The Role of Therapeutic Courts in Today’s Landscape of Criminal Justice Alternatives
Sequential Intercept Model

Low Risk
- Harmless, Odd Conduct
- Unusual (symptomatic) Behavior
- No Crime
- No Urgent Care Needs

Low/Medium Risk
- Misdemeanor Crime
- Low Risk to Self or Others
- Danger to Self or Others (Possible low level crime.)
- Increased High Risk

High Risk
- Misdemeanor Crime
- Ineligible for CSC or CDF
- Felony Crime

Increased High Risk
- Serious High Risk

Low Risk
- Officer Contact
- Provide Resources & Referrals
- Crisis Clinic

Low/Medium Risk
- Officer Contact Crisis Clinic
- Mobile Crisis Team (MCT)
- Officer Contact Crisis Clinic
- Offer Voluntary Transport to CSC or CDF
- Notify Provider or Case Manager

High Risk
- Officer Contact Results in Detention for ITA
- Officer Contact Booking with Mental Health Court Referral

Increased High Risk
- Serious High Risk
- Officer Contact with Arrest
- Jail Booking
- No Mental Health Court
ALTERNATIVES TO THE TRADITIONAL SYSTEM

- LAW ENFORCEMENT ASSISTED DIVERSION (LEAD)
- LEGAL INTERVENTION & NETWORK OF CARE (LINC)
- THERAPEUTIC COURTS
  - DRUG COURT
  - REGIONAL MENTAL HEALTH COURT (RMHC)
  - REGIONAL VETERANS COURT (RVC)
<table>
<thead>
<tr>
<th>Criteria</th>
<th>LEAD</th>
<th>LINC</th>
<th>Drug Court</th>
<th>RMHC</th>
<th>RVC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law violations stem from substance use, mental health, or quality of life issues</td>
<td>History of legal competency + open to connecting to behavioral health &amp; social services</td>
<td>Low to medium level drug offenses or property offenses fueled by addiction</td>
<td>Severe &amp; persistent mental illness + amenable to supervision</td>
<td>Behavioral health diagnosis + eligible for VA benefits + amenable to supervision</td>
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<td>Types of Cases</td>
<td>Specified low-level misdemeanors</td>
<td>Misdemeanors &amp; low-level felonies</td>
<td>Felonies without victims</td>
<td>Misdemeanors &amp; felonies</td>
<td>Misdemeanors &amp; felonies</td>
</tr>
<tr>
<td>Referral Source</td>
<td>- Social contact by law enforcement or community member - Arrest diversion</td>
<td>Prosecutor</td>
<td>Prosecutor</td>
<td>District Court (anyone) - Superior Court (Prosecutor) - 39 cities within county (City Prosecutor)</td>
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<td>Recommendation</td>
<td>Pre-booking diversion</td>
<td>Dismissal upon connection</td>
<td>Dismissal upon completion</td>
<td>SOC, deferred, suspended</td>
<td>SOC, deferred, suspended</td>
</tr>
<tr>
<td>Duration</td>
<td>Individualized</td>
<td>Individualized</td>
<td>18-24 months</td>
<td>12-24 months</td>
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</tr>
<tr>
<td>Input</td>
<td>Victim</td>
<td>Victim/LEO</td>
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LEAD

LINC

ITA

RMHC/RVC

DRUG COURT
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WHY MENTAL HEALTH COURT?

THE FIRST MENTAL HEALTH COURT WAS ESTABLISHED IN FLORIDA IN 1997

KING COUNTY STARTED MENTAL HEALTH COURT IN 1999 IN RESPONSE TO LOCAL TRAGEDY

THE ASSUMPTIONS

1) UNTREATED MENTAL ILLNESS CONTRIBUTES TO CRIMINAL BEHAVIOR
2) THE JUSTICE SYSTEM CAN CONNECT PEOPLE TO APPROPRIATE TREATMENT
3) APPROPRIATE TREATMENT CAN IMPROVE SYMPTOMS AND REDUCE THE PROBLEM BEHAVIORS
4) JUDICIAL INCENTIVES AND SANCTIONS HELP KEEP PEOPLE IN TREATMENT
5) THE COMBINATION OF TREATMENT AND THE JUDICIAL SUPERVISION WILL REDUCE RECIDIVISM AND IMPROVE PUBLIC SAFETY

