

Adult Mental Health Court Program

Project Abstract- Briefly summarize the proposed project.

Collin County is the sixth largest county in Texas by population (of one million plus) and lies just northeast of the Dallas-Fort Worth Metroplex. The county has 13 District Courts and 7 County Courts at Law. The 219th Judicial District Court in collaboration with the County Court at Law #3, will preside over cases for the Adult Mental Health Court (AMHC) Program, which will be a pre-trial diversion court.

The mission of the AMHC Program is to reduce recidivism in our community by emphasizing treatment, stability, and accountability for the offenders with a qualifying mental health diagnosis and those with an Intellectual Developmental Disability. The goal of the AMHC Program is to divert offenders with mental health issues out of the traditional criminal justice process and into appropriate rehabilitation alternatives. The program will utilize the multisystem approach to help participants with mental health needs. The Treatment Team incorporates robust and evidence-based mental health screening, risk assessment, and treatment interventions into an intensive community supervision model. The program will use a non-adversarial approach involving prosecutors, community supervision, treatment providers, and defense attorneys to promote public safety and to protect the due process rights of the participants. The program will serve adult participants allowing them to make significant changes in their lives so that they can avoid further involvement with the criminal justice system.

The AMHC Program is a team-centered, treatment focused, pre-trial diversion program that closely adheres to Chapter 125 of the Texas Government Code on Mental Health Court Programs. The program averages twelve months in length with intensive follow-up and is open to 40 adult participants, ages 17 and over with a qualifying mental health diagnosis or those with an Intellectual Developmental Disability. Eligibility criteria for the AMHC will be the following: 1.) Participant must have a mental health diagnosis as defined by the Diagnostic and Statistical Manual or Mental Disorders (DSM 5); Diagnosed mental disorder includes these conditions but are not limited to: *Schizophrenia, *Post traumatic stress disorder, *Bipolar, Major Depression, *Schizoaffective, *Pervasive developmental disorder, *IQ of 70 or greater and others. 2.) Participant must be willing to participate in the program. AMHC is a voluntary program; 3.) Charges must be filed with the courts. Only pending charges will be considered for entry into the program; and 4.) Participants with substance use issues must be willing to acknowledge the problem and must not have a prevailing substance use issue which would interfere with mental health treatment. Reasons for exclusion from program include severe mental or emotional problems not stable on medication at the time of admission, requiring inpatient mental health care, and participants whom have a history of manufacturing and/or distribution of illegal and synthetic drugs (drug dealing).

Problem Statement- Describe the nature and scope of the underlying problem the proposed project will address. Include aspects of the problem relevant to the project's approach and activities.

Mental illness in the justice system has become an increasingly obvious problem. In recent years, the large number of individuals with mental illnesses involved in the criminal justice system has become a pressing policy issue within both the criminal justice and mental health systems. The prevalence of serious mental illnesses among all people entering jails, for example, is estimated to be 16.9 percent (14.5 percent of men and 31 percent of women). People with mental illnesses often cycle repeatedly through courtrooms, jails, and prisons that are ill-equipped to address their needs and, in particular, to provide adequate treatment (Almquist and Dodd, 2011).

In response to the increasing population of defendants with mental illness, the popularity of mental health courts has grown in the last decade (Steadmen and Redlish).

Those who become involved in the justice system are more likely to have been exposed to not just one or two traumatic stressors, but multiple types of traumatic victimization (Abram et al, 2013). These are not just incidents, but types of adverse stressors (e.g., physical abuse, sexual abuse, domestic violence, community violence, and life-threatening neglect). This experience has been described as “poly-victimization,” which is defined as prolonged or multiple exposures to traumatic events (Finkelhor, Ormond, & Turner, 2007). The brain and nervous system are altered by poly-victimization (Teicher & Samson, 2013) in ways that increase stress reactivity, anger, and impulsivity while reducing the ability to self-regulate. Those who have been poly-victimized are at high risk for involvement in criminal behavior and contact with law enforcement and the justice system (Ford et al., 2010).

