



Bonneville County MH Court

- ◆ Began in 2002
- ◆ 1 of 5 National Learning Sites
- ◆ First graduate was a Drug Court Drop Out

Drug Courts vs Mental Health Courts

◆ SIMILARITIES

- ◆ Ongoing judicial involvement
- ◆ Use of sanctions/incentives
- ◆ Integration of services with judicial case processing
- ◆ Non-adversarial approach of prosecution and defense
- ◆ Use of drug testing
- ◆ Coordinated strategy of court team
- ◆ Necessary coordination with community resources

◆ DIFFERENCES

- ◆ Level and type of sanctions
- ◆ Court atmosphere
- ◆ Intensity of case management (ACT)
- ◆ Lack of emphasis on payments of fees
- ◆ Judicial demeanor
- ◆ Inclusion of mental health system, consumer and advocacy partners
- ◆ Focus on medication compliance
- ◆ Need for tx specific to co-occurring disorders
- ◆ Transportation
- ◆ Employment
- ◆ Individualized tx plan/competencies



Is MH Court Successful?



- ◆ 98% Decrease in Hospitalizations
- ◆ 90% Decrease in Jail Days
- ◆ 70% Success rate for graduates



How to get started?

#1 Start with the end in sight:

OUTCOMES

What is it we want to accomplish?



Collaboration

#2 – Buy-In

- Who will benefit from this court?
- Can-Do Attitude
- Champion/Leader/Judge

Community Partners - Ongoing

- ◆ INITIAL PARTNERS
- ◆ * ACT Team- Mental Health
- ◆ * Probation/ Felony- Misdemeanor
- ◆ * Judge/ Clerk
- ◆ *NAMI
- ◆ * Prosecuting Attorney/Public Defender
- ◆ * Vocational Rehabilitation
- ◆ *Jail
- ◆ Police
- ◆ Local Psychiatric Unit – (BHC)
- ◆ Private providers
- ◆ Bailiffs ***
- ◆ Psychiatrist ***
- ◆ ALL THESE MEMBERS HAVE SOMEONE IN MIND FOR THE COURT (LP)

New Partners- Ongoing

- *Child Support
- *ARA
- *MH Court Graduates
- * All have clients in common
- ◆ Ownership of Program and Outcomes!!
- ◆ Administrative Concern: Are these our clients or someone else's????
- ◆ How clients get lost/miss appts/hosp or jail entry???



Get Started

- #3 – Don't wait too long
 - Funding isn't a must
 - Collaboration is a must
 - Buy-in also a must



Who do we serve???

◆ Client Profile

- * Client must meet ACT (Assertive Community Treatment Team criteria (described in following slide)
- * Have a medium to high LSI (Level of Service Inventory) Score
- * Have a history of frequent psychiatric hospitalizations or incarcerations
- * Legal issues
- * Most have a co-occurring Substance Abuse Issue
- * D. R. / C. M.

Applying EBPs: Expert Panel Meetings

Assertive Community Treatment

Joseph Morrissey, Ph.D.

Trauma

Bonnie Veysey, Ph.D.

Housing

Caterina Roman, Ph.D.

Supported Employment

William Anthony, Ph.D.

Illness Management

Kim Mueser, Ph.D.

Integrated Treatment

Fred Osher, M.D.





Evidence Based Practices for MH Courts

- ◆ ACT (Assertive Community Treatment Team)
- ◆ MRT (Moral Reconciliation Therapy)
- ◆ Breaking Barriers
- ◆ INTEGRATED dual diagnosis treatment
- ◆ Collaboration – Multidisciplinary team
- ◆ Motivational Interviewing/CBT



ACT Team



- ◆ ACT services are designed to divert hospitalization and incarceration for clients with severe and persistent mental illness
- ◆ Dx : Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, MDD severe with Psychotic features – hx of Incarceration/hospitalization
- ◆ Multidisciplinary team, integrated tx and specialists, comprehensive services, outreach (services in home/community)
- ◆ Meds – Money - Housing



Moral Reconciliation Therapy



- ◆ 8 of first 10 graduates felt MRT helped them the most
- ◆ Drawing, manualized, goals, peer voting
- ◆ Effective for MH court participants
 - Ex. C.T./J.B.



