The Arc

Mental Health Courts and Individuals with I/DD: A Criminal Justice Solution?

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>> ASHLEY BROMPTON: Hello everyone. Welcome to the webinar. Thank you for joining us today. My name is Ashley Brompton and I'm the criminal justice fellow here at NCCJD. Before we begin the presentation I like to cover a few basics. Participants are in a listen only mode. If you need help during the presentation you can post questions in the chat box or the Q&A box on the side of your screen.

If you don't want your name shared with your question, type "private" before you type the question. You can email questions also to NCCJD info@thearc.org. If we don't get your question answered during the presentation, we will follow-up with you afterward. This presentation is being recorded and will be posted to the website. We have one final request. You'll receive a session evaluation after the webinar. Please take five minutes to send it to us. This webinar is funded by the United States Department of Justice. Thank you for your participation and thank you to our presenters.

Here is a brief informal survey we have conducted recently. About mental health courts. We did a survey of mental health courts in six states, Florida, Ohio, Texas, Illinois, New Mexico and California. We chose the states because they have high numbers of mental health courts. We wanted to have as much participation as we could. We had 47 courts respond across those six states. The results were ready interesting. Eight of those courts outright said they did not serve people with I/DD, that they were not equipped to serve them. 15 courts accepted people with IDD even if they did not have a mental illness. If their only cognitive disability was IDD, 15 courts accepted people with IDD only if they had a primary mental health illness diagnosis. The additional nine courts said they really operate on a case-by-case basis depending on whether the individual can understand the groups and function within the group, etc. Only two of all of those 47 respondents said they had any specific programs in place for people with I/DD.

With that, we will go to the first presentation which is on the history of mental health courts and our first presenter is Jennifer Baird. Jennifer is a licensed clinical social worker in the state of Florida. She graduated with her MSW from New York University. And she has been the program manager mental health court in St. Lucie County, Florida for two years. With that, Jennifer, if you would not mind putting your camera on and I will turn it over to you.

>> JENNIFER BAIRD: I will be talking about the history of the mental health courts. I will go to an overview of what mental health courts are. And then we will go into the history and the mental health court I work for.

What are mental health court? They are problem-solving initiatives. They differ greatly from traditional courts and how you would expect to go into a traditional courtroom. What they mean by problem-solving is we seek to address the root causes that contribute to criminal involvement. That means what are the issues that led the participant to be involved with the committal justice system, and then not only do we look at what causes it but how can we help?

What we do with mental health courts is we focus on those with mental illness and those with intellectual disabilities. I will go into the whole process as we move on. And the training. But the primary focus of MHCs is seeking to identify the causes and how can we help those participants.

A brief history of mental health courts. They were started in 1999 Broward County, Florida. That was the first recognized mental health court. It was developed in conjunction with the judge and the community as a response to jail overcrowding and critical problems faced by mentally ill inmates. People are facing detox and going through withdrawals in the jail, that also creates unique problems.

There's a high prevalence of inmates with co-occurring mental health and substance abuse disorders. Since 1997 numerous mental health courts have been started. Of those, they all look different. Each one is unique in what client it accepts, it's guidelines and who can participate. What I will do is go with what I know which is the St. Lucie County mental health court and I will talk to you about how ours is set up.

We are up to 83 participants, and we started with six participants. And St. Lucie County mental health court was started in connection with the community. Our judge has been there from the beginning. She was a strong advocate with starting the health court because working as a judge she saw clients coming in over and over again because when they were discharged from jail and they would decompensate in jail, they would be released with a limited supply of medications and they would end up getting new charges and coming back into the court system.

She met with the community leaders, the jail was involved, the public defenders were involved, they sat down and came up with a plan for what they could do to help solve this problem. With that, the mental health court was created. The goals and the objectives that they wanted to cover, they wanted to address the revolving door of mentally ill inmates going in and out of the jail. And of course to reduce jail crowding. And then to focus on being rehabilitative of and not just punitive.

We have a whole mental health court team. This includes the judge, the state attorneys, the public defenders. There is a team of six people that do nothing but monitor day to day clients. We work with community partners, community agencies as well.

How are clients considered for mental health court? What happens, they have to be diagnosed either with a mental illness or intellectual disability. What happens is when someone is referred to MHC, the client services department of the public defenders will go through the history of hospitalizations, their previous psychiatric records, any previous convictions or arrests. They will look at the current and past mental health diagnoses to see if this person will qualify for a mental health court. And then any cases involving a victim must have the victim’s agreement for the case to go to MHSC.

The state attorney acts as the gatekeeper. All parties must agree. The attorney or public defender, the states attorney and the judge all must agree in order for someone to come in. The states attorney really helps provide accountability for who is coming into MHC.

Who can become a client to MHC? The way it works in St. Lucie County, anyone can do this. I've had family members call, probation officers call, the public defenders can refer their clients as needed. The states attorney can refer clients. Even the jail sometimes notifies our office that they have someone they believe would be a good candidate for MHC. They have either come in numerous times or they have a serious psychiatric or intellectual disability that the jail is observing. They will call us to see if they can get our assistance with the case.

Legally speaking, there are numerous different ways the client can enter MHC. And at St. Lucy County we accept pretty much every way, so we have a diversion which charges are dropped when the program is completed. This is how the MHC originally started, to be a diversion so people can come in, they can get the treatment they need, they can get the help they need and when they have successfully completed the program, they will not have the criminal charge on the record.

We have developed since then. There may be a special condition on someone's probation that they have to successfully complete MHC. The reason for that is we provide much more oversight, we are much more intensive than standard probation alone. So we make sure those clients have doctors appointments and we really help support them. Mental health court can be added as a special condition to regular probation.

And similarly, we have people come in as a condition as their release or there is a condition of pretrial, pretrials a program that monitors clients from the time they are arrested until their case is heard by the judge.