A trauma-informed justice system contributes to restoring order and safety by enabling the justice staff to effectively participate in a participant’s recovery from traumatic experiences. This benefit includes potentially substantial long-term economic and social cost savings, as well as the immediate satisfaction of being able to effectively contribute to the public’s safety and welfare. Trauma-informed justice systems help the participants and families better understand trauma and its impact on behavior and health. This understanding can help restore relationships by providing a new way for them to understand the trauma they have experienced. A third benefit is the strengthening of the safety net for traumatized participants by providing a basis for a partnership between systems that serve, including the education, mental health, and justice systems. Aligning their often-different missions around the shared goal of helping can actually shrink, rather than widen, the net in which they are caught if they engage in problematic or delinquent behavior. A shared understanding of psychological trauma and PTSD can provide an alternative explanation for what may otherwise be diagnosed as a psychiatric disorder or sociopathic character flaws (Ford, Chapman et al., 2012; Ford et al., 2013). Helping them recover and become successful and productive citizens are points of convergence for all serving the systems. This can be a basis for developing administrative structures and processes that bring justice administrators and staff, and court professionals together as a team on behalf of traumatized participants.

Individuals with a history of mental illness often find challenges acquiring mental health services needed within their respective communities. Although the need for mental health services and the negative stigmas previously associated with seeking and obtaining care has been targeted for improvement in the public domain, this population continues to be underserved as it relates to community-based treatment. Managing day-to-day dynamics with untreated mental illness drastically affects, influences and impacts the ability to successfully identify and obtain services. These families require needed assistance in navigating what are often complex service systems. This support proves even more critical for families with limited financial resources, leaving law enforcement and the traditional criminal justice system to provide temporary interventions for unlawful acts directly driven by illness.

Presently, Collin County has two mental health specialized caseloads for individuals on community supervision, Collin County currently does not have a mental health specialty court or any mental health diversion program. That is what and why we are requesting assistance.

Supporting Data- Provide supporting data for the Problem Statement.

Along with the county population, the number of referrals for felonies and misdemeanors to Collin County Community Supervision and Corrections Department (CCSCD) has increased from FY2019 (n=3,959) FY2020 (n=4,092), and FY2021 (n= 4,268).

With this increase, the department has and will continue to ensure community protection for county citizens but attempts to do so in the least restrictive means available for the participant and families. A critical component in making informed decisions in this balance requires the agency to look beyond just the criminality of offense and use evidence-based risk and needs assessment findings and targeted-rehabilitation strategies to promote both community-protection and good outcomes. Without a community-based, mental health focused strategy to work with these offenders whose behavior can be directly correlated to mental illness, many are left to the counties most cost-

prohibitive remedy, which is post-adjudication services. Although the program provides clinical services for offenders, the department has seen an increase of those whose mental health needs exceeded what could be adequately treated at the time of court disposition.

The importance of mental health and access to services is profound as mental health contributes to the crime being committed and the increasing numbers of adults.

The need for and lack of comprehensive, coordinated mental health services throughout the life cycle is especially underscored by the following information regarding the occurrence and prevalence of mental health needs:

- 1 in 5 U.S. adults experience mental illness. (21% of U.S. adults/52.9 million people) (NIMH, 2020).
- About 1 in 4 American adult suffer from a diagnosable mental disorder in a given year and one in 10 will suffer from a depressive illness, such as major depression or bipolar disorder (John Hopkins, 2020).
- 41% of Americans dealt with an untreated mental illness (Mental Health First Aid, 2020).
- 10.7% of the world suffers from some form of mental illness (Our World in Data, 2020).
- 1 in 20 U.S. adults experience serious mental illness (56% of U.S. adults/14.2% million people) (NAMI, 2020).
- 18% of U.S. adults with mental illness also have a substance use disorder (NAMI, 2020).
- 37% of adults incarcerated in state and federal prisons have a diagnosed mental condition (NAMI, 2020).
- 6.7% of U.S. adults experience a co-occurring substance use disorder and mental illness (17 million people) (NAMI, 2020)
- 21% of people experiencing homelessness also have a serious mental illness (NAMI, 2020).
- About 2 million times each year, people with serious mental illness are booked into jails (NAMI, 2020).
- About 2 in 5 people who are incarcerated have a history of mental illness (37% in state and federal prisons and 44% held in local jails) (NAMI, 2020).
- 66% of women in prison reported having a history of mental illness, almost twice the percentage of men in prison (NAMI, 2020).
- Nearly 1 in 4 people shot and killed by police between 2015-2020 had a mental health condition (NAMI, 2020).
- Suicide is the leading cause of death for people held in local jails (NAMI, 2020).
- An estimated 4,000 people with serious mental illness are held in solitary confinement inside U.S. prisons (NAMI, 2020).
- 15.3% of U.S. Veterans experienced a mental illness in 2019 (31.3 million people) (NAMI, 2020).
- 8.4% of Active Component service members in the U.S. military experienced a mental health or substance use condition in 2019.
- 30% of military personnel deployed to Iraq or Afghanistan have mental health conditions (U.S. Dept. of Veteran Affairs, 2020).
- Over 20% of veterans return home with Traumatic Brain Injury and PTSD (U.S. Dept. of Veteran Affairs, 2020).
- 63% with a history of mental illness do not receive mental health treatment while incarcerated in state and federal prisons (NAMI, 2020).
- 45% with a history of mental illness receive mental health treatment while held in local jails (NAMI, 2020).
- 40.1% of adults in Texas reported symptoms of anxiety and/or depression in October 2020 compared to an average of 37.7% of adults in the U.S. (Stonegate Center, 2020).

