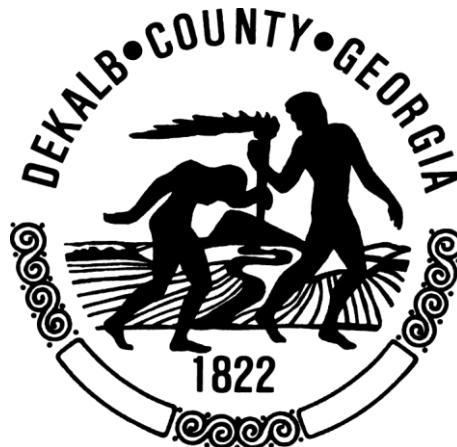


# **MISDEMEANOR MENTAL HEALTH COURT**



## **POLICY AND PROCEDURE MANUAL**

DEKALB COUNTY, GEORGIA  
MAGISTRATE COURT



**April 2016**  
*(Updated)*

# **POLICIES AND PROCEDURES MANUAL**

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## INTRODUCTION

The Misdemeanor Mental Health Court (MMHC) formerly operational as the Diversion Treatment Court (DTC) was established in May 2001 and is the longest running mental health court of its kind in Georgia. The development of this diversion accountability court program was inspired through the knowledge that approximately 18-20% of the jail population suffered from a serious mental illness. To date more than 1000 participants have been referred to the MMHC. The MMHC operates under the direction of the DeKalb County Magistrate Court and was inspired through a collaborative partnership effort. Retired Chief Magistrate Winston P. Bethel, National Alliance on Mental Illness advocate Flo Giltman, Attorney Jim Sanders and Psychiatrist Emile Risby, a group of four, met early in 1999 to initiate a collaborative effort to decriminalize incarcerated defendants with serious mental illness. The Misdemeanor Mental Health Court Program began in 2001 with no funding, but with a strong commitment from partners possessing the collective vision and need to decriminalize the mentally ill and to move defendants from jail into treatment.

The collaborative partnership continues today with the Magistrate Court, local and federal Veterans Administration, University of Georgia School of Social Work, State Court, the National Alliance on Mental Illness (NAMI), DeKalb Solicitor General's Office, DeKalb Public Defender's Office, Adult Probation, Jail Mental Health Services, DeKalb County Sheriff's Department, Pre-Trial Services and the DeKalb Community Service Board. The MMHC also has an active 501(c)(3) Foundation and Advisory Board. Additionally the Court has an active Memorandum of Understanding with legal, community, law enforcement and treatment stakeholders.

## MISSION

*MMHC seeks to decriminalize mentally ill offenders by offering treatment instead of incarceration. Treatment in conjunction with judicial oversight of pending cases is intended to reduce recidivism, enhance public safety and help mentally ill defendants recover and reclaim their lives.*

## GOALS

The primary goals of the MMHC are to:

- Connect criminal defendants who suffer from serious mental illness to treatment services in the community
- Find appropriate dispositions to criminal charges, taking into consideration the facts of each case and prior criminal history
- Ensure public safety, reduce recidivism, eliminate and or reduce violence on re-arrest (if any subsequent arrest occurs) through appropriate mental health treatment and intensive supervision
- Increase collaboration between the court, community mental health providers and mental health advocates

## PROGRAM OVERVIEW

The MMHC is a court-supervised program for individuals arrested and charged with misdemeanor and/or ordinance offenses in DeKalb County, and who also have a verifiable mental health diagnosis. The mission of the MMHC is to decriminalize offenders with mental disorders by offering treatment instead of incarceration. A treatment plan will be developed to address individual needs and specify what will be required of the individual participant. The minimum length of the program is 12 months and includes regular court appearances before the judge to monitor treatment progress and compliance. However, if a participant has more than one offense in the MMHC, the program could potentially last longer. Upon successful completion of the MMHC, any sentence will be vacated, and charge(s) will be dismissed.

Referrals to the MMHC come from a variety of sources including the police, jail personnel, mental health providers, family, public defenders, prosecutors, private attorneys and Pretrial Services. The MMHC is a VOLUNTARY program. If the eligibility criteria are met and the individual is approved for entry, it is important that they understand the program requirements and are willing and able to participate. Should the individual choose to participate in the MMHC, they will be expected to follow the instructions given by the Judge and case manager and to comply with the treatment plan developed by the social work staff.

## ELIGIBILITY FOR MMHC

### MISDEMEANOR MENTAL HEALTH COURT PARTICIPANT ELIGIBILITY

- Adult with an Axis I Mental Health Diagnosis (age 17+)
- Arrest in DeKalb County with a pending charge(s)
- Mental disorder appears to be related to the charge
- Treatment and/or commitment to treatment
- Willingness towards voluntary participation
- Appropriate misdemeanor charge
- Non-violent criminal history background
- Commitment to random alcohol and drug screening
- Housing that is safe, secure and supportive

The MMHC is a post-booking, post-plea mental health court program for adult defendants with a verifiable mental disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM). Individuals with co-occurring substance abuse disorders are also accepted when the mental health diagnosis is primary and appears to be linked to the current criminal charges. In addition, the primary diagnosis must meet the criteria for a Serious Mental Illness (SMI), which is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as:

***adults aged 18 or older (17 or older in Georgia) who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) that has resulted in serious***

***functional impairment, which substantially interferes with or limits one or more major life activities.***

The MMHC will accept individuals with the following SMI diagnoses

- Schizophrenia
- Schizoaffective Disorder
- Bipolar Disorder
- Major Depressive Disorder with Psychotic Features
- Post-Traumatic Stress Disorder
- Other diagnosed mental disorder as deemed appropriate

In addition to meeting the mental health diagnostic criteria, the Solicitor General's office will review each case and criminal history to determine initial consideration and eligibility. Thereafter, the full Court interdisciplinary team that includes the judge, director, coordinator, case managers, public defender, prosecutor, jail mental health, and a Community Service Board representative will discuss and determine a participant's final eligibility for the MMHC. Not only must the current charge be non-violent, but the criminal history must substantiate a non-violent background. Specifically, the criminal offense must not involve any case in which a victim suffered a broken bone or other severe bodily harm, or involved weapons.