Forensic services. NGI, not guilty by insanity or the ITP. They monitor people in the state hospital on once they are released unconditional release, mental health court picks up and assists with monitoring there as well.

All clients are assigned a court manager. That court manager is like the probation officer. They assess each client and make necessary referrals. The areas they assess, they going to psychiatric services, does this client have a doctor? Do they need to be set up with a new doctor? Do they have the medications and a way to pay for those medications? They examine all aspects around the psychiatric services and then they monitor compliance with those psychiatric services. They're the ones to give the updates to the court to let the judge know whether the person is actively participating in the program. They assess things like therapy, do we need to refer them to substance abuse?

Case management. And also we link to committee resources such as our agency for persons with disabilities. They work closely with the intellectually disabled population. We also provide peer support as well.

The goals. What MHC does is the primary focus is assisting clients with learning how to access the existing service providers in the area. When a client leaves the court they know how to follow up with the medication management. They know what drug programs are available. That way they can continue to get their medications even if they do not have benefits. We work to provide access to benefits. We have two case managers that work with our indigent clients who would not otherwise be able to receive case management services. We link them to community supports and food stamps and Social Security. And apply for insurance as well. Another goal is to remove all the barriers to access for client services.

We find that our clients encounter difficulties when they are trying to engage in different programs, either… usually it is funding. Not having the money to pay for services. We remove the obstacles. We link people that do have insurance and can have that service provided by their insurance companies. We pay for medications as needed, we assist with housing. The goal is to help our clients be successful in the community. And then worked to get them independent, so by the time they graduate they have all of this in place and they can continue with those things.

Another thing that MHC focuses on is to strive to balance treatment with accountability. Mental health court, as much as we do help and we link up to services and provide services and monitor the treatment aspect, we do also have told the clients and participants accountable for their choices and behavior. We have an excellent team that works together to look for those things and as needed, usually community service and the jail if needed is used to help monitor and hold clients accountable but also provide treatment. If someone has a relapse we have to hold them accountable but we find out what else can we do to help this person.

Another goal is to decrease the rate of mentally ill clients returning to jail. It is that cycle I was talking about earlier were when they go to jail they get discharged without medication or little medication and they end up in jail. Our goal is to stop that cycle and of course, lastly, to increase community safety. We have a whole team of people dedicated to nothing but monitoring our mental health clients with the goal of keeping the community safe.

How does the court benefit clients with ID?

What we have found to be most effective is we work closely with community partners to provide consistency the clients need and also repetition. We talk about the cases and needs the client has. We all present same message to the client. Whether they contact my team or they contact the agency of the persons with disability or the attorney, we all give the same message to the client to help with the consistency. Then repetition is key for the intellectually disabled clients. We have the clients come weekly, especially at the beginning and as they do better we can put those out, but anytime there are problems we get them onto a weekly court schedule. That way they can be in front of the judge and tell them the same thing that is needed over and over and over. Until they can fully understand it.

The other thing that an agency does help ID clients is we hold agencies responsible for timely access to services. And also the quality of services provided. So if we have any difficulties all of these agencies have representatives who come to our mental health court and essentially they are accountable to the judge if services have not been accessed in a timely manner. And then if there are concerns about the quality of services or the clients have concerns about the quality of services. That can all be brought before the judge and addressed. We work hard to hold all community partners accountable for the services they provide.

Lastly, we have found mental health court is a much less structured court environment. Our intellectually disabled clients have as much time as they need to ask questions and to be able to talk and interact with the judge. We have found in a traditional court setting, the judge expects the clients to have talked to the attorneys and they come in very authoritative and they tell the client what is going on. And then done.

But in MHC declines can engage and spend time with the judge. We have some that will take 30 minutes in front of the judge, but usually at a minimum five minutes to 15 minutes to really help them understand the expectations and requirements for the program. Also to talk about those things, like how is your service providers treating you? Are there needs that you have that are not being met? Clients are able to better understand the system and why they are in the judicial system that way.

That is it for me, thank you for allowing me to participate.

>> ASHLEY BROMPTON: I won’t need you until it comes to question time. Stay on the line, we have questions already. If you have questions for Jennifer, put them in the chat box or Q and A box and we will do a Q and A session of all three of our presenters today.

Our next presentation is by Adam Stone. He is the founder and managing partner of Martin and Stone LLC, a litigation firm in Ohio. Adam practices primarily in the area of criminal defense and has done so for the past seven years. His practice deals with mostly violent crimes, drug crimes and sex offenses.

I will now turn it over to Adam. If you can click your camera.

>> ADAM C. STONE: I think I did that. Very good. And the camera is recording? Alright. Good.

Essentially my job today is to critique mental health courts, especially with regard to some of the practical challenges that mental health courts are dealing with. I want to make sure everyone can hear me. Alright. From our standpoint when we go in to work with clients, deal with them on a day to day basis, one of the biggest challenges we find first of all is identifying people. What is the difference between someone with a mental health diagnosis and someone with the development of disability?

There are specialized trainings that most attorneys and public defenders by their nature do not have. At this point, one of the things that we do that I see, one of the biggest critiques I see, is we have this notion when we walk through the door with a client that he or she may be suffering with mental health issues or developmental disability.

The most important thing that comes up is -- I think I am moving this, I am not sure --

>> ASHLEY BROMPTON: Are you trying to fix your slides?

>> ADAM C. STONE: Yes, I am. It is not allowing me to for some reason.

>> ASHLEY BROMPTON: That is fine, I can move them.

>> ADAM C. STONE: In terms of identifying these people, what is the scope of your mental health courts experience with individuals with developmental disabilities? How do they define a developmental disability? Does a person have to be deemed incompetent, do they need a guardian? If so, who are you really trying to serve, who is the court or docket attempting to serve in that regard? The challenge that we find, that I find, when I am walking through the door with the client who I believe has a mental health issue or developmental disability, is the courts receptiveness.

