by the case manager and community services agency. Treatment plans are modified as needed.

Because Dougherty County is a rural area, bus and taxi services are limited. Most community providers offer some transportation, but more is needed.

The county is also engaged in ongoing efforts to cross-train its substance abuse and mental health service providers. These efforts have raised treatment providers' competency in serving individuals with dual diagnoses.

I. Monitoring Adherence to Court Requirements

Hearings generally take place three times per month. Each participant generally attends one hearing per month, but the MH/SAD team can change the frequency of these hearings on an individual basis. During hearings, the court coordinator reports on participants' progress; the public defender and district attorney have an opportunity to make comments; and the judge provides participants and family members an opportunity to speak. Although probation officers have monthly contact with participants, the caseworkers coordinate all treatment and supervision. The court coordinator (also a registered nurse and the mental health screener) has ultimate responsibility for all MH/SAD participants.

The MH/SAD employs a variety of sanctions and incentives. Sanctions include more intensive treatment, more frequent urinalysis, more frequent court appearances, and sometimes jail. Incentives include verbal praise, less frequent court appearances, and early termination of probation. Because most participants have lengthy criminal

records, early probation termination—and not dismissal of charges—is an incentive to complete the program.

J. Sustainability

As mentioned above, the MH/SAD took great care to design its program using existing community resources. Nonetheless, the court receives additional funding from the Community Service Board (the state agency in charge of providing mental health services), which covers the cost of the court coordinator and two caseworker positions.

The MH/SAD does not have a plan for training and/or transitioning court personnel in the event of a sudden vacancy and subsequent re-hire. This leaves the court vulnerable in the event of a sudden loss of key personnel such as the judge.

The MH/SAD has the support of the local criminal justice system, which participates on the advisory/oversight committee and allows the public defender's and district attorney's offices to participate. Because the MH/SAD is credited with reducing both hospitalizations and the amount of time people remain under supervision, it is in a strong position to maintain its funding.

The MH/SAD currently collects program operations data and is looking for assistance analyzing and evaluating this data. The MH/SAD has also conducted an evaluation of participant performance which showed reduced arrests, jail stays, and hospitalizations during program participation. An emphasis on data collection has helped the county commissioner justify funding for the program, and state officials, who currently provide additional funding for the program, are willing to continue their support based on the MH/SAD's performance.

To learn more about the **Dougherty Superior Court's Mental Health Court**, visit: <http://consensusproject.org/mhcp/>

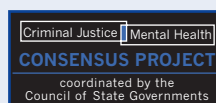
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The Mental Health Court Learning Sites Program is supported by the Bureau of Justice Assistance (BJA). More information on BJA can be found at <http://www.ojp.usdoj.gov/BJA/>

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 Mental Health Court Design and Implementation*
- *A Guide to Collecting Mental Health Court Outcome Data*
- *Navigating the Mental Health Maze*

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