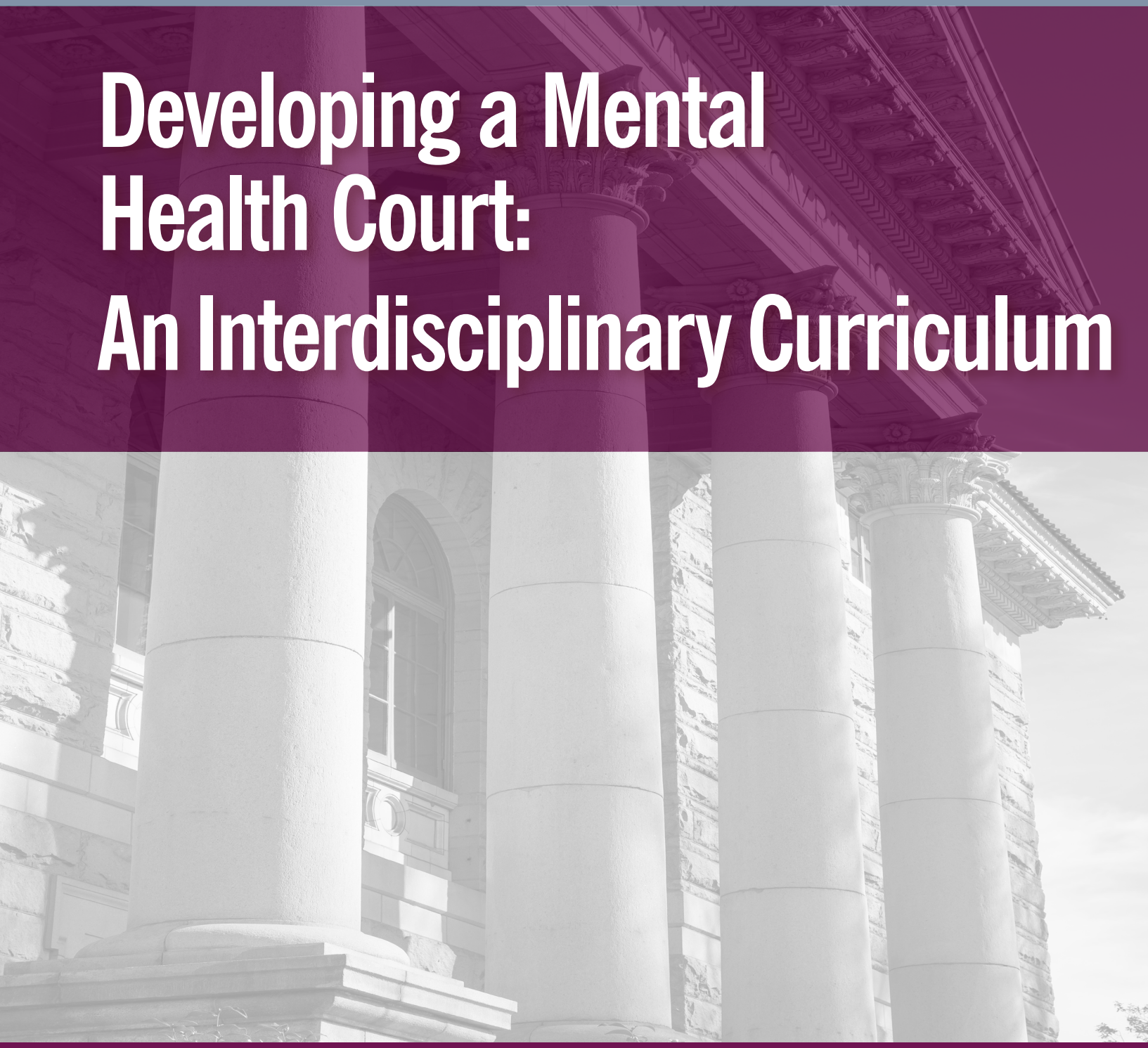
Developing a Mental Health Court: An Interdisciplinary Curriculum



HANDBOOK FOR FACILITATORS

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JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

Developing a Mental Health Court: An Interdisciplinary Curriculum Handbook for Facilitators

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Supported by

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INTRODUCTION

Whether you come to *Developing a Mental Health Court: An Interdisciplinary Curriculum* as a state-level trainer looking to work with a local jurisdiction that is considering starting a mental health court program, a judge hoping to "tune up" his/her established mental health court, or anyone else interested in learning more about mental health court design and implementation, welcome! The support of the U.S. Department of Justice's Bureau of Justice Assistance has allowed us to convene an incredible national group of researchers, policymakers, and practitioners to develop a resource rich with the best available research and practical advice in this growing area.

With the curriculum's two introductory presentations, eight modules with online presentations, and accompanying Prep Work and Activities Guide sections, you have access to well over 32 hours of training materials available for free anywhere you can connect to the Internet. Through a mixture of online presentations—featuring "must know" content from national experts and real practitioners—and in-person activities intended for local groups, the curriculum is easily accessible. It is also a new approach to learning for many of us accustomed to receiving training through in-person lectures at state and national conferences.

This *Handbook for Facilitators* is designed to help you navigate the curriculum's expansive set of resources and provide the best possible training for the communities in which you work.

» First, we discuss the research on adult learning that informed the development of the curriculum and provide examples of how you can use these principles in your own training events.

» In the sections on facilitation, we go into more detail on the role of the facilitator, what makes a facilitator effective, and the ways in which a facilitator can deliver trainings following adult learning principles. Then, we discuss how to plan for and lead effective training sessions. Next, we discuss ways of identifying appropriate parts of the curriculum to focus on based on the training needs of the community with which you are working.

» To help you anticipate common questions and concerns, detailed guides are included for each of the curriculum's modules.

» Finally, we return to principles of adult education to discuss learning retention so that the presentations and discussions "stick" beyond the day of the training itself.

We have included a number of resources and tools along the way (including appendices) to help you apply what you learn in this handbook, and to help your planning and facilitation of the training.

We welcome you to a national partnership of individuals and organizations that have come together to bring national research and best practices into an accessible, flexible training resource. We look forward to future conversations with you and to bringing you into the "community of practice" in this area.

Sincerely,

The Council of State Governments Justice Center

Adult Learning Principles in the Curriculum

Understanding the principles of adult learning that informed the development of *Developing a Mental Health Court* will help you and others using the curriculum make informed decisions about how to arrange local and state trainings. This section provides a brief overview of key concepts in adult learning, describes how adult learning principles appear throughout *Developing a Mental Health Court*, and provides guidance for facilitators using the curriculum on how to ensure fidelity to adult learning concepts.

Adult Learning Principles

Learning theory has deep roots in education, beginning in the 1800s with names such as Edward Thorndike and John Dewey.[1] In general, learning theories provide a structure for explaining how we absorb, process, and retain information while learning.[2]

We recognize that learning experienced by adults ("andragogy," coined by Malcolm Knowles and meaning "leader of man")[3] is quite different from that of children ("pedagogy," or "leader of children"). While there are multiple theories on adult learning, we have primarily focused on the "andragogical model" developed by Knowles and the concept of experiential learning put forth by David Kolb.[4] These theories and concepts are briefly described below in an effort to present how foundational they are to the material in this handbook and the curriculum. Of course, these frameworks can also be used to conceptualize new curricula and presentations as well as enhance existing ones.

Knowles' andragogical principles[5] include:

1. **Need to Know:** Adults need to know the reason for learning.
2. **Foundation/Experience:** The life experiences and existing knowledge of adult learners is important for instructors to recognize and incorporate into material.
3. **Self-Concept/Self-Direction:** Adults learn best when they are responsible for decisions related to their education, including their involvement in the planning and evaluation of the instruction. The instructor takes the role of facilitator, resource, and mentor, rather than that of lecturer.
4. **Readiness/Relevance:** Adults are most interested in learning about topics that have immediate relevance to them, either personally or professionally.
5. **Orientation:** Adults learn through solving real-life problems and practical examples. In contrast to content-centered instruction, adults learn through problem-centered material.
6. **Motivation:** Adults respond better to internal versus external motivators.

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1 Malcolm S. Knowles, Elwood F. Holton III, and Richard A. Swanson, *The Adult Learner* (Routledge, 2012).

2 Jeanne Ellis Ormrod, *Human Learning* (Boston: Pearson, 2012).

3 Malcolm S. Knowles, *The Modern Practice of Adult Education; Andragogy versus Pedagogy* (New York: Association Press, 1970).

4 David A. Kolb, *Experiential Learning: Experience as the Source of Learning and Development* (Englewood Cliffs, N.J: Prentice-Hall, 1984).

5 Knowles, Holton, and Swanson, *The Adult Learner.*

Kolb's theory of experiential learning is also foundational to this handbook and the curriculum. It shows how concrete experience is transformed through reflection into more abstract concepts, or theories and facts being learned.[6] This reflection, in turn, is used as a guide for active experimentation. In its first stage, *concrete experience*, a learner actively engages in an activity or task. In the second stage, *reflective observation*, that learner consciously reflects back on the experience. In the third stage, *abstract conceptualization*, the learner attempts to make sense of what has happened and form a theory or model based on what was observed. In the fourth and final stage, *active experimentation*, the learner considers how they will put what they have learned into practice and/or tests the model or theory.

There are many overlapping components in learning theory.[7] We have only touched upon two that have been core to the development of this handbook and the curriculum. In the following section, we will describe how adult learning principles have been incorporated into the curriculum and handbook.

6 Kolb, *Experiential Learning*.

7 For more on how adult learning theories can be applied for criminal justice training, see Kelly Bradley, Edward Connors, and Institute for Law and Justice, *Training Evaluation Model: Evaluating and Improving Criminal Justice Training* (National Institute of Justice, September 2007), 22–28.

Adult Learning in Practice

The Use of a Community of Practice

In the curriculum, a "community of practice" framework is used during the initial training and is strongly encouraged as local jurisdictions and states develop their mental health court programs. A community of practice is a group of people who "share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis."[8] This framework can be helpful for groups of professionals interested in learning new practices, or improving existing ones.[9] Research also shows that a community of practice is an effective framework for translating knowledge into practice.[10] The use of a community of practice ensures that the learning process is self-directed, has a problem-centered orientation, and that all participants are viewed as experts.

In a community of practice, learning happens mainly through social interactions. It is through finding ways of learning from interactions with others that a group of people develop a common language as well as tools, resources, and strategies to improve collaborative work. As opposed to more static, one-way exchanges of knowledge that "push" and "pull" information, a community of practice recognizes that knowledge not only resides with experts, but also in the expertise of knowledge users, calling for a more collaborative, multi-dimensional knowledge transfer approach. Members do not need to and in fact should not always agree.[11] However, through their commitment to mutually engage in a joint enterprise, members make a commitment to learn from and with one another, share successes and failures, and learn to understand one another's challenges.

Jean Lave and Etienne Wenger, who first coined the term "community of practice," suggest that learning can be measured in terms of its usefulness.[12] Assessing how well individuals can practice new skills and knowledge in the contexts where it is needed becomes the measure of what has been learned. As those familiar with mental health courts and other cross-system collaborative efforts know well, these efforts flourish when individuals with different professional expertise work together, sharing knowledge and leveraging each other's skills and capacities to address a challenge that no one individual or agency can solve independently. Each participant will bring different perspectives, knowledge, and concerns that move the local group's work forward. At the same time, local teams are part of a national community of practice, including programs from around the country as well as the organizations and individuals

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8 Etienne Wenger, Richard A. McDermott, and William Snyder, *Cultivating Communities of Practice: A Guide to Managing Knowledge* (Boston, Mass: Harvard Business School Press, 2002).

9 Jean Lave and Etienne Wenger, *Situated Learning: Legitimate Peripheral Participation*, Learning in Doing (Cambridge [England]; New York: Cambridge University Press, 1991).

10 Brenda Moore, "Using Technology to Promote Communities of Practice (CoP) in Social Work Education," *Social Work Education* 27, no. 6 (2008): 592–600, doi:10.1080/02615470802201580; David W. Price and Kate G. Felix, "Journal Clubs and Case Conferences: From Academic Tradition to Communities of Practice," *Journal of Continuing Education in the Health Professions* 28, no. 3 (June 1, 2008): 123–30; J. Olivet, C.S. Johnston, and Zerger S, *Evidence-Based Practice in Community-Based Social Work: A Multimedia Strategy.*, Final Report submitted to the National Institute of Health, n.d.; Hassan Soubhi et al., "Learning and Caring in Communities of Practice: Using Relationships and Collective Learning to Improve Primary Care for Patients with Multimorbidity," *Annals of Family Medicine* 8, no. 2 (March 2010): 170–177.

11 Huw Davies, Sandra Nutley, and Isabel Walter, "Why 'Knowledge Transfer' Is Misconceived for Applied Social Research," *Journal of Health Services Research & Policy* 13, no. 3 (July 2008): 188–90; Paul Graham, "Knowledge Transfer in Theory and Practice: A Guide to the Literature," January 2008, academia.edu/1962622/Knowledge_Transfer_in_Theory_and_Practice_A_Guide_to_the_Literature.

12 Lave and Wenger, *Situated Learning.*

involved in the development of this curriculum. The curriculum's many perspectives and program spotlights show an effort to bring that rich national community to localities nationwide.

A Blended Learning Approach and Flexible Curriculum

Developing a Mental Health Court follows a blended learning approach. Blended learning seeks to effectively combine virtual and face-to-face delivery methods, as well as multiple teaching and learning styles.[13] "Blended [learning] allows for pedagogical richness, access to knowledge, social interaction, personal agency, cost-effectiveness, and ease of revision."[14] These factors are important for broadly disseminating knowledge, research, and best practices on mental health court programs to busy professionals, many of whom are already engaged in advancing best practices in the criminal justice and/or behavioral health systems. As mental health courts continue to evolve, these qualities of blended learning nourish both the growing knowledge base and the development of knowledgeable users.

Blended learning also maximizes the flexibility of the location and timing of learning. Presentations can be viewed anywhere where there is an Internet connection, and at any time when someone is interested in learning. Travel times and costs are minimized through this on-demand approach to content. At the same time, there is no replacement for interpersonal interactions that build the common knowledge and relationships necessary for effective collaboration. Live activities provide opportunities for local and state groups to come together to consider the applications of key content to local policies and practice.

Each jurisdiction will use this curriculum in a manner that fits its local context and the learning styles of team members. Teams will have their own time constraints and areas they wish to emphasize. The curriculum is designed to support these differences and capitalize on them. *Developing a Mental Health Court* allows teams to work through materials to reach their own unique program goals, while ensuring an effective method for translating into practice available evidence on what does and does not work in mental health courts. The flexibility provided by a blended learning approach and attention to the unique needs and contexts of a given jurisdiction ensures that learning is relevant and creates buy-in (intrinsic motivation) for community participants.

Curriculum Components

Developing a Mental Health Court provides a number of activities and resources for each module. The modules include written text, video and audio clips, and activities guides that include:

- **Reflection questions**—Prompt team members to think about the different components of a decision they will ultimately make as a team.
- **Worksheets**—Help the team gather information and document what it knows about issues relevant to planning a mental health court program in its own jurisdiction.
- **Scenarios**—Provide the context for video clips to showcase planning decisions of the teams described in the video clips.
- **Video clips**—Highlight a real team engaged in issues that a mental health court program faces

13 A. Heinze and C. T. Procter, "Reflections on the Use of Blended Learning" (presented at the Education in a Changing Environment, University of Salford, 2004), ece.salford.ac.uk/proceedings/papers/ah_04.rtf; Wenger, McDermott, and Snyder, *Cultivating Communities of Practice*.

14 Kjell Erik Rudestam and Judith Schoenholtz-Read, eds., *Handbook of Online Learning*, 2nd ed (Thousand Oaks, Calif: SAGE Publications, 2010), 4.

daily. Teams are encouraged to watch and discuss these clips together to consider why different team members in the videos are making certain statements/decisions.

» **Role-play**—Simulate an experience so that the team can see dimensions not easily described in writing.

» **Review**—Preparatory reading provides necessary background for each module. Because team members read at different paces, it is recommended that review is done ahead of group time whenever possible, then quickly skimmed as a refresher before in-person meetings.

Each of these components plays an important role in the curriculum and allows for a more comprehensive inclusion of adult learning principles. The use of these varied activities and resources ensures that learning is self-directed, relevant, and incorporates the experience and foundational knowledge of the learners.

A Facilitation of the Curriculum

This handbook and its accompanying tools will help you make the most of these built-in aspects of the curriculum by providing guidance on how to facilitate it in accordance to adult learning principles. A facilitator can be defined as "one that helps to bring about an outcome (such as learning, productivity, or communication) by providing indirect or unobtrusive assistance, guidance, or supervision."[15] Facilitators for this curriculum have expressed the importance of their role in guiding self-directed teams interested in learning. The facilitator is instructor, but also mediator and colleague. She or he provides some structure to the training but avoids a traditional teacher/student dynamic throughout the training. The facilitator guides discussions in which the learners reflect upon practices of the mental health courts highlighted in the curriculum, the learners' role-play activities, and the implementation of these practices in their own communities.

The sections following the introduction describe specific ways that facilitators can foster a local community of practice and engage with the national community of practice, develop a tailored training approach, and fold principles of adult learning into group discussions around the curriculum's activities.

The Use of a Needs Assessment

This handbook includes a section designed to walk a facilitator through considerations she or he should make to determine training needs ("Customizing the Curriculum," page 21) and an appendix with sample questions that can be used to determine what information to cover during the training and how best to structure the training sessions (Appendix G, page 126). This process is often referred to as conducting a "needs assessment," and it allows an opportunity for learners to think through their specific training needs (including training topics and their own learning styles) and the local contexts and needs within their jurisdictions. Thus, the use of a needs assessment helps ensure that the facilitator takes into consideration the learners' own experiences and existing knowledge; that the learners are able to self-direct their instruction/training; and that topics are relevant to these learners.

In summary, it is important to remember that adult learners are colleagues who are motivated to learn while understanding why they are learning something new and how it applies to their work and ability

15 "Facilitator," *Merriam-Webster.com*, accessed March 26, 2014, merriam-webster.com/dictionary/facilitator.

to solve problems in their daily lives. Adult learners also bring valuable experience to the learning environment. Most of adult learning is experientially based, meaning learning occurs by doing, and then reflecting on, direct experiences. The instructor is a facilitator and guide for the learning process. It is also important to consider that learning happens best when ideas are expressed in a safe environment that empowers participants to discuss their experiences and admit confusion, ignorance, fears, biases, and different opinions. Respect for learners is paramount.

I. THE CURRICULUM FACILITATOR

The Role of the Facilitator

The facilitator leads the group through the curriculum and plays a critical role in helping teams build relationships with the content, with one another, and even with other teams. The facilitator "encourages full participation, promotes mutual understanding and cultivates shared responsibility" to "support everyone to do their best thinking."[16] In this way, the facilitator "enables group members to search for inclusive solutions and build sustainable agreements."[17] As group members apply knowledge gained from the curriculum to their own work and collaborative process, the facilitator works side-by-side with the team to make decisions about their mental health court program. The facilitator also follows the lead of the group at times, supporting its efforts by providing useful information and resources.

Facilitators who support teams to plan a mental health court with the help of the curriculum will have a number of responsibilities. They will help teams set priorities for when to gather face-to-face for collaborative work and when to engage in self-study. They will assist teams to use the materials and media effectively. Facilitators will support collaborative learning for many different types of activities laid out in the Activities Guides. Some activities will enable a team to reflect on practices used by mental health court practitioners; others will have teams examine what resources they have or need to establish their own program; and still others will ask teams to craft processes they will use to run a mental health court. These collaborative learning experiences can and should be enriched with opportunities for try-out and refinement. For example, a facilitator could work with a team to write out an inventory of behavioral health resources and services in the community that could serve mental health court program participants. This group reflection could be followed by discussions with service providers that were identified in order to confirm whether or not the resources identified could indeed be made available to participants of the program. The facilitator may then regroup the team to discuss findings and adjust the resource inventory accordingly.

Additional responsibilities of the facilitator include

- identifying the group's specific content and training needs;
- coordinating the group's logistics, including scheduling meeting times and locations;
- gathering the necessary resources and materials;
- preparing materials before the training and/or between training sessions; and
- ensuring that the group has access to data and research to inform its decisions.

16 Sam Kaner and Lenny Lind, *Facilitator's Guide to Participatory Decision-Making,* 2nd ed (San Francisco: John Wiley & Sons/Jossey-Bass, 2007), enrapkscurriculum.pbworks.com/f/Role+of+Facilitator+-+Sam+Kaner.pdf.

17 Sam Kaner and Lenny Lind, *Facilitator's Guide to Participatory Decision-Making.*

While the facilitator will often be called upon to answer questions about the research and best practices in mental health courts, the curriculum lightens the burden of subject matter expertise for facilitators by including presentations that reflect research and best practice from national experts and practitioners, as well as reading materials curated by experts on the challenges facing new and existing mental health courts. In a live training event, a subject matter expert's lecture-style presentation may be followed by group discussion facilitated by a different individual, whereas in *Developing a Mental Health Court*, the facilitator determines which online presentations the group watches and then leads the discussion and activities following the presentations to ensure the group pulls relevant information and considerations into their own planning or practice.

Qualities of the Facilitator

Knowledge of the subject matter and experience delivering trainings are likely the first qualities that come to mind for an ideal facilitator. Other important considerations include

- knowledge and experience with problem-solving courts, as well as group processes and goal-oriented learning;
- the ability and willingness to dedicate significant time to preparing for training, including reviewing the curriculum in advance, gathering materials, and engaging participants;
- enthusiasm and the ability to motivate widespread participation within a group;
- flexibility and willingness to modify his/her prepared plans to adapt to the team's changing needs; and
- good listening skills.

There may be someone in your state or community who is already well prepared to facilitate the curriculum.[18] Most states have someone who has experience working with problem-solving courts and has provided training and technical assistance to programs in his/her state. It is a good idea to contact this person to find out what trainings opportunities and resources are available in your state, and to see if she or he may even be able to help you plan or facilitate your training using the curriculum.

Also, if your community has an existing criminal justice/mental health task force, the leader of that entity may be a good candidate to facilitate this training. If your community has a general criminal justice task force, the leader of that group likely already has experience in facilitating a multidisciplinary group, and perhaps even in administering training to groups. Some states—and even some counties—have criminal justice training agencies that administer training (often the state problem-solving court coordinator is housed or affiliated with this agency). If you know of a state or county training agency that works in your jurisdiction, consider engaging its services.

If none of these bodies or individuals exist in your state or jurisdiction, then you and the other potential participants in this training—who are likely the same individuals who will serve on the mental health court team once you have completed the training—should meet to identify potential facilitators.

Finally, judges play an important leadership role on every mental health court team. Consider asking him or her to help facilitate group discussion.

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18 Please feel free to contact the CSG Justice Center to identify an appropriate state-level contact in your state. The National Association of Drug Court Professionals (NADCP) also maintains a list of state drug court coordinators, many of whom are also responsible for training and technical assistance for mental health courts in their states. This list is available online at nadcp.org/learn/find-drug-court/state-leaders/state-drug-court-coordinators/current-state-drug-court-coordinat.

II. FACILITATING A TRAINING USING THE CURRICULUM

For individuals who are facilitating the curriculum for a group, this section provides advice on preparing for and leading the training, offers suggestions for space and materials, and provides tips for creating an optimal learning environment.

Preparing to Facilitate

Develop a Plan to Convene the Group

For groups interested in creating a new mental health court program, it is important to make sure everyone who will be involved in developing, implementing, and running the community's mental health court participates in the training. While the ideal group of participants creating a new mental health court program will vary depending on community, each group will benefit from including at least one of each of the following individuals:

- Judge who would be presiding over the court
- Corrections official/officer
- Prosecutor
- Defense attorney
- Program coordinator
- Case manager
- Behavioral health clinician
- Pretrial services and/or probation official/officer
- Consumer
- Family member of a consumer

For groups involved with an existing mental health court, include a representative of every group that has a stake in the topic or topics you will be covering. That person may be the full group described above.

Enlist a judge in your efforts to convene the group. She or he will likely be helpful in encouraging other individuals to participate.

Because deciding to start a mental health court and designing policies and procedures will require decision-making authorities, consider how to appropriately include, in the relevant training sessions, both high level decision-makers as well as line staff who will be working on the team once the program is created. For example, a jail administrator may be appropriate for a session focused on the decision of whether to start a mental health court, while a member of the classification staff may be more appropriate for sessions focusing on policies and procedures to identify potential program participants at the jail. Similarly, a chief probation officer may be appropriate for the decision to start a mental health court and the number of active participants, while the assigned probation officer would attend other trainings.

Note that the curriculum was designed with small groups of stakeholders from individual local jurisdictions in mind and has been piloted in such settings (with the largest group composed of approximately 20 individuals from two separate jurisdictions). However, larger groups may also make use of the curriculum or parts of it. For example, facilitators of a statewide training might use *Module 1: Understanding Mental Health Courts* to introduce various jurisdictions to mental health courts and might have attendees complete one or more of the *Module 1: Understanding Mental Health Courts* activities in small groups. A statewide training might also use *Module 4: Target Population* with an audience from various jurisdictions with existing mental health courts. Attendees might be encouraged to share experiences, thoughts, and knowledge of new research on target populations with individuals from various other jurisdictions.

Learn About Each Participant's Professional Background[19]

A small bit of research into participants' backgrounds can help identify anyone in the group who has relevant prior experience or knowledge on a given subject. Consider enlisting him/her as a co-facilitator for that topic. You should also try to learn whether there is any history of partnerships or, alternatively, tension among particular group members. This knowledge will give you a better sense of what topics to cover in detail, questions to ask and "buttons to push," and topics or subjects to avoid.

Determine the Needs of Your Team and Personalize the Materials

Shape the curriculum material to the needs and culture of the jurisdiction. This will make it more relevant, useful, and interesting for participants. If possible, reach out to all participants directly. This will help establish a good rapport and make each participant feel like an important part of the team. In addition to breaking the ice, these one-on-one interactions provide an opportunity to ask:

- What type of criminal justice and/or mental health training have participants already had?
- Have they participated in any other type of problem-solving court or criminal justice/mental health collaboration?
- What prompted their interest and involvement in this project?
- What are their goals for the training?
- Do they have any concerns about or objections to mental health courts or other forms of diversion or alternatives to incarceration for individuals with mental disorders?
- Can they help you collect any data in advance of the training?

"Customizing the Curriculum" on page 21 includes a detailed discussion of identifying training needs and sample questions to help in this effort. While it is tempting to dive right in, taking the time to carefully consider training needs through conversations with stakeholders can be effective in developing buy-in for the training and get the training off on the right foot. You will get some valuable insight into the jurisdiction's challenges, while also starting to build relationships with the members of the team.

19 As you will read in the "Customizing the Curriculum" section of the *Handbook for Facilitators*, you can use the questions provided in Appendix G, Section B, "Determining Team Dynamics" for questions to help you identify existing partnerships and possible tensions among the group.

The more familiar you are with the materials, the more spontaneous and interactive you will likely be in the training sessions. Flag any points that the group might need to spend extra time on or that may raise points of conflict or spark interesting conversation. Review with particular attention the Activities Guide sections along with the "Facilitating the Activities" section of the Guides to the Modules for Facilitators to plan your approach and anticipate questions.

In addition, think about stories or examples from past experience that illustrate particular concepts. Consistent with the principles of adult learning, think about ways to draw on the participants' experiences and expertise, as well as current situations they face. You may want to create an annotated "facilitator's agenda" that includes these examples and flags important questions for the group or potential areas of disagreement. You might even design some of your own activities for the group to complete or assign reading relevant to the community.

Use Introductory Lessons to Facilitate Collaboration with Different Disciplines

An effective mental health court team requires certain knowledge, attitudes, and skills among the team members, which often means that the professionals coming together on the mental health court teams must become familiar with a skills set and professional culture from a different system, be it criminal justice or behavioral health. Working in a mental health court also often means that team members' traditional roles may change, requiring that they redefine their professional roles. This can be an uncomfortable transition for many people who feel defined by their professions and the roles/titles/credentials they hold within their provider agencies and fields. It is important for individuals in different disciplines to be attentive to these potential conflicts. One way this can be achieved is to educate one another about other disciplines. The two introductory lessons in the curriculum, "Introduction to Behavioral Health" and "Introduction to Criminal Justice," provide basic information about these systems. Participants are strongly encouraged to view these brief videos and in particular think about a mental health court from the perspective of others with whom they will be collaborating. For example, a treatment provider who is new to collaborating with probation may not be familiar with a probation officer's role and responsibilities, and what role she or he plays in advancing a participant's recovery while ensuring public safety.

Facilitators can also use these lessons to begin to build the attitudes and professional respect that will lead to effective collaboration through successful cross-training. For example, a judge unfamiliar with the mental health system may view "Introduction to Behavioral Health" and participate in a discussion lead by the treatment provider in order to understand what types of treatment services are likely to be provided in the community, while she or he may herself lead the discussion around the content in the "Introduction to Criminal Justice" lesson.

At minimum, a facilitator should familiarize him/herself with both lessons. Most facilitators will likely be more comfortable with one system, and should spend time learning about the other and the people who work in it. Talking with trusted colleagues from that system—including other trained facilitators—may help highlight key issues to address, as well as challenges to collaboration from that profession's perspective. Some state-level facilitators have partnered with senior judges to deliver trainings throughout their states and complement their own experience and expertise.

Collect Basic Data

The following information will be useful for jurisdictions considering starting a mental health court. If possible, it is best to gather data before your group's first meeting so that the group has the information in hand to inform in-person discussions. The list below can also be used as a basis from which to expand the jurisdiction's current data collection efforts.

- Percentage of current jail inmates with mental disorders
- Types of charges of jail inmates with mental disorders compared to those of the general population (e.g., what percentage are felony or misdemeanor, or violent or nonviolent)
- Costs resulting from the 25–50 heaviest users of jail, detoxification, psychiatric hospital, emergency room, and community-based mental health services
- Percentage of law enforcement calls for service that involve individuals with mental disorders
- Dispositions of law enforcement calls for service involving people with mental disorders (e.g., how many are arrested, taken to the emergency room, or diverted to other community resources)
- Percentage of jail inmates with mental disorders in past years receiving mental health treatment or psychotropic medications in jail
- Percentage of jail inmates with mental disorders who have been involved in treatment in the community
- Specific diagnoses of jail inmates receiving mental health treatment or psychotropic medications in jail
- Average length of stay for inmates with mental disorders compared to that of the general population
- Percentage of all current jail inmates who have five or more prior bookings
- Percentage of jail inmates with mental disorders who have five or more prior bookings
- Average length of time required for competency evaluations

Provide a Clear Written Overview of Logistics

Identify how much time is needed for the training, and provide a schedule so that participants can plan accordingly.[20] Consider giving participants tasks to complete before meeting to prepare them to be ready to begin work immediately, but do not make these initial tasks burdensome. Finally, make sure participants have directions to the training location. Adult learners are understandably mindful of whether their time is being used well; careful planning not only helps things run smoothly, but also communicates respect for the participants and thereby increases the likelihood of an engaged audience.

20 More guidance on how to develop a delivery strategy can be found on page 36 of the "Customizing the Curriculum" section.

Prepare Materials and Space

You will need a large room that can comfortably fit your group (which may be up to 15 people) and is conducive to group discussion. A conference room with a large table or several tables arranged in a square or circle will work best. It may also help to have a second room or quiet space in a hallway available for breakout meetings.

You will also need:

- White board or a pad of large paper
- Markers
- Tape or an easel (if using paper)
- Extra supplies for participants (e.g., note pads, pens, printouts of curriculum materials)
- If possible, food and water bottles. These sessions can be long, and providing food is a great way to communicate sensitivity to people's needs and keep people focused and motivated.

If the group will be watching the presentations together, you will also need:

- Internet access
- A computer that has Adobe Reader (or another PDF reader program) and good speakers
- An LCD projector

While Facilitating

Getting Participants Interested

Think about the relationship you are creating from the beginning with participants, including strategies to make the experience as comfortable and enjoyable as possible.[21] Your relationship with participants will likely go beyond the actual period of training, as you may well play an ongoing role in the program's operations.[22]

First, try to make the experience relevant and engaging for everyone. One way to do this is to maintain a high level of interaction so that the participants find their own way through the training, rather than simply following your lead. Allow time for participants to tell their stories and share anecdotes about their work. Avoid lecturing for extended periods, and remember that the presentations and readings in the Prep Work and Additional Resources sections of the curriculum contain much of the concrete content participants need. Listen to the group, and provide information as they raise issues. This will help you convey the training information in your own voice.

Next, help group members consider questions that will link what they are learning with what they

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21 For more strategies on facilitation of criminal justice professionals, see Kelly Bradley, Edward Connors, and Institute for Law and Justice, *Training Evaluation Model: Evaluating and Improving Criminal Justice Training* (National Institute of Justice, September 2007).

22 The extent of this role will vary; facilitators from within the jurisdiction will almost certainly play an ongoing leadership role on the court team, while a facilitator from outside the jurisdiction—for example, a statewide facilitator—may not have a role in the program's day-to-day operations, but may be involved in an advisory capacity or to provide ongoing booster trainings and/or coaching.

do on a day-to-day basis. You can personalize the material by inserting relevant anecdotes and perspective; however, you should refrain from inserting opinions that may alienate participants. It's also a good idea to vary the delivery method; a combination of discussion, lecturing, and group activities works well. The curriculum provides suggestions for the best ways to deliver specific content.

Striking the right tone is also important. A good facilitator knows the material and can navigate easily through the relevant information. She or he is also an active learner and invites everyone in the group to teach what they know. Training is a collaborative process, and you should invite participants to offer their expertise on a particular subject by allowing them to lead a discussion or present on it. Try to avoid making judgmental or dismissive statements, or coming across as authoritarian. Try not to show offense when challenged. Rather, slow the process down and ask the group to explore contentious issues without judgment. Disagreements are opportunities to demonstrate that mental health court teams contain different and often contradictory perspectives and responsibilities. Your group will need to learn how to work through these differences in a respectful way that does not always require reaching consensus.

Building Rapport

Once you have earned participant interest, continuing engagement requires that you develop rapport. Establishing a positive and mutually respectful group dynamic is essential to meeting training objectives. Feeling prepared and familiar with the material and adult learning theory can help. The skills involved in building rapport in a training event overlap with the skills needed for many other social and professional events, including group discussions and focus groups. Several tips for building rapport during focus groups are adapted from a *Data Collectors Field Guide*[23] and included below:

- Be friendly
- Smile
- Make eye contact
- Use relaxed body language
- Incorporate humor where appropriate
- Be patient

Rapport is also developed by active listening. This involves paying attention to both verbal and nonverbal cues. Participants will communicate not only through what they say, but also through how they say it with accompanying body language. Body language, eye contact, and facial expressions provide cues from your audience. Similarly, as a facilitator, you may show participants that you are listening by providing nonverbal cues such as leaning forward, looking directly at participants when they are speaking, and nodding.[24]

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23 Natasha Mack et al., *Qualitative Research Methods: A Data Collector's Field Guide* (Research Triangle Park, North Carolina: Family Health International, 2005), fhi360.org/resource/qualitative-research-methods-data-collectors-field-guide.

24 OMNI, "Toolkit for Conducting Focus Groups," 1996, rowan.edu/colleges/chss/facultystaff/focusgrouptoolkit.pdf.

Eliciting the Group's Participation and Creating a Collegial Environment

Training is most successful when all group members participate, so ensuring full participation is one of your most important tasks. At the same time, some participants will naturally be more active contributors during discussion. Icebreakers are a helpful way to increase participants' comfort with each other and the training environment.[25] You should also ask for volunteers and call on everyone at different points in the training. Check in with members of the group regularly to make sure participants are comfortable with the material and overall experience. By spending time before the training learning about individual participants, you will be better prepared to make the material relevant to everyone's unique experiences and perspectives and be able to ask focused and challenging questions. Make an effort to validate opinions and respect individuals' expertise and experience. Be careful not to demonstrate favoritism toward any one participant.

