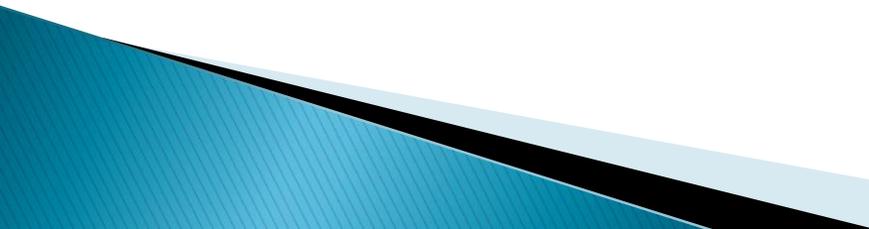


Mental Health and Developmental Disabilities: Models of Effective Collaboration Among Systems and the Courts

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Objectives

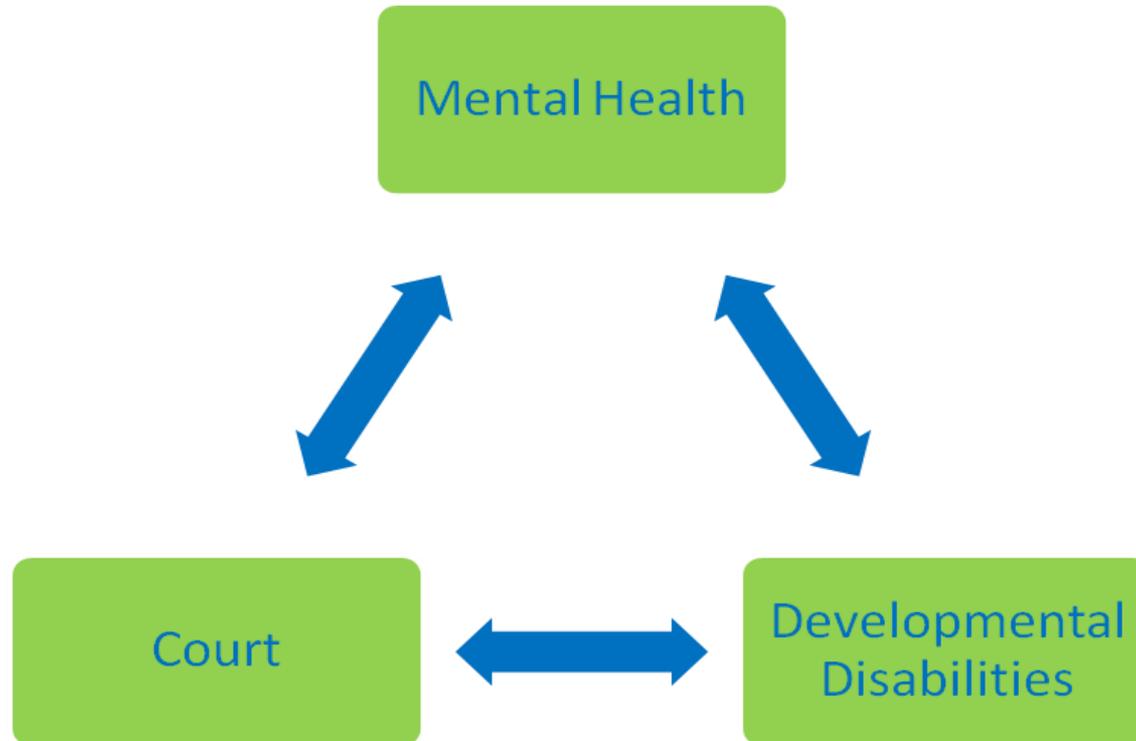
- Identify the components of “the system” involved with defendants found Not Guilty by Reason of Insanity (NGRI) and Incompetent to Stand Trial – Unrestorable – Criminal Jurisdiction (IST–U–CJ)
 - Review the “ideal model”
 - Examine the challenges among systems
 - Learn about how Hamilton County has addressed the system challenges
 - Review individual cases that highlight the interface/collaboration among systems
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Common Terms/Systems