As a post-plea program, a participant will be required to enter a plea of guilty or nolo contendere in the originating trial court prior to entering the MMHC; however, sentence will be deferred while the participant is in the MMHC program for the next 12 months. Once the participant successfully completes the program, sentence will be vacated and charges will be dismissed and the record will be restricted. If terminated from the program for noncompliance, the case will be returned to the originating trial court to impose the original sentence.

Participation in the MMHC is voluntary and a participant must be willing to engage in mental health treatment on an ongoing basis. A participant also must be willing to sign a release of information for details pertaining to their mental health treatment, substance use, legal status, and history to be shared with the MMHC team.

## **CONFIDENTIALITY**

The MMHC program is governed by federal and state laws of governing confidentiality. Disclosure of information received in the course of treatment is strictly prohibited unless a court order "for good cause" is issued. Defendants must authorize the disclosure to the Court of information regarding their "diagnosis, attendance, scope of treatment, treatment progress and quality of participation, and termination or completion of treatment." All parties and counsel attending the staffing must sign a pledge to maintain confidentiality of all participant information and discussions. Additionally, all participant files are secured in locked files, offices and desk drawers at all times to safeguard critical sensitivity records. No court order is required for any party to disclose to the appropriate authorities any information revealed in MMHC that is subject to mandatory reporting by any statute. However, prior to release of any records, team discussion and the presiding judge's authorization is required.

## REFERRALS TO MMHC

The process of connecting an individual to MMHC starts with a referral. The referral is a single-page form document that is completed, then faxed, mailed or emailed to the MMHC by someone who has identified the defendant as possibly having a mental illness. Referrals can originate from a number of sources such as an arresting officer, family member, judge, jail personnel, prosecuting attorney, public defender, Pretrial Services or past participants. Defendants may be referred to the MMHC at various stages of the criminal justice continuum and at any GAINS sequential intercept point such as arrest, in jail, first appearance hearing, pre-trial services interview, arraignment, plea calendar or trial.

From there Referred Defendants are directed to a MMHC observation that is scheduled by a court social worker either from a mini-assessment after arraignment, or consultation with private counsel, the prosecutor and public defender's office. Referred Defendants who were not directed to observation from a mini-assessment receive a mini-assessment immediately after the scheduled observation. The mini-assessment involves a brief interview and opportunity for court social workers to get a confidential release of information to establish the presence of mental illness. A more in-depth assessment and urinary drug screen is scheduled after records confirm mental illness and Referred Defendants are connected or reconnected to treatment providers. Referred Defendants are evaluated for participation and approved by the MMHC Interdisciplinary Team for enrollment. A hearing is scheduled for the Defendant to enter a plea and participation in the MMHC is included in the sentence as a condition of probation.

Misdemeanor cases are scheduled in the MMHC for 12 months. The MMHC team will decide when a participant graduates. Graduation is based on the nature of the charge and compliance while in MMHC. If a participant is re-arrested while in MMHC, participation in the program will be re-assessed. The team may decide to allow the participant to continue in MMHC after considering the new case and assessing the appropriateness of continued MMHC participation. Continued participation in MMHC is subject to the express consent of all team members.

## PROGRAM REQUIREMENTS

### Pre-entry Steps

Prior to entering the MMHC, an individual may be directed to:

- Meet with a MMHC social worker for a brief interview and sign a confidential release of information
- Observe a MMHC hearing
- Connect with a mental health provider
- Return for an in-depth assessment and a urinary drug screen (to be scheduled with the participant by a MMHC social worker after their diagnosis has been verified)

If the person decides to enter the MMHC, they will go to the next trial court hearing to enter a plea of guilty or nolo contendere and sign the following:

- MMHC Participant Agreement
- Urine Abstinence Testing and Alcohol Exposure Agreement

- Fraternalization Rules
- Acknowledgement Form for receipt of MMHC Participant Handbook, etc.

Individuals being considered will be given a hearing date to officially enter the MMHC, and their sentence will be suspended while they are participating in the program.

There are four phases of the MMHC, which will be discussed in the following section. An individualized treatment plan will be created by an MMHC social worker. The individual will be assigned to an MMHC case manager who will meet with them to review the treatment plan and have them sign it. Although the treatment plan will be specific to each individual's needs, here are some of the requirements one can expect:

- Attend all MMHC hearings (frequency varies by phase)
- Be on time to all MMHC hearings and dress appropriately (leave hats and gum at home, and do not wear clothing that is revealing or t-shirts with inappropriate messages)
- Attend all mental health appointments and comply with treatment recommendations
- Take all medication as prescribed
- Abstain from all alcohol and illegal drug use and submit to random urinary drug screens
- Contact the case manager once per week as directed (by phone or in person)
- Participate in 'Thinking for a Change' group sessions as directed
- Attend 15 Men's/Women's group meetings
- Engage in structured activities at least three days per week (i.e., work, school, peer support, etc.)
- Provide documentation of mental health treatment appointments and structured activities
- Be respectful when interacting with MMHC staff and other participants
- Be honest in all communication with the MMHC staff – lying and/or falsification of documents will result in sanctions being imposed
- Abstain from fraternizing with other MMHC program participants

## **PROGRAM PHASES**

There are four (4) phases in the MMHC which the participants are expected to complete before graduation. MMHC participants' progress is monitored closely by the multidisciplinary team. Therefore, the participants will not progress to the next phase until approved by the team. A revised treatment plan will be developed for the participant at the beginning of each phase. Here is an overview of the phases:

### **Phase I: (minimum length 30 days)**

Requirements:

1. Cooperate with mental health professionals (Psychiatrist, Nurse, counselor/therapist etc.), address medication and other concerns.
2. Obtain prescribed medications and begin taking them as instructed ASAP.
3. Report for drug/alcohol testing if mandated.
4. Maintain consistent attendance at all appointments for psychiatric, mental health and substance abuse counseling.
5. Engage with provider to develop and adhere to individualized treatment plan.
6. Attend weekly court sessions.

