Make it so

Examples of mental health and drug courts in IIMHL countries

Introduction

One of the aims of IIMHL is to share best practice and innovations quickly across countries and *Make it so* is one strategy to do this.

In times of challenging financial environments it is even more critical that countries learn speedily from each other. As several IIMHL countries have established (or want to establish) mental health and/or drug courts, this Make it so focuses on this area.

This document highlights some key agencies and resources among seven IIMHL countries related to mental health and drug courts for adults. Sweden is not included at this time.

The information was obtained via two main strategies: through IIMHL contacts and through a website search. Please note it is not a definitive literature search, but rather a brief snapshot of some resources and activities.

Interestingly although it would seem logical for 'trauma-informed' approaches to be a significant strategy in this work – this does not seem to be the case?

http://www.iimhl.com/files/docs/Make_It_So/20140314.pdf

We hope you find it helpful.

Janet Peters and Fran Silvestri

March 2014

Background

Like other problem-solving courts such as drug courts, domestic violence courts, and community courts, mental health courts seek to address the underlying problems that contribute to criminal behavior.

In essence mental health courts link offenders who would ordinarily be prison-bound to long-term community-based treatment. They rely on mental health assessments, individualized treatment plans, and ongoing judicial monitoring to address both the mental health needs of offenders and public safety concerns of communities.

http://www.courtinnovation.org/sites/default/files/Principles.pdf

A brief introduction and definitions were outlined in a Canadian document:

Mental health diversion and court support programs have been developed to provide mental health services and supports to adults with mental health needs who are in contact with the criminal justice system. These programs help to divert people who have a mental illness from entering the justice system, and/or provide mental health services to those in the criminal justice system. Diversion/court support programs encompass a variety of services and supports, including crisis response/emergency services, safe beds, housing, case management, peer support, and links to social, education and employment supports, etc.

Where appropriate, mental health diversion/court support services re-direct people with a mental illness from the criminal justice system to mental health services and/or provide mental health services to those in the criminal justice system. Diversion is appropriate for people whose alleged offence is considered to be low risk and whose mental health needs can be met through services based in the community.

- **Diversion services** are provided pre or post conviction to link the person to community or institutional mental health services

- **Court support** services are provided in the courts to assist the judiciary, to support people with mental health needs and their families with the legal process, and to link people to required services

Diversion/court support services:

- Provide linkages to a comprehensive system of mental health services and supports including crisis response/emergency services, safe beds, court support services, intensive case management, and supports to housing
- Facilitate access to needed services and supports.
- Involve key players from the criminal justice, health and social service sectors.
- Provide referrals and consultation to those not suitable for diversion.
- Offer supports for family members/support networks.
- Improve the person's quality of life.

Although this is a relatively new field with limited outcome-based research, it has been suggested that potential benefits of diversion/court support services include:

- Improved mental health functioning/outcomes for clients;
- Reduced recidivism and hospitalization;

- Reduced pressures on the criminal justice system; and
- Increased access to mental health services.

http://www.southeastlhin.on.ca/uploadedFiles/Home_Page/Report_and_Publications/Court%20Support%20Services-Framework.pdf

United Nations Report – Office of Drugs and Crime

Informal Expert Working Group on Drug Treatment Courts 1999

http://www.unodc.org/pdf/lap_report_ewg_casework.pdf

From coercion to cohesion: Treating drug dependence through health care, not punishment

The aim of this 2009 draft discussion paper, "From coercion to cohesion: Treating drug dependence through health care, not punishment", is to promote a health-oriented approach to drug dependence. The International Drug Control Conventions give Member States the flexibility to adopt such an approach. Treatment offered as alternative to criminal justice sanctions has to be evidence-based and in line with ethical standards. This paper outlines a model of referral from the criminal justice system to the treatment system that is more effective than compulsory treatment, which results in less restriction of liberty, is less stigmatising and offers better prospects for the future of the individual and the society.

Drug dependence treatment without the consent of the patient should only be considered a short-term option of last resort in some acute emergency situations and needs to follow the same ethical and scientific standards as voluntary-based treatment. Human rights violations carried out in the name of "treatment" are not compliant with this approach.

http://www.unodc.org/docs/treatment/Coercion_Ebook.pdf

Drug treatment courts (DTCs)

Do they all work the same way?

- There is no single universal DTC model. What works best in one place may not in another. But the core underlying characteristics remain the same.
- Some DTCs are newly established separate courts. Others are existing courts with specially adjusted procedures.
- DTC's have evolved in different forms to suit different needs, legal systems and localities.
- Key differences include eligibility criteria, when the case is diverted from prosecution, and end of programme outcomes.

These are in:

Australasia:	Australia, New Zealand
Americas and Caribbean:	Barbados, Bermuda, Brazil, Canada, Cayman Islands, Chile, Jamaica, Trinidad and Tobago, United States
Europe:	Norway, Scotland, Ireland

http://www.unodc.org/pdf/drug_treatment_courts_flyer.pdf

AUSTRALIA

Best practice documents

Canberra: Australian Institute of Criminology

Download paper (pdf 0.66 MB)

Research suggests that individuals with a mental illness and/or intellectual disability are over-represented at all stages in the criminal justice system (Butler & Alnutt 2003). As such, it appears that traditional criminal justice responses may not be as effective with this offender group. Alternative criminal justice processes that have attracted the attention of policymakers are specialist mental health courts and diversion programs.

Court-based mental health diversion programs are based on the concept of therapeutic jurisprudence, which emphasises the law's 'healing potential to increase wellbeing' (Graham 2007: 18). As such, they seek to address the underlying causes of criminal behaviour exhibited by offenders with a mental illness and/or intellectual disability by referring them to treatment services such as drug and alcohol counselling.

A review of mental health courts conducted by Sarteschi, Vaughn and Kim (2011) suggested that mental health courts:

- link clients to mental health services;
- reduce reoffending rates; and
- have some positive cost-reduction effect.

However, the authors also argued that the effectiveness of mental health courts is affected by a number of issues. For instance, an eligibility requirement of many court-based mental health diversion programs is that the offender pleads guilty to the charges against them. A guilty plea may result in offenders receiving a criminal record, which could negatively impact on their ability to find employment and housing, and their access to social services.

Evaluating court-based mental health diversion programs has proved difficult, partly because these schemes are, by design, responsive to a variety of internal and external pressures and as such, are structurally quite fluid. However, some commentators, most notably Steadman, Morris and Dennis (1995), and Thompson, Osher and Tomasini-Joshi (2007) have attempted to devise a best practice guide for jurisdictions seeking to implement a successful court-based mental health diversion program. The table below presents an integration of these two frameworks into 11 elements of successful mental health court and diversion programs.

Principles of effective mental health court and diversion programs

Integrated services	Multidisciplinary approach that integrates mental health and social services with the criminal justice system
Regular meetings of key agency representatives	Administrative meetings that deal with the operation of the program and funding, and meetings between service providers and stakeholders about individualised treatment plans
Strong leadership	Program director/co-ordinator who has excellent communication skills and an awareness and understanding of all elements of the mental health court or diversion program
Clearly defined and realistic target population	Clear eligibility criterion that takes the treatment capacity of the community and offender circumstances into account
Clear terms of participation	The terms of program participation are made clear to clients and individualised to suit the needs and circumstances of the offender
Participant informed consent	The decision to participate in a program should be consensual and made only once the offender is fully informed about the process and the consequences of participation. This can be facilitated through rigorous legal representation, specially trained case managers and/or the presence of an advocate*
Client confidentiality	Although there are reporting requirements for case managers regarding client progress in treatment, confidentiality and privacy of clients must be preserved
Dedicated court team	Development of a team of court staff who are trained in the identification and management of a broad range of mental health issues
Early identification	The identification of suitable clients should be made as early as possible in their interactions with the criminal justice system
Judicial monitoring	Client program engagement is closely monitored by the court and subject to sanctions and rewards
Sustainability	Formalisation and institutionalisation of the program to ensure long-term sustainability

* Informed consent may not possible for an offender with a severe mental illness and/or intellectual disability. As a general rule, offenders who are unwilling or incapable of consenting to participate in a court-based mental health diversion program are referred to mainstream, or other alternative court processes

http://www.aic.gov.au/publications/current%20series/rip/1-10/20.html

Diversion and support of offenders with a mental illness: Guidelines for best practice

This report of over 100 pages is published by Justice Health, Victorian Government Department of Justice and the National Justice Chief Executive Officers' Group.

It also looks at indigenous peoples of Australia, young people and people from other culturally diverse ethnic systems as well as the issues of work, housing and drug and alcohol problems and trauma.

The introductory chapter notes:

"*While it is clearly preferable that all people with mental illness receive appropriate treatment to achieve an optimal state of mental health, the fact is that a significant portion of people who come into contact with the criminal justice system are receiving little or no care. Diversion and support programs for people with mental illness can act as a gateway to care, redirecting people in need of supports to the services that can provide them. By focusing on the underlying causes of offending behaviour, diversion and support programs also help to make our communities safer.*

These guidelines have been developed by the NJCEOs Group, and aim to provide policy makers and program developers with guidance on an evidence-informed approach to establishing diversion and support programs in the community. They have been developed with input from 95 government and non-government stakeholders drawn from all states and territories.

The guidelines are not a consensus policy statement for the Australian jurisdictions and should not be read as such. Many of the issues discussed are complex and far from settled. The guidelines provide a resource for different jurisdictions to devise policy positions and programs that are relevant to the particular issues that concern their jurisdiction. Specific policy decisions will need to be determined in close consultation with affected stakeholders". (p.2)

Part of the conclusion notes:

Diversion and support is a complex area in which to develop effective policy. The complexity of the interactions between service sectors, the often politically charged nature of the law and order debate and the difficulties in securing resources in a competitive policy environment present continual challenges.