I notice something I think most lawyers face, you walk in and you say, I believe this person may be suffering from some type of bipolar disorder, I need an evaluation. I want to see this person in the mental health court on the mental court docket. Now I have to shelve what leaves me to believe that person is suffering from this developmental disability.

For instance, I will use one client that I have had recently who suffered from a very, very serious, very rare developmental disability called Smith Magnuson disorder. He did not actually make it onto a local MHC docket. This is found in one in 50,000 people I believe, and it is essentially a disorder that is based on a biological break in the alleles of his DNA, one certain allele. This young man because of this, he suffers from outbursts of violence.

During a change of plea, as I am changing his plea, at one point he actually breaks out and begins to attack the prosecuting attorney. And he begins to, he goes after the magistrate. We have to physically restrain him. Hold him back. [Laughter]. What we end up finding out is this young man who had shown no signs up to this point, show no signs of real, any real mental health issues, severed from this rare disorder. And was treating it with crack cocaine and alcohol.

Now, I go in to the court, having found this diagnosis actually through his school records. I present this to the judge and I would like an expert to testify. The court was not giving me the money necessary to actually provide the services we needed. So we go to the board of developmental disabilities, this is what you, as the practitioner, I guess I'm looking at this from the practitioners, the attorney standpoint, what is that MHC's relationship with your board of mental disabilities? And what is your relationship like with your local board of developmental disabilities? If you represent folks with IDD, you need to have that relationship. You need to know who your caseworkers are. Who you can call when you have a situation, like the one that arose with this young man?

Ultimately, if you're practicing out of county, get in touch with local counsel. If you are in the county where you don't know what is going on with that mental health docket. Get in touch with local counsel. Find someone there that can get you in touch with the local board of developmental disabilities. Make appropriate introductions. Start making those relationships so you can serve your client best.

Ultimately, we have to look at who is managing the expectations of the providers within the mental health world. What I mean by that, as you walk into that court, is this court really driven by a judge? I know the judge, but is it being driven by a judge, social workers, driven by the board of development of disabilities? Who is actually in charge? The prosecuting attorney? Who is the gatekeeper to that court?

One of the things I found interesting about Jennifer's presentation, she noted that each court is unique. That is so true. From a practical standpoint, because there is no uniformity, in our mental health dockets in Ohio, you don't know what to expect walking in the door when you have a mentally ill client or you have the client with developmental disability. You do not know what at you as a practitioner unless you practice in that court every day you will not know.

You have to get in touch with the people that you know. And you have to be prepared to make those connections early and hold people accountable. One of the things, one of the biggest criticisms of the MHC dockets, we put the folks into the courts and provide them with the services, we might even set them up with a guardian depending on competency, but what is the follow-through? How do we measure success because I don't see any measures, any court really tried to measure success -- but how do we measure success for that individual client?

As counsel, as you are sitting there, you have a goal to not only defend the client, that is always number one, hold state accountable, but ultimately making sure that client is provided with the services he or she needs on a day-to-day basis that they would not otherwise be provided. That to me, I see the MHC's as that door, that gate we open for those people who would not be served, to give them the opportunity to be served by the committee through the resources.

The nice thing about Ohio, the entire state, every county, 88 counties we have a board of developmental disabilities. There are resources there. I will say this much, every board of developmental disabilities that I have worked with in Ohio has had some resource. Absolutely some more than others, but each board has had some resources for every client that I have had. Every client that I've had, that I have been able to get onto the mental health docket with the developmental disabilities, my board of developmental disabilities has provided at least some degree of services.

My client with Smith Magnuson disorder, my mental health court did not have resources for this man. We had well intended people sitting at the table trying to figure out what we should do for this young man. He was literally treating this disorder with crack cocaine and alcohol. Once we got him in and realized what was going on, it became this argument between the lawyers, the social workers, Adult Protective Services. Children's services were also involved and the local board of developmental disabilities, the prosecuting attorney. The judge, to the extent that he was a lawyer, was involved in that argument. How we would serve this person and if we could. It was determined that this mental health docket was not made to provide services for this young man.

We looked at some qualifications and training. This is a huge, huge problem with the mental health dockets in Ohio especially. These are well intended people, but lawyers defending people with developmental disabilities, even mental health diagnoses, we have to have specialized training and a lot of the training is missing. Unless you take the time to sit down and discuss these different issues with the neuropsychologist, psychiatrists and psychologists, some type of mental health professional, and begin to develop -- I don't want to call it a specialization because of our rules for special conduct prohibit that -- but you develop a degree of specialization in dealing with folks that have these disorders, you are running afoul, you may be looking at an effective assistance counsel claims or malpractice. What are your ethical duties?

If the court knows you are dealing with someone who has a developmental disability that you cannot handle, you cannot communicate with the client, they cannot communicate with you. We as lawyers have been in that situation where the client literally cannot speak to us. Or is speaking to us in a way that we know they are sick and they need help. But we cannot identify the need. And when people get in front of that person we are compromising our ability to defend that person. We know the Fifth Amendment, the right to remain silent, is tantamount in our work but if we put them in front of a counselor, a social worker, Adult Protective Services, what are they going to say and what extent is the privilege they share, what extent does that actually hold up?

Finally, again, we go to follow through. That is something big for me. I have a ton of clients on mental health dockets and mental health courts who are working through programs. My biggest criticism is who is ensuring that client follows through with the services. Do they have a guardian? Do I have a caseworker with the board of developmental disabilities? Do I have somebody involved in this case besides myself who is holding this man accountable? You would think that the court would be the one holding the man or lady accountable. But too often, what I see, again this is my criticism of these dockets, the court leaves it to the professionals and that becomes the rallying cry, I guess, for the lacksidaisical manner in which we service these folks.