7. Attend 'Thinking for a Change' group as directed.
8. Maintain updated contact information with MMHC Office.
9. Attend Men/Women's Group as directed.
10. Identify and participate in appropriate day structure.
11. Contact case manager weekly.

When the participant moves into phase II it is expected that he/she is familiar with the MMHC program and is adhering to the requirements.

### **Phase II: (minimum length 90 days)**

Requirements:

1. Maintain medication compliance and report all concerns to provider.
2. Report for Drug/Alcohol screens as mandated.
3. Maintain consistent attendance at all appointments as mandated by MMHC team.
4. Engage in day structure and provide proof to case manager.
5. Continue working on additional case management services as determined by the team: detox, residential treatment, etc.
6. Attend court sessions as mandated twice a month.
7. Attend 'Thinking for a Change' as directed.
8. Maintain updated contact information with MMHC Office.
9. Attend Men/Women's Group as directed.
10. Contact case manager weekly.

Phase III is considered the maintenance phase. When a MMHC participant enters Phase III it is expected that he/she is compliant in all areas and any adjustments to the individualized treatment plan have been instituted.

### **Phase III: (minimum of 120 days)**

Requirements:

1. Maintain medication compliance.
2. Report for Drug/Alcohol tests as mandated.
3. Consistently attend at all appointments for mental health, including group and community meetings.
4. Maintain day structure and provide proof.
5. Work on additional case management services as determined by the team, such as: residential treatment, mental health services, employment assessment, job search, etc.
6. Formulate personalized life goals and present to case manager.
7. Attend court once a month.
8. Attending Thinking for a Change as directed.
9. Maintain updated contact information and safe housing.
10. Contact case manager weekly.
11. Attend Men/Women's Group as directed.

Phase IV is the final phase of MMHC. Participants in this phase are expected to be compliant and planning for completion of the MMHC program. He/she is engaged in their treatment and utilizes social supports as well as social and problem-solving skills developed in the 'Thinking for Change' group.

### **Phase IV: (minimum 120 days)**



#### Requirements:

1. Maintain medication compliance.
2. Report for Drug/Alcohol tests as mandated.
3. Consistently attend at all appointments for MH, including group and community meetings.
4. Maintain day structure and provide proof.
5. Work on additional case management services as determined by the team, such as: residential treatment, mental health services, employment assessment, job search, etc.
6. Formulate personalized life goals and present to case manager.
7. Attend court once a month.
8. Attend 'Thinking for a Change' as directed.
9. Maintain updated contact information and safe housing.
10. Contact case manager weekly.
11. Attend Men/Women's Group as directed.
12. Complete at least six NAMI Connection sessions.

## DRUG SCREENS

One of the primary goals of the DeKalb MMHC is to help participants abstain from alcohol and all non-prescription drug use. Random screens are given to participants that must remain negative. Drug screen results that indicate a diluted or abnormal sample will be considered positive. A positive test or admission of substance use may result in a sanction or change in treatment. Repeated substance use may result in termination from DeKalb MMHC. Drug and alcohol tests will be conducted at the participants' treatment facility and at MMHC. They will be tested throughout their participation in the MMHC. (See appendices 3 and 13 for more information)

## SANCTIONS

The MMHC judge may impose a sanction penalty if a participant violates the rules and regulations of the program. Sanctions serve to provide structure to MMHC participant and to ensure participants successful adherence to the MMHC requirements and completion of the program. The MMHC Judge, on the recommendation of the full interdisciplinary team, reserves the right to impose sanctions on a case by case basis appropriate to the participant and the violation. A list of possible sanctions is as follows:

- Writing assignment
- Community service
- Jail Time/Holding cell time
- Weekly drug screens
- Verbal warning
- Apology to Court
- Face to face meeting with case manager
- Weekly court hearings
- Phase demotion/delayed promotion
- Homework assignment
- Observing a felony court
- Journaling/Life Skills assignment

## **INCENTIVES**

Incentives are used to reward the participation and progress of MMHC participants. The MMHC team will focus on the positive strides they are making. Upon the recommendation of the MMHC team, participants may receive incentives rewards for compliant and adherent behavior. A list of possible incentives is as follows:

- Praise by the Court/Judge
- Promotion to the next phase
- Certificates upon completion of a phase
- Drawing from the Incentive Bag (granola bars, NAMI swag, etc.)
- Get out of court certificate
- Gift Certificates
- Group Event
- Frame for certificates
- Serenity Stones
- Excused from court early
- Free Pass

## **TERMINATION**

The continued participation in the DeKalb Misdemeanor Mental Health Court is contingent on compliance with program guidelines and regulations. Non-compliance issues include but are not limited to: an inability to adhere to mental health treatment as mandated; an inability to remain clean and sober; failure to attend and participate in group; threats and/or violence against peers and staff; altering and tampering with drug screens; committing a new criminal offense; failure to take medications as prescribed; or an accumulations of program violations.