To be sustainable in the long term, diversion programs need to prove their value in this difficult operating environment. This will require adherence to the definition of best practice articulated within these guidelines and adapt the best available evidence to the context of implementation; achieving the best possible outcomes with a high degree of consistency and efficiency; and fostering a culture of continuous improvement through innovation and evaluation.

Most importantly, these guidelines confirm the importance of collaboration, communication and coordination. Mental health diversion and support programs, by definition, operate at the overlap of the justice, health and human services system. Such initiatives require meaningful and continued dialogue across system boundaries – these guidelines may provide the basis for beginning that beginning.

http://www.aic.gov.au/media_library/aic/njceo/diversion_support.pdf

Mental health courts

Tasmania

Mental Health and Cognitive Disability Diversion 2014

The Diversion List

The Diversion List is a specialist court list targeting defendants who have a mental illness and/or impaired intellectual functioning. The Diversion List program operates with dedicated Magistrates in the Hobart, Launceston, Devonport and Burnie registries of the Tasmanian Magistrates Court.

Objective

The separate court lists or sittings for people with mental illness and/or cognitive disabilities focus on treatment and support of defendants. Dedicated magistrates are assisted by courtroom teams of health professionals, defence lawyers and prosecutors that aim to provide an opportunity for eligible individuals to voluntarily address their mental health and/or cognitive disability needs associated with their offending behaviour.

The Diversion List is intended to deliver a more therapeutic response to the offending behaviour of defendants with mental health or cognitive disability issues. These defendants offend usually in a nuisance type way i.e. shoplifting, disorderly conduct and similar and general court lists were not suited to consider the reasons behind the offending behaviour of these categories of defendants. They are usually repeat offenders. They present some problems in sentencing as they often have little money with which to pay a fine, and their offences are not serious enough for gaol or community service orders.

Eligibility Guidelines

Referrals to the Diversion List can come from the defendants themselves, family members, other magistrates, lawyers acting for the defendant, police prosecutors and from forensic health professionals housed in the court. The following eligibility guidelines apply to the List:

1. The defendant is charged with a summary offence or an indictable offence triable summarily.
2. The defendant has not been charged with an excluded criminal offence that involves serious violence or serious sexual assault, unless the court, at its discretion, considers the harm minor.
3. The defendant has (or is likely to have) a mental illness, intellectual disability, acquired brain injury, autism spectrum disorder and/or a neurological impairment, including dementia.
4. The impairment/s cause/s a substantially reduced capacity in at least one of the areas of self-care, self-management, social interaction or communication.
5. A connection exists between the mental impairment and/or mental illness and the offending behaviour, the defendant being likely to derive benefit from participation in a problem-solving court process.
6. There is no formal requirement that the defendant pleads guilty to any offence before he or she is accepted onto the program, however the objective facts of the offence cannot be contested;
7. The defendant may not be eligible if the defendant, based on the opinion of Forensic Mental Health Services (Court Liaison) staff, has exhausted all reasonable and available treatment and/or support services for the mental illness and/or impaired intellectual functioning.
8. The defendant consents to participate in the List, including attending court regularly and following the reasonable directions of FMHS (Court Liaison) staff.

A short explanatory article and a presentation by the Chief Magistrate about the Diversion List also outline some of the List's key features.

A Diversion List Information Pamphlet is available. The Diversion List Procedural Manual is currently being updated.

Crime Prevention Award

In October 2010 the Diversion List (or the Mental Health Diversion List as it was then called) received a Certificate of Merit as part of the Australian Crime and Violence Prevention Awards. The annual Australian Crime and Violence Prevention Awards are sponsored by the Heads of Australian Governments and members of the Ministerial Council for Police and Emergency Management - Police as a joint Australian Government, State and Territory initiative. For more information see: www.aic.gov.au/en/crime_community/acvpa/2010.aspx

The Mental Health Diversion List achieved a ranking in the top 10 nation-wide. The Court is honoured to receive this recognition for its role in preventing and reducing violence in the community.
The evaluation of the first 18 months of operation of the Mental Health Diversion List pilot in Hobart is also available.

Governance

A Diversion List Steering Committee oversees the continued development of the List, and resolves strategic issues regarding tits operations.

http://www.magistratescourt.tas.gov.au/divisions/criminal__and__general/mental_health_diversion

Perth

Mental health court diversion and support program

The Mental Health Commission and Department of the Attorney General are jointly implementing Western Australia's first mental health court diversion and support project. The project is being piloted over 20 months in the Perth metropolitan region and has been allocated $6.7 million. There will be a diversion service in the Perth Magistrates Court and the Perth Children's Court.

Both the adult and children's diversion services involve placing mental health specialist teams in the court to provide assessments, reports for the court, liaison with community services and develop individualised plans to support people with mental illness who are also in the criminal justice system. Families and carers will be encouraged and welcomed to be involved, and consumer and carer representatives will be on the steering committees. NGOs will also be involved in providing support to participants and assisting them to access services.

This exciting new project will focus on providing more options for people in court with mental illness, and more capacity for the court to respond in ways that support people and also address offending behaviour. Both the adult and children's services are expected to begin in the first quarter of 2013, and both will be evaluated so that this pilot can form the basis of future more comprehensive programs.

The START (Specialist Treatment and Referral Team) Court, a joint initiative between the Mental Health Commission and the Department of the Attorney General, has dedicated, trained staff from multiple agencies including Legal Aid, WA Police, and the Departments of Corrective Services and WA Health.

Perth Magistrates Court - Adult mental health court diversion and support program

- People appearing in the Perth Magistrates' courts who may have a mental illness will be listed in the dedicated court. Referrals to the dedicated court will be made by general courts, police or prosecutors, with referral information coming from the person themselves, family member or carer, or another source.
- The court-based mental health team will conduct assessments, report to the court, and develop intervention plans to divert people into treatment which addresses their mental illness and their offending behaviour.
- Everyone referred to the court will receive an initial assessment, following which the court will have various options. Some people may need to be referred to hospital, some may benefit from simply being reconnected with their GP or mental health service, and some may not need any assistance from the mental health team.
- Some people appearing in the court will be referred to an intervention program and will have an individualised intervention plan prepared. This is likely to be linked to their bail conditions.
- Participation in the intervention program is voluntary and will involve care coordination by one of the court team and regular return to court.
- The intervention plan could include treatment by the court team, referral to community mental health services and liaison with relevant non-government providers and government departments. It is intended that the liaison and support work be led by an NGO with experience in providing these services.
- The team will have access to a small amount of brokerage funds to ensure that urgent needs, such as crisis accommodation, can be secured quickly.
- This capacity to stabilise a person's condition can make the granting of bail more likely, and assist in diverting people away from custody where possible.
- The $4.5 million pilot program commenced on 18 March 2013.

http://www.mentalhealth.wa.gov.au/mentalhealth_changes/Mental_Health_Court_Diversion.aspx

Adelaide

Background

The Magistrates Court Diversion Program has been operating since June 1999. It commenced as a pilot and in June 2001 the Government made a commitment to fund the program on a recurrent basis following an independent evaluation by the Office of Crime Statistics and Research that found that the program was having a positive impact on reducing re-offending. The Court was initially called the Mental Impairment Court but over time this name has been used less and less and both the Court and the Program are now known simply as the Magistrates Court Diversion Program.

The program targets adults who have impaired intellectual or mental functioning arising from:

- mental illness
- intellectual disability
- a personality disorder
- acquired brain injury, or
- a neurological disorder including dementia.

Program Aims and Outcomes

The Program aims to achieve the following outcomes for people with a mental impairment:

1. To prevent further offending behaviour by providing access to early assessment and interventions that address mental health or disability needs of defendants and their offending behavior
2. Provide assistance to the court in the identification and management of people with a mental impairment in the court system
3. Provide a diversion option in the Magistrates Court, for people who may otherwise plead a mental impairment defence under section 269 of the Criminal Law Consolidation Act (1935).

Outcomes

An analysis of post program offending showed a high proportion of participants were not apprehended for offending in the 12 months following program completion. This is a positive indicator that the program is meeting one of its major aims. These reports are available from the Office of Crime Statistics and Research, Publications and Statistics page:

- Magistrates Court Diversion Program - An Analysis of Post Program Offending - Evaluation findings (short report) (PDF Only 1,389kb)
- Magistrates Court Diversion Program - An Analysis of Post Program Offending - Evaluation findings (full report) (PDF Only 3.258kb)

The following broader outcomes are also anticipated:

- the development of best practice techniques in dealing with mentally impaired persons, specialised court based personnel with in-depth knowledge of court processes, mental impairment, service providers and treatment regimes who can advise on the management of people with an impairment
- simplified and streamlined processes for dealing with people with a mental health and/or disability issue who come before the court
- improved interface between health and justice systems, leading to shared outcomes for persons with a mental impairment and increased understanding of each sector and their systems
- collection of data that will allow determination of trends and projections, and the impact on demand for services
- incentives and opportunities for support services to respond pro-actively to issues impacting on their clients involved in the justice system
- a greater understanding amongst service providers, and the public generally, of the needs of people with a mental illness or disability who have committed an offence, and issues impacting on the behaviour leading to that offence

The program consists of 4 primary steps:

1. Referral
2. Assessment and Acceptance
3. Treatment and Review
4. Finalisation of Matters

http://www.courts.sa.gov.au/OurCourts/MagistratesCourt/InterventionPrograms/Pages/Magistrates-Court-Diversion-Program.aspx

Victoria

The Assessment and Referral Court (ARC) List is managed by the Magistrates' Court of Victoria.

The ARC List helps people with a mental illness or cognitive impairment receive appropriate support. The Assessment and Referral Court List (the List) is a specialist court list developed by the Department of Justice and the Magistrates' Court of Victoria to meet the needs of accused persons who have a mental illness and/or a cognitive impairment.

The List is located at Melbourne Magistrates' Court and works collaboratively with the Court Integrated Services Program (CISP), which provides case management to participants. Case management may include psychological assessment, referral to welfare, health, mental health, disability, housing services and/or drug and alcohol treatment.

