

HARRIS COUNTY FELONY MENTAL HEALTH COURT

PLANNING TEAM REPORT

.October, 2009



Members of the felony mental health court planning team gathered for their first meeting on June 24, 2009.

**Approval of Felony Mental Health Court
by Criminal District Court Judges**

On November 19, 2009, the judges of the Harris County District Courts, Criminal Division, unanimously approved the plan for the Felony Mental Health Court (FMHC) with the following change:

The court will have two components:

1. *A diversion component for non-violent offenders.* Defendants will be transferred to the Felony Mental Health Court from the 22 felony courts. The court could accept up to 160 defendants the first year.
2. *An intensive supervision component for offenders with violent offenses who have received probation or deferred adjudication.* These cases will be transferred to the Felony Mental Health Court after sentencing. The court will accept 40 offenders during the first year.

Sixty days after the court begins operation, the criminal district court judges will review the effectiveness of the intake transfer plan.

**Approval of Felony Mental Health Court
By Criminal Justice Coordinating Council**

The Criminal Justice Coordinating Council unanimously approved the Felony Mental Health Court plan, as amended above, on December 9, 2009.

Creation of the Felony Mental Health Court Planning Team

Twenty-two criminal district court judges preside over felony cases in Harris County, a large urban area that includes the city of Houston (the third largest city in the U.S.) and a population of approximately 4 million. These courts handled 53,153 felony cases in 2008. They consisted of 45,163 new cases, 7,538 motions to revoke probation, and 452 other cases. In January, 2009, the district court judges recognized the need for a specialized court to rehabilitate and treat mentally ill defendants by voting to establish a full-time Felony Mental Health Court (FMHC). They designated the 184th District Court and its judge, Jan Krockner, to serve in that capacity.

In the spring of 2009, Judge Krockner began individual meetings with the primary stakeholders to learn their concerns and priorities. In May, 2009, a seven-member team visited the Bronx Mental Health Court, a peer-to-peer learning court designated by the Bureau of Justice Assistance through the Council of State Governments. Judge Krockner also consulted with the Mental Health America of Greater Houston, which provided the assistance of a policy specialist to research mental health issues and serve as a liaison between planning team committees. Three student interns, including a criminal justice intern from Texas Southern University and two law students from South Texas College of Law, assisted Judge Krockner during the summer of 2009 and continued to volunteer their time after the internships ended. By June, a large and enthusiastic planning team had been assembled. At least 50 people attended each team meeting. When the team completed its work in October, more than 100 people had participated at team meetings or on committees or had met individually with Judge Krockner.

The planning team was large by design. It was Judge Krockner's belief that a mental health court would succeed only if it had the help and support of the community. Because resources for treating those with mental illness are scarce in Harris County, it was thought that a large team would help identify treatment providers, residential treatment facilities, housing, employment and other resources. The team became committed early on to developing a court with a strong medical component and to emphasizing a team concept in managing treatment and community-based support. As the need for sound data collection and evaluation was recognized, the team also sought the assistance of those with specialized knowledge and expertise in these areas.

The planning team included advocates for persons with mental illness and intellectual disabilities, volunteers, consumers, family members, representatives of victims' organizations and religious leaders. It also included political staff, judges, court administrators, prosecutors, defense attorneys, probation officers and administrators, pre-trial services, court clerks, members of the juvenile mental health court team, a drug court manager, police and sheriff's officers and administrators, representatives from the mental health authority, psychiatrists, psychologists, case managers, social workers, counselors, crisis managers, residential and non-residential treatment providers for mental health and substance abuse, director of a support

alliance, and representatives from clubhouse organizations. The Houston Bar Association, Houston Ministers Against Crime, the NAACP, LULAC, Asian American Family Services, the Coalition for the Homeless, Healthcare for the Homeless, One Voice, U.S. Vets and the Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI) participated as well. The Mental Health Mental Retardation Authority (MHMRA), the Harris County Psychiatric Center, Harris County Hospital District, and Rusk State Hospital took active roles. The team was assisted by faculty from The University of Texas Health Science Center, Baylor College of Medicine, The University of Houston Downtown, the University of Houston (Main Campus), Rice University, and Sam Houston State University.

Committees

Sixteen committees were formed to focus on specific aspects of the court and to give recommendations to the planning team. The committees and the chairs are listed below:

Budget, Sidney Braquet, Consultant to Harris County Commissioner El Franco Lee

Client Representation, Staci Biggar, Attorney and Representative of the Harris County Criminal Lawyers Association

Clinicians Committee, Dr. Andrea Stolar, Associate Professor, Menninger Department of Psychiatry & Behavioral Medicine, Baylor College of Medicine

Community Council, Judge Maria Jackson, 338th District Court, and Betsy Schwartz, President/CEO, Mental Health America of Greater Houston

Community Referrals and Education, Judge David Mendoza, 178th District Court, and Kim Valentine, Deputy Director, Harris County Community Supervision and Corrections Department

Community Services, Dr. Lois Moore, Chief Administrator, University of Texas Harris County Psychiatric Center

Data Collection and Evaluation, Dr. Clete Snell, Chair, Department of Criminal Justice, University of Houston – Downtown, and Clay Bowman, Administrator, Office of the Harris County District Courts

Facilities, Judge John Donovan, Director, Judicial and Legal Issues, Office of Harris County Judge Ed Emmett

Families, Kate Lyons, Vice President and Chief Operating Officer, Coalition for the Homeless of Houston/Harris County, and Susan Denyes-Moody, President, National Alliance on Mental Illness (NAMI) Metropolitan Houston

Flowchart, Chris Wells, Assistant Court Administrator, Office of the Harris County District Courts

Intellectual Disabilities, Judy Kantorczyk, Executive Director, The ARC of Greater Houston

Mental Health Conference Docket, Sonya Cobbin, Supervisor, Harris County Community Supervision and Corrections Department

Report, Dr. Tuan Nguyen, Director, Executive Decision Support, MHMRA, and Director, Asian Family Services

Risk Assessment, Kevin Keating, Chief, Mental Health Section, Harris County District Attorney's Office, and Mary Alice Conroy, Professor and Director of Clinical Psychology, Sam Houston State University