• MAKE MORE EFFECTIVE USE OF LIMITED CRIMINAL JUSTICE AND MENTAL HEALTH RESOURCES
• CONNECT INDIVIDUALS TO TREATMENT AND OTHER SOCIAL SERVICES IN THE COMMUNITY
• IMPROVE OUTCOMES FOR INDIVIDUALS WITH MENTAL ILLNESS IN THE CRIMINAL JUSTICE SYSTEM
• RESPOND TO PUBLIC SAFETY CONCERNS
• ADDRESS JAIL OVERCROWDING AND THE DISPROPORTIONATE NUMBER OF PEOPLE WITH MENTAL ILLNESS IN THE CRIMINAL JUSTICE SYSTEM
Case Referred to RMHC for Screening

State Misdemeanor: Any party (police, prosecutor, defense, court, family) may refer at any stage of the case

City Misdemeanor: City prosecutor must agree to refer

State Felony: Assigned prosecutor agrees to refer with input from law enforcement/victim
  • If accepted, refiled as one or more misdemeanors

Court Clinician Conducts Screening to Assess Eligibility
  • Severe & persistent mental health diagnosis
  • Amenable to treatment & supervision requirements
  • SUD severity/needs exceeds

Out of Custody
  • Demonstrate treatment engagement; obtain assessments & follow recommendations
  • Regular check-ins with clinicians
  • Regular UA's, if necessary

In Custody
  • History of treatment engagement & compliance
  • Medication compliance while in jail
  • Change in circumstances
Prosecutor Role During Screening

• Nexus
• Provide input to clinician throughout process
  • Accountability
  • Public safety concerns
  • Victim’s Advocate
• Coordinate with law enforcement & other jurisdictions
• Negotiate offers

Defense Role During Screening

• Flag potential participants
• Assist with screening process
• Assess for competency
• Discuss MHC & legal options with client
• Negotiate offers
Most of our participants suffer from co-occurring disorders (COD)
Standard Conditions:

- Court-approved housing, substance & weapons free
- No use of alcohol or non-prescribed drugs, including marijuana
- No criminal law violations
- No weapons
- No threats/acts of harm to others or another’s property
- Random UAs as recommended by treatment/probation
- Regular court reviews and probation appointments

Specific to Individual:

- Mental health treatment
- Chemical dependency treatment
- Medications as recommended (may include monitoring)
- Other conditions as connected to the charge or individual’s needs (no contact orders, domestic violence treatment, DUI victims panel)
<table>
<thead>
<tr>
<th>Compliance/Incentive Category</th>
<th>Behaviors</th>
<th>Incentives</th>
<th>Responses</th>
</tr>
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</table>
| **Category 1 - Proximal**     | Attendance  
• Taking meds  
• Honesty | Praise from court & team (5:1)  
• Going earlier in calendar | Increase UA’s, PO, court  
• Court watch  
• Paper |
| **Category 2**                | Engagement in treatment, court, PO  
• Initiative, insight, autonomy  
• Preventative health in addition to MH/CD | Reduce UA’s, PO, court  
• Cards  
• Allowing travel  
• Telephonic PO appointment | Letter of apology  
• Community Service  
• Pro-social activities |
| **Category 3 - Distal**       | Sobriety  
• Treatment completion or maintenance  
• Next step housing  
• Employment/education  
• Identifying long-term goals | Set out court hearings  
• Reduce PO  
• Reduce/strike UA’s  
• Grab bag  
• Early graduation | Work crew  
• SCRAM/EHD  
• Jail (community safety)  
• Revocation |
Probation Violations