Legislation

The List was established by the Magistrates' Court Amendment (Assessment and Referral Court List) Act 2010.

Aims of the List

- To reduce the risk of harm to the community by addressing the underlying factors that contribute to offending behaviour
- To improve the health and wellbeing of accused persons with a mental impairment by facilitating access to appropriate treatment and other support services
- To increase public confidence in the criminal justice system by improving court processes and increasing options available to courts in responding to accused persons with a mental impairment
- To reduce the number of offenders with a mental impairment received into the prison system.

Eligibility Criteria

The following eligibility criteria apply to the ARC List:

- The accused person is charged with a criminal offence listed at Melbourne Magistrates Court (proper venue rules apply)
- The accused person has not been charged with an excluded criminal offence that involves serious violence or serious sexual assault (see clauses 1, 2 or 3 of Schedule 1 of the Sentencing Act 1991)
  Please refer to http://www.legislation.vic.gov.au/
- The accused person has (or is likely to have) a mental illness, intellectual disability, acquired brain injury, autism spectrum disorder and/or a neurological impairment, including dementia
- The disorder/s cause/s a substantially reduced capacity in at least one of the areas of self-care, self-management, social interaction or communication
- The accused person would derive benefit from receiving co-ordinated services in accordance with an individual support plan. These may include psychological assessment; welfare, health, mental health, and/or disability services; drug and alcohol treatment; or housing and support services; and/or would benefit from participation in a problem solving court process
- The accused person consents to participate in the List, including attending court regularly and meeting with ARC staff.

The ARC List Magistrates, informed by the information and recommendations of the ARC List Team, make all decisions about acceptance to, and participation in, the ARC List.

RC List Process

Once a referral is made, the List process will involve:

- The CISP staff will conduct an initial assessment. The CISP staff will also commence addressing support needs at this stage
- Liaison will occur with the List staff to determine the next available court date
- A List clinical advisor will undertake a comprehensive clinical assessment
- At the next available List sitting, the List magistrate will decide whether to accept the participant in the List
- If the referral is accepted, the List clinical advisor will develop a draft individual support plan (ISP) in collaboration with the participant and the CISP staff for approval of the Magistrate
- The participant appears before the List Magistrate on a regular basis to discuss her/his progress
- If the participant pleads guilty at the end of their participation, they will be sentenced within the List
- If the participant pleads not guilty at the end of their participation the case will be returned to 'mainstream' court for a contested hearing
- Participants will be involved with the List for between three and twelve months, with most being discharged from the List within six months
- If the referral is not accepted, the accused person's charges will be referred back to the mainstream court lists. Where appropriate, the CISP will continue to provide necessary support to the accused or, where connected with services, referred back to those relevant treatment and support services.

http://www.magistratescourt.vic.gov.au/jurisdictions/specialist-jurisdictions/court-support-services/assessment-and-referral-court-list-arc

Drug Courts

The Australian Institute of Criminology is Australia's national research and knowledge centre on crime and justice. "*We seek to promote justice and reduce crime by undertaking and communicating evidence-based research to inform policy and practice*." The Australian Institute of Criminology also outlines the drug courts in Australia:

Drug courts operate in New South Wales, Queensland, South Australian, Victoria and Western Australia, although their formation, process and procedures differ across jurisdictions. The main aim of these courts is to divert illicit drug users from incarceration into treatment programs for their addiction. People appearing in drug courts often fall outside the parameters for other pre-court diversion programs.

New South Wales

Evaluation

- The Magistrates Early Referral Into Treatment Program : impact of program participation on re-offending by defendants with a drug-use problem
  Rohan Lulham, NSW Bureau of Crime Statistics and Research. 2009
- Evaluating Australia's first drug court : research challenges
  Karen Freeman, Evaluation in crime and justice conference, 2003
- Evaluation of the New South Wales youth drug court pilot program : final report for the New South Wales Attorney-General's Department

Tony Eardley, Justin McNab, Karen Fisher and Simon Kozlina, with Jude Eccles and Mardi Flick, Social Policy Research Centre, University of New South Wales, 2004

- Drug Court evaluation reports
  New South Wales Bureau of Crime Statistics and Research

Queensland

Evaluation

- North Queensland Drug Court evaluation
- South East Queensland Drug Court evaluation
- Drug courts : current issues and future prospects

South Australia

Evaluation

- Offending profiles of SA Drug Court Pilot Program 'Completors' (PDF 872kB)
  Elissa Corlett, Grace Skrzypiec and Nichole Hunter. South Australia Office of Crime Statistics and Research, February 2005

Victoria

Further information

- Drug Court of Victoria
- CREDIT Program

Western Australia

No evaluation reported

Other resources

http://www.aic.gov.au/criminal_justice_system/courts/specialist/drugcourts.html

CANADA

Government of Canada

The Government of Canada continues to place a high priority on mental health initiatives, both in the population as a whole and within the Justice system.

One such initiative was:

Federal, Provincial and Territorial Ministers of Justice and Public Safety

Mental health issues have been a focus of cooperative work among Federal, Provincial and Territorial Ministers of Justice and Public Safety. In May 2011, a "Mental Health and Justice" Symposium was held in Alberta.

At a meeting in November 2012, the Ministers acknowledged that persons with mental health issues present significant challenges for the justice system and especially for correctional systems, and agreed that close collaboration is required between jurisdictions in order to better address the needs of people with mental illness.

http://www.justice.gc.ca/eng/news-nouv/nr-cp/2013/doc_32860.html

Mental Health Commission of Canada

"*PRIORITY 2.4*
Reduce the over-representation of people living with mental health problems and illnesses in the criminal justice system, and provide appropriate services, treatment and supports to those who are in the system".

Five actions are outlined to be taken to enact this priority:

- Increase the availability of programs to divert people living with mental health problems and illnesses from the corrections system, including mental health courts and other services and supports for youth and adults.
- Provide appropriate mental health services, treatments and supports in the youth and adult criminal justice system, and ensure that everyone has a comprehensive discharge plan upon release into the community
- Address critical gaps in treatment programs for youth and adult offenders with serious and complex mental health needs.
- Increase the role of the 'civil' mental health system in providing services, treatment and supports to individuals in the criminal justice system
- Provide police, court and corrections workers with knowledge about mental health problems and illnesses, training in how to respond, and information about services available in their area.

http://strategy.mentalhealthcommission.ca/pdf/strategy-text-en.pdf

Documents

Centre for Addiction and Mental Health: Policy document "Mental Health and criminal justice policy framework" October 2013

This is a suggested policy document and it states:

"*The purpose of this framework document is to:*

- *facilitate CAMH responses to emerging mental health and criminal justice policy-related issues with all levels of government*
- *provide a model for the development and implementation of mental health and criminal justice policies that most effectively address the prevention, diversion and treatment/rehabilitation needs of people with mental illness*
- *share CAMH's perspective on mental health and criminal justice policy*
- *encourage a convergence of research and practice within CAMH and across the system on mental health and criminal justice issues" (p.1)*

The report outlines seven ways of progressing this area.

http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/MH_Criminal_Justice_Policy_Framework.pdf

The Risk-Need-Responsivity theory of criminal behaviour

This is summarised as it has had a significant effect on drug and mental health courts in Canada.

The Risk-Need-Responsivity theory of criminal behaviour has been paramount in the development of effective correctional programming. This theory proposes that an offender's risk level, criminogenic characteristics and personal characteristics should dictate the level and type of program services. Adherence to the RNR principles has been shown to produce significant reductions in recidivism(Andrews, Bonta & Hoge, 1990; Andrews & Bonta, 2006).

Risk Principle. The first component of the RNR theory is the risk principle, which states that the risk level of an offender can be predicted and must be matched with the frequency and intensity of the correctional intervention. In other words, a high-risk offender should receive a higher frequency and dosage of treatment, as they have a higher probability of negative outcomes compared to low-risk offenders. Low-risk offenders on the other hand, should receive little to no treatment (Andrews & Bonta, 2006).

Need Principle. The second component of the RNR theory addresses the importance of identifying and targeting an offender's criminogenic needs (dynamic risk factors) rather than non-criminogenic needs (factors weakly related to recidivism) in order to reduce recidivism (Andrews et al., 1990; Andrews & Bonta, 2006). Criminogenic needs are factors that when improved or eliminated, are likely to result in a reduction of re-offending. There are seven criminogenic need areas (e.g., antisocial attitudes, employment/education etc.) that have been identified in the literature as being part of "The Central Eight" correlates of criminal behaviour (criminal history, a static risk factor, completes the Central Eight).

Responsivity Principle. The last principle of the RNR theory deals with the issue of general and specific responsivity. This principle can be interpreted as the "what works for whom" principle (Wormith, Althouse, Simpson, Reitzel, Fagan, & Morgan, 2007). Responsivity involves the appropriate

matching of treatment programs to an offender's individual learning style and abilities (Andrews et al., 1990; Andrews & Bonta, 2006). General responsivity simply states that cognitive-behavioural interventions work best. Specific responsivity is a treatment matching style that considers an offender's personality, gender, ethnicity, motivation, age, language and interpersonal style (Bonta, 1995). Attending to these factors in correctional settings has been shown to result in treatment success and significant reductions in recidivism (Andrews & Bonta, 2006).

Drug courts make use of many different types of treatment programs, often using numerous providers for different types of services (e.g. Alcoholics-Anonymous, acupuncture, positive parenting etc.). This variation introduces the challenge of ensuring that services are being delivered appropriately and that they are being matched to each offender's risk level and individual needs. Given the research to date, assessing program adherence to RNR may clarify the meta-analytic estimates of the overall effectiveness of drug treatment courts in reducing recidivism.

http://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/2009-04-dtc/index-eng.aspx

A practical example of a court diversion programme is below:

Ontario Mental Health Association
This program offers support to adults and youth (12-18) with mental illness/ addictions/ intellectual disabilities who are in conflict with the law.