State Hospitals, Tom Mitchell, Director, U.S. Vets Initiative

Team Approach, Maria Abelar, Supervisor, Harris County Community Supervision and Corrections Department

Criminalization of Persons with Mental Illness

A report submitted to the Harris County Commissioners Court on June 19, 2009, by Dr. Barry Mahoney of the Justice Management Institute, noted that in a little over five years, the average daily population of the Harris County Jail (designed for a capacity of 9,434) increased by more than 50 percent. Between January, 2004, and February, 2009, the jail inmate population increased from 7,648 to 11,546. Dr. Mahoney's report noted, "[a]pproximately 25% of the inmates in the jail (over 2,500) have some type of mental health problem, as indicated by the fact that they are prescribed psychotropic medications. The Harris County Jail is now the largest facility providing mental health services in the State of Texas." Dr. Mahoney reported that about 90 percent of the inmates with mental illness have previously been in the jail, a reflection of the frequent "recycling" of many of these defendants through the criminal justice system.

Furthermore, Dr. Mahoney also observed that, in recent years, the jail has markedly improved its capacity to house and provide services for mentally ill inmates. He went on to say that there is broad agreement among jail officials, other criminal justice practitioners, and the local mental health treatment community that more must be done to improve treatment for mentally ill or impaired defendants. The report indicated that there is a "strong consensus on the desirability of developing effective alternatives to jail for mentally impaired persons who are arrested (sometimes repeatedly) for low level offenses."

Dr. Mahoney recommended that the county "consider[s] major expansion of specialty dockets, in light of the high proportion of persons charged with misdemeanor offenses and lower-level felony offenses who have substance abuse, mental illness, or co-occurring disorders." He emphasized that these dockets should incorporate "best practices" identified through research on the operations of specialty courts and dockets in other jurisdictions.

What is a Mental Health Court?

Mental health courts are problem-solving courts in which criminal defendants with a mental illness participate in a judicially supervised treatment plan developed by mental health professionals. The defendant meets frequently with the judge, who provides monitoring, guidance, and praise for his progress. If the defendant fails to attend mental health or substance abuse treatment, uses illegal drugs, or fails to comply with other conditions of supervision, the judge will admonish the defendant and may impose sanctions, including jail time. A mental health court is a therapeutic court in which the adversarial process is replaced by a desire on the part of all participants for the defendant to successfully complete the

supervision. The ultimate goal is to facilitate the rehabilitation of the defendant, so that he does not return to the criminal justice system.

Development of Mental Health Courts Nationally

The first mental health courts emerged in the late 1990's. They included courts in Fort Lauderdale, Florida; Seattle, Washington; San Bernardino, California; and Anchorage, Alaska. At least two of these courts developed because of highly publicized events. The court in Ft. Lauderdale opened in 1997, following seven years of planning, after a Grand Jury issued a scathing report on the treatment of mentally ill defendants. In Seattle, a retired fire department captain was brutally stabbed while leaving a Mariner's game. The defendant, who had been found incompetent by the Seattle Municipal Court, was released into the community just prior to committing the murder. Among other reforms, the resulting task force recommended a mental health court in the King County District Court. By 2003 as many as 80 mental health courts were in operation or were being planned. Today there are approximately 175 mental health courts in the country, with others, like Harris County, in the development process.

Comparison to Drug Courts

Drug courts are much more prolific, with more than 2,000 in operation in the U.S. today. While a drug court model, tied to federal funding, was developed quite early, mental health courts have followed diverse paths. Each mental health court has evolved differently, based largely on each specific community's need to tap into its limited resources available for mental health treatment. A 2008 publication by the Bureau of Justice Assistance and Justice Center, The Council of State Governments, entitled Mental Health Courts: A Primer for Policymakers and Practitioners, noted a number of differences between drug courts and mental health courts. These include:

- Drug courts use structured and routine treatment plans and apply a sanctioning grid which culminates in a brief jail sentence. Mental health courts, however, ensure that treatment plans are individualized and flexible. Treatment plans may be readjusted when the defendant does not comply. Mental health courts rely more on incentives than sanctions, although jail time is used whenever appropriate.
- Advocates are only minimally involved in drug courts. Mental health advocates, on the other hand, are often involved in the operation of the mental health court programs and may have input into the court's design and operation.
- Drug courts often establish independent treatment programs whereas mental health courts usually contract with community agencies. Mental health courts' resources are primarily aimed at coordinating services for participants.
- Drug courts require sobriety, education, employment, self-sufficiency, and payment of court fees; some charge participation fees. By contrast, mental health courts recognize that, even in recovery, participants are often unable to work or take classes and require

ongoing case management and multiple supports. Few mental health courts charge a fee for participation.

Misdemeanors versus Felonies

Early mental health courts often focused on misdemeanors, largely due to a fear that a felon could commit a crime resulting in loss of life or another tragedy. The political ramifications of such an event dissuaded prosecutors and judges from embarking on a mission to establish felony mental health courts. As jurisdictions have gained confidence in their mental health courts and victim's advocates have recognized the value of such courts to public safety, more felony mental health courts have been created. The Fort Lauderdale Court, which began with misdemeanors, is one of the courts which eventually added a felony component.

Felony mental health courts have sometimes been more successful than misdemeanor courts because the stakes are higher for the defendants. A misdemeanor offender, who may receive a three day sentence, often will not consider one or two years of mental health treatment. A defendant charged with a felony, facing a state jail sentence of six months or a year, or a penitentiary sentence of several years, may find pre-trial diversion or probation with mental health treatment to be far more appealing. Interestingly, the Bronx Mental Health Court, which began at the felony level was unable to attract an adequate number of misdemeanor defendants when the court attempted to expand in that direction.

At this time there is no plan to include misdemeanants in the Harris County FMHC. The 184th District Court does not have jurisdiction in misdemeanor cases, although it would hope to collaborate with the misdemeanor courts should they undertake a specialized mental health docket.