One of your primary responsibilities is to ensure that participants in the training work together in a collegial and cooperative way. This is particularly important because the training provides the foundation for a long-term collaboration that requires everyone to work well together. To do this, make sure that no one person monopolizes conversations or "bullies" other participants. If this situation arises, talk to the individual privately in a firm but respectful way. If group discussion ever gets overly animated or hostile, deescalate the situation. A good technique is to ask the group to take a step back and reflect on why this disagreement exists; self-reflection can prompt deeper discussion and neutralize personal feelings.

The following strategies can be employed to address common problematic situations:[26]

- *Prone to interrupt*: If a participant is prone to interrupt, you might thank the individual for sharing, but direct the conversation back to the first speaker while suggesting that you will return to his/her point afterward.
- *Hesitant to participate*: If a participant is hesitant to participate, you may want to state that you would like to allow everyone a chance to contribute and ask if others in the group would like to add to the conversation. You may also insert a pause in dialogue and ask whether anyone disagrees with what has been said.
- *Tired or bored*: If participants appear tired or irritable it may be time to take a break or move on to another topic. It might also indicate that participants do not understand the material and thus it may be a good time to review fundamental materials. You can determine whether to redirect the conversation and/or your approach during the break.

You should also be open to feedback from the group and do whatever is possible to make members feel that their views and desires are respected. One technique to make group members feel heard and valued is to repeat or paraphrase comments by participants back to the group at various points. Also let them know that you are available to answer questions and provide assistance between training sessions. Do not wait for participants to contact you. Rather, check in with the group members by phone, e-mail, or in-person between sessions, acknowledging their contributions to the group and perhaps following up on a comment they made or question they asked during the prior session. This effort will strengthen rapport and bring a more conversational tone to the training sessions themselves.

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25 For a guide to icebreakers with ideas for more than 80 activities, see "'Ice Breakers' Mini-Grant," accessed March 28, 2014, from nhadulted.org/grants/AC2_Ice_Breakers.pdf.

26 Adapted from Mack et al., *Qualitative Research Methods.*

Additional Training and Group Facilitation Tips

Training and group facilitation skills are honed with practice. This section includes tips and strategies for successful facilitation in the hope that these ideas will help you work through some of the challenging situations that can arise during a training event. These tips are not exhaustive or comprehensive, but hopefully will add to your knowledge and repertoire.

Be prepared. Nothing will help more than knowing the training material, being familiar with your training audience, and having a good sense for the timing and flow of the event. The less you have to worry about on the day of the training, the better you can be engaged with your group.

Learn and use participant names. Remembering names builds rapport and keeps participants engaged. Linking back to specific participant examples shows that you were listening and value participant contributions.

Listen carefully to participants. Paying attention to participants' verbal and non-verbal cues can help you connect their experience to the material; better understand where they're coming from; and know how long to stay on discussion points.

Use verbal and nonverbal communication strategies. Show participants that you are listening by leaning forward, nodding as appropriate, and reflecting on what is shared.

Anticipate "expert" and dominant talkers. In a group training, personalities may quickly emerge. Participants will often defer to those whom they view as having expertise. As facilitator, it is important to highlight that each individual in the group has a great deal of experience and important contributions. A facilitator may also use body language as a cue for a dominant talker. However, sometimes a verbal shift of attention is needed, such as "Are there others who wish to comment on the question?"

Don't be afraid of a pause in dialogue. A pause can allow for reflection for all and time for people who are more introverted to join the conversation.

Probe for more detail from participants. Often, more detail can be provided and is needed to understand what a participant wants to share. A few example probes include "Give me an example to help me better understand," "Does anyone see it differently?" "I'd like to go a bit further with this," or "Are there any other ideas about this topic that we haven't covered?"

Know when it's okay to jump ahead and when to postpone a topic of conversation. Participants may start an important conversation that is relevant to the material, but will be covered later in the training. Depending on what needs to be accomplished first and what is most important, it might be best to recognize the value of what was said and suggest that you will be come back to it later.

Reflect on how the training is going throughout and after events. During breaks, you can gauge how the training is going in comparison to previous trainings and your expectations. You may suggest course corrections to participants who are available to talk during the break and make changes as necessary. After the event you can continue your reflection and use any available evaluation data to supplement your intuition.

Strive for continuous improvement. The best way to improve is to practice and to experiment with new ideas. Paying attention and responding to anecdotal evidence and evaluation results can help. Furthermore, searching for and using resources on training and facilitation can help you improve. The more you practice and know the material, the more you will improve.

Stay positive. The more positive you are the more positive the group will be. Even after events that don't go as planned, try to learn from them and reflect on what went well in addition to what did not.

Reinforcing Key Themes and Goals

It is important to take the necessary time to establish the goals of the training, both at the beginning of the entire experience and at the start of individual sessions. Building a foundation allows you to reiterate key themes of the training. Training goals are identified at the beginning of every module's presentation, as well as within the Activities Guide sections, and also in this handbook's "Guides to Modules for Facilitators." Introducing the goals of each stage of the training will help people stay focused and help you keep the group moving in the right direction.

Managing Time

Watch the clock carefully and make sure the group progresses at the right pace. To help, the Activities Guides provide time estimates for each individual activity. Be sure to schedule enough time for the group to reflect on and discuss issues—or, if you have limited time, pick the most important activities that you want to emphasize. It is important that the group does not feel rushed and has enough time to digest complex issues and materials. At the same time, an effective facilitator helps keep the group focused and on topic and is not reluctant to interject when the conversation strays. You should also make sure to schedule enough time for breaks, including lunch.

Keeping the Discussion on Track

Sometimes, regardless of how much you try to keep the discussion focused, your discussion may get off track. A few strategies that may help to redirect the conversation include:

- If a particular participant begins a discussion that is off-topic
    - ask the participant a new, directed question; and/or
    - ask specific questions of the other participants to redirect the discussion.
- Gently remind the group about the objective of this section of the training, what needs to be accomplished, and reference the limited time left.
- Create a "parking lot" list of topics to discuss later in the training and provide time to discuss these topics.
- Take a quick break and redirect the discussion after the break.

It is also important to make sure that as a facilitator, you are making the training relevant to the participants. Consider whether the reason for the off-track discussion is because the training topics are not relevant to the learners. Take a few minutes to get real-time feedback from the group and make adjustments to the training based on their feedback.

Making the Curriculum Stick: Retention Strategies for Facilitators

A significant challenge of one-time training is that training alone is sometimes not enough to actually change practice.[27] Recipients of training often return to "business as usual" after the conclusion of the training. There are a number of ways to increase the likelihood that participants of your training will apply the knowledge gained to their future work. Later in this handbook, we will discuss follow-up strategies after training is concluded. For now, let us return to our discussion of adult learning principles and what you as a facilitator can do to increase participants' uptake of information.

First, remember that participants need to know why it is important to learn and apply the information. Strategies you may employ:[28]

- » Obtain information on the learners' goals, and show participants how the training will meet those goals.
- » Provide clear objectives for the training.
- » Tie the training objectives to broader goals and discuss these at the beginning and throughout the training.
- » Ask what the participants know about the topic and what they would like to know.

Learners need readiness/relevance, meaning that the information they are learning should have immediate relevance to their work so it can be applied soon after the training. Strategies you may employ:

- » Stress how the learning can be applied, or how the information will be useful to people in their work.
- » Suggest follow-up ideas and next steps after they return to their organization/community.

Adult learners' problem-solving orientation must also be attended to in order to increase the likelihood of application of the training. Strategies you may employ:

- » Focus on trainees' real problems.
- » Design problem-solving activities and provide opportunities to practice developing solutions.

Finally, giving adult learners the opportunity to learn experientially provides opportunities for them to picture how they might apply concepts and ideas in their daily lives when they return to their organizations or communities. Strategies you may employ:

- » Make sure your training includes listening, seeing new material, and doing something with the new material. By including all three, you can appeal to different learners and increase everyone's capacity to learn.

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27 D. L. Fixsen et al., *Implementation Research: A Synthesis of the Literature*, FMHI Publication #231 (Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network, 2005); Gayle Gregory, *Differentiated Instructional Strategies in Practice: Training, Implementation, and Supervision* (Thousand Oaks, CA: SAGE, 2008); Trisha Greenhalgh et al., "Diffusion of Innovations in Service Organizations: Systematic Review and Recommendations," *The Milbank Quarterly* 82, no. 4 (2004): 581–629; Richard Grol and Jeremy Grimshaw, "From Best Evidence to Best Practice: Effective Implementation of Change in Patients' Care," *Lancet* 362, no. 9391 (October 11, 2003): 1225–30; Greer Sullivan, Dean Blevins, and Michael R Kauth, "Translating Clinical Training into Practice in Complex Mental Health Systems: Toward Opening the 'Black Box' of Implementation," *Implementation Science*: IS 3 (2008): 33, doi:10.1186/1748-5908-3-33.

28 Adapted from Health and Disability Working Group, Boston University School of Public Health, "A Kaleidoscope of Care Curriculum," *Kaleidoscope of Care Curriculum*, accessed March 31, 2014, hdwg.org/kaleidoscope-care-curriculum.

- » Include sufficient time to learn new material and to apply new skills.
- » Provide opportunities for small group discussion, hands-on practice, analyzing case studies, and more.
- » Anticipate challenges in applying new ideas, and offer strategies to overcome these challenges.

Also consider assigning homework to reinforce knowledge (the curriculum provides quizzes for each module, as well as further self-directed learning via the Additional Resources section). Ensure that important agreements and takeaway points are documented. Provide overviews and summaries of the material. Ask for a volunteer note taker or assign someone to the task. Finally, push the group to develop an action plan that will take them from training to being ready to run a functional mental health court.

Evaluating the Effectiveness of Training

Providing training is an investment of time, energy, money, and resources, so it is important to understand what is the impact and "value add" of the training. As discussed previously, developing concrete goals and objectives for a training is crucial so that it has a clear direction. Evaluating progress against those goals and objectives will help you understand how much progress is being made against them, which can be incredibly helpful while the training is in progress so that you can course correct or make adjustments, or after the training is complete to inform how you may want to structure and deliver it again in the future.[29] The next section of this handbook, "Customizing the Curriculum," will help you articulate the goals and objectives of the training. Furthermore, Appendix E contains additional information on designing an evaluation approach to determine the effectiveness of the training.

29 For more information on evaluating training for justice professionals, see: Kelly Bradley, Edward Connors, and Institute for Law and Justice, *Training Evaluation Model: Evaluating and Improving Criminal Justice Training* (National Institute of Justice, September 2007), ncjrs.gov/pdffiles1/nij/grants/244478.pdf.

III. CUSTOMIZING THE CURRICULUM

Developing a Mental Health Court was designed to be flexible enough to accommodate diverse training needs. It was developed primarily to train those interested in starting a new mental health court program, but can also be used by existing mental health court programs that wish to refresh or expand its knowledge of particular areas, or by new team members joining a program that is already in operation. If a jurisdiction is starting a new mental health court and is also new to collaboration between the criminal justice and behavioral health systems, you may determine that it makes sense for the group to complete the entire curriculum. If a jurisdiction is starting a new mental health court but already has another successful problem-solving court and is familiar with cross-system collaboration, or has an existing mental health court, you may want to skip certain parts where the subject matter is already familiar to the group.

In addition to addressing diverse training needs, the curriculum can be used in a range of ways.

» **Sometimes, a group may decide to go through the curriculum together from cover to cover—with or without a designated facilitator.** *Developing a Mental Health Court* was designed so that a team can pick it up and start at the beginning and work through to last module. For example, the Activities Guides are set up so that a team can pick them up "off of the shelf;" using them with minimal additional assessment of needs is very doable. Essentially, it is not required for someone to master the entire curriculum in order to start using it in a state or jurisdiction.

» **Other times, a group may use specific sections of the curriculum to pinpoint specific known training needs—with or without a designated facilitator.** *Developing a Mental Health Court* can also be used to target specific training needs that are very easy to spot, either through observation or because a team member has specifically raised them (e.g., a judge assuming certain responsibilities that are more appropriate for a clinician).

However, another common scenario involves a group that has a designated facilitator, but that facilitator does not already have a specific sense of the training needs for the particular group and would like to determine them ahead of time to tailor how the curriculum is used. In these cases, a more nuanced approach is necessary. A "training needs assessment" can help pinpoint the areas to cover and suggest strategies for effectively customizing the curriculum so that both you and your participants get the most out of their time together. Customizing the curriculum requires that you identify the needs you intend to address with the training and develop a delivery approach that addresses these needs within the training group's logistical parameters. This portion of the *Handbook for Facilitators* is intended to help you think through the following steps:

Step 1	**Determine what the group may identify as their own training needs and what your training goals are for the group, if different** (e.g., does the group want to learn specific content? Do they want to develop certain skills?).
Step 2	**Assess the extent of those needs and identify others** (e.g., send a survey to group members and follow up with phone calls to determine gaps in content knowledge).
Step 3	**Use this information to customize how you use the curriculum** (e.g., an assessment reveals a lack of knowledge of how to coordinate treatment plans and supervision conditions, so the facilitator decides to devote particular attention to *Module 6: Case Planning*).

Step 1: Identify Training Needs and Facilitator Goals

There are two different types of training needs that will shape which parts of the curriculum you will use:

1. **The training needs that the participants identify themselves**. For example, if a participant asks for guidance on information-sharing to determine if current practices are compliant with privacy mandates, you should identify relevant content in *Module 5: Designing Policies and Procedures for Program Participation*.

2. **The training needs that you identify based on your own goals.** For example, a state-level facilitator may wish to ensure that all mental health courts in his/her state are taking criminogenic risk level (likelihood of committing a crime or violating conditions of supervision) into consideration in determining program target populations. If team members are not yet familiar with the latest research on this topic, the facilitator may require all participants to review "Introduction to Criminal Justice."

Defining training needs will help you to develop the goals of the training and articulate what you want participants in the training program to leave with. For example, are you hoping that this training will…

- …teach specific content?
- …develop skills associated with program design and management?
- …change attitudes about certain issues or people?
- …assist in the process of making decisions and designing policies/procedures?

While not exhaustive, the above consist of four categories of training/technical assistance needs that you may wish to address, and that provide a helpful lens for thinking through the goals and approach for using the curriculum with given groups. The table on the following page can help you think through these categories. You may want to focus on one in particular, or multiple categories—perhaps even all four.

Table 1. Using Needs to Customize Training

Do you want to use the curriculum to…

…teach specific content?	…develop skills associated with program design and management?	…change attitudes about certain issues or people?	…assist in the process of making decisions and designing policies/ procedures?
1. Is there certain content that you want each mental health court team member to be exposed to whether she or he knows it already or not? 2. Is there content that you will only want to teach to those who do not already know it?	1. Are there certain skills that you want every single mental health court team member to be exposed to whether they have these skills already or not? 2. Are there skills that you want to make sure certain team members gain? (Based on their role? Because they are new to the team?)	1. Are there certain attitudes that are necessary for a well-functioning mental health court team? 2. What is the role of the facilitator vs. others in addressing attitudes that undermine the program?	1. What decision points do you foresee working with teams on? 2. Where do you see particular design and implementation challenges that may be addressed by working with *Developing a Mental Health Court*?
What content?	**What skills?**	**What attitudes?**	**Which decision points or policies/procedures?**
1. Example: Intensity of supervision during a mental health court program should be aligned with assessed risk of recidivism and identified criminogenic needs. 2. Example: HIPAA is less protective of mental health information than 42 CFR Part 2 is of substance use information.	1. Example: Ability to listen respectfully to team members, even when you disagree. 2. Example: Ability to collect and analyze appropriate data to determine whether a mental health court is serving its defined target population is appropriate for a program coordinator but unnecessary for the judge.	1. Example: Comfort interacting with an individual with a mental disorder. 2. Example: Belief that individuals from different professions can contribute to treat individuals fairly, protect public safety, and promote individual recovery.	1. Example: Deciding to start a mental health court and designing policies and procedures. 2. Example: "Tuning up" an established mental health court.

Step 2: Assess the Extent of Training Needs

The comprehensiveness of your assessment of participant needs may depend on how familiar you already are with the group you are planning to train. For example, if you are a state-level facilitator and have not yet worked with a particular jurisdiction interested in starting a mental health court, you may wish to assess the needs of all participants against the four types outlined above to establish a "baseline." However, if you are very familiar already with the training needs of the group, you may only need to ask certain questions to supplement your existing knowledge.

Essentially, you should determine to what extent training needs/program standards are being met, and what must be done in order to meet unmet needs. Be sure to take stock of what existing training or technical assistance is available to the program so that you can determine if your training can supplement or enhance what is already in place, or whether your training should replace what exists.

Appendix G provides questions that will help you identify local training needs and connect them to specific components of *Developing a Mental Health Court*. The questions included in this resource are not exhaustive, and instead are intended to serve as a "bank" from which you can draw based on relevance. Some considerations in developing your plan to assess training needs include:

» **What questions do you need to ask to get the information you want?** *Sample questions you may want to consider using are included in subsequent pages, and in the more comprehensive list in* Appendix G.

» **What method is best used, given local context, to get the desired information?** *There are a number of different ways that you can assess training needs. The most common include surveys, interviews, and focus groups.*

Content

Usually the mastery of new content is what comes to mind when people think of training. For example, a curriculum on mental health courts will include recent research on mental health court outcomes, description of different behavioral health needs, guidance on potentially relevant legal concepts, and practices that have been shown to be effective in changing behavior to reduce recidivism and promote recovery.

Assessing the content needs of a training group can be done through a mixture of top-down requirements and bottom-up evaluation of current knowledge. For example:

» ***Is there certain content that you want each mental health court team member to be exposed to whether she or he knows it already or not?*** This may be the case with knowledge required by your state's laws and rules for problem-solving courts, content that is quickly evolving or likely to be easily forgotten, or fundamental tenets. It may also be the case for knowledge that is controversial or where practitioners coming from different professional backgrounds will have different perspectives that should be shared and discussed among the group. For example, "Introduction to Criminal Justice" and "Introduction to Behavioral Health" likely have content that will be very familiar to certain group members, but the act of cross-training and all seeing the material together establishes a collective base of knowledge and expectations from which the team can build.

» ***Is there content that you will only want to teach to those who do not already know it?*** For example, teams that already have established target populations may not need training on how to identify a target population and develop referrals. Interviews with team members or team leaders and short multiple-choice quizzes can be used to quickly gauge the current state of content knowledge.

Table 2. Matching Content Needs to Curriculum Modules

The chart of module titles and learning objectives in **Appendix A. Curriculum at a Glance** provides a quick overview for trainers on where in the curriculum specific content is addressed. Often-requested content areas and their corresponding places in the curriculum are outlined below.

Content Area	Corresponding Place(s) in Curriculum
Foundational information about criminal justice and behavioral health	Introduction to Criminal Justice, Introduction to Behavioral Health
Current research on whether mental health courts "work"	Module 1: Understanding Mental Health Courts
Current research on who benefits from mental health courts	Module 4: Target Population
Mental health court policies and procedures	Module 4: Target Population; Module 5: Designing Policies and Procedures for Program Participants
"Incentives and sanctions" in mental health courts	Module 7: Facilitating the Success of Mental Health Court Participants
Starting a mental health court without funding; data collection, evaluation, and sustainability	Module 8: Launching and Sustaining Your Program

Table 3. Sample Questions to Gauge Content Knowledge Needs*

1. What training have you already received on X, Y, Z (specific topics)?

2. True or False: Participants go through the mental health court program in tandem with traditional court proceedings and may be removed from treatment before the program's completion if found guilty of a serious crime.

   ❍ True

   ❍ False

3. Which of the following are among the possible goals of a mental health court?
   CHECK ALL THAT APPLY.

   ❍ a. Reduce an individual's future contact with the criminal justice system

   ❍ b. Improve collaboration between the criminal justice and mental health entities

   ❍ c. Reduce jail costs and case processing time

   ❍ d. Increase the individual's connection with treatment and support services

   ❍ e. Educate practitioners and community members about the experiences of people with mental disorders

4. Which of the following considerations are important for collecting baseline data to measure recidivism among individuals with mental disorders.
   CHECK ALL THAT APPLY.

   ❍ a. Developing a local understanding of "recidivism"

   ❍ b. Identifying a clearly defined group of individuals booked into the county jail with mental disorders

   ❍ c. Counting prior jail bookings for individuals with mental disorders

   ❍ d. Defining the observation period for recidivism (e.g., jail bookings within the last two years)

   ❍ e. Pulling county mental health records for all individuals in the jail

*See Appendix G, Section A, Part 2 for additional questions.

Skills

There are certain skills that are necessary for team members to develop in order to plan, implement, and operate a successful mental health court program, and *Developing a Mental Health Court* can be used to build these skills. The curriculum can be used to help team members develop personal skills to improve the likelihood of effective collaboration. This is crucial as a high degree of collaboration is required for a team to operate a successful mental health court program; it is important that team members be able to work with people from different professions. For example, there are certain activities that were created to give team members the opportunity to develop their ability to respectfully interact with fellow team members—even when there may be fundamental disagreements.

The curriculum may also be used to help teams develop certain skills associated with positive interactions with individuals with mental disorders.[30] For example, there are certain responses that team members can use when interacting with program participants to motivate engagement and compliance, and engender change. The judge can employ certain responses while interacting with participants during status hearings to motivate compliance, such as giving praise, expressing empathy, and instilling hope.

Going through the curriculum may help you identify skills that other existing trainings could help team members build. You may determine that supplemental trainings can enhance participants' ability to apply certain knowledge gained through this curriculum. For example, it may become clear that offering training in Motivation Interviewing[31] could help improve team members' ability to motivate participant engagement and compliance. Or, the team may decide that offering a cognitive behavioral treatment (CBT) curriculum to address participants' criminogenic needs is critical, and obtaining additional training required to deliver the chosen CBT curriculum will be necessary.

Attitudes

As mentioned previously, a well-functioning mental health court team must be able to work collaboratively to help participants achieve treatment goals by bringing together staff from the agencies with a direct role in the participants' entrance into and progress though the program. Participation in a mental health court as a team member requires adapting to a nontraditional setting and rethinking core aspects of professional training. It is not a matter of role switching, but rather ensuring that team members are able to and comfortable with rethinking and expanding their professional roles to adapt to the new context. Shifting away from an adversarial model, the team works together to achieve the best outcome for the defendant.

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30 There are curricula dedicated specifically to teach skills necessary to effectively respond to signs of mental illness and help individuals experiencing a mental health-related crisis. For example, community members across many professions have been trained using Mental Health First Aid. Also, the training component of the Crisis Intervention Team program model was developed specifically for law enforcement, but has since been used with other criminal justice professions (e.g., community corrections).

31 Motivational Interviewing is a counseling approach initially developed by William R. Miller and Stephen Rollnick.

Table 4. Matching Skills to Curriculum Modules

Some skills associated with operating a successful mental health court program and their corresponding places in the curriculum are outlined below.

Skill	Corresponding Place(s) in Curriculum
Identifying key stakeholders and their potential interests and concerns with mental health courts	Module 1: Understanding Mental Health Courts; Module 2: Your Community, Your Mental Health Court
Engaging effectively in interdisciplinary teams by working together as a "team" in a way that is line with professional obligations and ethics	Module 3: The Mental Health Court Team
Knowing how to collect and analyze program data to inform program operations and design	Module 8: Launching and Sustaining Your Program
Identifying how team members can promote the program to ensure sustainability	Module 8: Launching and Sustaining Your Program

As you are assessing a training group's level of need for skills, consider:

» ***Are there certain skills that you want each mental health court team member to be exposed to whether she or he knows it already or not?*** For example, you may identify that members of an existing mental health court program could benefit from strong listening skills and basic knowledge about data collection.

» ***Are there skills that you want to make sure certain team members gain?*** There may be certain skills that you want to make sure that certain members of the team obtain based on their role (e.g., the judge should be able to communicate respect and patience with his/her listening style; the program coordinator should be able to calculate key program statistics), or because they are new to the team (e.g., a new probation officer may be need training to understand when and how to communicate with the team's treatment provider).

Examples of Questions to Gauge Need for Skill Development

Are there skills you would you like to develop that would help you do your job better as a member of the mental health court team?

Are there certain skills that some team members have that others would benefit from that could be the basis for future cross-training?

Table 5. Suggestions on How to Address Commonly Held Attitudes Using the Curriculum

Some areas in the curriculum that can be used to address certain attitudes that mental health court team members may hold are outlined below.

Attitude	Corresponding Place(s) in Curriculum
Negative attitudes toward mental health courts	Module 1: Understanding Mental Health Courts
Discomfort or unwillingness to rethink current professional role	Module 3: The Mental Health Court Team
Negative feelings toward mental health or criminal justice	Introduction to Criminal Justice and Introduction to Behavioral Health
Social science research is unreliable to use in developing legal policy	Introduction to Criminal Justice; Module 3: The Mental Health Court Team; Module 8: Launching and Sustaining Your Program

Being familiar with trainees' attitudes toward certain issues or people ahead of time can inform how you may want to approach certain subject matter; for example, if you learn that certain members of the training group feel that mental health courts are too soft on crime, you may want to spend more time walking them through *Module 1: Understanding Mental Health Courts* to try to understand and address or even just acknowledge their concerns.

As you are assessing what a training group's attitudes are toward certain issues or people, consider:

- ***Are there certain attitudes that are necessary for a well-functioning mental health court team?*** Consider the following:
  - *How do they feel about rethinking professional roles?* You may want to determine if trainees are open to and comfortable with adapting their professional roles as members of the mental health court team as the curriculum can be used to help team members identify common goals, discuss their respective roles and responsibilities, and grow accustomed to their new roles.
  - *How do they feel about responding to individuals with mental disorders using alternative strategies and programming?* Team members must demonstrate a willingness to entertain alternative strategies in responding to defendants with mental disorders. For example, a prosecutor or probation officer determined to respond to all probation violations with punitive sanctions and incarceration will quickly clash with the mental health practitioners who favor adjusting treatment plans in response to non-adherence to court orders. However, mental health providers who refuse to accept even the occasional use of punitive sanctions will make effective teamwork nearly impossible.

- *Do they respect the contributions of team members, and to what extent?* Because working in a mental health court involves also working in such a highly collaborative, interdisciplinary team, it is important that team members respect the contributions of team members from other professions and understand the gaps between the often-disparate perspectives of mental health and criminal justice. It is also important to understand what participants' attitudes are toward each other (e.g., if the prosecutor and judge do not see eye-to-eye on a certain issue and are reluctant to work together, this poses a problem as both are vital members of the mental court team).
- *How do they feel about working with individuals with mental disorders?* It is important that team members believe that participation in the program can have a positive impact on participants. As such, it may be useful to understand how training participants feel toward individuals with mental and substance use disorders involved in the criminal justice system and toward the mental health court model overall; both criminal justice and behavioral health staff must be willing to work with individuals with mental disorders involved in the criminal justice system. In this way, it is important that criminal justice staff have expertise or interest in mental health issues and that behavioral health staff have criminal justice experience.
- *Are team members open to applying new research and are open to innovation?* It may be helpful to determine if team members are receptive to new research and adapting findings to this non-traditional, new context. For example, are trainees comfortable with following what the research suggests in terms of what the program should look like and who it should be serving?

- ***What is the role of the facilitator vs. others in addressing attitudes that undermine the program?*** It is easier said than done to change a person's attitude toward a certain issue or person, particularly as certain attitudes are very deeply established and are enduring. However, there may be ways you can help generate discussion to identify negative attitudes or feelings that would be beneficial to discuss as a group. When an issue is so polarizing that such a discussion would not be productive, or if there is a minority of group members who feel a certain way on an issue, it would be more appropriate to engage these individuals individually. You should use your best judgment to determine how to address attitudes held by training group members that you would like to target. If you are training a team from an existing program, or team members have worked together previously, you may also identify certain team-dynamics issues that may compromise their ability to collaborate effectively. Depending on the dynamics of the group you are working with, you may notice that there is a particular member who can have a positive influence in establishing and/or strengthening collaboration. For example, the judge's role is central to the success of the team as she or he oversees the work of the team, and she or he often plays a central role in encouraging collaboration among team members. You may want to consider asking the judge to co-facilitate certain conversations on areas where team members have diverging opinions.

Table 6. Sample Questions to Determine Attitudes Toward Certain Issues or People

Attitudes Toward Mental Illness (See page 143 in Appendix G, Section A, Part 3 for additional questions)					
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
Anyone can have a mental disorder.					
People with mental disorders are more violent than people without mental disorders.					
Treatment can help people with mental illness lead normal lives.					
Social science research is unreliable to use in developing legal policy					
Attitudes Toward Mental Health Courts (See page 143 in Appendix G, Section A, Part 3 for additional questions)					
	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
Mental health courts are the best way for courts to address defendants' mental health issues.					
Mental health courts and other alternatives are soft on criminals.					
Mental health courts are an efficient use of resources.					

Sample Questions for New Teams

1. In what context have the identified mental health court team members worked together? CHECK ALL THAT APPLY.

❍ a. Individual treatment

❍ b. Team planning

❍ c. System level activities

❍ d. Other, please describe: _____

2. What are some of the challenges that you encountered with working with the identified team members or similar teams in the past?

Sample Questions for Existing Teams

1. How has your role as a professional changed since getting involved with the mental health court program?
2. What do you think is your mental health court team's greatest strength/weakness?

See pages 146–150 in Appendix G, Section B for additional questions on team dynamics.

Decisions & Policies and Procedures

The planning, implementation, and operation of a mental health court program are not discrete events, but goal-oriented, time-consuming processes involving many collaborative partnerships, discussions, meetings, decisions, and actions. It is important to understand that research indicates that full implementation (from initial planning to having a stable, operating program) alone takes two to four years to achieve[32]—and this process only starts after a jurisdiction decides that a mental health court program is the right response for their community.

Successful implementation requires a series of thoughtful decisions and an understanding of what key program components (or "active program" ingredients) are associated with getting the desired outcomes. To facilitate this understanding, it can be helpful to look to existing research-based frameworks that provide a common language for implementation in order to understand what the stages and components are that characterize successful programs.

Synthesizing the literature from a number of different fields to determine what are the factors, strategies, and conditions that are most likely to lead to achieving fidelity and desired outcomes (i.e., what constitutes successful implementation), researchers identified a conceptual framework to give the field a common language for implementation and how best to demonstrate a return on investment of already scarce resources. Researchers identified common "Stages of Implementation" that may be helpful to refer to in planning. You can use the "Stages of Implementation" and the components and processes associated with each stage (Figures 1 and 2) to better understand where a program is in the process, thus giving you a better sense of which areas to focus on.[33] For example, if you determine that you are working with a jurisdiction that is in the "exploration" stage, you may want to focus on helping assess its needs, examine if a mental health court program is the most appropriate intervention to meet these needs, and determine what key areas and activities it will need to address in order to plan and implement a successful program.

Therefore, determining what stage of implementation a program is in is helpful to pinpoint what the key decisions and activities the team you are working with are facing when you are planning your training.[34] To make this determination, try to get as much information as you can to answer the questions under each implementation stage (see Figure 1) and use your best judgment as to where the team falls. You may want to work with someone who you know is very familiar with the program and can help you fill

32 Rosalyn Bertram et al., "Policy Research Brief: Implementation Opportunities and Challenges for Prevention and Promotion Initiatives" (Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2011), hhs.gov/ash/oah/news/assets/sts_implementation_opportunities_challenges.pdf.

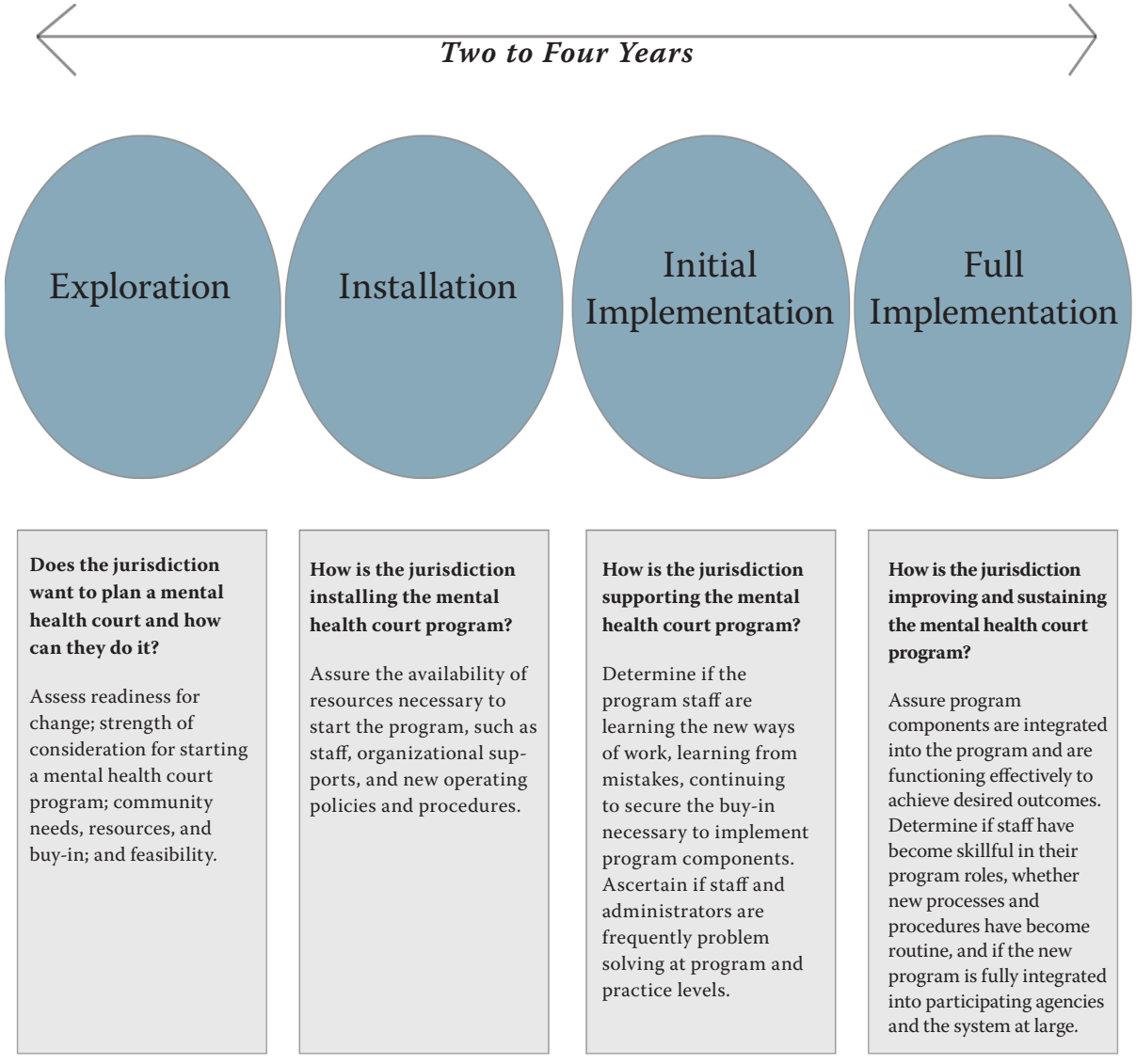
33 In addition to identifying stages of implementation, researchers also identified common core components of successfully implemented programs (training and ongoing coaching and consultation are core components); See the "Systemic/Organizational Uptake" section of this handbook for more information and resources.

