

**Draft #6**

**Business Plan**

**Nassau County Mental Health Court**

**2007-2008**

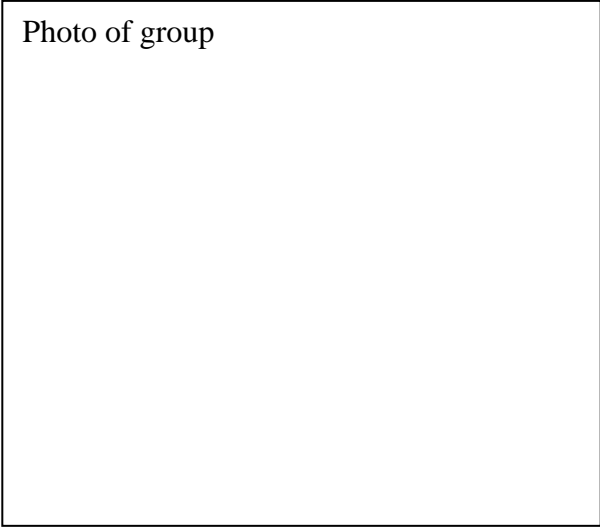
**Revised October 19, 2007**

*Acknowledgements*

Since November 2006 the Nassau County Mental Health Court Task Force has worked diligently to develop the plan for the court. Special thanks are given to all of the members of the Task Force for their dedication and hard work.

Judge Brian J. Davis, Chair

Ms. Jo Heller                      Ms. Lyn King  
Ms. Lisa Mohn                    Mr. Gene Costlow  
Ms. Kimberly Brown          Mr. Ed Dews  
Mr. Paul Andrews              Dr. Laureen Pagel, Ph.D.  
Ms. Emma Hayes                Director Mike Sutton  
Mr. Mark Ulerie                 Ms. Rebecca Michaels  
Mr. Brian Morrisey             Mr. Scott Bledsoe  
Mr. Scott Padgett



The Task Force is very grateful to Senator Steve Wise, Representative Aaron Bean and Nassau County Commissioner Marianne Marshall for their continuing support of our efforts and for improved services for persons with mental illnesses.

Special thanks also go to the Mental Health Court Judges, their staff, and other key team members who have helped guide us through our planning efforts. They have generously given their time to come to meet with us or let us come to their courts and participate in discussions with them and key participants in their systems.

Broward County

Judge Ginger Lerner-Wynn, Judge Mark A. Speiser, and Judge Michele Towbin Singer

Ms. Patricia Kramer, Program Supervisor, SAMH Program Office  
Ms. Rebekah Paone, Broward Regional Health Planning Council  
Ms. Delfern Stephenson, Broward Regional Health Planning Council  
Ms. Rhea Valerie Allen, Assistant District Program Supervisor

Alachua County

Judge Mary Day Coker and Judge Martha Ann Lott

Ms. Lina Catusus, Deputy Court Administrator, Mental Health Court

Ms. Mary Wiley, Senior Pretrial Release Officer

Ms. Nancy Duke, Therapist, Meridian Behavioral Health Center

Ms. Alexis Justak, Case Manager, Meridian Behavioral Health Center

Ms. Aimee Porter, Mental Health Court Forensic Liaison, Meridian Behavioral Health

Ms. Lisa McCue, Adult Mental Health Specialist, SAMH Program Office

St. Lucie County

Ms. Lisa Fonteyn, Client Services Director, Office of the Public Defender

Mr. Nicholas Bridenback, Client Services Specialist, Office of the Public Defender

Nassau County

Ms. Agnes Prelow, Judicial Assistant to Judge Brian Davis

The Task Force also thanks Ms. Vicki Abrams, Operations Manager, Department of Children and Families and Mr. Dick Warfel, former SAMH Program Office Supervisor for providing funding to retain a consultant to finish the Business Plan and for their contributions to the planning efforts.

Lastly, the Task Force acknowledges the fine work done by the Dr. Laureen Pagel, Ph.D., Director of Clinical Operations, Sutton Place, in preparing the grant applications for a mental health court to the Florida Legislature and the Bureau of Justice. Material from the applications was used in the Business Plan, thereby saving a significant amount of research and time.

# Nassau County Mental Health Court Business Plan 2007-2008

Acknowledgements Page

## Table of Contents

I.	Introduction	5
II.	Executive Summary	6
III.	Rationale for Mental Health Court and Diversion Program	9
IV.	Description of Nassau County and Demographics	12
V.	Key Components of the Mental Health Court	12
	A. Summary of the Mental Health Court	12
	B. System Mapping and Flow of Participants	15
	C. Mental Health Court Program Director	15
	D. Contractual Relationships – Funding the Mental Health Court	16
	E. Target Population and Access to Mental Health Court, Terms of Participation Informed and Voluntary Participation	17
	F. Confidentiality, Privacy and Security	21
	G. Community-Based Treatment and Supports – Integration and Provider Panel	22
VI.	Training Plan	23
VII.	Communication Plan	27
VIII.	Objectives, Metrics and Performance Improvement	33
IX.	Electronic Record of Mental Health Court Participants and System Database	36
X.	Budget and Financial Plan for 2007-2008	37
XI.	Sustainability and Potential Funding Sources	40
XII.	Role of the Advisory Committee	40
XIII.	Summary of Best Practices and Research Related to Mental Health Courts, Jail Diversion Programs and Mental Health Services	41

Attachments 54

1. Judicial Order Establishing the Nassau County Mental Health Court
2. Outcome Measure Charts for 2007-2008
3. Mental Health Court Budget 2007-2008 and Annualized 2008-2009
4. Potential Funding Sources – Mental Health Court/Jail Diversion Programs
5. Recommendations and Policy Statements from *Criminal Justice/Mental Health Consensus Project*
6. Ten Elements of Mental Health Court Design and Implementation from *A Guide to Implementing Mental Health Courts*
7. Resources and References List

## **Nassau County Mental Health Court Business Plan 2007-2008**

### **I. Introduction**

A group of advocates came together in November 2006 to address the needs of persons with mental illnesses in the criminal justice system in Nassau County, Florida. They were able to secure the support of The Honorable Brian J. Davis, Circuit Court Judge, and subsequently formed the Nassau County Mental Health Court Task Force (Mental Health Court Task Force). Judge Davis, with the concurrence of The Honorable Robert Foster, Administrative Judge for the 4<sup>th</sup> Judicial Circuit, Nassau County, secured the support of The Honorable Donald R. Moran, Chief Judge of the Judicial Circuit, to participate in an effort to develop a plan. The leadership of the area's Substance Abuse and Mental Health Program Office (SAMH) and the Department of Children and Families (DCF) also supported the planning effort.

The Task Force expanded its membership and met regularly for the next several months to discuss the many issues involved with developing the Nassau County Mental Health Court (Mental Health Court). By the end of August 2007 all parties had agreed on the initial plan, which is described herein.

During the first part of 2007, members of the Task Force were able to gain the support of Representative Aaron Bean and Senator Wise for a Community Budget Issue Request (CBIR) for a \$400,000 appropriation for a mental health court. The Florida Senate and House approved the request, but Governor Christ vetoed it. In addition, the Nassau County Sheriff's Office (Sheriff's Office) and Sutton Place collaborated on a proposal for \$400,000 in funding to the Bureau of Justice Administration, Office of Justice Programs, U.S. Department of Justice. The proposal is pending.

The Task Force views the Mental Health Court as a key step in resolving many important issues related to persons with mental illnesses that are involved in the criminal justice system. The Task Force will review other strategic issues related to the integration of criminal justice and mental health systems in the future and try to develop strategies for them, as well.

The Business Plan presented below provides a summary of the major aspects of the Mental Health Court and related functions, but it is not intended to provide a description of all of the processes and steps needed for implementation and operations. Those aspects will be developed after the Mental Health Court Program Director (Program Director) has been hired and as the Mental Health Court gains experience. In addition, the Program Director should have input into the current Business Plan and suggest alternative strategies.

Participants involved in the development of the Business Plan recognize that plans for the new program will have to be adapted in response to unforeseen circumstances and that additional funds will have to be secured as the caseload expands. They are committed to addressing these issues in the coming months and making the Mental Health Court a success.

## II. Executive Summary

The Mental Health Court is expected to open in October 2007. The Mental Health Court will initially focus on persons charged with misdemeanors, and it will consider adding persons charged with felonies in the future. The Honorable Donald R. Moran, Chief Judge of 4<sup>th</sup> Judicial Circuit, issued the Order establishing the Mental Health Court effective October 1, 2007 (Attachment 1). The Honorable Brian J. Davis will be the Presiding Judge and will hold court initially for two hours each week.

The overarching goals of the Mental Health Court include:

- ❑ Reduce the involvement of persons with mental illnesses, including those with co-occurring substance abuse disorders, in the criminal justice system.
- ❑ Reduce recidivism and re-incarceration of persons with mental illnesses in the criminal justice system.
- ❑ Incorporate the principles of recovery throughout the criminal justice, mental health and substance abuse systems.
- ❑ Improve the capacity of persons with mental illnesses to successfully live and work in the community.
- ❑ Improve access to mental health treatment, community services and supports for persons with mental illnesses.
- ❑ Improve treatment engagement and outcomes.
- ❑ Reduce burden and cost on law enforcement and the jail.
- ❑ Improve collaboration and coordination of services among criminal justice, mental health and drug treatment, physical health care, and other social service systems.
- ❑ Increase public safety.



Although not formally part of the Mental Health Court, a very important aspect of the response in Nassau County to criminal justice and mental health issues is the initiation of Crisis Intervention Training (CIT) by the Sheriff's Office. CIT is increasingly used by law enforcement nationally and in Florida as a means to reduce incarceration of persons with mental illnesses. The training enables law enforcement officers to gain new skills, which improve officer response to individuals with mental illnesses, often in crisis situations.

CIT is considered another approach to diversion of persons with mental illness from the criminal justice system, as is the Mental Health Court. Together they represent significant steps in Nassau County toward implementing a range of integrated criminal justice/mental health solutions.

DCF and the Sheriff's Office will execute a contract for services related to Mental Health Court activities. The contract will have an effective date of October 1, 2007 and will provide the Sheriff's Office with \$150,000 for the 2007-2008 fiscal year. The Sheriff's Office will hire a full-time Program Director. The Program Director's primary responsibilities include:

- ❑ Help identify and assess participants' eligibility for the Mental Health Court.
- ❑ Collaborate with the Office of the Public Defender, Defense Attorneys, State Attorney's Office, providers and others to develop conditional release, treatment and service plans.
- ❑ Help coordinate referrals for the Mental Health Court.
- ❑ Work closely with the Mental Health Court Judge to coordinate cases and the flow of information to the court and other parties.
- ❑ Coordinate and oversee the provision of treatment and services for persons under the Mental Health Court's jurisdiction. For persons with case managers, work with them to ensure the provision of appropriate treatment.
- ❑ Assist in monitoring participants' progress with community plans
- ❑ Develop subcontracts with providers.
- ❑ Manage the funds used for purchasing community-based services.
- ❑ Handle DCF contract responsibilities.

In addition, a 1 Recovery Peer Specialist (Peer Specialist) will be assigned to the program at the beginning and possibly a second in the spring. A Peer Specialist in this context is a person that has successfully completed training for the position and passed a required certification test based on the Georgia Model. The Peer Specialist will be an employee of Consumer Support Services, Inc., paid with funds provided by DCF.

The Peer Specialist will work under the day-to-day administrative supervision of the Program Director and will provide services in the jail and in the community. The Peer Specialist will provide a range of supportive services to candidates for the program and participants with the goal of helping persons succeed in the community and avoid re-entry into the criminal justice system.

The major eligibility requirements for the Mental Health Court are shown below. The complete list of criteria is included in the Section IV.E. of the Business Plan. The Mental Health Court's intent is to be inclusive in its acceptance of referrals, and it will consider cases not meeting the defined criteria on an individual case basis.

- ❑ Persons charged with misdemeanors and criminal traffic offenses (with certain exceptions; e.g., driving or boating under the influence, violence, domestic violence, sexual offenses).
- ❑ Felony reductions to misdemeanors may be acceptable on an individual case basis.
- ❑ Persons must have an Axis I mental illness diagnosis of schizophrenia disorders, schizophrenia-like disorders, bi-polar disorder, major depressive disorder and other psychotic disorders of an unspecified nature. Persons with a primary Axis I diagnosis other than mental illness will be excluded.
- ❑ Participants may be referred from a variety of sources. Some may have cases already pending and in process, and others may be on probation. In other words, referrals will not just come from persons newly arrested.

Initial participation in the Mental Health Court will be determined by a number of other factors. A complete list of these factors is shown in Section IV. E, and it includes:

- ❑ Acceptance into the Mental Health Court must be approved by the originating Court, Mental Health Court, state attorney, defense attorney, defendant, and in many cases, the victim.
- ❑ Defendant must voluntarily agree to participate in the Mental Health Court; enter into a Plea Agreement or a Deferred Prosecution Agreement; agree to and sign a treatment and service plan; and, comply in good faith with the objectives of the plan.

The Mental Health Court Program, under the general direction of Judge Brian J. Davis, will be comprised of a team of professionals working toward a common strategy of helping participants meet the goals described above. The team of persons will include:

- ❑ The Mental Health Court Judge. The Judge's Assistant, Court Administrator, Pretrial or Diversion Release Officer will provide services, as well.
- ❑ The Sheriff's Office – Mental Health Court Program Director. The In-Jail Contract Psychiatrist and Advanced Registered Nurse Practitioner (ARNP) provide evaluations and treatment and will help with identification of candidates.
- ❑ Public Defender, Defense Counsel, State Attorney
- ❑ Probation Officer
- ❑ Case Manager
- ❑ Sutton Place, the publicly funded community mental health center, Tenbroeck, Quality Life Center, Day Spring Villa's, and North West Behavioral Health Center
- ❑ Other Community-Based Mental Health Providers within the geographical area of the 4<sup>th</sup> Judicial Circuit.
- ❑ Community-Based Housing and Support Providers within the geographical area of the 4<sup>th</sup> Judicial Circuit.

The Mental Health Court has been scheduled for two hours each week and will operate in a manner similar to other misdemeanor courts in Florida. Members of the Mental Health Team will complete most of the casework in advance of a conditional release plan being presented and in advance of each week's court session. It is anticipated that in most cases the Mental Health Team will agree on the recommendations prior to the court session. The Presiding Judge will hear cases being referred; review conditional release plans and community plans with defendants; explain the defendants' responsibilities; hear frequent status reports, weekly for new participants; offer praise or provide sanctions; and handle other matters as they arise. ~~Normally all members of the Mental Health Court Team will attend each court session. A representative from the SAMH Program Office will attend the first few sessions to ensure that DCF rules and processes are understood and to help facilitate referrals for mental health services, housing and support services.~~

The Business Plan provides a more comprehensive description of the operations of the Mental Health Court and includes a flow chart showing the movement of defendants through the criminal justice and court systems. It includes objectives and strategies for initial Metrics and Outcome Measures. These will evolve as the court operates for a while and as it expands its caseload.

### III. Rationale for Mental Health Court and Diversion Programs for Persons with Mental Illnesses in the Criminal Justice System

Nearly 2.1 million individuals with severe mental illness are incarcerated in U.S. jails each year.<sup>1,2</sup> Approximately 72% of these inmates also meet criteria for co-occurring substance abuse disorders. The National Alliance for the Mentally Ill has stated that prisoners with mental illness cost the nation an average of nearly \$9 billion a year (NAMI, 2004). In discussion in regard to mentally ill in the jail system Legal Director of the National Alliance on Mental Illness reports, “This is a national problem, and it’s a direct reflection of the lack of adequate beds and coordination between the criminal justice and mental health systems”. At this time, there are only 40,000 beds in psychiatric hospitals around the nation, down from 69,000 in 1995. The State of Florida has also reduced its institutional capacity during the past 30 years. In addition, the Florida Legislature mandated the closure of G. Pierce Wood Memorial Hospital in 2002. This state civil institution had 266 beds.

In an article published by the Center for Mental Health Services, it states, “In 1970, the Nation counted more than 400,000 public psychiatric hospital beds, but by 1998, the number had decreased to just over 63,000, an 85% decline. During the same period, the number of private psychiatric hospital beds increased more than twofold, from just over 14,000 to more than 33,000. In addition, the number of psychiatric beds in general hospitals more than doubled, increasing from approximately 22,000 in 1970 to just over 54,000 by 1998.”<sup>3</sup>

*The U.S. Department of Justice reports that at midyear 2005 more than half of all prison and jail inmates had a mental health problem, including 705,600 inmates in State prisons, 70,200 in Federal prisons and 479,000 in local jails. (James, 2006)*

The article further states, “In sum, public psychiatric hospitals represented the overwhelming majority of psychiatric hospital beds in 1970, but the picture changed dramatically by 1998. The loss of nearly 350,000 public psychiatric hospital beds during this period was only partially offset by the combined increase in the number of private and general hospital psychiatric beds (approximately 50,000).”<sup>4</sup>

With few exceptions, such as in states that utilize Medicaid managed care strategies, specialty psychiatric hospitals are prohibited from directly billing Medicaid for persons under 18 and over 65 years of age, further reducing access to care. This prohibition, referred to as the Institute for Mental Diseases (IMD) exclusion does not apply to general hospitals. As Florida has implemented its Medicaid managed care strategies for behavioral health, managed care companies now have the ability to contract with specialty psychiatric hospitals. The managed care companies also contract with Crisis Stabilization Units, which are normally operated by community mental health centers.

It is important to note, however, in Florida from 1992 to 2001 there was a significant reduction in the number of psychiatric hospitals and some psychiatric hospitals discontinued operating units for adults. It is interesting to note, however, that the number of adult psychiatric beds in general hospitals remained almost constant during that period. In its Annual CON Report for 2002, the Agency for Health Care Administration (AHCA) reported the reductions shown below during the 10-year period.<sup>5</sup>

- ❑ Reduction in psychiatric hospitals (including SA) – 62 to 28, a reduction of 34 hospitals
- ❑ Reduction in adult psychiatric hospitals – 41 to 20, a reduction of 21 hospitals
- ❑ Reduction in adult psychiatric beds – 1,853 to 998, a reduction of 855 beds
- ❑ Reduction in average daily census – 1,145 persons to 532, a reduction of 613

In several locations in Florida, Crisis Stabilization Units operated by community mental health centers have been well over licensed capacity. These situations place additional burdens on persons served, families and providers.

The U.S. Department of Justice reports that at midyear 2005 more than half of all prison and jail inmates had a mental health problem, including 705,600 inmates in State prisons, 70,200 in Federal prisons and 479,000 in local jails.<sup>6</sup> These estimates represented 56% of state prisoners, 45% of federal prisoners, and 64% of jail inmates. The findings in this report were based on data from personal interviews with state and federal prisoners in 2004 and local jail inmates in 2002.

In Florida, until very recently, there was a significant number of inmates adjudicated Incompetent to Proceed (ITP) or Not Guilty By Reason of Insanity (NGI), as many as 300, held in jails because the state's forensic institutional beds were occupied. State law requires that these ITP and NGI inmates be transferred to state care within 15 days of going to jail. In 2005, the State of Florida reported 72% of mentally ill inmates were waiting for a bed and were waiting longer than the statutory limit of 15 days. In 2006 mentally ill offenders waited an average of 82 days for a bed to become available; the longest wait was 147 days.

The Florida Legislature and DCF have recently allocated \$48 million for forensic services, most of which was to pay for increases in bed capacity in locked facilities in Indiantown and South Miami. Forensic in this context means persons accused of felonies who are Incompetent to Proceed or who have been found Not Guilty By Reason of Insanity (Florida Statute 916).