Cost Effectiveness

Due to the recent development of mental health courts and the unique qualities of both local criminal justice and behavioral health systems, little research data is available as to the cost-effectiveness or cost-benefits of these courts. There are, however, numerous descriptive accounts and anecdotal assessments of the positive impact of mental health courts. A May, 2008, report on the Anchorage Mental Health Court, which began operation in 1998 as part of the Anchorage Coordinated Resources Project (ACRP), states, "[t]he combined institutional savings generated by the ACRP (\$705,390) is estimated to be almost two and one-half times the annual operation costs of the program (\$293,000)." The study also found that fewer incarcerations, psychiatric hospital visits and reductions in the length of stay between both institutional settings "generated a net savings for the ACRP both over time as well as against a comparison group (\$97,685)."

Treatment Alternatives for Safe Communities (TASC) was involved in an early outcomes study of the Cook County Mental Health Court. This court began operation in 2004 and accepted felony probationers with chronic mental illness. The study involved 28 participants who had been active in the program for at least one year as of August 30, 2006. Among these 28 participants, the average number of days incarcerated per participant decreased from a pre-

participation rate of 124 in the year prior to admission to 26 in the year following enrollment, representing a 79% decrease. The cost of incarceration per participant dropped from \$8,680, compared to \$1,820 in the year following enrollment, also a 79% decrease. The estimate did not take into account the potential cost savings associated with arrests and adjudication that may have been prevented because of the program.

A joint committee of the Pennsylvania General Assembly reviewed the fiscal impact of the Allegheny Mental Health Court in 2007. The study by the RAND Corporation, commissioned by the Council of State Governments Justice Center, found that the first-year cost of mental health treatment services exceeded the savings generated by reduced jail expenditures, but that, in the second year, the drop in jail costs more than offset the treatment costs. The study concluded:

- Overall cost savings are realized by the system at about the 18-month mark.
- The two-year pre-post analysis showed that, during the last two quarters of the second year of participation, the mental health court “saved an average of \$1,000 per quarter per person, a statistically significant finding.”
- The mental health diversion program redistributed cost among various levels of government. Jail services were funded mostly with county resources, whereas treatment services were often funded with federal Medicaid dollars.
- Seriously distressed subgroups (participants charged with felonies and those with psychotic disorders, high psychiatric severity and low functioning) had larger estimated cost savings from program participation.

Development of Mental Health Dockets in Harris County

The Mental Health Association of Greater Houston (now Mental Health America of Greater Houston) obtained a grant in 2001 to establish the Judicial Task Force on Mental Illness, which met until 2003, and sent two teams to visit mental health courts. Judges Marc Carter and Mark Ellis instituted successful mental health dockets in 2005 for felony probationers who were experiencing difficulties in complying with terms of probation. Judge Krockner has met with her own probationers in a mental health court format since 2003. She has conducted more than 900 conferences with these probationers, many of whom did extremely well in mental health treatment. This decade of initiatives led the criminal justice court judges of Harris County to vote to expand this effort by formally establishing a full time felony mental health court.

Harris County is unique in that the courts are aware of a defendant’s mental health history at the defendant’s initial court appearance (the first working day after arrest), if he or she has received services or a mental illness diagnosis from the Harris County Jail, MHMRA¹, or the State hospitals. The judge and attorneys receive this information on what are colloquially called “orange sheets.”

¹ MHMRA data includes history of service or diagnoses from outpatient clinics, the psychiatric crisis services, and HCPC.

RECOMMENDATIONS OF THE PLANNING TEAM

1. Goals of the Felony Mental Health Court

- The first priority of the court is public safety.
- The second priority of the court is diversion from jail or prison for mentally ill defendants, when appropriate.
- The court will provide quality psychiatric evaluations and needs assessments to facilitate linkage to appropriate treatment and community resources.
- The judge, attorneys and mental health professionals will encourage appropriate defendants to receive mental health and drug treatment, rather than seeking a jail or prison sentence. Advocating for mental health treatment to those who are in need of the treatment will be a major focus of the court.
- The court, along with Pre-Trial Services, New Start, the FACT Team, homeless and charitable organizations, and veterans organizations, as well as other drug treatment and mental health providers, will seek appropriate supervision and psychiatric treatment for those awaiting disposition of their case and for those on probation.
- The court will partner with service providers to develop new treatment resources in the community.
- The court will seek grant funding to advance mental health services.

The focus of the court will be to successfully treat and rehabilitate defendants so they will complete their pre-trial diversion program or probation. The ultimate goal of the court is to minimize recidivism.

2. Criteria for Admission to the Court

Defendants charged with one or more of 46 non-violent felony offenses listed in Attachment A will be deemed preliminarily eligible for admission to the FMHC. To be considered, the defendant must also have one of the following diagnoses:

- Schizophrenia
- Schizoaffective Disorder
- Bipolar Disorder
- Major Depressive Disorder
- Anxiety Disorder (e.g. Posttraumatic Stress Disorder, Obsessive-Compulsive Disorder)

- Cognitive Disorder (e.g. Dementia, Traumatic Brain Injury, Intellectual Disabilities)
- Other mental illnesses (Axis I and Axis II) eligible on a case-by-case basis.

For acceptance into the court, there must be a relationship between the mental illness and the behavior which resulted in the criminal charge. A defendant will be admitted to the court only if resources are available in the community for treatment of the mental illness. Defendants with the most serious mental illness will be prioritized for participation in the court.

3. The Admission Process

Admission to the court is voluntary. Defendants who do not have retained counsel and who are indigent will receive appointed counsel immediately upon arrival to court. This attorney will have experience in working with mentally ill defendants and must complete continuing education involving mental health, as well as continuing legal education. Defendants will be admitted to the court only by the agreement of the defendant, his counsel, a mental health prosecutor, and the judge. The defendant must undergo a needs assessment and a risk assessment for violence. Defendants who are potentially suitable for the court will then be evaluated by the psychiatrist, who will make a recommendation as to whether the defendant should be admitted. After consultation with a social worker and review of the needs assessment, the clinical staff will recommend a treatment plan.