34 Dean Fixsen et al., "Implementation Drivers: Assessing Best Practices" (National Implementation Science Network (NIRN); Frank Porter Graham Child Development Institute, University of North Carolina Chapel Hill, 2013), implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/resources/NIRN-ImplementationDriversAssessingBestPractices.pdf.

in any gaps—particularly if you are not very familiar yet with the team or program. Knowing where the team is with regard to the stages of implementation will then help you identify what decision points the team has already addressed, or what they will need to revisit or tackle for the first time. Figure 2 on pages 34–35 contains a nonexhaustive list of key decision points associated with each component of a mental health court program that a team should address when going through a thoughtful planning and implementation process. In summary, you should consider

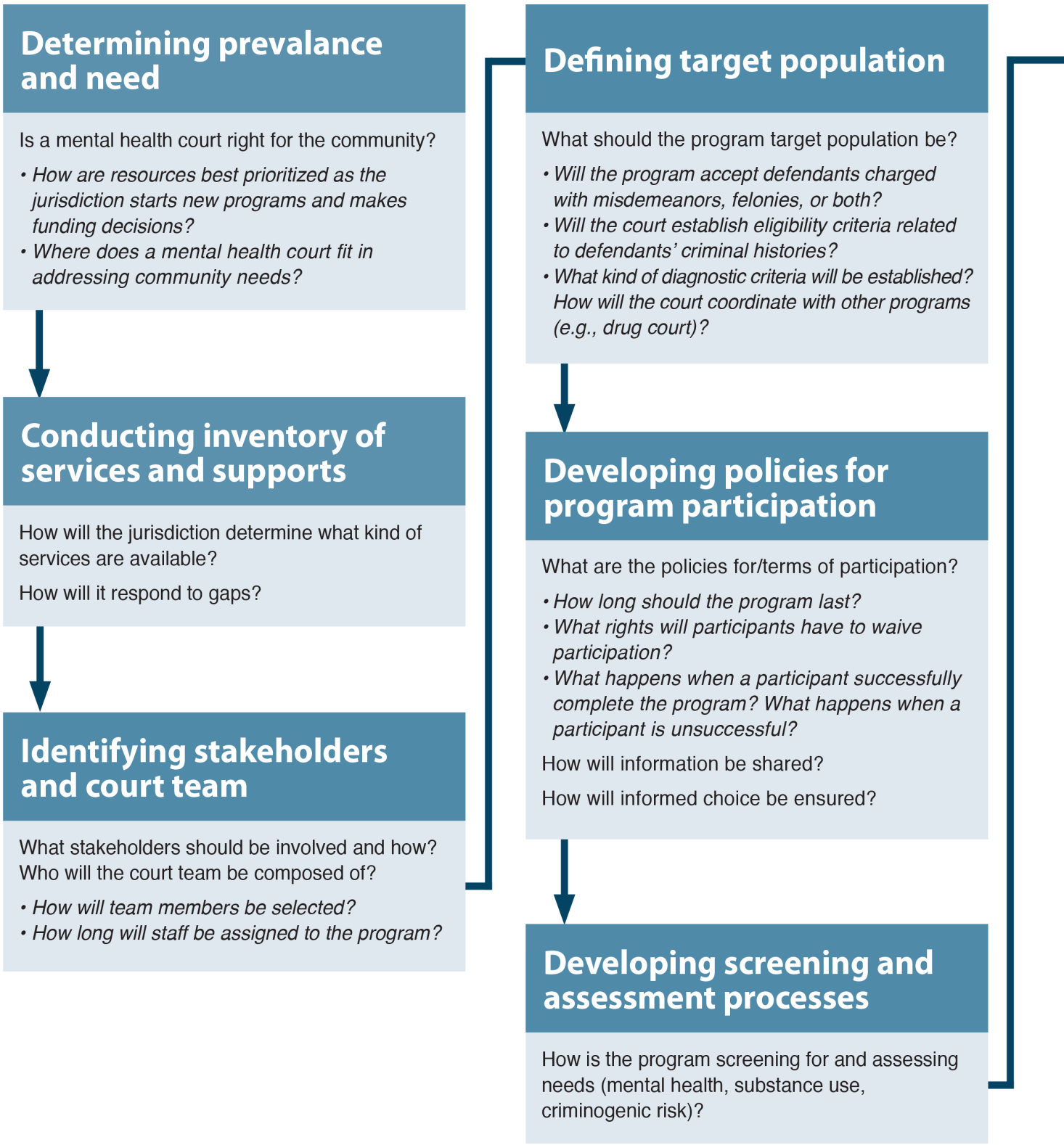
- what decision points you foresee working with teams on; and
- where you see particular design and implementation challenges that may be addressed by using *Developing a Mental Health Court.*

Figure 1. Stages of Implementation



Source: Implementation stages model adapted from The University of North Carolina-Chapel Hill FPG Child Development Institute, at implementation.fpg.unc.edu/module-1/implementation-stages.

Figure 2. Developing a Mental Health Court Flow Chart



Identifying and engaging referral sources

How do these needs inform referral to a mental health court or other program?

- *From which agencies or individuals will the program accept referrals?*
- *How will high rates of inappropriate referrals be avoided?*
- *Who will review referrals for legal and clinical eligibility?*
- *How will the final determination of eligibility be made?*
- *Who will have the final say?*

Ensuring decision to participate is informed and voluntary

How will the program ensure that people are fully informed about the program before opting in?

How will the program ensure prompt assessment of legal competency?

Developing case plans

How do assessments inform individualized case plans?

How will the program encourage participant input into treatment plans and other conditions?

Monitoring program compliance and motivating engagement

How are these case plans monitored by the judge and the team and responded to appropriately?

- *What can the team do to facilitate success in response to specific incidents?*
- *To motivate compliance, how should progress, as well as setbacks, be responded to?*

Who will monitor or supervise participants in the community?

Will staff have an mental health background (e.g., case managers), a criminal justice background (e.g., probation officers), or will a team approach be used?

Who will manage information about participants' compliance with program conditions?

Who will attend staffings during which participants' progress is discussed?

Developing a data collection and sustainability plan

What sources will the program obtain for long-term funding?

Which outcome data will be collected, who will collect it, and how?

How will the program respond to adverse events, such as well-publicized new crimes?

How will the program educate other agencies and community members about the program?

Step 3: Use Training Needs Information to Develop Delivery Strategy

Even the ideal training agenda based on thoughtfully identified training needs will have to fit into logistical realities. With your training needs and the relevant components of the curriculum in mind, you will need to decide on a delivery schedule of actual meetings. Criminal justice and behavioral health professionals are very busy and may not be able to take certain periods of time away from their jobs. For example, a clinician may not be able to take five consecutive days away from his/her professional responsibilities and seeing clients. Similarly, a judge may have to hear cases on certain days of the month and may not be able to take that time off.

It has also been the experience of curriculum users that once they start working with the material, different teams want different amounts of time and approaches for training. For example, a team may "test out" of a certain module, while another team may need a "deeper dive" into a module.

In planning your training schedule, consider these three scheduling factors:

» **Total training period:** The curriculum is designed to accompany the sort of planning process for starting a new mental health court that often takes place over six to nine months of regular meetings and discussions. However, you can use the curriculum in any way you choose depending on the time you have available. You'll find sample delivery schedules below.

Tip: For sites beginning a collaborative planning process, using the curriculum over months rather than days will allow more exploration of the different considerations in starting a mental health court as well as provide the necessary time for stakeholders to get to know each other and build the relationships necessary for effective collaboration.

» **Total training time:** The entire curriculum contains about 32 hours of group training time, which includes time to view all the presentations and complete the accompanying activities.[35] If participants view the presentations independently, and group time is used only for activities, the curriculum takes about 24 group hours. Each presentation is self-paced; however, the presentations are estimated to take approximately one hour to view. If two or more team members view the self-paced presentations together, encourage them to spend 10–20 minutes immediately following the session discussing what they have learned. The Activities Guides are estimated to take about three hours for each module; however, most activities involve discussion, and times can vary dramatically depending on the group. Some activities also require the collection of outside information (e.g., agency data, community resources), which may require time to identify and assemble.

Tip: Having participants view the presentations independently can significantly reduce training time. If this approach is taken, facilitators should develop materials highlighting key content covered in the presentations to review with the group together to ensure that all participants have certain key takeaways.

35 The times given to complete each module's activities are conservative estimates and apply only to groups completing the activities as instructed. Groups are encouraged to customize the activities for their own needs and interests.

» **Number of training sessions:** In many professions, training occurs through a single professional conference that occurs once a year. While this approach effectively limits travel costs to a single trip, it requires participants to focus on the task of learning for hours at a time and to absorb large amounts of information at once. Facilitators or other planners can arrange the ten lessons and modules (two introductory lessons and eight modules) in different ways to create from one to ten (or more) training sessions.

Tip: The group will benefit from "down time" between modules for further reading and reflecting on how the approaches in the curriculum would be applied locally, particularly if they are unfamiliar with criminal justice-mental health collaboration. Covering the materials over numerous, widely-spaced sessions will likely make the training more effective for such groups.

Table 7. Sample Delivery Schedule I*

Total group time: 24 hours

Description	One module during each session	Two modules during each session	One-to-two modules during each session	Two-to-three modules during each session
Number of sessions	8	4	5–6	3
Hours per session	3	6	4–5	8
Frequency of sessions	**Recommended:** Once or twice a month **Other options:** Over two weeks; twice a week; once a week	**Recommended:** Every other month; once a month **Other options:** Over two weeks; over one week	**Recommended:** Every other month; once or twice a month **Other options:** Over two weeks; twice a week; once a week	**Recommended:** Every other month; once a month **Other options:** Over two weeks; over one week; over three days

* Sample Delivery Schedule I: Group time used only for activities (individuals complete prep work and view presentations independently)

Note that because there are no activities in the two introductory lessons, "Introduction to Behavioral Health" and "Introduction to Criminal Justice," the schedule above does not contain any group time for these lessons. As a result, group members will need to independently watch the presentations for these introductory lessons, as well as *Module 1: Understanding Mental Health Courts* before your first session. If you would like to spend some time together discussing one or both of the introductory lessons, you may want to schedule an additional preliminary session.

Table 8. Sample Delivery Schedule II*

Total group time: 32 hours

Description	Each of the first three modules once a week, then the session for the Module 1 activities on the day following the Module 1 presentation. Module 2 presentation during the following month, with the activities session soon thereafter. Repeat each month for subsequent modules	Presentations for the two introductory modules and Module 1 during first session, then Module 1 activities the following day. Presentation and activities for one module during each subsequent session	Presentations for the two introductory modules and Module 1 presentation and activities during first session. Presentations and activities for one-to-two modules during each subsequent session	Presentations for the two introductory modules and Module 1 presentation and activities during first session. Presentations and activities for one-to-two modules during each subsequent session	Presentations for the two introductory modules, Module 1 presentation and activities, and Module 2 presentation and activities during first session. Presentations and activities for two modules during each subsequent session
Number of sessions	18	8	6	5	4
Hours per session	One hour each for first three sessions; then alternate between three hours (to complete activities) and one hour (to view presentation) for remaining sessions	4	4–6	6–8	8
Frequency of sessions	Recommended: Generally twice a month Other options: Over one month; over two months; over four months	Recommended: Generally once a month Other options: Over two weeks; twice a week; once a week	Recommended: Every other month; once or twice a month Other options: Over two weeks; twice a week; once a week	Recommended: Every other month; once or twice a month Other options: Over two weeks; over one week	Recommended: Every other month; once a month Other options: Over two weeks; over one week

* Sample Delivery Schedule II: Group time used to view presentations and complete activities (individuals complete prep work independently)

IV. GUIDES TO THE MODULES FOR FACILITATORS

Introduction to the Guides

The following guides provide additional support for each module in *Developing a Mental Health Court*. You should review these guides in tandem with the materials for each module, particularly the Presentation and Activities Guide sections. Each guide contains:

Aim of the Module	Implicit purpose of the module (i.e., what you want participants to "get out of" the module)
Learning Objectives	Explicit outcomes of your training; what participants should be able to know or do
Facilitating the Activities	Includes the aim of the activity; materials and resources needed; common concerns and how to address them; additional discussion questions not included in the Activities Guide for the module; facilitation tips; and information for the team to learn more on the topic area

Note: Some of the videos in the Presentation and Activities Guide sections show the Bonneville County (Idaho) Mental Health Court team (a Bureau of Justice Assistance Mental Health Court Learning Site) discussing their experiences operating a mental health court; others show the team engaging in simulated team meetings and discussing hypothetical program participants. Convey to participants that the Bonneville County Mental Health Court program emerged as a result of the priorities and resources in that community, as well as due to the efforts of particular individuals. While there are many impressive aspects to its work, the Bonneville team is not shown as a "model" mental health court team; for example, some may note the absence of a defense attorney at team meetings. Rather, the Bonneville team represents people facing real challenges in a mental health court setting, sometimes acting on prompts for learning purposes. Encourage participants to think about which aspects of the Bonneville team's approach they might apply to their community, and what they might do differently.

Tip

Be sure to include time at the end of each activity to debrief. Ask everone to think of the most important thing they learned and what they would do differently as a result. Each person can write this down and keep a running list to share with the group after completing the modules.

Module 1: Understanding Mental Health Courts

Aim of Module

The aim of this module is to introduce teams to mental health courts as one of many program options to improve outcomes for people with mental and co-occurring substance use disorders. It includes general information on the overrepresentation of people with mental disorders in the criminal justice system, research on mental health courts, and the essential elements of mental health courts, as well as common concerns with the mental health court program model and alternative approaches. This information can help community members, practitioners, and policymakers decide whether starting a mental health court program is the best response to meet the needs of their jurisdiction. The module will conclude with a few questions for participants to reflect upon to help determine whether starting a mental health court is desirable and identify what the next steps are in the process.

Learning Objectives

By the end of the module, participants should be able to

1. articulate why a community may decide to start a mental health court;
2. describe the mental health court model and the state of research on program outcomes; and
3. identify program models other than mental health courts that have been shown to improve outcomes for individuals with mental disorders who are involved in the criminal justice system.

Tip

You may wish to draw the participants' attention to this activity before meeting in person and ask different individuals to be responsible for researching and completing different parts of the map beforehand. The in-person meeting can then be an opportunity for each person to share what she or he has developed.

Facilitating the Activities

Activity 1: Systems Mapping

Aim of Activity

The group should emerge from this activity with an increased understanding of how individuals with mental disorders move through the system's criminal justice system. This activity is also likely to improve understanding among the different system actors about how different parts of the criminal justice and mental health systems work. System mapping is a very common strategy that draws on the idea that often a picture is worth a thousand words (or conversations). With each actor contributing his/her perspective to how individuals with mental disorders move through the system, a complete, common picture of the system emerges. Individuals from different agencies gain a better appreciation for what goes on in other parts of the system, and the group builds a common foundation of knowledge for future planning.

Materials and Resources Needed

» Whiteboard/blackboard/flip charts and writing implements for sketching out the flows and listing the interventions

- A printed copy of Module 1's Activities Guide for each participant so that they have copies of:
  - *The Flowchart of Select Events Experienced by a Person with Mental Illness in the Criminal Justice System*—CSG Justice Center's Criminal Justice/Mental Health Consensus Project (Page 6 in Module 1's Activities Guide)
  - *The Sequential Intercept Model*—Munetz & Griffin, adapted by SAMHSA's GAINS Center for Behavioral Health and Justice Transformation (Page 8 in Module 1's Activities Guide)

Tip

Encourage the team to refer to the list of team members in the videos. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Common Concerns and How to Address Them

In this activity, the group will develop a catalog of existing policies and programming to address the overrepresentation of individuals with mental and/or co-occurring substance use disorders spanning the criminal justice continuum. (See the flowchart in Module 1 of the Activities Guide, sections (a) and (b), and/or across all of the intercepts in the Sequential Intercept Model in sections (c) and (d).) If the community has undergone system mapping in the past, these materials should be made available to the group. During the discussion, the group may identify opportunities for the revision of existing, or the development of new, policies or programming. Note down responses and come back to this list with the group to prioritize ideas for near-, medium-, and long-term planning based on potential impact, necessary resources, required approval processes, and other local priorities. You may find that more stakeholders are needed to provide further system information. Have the group flag these places, identify who may be able to fill in the missing information, and assign someone at the table to coordinate with these partners.

Although this activity is intended for examining all of the intercepts, it is possible the group will concentrate on court-based responses only, which would represent just two of the "intercept points" (intercepts 2 and 3). However, you may want to stress that a comprehensive system-wide strategy is required to address problems raised by the large number of people with mental disorders and/or co-occurring substance use disorders in the criminal justice system.

Opportunities specific to intercepts 2 and 3 and most relevant to court practitioners include problem-solving courts (e.g., mental health courts) and a number of others, including:

- **Deferred Prosecution/Pretrial Diversion.** In some jurisdictions, the prosecution is able to drop or reduce charges for eligible defendants if they successfully meet certain requirements (e.g., specific programming and/or treatment). Many jurisdictions have formalized deferred prosecution programs, which are sometimes referred to as pretrial intervention or pretrial diversion programs. (Under "For the Team to Learn More," please see Resource 1 of "Resources on alternative responses to mental health court programs.")
- **Specialized probation.** Some probation departments designate specific caseloads for clients with mental health needs that are generally overseen by probation officers who have backgrounds in mental health services or have received additional training. These caseloads are typically smaller than average and allow probation officers to spend more time with each client and provide more individualized supervision. (Under "For the Team to Learn More," please see Resource 2 of "Resources on alternative responses to mental health court programs.")

- **Mental health public defenders**. In some public defender offices, a defender or a team of defenders are designated as "mental health public defenders" and are assigned cases involving individuals with mental health needs. These defenders generally have a background in or special training for working with individuals with mental and/or co-occurring substance use disorders, and often work with social workers and other mental health specialists to address the variety of needs associated with these clients. (Under "For the Team to Learn More," see Resource 3 of "Resources on alternative responses to mental health court programs.")
- **Holistic defense.** Holistic defense is a model for providing public defense that seeks to address not only individuals' immediate criminal cases but also the collateral consequences of criminal justice involvement by providing civil legal representation, social work support, and community advocacy. (Under "For the Team to Learn More," please see Resource 4 of "Resources on alternative responses to mental health court programs.")

Many communities pursue mental health courts alone or in combination with other court-based initiatives. Others decide after completing a thoughtful needs assessment that implementing a mental health court is not the most appropriate response, and instead decide to pursue alternative court-based programs. (Activity 3 of Module 1 is intended to spur this thoughtful consideration by having the group revisit their findings from completing the mapping process and develop a list of reasons for and against starting a mental health court program in their jurisdiction.)

For Additional Discussion

1. Some communities across the country have conducted systems mapping as a first step to develop a countywide strategic plan to improve responses to individuals with mental disorders in the criminal justice system across all intercepts.

    a. Ask: *Does your community have a taskforce, commission, or similar type of entity that has undergone this type of work?*

    b. Ask: *If not, is there interest in building upon this initial systems mapping exercise to coordinate a broader, systems-wide effort, of which the mental health court is an important component?*

2. Some groups that have worked through this activity in the past have added a "community-based prevention" intercept (or intercept 0) focusing on efforts that can be made to enhance continuity of care and connections to services before an individual even comes into contact with the criminal justice system (or law enforcement, intercept 1). Have the group discuss where the strengths and areas of improvement are to meet the needs of high-risk, high-need individuals in the community to reduce their likelihood of encountering the criminal justice system in the first place. This will likely yield a discussion of strategies to improve public health and public safety at multiple levels—from a policy to an individual level. (See the Social Ecological Model link in "For the Team to Learn More" for a helpful framework used in the public health field.)

3. It is possible that a community leader may propose a mental health court to address the overrepresentation of people with mental disorders in the justice system because that is the approach he or she has heard the most about. What other approaches did group members hear about, either in this module or through other research? Would any of these approaches be more appropriate?

For the Team to Learn More

1. **For examples of completed systems maps and accompanying reports:**

   Resource 1: Rosalyn Bertram et al., "Policy Research Brief: Implementation Opportunities and Challenges for Prevention and Promotion Initiatives" (Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2011), hhs.gov/ash/oah/news/assets/sts_implementation_opportunities_challenges.pdf.

   Resource 2: System map of Multnomah County, Oregon: Policy Research Associates, *Sequential Intercept Mapping & Taking Action for Change—Multnomah County, Oregon*, Final Report, April 2010, multco.us/file/35510/download.

   Resource 3: Systems maps of multiple counties in the Commonwealth of Pennsylvania conducted by the Pennsylvania Mental Health and Justice Center of Excellence (click on "mapping report"):[36] Center for Research on Health Care (CRHC) Data Center, "Cross-System Reports," *Pennsylvania Mental Health & Justice Center of Excellence: Cross-System Reports*, accessed April 14, 2014, pacenterofexcellence.pitt.edu/mapping_Reports.html.

2. **A paper on the use of the Social Ecological Model in the Public Health field to improve community health:**

   Seunghyun Yoo et al., "Collaborative Community Empowerment: An Illustration of a Six-Step Process," *Health Promotion Practice* 5, no. 3 (July 1, 2004): 256–65.

3. **Resources on alternative responses to mental health court programs:**

   Resource 1: For more information on deferred prosecution and pretrial diversion programs, and how they have been used to reduce recidivism and advance recovery for individuals with mental and/or co-occurring substance use disorders, please see: John Clark, *Non-Specialty First Appearance Court Models for Diverting Persons with Mental Illness: Alternatives to Mental Health Courts* (Delmar, NY: Technical Assistance and Policy Analysis Center for Jail Diversion, February 2004), gainscenter.samhsa.gov/pdfs/jail_diversion/pre_trial_nocover.pdf.

   Resource 2: For more information on specialized probation for individuals with mental disorders, please see: *Improving Responses for People with Mental Illnesses: The Essential Elements of Specialized Probation Initiatives* (New York, NY: Council of State Governments Justice Center, 2009), csgjusticecenter.org/cp/publications/improving-responses-to-people-with-mental-illnesses-the-essential-elements-of-specialized-probation-initiatives/.

   Resource 3: For more information on mental health public defenders, and how this model has worked in Austin, Texas, please see: Carmichael, Dottie, et al., *Representing the Mentally Ill Offender: An Evaluation of Advocacy Alternatives* (Austin, TX: Texas Task Force on Indigent Defense Office of Court Administration, 2010), sfsuperiorcourt.org/sites/default/files/pdfs/metally_ill_offender.pdf.

   Resource 4: For more information on holistic defense, please see: "Holistic Defense, Defined," The Bronx Defenders, bronxdefenders.org/holistic-defense/.

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36 The Pennsylvania Mental Health and Justice Center of Excellence (pacenterofexcellence.pitt.edu/index.html) works to help counties design and implement collaborative responses to individuals with mental and co-occurring substance use disorders in their criminal justice systems.

Activity 2: Meet the Bonneville County (ID) Mental Health Court Team

Aim of Activity

Activity 2 is designed to introduce the team to a real mental health court team. Throughout the curriculum, they will encounter this team engaging in mental health court team activities. Through this activity, the team should gain an understanding of which professions are represented on a mental health court team and how these professionals interact on the team. Each team member should also have opportunities throughout this module to reflect upon their own role in contributing to the program's and participants' success.

Materials and Resources Needed

- A printed copy of Module 1's Activities Guide for each participant so that they have copies of the brief description of the Bonneville County Mental Health Court team (Pages 2 to 3 in Module 1's Activities Guide)
- Handout listing the Bonneville County Mental Health Court team members
- Whiteboard/blackboard/flip charts and writing implements for recording group responses
- Module 1's Activities Guide Video Clips (available at learning.csgjusticecenter.org/?page_id=215) and a computer with Internet access and good speakers
- For group viewing of the video clips, an LCD projector is encouraged. Please note that access to YouTube is required to stream the video.

Tip

Encourage the team to refer to the list of team members in the videos. You may want to print copies ahead of time to bring to the training. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Common Concerns and How to Address Them

This activity introduces the group to the Bonneville Mental Health Court Team—a real mental health court team featured throughout the curriculum—reacting to hypothetical scenarios and engaging in issues that mental health courts face daily. As explained in this handbook's introduction, teams are encouraged to watch and discuss these clips together to consider why different team members in the videos are making certain statements and decisions. Though the Bonneville County Mental Health Court Team illustrates some best practices that will be useful as the group is planning their own program, you should encourage training participants to think about what they might do differently from this team, particularly as members of the Bonneville team are occasionally acting on prompts to generate conversation. For example, the Bonneville Mental Health Court does not have a defense attorney participate in the staffing meetings or in status hearings so this

important voice is absent in the videos. Ideally, a defense attorney who will be involved in the program will be present to participate in the activities involving the Bonneville County Mental Health Court team. You may want to consider asking the training participant to provide his/her perspective on this case example and how she or he might approach the conversation differently had she or he been involved in the staffing meeting or status hearing depicted in the videos.

It will be very useful for each person to have a copy of the handout listing the members of the Bonneville County Mental Health Court team who they will see in the videos. The handout includes a photo of each person, his/her name, and his/her role on the mental health court team. This handout can be downloaded on the "Activities Guide" page for each module (except for *Module 2: Your Community, Your Mental Health Court* as it is the only module without videos).

For Additional Discussion

1. Once the group has watched the videos and met all of the members of the Bonneville County Mental Health Court team, ask them to react to what they heard.

    a. Ask: *Are there particular things that resonate with you? Are there certain things that give you pause that you don't necessarily agree with?*

    b. Ask each person to react to how their professional counterpart on the Bonneville County Mental Health Court team described the program and his/her role.

        i. Ask: *Does what she or he said differ from how you perceive your role on the mental health court team? How so?*

        ii. Ask: *Are there certain programmatic design elements that the Bonneville County Mental Health Court team discussed that you would like to explore the applicability of to your own program?*

For the Team to Learn More

To learn more about the Bonneville County Mental Health Court:
csgjusticecenter.org/mental-health/learning-sites/idaho-falls-mental-health-court/.

Activity 3: Should Our Community Plan a Mental Health Court?

Aim of Activity

Activity 3 is designed to prompt a thoughtful discussion to help team members consider whether or not to plan a mental health court program in their community. During this activity, team members will develop a preliminary list of reasons for and against starting a mental health court program in their jurisdiction.

Materials and Resources Needed

- A printed copy of Module 1's Activities Guide for each participant so that they have copies of:
  - *The Flowchart of Select Events Experienced by a Person with Mental Illness in the Criminal Justice System*—CSG Justice Center's Criminal Justice/Mental Health Consensus Project (Page 6 in Module 1's Activities Guide)
  - *The Sequential Intercept Model*—Munetz & Griffin, adapted by SAMHSA's GAINS Center for Behavioral Health and Justice Transformation (Page 8 in Module 1's Activities Guide)
- Whiteboard/blackboard/flip charts and writing implements for recording group responses

Tip

Encourage the team to refer to the list of team members in the videos. You may want to print copies ahead of time to bring to the training. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Common Concerns and How to Address Them

Planning any kind of interdisciplinary, cross-systems response to address the needs of people with mental disorders in the criminal justice system takes work and will likely involve a significant amount of time, effort, and resources. As such, the process should not be initiated without careful consideration and an affirmative decision that a mental health court is the best option for the community. With this in mind, *Module 1: Understanding Mental Health Courts* was intentionally designed to give teams a moment to pause to discuss and decide whether a mental health court is the right response for their communities. The curriculum and Module 1, in particular, are designed to help communities have frank, thoughtful conversations. In fact, one of the sites that piloted the curriculum went through all of the modules before deciding that a mental health court wasn't appropriate for their community, and pursued a specialized pretrial supervision program instead.

While *Module 1* is designed to encourage this discussion and decision making, the group may have already had this discussion and made a decision, or they may not be ready to engage in this conversation even once they reach the end of this activity. Additionally, going through *Module 2: Your Community, Your Mental Health Court* may help the group think through the availability of resources in their community and how a mental health court would fit into the existing landscape.

As the facilitator, you can use this activity to purposefully dedicate time to this decision and use it as a starting off point to determine (1) if the group would like to initiate the planning process for a mental health court program and thus engage in additional training using the remaining modules of the curriculum, and (2) which other stakeholders ought to be involved in the training moving forward. As

such, this activity will likely not be particularly useful for teams with programs that are already up and running.

Having the right people at the table is key for Module 1. Potential issues may arise if the leaders and decision makers who would need to be present are not there at the time of the training, and the decision may then need to be made after a series of conversations and training sessions over time.

For Additional Discussion

1. Ask: *Are there individuals not participating in the training who would need to be present to engage in the conversation of whether or not to move forward in planning a mental health court program?*

    a. *If so, who?*

    b. *Who will reach out to him/her?*

    c. *Are there individuals who are not likely to need to participate in the program, but who the team needs to engage with in some way before moving forward?*

For the Team to Learn More

For more information on court-based initiatives other than mental health courts:
Hallie Fader-Towe and Ann-Marie Louison, "Moving Beyond Mental Health Courts: Introduction to the Range of Court-Based Initiatives" (presented at the FY2011 Justice and Mental Health Collaboration Program, Grantee Orientation Meeting, Council of State Governments Justice Center, March 2012), cases.org/resources/presentations/Moving%20Beyond%20MH%20Courts.pdf.

Module 2: Your Community, Your Mental Health Court

Aim of Module

The aim of this module is to help walk groups through a thoughtful process to determine whether a mental health court program is appropriate for their community by (1) evaluating what the needs and resources are of their communities, and (2) exploring how to build upon local circumstances to shape the goals and design of the mental health court program. It is important that teams determine who will need to be at the table and what roles will be, identify concrete goals and how to measure progress, and explore how to build upon what is already in place.

Learning Objectives

By the end of the module, participants should be able to

1. identify local- and state-level stakeholders who should help plan the mental health court;
2. articulate common mental health court goals and ways of measuring these goals; and
3. understand how to build on local resources and priorities to shape the program.

Facilitating the Activities

Activity 1: Thinking About Your Team

Aim of Activity

This activity is designed to help the group think about how to involve appropriate stakeholders in the planning process and to understand the difference between the advisory group and the mental health court team. At the end of this activity, the group should have created a list of individuals or organizations that could potentially serve on their advisory group and mental health court team, as well as the roles and responsibilities of these individuals. The group should also have a better understanding of the expectations for the roles and time commitment of each team member in the planning process.

Tip

Encourage the team to refer to the list of team members in the videos. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Materials and Resources Needed

» A printed copy of Module 2's Activities Guide for each participant so they have copies of scenarios and questions

» Whiteboard/blackboard/flip charts and writing implements for recording group responses

Common Concerns and How to Address Them

Whether it is agreeing to new practices or dedicating staff time or other resources, leadership and line staff from diverse organizations must come together to make a mental health court function well. Sometimes

these leaders are already assembled through an existing coordinating council or task force. These groups often involve representatives of mental health, substance use, housing, and other social service agencies who would also be involved in the mental health court program. However, some communities may not have such an entity and the discussion of the mental health court may be in the inciting factor prompting the creation of one. As such, these communities may require additional support and training to identify and engage stakeholders and formalize their involvement.

It is likely that if you have a group assembled for a training on mental health courts that there is already buy in for starting a program—or at least for exploring the model. However, many communities struggle with bringing together key stakeholders for even initial discussions. This can be due in part to stakeholders having different concerns and priorities, and a lack of understanding of "what's in it for them."

As the facilitator, you will want to make sure to get a sense ahead of time of what the major challenges relating to stakeholder engagement and buy-in are for the group so that you can determine whether additional time is necessary to help the group develop an engagement strategy.[37] For example, the team may want to think about the role that the judge can play in convening the group and taking a role in facilitation or at least supporting the facilitator at key points. Judges carry with them the neutrality of the court in the criminal process and are well positioned to moderate discussions between parties (prosecutors, defense attorneys, mental health providers, representatives from advocacy and community organizations, etc.) with different priorities and attitudes toward a mental health court program and how it should be organized. Also, if a respected judge convenes a meeting to explore the potential for a mental health court program, other stakeholders, regardless of their opinions on this approach, are more likely to attend.

For Additional Discussion

1. This activity emphasizes the different types of involvement that stakeholders may have in the program as a member of the advisory group, or a member of the mental health court team. Although there may be significant overlap, it may not be appropriate for certain people to participate in both. Perhaps the group needs certain leaders or decision makers in the advisory group, but not as members of the mental health court team. What is important to understand in considering the membership of the advisory group versus the mental health court team is that if people do not feel that their time is being spent productively, the initial energy around starting a program will peter out quickly. This can then lead to possible burn out and negatively impact their commitment to the planning effort.

    a. Ask the team to revisit the section of the presentation that lays out the differences in function and role between the advisory group and the mental health court team as they are completing this activity, particularly part (f) on page 8 of the Activities Guide.

For the Team to Learn More

For resources to help the group assess their current level of collaboration and identify ways to build upon this collaboration, please see the "Collaboration Assessment Tool." This tool contains two worksheets that should be completed by both the criminal justice and behavioral health partners. The tool is available at csgjusticecenter.org/mental-health-projects/cp-technical-assistance/technical-assistance-tools/collaboration-assessment-tool/.

37 As you read in the "Customizing the Curriculum" section of the *Handbook for Facilitators*, you can use the questions provided in Appendix G, Section B for questions to help you identify existing partnerships and possible tensions among the group.

Activity 2: Your Mission, Goals, and Data

Aim of Activity

Activity 2 is designed to help the group develop a customized mission statement and articulate measurable goals for their mental health court program. After completing the activity, the team should have drafted a mission statement and identified preliminary goals for their program. The team should also gain an understanding of where and how to gather baseline data that will help in measuring progress towards these goals.

Materials and Resources Needed

- A printed copy of Module 2's Activities Guide for each participant so that they have copies of the Water County mission statement and court goals (Pages 15 to 16 in Module 2's Activities Guide)
- Whiteboard/blackboard/flip charts and writing implements for recording group responses and drafting a mission statement and program goals

Common Concerns and How to Address Them

Collecting data on people with mental disorders in the criminal justice system can be extremely difficult. Data on this population is often maintained by multiple agencies in the criminal justice and behavioral health systems. Even within particular agencies, information technology may be outdated or ill-equipped to provide specific information related to people with mental disorders who become involved with the criminal justice system. Because of these obstacles, sufficient data may not be available to answer the full range of questions that a team would want to consider. For example, a jail may track the number of inmates receiving psychotropic medication, but may not have aggregate data on inmate diagnoses. As the facilitator, you will want to emphasize that data-driven answers to a more limited set of questions are preferable to anecdotal responses to a broader range of questions.

Depending on how much legwork the team has already done to collect the necessary baseline data, it may be time-consuming and frustrating for teams to assemble this data before the training. As the facilitator, you will want to try to acknowledge any difficulties that the team faces and validate their frustrations; however, try to be as solution-focused as possible. Try to guide the team to develop a plan to identify necessary data, and then determine who is responsible for obtaining it. Knowing what is "must have" versus "nice to have" can help move the group past obstacles. In every system there will be nuances or exceptions to the rule; the goal here is getting accurate data to get a good sense of needs, not the whole picture in minute detail. It is also worth noting that participants may confuse data for analytical purposes (i.e., setting a baseline and measuring progress on specific goals) with individual case level data used for case management while an individual is participating in the mental health court program (e.g., dates that participant John must appear in court and has scheduled appointments with his counselor). While it is ideal for a case management data system to serve as the basis for the broader analytics, it is likely that in many places different systems may be needed.

A major takeaway of this activity is that the mental health court team will want to clearly articulate goals, determine a baseline, and collect data to measure whether their program is achieving these goals. It is important for the team to understand the importance of using data to not only determine or confirm need, but to show that the program is achieving positive outcomes—or to know what improvements to make in order to maximize positive outcomes. In this way, this activity is intended to help the team

understand (1) that thinking about how to evaluate their program ties directly to the program's design, and (2) why it is important to think about this as early as possible in the planning process.

For Additional Discussion

1. If it is determined that necessary data are not available, will a plan be developed for future collection of this data?

For the Team to Learn More

Resources on data collection and program evaluation in mental health courts:

Resource 1: For more information on collecting outcome data for mental health courts, please see Henry J. Steadman, *A Guide to Collecting Mental Health Court Outcome Data* (New York: Council of State Governments Justice Center, 2005), bja.gov/Programs/MHC-Outcome-Data.pdf.

Resource 2: With the support of the U.S. Department of Justice's Bureau of Justice Assistance, and the Health Foundation of Greater Cincinnati, the CSG Justice Center developed a database for mental health court operations and reporting. This database is available free on a CD and includes a User Manual, Tech Guide, and Data Dictionary for interested jurisdictions. No technical support is available for database modifications or installation difficulties. The team can request a copy by submitting a request through the "Contact Us" page on the curriculum website.

Resource 3: This webinar—the first in a two-part series—focuses on practical approaches for collecting mental health court data. The webinar also teaches skills and techniques for working with mental health court data in Microsoft Excel.

Cynthea Kimmelman, Andrew Barbee, and Hallie Fader-Towe, "Webinar: Working with Data for Mental Health Court Practitioners, Part One: Data Collection and Manipulation" (Webinar, Council of State Governments Justice Center), csgjusticecenter.org/cp/webinars/webinar-archive-working-with-data-for-mental-health-court-practitioners-part-one-data-collection-and-manipulation.