Ultimately, you, as the practitioner, the lawyer, the social worker, the mental health professional, you ensure that young man or woman gets the service that they need.

This is big for me. For me, this is the most important thing because it sums up everything we have talked about so far. It comes down to how do mental health courts measure their outcomes and define their success?

We have so much, so many resources out there and when we are actually trying to define success as a mental health court, what are we looking to? Are we looking to whether that individual has met the service, has taken advantage of the services to the extent necessary? At that point, who is defining the extent necessary? I mean, here we have this criminal justice system, if you look at 2911, 2912, it is a balance between the safety of the public and rehabilitation. What are the rights of the defendant? The overwhelming needs of these individuals? We're looking at folks whose developmental disabilities range from the autistic, those who we used to call Asperger’s -- high functioning – to those who are out committing crimes and are very low functioning but still committing crimes.

Within the criminal justice system, in Ohio especially, we have to remember simply because you are incompetent, in terms of having a guardian, does not mean you are incompetent for the purposes of standing at trial. how are those considerations balanced? How do we meet these needs? In doing so, I think Jennifer spoke about this. I like the way she put it, when we do meet the needs of the individual, when we meet the needs of the individual suffering from mental health problems or developmental disability we are better ensuring the safety of the public and the rights of the defendant, of the individual. We are striking that balance. But so often we do not actually determine what that balance is.

Our mental health courts, and again this is my personal observation, they came on the heels of drug courts and the veterans courts, they are at least in my experience, very politically driven. Judges, courts love to be able to say we started a drug court, we started a veterans court, we started a mental health court. There are a lot of politics behind it.

How do we, as lawyers, manage these relationships in such a way that it benefits our client? You have to be able to walk through that door and have those practical considerations that you're going to be sitting at the table with Adult Protective Services, the board of developmental disabilities, potentially child protective services, and there's going to be conflict. Everyone will think they know what is best. We should be able to turn to the court. But what I find is the court turns it back over to the defense, the prosecutor, adult protective services, maybe child protective services, the board of developmental disabilities. It becomes this huge in fight over what is best, how best to meet the needs of this individual.

Do we as defense lawyers compromise maybe what could be a potential not guilty, this is an ethical consideration, we all struggle with this, you have the first duty to defend your client. That is paramount to everything we are talking about. Defend your client. And ensure the state can prove your client is guilty beyond a reasonable doubt. But let's take a hypothetical where you're defending that individual. But they are not getting services. And they're going down that dark path where maybe they are self-medicating with crack cocaine or alcohol. What do you do?

Do we sacrifice the right of the defendant to the jury trial, holding the state to find them guilty beyond a reasonable doubt as to each and every element of the defense? To be sacrificed to ensure they get at least the opportunity to get some of their needs met? The opportunity to be a part of this mental health docket? What does the court require? Do they require a guilty plea in order to get those? If they do, then you may be in that struggle. You may be part of that struggle. Ultimately, it is -- again, this is my own experience -- it is this constant conflict. It is this tug-of-war as to who knows best when you walk into that mental health court.

Because we have all of the -- it is a wonderful problem to have, we have these great resources out there that are all trying to do what is best for this individual. but they all want to be the solution. You should know the client well. You should know the families involved. You should be able to walk in the door, sit down with the prosecutor, listen as everyone talks. And manage those relationships, manage those conflicts in such a way that you find a resolution for your client that at least get some the opportunity to take advantage of resources that they need.

That covers for me not just the basics of my -- I actually got the easy job in this thing. I got to critique the mental health courts. And be critical of them. But it is a difficult challenge. It is absolutely a difficult challenge for any lawyer who is walking into a mental health court. You do not know what you are walking into. There's no uniformity. No uniformity as to what constitutes a developmental disability for the purposes of the mental health docket. What constitutes even a mental illness. I walk into a Crawford County, Ohio court and mental illness is one thing, and in another county 15 miles away is another definition. Even though the definition is the same under the DSM. But the judge may say we cannot meet those needs here. How fair is that to the individual you are serving?

What do you do for that individual then? It becomes a very difficult challenging situation. But I challenge each practitioner, every lawyer that is listening, really get to know your client and take the time to get to know them, take the time to get to know the family dynamics. You will learn so much that helps you when you walk in the door to deal with all of these different, these interests that are pulling. Any questions that anyone has, please feel free. That concludes my presentation at this point.

>> ASHLEY BROMPTON: I know Adam has to leave a little early probably so if for some reason you have a question specifically for him and he has to leave before we can get to it I will pass on your questions to him so he can follow up.

The last presentation we have today is from Meghan Patton. Meghan is currently the mental health and developmental disabilities court coordinator for the Cuyahoga County Common Pleas Court. This role allows her to assist the judges with the direct operations of the court. Her previous positions with the court have included an HDD probation officer and presentence investigator. In this capacity Meghan was lead coordinator and cochair for several departmental workgroup and committees throughout her 10 years of service. She served with City Year and AmeriCorps National Service. She obtained her bachelor's from Bowling Green University. Meghan, I’ll turn it over to you.

>> MEGHAN PATTON: Our County is located in Cleveland. It is an urban court with a lot of cases. We actually function differently, and Adam is right, in Ohio there are different courts that function differently, rural versus urban. The Ohio Supreme Court has begun to try to unify it to some degree. We are in that process with them right now. Although, a court was established a little bit differently than most courts. In the world of mental health courts, as we accept a much larger capacity than the other courts around the nation, and I will go into that and explain it.

I'm trying to change my slide.

>> ASHLEY BROMPTON: I can do that for you.