Court Diversion: diverts individuals from the criminal justice system (minor criminal offences only) into the mental health system where they can get support and treatment designed to address their needs and minimize further involvement with the criminal justice system.

Court Support: may include facilitation of legal aid/ retaining legal counsel, linkages to support services, housing or income support, education and support for client and/or support persons regarding legal processes.

Case Management: The core function of the case manager is referrals to mental health services and other required supports and to coordinate a continuum of services based on client choice and need. The case manager may also monitor and encourage the clients` compliance with treatment measures.

Model of service is recovery orientated and psychosocial rehabilitation.

http://www.mentalhealthhelpline.ca/Directory/Program/4044

Drug Courts

Canadian drug treatment courts (DTC) began as a response to large numbers of offenders being incarcerated for drug-related offences and continuing to re-offend due to underlying drug dependency.

In December 1998, the first drug treatment court was established in Toronto. It brought together treatment services for substance abuse and the criminal justice system to deal more effectively with the drug addicted offenders. The Vancouver Drug Treatment Court subsequently opened in December 2001; followed by the Edmonton Drug Treatment and Community Restoration Court

(December 2005); the Winnipeg Drug Treatment Court (January 2005); the Ottawa Drug Treatment Court (March 2006); and the Regina Drug Treatment Court (October 2006).

The Drug Treatment Court Funding Program (DTCFP) is a contribution funding program that aims to reduce crime committed as a result of drug dependency through court-monitored treatment and community service support for non-violent offenders with drug addictions.

The objectives of the DTCFP are:

- To promote and strengthen the use of alternatives to incarceration with a particular focus on Aboriginal men and women and street prostitutes;
- To build knowledge and awareness among criminal justice, health and social services practitioners, and the general public about drug treatment courts; and
- To collect information and data on the effectiveness of DTCs in order to promote best practices and the continuing refinement of approaches.

What is the rate of success for these programs?

In 2006 the Research and Statistics Division of the Dept. of Justice did a meta-analysis of drug courts. Data from 66 individual drug treatment court programs were aggregated and analyzed. The results indicated that drug treatment courts significantly reduced the recidivism rates of participants by 14% compared to offenders within the control/comparison groups. The authors concluded that the results of this meta-analysis provides clear support for the use of drug treatment courts as a method of reducing crime among offenders with substance abuse problems.

http://www.justice.gc.ca/eng/rp-pr/csj-sjc/jsp-sjp/rr06_7/rr06_7.pdf

Based on data since 2007, over 1000 individuals have participated in a federally funded Drug Treatment Court. Of these, 35% have either graduated or are still in the program. Of the remaining 65% that were returned to the regular court system, the majority of them had achieved some quality of life improvements (e.g., no longer homeless, received several months of addiction treatment and were connected to social supports within the community).

Given the popularity of drug courts, a number of researchers have sought to determine whether these drug courts are effective in reducing recidivism. Three meta-analyses have been conducted to date and all have found positive effects. Lowenkamp, Holsinger and Latessa (2005) conducted the first meta-analytic review of drugs courts. Based on weighted effect sizes for 22 studies, they found that drug treatment courts produced an overall reduction in recidivism of 7.5%. The second meta-analysis by Latimer, Morton-Bourgon and Chrétien (2006) reviewed a total of 54 studies and found an overall reduction in recidivism of 12.5%. The third meta-analysis, conducted by Wilson, Mitchell and Mackenzie (2006), included a total of 50 studies from which they reported an overall reduction in recidivism of 12.3%.

http://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/2009-04-dtc/index-eng.aspx

The system of rewards and sanctions is credited with having a largely positive effect by encouraging participants to comply with DTC conditions and helping them remain in the program. The relationship with the presiding judge is considered vital to the effectiveness of rewards and sanctions. In fact, many participants acknowledged that the opinion of the judge was important to them and praise from the judge kept them motivated. As a graduate stated:

"I felt the recognition of people I have been running from my entire life. People I've–for a lack of a better term–greatly disliked, for example, legal officials and the law. The fact of being recognized by them for … just showing up meant a lot, because I spent most of my life not showing up."

http://www.justice.gc.ca/eng/rp-pr/cp-pm/eval/rep-rap/09/dtcfp-pfttt/p4.html

Where can I find more information on the six federally funded sites?

- Canadian Association of Drug Treatment Court Professionals
- Vancouver Drug Treatment Court
- Edmonton Drug Treatment Court
- Regina Drug Treatment Court
- Winnipeg Drug Treatment Court
  - Addictions Foundation of Manitoba
- Toronto Drug Treatment Court
  - Centre for Addiction and Mental Health
- Ottawa Drug Treatment Court
  - Rideauwood Addiction and Family Services

http://www.justice.gc.ca/eng/fund-fina/gov-gouv/dtc-ttt.html

International organisation (based in Canada)

International Association of Forensic Mental Health Services (IAFMHS)

The purpose of the agency is:

1. To enhance the standards of forensic mental health services in the international community
2. To promote an international dialogue about forensic mental health, in all its aspects, including violence and family violence
3. To promote education, training and research in forensic mental health
4. To inform professional communities and the public about current issues in forensic mental health
5. To promote and utilize advance technologies in the pursuit of the above goals
6. To form informal and formal liaison with organizations having a similar purpose.

http://www.iafmhs.org/iafmhs-about-us.html

This website notes:

As we are well into the second decade since the establishment of the first mental health courts and as the proliferation of mental health courts and diversion programs continues at an impressive pace it was decided at the Vienna Conference in 2008 that the time had come to create a forum where issues surrounding mental health courts and diversion programs may be discussed and ideas exchanged. Considerable work has already been done in this regard in the United States by, for example, the Consensus Project, reflecting the rapid growth of mental health courts throughout the US. A number of Canadian mental health courts have been established, and many others are in the planning phase. Mental health courts are a subject of considerable interest in Australia. The system in the UK centres on diversion, which appears to be the key focus of service delivery for most US mental health courts. At present our group has members from the United States, Canada, Australia, United Kingdom, Ireland, New Zealand, Germany, Holland, and Sweden.

http://www.iafmhs.org/sections-special-interest-groups/mental-health-courts-a-diversion.html

ENGLAND

Mental Health Network submits response to Ministry of Justice Green Paper

22/03/2011

The Ministry of Justice Green Paper and the Mental Health strategy confirm the commitment stated in the Spending Review for people in contact with the criminal justice system to have improved access to mental health services by 2014.

The Ministry of Justice Green Paper *Breaking the Cycle: Effective punishment, rehabilitation and sentencing of offenders*, makes a clear case for making better use of mental health liaison and diversion services, and in particular commits to invest in mental health liaison services at police stations and courts to intervene at an early stage, diverting mentally ill offenders away from the justice system and into treatment.

The Mental Health Network (MHN) has submitted a response to this green paper representing members' views. Our response outlines the key issues and further challenges in diverting adults and young people with mental health issues away from the criminal justice system.

Summary

The key points outlined in the submission are:

- There is a strong ethical and emerging economic case for diverting both adults and young people with mental health problems away from the criminal justice system and into treatment at the earliest opportunity.
- Having a clear national policy framework and national roll out of diversion services is extremely welcome to address the wide degree of variation in the current ways of working and to improve outcomes for this vulnerable client group.
- There does however need to be clarity and assurance about what the central support is for the proposed pilots and for the further expansion of diversion services in the context of the new flexible and local infrastructure.
- The NHS Commissioning Board and health and wellbeing boards which are intended to bring together key partners need to ensure services are properly integrated.

Download the MHN's submission.

Offender Health Collaborative selected to develop liaison and diversion services 11/05/2012

The Offender Health Collaborative, of which the MHN is a part, has been selected to support the cross government Health and Criminal Justice Transition Programme in managing the development of a national network of liaison and diversion services.

The Offender Health Collaborative is a consortium led by Nacro and is comprised of the Mental Health Network, Revolving Doors Agency, Centre for Mental Health, Cass Centre for Charity Effectiveness at the Cass Business School, and the Centre for Health and Justice, Institute for Mental Health at the University of Nottingham.

“The Offender Health Collaborative is excited by this opportunity to work with the Department of Health on this crucial development for offenders with mental health issues, learning difficulties, drug and alcohol problems, and other health and social needs. We look forward to developing the network and enabling early and informed interventions, based on evidence of what works, and what is needed: to promote the well-being of people entering the criminal justice system on the one hand, and to reduce their offending on the other".

Mental Health Network director **Steve Shrubb** said:

"There is a strong ethical and increasing economic case for making sure that people with mental illness are diverted away from the criminal justice system where appropriate so they can be given the proper treatment and support.

"This is particularly important for young people in adolescence or early adulthood as untreated conduct disorder contributes disproportionately to all criminal activity.

"Mental health organisations are really enthusiastic about the opportunity this new collaborative offers for criminal justice, health and other services to work together so vulnerable people get the support they need."

http://www.nhsconfed.org/Networks/MentalHealth/LatestNews/Pages/LandDnetwork.aspx

The OHC brings together the partners' considerable strength and experience in criminal justice, health and social care, policy development, research, workforce development and training, and project management.

The OHC will develop an operating model for the National Liaison and Diversion Development Network (NLDDN) which will include:

- a guidance framework for best practice;
- a set of principles upon which future quality standards may be developed;
- a workforce development and training plan;
- a model for effective interventions and alternatives to custody;
- a communications and engagement strategy within and outside the network;
- supportive documents for new commissioning arrangements

http://www.centreformentalhealth.org.uk/criminal_justice/OHcollaborative.aspx

Ministry of Justice

The Dedicated Drug Courts Pilot Evaluation Process Study Jan 2011

Six pilot Dedicated Drug Courts (DDCs) that specialised in dealing with offenders who misused drugs were introduced in magistrates’ courts in England and Wales from 2004.This process evaluation of the pilot Dedicated Drug Courts used both qualitative and quantitative methods to map the implementation

of the DDC model and the factors underpinning the DDCs' potential to reduce drug use and associated offending. The main implications of the research are as follows.