Resource 4: The second part of the "Working with Data for Mental Health Court Practitioners" webinar series presents perspectives on data analysis and provides suggestions on how to analyze data and meaningfully present the findings.

Cynthea Kimmelman and Andrew Barbee, "Webinar: Working with Data for Mental Health Court Practitioners, Part Two: Data Analysis and Communication," csgjusticecenter.org/cp/webinars/webinar-archive-working-with-data-for-mental-health-court-practitioners-part-two-data-analysis-and-communication.

Activity 3: Building on What You Have: An Inventory of Resources

Aim of Activity

This activity is designed to help the group develop an inventory of services and resources that are available in their community that would be useful for program participants. This exercise will also help training participants identify resource gaps that will need to be addressed. They should develop a list of community resources available to their participants as well as a plan for creating linkages between these resources and the mental health court program.

Tip

Encourage the team to refer to the list of team members in the videos. You may want to print copies ahead of time to bring to the training. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Materials and Resources Needed

- A printed copy of Module 2's Activities Guide for each participant so that training participants have copies of the Resource Inventory worksheet (Page 21 to 26 in Module 2's Activities Guide)
- Whiteboard/blackboard/flip charts and writing implements for recording group responses

Common Concerns and How to Address Them

A mental health court program's success is based on its participants receiving appropriate treatment in the community, so it is crucial that the program has the services and supports in place to address participants' potentially extensive and complicated needs. Conducting a full inventory of what is available in the community is necessary to give the team a sense of what the program's service capacity could be and where there are gaps. The team may express that completing this full inventory with the current group composition may not be possible, particularly as there may be myriad service providers in the community who may not be present (especially in larger, urban communities). However, encourage the group in its current form to at least get a running start on working through the worksheet, identify additional agencies or organizations to contact, and assign who should contact them to fill in any missing information. You can emphasize with the team that while completing this worksheet may take time, they are ultimately developing a useful "directory" of resources for the mental health court program that they will be able to use and update moving forward.

Understandably, depending on the team's community, there may be some frustration based on the type and magnitude of service gaps. Across the board, deep budget cuts to all systems have led to staff reductions and a diminished capacity to offer services. Communities are facing different challenges that place strain on already scarce resources, so it is important that limited resources are most wisely spent on interventions that target criminogenic and behavioral health needs and—if properly implemented—have demonstrated positive outcomes for clients as well as for the system (more detailed discussion of this is provided in *Module 4: Target Population* and *Module 6: Case Planning).* There will be differences across communities—particularly across urban and rural communities—with regard to the availability and accessibility of quality care and services to address the needs of individuals with mental and co-occurring substance use disorders. Rural communities may face challenges to implementing certain evidence-based practices and programs (EBPs)—such as lack of

transportation and a scarcity of qualified and licensed health professionals (particularly those that are dually licensed to provide mental health and substance use treatment services).[38] It may be helpful to identify an existing mental health court program operating in a similar jurisdiction to be able to compare notes and find out what steps they took to address identified service gaps.

Even if the group identifies that certain services or supports are available in their community, it does not mean that the agencies or programs are willing and able to accept court referrals. Some mental health providers may be reluctant or even unwilling to accept clients referred by the criminal justice system, especially those perceived to be "high risk" of either committing new crimes or potentially dangerous behavior. The mental health care community often feels that it is asked to assume a public safety role that is not in sync with its primary mission. Yet many of their existing clients have likely been involved in the criminal justice system at some point in their lives. Mental health court program team members should respect these concerns and try to address misunderstandings that criminal justice and behavioral health partners may have about each system's capacity, abilities, roles, and appropriate types of referrals. Remember that the Introduction modules can be used to address this goal.

Essentially, criminal justice and behavioral health professionals should take a coordinated approach to reducing recidivism and promoting recovery for mental health court participants. Engaging in discussions with reluctant treatment providers can help build effective partnerships and help communicate how the mental health court program relates to their work. Emphasizing that the clinical requirements are comparable regardless of criminal justice involvement may make mental health treatment providers more amenable to serving program participants. Treatment providers can also be reminded that the addition of court leverage to a treatment regiment often creates better overall outcomes for both the mental health and criminal justice systems.

For Additional Discussion

1. Ask: *Are there other services or resources that aren't included on the worksheet for this activity but are available in the community?*

2. A substantial number of individuals with mental disorders who may be eligible for the mental health court program may also have co-occurring substance use disorders. Integrated treatment (see page 5 of this activity's worksheet, listed under Evidence-Based Programs for Mental Health Treatment) has been demonstrated as the most effective treatment for individuals with serious mental and co-occurring substance use disorders, but the availability of integrated services remains limited in most communities. Bring this to the group's attention to stress that not only will many participants in the mental health court have co-occurring substance use disorders, but research indicates that the program ought to offer integrated treatment whenever possible for these individuals.

3. While this activity focuses on identifying what resources and services are available, an equally important exercise is to determine how resources and services are or can be paid for. Federal benefit programs (e.g., Medicaid) play an important role in enabling individuals with mental disorders to receive public mental health services. Health reforms such as the Mental Health Parity and Addiction Equity Act (passed in 2008) and the Patient Protection

38 For more information on how rural communities have adapted EBPs given barriers they face, please see: Rural Behavioral Health Programs and Promising Practices (U. S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy, June 2011), www.hrsa.gov/ruralhealth/pdf/ruralbehavioralmanual05312011.pdf.

and Affordable Care Act (passed in 2010) represent an opportunity to improve access to comprehensive health services and reduce state and local expenditures for individuals involved with the criminal justice system.

a. If you aren't already familiar with how the U.S. state in which your team is from is implementing these health reforms, you may want to do some research ahead of time to share at the training. For example, you can contact the state office that administers federal benefits to get more information. Or, if you determine that the team has a particularly strong interest or need for more in-depth training on how to facilitate enrollment for program participants, you may want to invite a speaker to present on the subject.

b. If you have not already asked while preparing for the training, ask the team to weigh in now while they are together as a group on activities their agencies are engaged in to facilitate enrollment in Medicaid or a subsidized plan offered through Health Insurance Marketplace, and other public benefits.

For the Team to Learn More

1. **Resources on evidence-based practices and programs for individuals with mental disorders involved in the criminal justice system:**

   Resource 1: Alex M. Blandford and Fred C. Osher, "A Checklist for Implementing Evidence-Based Practices and Programs (EBPs) for Justice-Involved Adults with Behavioral Health Disorders" (SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, 2012), csgjusticecenter.org/wp-content/uploads/2013/04/SAMHSA-GAINS.pdf.

   Resource 2: Fact sheets and accompanying webinars on evidence-based practices and programs (EBPs) for individuals involved in the criminal justice system developed by SAMHSA's GAINS Center for Behavioral Health and Justice Transformation. Available at gainscenter.samhsa.gov/topical_resources/ebps.asp.

   Resource 3: The Vermont Tri-Branch Task Force conducted an inventory of resources for individuals with mental disorders using the Sequential Intercept Model. It offers a list of community programs and providers statewide and by county, and is available at vermontjudiciary.org/MasterDocument/SIM%2012-6-2011.pdf.

2. **For more information on Medicaid and financing health care for individuals involved with the criminal justice system:**
   Council of State Governments Justice Center, "Policy Brief: Opportunities for Criminal Justice Systems to Increase Medicaid Enrollment, Improve Outcomes, and Maximize State and Local Budget Savings" (Council of State Governments Justice Center, 2013), csgjusticecenter.org/wp-content/uploads/2013/12/ACA-Medicaid-Expansion-Policy-Brief.pdf.

Module 3: The Mental Health Court Team

Aim of Module

The aim of this module is to introduce the group to the composition, roles, and responsibilities of the mental health court team. The group should emerge with a sense of their role on the team and a deeper understanding of the roles of fellow team members.

Learning Objectives

By the end of the module, participants should be able to

1. describe the roles and responsibilities of the core mental health court team members;

4. identify ethical issues that mental health courts present for themselves and other team members; and

5. develop approaches for handling conflict within the mental health court team.

Facilitating the Activities

Activity 1: Defining Your Role on the Team

Aim of Activity

The first activity is designed to help team members think about what their role will be on the mental health court team and how it relates to others' roles and to the overall functioning of the program. During the activity, team members will produce a description of his/her role on the mental health court team and gain an understanding of how team members will work together, given these individual roles.

Materials and Resources Needed

- A printed copy of Module 3's Activities Guide for each participant so that they have copies of the scenarios
- Whiteboard/blackboard/flip charts and writing implements for recording group responses
- Module 3's Activities Guide video clips (available at learning.csgjusticecenter.org/?page_id=280) and a computer with Internet access and good speakers
- For group viewing of the video clips, an LCD projector is encouraged. Please note that access to YouTube is required to stream the video.

Tip

Encourage the team to refer to the list of team members in the videos. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Common Concerns and How to Address Them

Mental health court programs require team members to rethink and expand their professional roles, and this activity is intended to help the group think about what role each member will play on the mental health court team. Shifting away from the adversarial model, the mental health court team works together to achieve the best outcome for the participant. However, setting aside these traditional

conventions can be difficult and concerns often arise. Some common concerns you may hear:

» Prosecutors are trained to uphold public safety, not work in the best interest of the defendant

» Defense attorneys want to limit the penetration of their client in the criminal justice system, not extend the period of their supervision

» Judges are impartial arbiters of fact, not probation officers or social workers

» Probation officers are likely more accustomed to responding to violations with punitive sanctions, and not adjustments to a treatment plan

» Treatment providers may not be accustomed with collaborating so closely with criminal justice staff and sharing information relating to the treatment plan (pursuant to obtaining consent)

It will be very helpful for you as the facilitator to be as familiar as possible with how team members feel about their current roles and how their roles may change.[39] Having this information will help you determine if there are certain areas that you'd like to probe into more deeply in your discussion for this activity. Each member of the team will contribute to the participants' success and to ensuring that program goals are met, so it is important to make sure that each person feels comfortable with what their role and responsibilities will be working in the program.

Sometimes the extent to which a person must rethink their role to work in the program can reach a level that is not productive. Team members working in mental health courts may feel that their role can bleed into the role of a fellow team member ("role diffusion"), sometimes causing some tension as this blurred role separation may compromise their ability to be effective in their intended role. This sort of role confusion often comes from good intentions; however, it is important for team members to remind themselves of their own training and specific functions within a collaborative, well-functioning team. For example, if a mental health treatment provider (often a case manager) is reporting to the court on participants' adherence to treatment and supervision conditions, she or he may find him/herself as both a facilitator of the participant's support structure and as a potentially punitive extension of the legal system. In a more extreme case, a judge proud of new knowledge about mental illness may be tempted to make specific recommendations about treatment and try to guide or even override the advice of the clinical staff. You may want to highlight for the group that this role diffusion can occur to varying degrees and have them discuss why clearly defining roles and communicating with one another are so important.

For Additional Discussion

1. The mental health court team is a team of individuals, each representing key interests. As such, it is important for the team to consider how members will communicate and what process they will take to make decisions.

    a. Share the "MHC Communication Model" on page 3 of the publication "Leaving Your Hat at the Door" (see link on page 58). Ask the group to reflect on how this model would work in practice for their team. *How would information be exchanged between the different team members in their program?*

    b. Ask the group to sketch out what their program's communication model might look like (see pages 51 and 57 in *Leaving Your Hat at the Door* for examples of two different programs' models)

39 "Skills" and "attitudes" are discussed more in the "Customizing the Curriculum" section of this handbook.

For the Team to Learn More

1. **To learn more about the culture of working as part of a mental health court team, including strategies to enhance team communication:**
   Nicole L. Waters, Shauna M. Strickland, and Sarah A. Gibson, "Mental Health Court Culture: Leaving Your Hat at the Door" (National Center for State Courts, November 2009), cdm16501.contentdm.oclc.org/cdm/ref/collection/spcts/id/209 (accessed June 6, 2014).

2. **Cross training for the group:**
   Encourage team members to review the system they are the least familiar with when looking at the Presentation and Additional Resources sections in the curriculum's introductory lesson. For example, encourage criminal justice staff to view "Introduction to Behavioral Health," and urge behavioral health staff to view "Introduction to Criminal Justice." (For more cross-training ideas, see page 12 of this handbook.)

Activity 2: Exploring Ethical Issues

Aim of Activity

Activity 2 is designed to help the group think about the ethical obligations unique to each profession involved in a mental health court team. After completing the activity, each team member should have a description of their ethical obligations based on their profession, a description of another team member's ethical obligations based on his/her profession, and an understanding of how team members develop strategies that allow them to work effectively with people from other professional disciplines.

Materials and Resources Needed

- A printed copy of Module 3's Activities Guide for each participant so that they have copies of the scenarios
- Printed copies of Module 3's Prep Work reading assignments for each participant to review
- Internet connection and sound to be able to play videos
- Whiteboard/blackboard/flip charts and writing implements for listing group responses

Tip

Encourage the team to refer to the list of team members in the videos. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Common Concerns and How to Address Them

Members of the mental health court team have certain responsibilities that relate to their own skills, knowledge, and professional experience. As such there may be issues that members of the team grapple with or must think through that may be at odds with their training or the ethical underpinnings of their profession. As the facilitator, you may already be familiar with what issues tend to emerge, but it is a good idea to spend some time before the training to try to be as familiar as possible with what the main concerns are that may arise for certain team members.

Many of these concerns have been captured in the articles for this module in the Prep Work section, so it is recommended that you read all of the articles to get a good sense of the range of issues and concerns

that may arise in conflict with the ethics of each profession. Spend some time reading through each article and note what the top three main points are for each so you are familiar with the challenges that will likely come up for each professional on the mental health court team. Stress the importance to the team members of reading these articles before meeting in person; as noted below under "For the Team to Learn More," the directions in the module for the Prep Work section indicate that each person should read the article that pertains to his/her profession, and then another article that pertains to a different profession.

You can also prepare ahead of time by gathering and reviewing professional codes of conduct so that you can help team members navigate potential ethical issues. Consulting professional organizations that represent the different professions comprising the mental health court team is also helpful (see page 60). You can also contact other programs in your state to try to connect to professionals who have squared their own experience with working within the mental health court context.

For Additional Discussion

1. Have the team consider the following ethical questions and to share their professional perspective:

    a. Ask: *While mental health courts are voluntary programs, participation in a post-adjudication program can be included in an individual's sentence. Is this coerced treatment? Why or why not?*

    b. Ask: *Opponents of mental health court programs argue that they enable certain people to "move to the head of the line" in terms of accessing treatment services and other supports. Do you agree or disagree with this statement?*

    c. Ask: *Can a defendant participate in a mental health court program and have his/her constitutional right to trial and legal counsel protected at the same time?*

        i. What steps should be taken to ensure his/her rights are protected?

    d. Ask: *Should incarceration be used as a response if someone is not following his/her treatment plan?*

        i. Is there information you would like to have before making this decision? If so, what would you want to know?

        ii. What are the advantages and disadvantages of using jail time as a response?

        iii. What type of situation would warrant this response?

    e. Ask: *Should there be a response if a participant is not taking his/her medication?*

        i. What would be an appropriate response?

        ii. Is there information you would like to have before making this decision? If so, what would you want to know?

    f. Ask: *What protections might you put in place to ensure that sensitive information is not shared in open court during a status hearing?*

For the Team to Learn More

1. **Articles highlighting ethics for professionals who are part of the mental health court team:** Ask team members to read all of the articles in the Prep Work section for this module. Available at learning.csgjusticecenter.org/?page_id=274.

2. **Professional associations by type of profession:**

    a. **Judges**

        i. American Judges Association (AJA), aja.ncsc.dni.us

        ii. Consult the state judiciary for state-specific codes of conduct

        iii. American Bar Association, ABA Model Code of Conduct, americanbar.org/groups/professional_responsibility/publications/model_code_of_judicial_conduct.html

        iv. National Judicial College (NJC), judges.org

    b. **Attorneys, generally**

        i. American Bar Association, Model Rules of Professional Conduct, americanbar.org/groups/professional_responsibility/publications/model_rules_of_professional_conduct.html

    c. **Prosecutors**

        i. National District Attorneys Association (NDAA), ndaa.org

        ii. Association of Prosecuting Attorneys (APA), apainc.org

        iii. National Association of Prosecutor Coordinators (NAPC), napc.us

    d. **Defense Attorneys**

        i. National Legal Aid and Defender Association (NLADA), nlada.org

        ii. National Association of Criminal Defense Lawyers (NACDL), nacdl.org

        iii. National Association of Public Defenders (NAPD), publicdefenders.us

    e. **Supervision Officers**

        i. American Probation and Parole Association (APPA), appa-net.org

        ii. National Association of Pretrial Services Agencies (NAPSA), napsa.org

    f. **Mental Health Practitioners and Clinicians**

        i. National Council for Behavioral Health (NCBH), thenationalcouncil.org

        ii. American Mental Health Counselors Association (AMHCA), amhca.org

        iii. American Psychiatric Association (APA), psych.org

        iv. National Association of Social Workers (NASW), socialworkers.org

        v. Association of Social Work Boards (ASWB), aswb.org

Module 4: Target Population

Aim of Module

The aim of this module is to outline and help walk the group through a number of different considerations so that they take a thoughtful, research-based approach to define whom their program will serve (or the target population) and what should be the program's eligibility criteria. This module is designed so the members of the group consider their goals, relevant research and best practices, available resources/capacity, stakeholder priorities and concerns, and other factors. After completing all of the components of this module, the group should emerge with a description of the target population for the program.

Learning Objectives

By the end of the module, participants should be able to

1. understand the current state of research on who benefits from mental health courts;
2. understand how local conditions can shape criminal justice and clinical eligibility criteria; and
3. analyze factors for and against requiring a plea for program participation.

Facilitating the Activities

Activity 1: Describing Your Target Population

Aim of Activity

After completing this activity, the team should understand the problems associated with defining the program's target population without considering the research on who benefits from participating in a mental health court. They will first read and discuss a hypothetical case study, and then move to completing a worksheet that lays out the different factors to consider and helps guide the conversation, capture decisions, and highlight areas for future discussion. Note that there is an expanded version of this worksheet in Activity 1 of *Module 5: Designing Policies and Procedures for Program Participation*, so instruct the team to keep a copy of this completed worksheet for that activity.

Tip

Encourage the team to refer to the list of team members in the videos. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Materials and Resources Needed

- Whiteboard/blackboard/flip charts and writing implements for recording decision points
- A printed copy of Module 4's Activities Guide for each team member
- Completed "Resource Inventory" Worksheet from Activity 3 of Module 2

Common Concerns and How to Address Them

Depending on how far along the team is in identifying the target population of their program, this activity can generate considerable discussion and, potentially, disagreement. For example, members of the group may have firm opinions on whom the program should and shouldn't serve based on their own priorities and concerns. For example, a judge may wish to start a mental health court with a particular individual or type of individual in mind. Or a team member may wish to make the mental health court program available to all defendants with identified mental disorders in an effort to serve as many people as possible. Other team members may be anxious about the capacity to provide quality treatment for those with co-occurring substance use disorders. As the facilitator, you will often have to remind the group about the research findings and open questions from the presentation so that the group is making decisions based on facts, rather than assumptions or beliefs. You will also be the one best equipped to remind the group about applicable state rules or guidance for mental health courts.

Reinforce with the team that even if they respond a certain way on the worksheet, this does not mean that they won't need to make modifications as they move through the other modules and start to think more about how these criteria translate to implementation. Also, be aware that the process the team goes through during this activity may highlight questions they are not able to resolve on that day (e.g., the team has agreed to target medium-high risk individuals, but does not know who assesses for criminogenic risk in their system and how to get access to this information). Have the group flag these places, identify who may be able to fill in the missing information, and assign someone at the table to follow up.

Tip

Build in the extra time if you suspect that the team may not have had previous conversations on this topic and will need to have comprehensive discussions on the criteria listed in the worksheet.

Traditionally, both criminal justice and behavioral health practitioners believed criminal involvement for people with serious mental disorders was simply the direct result of the disorder (e.g., the voices an individual hears tell him/her to commit a crime). Recent studies, however, have demonstrated that the relationship between mental illness and criminal activity is more nuanced and complex. Researchers looking at the relationship between mental illness and recidivism have found that changes in an individual's psychiatric symptoms do not necessarily relate to whether or not she or he is rearrested or revoked from community supervision.[40] This means that our older understanding of mental illnesses leading to crime is not as straightforward as originally believed, and any assessment of pathways into incarceration for persons with mental illnesses must include an investigation of risk factors beyond psychiatric symptomatology.

During this discussion, the group may identify many opportunities for improved policies or programming. For instance, using the example above, the team may identify that there is not a way to get access to assessment information in a reliable and timely manner, highlighting the need for mechanisms to facilitate cross-system information sharing that comply with all legal privacy and confidentiality mandates. Note these opportunities (this may be a good use for a whiteboard or flip chart) and come back to this list with the group to prioritize ideas for near-, medium-, and long-term planning based on potential impact and required resources and approval processes.

40 Jennifer L. Skeem, Sarah Manchak, and Jillian K. Peterson, "Correctional Policy for Offenders with Mental Illness: Creating a New Paradigm for Recidivism Reduction.," *Law and Human Behavior* 35, no. 2 (2011).

For Additional Discussion

1. Remind the team about any applicable state laws or guidance relevant to mental health courts. If there are written materials on this guidance, bring it for the team's discussion.

2. The team will learn in the presentation for this module that an individual who has a high likelihood of recidivating (i.e., high criminogenic risk level) has the most potential to benefit from participating in a program with more intensive supervision, and intensive supervision for low-risk individuals can actually increase recidivism. They will learn that most mental health court programs focus on individuals with severe impairments associated with their mental disorders (although there is no research to suggest that individuals with certain disorders are more successful than individuals with other disorders in mental health court programs) in an effort to target scarce resources to those who need them most. In sum, research suggests that targeting resources for individuals with high to moderate risk levels who have serious behavioral health needs will have the greatest impact on increasing public safety.

    a. Since individuals with high-risk and high behavioral health needs are by definition more likely to commit new crimes or violate terms of supervision as well as have the most significant level of impairment due to their mental disorder, it's important that the team have realistic expectations for working with this population.

        i. Ask: *Do you have experience working with this population, and if so, what has your experience been like and how would you describe your expectations?*

    b. As this population also requires more intensive services and resources, both in terms of treatment and supervision, the team should consider the following questions (first introduced in the presentation, but important to highlight again):

        i. Ask: *Does your community have sufficient supervision resources to safely manage this population?*

        ii. Ask: *Does your community have sufficient treatment resources to address the criminogenic needs of these individuals, such as criminal attitudes/thinking?* (See item 1, under "For the Team to Learn More.)

3. Participants may be familiar with research and standards from drug courts that recommend targeting "high risk, high needs" individuals.[41] Discuss with the team how what they learned in this module is consistent with and slightly different from this guidance.

For the Team to Learn More

1. **For more information on cognitive behavioral treatment targeted to criminogenic needs of individuals who are involved in the criminal justice system**:
   Harvey Milkman and Kenneth Wanberg, "Cognitive-Behavioral Treatment: A Review and Discussion for Corrections Professionals" (U.S. Department of Justice, National Institute of Corrections, 2007), static.nicic.gov/Library/021657.pdf.

41 See, e.g., Douglas B. Marlowe, "Fact Sheet: Targeting the Right Participants for Adult Drug Courts" (National Drug Court Institute, n.d.), ndci.org/sites/default/files/nadcp/Targeting_Part_I.pdf.

2. **For more information on a conceptual framework that can be used to take a coordinated approach to reduce recidivism and advance recovery by prioritizing and allocating resources based on individuals' identified criminogenic and behavioral health needs:** Fred Osher et al., "Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery" (Council of State Governments Justice Center, 2012), csgjusticecenter.org/wp-content/uploads/2013/05/9-24-12_Behavioral-Health-Framework-final.pdf.

3. **Resources with more information on similarities and differences in the target population for drug courts and programs targeting those with co-occurring mental health and substance use disorders**:

   Resource 1: Henry J. Steadman et al., "Six Steps to Improve Your Drug Court Outcomes for Adults with Co-Occurring Disorders" (National Drug Court Institute and SAMHSA's GAINS Center, April 2013), ndci.org/sites/default/files/nadcp/C-O-FactSheet.pdf.

   Resource 2: Roger Peters, "Webinar: Addressing Co-Occurring Disorders in Adult Court-Based Programs" (Webinar, Council of State Governments Justice Center), accessed March 31, 2014, csgjusticecenter.org/courts/webinars/webinar-archive-addressing-co-occurring-disorders-in-adult-court-based-programs.

Activity 2: Target Population in Action

Aim of Activity

Activity 2 is designed to help the team better understand how the decisions they make regarding their target population impacts the applicants who are eligible for the program. The group should emerge from the activity with a greater understanding of how target population decisions impact case selection and staffing.

Materials and Resources Needed

- A printed copy of Module 4's Activities Guide for each participant so that they have copies of the discussion questions
- Whiteboard/blackboard/flip charts and writing implements for recording group responses
- Module 4's Activities Guide Video Clips (available at learning.csgjusticecenter.org/?page_id=299) and a computer with Internet access and good speakers
- For group viewing of the video clips, an LCD projector is encouraged. Please note that access to YouTube is required to stream the video.

Tip

Encourage the team to refer to the list of team members in the videos. You may want to print copies ahead of time to bring to the training. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Common Concerns and How to Address Them

As the videos demonstrate, the team must come to the staffing meetings with certain information about potential participants in order to make an informed decision as to whether or not someone is eligible for the program. You may want to ask the group to refer back to the eligibility criteria worksheet they worked on in Activity 1 of this module and ask what information they would need access to and who has access to it. This information can be drawn from a variety of sources. Most individuals deemed potentially eligible for the program have had multiple contacts with the mental health and criminal justice systems, and these agencies can provide certain information relevant to eligibility and treatment needs.

Accessing pre-existing information controls costs by keeping new evaluations to a minimum and also ensures continuity of care. Furthermore, mental health and criminal justice agencies may be able to contribute relevant facts that the defendant is unable or unwilling to provide, such as past offenses, employment history, family contacts, and medical insurance and benefits information. Remember that information sharing must comply with all privacy laws and regulations; obtaining a defendant's written consent to release information is the surest way to adhere to these regulations (this will be covered more in *Module 5: Designing Policies and Procedures for Program Participation).*

As mental health court teams develop procedures for identifying and accepting participants, benchmarks for the speed with which individuals will be processed should be established. Time limits are particularly important for misdemeanor cases, in which individuals could spend more time in jail waiting for a case plan to be developed than they might otherwise serve if their cases were

processed through the regular court.

The team may raise a concern about mental illness and violence. Many mental health court programs exclude people charged with violent offenses; however, the majority of people with mental disorders are not violent and do not commit crimes. There are also many popular beliefs about violence and mental illness that are not based in fact; studies indicate only a weak association between mental disorders and violence.[42] Research does suggest that some people under the influence of drugs and other substances are more likely to be violent—whether or not they have a mental disorder.[43] Some individuals who are arrested and incarcerated—including those without mental disorders—are all more likely to be violent than the general population.[44] The vast majority of people with mental disorders are not violent; in fact, they are more likely to be victims of violence than perpetrators of violence.[45]

For Additional Discussion

1. It is not uncommon for the prosecutor and/or judge to have veto power over all potential participants, so efforts to maximize the collaborative nature of the final eligibility decision will serve the team well in the long run.

    a. Ask: *Do you see the Bonneville team in the video use any particular strategies to enhance the collaborative spirit of the staffing meeting?*

    b. Ask: *Are there other strategies that the team can think of to employ in their program?*

2. As you may have noticed, the Bonneville Mental Health Court did not have a defense attorney attend the case staffing in the video, so this important voice is absent here. Ideally, a defense attorney who will be involved in the program will be present to participate in this activity. You should ask the defense attorney to provide his/her perspective on this case example and how she or he might approach the conversation differently had she or he been present at this staffing meeting.

For the Team to Learn More

1. **For more information on emerging research on mental health courts and its implications for selecting target populations:**
   Lisa Callahan and Heathcote W. Wales, "Webinar: Mental Health Courts Research Roundup: Applying Research to Practice" (Council of State Governments Justice Center, March 26, 2013), csgjusticecenter.org/courts/webinars/mental-health-courts-research-roundup-applying-research-to-practice.

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42 The National Association of State Mental Health Program Directors (NASMHPD) and The Council of State Governments (CSG) Justice Center, "Responding to a High-Profile Tragic Incident Involving a Person with a Serious Mental Illness: A Toolkit for State Mental Health Commissioners" (NASMHPD and CSG Justice Center, 2010), nasmhpd.org/docs/publications/docs/2010/ViolenceToolkit_Bkmk.pdf.

43 Eric B. Elbogen and Sally C. Johnson, "The Intricate Link Between Violence and Mental Disorder: Results From the National Epidemiologic Survey on Alcohol and Related Conditions," *Archives of General Psychiatry* 66, no. 2 (February 1, 2009): 152, doi:10.1001/archgenpsychiatry.2008.537.

44 Richard A Friedman, "Violence and Mental Illness—How Strong Is the Link?," *The New England Journal of Medicine* 355, no. 20 (November 16, 2006): 2064–66, doi:10.1056/NEJMp068229.

45 V A Hiday et al., "Criminal Victimization of Persons with Severe Mental Illness," *Psychiatric Services* (Washington, D.C.) 50, no. 1 (January 1999): 62–68.

2. **For more in-depth discussion of the relationship between mental disorders and violence:** The National Association of State Mental Health Program Directors (NASMHPD) and The Council of State Governments (CSG) Justice Center, "Responding to a High-Profile Tragic Incident Involving a Person with a Serious Mental Illness: A Toolkit for State Mental Health Commissioners" (NASMHPD and CSG Justice Center, 2010), nasmhpd.org/docs/publications/docs/2010/ViolenceToolkit_Bkmk.pdf.

Module 5: Designing Policies and Procedures for Program Participation

Aim of Module

The aim of this module is to walk the group through key decisions that they have to make in order to define policies and procedures and codify them to make the program coherent. Members of the group will work to define common expectations for participants, while ensuring protection for participants' legal rights and complying with relevant laws. They should make decisions about referrals, screening and assessment for eligibility criteria established in *Module 4: Target Population,* and providing information to allow candidates to make an informed choice to participate. As the facilitator, you will want to stress the importance of institutionalizing these decisions in writing, and the activities for this module were designed to help teams get a running start.

Learning Objectives

By the end of the module, participants should be able to

1. understand how a mental health court program can be designed to protect legal rights;
6. describe how to design a referral process for the program; and
7. identify considerations for determining the duration of an individual's participation.

Facilitating the Activities

Activity 1: Screening, Assessment, and Referral Resources

Aim of Activity

Activity 1 is designed to help the group plan referral processes, including screening and assessment protocols, to identify potential program participants based on their mental health court's target population. Through this activity the group will develop proposals for screening processes, including determining who will be responsible for different aspects of the process, what instruments will be used, and how the effectiveness of the process will be measured and evaluated. The group will come away with a deeper understanding of the challenges involved in identifying appropriate program participants and addressing concerns related to sensitive information.

> **Tip**
>
> Encourage the team to refer to the list of team members in the videos. You may want to print copies ahead of time to bring to the training. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Materials and Resources Needed

» A printed copy of Module 5's Activities Guide for each participant so that they have copies of the "Screening Potential Participants" worksheet (Page 7 in Module 5's Activities Guide)

» Completed "Eligibility Criteria/Target Population" worksheet from Activity 1 of Module 4. (Pages 7 to 8 in Module 4's Activities Guide) If you have not completed that activity as part of

the curriculum, please print out the worksheet from *Module 4: Target Population* and enter the necessary information from your program's target population.

» Whiteboard/blackboard/flip charts and writing implements for recording group responses

Common Concerns and How to Address Them

Referrals can come from a number of different sources, including law enforcement officers, jail staff, probation officers, judicial officers, other programs (e.g., drug court programs), pretrial services staff, prosecutors, defense attorneys, mental health and substance use treatment providers, family, friends, or defendants themselves. Almost all mental health court programs will accept referrals from a combination of these sources, hoping to ensure the identification of appropriate participants. However, casting a wide net carries with it complications: ultimately many people are found to be ineligible, either because of their legal charges, their clinical diagnoses, or their decision not to participate. This can mean that significant staff time is devoted to people who will not participate in the program, but should be referred to community mental health services. Providing education to referral sources on what the eligibility criteria of the program are may help maximize the likelihood of receiving referrals consistent with the program's defined target population.

It's important for the team to think about who has contact with and information about individuals who may meet the program's criteria. The goals of this activity are for the team to (1) think about if participants' information relating to the eligibility criteria defined in Activity 1 of *Module 4: Target Population* is being collected (e.g., Is the information available? What screening or assessment tools are/will be used to collect it?), and (2) consider which referral points have access to the information and what they can legally share (e.g., Who is responsible for collecting the information? Is there a mechanism for it to be shared legally?).

Also, be aware that the process that the team will go through during this activity may highlight open questions that they are not able to resolve on that day (e.g., the group has agreed to target medium-high risk individuals, but does not know who assesses for criminogenic risk in their system and how to get access to this information). Have the group flag these places, identify who may be able to fill in the missing information, and assign someone at the table to follow up.

For Additional Discussion

1. Part (d) of this activity involves a discussion of resources that are available for people who have been referred, but do not fit within the program's target population.

    a. Direct the team to consult the "Resource Inventory" Worksheet from Activity 3 of *Module 2: Your Community, Your Mental Health Court.*

        i. Ask: *Are there resources identified here that the program might be able to connect ineligible candidates with?*

    b. Many teams operate on a very "case by case basis" and do accept participants that don't meet their target population.

        i. Have the team think about cases when this may be appropriate.

        ii. Ask: *What implications does accepting participants who don't meet the eligibility criteria have on the program's ability to adequately address the needs of the identified target population and have the greatest impact on recidivism?*

2. As you may have noticed, the Bonneville Mental Health Court did not have a defense attorney attend the case staffing in the video, so this important voice is absent here. Ideally, a defense attorney who will be involved in the program will be present to participate in this activity. You want to consider asking the defense attorney to provide his/her perspective on this case example and how she or he might approach the conversation differently had she or he been present at this staffing meeting.

3. Refer the team to the completed worksheet. Ask them to consider which information from the assessments/tools listed should be shared with other team members, and whether sharing this information requires the participant's consent. This will get the group to start thinking about the informed consent process, which is the focus of the next activity.

For the Team to Learn More

For examples of referral forms that referral sources complete for consideration by the mental health court team, see Merrimack County Department of Corrections, "Mental Health Court Referral/ Application Form," August 2011, courts.state.nh.us/drugcourts/MC-6th-Circuit-District-Division-Concord-Mental-Health-Court-Referral-Application-Form.pdf.

Activity 2: Facilitating Informed Consent

Aim of Activity

In this activity, the group will examine the informed consent process and related issues concerning the circulation of information among mental health court team members, including the foundational concepts of privacy and due process in relation to operational needs and responsibilities. The team should emerge with a deeper understanding of the importance of privacy and due process in court policies and procedures as well as strategies to manage the functioning of the program while protecting privacy.

Materials and Resources Needed

- A printed copy of Module 5's Activities Guide for each participant so that they have copies of the role-playing exercise scenarios (Pages 11 to 13 in Module 5's Activities Guide)
- A printed copy of Bonneville County Mental Health Court's "Problem Solving Court Application Packet" from Module 5's Prep work, for each participant
- A printed copy of Behavioral Health Court Consent to Participate from the San Francisco (CA) Behavioral Health Court from Module 5's Additional Resources section, for each participant
- Whiteboard/blackboard/flip charts and writing implements for recording group responses

Tip

Encourage the team to refer to the list of team members in the videos. You may want to print copies ahead of time to bring to the training. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Common Concerns and How to Address Them

Ensuring that a mental health court program is voluntary involves more than simply presenting the option of participation to individuals. Programs must establish procedures to ensure that individuals are legally competent to make decisions about their case and treatment and that they fully understand what participation in the program involves before deciding to participate. The question of legal competency must be addressed prior to considering any defendant for participation in the mental health court program; if an individual is not competent to aid in his/her defense, she or he should not be participating in a program that requires waiving rights. Some mental health courts rely on existing mechanisms to determine competency. However, these processes are often time-consuming, which is particularly problematic in misdemeanor cases, for which the time to determine competency often exceeds the maximum likely jail time for the offense. In response to this obstacle, some mental health courts have developed expedited processes for determining competency. You may want to make sure you are as familiar as possible with the mechanisms that the team relies on to determine competency, and brainstorm about ways that the team might be able to accelerate the process in their jurisdiction or state.

