

MENTAL HEALTH DIVERSTION TREATMENT COURT MHDC



JUSTICE SERVICES

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MENTAL HEALTH DIVERSION AB1810

- Pre-trial diversion program targets those suffering from certain Mental Health disorders.
 - **Cannot** be antisocial personality disorder, borderline personality disorder, and pedophilia
- Defendant's mental disorder played a significant role in the commission of charged offense.
- Court must be satisfied that the defendant does not pose unreasonable risk of danger to public safety.
- Some crimes are excluded
 - murder or voluntary manslaughter; PC 290 registration required offenses (except PC 314 indecent exposure), rape, numerous sexual offenses and other "super strikes"

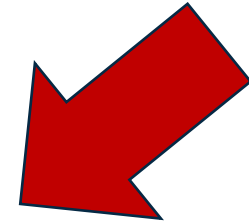
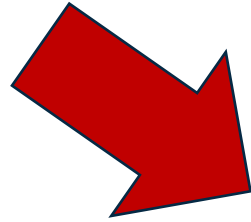


WHY TREATMENT ?

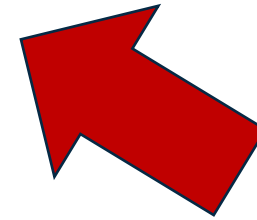
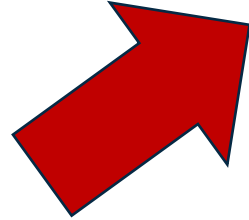
- Research and publications
 - Punishment alone (custody, mandatory arrests, increased surveillance, etc.). Not effective in reducing recidivism (Latessa 2006)
 - Research generally shows that incarceration increases the likelihood of re-arrest after release—but this relationship applies especially at lower risk levels.
 - Research shows legal status at entry does not seem to be related to treatment success.
(Latessa, E. J., Ph.D., & Lowenkamp 2006)