The findings indicated that the Dedicated Drug Court model was viewed by staff and offenders as a useful addition to the range of initiatives aimed at reducing drug use and offending.

Continuity of bench (magistrates or district judges) when dealing with drug-misusing offenders was a key element of the model. The qualitative analysis found that both staff and offenders felt that continuity helped the relationship between offenders and the judiciary develop. This relationship played a key role in providing concrete goals, raising self-esteem and engagement and providing a degree of accountability for offenders about their actions.

The drug court model including multiple agency presence in court and at working group meetings. In some cases the model was reported by staff to have helped improve partnership working between the court, probation and drug treatment services.

Although the courts were seen as helpful, staff and offenders nevertheless felt that the ability of the courts alone to reduce reoffending through reducing drug use was limited because of the significant role played by the quality of treatment received and other issues going on in offenders' lives. However, the costs of setting up and running the courts were seen as small, and included, for example, the provision of some additional training. In some cases the courts were seen as a way of reducing costs through gains in efficiency, for example drug-misusing offenders were seen on the same day and therefore treatment provider presence was only required at the one set court .

If the pilot was rolled out more widely, it would be important to provide some national standardised training guidelines. Also new sites need clear guidance and support on how the DDC model should be both theoretically and practically implemented.

Having a co-ordinator (a legal advisor) with time dedicated to the drug court rather than just being an addition to their other responsibilities was considered important by staff to get the necessary systems and processes in place and to ensure the ongoing operation of the DDC. However, where a co-ordinator's DDC work had been ring-fenced, this entailed an increase in court work for other legal advisors as the co-ordinator's court time was reduced.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/217380/ddc-process-evaluation-study.pdf

The London Criminal Justice Liaison and Diversion (CJLD) Advisory Board

The London Criminal Justice Liaison and Diversion (CJLD) Advisory Board in 2011 initiated a project to map current Criminal Justice Liaison and Diversion and Youth Justice Liaison and Diversion provision across London. This report summarises the findings of that mapping exercise. The findings are based upon responses to a questionnaire which was disseminated to known CJLD services in January 2012. The report's recommendations are designed to stimulate strategic thinking regarding the future development of Liaison and Diversion services across London and identify key areas for future development.

http://www.centreformentalhealth.org.uk/pdfs/CJLD_London_mapping_exercise.pdf

Dedicated drug court pilots: a process report

Matrix Knowledge Group, London: Ministry of Justice. 2008

The Dedicated Drug Court (DDC) framework for England and Wales provides for specialist courts which exclusively handle cases relating to drug-misusing offenders from conviction through sentence to completion (or breach) of a community order with a Drug Rehabilitation Requirement (DRR). Two magistrates' courts have been piloting the DDC in England and Wales: Leeds Magistrates' Court; and West London Magistrates' Court.

Both courts have implemented the DDC in line with the Ministry of Justice (MOJ) framework. The critical factors for implementation success are an understanding of local context and scale of need, the enthusiasm of the local judiciary and partner agencies, good partnership working, the availability of resources to deliver the DDC and its associated treatment services, the depth of understanding by all staff of offender motivation and, in particular, recognition of the points at which an offender is most likely to make progress in reducing or stopping drug use.

Continuity of judiciary is key to successful implementation of a DDC. It provides the focus for communication between the court and the offender and across magistrate panels. Continuity of judiciary was a strong planned feature of both courts. Based on analysis undertaken with data from the Leeds DDC, there is strong evidence that continuity of magistrates has a statistically significant impact on several key drug court outcomes.

Greater continuity of magistrates experienced by offenders is associated with being less likely to miss a court hearing, more likely to complete their sentence and less likely to be reconvicted. Break-even analysis showed that 8% of offenders seen by the courts would need to stop taking drugs for five years or more following completion of the sentence to provide a net economic benefit to the wider society, and 14% in order to provide a net economic benefit to the criminal justice system. A robust quantification of impact was not possible because of the difficulties in collecting sufficient data on a 'control' population of offenders.

http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Good%20Practice/dedicated-drug-courts.pdf

IRELAND

The Department of Health and Children

The Department of Health and Children's statutory role is to support the Minister in the formulation and evaluation of policies for the health services. It also has a role in the strategic planning of health services http://www.dohc.ie/

Interdepartmental Group to examine the issue of people with mental illness coming into contact with the criminal justice system

An Interdepartmental Group has been established by Mr. Alan Shatter TD, Minister for Justice, Equality and Defence, Mr James Reilly TD, Minister for Health and Ms. Kathleen Lynch, TD to examine issues relating to people with mental illness or a mental disorder interacting with the criminal justice system and its agencies. Terms of reference for the Group are attached.

The Interdepartmental Group includes representatives from the Department of Justice and Equality and the Department of Health as well as relevant services including the HSE, the National Forensic Mental Health Service, the Garda Síochána and the Irish Prison Service and is jointly chaired by the Departments.

The Group is to consider how best to deliver mental health services to persons properly in the criminal justice system, to facilitate their return in due course to the community and to ensure necessary treatment continues after release. The Group is to report back by mid 2012.
Submissions are now being sought to assist the Group identify the key issues and make recommendations on the interaction between the mentally ill and the criminal justice system.

http://www.dohc.ie/consultations/closed/mental_illness_justice/

National Crime Council

Drug Treatment Court

The Drug Treatment Court is a specialised District Court which offers long-term court-monitored treatment, including career and education support, to offenders with drug addictions as an alternative to a prison sentence. The idea behind doing so is that by dealing with the addiction, the need to offend is no longer present. The Drug Treatment Court sits every Tuesday and Thursday in the Richmond Courthouse in North Brunswick Street, Dublin 7. The first person was referred to the Drug Treatment Court in January 2001.

Offenders must fulfil certain conditions to be eligible for the programme. They must have pled guilty to a non-violent offence in the District Court. They must also want to get off drugs, be over 17 years of age and live in Dublin. Candidates found eligible and referred to the Drug Treatment Court are first assessed in terms of their suitability for the programme by the Drug Treatment Court support team. The team may include a Drug Treatment Court co-ordinator, a Drug Treatment Court liaison nurse, a Probation officer, an education co-ordinator and a Garda working in the Drug Treatment Court.

Once admitted, there are three phases in the programme: 'Stabilisation and Orientation', 'Continuation and Orientation' and 'Reintegration and Self-Management'. Each of these phases involves following agreed treatment and personal progression plans while keeping in regular contact with the Drug Treatment Court Team. Offenders on the programme come before the Drug Treatment Court regularly in order to discuss their progress and any problems that come up.

The programme generally lasts less than a year. If offenders fail to complete the programme, they go back to the regular District Court for sentence.

Information leaflets are available for participants in the Drug Treatment Court programme and for the public.

In October 2002, Dr. Michael Farrell carried out an evaluation of the pilot **Drug Treatment Court** programme. The recommendations overall were:

"*Given the nature and complexity of the work involved in mainstreaming the Drug Court our recommended approach is to adapt a dual strategy over the next 12-18 months. It is our view that the emphasis over the next year should be on the research and development activity necessary to roll-out the Drug Court more widely while at the same time continuing and expanding the current pilot to further test and refine the emerging model.*

A number of recommendations have been made with regard to the continuation and expansion of the pilot Drug Court Programme. These look the relevant issues which need to be brought in line prior to the expansion of the programme. The issues covered here include: a Dedicated Treatment Service, Voluntarism, Strengthening the Structures, Assessing the Capacity of the Team, Case Processing, Additional Supports, Enhancing the Programme, Issues Impacting on Programme Effectiveness and Funding / resource implications. The most pertinent issues and concerns related to each of the above are examined and commented upon in this section also".

http://www.crimecouncil.gov.ie/drugcourts.html

The Dublin drug treatment court 10 years on – where to next?

Johnny Connolly from the Health Research Board in Ireland noted that although successful low numbers of referrals were an issue.

http://www.coe.int/t/dg3/pompidou/Source/Activities/Justice/11CJ/The%20Dublin%20drug%20treatment%20court%2010%20years%20on.pdf

NEW ZEALAND

New Zealand has undertaken work focusing on the drug/alcohol courts only. Some earlier documents give a background to the current pilot drug and alcohol court.

Proposal for Alcohol or Other Drug (AOD) Courts in New Zealand by Jim Boyack, Helen Bowen and Nicole Duncan, Barristers, Franklin Chambers, Auckland.

This 2010 proposal outlined a case for drug courts in New Zealand. The authors noted:

"Drug-addicted, drug-abusing and alcoholic offenders make up a significant proportion of those persons involved in the criminal justice system.[1] Fifty nine percent of those arrested in England test positive for drugs when arrested; 68% in the United States and 69% in Australia.[2] With New Zealand's growing "P" (methamphetamine) epidemic, it is easy to imagine similar rates here at home.

These statistics have given rise to the creation of increasingly numerous "Drug Courts" in the United States, Australia and elsewhere over the past twenty years. (p.1)"

The Case for Alcohol and Drug Courts in New Zealand

In 2011 Gerald Waters wrote this report which was critical of the current system. Among his findings were:

- Drugs and alcohol are related to the majority of crime in New Zealand.
- Current attempts to meaningfully rehabilitate AOD offenders are inadequate.
- Very little is being done to effectively address AOD offender recidivism.
- Alcohol and Other Drug Treatment Courts (AODTCs) have proven to be effective and
- economically viable in tackling AOD offenders because they tackle the root cause: alcohol and drug dependency.
- We do not need more prisons: we need fewer offenders

http://www.drugcourts.co.nz/AODTCs.pdf

'Management Courts'

In 2012 the late Greg King wrote a paper in the '*Justice Hot Tub'* on what he termed Management Courts. It starts with:

The purpose of this paper is to set out the case for a new kind of problem-solving court for New Zealand, called a Management Court. The model is what I believe could work most effectively and efficiently work in the NZ context. It is one that compliments rather than conflicts with our existing criminal justice system. I also believe that overall it would save us a fortune as it would be a real and viable alternative to imprisonment in a large number of cases.