BREAKING BARRIERS



- ◆ “A Framework for Breaking Barriers – A Cognitive Reality Model” Featuring: Gordon Graham
- ◆ Cognitive Self-Change
- ◆ Multidisciplinary team; therapist/probation officer run



Integrated treatment

- ◆ Traditional models of treatment for dual disorders results in poor outcomes
 - no treatment -- high utilization of E.R., jails, hospitals
 - sequential treatment
 - parallel treatment -- burden of integration on individual
 - Fragmentation
- ◆ Integrated treatment associated with better outcomes in SMI and perhaps non-SMI



Stages of treatment

- ◆ ◆ *Engagement* - **connecting people to treatment**
- ◆ *Persuasion* - **convincing engaged clients to accept treatment**
- ◆ *Active treatment* - **range of behavioral, psychoeducational and medical interventions**
- ◆ *Relapse prevention* - **prevention and management of relapses**



Components of Integrated Tx (cont.)

(IDDT Toolkit, 2003)

- ◆ ◆ Motivational Interventions
- ◆ ◆ Substance Abuse Counseling
- ◆ ◆ Group DD Treatments
- ◆ ◆ Family Psychoeducation on COD
- ◆ ◆ Participation in Self-Help Groups
- ◆ ◆ Health Interventions
- ◆ ◆ Secondary Interventions for Non-Responders



Integrated Tx in MH courts



- ◆GAINS Center : components of Integrated Tx in MH Courts
 - Multidisciplinary team
 - Integrated Specialists
 - Access to Comprehensive Services
 - Time-Unlimited Services
 - Outreach
 - Pharmacological Tx



