

Joint Meeting of the Health and Human Needs Committee & Public Protection and Judiciary Committee



University of Wisconsin
Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Agenda

- Brief overview of the project
- Timeline
- Progress To date
- Initial review of the literature
- Initial Data Analyses from DHS
- Initial Themes in Stakeholder Views
- Q&A time

Focus of the Feasibility Study

Implementing a Mental Health Court in Dane co.



1

Key Components

Essential roles & support services; range of eligible populations...



2

Barriers and Facilitators to Implementation

Relevant laws and ordinances, common pitfalls, best practices...



3

Assessing Effectiveness and Impact

Identifying SMART goals, outcomes for participants vs programs...



4

Considering Historical and Emergent Trauma

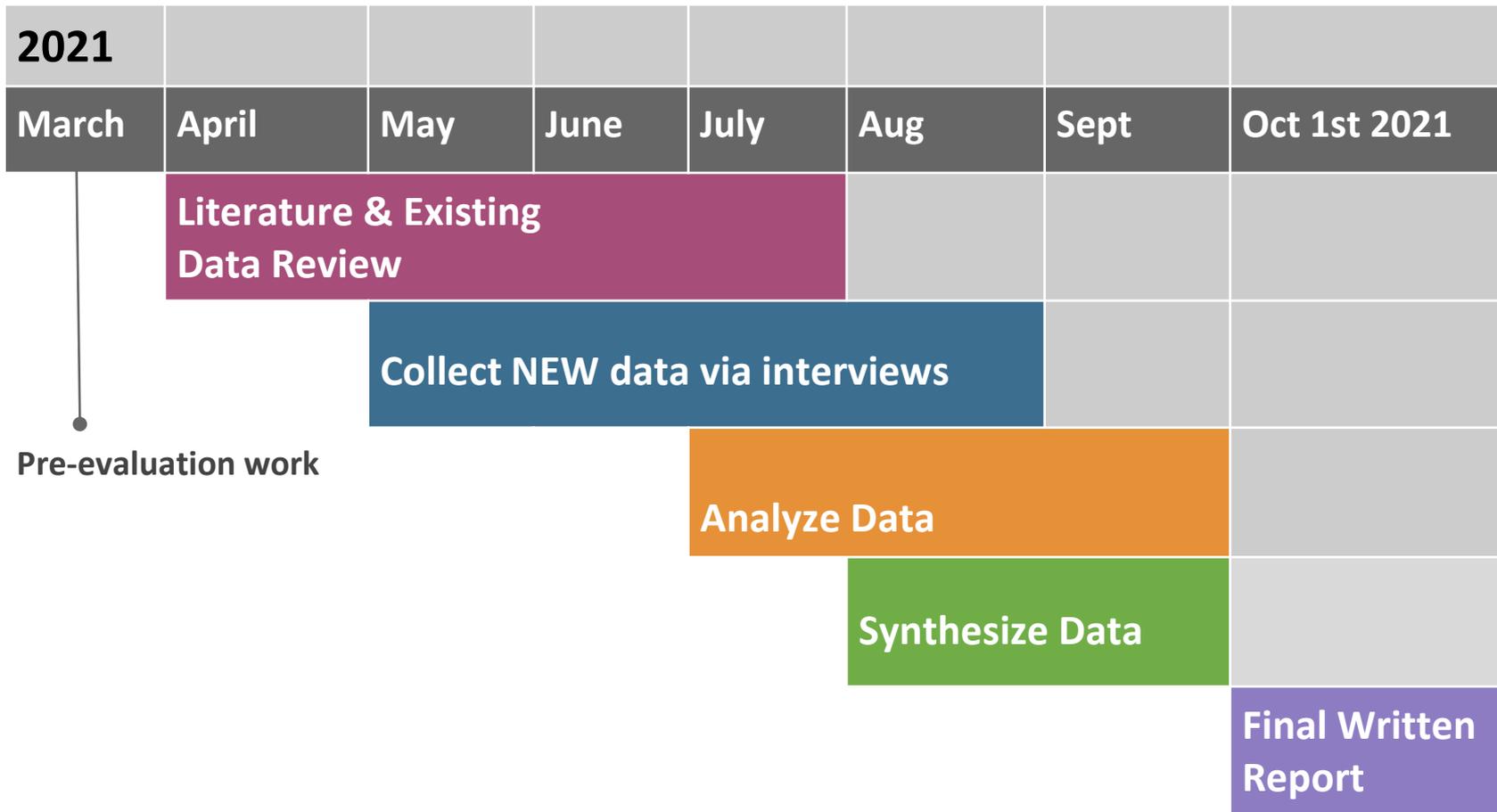
Reducing the impact of bias, and acknowledging the role of intergenerational trauma...



5

Mental Health Courts as an Opportunity for Repair

Structuring the court to increase social connection and belonging...