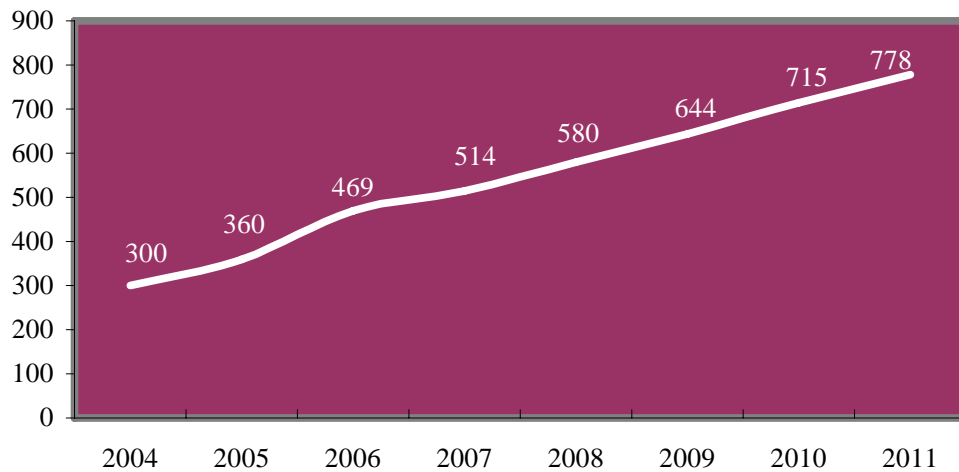
Florida Partners in Crisis reports that Florida's local jails have become the largest public psychiatric hospital, housing over 10,000 offenders with mental illnesses, many of whom are low-level offenders. There are more than 4 times as many people with mental illnesses in Florida jails than in state psychiatric hospitals (NAMI, 2004). Inmates with mental illness are 6 times more expensive to care for than other inmates. According to Florida Partners in Crisis, 92% of sheriff and jail administrators in Florida believe that local jails are ill equipped to provide appropriate mental health and substance abuse services (FPIC, 2004).

In an Escambia County Jail in Pensacola, Florida, two mentally ill inmates died over the last year and a half after being subdued by guards. In Pinellas County, Florida a schizophrenic inmate recently gouged out his eyes after waiting weeks for a hospital bed. Reports from public defenders in Miami-Dade County describe psychotic clients who have hallucinated, mutilated themselves and attempted suicide while awaiting transfer to hospitals. If people with co-occurring disorders can be diverted to more effective treatment programs in the community, then correctional facilities can be managed more effectively. Nearly 10% of male inmates require medication and other forms of treatment for serious mental disorder (Florida Commission on Mental Health Services and Substance Abuse, 2001).

The Sheriff's Office reports approximately 3,000 inmates were booked into the Nassau County Detention Center in 2005-2006. Of those 3,000 inmates, 16% of those were treated for mental illness. The top five mental health disorders encountered upon incarceration were: depressive disorders which include bi-polar disorder and major depression, substance abuse, adjustment disorders, post-traumatic stress disorder, and anxiety disorders.

In the Nassau County Detention Facility, the three-year trend for mental health services provided to inmates upon incarceration reflects a significant increase in the number of persons with mental health disorders. The chart below shows an estimate of future demand for mental health services based on current trends, without diversion strategies. It reflects a significant increase in the number of persons needing treatment.

Nassau County Detention Center  
Inmates Evaluated with Mental Illnesses



The Sheriff's Office Detention Facility reports that the 2005-2006 fiscal year costs for mental health services were \$230,970. This includes cost for initial evaluation of \$36,500, follow-up treatment costs of \$13,600 and medication costs for inmates of \$181,140. There is a significant concern regarding the fiscal ramifications this population will have on the jail system given the projected increase in need for services over the next 5 years.

## IV. Nassau County Census and Demographic Information

Nassau County is located in the Northeast corner of Florida, just 30 miles north of Jacksonville, Florida and south of the Georgia border. Nassau County comprises 652 square miles and is divided into three incorporated areas: Hilliard in the northwest region, Callahan in the southwest, and Fernandina Beach in the east. Yulee is in the middle of the county. Nassau County has experienced a population increase of 15% from 2002-2005. As the populations in the suburbs of Jacksonville grow and the commuters from Georgia extend south, Nassau County's population will continue to grow. Nassau County is a predominately rural community with the employment found in the fishing or forestry industries.

Data from the 2005 Yulee Community Assessment indicated that in 2003, approximately 9.1% of the population was living below the poverty level with 14.2% of children under the age of 18 living below the poverty rate. In 2002, these numbers 8.99% and 10.9%, respectively. These figures underestimate the desperate pockets of poverty in the county. Nassau County's demographic data are skewed by tremendous wealth on its barrier island of Amelia, where many have retired to live, in contrast to the rural west side of the county. Out of a total of 21,952 households, 8,124 (37%) have incomes less than \$33,488 per year (Source: 2003 census data).

## V. Key Components of the Business Plan

The key components of the Business Plan are described below. The descriptions are intended to provide an overview of the various components, but are not intended to examine in detail the processes or operations. These aspects will be developed after the Program Director is hired. As with any new initiative, original plans will always be adapted to meet the changing needs of the program.

### A. Summary of the Mental Health Court

Judge Brian J. Davis will be the Presiding Judge of the Mental Health Court. The Mental Court will begin with weekly sessions of two hours each week.

The Presiding Judge will hear cases being referred; review conditional release plans and community plans with defendants; explain the defendants' responsibilities; hear frequent status reports, weekly for new participants; offer praise or provide sanctions; and handle other matters as they arise. Normally ~~all~~ certain members of the Mental Health Court Team will attend each court session. ~~A representative from the SAMH Program Office will attend the first few sessions to ensure that DCF rules and processes are understood and to help facilitate referrals for mental health services, housing and support services.~~

The Presiding Judge’s role in the Mental Health Court, which is viewed as a specialized or therapeutic court, is quite different than it is in a normal criminal court. The Presiding Judge will set a tone of cooperation, hope and expectation of success among all persons in the courtroom. However, there will be occasions in which the Presiding Judge issues sanctions against participants. The Presiding Judge will interact directly with participants and will ask for input from a variety of people involved in cases, including the Mental Health Court Team, described below. The input will generally be informal; e.g., a case manager providing a status report.

The Mental Health Court will utilize rewards and sanctions based on the participant’s progress. The rewards and sanctions will normally be part of the recommendations of the Mental Health Team, usually presented by the Program Coordinator. Rewards and sanctions could include:

<u>Rewards</u>	<u>Sanctions</u>
Praise from the judge	Reprimand
Certificate	Increased supervision
Recognition as outstanding participant	Increased court appearances
Decreased court appearances	Jail

Referrals can be initiated from a variety of sources (Section IV.E). Examples include: from a CSU that has released a person back to jail; upon booking into jail, following an initial assessment; following later in-jail evaluations; out-of-custody evaluations given to the defense attorney or Program Director; and, from a parole officer. Cases can be presented to a judge as early in the stage as the First Appearance. Actual referral processes will be developed after the Program Director is hired, but will generally follow the flow chart shown in the next section. Cases can be referred and accepted prior to the development of a conditional release order.

The court processes will be supported by a Mental Health Court Team, which will consist of:

- ❑ The Mental Health Court Judge. The Judge’s Assistant, Court Administrator, Pretrial or Diversion Release Officer will provide services, as well.
- ❑ The Sheriff’s Office – Program Director. The In-Jail Contract Psychiatrist and Advanced Registered Nurse Practitioner (ARNP) provide evaluations and treatment and will help with identification of candidates.
- ❑ Public Defender, Defense Counsel, State Attorney
- ❑ Probation Officer
- ❑ Case Manager
- ❑ Sutton Place, the publicly funded community mental health center, Tenbroeck, Quality Life Center, Day Spring Villa’s, and North West Behavioral Health Center
- ❑ Other ~~Community-Based~~ Mental Health Providers within the geographical area of the 4<sup>th</sup> Judicial Circuit.
- ❑ Other ~~Community-Based~~ Housing and Support Providers within the geographical area of the 4<sup>th</sup> Judicial Circuit.

The key roles and functions of the Mental Health Court Team are listed below. It is not the intent of the Business Plan to fully describe all processes, but major functions are listed.

- ❑ Identify candidates for the Mental Health Court – many entry points, primarily jail
- ❑ Assess candidates for eligibility criteria – psychiatric and criminal
- ❑ Prepare conditional release orders and plans, deferred prosecution orders and plans, and community treatment and support plans
- ❑ Ensure voluntary participation with reassurance from the Peer Specialist
- ❑ Secure informed consents, release of medical information, waiver of speedy trial, and other documents
- ❑ Obtain necessary approvals from State Attorney and Defense Attorney
- ❑ Secure approvals for transfer to Mental Health Court from victims
- ❑ Present cases to Mental Health Court
- ❑ Assist participants to succeed with community treatment plan
- ❑ Monitor compliance of with community treatment plan
- ❑ Provide frequent status reports to Mental Health Court
- ❑ Ensure coordination of services among Mental Health Team members and community providers the treatment providers
- ❑ Participate in performance improvement activities

Members of the Mental Health Court Team will maintain frequent contact to discuss cases and will complete most of the casework in advance of the referral, the presentation of the conditional release or deferred prosecution plan, and in advance of each week's court session. It is anticipated that in most cases the Mental Health Team will agree on the recommendations prior to the court session. It should be noted that the State Attorney and Defense Attorney have significant legal responsibilities for cases, and there will be situations in which disagreements arise between them. There will be disagreements among team members, but processes will be in place to resolve them or to present them to the Mental Health Court for ruling.

*“Principle A: Focus on the desired outcomes of mental health care, which are to attain each individual's maximum level of employment, self-care, interpersonal relationships, and community participation. (SAMHSA's Federal Mental Health Agenda, 2005)*

The values of the Mental Health Court Program will be guided in part by principles of mental health recovery, which William Anthony, Ph.D., Boston University Center for Psychiatric Rehabilitation, has defined as “a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.”<sup>7</sup>

The principles of recovery are part of Florida's system transformation, and they include hope, self-help, spirituality, and employment/meaningful activity.

Additional information about the operations of the Mental Health Court is provided in the next two sections. Section B. shows the flow chart of participants, from initial contact with law enforcement to completion of the Mental Health Court. It was developed by Mr. Scott Padgett, Mr. Stephen Bledsoe, Mr. Brian Morrisey, Ms. Kimberly Brown, Mr. Courtney Miller, and other members of the Mental Health Court Task Force. A description of the role of the Program Director follows in Section C.

The first-year objectives of the Mental Health Court are shown in Section K.

## **B. System Mapping and Flow of Participants**

Insert chart with narrative here.

## **C. Mental Health Court Program Director and Peer Specialist**

Under the direction of the Mental Health Court and supervision of the Sheriff's Office, the Program Director is responsible for implementing plans and policies of the Mental Health Court. The Program Director has significant responsibilities in the Office of the Sheriff and in the jail related to assisting persons with mental illnesses access the Mental Health Court, treatment and community-based services. This person coordinates the various systems and works with the case manager to ensure individuals are linked with services. The Program Director collects and evaluates data and outcomes and prepares regular reports based on them.

The Program Director will be based in the jail and at least initially focus efforts on the identification of candidates for the Mental Health Court and helping them to develop community plans. As the caseload of the Mental Health Court grows, the Program Director will focus significant effort on coordinating community responses, resulting in balance of jail and community focus.

In addition, a Recovery Peer Specialist (Peer Specialist) will be assigned to the program at the beginning and possibly a second in the spring. A Peer Specialist in this context is a person that has successfully completed training for the position and passed a required certification test based on the Georgia Model. The Peer Specialist will be an employee of Consumer Support Services, Inc., paid with funds provided by DCF contingent on possible hiring by the Mental Health Court Program.

The Peer Specialist will work under the day-to-day administrative supervision of the Program Director and will provide services in the jail and in the community. The Peer Specialist will provide a range of supportive services, and measurable Individual Service Recovery Plans to the candidates. The Peer Specialist will assist the participants in planning, implementation, and following the program outlined in an effort to reduce relapse of recovery. The Peer Specialist, through close monitoring of the participant, will furnish the necessary tools that will benefit the participant for re-entry into the community and not re-entry into the criminal justice system.

The Mental Health Court Program Director should develop a Memorandum of Understanding (MOU) for the major participants in the Mental Health Court Team. The MOU would clarify responsibilities, address confidentiality and recovery principles.

#### **D. Contractual Relationships – Initial Funding for the Mental Health Court**

The Mental Health Court Task Force recommended that DCF contract with the Sheriff's Office for the Mental Health Court Program. The contract would not cover in-jail treatment services and costs, because they are existing responsibilities of the Sheriff's Office.

DCF and the Sheriff's Office will execute a contract for services and functions related to mental health court activities. The contract will have an effective date of October 1, 2007 and will provide the Sheriff's Office with up to \$150,000 for the 2007-2008 fiscal year (less the amount spent through a DCF purchase order, which was utilized in advance of the contract).

As part of its contract with the Sheriff's Office, DCF will provide guidance throughout the year on contractual, programmatic and regulatory issues. It will also monitor the Sheriff's Office regarding the Sheriff's Office compliance with contractual requirements and with Florida statutes and administrative codes.

The Sheriff's Office will use the contract funds for two basic purposes. First, it will hire a full-time Program Director and pay for program related costs (See Budget Section). Second, it will utilize funds identified for the purchase of ~~community-based~~ services, as needed, with any licensed Mental Health Care Provider within the geographical area of the 4<sup>th</sup> Judicial Circuit as listed below. The Sheriff's Office could also pay for professionals from ~~the community provider group~~ any qualified licensed Mental Health Care Provider to conduct in-jail evaluations for eligibility for the Mental Health Court, as is done in other jurisdictions. The amount available for the purchase of services might increase later in the year if it appears the Sheriff's Office will not need all of the funds allocated for the Program Director and program costs.

## Examples of Client Incidental Expenses & Community-Based MH Services

Case Management  
Psychiatric Services  
Therapy Services  
Substance Abuse Services  
Assesments  
Psychotropic Medications

The contract will not have a set amount for each of the above items, so the Sheriff's Office will have the authority to purchase ~~community-based~~ services as needed ~~with any licensed Mental Health Provider~~, within the contract's total limit and according to DCF rules. The Sheriff's Office will enter into subcontracts for services with its main group of providers, but may also use other providers within ~~the geographical area of the 4<sup>th</sup> Judicial Circuit, in an urgent situation~~, if necessary. As part of the contract requirements, DCF must approve all subcontractors that will provide services listed above. This will be done prior to October 1, 2007 as part of the contract negotiation process. New providers would be approved throughout the year, prior to delivering services.

~~Case management services will meet AHCA Certification for their Medicaid positions. be provided by an organization that AHCA has certified as a Mental Health Targeted Case Management Agency. The organization will meet all Medicaid and DCF requirements, and its case management supervisor and targeted case managers will meet AHCA certification requirements for their positions.~~

Lastly, as the caseload of the Mental Health Court grows, and concurrently, the services provided to persons served by the Mental Health Program Director, ~~Program Director, DCF and the Sheriff's Office~~ might shift from a cost reimbursement contract to a performance-based contract. ~~The new contract should be easier for both parties to manage because the financial reporting and documentation requirements are simpler.~~

### **E. Target Population and Access to Mental Health Court, Terms of Participation, Informed and Voluntary Participation**

The eligibility criteria for participation in the Mental Health Court are shown below. The criteria should be considered a starting point for the Mental Health Court because it ~~is expected to include felony criminal cases~~ ~~may expand or restrict criteria~~ in the future. Each potential case would be reviewed on its own merits, and it is probable that cases will be accepted that do not meet one or more criteria listed below.

## 1. Criminal Charges Permissible

- a. Persons charged with misdemeanors and criminal traffic offenses (with certain exceptions; e.g., driving or boating under the influence, violence, domestic violence, sexual offenses) that have a mental illness diagnosis as described in Section B.
- b. Felony reductions to misdemeanors may be acceptable on an individual case basis.
- c. Defendants charged with a violation of county court probation, with the consent of the county judge to which the case is assigned, may be referred.
- d. Persons charged with simple battery, a violent crime, may be admitted with the victim's consent. On an individual case basis, persons charged with domestic violence may be referred and admitted after consultation with the victim.
- e. The Court, state attorney and defense attorney will consider the defendant's previous criminal record. The Court may refuse entry into the Mental Health Court on an individual case situation based on a history of violence, domestic violence, sexual offenses, or other factors.
- f. **Future Non-violent Felony Cases.**
- g. Participants may be referred from a variety of sources and some may have cases already pending and in process, and others may be on probation. In other words, referrals will not just come from persons newly arrested.
- h. Persons in NGI or ITP status will not be eligible.

## 2. Mental Illness Diagnoses and Co-Occurring Substance Abuse Disorders

- a. The Diagnostic and Statistical Manual of Mental Disorders 4<sup>th</sup> Edition Text Revised (DSM IV TR) will be used by evaluators to provide diagnoses to the Mental Health Court. The DSM IV organizes diagnoses into five levels or axes relating to different aspect of disorders. For purposes of the Mental Health Court, Axis I diagnoses will be the primary determinant for eligibility.
- b. Persons must have an Axis I mental illness diagnosis of schizophrenia disorders, schizophrenia-like disorders, bi-polar disorder, major depressive disorder or other psychotic disorders of an unspecified nature.
- c. Co-occurring substance abuse disorders are permissible, actually expected in many cases.
- d. In order to use treatment, case management and community resources funded by the DCF, persons must meet DCF priority guidelines as published in Florida Administrative Code 65E-15.031

*Participants in the Mental Health Court must have an Axis I mental illness diagnoses of schizophrenia disorders, schizophrenia-like disorders, bi-polar disorder, major depressive disorder or other psychotic disorders of an unspecified nature.*

- e. The use of Non-funded DCF resources should be at the direction of the Mental Health Court Program.

Priority clients are individuals being served by the SAMH system who generally have a long-term involvement with that system, have multiple problems and needs, and require multiple services or resources to meet these needs. Priority clients are eligible to receive Continuity of Care Case Management (CCMS).

(1) Persons of all ages with one of the following characteristics are priority clients:

- (a) Persons who are being admitted to a state facility or are awaiting admission to a state treatment facility;
- (b) Persons who are in a state treatment facility regardless of admission date;
- (c) Persons who have moved into the district from a district where they had been receiving CCMS case management;
- (d) Persons who are at risk of institutionalization or incarceration for mental health reasons;
- (e) Persons who have been discharged from a state treatment facility;
- (f) Persons who have had one or more admissions to a crisis stabilization unit (CSU), short-term residential facility (SRT), or inpatient psychiatric unit;
- (g) Persons who reside or have been discharged from a mental health residential treatment facility;
- (h) Persons who are experiencing long-term or serious acute episodes of mental impairment that may put them at risk of requiring more intensive services.

### 3. Exclusions

- a. Persons with primary mental retardation or autism.
- b. Persons with Axis I diagnoses, which are not mental illness diagnoses described in Section B.

### 4. Conditions for Entry into Mental Health Court

- a. Acceptance into the Mental Health Court must be approved by the originating Court, Mental Health Court, state attorney, defense attorney, defendant, and in some cases, the victim.
- b. Defendant must comply with the conditions set below, though not all have to be completed immediately upon admission to the Mental Health Court
  - Voluntarily agree to participate in the Mental Health Court.
  - Enter into a Plea Agreement.
  - Or, enter into a Deferred Prosecution Agreement.
  - Sign a waiver of speedy trial.

- ❑ Sign a release of information permitting disclosure of certain confidential information, including prior and current mental health treatment, to the Mental Health Court and other parties.
- ❑ Agree to and sign a treatment and service plan as part of the Conditional Release.
- ❑ A surrogate healthcare directive may be offered to defendant, but is not required as a condition of participation.