The Center for Disease Control and Prevention (2018) analyzed the long-term effect of adolescent traumatic experiences on adult health, mental health, healthcare costs and life expectancy. Adverse Childhood Experience (ACE) such as emotional, physical, or sexual abuse, emotional or physical neglect, witnessing abuse, household substance abuse or mental illness, parental separation or divorce, incarceration of a family member strongly correlate with an adult's depression, alcohol abuse, illicit drug use, risk intimate partner violence, suicide attempts.

Furthermore, the American Psychiatric Association asserts that 15% of depressed individuals will commit suicide and by 2022, depression will be the second largest killer following heart disease ("The Numbers Count: Mental Disorders in America," 2009). In fact, mental disorders represent four of the top 10 leading causes of disability (Centers for Disease Control, 2015).

The following are Collin County numbers that have been assisted but that would have benefited with the assistance of this program: FY: 2020: Misdemeanor: 12 and Felonies: 68, FY2021: Misdemeanor: 21 and Felonies: 68, a total of 169.

At the present time Collin County has 15 Adults on a waiting list that need assistance.

Project Approach and Activities- Describe the methodologies, approaches, and activities to be employed by the project. This should logically tie back to the Problem Statement.

The overall goal of the Adult Mental Health Court Program will be the following but not limited to: 1) Identify the criminogenic risks and needs of the participant 2) Treat the underlying cause of criminal behavior; 3) Identify barriers to treatment; 4) Keep the community safe and decrease recidivism; 5) Hold the participant accountable and 6) Find appropriate rehabilitative strategies that address individualized need/mental illness, including medication maintenance. The AMHC Program will utilize the treatment team approach to help participants with mental health needs. This multidisciplinary team will effectively address the many unique and significant needs of these participants. The team will receive on-going training in order to assist the participants achieve treatment goals.

The AMHC team will consist of the following but not limited to:

- Judge
- Program Coordinator
- Supervision Officer/Case Manager
- Treatment Provider
- Defense Attorney
- Counselor/District Attorney

AMHC will combine mental health treatment with frequent court appearances, case management, counseling, and community based support. Each member on the team plays a vital role in helping the participant successfully complete the program as well as providing safety for the community. Community resources will be used to provide supportive services for the participant as well as community based organizations to ensure they are receiving targeted interventions based on their Integrated Treatment Plans (ITPs).

AMHC will be an intensive supervised program, which will focus on addressing the participant's behavior and mental health problems within the home that impacts the participant's ability to be successful while in the court. The program will not only address how mental illness affects the participants but also how mental illness impacts everyone related to the person.

AMHC uses an integrated treatment approach to address participant's needs including but not limited to mental health assessments, psychological evaluations, risk assessments, substance abuse assessments, and other behavior assessment tools as directed by the treatment provider.

Participants first undergo a thorough screening to determine appropriate placement into the program. Once participants are accepted for admission into the program, they attend the AMHC Specialty court docket (with defense attorney present). The participant will then meet with supervision officer/case manager and the Texas Risk Assessment System (TRAS) assessment is conducted. A mental health assessment is also conducted and appropriate referrals for treatment is made.

The AMHC program is an average of twelve (12) months with an extensive follow up. There are (3) levels/phases to the AMHC Program.

The following will explain the phases in detail:

Phase 1

INTERVENTION AND MAINTENANCE

The purpose of Phase 1 is to provide the most rigorous interventions into the participant's life. Each participant's needs are different and the Integrated Treatment Plan (ITP) will reflect these individual needs.

The primary focus of Phase 1 will be to encourage and enforce compliance with the participant's mental health treatment to include the initial mental health screening as well as individual and/or group counseling.

The overall goal of Phase 1 is the participant will demonstrate both a desire and an ability to participate in treatment, counseling, maintain medication compliance along with drug and alcohol abstinence.

The following Goals and Requirements must be met in Phase 1 before advancing to Phase 2.