A core aspect of the proposal is co-ordinating a multi-agency collaborative approach. The respective

agencies (public and private) are already all in existence, but they are located in different places and do not co-ordinate or work collaboratively to a common plan. Drawing them together and working towards a common and well defined plan under the management and oversight of a judge will not be more costly (no new jobs will be required) but could be significantly more efficient and *effective.* The sum of the whole is greater than that of the individual parts.

The Management Court model I am proposing is based on my experience and learning as a front line criminal defence lawyer in NZ over the last 19 years and from what I have seen and researched here in the USA, across eight separate States. Problem-solving courts in the USA are becoming big business. There are now almost 2700 drug courts nationwide, as well as domestic violence courts, youth delinquency courts, mental health courts, re-entry courts and community justice centers. There are even some specialist veterans' courts – dealing with the special needs of veterans of the Iraq and Afghanistan wars (p.1).

http://www.justicehottub.fh.net.nz/a-new-kind-of-court-by-greg-king/

Alcohol and Other Drug Treatment (AODT) Court pilot

The AODT Court is a pilot designed to supervise offenders whose offending is driven by their alcohol or other drug (AOD) dependency. The AODT Court focuses on treating a defendant's AOD dependency to help prevent them from committing further crime.

The pilot scheme is a joint initiative between the judiciary, Ministry of Justice, Ministry of Health, New Zealand Police and Department of Corrections. It gives defendants with alcohol or drug dependency issues an opportunity to deal with them before sentencing.

The AODT Court pilot aims to:

- reduce reoffending
- reduce alcohol and other drug use and dependency
- reduce the use of imprisonment
- positively impact on the defendant's health and wellbeing, and
- be cost-effective.

People who are selected for the AODT Court and agree to take part will have their case put on hold prior to sentencing to allow them to enter an intensive treatment programme for their AOD dependency (or moderate to severe addiction). This is not an easy option – the programme takes commitment and the defendant will still be sentenced for their crime. If their participation in the addiction treatment programme is successful, this can be taken into account when they are sentenced.

The AODT Court Pilot will sit weekly in both Waitakere and Auckland District Courts and will cater for around 100 participants per year (50 in each court).

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[1]Tim McSweeney, Paul J. Turnbull and Mike Hough, *Review of criminal justice interventions for drug users in other countries* (Criminal Policy Research Unit, South Bank University, London, 2002), p 2.

[2] Ibid, p 2.

The court is aimed at defendants who suffer from an AOD addiction or dependency and their offending has been driven by this. It provides selected defendants the opportunity to participate in an AOD treatment programme prior to sentencing.

The court will focus on treating the cause of the offending rather than the offending itself and aims to reduce reoffending as result.

Information Resources
Information for friends, whānau and employers
Information for participants
Information for victims
- http://www.justice.govt.nz/courts/district-court/alcohol-and-other-drug-treatment-aodt-court-pilot-1

Description of the Pilot process in Auckland

A powerpoint presentation by Fiona Trevelyan (Treatment Network Project Manager) of this process in Auckland included the following points:

Court Processes

- One Pilot – Two Courts – Auckland and Waitakere
- 100 Participants per year
- Prospective participants will be identified through Pre-Assessment Process in the District Courts
- Eligibility Criteria will apply
- Determination Hearing will be held to confirm Eligibility
- Once on the Programme participants may be held for up to 18 months pre-sentencing
- Sentencing and Graduation

The providers in Auckland have a Steering Group:

- Salvation Army
- Odyssey House
- Higher Ground
- Judiciary
- AOD Services
- Consumer , Maori / Pacific representatives

Odyssey House: contract management & Case Management/ bed options
Salvation Army: Peer Support/ Beds & Community based options
Higher Ground: pre admission support, residential beds & continuing care

-Focus on ‘packages’ of flexible client centred responses
-Ability to access existing funded services

Integrate treatment in justice processing

- Non-adversarial approach
- Identify clients early
- Continuum of services
- Frequent testing to ensure sobriety

Coordinated strategy of responses

- Judicial interaction
- Program evaluation
- Continuing education
- Partnerships and collaboration

Meehan, C., Thom, K., Mills, A. (2013). A review of Alcohol and Other Drug Court evaluations. Auckland: Centre for Mental Health Research.

This report by the University of Auckland notes:

New Zealand has one youth drug court that has been in operation in Christchurch since 2002 and two adult AODCs are currently being piloted in the Auckland region.

This report provides a review of the literature surrounding the origin and implementation of AODCs in New Zealand, followed by a critical analysis of the existing methods used to evaluate AODCs internationally. The report begins by outlining the methods used to conduct this literature review, followed by a brief background on current drug use and policy in New Zealand. Evaluations of AODCs from the United States and Commonwealth countries will then be detailed. By synthesising the existing literature, this report highlights the strengths and weaknesses of existing evaluations with the aim of informing future research of AODCs.
(p.5)

It also states:

Some of the studies also reflected upon the philosophical tensions that may arise with the implementation of AODCs. The main critique of the AODCs is that drug use is a social, not a criminal issue (Clancey & Howard, 2006). Duke (2006) asserts that the crime and treatment discourse has dominated drug policy development. She states that the 'drug problem' has become increasingly framed and managed as a 'crime problem' (p. 413). Duke further recommends that drug use needs to be "defined in terms of its health, welfare and environmental dimensions and situated within an overarching health and social welfare framework" (p.414) as opposed to the criminal justice system. (P.12)

http://www.lawfoundation.org.nz/wp-content/uploads/2013/12/1.-A-Review-of-Alcohol-and-Other-Drug-Court-Evaluations.pdf

New Zealand Alcohol and Other Drug Treatment Court Pilot Update 2014

In April 2014 Odyssey House reported on the progress of this work.

"*The New Zealand Alcohol and Other Drug Treatment Court (AODTC) has had a highly successful initial implementation. The AODTC was established in November 2012 as a collaborative pilot initiative between the Ministry of Health and the Ministry of Justice. The pilot has been implemented in the Auckland and Waitakere District Courts. Treatment is integrated into the court process, and uses the established evidence for treatment courts.*

Participants are some of the highest risk offenders coming through the court. They are selected based on their high risk of incarceration as well as their motivation to address their addiction issues.

Odyssey is the lead treatment provider with a range of community based interventions. In collaboration with Salvation Army and Higher Ground, an array of services is made available to participants. Some of the services and interventions available include residential rehabilitation, Moral Reconation Therapy

(MRT), supervised housing and community based counselling.

The implementation of the pilot has been extremely successful, with nearly 100 participants involved at any given time. With length of participation at 18 months, the first programme completions and graduations are slated for mid-year 2014. While in its initial stages, the AODTC is showing above baseline retention levels and an anticipated high level of successful completion.

Participants are supported to be self-supporting, productive members of their community. Families are integral in this support and many have said that the AODTC has been instrumental in their loved one's recovery. One of the participants recently thanked the court and said it has 'saved my life.'"

From Anne Bateman, Special Projects Manager and Phil Grady CEO, Odyssey House

Youth Courts

While this report focuses on adults New Zealand has done some work on youth drug courts.

The underlying philosophy of the drug court model is therapeutic jurisprudence.

The Christchurch Youth Drug Court pilot (YDC) was established by the Ministerial Taskforce on Youth Offending and started operating on 14 March 2002. It is based on an initiative developed by Judge Walker who identified a need for addressing the linkage between alcohol and other drug use and offending. The aim of the YDC model was to facilitate better service delivery to young people, including treatment for their alcohol and other drug dependency, thereby helping to reduce their offending.

The pilot's overall objectives are to:

- improve the young people's health and social functioning and to decrease their alcohol and/or drug use;
- reduce crime associated with alcohol and/or drug use; and
- reduce criminal activity.

A number of process issues with the Youth Court were identified and the YDC pilot was designed to improve on these processes in order to facilitate better service delivery and help achieve the overall objectives. These process issues are:

- Facilitate early identification of young offenders with alcohol and other drug dependency that contributes to their offending.
- Reduce time delays in service delivery and facilitate immediacy of response.
- Facilitate more effective interagency co-ordination.
- More closely monitor the young people to facilitate their treatment process.

The results are in this report.

file:///C:/Users/Janet%20Peters/Downloads/process-evaluation-yth-drug-crt-pilot.pdf

There are a number of resources on the Ministry of Justice's website. For example:

- http://www.justice.govt.nz/publications/global-publications/c/christchurch-youth-drug-court-pilot-one-year-follow-up-study-february-2006
- http://www.justice.govt.nz/courts/youth/publications-and-media/speeches/drug-law-and-the-new-zealand-youth-court

Scotland

Drug Court

The Drug Court is situated in Glasgow Sheriff Court and deals with drug users who commit crime in relation to their addiction.

The Drug Court has the same powers as any Sheriff Court and can impose the full range of sentences, as well as specific Drug Court Orders including Drug Treatment and Testing Orders (DTTO) and Probation Orders with a condition of drug treatment.

Following an arrest, if the Police or Lawyer think that someone might be suitable for the Drug Court, and the Drug Court Fiscal agrees, then a Criminal Justice (CJ) Social Worker will interview that person in the Court Cells and their Lawyer will speak to the arrestee to inform them what the Drug Court Order involves. Generally people who receive a Drug Court Order are over 21 years old, have a history of problem drug use, a criminal record and are likely to receive a prison sentence for their current offence.

The arrestee will have to plead guilty, usually in the Custody Court. If a guilty plea is received and the Drug Court Screening Group have recommended that the arrestee is suitable for the Drug Court Assessment, then the Sheriff will decide whether or not to refer that person to the Drug Court. The Sheriff will also decide whether or not to grant the arrestee bail while the Assessment is carried out. If the assessment indicates that someone is suitable for a Drug Court Order then a treatment and care plan will be outlined.