- Positive UA’s or use of non-prescribed substances
- Failure to attend treatment, groups, probation
- Failure to take medications
- Housing issues
- Failure to appear for court
- New law violations

Sanctions/Responses

- Defer
- Community service
- Work crew
- Jail (community safety concerns or pending revocation)
- Revocation

Therapeutic Responses

- Court watch, papers, pro-social activities
- Increase UA’s, meetings with PO, court appearances
- Increase contact with treatment
- Medication monitoring or IM’s
- New treatment plan
  - Housing
  - Inpatient or other additional treatment (e.g. addressing underlying trauma)
  - More structure
RMHC Team: A Collaborative Approach

- **DEFENSE: ATTORNEYS & SOCIAL WORKERS**
  - DUE PROCESS, CONFIDENTIALITY, COLLABORATION
- **PROSECUTION: ATTORNEYS & VICTIM’S ADVOCATE**
  - PUBLIC SAFETY, BIG PICTURE, COLLABORATION
- **COURT SERVICES:**
  - CLINICIANS & COMMUNITY SUPPORT SPECIALIST
    - ELIGIBILITY, TREATMENT PLANNING, COMMUNITY SUPPORT
- **PROBATION MENTAL HEALTH SPECIALISTS**
  - HOLISTIC APPROACH & SPECIALIZED TRAINING
- **JUDGE**
  - MOTIVATIONAL INTERVIEWING
- **COURT MANAGER**
  - PROGRAM & RESOURCE MANAGEMENT
RESPECT FOR EACH ROLE IS IMPORTANT FOR SUCCESS!
NON-ADVERSARIAL DOES NOT EQUAL NON-ADVOCACY

ADVOCACY OCCURS PRIMARILY IN PRE-COURT STAFFING AS OPPOSED TO COURT HEARINGS

THIS ALLOWS FOR COURT TIME FOR INTERVENING WITH PARTICIPANTS RATHER THAN ARBITRATING UNCONTESTED FACTS OR LEGAL ISSUES

RESULTS OF RECENT EVALUATIONS
Demographics

The 420 individuals enrolled in the program between January 2013 to August 2017 were mostly male (73 percent, Figure 1). About half of participants were white, non-Hispanic (48 percent) and half (52 percent) minority. Participants were on average 35 years old when admitted to the program.

FIGURE 1.
Demographics of Mental Health Court Participants
King County District Court Regional Mental Health Court, January 2013 to August 2017, TOTAL = 420

Gender

- Female: 27%
- Male: 73%
- Unknown: 3%

Age Distribution

- 18-24: 39%
- 25-34: 20%
- 35-44: 17%
- 45-54: 17%
- 55-64: 6%
- 65+: 1%

Race/Ethnicity

- Any Minority: 52%
- White Only: 48%

Minority Detail

- Black: 31%
- Asian/Pacific Islander: 14%
- American Indian/Alaska Native: 10%
- Hispanic: 9%

NOTES: Race/Ethnicity is reported where known (unknown = 6). Sum of Minority Detail exceeds percent shown for Any Minority since persons can have multiple race/ethnicities.
Key Findings

Over a one year period, the mental health court improved outcomes on four key measures. Mental health court participants had significantly lower rates of re-offending and psychiatric hospitalization, and fewer incarceration days and emergency department visits than the matched comparison group.

- **Lower Re-offense Rate**
  - Any Criminal Charge: 38% (n = 226) vs. 28% (n = 226), p < .05

- **19 Fewer Days Incarceration**
  - Local Jail or DOC Facility: 67 days (n = 226) vs. 48 days (n = 226), p < .01

- **Lower Rate of Psychiatric Hospitalizations**
  - Any Mental Health Inpatient: 25% (n = 226) vs. 11% (n = 226), p < .001

- **Fewer Outpatient Emergency Department Visits**
  - Number of Visits per Medicaid Member Year: 3.20 (n = 226) vs. 1.80 (n = 226), p < .0001
GRADUATION: IN THEIR OWN WORDS
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