As explained in the presentation, defense counsel play a critical role in making sure individuals understand the implications of all of their available options, including entering the mental health court program. Defense counsel should discuss rights that may be waived in entering the program, the requirements of program participation, and the consequences of not abiding by court conditions, and should help their clients weigh the mental health court program option against traditional criminal case processing. To maximize the likelihood of an individual's total awareness of the voluntary nature of the program, programs should list all of the court terms in a written, formal contract that is concrete, easy-to-read, and free of "legalese" and other jargon. Defendants can then review the contract with their defense attorneys before signing and accepting entry into the program.

It is important to note that voluntariness does not end upon entry to the program. The mental health court team should also consider how the development of treatment plans, the structure of status hearing, and other program components contribute to participants' perceptions of the court—particularly the extent to which they perceive the process to be fair and just (procedural fairness). Participants' perceptions of the program as fair, respectful, and open to his/her input will have implications on their level of engagement and motivation to change (which will be explored in more detail in *Module 7: Facilitating the Success of Mental Health Court Participants).*

This Activity involves role-playing. You may want to consult the Training and Group Facilitation Tips under "While Facilitating" for some ideas on how to engage reluctant participants in this portion of this Activity.

For Additional Discussion

1. As you may have noticed, the Bonneville Mental Health Court did not have a defense attorney attend the case staffing in the video. Ideally, a defense attorney who will be involved in the program will participate in this activity. You want to consider asking the defense attorney to provide his/her perspective on this case example and how she or he might approach the conversation differently had she or he been present.

2. In many jurisdictions, shortages in the availability of defense attorneys for indigent clients delay appointment of counsel and hinder the ability of counsel to thoroughly prepare early in a defendant's case.

    a. Ask: *How does the appointment of counsel work in your jurisdiction?*

    b. Ask: *How can the team work with jail or pretrial services staff to quickly identify those with mental health needs who may be appropriate for mental health court so that they can meet promptly with counsel to advise them on the opportunity to participate in mental health court?*

For the Team to Learn More

1. **For more information on best practices considered most effective and efficient for handling mental incompetency issues,** see The National Judicial College, "Mental Competency–Best Practices Model," 2012, mentalcompetency.org/index.php.

2. **Resources with more information on information-sharing for behavioral and criminal justice practitioners working collaboratively.**

    Resource 1: John Petrila and Hallie Fader-Towe, *Information Sharing in Criminal Justice–Mental Health Collaborations: Working with HIPAA and Other Privacy Laws* (New York, NY: Council of State Governments Justice Center, October 2010), csgjusticecenter.org/wp-content/uploads/2012/12/Information_Sharing_in_Criminal_Justice-Mental_Health_Collaborations-2.pdf.

    Resource 2: The Vera Institute of Justice, "Justice & Health Connect," *Justice & Health Connect*, accessed April 14, 2014, jhconnect.org.

Activity 3: Defining Participant "Success"

Aim of Activity

Activity 3 addresses the criteria for successful program completion and the process of leaving or graduating from the program. The team should gain an understanding that leaving the program involves a process that begins before and extends beyond graduation. The team will also think about what "success" means in terms of program and participant goals, and learn about precise criteria to use when drafting guidelines for successful program completion.

> **Tip**
>
> Encourage the team to refer to the list of team members in the videos. You may want to print copies ahead of time to bring to the training. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Materials and Resources Needed

- A printed copy of Module 5's Activities Guide for each participant so that they have copies of the scenarios and "Graduation Criteria" worksheet (Page 19 in Module 5's Activities Guide)
- Whiteboard/blackboard/flip charts and writing implements for recording group responses

» A computer, LCD projector, and a high-speed Internet connection. Please note that access to YouTube is required to stream the video.

» Module 5's Activities Guide Video Clips (available at learning.csgjusticecenter.org/?page_id=309).

Common Concerns and How to Address Them

Without clear guidelines about what constitutes success, the program could jeopardize its ability to treat participants fairly and could possibly work with participants indefinitely, which is neither appropriate for a program seeking to reduce criminal justice system involvement nor a good use of the program's unique resources.

As the team will learn in the presentation, an individual should have a clear idea of how long the program will last before she or he decides to apply. Your training group will likely want to know during the training if there is research on how long the program should last. The answer is that there is not currently any evidence to indicate exactly how long a program should be, but there are a series of considerations that programs should make in thinking about program duration. The maximum length of program should not exceed the length of incarceration or probation appropriate to an individual's charges; the goal of programs is to reduce future criminal justice involvement, not expand it. Programs that accept individuals with misdemeanor charges struggle with this challenge; often, these individuals spend more time in these programs than if they had served their sentences.

Programs have to decide what the impact of program completion—both favorable and unfavorable—will be on participants' cases. This is usually based on the severity of the charges, and is often tied very closely to the plea arrangement in that the impact of program completion should be determined prior to entry. Many misdemeanor programs dismiss charges completely, which can help motivate participants to engage in the program in the first place. Programs that accept felony charges may reduce them, or place participants on probation after program completion.

From a clinical perspective, mental health court teams should understand that the requirements for successfully completing the mental health court program are related but not identical to the individualized goals in the participants' treatment plans (see the Activities Guide for *Module 6: Case Planning* for opportunities to explore the development of treatment plans as part of participants' case plans in more detail). Some of the goals in the treatment plan for an individual may be unattainable within the relatively short duration of the mental health court program, which is often even more pronounced for programs accepting individuals with misdemeanor charges only. In these situations, there should be a frank conversation about which goals or steps will be completed during the mental health court program and which will follow in the future.

Many mental health programs divide their programs into phases with different levels of supervision tied to demonstrated successes and progress toward program completion. Generally, each subsequent phase includes less frequent court hearings or contacts with supervision and increasing autonomy in illness self-management. Mental health court teams interested in developing a phased approach should do so in a manner that allows for flexible individualized case plans. While some elements may be common for all participants, such as the frequency of court appearances, treatment goals should be based on the individual treatment plan. The expectations for program phases should be clearly delineated and explained to participants. Program phases can be a helpful way to structure program

participant to lead a participant toward "success" in the mental health court. See *Module 6: Case Planning* for more information about developing phases in line with treatment goals and *Module 7: Facilitating Mental Health Court Participant Success* (particularly the Guide to Module 7 for Facilitators) for more discussion of using program phases to motivate engagement in the case plan.

For Additional Discussion

1. Have the team consider what will need to happen in their jurisdiction to carry out the terms of participation upon a participant's completion of, or "graduation" from, the program.
    a. For pre-adjudication cases:
        i. Ask: *What papers must be filed to officially withdraw charges?*
        ii. Ask: *What steps must be taken to clear the participant's record?*
    b. For post-adjudication cases:
        i. Ask: *Is there a plea on record that will be vacated?*
        ii. Ask: *If a sentence was ordered but not imposed, will this sentence be removed from the record?*
        iii. Ask: *If mental health court participation was a term of probation, will the successful graduate remain on probation?*
        iv. Ask: *If so, how does his/her status change?*
        v. Ask: *What, if anything, can be done to ensure the successful participant does not suffer the collateral consequences of a conviction?*
2. Have the team consider what "unsuccessful completion" will mean for participants.
    a. Ask: *Will the individuals return to the regular criminal justice system at the same point she or he left it?*
    b. Ask: *Must there be a hearing?* (Removing a participant from a mental health court program may constitutionally require that the defendant has an opportunity for his/her case to be heard)
    c. Ask: *May the mental health court judge preside over the trial or sentencing of a former mental health court participant?* (Courts are currently spilt about whether the Sixth Amendment right to trial prohibits a problem-solving court judge from presiding over a new trial or sentencing of the case of a participant who has unsuccessfully completed)
    d. Ask: *How will the individual remain connected to appropriate behavioral health care?*
    e. Have the team reflect on why they should avoid using language loaded with negative connotations (e.g., "terminating participant"). Many of the individuals participating in these programs have histories of failure and trauma that may make words like "terminated" unintentionally hurtful.

3. Ask: *How will the team ensure that access to support services, including behavioral health treatment and appropriate supervision are available beyond program completion?*

4. As team members may have noticed, the Bonneville Mental Health Court did not have a defense attorney attend the case staffing in the video. Ideally, a defense attorney who will be involved in the program will participate in this activity. You may want to consider asking him/her to provide his/her perspective on this case example and how she or he might approach the conversation differently had she or he been present.

5. What are some examples of "success" that may only be possible for some participants? For example, full-time employment may not be a realistic goal for all participants based on their levels of functioning.

For the Team to Learn More

For those interested in learning more about "success and failure" inherent in the process of innovating criminal justice approaches, see the Center for Court Innovation, "Trial and Error," March 15, 2011, courtinnovation.org/topic/trial-and-error.

Module 6: Case Planning

Aim of Module

The aim of this module is to introduce the group to the case planning process that they will need to use to coordinate their work with participants in the mental health court. As there is a significant variation in how jurisdictions and agencies undertake case planning, it may not be feasible to develop a single, integrated case plan; the focus should be placed instead on coordinating case planning across the various entities from intake through discharge. This module is also intended to help team members from the behavioral health and criminal justice systems develop and incorporate collaborative responses that match individuals' level of criminogenic risk and behavioral health need with the appropriate levels of supervision and treatment into the development of case plans, setting the stage for *Module 7: Facilitating Mental Health Court Participant Success*, which focuses on how these collaborative responses can support adherence to these plans.

Learning Objectives

By the end of the module, participants should be able to

1. understand what a case plan is and what its main components are;
2. describe the relationship between the treatment plan and supervision conditions; and
3. understand how to develop treatment plans and supervision conditions based on comprehensive assessments and available supports.

Facilitating the Activities

Activity 1: Developing and Coordinating Case Plans

Aim of Activity

Activity 1 asks members of the mental health court team to compare approaches to planning for participants' involvement with their program and to consider how best to coordinate treatment and supervision. Through this activity, team members will gain a greater understanding of the components of a case plan and strategies for coordinating the implementation, monitoring, review, and revision of case plans.

Materials and Resources Needed

- Printed copies of Module 6's Activities Guide for all participants
- If possible, ask group members ahead of time to bring blank or de-identified examples of treatment plans, and court orders or probation case plans that include supervision conditions
- Whiteboard/blackboard/ flip charts and writing implements for mapping elements of a treatment plan, and points of overlap and divergence among plans and strategies

Tip

Encourage the team to refer to the list of team members in the videos. You may want to print copies ahead of time to bring to the training. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Common Concerns and How to Address Them

As explained in the presentation for this module, the case plan for a mental health court participant should involve two components: (1) the treatment plan, which outlines how the participant will manage his/her disorder(s) and identifies specific steps toward recovery, and (2) the supervision conditions, which outline the requirements that a participant must adhere to while in the program (these often include adherence to the treatment plan, in addition to regularly scheduled court appearances). While these two elements are complementary, it may not be feasible or realistic to develop a case plan that is physically integrated (i.e., in one document). In many jurisdictions, agencies have specific protocols and information systems that they use and it may not be possible to merge the treatment plan and supervision conditions into one document. There may also be privacy concerns and a need to be cautious with regard to what information is shared and in what circumstances—though sharing information among team members is sometimes necessary to make good, informed decisions, caution the group against "over sharing." Even though it is often done in the mental health court context with the best of intentions, team members must respect that individuals have a legitimate interest in keeping information about their diagnoses and treatment private.

So, while treatment plans and conditions of supervision are sometimes addressed separately for clarity, it is important for the team to understand that these components are often interrelated and share a basis in common assessments, goals, and strategies. Since there are multiple team members involved with developing and monitoring compliance with participants' case plans, communication can break down when one side relies on the other to unilaterally resolve issues (e.g., "treatment will address that problem" or "probation will take care of that"). So, team members must make every effort to remain on the same page, while paying attention to not over share certain sensitive information.

While the team may be familiar with the goals of the broader case plan for participants in the mental health court, it may not be appropriate for the team to view specific progress against the treatment plan and supervision case plan. So, programs often encounter a need for a mechanism to gather and share relevant information for staffing meetings and status hearings. Often, someone on the team (usually the program coordinator) will compile a report using information gathered from a number of sources (team members, other community-based providers and services, etc.) that will be shared with the team members and will guide the conversation during the staffing meeting. This document essentially contains relevant information from the case plan relating to a participant's progress that is appropriate to share given privacy laws.

As discussed in the presentation, it is important that mental health court team members are flexible because treatment plans and supervision conditions can change, and often do. The terms of supervision are usually adjusted according to the participant's progress in treatment and adherence to court conditions. There is often a tension between wanting to include specific, court-ordered terms of participation as part of the case plan, but needing to keep these terms general enough to allow for flexibility to adapt to individual needs.

The focus of this module and this activity is not only for teams to think about what constitutes effective case planning and how to develop case plans, but also to think about who is responsible for overseeing participant compliance with both the treatment plan and supervision conditions. So, unless the team has already determined who should fulfill these roles, they may need some additional guidance. The presentation emphasizes joint supervision by criminal justice and behavioral health staff as this strategy helps maintain clarity between treatment and supervision roles. It does, however, increase the need for close collaboration between the two staff members doing the monitoring. However,

some programs aren't able to employ joint supervision and instead use different strategies to monitor participants, each with its own advantages and disadvantages:

- **Supervision by mental health providers.** Some programs rely on mental health treatment providers, usually case managers, to report on the participant's adherence to court conditions. This case manager may be an employee of the court or may be employed by a partnering community agency. In smaller programs, one case manager may supervise all participants, while a larger program may split the caseload between two or more case managers.
    - One obvious benefit is efficiency; a single point of contact is responsible for coordinating and monitoring all aspect of the participant's progress, making it easier for other team members (e.g., the judge, prosecutor, defense counsel) to obtain updates and streamline the process of collecting information to prepare for team meetings and status hearings. Furthermore, the case manager is well positioned to identify potential causes for non-adherence and to propose changes to the treatment plan or court conditions to address these underlying issues.
    - On the other hand, this arrangement creates potential role conflicts, as case managers find themselves as both facilitators of the participant's support structure and as potentially punitive extensions of the legal system. This dual role may impede the development of a trusting relationship with the participant. Also, some judges and prosecutors are uncomfortable with assigning the responsibility for supervision to someone with a non-criminal justice background. Thus, with this approach, coordination with other team members is critical.
- **Supervision by criminal justice staff.** Some programs assign the monitoring role to criminal justice staff, usually a probation officer, or sometimes the mental health court coordinator or a pretrial services officer. As with the mental health-based supervision strategy described above, the criminal justice agent may be permanently assigned to the court, supervising all of its participants, or may be based in another agency (e.g., probation) and involved only in certain cases. In this arrangement, the probation officer meets with the participants on a regular basis, consults family, coworkers, and employers, and receives detailed reports from treatment providers about attendance and progress toward established goals. Rather than being the person responsible for communicating with the court, the treatment provider becomes one of multiple sources of information on participants' progress.
    - Courts assigning responsibility for supervision to a criminal justice staff member may do so because of concerns about public safety, particularly when the program serves defendants with felonies.
    - On the other hand, a criminal justice agent may not be as well versed in identifying treatment-based solutions in response to non-adherence to court conditions. Programs employing this strategy should ensure that mental health staff have input into the responses to supervision violations.

For Additional Discussion

1. Comparative research has not demonstrated the superiority of one supervision strategy over the others in terms of ensuring adherence to supervision conditions and encouraging treatment engagement among participants. However, teams must devise a supervision strategy by weighing these pros and cons with public safety, efficiency, coordination, and resource concerns. Prompt the team to consider which strategy they will use. What implications will

their chosen strategy have by considering the following questions:

   a. Ask: *How will the treatment plan and supervision conditions be developed?*

   b. Ask: *How will the treatment plan and supervision conditions be coordinated?*

   c. Ask: *What will the process be to collect information to prepare for staffing meetings and status hearings?*

2. Once the team has considered the different supervision approaches and discussed who would be responsible for developing and overseeing the treatment plan and the supervision conditions, revisit section (e) of this activity. Does this discussion alter the team's strategy?

3. Co-occurring mental and substance use disorders (CODs) are the norm and not the exception among participants in a mental health court program.

   a. Ask the team how they will address needs of individuals with CODs in the program, knowing that the most effective programs provide integrated treatment for both mental and substance use disorders.

   b. Have the team revisit their completed worksheet from Activity 3 of *Module 2: Your Community, Your Mental Health Court.*

      i. Ask: *Is truly integrated treatment available in the community?*

      ii. Ask: *If not, how can you advocate for the expanded availability of such treatment?*

4. As the presentation explained, participants should be connected with government benefits during the planning process as federal benefit programs (e.g., Medicaid) play an important role in enabling individuals with mental disorders to receive public mental health services. Health reforms such as the Mental Health Parity and Addiction Equity Act (passed in 2008) and the Patient Protection and Affordable Care Act (passed in 2010) represent an opportunity to improve access to comprehensive health services and reduce state and local expenditures for individuals involved with the criminal justice system.

   a. If you aren't already familiar with how the U.S. state in which your team is from is implementing these health reforms, you may want to do some research ahead of time to share at the training. For example, you can contact the state office that administers federal benefits to get more information. Or, if you determine that the team has a particular strong interest or need for more in-depth training on how to facilitate enrollment for program participants, you may want to invite a speaker to present on the subject.

   b. If you have not asked already while preparing for the training, ask the team to weigh in now while they are together as a group on activities their agencies are engaged in to facilitate enrollment in Medicaid or a subsidized plan offered through Health Insurance Marketplace, and other public benefits.

5. The presentation outlines different ways that programs can organize phases for their programs:

   » **Specified target goals.** Each phase has specifically defined goals for supervision, treatment, and other activities (e.g., securing employment), and participants do not progress without achieving those goals

   » **Set periods of time.** Each phase lasts a set period of time, and if the participant has not violated terms of supervision, she or he advances after the period elapses

   » **Progress along a general trajectory.** Each phase can have supervision requirements—such as defined frequency of court appearances—and requires general progress toward treatment goals, such as increasing motivation to change behavior (e.g., moving from one stage to another in the Stages of Change model)

      a. How do program phases relate to the goals of the case plan (i.e., goals of the treatment plan and of the conditions of supervision)?

      b. Ask the team to consider if organizing their program in phases makes sense for them, and if so, to identify the pros and cons of organizing the phases in the ways listed above.

      c. Ask your training team which way makes most sense for the phases of their mental health court program? Why?

For the Team to Learn More

1. **Resources on effective treatment planning and case management.**

   Resource 1: For more information on effective case management for community corrections, see Mark Carey, "Effective Case Management: Coaching Packet," ed. Madeline M. Carter (Center for Effective Public Policy, 2010), cepp.com/documents/Effective%20Case%20Management.pdf.

   Resource 2: For more information on screening, assessment, and integrated treatment planning for individuals with mental and co-occurring substance use disorders, see Center for Substance Abuse Treatment, "Screening, Assessment, and Treatment Planning for Persons with Co-Occurring Disorders." (Substance Abuse and Mental Health Services Administration and Center for Mental Health Services, 2006), store.samhsa.gov/shin/content/PHD1131/PHD1131.pdf.

2. **Resources on health policy reforms and the criminal justice system.**

   Resource 1: For more information on recent developments and resources on this subject, see Council of State Governments Justice Center, "Health Policy Reforms and the Criminal Justice System," accessed April 14, 2014, csgjusticecenter.org/reentry/issue-areas/health/health-policy.

   Resource 2: For more information on opportunities to maximize Medicaid enrollment, see The Council of State Governments Justice Center and The Legal Action Center, "Medicaid and Financing Health Care for Individuals Involved in the Criminal Justice System" (Council of State Governments Justice Center, 2013), csgjusticecenter.org/wp-content/uploads/2013/12/ACA-Medicaid-Expansion-Policy-Brief.pdf.

Activity 2: Transition Planning

Aim of Activity

The aim of this activity is to introduce the team to the different elements and processes of transition planning. While mental health court programs are time-limited, individuals' mental health problems are chronic and ongoing and many may require long-term treatment and access to supportive services. So it is important that team members attend to the inevitable end of judicial supervision from the outset and be prepared for participants' concerns and anxiety as graduation approaches. This activity helps the team think about how to incorporate transition planning into case plans to connect individuals with services and supports and increase the likelihood that they remain engaged in treatment after leaving the program.

Materials and Resources Needed

- Whiteboard/blackboard/flip charts and writing implements for recording decision points
- A printed copy of Module 6's Activities Guide for each team member
- A computer, LCD projector, and a high-speed Internet connection. Please note that access to YouTube is required to stream the video.

Tip

Encourage the team to refer to the list of team members in the videos. You may want to print copies ahead of time to bring to the training. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Common Concerns and How to Address Them

Some mental health courts encounter participants that do not want to leave the program and may even compromise their progress to stay in the program longer. Ask the team how they would approach this, and discuss what role transition planning plays in alleviating participants' anxiety and addressing apprehensions about program completion. Have the group talk about the supports provided for participants in the program and how similar supports can be put in place after the court-based intervention has concluded. How can relationships with key people be maintained? Will structure be provided by meetings, treatment sessions, and court hearings? Connections to care?

Some participants may want to remain connected with the program after they have graduated, so establishing an "alumni mentor" group is a way to mutually benefit the mentors who have left the program and mentees who are currently in the program. For teams working in existing programs, ask them if they have such a program in place or if this is an idea that they would like to explore. Encourage teams starting new programs to revisit the idea once they have been operating long enough to have potential alumni to participate in such a group.

A key component of transition planning is helping to ensure continuity of care and maintain a participant's strong level of engagement in treatment after they leave the program. One way to approach this is to work with the treatment provider(s) working with the mental health court participants to see if it is possible for them to remain clients after graduation.

For Additional Discussion

1. As you may have noticed, the Bonneville Mental Health Court did not have a defense attorney attend the case staffing in the video. Ideally, a defense attorney who will be involved in the program will be present to participate in this activity. You want to consider asking him/her to provide his/her perspective on this case example and how she or he might approach the conversation differently had she or he been present at this staffing meeting.

For the Team to Learn More

1. **Resources with more information on addressing behavioral health and criminogenic needs of individuals involved in the criminal justice system:**

   Resource 1: Fred Osher et al., "Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery" (Council of State Governments Justice Center, 2012), csgjusticecenter.org/wp-content/uploads/2013/05/9-24-12_Behavioral-Health-Framework-final.pdf.

   Resource 2: For more information on evidence-based treatment associated with positive outcomes for individuals with behavioral health disorders who are involved in the criminal justice system, see Alex M. Blandford and Fred C. Osher, "A Checklist for Implementing Evidence-Based Practices and Programs (EBPs) for Justice-Involved Adults with Behavioral Health Disorders" (SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, 2012), csgjusticecenter.org/wp-content/uploads/2013/04/SAMHSA-GAINS.pdf.

   Resource 3: For more information on cognitive behavioral treatment targeted to criminogenic needs of individuals who are involved in the criminal justice system, see Harvey Milkman and Kenneth Wanberg, "Cognitive-Behavioral Treatment: A Review and Discussion for Corrections Professionals" (U.S. Department of Justice, National Institute of Corrections, 2007), static.nicic.gov/Library/021657.pdf.

2. **Resource on specialized probation responses to supervise individuals with behavioral health disorders:**

   Seth J. Prins and Fred C. Osher, Improving Responses to People with Mental Illnesses: The Essential Elements of Specialized Probation Initiatives (New York: Council of State Governments Justice Center, 2009), csgjusticecenter.org/wp-content/uploads/2012/12/Improving_Responses_to_People_with_Mental_Illnesses_-_The_Essential_Elements_of_Specialize_Probation_Initiatives.pdf.

Module 7: Facilitating the Success of Mental Health Court Participants

Aim of Module

This module is designed to help the group think about how to facilitate participants' success in the program by drawing upon research on what works to motivate engagement in treatment and compliance with supervision conditions. In the absence of mental health court-specific research, the team will learn how to apply principles to the general atmosphere of the program (Part 1 of the presentation) and how to respond appropriately to specific types of participant behavior (Part 2 of the presentation).

Learning Objectives

By the end of the module, participants should be able to

1. articulate principles that research shows are effective in modifying behavior;
2. describe how these principles inform each person's role on the mental health court team; and
3. develop policies and procedures that apply these principles to the mental health court.

Facilitating the Activities

Activity 1: Setting the Conditions for Success

Aim of Activity

Activity 1 is designed to help the team think about how to set the context for a program participant to be successful. The team will develop strategies for creating the conditions for participant success in their program and gain an understanding of how to apply research into what enhances motivation to engage in treatment and comply with court conditions.

Materials and Resources Needed

- Printed copies of Module 7's Activities Guide for all participants so they have copies of the scenarios
- Whiteboard/blackboard/flip charts and writing implements for listing group responses
- A computer, Internet Access, and an LCD projector. Please note that access to YouTube is required to stream the video.
- Module 7's Activities Guide video clips (available at learning.csgjusticecenter.org/?page_id=340).

Tip

Encourage the team to refer to the list of team members in the videos. You may want to print copies ahead of time to bring to the training. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Common Concerns and How to Address Them

As the team learned in the presentation, each interaction between the participant and a team member presents an opportunity to reinforce positive behavior change. This is particularly pronounced at the hearings before the judge, and the judge plays such a pivotal role in helping to motivate participant engagement through direct interactions with program participants in his/her courtroom. While adjusting from a traditional role to this more active role may come naturally to many judges, others may not be as comfortable initially. If you have not already, try to talk to the judge one-on-one about his/her role in starting and overseeing the program, and his/her comfort level with interacting with individuals with mental disorders in the courtroom and the mental health court model. There are a number of different resources and materials (listed below under "For the Team to Learn More") dedicated to enhance judicial understanding of, and responses to, individuals with mental disorders in the courtroom and the broader criminal justice system.

The team may notice that defense counsel is not present at the staffing meeting or at the status hearing in the video of the Bonneville County Mental Health Court. Many mental health courts operate in this way because they maintain a non-adversarial atmosphere, and because status hearings do not have a natural counterpart in the traditional court process. However, this may raise concerns that are important for the team to understand. Despite their distinctness from traditional court processing, regular status hearings still represent a function of the criminal justice system, and present the opportunity for court participants to put themselves in further jeopardy. For example, participants may appear at status hearings after having been recently booked on new crimes, or may volunteer information to the court that puts them in violation of their court conditions and thus eligible for jail time. The role of defense counsel is to advise their clients throughout their involvement in the criminal justice system—not just prior to entry into the mental health court program—and the preceding scenarios illustrate the difficulties that can arise when defense counsel are absent from status hearings or when program policies and procedures do not provide other appropriate protections for participant rights.

Some programs struggle with low levels of motivation and engagement of participants in early stages of the program. There may be certain strategies that programs will use to help motivate behavior change and encourage engagement in the program. Some programs train staff in Motivational Interviewing, a specific technique developed by William R. Miller and Stephen Rollnick to enhance an individual's willingness to change by helping him/her realize how his/her actions relate to his/her values. Mental health court team members can apply the principles of Motivational Interviewing (see discussion question below) even without formal training, although receiving the training is ideal.

For Additional Discussion

1. As discussed in the presentation, a program will be most successful to the extent it responds to participants' learning styles (this is the Responsivity Principle from the Risk-Need-Responsivity Principle). The factors affecting an individual's ability to learn and change his/her behavior should be the first targets of intervention. For example, an individual's psychosis must be addressed before she or he can benefit from cognitive behavioral therapy.

    a. Ask the team to reflect on their program's ability to:

        » Maintain any necessary medications, including those for general medical needs

        » Be sensitive to potential histories of trauma among participants

» Be sensitive to gender differences related to how people learn and what makes them feel safe and secure

» Be prepared to adapt to different levels of cognitive functioning among participants

b. Ask the team to give one concrete example for each application of the Responsivity Principle outlined above (see *a.*) in their program.

2. Ask the team if staff that will be working with mental health court participants are trained in any particular methods to increase participant engagement, such as Motivational Interviewing. If not, ask them to consider how (1) they have applied the principles of Motivational Interviewing in their traditional roles, and (2) how they might apply them in the mental health court. For example, through:

    a. Expressing empathy by making it clear to the participant that you understand what she or he is experiencing

    b. Pointing out discrepancies between the participant's goals and current behavior

    c. "Rolling with resistance," or appreciating and emphasizing with the participant's circumstances while also discouraging his/her harmful behavior

    d. Empowering the individual to act for him/herself

3. The mental health court team should pay attention to how status hearings are conducted; certain intangibles may significantly affect how participants experience the mental health court program, and, in turn, their adherence to court conditions and the ultimate success of the program. Have the team consider the following when viewing *Video 4: Val Harris—Court Appearance:*

    a. Ask: *Is the courtroom structured in a way that makes participants feel intimidated? Where are there opportunities to work with existing space to improve the physical setting for these interactions? Is there a smaller courtroom that can be used? Where do participants stand? If the courtroom layout requires the individual to stand far away from the judge or appear in a very large room, is it possible to provide support by having team members or a peer coach stand up with the participant so that she or he does not feel alone?*

    b. Ask: *Are participants offered an opportunity to discuss their successes or explain the reasons why difficulties may have arisen?*

    c. Ask: *Do team members show interest in participants as individuals?*

For the Team to Learn More

1. **Resources to improve judicial understanding of, and responses to, individuals with mental disorders in the criminal justice system (for judges presiding over traditional criminal court dockets, and problem-solving courts, including mental health courts).**

    The Judges' Leadership Initiative for Criminal Justice and Behavioral Health (csgjusticecenter.org/courts/judges-leadership-initiative/) has developed several resources designed to serve as references on the bench, including the Judges' Guide to Mental Illnesses in the Courtroom Bench card (csgjusticecenter.org/courts/publications/judges-guide-to-mental-illnesses-in-the-courtroom) and three bench books, including the *Judges' Guide to Mental Health Jargon* (to

order copies, please visit prainc.com/the-judges-criminal-justicemental-health-leadership-initiative-references-for-justice-system-practitioners).

2. **Resources with more information on the role of procedural justice in a mental health court.**

   Resource 1: Nicole L. Waters, Shauna M. Strickland, and Sarah A. Gibson, "Mental Health Court Culture: Leaving Your Hat at the Door" (National Center for State Courts, November 2009).

   Resource 2: Bruce J. Winick and David B. Wexler, eds., *Judging in a Therapeutic Key: Therapeutic Jurisprudence and the Courts* (Durham, N.C: Carolina Academic Press, 2003). See in particular the chapter on problem-solving courts (pages 73 to 86).

   Resource 3: Center for Court Innovation's webpage with information and resources on procedural justice: Center for Court Innovation, "Procedural Justice," n.d., courtinnovation.org/topic/procedural-justice.

3. **Resources with more information on applications of motivational interviewing in criminal justice settings.**

   Resource 1: These guides provide an overview for correctional treatment staff of Motivational Interviewing and exercises to practice and improve Motivational Interviewing techniques. Bradford Bogue and Anjali Nandi, "Exercises for Developing MI Skills in Corrections" (U.S. Department of Justice, National Institute of Corrections, 2012), static.nicic.gov/Library/025557.pdf.

   Resource 2: This document contains content adapted from the original training on Motivational Interviewing developed by William Miller and Stephen Rollnick specifically for judicial officers. Roxanne Bailin, *Motivational Interviewing for Judicial Officers, Adapted from William Miller and Stephen Rollnick, Motivational Interviewing, Second Edition,* (National Center for State Courts, 2006), bit.ly/1fxoV2e.

4. **Resources with information on including families and supportive relationships in your program.**

   Resource 1: For information on strategies to incorporate families into case management, please see: "Family Justice Program," Vera Institute of Justice, vera.org/centers/family-justice-program.

   Resource 2: For information on perspectives of family members of individuals involved in the criminal justice system, please see: "NAMI Perspectives on the Justice System," National Alliance on Mental Illness, www2.nami.org/Content/ContentGroups/Policy/Issues_Spotlights/Criminalization/NAMI_Perspectives_on_the_Justice_System.htm.

   Resource 3: For information on support and education for family, caregivers, and friends of individuals living with mental illness, please see: "Family to Family," National Alliance on Mental Illness, www2.nami.org/template.cfm?section=family-to-family; and "NAMI Family Support Group," National Alliance on Mental Illness, nami.org/Find-Support/NAMI-Programs/NAMI-Family-Support-Group.

Activity 2: Responding to Positive and Negative Events

Aim of Activity

Activity 2 is designed to help the group think about how they would respond to positive and negative events in their program. The group should gain an understanding of how to use research to design responses to positive and negative events and how different programs craft their responses.

Materials and Resources Needed

- Printed copies of Module 7's Activities Guide for all participants so that they have copies of:
  - Water County's responses to positive and negative events (Page 8 in Module 7's Activities Guide)
  - *Mental Health Court Strategies to Help Defendants with Mental Illnesses Make Progress in Treatment and Comply with Court Requirements* (Pages 9 to 11 in Module 7's Activities Guide)
  - Scenarios
- Whiteboard/blackboard/flip charts and writing implements for recording group responses
- A computer, Internet access, and an LCD projector. Please note that access to YouTube is required to stream the video.
- Module 7 Activities Guide Video Clips (available at learning.csgjusticecenter.org/?page_id=340) and a computer with Internet access and good speakers.

Tip

Encourage the team to refer to the list of team members in the videos. You may want to print copies ahead of time to bring to the training. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Common Concerns and How to Address Them

You may hear a request from the team to apply incentives and sanctions from drug courts (e.g., taking a list already developed for or by a drug court) to respond to participant problems and successes in the mental health court program. This is certainly tempting, yet reports from existing mental health courts suggest that the drug court model does not necessarily translate well for mental health court participants. Given their unique diagnoses and behavioral health needs (mental health, substance use, or both); different functional abilities; and individualized treatment and supervision plans tailored to behavioral health needs and criminogenic risk levels, a formulaic application of a sanctioning grid may not address the root causes of a violation. Instead, mental health court teams should tailor incentives and sanctions to the specific situation and participant, and should maintain internal data on the effectiveness of these responses in motivating compliance. Encourage the group to consult the general principles to motivate participant engagement and example responses outlined on pages 9 to 11 of the Activities Guide. Certain research-based principles also highlighted in the presentation include:

- Increase the ratio of positive to negative responses (research indicates that applying positive reinforcement four times as frequently as negative reinforcement is most effective in moving an individual's behavior in the desired direction)

- » Clarify expectations and consequences (team members should be specific about the likely consequences of certain behaviors)
- » Respond to all events as promptly as possible (responses should be administered in a timely fashion so that the connection to the event is reinforced)
- » Make responses meaningful to the participant (individuals value different things, so any standardized list of responses should be vetted against the individuals' particular motivations)

The application of these principles and examples should not replace the careful evaluation on a case-by-case basis of what response is most appropriate. That said, a complete list of potential responses should be developed for the benefit of the mental health court team and the participants. As discussed in *Module 5: Designing Policies and Procedures for Program Participation*, participants should be aware upfront what the consequences of their actions may be before they enter the program, and defense counsel have requested such a list in many programs.

The use of jail as a response used for negative behaviors is worthy of substantial discussion. There are diverging practices among mental health court programs on this issue, yet there seems to be more of a consensus among national experts and experienced practitioners that the best practice is for programs to use jail time infrequently. While this is not been empirically studied, experts in the field subscribe to the belief that while jail may satisfy the desire to "punish," it does little to actually improve a participant's long-term ability to engage in treatment and advance toward recovery. In fact, incarceration disrupts a participant's treatment regime (particularly access to appropriate medication), as well as housing, employment, and other stability factors, causing a person to decompensate. It also incurs cost; the team should consider whether controlling costs is a program goal. Some practitioners may dispute the deterrence potential of incarceration, suggesting that some participants may welcome time in jail because of the stability it can afford. Others use jail more liberally, such as when they feel that community safety is at risk; to "shake up" a participant; to stabilize someone in crisis; or as a form of detoxification. It is important for the team to discuss what their policy will be with regard to the use of jail in the program.