>> MEGHAN PATTON: Are you on what is the role of the mental health courts slide now? Here I have the national and local perspective. Obviously, Jennifer went into this a lot so I will not go through a lot of it and explain why and how the mental health courts were created because she did a great job in that. But I will say the mental health people in Ohio, a lot of them are in prison, we have over 10,500 inmates in Ohio at the beginning of this year that suffer from mental illness. One in five had a diagnosable mental illness, and one in 12 had a serious and persistent mental illness.

There are 10 times as many mentally ill inmates as there are patients in our six hospitals. So our goal in Ohio and especially in our court is to continue to decrease the amount of mentally ill people that are in our jails. And prisons. And to hopefully decrease the amount of times that they cycle through.

We can go to the next slide. I think I can change it now. I wanted to give you an overview of our actual court history. In the 1980s, we had a lot of increased numbers of defendants having issues with mental health and development of disabilities in our court. What the probationary department did is it created the mentally disordered offenders and mentally retarded offenders. We don't use that term anymore but back in the 1980s that was the term used. We created units to consolidate people and triage them and give them the services that they needed.

In 2002, our court partners, the visible courts, a Common Pleas Court, community stakeholders created the mental health initiative. This group worked on identifying programs and services, and gaps where we needed to, along with creating communication and training, which Adam talked about. It was looked into how to serve defendants that are mentally ill in the criminal justice system. What came out of that, the Common Pleas Court, was the mental health and developmental disabilities court was created. In 2003 the court was established.

We changed the name of our unit in the probationary apartment to reflect the most appropriate names. And then they were changed from MDO and MRO to MHDD.

Now we're working with the Supreme Court of Ohio, they have a specialized docket certification process for their drug courts, the mental health courts, the veterans court, the treatment courts, lots of different ones. They have a uniform way of what a court should look like. Over time as more courts become involved in this, hopefully in Ohio the differences between each court will not be as apparent.

Our mission and our mental health DD court is our mission is to promote early identification of defendants with mental health or development of disabilities in order to provide coordination and cooperation among law enforcement and community treatment providers, attorneys and courts.

Our goals in the mental health courts is to increase the community safety for our county, continue and increase the collaboration with behavioral health agencies, improve defendant supervision and engagement and compliance. Improve continuum of program. And we're working on to improve long-term participation in behavioral health agencies. We are beginning to look at when they are with us they are doing well and going to their appointments and they are doing everything they need to do to live a supportive and healthy life. But what happens when the court leaves them? How can we do things in our court to continue that process on?

These are our local rules. If you ever needed a copy of them or to look at how our local rules are, they are online. We have 34 judges. Out of those 34 judges that are elected to the bench, five volunteer at any one time to be on the mental health court bench. We have a chair and then our other judges. These judges really understand that they take on a time and training they need to do and be really involved in the defendants live more than what they probably have experienced in the past with their regular criminal docket.

Eligibility requirements. Ours are probably different than if you did go to a county in a different place, not too far from us. The reason we have picked these diagnoses is because of our capacity issues. So for the mental health diagnoses, anyone is eligible to enter the mental health court. If they have a psychotic spectrum mental illness. These are some of the brief examples I have. So you have to have psychosis in order to be eligible. On a clinical basis for mental health. As far as the developmental disability diagnosis, I have listed all that we accept. We are beginning to see more autism spectrum disorder that I think we have in the past. That is interesting. We accept the bigger range of eligibility than the county board does, and that determination was made because we did not, even though you were not eligible for the county board of DD, their eligibility can be constrained and tight and difficult to meet, we still did not want our developmentally disabled defendants lost throughout the court.

A lot of times as most of you know, it can be easy for a DD defendant to skate by through the criminal justice process. They learned is easy to say "yes." They learn I think they're not as capable to ask as many questions as someone else that did not have their limitations. That is something we want to make sure we embrace and hopefully be able to obtain as many of those defendants as we can in order to give them a comprehensive care when they are in our court.

These are just some of our court stats. 72% of all of our mental health and DD cases that were eligible went to an MHDD court judge. Our MHDD court judge dockets consist about 45% of their dockets at any one time. Those are the active cases, the pretrials and also the probation cases and the criminal dockets. 136 MHDD defendants were placed on court supervised release.

In our court, our capacity level is probably greater than what you typically see across the country. We typically serve about 750 MHDD defendants in our probationary department at any one time. And approximately currently about 550 people are directly from the mental health court our defendants and mental health court are similar to the overall population in race. Often they are indigent or homeless as well.

How our court differs from models you may have seen elsewhere is we place a lot of importance on the mental health court early track.

As one of the largest urban counties in the state our court functions differently than smaller courts and we offer a unique approach to capturing and serving this population. Like I said, we place a high importance on early identification and make sure that during the pretrial process they have a trained mental health judge and a trained attorney. All of our assigned counsel and all of our public defenders who receive cases that have a defendant that is eligible for mental health court have to go through a training. This is typically a day long training where they receive training on mental illness and DD. They meet with our gel liaisons that help with us. They have a preview of what our mental health court is like. If you are assigned counsel or in the public defender’s office, you know what is going on in our court and you understand when you walk in what it will be like.

I think it's something our court instituted that is really a powerful statement that we really care about how people treat the mental health in our court and our DD folks. And how they are able to make sure they have everything at their disposal to be successful.

That is our early track. I will explain it a little bit differently. Here is the mental health court initiative. This is the map. It shows if you go through it, once they are found to be clinically eligible, that would be through any type of recent diagnostic assessment, they would then be flagged as mental health in the mental health court database. At arraignment they are rolled to a mental health judge and are assigned a trained mental health attorney.

That does not automatically mean they will be on a probation term. Some people can be high-level offenses and they may have to go to prison. However, whatever goal is, is to make sure they are given appropriate people who understand our behavioral health field and how we do things in the mental health court, as soon as possible.

For our local responses and their case flow entry from arrest to disposition and community control, many specialized services have been developed for mental health DD folks. We work with our County jailers, bonds office, alcohol and mental health board, lots of behavioral health agencies, our court site clinic, County Board of developmental disability and inpatient/outpatient programming and resources.