The staff of the DeKalb MMHC wants every participant to succeed and considers termination as a last resort. The goal of the DeKalb MMHC is to help everyone who enters the program obtain and maintain a healthy lifestyle. However, the DeKalb MMHC understands that not everyone is capable of and/or committed to achieve this aim. Our resources are limited and the DeKalb MMHC may determine that termination from the program is the best option.

## **GRADUATION**

When participants successfully complete the requirements of all four phases of the DeKalb MMHC they will graduate from the program. Graduation is an important part of their new stable life and managing their mental health diagnosis. Their family and friends will be invited to join them at the graduation ceremony as the members of the DeKalb MMHC congratulate them on their achievement.

## **INTERDISCIPLINARY TEAM**

## **JUDGE**

The MMHC Judge leads the collaborative interdisciplinary team and provides regular judicial oversight for all participants at scheduled court proceedings. In this capacity, the Judge regularly reviews case status reports detailing each participant's compliance with the treatment plan. During regular court appearances, the Judge administers graduated sanctions and incentives to increase each participant's accountability and to enhance the likelihood of long-term treatment compliance.

## **COURT PROGRAM DIRECTOR**

Plans, coordinates, develops and facilitates a myriad of procedures, programs, and fiscal measures and projections to support the administrative and managerial process with the DeKalb Misdemeanor Mental Health Court ("MMHC"). Also assists the Judge in planning, coordinating and carrying out various judicial administrative and operational matters for the Court. Serve as liaison with other judicial offices and interrelated offices such as the prosecutor's and public defender's offices within the county. The Program Director is also responsible for management activities related to established and intended grants, to include report filings and data collection management to best ascertain the Court's impact and influence on the veteran population challenged with mental illness and entangled in the criminal justice system.

## **COURT PROGRAM COORDINATOR**

The MMHC Coordinator oversees the treatment operations of the program. Duties include connecting participants to treatment and housing providers, case management, coordinating court calendars, monitoring program effectiveness, implementing procedural changes, cultivating relationships with service providers and community partners and doing presentations to educate and garner support from the community. The Coordinator is also responsible for insuring that a sufficient number of MARTA cards are available to assist participants with transportation needs as funding allows.

## **CLINICAL SOCIAL WORKER**

The MMHC Social Worker performs clinical assessments to determine whether a defendant meets the criteria for an Axis I disorder and to identify his/her psychosocial deficits, risk factors and strengths. For defendants that need to be connected to mental health or substance abuse treatment services, the Social Worker will make the appointment and verify whether appointments are being kept. The Social Worker is responsible for developing and monitoring individualized treatment plans for MMHC participants and also provides case management services.

## **CASE MANAGERS**

A MMHC Case Manager is the central point of contact between their assigned participants and the MMHC. The MMHC Case Manager reviews the treatment plan with the participant prior to MMHC entry and monitors compliance through program completion. Case Managers maintain weekly contact with their participants and reports any challenges and/or non-compliance issues a participant may be experiencing in weekly MMHC staff meetings. Case Managers maintain communication with their participants' treatment providers to monitor appointment adherence and to discuss clinical concerns. At each hearing MMHC Case Managers appear before the judge with their assigned participant to review progress reports.

## **PROSECUTOR(S)**

The role of Solicitor in MMHC differs from the traditional adjudication process. In MMHC, all parties and counsel share the common goal of helping participants successfully comply with treatment in a community setting. The prosecutor reviews new cases concerning eligibility pursuant to the guidelines herein. The eligibility assessment includes a review of the defendant's criminal history, consultation with victims, legal eligibility, and appropriate dispositions upon the defendant's entry into MMHC. As part of a collaborative team with the Judge, director, coordinator, defense attorney, and clinical staff, the prosecutor monitors participants' progress and can make recommendations regarding sanctions. If a participant is re-arrested, the prosecutor investigates the new case and assesses the appropriateness of continued participation.

### **JAIL MENTAL HEALTH SERVICES**

Jail Mental Health Services (JMHS) provide all of the mental health treatment in the DeKalb County Jail. JMHS also focuses on transitioning inmates with mental illness back into the community by collaborating with treatment providers, family members, and the courts. JMHS assists MMHC as another point in the GAINS sequential intercept by identifying potential participants in jail as well. JMHS also assists the court by screening inmates for stability and reporting back to the MMHC team before an inmate is transported to MMHC for observation. JMHS also provides progress reports and clinical recommendations to the Court.

### **COMMUNITY TREATMENT PROVIDERS**

MMHC maintains a network of community-based mental health and substance abuse treatment providers. Services include in-patient crisis facilities, dual diagnosis programs, residential facilities, ACT Teams, group therapy, outpatient treatment, Psychiatric Emergency Services, and others. The MMHC team refers participants to specific programs based on their clinical need and the program's capacity to provide culturally appropriate services (e.g. mental/physical health, language, etc.). For outpatient services, the MMHC clinical staff refers participants, when possible, to a provider located near their community.

## **CURRENT MMHC TEAM**

The current MMHC Interdisciplinary Team attends the Council of Accountability Court Judges Conference for updates and training and other training such as the National Association of Drug Court Professionals that addresses the needs of those suffering from mental illness. The MMHC team includes:

*Judge Berryl A. Anderson – Chief Magistrate*

*Judge Rhathelia Stroud – Presiding Judge*

*Judge Lindsay Jones – Assistant Judge*

*September Guy – Assistant Judge*

*Retired Sr. Judge Winston Bethel – Acting director*

*Bedford “Chip” Forte - Program Coordinator and Case Manager*

*Dr. Vickie Jester – LCSW and Clinical Evaluator*

*J. Page McAleese – MSW and Case Manager*

*Vanessa Bernstein – Public Defender*

*Danielle Steele – Solicitor*

*Braddye Smith – Pretrial Services and Case Manager*

*Olepia Lemons – POST Certified Adult Probation and Case Manager*

*Rhonda Haile - Jail Mental Health*

*Sherry Grady – DeKalb Community Service Board*

*Christine Carolan – Hope Atlanta*

*Ingrid H. George - Court Administrator*

## **EDUCATION AND TRAINING**

The members of the Misdemeanor Mental Health Court’s Interdisciplinary Team, that includes judges, law enforcement personnel, jail staff, attorneys, case managers, court personnel and strategic partners are educated throughout the year on mental health issues/protocols, court accountability, laws and sanctions governing/impacting MMHC participants and best practices utilized with mental health courts. The team attends conferences and specific training developed and offered by the Council of Accountability Court Judges each year. Several members attended the 2016 National Association of Drug Court Professionals Conference in Anaheim, California that included a strong mental health track in the program.