## 5. Conditions for Continuing Participation in Mental Health Court

- a. A defendant's continuing participation in the Mental Health Court is normally at the discretion of the Mental Health Court Judge, although the defendant may choose to not continue.
- b. General conditions for the defendant's continued participation in the Mental Health Court include those listed below. Not all will apply to each case. The Mental Health Court Judge will have the authority to impose graduated sanctions for non-compliance and re-incarceration, if appropriate. Conversely, the Mental Health Court Judge could offer various forms of recognition for accomplishments; e.g., movement to a higher phase, if phases are used, and less frequent appearances in court.
  - ❑ Comply in good faith effort with provisions of Conditional Release.
  - ❑ Attend all scheduled appointments and actively participate with mental health treatment requirements.
  - ❑ Take medications as prescribed.
  - ❑ Actively participate with case management and psychosocial components of plan, such as vocational training.
  - ❑ Attend and participate all appearances before the Mental Health Court, which might be as often as weekly.
  - ❑ Attend all meetings with Mental Health Court Project Director, defense attorney and other persons designated by the Mental Health Court.
  - ❑ Do not use illicit drugs.
  - ❑ Submit to all required drug tests.
  - ❑ Obey all laws and do not commit additional crimes.
  - ❑ Will not be re-arrested.

*The values of the Mental Health Court Program will be guided in part by principles of mental health recovery, which William Anthony, Ph.D., Boston University Center for Psychiatric Rehabilitation, has defined as "a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness." (Anthony, 1993)*

- c. The defendant's participation will end upon successful completion of the treatment and service plan and terms of the Conditional Release. Charges will be dismissed or the violation of probation will be terminated and any related criminal case will be closed.

## **F. Confidentiality, Privacy and Security**

All parties involved in the Mental Health Court system will comply with federal and state laws regarding confidentiality, privacy and security. All of the community mental health and substance abuse service providers should already be in compliance with the laws, and those with DCF contracts are monitored by DCF for compliance.

Readers might find the article, *Dispelling Myths About Information Sharing between the Mental Health and Criminal Justice Systems*<sup>8</sup> informative. It was written by Professor John Petrla, J.D., LL.M., who until recently was the Chair of the Department of Mental Health Law and Policy at the Florida Mental Health Institute.

In the article, Professor Petrla states that providers can share health care information more easily than believed and that HIPAA permits the sharing of health care information for purposes of treatment. He does emphasize that confidentiality and privacy are important values in healthcare. Members of the Mental Health Court Team share that value.

While it is not the intent of this section to describe all legal issues regarding confidentiality, a few factors are noteworthy.

### **1. Consent for Release of Information**

Candidates for the Mental Health Court will be required to sign Consent for Release of Information to all members of the Mental Health Court Team. The Presiding Judge, Sheriff's Office, DCF, Office of the Public Defender, Private Bar, Office of the State Attorney and providers will finalize a document prior to the opening of the Mental Health Court.

The consent will cover several specific federal and state regulations:

- FS 394.461 primarily for mental health treatment
- FS 395.3025 primarily for alcohol and substance abuse
- FS 381.004 primarily for HIV and AIDS
- 42 CFR Part 2 primarily for alcohol and substance abuse
- FS 397.501 primarily for alcohol and substance abuse
- 45 CFR Part 160 and Subparts A, C and E of Part 164, Health Insurance Portability and Accountability Act Privacy Rule, Standards for Privacy of Individually Identifiable Health Information, Rule on Security Standards for Protection of Electronic Health Care Information

## 2. Sharing of Confidential Information Among Mental Health Court Team Members

The Mental Health Court Team members will address sharing of information among themselves, as well. Covered Entities, as defined by law, will utilize Business Associate Agreements, or a confidentiality agreement that requires compliance with applicable laws, including those listed above and the:

FS 163.61 – 163.64 Collaborative Client Information Systems

## 3. Access to Judicial Records

From the Nassau County Mental Health Court Order, “The public is entitled to access judicial records, however, patient treatment records are an exception to this rule and are deemed confidential by Florida law pursuant to sections 292.13, 394.4615(7) and 395.3025(7) Florida Statutes. In the event a treatment record or report is placed in the court file of a MHC participant, the MHC Judge will determine whether such report is confidential patient record exempt from public access under Florida law. If the MHC Judge finds the record is exempt, the records will be sealed. Access to sealed documents will be limited to those persons authorized under sections 292.13, 394.4615(7) and 395.3025(7) Florida Statutes or by court order.”

## 4. Mental Health Task Force

The Mental Health Task Force is an advisory body to the Mental Health Court. Its members should avoid discussing confidential information on individuals that are candidates for or that participate in the Mental Health Court. Since the Task Force will not make decisions on participants, the members don’t meet the HIPAA criteria for “Need to Know” or other criteria for access to confidential information.

As a protection for the members, each will sign a Confidentiality Agreement, in case confidential information should be mentioned during meetings or at other times. Members will also attend Mental Health Court sessions on occasion and the agreement will apply to these activities, as well.

## **G. Community-Based Treatment and Supports – Integration and Provider Panel**

Participants in the Mental Health Court will receive mental health care, support services and physical health care from providers ~~in~~ within the geographical area of the 4<sup>th</sup> Judicial Circuit. ~~the community~~. The contract between DCF and the Sheriff’s Office will have limited funds for the purchase of services from any licensed Mental Health Care Provider within the geographical area within the 4<sup>th</sup> Judicial Circuit. ~~for community-based services~~. The funds will be used in situations in which persons served do not have Medicaid or insurance, existing DCF funded services do not have sufficient capacity, and in situations in which Medicaid or insurance will not cover needed services; e.g., housing.

DCF and the Board of County Commissioners currently provide funding for mental health services for persons that meet eligibility criteria. Providers receiving these funds, primarily Sutton Place, will be able to offer some services to Mental Health Court participants without costs to the Sheriff's Office. However, current funding is limited and the resultant capacity of the public mental health system is not at an optimal level. The contract between DCF and the Sheriff's Office will help to supplement existing services, but it is very unlikely the funds will be enough as the caseload grows.

The Mental Health Court Task Force developed an initial group of mental health providers, health care providers and organizations that might provide other services through a survey process. The initial list of providers could be expanded as the program grows, subject to availability of funds.

Areas for future development of a comprehensive array of services for persons with severe mental illnesses include physical health care and therapeutic foster care. In this context, therapeutic foster care is a common name for family homes that are licensed to accept up to three adults with severe mental illnesses. Community sponsors, who own the homes, are recruited and trained by a mental health agency. The mental health agency provides support and oversight. These have the advantage of offering a home environment that is non-institutional compared to large Adult Living Facilities. Gulf Coast Jewish Family Services has operated these types of homes since and has them in 32 counties in Florida. These could be established by a local center or by one that already has the experience.

There are other licensed professionals in the 4<sup>th</sup> Judicial Circuit geographical area community that may be able to offer some services to the program. The Program Director could consider these individuals as the program develops.

*“No program of alternative disposition - whether prosecutor-driven, court-based, within law enforcement or jail-based - can be effective unless the essential services and supports that individuals with serious mental illnesses need to live in the community are available. Moreover, it is critical that these services exist in the community for everyone, not just offenders, and that supports not be withdrawn from others in need and merely redirected to those who have come in contact with the criminal justice system.” Bazelon Center for Mental Health Law. (2003)*

## **VI. Training Plan - Initial Plan and Long-Term Plan**

### **A. Introduction**

The Training Plan and the Communications Plan in the next section could have been combined, but are separated because of differences in their major objectives.

Several organizations will collaborate to ensure the success of the Mental Health Court. The roles of the employees of these organizations should be viewed as cross-functional in the context that people with different functional expertise are coming together to achieve a common goal.

It is crucial that employees of the various organizations understand the different perspectives of the entities, their organizational cultures, and the rules governing their operations. It is also important that everyone understand how the Mental Health Court and related activities will work together.

Cross-functional training among organizations is important and reflected in the Training Plan. For example, mental health professionals will benefit from training provided by leaders of the Office of the Public Defender and Office of the State Attorney on legal issues and court processes. Conversely, attorneys will benefit from training provided by mental health professionals on psychiatric diagnoses and treatments.

The Training Plan shown below should be viewed as a starting point for all participating organizations. It will change and evolve as the Mental Health Court develops and as other diversion strategies are developed. Participants will develop a Long-Range Training Plan toward the end of the fiscal year, which will be based on knowledge gained during the early stages of the Mental Health Court.

### **B. Training Plan Objectives**

#### **1. Initial Training Plan**

- a. Understand purpose and function of the Mental Health Court
- b. Understand the role of the Mental Health Court Program Director and Peer Specialist
- c. Understand case flow and operational procedures
- d. Understand the cross-functional roles of agencies and professionals
- e. Improve collaboration among agencies and develop team building
- f. Improve appreciation and understanding of each organization's culture and needs
- g. Inform corrections staff to recognize symptoms of mental illness
- h. Establish new skills for law enforcement officers about responding to persons with mental illnesses
- i. Provide feedback and inform leaders of operational issues

## 2. Long-Term Training Plan

- a. Conduct self-assessment of Mental Health Court operations, cross-functional roles, collaboration, outcomes of persons served, system strengths and weaknesses, and other issues. The Consensus Project has an online Collaboration Assessment Tool that might be one aspect of the study. (<http://consensusproject.org/assessment>)
- b. Identify strategic training goals and objectives for 2008-2009
- c. Study and learn from best practices across the nation and in Florida including other diversion programs and prevention efforts
- d. Implement a Crises Intervention Team for law enforcement, local government and civilian entities to improve collaboration among agencies concerning mental illness.
- e. Improve understanding of each organization's culture and needs
- f. Inform corrections staff to recognize symptoms of mental illness
- g. Establish new skills for law enforcement officers about responding to persons with mental illnesses
- h. Improve collaboration among agencies
- i. Improve effectiveness of Mental Health Court

## 3. Training Plan – Major Activities and Curricula

- a. Written and Prepared Material
  - (1) Mental Health Court Brochure – brief descriptions of major program components
  - (2) Mental Health Court Fact Sheet – list of major program components and discussion topics
  - (3) Selected material from research and reference list – best practices, national and state perspectives
  - (4) PowerPoint or video presentation developed later
- b. Meetings and Presentations
  - (1) Cross-functional team training and workshops
  - (2) Internal training by each agency consisting of the Crisis Intervention Team Memphis Training Model.

#### 4. Crisis Intervention Training

Crisis Intervention Training (CIT) is increasingly being used across the country<sup>9</sup> and in Florida a one of the successful police-based diversion programs for persons with mental illnesses.

At the time of the preparation of the Business Plan, the Sheriff's Office was in the process of incorporating CIT into its training requirements and into its diversion strategies. CIT is shown separately here because of its significance to the overall plan in Nassau County.

#### 5. Training Objectives and Schedule

A preliminary training schedule is shown below.

<b>Training</b>	<b>Purpose</b>	<b>Audience</b>	<b>Delivered By (If Available)</b>	<b>Notes</b>	<b>Date</b>
Initial Inter-Agency Training Workshops	Introduce the Mental Health Court plan and related issues. Introduce participating agency staff to various roles in system. Introduce Mental Health Court Program Director and Peer Specialist. Answer questions	Staff of Sheriff's Office, jail, sheriff's officers, court staff, public defender, state attorney, providers	Mental Health Court Director and selected staff of Sheriff's Office, jail, court, public defender, state attorney, providers, private bar	#1 and #2 could be combined a part of as series of workshops	September and October Dates
Cross-Functional Training Workshops	Cross training on mental health, sheriff, jail and legal issues	Staff of Sheriff's Office, jail, sheriff's officers, court staff, public defender, state attorney, providers	Mental Health Court Director and selected staff of Sheriff's Office, jail, court, public defender, state attorney, providers, private bar		September through December
Internal Agency Training	Introduce the Mental Health Court plan and related issues.	Staff of agencies	Agency executives		September through December

## VII. Communication Plan

### A. Introduction

An effective communication plan is normally a key component of any new multi-system venture. That is especially relevant with the Mental Health Court and its potential positive impact on persons with mental illnesses and their families, and for the criminal justice system, mental health system and the community as a whole. A goal of the communications plan is to educate participants and gain their support for the project.

An effective communications plan should help stakeholders convey a consistent message over time. The message should be understandable across a range of people with different educational, cultural and racial backgrounds. It should clearly describe the Mental Health Court's role and goals, but should not exaggerate expected benefits or outcomes.

Communications should be targeted to specific audiences, when possible. This plan separates audiences based on internal and external factors, though there is some overlap. Internal communications target all persons that will be directly connected to the Mental Health Court and employees of agencies that will provide services on behalf of the participants. To some extent these communications could be viewed as part of the training plan, however, the training is focused on individuals involved with operating and participating in the Mental Health Court activities. External groups represent the public at large, media, health care providers, and other groups.

#### 1. Internal Groups

- a. Sheriff's Office, Sheriff's Officers, and Detention Facility
- b. County and Circuit Court Judges, Clerk of the Court, Court Administrator and all other staff of the courts
- c. Office of the Public Defender
- d. Office of the State Attorney
- e. All other employees working in the Judicial Annex
- f. Nassau County Commissioners
- g. Nassau County Government Employees associated with the Mental Health Court System, TBD
- h. Mental Health Providers
- i. Participating Health Care Providers
- j. Local DCF Offices

#### 2. External Groups

- a. Media
- b. General Public
- c. Health Care Providers
- d. Local Attorneys
- e. Legislators
- f. State or Federal Governments to include local Foundations
- g. Callahan, Yulee and Hilliard should be included when appropriate.

## B. Communication Plan Objectives

The objectives shown below begin with those that are relevant to both internal and external strategies. Lists specific to individual strategies are then shown.

### 1. General

- a. Identify the purpose and goals of the Mental Health Court using an agreed-upon and consistent message – e.g. reducing involvement of persons with mental illness in the criminal justice system.
- b. Emphasize the long-term commitment the Mental Health Court, DCF, the Sheriff's Office, providers and all other participants.
- c. Clearly articulate the orchestration and partnership vision and role (The Mental Health Court Team).
- d. Emphasize community focus, involvement, and participation within the 4<sup>th</sup> Judicial Circuit geographical area.
- e. Introduce the new Program Director.
- f. Identify the limitations of the Mental Health Court Program, including who will be enrolled and resource limitations.
- g. Describe initial focus on misdemeanors with a goal of adding felony cases later.
- h. Build support for the mission and role.
- i. Begin identifying partners for future funding.
- j. Gather feedback from staff and external leaders.

### 2. Internal

- a. Secure staff support for the Mental Health Court throughout each team member's organization.
- b. Alleviate concerns and anxieties about the new court and its role.
- c. Address issues important to specific staff groups, e.g., Sheriff's Officers, Corrections Officers, attorneys, court staff and providers.
- d. Gather input from staff about potential diversion strategies and working relationships.

### 3. External

- a. Gain support from key external leaders from federal, state and local politicians, civil servants, non-profit community, foundations, and health care professionals.
- b. Identify leaders that can assist in securing future funding.
- c. Ensure Callahan, Yulee and Hilliard are reached in communication activities. communication activities are disseminated throughout Nassau County.

### 4. Communication Plan Elements

The Communication Plan will be a relatively informal process and consist of:

- a. Written and Prepared Material Note
  - (1) Mental Health Court Brochure – brief descriptions of major program components

- (2) Mental Health Court Fact Sheet – list of major program components and discussion topics
- (3) Brief Narrative Descriptions – for media, FCCMH and FADAA
- (4) Narrative for public service announcements
- (5) PowerPoint or video presentation developed later

b. Meetings and Presentations

- (1) Internal and external stakeholder meetings
- (2) Public service announcements
- (3) Mailing brochures to various mailing lists identified by the Mental Health Court Board –TBD
- (4) Website announcements and updates – DCF, Nassau County, Sheriff's Office, NAMI, Sutton Place, Ten Broeck, and others

5. Communication Plan Schedule

A schedule for communications activities is shown below. Both internal and external communications begin in September. Many of the presentations should be repeated through December and annually, but the schedule does not reflect this.

**Nassau County Mental Health Court  
Communication Plan – External Plan**

September 2007 – December 2007

It is probable that the Mental Health Court Program Director will not be hired by the dates shown below. Groups should proceed without the director. In all steps, when appropriate, include Callahan, Yulee and Hilliard.

	<b>Type of Communication</b>	<b>Purpose of Communication</b>	<b>Audience</b>	<b>Delivered By (If Available)</b>	<b>Notes</b>	<b>Date</b>
1.	Presentation and Meeting	Introduce the Mental Health Court plan and related issues. Introduce Program Director. Answer questions that are raised.	Legislators and Commissioners	Judge Davis, Sheriff Seagraves, SAMH representative & Mental Health Court Program Director, NAMI Representative BBOC Commissioner		Late August or Early September Date
2.	News Conference & Presentation	Introduce the Mental Health Court plan and related issues. Introduce Program Director. Answer questions that are raised.	Media	Judge Davis, Sheriff Seagraves, SAMH representative & Mental Health Court Program Director, NAMI Representative BBOC Commissioner.		Early September Date, after #1
3.	Presentation and Meeting	Introduce the Mental Health Court plan and related issues. Introduce Program Director. Answer questions that are raised.	Hospital, Health Department and Private Physicians	Judge Davis, Sheriff Seagraves, SAMH representative & Mental Health Court Program Director, NAMI Representative BBOC Commissioner	#3 and #4 could be combined.	<del>Mid-September Date</del> Mid-November Date
4.	Presentation and Meeting	Introduce the Mental Health Court plan and related issues. Introduce Program Director. Answer questions that are raised.	United Way, non-profit agencies	Judge Davis, Sheriff Seagraves, SAMH representative & Mental Health Court Program Director, NAMI Representative BBOC Commissioner		<del>Mid-September Date</del> Mid-November Date

5.	Written Announcements to Mailing Lists	Introduce the Mental Health Court plan and related issues. <del>Introduce Program Director.</del>	Broad audience, consumers, attorneys	Mental Health Court Program Director		<del>Mid-September Date</del> Mid-November Date
6.	Articles in FCCMH and FADAA Newsletters	Introduce the Mental Health Court plan and related issues. Introduce Program Director.	Mental health and substance abuse professionals, consumers and families	Judge Davis & Sheriff Seagraves, Sutton Place Representatives, NAMI Representatives.		October Date, Post Start Date of Mental Health Court
7.	Website/Internet – County, Sheriff, DCF, Providers (See Internal Plan)	Introduce the Mental Health Court plan and related issues. <del>Introduce Program Director.</del>	Broad audience, consumers, attorneys, potential employees	Clerk of Court I.T. Staff & Sheriff Office I.T. Staff	Websites can be used in future to provide updates and announcements about court activities.	<del>October</del> November Date, Post Start Date of Mental Health Court

Nassau County Mental Health Court  
Communication Plan – Internal Plan

September 2007 – December 2007

	<u>Type of Communication</u>	<u>Purpose of Communication</u>	<u>Audience</u>	<u>Delivered By</u>	<u>Prepared By</u>	<u>Date</u>
1.	Presentation and Meeting	Introduce the Mental Health Court plan and related issues. Introduce Program Director. Answer questions that are raised.	Sheriff's Office, Sheriff's Officers, and Detention Center	Sheriff Seagraves, SAMH Program Representative & Mental Health Court Program Director, NAMI Representative		Late August or Early September Date
2.	Presentation and Meeting	Introduce the Mental Health Court plan and related issues. Introduce Program Director. Answer questions that are raised.	Nassau County employees associated with the Mental Health Court Program	Judge Davis, Sheriff Seagraves, SAMH Program Representative & Mental Health Court Program Director	#2 and #3 might be easier if the group met with managers and then managers met with their staffs.	Mid- <del>September</del> November Date
3.	Presentation and Meeting	Introduce the Mental Health Court plan and related issues. Introduce Program Director. Answer questions that are raised.	Staff of courts and courthouses	Judge Davis, SAMH Program Representative & Mental Health Court Program Director		Mid- <del>September</del> October Date
4.	Presentation and Meeting	Introduce the Mental Health Court plan and related issues. Introduce Program Director. Answer questions that are raised.	Mental health and social service agencies participating in Mental Health Court	<del>Executive Directors of agencies</del> Judge Davis, SAMH Program Representative & Mental Health Court Program Director		Mid- <del>September</del> November Date
5.	Website/Intranet (Also See External Plan)	Introduce the Mental Health Court plan and related issues. Introduce Program Director.	Employees of Nassau County, Sheriff Office, providers	Mental Health Court Program Director provides advice, but agencies publish announcements on their websites	Intranets can be used in the future to provide update on court activities.	<del>October</del> November Date, Post Start Date of Mental Health Court

## VIII. Objectives, Metrics and Performance Improvement

Objectives have been developed for the year and are shown in Section VIII.A.