4. Intake by Direct Filing

Between June 1, 2008, and May 31, 2009, 2,160 defendants with a diagnosed mental illness (as evidenced by an orange sheet) were charged with a non-violent crime listed on ATTACHMENT A. The team proposes that 26% or 561 of the Attachment A cases be randomly assigned to the 184th District Court at the time of filing. The assignment to the FMHC at the time of filing is essential to the rehabilitation of defendants with mental illness because they otherwise often enter a plea and receive a Harris County Jail sentence at their first court appearance. Sending these defendants to a FMHC from the outset enables the defense attorney and mental health professionals to educate the defendant about mental health treatment before he makes a decision to accept a plea bargain that would result in incarceration. Many of these defendants are appropriate for probation or pre-trial diversion in a mental health court. It is recommended that the number of Attachment A case filings in the 184th District Court be gradually increased from 26% (561 cases) to 40% (864 cases) as funding for case workers, treatment, housing and other services becomes available.

5. Referrals

Cases also may be transferred to the FMHC from other felony courts prior to disposition if a defendant is charged with an Attachment A case, has a mental illness, and is accepted into the court. This allows defendants who are treated by a private physician, were diagnosed outside of Texas, or are newly diagnosed (thus, having no orange sheet in the system) to participate in the FMHC program. Referrals may be made by a police agency, an outside

agency, or an individual, including a judge, attorney, treatment provider or family member. Defendants coming to the FMHC by referral must meet the same criteria as other defendants for acceptance into the court. A defendant may be referred to the court for assessment and evaluation only if agreed by the defendant and approved by his attorney, the District Attorney's Office, the transferring judge and the judge of the FMHC. To facilitate the referral process, the court will publish brochures, maintain a website, and actively seek opportunities to make presentations to the community.

6. Should the Court Be Full-Time?

The planning team recognizes the need for the Harris County courts to assist a greater number of defendants with mental illness and the need for a full-time felony mental health court. However, the resources for housing, treatment, case management and other needed services are not available at this time. It is estimated that an assignment of 25% of the Attachment A cases would result in approximately 200 non-violent offenders into the FMHC during the first year. This is realistic to implement the court.

7. Violent Offenders

Although not part of the initial proposal, the court planners recognize that for the benefit of public safety, at some point in time violent offenders may be supervised by the FMHC. Unlike non-violent offenders, these cases should be referred to the FMHC only after disposition (after the defendant has received a sentence of deferred adjudication or probation or is under court supervision as the result of an insanity acquittal). Sex offenders would not be accepted. These cases would be transferred to the FMHC by agreement of all parties.

8. Co-Occurring Disorders

Substance abuse disorders frequently co-exist with mental illness and will be an additional focus of clinical attention when present. National studies vary, but as many as 75 percent of those in the criminal justice system who have a mental illness may be dependent on one or more controlled substances. According to MHMRA, an examination of Harris County defendants who would have been eligible for the FMHC since January 2004 through September 2009 (unduplicated total of 9552) shows that 79 percent had a diagnosis of substance use disorder. The court will focus on substance abuse treatment in addition to mental health treatment and will seek and encourage engagement in integrated treatment programs.

9. Homelessness

Homelessness and extreme housing instability have been identified as important risk factors for criminal justice involvement and recidivism among persons with mental illness. MHMRA data shows that 36% of defendants who would have been eligible for the FMHC were

at high risk of homelessness. While the court is not designed to deal directly with homelessness and housing instability, the FMHC will nevertheless seriously consider issues involving homelessness when prioritizing cases.

10. Intellectual Disabilities and Other Cognitive Disorders

The Court recognizes that those with Intellectual Disability Disorder, dementia and other cognitive disabilities require identification, testing, and services which may differ from other defendants in the court. Special efforts must be made to ensure that participation is voluntary and that the court meets the needs of these participants.

11. Number of Days To Determine Admission To Court

A goal of the court is to provide quality assessments and psychiatric evaluations in a timely fashion. Due to jail overcrowding and the detrimental impact incarceration may have on a defendant with mental illness, the time frame from the defendant's arrival in jail to his release and initiation of treatment is crucial. Some defendants may be on bond or be granted a pre-trial release bond by the court. For those in custody, the goal is to release the defendant from jail within a maximum time period of 21 days. This is an ambitious goal. The team recognizes that a subgroup of potentially appropriate defendants may require a longer period of stabilization due to the acuity of their illness or substance withdrawal in order to appropriately assess their needs. The Bronx Mental Health Court requires eight weeks from referral to release—two weeks to gather psychiatric records and screen the defendant, two weeks to obtain an appointment with the psychiatrist, and four weeks for the defendant to be evaluated and for the psychiatric report to be prepared. To have a turn-around of 21 days, psychiatric records must be obtained quickly, needs assessments and risk assessments must be performed expeditiously, and the clinical team must stay current on evaluations and reports and available resources in the community.

12. Confidentiality

Except for documents required for public filing (such as court orders, conditions of probation, and commitments), mental health information, including orange sheets, needs assessments, mental health records, and psychiatric evaluations, will be maintained in a confidential file in the court and in confidential probation files. When records for the criminal courts (now in paper files) are maintained on computer, it is anticipated that confidential records will be maintained so that only those with an authorized PIN number, such as FMHC staff and approved attorneys, will have access to that portion of the file.

Psychiatric evaluations will be conducted with respect for the defendant's rights, including his right to privacy. The defendant must provide informed consent to the evaluation.

Although criminal courts are open to the public, the judge will respect each defendant's need for privacy at mental health conferences by meeting with him individually at the bench

rather than with other defendants. Mental health court conferences will be scheduled late in the day, when there are few observers in the courtroom.

De-identification of FMHC participants will be utilized for data collection and evaluation involving mental health information.

13. Facilities and Scheduling

A courtroom is available on the 14th floor of the Criminal Justice Center, 1201 Franklin, Houston, for the FMHC morning intake docket. The courtroom is adjacent to the Star Drug Court and the proposed Veterans Court. The 184th District Court will utilize the home courtroom for the mental health conference dockets, which tentatively would be scheduled at 4 p.m., beginning with once or twice a week and eventually expanding to four days a week.