## **TREATMENT PROTOCOL**

The treatment protocol provides for intensive therapeutic interventions for persons participating in the DeKalb County Misdemeanor Mental Health Court program. The treatment model is outpatient. However, where indicated, participants may be referred to and required to successfully complete a residential treatment program (for detoxification and/or other mental and behavioral health services) prior to beginning the outpatient program or, if necessary, during the outpatient program. The program also will develop procedures for those who have co-occurring disorders where the AOD (alcohol or other drug) dependence masks the symptoms of the serious mental illness(es). Having a co-occurring mental health disorder will not disqualify an individual from participating in MMHC, if they are capable of full and active participation in every element of the program.

Consistent with the MMHC model, treatment begins with a thorough and complete assessment of an offender’s criminal and mental health history and level of involvement with alcohol and other drugs. Based on this assessment, the Social Work Team will develop a treatment plan utilizing information received in the mini-assessment, full biopsychosocial assessment, medical records and LSI-R and then assign the participant to a case manager. The admissions process will include the following elements:

<b>Program Element</b>	<b>Who</b>	<b>When</b>	<b>Where</b>	<b>Frequency</b>
Eligibility	Interdisciplinary Team	Pre-court	Court - Judicial Ctr.	Open
Orientation & Pre-Screening	Participant	Prior to Intake	Court- Judicial Ctr.	Once

Mental Health Records Request	Social Work Team	Prior to Intake	Court-Judicial Ctr.	Once
Initial Assessment & Screening	Biopsychosocial Assessment, Mini-Mental State Examination (MMSE) as needed, Mandatory UDS & LSI-R	Intake	Court-Judicial Ctr.	Once
Individualized Treatment Plan consistent with DBHDD Continuum of Care Model	Social Work Team	Intake	Court-Judicial Ctr.	Once and reviewed every 6 months or after each phase as needed.
Meetings/Contact with Case Manager	Case Manager	Minimum Weekly	Via telephone or in person	Minimum Weekly
Mandatory Attendance “Thinking For a Change Group”	TFC Facilitator(s)	Bi-Monthly	Court-Judicial Ctr.	Minimum of 2 and/or based upon Initial Treatment Plan.
Mandatory Urinalysis and/or Breathalyzer	Court Services – Probation Officer	Random	Court – Judicial Ctr.	Random
NAMI Aftercare Planning	NAMI Representative	3 Months Prior to Graduation	Court – Judicial Ctr.	Six Sessions
Mandatory LSI-R	Social Work staff	Prior to entering the MMHC and 1 month prior to graduation	Court-Judicial Ctr.	Twice

## TREATMENT PLANS

MMHC program participants receive a treatment plan that is developed on a case-by-case basis and designed to best meet the needs and abilities of each participant independently (See Appendix 12). The specifics of the treatment plan are incorporated as a condition of the probation from the participant’s deferred sentencing by the trial Court. Each participant is assigned to a case manager for monitoring, accountability and coordination of all MMHC requirements and conditions. The case manager also provides information to the Court at weekly staffing and Court reviews. General program requirements include the following:

- Adherence to mental health treatment and groups, as recommended
- Adherence to psychotropic medication, if prescribed
- Secure housing and residential treatment if necessary
- Abstinence from alcohol and illegal drugs
- Compliance with random drug and alcohol testing
- Initiation of Social Security Disability/Insurance (SSDI/SSI) application or acquisition of public assistance if appropriate, including Medicaid
- Attendance at regular court appearances

- Evidence of productive use of time (obtain a job, volunteer community service, education, etc.) if appropriate

## **TESTING PROTOCOL**

### **Alcohol and drug screening model: Urinalysis and Breath Testing**

MMHC Court participants will participate in mandatory, random, urinalysis and/or breathalyzer testing consistent with their treatment plan and court orders. Participants will be tested on a random basis and are subject to the possibility of an additional random urinalysis screening through a “call-in” process. Any failure to appear for random testing will be treated as a positive test result for drugs, including alcohol. These tests are random and observed by appropriate same-sex staff.

All participants will undergo a Biopsychosocial Assessment as well as LSI-R testing to ensure that the participant’s treatment plan accurately reflects his/her presenting issues. The Level of Service Inventory–Revised™ (LSI-R™) is a quantitative survey of offender attributes and their situations relevant to level of supervision and treatment decisions. Designed for ages 16 and older, the LSI–R helps predict parole outcome, success in correctional halfway houses, institutional misconducts, and recidivism. The 54 items are based on legal requirements and include relevant factors needed for making decisions about risk and treatment.

The Biopsychosocial Model (abbreviated "BPS") is a general model or approach stating that biological, psychological (which entails thoughts, emotions, and behaviors), and social (socio-economical, socio-environmental, and cultural) factors, all play a significant role in human functioning in the context of disease or illness.

## **MENTAL COMPETENCY ISSUES**

Issues of competency to stand trial or participation in the MMHC are handled prior to a referral to the program. If the participant is actively psychotic the MMHC reserves the right to make a referral for the participant prior to their participation in the MMHC.