Once someone has been placed on a Drug Court Order they will attend the Drug Court Team for a range of treatment and care options, including substitute prescribing, regular and random drug testing,

individual counselling, group work and regular attendance at the Drug Court. The Drug Court Team includes health staff, social work staff and court staff.

http://www.glasgow.gov.uk/index.aspx?articleid=8292

Drug Court closes

As noted in the Law Journal in November 2013 the specialist court in Fife that deals with drug related offences is to close at the end of this week, the Herald reports today.

Fife drug court opened in 2002, a year after Scotland's first drug court was set up in Glasgow.
One of two such courts in Scotland, the Fife Drug Court was set up in 2002 with the aim of reducing drug-related crime among repeat offenders aged 21 and over by tackling their addiction. Rather than custodial sentences, offenders are given drug treatment and testing orders. The other court has been running in Glasgow since 2001.

A paper currently before Holyrood's Justice Committee reveals that the Sheriff Principal of Tayside, Central & Fife, Alastair Dunlop QC, "believes that for a number of reasons, issues including court capacity, there is no longer a strong case for continuing the Fife Drugs Court in its current form".

Fife is about to lose one of its three sheriff courts under the Scottish Court Service restructuring programme, with cases from Cupar being transferred to Dundee, though the drug court sits at the other courts in Kirkcaldy and Dunfermline. However the sheriff principal believes that taking all the pending changes in the courts into account, he will be "better able to discharge his statutory responsibility" if there is no dedicated drugs court.

Questions have been asked in the past about the success of the drug courts, as rates of reoffending have remained high among those they deal with, but supporters of the schemes maintain that their benefit is their ability to monitor offenders' behaviour and drug use, and offer a range of treatments. Previous studies have found that they had some success in reducing both drug use and offending behaviour.

A Scottish Government spokesperson said: "Fife will revert to dealing with cases within the drug treatment and testing order regime, which is the way in which these cases are dealt with in the vast majority of courts across Scotland."

http://www.journalonline.co.uk/News/1013364.aspx

The Scottish Legal Aid Board (SLAB) has been advised that the special Fife Drug Court pilot ended on the 30 November 2013, and from that day onwards, all Drug Court Orders will be converted to Drug Treatment and Testing Orders and proceed in the way that they do in other courts around the country. As such, the previous arrangements for legal aid which were in place for the Fife Drug Court have now been reviewed.

http://www.slab.org.uk/providers/mailshots/2013_Jun_to_Dec/newsfeed/WithdrawlofFifeDrugCourt

Findings from a formative and process evaluation of the first 6 months operation of the Pilot Drug Courts in Glasgow and Fife, facilitating comparison across the 2 sites.

Main Findings

- The pilot Drug Courts in Glasgow and Fife have important procedural differences that had been instituted to enable the Drug Court model to be adapted to different local contexts.
- The referral procedures adopted had both strengths and weaknesses. The procedures in Glasgow, for example, had generated fewer referrals but were more effective in 'fast-tracking' offenders into treatment.
- The range of treatment services provided in-house was strongly influenced by the existing services that could be accessed by clients on Drug Court Orders. Professional differences emerged in both pilot sites with respect to aspects of the treatment regime.
- Review hearings - and especially the sheriff-offender dialogues that characterised them - were a critical feature of the Drug Court process and their effectiveness was perceived to be further enhanced by the pre-court review meetings.
- Sheriffs were dissatisfied with the range of sanctions available to the court in the event of non-compliance and welcomed the provisions in the forthcoming Criminal Justice Act to enable the Drug Court to impose short periods of imprisonment.
- There was no evidence that pilot Drug Courts had impacted adversely on the workload of the sheriff courts. However in Glasgow in particular the resource implications for the Supervision and Treatment Team of managing such intensive Orders had not been fully acknowledged.
- Pilot Drug Courts have been successfully established in Glasgow, and in Kirkcaldy and Dunfermline in Fife, suggesting that Drug Courts are likely to be viable in Scotland and may prove to be effective in addressing drug-related crime.

http://spoxy5.insipio.com/generator/sc/www.scotland.gov.uk/Publications/2003/08/17878/23845

USA

Prevalence

As noted by Blanford and Osher (2012)

“The prevalence of serious mental illness (SMI) among persons in the criminal justice system is between three and six times the rate for individuals with SMI in the general U.S. population. A recent study of over 20,000 adults in five local jails found that 14.5 percent of male inmates and 31 percent of female inmates met criteria for a SMI. If these same estimates are applied to the almost 13 million jail admissions reported in 2010, the study findings suggest that more than two million bookings of a person with SMI occur annually.

Studies suggest that the co-occurrence of mental health and substance use disorders (COD) is common. In jails, of the approximately 17 percent with SMI, an estimated 72 percent had a co-occurring substance use disorder. Approximately 59 percent of state prisoners with mental illnesses had a co-occurring drug and/or alcohol problem. The overrepresentation of people with SMI or COD in the criminal justice system has a significant impact on the recovery path of these individuals, creates stress for their families, and has an effect on public safety and government spending”.

http://gainscenter.samhsa.gov/cms-assets/documents/73659-994452.ebpchecklistfinal.pdf

What Are Mental Health Courts?

One rapidly growing form of jail diversion is mental health courts, which give judges the option of sending certain offenders with mental health problems to treatment rather than jail. Modelled after drug courts, mental health courts help communities use limited resources more effectively, improve quality of life for offenders with mental illnesses, and enhance public safety.

Although details vary, these specialized courts typically share several characteristics:

- **Voluntary nature.** Participation in mental health courts is voluntary. After a specialized screening and assessment, the court may invite eligible defendants to participate in the program. Individuals are free to decline.
- **Problem-solving.** Instead of the procedures courts typically use with offenders, mental health courts take a problem-solving approach to select offenders who have a mental illness.
- **Individualized plans.** A team comprising court staff and mental health professionals creates and puts into practice individualized plans for community-based treatment.
- **Monitoring.** That team then supervises individuals to make sure they're complying with the terms they've agreed to. The court monitors progress at regular hearings, offering rewards or sanctions depending on whether or not participants are adhering to their treatment plans and other conditions.
- **Graduation.** Once participants complete all of their requirements, they "graduate" from the program.

Key agencies in the US

The Substance Abuse and Mental Health Services Administration (SAMHSA)

http://www.samhsa.gov/index.aspx

SAMHSA's key message is that - *Prevention works, treatment is effective, and people recover from mental and substance use disorders* and the website notes that the Substance Abuse and Mental Health Services Administration's mission is: "to *reduce the impact of substance abuse and mental illness on America's communities".*

In order to achieve this mission, SAMHSA has identified eight strategic initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities."

Of the eight strategic initiatives the second is 'Trauma and Justice'. The purpose of this initiative is:

"Reducing the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems" (p.14, Leading Change, 2010).

SAMHSA has advertised grants for up to $13.7 million in SAMHSA Treatment Drug Courts (date closed 17/3/14)

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for Grants to Expand Substance Abuse Treatment Capacity in Adult Tribal Healing to Wellness Courts and Juvenile Drug Courts (SAMHSA Treatment Drug Courts) totaling up to $13.7 million over three years.

The purpose of this program is to expand and/or enhance substance abuse treatment services in existing Adult Tribal Healing to Wellness Courts (which are the tribal equivalent of adult drug courts) and in Juvenile Treatment Drug Courts (tribal or non-tribal).

These programs use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services supporting substance abuse treatment, screening, assessment, case management, and program coordination) to defendants/offenders.

http://www.samhsa.gov/newsroom/advisories/1402262612.aspx

The Gains Center

The key US agency funded by SAMHSA is the GAINS Center. http://gainscenter.samhsa.gov/
Its primary focus is on expanding access to community based services for adults diagnosed with co-occurring mental illness and substance use disorders at all points of contact with the justice system. The Center emphasizes the provision of consultation and technical assistance to help communities achieve integrated systems of mental health and substance abuse services for individuals in contact with the justice system.
SAMHSA's GAINS Center provides technical assistance to the field, as well as technical assistance and support to the following SAMHSA-funded grant programs:

Mental Health Transformation Grant (MHTG)
Adult Treatment Court Collaboratives (ATCC)
Jail Diversion Trauma Recovery (JDTR)
Early Diversion

Adult Mental Health Treatment Courts Database

The GAINS Center has developed a comprehensive database to identify the existing mental health courts in the United States. As a living document, the information included in the database will be updated as needed. It includes: the location of each mental health court, the year established, target participants (e.g. felony, misdemeanor, violent/non), approximate annual enrollments (or total enrollments), and necessary contact information. This database was completed in December 2012 and last updated in August 2013.

http://gainscenter.samhsa.gov/grant_programs/adultmhc.asp

The National Centre for State Courts

This agency has a website that outlines all the mental health courts in the US.

http://www.ncsc.org/topics/problem-solving-courts/mental-health-courts/state-links.aspx

The Justice Center

The Council of State Governments Justice Center is a national nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government. Staff provides practical, nonpartisan advice and evidence-based, consensus-driven strategies to increase public safety and strengthen communities.

The Justice Center evolved from the Council of State Governments' Eastern Regional Conference justice program to a national center in 2006, and serves all states to promote effective data-driven practices—particularly in areas in which the criminal justice system intersects with other disciplines, such as public health—to provide practical solutions to public safety and cross-systems problems. The Justice Center builds on the solid foundation of work related to reentry, responses to justice-people with mental illnesses who are involved with the criminal justice system, and justice reinvestment—a data-driven approach to reduce corrections spending and reinvest savings in strategies that can decrease crime and strengthen neighborhoods.

http://csgjusticecenter.org/mental-health/

The Criminal Justice/Mental Health Consensus Project

The Criminal Justice/Mental Health Consensus Project, coordinated by the Council of State Governments Justice Center, was an unprecedented, bipartisan national effort to help local, state, and federal policymakers and criminal justice and mental health professionals improve the response to people with mental illnesses who come into contact with the criminal justice system.