Some courts require that participants remain abstinent, and even list abstinence as a criterion for advancement to the next phase or graduation from the program. Others have explored applying a harm-reduction model to their mental health court programs, however, it is unusual for mental health courts to claim a full harm reduction approach, as it might be seen by some in conflict with the court's goals to uphold law-abiding behavior, which includes the legal prohibition on drugs. While mental health courts employ recovery principles and court staff appreciate the circumstances around continued episodes of substance use, in the end the criminal justice context of these courts creates limits to the degree of continued use that is considered treatable by non-coercive means. In some mental health courts the client may be terminated (or voluntarily withdraw) and be sent back to regular criminal justice processing. Other mental health courts sentence participants to short jail or prison stays. Illicit substance use make a total harm reduction approach unlikely in mental health courts, but lessons from harm reduction and recovery principles can and do inform mental health court program design and operation as they pursue both their criminal justice and mental health goals for their clients.

For Additional Discussion

1. Revisit the "MHC Communication Model" on page 3 of the publication *Leaving Your Hat at the Door* that was included in the Facilitators' Guide to Module 3 (cdm16501.contentdm.oclc.org/cdm/ref/collection/spcts/id/209)

a. If the team hasn't already done so for Module 3, ask them to reflect on how this model would work in practice for them.

b. Ask: *How would information be exchanged between the different team members in the program?*

2. As discussed in *Module 6: Case Planning,* many mental health courts organize their programs into phases with different levels of supervision tied to demonstrated success. Some programs have decided to go one step further and have outlined treatment and supervision goals and specific advancement criteria for each phase, and even differentiate between misdemeanor and felony (see example of Treatment Phases for the Chatham-Savannah Mental Health Court, available in the Additional Resources section of Module 7).

    a. Ask the team to review this example and ask what their reactions are in general, and with regard to this program's decision to

        i. Integrate treatment and supervision goals

        ii. Differentiate between participants with mental disorders and those with co-occurring mental and substance use disorders

        iii. Introduce requirement for employment or engagement in a structured activity in Phase 4 and not earlier

            1. Ask: *Should employment even be a requirement? Why or why not?*

        iv. Specific minimum time requirements for each phase (Note: Programs should try to be flexible in terms of the minimum time specified for each phase)

    b. In part (d) of this activity, the team will view the Bonneville County Mental Health Court team's discussion of an appropriate response to Val Harris' behavior in their staffing meeting. The team considers the option that Mr. Harris work through a contingency plan rather than serve jail time (question 3 addresses this decision). The Bonneville County Mental Health Court uses "contingency plans" (particularly for participants with co-occurring mental and substance use disorders). Adapted from the contingency management treatment approach, the team uses learning strategies with participants to develop a couple concrete skills, thus working towards incremental change while continuing treatment without interruption. The treatment team then rolls the goals outlined in the contingency plan into the broader treatment plan. Common elements in a contingency plan used by mental health court programs include: (1) the stated reason for the contingency plan, (2) the purpose of the plan, (3) the consequence if the plan is not followed, (4) and the parameters of the plan itself.

        i. Ask the team to consider the use of contingency plans in a mental health court program and discuss whether it is an approach that is appropriate for their particular program. Why or why not?

        ii. What potential advantages and challenges does using contingency plans present? (Note: the Bonneville County Mental Health Court has an Assertive Community Treatment (ACT) team to work with participants on contingency plans, and other programs may not find this approach feasible without such a highly intensive, wrap-around treatment team approach).

For the Team to Learn More

Resources on Contingency Management Plans.

Resource 1. Example of a contingency plan from the Bonneville County Mental Health Court, available at csgjusticecenter.org/wp-content/uploads/2014/04/Contingency-Management-Plan-for-Participant.pdf.

Resource 2: For more information on contingency management, see Nancy M. Petry, Sheila M. Alessi, and David M. Ledgerwood, "A Randomized Trial of Contingency Management Delivered by Community Therapists.," *Journal of Consulting and Clinical Psychology,* 80 no. 2 (2012): 286–98.

Activity 3: Identifying Potential Responses to Events

Aim of Activity

Activity 3 is designed to help the group list preliminary ideas about how they will respond to positive and negative events in their program. In this activity, the group will develop a list of responses to potential positive and negative events.

Materials and Resources Needed

- Printed copies of Module 7 Activities Guide for all participants so they have copies of the "Event Responses" worksheet
- Whiteboard/blackboard/flip charts and writing implements for listing group responses

> **Tip**
>
> Encourage the team to refer to the list of team members in the videos. You may want to print copies ahead of time to bring to the training. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Common Concerns and How to Address Them

As mentioned previously for Activity 2, while drug court research has shown that drug courts that use a structured schedule of incentives and sanctions are more effective, this research should not necessarily be applied to a mental health court setting. Instead, programs should coordinate and individualize judicial and clinical responses when responding to setbacks and successes in a way that motivates compliance with the individual's treatment plan. However, a complete list of potential responses should be developed for the benefit of the mental health court team and the participants so that they are aware upfront what the consequences of their actions may be before they enter the program. Or at the very least, including ranges of incentives and sanctions (from the least to most severe) should be offered to encourage participants' perception of predictability and fairness.

Many teams planning mental health court programs experience some stress and hesitation in articulating responses for their programs. However, there are certain principles that teams can follow as they are thinking this through; as mentioned above, see Activity 2, part (b) in the Activities Guide

for this module on pages 9 to 11. In addition to these principles, there are certain considerations programs should make in developing a list of responses.

» Many programs do not make an effort to keep treatment responses separate from other responses, which can be problematic; programs don't want to "punish" by increasing intensity of treatment or "reward" by decreasing intensity of treatment.

» When designing and selecting incentives and sanctions, programs should remember that one person's sanction could be another person's reward and that responses need to be tailored to what will motivate the individual participant. For example, one participant at the Brooklyn Mental Health Court saw the "Penalty Box" sanction as a reward, instead of the sanction it was intended to be.

» Courts can personalize incentives and sanctions lists and options by working with individual participants to determine what would be an incentive or sanction to them and operating on a case-by-case basis. Some participants aren't even aware what is on the "menu" of incentives and sanctions, and working through the list or creating one with them will help ensure they know how the incentives and sanctions apply to them and what sort of responses they can anticipate.

As the facilitator, you may also want to make it clear to the team that while they will start a list of likely events and appropriate responses in this activity, this is intended to be a starting point only and their program's responses will evolve over time. The team will continue the discussion of what circumstances warrant which responses, and continue to refine and adjust the list of responses and applications as the program matures and the team tracks what is most effective for whom. This activity will help them develop a conceptual framework to build upon as they move toward program implementation.

For Additional Discussion

1) In Activity 2, the team had the opportunity to consider how Bonneville County Mental Health Court and Water County Mental Health Court design responses to negative and positive events. This activity is intended for the team to start designing their own responses. If you find that the team is reluctant to start this process and may need an additional reference point, refer them to:

    a. Pages 9 to 10 of the San Francisco Behavioral Health Court's Policies and Procedures Manual: Superior Court of California, County of San Francisco, "Behavioral Health Court Policies and Procedures Manual," July 2008, sfbar.org/forms/lawyerreferrals/ida/BHC_manual.pdf.

Module 8: Launching and Sustaining Your Program

Aim of Module

The aim of this module is to introduce the group to the variety of issues and considerations that fall under program management in launching (Part 1) and sustaining (Part 2) a mental health court program, including

- how and what data to collect to "make the case" for sustaining the program;
- how to monitor the performance of the program;
- how to use data to identify necessary programmatic adjustments and improvements;
- how to plan for adverse events; and
- how to develop a program manual.

Learning Objectives

By the end of the module, participants should be able to

1. identify common strategies for funding the program at the outset;
2. describe the role of data collection and evaluation in managing and sustaining the program; and
3. describe strategies for engaging the advisory group and team members in continuously improving the program.

Facilitating the Activities

Activity 1: Communicating Program Information to Different Audiences

Aim of Activity

Activity 1 involves a set of role-playing exercises to develop strategies to use when communicating with different constituencies about the program. The group will come away from the activity with notes on topics and phrasing to incorporate into informational products (e.g., brochures) and other materials about the program designed for different audiences.

Materials and Resources Needed

- A printed copy of Module 8's Activities Guide for each participant so that they have copies of the role-playing scenarios and talking points worksheet (Pages 6 to 8 in Module 8's Activities Guide)
- Whiteboard/blackboard/flip charts and writing implements for listing group responses

Tip

Encourage the team to refer to the list of team members in the videos. You may want to print copies ahead of time to bring to the training. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Common Concerns and How to Address Them

The team will need to collect data for different purposes: to keep track of participants (program operations); to measure the program's performance on an ongoing basis (performance measurement); and to determine whether the program is operating as intended and having the intended results (process and outcome evaluations respectively). As the Presentation explains, it is important for the teams to understand the different uses of data early on during the planning of the program to help them determine the best way to collect, manage, and analyze it.

This activity is intended for the team to consider its ability to measure the performance of the program and make a case for sustaining it to different constituencies including key stakeholders, county commissioners and council members, legislators, potential referral sources or partners, and members of the public. This information may come from program performance measures or from program evaluation measures, but there is often confusion on what distinguishes the two types. Ensuring that the team understands the differences will help them determine how to conduct both performance measurement and program evaluation, tailoring both to their program's objectives and resources.

Both forms of assessment "aim to support resource allocation and other policy decisions to improve service delivery and program effectiveness," but there are key differences, as illustrated in Table 9 on the following page, adapted from the U.S. Government Accountability Office's (GAO) glossary.

Many programs aim to conduct cost-benefit analyses, but cost data are very complex and difficult to gather and interpret correctly. One particular challenge is determining whether costs have been reduced, or shifted from corrections to behavioral health systems. The Center for Court Innovation's evaluation of the Brooklyn and Bronx mental health courts highlights challenges associated with conducting cost-benefit analyses for the programs, and suggests a strategy with recommendations for future data collection (see Resource 4 under "Resources on data collection and program evaluation in mental health courts" below).

Publicizing the program is essential to getting a new mental health court program off of the ground, so the team will want to invest time and energy in preparing stakeholders to promote it by identifying opportunities and venues for them to do so (e.g., news articles, speaking engagements) and by developing background and promotional materials (e.g., talking points, brochure). The team may express that they don't have many ideas on how to get the word out, or the time or resources to dedicate to it, particularly early on when they are focusing on planning and early implementation efforts. However, there are different strategies other programs have used that they should consider—some may be less labor and resource intensive than they think. Encourage them to consult the "Engaging Stakeholders in Your Project" resource listed below under *For the Team to Learn More.*

This activity involves role-playing. You may want to consult the Training and Group Facilitation Tips under "While Facilitating" for some ideas on how to engage reluctant participants in this portion of this activity.

Table 9. Types of Program Performance Assessment

	Performance Measurement	Program Evaluation
What is it?	The ongoing monitoring and reporting of program accomplishments, particularly progress towards pre-established goals.	Program evaluations are individual systematic studies conducted periodically or on an ad hoc basis to assess how well a program is working.
Who conducts it?	Typically conducted by program or agency management.	They are often conducted by experts external to the program, either inside or outside the agency as well as by program managers.
What is the focus?	Focuses on whether a program has achieved its objectives, expressed as measurable performance standards.	Focuses on whether a program has achieved its objectives, expressed as measurable performance standards. Evaluations may examine aspects of program operations (such as in a process evaluation), or factors in the program environment that may impede or contribute to its success, to help explain the linkages between program inputs, activities, outputs, and outcomes. Alternatively, evaluations may assess the program's effects beyond its intended objectives, or estimate what would have occurred in the absence of the program, in order to assess the program's net impact. Additionally, program evaluations may systematically compare the effectiveness of alternative programs aimed at the same objective.
How is it used?	Performance measurement, because of its ongoing nature, can serve as an early warning system to management and as a vehicle for improving accountability to the public.	There are four main types, all of which use measures of program performance, along with other information, to learn the benefits of a program or how to improve it.

Source: U.S. Government Accountability Office, "Performance Measurement and Evaluation: Definitions and Relationships" (U.S. GAO, 1997), gao.gov/special.pubs/gg98026.pdf.

For Additional Discussion

1. Ask: *Can you identify any upcoming events or meetings that would be good opportunities to introduce the program?*

For the Team to Learn More

1. **A tool mental health programs can use to monitor program performance and demonstrate accountability to different audiences:** National Center for State Courts, "Mental Health Court Performance Measures" (NCSC, 2010), ncsc.org/services-and-experts/areas-of-expertise/problem-solving-courts/mental-health-court-performance-measures.aspx.

2. **Resources on data collection and program evaluation in mental health courts:**

   Resource 1: With the support of the U.S. Department of Justice's Bureau of Justice Assistance and the Health Foundation of Greater Cincinnati, the CSG Justice Center developed a database for mental health court operations and reporting. This database is available free on a CD with a User Manual, Tech Guide, and Data Dictionary for interested jurisdictions. No technical support is available for database modifications or installation difficulties. The team can request a copy by submitting a request through the "Contact Us" webpage on the curriculum's website.

   Resource 2: This webinar—the first in a two-part series—focuses on practical approaches for collecting mental health court data. The webinar also teaches skills and techniques for working with mental health court data in Microsoft Excel. Cynthea Kimmelman DeVries, Andrew Barbee, and Hallie Fader-Towe, "Webinar: Working with Data for Mental Health Court Practitioners, Part One: Data Collection and Manipulation" (Webinar, Council of State Governments Justice Center), csgjusticecenter.org/cp/webinars/webinar-archive-working-with-data-for-mental-health-court-practitioners-part-one-data-collection-and-manipulation.

   Resource 3: The second part of the "Working with Data for Mental Health Court Practitioners" webinar series presents perspectives on data analysis and provides suggestions on how to analyze data and meaningfully present the findings. Cynthea Kimmelman DeVries and Andrew Barbee, "Webinar: Working with Data for Mental Health Court Practitioners, Part Two: Data Analysis and Communication," csgjusticecenter.org/cp/webinars/webinar-archive-working-with-data-for-mental-health-court-practitioners-part-two-data-analysis-and-communication.

   Resource 4: Chapter 5 (page 126) of the Center for Court Innovation's evaluation report on the Bronx and Brooklyn mental health court programs illustrates the challenges encountered in conducting a CBA, and provides a suggested strategy with recommendations for future data collection. Shelli B. Rossman et al., *Criminal Justice Interventions for Offenders with Mental Illness: Evaluations of Mental Health Courts in Bronx and Brooklyn, New York* (National Institute of Justice, February 2012), courtinnovation.org/sites/default/files/documents/Criminal_Justice_Interventions.pdf.

3. **Resource with ideas on how to engage stakeholders "to get the word out" about the program.** Center for Court Innovation, "Fact Sheet: Engaging Stakeholders in Your Project," accessed October 20, 2014, courtinnovation.org/sites/default/files/Engaging_Stakeholders_in_Your_Project.pdf.

Activity 2: Adverse Event Planning

Aim of Activity

Activity 2 is designed to help the group understand how a mental health court team addresses events that can threaten the sustainability of the program, such as a high-profile negative incident involving a program participant or graduate. Group members will see how a mental health court team considers the needs of different stakeholders in planning its response to a negative event, and develop an understanding of what roles mental health court team members play in addressing them. In this activity, the group will also develop a list of stakeholder concerns that will need to be addressed if there is a negative event.

Materials and Resources Needed

- A printed copy of Module 8's Activities Guide for each participant so that they have copies of the discussion questions
- Whiteboard/blackboard/flip charts and writing implements for listing group responses
- A computer, Internet access, and an LCD projector. Note that access to YouTube is required to view the video clips.
- Module 8's Activities Guide video clips (available at learning.csgjusticecenter.org/?page_id=351) and good speakers.

Tip

Encourage the team to refer to the list of team members in the videos. You may want to print copies ahead of time to bring to the training. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Common Concerns and How Address Them

As Eric, the program coordinator, pointed out in the video, the team is concerned about what the program's messaging should be following this negative event. The situation is heightened because the Bonneville County Mental Health Court program accepts "high-risk" individuals, which is consistent with available evidence; as the team has learned in earlier modules, research suggests that targeting resources on individuals with high to moderate risk levels who have serious behavioral health needs will have the greatest impact on increasing public safety and will maximize the impact of the program's resources.

It is worth remembering here that "high-risk" in this context is a high criminogenic risk. Criminogenic risk refers to the likelihood that an individual will commit a new crime, or violate conditions of supervision and does not refer to risk of violence. Teams should think about how to promote the understanding that high criminogenic risk does not mean high risk of violence. Measuring risk of violence is not within the scope of an instrument designed to measure risk of recidivism. While relevant assessment instruments do exist to assess the risk of violence (e.g., Violence Risk Appraisal Guide, their ability to predict future violent acts is limited by the complex nature of violence, and the fact that violence is an infrequent event. Significantly, without certain prior behaviors (e.g., past history of violence, clinical symptoms of violent psychopathy), it is almost impossible to predict whether an individual will commit a violent act in the future. Additionally, as with other actuarial risk assessment instruments, violence risk assessments will not state what a specific person will do but rather places a person in a "risk group."

As the video showed, the Bonneville County Mental Health Court team prepared for the possibility of this type of event occurring and developed a plan to address public safety concerns raised in response. This plan includes an agreement on how to respond to inquiries from the legislature, other state or local governing bodies, the media, and attorneys. Part of the plan includes ongoing education and outreach to different constituencies in the community about the program and the limitations in predicting or preventing violence for participants. Collecting and analyzing outcome data will play a vital role by providing empirical verification of the positive impact of the program.

A commitment among team members to data-driven and evidence-based approaches provides a solid foundation from which to deal with exceptional unfortunate events. Close coordination and trust among team members will assist in presenting a united front that contains consistent messages and facts from person to person.

For Additional Discussion

1. Ask your team how they might react differently to the scenario presented in the video than the Bonneville Mental Health Court team did. Why?

2. The Bonneville team discusses the possibility of sharing participant "success stories" with stakeholders, particularly legislators (but only with participant privacy protected, as the prosecutor points out). Ask your training team if they are considering collecting this type of information once the program has been up and running long enough. *How could this information be presented and communicated in an effective way?*

For the Team to Learn More

A handbook for state mental health commissioners on responding to a high-profile, negative event involving a person with a serious mental disorder. The National Association of State Mental Health Program Directors (NASMHPD) and the CSG Justice Center, "Responding to a High-Profile Tragic Incident Involving a Person with a Serious Mental Illness," nasmhpd.org/docs/publications/docs/2010/ViolenceToolkit_Bkmk.pdf.

Activity 3: Creating A Program Manual

Aim of Activity

Activity 3 is designed to help the team create a manual describing their program's policies and procedures. This manual (or variants of it) will help instruct team members and clarify the program for potential participants. The program manual will likely evolve as the program matures.

> **Tip**
>
> Encourage the team to refer to the list of team members in the videos. You may want to print copies ahead of time to bring to the training. The handout can be printed from the Activities Guide webpage for each of the modules, under "Meet the mental health court case study team members."

Materials and Resources Needed

- A printed copy of Module 8's Activities Guide for each participant so that they have copies of the summary of key topics (Pages 13 to 19 in Module 8's Activities Guide)
- Whiteboard/blackboard/flip charts and writing implements for drafting a Table of Contents for the mental health court's program manual

Common Concerns and How to Address Them

As the team learned in *Module 5: Designing Policies and Procedures for Program Participation,* developing written policies and procedures for a mental health court program is considered a best practice; team members must agree on shared goals and consistent messaging. The program must clearly outline what the requirements and parameters are. For example, setting the target population is a fundamental policy that the team must agree on. Putting this decision to paper will help the team avoid "net widening," or accepting participants that fall outside of the agreed upon program target population. It is admirable to want to serve as many individuals in the community as possible, but the program ought to consistently evaluate whether it is able to meet the needs of and supervise these individuals.

While it is a good idea for teams to consult program manuals (or, program policies and procedures manuals) that other programs have developed—particularly from a program in their own state and from a community similar to theirs—you should try to dissuade teams from adopting such a manual wholesale for their own program. The intention of this activity is to help teams think about what important components and information their manual should contain before relying too heavily on the content, scope, and format of one developed by another program. However, developing a document like this can be a time consuming, and often iterative process as it forces the team to make decisions and memorialize them on paper. Remind the group why it is so important to have these conversations and use developing a manual as a record, but that it is a living document that will be updated as the program evolves.

As you will notice in reviewing Activity 3, the components of the curriculum were intentionally developed so that teams could work through them to make key program design decisions, discuss program policies and procedures, and develop materials and resources that collectively could roll up into an outline for a program manual. In fact, Activity 3 is designed so that team members can take stock of what decisions they have made and what they have accomplished (either from going through the entire curriculum, or in using part of it to build upon existing policies and procedures). The team can work through key topics ("Summary of Key Topics" on pages 13 to 19 of the Activities

Guide) that would typically be included in a program manual and record decisions, information, and policies they have already developed and agreed upon. Going through these topics with the training group may reveal questions that they have not yet worked through, or certain areas that they have not reached consensus on, which would warrant further discussion. As the facilitator, you may even find it helpful to use the "Summary of Key Topics" throughout the training to keep track of how the team is progressing, what decisions you have heard the team reach, and areas that you anticipate additional discussion time is necessary to resolve.

Programs may develop a version of the policies and procedures manual that is intended for program participants, often called a "Participant Handbook." This document should be a version of the policies and procedures manual that is accessible for participants. It shouldn't omit any vital information (as stressed throughout the curriculum, it is important for participants to be familiar with and fully understand all of the program parameters before making the decision to enter the program), but the language used can be less reliant on jargon and address the participant directly. After the information is fully reviewed with the participant prior to his/her decision to enter to program (and ideally with defense counsel), that person can then refer to it as needed. To give the team a sense of what the participant handbook can contain versus a program policies and procedures manual, see the link under "For the Team to Learn More" for examples from the Bonneville County Mental Health Court program.

For Additional Discussion

1. Ask: *Who will be responsible for overseeing the development of the manual after the group works through this activity?*

2. Ask: *Are there other stakeholders or partners who will need to weigh in and review the draft?*

3. Ask: *What other documentation will you need to include in the manual as appendices?*

   As the team thinks this through, you can direct them to the worksheets and activities they completed in earlier modules to use as a starting off point for certain documents. See Table 10 on the next page for commonly used documents and corresponding relevant material from the curriculum's activities. (Note: This is not an exhaustive list and there are documents and materials that your team may wish to develop that are not listed here or included as examples from other programs.)

For the Team to Learn More

To see example documents from the Bonneville County Mental Health Court,[46] including the program's Participant Handbook and Policies and Procedures Manual, see csgjusticecenter.org/mental-health/learning-sites/idaho-falls-mental-health-court/.

46 The versions of these documents may not necessarily reflect any updates made by the team since they were originally uploaded.

Table 10. Documentation

Common Materials/Documents/Resources	Content From Activities That Can Be Used to Develop
Inventory or directory of services and supports in the community	"Inventory of Resources" Worksheet from Module 2: Your Community, Your Mental Health Court, Activity 2
Outline of program eligibility criteria	"Eligibility Criteria/ Target Population" Worksheet from Module 4: Target Population, Activity 1
1) Flow Chart for Program (useful to map out screening, assessment, and referral process) 2) Referral form	"Screening Potential Participants" Worksheet and accompanying questions on page 8 from Module 5: Designing Policies and Procedures for Program Participation
List of graduation requirements/graduation checklist	"Graduation Criteria and Conditions" from Module 5: Designing Policies and Procedures for Program Participation
Informed consent form	Questions from Activity 2, Module 5: Designing Policies and Procedures for Program Participation
List of responses to positive and negative events	"Event Responses" Worksheet from Module 7: Facilitating Participant Success
Talking points/answers to common questions stakeholders may have	Answer to questions on page 6 from Module 8: Launching and Sustaining Your Program
Plan in case of an adverse event	Answers to question 2 on page 10 from Module 8: Launching and Sustaining Your Program

V. SYSTEMIC/ORGANIZATIONAL UPTAKE

Reinforcing the Training

While it is well established that trainings have a positive effect on recipient uptake of information,[47] there is evidence to suggest that training itself does not result in positive implementation outcomes.[48] A challenge associated with one-time training sessions is what Trevor Stokes and Donald Baer describe as the "train-and-hope" approach.[49] Often, we are unaware of whether the knowledge gained within the training results in implementation in the work setting. In comparing three groups of staff trained on HIV prevention, Jeffrey Kelly and colleagues demonstrated that staff who were provided manuals with HIV prevention information had poorer uptake of information than those who were provided a manual and a training workshop.[50] Further, those provided the manual, training, and follow-up consultation showed the most positive outcomes related to implementation of the training in the workplace. This research reflects current thinking regarding the difficulty in taking knowledge gained in a single training event and implementing it within an organization or community to create sustained change.[51]

A broader, more comprehensive approach to program implementation—with training and subsequent follow-up activities incorporated—is necessary to keep the training alive and relevant, leading to successful program implementation. In synthesizing the literature from a number of different fields to determine what the factors, strategies, and conditions are that are most likely to lead to achieving fidelity and desired outcomes, Dean Fixsen and colleagues identified a conceptual framework (described earlier in the handbook) to give the field a common language for implementation and how best to demonstrate a return on investment of already scarce resources. This framework is built around the assumption that implementation is a process and not an event, and that there are certain stages and components that characterize successful programs and help the field understand how to successfully implement, scale-up, and replicate them.

The researchers identified core components (or, principles and related activities necessary to achieve outcomes) such as training and consultation and coaching.[52] While beyond the scope of this handbook, it is important to understand how training relates to other core components of implementation, and how teams should consider other core components in working toward successful

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47 David A. Davis, "Changing Physician Performance: A Systematic Review of the Effect of Continuing Medical Education Strategies," *Journal of the American Medical Association* 274, no. 9 (September 6, 1995); J A Kelly et al., "Bridging the Gap between the Science and Service of HIV Prevention: Transferring Effective Research-Based HIV Prevention Interventions to Community AIDS Service Providers," *American Journal of Public Health* 90, no. 7 (July 2000): 1082–88; I J Smeele et al., "Can Small Group Education and Peer Review Improve Care for Patients with Asthma/chronic Obstructive Pulmonary Disease?," *Quality in Health Care: QHC* 8, no. 2 (June 1999): 92–98.

48 Fixsen et al., Implementation Research: A Synthesis of the Literature (FMHI Publication #231) (Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network, 2005), nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf.

49 Trevor F. Stokes and Donald M. Baer, "An Implicit Technology of Generalization," *Journal of Applied Behavior Analysis* 10, no. 2 (1977): 349–67.

50 Kelly et al., "Bridging the Gap between the Science and Service of HIV Prevention."

51 Fixsen et al., "Implementation Research: A Synthesis of the Literature;" Greenhalgh et al., "Diffusion of Innovations in Service Organizations"; Grol and Grimshaw, "From Best Evidence to Best Practice"; Sullivan, Blevins, and Kauth, "Translating Clinical Training into Practice in Complex Mental Health Systems."

52 For more information on the core components of Implementation and on Implementation Science, please see Fixsen et al., *Implementation Research: A Synthesis of the Literature*.

program implementation. The more clearly defined the core components of a program are, the more easily and successfully the program can be implemented.[53] It is a good idea for teams to develop an implementation plan and hold regular implementation meetings within the jurisdiction to keep the initiative moving forward (e.g., a standing weekly or bi-monthly meeting).

There is often the perception that evaluating training requires time, energy, and resources on top of what is already required to plan the delivery of the training itself. While this may be true, evaluating training programs to decide whether to continue the training effort and to inform improvements and changes is advisable to demonstrate its "worth" and alignment with community goals.[54]

In sum, evaluating training is a valuable process and is recommended to (1) show that the training is a sound investment, (2) inform how the training can be better, and (3) build buy-in for future training activities. There are a number of considerations to make in designing your evaluation strategy in a way that balances the extent of resources (e.g., time, energy, money) you want to devote to its execution against the types of information and level of rigor and detail that you are seeking. See Appendix E. Introduction to Evaluating Training and Sample Tools for more discussion and resources to help you think through the development of an evaluation strategy for your training.

Strategies to Support Uptake and Application of the Training

There are a number of strategies that can be used to increase the likelihood that the training will impact the community's effort to implement a mental health court to address the overrepresentation of individuals with mental and co-occurring substance use disorders in the criminal justice system. Strategies include:

Coaching and Consultation. Behavior change is often difficult. Supporting training with coaching and other activities such as consultation allows the recipient of the training to refine their skills by helping them find appropriate opportunities to use and practice using what they have learned. Fixsen et al. note that newly learned behavior is crude compared to performance of a master practitioner; it needs to be supported, is incomplete, and must be shaped to be most functional.[55] In practice, this may take the form of regularly scheduled live coaching or consultation calls with a veteran mental health court implementer or master facilitator, or question and answer sessions with a veteran mental health court implementer. Staff from the CSG Justice Center, curriculum Steering Committee members, and state-level facilitators are all potential sources of ongoing coaching and consultation.

Using a Train the Trainer (TTT) Model. The TTT model evolved from theories related to adult learning and diffusion of innovation. It involves bringing facilitators to a central workshop and using workshop materials to prepare these individuals to train colleagues within their communities.[56] Using

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53 Nan Dale, Amy J. L Baker, and David Racine, *Lessons Learned: What the WAY Program Can Teach Us about Program Replication* (Washington, DC: American Youth Policy Forum, 2001); Sidney G. Winter and Gabriel Szulanski, "Replication as Strategy," Organization Science 12, no. 6 (December 2001): 730–43, doi:10.1287/orsc.12.6.730.10084. Dale, Baker, Racine 2002, Winter and Szulanski, 2001.

54 Donald L Kirkpatrick and James D Kirkpatrick, Evaluating Training Programs the Four Levels (San Francisco, CA: Berrett-Koehler, 2006), bkconnection.com/static/Evaluating_Training_Programs_EXCERPT.pdf.

55 Fixsen et al., *Implementation Research: A Synthesis of the Literature.*

56 Lisa S. Segre et al., "Disseminating Perinatal Depression Screening as a Public Health Initiative: A Train-the-Trainer Approach," *Maternal and Child Health Journal* 15, no. 6 (August 2011): 814–21.

a TTT model allows for dissemination of a curriculum to a broader audience in diverse locations. The model is also cost effective and efficient as it renders contracting with external facilitators unnecessary, and allows for having training available when needed and the customization of trainings to meet the needs of the local group.[57] Further, considering how TTT models impact outcomes for those receiving the training and applying it in their work, Pearce and colleagues (2012) found that use of TTT programs increase knowledge, improve clinical behavior, and produce better patient outcomes.[58]

If you are interested in developing trainings for trainers of this curriculum in your jurisdiction or state, please contact the CSG Justice Center, which can work with you to customize materials already developed for state-level facilitators. Materials may include:

» Draft agenda and handouts for the TTT event

» Templates of slides for TTT event

» A draft facilitator's schedule for the TTT event

» Ice breaker activities

» Evaluation feedback form

» Potential TTT challenges/pitfalls and how to address them

Community of Practice (COP). Described earlier in the handbook, a COP allows a group of people with a shared concern, set of problems, or a passion about a topic to deepen their knowledge and expertise in the topic by interacting on an ongoing basis.[59] The curriculum provides an interesting opportunity to use a COP:

1. A COP can be used during a train-the-trainer session; here, a number of facilitators from across the country learn how to use the training within their communities, work together to learn the material, and practice activities to use during subsequent trainings in their communities. This small group may continue to connect after the initial training is complete to support and learn from one another. As of Spring 2014, facilitators from 16 states had joined staff from the CSG Justice Center and the Center for Social Innovation for follow-up distance-learning opportunities on topics they identified as useful. CSG Justice Center staff are committed to working with interested facilitators to keep this group connected through group conversations and individual consultation both in person and via various long-distance technologies.

2. A COP is formed when these individuals train their community partners and begin to form a mental health court. As you consider developing a COP, keep in mind the following suggestions for cultivating a COP from Wenger, McDermott, & Snyder (2002): (1) design the community to evolve naturally, (2) create opportunities for open dialog within and with

57 Sharon A. Levine et al., "Practicing Physician Education in Geriatrics: Lessons Learned from a Train-the-Trainer Model," *Journal of the American Geriatrics Society* 55, no. 8 (August 2007): 1281–86, doi:10.1111/j.1532-5415.2007.01205.x; C. Delaney et al., "Depression Screening and Interventions for Older Home Health Care Patients: Program Design and Training Outcomes for a Train-the-Trainer Model," *Home Health Care Management & Practice* 23, no. 6 (December 1, 2011): 435–45, doi:10.1177/1084822311405459; Gary W LaVigna, Leeann Christian, and Thomas J Willis, "Developing Behavioural Services to Meet Defined Standards within a National System of Specialist Education Services," *Pediatric Rehabilitation* 8, no. 2 (June 2005): 144–55.

58 Jennifer Pearce et al., "The Most Effective Way of Delivering a Train-the-Trainers Program: A Systematic Review," *The Journal of Continuing Education in the Health Professions* 32, no. 3 (2012): 215–26.

59 Wenger, McDermott, and Snyder, Cultivating Communities of Practice. Wenger, E., McDermott, R., Snyder, W. M. (2002). *Cultivating communities of practice. Harvard Business Press*.

outside perspectives, (3) welcome and allow different levels of participation, (4) develop both public and private community spaces, (5) focus on the value of the community, (6) combine familiarity and excitement, and (7) find and nurture a regular rhythm for the community.[60]

With more than 300 mental health court programs around the country connected through live conferences, distance training and technical assistance, peer-to-peer learning sites, academic and practice-oriented publications, and numerous websites, there is a rich existing community for you and your programs to join. Some states, such as Illinois and Alabama, have also fostered state communities of practice for mental health courts through state trainings and associations. Think of the teams you train as potential future facilitators themselves, whether in the form of individual peer coaches for newer programs, conference panels on planning and implementation, or creators of new sample materials. Developing and delivering training for others is another opportunity for team members to reflect on the materials covered in the curriculum and how they have themselves applied it.

60 *Ibid.*

CONCLUSION

Thank you for your interest in *Developing a Mental Health Court* and its *Handbook for Facilitators*! We hope that you now feel more prepared and confident to use the expansive set of resources and provide the best possible training for the communities with which you work.

We welcome you to the national partnership of individuals and organizations that have come together to bring national research and best practices into an accessible, flexible training resource. Staff at the CSG Justice Center, curriculum Steering Committee members, and state and local level trainers are all potential sources of information, advice, resources, and ongoing coaching and consultation. We look forward to future conversations with you and to bringing you along into the "community of practice" in this area.

Sincerely,

The Council of State Governments Justice Center

APPENDICES

Appendix A. Curriculum at a Glance

The chart on the following pages gives you an overview, or "menu," of the entire curriculum and what it offers, including summaries of its content and materials. You can use it to pinpoint relevant topic areas and resources as you are working to plan the delivery of your training.