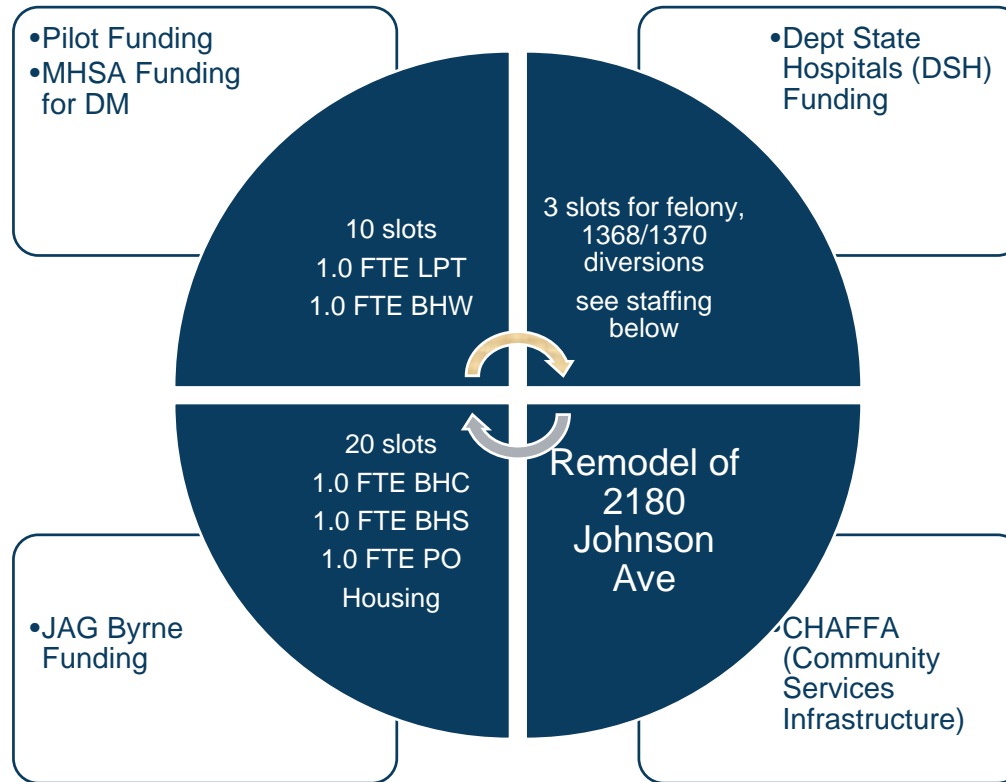
FUNDING WITH THE NEW LAW



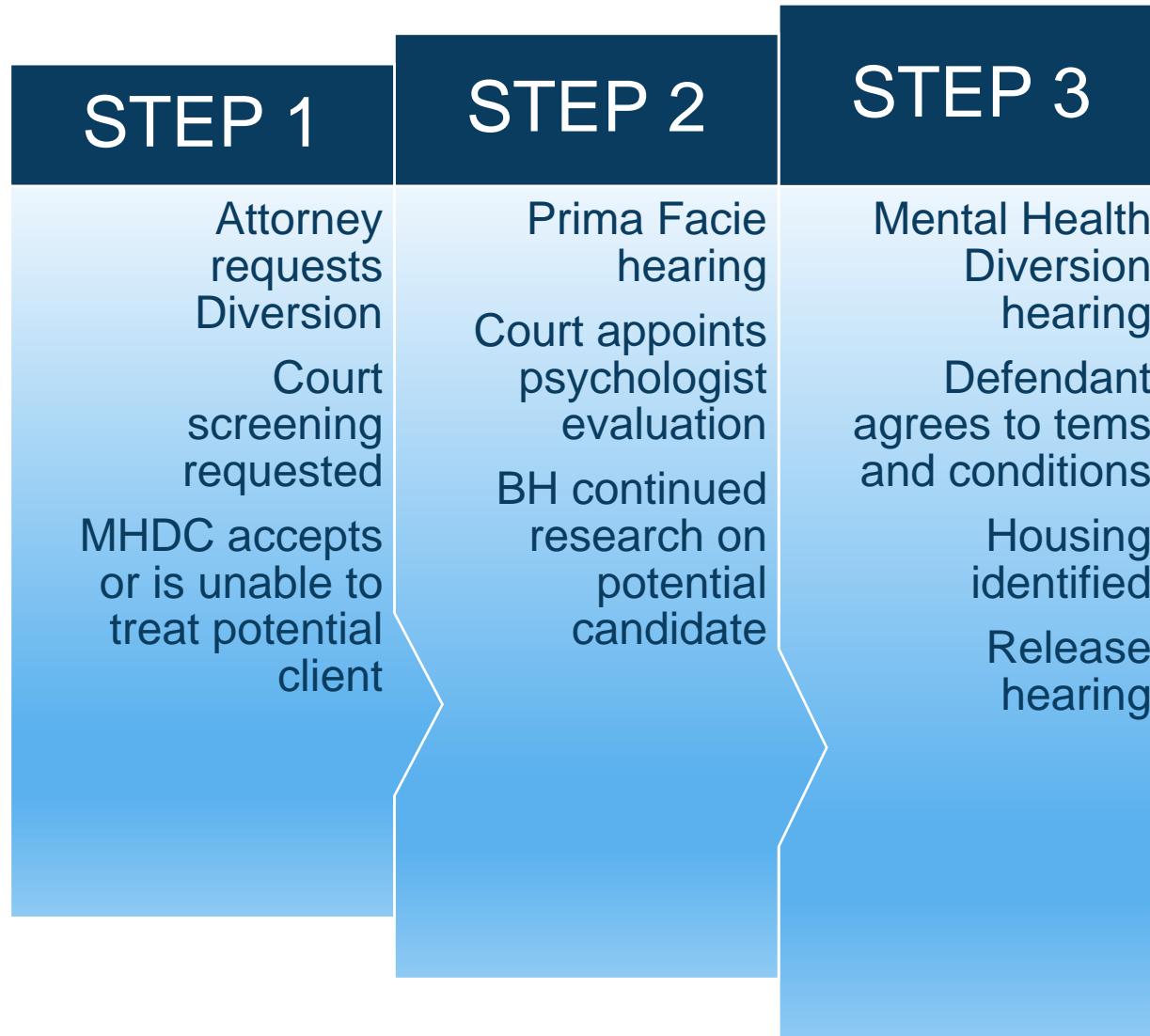
NONE



SLO Behavioral Health creative funding for Diversion







BEHAVIORAL HEALTH STEP 1

STEP 1

Attorney
requests
Diversion

Court
screening
requested

MHDC
accepts or is
unable to
treat potential
client

- Behavioral health court screeners
 - **Are not making diagnosis**
 - What they are doing is:
 - Identifying diagnosis if reflected in the mental health record
 - Identify key information needed to assess client's appropriateness for outpatient treatment
 - Reviewing high risk factors that affect treatment efficacy