The members of the Mental Health Court Task Force support the development of dashboard metrics; i.e., outcome measures, targets and results, as part of the development of the Mental Health Court Program. The group decided it would be better to use the first nine months of the program to develop the foundation for establishing outcome measures and developing the performance improvement component of the program. Outcome measures would be used as a key component of the evaluation of the effectiveness of the Mental Health Court Program, mental health services and support services. Section C describes how the Mental Health Court Program will collect data and develop reports during the 2007-2008 fiscal year and use that information to establish outcome measures with objectives for 2008-2009.

### A. Mental Health Court Objectives 2007-2008

The objectives shown below focus on establishing the Mental Health Court, developing infrastructure, providing training and generally ensuring the new court and the Mental Health Team operate efficiently and effectively during the first nine months. The objectives support the goals listed in the Executive Summary. Action steps or individual strategies on achieving the objectives are not shown.

~~In those instances in which the Program Director is identified as a responsible party for objectives, it assumes he or she will have been hired. If not, Judge Davis, Sheriff's Office and DCF will assign other parties. Persons identified as responsible parties may assign other staff to participate on their behalf.~~

Objectives established for 2008-2009 will likely focus more on programs and services and will be written so that they are clearly measurable.

Objective	Completion Date	Responsible Parties
Program Director Hired	<del>September</del> October 1, 2007 or as soon as candidate can be selected	Sheriff's Office with DCF issuance of purchase order and help from MH Task Force
Chief Judge issues order creating mental health court, effective October 1, 2007	October 1, 2007	Judge Brian Davis, Judge Robert Foster, and Judge Donald Moran
Office space in jail secured – furnishings, computers, etc.	September 1, 2007 - October 1, 2007	Director Mike Sutton, Program Director, David Crawford
Finalize initial policies and processes	<del>September &amp;</del> October 2007	Program Director, Director Mike Sutton, Judge Davis

Initial Training Plan Implemented and Objectives Achieved	September—December 2007	Program Director, Director Mike Sutton, SAMH Program Representative, plus providers
Communications Plan Implemented and Objectives Achieved	September—October November 2007	Program Director, Judge Brian Davis and Sheriff Seagraves, plus individual agencies and parties identified in plan achieve their objectives in this area.
DCF and Sheriff's Office execute contract, effective date October 1, 2007	September 21, November 15, 2007	SAMH representative, Mr. Wes Ordonez and Mr. David Crawford
First Peer Specialist begins	October 1, 2007	SAMH Program Office
Court begins	October 3, 2007	Judge Brian Davis
Electronic record and database system implemented	November 30, 2007	Program Director and Mr. David Crawford, assistance from SAMH staff
Second Peer Specialist begins	April 1, 2008	SAMH Program Office
Evaluate mental health court to date – how is it working, strengths, weaknesses, collaboration, funding, etc.	April 2008	Mental Health Court Team, Mental Health Court Task Force, Mental Health Court Program Director leads, DCF participates
Develop and implement performance improvement plan based on evaluation	May 2008	Mental Health Court Team, Mental Health Court Program Director leads
Develop objectives and outcome measure standards for 2008-2009	May 2008	Mental Health Court Team, Mental Health Court Program Director leads, DCF input needed
Mental Health Court Program meets financial expectations – evaluate every month Quarter	June 30, 2008	Program Director and Mr. David Crawford

B. Contract Measure for 2007-2008

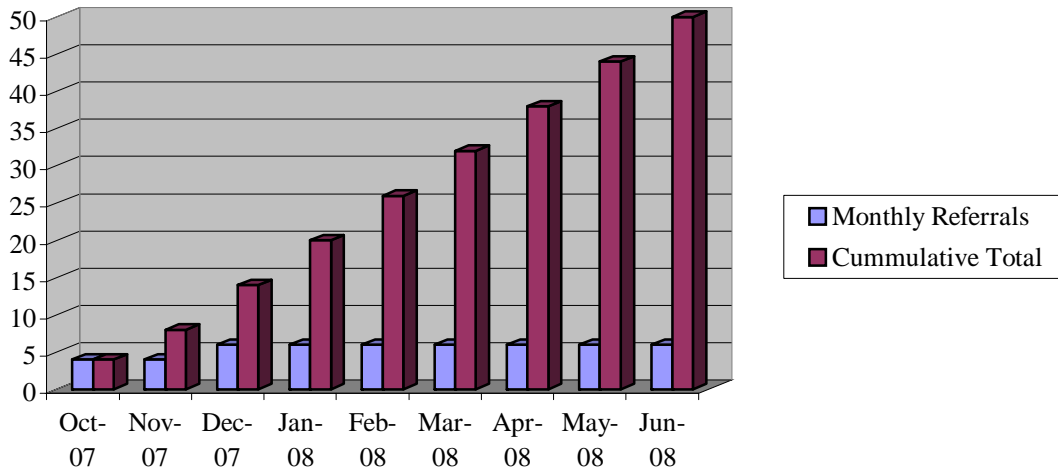
DCF will include only one contract outcome measure as a requirement in the 2007-2008 fiscal year.

Number of persons admitted into Mental Health Court – 40

C. Approach to Data Collection and Metrics

As previously stated, the Mental Health Court program will use the 2007-2008 fiscal year to gather a variety of data and identify various items that might be measured or evaluated. Instead of establishing a set of outcome measures for 2007-2008 – DCF, Sheriff’s Office, Mental Health Court, State Attorney, Public Defender and Task Force will use the nine-month period in 2007-2008 to establish baseline data and metrics for the program. Baseline measures would not have established performance objectives, but would be used to set future targets. Not all would be used in 2008-2009, and others would be added – simply as part of the developmental processes of a new venture. Sample charts showing metrics are provided in Attachment 3. Though it is not a formal objective, the following chart reflects the number of persons generally expected to be referred to the Mental Health Court in the first nine months of the program.

**Referrals to Mental Health Court  
2007-2008**



By way of example of setting future metrics, during the year the system might gather information on days in jail prior to and after entrance into the Mental Health Court. For the following year the following outcome measures might be established: the number of jail days for persons enrolled in the Mental Health Court for one year (including after graduation) will be reduced by 90% of the average of the three years prior to enrollment.

Examples of Baseline Data to be Collected and Outcome Measures are listed below.

Number of persons referred to Mental Health Court  
Percentage of persons referred to Mental Health Court that Are Accepted – of persons that make it to the docket.  
Number of persons accepted into Mental Health Court  
Days from referral to Project Director to presentation of case to court  
Days from arrest to presentation of case to mental health court  
Days from referral until covenant is signed  
Percentage of persons successfully completing Mental Health Court plan – graduation  
Percentage of participants terminated for non-compliance  
Length of stay in mental health court by those graduating – 9 months  
Number of active case management MH court cases  
Number of persons on referral docket  
Number of active participants  
Number of jail days prior to mental health court (e.g., previous 5 years)  
Number of jail days during mental health court  
Number of jail days after mental health court (e.g., 1<sup>st</sup> year after)  
Number of CSU/Hospital Admissions and Days prior to, during and after Mental Health Court  
Percentage of Persons in Mental Health Court that Are Not Re-Arrested for New Crimes while in Mental Health Court  
Percentage of Persons in Mental Health Court that Are Not Re-Arrested for New Crimes within first year of graduation from MH court

## **IX. Electronic Records for Mental Health Court Participants and System Database**

It is the intent of the Mental Health Court Task Force that a system for electronic records of participants and a database management system be implemented following a planning effort led by the Program Director. Any development would be contingent on available funding, and it is not known at this time whether it would be built or purchased. The database would support the metrics and data collection needs described in the previous section. Case records would include:

- Demographic information
- Court case number (s), jail status, assigned attorneys, charges, etc.
- Arrest, conviction, days in jail and related information – prior to Mental Health Court
- Arrest, conviction, days in jail and related information – post acceptance into Mental Health Court
- Assessment, Axis I mental health diagnoses, other diagnoses Axis II – V, case manager, psychiatrist, etc.
- Treatment, medications, key community services; e.g.; housing type.
- Termination from Mental Health Court, re-arrest, graduation from Mental Health Court information, dates etc.

Criteria would have to be established for when a record is opened. Security features for access to various sections, input into record, etc. would be built in.

A software package has not been selected, but it is anticipated that the Mental Health Court would utilize a relational database management system, like Microsoft Access. A relational database uses interconnected tables with information entered into specific fields. Report generation to support research, outcome measures and performance improvement activities would be a major aspect of the database. Reliability and validity of certain research and report functions would take a while until the caseload increases.

Members of the Mental Health Court Team would have access to various parts of the participants' records. Protocols and security features would be established for access, making entries or changes in records, and for many other features. The system would include protocols regarding confidentiality, privacy and security of electronic information. Decisions would have to be made regarding server capacity at the various team locations and about wireless access.

At the time of the preparation of the Business Plan, members of the Mental Health Court Task Force and DCF staff were researching software that is currently be utilized by other mental health courts. While a schedule or formal Gantt chart for implementing a client record and database system had not been established, one should be written as more information is gained.

Some of the options available are:

- ❑ Access participant electronic record and database developed by New Horizons of the Treasure Coast's Director of Information Technology and the St. Lucie County Mental Health Court.
- ❑ Start with the court's on-line docket files - utilized by DCF for the Alachua County Mental Health Court, but it does not contain all of the elements in the first option.
- ❑ Possibly software referenced in *Public Domain Drug Court Software: Functions and Utility*.<sup>10</sup>
- ❑ A shared record system currently being studied in Duval County.

## **X. Budget and Financial Plan for 2007-2008**

The initial financial plan and budget for the Mental Health Court utilizes an October 1, 2007 effective date for the contract between DCF and the Sheriff's Office. Detailed budgets for 2007-2008 and 2008-2009 are included in Attachment 4. DCF will provide \$150,000 for the first year of the program (9 months) and a projected \$200,000 for the second year. DCF is also funding two Peer Specialist positions, but not directly through the contract with the Sheriff's Office.

The budget contains \$62,200 for Incidental Expenses, which the Sheriff's Office can use to purchase ~~community-based~~ mental health and support services **from any licensed Mental Health Care Provider within the 4<sup>th</sup> Judicial Circuit**. The services are listed in Attachment 4 and include case management, psychiatric services, housing, and other supports needed to help ensure the success of participants.

A key aspect of the financial plan is that DCF and the Sheriff's Office have agreed that funds can be shifted later between the Incidental Expense part of the contract and the part that covers the Program Director and program costs. As with any new venture the budget will have to be adjusted as the program gains experience.

There are four reasons the budget includes only \$30,000 for Medicaid revenues. First, it is anticipated that many court participants will not be eligible for Medicaid. Second, there will be significant delays in Medicaid reinstatement following release from jail, and even longer delays if the Medicaid eligibility is SSI-driven. The SSI benefits would have to be approved before Medicaid would be effective, and that could take months. Third, there is concern that history will be repeated in Nassau County as AHCA implements Medicaid managed care. AHCA is in the process of implementing its Medicaid Reform strategies in Nassau County. Most Medicaid recipients will be enrolled in either an HMO or a Provider Service Network. In other areas of the state where AHCA has imposed managed behavioral health care strategies, including Prepaid Mental Health Plans, services to persons with severe mental illness have been reduced. In several cases significant numbers of professionals were laid off as plans were begun.

Lastly, one of the principles of mental health recovery is employment/meaningful activity. It would be counter to that principle for the Mental Health Court Team to advocate for SSI benefits when a more appropriate direction for a persons served would be gainful employment. While this approach would result in fewer people eligible for Medicaid, it certainly is better for the persons served, and it has long-range implications for improving quality of life, reducing hospitalizations and preventing re-incarceration, all of which have significant economic benefit to the community.

Insurance, Medicaid, Medicare, Fees	\$ 30,000	\$ 22,500	\$ -	\$ -	\$ 30,000
In-Kind Space & FFE - County	\$ 5,000	\$ 3,750	\$ 5,000	\$ -	-
Other	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ 289,000	\$ 203,250	\$ 205,000	\$ 54,000	\$ 30,000
<b>Expense</b>	<b>Annualized Cost</b>	<b>Cost 07-08</b>	<b>Annualized Sheriff</b>	<b>Annualized Peer Specialist</b>	<b>Annualized Providers</b>
MH Court Diversion Coordinator	\$ 50,000	\$ 41,667	\$ 50,000	\$ -	\$ -
Peer Specialists	\$ 54,000	\$ 27,000	\$ -	\$ 54,000	\$ -
Sub-Total Salaries	\$ 104,000	\$ 68,667	\$ 50,000	\$ 54,000	\$ -
Fringe Benefit Costs					
FICA	\$ 3,100	\$ 2,583	\$ 3,100	\$ -	\$ -
Medicare	\$ 725	\$ 604	\$ 725	\$ -	\$ -
Retirement	\$ 4,925	\$ 4,104	\$ 4,925	\$ -	\$ -
Health Insurance	\$ 6,023	\$ 5,019	\$ 6,023	\$ -	\$ -
Workers Compensation	\$ 320	\$ 267	\$ 320	\$ -	\$ -
Sub-Total Salaries and Fringe	\$ 119,093	\$ 81,244	\$ 65,093	\$ 54,000	\$ -
<b>Other Expenses*</b>					
Client Incidental Expenses for Mental Health Services	\$ 93,700	\$ 62,200	\$ 93,700	\$ -	\$ -
Medicaid/3rd Party Paid Mental Health Services	\$ 30,000	\$ 22,500	\$ -	\$ -	\$ 30,000
New Court Expenses - TBD Judge Davis	\$ -	\$ -	\$ -	\$ -	\$ -
In-Kind Space & FFE - County	\$ 5,000	\$ 3,750	\$ 5,000	\$ -	\$ -
Computers & Printers (<\$1,000 each)	\$ 2,850	\$ 2,850	\$ 2,850	\$ -	\$ -
Cell Phones	\$ 1,800	\$ 1,350	\$ 1,800	\$ -	\$ -
Office Supplies	\$ 2,400	\$ 1,800	\$ 2,400	\$ -	\$ -
Printing & Copying	\$ 3,200	\$ 1,900	\$ 3,200	\$ -	\$ -
Program Supplies	\$ 4,000	\$ 3,000	\$ 4,000	\$ -	\$ -
Staff Travel	\$ 6,940	\$ 5,214	\$ 6,940	\$ -	\$ -
Database costs	\$ 4,000	\$ 4,000	\$ 4,000	\$ -	\$ -
Recruitment Costs	\$ 1,500	\$ 1,500	\$ 1,500	\$ -	\$ -
Total Other Operating	\$ 155,390	\$ 110,064	\$ 125,390	\$ -	\$ 30,000
Administrative and General Indirect	\$ 14,517	\$ 11,941	\$ 14,517	\$ -	\$ -
Total All Expenses	\$ 289,000	\$ 203,250	\$ 205,000	\$ 54,000	\$ 30,000
Net Gain or Loss	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## XI. Sustainability and Potential Funding Sources

The long-term sustainability of the Mental Health Court will ultimately rest on many factors: financial success, effectiveness of services, efficiency, commitment of Mental Health Court Team, community support, lack of adverse incidents, and others.

This section focuses on potential funding sources that can support the growth of the Mental Health Court and to expand the capacity of mental health, housing and support services. It is not intended to offer complete research on funding, but to provide a beginning.

The Bazelon Center for Mental Health Law reviewed information related to 20 mental health courts. One of its conclusions from its review states, “No program of alternative disposition - whether prosecutor-driven, court-based, within law enforcement or jail-based - can be effective unless the essential services and supports that individuals with serious mental illnesses need to live in the community are available. Moreover, it is critical that these services exist in the community for everyone, not just offenders, and that supports not be

withdrawn from others in need and merely redirected to those who have come in contact with the criminal justice system. Additional, specialized resources and programs are needed to reduce the risk of arrest for people with mental illnesses and the recidivism of those who have come into contact with the criminal justice system.”<sup>11</sup> DCF, the Sheriff’s Office and other stakeholders are concerned about system capacity. They will analyze utilization during the year and develop recommendations for funding as a result.

Attachment 5 contains a list of potential funding sources – federal, state, local and foundations. One opportunity, the Edward Byrne Grant deadline has already passed, but should be offered again. The community reinvestment grants are due in November 2007.

It should be emphasized that governmental support will very likely be the primary financial support over time for the Mental Health Court and mental health services. This includes various departments of the State of Florida; e.g., DCF, Corrections, and Courts. Certain state allocations will include federal funding through block grants or special funding to the state. The Nassau County Board of County Commissioners and the Sheriff’s Office will likely need to support the effort as well.

Another important factor is the long-term impact of Medicaid Reform.

## **XII. Role of the Advisory Committee**

The role of the Mental Health Court Task Force shall be:

- A. Make recommendations to the Mental Health Court, the Sheriff, the DCF, SAMH Program Office, and other organizations involved in criminal justice, behavioral health and related systems on policies and programs designed to accomplish the following.
- B. Identify sources of funds to support Mental Health Court activities, behavioral health treatment, and community support for persons involved in the criminal justice system. Make recommendations to appropriate organizations and persons regarding potential funds.
- C. Participate in advocacy with respect to legislative matters relating to the mission of the Mental Health Task Force at the local, state and federal levels, only after authorization from the Mental Health Task Force.
- D. The Mental Health Task Force will not take any position in regard to the candidacy of any person for public office. Members may not take any position on behalf of the Mental Health Task Force on the candidacy of any person for public office.

Note: The role of the Mental Health Task Force may change if Nassau County applies for a grant under Public Law 2007-200.

### **XIII. Summary of Best Practices and Research Related to Mental Health Courts, Jail Diversion Programs and Mental Health Services**

#### **Introduction**

Participants in the Mental Health Court Task Force reviewed various articles and reports about mental health courts and jail diversion programs. In addition, the consultant retained to prepare the Strategic Plan reviewed a significant number of available publications. This section of the Strategic Plan summarizes information from some of the reports and provides a summary of best practices. Information from some of the articles was used prior to the Strategic Plan development, specifically in the preparation of the proposals to the Florida Department of Children and Families and the United States Department of Justice.

It should be noted that mental health courts are relatively new with the earliest court now being in operation for ten years. For this reason and others there are not a lot of empirical, research-supported data on outcomes of mental health courts. Nonetheless, based on the emerging data and evaluations and through direct experience and anecdotal evidence of professionals in the field, mental health courts are viewed as an effective approach to helping persons with mental illnesses in the criminal justice systems. In addition, there are numerous articles and reports supporting the efficacy of mental health courts and jail diversion plans, some of which are cited in this section.

Lastly, mental health courts are only one of the recommended responses to reducing the involvement in criminal justice system by persons with mental illnesses. The summary below identifies a few of these recommendations for future consideration by the Mental Health Task Force.