- Engage in Mental Health services (counseling and/or treatment)
- Submit to random Drug Testing as indicated or as ordered by the Court
- Coordinate special needs (Housing; Finances; Budgeting; Medical; Clothing etc.)
- Participant will work towards obtaining employment and/or attending school and/or community involvement
- Participant will establish goals for both the Adult Mental Health Court and life goals
- Identify strengths and barriers to treatment
- Attend Adult Mental Health Court settings weekly or as directed by the Court
- Increased reporting and more frequent contacts with the Court
- Develop a treatment plan

Must be in compliance with each of the following requirements for at least 90 consecutive days:

- Attend all meetings and appointments required under the Integrated Treatment Plan
- No new arrests or probation violations
- Abstain from alcohol and abused drugs
- Follow all Mental Health Treatment Court requirements
- Attend all appointments with Case Manager and Case Supervisor (twice a week)
- Attend all medical and mental health appointments and counseling sessions
- Become stabilized on medication and take as prescribed

Phase 2

ACTIVE RECOVERY

The purpose of Phase 2 is to continue the treatment process from Phase 1 and to make treatment progress.

The primary focus of Phase 2 will be progression to stability from Phase 1, the participant is to continue and make gains/progress in mental health treatment and counseling as indicated by treatment provider collaterals and progress notes. We should see a gradual stabilization of participant's family, living, work and financial situation during this phase (including an increased support system).

The overall goal being in Phase 2 the participant will demonstrate an increased ability to remain in treatment, continue with all prescribed medication and maintain stability within the family and community.

The following Goals and Requirements must be met in Phase 2 before advancing to Phase 3.

- Continue to engage in Mental Health Counseling
- Maintain excellent attendance at all required counseling sessions and/or support groups
- Submit to random drug testing as indicated or as ordered by the Court
- Have a safe and stable housing
- Continue to work and/or attend school and/or continue with community involvement
- Maintain or continue to improve personal/family finances
- Review and work towards goals for both the Adult Mental Health Court and life goals

Must be in compliance with each of the following requirements for at least 90 consecutive days

- Attend Adult Mental Health Court settings twice a month or as directed by the Court
- Attend all appointments with the Case Manager and Case Supervisor as directed
- Comply with the requirements of the Integrated Treatment Plan
- Attend all meetings and appointments required under the Mental Health Treatment Plan
- No new arrests or probation violations
- Abstain from alcohol and abused drugs
- Follow all Mental Health Treatment Court requirements
- Attend all medical and mental health appointments and counseling sessions
- Continue to be stabilized on medication and take as prescribed

Phase 3

PRESERVATION AND REINTEGRATION

The purpose of Phase 3 is for the participant to reach sustained stability and to successfully complete any required treatment programs. The goal is to see a reduction in criminogenic needs. Participant will continue medication maintenance and remain compliant with all program requirements. This is the last phase before the participant reintegrates into society without the assistance of the Adult Mental Health Court.

The primary focus of Phase 3 is to ensure the continued stability of the participant in order to prepare the participant for his/her reintegration into the community. The focus is a tapering off of interventions by the AMHC and for the participant to utilize the tools learned during the program to reintegrate into the community without supervision.

The overall goal being in Phase 3 the participant will demonstrate a continued ability to remain in treatment, remain sober and maintain stability within the family as well as the community. Phase 3 will also afford the participant an opportunity to fulfill any remaining requirements of the Adult Mental Health Court.

The following Goals and Requirements must be met in Phase 3 before Graduation.

- Continue to engage in Mental Health Counseling
- No new Mental Health hospitalizations unless extraordinary circumstances exist
- Continue to take medication as prescribed and have at least six (6) months of medication compliance
- Maintain excellent attendance at all required counseling sessions and/or support groups
- Submit to random drug testing as indicated or as ordered by the Court
- Continue to work and/or attend school and/or continue with community involvement
- Continue to follow previously set goals and modify those goals to include graduation from the program
- Attend Adult Mental Health Court settings at least once a month

Must be in compliance with each of the following for at least 90 consecutive days:

- Attend all meetings and appointments required under the Integrated Treatment Plan
- No new arrests or probation violations
- Abstain from alcohol or abused drugs
- Follow all Mental Health and Court requirements
- Attend all appointments with the Case Manager and Case Supervisor as directed
- Attend all medical and mental health appointments and counseling sessions
- Maintain safe and stable housing
- Maintain a stable source of income and on-going medical care

Expectations

Confidentiality: All treatment-related documents will be handled to ensure that the privacy and identity are protected. The participants will be asked to sign consents to release information, which allows the AMHC team to monitor the progress throughout the participants' time in the program.