## **TREATMENT PROVIDERS**

Ayonna Johnson Counseling Services – 404-507-2152

DeKalb Community Service Board – Central Access – 404-892-4646

Georgia Crisis and Access Line – 1-800-715-4225

Grady Psych Emergency 404-616-4762

Men Stopping Violence (MSV) – 404-270-9894

NAMI DeKalb – 404-604-2350

Peer Support and Wellness Center – 404-371-1414

## **MMHC GROUPS (In- House)**

**Men's Group:** Male MMHC participants are required to attend 12 men's group therapy sessions, which are held the 2nd, 3rd and 4th Tuesdays of each month from 4:30 to 6:30 at the Men Stopping Violence office location. It is expected that participants attend 12 consecutive meetings in an effort to maintain continuity of care and promote group cohesiveness. A flyer with the meeting details and directions is provided during review of the treatment plan by the assigned case manager on the date the participant is scheduled to enter the MMHC. Groups are facilitated by Ulester Douglas, LMSW and Richard Bathwick, LMFT.

**Women's Group:** Female MMHC participants are required to attend 12 women's group therapy sessions, which are held the 1st, 2nd and 4th Sundays of each month from 2:00 to 4:00 at the office of Ayonna Johnson Counseling and Consulting. It is expected that participants attend 12 consecutive meetings in an effort to maintain continuity of care and promote group cohesiveness. A flyer with the meeting details and directions is provided during review of the treatment plan by the assigned case manager on the date the participant is scheduled to enter the MMHC. Groups are facilitated by Ayonna Johnson, LPC, NCC.

**Thinking for a Change:** The T4C program is based on Cognitive Behavioral Therapy (CBT) principles and divided into 25 lessons. Each lesson teaches participants important social skills (such as active listening, asking appropriate questions and problem solving) as well as more complex restructuring techniques (such as recognizing the types of thinking that get them into trouble and understanding the feelings of others). Most sessions include demonstrations by the facilitators, role-play illustrations of concepts, a review of previous lessons, and homework assignments in which participants practice the skills learned in group. Participants are given an opportunity to demonstrate and "clear" each skill before moving to the next skill. Participants are required to attend two T4C groups per month for the duration of program. Sessions are conducted on Thursdays from 12:00 to 1:00 in courtroom 1200D. Groups are facilitated by Dr. Angela Powell-Smith, LPC and James Tomlin.

**National Alliance for mental illness (NAMI) Connections Support Groups:** NAMI Connection is a weekly recovery support group for people living with mental illness in which people learn from each other's experiences, share coping strategies, and offer each other encouragement and understanding support. The 60 to 90 minute meetings offer a structured group process led by trained facilitators designed to maintain continuity of care after discharge. All MMHC participants must successfully complete the MMHC Aftercare Program before



graduating from the program. The Aftercare Phase of the program will take place 3 months prior to graduation. Groups are facilitated by Alisha Porter, Program Director, NAMI DeKalb.

## **EVALUATION DESIGN & DATA COLLECTION**

The evaluation of the Misdemeanor Mental Health Court Program will focus on three major aspects of the program:

1. Program Design
2. Program Impact or Outcomes
3. Program Efficiency

Each element for evaluation requires the use of data and systems to collect, analyze, and report on the evaluation criteria. To support that effort, the MMHC Court Team, through its Research/Evaluator, will conduct an initial assessment of the primary data systems used in the Courts to identify data elements that will be used for data entry and analysis. In addition, the MMHC Court Team may recommend that data that currently is not being collected, but which is necessary to a fair, accurate evaluation of the program, be included as part of the data collection process. Data will be collected regularly by the Program Director, Program Coordinator, Case Managers, Probation Officer(s) and other MMHC team members. This data will be reviewed quarterly and annually and will include subjective and objective data to identify necessary program modifications.

The DeKalb County Misdemeanor Mental Health Court Program is designed as an intensive, multi-phased program that emphasizes offender rehabilitation, mental health stability and recovery from addiction (if applicable). Programmatically, Misdemeanor Mental Health Court participants consent to participate in a highly structured program that is designed to end their criminal behavior, lack of mental health intervention and addictive behavior(s). Each participant will have an individualized treatment plan that anticipates subsequent improvement in behavior within 12 months.

To evaluate the program design, information will be maintained (while adhering to strict confidentiality requirements) on each program participant relevant to his/her performance against each of the criteria for full, active program participation. The goal of the evaluation will be to determine which program elements contribute to successful completion of the program, which elements may serve as barriers to successful completion, and whether or not the initial design should be modified to promote the goals and objectives of the Misdemeanor Mental Health Court Program.

An accurate evaluation of the program requires at least one year of program operations to collect sufficient data for the analysis. The evaluation will include:

- The number and percentage of enrollees who graduate from the program;
- The number and percentage of enrollees who fail to complete the program, or who are discharged from the program in order to identify and classify those factors that

contributed to a failure-to-complete. The information will be used to determine whether the program design serves as a barrier to success:

- The adequacy of the program criteria to meet the goal of non-recidivism and recovery;
- Specifically, the evaluation will seek to determine whether the program design can increase positive results through fewer (or more) program elements such as:
  - The number of random UAs conducted and their results;
  - Mandatory attendance at Men's/Women's Group;
  - Multiple treatment sessions per week;
  - Weekly Case Management Meetings;
  - Court Attendance;
  - Community Service.
- Responses to surveys of participants, therapists and members of the MMHC Team to assess their perspective on the design of the program;
- Annual rates of recidivism or relapse among program graduates.

