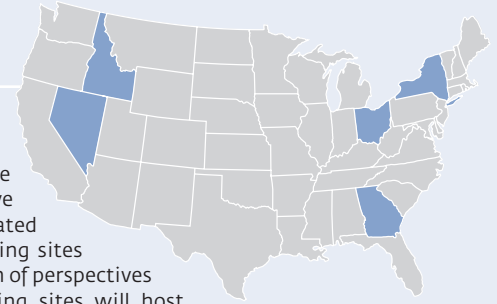


MENTAL HEALTH COURT LEARNING SITES

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.

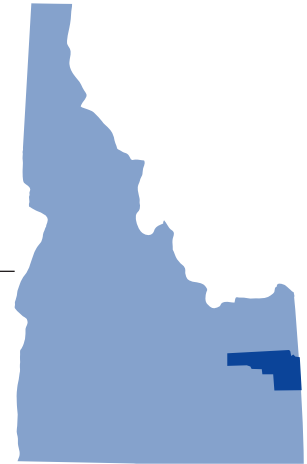
To facilitate peer-to-peer assistance among jurisdictions that have established, or are planning to establish, MHCs, the Bureau of Justice Assistance (BJA)—through its technical assistance provider, the Council

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.



Bonneville County, Idaho Mental Health Court

Program Description



I. INTRODUCTION

The Bonneville County Mental Health Court Program (MHC) was established in August 2002 and received a grant from the Bureau of Justice Assistance (BJA) Mental Health Court Program (MHCP) in 2002. Approximately 35 participants are under MHC supervision on any given day. Individuals with felony charges and serious misdemeanor charges (individuals facing significant jail time) who have an Axis I “serious and persistent” mental illness are eligible for participation in the program. Seventy percent of current MHC participants have been diagnosed with bi-polar disorder and 30 percent have been diagnosed with schizoaffective disorder, schizophrenia, or major depression.

The MHC team consists of a judge, a court coordinator, two probation officers (one felony and one misdemeanor), a vocational rehabilitation specialist, a graduate of the MHC, one clinician (substance abuse), and four Assertive Community Treatment (ACT) social workers. Additionally, meetings are often attended by a representative from ARA, (an inpatient and halfway house substance abuse provider); a representative from Child Support; and a NAMI representative (National Alliance for the Mentally Ill).

Participants are referred to the court primarily through the public defender’s office after they have

Bonneville County, Idaho, Mental Health Court

- Established in 2002
- Approximately 35 participants are under MHC supervision on any given day

Bonneville County is located in southeast Idaho. It includes Ammon, Idaho Falls (the county seat), Iona, Irwin, Swan Valley, and Ucon. The county’s eastern border is also the state border between Idaho and Wyoming. The city of Rexburg is also part of the MHC’s catchment area but is not a part of Bonneville County. Bonneville is the fourth largest county in the state with a population of more than 80,000. Idaho Falls has a population of approximately 51,000 and is approximately 92 percent Caucasian.

pled guilty and no other options exist for reducing jail time. Participants’ sentences are then suspended, and they begin the MHC treatment program as an alternative to the sentence that they would have received. All participants are assigned to an ACT team member and receive substance abuse treatment in addition to other relevant services. Charges are generally not dismissed upon completion of the program due to each participant’s lengthy record.

II. PROGRAM ELEMENTS

A. Planning and Administration

A planning committee of diverse stakeholders from the criminal justice and mental health systems was established to develop the court. The planning group consisted of the judge, representatives from residential treatment, the ACT team, representatives from the state mental health agency, the prosecutor, representatives from the county and state probation agency, the jail, and NAMI. The planning committee now serves in an advisory capacity and includes the court coordinator and a graduate of the program. This advisory committee meets on a quarterly basis.

B. Court Team

The MHC team meets weekly to review the progress of MHC participants. The court does not offer continuing education opportunities to its staff. While the judge visited other courts before beginning the MHC, he did not receive any formal training on mental health issues. In fact, there is neither initial nor ongoing training available for any of the criminal justice staff on mental health issues. Although mental health staff did receive initial training on criminal justice issues, no ongoing training is available.