This section begins with a summary of national initiatives. A summary of Florida initiatives related to mental health courts follows. The last section provides a list of best practices and evidence-based practices and recommendations for consideration as the Mental Health Court is implemented and other criminal justice/mental health initiatives are planned and developed.

#### **National Leadership and Perspective**

Several significant national initiatives have emerged since the late 1990's to address the over-representation of persons with mental illnesses in the criminal justice systems.

##### **Council of State Governments and Criminal Justice/Mental Health Consensus Project**

Criminal Justice / Mental Health Consensus Project - Coordinated by the Council of State Governments (CSG), the Criminal Justice / Mental Health Consensus Project represents a national effort to reduce the number of persons with mental illnesses in the criminal justice system and to improve the interaction and effectiveness of the criminal justice and mental health systems for those persons. According to *A Guide to Mental Health Court Design and*

*Implementation*, “the Consensus Project has continued to promote practical, flexible approaches to this issue through presentations, technical assistance, and information dissemination. This includes providing technical assistance to the Bureau of Justice Assistance (BJA) Mental Health Courts Program.”<sup>12</sup>

In 2002 The Council of State Governments published *Criminal Justice / Mental Health Consensus Project*, a 432-page report describing recommendations that local, state, and federal policymakers, and criminal justice and mental health professionals can use to improve the criminal justice system’s response to people with mental illness.<sup>13</sup> The report makes recommendations across a spectrum of areas to improve criminal justice and mental health systems and outcomes for persons with mental illnesses. The report describes the differences between evidence-based practices and best or promising practices. It defines evidence-based practices as, “as standardized treatments and services subjected to controlled research involving objective outcome measures and more than one research group. Evidence-based practices are built on scientific principles, and while they are supported by certain values and assumptions they are not themselves values; rather, they are specific interventions and treatment models that have been shown to improve client functioning and the course of severe mental illness.”<sup>14</sup> The report supports the implementation of the evidence-based practices identified by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The report also recommends that mental health systems include a focus on housing. The Nassau County Mental Health Task Force believes housing will be a barrier to the success of the program unless adequate funding is available.

The report contains 8 major policy areas for criminal justice/mental health services with 46 recommendations. The report has a full chapter on each policy area. The complete list of recommendations is included in Attachment 6 of the Strategic Plan. A summary of the recommendations is shown below.

1. Involvement with the Mental Health System – Improve availability and access to comprehensive, individualized services when and where they are most needed.
2. Contact with Law Enforcement – Recommends action in response to a range of contact points with law enforcement. Focus on law enforcement having the tools to properly assess whether mental illness is a factor in the encounter and subsequently to implement appropriate responses.
3. Pretrial Issues, Adjudication and Sentencing – Focus is on several recommendations directed toward maximizing pretrial release options so that no person is detained pretrial for the lack of information or options to address the person’s mental illness. Recommends maximizing use of alternatives to prosecution through pretrial diversion with conditions.
4. Incarceration and Reentry – This area contains recommendations related to screening inmates, use of assessments for the development of treatment and community plans, monitoring compliance with conditions of release and related functions.
5. Improving Collaboration – Three recommendations to improve collaboration and effectiveness of criminal justice and mental health systems, including focus on sharing

information. Collaborators should move to “institutionalize” partnership so that it is sustainable over time and after leadership changes.

6. Training Practitioners and Policymakers and Educating the Community – Systems should develop training plans. Training is crucial and includes personnel from mental health, courts, law enforcement and corrections. There should also be a community education component.
7. Elements of an Effective Mental Health System – Systems should utilize evidence-based practices and integration of services. Housing is again emphasized.
8. Measuring and Evaluating Outcomes – Decide what outcomes should be; measure them; and use results to improve systems and develop future plans.

The report does not recommend that all persons with mental illnesses be referred to mental health courts. It states, “It [report] does not, however, set out to exonerate all people with mental illness of any wrongdoing, nor does it intend to insulate them from the consequences of their actions. Some people with mental illness may commit crimes for which they, like anyone else, should be arrested, prosecuted, or imprisoned. In these, as in all serious criminal cases, prosecutors, judges, and juries should consider all available evidence and decide accordingly.”<sup>15</sup>

The Council of State Governments Justice Center announced web-based profiles for 150 Mental Health Courts and 100 Specialized Police-Based Programs in July 2007. They can be found at the Criminal Justice/Mental Health Information Network, <http://cjmh-infonet.org/>.

### **Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice Initiatives and Publications**

The mission of the Bureau of Justice Assistance is to provide leadership and services in grant administration and criminal justice policy development to support local, state, and tribal justice strategies to achieve safer communities. BJA's overall goals are to (1) reduce and prevent crime, violence, and drug abuse and (2) improve the functioning of the criminal justice system. To achieve these goals, BJA programs emphasize enhanced coordination and cooperation of federal, state, and local efforts.

The Bureau of Justice Assistance has three programs relevant to the Mental Health Task Force's efforts.

- ❑ Drug Court Program - The Drug Court Program provides financial and technical assistance to states, state courts, local courts, units of local government, and Indian tribal governments to develop and implement treatment drug courts that effectively integrate substance abuse treatment, mandatory drug testing, sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over nonviolent, substance-abusing offenders.
- ❑ Justice and Mental Health Collaboration Program - The Justice and Mental Health Collaboration Program will increase public safety by facilitating collaboration among the criminal justice, juvenile justice, and mental health and substance abuse treatment systems to increase access to services for offenders with mental illness. The Program encourages early intervention for system-involved individuals with mental illness; provides new and existing mental health courts with various treatment options; maximizes diversion opportunities for nonviolent offenders with mental illness and co-occurring disorders; promotes training for justice and treatment

professionals on criminal justice processes and mental health and substance abuse issues; and facilitates communication, collaboration, and the delivery of support services among justice professionals, treatment and related service providers, and governmental partners.

- Mental Health Court Program - The Bureau of Justice Assistance, in coordination with SAMHSA, administers the Mental Health Courts Program. This program funds projects that seek to mobilize communities to implement innovative, collaborative efforts that bring system-wide improvements to the way the needs of adult offenders with mental disabilities or illnesses are addressed. The goal of BJA's Mental Health Court grant program is to decrease the frequency of clients' contacts with the criminal justice system by providing courts with resources to improve clients' social functioning and link them to employment, housing, treatment, and support services.

BJA funds projects that emphasize:

Continuing judicial supervision—including periodic review—over preliminarily qualified offenders with mental illness, mental retardation, or co-occurring mental illness and substance abuse disorders who are charged with misdemeanors and/or nonviolent offenses.

The coordinated delivery of services, which includes:

Specialized training of criminal justice personnel to identify and address the unique needs of offenders who are mentally ill or mentally retarded.

Voluntary outpatient or inpatient mental health treatment, in the least restrictive manner appropriate as determined by the court, that carries with it the possibility of dismissal of charges or reduced sentencing on successful completion of treatment.

Centralized case management involving the consolidation of cases that involve mentally ill or mentally disabled defendants (including probation violations) and the coordination of all mental health treatment plans and social services, including life skills training, placement, health care, and relapse prevention for each participant who requires such services.

Continuing supervision of treatment plan compliance for a term not to exceed the maximum allowable sentence or probation for the charged or relevant offense and, to the extent practicable, continuity of psychiatric care at the end of the supervised period.

The BJA funds a number of Mental Health Courts around the nation. It provides status reports on the courts at its website.

The BJA has published or funded the publication of significant reports relevant to mental health courts and criminal justice diversion, including the three shown below. Recommendations from the publications are shown following the first two references.

- ❑ *A Guide to Mental Health Court Design and Implementation*, already mentioned, which was prepared by the Council of State Governments.<sup>16</sup>

This is the guide that members of the Mental Health Task Force used to prepare the initial proposals to the Department of Children and Families and the Bureau of Justice.

A key area of this report is the recommended elements or domains for consideration when developing a mental health court. The initial Nassau County proposals used the ten elements, which are included in their entirety Attachment 7. The list of elements is intended to function as a tool to guide planners through a series of relevant questions as mental health court strategies are developed.

1. Goals
  2. Target Population
  3. Confidentiality
  4. Terms of Participation
  5. Informed and Voluntary Choice
  6. Participant Identification
  7. Integration of Treatment and Community Supports
  8. The Court Team
  9. Monitoring Adherence to Court Conditions
  10. Sustainability
- ❑ Steadman, Henry J. *A Guide to Collecting Mental Health Court Outcome Data*. New York: Council of State Governments, 2005.<sup>17</sup>

This guide provides a basic discussion of how plans for measuring mental health court processes and outcomes could be developed. The author recommends both process and outcome evaluations. Process evaluation examines how the court operates and provides essential information on the characteristics of the interventions. Second, an outcome evaluation assesses the effectiveness of the intervention. In other words, an outcome evaluation tells you if it worked, and a process evaluation tells you what “it” is.

The author recommends that planning groups and courts should consider is developing a relationship with a university early in the process. Another is asking foundations to support long-term research and evaluation of the project.

Similar to *A Guide to Mental Health Court Design*, the report provides a set of areas to review and questions or guidelines on each. The report identifies the following challenges to obtaining quality data and measuring their results:

1. Securing funds for evaluation
2. Constructing a realistic evaluation plan
3. Documenting treatment services
4. Planning for outcome data collection soon enough
5. Collecting data on the cost of interventions and cost savings

The report restates that the Council of State Governments can provide technical assistance on behalf of the Bureau of Justice Assistance on this topic.

- ❑ *Emerging Judicial Strategies for the Mentally Ill in the Criminal Justice Caseload: Mental Health Courts in Fort Lauderdale, Seattle, San Bernardino and Anchorage*, prepared by the Crime and Justice Research Institute.<sup>18</sup>

### Substance Abuse and Mental Health Services Administration

The Substance Abuse and Mental Health Services Administration (SAMHSA), United States Department of Health and Human Services (HHS), is the lead Federal agency addressing substance abuse and mental health services. SAMHSA's organizational structure includes the Center for Mental Health Services, Center for Substance Abuse Treatment and Center for Substance Abuse Prevention.

SAMHSA has been a leader in the area of improving services and outcomes for persons with mental illnesses in the criminal justice system. In addition to its other involvement described in this section, its Center for Mental Health Services funds or manages the Targeted Capacity Expansion Initiatives for Jail Diversion, The National GAINS Center for Systemic Change for Justice-Involved Persons (GAINS Center), and Technical Assistance and Policy Analysis (TAPA) Center for Jail Diversion.

- ❑ The GAINS Center has been leading an effort to integrate SAMHSA's evidence-based practices to persons involved in the criminal justice system and to make recommendations to states on addressing the integration of mental health and substance abuse services. In 2004 it published *Notes to the Field, Integrating State MH-CJ Planning: A Time for New Initiatives*.<sup>19</sup> It sponsored the preparation of discussion papers on identifying adaptations of evidence-based practices for persons involved in the criminal justice system in the areas of Assertive Community Treatment, Supported Employment, Family Psychoeducation, Illness Self-Management and Co-occurring Disorders. These papers are listed in the reference section of this section of the Strategic Plan.
- ❑ The GAINS TAPA Center for Jail Diversion (TAPA) and the Human Services Research Institute (HSRI) are conducting pilot testing of the HSRI Mental Health/Jail Diversion Cost Simulation Planning Tool.<sup>20</sup> This computerized model projects the per-person costs and the effectiveness of implementing a mental health jail diversion program planned by the local jurisdiction. According to its application document,<sup>21</sup> "The results from the simulation model compare diverted and not diverted groups on several key variables, including:
  - ❑ Jail days
  - ❑ Functional level improvement
  - ❑ Cost by system for services (mental health/substance abuse system and to the criminal justice system, including jail, probation, parole, police and court)
  - ❑ Cost of recidivism

The model produces additional outputs that can be helpful in comparing the diverted and not diverted groups, in addition to planning a system of care for jail diversion program participants, including:

- ❑ Hospital days
- ❑ Emergency room use
- ❑ Units and costs for all services
- ❑ Total monthly costs (which may factor in reimbursement from sources such as Medicaid)

The Mental Health Court should periodically review this study and if indicated use its methodology to project cost savings.

### **Mental Health Treatment and Support Services - Evidence-Based and Best Practices**

SAMHSA's Center for Mental Health Services has helped to identify several evidence-based mental health practices, including standardized pharmaceutical treatments and access to treatment and medications. Several states, including Florida, have developed medication algorithms to help standardize care in line with accepted practices. SAMHSA has published draft toolkits on five evidence-based practices to help providers and systems with planning and implementation. The five toolkits cover arrays of services listed in the categories shown below.<sup>22</sup>

- ❑ Assertive Community Treatment
- ❑ Supported Employment
- ❑ Family Psychoeducation
- ❑ Illness Self-Management
- ❑ Co-occurring Disorders: Integrated Dual Diagnosis Treatment

There are several other evidence-based practices including Case Management, Intensive Case Management, and Cognitive Behavioral Therapy. It should be noted, however, that evidence-based practices are effective in certain situations and not others.

#### Psychiatric Practice Guidelines

The American Psychiatric Association (APA) and other organizations have published practice guidelines for various mental illnesses. In addition, it publishes Guideline Watches, which function as updates to practice guidelines, based on new research since the original publication dates.<sup>23</sup>

- ❑ Acute Stress Disorder and Posttraumatic Stress Disorder
- ❑ Bipolar Disorder
- ❑ Borderline Personality Disorder
- ❑ Major Depressive Disorder
- ❑ Schizophrenia

- ❑ Substance Use Disorders
- ❑ Suicidal Behaviors

### **Mental Health Courts and Jail Diversion Programs in Florida**

The first Mental Health Court in the nation was begun in Broward County in 1997. The misdemeanor court with Judge Ginger Lerner-Wynn as the Presiding Judge has been recognized as a model. The Florida Mental Health Institute has evaluated the court and the Bureau of Justice Assistance has helped to fund it. The Broward County Felony Court opened in 2003. The Presiding Judges are Michele Towbin Singer and Mark A. Speiser.

While these courts are much larger than the court planned for Nassau County, there are still effective practices that should be considered.

- ❑ There are eligibility criteria for both courts. The criteria for misdemeanors are very similar to the eligibility criteria developed in this Strategic Plan.
- ❑ Persons must have a Diagnostic and Statistical Manual Axis I mental illness diagnosis.
- ❑ Mental Health Court is voluntary.
- ❑ The misdemeanor court is very informal with the judge freely speaking with defendants, case managers, and others involved with the cases.
- ❑ The felony court is more formal with the judge interacting more with the attorneys.
- ❑ A SAMH representative attends every court session and also participates in team planning sessions and case staffings. The attendance in court helps the judge to expedite referrals for housing and mental health services.
- ❑ A representative, usually a specialized case manager or liaison, from the primary publicly funded mental health center attends every court session. (Due to the size of the caseload, there are usually multiple case managers and liaisons).
- ❑ Normally, the team of people working with defendants consists of the public defender, case manager, forensic liaison, therapist or rehabilitation counselor, clerk/court representative, and others as needed, and it can include family members. The State Attorney also participates, but from a different perspective.
- ❑ The members work together to develop and monitor community plans. They must complete a significant amount of work each week prior to the court and are expected to go to court with an agreed-upon plan or monitoring report. This, of course, does not always happen and in some cases the judge has to hold hearings to decide any disagreement. They pre-prepare disposition forms and attach them to records prior to court sessions.
- ❑ There is a very high level of cooperation and commitment among the members of the team.
- ❑ The felony court judge orders a significant number of evaluations (from a list of pre-approved professionals) and will order malingering evaluations when she suspects that a defendant is simply not trying hard enough or is exaggerating symptoms.
- ❑ Defendants may be required to attend court weekly and less often as they perform well on the terms of their conditional releases.

Only recently have other county or circuit courts opened courts or initiated planning for them. They include:

The 11<sup>th</sup> Judicial Circuit (Miami-Dade) Criminal Mental Health Project serves individuals with severe mental illnesses who become involved in the criminal justice system or who are at risk of becoming involved. The intent as stated in *Eleventh Judicial Circuit's Criminal Mental Health Project*<sup>24</sup>, is “integrate all of its services to provide ‘Diversion to Linkage to Comprehensive Care’ thereby making jail ‘the last resort’ for individuals suffering from mental illness.” Services include:

- ❑ Pre-Booking Diversion
- ❑ Crisis Intervention Team Policing (CIT)
- ❑ Post-Booking Diversion (County Court Jail Diversion Program)
- ❑ Court Case Management provided by DCF employees
- ❑ Comprehensive Care Program, which includes housing
- ❑ Assisted Living Facility Quality of Care Program
- ❑ Research Program.

In the Post-Booking Diversion component, based on the severity of the defendant’s criminal and mental health history, a determination can be made to dismiss charges upon completion of a discharge plan. If the defendant requires greater supervision, the court may impose greater conditions for release, including being placed on probation. Probation officers are specially trained to work with persons with severe mental illnesses.

Okaloosa County Mental Health Court began in 2003 and provides services to about 50 people per year. It serves only persons with an Axis 1 diagnosis, excludes persons with primary substance abuse or developmental disability diagnoses, and it has funding from foundations.<sup>25</sup>

The Mental Health Court in the 19<sup>th</sup> Circuit in St. Lucie County began in 2006. It serves persons accused of misdemeanors and felonies, with several exceptions. Judge Cynthia Cox is the Presiding Judge. This project, for a medium size county, has received substantial financial support from the Board of County Commissioners, DCF, and the Public Defenders Office (through a special legislative appropriation to Department of Corrections). The County provides about \$480,000 for housing and mental health and support services.

The Client Services Director, Office of the Public Defender has the lead coordination role for case plans and related functions. The project has also developed an ACCESS database program to track cases and provide outcome results.

The 8<sup>th</sup> Judicial Circuit in Alachua County has a Mental Health Court that serves defendants accused of misdemeanors (with exceptions). The Presiding Judge is Mary Day Coker. The felony court is called Felony Forensic Court to avoid confusion with the misdemeanor court. Judge Martha Ann Lott is the Presiding Judge. Representatives of the County Mental Health Court planning group met with Judge Coker, Judge Lott and the team of people working for the court, providers, public defender and state’s attorney. The representatives attended the Mental Health Court.

The admission criteria to the Mental Health Court is very similar to that described above and used in this Strategic Plan, Persons must have an Axis 1 mental illness diagnosis. The courts have the ability to transfer cases between themselves in order to better meet the needs of individual defendants.

The key staff people and positions supporting the courts were:

- ❑ Lina Catusus, Deputy Court Administrator, Mental Health Court
- ❑ Mary Wiley, Senior Pretrial Release Officer
- ❑ Nancy Duke, Therapist, Meridian Behavioral Health Center
- ❑ Alexis Justak, Case Manager, Meridian Behavioral Health Center

This group with the public defender, state's attorney and others work during the week to prepare cases and presentation in court. In addition, a staffing is held prior to the court session, which gives the parties the opportunity to go over every case to be heard that day. As with the Misdemeanor Mental Health Court in other jurisdictions, defendants can be required to attend court weekly and, as they show progress toward meeting the objectives of their community plans, the frequency is reduced. The court also presents awards to defendants who have done outstanding work.

Judge Coker provided copies of the order establishing the court, goals, referral processes, and several court related forms.

There are also mental health courts in Sarasota County and Brevard County, but information was not obtained for the report.

### Physical Health Care

Although there is not much mention of the importance of physical health care in the mental health court and diversion literature, there is evidence of its importance to persons with severe mental illnesses.<sup>2627</sup> Significant evidence exists that persons with severe mental illnesses have not had effective access to health care and are at higher risk of early death. Other contributing factors to the health of persons with severe mental illness include relatively high incidence of smoking, alcohol and illegal drug abuse, and side effects of psychiatric medications. This aspect of the overall picture is not a major part of the literature review, but two reports are listed if reviewers wish to read.

