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Mental Health Court

Nevada's Pilot Project
November 01 – October 02

ASSEMBLY WAYS AND MEANS
DATE: 3-12-03 ROOM: 3137 EXHIBIT H
SUBMITTED BY: Judge Peter Breen

History of MH Courts in US

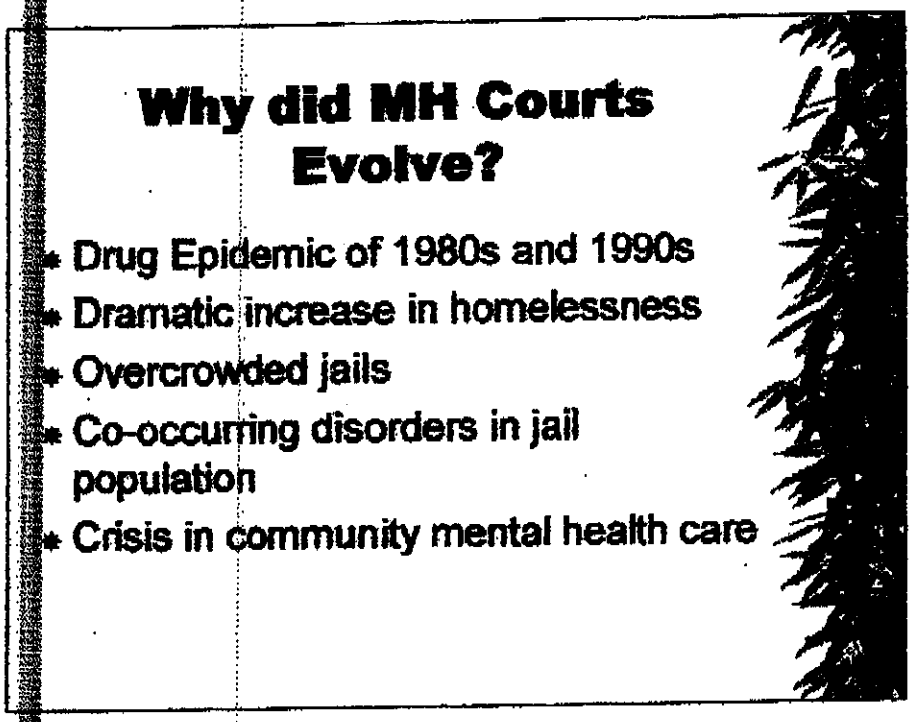
- Therapeutic Jurisprudence: "Problem Solving Initiatives
- Drug Courts began in Miami in 1989 – now more than 500
- Other examples of Specialty Courts: Domestic Violence, Re-Entry Court, Community Courts

Over the past decade, there has been a trend towards court-based "problem-solving" initiatives that seek to address the root causes that contribute to criminal involvement.

The successful drug court model began as an experiment in Miami in 1989; there are now more than 500 drug courts across the nation. Nevada has had Drug Courts in Washoe and Clark Counties for a number of years, and just last month we have seen the creation of our first rural Drug Court, serving 3 judicial districts in five rural counties in Northern Nevada.

(Carson City, Churchill, Douglas, Lyon, Storey)

The judicial problem-solving methodology has been adapted to address other serious problems associated with groups of people in the criminal caseload. These 'specialty courts' present an opportunity to get at the 'root' of the problem, and try to resolve issues to prevent further involvement in the criminal justice system.