This evaluation will focus on the results that are identified in the Goals and Objectives section of this manual. Specifically, the evaluation will assess the extent to which the Program is able to achieve its objectives to:

- Connect criminal defendants who suffer from serious mental illness to treatment services in the community.
- Find appropriate dispositions to criminal charges, taking into consideration the facts of each case and prior criminal history.
- Ensure public safety and reduce recidivism and violence on re-arrest through appropriate mental health treatment and intensive supervision.
- Increase collaboration between the court, community mental health providers and mental health advocates.
- Achieve a graduation rate of 75% of those who enroll in the MMHC program.
- Eliminate new arrests for mental health and substance abuse-related offenses among program participants by 100%.
- Avoid re-arrest on any criminal charge for at least 80% of program participants after the completion of the MMHC Program.
- Assess re-arrest rates for 100% of program participants at: 1) the completion of the program; 2) at 3 months; 3) at 6 months; 4) 1 year following graduation; and 5) at 2 years.
- Deliver community-based treatment and supervision models that are substantially below the estimated \$1.1 billion dollars annualized costs required to house and treat inmates in Georgia's state and local detention facilities (Per inmate cost of \$21,039 per year). (VERA Institute of Justice, The Center on Sentencing and Corrections, The Price of

Prisons/GA, Fact Sheet, January 2012, <http://www.vera.org/files/price-of-prisons-georgia-fact-sheet.pdf>)

The following data will be collected quarterly and annually:

*Court Attendance Reports*

*Drug Screen Results*

*Exit Interviews*

*Recidivism Reports*

*MMHC Participant Progress Reports*

*Attendance Records (Men's/Women's Groups)*

*Client's Diagnostic Formulation*

*Biopsychosocial Assessment*

*Treatment Plans*

*Attendance Records (TFC)*

Upon an assessment of the levels of achievement against the program's objectives, the MMHC Team may use evaluation results to modify, strengthen, or redefine the objectives to achieve a model of continuous improvement of the program. The MMHC's 501(c)(3) Foundation and Advisory Board, along with the Court's Memorandum of Understanding insure that legal, community, law enforcement and treatment stakeholders assist in this process.

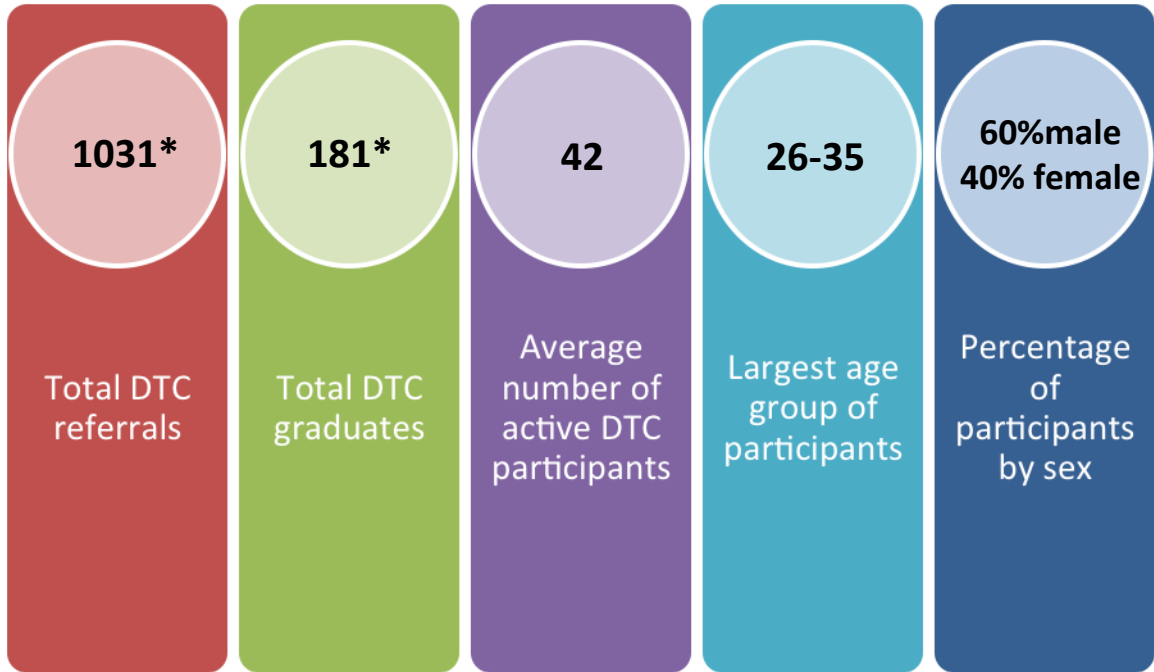
## INFORMATION SHARING

The Misdemeanor Mental Health Court shares information about its program with the media, local officials, the community and other stakeholders via its website, local newspapers, quarterly newsletter, via state-wide court conferences and other community engagements. MMHC developed "Information Sheet" for private attorneys, etc. that will be included in the court's P & P Manual that is still in development. Additionally, the court has a website currently in redevelopment and update that will aid in educating the overall public to include law enforcement, mental health care professionals, legislators, judges, defense counsel and the overall community about the court with links to our referral form at:

[www.dekalbmisdemeanormentalhealthcourt.org](http://www.dekalbmisdemeanormentalhealthcourt.org)

Also, the Presiding Judge presents a session on the MMHC to every DeKalb Police Academy and other local law enforcement agencies. The Presiding Judge also facilitates Crisis Intervention Training (CIT) on behalf of the GBI and NAMI Georgia several times throughout the year.