- Ohio Department of Mental Health (ODMH)*
- Ohio Department of Alcohol and Drug Addiction Services (ODADAS)*
- Ohio Department of Developmental Disabilities (DODD)
- Mental Health and Recovery Service Boards (MHRSB)
- County Developmental Disabilities (DD) system (i.e., Hamilton County Developmental Disabilities Services – HCDDS)
- Regional Psychiatric Hospitals: ODMH hospitals (i.e., Summit Behavioral Healthcare, Appalachian Behavioral Healthcare, etc.)

*Ohio Department of Mental Health and Addiction Services (ODMHAS) as of July 1, 2013

The Interface of Systems



Characteristics of the Ideal Model

- Common language between all systems
 - Adequate funding to provide a range of dual-diagnosis (MH/DD) services
 - Consistent collaboration and communication between systems
 - Community and Court understanding of MH and DD diagnoses and treatment needs
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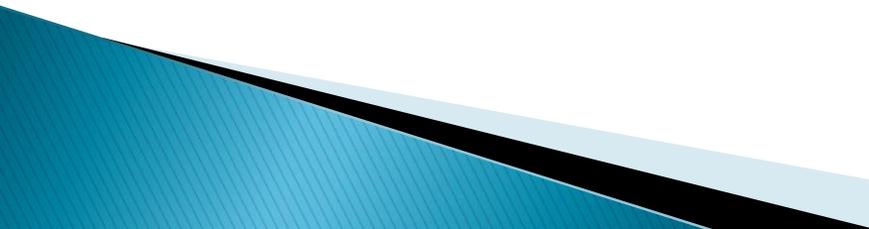
Challenges to the Ideal Model

- Different languages (e.g., treatment v. services; clients v. patients; service facilitator v. case manager; treating doctor v. no treating doctor)
 - Different administrative boards and funding resources
 - Different treatment resources (e.g., developmental centers, day treatment programs, hospitals, etc.)
 - Difficulty collaborating among systems that may not overlap often
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The First Step for Hamilton County

- Arraignment – Court Liaison Services
 - Identify and assess defendants with potential MH or DD issues at time of arraignment
 - Facilitate communication between MH or DD treatment providers and the Court
 - Assist with initiation of competency referrals
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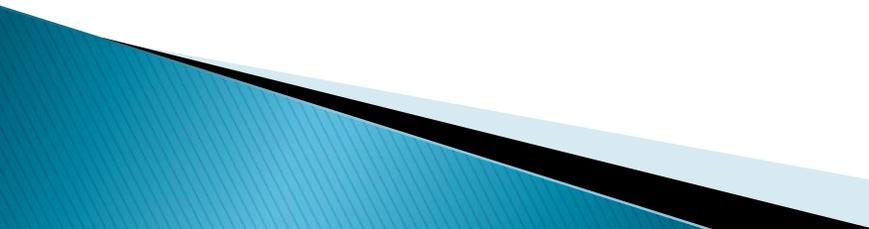
The Role of Liaisons in Hamilton County

- Liaisons within each system
 - DD Liaison (Hamilton County DDS representative from the Multi-System Team)
 - Jail Mental Health Unit
 - Local community mental health agencies
 - Mental Health Court Facilitators
 - Pretrial Services
 - Court Administrator
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Management of NGRI/ISTU-CJ Defendants in Hamilton County

- Court Administrator Office (for felony cases)
- Pre-trial Services (municipal)
- Forensic Monitor
 - One for felony acquittees
 - One for municipal acquittees
 - Facilitates placement of acquittees' cases on docket of 1 of 2 Municipal Mental Health Court judges, as they also monitor the municipal NGRIs
- Prosecutor's office
 - 2 assigned prosecutors that handle all of the NGRI/ISTU-CJ felony cases
- Regional Psychiatric Hospitals
- Community mental health (Talbert House is assigned for almost all felony NGRI/ISTU-CJ cases)
- Multi-systems Team (the team that manages cases of DD defendants involved with the Court)