With the local responses to the county jail we have incorporated mental health and DD screening questions in the booking process. Is a dedicated mental health intake specialist in the jail that refers inmates back to their mental health agency to the psych department in our county jail, and then if they are eligible for mental health, then refer them over to our court as well. The county jail, like I said, has a medical staff, we have approximately 605 MHDD beds. The alcohol and drug boards and the county board of DD, we each have a database dump that are booking list that hits off each other and produces a list of names. That helps identify who is in the jail and who is mentally ill, who is DD who needs to be seen by the Psych clinic.

We have different agencies, people that are in the jail day today finding their people or people that need to see, that could be MHDD in our court, helping with release plan, getting the person linkage, working with the mental health DD judge.

There are mental health screening questions, if they answer yes to any of those questions, the bond referral goes over to the gel liaison so they can look more into it. At arraignment, like I said before, if the defendant is found to be eligible for mental health DD court, the case is flagged through our probation coordinator and that case is rolled to one of the five mental health judges and assigned a mental health DD attorney.

Typically, we review about 1000 cases per year for clinical eligibility. So far, and case management we had 5101 cases that have been flagged as mental health and DD since our flagging began, I think about 2005.

Once you get through the pretrial, and you are able, you are now legally eligible and you are at the sentencing phase, you can then be possibly granted a community control sanction at the discretion of the mental health DD court judge presiding over that case. So the legal eligibility is any felony or pled down misdemeanor level. Plea of guilty, judicial release status, defendants eligible for any type of diversion can also come through to that mental health DD unit.

We use the Ohio risk assessment and we take low to very high risk of recidivism. Once in the end HDD unit we triage them differently based on their risk. Exclusions are the NGRIs or incompetent to stand trial's. Those during the pretrial process are able to be assigned and rolled to mental health DD court judge and that judge may have more intimate knowledge of what is going on.

The mental health DD court monitors defendants’ performance and progress through judicial interactions. That is what we call the treatment team and staffing. Each of our five judges has two treatment team staffings per month. Team meetings are to be proactive problem-solving. I know that Adam talked about sometimes things get hairy in there. I do think that is true at times, we really work on having the team approach. We focus on training together. We do things as a team a lot. And that is helpful I think for us. From the judge on down that we look at each other as a team.

During this treatment team, we discuss a roundtable, the defendant’s progress, possible issues, recognition of their accomplishments as a team. We come up with recommendations, obviously the judge has the final discretion. But the judge definitely feels they are part of a team. We monitor their progress, the team establishes and reinforces the policies. We strive to provide defendants with an opportunity to learn and manage their mental illness.

Obviously, we want the team members to learn from each other. Some are experts in other places.

We have until health DD court judge, myself, we have supervisors from the probation department, we have 10 mental health PO's and three DD officers. We have the jail liaisons. We have County Jail mental health specialists. We have case managers from those agencies that we work with. We have the public defender, public defender social worker and then the prosecutors. The prosecutors are mainly a part of the early track. But if they feel a need or the judge would like it, they are always welcome on the treatment team as well.

Obviously, like I said, the typical length is two years, for low and moderate intervention we typically try to do, begin at a one year. The amount of dosage hours they need so the amount of the programming is about 100 hours to 150 hours.

200 hours to 300 hours for high risk and moderate risk.

We face them through. So here are our phases they go through. As they proceed to the court high risk and moderate defendants are obviously in court more frequently than low or moderates. We are now working with how we separate out our mental health people and the DD people. Sometimes when a judge hands down any response to behavior, mental health and DD people are different and have different issues. We are working on how to appropriately divide that. If you want the defendants to learn from each other and the court experience, we have to figure out what is the most appropriate. That it is something we're working hard on now. We are also working on keeping the low and moderates away from the high risk and moderate people as well.

Some of the court benefits, we work closely -- we have the treatment team that meets with the judges twice a month. And defendants will nominate or add on to the agenda of the defendants that need to go to court.

We have clinical staffings, each of the five agencies come in and the POs and the clinical agencies really case plan around each other. We have regular criminal justice meetings. We have relationships with the Cleveland Police Department. We have the crisis unit and our state hospital, we work closely with the court bailiffs and judges. Often we are addressing mental health linkage, medication compliance, housing, but a number one thing is it is very difficult.

I wanted to go over our relationship with our County Board of DD. They have a forensic unit. Accord has a contract with them. Through that they're able to provide a municipal and jail and prison liaison along with the community liaison. They help to early identify them when they are in the criminal justice system and get them really linked. Obviously because they are team players, they understand our court and legal system and they see the issues that are relevant to the individuals [indiscernible].

If the defendant is acting maybe not how we expected in court or outside of court or any group home, we utilize their expertise to help us resolve it and that is important. Without our behavioral health agencies, our jail liaisons and County board, we would not be able to have this court. We would not be able to serve the capacity that we do. They are vital, they are so important, the relationships with us are very important.

In terms of the DD folks, we do have some gaps. I wanted to point those out. The defendants that have an eligible DD diagnosis they may not be eligible for the county board of DD. That is a gap we are working on. How do we find a services that are appropriate for them? Putting them in a cog skills or anger management class. Where there is a lot of reading comprehension's and other issues, that can be difficult for them. That is a gap we know exists.

Obviously, we're looking at future research on how DD folks fair within the specialized courts. There’s not a whole lot out there that is telling us -- and we want to make sure we are helping them appropriately. That is something we are looking into.

Obviously, we want to reduce the number of the mentally ill and DD people that are in the county jail.

This is just a picture of one of our courts, one of our treatment team days. As you can see, the defendants, the POs, the judges, the bailiffs, the assigned counsel, we are a team.