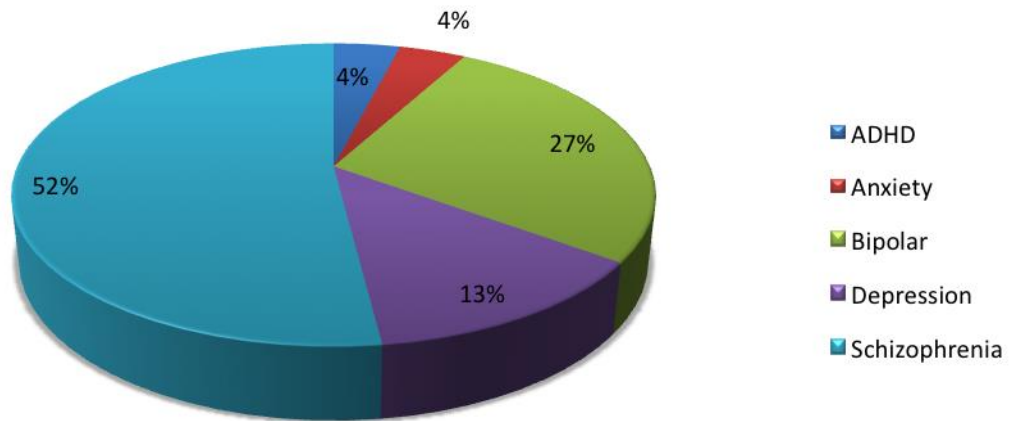
## PROGRAM STATISTICS



\*Approximate totals (Data reflects program participation from 2011-2015)

All participants in the Misdemeanor Mental Health Court must have an Axis I mental health diagnosis. Many have co-occurring substance usage and alcohol abuse issues as well. The current diagnostic breakdown for MMHC active participants is as follows:

### Axis I Diagnosis



## COMMUNITY EDUCATION AND AWARENESS



Consistent with established Standards for Accountability Courts, and specifically Mental Health Courts, the Misdemeanor Mental Health Court engages in advisory steering meetings with community stakeholders that include mental health care treatment providers, administrative and educational professionals, law enforcement, court staff and others each year to look at court practices and protocols. Also, participant data from the Court's Access data management collection system that is submitted to the state each quarter may also be shared and reviewed at the advisory steering meetings. There is a minimum of two (2) meetings planned each year.

While the meetings are designed to address operational, treatment and administrative practices, the Misdemeanor Mental Health Court also engages mental health education as a focus of its steering and advisory meetings to benefit the overall community, the families involved and the individuals suffering from mental illness. The Court has sponsored a Study of Mental Illness and Substance Abuse Co-Occurring Disorders in conjunction with its community partner and community stakeholder, the DeKalb County Adult Probation Department, which was very successful. This presentation was the Court's second and took place at the DeKalb County Courthouse. Another very successful steering advisory meeting took place at Emory University in March 2013 and focused specifically on the Planning and Administration Standard with a commitment towards continued involvement and engagement of a broad-based group of community stakeholders working collectively to insure the Court's continued compliance with all standards. The MMHC is an annual contributor at the Northside NAMI Mental Health Fair held at the Peachtree Presbyterian Church in Buckhead. The MMHC looks for and gladly accepts all opportunities introduce the court to the local and statewide community and the national audience as well.

Additionally to this end, the court's Presiding Judge presents a session on the MMHC to every DeKalb Police Academy and other local law enforcement agencies. The Presiding Judge also facilitates Crisis Intervention Training (CIT) on behalf of the GBI and NAMI Georgia several times throughout the year.

## **SUSTAINABILITY**

The Misdemeanor Mental Health Court (MMHC), formerly the Diversion Treatment Court (DTC) launched a website at [www.dekalbmisdemeanormentalhealthcourt.org](http://www.dekalbmisdemeanormentalhealthcourt.org), to promulgate awareness of the court and its mission, *"to decriminalize mentally ill offenders by offering treatment instead of incarceration."*

Additionally, the Court routinely participates in and makes presentations at various mental health forums and conferences throughout the Atlanta and surrounding area and the State of Georgia to introduce the MMHC and the theory of Accountability Courts to others. Some of these involvements include the Veterans Administration Stand Down Programs, Department of Behavioral Health and Developmental Disabilities First Annual Jail Diversion Trauma Recovery – Priority to Veterans Program, State of Georgia Crisis Intervention Team Training, Georgia National Alliance on Mental Illness Annual Conference, Annual Northside NAMI Mental Health Fair and the 2014 Leadership DeKalb Justice and Public Safety Day. The Misdemeanor Mental Health Court proudly presents the Court and a short CIT Training component at each DeKalb County Police Academy. The Court's Presiding Judge is a regular facilitator of Civil Rights

component of the 40 hour Crisis Intervention Training (CIT) on behalf of the GBI and NAMI Georgia.

## **CONCLUSION**

The goal of the DeKalb Misdemeanor Mental Health Court is to help our participants achieve a life of stability and to help them manage their mental health. The Judge, multi-disciplinary team and community treatment providers are here to guide and assist MMHC participants, but the final responsibility is theirs. In order to succeed they must be dedicated and motivated to make a commitment to a healthy and stable lifestyle. After graduation, the DeKalb MMHC case managers are available to provide support and resource assistance as needed. Participants are counseled and encouraged to engage with the National Alliance on Mental Illness (NAMI) for lifetime support as they return to their respective communities.

## **APPENDICES**

1. Acknowledgement Form
2. Agreement (Participation)
3. Drug Screening Protocols and Procedures
4. Fraternalization Rules
5. MMHC Biopsychosocial Assessment (Full Assessment)
6. MMHC Intake Assessment (Mini-Assessment)
7. MMHC Information Sheet
8. Participant Handbook
9. Progress Report (Sample)
10. Referral Form
11. Sanction and Incentive Grid
12. Treatment Plan (Sample)
13. Urine Abstinence Testing and Incidental Alcohol Exposure Agreement
14. Waiver and Consent for Release of Confidential Information