The public defender is not part of the MHC team. Because this is a post-plea court, the public defender cannot negotiate as part of the plea process. Public defenders thus treat each case as if there were no MHC. Once a defendant has pled or been found guilty the public defender will refer the client to the MHC for possible alternative sentencing.

C. Timely Participant Identification and Linkage to Services

Because the MHC is relatively small, roughly 60 percent of referred cases are not accepted for participation in the court. As mentioned above, referrals mostly come from public defenders whose clients have already pled guilty.

Multiple members of the MHC team review referrals. The court coordinator is the first person to review referrals, and afterwards passes them to the probation officer for review and recommendations. Referrals are then reviewed by the ACT team, and finally by NAMI, which may have information relevant to the case.

Although, as noted above, almost all participants are accepted after they have pled guilty in another

court, individuals who have violated the terms of their probation are accepted to the program in some cases. Given their longer history with the criminal justice system, these participants may go through a more rigorous assessment and wait longer before acceptance. The ACT team assesses and develops a treatment plan as soon as an individual is accepted into the MHC (less than 24 hours after acceptance). Although the development of a treatment plan is expedited and participants are connected to the ACT team immediately, participants must sometimes wait for placement with certain providers.

D. Target Population

As mentioned above, the MHC has clearly identified its target population: individuals with felony or serious misdemeanor charges who have an Axis I serious and persistent mental illness, but can function in—and benefit from—treatment, are eligible.

Sex offenders are excluded from participation, because they are required to complete the county sex offender program.

Other initiatives in the county that target different subpopulations of people with mental illnesses in the criminal justice system include a recently unveiled project to divert misdemeanor offenders.

E. Terms of Participation

Participation in the MHC is voluntary: participants must sign an agreement to enter the court. Participants are made aware—in writing—of the level of supervision, types of treatment, and treatment expectations they face when they enter the MHC. They are also informed of their right to return to the traditional court docket. Although the terms of participation are individualized, the program is generally very intensive.

The judge withholds sentencing on each case, and participants do not serve jail time unless they are sanctioned or fail to complete the program. Charges are not dismissed upon successful completion of the program due to the participants' lengthy criminal records.

F. Informed Choice

Each participant screened and accepted into the MHC is assessed for his or her capacity to give informed consent. The MHC team attains consent during the screening process and assesses competence during a pre-admission session with the potential participant. Potential participants must also sit in on

a MHC hearing and meet with the MHC coordinator and ACT team before agreeing to enter the program and signing the “contract” for participation. In this sense, participants are well informed; however, due to the absence of the public defender, participants have no legal counsel when deciding whether to enter the court.

G. Confidentiality

Participant rights are included on the MHC team’s sign-in sheet. The notification seeks to protect participant confidentiality and remind observers of their obligation not to disclose information. During the court proceedings there is open discussion of participants’ medication regimen and compliance, as well as urine toxicology screening results.

The MHC coordinator maintains an abbreviated court file that contains a summary of participants’ progress through the phases of court monitoring. The ACT team adheres to state and federal confidentiality requirements and maintains separate case records that adhere to state standards.

Participants must sign releases to allow court personnel to view medical records, but records of treatment are not kept separately from criminal records.

The MHC does not currently have a formal mechanism to receive consumer and family feedback about the open sharing of personal treatment information.

H. Treatment Supports and Services

The MHC implements a participant-centered, evidence-based program delivered by a multidisciplinary team. The model is both evidence- and strength- based. The level of services is determined by the MHC team’s assessment of the participants’ needs.

Case management is an integral part of MHC treatment and services. Entry into the MHC initially entails extensive one-on-one support obtaining basic needs like housing, medical care, and medications. Furthermore, the MHC team and treatment and services staff help participants learn how to utilize community supports and self-help resources.

Treatment provided by the MHC includes medications, group therapy (including groups on moral

reconciliation therapy (MRT) and co-occurring disorders), and individual psychotherapy sessions with social workers. Other services, to which the MHC connects participants through an array of linkages with other agencies, include assistance with rent, childcare, benefits applications, transportation, housing, legal advocacy, vocational rehabilitation, educational assistance, and job searches. Finally, the MHC team helps facilitate participants’ physical health by coordinating appointments and providing transportation to doctors and clinics.