- ❑ *Morbidity and Mortality in People with Mental Illness*, published by the National Association of State Mental Health Program Directors in October 2006.
- ❑ *Achieving the Promise: Transforming Mental Health Care in America. Final Report*, . published by the New Freedom Commission on Mental Health in 2003.

## **Summary of Court Processes, Evidenced-Based Practices, Best Practices and Recommendations**

This section provides a limited summary of the policies and practices that have worked in other jurisdictions. It also offers recommendations for Nassau County. The section is not inclusive of all issues referenced herein or in the Resources and Reference List.

### Mental Health Courts

- ❑ Participation is voluntary.
- ❑ Eligibility criteria must be established, yet flexible to best meet the needs of defendants.
- ❑ Access to mental health is inclusionary, though certain people will not be admitted.
- ❑ Participation requires an AXIS I mental illness diagnosis.
- ❑ Law enforcement and corrections have to be fully supportive and active participants in all aspects of the mental health court and diversion activities.
- ❑ Entry to mental health court is accomplished in as short a timeframe as reasonable. Requires early identification of candidates and rapid response by evaluators, coordinators and attorneys.
- ❑ Communities must have immediate housing, mental health and support services available so that police and participants have alternatives.
- ❑ Effective mental health courts have sufficient court, criminal justice and mental health staff resources available.
- ❑ There are clearly identifiable professionals from court, criminal justice, public defender, state attorney and mental health system assigned to handle the mental health court caseload.
- ❑ Court, criminal justice, mental health, public defender and prosecutor staff work together as a team to assist participants.
- ❑ There is a significant amount of effort on part of the team every week to prepare cases for mental health court, including regular joint staffing of cases and frequent communication among team members during the week.
- ❑ SAMH Program Office staff attends mental health court to inform the judge and to facilitate community-based services.
- ❑ Participants are required to attend mental health court frequently, weekly initially and less frequently as they make progress.
- ❑ Mental health courts are informal, but will impose sanctions and if necessary will re-incarcerate participants.
- ❑ Mental health courts and mental health professionals have to find a balance between confidentiality and public discussion of mental health issues in the courtroom. This is accomplished in part by the participants signing releases and guests of the courts signing confidentiality agreements.
- ❑ Cross training among disciplines is crucial; e.g., criminal justice to mental health, mental health to criminal justice, attorneys to mental health.
- ❑ Mental health courts and related systems should establish metrics early in the development and use the metrics to improve services and develop new strategies.

### Jail Diversion Programs

- ❑ Mental health courts are viewed as only one diversion strategy; multiple strategies are more effective.
- ❑ Communities must have immediate housing, mental health and support services available so that police and participants have alternatives.
- ❑ Include Crisis Intervention Training (CIT) to improve police response to incidents.
- ❑ There are non-specialty first appearance court strategies, including early pre-trial release and deferred prosecution. Includes case management and mental health services.
- ❑ In Florida, systems can try Involuntary Outpatient Commitment as a preventative tool.

### Mental Health Treatment, Rehabilitation and Support Services

- ❑ Rapid access to evaluation and mental health treatment in jail and community must be present.
- ❑ Identifiable case managers and other mental health professionals must be assigned to mental health court.
- ❑ Communities must have immediate housing, mental health and support services available so that police and participants have alternatives.
- ❑ Evidence-based mental health treatment is provided – pharmacotherapy, assertive community treatment, case management, services for persons with co-occurring substance abuse disorders, APA or other established protocols or treatment paths for specific mental illnesses, etc.

### Physical Health Care

- ❑ Access to physical health care should be a component of overall participant plan. In general, the cost of physical health care would not be the responsibility of the mental health court or mental health systems.
- ❑ Mental health and general medical practitioners should collaborate on care provided to ensure integrated care and best outcomes.

### Funding

- ❑ Funding for mental health courts in Florida is generally shared by the courts, county government and DCF.
- ❑ In limited situations other funding has been provided; e.g., Citrus County Department of Health, special legislative appropriation to DOC to Public Defender's Office in the 19<sup>th</sup> Judicial Circuit, St. Lucie County.
- ❑ There is limited foundation and corporate support, but this approach should be pursued.
- ❑ Nassau County should apply for a state reinvestment grant in November 2007.

Note: A list of resources and references is shown in Attachment 7.

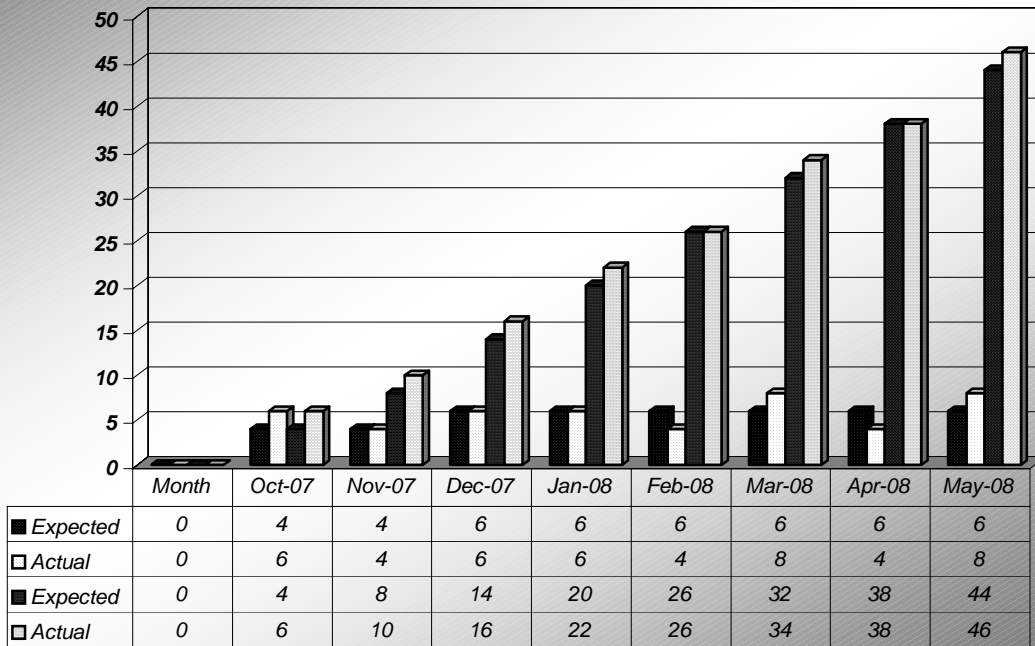
## **Attachments**

## **Attachment 1**

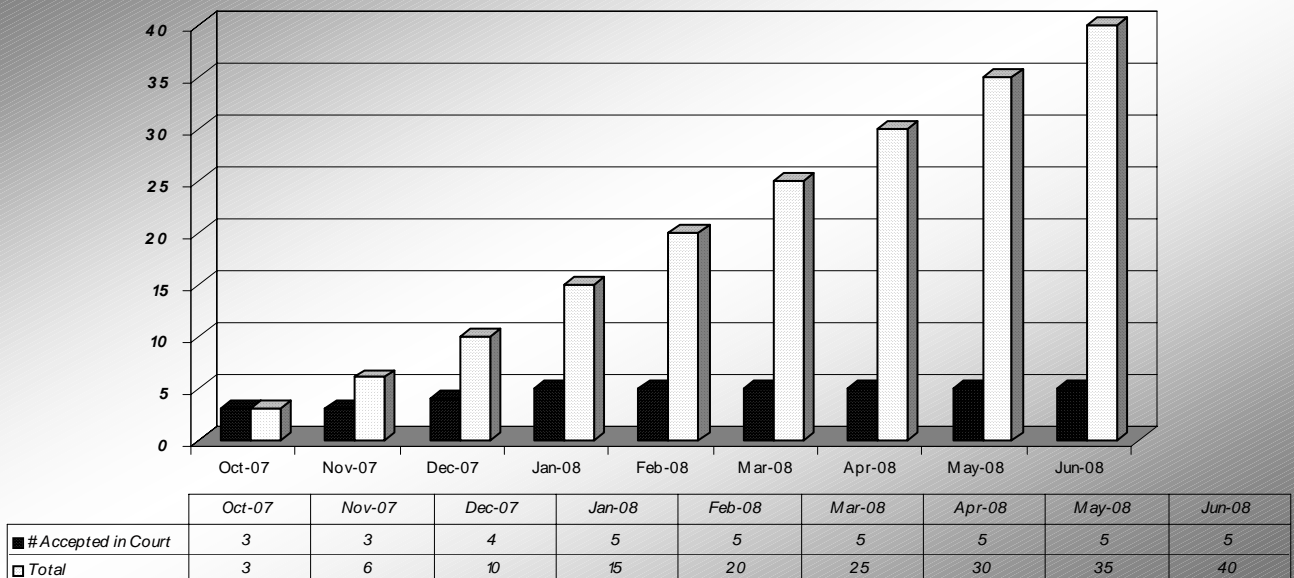
Insert judicial order here

**Attachment 2**  
**Outcome Measure Charts**

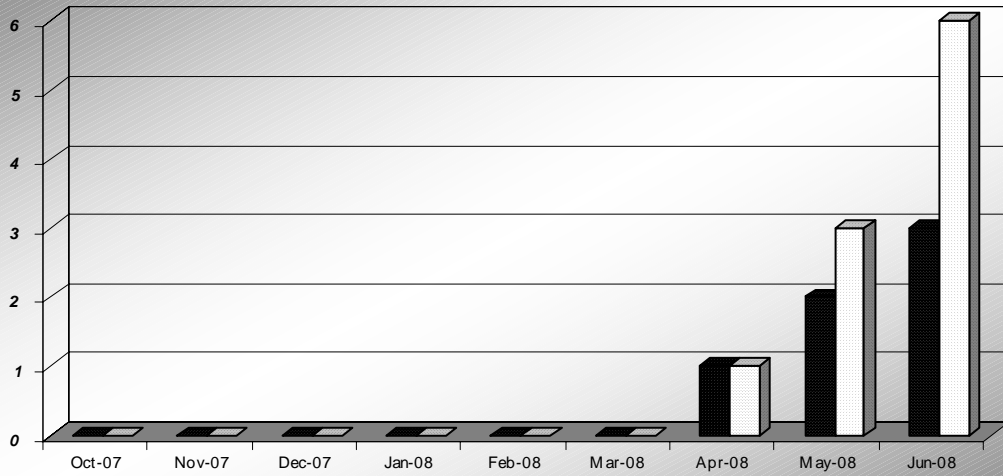
**Nassau County MH Court  
Estimate of Persons To Be Referred 2007-2008**  
Actual Results are just projections to show how chart could look during the year.



**Nassau County MH Court  
Estimate of Number of Persons Admitted 2007-2008**

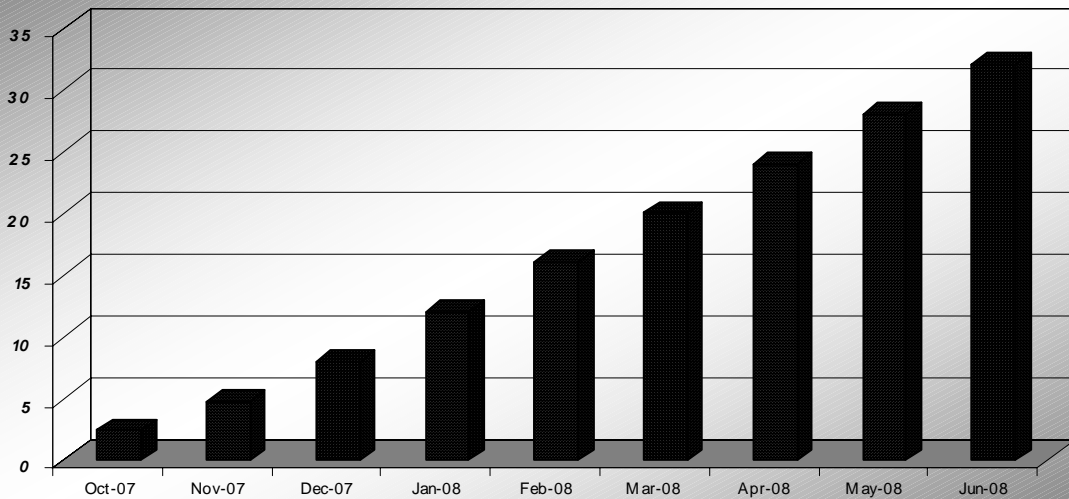


**Nassau County Mental Court  
Estimate of Number of Persons Graduating 2007-2008**



	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08
# Graduated	0	0	0	0	0	0	1	2	3
Total	0	0	0	0	0	0	1	3	6

**Nassau County Mental Health Court  
Persons Not Re-Arrested 2007-2008**



	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08
Total	2	5	8	12	16	20	24	28	32

**Attachment 4**

Other Expenses\*

Client Incidental Expenses for MH Services	\$ 93,700	\$ 62,200
Medicaid/3rd Party Paid MH Services	\$ 30,000	\$ 22,500
New Court Expenses - TBD Judge Davis	\$ -	\$ -
In-Kind Space & FFE - County	\$ 5,000	\$ 3,750
Computers & Printers (<\$1,000 each)	\$ 2,850	\$ 2,850
Cell Phones	\$ 1,800	\$ 1,350
Office Supplies	\$ 2,400	\$ 1,800
Printing & Copying	\$ 3,200	\$ 1,900
Program Supplies	\$ 4,000	\$ 3,000
Staff Travel	\$ 6,940	\$ 5,214
Database costs	\$ 4,000	\$ 4,000
Recruitment Costs	\$ 1,500	\$ 1,500
Total Other Operating	\$ 155,390	\$ 110,064
Administrative and General Indirect	\$ 14,517	\$ 11,941
Total All Expenses	\$ 289,000	\$ 203,250
Net Gain or Loss	\$ 0	\$ 0

**Nassau County Mental Health Court Budget**  
**Shows 2007-2008 Separation for Sheriff, Peer Specialists and Providers**

<u>Revenue</u>	<u>Annualized Revenue</u>	<u>Revenue 07-08</u>	<u>2007-2008 Sheriff</u>	<u>2007-2008 Peer Specialist</u>	<u>2007-2008 Providers</u>	<u>Self-Check</u>
DCF-SAMH	\$ 200,000	\$ 150,000	\$ 150,000	\$ -	\$ -	\$ 150,000
DCF-Peer Specialists	\$ 54,000	\$ 27,000	\$ -	\$ 27,000	\$ -	
Insurance, Medicaid, Medicare, Fees	\$ 30,000	\$ 22,500	\$ -	\$ -	\$ 22,500	
In-Kind Space & FFE - County	\$ 5,000	\$ 3,750	\$ 3,750	\$ -	\$ -	
Other	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ 289,000	\$ 203,250	\$ 153,750	\$ 27,000	\$ 22,500	\$ 203,250

<u>Expense</u>	<u>Annualized Cost</u>	<u>Cost 07-08</u>	<u>2007-2008 Sheriff</u>	<u>2007-2008 Peer Specialist</u>	<u>2007-2008 Providers</u>	<u>Self-Check</u>
MH Court Program Director	\$ 50,000	\$ 41,667	\$ 41,667	\$ -	\$ -	
Peer Specialists	\$ 54,000	\$ 27,000	\$ -	\$ 27,000	\$ -	
Sub-Total Salaries	\$ 104,000	\$ 68,667	\$ 41,667	\$ 27,000	\$ -	\$ 68,667
Fringe Benefit Costs						
FICA	\$ 3,100	\$ 2,583	\$ 2,583	\$ -	\$ -	
Medicare	\$ 725	\$ 604	\$ 604	\$ -	\$ -	
Retirement	\$ 4,925	\$ 4,104	\$ 4,104	\$ -	\$ -	
Health Insurance	\$ 6,023	\$ 5,019	\$ 5,019	\$ -	\$ -	
Workers Compensation	\$ 320	\$ 267	\$ 267	\$ -	\$ -	
Sub-Total Salaries and Fringe	\$ 119,093	\$ 81,244	\$ 54,244	\$ 27,000	\$ -	\$ 81,244
Other Expenses*						
Client Incidental Expenses for MH Services	\$ 93,700	\$ 62,200	\$ 62,200	\$ -	\$ -	\$ 62,200
Medicaid/3rd Party Paid MH Services	\$ 30,000	\$ 22,500	\$ -	\$ -	\$ 22,500	
New Court Expenses - TBD Judge Davis	\$ -	\$ -	\$ -	\$ -	\$ -	
In-Kind Space & FFE - County	\$ 5,000	\$ 3,750	\$ 3,750	\$ -	\$ -	
Computers & Printers (<\$1,000 each)	\$ 2,850	\$ 2,850	\$ 2,850	\$ -	\$ -	
Cell Phones	\$ 1,800	\$ 1,350	\$ 1,350	\$ -	\$ -	
Office Supplies	\$ 2,400	\$ 1,800	\$ 1,800	\$ -	\$ -	
Printing & Copying	\$ 3,200	\$ 1,900	\$ 1,900	\$ -	\$ -	
Program Supplies	\$ 4,000	\$ 3,000	\$ 3,000	\$ -	\$ -	
Staff Travel	\$ 6,940	\$ 5,214	\$ 5,214	\$ -	\$ -	
Database costs	\$ 4,000	\$ 4,000	\$ 4,000	\$ -	\$ -	
Recruitment Costs	\$ 1,500	\$ 1,500	\$ 1,500	\$ -	\$ -	
Total Other Operating	\$ 155,390	\$ 110,064	\$ 87,564	\$ -	\$ 22,500	\$ 110,064
Administrative and General Indirect	\$ 14,517	\$ 11,941	\$ 11,941	\$ -	\$ -	
Total All Expenses	\$ 289,000	\$ 203,250	\$ 153,750	\$ 27,000	\$ 22,500	\$ 203,250
Net Gain or Loss	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1

<u>Expense</u>	<u>Hire</u>	<u>Annualized</u>	<u>Cost</u>	<u>Annualized</u>	<u>Annualized</u>	<u>Annualized</u>	
	<u>Rate</u>	<u>Cost</u>	<u>07-08</u>	<u>Sheriff</u>	<u>Peer Specialist</u>	<u>Providers</u>	
MH Court Program Director	##	\$ 50,000	\$ 41,667	\$ 50,000	\$ -	\$ -	
Peer Specialists	##	\$ 54,000	\$ 27,000	\$ -	\$ 54,000	\$ -	
Sub-Total Salaries	-07	\$ 104,000	\$ 68,667	\$ 50,000	\$ 54,000	\$ -	\$ 104,000
Fringe Benefit Costs							
FICA		\$ 3,100	\$ 2,583	\$ 3,100	\$ -	\$ -	
Medicare		\$ 725	\$ 604	\$ 725	\$ -	\$ -	
Retirement		\$ 4,925	\$ 4,104	\$ 4,925	\$ -	\$ -	
Health Insurance		\$ 6,023	\$ 5,019	\$ 6,023	\$ -	\$ -	
Workers Compensation		\$ 320	\$ 267	\$ 320	\$ -	\$ -	
Sub-Total Salaries and Fringe		\$ 119,093	\$ 81,244	\$ 65,093	\$ 54,000	\$ -	\$ 119,093
Other Expenses*							
Client Incidental Expenses for MH Services		\$ 93,700	\$ 62,200	\$ 93,700	\$ -	\$ -	
Medicaid/3rd Party Paid MH Services		\$ 30,000	\$ 22,500	\$ -	\$ -	\$ 30,000	
New Court Expenses - TBD Judge Davis		\$ -	\$ -	\$ -	\$ -	\$ -	
In-Kind Space & FFE - County		\$ 5,000	\$ 3,750	\$ 5,000	\$ -	\$ -	
Computers & Printers (<\$1,000 each)		\$ 2,850	\$ 2,850	\$ 2,850	\$ -	\$ -	
Cell Phones		\$ 1,800	\$ 1,350	\$ 1,800	\$ -	\$ -	
Office Supplies		\$ 2,400	\$ 1,800	\$ 2,400	\$ -	\$ -	
Printing & Copying		\$ 3,200	\$ 1,900	\$ 3,200	\$ -	\$ -	
Program Supplies		\$ 4,000	\$ 3,000	\$ 4,000	\$ -	\$ -	
Staff Travel		\$ 6,940	\$ 5,214	\$ 6,940	\$ -	\$ -	
Database costs		\$ 4,000	\$ 4,000	\$ 4,000	\$ -	\$ -	
Recruitment Costs		\$ 1,500	\$ 1,500	\$ 1,500	\$ -	\$ -	
Total Other Operating		\$ 155,390	\$ 110,064	\$ 125,390	\$ -	\$ 30,000	\$ 155,390
Administrative and General Indirect		\$ 14,517	\$ 11,941	\$ 14,517	\$ -	\$ -	
Total All Expenses		\$ 289,000	\$ 203,250	\$ 205,000	\$ 54,000	\$ 30,000	\$ 289,000
Net Gain or Loss		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1