I hope we could give you a view of the mental health courts that is different from what you have seen out there. Thank you.

>> ASHLEY BROMPTON: Thank you so much, Meghan. You can get rid of your video. We are going to now, move on to questions. I think this presentation provided a good overview of some of the general aspects of mental health court. And many concerns and a court that addresses those concerns in a unique model. We have gotten a lot of questions. If you want the contact information for any of the presenters, their email addresses are on the screen. We also have them as well to contact us directly and we can put you in touch with them. We thank them once again. That was a great presentation and we have a lot of questions. I will go ahead and get to them.

The first question, you don't have to come back on video to answer these you can just under yourself and feel free to jump in. If they are directed to a specific person, I will let you know. The first question is for Meghan and Jennifer for your individual courts. How are people with DD screened for acceptance into the mental health court?

>> MEGHAN PATTON: For us they are screened, their link to the county board of DD, they are able to go in and assess them in order to see if they are eligible. Everything is on a clinical assessment. Typically to the county board of DD. Our eligibility for mental health DD court is full-scale IQ score is 70 or below. And then our court clinic can administer those tests.

>> ASHLEY: Do you have anything to add?

>> JENNIFER BAIRD: What we do is we don't have a formal screening process. We do not have any cutoffs. So It is done by family report if there is not a consensus, one of my bachelor’s level clinicians will go out and assess the case. They will make the final determination and make the recommendations to the court. We do not have any specific cutoffs, we will take any range.

>> ASHLEY BROMPTON: Thank you. The next question is specific for Jennifer since you mentioned this in your presentation. Is a generally difficult to obtain victim agreement in these cases where you do have a victim?

>> JENNIFER BAIRD: Generally, no. Once the purpose and scope of mental health court is explained to the victim, a lot of times it is what we find, what we find is rather than victims thing this person is going to go to jail and go back out, they would rather see us help and implement services from proof -- to prevent them from doing it again. Is generally domestic or family related where we generally have problems getting people come in. But generally we do not have a problem getting them in.

>> ASHLEY BROMPTON: Another question, how are the services such as case management, rehab teams and other services funded? Does the person have to have private insurance, is it funded through the court through some grant? How do you fund those services?

>> JENNIFER BAIRD: I work in a county that is extremely supportive of the mental health court and they actually have a budget that I work with. Where the county will actually cover the cost of those services. For clients who have insurance that do not cover those services or do not have any insurance. It is county funded but we have had grants in the past. Now it is all County. My County is incredibly supportive.

>> ASHLEY BROMPTON: Meghan, did you have anything to add to that?

>> MEGHAN PATTON: Sure. Ours is also I think much like Jennifer's too, our County is very supportive. We currently do not have any grants, we've two contracts that the court and County administration have where they designate one mental health interesting to receive referrals for defendants that do not have insurance. And then we are contracted with the county board of DD also, we also have that as well. Typically, we work with the mental health agencies in order to refer out. Many people are cover under Medicaid. That in the last few years has helped manage the mental health courts.

>> ASHLEY BROMPTON: The next two questions are for Adam specifically. The first one is, whatever happened to that client used as an example in that case? Was he able to be served by mental health court? What ended up happening with him?

>> ADAM C. STONE: He is currently on the streets. We were attempting to get him a guardianship but the prosecutor and judge would not allow him onto the mental health court, board of DD was not willing to take him in for services because they did not believe they had the adequate services. He is now walking the streets. I hope he is okay.

>> ASHLEY BROMPTON: I hope he is getting help, any he can get. The next question for you is what are some ways that we can help attorneys identify needs that a client may have? Are there any tips you might have for identifying those needs?

>> ADAM C. STONE: Honestly, that is a great question. I answered one because I have to leave shortly for court, but I was trying to answer as I went along. The more training that you guys can offer us, especially the defense attorneys that meet these good folks with the jail, having conversations with family members, making these initial observations. You know, when I "diagnose" someone I am just using experience. The more training that I can get and the more training these attorneys can have, the more likely we are to help these folks.

I have not met an attorney, defense attorney yet that the client needed to be in a mental health court or needed those services from the board of DD, there isn't an attorney on the face of the earth that I know if that won't try to go out there do the best they can for their client and get those services in place. But you're right, we have to be able to identify those things. The only way we can identify them is by being trained by the professionals. You folks are the professionals. We need you so much.

>> ASHLEY BROMPTON: Thanks. As a follow-up, if an attorney suspects there is a developmental disability, but they don't have a current diagnosis, can the attorney asked the court to order one for the purpose our referral to the mental health court? If you can get that order will the court pay for it?

>> ADAM C. STONE: Yes. There's two answers to that question. Under Ohio law, yes, if you ask for competency evaluation you can ask for a full psychological evaluation within the competency ego. There was a Supreme Court case which provided that if you are in need of an expert and you can show a specific need for that expert, and it can be through your own observations of your client, the court is required to provide you with funds for an expert, whether it is for the purposes of showing a defense, self-defense, or mental diminished capacity or if it is in mitigation and sentencing, you that psychiatrist or psychologist, you want those diagnoses.

I have a case now where gender dysphoria is something we are dealing with. That is something I am seeing more and more. We are going out to the courts and asking them for the funding to actually get some of these diagnoses on the table so the prosecutor is on notice and the judge is on notice. I am so impressed with what Cuyahoga County has been doing. It is so contrary to what I am seeing in the rural counties. I would love to see that model brought down into some of the places where I practice. That would be great to see. You guys are doing great work up there.

>> ASHLEY BROMPTON: Thank you. Last question, I want to ask Adam, since he has to leave -- I know you did answer this on the chat box but I wanted to just say it out loud in case people are not looking at that. Are there any suggestions on how an advocate or family member may approach a court states attorney or public defender when an individual with IDD is facing jail time, sentencing, when the individual might be better served by treatment?