Table A.1 – Curriculum at a Glance

Introductory Lessons

Introduction to Behavioral Health

Learning Objectives:

- Describe the components of the mental health and substance use systems
- Understand the symptoms and basic terminology of mental disorders and co-occurring substance use disorders (CODs)
- Describe the principles of effective treatment for mental disorders and CODs

Summary of Content Areas:	Materials:
Three presentation sections: Introduction to Behavioral Health; the Behavioral Health System and People Who Work in It; and Behavioral Health Concepts and Principles. Discusses diagnoses as defined in the DSM, principles associated with positive outcomes, and evidence-based treatment options. Brief discussion of the science of behavioral health, and closing the gap between science and service.	• Presentation (includes text, audio, pictures, graphs) • Resource list for the trainees that includes articles, books, websites, and sample programs

Introduction to Criminal Justice

Learning Objectives:

- Identify the common stakeholders in the criminal justice system
- Understand how a criminal case proceeds through a typical criminal justice system
- Understand certain legal concepts, types of cases, and principles for recidivism reduction

Summary of Content Areas:	Materials:
Three presentation sections: Introduction; The Criminal Justice System; People Who Work in It; and Criminal Justice Concept and Principles. Includes description of the various components of the criminal justice system, and individuals' roles in the process. Informative graphics/ animation explaining the steps in a case as it proceeds through the criminal justice system. Describes cultural considerations, constitutional protections for defendants, reducing recidivism rates, risk of re-offense and the importance for a program to identify and target the highest risk individuals; what the program should include; and responsiveness of the program to the population being served.	• Presentation (includes text, audio, video, diagrams with animation of the judicial process) • Resource list for the trainees that includes articles, books, websites, and sample programs

Table A.1 – Curriculum at a Glance

Modules

Module 1: Understanding Mental Health Courts

Learning Objectives:

- Articulate why a community may decide to start a mental health court
- Describe the mental health court model and the state of research on program outcomes
- Identify program models other than mental health courts that have been shown to improve outcomes for individuals with mental disorders involved in the criminal justice system

Summary of Content Areas:

Three presentation sections: Introduction; Mental Health Court Fundamentals; and Mental Health Courts in Context. The first two sections address defining mental health courts, members, and purpose of a mental health court (MHC); improving outcomes for individuals with mental illness in the criminal justice system; why a community may want to start a MHC; and 10 "Essential Elements" of a MHC. Also describes models that have been used successfully; addresses concerns/ dispels myths that stakeholders may have about MHCs; and research on impact/effects of MHCs. The third section describes resources such as the Criminal Justice/ Mental Health Consensus Project (this project provides strategies and program examples); and shows different program models or court-based approaches used.

Materials:

- Prep work (three readings)
- Presentation (includes text, audio, video)
- Quiz (five questions to test knowledge on this module's concepts)
- Activities Guide:
  - Activity 1, *Systems Mapping,* assists in conducting basic systems mapping in a community. The Activity includes conducting a step-by-step examination of (and creating a map for) how people with mental disorders generally proceed through the criminal justice system in one's area. Also includes developing a list of interventions that currently exist in a community to connect individuals within the criminal justice system with appropriate behavioral health treatment.
  - Activity 2, *Meet the Bonneville County (ID) Mental Health Court Team,* introduces the participant to a real mental health court team (this team will be used throughout the curriculum). Results in an understanding of which professions are represented on a mental health court team and how these professionals on the team interact.
  - Activity 3, *Should Our Community Plan a Mental Health Court,* focuses on creating conversations with primary MHC champions and people who would participate on a mental health court team about whether or not participants want to plan a MHC in their community. Participants will develop a preliminary list of reasons for and against starting a mental health court in their jurisdiction.
- Resource list for the trainees that includes articles, books, websites, and sample programs

Table A.1 – Curriculum at a Glance

Module 2: Your Community, Your Mental Health Court

Learning Objectives

- Identify local- and state-level stakeholders who should help plan your mental health court
- Articulate common mental health court goals and ways of measuring these goals
- Understand how to build on local resources and priorities to shape your program

Summary of Content Areas:

Four presentation sections: Introduction; Identifying Stakeholders; Identifying Goals; and Building on What You Have. Introduction explains that the MHC needs to be tailored to the needs and resources in a community; importance of identifying best practices and applying emerging and available research. *Identifying Stakeholders* discusses building consensus and why this is important; working through language barriers of different professions; identifying who should be at the table; incorporating consumer input; roles of partners; and *emphasizes* relationship building. *Identifying Goals* discusses building consensus on priorities, concerns, a mission statement, concrete goals and objectives, and collecting data to assess progress. *Building on What You Have* highlights creating an inventory of current services and supports, community mapping to identify gaps, linking resources to the MHC, different MHC settings/environments; and formalizing relationships.

Materials:

- Prep work (two readings)
- Presentation (includes text, audio, video)
- Quiz (five questions to test knowledge on this module's concepts)
- Activities Guide
  - Activity 1, *Thinking About Your Team*, helps participants think about how to involve appropriate stakeholders in the planning process and to understand the difference between the advisory group and mental health court team. Participants will develop a list of individuals or organizations who could potentially serve on your advisory group and mental health court team, as well as their roles and responsibilities. Participants also outline expectations for the roles and time commitment of each team member in the planning process.
  - Activity 2, *Your Mission, Goals, and Data*, helps participants develop a customized mission statement and articulate measurable goals for their mental health court. Participants will also gain an understanding of where and how to gather baseline data.
  - Activity 3, *Building on What You Have*, focuses on developing an inventory of services and resources available in the community that would be useful for MHC program participants, creating linkages between resources and the MHC, and identifying resource gaps that need to be addressed.
- Resource list for the trainees that includes articles, books, websites, and sample programs

Table A.1 – Curriculum at a Glance

Module 3: The Mental Health Court Team

Learning Objectives:

- Describe roles and responsibilities of the core MHC team members
- Identify common ethical issues that MHCs may present for members of the team
- Develop approaches for handling conflict within the MHC team

Summary of Content Areas:

Two presentation sections: *Introduction* and *The Mental Health Court Team*. *Introduction* discusses this concept of an interdisciplinary initiative with profession-based collaboration. *The Mental Health Court Team* section describes different roles of team members and who on the team fills each role: judges;); prosecutors; defense attorneys; program coordinators (liaisons between the criminal justice and MH systems, coordinating apps to the court, and conducting data collection); case managers (keeping participants engaged in the MHC program); community corrections officers (supervising program participants); clinicians (medication and therapy for participants); and peer specialists (mentors for participants). Stresses the overall case management piece that is quite different from other court processes. This section of the presentation also discusses motivations and challenges for different professions on the team and team dynamics. Ends with some thought provoking questions around the target population and referrals, and mental health court policies within a community, developing treatment plans, and motivating compliance.

Materials:

- Prep work (two readings). Participants have the option of five different articles based on their role within the MHC
- Presentation (includes text, audio, video)
- Quiz (five questions to test knowledge on this module's concepts)
- Activities Guide
  - Activity 1, *Defining Your Role on the Team*, helps participants think about, and create a description of each person's role on the mental health court team and how it relates to others' roles and to the overall functioning of the program.
  - Activity 2, *Exploring Ethical Issues*, has participants think through and describe their ethical obligations based on their professional role. They also describe another team member's ethical obligations based on his/her professional role, and they work to develop strategies that allow them to work effectively with people from other professional disciplines.
- Resource list for the trainees that includes articles, books, websites, and sample programs

Table A.1 – Curriculum at a Glance

Module 4: Target Population

Learning Objectives:

- Understand the current research on who benefits from mental health courts
- Understand how local conditions can shape criminal justice and clinical eligibility criteria
- Analyze factors for and against requiring a plea for program participation

Summary of Content Areas:

Three presentation sections: *Introduction, Understanding Who Benefits from Mental Health Courts,* and *Adapting Eligibility Criteria for Local Conditions*. *Introduction* discusses recognizing limited resources and the importance of defining the population that will most likely benefit from the services. *Understanding Who Benefits from Mental Health Courts* describes the MHC's eligibility criteria, including criminal justice and behavioral health criteria (e.g., charge level, diagnosis), and considerations around the relationship between criminal activity and mental health needs. *Adapting Eligibility Criteria for Local Conditions* discusses state and local legal standards, supervision resources, behavioral health resources, and stakeholder priorities

Materials:

- Prep work (two readings)
- Presentation (includes text, audio, video)
- Quiz (five questions to test knowledge on this module's concepts)
- Activities Guide
  - Activity 1, *Describing Your Target Population,* assists participants in defining their target population based on the resources of their community and the research on who benefits from mental health courts. This includes gaining an understanding of how decisions on target population can present challenges for the team on whom to enroll in the program.
  - Activity 2, *Target Population in Action,* assists the team in better understanding how the decisions they make regarding target population have an impact which applicants are eligible for the program.
- Resource list for the trainees that includes articles, books, websites, and sample programs

Table A.1 – Curriculum at a Glance

Module 5: Designing Policies and Procedures for Program Participation

Learning Objectives:

- Understand how a mental health court program can be designed to protect legal rights
- Describe how to design a referral process for your program
- Identify considerations for determining the duration of an individual's participation

Summary of Content Areas:

Four presentation sections: *Introduction, Program Entrance, Program Participation,* and *Program Completion*. *Introduction* focuses on terms of program participation, MHC program policies and procedures, legal rights related to information sharing and constitutional rights of criminal defendants, health information privacy, and the rights of crime victims. *Program Entrance* discusses decision making related to referrals, screening for eligibility and assessment of individual needs, and providing information to potential participants so they can determine whether they want to participate. *Program Participation* delineates what activities occur, such as case planning, information sharing within the team, status updates, and program phases (which often include different levels of supervision). *Program Completion* covers defining success, which is often engagement in treatment and law abiding behavior; program graduation; unsuccessful program completion, which likely means return to the regular criminal justice system; and continued access to supports after program completion.

Materials:

- Prep work (three readings)
- Presentation (includes text, audio, video)
- Quiz (five questions to test knowledge on this module's concepts)
- Activities Guide
  - Activity 1, *Screening, Assessment, and Referral Sources,* focuses on planning referral processes, including development of screening and assessment protocols, determining who will be responsible for different aspects of the process, what instruments will be used, and how the effectiveness of the process will be measured and evaluated. In addition, it covers identifying potential program participants based on the mental health court's target population. The Activity also helps to create a deeper understanding of the challenges involved in identifying appropriate program participants and addressing concerns related to sensitive information.
  - Activity 2, *Facilitating Informed Consent,* focuses on developing a deeper understanding of the importance of privacy and due process in court policies and procedures, and strategies to manage the functioning of the court while protecting privacy.
  - Activity 3, *Defining Participant "Success,"* addresses developing criteria for successful program completion and the process of leaving or graduating from the program.
- Resource list for the trainees that includes articles, books, websites, and sample programs

Table A.1 – Curriculum at a Glance

Module 6: Case Planning

Learning Objectives:

- Understand what a case plan is and what its main components are
- Describe the relationship between the treatment plan and supervision conditions
- Understand how to develop treatment plans and supervision conditions based on comprehensive assessments and available supports

Summary of Content Areas:

Three presentation sections: *Introduction, Principles of Effective Case Planning,* and *Designing the Case Plan. Introduction* discusses providing treatment and supervision and defining a case plan, which includes a treatment plan and supervision conditions. *Principles of Effective Case Planning* describes who does what and characteristics of a case plan—individualized, integrated, flexible, informed by participants. *Designing the Case Plan* describes components of a case plan—assessment, clear goals, interventions, services/supports, progress benchmarks, and transition planning.

Materials:

- Prep work (three readings)
- Presentation (includes text, audio, video)
- Quiz (five questions to test knowledge on this module's concepts)
- Activities Guide
  - Activity 1, *Developing and Coordinating Case Plans,* includes developing an understanding of the components of a case plan and strategies for coordinating the implementation, monitoring, review, and revision of case plans.
  - Activity 2, *Transition Planning,* focuses on incorporating transition planning into case plans to connect individuals with services and supports to increase the likelihood that they remain engaged in treatment after leaving the mental health court program. Training participants will gain an understanding of how to develop a transition plan, and develop a preliminary sketch of a transition plan.
- Resource list for the trainees that includes articles, books, websites, and sample programs

Table A.1 – Curriculum at a Glance

Module 7: Facilitating the Success of Mental Health Court Participants

Learning Objectives:

- Articulate principles that research shows are effective in modifying behavior
- Describe how these principles inform your role on the mental health court team
- Develop policies and procedures that apply these principles to your mental health court

Summary of Content Areas:

Three presentation sections: *Introduction, Setting the Context for Success,* and *Responding to Positive and Negative Events. Introduction* describes creating conditions for success. *Setting the Context for Success* highlights understanding behavioral change, maintaining openness to learning, increasing motivation to change (e.g., Motivational Interviewing techniques), and developing and maintaining a program that is perceived as fair. *Responding to Positive and Negative Events* describes responses that promote behavioral change, including incentives and sanctions; increasing positive to negative feedback; clarifying expectations and consequences; responding promptly to events, and making responses (positive and negative) meaningful.

Materials:

- Prep work (one reading)
- Presentation (includes text, audio, video)
- Quiz (five questions to test knowledge on this module's concepts)
- Activities Guide
  - Activity 1, *Setting the Conditions for Success,* includes developing strategies for creating the conditions for participant success in a program, and understanding how the team applies research into what enhances motivation to engage in treatment and comply with court conditions.
  - Activity 2, *Responding to Positive and Negative Events,* helps training participants gain an understanding how to use research to design responses to positive and negative events, and to gain understanding on how different teams craft their responses to positive and negative events.
  - Activity 3, *Identifying Potential Responses to Events,* has training participants identify potential responses to positive and negative events.
- Resource list for the trainees that includes articles, books, websites, and sample programs

Table A.1 – Curriculum at a Glance

Module 8: Launching and Sustaining Your Program

Learning Objectives:

- Identify common strategies for funding your program at the outset
- Describe the role of data collection and evaluation in managing and sustaining your program
- Describe strategies for engaging your advisory group and team members in continuously improving the program

Summary of Content Areas:

Three presentation sections: *Introduction, Managing a New Mental Health Court,* and *Sustaining a Mental Health Court. Introduction* emphasizes the importance of collecting basic descriptive data, and sustainability. *Managing a New Mental Health Court* describes the use of pilot programs; preparing for implementation, such as developing MOUs; types of data to collect and strategies for data collection; identifying initial program funding and other resources; and publicizing the program. *Sustaining a Mental Health Court* describes engaging stakeholders in program development, including an advisory team and the MHC team; succession planning and orienting new members; alumni groups and peer specialists; and continuous program improvement, including keeping stakeholders engaged, using evaluation data, and spreading the word about the program and its successes.

Materials:

- Prep work (two readings)
- Presentation (includes text, audio, video)
- Quiz (five questions to test knowledge on this module's concepts)
- Activities Guide
  - Activity 1, *Communicating Program Information to Different Audiences,* provides training participants with a set of role-playing exercises to develop strategies to use when communicating with different constituencies about the program. Participants also develop topics and phrasing to incorporate into informational products (e.g., brochures) and other materials about the program designed for different audiences.
  - Activity 2, *Adverse Event Planning,* helps training participants understand how a mental health court team addresses events that can threaten the sustainability of the program, such as a high profile negative incident involving a program participant or graduate and how the mental health court team considers the needs of different stakeholders in planning its response to a negative event. Participants also begin to understand the roles mental health court team members play in addressing negative events and a list of stakeholder concerns that will need to be addressed if there is a negative event.
  - Activity 3, *Creating a Program Manual,* helps training participants create a manual describing their program's policies and procedures and includes elements of a program manual for a mental health court.
- Handout (program manual from a community implementing a MHC)
- Resource list for the trainees that includes articles, books, websites, and sample programs

Table A.1 – Curriculum at a Glance	
Other Materials (Not module-specific)	**Mental Health Courts: An Introduction to the Curriculum (Video)** Four-minute teaser video that provides an overview of the overrepresentation of individuals with mental disorders in the criminal justice system, explains what mental health courts (MHCs) are, and introduces the curriculum as a tool for new and existing teams interested in MHCs to explore. Helpful also to share with stakeholders and other relevant groups. **Users Guide (Webpage and PDF)** Intended to be read first by anyone using the curriculum. It provides instructions on how to use the curriculum and gives an overview of its components and available materials. **Frequently Asked Questions (Webpage)** **Resources for Facilitators** Resources and materials for those facilitating trainings using the curriculum. **Acknowledgments** A list of everyone who contributed to the development of the curriculum. **Methodology** Information about the process and learning principles that were used to develop the curriculum. **Webinar** Features a tour of the curriculum and a presentation by a pilot site coordinator on her experience using it in her state.

Appendix B. Checklist for Facilitators

Preparation

- ❑ **Determine team needs.** Consider contacting team members to ask about their backgrounds and goals. Ask them if they can help you gather data before the training. Consult the Customizing the Curriculum section and Appendix G of this handbook for more information and sample questions.
- ❑ **Learn about participants.** Identify any team members with relevant prior experience or knowledge and consider enlisting them as co-facilitators on particular topics—the judge will likely be a great resource.
- ❑ **Review curriculum materials.** Flag issues the team will need to spend particular time on. Review the Activities Guide sections closely to plan your approach and anticipate potential questions. If you have limited time, prioritize the most important activities for your team to complete.
- ❑ **Personalize curriculum material.** Think about your past experiences—or those of team members—that illustrate particular concepts. Consider creating an annotated "facilitator's agenda" that includes these examples and/or creating your own activities for the group to complete.
- ❑ **Provide written logistics information.** Identify how much time is needed for the training and provide a schedule so that participants can plan accordingly. Consider giving participants tasks to complete before meeting to prepare them to hit the ground running, but do not make these initial tasks burdensome. Finally, make sure participants have directions to the training location.

Space and Supplies

- ❑ Room that can fit up to 15 people (also recommended: second room for breakout meetings)
- ❑ White board or a pad of large paper
- ❑ Markers
- ❑ Tape or an easel (if using paper)
- ❑ Supplies for participants, such as notepads, pens, and printouts of curriculum materials
- ❑ Food and beverages (always appreciated)
- ❑ For group viewing of presentations:
    - ❑ Internet access (including access to YouTube) and Adobe Flash Player
    - ❑ Computer with good speakers
    - ❑ Projector

Appendix C. Checklist for Convening the Group

Table C.1—Group Checklist

Title	Name	Telephone	Email	Attending (Y/N)	Notes
Judge					
Corrections official					
Defense attorney					
Prosecutor					
Program coordinator					
Case manager					
Behavioral health clinician					
Pretrial/ Probation official					
Consumer					
Family member of consumer					
Other:					

Appendix D. Checklist for Collecting Data

Table D.1—Checklist for Collecting Data

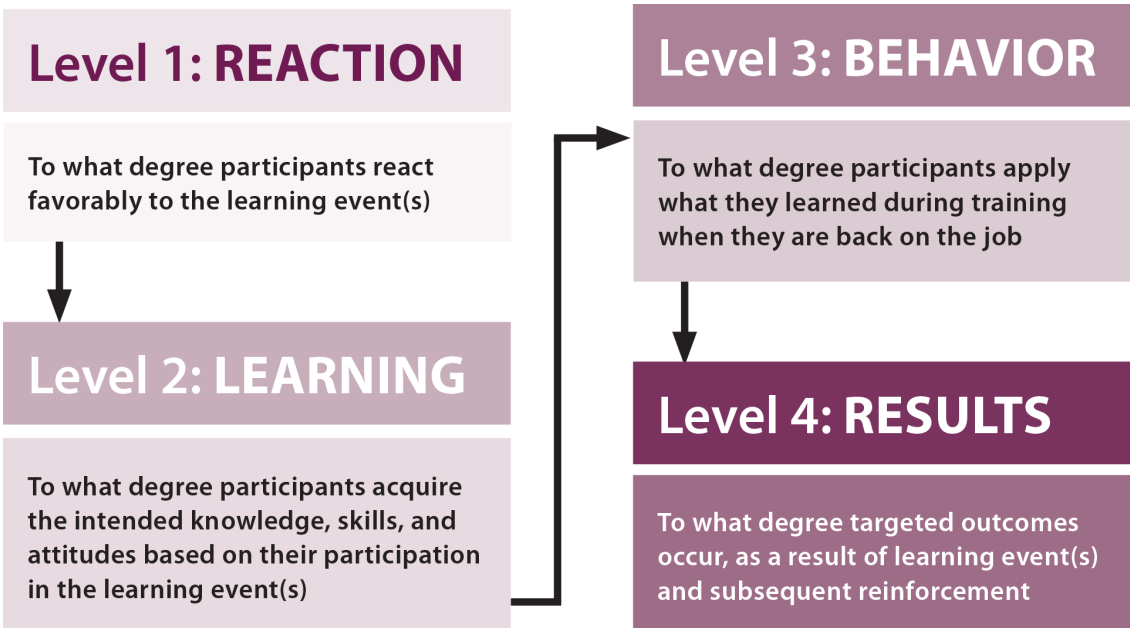
Data	Who can provide this?	Obtained (Y/N)
Percentage of law enforcement service calls involving an individual with a mental disorder		
Dispositions of law enforcement service calls involving people with mental disorders		
Percentage of current jail inmates with mental disorders		
Percentage of jail inmates receiving mental health treatment or psychotropic medications in jail		
Percentage of jail inmates with mental disorders who have received treatment		
Specific diagnoses of jail inmates receiving mental health treatment or psychotropic medications in jail		
Average length of stay for inmates with mental disorders compared to general population		
Types of charges of jail inmates with mental disorders compared to general population		
Percentage of current jail inmates with five or more prior bookings		
Percentage of jail inmates with mental disorders with five or more prior bookings		
Costs resulting from the 25-50 heaviest users of jail, detoxification, psychiatric hospital, emergency room, and community-based mental health services		
Average length of time required for competency evaluations		

Appendix E. Introduction to Evaluating Training and Sample Tools

Almost everyone who has delivered or participated in a training is familiar with the sort of evaluation/feedback forms often distributed. These questionnaires generally ask for input on the quality of the speakers, the relevance of the material, and whether the trainee would recommend the training to others (Appendix F provides a sample feedback form). Collecting feedback is an important way to show respect for trainees, as well as provide quality assurance and the opportunity for quality improvement in training delivery. This appendix provides additional theoretical background and ideas for facilitators who are interested in developing a better understanding of and strategies for the evaluation of their trainings. It is worth noting that the strategies reinforce the idea of training as an ongoing experience, as opposed to a "one and done" event.

There are a number of models used to attempt to measure the effectiveness of training.[61] The most commonly cited model is the Kirkpatrick Model.

Figure E.1—Original Kirkpatrick Model[62]



61 While the Kirkpatrick model appears to be the most widely used, there are other models including Kaufman's Five Levels of Evaluation, the CIRO Approach, and the CIPP Model.

62 The Kirkpatrick Model was redesigned in 2010 ("New World Kirkpatrick Model") to add supplemental dimensions to each level (e.g., adding commitment to "Level 2: Learning"); place an emphasis on how learning translates to behavior change; and list and describe organizational or system-related drivers (factors that reward or motivate performance on the job) and indicators (metrics that show that essential behaviors are on track to achieve desired outcomes). For more information on the New World Kirkpatrick Model, please visit the developers of the model, Kirkpatrick Partners, at kirkpatrickpartners.com/.

Depending on the goals of the evaluation plan and local factors, a number of different methods can be used for evaluation of learning at the different Kirkpatrick Levels (it is not necessary to evaluate the levels individually and consecutively). The following table is an example of methods and tools that could be selected to evaluate a training to illustrate the relationship between methods and tools by Kirkpatrick Level.

Table E.1—Evaluation Methods and Tools

Kirkpatrick Level	Evaluation Method	Evaluation Tool
1	a. Survey participants immediately after the training	a. Feedback questionnaire*
	b. Post-training interview sample of participants	b. Structured questions
2	a. Take "pulse checks" during the training	a. Trainer observation (no tool)
	b. Survey participants immediately before and after the training	b. Pre/post questionnaire
	c. Mock presentation	c. Instructor and peer feedback
3	a. Make "on-the-job" observations of progress	a. Checklist
	b. Survey participants 3 and 6 months after training	b. Hybrid survey (questions relating to application of training, perceived value)
	c. Interview senior leaders/stakeholders	c. Checklist or Structured questions
4	a. Monitor number of programs developed	a. Tracking spreadsheet
	b. Monitor percentage of programs with X, Y, Z policies or practices in place (would be clearly defined)	b. Tracking spreadsheet

*See Appendix F. Sample Feedback Questionnaire for a sample feedback questionnaire form.

Appendix F. Sample Feedback Questionnaire

This is a sample form to give you a sense of what a feedback form could include. However, it is important that you customize the content of this form to the format and content of your training program. Consider:

- **Do you want the forms to be anonymous or do you want to use names to be able to follow up with respondents?** Consider how forthcoming and honest respondents are likely to be if the forms are identified.
- **What are the learning objectives of your training?** Make sure that you tailor the learning objectives in the form to those of your training (the learning objectives used here were taken from those provided for each module).
- **What do you want to know about participants' impressions of the overall training program?**
- **What do you know about the group's goals for the training?** For example, this form was developed for a group considering whether or not they want to move forward with planning a mental health court, so the questions are worded to reflect this. You would want to modify these questions if you are delivering the training to a team from an existing program.

Table F.1—Sample Feedback Questionnaire

Developing a Mental Health Court: An Interdisciplinary Curriculum Training

Feedback Questionnaire

Thank you for completing this questionnaire. Please take the time to answer each question as specifically and candidly as possible.

Location:_____ **Date:**_____ **Trainer:**_____

On a rating scale of 1 (not ready) to 10 (ready), please circle below how ready you feel to implement a mental health court as a result of this training.

Not Ready — Ready

1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

Table F.1—Overall Training Program	Circle One			
Please rate program aspects on a 4-point scale.	Poor	Fair	Good	Excellent
1. Overall quality of the training program	1	2	3	4
2. Ability to keep the interest of participants	1	2	3	4
3. Training program organization (e.g., organization of content, order of activities)	1	2	3	4
4. Amount of new information or skills you learned	1	2	3	4
5. Clarity of information presented	1	2	3	4
6. Usefulness to your work	1	2	3	4
7. The trainer was knowledgeable about the material in the modules	1	2	3	4
8. Activities helped to increase my understanding, knowledge, and skills	1	2	3	4
9. The trainer was confident at facilitating the activities	1	2	3	4
10. Length of each module and activity was just right	1	2	3	4
11. Quality of materials and resources provided	1	2	3	4

Table F.1—Overall Training Program	Circle One			
Please Rate Program Aspects On A 4 Point Scale.	Strongly Disagree	Disagree	Agree	Strongly Agree
12. Overall, I am satisfied with the information provided during the training program.	1	2	3	4
13. Overall, I am satisfied with the organization of the training program.	1	2	3	4
14. Overall, I feel the training environment was conducive to learning.	1	2	3	4
15. Overall, I feel the training was important for developing a mental health court program.	1	2	3	4
Please rate the extent to which you agree or disagree with these statements. Because of this training program, I am able to…	Strongly Disagree	Disagree	Agree	Strongly Agree
16. …understand the signs/symptoms and basic terminology of mental and co-occurring substance use disorders.	1	2	3	4
17. …describe the principles of effective treatment for mental and co-occurring substance use disorders.	1	2	3	4
18. …identify the common stakeholders in the criminal justice system and how a criminal case proceeds through a typical criminal justice system.	1	2	3	4
19. …understand legal concepts, such as different types of cases.	1	2	3	4
20. …understand principles for recidivism reduction through the Risk-Need-Responsivity model.	1	2	3	4
21. …articulate reasons why a community may decide to start a mental health court.	1	2	3	4
22. …describe the mental health court program model and the state of research on mental health court outcomes.	1	2	3	4
23. …identify program models other than mental health courts that have been shown to improve outcomes for individuals with mental illnesses involved in the criminal justice system.	1	2	3	4
24. …identify common local and state-level stakeholders who should be involved in planning my mental health court.	1	2	3	4
25. …articulate common mental health court goals and ways of measuring these goals.	1	2	3	4
26. …understand how to build on local resources and priorities to shape the design of my program.	1	2	3	4
27. …describe the roles and responsibilities of the core mental health court team members.	1	2	3	4
28. …identify common ethical issues that mental health courts present for my own role and for one other team member.	1	2	3	4
29. …develop approaches for handling conflict within my mental health court team.	1	2	3	4
30. …understand the current state of research on who benefits from mental health courts.	1	2	3	4

Table F.1—Overall Training Program	Circle One			
Please rate the extent to which you agree or disagree with these statements. Because of this training program, I am able to…	Strongly Disagree	Disagree	Agree	Strongly Agree
31. …understand how local priorities and resources can shape criminal justice and clinical eligibility criteria.	1	2	3	4
32. …analyze factors for and against requiring a plea for program participation.	1	2	3	4
33. …understand how a mental health court program can be designed to protect legal rights.	1	2	3	4
34. …describe how to design a referral process for my program.	1	2	3	4
35. …identify considerations for determining the duration of an individual's participation in the mental health court.	1	2	3	4
36. …understand what a case plan is and what the main components are.	1	2	3	4
37. …describe what the relationship is between the treatment plan and supervision conditions.	1	2	3	4
38. …understand how to develop treatment plans and supervision conditions based on comprehensive assessments and available supports.	1	2	3	4
39. …articulate principles that research has shown to be effective in modifying behavior.	1	2	3	4
40. …describe how these principle inform my role on the mental health court team.	1	2	3	4
41. …develop policies and procedures that apply these principles to my mental health court.	1	2	3	4
42. …identify common strategies for funding my program at the outset.	1	2	3	4
43. …describe the role of data collection and evaluation in managing and sustaining my program.	1	2	3	4
44. …describe strategies for engaging the mental health court's advisory group and team members in continuously improving the program.	1	2	3	4

Table F.1—Overall Training Program

45. Identify three things about the training program that were the most useful to you.

    1. _____

    _____

    _____

    2. _____

    _____

    _____

    3. _____

    _____

    _____

46. Identify three things that would improve the training program.

    1. _____

    _____

    _____

    2. _____

    _____

    _____

    3. _____

    _____

    _____

47. Now that you have received the training, what are your next steps to establish a mental health court?

    _____

    _____

    _____

    _____

48. Any additional comments?

    _____

    _____

Thank you for taking the time to complete this form.

Appendix G. Assessing Training Needs to Customize Using the Curriculum

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Section A. Assessing Training Needs

Part 1. Demographics

Name			
Title			
Organization/ Agency			
Address			
City		State	Zip
Phone			
Email			

1. I am a
   - ❍ a. Behavioral health (mental health and/or substance use) provider or administrator
   - ❍ b. Community corrections officer or administrator (i.e., probation or parole)
   - ❍ c. Corrections officer or administrator (i.e., jail or prison)
   - ❍ d. Court administrator/manager
   - ❍ e. Criminal justice coordinator
   - ❍ f. Judge
   - ❍ g. Law enforcement officer (i.e., police, sheriff, state trooper)
   - ❍ h. Pretrial services officer or administrator
   - ❍ i. Prosecutor or defense attorney
   - ❍ j. Other community-based provider or administrator—please specify in comment box below
   - ❍ k. Other federal or state government employee—please specify in comment box below
   - ❍ l. Other—please specify: _____

2. I work at the following level:
   - ❍ a. State
   - ❍ b. County
   - ❍ c. Other: _____

3. Please indicate the range of years of experience that you have working in your field:
   - ❍ a. 1–5 years
   - ❍ b. 6–10 years
   - ❍ c. 11–15 years
   - ❍ d. 16–20 years
   - ❍ e. 21 years or more

4. Which best describes your experience with mental health courts?
   - ❍ a. I work with an existing mental health court program (1 year old or more)
   - ❍ b. I work with a new mental health court program (less than 1 year old)
   - ❍ c. I don't work in a mental health court, but I'm interested in learning more
   - ❍ d. I don't work in a mental health court, but I work in another criminal justice/mental health collaboration (e.g., specialized probation, community prosecution, holistic defense, deferred prosecution, mental health public defenders).
     Please specify: _____
   - ❍ e. Other. Please specify: _____

5. If you selected answer a or b in question #4, how long have you been working with the program?
   - ❍ a. less than 6 months
   - ❍ b. less than a year
   - ❍ c. 1 to 4 years
   - ❍ d. 5 to 10 years
   - ❍ e. 11 years or more
   - ❍ f. N/A

Part 2. Content Knowledge

The following questions correspond to the quiz questions for each module that are also available online under the "Quiz" tab for each module (note: the introductory lessons do not have quizzes). You can use the results by module to determine which modules to focus on and which concepts to emphasize within the modules.

1. True or False: Participants go through the mental health court program in tandem with traditional court proceedings and may be removed from treatment before the program's completion if found guilty of a serious crime.
   - ❍ True
   - ❍ False

2. Which are reasons that support starting a mental health court program?
   CHECK ALL THAT APPLY.
   - ❍ a. People with mental disorders are significantly overrepresented in the criminal justice system.
   - ❍ b. Research has shown that correctional supervision has been less effective for people with mental disorders than for those without.
   - ❍ c. The mental health court process is shorter than the traditional court process.
   - ❍ d. People with mental and co-occurring substance abuse disorders have more factors that put them at risk for committing another crime than those without co-occurring disorders.
   - ❍ e. People with mental disorders should receive treatment by any means possible, whether or not they want to receive it.

3. Which of the following are among the possible goals of a mental health court?

CHECK ALL THAT APPLY.

❍ a. Reduce an individual's future contact with the criminal justice system

❍ b. Improve collaboration between the criminal justice and mental health entities

❍ c. Reduce jail costs and case processing time

❍ d. Increase the individual's connection with treatment and support services

❍ e. Educate practitioners and community members about the experiences of people with mental disorders

4. Which of the following is NOT one of the essential elements of a mental health court?

❍ a. Sharing information about individual participants and their progress with external stakeholders for research purposes

❍ b. Ensuring that an individual makes an informed choice to enter the program

❍ c. Screening individuals for behavioral health and criminogenic needs

❍ d. Determining whether an individual is eligible to participate and is part of the program's target population

❍ e. Having participants attend regularly scheduled court hearings

5. True or False: Research shows that mental health courts inevitably result in net-widening by creating incentives for people to be arrested in order to receive treatment and services.

❍ True

❍ False

6. Which of the following groups of stakeholders do you think will face the most obstacles in starting a mental health court?

CHOOSE ONE ANSWER.

❍ a. Criminal court judge and director of county mental health

❍ b. Chief of community corrections and his/her deputy

❍ c. Sheriff, judge, and community psychiatrist

❍ d. Prosecutor, defense attorney, and National Alliance on Mental Illness (NAMI) member

7. Sheriff Wall of Water County, a hypothetical county planning a mental health court, is interested in participating in the planning process for the new mental health court, but obviously has many demands on his time. Check all of the ways the planners involve him in the process.

CHOOSE AT LEAST ONE ANSWER.

❍ a. Establish an Advisory Group of high-level stakeholders that meets only to review and make decisions about "big picture" strategy

❍ b. Ask him to appoint a designee who will be involved with a Work Team, which will do most of the detailed planning

❍ c. Write up regular meeting minutes and highlight key decision points and then send these to Sheriff Wall

❍ d. Schedule brief, regular meetings to update him on the progress of the planning effort

8. Which of the following considerations are important for collecting baseline data to measure recidivism among individuals with mental disorders?

❍ a. Developing a local understanding of "recidivism"

❍ b. Identifying a clearly defined group of individuals booked into the county jail with mental disorders

❍ c. Counting prior jail bookings for individuals with mental disorders

❍ d. Defining the observation period for recidivism (e.g., jail bookings within the last two years)

❍ e. Pulling county mental health records for all individuals in the jail

9. True or False: A mental health court should begin accepting participants within one month of beginning the planning process.

❍ True

❍ False

10. Which of the following are common challenges for identifying and linking mental health court participants to appropriate treatment and supports?

CHOOSE ONE ANSWER.

❍ a. Only limited treatment and support services are available locally

❍ b. The team members are unaware of the services that exist locally

❍ c. Transportation and care can be difficult to coordinate, especially in sparsely populated rural jurisdictions

❍ d. All of the above

11. True or False: Prosecutors and defense attorneys generally participate in an adversarial process.

❍ True

❍ False

12. Which of the following is NOT a potential ethical concern for a mental health court judge?

CHOOSE ONE ANSWER.

❍ a. Ex parte communications

❍ b. Res judicata

❍ c. Determining whether mental health court duties are covered by judicial immunity

❍ d. Deciding which mental health court information ends up in the official court record

❍ e. Deciding whether to recuse him/herself from sentencing for an unsuccessful program participant

13. True or False: A community corrections officer in mental health court may develop different standards for probation revocations based on work with mental health court participants.
    - ❍ True
    - ❍ False

14. Which of the following are legitimate reasons that may prevent a behavioral health care provider from sharing everything she or he knows with the mental health court team?

    Check all that apply.

    - ❍ a. The Health Insurance Portability and Accountability Act (HIPAA) and its regulations on health information
    - ❍ b. Counselor-client confidentiality
    - ❍ c. Federal and state regulations on substance abuse treatment
    - ❍ d. Dislike of other team members

15. Which of the following are signs of a "healthy" interdisciplinary mental health court team?

    Check all that apply.