## Nassau County Mental Health Court Budget Draft

### Examples of Client Incidental Expenses & Mental Health Services

Psychiatric Services  
Therapy Services  
Substance Abuse Services  
Assessments  
Case Management  
Psychotropic Medications  
Drug Tests  
Housing  
Clothing  
Medical Care  
Education Expenses  
Other Approved Costs

**Attachment 5**

## Potential Funding Sources - Mental Health Court/Jail Diversion Programs

Source	Purpose and Interests	Funding Cycle & Grant Amount
<p>1. Nassau County Board of County Commissioners</p>	<p><b>County Funding for Special Projects and Match</b>                      The Mental Health Court should have significant economic and community benefit for the Nassau County. It should be a candidate for county funding support. This source is listed for its long-term relevance even though all counties in Florida face uncertainties at this time because of the property tax relief issue. The county is also a source of in-kind match for grants.</p> <p>Other county commissions have provided significant support for mental health courts and diversion programs; e.g., Broward, Dade, St. Lucie, Alachua.</p>	<p>The county operates on an October 1 to September 30 cycle. Requests for funding should coincide with the normal budget cycle, unless the commissioners would permit otherwise.</p>
<p>2. Nassau County Sheriff</p>	<p><b>Sheriff's Office Funds for Jail Services</b>                      The Sheriff's Office is a source of in-kind match for the mental health program. In addition, the mental health court project should reduce the sheriff's expenditures for services to persons with mental illnesses in the jail (e.g., psychiatric medications and overtime). Perhaps as the mental health court demonstrates savings to the sheriff, he would consider funding expansion or match for the program.</p>	<p>The county operates on an October 1 to September 30 cycle. Requests for funding should coincide with the normal budget cycle, unless the sheriff would permit otherwise.</p>
<p>3. Florida Department of Children and Families – SAMH Program</p>	<p>Traditional service funding and special legislative appropriations. To become part of the normal DCF-SAMH annual budget for new funding, DCF-SAMH would have to include the service or organization in its budget submitted to the governor. This is rarely done at the request of a provider. The governor would have to keep it in his budget and it would have to be approved by the legislature.</p> <p>An organization can request special appropriations from the legislature for mental health services. This is accomplished through a Community Budget Issue Request, which must have both House and Senate sponsors. The legislature must include it in the approved budget and it must survive the governor's line-item veto. A risk here is that more often than not, these requests are funded out of what is called non-recurring funds, which means that the request for continuing funding has to go through the same process the following year (s).</p> <p>Funds for Emergency Family Treatment Centers have been used to support diversion programs for persons with mental illnesses. There are several of these programs in Florida.</p> <p>An additional note – In some years, DCF/SAMH and legislative initiatives include funds for new services or programs. According to state purchasing law, if the amount of funding for one project exceeds \$300,000, DCF would generally have to go through a competitive bid or proposal process before award.</p>	<p>DCF-SAMH budget process normally complete by mid-to late-summer.</p> <p>Community Budget Issue Request deadlines change, but work toward a January 15 deadline. The effort should begin well in advance of that date in order to secure House and Senate sponsors.</p>

<p>4. Florida Department of Children and Families</p>	<p><b>Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program</b>  The purpose of the program is to provide funding to counties to plan, implement, or expand initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders and who are in, or at risk of entering, the criminal or juvenile justice systems. The Florida Substance Abuse and Mental Health Corporation, Inc., created in s. 394.655, Florida Statutes, shall establish a statewide grant review committee.</p> <p>Planning Grants \$100,000, with \$2.0 million available  Implementation Grants \$1.0 million but only \$1.85 million available</p> <p>Additional information attached.</p>	<p>From SAMH Corporation Publication in June 2007 and the RFA in August:</p> <p>August 17, Development of RFP completed  August 20, RFP email link mailed out to broad distribution list  October 3, Web seminar.  October 5, Florida Partners in Crisis holds a Grant Summit  November 1, Grant applications due  December 15, Grant reviews completed, decisions made  February 1, Grants Awarded</p>
<p>5. Florida Dept of Corrections</p>	<p><b>Diversion Program for Persons with Mental Illnesses</b>  The legislature has approved at least one community request for funding for a diversion program for persons with mental illnesses through the Department of Corrections. The legislature approved \$500,000 for the initiative. The Department of Corrections contracted with Office of the Public Defender in the 19<sup>th</sup> Circuit for staff to support the diversion program and for community services. In addition, The Office of the Public Defender subsequently contracted with the local community mental health center for mental health services and housing. In addition to supporting the mental health court costs, the funds supported the area's Family Emergency Treatment Center, which received an additional \$1.0 million from the legislature in 2006.</p>	<p>Same two scenarios as with DCF. The normal budget cycle and the community budget request.</p>
<p>6. U.S. Dept of Justice, Office of Justice Programs, Bureau of Justice Assistance</p>	<p><b>Edward Byrne Memorial Justice Assistance Grant (JAG) Program:</b> Support for all components of the criminal justice system, from multi-jurisdictional drug and gang task forces to crime prevention and domestic violence programs, courts, corrections, treatment, and justice information sharing initiatives. Funds may be used for state and local initiatives, technical assistance, training, personnel, equipment, supplies, contractual support, and information systems for criminal justice for any one or more of the following purposes: law enforcement; prosecution and court; prevention and education; corrections and community corrections; drug treatment; planning, evaluation, and technology improvement.</p> <p>Chief executive officer of an eligible unit of local government (see Bureau of Justice Statistics Units of Local Government List) or local agency designated by the CEO must apply.</p>	<p>Current cycle applications due July 2, 2007</p> <p>Allocations are determined by formula for state and local jurisdictions</p>

<p>7. U.S. Dept of Justice, Office of Justice Programs, Bureau of Justice Assistance</p>	<p><b>Justice and Mental Health Collaboration Program:</b> Seeks to increase public safety through innovative cross-system collaboration for individuals with mental illness who come into contact with the criminal or juvenile justice systems. ... encourages early intervention for system-involved individuals with mental illness; provides new and existing mental health courts with various treatment options; maximizes diversion opportunities for nonviolent offenders ... promotes training for justice and treatment professionals ... facilitates communication, collaboration, and delivery of support services... Joint application required from unit of government &amp; mental health agency.</p>	<p>FY 2007 cycle closed 12/12/06</p> <p>Planning: \$50,000 maximum, 12 months Planning &amp; Implementation: \$250,000 maximum, 30 months Implementation &amp; Expansion: \$200,000, 24 months</p>
<p>8. U.S. Dept of Justice, Office of Justice Programs, Bureau of Justice Assistance</p>	<p><b>Drug Court Discretionary Grant Program:</b> Provides resources to state, local, and tribal governments and state and local courts to establish or enhance adult drug courts and systems for nonviolent substance-abusing offenders. Drug courts help reduce recidivism and substance abuse among nonviolent offenders and increase an offender's likelihood of successful rehabilitation ... required by law to target nonviolent offenders and must implement an adult drug court based on the BJA and National Association of Drug Court Professionals' publication: <i>Defining Drug Courts: The Key Components</i>... may also serve DUI/DWI offenders. States, state/local courts, counties, units of local government, Indian tribal governments, acting directly or through other public or private entities may apply.</p>	<p>FY 2007 cycle closed 3/6/07</p> <p>Implementation: \$350,000 maximum, 24 months Enhancement: \$200,000 maximum, 12 months</p>
<p>9. U.S. Dept of Justice, Office of Justice Programs, Bureau of Justice Assistance</p>	<p><b>Mental Health Courts Program:</b> Seeks to mobilize communities to implement innovative, collaborative efforts that bring system-wide improvements to the way the needs of adult offenders with mental disabilities or illnesses are addressed. ... helps improve the social functioning of qualified offenders with mental illness, mental retardation, or co-occurring mental illness and substance abuse disorders through treatment, supervision, stable employment, housing, and support services.... Call for concept papers was issued to create one additional mental health court demonstration project. State, local, and tribal government agencies, including courts, are eligible to apply.</p>	<p>Deadline for concept papers was 2/2/06; successful applicant would be asked to submit detailed proposal</p> <p>Award: \$150,000, up to 24 months</p>
<p>10. U.S. Dept of Justice, Office of Community Oriented Policing Services</p>	<p><b>Community Policing Development 2007 Grant Program:</b> To fund a variety of initiatives designed to advance the practice of community policing nationwide ... should be of particular interest to public governmental agencies, profit and non-profit institutions, educational institutions, community groups, and faith-based organizations ... "Open/Other Topics" area to develop and/or advance innovative strategies &amp; approaches ... issues that address emerging or unmet needs. Public governmental entities, profit and nonprofit institutions, educational institutions, community groups, and faith-based organizations may apply.</p>	<p>Current cycle ends 7/2/07</p> <p>Award: \$500,000 maximum, 18 months</p>

11. SAMHSA, Center for Mental Health Services	<p><b>Targeted Capacity Expansion Grants for Jail Diversion Programs:</b> Promotes transformation of systems to improve services for justice-involved adults with mental illness ... provide communities opportunity to address recommendation of New Freedom Commission Report, for widespread adoption of adult criminal justice diversion and re-entry strategies to avoid unnecessary criminalization and extended incarceration of nonviolent adult offenders with mental illnesses.</p> <p>Applications must be signed by the chief executive of the State, political subdivision of State, AI/AN tribe or tribal organization, or the AI/AN federally recognized tribe.</p>	<p>Current cycle closed 3-27-07</p> <p>Award: up to \$361,500, up to 3 years</p>
12. SAMHSA, CSAT	<p><b>Treatment Drug Courts:</b> Provides funds to expand or enhance substance abuse treatment services to “problem solving” courts which use the treatment drug court model.</p>	<p>Current cycle- Publication date 12/04/07</p> <p>75 grants at \$365,000</p>
12. Open Society Institute	<p>Operating foundation. National/international focus. Aims to shape public policy to promote democratic governance, human rights, and economic, legal, and social reform. ... local level, OSI implements a range of initiatives to support the rule of law, education, public health, and independent media. Funded program at Florida Atlantic University “to plan national initiative developing Service in the Interest of Others as primary, community-oriented approach to justice system intervention, and alternative to incarceration. Fields of interest include law/international law, public health.</p>	<p>Sample 2005 grants ranged from \$50,000 to \$4,000,000</p>
13. Public Welfare Foundation	<p>Independent foundation. National focus. Support primarily for organizations that address human needs in disadvantaged communities ... emphasis on service, advocacy and empowerment ...remedy specific problems ... organizations that link their community and local work to other efforts to effect broader public policy change. Fields of interest include offenders/ex-offenders, prison alternatives.</p>	<p>FY 2006 giving included \$20,037,575 for grants; specific grant amounts not available</p>
14. Prospect Hill Foundation	<p>Independent foundation. National/international focus. Mission is to advance the human experience while ensuring the well being of the earth ... four main program areas: (1) environmental conservation ... (2) nuclear nonproliferation ... (3) reproductive health and rights ... (4) criminal justice – to promote a fair and humane criminal justice system. Fields of interest include courts/judicial administration.</p>	<p>FY 2006 estimated total giving: \$3,090,000.</p> <p>Sample grants ranged from \$35,000 to \$200,000</p>
15. Robert F. and Eleonora W. McCabe Foundation	<p>Independent foundation. Florida/New York focus. Since 2001 ... focus on mental health ... to: facilitate a continuum of services for people in need of mental health services; creatively utilize both public and private funding; improve access to mental health services for the poor and the needy; increase awareness and acceptance of mental health issues through education and early intervention. Areas of interest include mental health; treatment.</p>	<p>FY 05 giving included \$313,728 for 102 grants ranging from \$50 to \$50,000</p>

16. The Bristol-Myers Squibb Foundation, Inc.	Company-sponsored foundation. National/international focus. Supports organizations involved with education, the environment, health, medical research, law and justice, employment training, youth development, human services, equal opportunity and access, community development, civic affairs, senior citizens, disabled people, minorities, women, and economically disadvantaged people ... Fields of interest include courts/judicial administration, disabilities, employment training, health care, human services, minorities, public health, public policy.	FY 05 giving included \$19,590,171 for 233 grants ranging from \$216 to \$2,400,000  Sample grants for 2004 ranged from \$25,000 to \$2,750,000
---	---	---

**NOTES:**

1. Information on possible future funding cycles for federal grant programs will not be available until agency/department budgets are determined for Fiscal Year 2007-08, which begins in October 2007.
2. Foundation information included in this report was obtained from the Foundation Center's *Foundation Directory Online*. These entries represent a sample of foundations with stated interests in mental health, criminal justice, and related topics that accept unsolicited proposals. "Cold" proposals are not, however, likely to be successful. Development of relationships and shared interest in proposed projects is generally necessary to obtain foundation support.
3. Smaller, local foundations not listed in the Foundation Directory may also hold potential for funding. Based on its stated funding initiatives, mental health courts and jail diversion would not appear to be priority areas of the Community Foundation in Jacksonville. Foundations are most likely to fund 501(c)(3) organizations, which could work in collaboration with local government units or services.
4. No research was conducted on potential funding for housing, employment, or other support services for people with mental illnesses.

**Attachment 6**

## Attachment 6

### Recommendations and Policy Statements from *Criminal Justice/Mental Health Consensus Project*<sup>28</sup>

REPORT CHAPTER	EVENT/ISSUE	STATEMENT NUMBER	POLICY STATEMENT
<b>Involvement with the Mental Health System</b>	Involvement with the Mental Health System	1	Improve availability of and access to comprehensive, individualized services when and where they are most needed to enable people with mental illness to maintain meaningful community membership and avoid inappropriate criminal justice involvement.
<b>Contact with Law Enforcement</b>	Request for Police Service.	2	Provide dispatchers with tools to determine whether mental illness may be a factor in a call for service and to use that information to dispatch the call to the appropriate responder
	On-Scene Assessment	3	Develop procedures that require officers to determine whether mental illness is a factor in the incident and whether a serious crime has been committed— while ensuring the safety of all involved parties
	On-Scene Response.	4	Establish written protocols that enable officers to implement an appropriate response based on the nature of the incident, the behavior of the person with mental illness, and available resources.
	Incident Documentation	5	Document accurately police contacts with people whose mental illness was a factor in an incident to promote accountability and to enhance service delivery.

	Police Response Evaluation	6	Collaborate with mental health partners to reduce the need for subsequent contacts between people with mental illness and law enforcement.
<b>Pretrial Issues, Adjudication, and Sentencing</b>	Appointment of Counsel	7	Make defense attorneys aware of the following: (a) the mental health condition, history and needs of their clients as early as possible in the court process; (b) the current availability of quality mental health resources in the community; and (c) current legislation and case law that might affect the use of mental health information in the resolution of their client's case.
	Consultation with Victim	8	Educate individuals who have been victimized by a defendant with a mental illness, or their survivors, about mental illness and how the criminal justice system deals with defendants with mental illness.
	Prosecutorial Review of Charges	9	Maximize the use of alternatives to prosecution through pretrial diversion in appropriate cases involving people with a mental illness.
	Modification of Pretrial Diversion Conditions	10	Assist defendants with mental illness in complying with conditions of pretrial diversion.
	Pretrial Release/ Detention Hearing	11	Maximize the use of pretrial release options in appropriate cases of defendants with mental illness so that no person is detained pretrial solely for the lack of information or options to address the person's mental illness.
	Modification of Pretrial Release Conditions	12	Assist defendants with mental illness who are released pretrial in complying with conditions of pretrial release.
<b>Adjudication, and Sentencing</b>	Adjudication	14	Maximize the availability and use of dispositional alternatives in appropriate cases of people with mental illness.

	Sentencing	15	Maximize the use of sentencing options in appropriate cases for offenders with mental illness.
	Modification of Conditions of Probation/Supervised Release	16	Assist offenders with mental illness in complying with conditions of probation.
<b>Incarceration and Reentry</b>	Receiving and Intake of Sentenced Inmates	17	Develop a consistent approach to screen sentenced inmates for mental illness upon admission to state prison or jail facilities and make referrals, as appropriate, for follow-up assessment and/or evaluations.
	Development of Treatment Plans, Assignment to Programs, and Classification / Housing Decisions	18	Use the results of the mental health assessment and evaluation to develop an individualized treatment, housing, and programming plan, and ensure that this information follows the inmate whenever he or she is transferred to another facility.
	Subsequent Referral for Screening and Mental Health Evaluation	19	Identify individuals who—despite not raising any flags during the screening and assessment process—show symptoms of mental illness after their intake into the facility, and ensure that appropriate action is taken.
	Release Decision	20	Ensure that clinical expertise and familiarity with community-based mental health resources inform release decisions and determination of conditions of release.
	Development of Transition Plan	21	Facilitate collaboration among corrections, community corrections, and mental health officials to effect the safe and seamless transition of people with mental illness from prison to the community.
	Modification of Conditions of Supervised Release	22	Monitor and facilitate compliance with conditions of release and respond swiftly and appropriately to violations of conditions of release.
	Maintaining Contact Between Individual and Mental Health System	23	Ensure that people with mental illness who are no

			longer under supervision of the criminal justice system maintain contact with mental health services and supports for as long as is necessary.
<b>Improving Collaboration</b>	Obtaining and Sharing Resources	24	Determine how the partners will make resources available to respond jointly to the problem identified.
	Sharing Information	25	Develop protocols to ensure that criminal justice and mental health partners share mental health information without infringing on individuals' civil liberties.
	Institutionalizing the Partnership	26	Institutionalize the partnership to ensure it can sustain changes in leadership or personnel.
<b>Training Practitioners and Policymakers and Educating the Community</b>	Determining Training Goals and Objectives	27	Determine training goals and objectives and tap expertise in both the criminal justice and mental health systems to inform these decisions.
	Training for Law Enforcement Personnel	28	Establish new skills, recruit, in-service, and advanced skills training requirements for law enforcement personnel about responding to individuals with mental illness, and develop curricula accordingly.
	Training for Court Personnel	29	Provide adequate training for court officials (including prosecutors and defense attorneys) about appropriate responses to criminal defendants who have a mental illness.
	Training for Corrections Personnel	30	Train corrections staff to recognize symptoms of mental illness and to respond appropriately to people with mental illness.
	Training for Mental Health Professionals	31	Develop training programs for mental health professionals who work with the criminal justice system.