14. Data Collection and Evaluation

The Data Collection and Evaluation Committee has recommended that the FMHC develop a policy document that clearly articulates the goals of the court, and measurable objectives, so that the court can quantify its success and monitor its progress. The committee recommends that the court set goals to decrease each of the following by 25%:

- The percentage of participants arrested
- Average days in jail
- Frequency of psychiatric hospitalizations
- Incidence of homelessness
- Alcohol and drug use
- Jail costs
- Psychiatric hospitalization costs

It is recommended the following be increased by 25%: Delivery of services (such as food, clothing, shelter, food stamps, benefits, medical care, outpatient mental health treatment, and inpatient and outpatient substance abuse treatment).

Improved psychosocial functioning (measured through the Health of the Nation Outcome Scale developed by the Royal College of Psychiatrists Research Unit)

Improved overall self-reported quality of life.

The committee recommends use of a quasi-experimental design to measure program outcomes. Measurements would focus initially on the 12-month period before enrollment in the court as compared to 12 months after participation.

The FMHC should continue to explore a partnership with the Department of Criminal Justice at the University of Houston-Downtown for data collection and evaluation and the use of criminal justice graduate students to collect data.

15. Budget

The budget committee noted, “While diverting certain qualified offenders to the Felony Mental Health Court (FMHC) has costs associated with establishing such a court, the costs outweigh continuing to operate what in essence is the largest mental health clinic in Harris County—the county jail. “ The budget (ATTACHMENT B) and the list of non-violent offenses in ATTACHMENT A, further elaborate the need for this approach. The direct cost for the first year budget is approximately \$316,000. The indirect cost for the first year for those items where costs were ascertained is about \$248,000. Both of these numbers include having some positions or functions filled with existing personnel from partner agencies, student work interns, or other personnel whose costs will be defrayed by grant funds once start-up has begun and applications can be submitted. The budget requested for start-up is modest. It reflects an acknowledgement that given the current economic environment, in order for the idea of the FMHC to become a reality, partnering with other county departments and collaborating with other third parties to access all available community resources is a necessity.

The proposed budget includes a court coordinator, a social worker (who will also supervise social work interns), a one-half time psychiatrist and psychiatric contract management. Indirect costs include a Harris County Sheriff’s Office deputy, one-half year district clerk and a full-time prosecutor. Representation for indigent defendants would be covered by funds designated for that purpose.

16. Grant Funding

Applying for grant funding should be a priority of the FMHC. Numerous organizations offer both small and large grants which could provide additional case management and treatment resources. The planning team recommends that the court submit grant proposals to the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Department of Justice (DOJ), which could be important sources of grant funding. The court should continue to build upon its contacts with SAMSHA and the Gaines Center.

17. Relationship with Medical and Academic Institutions

It is the view of the planning team that the FMHC should continue to build and strengthen its recently established relationships with the outstanding medical and academic institutions in the area. Should a forensic psychiatric fellowship program be implemented at one of the city’s medical schools, the team recommends that the FMHC explore the use of psychiatric forensic fellows to conduct evaluations of mentally ill defendants. A partnership between the FMHC and a psychiatric forensic fellowship program would allow quality psychiatric evaluations at a greatly reduced cost and would produce a pool of highly qualified forensic psychiatrists, which would help to alleviate the shortage of such psychiatrists in the community.

The proposed use of social work interns and graduate criminal justice students to assist the court is encouraged. The FMHC should reach out to other institutions as well, and should follow up on collaboration with law schools.

The academic interest in data collection and evaluation which has developed during the planning process is a very encouraging turn of events, which should be valued and expanded.

The planning team recognizes the importance of data collection, program evaluation and cost/benefit analysis in the future growth of the court. Further, this will assist the court in carrying out its responsibility to utilize resources wisely.

18. Community Involvement

A strong involvement with community organizations, advocacy groups, treatment providers, and housing and homeless organizations is essential to the success and expansion of the court. The court should seek out resources wherever they may be found and should monitor defendants to ensure that the services are appropriate. There are many excellent treatment providers and other resources which may form a partnership with the court.

19. Primary Care Providers

The court should continue the excellent relationship with New START and the FACT team, which currently provide outstanding services to mentally ill defendants. The court also should continue to work with the successful New Choices program, located in the jail, which utilizes medication management. The FMHC should seek increased dialogue with the Texas Correctional Office on Offenders with Medical and Mental Impairments, which funds New START, through MHMRA , and with the Texas Department of Criminal Justice, which runs the Special Needs Substance Abuse Felony Punishment Programs and transitional facilities. The court should collaborate with the Peden New START Drug Beds, which recently were opened to women as well as men.

The court should continue its long-standing working relationship with Pre-trial Services. The mental health units of the Harris County Community Supervision and Corrections Department have long worked with the court in the supervision of mentally ill defendants and will play a vital role in making the FMHC a success. The FMHC should continue to strengthen its relationship with MHMRA, Harris County Hospital District, the Harris County Psychiatric Center, Healthcare for the Homeless, the Coalition for the Homeless and other organizations and treatment providers.

20. Community Based Support Services

The Community Service Committee recommends the following services for the FMHC participants:

- Intensive case management
- Medical home
- Housing
- Peer group
- Individual and group psychotherapy

- Work force training
- Guardianship access
- Clearing house for referrals

The following community-based agencies or groups have also expressed a commitment to collaborate with the FMHC: depression and bipolar support groups; mental health consumers and family members; Volunteers of America (which provides chemical dependence treatment), family groups, homeless agencies, and the MHMRA Comprehensive Psychiatric Emergency Programs (CPEP).

Available community services are being studied and efforts are underway to determine how many dual diagnosis programs are available. The FMHC will continue to locate and establish relationships with those who offer mental health and related services in the community.

21. Mental Health Court Conferences

In addition to the judge and the defendant, the conference will include the defense attorney, prosecutor, mental health case manager, substance abuse counselor, and community supervision officer. The judge will meet with each defendant in the FMHC as often as needed, including emergency conferences. Conferences initially will be held weekly or bi-weekly and then reduced in frequency as the defendant progresses. After a transition period in which the defendant successfully participates in monitored mental health treatment in the community, the court will consider early termination. The court recognizes that due to the seriousness of the mental illness, some defendants may need frequent court conferences throughout their time in the court program. For defendants who are too ill to graduate from the program, the court will recognize their accomplishments through praise or certificates. The FMHC will be committed to a recovery model and the judge will engage the defendant in discussions about his desires in the treatment process and his goals for the future. Family members will be included in the court conferences. The court will utilize sanctions as required, but will rely heavily on praise and encouragement. Prior to exiting the court program, defendants on deferred adjudication will have an opportunity to speak with their attorney about the procedure for obtaining a non-disclosure of the criminal charge, available for certain offenses five years after the completion of the deferred adjudication.