    - ❍ a. The judge begins to recommend changes in dosage for psychotropic medications
    - ❍ b. The case manager incorporates input on participant needs from behavioral health providers and community corrections officers into the participant's case plan
    - ❍ c. The defense attorney sometimes sits silently when the team discusses whether the participant is complying with his/her treatment plan
    - ❍ d. The team members initially disagree on the appropriate way to handle a participant's behavior, and the judge facilitates the conversation to hear the different perspectives and then makes a decision
    - ❍ e. The treatment provider has convinced the community corrections officer that individuals with mental disorders never really commit crimes

16. Which of the following are not eligibility criteria for mental health courts?

    Check all that apply.

    - ❍ a. Current charge
    - ❍ b. Behavioral health diagnosis
    - ❍ c. Annual income
    - ❍ d. Residency in jurisdiction
    - ❍ e. Race

17. True or False: The existing research on mental health courts conclusively shows that mental health courts will have the best criminal justice and behavioral health outcomes for individuals diagnosed with schizophrenia, bipolar disorder, or major depression.
    - ❍ True
    - ❍ False

18. Which of the following should a program consider to maximize recidivism reduction?

CHOOSE ONE ANSWER.

❍ a. Criminogenic risk factors such as age of first arrest, number of prior arrests, and number of prior days in jail

❍ b. First come, first served

❍ c. Case status (pre-adjudication vs. post-adjudication)

❍ d. Current charges

19. True or False: Mental health courts will see participants who only have mental disorders, and drug courts will only see individuals with substance use disorders.

❍ True

❍ False

20. Which of the following is true about mental health courts and people with other behavioral health issues such as traumatic brain injury (TBI) and developmental disabilities (DD)?

CHOOSE ONE ANSWER.

❍ a. Serving people with TBI and/or DD is not a goal of a mental health court

❍ b. Research shows that people with TBI and/or DD benefit from mental health court programs

❍ c. Mental health court programs must consider resources available in the program and the community to decide whether to serve people with TBI and/or DD

❍ d. A mental health court should not serve individuals whose only diagnosis is TBI or DD

21. Which of the following may be appropriate ways to access individual health information for mental health court applicants and participants?

CHECK ALL THAT APPLY.

❍ a. Ask the behavioral health provider and say: "It's to help."

❍ b. Share information through an MOU (memorandum of understanding)

❍ c. Obtain written consent from the individual

❍ d. Use a court order

22. True or False: Anyone can be a potential referral source to a mental health court.

❍ True

❍ False

23. True or False: It is impossible to estimate the duration of an individual's participation in mental health court until the person is in the program and you can see how she or he does.

❍ True

❍ False

24. Which of the following are important for designing a mental health court that complies with the law?

CHECK ALL THAT APPLY.

❍ a. Including judges and attorneys in planning

❍ b. Ensuring early appointment of qualified defense counsel

❍ c. Providing staff training and access to emerging legal research

❍ d. Consulting state and national experts and TTA (training and technical assistance) providers

❍ e. Providing clear mental health court policies and procedures to program applicants

25. What is the best way of defining participant success in a mental health court program?

CHOOSE ONE ANSWER.

❍ a. Having a flexible definition so that individuals may stay in the program indefinitely if they should need it

❍ b. Having team leaders adapt the definition on a case-by-case basis

❍ c. Creating specific guidelines to apply to all participants

❍ d. Allowing for the individuals in the program to set their own definition of success

26. Which of the following is not a factor that must be considered when designing a participant's treatment plan?

CHOOSE ONE ANSWER.

❍ a. Level of impairment

❍ b. Motivation for change

❍ c. Diagnosis

❍ d. Strengths

❍ e. Current charge

27. True or False: Assessment of participants should occur once towards the end of their time in the program so as to not disrupt their progress.

❍ True

❍ False

28. Which of the following may be required to "graduate" from mental health court?

CHECK ALL THAT APPLY.

❍ a. Adherence to individualized treatment plan

❍ b. Achievement of goals in case plan

❍ c. Completion of final program phase

❍ d. Cure of mental illness

❍ e. Compliance with conditions of supervision

29. True or False: Employment may be a distal, or long-term, goal for mental health court participants who are severely impacted by their disorders.

- ❍ True
- ❍ False

30. Of the following members of the team or program partners, who may be involved in developing a participant's case plan, which includes treatment and supervision components?

CHECK ALL THAT APPLY.

- ❍ a. The participant's supervising officer
- ❍ b. The participant's family members or significant others
- ❍ c. The participant's defense attorney
- ❍ d. Representatives from other community supports
- ❍ e. The participant

31. Which of the following team members should learn about the research on behavior modification in order to facilitate participant success?

CHECK ALL THAT APPLY.

- ❍ a. Prosecutor
- ❍ b. Defense attorney
- ❍ c. Treatment provider
- ❍ d. Supervising officer
- ❍ e. Judge
- ❍ f. Case manager

32. True or False: "Procedural Justice" is a new nighttime drama with young, attractive stars who play attorneys, judges, and other court staff.

- ❍ True
- ❍ False

33. True or False: Equal parts positive encouragement and strict penalties have been shown to maximize behavioral change among individuals on community supervision.

- ❍ True
- ❍ False

34. In which of the following ways could a new mental health court develop "incentives and sanctions"?

CHOOSE AT LEAST ONE ANSWER.

- ❍ a. Find a list from another court off of the Internet and copy it verbatim
- ❍ b. Develop an individualized list through work with each participant
- ❍ c. Copy the ones used in drug court and change the word "drug" to "mental health"
- ❍ d. Develop a list using a focus group of consumers or peer specialists

35. Why are mental health courts hesitant to use jail as a sanction?

CHECK ALL THAT APPLY.

- ❍ a. The participant may be re-traumatized by the experience
- ❍ b. Jail is a relatively significant expense
- ❍ c. Sending the participant to jail would separate him/her from community supports, including treatment
- ❍ d. It would look poor on the program evaluation

36. Which of the following are true about process evaluations and outcome evaluations?

CHECK ALL THAT APPLY.

- ❍ a. A process evaluation describes how the program works, and an outcome evaluation describes whether it achieves its stated goals
- ❍ b. A process evaluation can be done sooner after the program starts than an outcome evaluation can be done
- ❍ c. Outcome evaluations generally involve more sophisticated analysis, including the use of a control group.
- ❍ d. A process evaluation looks at behavioral health measures, while an outcome evaluation looks at recidivism reduction
- ❍ e. Neither is useful. Mental health courts should only do cost-benefit analyses

37. Which of the following are important to program sustainability?

CHECK ALL THAT APPLY.

- ❍ a. Identifying different revenue options
- ❍ b. Documenting the program's activities throughout the entire development process
- ❍ c. Relying on grant funding so that the team can focus on program activities rather than fundraising
- ❍ d. Engaging the advisory group
- ❍ e. Building relationships with other programs

38. True or False: It is helpful for court team members to have separate Management Information Systems for behavioral health information and criminal justice information.

- ❍ True
- ❍ False

39. True or False: The best way to address adverse events involving a mental health court participant or graduate is to wait until an event occurs and to tailor the program's response to the particular situation.

- ❍ True
- ❍ False

40. Which of the following are some ways to engage stakeholders in your mental health court program?

CHECK ALL THAT APPLY.

- ❍ a. Organizing group training opportunities for members of the court team, such as conferences and retreats
- ❍ b. Preparing reports with statistics and case studies for the advisory group
- ❍ c. Involving the advisory group in strategic-planning decisions concerning the future of the program
- ❍ d. Holding gatherings for graduates of the mental health court program
- ❍ e. Training graduates of the mental health court to have a role in program operations, such as peer counseling or administrative assistance

Answer Key For Content Questions (Section A, Part 2)

Module 1: Understanding Mental Health Courts

1. ***Correct answer: False.*** Although there are a variety of mental health court models, most mental health court programs modify traditional court processes in that a participant's criminal case is "paused" while she or he receives behavioral health treatment and is supervised according to court-ordered conditions. If unsuccessful in the mental health court program, the participant returns to the normal processing of his/her case.

2. ***Correct answer: a, b, and d.*** A mental health court is one option for addressing a number of realities surrounding justice-involved people with mental disorders—which include their overrepresentation in the system, the fact that correctional supervision has been less effective, and that people with mental disorders and co-occurring substance use disorders have more criminogenic risk factors. While the mental health court process has many potential benefits, it is not necessarily shorter than a traditional court process (c). Finally, one of the hallmarks of mental health courts is that all participants make an informed choice to enter the program; no one should be coerced into participating in the program or receiving treatment (e).

3. ***Correct answer: a, b, c, d, and e.***

4. ***Correct answer: a.*** Confidentiality is an essential element of a mental health court—information about individual participants and their case plans is shared only among members of the court team. Court teams may include judicial officers, treatment providers, case managers, defense attorneys, supervision officers, and court coordinators, among others. For the composition of a mental health court team, see *Module 3: The Mental Health Court Team*.

5. ***Correct answer: False.*** Stakeholders may be concerned that mental health courts "net-widen" in a number of ways. Some may worry that the existence of a mental health court makes it more likely that law enforcement officers will arrest individuals with the hope of connecting them to treatment through the program. Others may be concerned that the mental health court will mean that individuals are involved in the criminal justice system for longer than they would have been had their cases simply proceeded as normal. However, by being thoughtful about the target population for your program and the terms of participation—particularly the length of program involvement—you can design your program so that it does not lead to net-widening.

Module 2: Your Community, Your Mental Health Court

6. ***Correct answer: b.*** While many different combinations of stakeholders have successfully started mental health courts around the country, groups that do not include stakeholders from both the criminal justice system and the behavioral health system will generally face additional obstacles in starting a mental health court.

7. ***Correct answer: a, b, c, and d.*** Planners can use a variety of strategies to engage high-level stakeholders so that these very busy individuals can weigh in on appropriate strategic decisions and provide support where needed.

8. ***Correct answer: a, b, c, and d.*** There are numerous ways to define "recidivism," which can

measure rearrests, reincarcerations, or reconvictions (a). Jail bookings (c) are a common measure of recidivism. In order to do any sort of baseline measurement, the group to be measured must be clearly defined, which is why (b) and (d) are necessary. While (e) would provide interesting information about how much the target group is accessing behavioral health services, it is not necessary to calculate recidivism.

9. ***Correct answer: False.*** A good planning process can take six to nine months in order to identify all stakeholders, map all community needs, and build consensus about the program's goals. It is common for programs to start small with a couple of participants to try out and then refine policies and procedures. For more discussion on starting with a pilot program, see *Module 8: Launching and Sustaining Your Program*.

10. ***Correct answer: d.*** A careful and complete inventory of available services and supports needs to be conducted during the planning phase and regularly revisited once the program is operational. Program participants' success and the success of the mental health court largely depend on the capacity to link participants with appropriate services and supports as soon as they are enrolled in the program.

Module 3: The Mental Health Court Team

11. ***Correct answer: True.*** The U.S. legal system is described in Black's Law Dictionary as an "adversary system" and as a system "involving active and unhindered parties contesting with each other to put forth a case before an independent decision-maker."

12. ***Correct answer: True.*** Officers supervising mental health caseloads, whether in mental health court or not, should be mindful that the needs and capacities of individuals under their supervision are likely to differ. At the same time, mental health court community corrections officers may well have smaller caseloads, increasing the likelihood that they will observe non-compliant behaviors. Community corrections officers should consult state law and departmental policy about revocations for technical violations as well as incorporate evidence-based practices on the imposition of sanctions and incentives. For more details, see *Module 7: Facilitating the Success of Mental Health Court Curriculum*.

13. ***Correct answer: a, b, and c.*** Behavioral health care providers often have good reasons for restricting how personal health information is shared based on privacy law and the trust that is necessary in a therapeutic relationship. They should work together with other members of the mental health court team to determine what information is necessary for program operations. For more details, see *Module 5: Designing Policies and Procedures for Program Participation*.

14. ***Correct answer: b, c, and d.*** "Role-switching" (a) not only fails to make use of the expertise of each team member, but also can lead to violations of professional ethics. In (e), the team is out of balance, and one perspective, here the legitimate corrections experience, has been eliminated so that the program is no longer serving its role of protecting public safety.

15. ***Correct answer: False.*** Problem-solving courts can raise some potential areas of conflict with the judicial code of ethics. However, to date, few states have explicitly ruled on these issues, and judges should be sure to consult their own states' codes and advisory committees on judicial ethics. Designing program policies and procedures to avoid potential conflicts will be discussed in detail in *Module 5: Designing Policies for Program Participation*.

Module 4: Target Population

16. ***Correct answer: c and e.*** Current charge (a), behavioral health diagnosis (b), and residency (d) may all be used as eligibility criteria for a mental health court program, depending on available resources and stakeholder priorities.

    Neither income (c) nor race (e) is relevant to whether an individual will benefit from the program. While income may be related to access to indigent defense services or entitlement programs, it is not a criterion for mental health court admission. Defining program access by race would be an unconstitutional violation of the due process rights provided by the 5th and 14th Amendments of the U.S. Constitution.

17. ***Correct answer: False.*** There is no conclusive research that supports that individuals with certain diagnoses will benefit from mental health courts more than individuals with other diagnoses.

18. ***Correct answer: a.*** Research from problem-solving courts and the criminology and behavioral health fields generally recommends that mental health courts focus on individuals with moderate to high criminogenic risk levels to reduce recidivism to the greatest extent (a).

    Research suggests that including individuals with felony charges in the program can facilitate greater cost savings than including only individuals with misdemeanor charges, but is not conclusively linked with less recidivism (d). There is no currently available research showing better results for pre- or post-adjudication programs (c). And while a first-come, first-served approach might be simpler to administer, it would not be an efficient allocation of resources (b).

19. ***Correct answer: False.*** It is not possible to separate individuals with substance use disorders from those with mental disorders, as there is a high degree of overlap (or co-morbidity) between mental health and substance use disorders. There are also similarities in presentation between certain mental disorders and certain substance use disorders.

20. ***Correct answer: c.*** Specific mental health court programs must determine whether they have the resources available to accept participants with TBI and/or DD.

    Mental health court programs aim to serve people with behavioral health needs, which include individuals with TBI and/or DD (a). However, there is no conclusive research indicating whether mental health court programs reduce the rates of recidivism or improve the quality of life for individuals with these conditions (b). As a result, there is no indication that programs should exclude individuals who are only diagnosed with TBI and/or DD (d).

Module 5: Designing Policies and Procedures for Program Participation

21. ***Correct answer: b, c, and d may all be appropriate, depending on the circumstances.*** Mental health court programs should design procedures to ensure written consent for behavioral health care providers and others covered by the Health Insurance Portability and Accountability Act (HIPAA) or other information privacy regulations to share protected information (d). In an emergency, a court order can also be used (b). A MOU between two government agencies (c) may be another appropriate way to ensure quick and secure transfer of information where permitted.

    The behavioral health provider is not legally permitted to share an individual's health information based simply on a request, nor does such a practice respect the individual's privacy (a).

22. ***Correct answer: True.*** However, programs should develop materials that clearly lay out eligibility criteria to minimize inappropriate referrals.

23. ***Correct answer: False.*** To make an informed choice, an individual should be aware of all terms of participation—including the maximum duration—before deciding to apply to the program. The duration should not exceed the length of incarceration or probation that would be appropriate for the his/her charges in the traditional court setting.

24. ***Correct answer: a, b, c, d, and e.*** Stakeholders with legal expertise should be included in the planning process; in addition, judges and attorneys will be critical stakeholders in the program (a). Ensuring that defense counsel is appointed early in the process is critical to protecting participants' rights (b). With approaches as new as problem-solving courts, it is important to keep up with relevant new laws and court rulings (c). Consulting other experts is invaluable to gaining knowledge of best practices in establishing a program (d). Finally, potential participants must be made aware of the program's policies and procedures so that they can make an informed choice to participate and be aware of any rights they waive by doing so (e).

25. ***Correct answer: c.*** In order to treat all participants fairly and ensure that resources are being used most effectively, mental health court policies should have a clear definition of success that applies to all participants. A universal definition of success can have components that are based on individual needs and goals. For example, a requirement that all program graduates must be in substantial compliance with their treatment plan is a universal definition of success that incorporates individualized requirements based on needs and capacities.

    Although mental health court programs differ from traditional courts in that proceedings are more individualized, some degree of uniformity across participants is still important for fairness and predictability (a). Allowing individuals to remain in the program indefinitely is not an efficient use of resources (b). Although success should relate to the goals in the participant's treatment plan, some of the goals may not be attainable within the relatively short duration of the mental health court program (d).

Module 6: Case Planning

26. ***Correct answer: b.*** The focus of the treatment plan is to manage the participant's mental illness (and other behavioral health needs) and encourage recovery. The plan should be based on factors identified through an assessment process, which would identify strengths (c), level of impairment (e), motivation (a), and may lead to a diagnosis (d). While charges may be relevant to the duration of the program, they are not helpful in crafting a treatment plan.

27. ***Correct answer: False.*** To best gauge and support a participant's progress, team leaders should perform assessments throughout an individual's participation in the program at regular intervals following the initial assessment that is used to develop the case plan.

28. ***Correct answer: a, b, d, and e.*** Adhering to the treatment plan (e), achieving the goals in the case plan (a), completing the final program phase (b), and complying with the conditions of supervision (d) are all reasonable requirements for graduation from a mental health court program.

Mental disorders often follow individuals throughout their lives, and so it is unrealistic to expect to "cure" a mental disorder (c) during a court program; it is key that the treatment plan incorporates realistic goals.

29. ***Correct answer: True.*** For individuals who experience severe impairment from their mental disorders, it may take time to achieve sufficient stability for employment to be a realistic goal. Other distal goals may include consistent medication management, development of pro-social behaviors, established community networks of support, and stabilization of mental health needs.

30. ***Correct answer: a, b, c, d, and e.*** It is customary and important for the case plan to be informed by both the mental health court team and the participant; family members, significant others, and representatives from other supports may also be included if deemed appropriate by the team.

Module 7: Facilitating the Success of Mental Health Court Participants

31. ***Correct answer: a, b, c, d, e, and f.*** All team members may have an impact on participants' success and could benefit from awareness of current research on behavior modification.

32. ***Correct answer: True.*** Procedural justice is a term for the level of fairness, reason, and transparency involved in the process of decision-making. Initial research shows promising results that the perception of justice, or fair treatment, may contribute to positive outcomes among mental health court participants.

33. ***Correct answer: False.*** Research has shown that maximum behavioral change is achieved when forms of negative reinforcement such as strict penalties are outweighed by forms of positive encouragement in a ratio of 4 to 1.

34. ***Correct answer: b, and d.*** In addition to working directly with participants, team members may also use focus groups to help assess what participants are likely to perceive to be rewards and punishments (b). Incentives and sanctions should be tailored to individual participants (d).

    While incentives and sanctions developed for drug court programs can be useful guides, each potential incentive and sanction should be carefully considered for its appropriateness for individuals with mental disorders (c). It may not be appropriate to copy verbatim a list of incentives and sanctions that another court has developed, but it might be helpful to consult what other programs develop as a starting off point (a).

35. ***Correct answer: a, b, and c.*** Incarceration may increase an individual's level of anxiety (a), incur large costs (b), and/or sever or hinder his/her relationships in the community (c).

    The image of the program should not play a role in creating a participant's case plan (d).

Module 8: Launching and Sustaining Your Program

36. ***Correct answer: b and c.*** A process evaluation assesses whether the program operates in the way that it was intended, while an outcome evaluation assesses whether the program meets its intended goals. Therefore, it may take longer for the program to develop the data needed for an outcome evaluation. Both process evaluations and outcome evaluations are valuable in sustaining and improving your program.

37. ***Correct answer: a, b, d, and e.*** An aspect of sustainability planning is to proactively assess and seek funding options, rather than relying on receiving a grant when more funds are needed (c).

38. ***Correct answer: False.*** Ideally, a management information system (MIS) will include all behavioral health and criminal justice data with specified permissions so that personnel can see only the information permitted by privacy law and required for their positions. Integrating or bridging the two areas together whenever possible will facilitate access for all members and prevent duplicate efforts. However, in many jurisdictions, this integration may not be possible due to cost concerns, agency-specific record-keeping requirements, and the legal need to keep the information separate.

39. ***Correct answer: False.*** It is best to have a plan in place before unfortunate events arise, as it may be difficult to coordinate a response in the face of a crisis.

40. ***Correct answer: a, b, c, d, and e.*** The advisory group, court team members, and program graduates are all stakeholders who should play a part in developing and sustaining the mental health court. Sharing news and information, soliciting expertise, and creating opportunities for people to make personal connections are key ways of maintaining stakeholders' commitment and interest in the program.

Part 3. Attitudes

The following questions can be used to get a sense of respondents' attitudes toward mental health (statements under question 1) and mental health courts (statements under question 2).

1. Please indicate how strongly you agree or disagree with the following statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
People with mental disorders are more violent than people without mental disorders.					
Increased spending on mental health services is a waste of money.					
Anyone can have a mental health disorder.					
Mental health services should be provided in the community as much as possible.					
I feel more comfortable interacting with someone who is receiving treatment for a health condition (e.g., cancer, diabetes) than a mental disorder (e.g., depression).					
One of the main causes of mental illness is a lack of self-discipline and will power.					
You can always tell if someone has a mental disorder.					
Treatment can help people with mental illness lead normal lives.*					
People are generally caring and sympathetic to people with mental illness.*					

*Source: Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, National Association of County Behavioral Health & Developmental Disability Directors, National Institute of Mental Health, The Carter Center Mental Health Program. Attitudes *Toward Mental Illness: Results from the Behavioral Risk Factor Surveillance System (BRFSS)*. Atlanta, GA, Centers for Disease Control and Prevention, 2012.

2. Please indicate how strongly you agree or disagree with the following statements.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Mental health courts are the best way for courts to address defendants' mental health issues.					
Mental health courts are an efficient use of resources.					
Defense counsel are often marginalized in mental health court programs.					
Prosecutors are often a barrier to getting participants into the program.					
Mental health courts and other alternatives are soft on criminals.					

Part 4: Your Training Needs

1. Please list and rank the three things that you would most like to learn about during this training:

   1) _____
   _____
   _____
   _____
   _____

   2) _____
   _____
   _____
   _____
   _____

   3) _____
   _____
   _____
   _____
   _____

2. If you are in an existing mental health court program, what are the challenges you are encountering that you'd like to learn how to address?

   1) _____
   _____
   _____
   _____
   _____

   2) _____
   _____
   _____
   _____
   _____

   3) _____
   _____
   _____

3. Please indicate how familiar you feel with the different areas below.

	Not at all Familiar	Slightly Familiar	Familiar	Somewhat Familiar	Very Familiar
Symptoms and terminology of mental disorders and principles of effective treatment					
Your mental health system					
Treatment options and resources in your community					
How a case proceeds through your criminal justice system					
The stakeholders in your criminal justice system and their roles					
The existing options to divert people with mental disorders from your criminal justice system					

4. Are there certain skills that you would like to develop that would help you do your job better? Please list.

1) _____

2) _____

3) _____

Section B. Determining Team Dynamics

Part 1. Questions for New Mental Health Court Teams

1. Have the following members for your mental health court team been identified?
   CHECK ALL THAT APPLY.
   - ❍ a. Judge(s) who would be presiding over the court
   - ❍ b. Corrections official
   - ❍ c. Prosecutor
   - ❍ d. Defense attorney
   - ❍ e. Court coordinator
   - ❍ f. Case manager
   - ❍ g. Behavioral health clinician
   - ❍ h. Pretrial and/or Probation officer
   - ❍ i. Consumer
   - ❍ j. Informal supports for consumers (e.g., family members, friends)
   - ❍ k. Other, please describe: _____

2. Have the identified mental health court team members worked together in the past?
   CHECK ONE.
   - ❍ a. Not at all
   - ❍ b. Some have worked together
   - ❍ c. Most have worked together
   - ❍ d. All have worked together
   - ❍ e. Other, please describe: _____

3. In what context have the identified mental health court team members worked together?
   CHECK ALL THAT APPLY.
   - ❍ a. Individual treatment
   - ❍ b. Team planning
   - ❍ c. System level activities
   - ❍ d. Other, please describe: _____

4. What are some of the challenges that you encountered with working with the identified team members or similar teams in the past?

   _____

   _____

   _____

5. Do you feel that there is a clear leader for this initiative?

❍ a. Yes

❍ b. Somewhat

❍ c. No

If you answered (a) or (b), please identify this person's name and role:

_____

_____

_____

6. Please indicate below how you feel with regard to the following statements.

	Not at all	Mostly not	Moderately	Very	Extremely
How comfortable are you with working with the identified mental health court team members?					
In your opinion how clear are you about your role on the mental health court team?					
How comfortable are you with rethinking your traditional role as a member of the mental health court team?					

7. What are you most concerned about in becoming a member of a mental health court team? Please explain.

_____

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Part 2. Questions For Existing Mental Health Court Teams

1. How has your role as a professional changed since getting involved with the mental health court program?

_____

_____

_____

_____

_____

_____

2. Please indicate how you feel with regard to the following statements.

	Not at all	Mostly not	Moderately	Very	Extremely
How comfortable are you with working with mental health court team members?					
In your opinion how comfortable are you about your role on the mental health court team?					

3. Please indicate how strongly you agree or disagree with the following statements.*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The team fully understands the purpose/mission of the program.					
The team has clearly established policies and procedures that govern how your team operates.					
Team members respect other team members.					
Team members are committed to the program.					
My team manages conflict and disagreement in a constructive and supportive way.					
My team collaborates well to solve problems and make decisions.					
Each team member understands his/her role on the team.					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
All team members understand the roles and responsibilities of other team members.					
Team members are recognized for their work and contributions to the program.					
I feel valued on the team.					
I feel that I can raise concerns to my team members and that I will be heard.					
My team members share information effectively.					
My team members listen well to each other.					
My team communicates well with other agencies and partners.					
My team addresses conflict directly when it arises.					
Participation is encouraged in our team meetings.					
The leader of the team manages the team effectively.					
The leader of the team guides and facilitates team meetings.					
I can count on my team members to follow through on what we decide upon in meeting.					

*Adapted from Gavin, Frank P, *Building an Effective Drug Court Team: Curriculum for a Team Building Workshop. Instructor's Manual* (OJP Drug Court Clearinghouse and Technical Assistance Project, July 2002).

4. What do you think is your mental health court team's greatest strength?

_____

_____

_____

_____

_____

_____

_____

5. What do you think is your mental health court team's greatest weakness?

Section C. Assessing Technological and Logistical Needs

1. Do you have access to the following?

   Computer: ❍ Yes ❍ No

   YouTube: ❍ Yes ❍ No

   Internet Capability: ❍ High speed Internet; ❍ Dial-up Internet; ❍ No Internet capability

   Conference calling (for holding calls with your mental health court team):

   ❍ Yes ❍ No

   Online meetings (video conferencing): ❍ Yes ❍ No

2. Do you anticipate any of the following challenges with accessing the curriculum?
   CHECK ALL THAT APPLY.

   ❍ Security settings

   ❍ Firewalls at work

   ❍ Other, please describe: _____

3. Do you have an information technology (IT) person to help you with technical issues?

   ❍ Yes ❍ No

4. On a scale of 1 to 5 where 1 is not at all comfortable and 5 is extremely comfortable, how comfortable are you with: (check one for each)

	Not at all Comfortable	Mostly not comfortable	Moderately comfortable	Very comfortable	Extremely comfortable
Using self-paced online modules					
Downloading PDFs					
Holding conference calls (for holding calls with your mental health court team)					
Holding online meetings (video conferencing)					

5. Do you have any special needs or require certain accommodations that you would like the facilitator to know about?

   ❍ Yes ❍ No

6. After the training is complete, how do you plan to continue meeting with your mental health court team?

CHECK ALL THAT APPLY.

❍ a. Meet regularly in person
❍ b. Meet regularly on conference calls
❍ c. Meet regularly using online meetings

7. Would you be interested in co-facilitating group discussion during the training?

❍ Yes; On which topics: _____
❍ No

Appendix H. Case Study: Training Eight Jurisdictions with Developing a Mental Health Court in Colorado

Brenidy Rice

Shane Bahr

Training delivered by: Brenidy Rice, Court Program Analyst, Colorado Judicial Branch, Division of Planning and Analysis[63] and Shane Bahr, State Problem-Solving Court Coordinator, Colorado Judicial Department[64]

Sites Receiving Training

Brenidy Rice and Shane Bahr piloted the *Developing a Mental Health Court* curriculum in 4 of 22 judicial jurisdictions in the state of Colorado, and have also trained four additional jurisdictions since the curriculum officially launched. These jurisdictions cover several different counties from all over the state, with a mix of urban, rural, and suburban communities represented.

Jurisdictions were recommended to assemble a team consisting of at least six key members: the judge, prosecutor, public defender, two treatment providers, and a probation officer. Many of the jurisdictions brought additional people, including one jurisdiction that brought a researcher and others who brought in representatives of local community resource agencies (housing, vocational training, etc.).

Assessing Training Needs

In order to ensure that they were meeting the needs of each of the teams, Rice and Bahr spoke to judges and team members beforehand to get a clearer sense of the team dynamics, where they were in the process, what they were hoping to get out of the training, and any questions or particular issues they had. After getting a sense of the teams' wants and needs, they were able to tailor the curriculum to make the training meaningful for each of the teams and be of benefit to them in building their team and program.

Prior to the trainings, Rice and Bahr also asked teams to send them any available data, analysis, and draft program materials they might have. This enabled the facilitators to get a better sense of the thinking that had already been done by the team, as well as provide information that could be integrated into personalizing the training for the jurisdiction (see below for more information on how the facilitators incorporated this information in personalizing the trainings).

Since each of the pilot jurisdictions were unique in its needs and phase in the planning or implementation process, Rice and Bahr were able to use the adaptability of the curriculum to adjust for their various teams, and devote additional time and attention to specific parts of the curriculum that jurisdictions would find most meaningful and useful.

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63 Name and title held during participation in the pilot. Rice is now the State Problem Solving Court Coordinator for the Colorado Judicial Department.

64 Name and title held during participation in the pilot. Bahr is now the Trial Court Executive for Utah State Courts.

For example, one jurisdiction was unsure about the need for a mental health court and wanted to focus on research, best practices, and program design elements. Their training was largely exploratory and less based on working through a process to implement a program in their community. Other jurisdictions that were already committed to starting a mental health court focused instead on how to best start building their particular program and spent more time discussing their jurisdiction's needs and the realities of implementing policies and best practices. Those jurisdictions that had operational programs before the training were more interested in looking for ways to enhance their approach and ensure they were using best practices and applying available research.

Delivery Strategy

Rice and Bahr split the eight modules across two full days with one to six weeks in between the sessions so that teams had time to do homework, go back to the community and talk to stakeholders, get data, and have more preliminary discussions, before coming back for the second session.

Rice and Bahr found it was difficult to do four modules in one day, and that it required the group to really stay on task throughout the day. They felt that it would be better to cover the eight modules over the span of three full days, rather than two, with the three days spread out over four to six months with enough time between each session for teams to start applying the information they learned in training.

Preparing to Facilitate

Knowing the material and the needs of the teams were key to Rice and Bahr's preparation for facilitating the trainings using the curriculum. Rice stressed the importance of knowing the material and the team dynamics, which she felt allowed her and Bahr to be more flexible and responsive to the group.

Rice and Bahr prepared by spending a lot of time with the material in order to get to a place where if someone asked a question that they could not answer they at least knew where to go to find an answer. They also created agendas and facilitators guides for each training, which laid out the timing for the session as well as which activities teams would be completing that day and questions to spark conversations.

In addition to this pre-planning, Rice and Bahr also took time between sessions of their multi-day trainings to reassess the needs and direction of the group and make any necessary changes to the agenda. Topics that were not able to be covered in the first session, questions that required research to answer, data and information that needed to be collected from the jurisdiction, or answers to homework assignments were then incorporated into plans for the second day.

While Facilitating

At the beginning of the training, Rice and Bahr asked everyone in the group to brainstorm the three goals they hoped to accomplish through the course of the training. Participants were then asked to post their goals on the wall under the appropriate labels—"who," "what," "when," "where," or "why." This allowed everyone in the group to be on the same page about what they hoped to accomplish as well as have a sense of ownership of and a voice in the direction of the sessions. Rice and Bahr found that having a co-facilitator to summarize and identify the top shared goals was particularly helpful for this activity. While they never encountered a training where the goals the participants presented at the first session were drastically different than what they prepared for, Rice notes that this is another area where flexibility and comfort with the material are key.

On the second day of the training, Rice and Bahr recapped for the group what had been covered and agreed to in the first session (an activity that usually took only half an hour) and ensured that everything still "fit" with the group's thinking. Since teams had time and encouragement to think about their projects and possibly change direction in the interim, the recap allowed the facilitators and the group to make sure they were on the same page and the planned direction still worked.

Rice and Bahr had asked team members to go through presentations on their own in advance of the training, though they were aware that many team members would not and thus devoted some time during the live session to reviewing the material so that everyone had the same baseline of information. They then devoted some time to teaching and facilitating discussion on the main points of each of the self-paced modules before beginning the various activities. Different modules and activities were selected for the different jurisdictions based on their interests and needs identified.

Bahr stressed the importance of facilitating the discussion with teams rather than simply just lecturing on the material in the presentations. Given the unique community dynamics faced by each of the jurisdictions, it was import to Rice and Bahr as facilitators to present the teams with the information, statistics, and best practices and then allow time for each team to discuss and work through what it would mean and require for them to be able to implement a program in their respective community.

One of the teams that Rice and Bahr trained was just beginning to explore starting a mental health court, and their training focused more on what their data was telling them about their potential need for a mental health court, what the research says about mental health courts, what their community resources looked like, and if the needs of the community would be appropriately met by a mental health court. For the other jurisdictions which had programs that were already up and running, the training focused instead on policies and procedures and more nuanced issues.

Two of the jurisdictions only completed the first four modules and decided that more time was needed for planning and discussion before moving forward with additional training.

Customizing the Curriculum

To further personalize the training, Rice and Bahr asked teams to identify cases ahead of time that they thought would be a good fit for their program. Rice found that most teams had a sense of what type of client they would like to serve—even if they have yet to articulate exact criteria—and generally were able to easily pull and redact case reports on potential program participants. Rice and Bahr asked teams to send over case packet "snapshots" for two individuals in advance of the trainings. In general these packets included redacted copies of: a pre-sentence investigation report, a criminal history report, a psychosocial evaluation and a short bio. Teams were asked to send two different types of cases, and particularly ones that might be complex or have interesting or controversial aspects (i.e., a history of violence or a traumatic brain injury).

Rice and Bahr used various aspects of these cases throughout the trainings, sometimes changing them to provoke greater discussion on particular topics, such as defining a target population (Module 4) or facilitating success for mental health court participants (Module 7). In general, Rice and Bahr would start discussions with the example from the Activities Guide and then as the teams started brainstorming—for example, once they had created a list of their eligibility criteria—they would return to the case study and see how their brainstorming fit with an actual case from their jurisdiction. In using the local case studies, Rice noted that the teams were able to engage and connect more deeply to the material as it had come from their own jurisdiction and was not purely hypothetical.

Evaluating the Impact of the Training

Though Rice and Bahr no longer rely on the formal evaluation forms and scaling questions they used during the pilot testing of the curriculum, Rice noted that she still finds feedback on the trainings incredibly useful. In particular, Rice noted that the write-in comments where participants can provide comments on the training, rather than ranking various aspects of the training numerically, were particularly beneficial in helping her think about how to adjust the trainings to be as effective as possible.

In addition to feedback forms, Rice reaches out directly to the judge or main point of contact for the group after every training to send them any additional resources that were brought up during the training and to solicit feedback on the sessions. Ideally, Rice tries to follow up with teams again six months later to see how things are going and where they are with their program.

Lessons Learned

Despite their extensive planning, Rice and Bahr still found they had to make off the cuff changes to respond to the needs of teams. Some teams needed to gather more information before they felt they could adequately complete certain activities, while others came to trainings hoping to discuss particular topics that weren't necessarily on the agenda for that session. In these situations, Rice and Bahr had to make adjustments to their planned agenda in the middle of the training. Flexibility, according to Rice and Bahr, was key to a successful training.