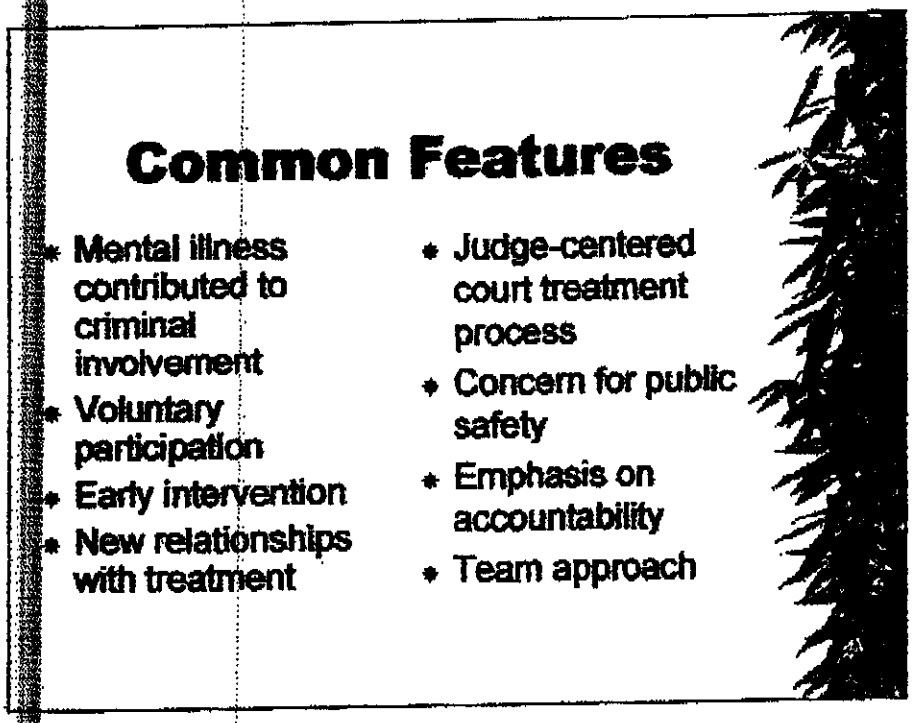


A number of complex issues contributed to the pressures that have led to the development of mental health courts – and we have seen the effects of these problems in our own state.

Harsher drug penalties and the crack and methamphetamine epidemics brought many more people into the criminal justice system. As homelessness increased, many times jails were used to provide a 'safety net' for people needing a 'time-out' from life on the street.

In recent years, it has become more apparent that a strong percentage of people in jail with a substance abuse problem, also have a 'co-occurring disorder' of a mental illness.

Nationally, the crisis in community mental health care became very apparent as we've dealt with the long-term effects of deinstitutionalization of the mentally ill, and a lack of a corresponding increase in community-based mental health care.



A number of attributes are shared by the pioneering MH Courts.

The mental illness must be demonstrable and must have likely contributed to the person's criminal involvement.

Each court is voluntary – defendants must consent to participation.

The objective of the Court is to prevent the jailing of the mentally ill and/or secure their release from jail to appropriate services and support in the community.

The Court is concerned with creating a more effective working relationship with mental health providers and support systems.

The judge is at the center of the court treatment process, providing supervision, therapeutic direction and overall accountability.

Each court gives a high priority to concerns for public safety in arranging for the care of mentally ill offenders in the community.

Each court provides supervision of participants that is more intensive than would otherwise be available, with a special emphasis on accountability and monitoring performance.

Each court uses a dedicated team approach – representatives from relevant justice and treatment agencies form a cooperative and multi-disciplinary working relationship with expertise in mental health issues.

History of SB366/SB6

- Grassroots support
- Judicial support
- Key changes in authorizing legislation:
  - Multi-jurisdictional court
  - Charges may be dismissed upon successful completion

Several grassroots groups identified development of Mental Health Court as a priority need in Nevada, including Rosetta Johnson of Human Potential Development, NAMI chapters, Community Unity Coalition, ACLU. Judge Peter Breen convened a Planning Committee in December of 2000 to identify needed legislative changes, target population, jurisdictional issues, operational issues, and needed resources.

During the 2001 Legislative session SB 366 was introduced to authorize the creation of a MH Court in Nevada. The bill was approved during the last hour of the regular legislative session and then re-approved during the Special Session as SB 6. Although it was recognized that state funding was essential to the development of the MH Court, no finds were appropriated due to the extremely tight budget process and the political issues associated with redistricting which caused havoc at the end of the session.

It should be noted that there was strong bi-partisan support for the MH Court bill unanimously approved in the Senate, and approved with only 2 Nay votes in the Assembly. Many legislative members from Southern and rural Nevada were interested in the concept and asked to be kept informed of the progress of the development of the MH Court in the 2nd Judicial District.

SB 6 featured two key components to authorize the creation of a MH Court in Nevada. The measure authorizes a district court to establish an appropriate program for the treatment of mental illness, and provides that a justice court or a municipal court may transfer original jurisdiction to the district court if the case involves an eligible defendant. The legislation also allows the judge to dismiss charges upon successful completion of the program.