22. Cooperation with Other Courts

The FMHC should continue its relationship with the Star Drug Court, the newly created Veterans Court, probation dockets and the incompetence project. Each court should refer defendants to the other when appropriate.

23. Community Advisory Council

A community advisory council should be established in accordance with the recommendations of the Community Council committee. This advisory council will provide feedback to the court from mental health consumers, advocates, and family members. Stakeholders and representatives from appropriate professional associations would serve on the council. The committee recommends that at least two at-large community representatives serve on the council.

24. Flow Chart

A flow chart is included as Attachment C.

25. Timetable

If approved, the FMHC could follow this timetable:

November, 2009—Presentation to Criminal District Court Judges
December, 2009—Presentation to the Criminal Justice Coordinating Council
December, 2009—Submission of Budget
January, 2010—Budget Hearings
February, 2010—Approval of Budgets by Harris County Commissioners Court
March 1, 2010—Beginning of budget year for Harris County
March and April, 2010—Hiring of Staff
April and May, 2010—Staff completes planning and organization of court
June 1, 2010—Opening of FMHC

For more information, contact,

184th District Court
1201 Franklin – 17th Floor
Houston, Texas 77002
713-755-6358

REVISED 9-17-09

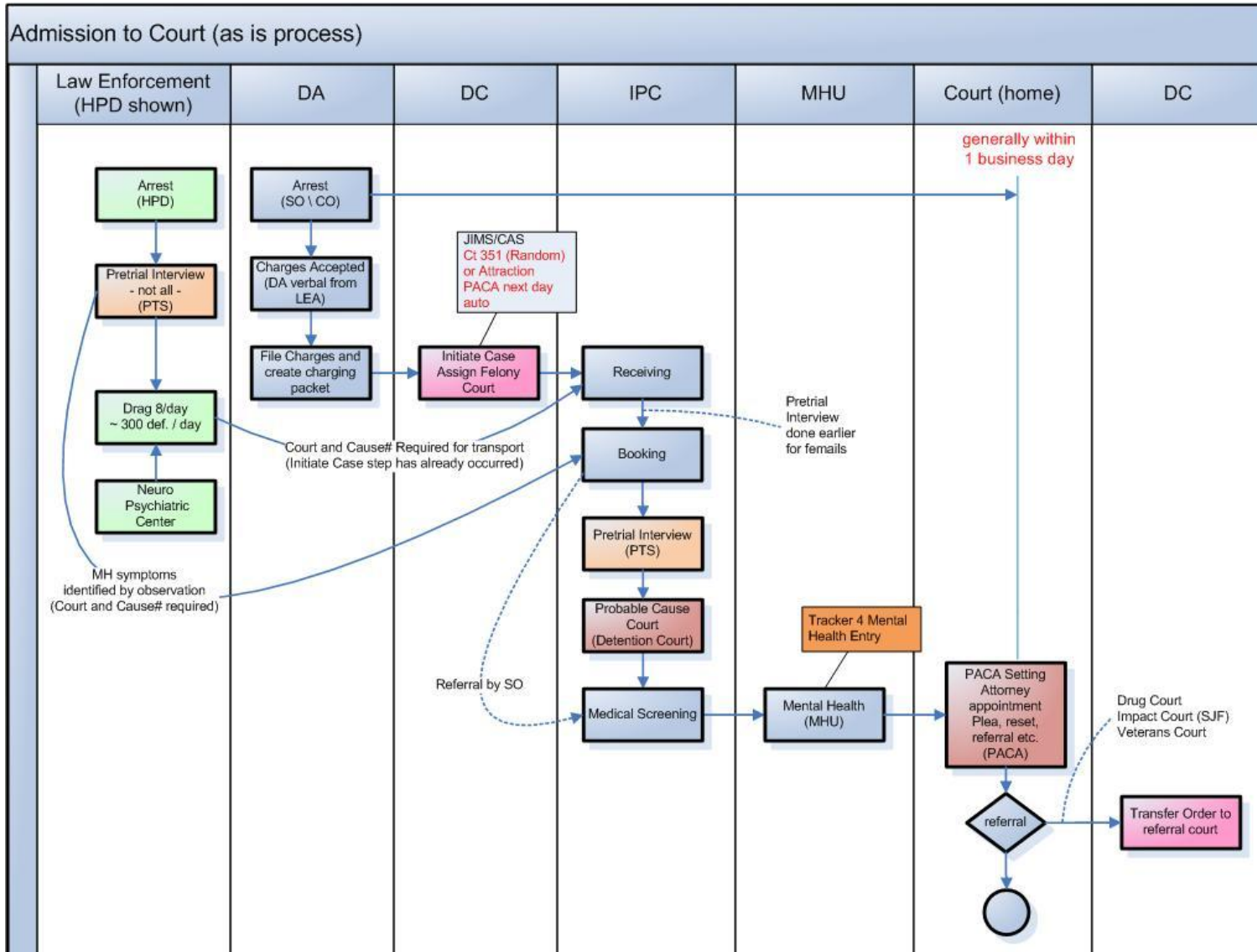
Felony Mental Health Court - Eligible Charges - Filings 6-1-08 - 5-31-09