Evolution of Collaboration

- Development of relationships with liaisons (including DD system representative, Jail Mental Health Unit, etc.)
 - The beginning of the Multi-Systems Team with Hamilton County DDS
 - Risk assessments from Court Clinic
 - Identification of problems and implementation of training (e.g., CR plans and the DD team members)
 - Continued communication
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Case Examples

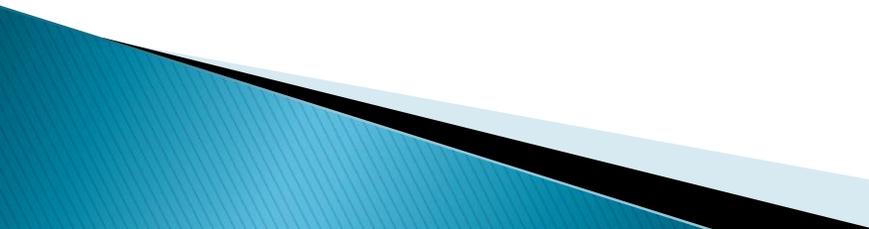
The following case examples are being used for teaching/educational purposes. The cases have been de-identified to protect the privacy of the individual defendants. However, if you recognize the cases, please be mindful of privacy/confidentiality guidelines and regulations.



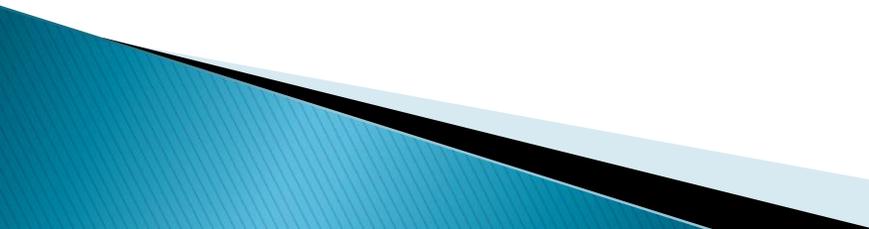
Case #1: John

- 24 year old male charged with Aggravated Arson (x2)
- No prior connection with DD or MH services
- No pre-morbid mental illness or intellectual disability
- TBI secondary to MVA and basal ganglion hemorrhage at age 18
- During competency evaluation, examiner identified his potential eligibility for services and treatment needs – initiated DD system involvement
- Later found ISTU-CJ and placed at RPH with DD involvement
- Continued collaboration between RPH and DD to pursue CR to appropriate setting, as well as complete the traditional paperwork/risk management planning for a non-mentally ill individual

Case #2: Bob

- 27 year old male charged with Aggravated Arson (x2)
 - History of behavioral problems and Moderate Mental Retardation
 - Previously found ICST and unrestorable on a Gross Sexual Imposition offense in another county (which led to Probate commitment to Developmental Center)
 - After release from Developmental Center for prior offense, lived in another county before the family moved and case was transferred to Hamilton County
 - Found ISTU-CJ for instant offenses and Developmental Center recommendation was made, with some support from DD system providers for immediate CR placement
 - Collaboration with DD system to educate them about his risk history obtained from records they did not have
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Case #3: Jill

- 21 year old female charged with Felonious Assault
 - Has both mental illness and DD, with eligibility for services in both MH and DD systems
 - Coordination of services between both systems, as well as identifying which one completes the necessary paperwork
 - Identifying appropriate services and interventions for a dual-diagnosis individual who is also involved with a RPH after violating her previous CR
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Conclusions

- Ideal Models may not be realistic
 - Need to continue to identify potential weaknesses or problems and implement interventions
 - Importance of continued collaboration
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