Pilot MH Court

- Pilot project began in November 2001
- Existing resources
- Variety of referral sources
- Build track record
- Expand as resources allow

Judge Peter Breen's firm commitment to the concept of Mental Health Court has led to the creation of a pilot project last November in the 2nd Judicial District. It is anticipated that up to 30 clients will be accepted into the MH Court by the end of 2002.

Due to the lack of funding from the legislature, the pilot operates using existing staff from NNAMHS, P & P, Community-Based Organizations, and the Courts. Referrals come from the jail, Muni & Justice Courts, as well as District Court. Stipulation to transfer jurisdiction must come from the prosecutor, client/defense, sentencing judge ... and client must be accepted by Judge Breen through screening committee.

Future funding could come from Federal Government. President Clinton signed federal Legislation in November, 2000 establishing a national mental health court demonstration program, authorizing $10 million annually for up to 10 MH Courts. President Bush endorsed that funding level and recently issued a Request for Proposal. We have applied for a grant of $150,000 over the next two years to support a full time Court Services Officer assigned to Mental Health Court as well as a flexible services fund to allow the Court to assist clients with immediate needs such as housing, clothing, food, etc. It is anticipated that the MH Court may expand in the future with support from private foundations, county/city budgets, state funding, and creative use of existing resources.

Pilot Project Data

- 32 enrolled
- 5 revoked probation
- Of 27 remaining:
  - 13 male
  - 14 female
  - 22 white
  - 4 black
  - 1 hispanic
- Age range 18 to 52
- Average age: 29
  - 18-24: 6
  - 25-40: 13
  - 40+: 8
- 31% bipolar
- 44% schizophrenic
- 25% other disorder
- 69% drug/alcohol

During the pilot program's first year in operation, 32 clients were enrolled and 5 clients had their probation revoked.

Of the 27 clients in the program at the end of the first year, 52% were female, 48% were male.

81% were white, 15% were black and 4% hispanic.

Ages of the clients ranged from 18 to 52, with the average age being 29.

Clients presented with a range of psychiatric and substance abuse issues.

Client Profile

- Misdemeanors and Felonies
  - Trespassing
  - Destruction/Stolen Property
  - Disturbing the Peace
  - Petty Theft
  - Probation Violation
  - Prostitution
- Multiple Arrests
- CPS Involvement
- Co-occurring Disorders
- Referrals from:
  - Public Defender
  - Jail/Court Services
  - Other Judges/Cts
  - Parole/Probation

Fairly typical charges – others include uttering forged instruments, "Dining and Dashing", using a controlled substance, domestic battery, obstructing and resisting. Judges are putting MH Ct as a condition of probation in a fair number of cases.

Clients face difficult issues on top of dealing with their mental illness, i.e. being arrested on a traffic violation and incarcerated for not having a driver's license etc.

There has been significant involvement with Child Protective Services. Most of the clients have co-occurring disorders – drug/alcohol, mental retardation along with their mental illness. 75% of the clients had co-occurring disorders. 13% were mentally retarded along with a mental illness and/or a substance abuse problem.

Most of the referrals that have been accepted have come from the public defenders office, parole and probation, and other judges and courts.

Goals of Mental Health Court

- Provide comprehensive mental health services to eligible defendants
- Protect public safety
- Reduce recidivism and re-incarceration

The "Carrot and Stick" approach of MH Court will utilize comprehensive strategies to address the clients' basic needs early and effectively...this should reduce anxieties, and minimize the likelihood of reoffending criminal behavior.

While it is unrealistic to expect any program to cure mental illness, MH Court staff strive to help mentally ill persons achieve stability in their living arrangements, be protected from persons who prey upon them, and be relieved to the extent possible of the anxieties, fears and delusions that torment them.

Society will benefit greatly as well through decreased crime and the accompanying costs of prosecution and incarceration.

Current Challenges

* Identifying appropriate clients
* Co-occurring disorders
* Systemic issues
* Difficult and complex cases
* Lack of funding for supportive services
* Data to prove savings

- We are still in the trial and error stage regarding identifying appropriate clients.
- Separating the substance abuse from the mental illness issue is sometimes impossible – which came first?
- Making the mental health and other public systems accessible to these clients is challenging.
- The complexity of some of these cases is overwhelming.
- We need a full-time court services worker to ensure the court's orders are carried out and to support clients.
- Arrest and incarceration data records are difficult to access and often incomplete. The court needs a better data collection system as well.