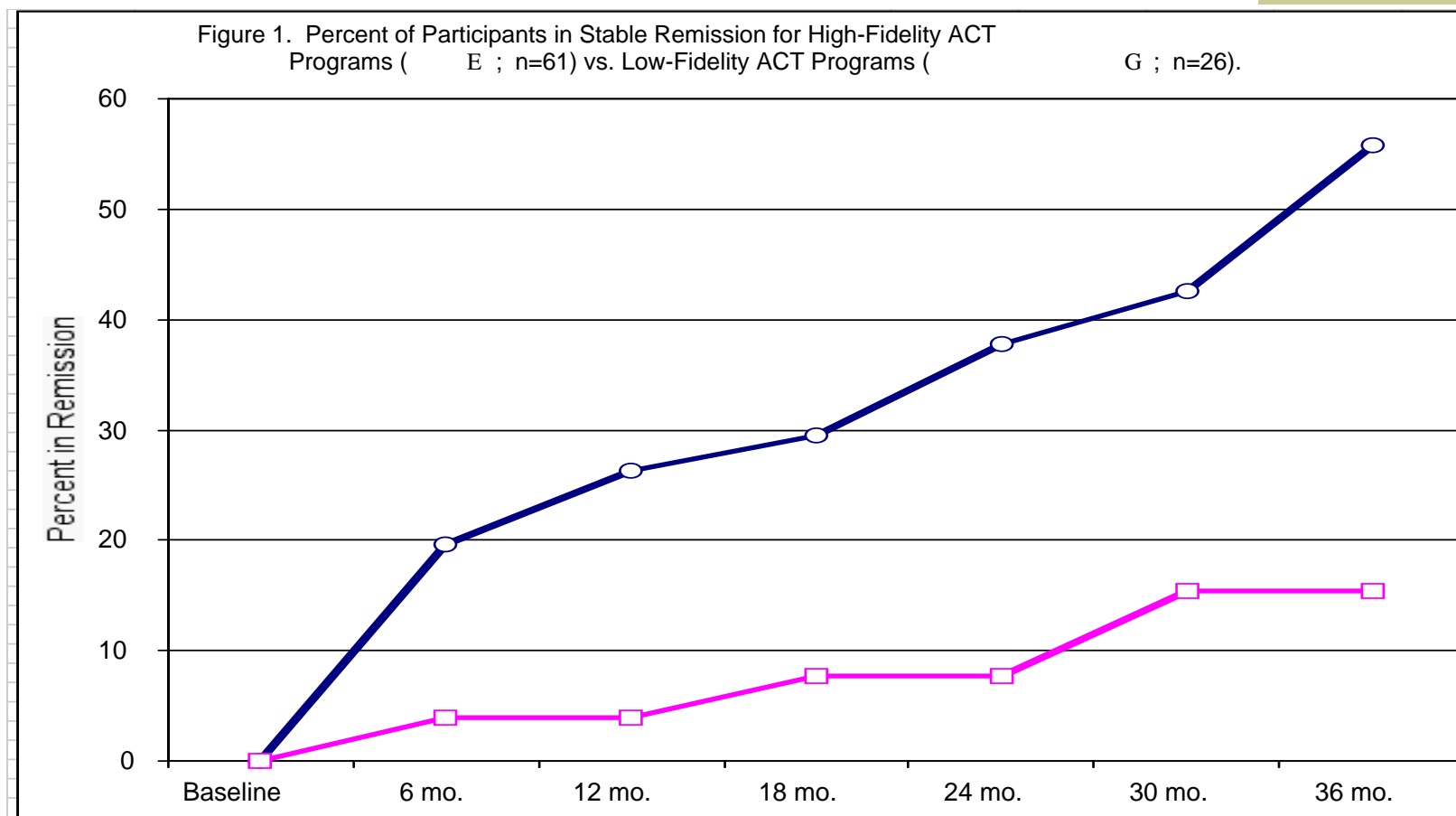
INTEGRATED TREATMENT



- ◆ What Integrated Tx looks like- what is primary??
- ◆ Overcoming Addictions Group/Integrated Tx Workbooks
- ◆ Motivational Interviewing/CBT/Stages of Change
 - Interventions match stage of change
- ◆ Dr. Minkoff: Welcoming; Most Difficult are our DD folks; expect it.
- ◆ Drug Testing

FIDELITY TO DUAL DIAGNOSIS PRINCIPLES

Figure 1. Percent of Participants in Stable Remission for High-Fidelity ACT Programs (E ; n=61) vs. Low-Fidelity ACT Programs (G ; n=26).





Recovery and Hope



- ◆ Recovery Focused – Strength focused
- ◆ Instill Hope, Instill Hope, Instill Hope (LM)
- ◆ Work – Vocational Rehabilitation



SANCTIONS AND INCENTIVES

- ◆ Jail as a sanction
- ◆ Reward as much as possible (fish bowl)
- ◆ Other reward ideas – visiting privileges, etc
- ◆ CONTINGENCY PLANS



COLLABORATION/MULTIDISCIPLINARY TEAM



- ◆ Community partners/Our Team:
 - ACT – Probation Officers – Inpatient SA Tx providers – Court Clerks – NAMI – Family – Graduates – Jail Clinician – Child Support- Attorneys – VOC REHAB – Anyone else you think may help your team be more effective, keep evolving!!!



Vocational Rehabilitation

- ◆ Employment decreases Stigma!!!
- ◆ Program graduates: 12 –10 employed (9)
- ◆ Employment critical to success, but difficult (Dalee)
- ◆ VR key in team staffing; current staffing info
- ◆ Explain your program, others don't know it like you do



VR challenges in MH CT

- ◆ Client psychiatric stability
- ◆ Scheduling: work vs Tx
- ◆ Interesting challenges – work closely with ACT (Steele – Kris)
- ◆ Team approach – what’s best for client??
- ◆ Curfews!!!



Difficult Issues:

◆ ACT TEAM “BUY IN”

- Psychiatrist/MD’s (Buy-in, Benzos, communicate with court/judge)
- “These clients are different”
- Antisocial traits vs Antisocial Personality Disorder vs Criminal Thinking
- An “ACT Team of Probation Officers”
- Jail diversion as well as hospital diversion
- Same Diagnosis
- Other clients also have co-occurring disorders and are on probation
- Where have these clients been prior to now???



Difficult Issues (cont)



- ◆ Housing
- ◆ Employment – Background checks – New VR options
- ◆ UA's
- ◆ Curfew checks and evening medication monitoring
- ◆ Jail tx and coordination of medication with sanctions
- ◆ Transportation
- ◆ Tx of co-occurring disorders
- ◆ How to deal with Drop outs/Still Successful
- ◆ Rexburg vs IF



More POSITIVES



- ◆ Community partnershiping and communication on other cases besides MH Court
- ◆ More effective tx and options for ACT clients on Probation and with Co-occurring disorders who are not participating in MH Court
- ◆ Breaking down community barriers
- ◆ More streamlined treatment of difficult clients for all community partners involved = Better treatment of clients
- ◆ 98% Decrease in Hospital days
- ◆ 85% Decrease in Jail days
- ◆ Increased employment success!! – Right now 15/24
- ◆ Increased independence and quality of life for consumers