Persons with TX Priority DX

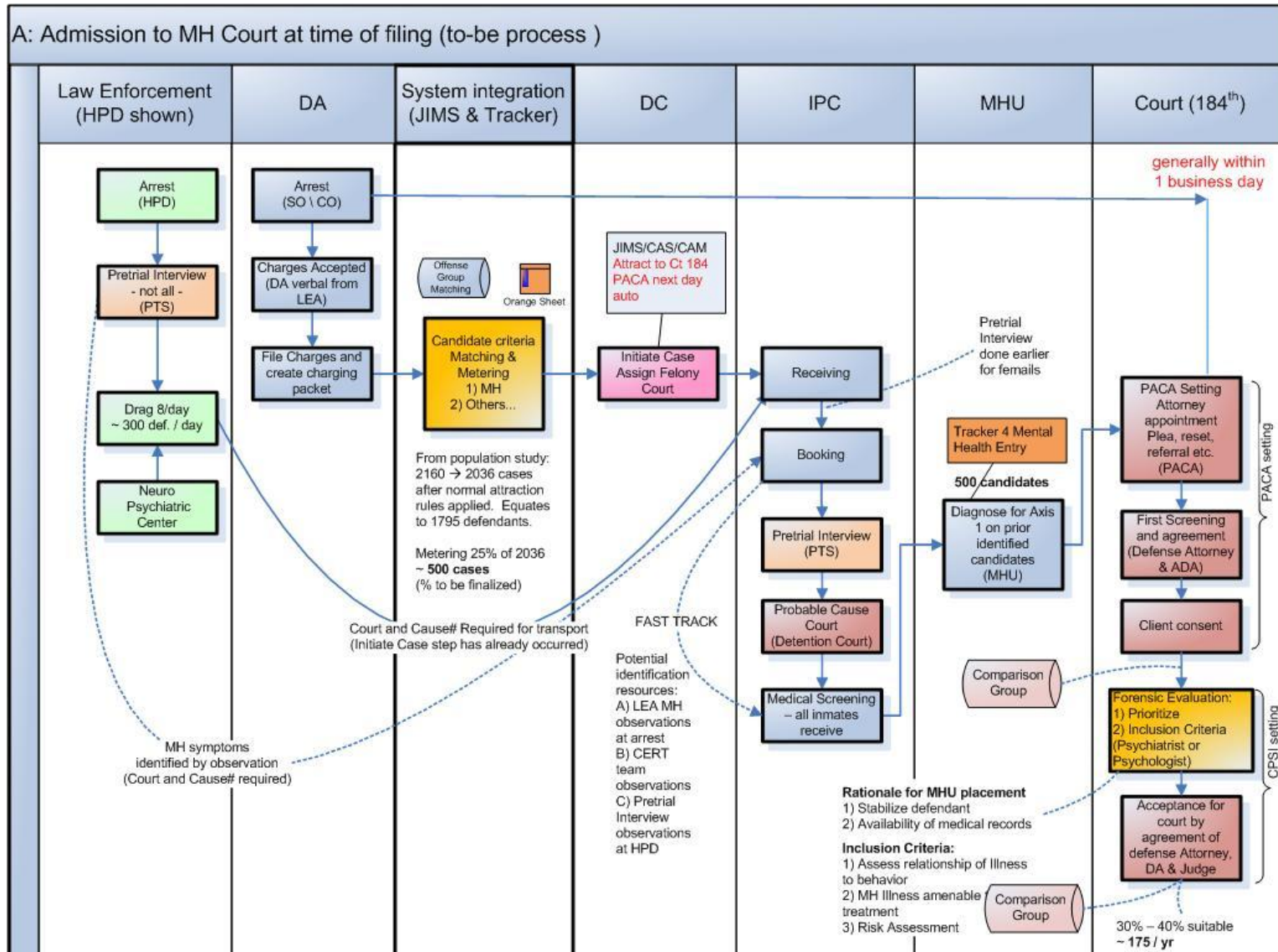
Offense Code	Offense Description	Number of Charge (No Personality Disorder)	Number of Charge (With Personality Disorder)	Grant Eligible
559904	POSS CS PG 1 <1G	1257	88	G
400405	PROSTITUTION	205	23	G
230079	THEFT UNDER \$1500 - 3RD OFF.	173	16	G
230075	THEFT \$1500-20K	76	4	G
559917	MAN/DEL CS PG I <1GRAM	57	9	G
480119	EVADE ARREST W/MOTOR VEHICLE	44	2	G
559906	POSS CS PG 1 4G - 200G	42		G
559905	POSS CS PG 1 1 - 4 GRAMS	41		G
250118	FORGERY	40	2	G
260544	CREDIT/DEBIT CARD ABUSE	34		G
250111	FORGERY	19		G
559908	POSS CS PG 2 <1GRAM	19		G
350052	OBTAIN DRUGS BY FRAUD-SCH III/	12		G
230074	THEFT >=\$500 <\$1,500	12		G
480222	ATT TAMPER WITH PHYSICAL EVIDE	11		G
320259	ENDANGERING A CHILD	8		G
239965	THEFT - WIRE OR CABLE	8		G
239920	THEFT - \$50-\$500	6		G
356218	POSS MARIJ 4 OZ. - 5 LBS.	6	8	G
210097	TERRORISTIC THREAT	6		G
260445	FRAUD/USE/POSS ID INFO-LESS 5	6		G
559912	POSS CS PG 3 28-200 GRAMS	5		G
570702	CRIMINAL TRESPASS-HABITATION	5		G
210096	TERRORISTIC THREAT	5		G
356017	DEL MARIJ 1/4 OZ - 5 LBS	4		G
350011	PROH SUBSTANCE CORRECT FACILIT	4		G
400404	PROSTITUTION-2ND	4		G
250112	FORGERY GOVT FINANCIAL INST	4		G
230107	THEFT>=\$1,500<\$20K BY CHECK	4		G
559909	POSS CS PG 2 1-4 GRAMS	4		G
559926	MAN/DEL CS PG III/IV <28 GRAM	4		G
500501	EXPARTE CONTEMPT OF COURT	4		G
230082	THEFT OF SERVICE \$1500-20K	3		G
480107	EVADE ARREST	3		G
559910	POSS CS PG 2 4G - 400G	3		G
353210	POSS COCAINE LT 28G-CRACK	2		G
359919	POSS DANGEROUS DRUG	2		G
250224	ATT FORGE GOVE INSTR	2	2	G
480233	TAMPER GOVT RECORD-HARM	2		G
480236	ATT TAMPER GOVT RECORD	2		G
480616	HINDER APPREHENSION	2		G
500202	BAIL JUMP-FAIL TO APP-FEL	2		G
559911	POSS CS PG 3 <28 GRAMS	2		G
559922	MAN/DEL CS PG II < 1 GRAMS	2		G
570701	CRIMINAL TRESPASS	2		G
480115	EVADE DETENTION	2		G
	Total Charges	2160	154	