Other resources available in the community include Alcoholics Anonymous, Narcotics Anonymous, Dual Diagnosis Anonymous, and NAMI workshops. The MHC has also developed an alumni group to assist participants transitioning out of the program and into the community.

Like most rural communities, lack of public transportation is an issue in Bonneville County. Additionally, non-emergency services and treatments are only available during normal business hours, making access an issue for people who are employed.

I. Monitoring Adherence to Court Requirements

The probation officer has legal responsibility for MHC participants, but primary supervision is provided by an ACT team member assigned to each participant. Unless the ACT team “flags” a participant, the probation officer will only see participants in court, usually once a week. The probation officer will make home visits or require the participant to appear in court if there are any compliance issues.

The court employs a wide range of sanctions and incentives. Sanctions include keeping a time journal or a financial journal, community service, use of representative payee,* jail, and jail including work releases (when participants need to keep their jobs). Incentives include furloughs for travel/visits, extended and reduced curfews, home repairs, assistance with clothing, candy, certificates of completion for each phase, and verbal acknowledgment.

The MHC has developed a collaborative arrangement with the jail so that any MHC participant who

* A person legally designated to receive payment of Social Security entitlements and/or benefits on behalf of the participant. Generally the Social Security Administration (SSA) requires a representative payee before disbursing payments to a person with any history of

substance abuse. In reality the SSA may not be aware of a person’s substance abuse history and use of a representative payee may be a tool used by the MHC to require compliance with the program and ensure responsible use of funds.

commits a new violation or is sanctioned with incarceration can receive (or continue to receive) medications prescribed by the MHC team psychiatrist. Although the jail does not have a pharmacy, the jail and MHC have developed a process for continuing medication: A person identified by the system as a MHC participant is searched for medications, and if the person is found to possess any medication, a nurse will examine it, call the prescribing doctor, and contact the dispensing pharmacy to verify that this medication was disbursed by them to the individual. The nurse calls the ACT team and confirms that the medication should be given and then administers it to the MHC participant. If a participant of the MHC enters the jail without his or her medication, the nurse will call an ACT team member who will pick up the medication at the person's home and bring it to the jail, or go to the pharmacy to pick it up. Thus, MHC participants who must spend time in jail are always on the medication prescribed by the ACT team psychiatrist.

J. Sustainability

Idaho recently passed legislation that provides for additional ACT positions throughout the state, thereby ensuring that the MHC does not use all of the resources available to the community. In Idaho Falls and Rexburg, for example, the MHC receives only 25 of 80 available ACT spots. In addition, members of the legislature secured funding for the continuation of the

MHC coordinator's position, and other resources for the development of new mental health courts within the state. To date, the success of the Bonneville court has spurred the creation of seven additional MHCs in Idaho.

The long tenure of the advisory committee's key players has served to enhance the leadership of the MHC and its profile within the community; the MHC has the buy-in of multiple elected officials who are interested in making it a part of a more system-wide response to people with mental illnesses involved with the criminal justice system. The director of the Idaho Department of Correction has developed a mental health coalition that includes members of the MHC, including the judge.

The court has collected data on the program and participants as part of its activities, but needs to develop an evaluation plan to utilize this data.

There is no continuity plan for the MHC in the event that any of the MHC team leave the program; however, the MHC judge has provided peer training to a colleague who covers in his absence. Continuity of MHC operations is thus safeguarded in the event that the MHC judge is unavailable for long periods of time. Furthermore, because the ACT team was an established institution in the county before the creation of the MHC, its ability to train and maintain employees capable of performing for the MHC is ensured.

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

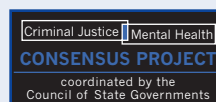
or contact:

Eric Olson, LCPC
Coordinator
Bonneville County Mental Health Court
(208) 360-0262
ericolson@qwest.net

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:

Lauren Almquist
Justice Center
Council of State Governments
(646) 383-5743
lalmquist@csg.org



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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