The Criminal Justice / Mental Health Consensus Project was a unique effort to define the measures that state legislators, law enforcement officials, prosecutors, defense attorneys, judges, corrections administrators, community corrections officials, victim advocates, mental health advocates, consumers, state mental health directors, and community-based providers agreed will improve the response to people with mental illness who are in contact (or at high risk of involvement) with the criminal justice system.

The Consensus Project Report

The Consensus Project Report, published in 2002, provides 47 policy statements that can serve as a guide or prompt an initiative to improve the criminal justice system's response to people with mental illness. The Consensus Project Report addresses the entire criminal justice continuum, identifying numerous means to improve the system's response to individuals with mental illness.

http://csgjusticecenter.org/mental-health-projects/report-of-the-consensus-project/

Database of mental health programs – mental health

http://csgjusticecenter.org/reentry/local-programs-database/

Mental Health Courts

This report reviews the design and function of mental health courts, outcomes of mental health court participation, and questions and implications for policy and practice. This guide is intended to assist policymakers and practitioners in assessing the utility of mental health courts.

Mental health courts: a guide to research-informed police and practice

Law Enforcement Responses to People with Mental Illnesses: A Guide to Research-Informed Policy and Practice

This 2009 publication examines studies on law enforcement interactions with people with mental illnesses and translates the findings to help policymakers and practitioners develop safe and effective interventions. Supported by the John D. and Catherine T. MacArthur Foundation, it reviews research on the scope and nature of the problem and on a range of law enforcement responses.

http://csgjusticecenter.org/law-enforcement/publications/law-enforcement-responses-to-people-with- mental-illnesses-a-guide-to-research-informed-policy-and-practice/

New trauma-informed law in Vermont is based on the Adverse Childhood Experiences work in the US

The law includes such statements as:

"*The Committee on Health Care to which was referred House Bill No. 762*
It is the belief of the General Assembly that people who have experienced adverse childhood experiences are resilient and that with the appropriate trauma-informed care they can succeed in
leading happy, healthy lives.

Sec. 2. TRAUMA-INFORMED CARE IN THE BLUEPRINT FOR HEALTH

(a) The Director of the Blueprint for Health, in consultation with appropriate stakeholders, shall explore ways to implement the following initiatives:

1. use of a questionnaire containing questions on the ten categories of adverse childhood experiences at Blueprint for Health practices, including appropriate training for providers using the questionnaire and increased per member, per month payments to incentivize use of the questionnaire; and

2. a pilot program using the Vermont Center for Children, Youth, and Families' Vermont Family Based Approach, in which participating community health teams may hire a family wellness coach, or contract with a community partner organization who shall serve as a family wellness coach, to provide prevention, intervention, outreach, and wellness services to families within the community health team's region".

Vermont TIC Legislation

The Broward Mental Health Court

The Broward Mental Health Court in Florida has been described and evaluated in depth.This online book notes:

It offers a powerful, unique, and effective alternative to sending still more people with mental illness to jail. Empirical evidence suggests that participation in the program results in increased access to local mental health services and a decrease in jail time during the first year after entry into the program. In addition, higher mental health care costs are balanced by the reduced costs for keeping the individual incarcerated within the correctional setting.

The Broward Mental Health Court had the belief that a highly knowledgeable court expert in disability rights law, which strong interdisciplinary knowledge base in related social sciences and human rights, could create system change. The Broward model, presumed a high degree of trauma, and dehumanization for those it would serve. Therefore, the court established a highly dignified court process which integrated values based in dignity, restoration of personhood, and empathy.

The following benefits of diversion programs are amongst those identified in the literature:

- Improved mental health outcomes for participants, including reduced pressures
- on the criminal justice system
- Reduced rates of re-hospitalisation and recidivism
- Improved access to mental health services
- Reduced levels of substance abuse and reduced costs to governments

Also:

- Participation in the mental health court will result in comparatively fewer episodes of
- re-incarcerations and better access to health care, relative to the period prior to
- programme participation
- Participants are less likely to incur new charges or be arrested, compared to individuals who do not enter the mental health court programme
- Mental health court participants reported more favorable interactions with the judge
- and perceived that they were treated with greater fairness and respect than in traditional courts
- Longitudinally, the mental health court will result in net financial savings for the Government.

Since 2000, the number of mental health courts has expanded rapidly. As of 2010, there are an estimated 250 courts in the U.S. and dozens more are being planned. The proliferation of courts was spurred in large part by the federal Mental Health Courts Program administered by the Bureau of Justice Assistance, which provided funding to 37 courts in 2002 and 2003.

http://browardmentalhealthcourt.info/uploads/An_Introduction_to_the_Broward_County_Mental_Healt h_Court_2013.pdf

Drug Courts

The first drug treatment court, which opened in Miami in 1989, came in response to the rising rates

of drug-related offences in the United States. At that time, there was widespread use of crack cocaine, and courts were handing down more and longer custodial sentences to substance-abusing offenders. As a result, prison overcrowding became a significant issue. In an effort to reduce prison over-crowding, drug courts (also commonly referred to as drug treatment courts) were created to divert eligible offenders from institutions to judicially supervised treatment in the community.

It was believed that these courts, and the associated substance abuse treatment, would assist offenders in overcoming their substance abuse issues and as a result, reduce recidivism. Since the inception of the first drug court, they have become a popular alternative to incarceration for non-violent substance-abusing offenders. Today, there are over 1,700 drug treatment courts in the United States, Canada, the United Kingdom, and Australia, with more in the planning stages (Weekes, Mugford, Bourgon & Price, 2007).

http://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/2009-04-dtc/index-eng.aspx

Resources for drug courts

As a response to the increase of drug and alcohol-abuse offenders in the criminal justice system and the level of recidivism, drug courts have been created to help alleviate caseload pressures, as well as expand to embrace the therapeutic jurisprudence model. This topic addresses the issues of planning, implementing, managing, and evaluating drug court programs.

Links to related online resources are listed below. Non-digitized publications may be borrowed from the NCSC Library; call numbers are provided.

http://www.ncsc.org/Topics/Problem-Solving-Courts/Drug-DWI-Courts/Resource-Guide.aspx

TV interviews of key drug court personal and consumers

http://live.huffingtonpost.com/r/segment/drug-addicts-treatment-prison-rehabilitation-drug-court-war- on-drugs-prison/51a61e0a78c90a5907000095

- **Chris Deutsch** @_ALLRISE_ (New York City, NY) Communications Director for the National Association of Drug Court Professionals
- **Judge Jo Ann Ferdinand** (Brooklyn, NY) Judge on Kings County Supreme Court
- **Joe Madonia** (Brooklyn, NY) Project Director, Brooklyn Treatment Courts
- **Ranji Lachman-Singh** (Brooklyn, NY) Graduate, Brooklyn Drug Court
- **Dr. Paul Chabot** @drpaulchabot (Rancho Cucamonga, CA) Former Senior Advisor to the White House Drug Policy Office

Drug programs for courts in the US

http://csgjusticecenter.org/reentry/local-programs-database/

One key example is

Adult Drug Court Best Practice Standards Volume I

From the National Association of Drug Court Professionals

http://www.nadcp.org/sites/default/files/nadcp/AdultDrugCourtBestPracticeStandards.pdf

National Association of Drug Court Professionals (NADCP) Powerpoint
National Drug Court Institute (NDCI)

Research Findings

- The length of time a patient spent in treatment was a reliable predictor of his or her post treatment performance
  Beyond a ninety-day threshold, treatment outcomes improved in a direct relationship to the
  length of time spent in treatment, with one year generally found to be the minimum effective duration of treatment.

- Coerced patients tended to stay longer
  This was in light of the finding that most of the legally coerced addicts had more crime and gang involvement, more drug use, and worse employment records than their non-coerced counterparts.

http://www.cicad.oas.org/apps/Document.aspx?Id=660

Other references

US publications are noted by the Australian Governments website Australian Institute of Criminology

- Mental health courts publications
  Criminal Justice / Mental Health Consensus Project (US)

- Mental Health Courts Program
  Bureau of Justice Assistance (US)

- Mental health court evaluations: an annotated review of the literature with commentary (PDF 174kB)
  Madelynn Herman. National Center for State Courts (US), 2005

- The role of mental health courts in system reform
  David L Bazelon. Center for Mental Health Law, Washington DC, 2004

- Rethinking the revolving door: a look at mental illness in the courts (PDF 180kB)
  Derek Denckla and Greg Berman. Center for Court Innovation (US), 2001

- Emerging judicial strategies for the mentally ill in the criminal caseload : mental health courts in
  Fort Lauderdale, Seattle, San Bernadino and Anchorage (PDF 417kB)

- Bureau of Justice Assistance (US), 2000
  http://www.aic.gov.au/criminal_justice_system/courts/specialist/mentalhealth.html

References from:

http://www.aic.gov.au/criminal_justice_system/courts/specialist/drugcourts.html#nsw

- Drug courts: an effective strategy for communities facing methamphetamine (PDF 416kB)
  C West Huddleston III. Bureau of Justice Assistance, Department of Justice, 2005

- The state of drug court research: moving beyond 'do they work?' (PDF 149kB) Amanda B Cissner and Michael Rempel. Center for Court Innovation, 2005

- Painting the current picture: a national report card on drug courts and other problem solving court programs in the United States
  C West Huddlestone, Karen Freeman-Wilson and Donna L Boone, National Drug Court Institute, 2004

- Drug court monitoring, evaluation, and management information systems : national scope needs assessment (PDF 967kB)
  Department of Justice, 2003

- Juvenile drug courts : strategies in practice (PDF 829kB) Department of Justice, 2003

- An honest chance : perspectives on drug courts
  J S Goldkamp, M D White, and J B Robinson, Crime and Justice Research Institute, 2002

- Testing therapeutic jurisprudence theory: an empirical assessment of the drug court process
  Scott Senjo and Leslie A Leip. Western Criminology Review, 2001

- In the spotlight : drug courts
  National Criminal Justice Reference Service

- National Drug Courts Institute