Best Practices in the Literature

- Caveat: There is more data on drug courts than on mental health courts



Interviewee Recommendations

- Accept both high need and high risk defendants: Save the courts for the hardest to hardest to treat
- Eligibility criteria should be established in conjunction with the Tx capacity of the community.
- Need a universal screening for behavioral health issues at booking
- Use jail sanctions sparingly as incarceration only worsens MH
- Requiring a guilty plea, while convenient for the judicial system, is an ethically dubious protocol
- The judge's competency in working with this population is a key factor in success
- MHC's may enhance satisfaction with life among defendants

Suggested Goals

- Increased public safety,
- Improved psychiatric stability
- Better usage of resources,
- Increased treatment engagement
- Improved relationships
- Increased quality of life & engagement with life

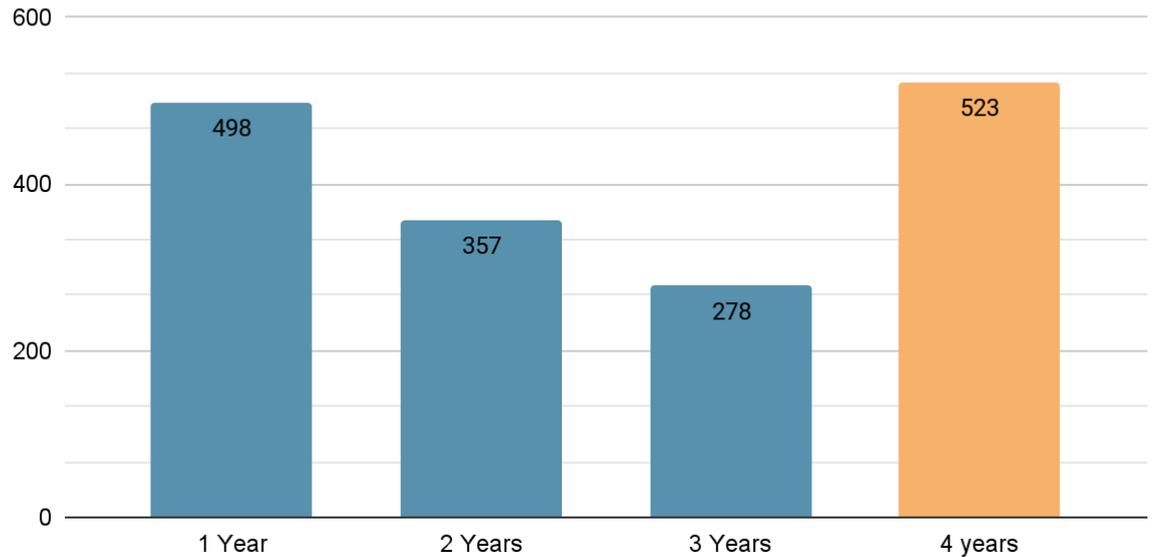


Initial Data

282 unique individuals receiving AODA services had at least one mental health flag between 2017-2020

1656 individuals receiving mental health services also had criminal justice involvement

Close to 32% of clients with criminal justice involvement received MH services for at least 4 years



Between 2017 and 2020, among Individuals receiving ANY MH services in the DHS database....

204-379

are **arrested** each year

107-179

are **jailed** or **imprisoned**
each year



Key Informant Interviews



	Completed	Scheduled	Searching
WI Mental Health Court Staff and Judges	3		
Prosecutors	2		
Public Defenders	1	1	
Defense Attorneys	1		
Judges	2		
Justice: Other		1	
BH Treatment providers/case managers	5		
Forensic Psychiatrists	2		
DOC Community Corrections	4		
Advocacy/Lived Experience		2	
Law Enforcement			X

Questions Asked

1. Alignment with existing problem solving courts
2. Eligibility
3. Benefits / Concerns
4. Equity Considerations
5. Community Priorities



Emergent Themes... Eligibility

- a. Reserve for highest challenge and highest risk-- include violent offenders**
 - i. Folks without a lot of community support
 - ii. NGRI folks; Treatment to competency folks; Chapter 51 folks

- b. Include a LCSW, psychologist and/or forensic psychiatrist in determining eligibility**
 - i. Use Assertive Community Treatment (ACT) assessment
 - ii. Look at psychosocial connections
 - iii. Need a real-time assessment, not just historical to catch emerging issues

- c. Target the familiar faces (i.e., repeat offenders)**

- d. QUESTION: Are folks being charged in order to get access to a good psychiatric assessment?
 - i. Competency is a low bar and does not reveal mental issues

Emergent Themes...Benefits / Concerns

- Would be a boon to have a dedicated branch(es) that understood serious mental illness (prosecutors, defense attorneys, judges, etc)
- Fewer people in prison- great!
- **Threat of incarceration is not a good motivator**
- Charging people to get them treatment is increasingly common
- Degree of supervision should be reserved for those with greatest challenges/least community support
 - If there is no housing, this is setting people up to fail
- Need more collaboration with the DA's office to divert folks pre-charges
 - DA needs more resources to do so
- Having a charge on your record can prevent one from securing housing and employment, further destabilizing folks



Emerging Themes: Equity Considerations

- a. **Increase pre-charge diversion for Black and Brown and low-income folks**
 - i. Monitor for patterns along race
 - ii. Work with Journey to identify folks already being served
- b. **Finding out about the court as an option**
- c. **Provide assessment opportunities once arrested, don't just rely on Hx of treatment**
- d. **Folks who can't pay bond need to be eligible!**
- e. **Availability of resources to fulfill the MHC requirements;**
 - i. Getting to the appointment
 - ii. Quality of care
 - iii. Mismatch between provider/services and client



Emergent themes... Community Priorities

- **Housing First, for real**
 - a. Food and other basic needs met
 - b. Continuum of care case management
- **Resources to support de-institutionalization**
 - a. More to ACT
 - b. Dual-diagnosis services
- **Psychiatrists and other drug providers**
- **Reduce the volume of people arrested and charged**
 - a. Crisis mobilization gives a lot of hope
- **Engage families in treatment**
 - a. Build connections and support healing

THE GAP THE PROBLEM:

The U.S. has a shortage of more than **7.2 MILLION** rental homes affordable and available to extremely low income renter households.



Questions...Comments....

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