BEHAVIORAL HEALTH STEP 1

STEP 1

Attorney
requests
Diversion

Court
screening
requested

MHDC
accepts
potential
client

- Also checking
 - Criminal history, antisocial personality patterns, criminal thinking, antisocial associates. Review of criminal justice information
 - Court documents, police reports if available
 - Identifying substance use disorder level of care (residential and very severe SUD might not be addressed in MHDC)
 - Assessing level of criminality to provide safety to groups
 - Exposure to non- criminal participants
 - Drug court research shows risk of mixing levels of risk



BEHAVIORAL HEALTH STEP 2

STEP 2

Prima Facie
hearing
Court
appoints
psychologist
evaluation

- Psychologist report
 - MH Diversion staff review report outcomes
 - Risk assessment
 - Diagnosis
 - Historical information
- Any new or additional material reviewed by BH for program fit
 - Reviews additional information if identified
 - Can change determination if further information identifies concerns
- MHDC may outreach to potential participant in jail
 - To develop rapport, encourage medication compliance, continue assessing for areas of treatment focus (RNR)
- MHDC begins securing a SLE bed if needed or other safe housing.
- MHDC begins creating treatment plan to provide to the court
 - Tx plan will reflect initial services the client will receive





BEHAVIORAL HEALTH STEP 3

STEP 3

Mental Health
Diversion
hearing
Defendant
agrees to
terms and
conditions
Housing
identified
Release
hearing

- Determination hearing
 - If Approved
 - Defendant signs that they agrees to all conditions and signs a release of information.
- Release hearing
 - Thursdays 10Am OR date per CBH
- Upon release from jail - MHDC or Probation will pick up participant from jail and take to agreed upon housing.
- Treatment begins immediately.



JAIL DISCHARGE AND TREATMENT ?

- Jail discharge medications are arranged prior to discharge.
 - Medications placed in participants property or picked up at pharmacy
- Case management begins immediately for such things as:
 - Obtain ID, activate medical and SSI, medical appointments arranged
- Appointment with staff psychiatrist
 - Medication adjustments made as needed
 - Begin rapport building
- Treatment session begin immediately upon discharge.
- Drug testing included if indicated
- Court appearances begin after 1 complete week in treatment program



SAN LUIS OBISPO COUNTY PROGRAM DESIGN

- **Treatment Court design (BHTC)**
 - Weekly court appearances – decrease in each phase
 - 4 phases over the course of year or longer
- **Individualized treatment plan**
 - Includes individual therapy, group rehab sessions, medication management and case management
- **Connections to community resources such as:**
 - Growing grounds
 - TMHA support services
 - After completion transition to County Mental Health (as needed)
- **Probation supervision**
 - Monitoring, team member
 - Weekly treatment team meetings



Treatment Schedule Example

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
					1 Treatment Court Dept. 6 11:00am
3	4 Medication Symptom Management Group 1:00-2:30pm	5 Early Recovery/Matrix Substance Abuse Group 1:00-2:30pm	6 Strengthening Goals/Coping Skills Group 1:00-2:30pm	7 Life Skills Group 1:00-2:30pm	8 Treatment Court Dept. 6 11:00am
10	11 Medication Symptom Management Group 1:00-2:30pm	12 Early Recovery/Matrix Substance Abuse Group 1:00-2:30pm	13 Strengthening Goals/Coping Skills Group 1:00-2:30pm	14 Life Skills Group 1:00-2:30pm	15 Treatment Court Dept. 6 11:00am
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24	25 Medication Symptom Management Group 1:00-2:30pm	26 Early Recovery/Matrix Substance Abuse Group 1:00-2:30pm	27 Strengthening Goals/Coping Skills Group 1:00-2:30pm	28 Thanksgiving	29 Holiday



CURRENT MHDC Treatment

- Treatment services provided by behavioral health staff. Therapist, Case manager, LPT, Psychiatrist
 - Currently space is limited by staffing (JAG grant starting soon)
 - Initial 10 Slots (MHSA funding)
 - Clients doing well and still all in treatment
 - Increased slots (newest grants)
 - Newest JAG Grant adds 20 new slots
 - DSH grant adds 3 felony slots for 1368 or 1370 prone clients
 - Total capacity will be 33 slots when all grant positions filled.



- QUESTIONS