DIRECT COSTS FOR FELONY MENTAL HEALTH COURT		
<i>position</i>	<i>compensation maximum</i>	<i>notes/comments</i>
Court Coordinator	\$64,764	to manage court docket and jail releases
Case Manager	\$73,000	masters degree social worker
1/2 FTE Psychiatrist	\$121,250	part-time psychiatrist to direct treatment plan with social worker
mgt. contr. for psychiatrist	\$9,700	contract to hire and supervise 1/2 FTE psychiatrist
2 Social Work student Interns	n/c	MHC will collaborate with UH Graduate School of Social Work & UH Downtown for undergraduate social work students for students to receive field work credit
2 Criminal Justice student Interns	n/c	MHC will collaborate with UH Dept of Criminal Justice for student credit for data entry
fringe benefits -employee salaries (excl. psychiatric costs)	\$47,902	34.03% of salary totals (for coordinator & case manager positions only)
total of direct costs	\$316,616	
INDIRECT COSTS FOR FELONY MENTAL HEALTH COURT		
<i>position</i>	<i>compensation maximum</i>	<i>notes/comments</i>
Deputy Sheriff (Bailliff)	\$59,784	Sheriff's Office budget item
Deputy District Clerk *	\$20,000	*this is for 1/2 of the budget year; for the first part of the budget year, the existing clerk can absorb these duties
Assistant District Attorney	\$105,600	one prosecutor should be adequate for the first year; a second prosecutor may be needed the second year
Court Liaison (HCCSCD)	unknown	funding must be obtained from Criminal Justice Assistance Division
indigent criminal defense attorneys		no increased costs anticipated
clerical help for psychiatric records from jail	\$0	Harris County Sheriff's Office expects no increased cost
Investigator to obtain records from private hospitals	unknown	costs to be paid out of indigent defense funds
fringe for employee salaries	\$63,086	34.03% of salary totals
total of indirect costs	\$248,470	

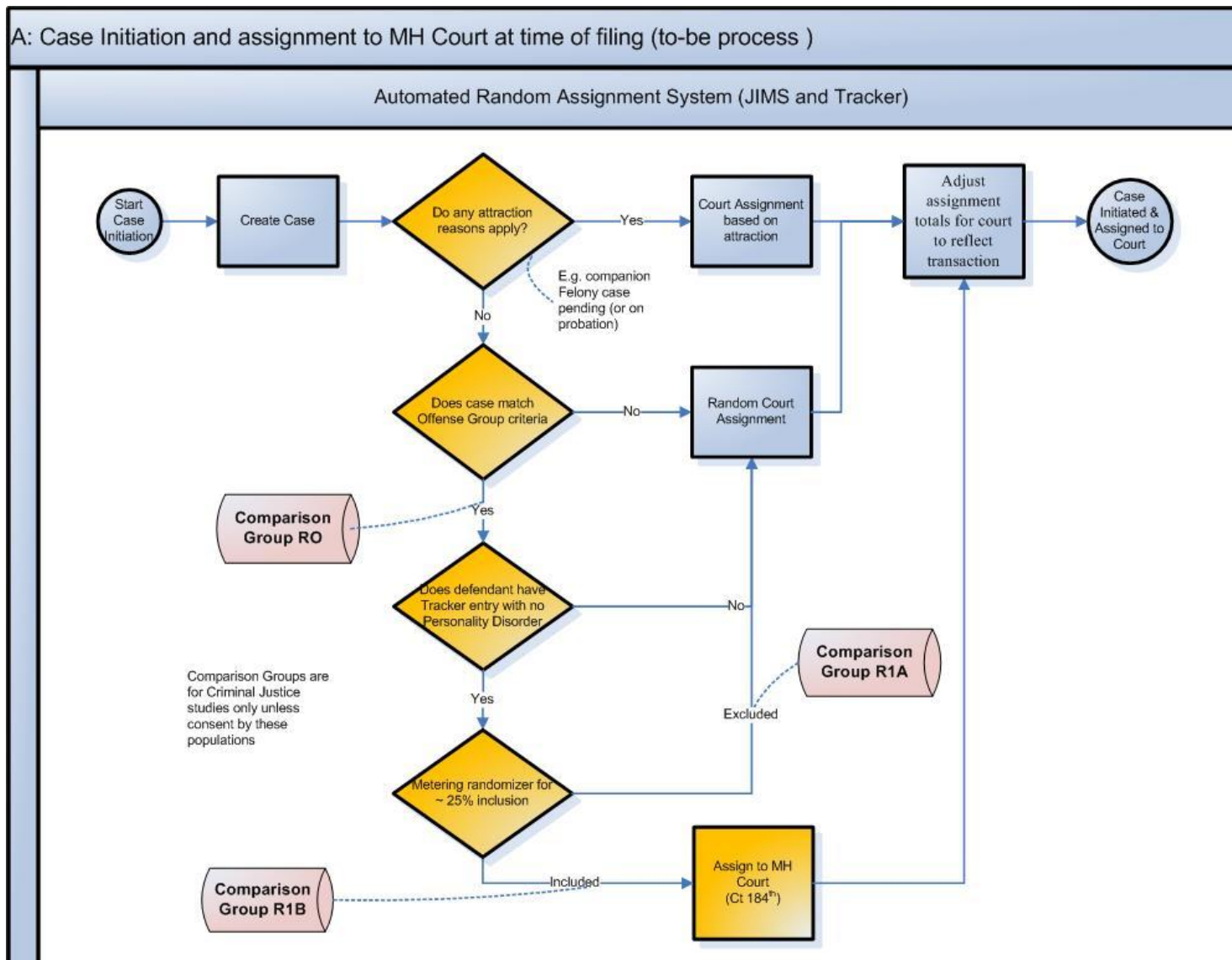
As-is business process for case initiation



To-be business process for **direct filing**



JIMS Automated Random Assignment System logic changes



To-be business process for **referrals** to MH Court