>> ADAM C. STONE: From a family member’s perspective, it is that much more difficult. When you come to that attorney, if you know that you have a loved one that is suffering from some type of developmental disability, but that attorney and that advocate on notice. Put the court on notice to the extent you can. Just getting that information into the court, to the attorney’s mind, and then you put everybody on notice.

The way I answer the question was, if the court will allow you, get diversion, see if you can use a diversionary program. Not every county can do what Cuyahoga County is doing. I wish they would. I think we would serve so many people so much better if we had that framework. But if you can convince a court or attorney or whoever happens to be there -- to give that, get that person into treatment on a diversionary basis, it is a most like the concept of intervention in lieu of conviction. If you can complete treatment your case will be dismissed.

It is a win for the lawyer and a win for the client and for the court when you can get them onto that mental health docket. You have put that person in a position to succeed and you have protected the public. I hope that answers that question.

>> ASHLEY BROMPTON: Yes, it does. In addition to that, what the viewers to know that The Arc of New Jersey, they have a great program around personalized justice planning, which creates diversionary plans and provides treatment options to present to the court. You can find out more about that on their website. I will give it to you. Actually that is not it. www.cjapnj.org. That is their website if you want to learn more about this personalized justice planning, diversion and how to get people services if they are not in mental health court, even just on a regular criminal docket. They can provide you some good information there. Adam, I know you probably have to go and I think that was the last question for you. If there are questions that come in for you, I can email you and let you know and we can follow up.

>> ADAM C. STONE: Thank you so much and thank you for the opportunity. Take care.

>> ASHLEY BROMPTON: Are there more questions in the few minutes we have left. Do you screen, one of the accepted developmental disabilities do you screen for alcohol fetal spectrum disorder?

>> MEGHAN PATTON: For us that is not a diagnosis we accept. Because of that diagnosis, if they saw their IQ was lower and it was at the threshold than they would be allowed in. But I don't believe we have any one with that as a primary diagnosis.

>> ASHLEY BROMPTON: Okay.

>> JENNIFER BAIRD: Similar for me. We don't have anyone with that diagnosis but I don't say that we would specifically exclude them. We would have to see their level of functioning.

>> ASHLEY BROMPTON: The next question, for the jail screening, Meghan you said Cuyahoga County does, how did you accomplish getting this screening system? Was this an initiative by the M HDD court or an initiative by the jail? A partnership between the two or how did it come about to get that screening system in place?

>> MEGHAN PATTON: It began through the mental health initiative that began in 2003. The jail was one of the partners in that. They are vital. We work closely with them. It can be difficult at times because I think sometimes our goal of keeping people in jail, we never wanted to, but sometimes we need to in order to facilitate the linkage. Sometimes that can go back and forth.

But we work with the jail and they were a partner with us in the group. Right now we are actually going back to our whole pretrial and looking at our intercept from the beginning. We are viewing it and trying to enhance how we do it and do it better. We are doing that through close partnership with the jail. It is just about relationships and getting everybody on the same page.

>> ASHLEY BROMPTON: Thank you. You also mentioned this idea of risk assessment, Jennifer, I don't know if your court does this too, how are we citizens risk levels determined? Is mental illness or development of disability taken into account in the risk analysis? Or do you not know?

>> MEGHAN PATTON: It is taken into account to a degree. A court receives a risk assessment for every defendant. Ohio has pushed the Ohio Risk Assessment. It was developed by the University of Cincinnati. So in the actual risk score, it does not take into account if the person is mentally ill or not, but when you review the score and you look at the responsivity, that is one thing you pay attention to. If you wanted more on that, the risk tool, if anyone wants to email me I can have you go to that, I can send you that information.

>> ASHLEY BROMPTON: Great, thank you. For your court, this is I guess Jennifer and Meghan, you can both answer, are there any offenses that are just as qualifying for the court? And then part two, does an individual have a choice if they don't want to go to mental health court? Do they have the option to opt out if it is recommended that the enter into it?

>> JENNIFER BAIRD: I can answer for St. Lucie County. There are serious violent offenses that will exclude people from being in the mental health court. Yes, if someone does not want to participate, mental health court is voluntary. They can go back to the original court and be sentenced on their charges or if they refuse to comply on the condition of probation or pretrial they would have to face the consequences with that judge.

>> MEGHAN PATTON: All cases can be transferred over but it doesn't mean they would be officially administered to the mental health DD court or the probation and of it. We are not a voluntary court. If you are meeting the clinical diagnoses, you are transferred. If the diagnosis is found through pretrial and maybe they were not transferred at arraignment it could technically be at the discretion of that court trial judge with input from the attorney, but more often all of the cases are typically transferred to the mental health DD court because of that continual care aspect, the training of the mental health judges and their relationships with behavioral health agencies. We don't mandate that defendants in the mental health court are there every week, like a lot of the other mental health courts, I'm sure there's pros and cons to that. But it is more you come up at the end of each phase and you come up when there are issues. So our interaction with them could possibly be less than maybe standard mental health courts.

>> ASHLEY BROMPTON: Great, thank you. We do have some more questions but we are out of time so I will follow-up with each of the presenters for the questions and hopefully be able to answer all of those questions for those individuals.

I wanted to let you all know before we leave our next webinar will be on September 22 and it will be on competency and intellectual and develop disabilities. How does the idea of competency within the criminal justice system apply to people with I/DD? You can register for that now and we will be sending out an email and more information about it.

Secondly when you leave the webinar, a survey will pop up for you. Please fill out the survey, it helps us to get that feedback and information to move forward. As usual, if you want to contact us our contact information is above. This webinar will be posted to our website. Hopefully, within the next week. We really appreciate you, it was a great conversation today. And appreciate all of you being here to listen. Thank you again to our wonderful panel of presenters. I hope all of you have an excellent day. Thank you.