	Educating the Community and Building Community Awareness	32	Educate the community about mental illness, the value of mental health services, and appropriate responses when people with mental illness who come into contact with the criminal justice system.
	Identifying Trainers	33	Identify qualified professionals to conduct training.
	Evaluating Trainers	34	Evaluate the quality of training content and delivery; update training topics and curricula annually to ensure they reflect both the best practices in the field as well as the salient issues identified as problematic during the past year.
<b>Elements of an Effective Mental Health System</b>	Evidence-Based Practices	35	Promote the use of evidence-based practices and promising approaches in mental health treatment, services, administration, and funding.
	Integration of Services	36	Initiate and maintain partnerships between mental health and other relevant systems to promote access to the full range of services and supports, to ensure continuity of care, and to reduce duplication of services.
	Co-Occurring Disorders	37	Promote system and services integration for co-occurring mental health and substance abuse disorders.
	Housing and discriminatory policies	38	Develop and enhance housing resources that are linked to appropriate levels of mental health supports and services.
	Consumer and Family Member Involvement	39	Involve consumers and families in mental health planning and service delivery.
	Cultural Competency	40	Ensure that racial, cultural, and ethnic minorities receive mental health services that are appropriate for their needs.
	Workforce	41	Determine the adequacy of the current mental health workforce to meet the needs of the system's clients.
	Accountability	42	Establish and utilize performance measures to promote accountability among systems administrators, funders, and providers.

	Advocacy	43	Build awareness of the need for high quality, comprehensive services and of the impact of stigma.
<b>Measuring and Evaluating Outcomes</b>	Identifying Outcome Measures	44	Identify outcome measures that will enable policymakers to assess the value and efficacy of the initiative.
	Collecting Data	45	Ensure mechanisms are in place to capture data consistent with the process and outcome measures identified.
	Disseminating Findings	46	Publicize program successes as appropriate to the media, public, and appropriators.

**Attachment 7**

## Attachment 7

### Ten Elements of Mental Health Court Design and Implementation from *A Guide to Implementing Mental Health Courts*<sup>29</sup>

Section Number	Mental Health Court Element	Key Questions
1	Goals	<p>What are the specific goals for the mental health court: increased public safety, increased treatment engagement, improved quality of life, and/or more effective use of resources?</p> <p>How will progress towards these goals be measured?</p>
2	Target Population	<p>Will the court accept defendants charged with misdemeanors, felonies, or both?</p> <p>Must a relationship between defendants' mental illnesses and their charges be demonstrated?</p> <p>If so, how will that relationship be established?</p> <p>Will those accused of violent crimes or with a history of violence be eligible for the program?</p> <p>Will the court establish eligibility criteria related to defendants' criminal histories?</p> <p>What kind of diagnostic criteria will the court establish?</p> <p>How will the court coordinate with other programs (such as the drug court)?</p>
3	Confidentiality	<p>How will prospective participants be asked to consent to the release of information, and to whom will it be released?</p> <p>How will clinical information be handled in open court?</p> <p>How will federal regulations related to the sharing of mental health and substance abuse treatment information affect program design?</p>
4	Terms of Participation	<p>What kind of plea arrangement will the court establish for program participants?</p> <p>Will a guilty plea be required?</p> <p>How will cases be disposed when participants successfully complete the program?</p> <p>What about when participants are unsuccessful?</p> <p>How often will participants report to the court for status hearings?</p> <p>How long will the court program last? Will it vary for each individual? If so, what will be the basis?</p>
5	Informed and Voluntary Choice	<p>How will the court ensure prompt assessment of legal competency?</p> <p>How will the court ensure that defendants are fully informed about the program before opting into the court?</p> <p>How will the court encourage participant input into treatment plans and other conditions?</p>
6	Participant Identification	<p>From which agencies or individuals will the court accept referrals?</p> <p>How will high rates of inappropriate referrals be avoided?</p> <p>Who will screen referrals for legal and clinical eligibility?</p> <p>How will information required for treatment planning be gathered?</p> <p>How will the final determination of eligibility be made? Who will have ultimate authority to accept participants?</p> <p>What speed of processing targets will the court set?</p>

7	Integration of Treatment and Community Supports	<p>How will the court determine what kinds of mental health treatment are available in the community? How will the court respond to gaps in treatment?</p> <p>How will the court address the treatment needs of participants with co-occurring psychiatric and substance abuse disorders?</p> <p>How will the court ensure that treatment for court participants does not reduce treatment availability for non-court participants?</p> <p>How will the court make use of peer support services?</p> <p>How will the court account for the specific treatment needs of women and minorities?</p> <p>How will the court transition participants from court supervision to unsupervised treatment?</p>
8	The Court Team	<p>Who will compose the court team?</p> <p>How will team members be selected?</p> <p>What kind of training, both initial and ongoing, will be provided to team members?</p> <p>How long will staff be assigned to the mental health court program?</p>
9	Monitoring Adherence to Court Conditions	<p>Who will monitor or supervise participants in the community? Will these staff have a mental health background (e.g., case managers), a criminal justice background (e.g., probation officers), or will a team approach be used?</p> <p>Who will manage information about participants' adherence to court conditions?</p> <p>Who will attend case staffing meetings during which participants' progress is discussed?</p> <p>What kind of rewards and incentives will be provided to encourage compliance?</p>
10	Sustainability	<p>From what sources will the court obtain long-term funding or resources to operate?</p> <p>When will the court develop written policies and procedures?</p> <p>Which outcome data will be collected and who will collect them?</p> <p>How will the court respond to program failures, such as well-publicized new crimes committed by program participants?</p> <p>How will the court educate other agencies and community members about the goals and processes of the court?</p>

**Attachment 8**

## Attachment 8

### Resource List\*

Boothroyd, R A., Poythress, N.G., Christy, A., & Petrila, J. (2005). Clinical outcomes of defendants in mental health court. *Psychiatric Services*. Vol 56, No 7. 829-834.

Casey, D., Rottman, B. & Bromage, C.G. *Problem Solving Justice Toolkit*. National Center for State Courts, March 31, 2007.

Christy, A., Poythress, N.G., Boothroyd, R.A., Petrila, J., & Mehra, S. (2005). Evaluating the efficiency and community safety goals of the Broward county mental health court. *Behavioral Sciences and the Law*, 23(2), 227-243. (Journal article not used in report because of purchase price)

Clark, John. (2004). *Non-Specialty First Appearance Court Models for Diverting People with Mental Illness: Alternatives to Mental Health Courts*. Delmar, NY: Technical Assistance and Policy Analysis Center for Jail Diversion.

Cordner, Gary. (2006). People with mental illness. *Problem Oriented for Police: Problem-Specific Guides Series No. 40*. Department of Justice, Community Oriented Policing Service.

Council of State Governments. *A Guide to Mental Health Court Design and Implementation*. New York, NY: Council of State Governments, 2005. Funded by the Bureau of Justice Assistance.

Council of State Governments. *Criminal Justice / Mental Health Consensus Project*. New York, NY: Council of State Governments, June, 2002.  
(<http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=197103>)

Council of State Governments, *Essential Elements of a Mental Health Court (Third Edition, Draft)*, New York, NY: Council of State Governments, June 2005. Funded by the Bureau of Justice Assistance.

Draper DA, McHugh MC, Achman L, Kuo S. *Medicaid Financing of State and County Psychiatric Hospitals*. DHHS Pub. No. (SMA) 03-3830 Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2003.

Florida Agency for Health Care Administration. (2002). *Annual CON Report Tables 2002*.

GAINS TAPA Center for Jail Diversion. (2006). *A Planning Tool to Estimate Cost Savings Generated by a Mental Health/Jail Diversion Initiative: Beta Test Site Application*.

GAINS TAPA Center for Jail Diversion. (2007). *Judges' Guide to Mental Health Jargon: A quick Reference for Justice System Practitioners*. A Product of the Judges Criminal Justice/Mental Health Leadership Initiative.

GAINS TAPA Center for Jail Diversion. (2006). *A Planning Tool to Estimate Cost Savings Generated by a Mental Health/Jail Diversion Initiative: Beta Test Site Application*.

GAINS TAPA Center for Jail Diversion. (2004). *What Can We Say About the Effectiveness of Jail Diversion Programs for Persons with Co-Occurring Disorders*.

James D, Glaze, Lauren. (2006). *Mental Health Problems of Prison and Jail Inmates*. U.S. Department of Justice, Office of Justice Programs.

John S. Goldkamp, John S., & Irons-Guynn, Cheryl. *Emerging Judicial Strategies for the Mentally Ill in the Criminal Justice Caseload: Mental Health Courts in Fort Lauderdale, Seattle, San Bernardino and Anchorage*. Prepared by the Crime and Justice Research Institute, April 2000.

Jordan N, McGaha A, Douglas KS, Ort R, Boothroyd R. Behavioral Health Services Utilization And Incarceration Costs For Mental Health Court Users. *Abstr Academy Health Meet*. 2003; 20: abstract no. 122.

Judge David L. Bazelon Center for Mental Health Law. (2003) *Criminalization of People with Mental Illnesses: THE ROLE OF MENTAL HEALTH COURTS IN SYSTEM REFORM*. Washington, DC.

Koyangi, Chris. (2006) *Best Practices: Access to Benefits for Prisoners with Mental Illnesses*. A Bazelon Center Issue Brief.

Lerner-Wynn, Ginger. *Broward's Mental Health Court: An Innovative Approach to the Mentally Disabled in the Criminal Justice System*. 2000. The National Center for State Courts.

Maurer, B. (2006) *Morbidity and Mortality in People with Serious Mental Illness*. National Association of State Mental Health Program Directors. Washington, DC.

New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003.

Petrila, J. (2007). *Dispelling Myths about Information Sharing Between Mental Health and Criminal Justice Systems*. The CMHS National GAINS Center for Systemic Change for Justice-Involved People with Mental Illness.

Poythress, N.G., Petrila, J., McGaha, A., & Boothroyd, R. (2002). Perceived coercion and procedural justice in the Broward County mental health court. *International Journal of Law and Psychiatry*, 25(5), 517-533. (Journal article not used in report because of purchase price)

Office of Minority Health. (2001). *National Standards for Culturally and Linguistically Appropriate Services in Health Care Executive Summary*. Washington, D.C.: U.S. Dept. of Health and Human Services, OPHS.

Ridgely, M. Susan, et al. (2007) *Justice, Treatment, and Cost: An Evaluation of the Fiscal Impact of Allegheny County Mental Health Court*. Produced by the Rand Corporation.

Reuland, M. (2004) *A Guide to Implementing Police-Based Diversion Programs for People with Mental Illness*. Delmar, NE: Technical Assistance and Policy Analysis Center for Jail Diversion.

Substance Abuse and Mental Health Services Administration. (2005). *Transforming Mental Health in America: The Federal Action Agenda: First Steps*. Website report.

SEARCH, The National Consortium of Justice Information. (2003). *Public Domain Drug Court Software: Functions and Utility*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.

Steadman, Henry J. *A Guide to Collecting Mental Health Court Outcome Data*. New York: Council of State Governments, 2005. Prepared for the Bureau of Justice Assistance.

Swartz, Cindy. (Undated). *Eleventh Judicial Circuit's Criminal Mental Health Project*, Eleventh Judicial Circuit of Florida.

Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990's. *Psychosocial Rehabilitation Journal*, 16(4), 11-23. From Ohio Mental Health Department Best Practices Recovery Website August 2007.

The National GAINS Center Discussion Papers on Evidence-based Practice for Justice Involved Individuals:

Mueser, Kim T. MacKain, Sally. *Illness Management and Recovery for People in Contact with the Criminal Justice System*. October 2005.

Anthony, William A. *Supported Employment for People in Contact with the Criminal Justice System*. September 2005.

Morrissey, Joseph, Meyer, Piper. *Extending ACT to Criminal Justice Settings: Applications, Evidence and Options*. February 2005.

Osher, Fred. *Integrated Mental Health/Substance Abuse Responses to Justice Involved Persons with Co-Occurring Disorders*. November 2005.

Roman, Caterina Gouvis, McBride, Elizabeth Cincotta, Osborne, W. L. *Principles and Practice in Housing for Persons with Mental Illness Who Have HAD Contact with the Criminal Justice System*. June 2005.

The National GAINS Center for Systemic Change for Justice-Involved People with Mental Illness. (Undated). *Developing a Comprehensive State Plan for Mental Health and Criminal Justice Collaboration*. Delmar, NY.

\*Note: Documentation styles are mixed because some authors provided different citation styles and because this document is not intended to be used for publication. Not all resources listed were used in this section, but are included because of their relevance to the subject.

### **Additional Resources**

The Council of State Governments (CSG) - a nonprofit, nonpartisan organization that serves all three branches of state government. Founded in 1933, CSG has a long history of providing state leaders with the resources to develop and implement effective public policy and programs. Owing to its regional structure and its constituency—which includes state legislators, judges, and executive branch officials—CSG is a unique organization. Comparable associations operate only on a national level and target one branch of state government exclusively. The development of this guide was overseen by staff of the Criminal Justice Program of CSG’s Eastern Office, which also coordinates the Criminal Justice / Mental Health Consensus Project.

The Bureau of Justice Assistance (BJA), Office of Justice Programs, U.S. Department of Justice - supports law enforcement, courts, corrections, treatment, victim services, technology, and prevention initiatives that strengthen the nation’s criminal justice system. BJA provides leadership, services, and funding to America’s communities by emphasizing local control; building relationships in the field; developing collaborations and partnerships; promoting capacity building through planning; streamlining the administration of grants; increasing training and technical assistance; creating accountability of projects; encouraging innovation; and ultimately communicating the value of justice efforts to decision makers at every level.

Substance Abuse and Mental Health Services Administration – The Substance Abuse and Mental Health Services Administration (SAMHSA), United States Department of Health and Human Services (HHS), is the lead Federal agency addressing substance abuse and mental health services. SAMHSA’s organizational structure includes the Center for Mental Health Services, Center for Substance Abuse Treatment and Center for Substance Abuse Prevention.

Department of Mental Health Law and Policy, The Louis de le Porte Florida Mental Health Institute, University of South Florida. Under the guidance of Professor Dean John Petrila, J.D., from 1992-2004 and now Chair Dr. Peter H. Rogers, Ph.D., FMHI has a long history of research and study on mental health and legal issues, including more recently mental health courts.

### **Websites**

Bureau of Justice Assistance	<a href="http://www.ojp.usdoj.gov/BJA/">www.ojp.usdoj.gov/BJA/</a>
Bureau of Justice Mental Health Court Programs	<a href="http://www.consensusproject.org/mhcp/">www.consensusproject.org/mhcp/</a>
Council of State Governments	<a href="http://www.csg.org/">http://www.csg.org/</a>
Consensus Project	<a href="http://consensusproject.org">http://consensusproject.org</a>
Criminal Justice/Mental Health Information Network	<a href="http://cjmh-infonet.org/">http://cjmh-infonet.org/</a>

Florida Mental Health Institute <http://www.fmhi.usf.edu>  
SAMHSA Gains Center and TAPA <http://gainscenter.samhsa.gov>  
SAMHSA Co-Occurring Center of Excellence <http://www.coce.samhsa.gov/>  
SAMHSA Evidence-based Practices Toolkits  
<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits>  
National Association of State MH Program Directors <http://www.nasmhpd.org>  
American Psychiatric Association <http://www.psych.org>  
Re-Entry Policy Council [www.reentrypolicy.org](http://www.reentrypolicy.org)

## Endnotes

<sup>1</sup> Dr. Lauren Pagel, Ph.D., Director of Clinical Operations, Sutton Place, as part of a grant proposal submitted in April 2007 to the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice, wrote much of Sections III and IV. The proposal requested \$400,000 for a mental health court. Additional information about the reduction of public psychiatric beds, reduction of private psychiatric hospitals and beds in Florida, and Medicaid funding issues was added. Reference formats in some cases were modified to be consistent with the rest of the Business Plan.

<sup>2</sup> New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003.

<sup>3</sup> Draper DA, McHugh MC, Achman L, Kuo S. *Medicaid Financing of State and County Psychiatric Hospitals*. DHHS Pub. No. (SMA) 03-3830 Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2003.

<sup>4</sup> Draper, *Medicaid Financing of State and County Psychiatric Hospitals*.

<sup>5</sup> Florida Agency for Health Care Administration. (2002). *Annual CON Report Tables 2002*.

<sup>6</sup> James, D., Glaze, Lauren. (2006). *Mental Health Problems of Prison and Jail Inmates*. U.S. Department of Justice, Office of Justice Programs.

<sup>7</sup> Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990's. *Psychosocial Rehabilitation Journal*, 16(4), 11-23. From Ohio Mental Health Department Best Practices Recovery Website August 2007.

<sup>8</sup> Pettila, J. (2007). *Dispelling Myths about Information Sharing Between Mental Health and Criminal Justice Systems*. The CMHS National GAINS Center for Systemic Change for Justice-Involved People with Mental Illness.

<sup>9</sup> Reuland, M. (2004) *A Guide to Implementing Police-Based Diversion Programs for People with Mental Illness*. Delmar, NE: Technical Assistance and Policy Analysis Center for Jail Diversion.

---

<sup>10</sup> SEARCH, The National Consortium of Justice Information. (2003). *Public Domain Drug Court Software: Functions and Utility*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.

<sup>11</sup> Judge David L. Bazelon Center for Mental Health Law. (2003) *Criminalization of People with Mental Illnesses: THE ROLE OF MENTAL HEALTH COURTS IN SYSTEM REFORM*. Washington, DC.

<sup>12</sup> Council of State Governments. *A Guide to Mental Health Court Design and Implementation*. New York, NY: Council of State Governments, 2005. Funded by the Bureau of Justice Assistance.

<sup>13</sup> Council of State Governments. *Criminal Justice / Mental Health Consensus Project*. New York, NY: Council of State Governments, June, 2002.  
(<http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=197103>)

<sup>14</sup> Council of State Governments. *Criminal Justice / Mental Health Consensus Project*.

<sup>15</sup> Council of State Governments. *Criminal Justice / Mental Health Consensus Project*.

<sup>16</sup> Council of State Governments. *A Guide to Mental Health Court Design and Implementation*.

<sup>17</sup> Steadman, Henry J. *A Guide to Collecting Mental Health Court Outcome Data*. New York: Council of State Governments, 2005. Prepared for the Bureau of Justice Assistance.

<sup>18</sup> John S. Goldkamp, John S., & Irons-Guynn, Cheryl. *Emerging Judicial Strategies for the Mentally Ill in the Criminal Justice Caseload: Mental Health Courts in Fort Lauderdale, Seattle, San Bernardino and Anchorage*. Prepared by the Crime and Justice Research Institute, April 2000.

<sup>19</sup> The GAINS EBP Center for Persons in the Criminal Justice System. *Notes to the Field, Integrating State MH-CJ Planning: A Time for New Initiatives*. November 2004.

<sup>20</sup> GAINS TAPA Center for Jail Diversion. (2006). *A Planning Tool to Estimate Cost Savings Generated by a Mental Health/Jail Diversion Initiative: Beta Test Site Application*.

<sup>21</sup> GAINS TAPA Center for Jail Diversion. (2006)

<sup>22</sup> Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Website Reports, July 2007,  
<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits>.

<sup>23</sup> American Psychiatric Association. Website report. July 2007.

---

<sup>24</sup> Swartz, Cindy. (Undated). *Eleventh Judicial Circuit's Criminal Mental Health Project*, Eleventh Judicial Circuit of Florida.

<sup>25</sup> Web-based Survey Information Provided by Okaloosa County Mental Health Court to the Criminal Justice/Mental Health Information Network. July 2007.

<sup>26</sup> Maurer, B. (2006) *Morbidity and Mortality in People with Serious Mental Illness*. National Association of State Mental Health Program Directors. Washington, DC.

<sup>27</sup> New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003.

<sup>28</sup> Council of State Governments. *Criminal Justice / Mental Health Consensus Project*.

<sup>29</sup> Council of State Governments. *A Guide to Mental Health Court Design and Implementation*.