Reporting Progress: In order to provide support to the participant and family we ask that the participant be honest in reporting their progress at home, work, school and in the community. Their progress will also be monitored using checklists at every level that will help guide their way through each phase of the program. The checklists will be their road map to program completion.

Employment: The AMHC program will allow the participant to get a job so long as the participant able to meet program responsibilities. The AMHC Program will also provide the participant the skills to go out and get a job.

Random Drug Testing: the goal of the AMHC program is to provide the participant the support and tools needed to lead a clean and sober life. The participant will be drug tested as directed. Their program progress will also be monitored through drug testing.

Code of Conduct: AMHC participants will be expected to do the following when appearing at Court: Be Punctual and Provide Advance Notifications of Absences; Appropriate Dress/Attire; Language and Behavior; No Smoking or Weapons allowed.

The use of incentives, positive reinforcement, sanctions will be in place to encourage as well as support pro-social change.

Incentives

Incentives will be given to participants deserving of special recognition for achievements and/or progress while in the Adult Mental Health Court. Any member of the Treatment Team can make recommendations for incentives.

Examples of Incentives:

- Judicial recognition
- Reduced court appearances
- Reduced reporting to the Case Manager and Case Supervisor
- Praise/Applause
- Excused from Court early
- Graduation certificates

Sanctions

Sanctions can be either rehabilitative, punitive, or both. The Adult Mental Health Court follows a progressive sanction model and incorporates sanctions that are both punitive and rehabilitative in nature which include judicial sanctions, supervision sanctions, and therapeutic sanctions.

Examples of Judicial Sanctions:

- Increased contact with the Judge
- Jail Time

Examples of Supervision Sanctions:

- Zero tolerance
- Reprimand
- Community service hours
- Increased contact with Case Manager and/or Case Supervisor and/or Court
- Return to previous Phase

Examples of Therapeutic Sanctions:

- Essay assignment
- Address Judge/Peers in court
- Extension of time in Phase
- Increased individual counseling (needs to be authorized by Case Supervisor)

Capacity and Capabilities- Describe the applicant organization's background as well as any organizational and staff capabilities and qualifications necessary to carry out this project using the approaches and activities provided above, including any essential collaborative partnerships.

All of the personnel on the AMHC team not only have professional expertise in their field but also have (or will have) significant experience and understanding of mental health and developmental disabilities and how this will manifest within the justice system.

AMHC Treatment Team:

Judge: the Judge will conduct status hearings as ordered. The Judge will encourage the participant to do well and stay on target. The Judge will hold the participant accountable if they fail to comply with the program and/or requirements. The Judge will speak with the participant and family (if necessary) to see how they are doing in treatment, at home, work, school, and in the community. They will also ask what the team can do for them and their family to keep them on track.

- Honorable Jennifer Edgeworth, Judge 219th District Court (Felony cases)
- Judge Lance Baxter, (Misdemeanor cases)

Program Coordinator: The Coordinator is responsible for coordinating all of the court activities and serves as a member of the AMHC team. The Coordinator also works directly with the Judge to ensure that the activities of the AMHC are coordinated which include preparing dockets, overseeing data reporting, data collection, coordinate service delivery, ensure communication among providers internally and externally, ensures follow up of any recommended assessments or services, acts as an advocate for client with medical professionals, aid in the development and coordination of treatment plans; and ensures communication with family and agencies. Schedules and notifies all staff members of review hearings, meetings and screenings.

Case Manager: Case Manager (Specialized in Mental Health Caseload) will meet with each participant to create an Integrated Treatment Plan that will work for them so that they will remain focused on completing their goals. The case manager will be tracking each participants progress within the program and assist them in order for them to complete the program successfully. The duties will also include providing intensive supervision and interventions to ensure successful completion of all program conditions. The case manager will also coordinate drug testing on participants. The case manager will attend team meetings, weekly staffing and weekly status court hearings for all participants.

Treatment Provider: The Treatment Provider will establish and comprehensive, community-based treatment plan for the participant and for the family pursuant to their mental health evaluation(s)/assessment(s). The treatment provider will also have a designee assigned to the AMHC team. They will provide group, individual and family counseling sessions, and medication management services (if necessary). Program participants will learn various copings skills on how to manage their emotions as well as ways to become free of drugs. The treatment provider will review the progress towards goals as well as provide weekly reports to the AMHC team regarding progress towards treatment goals, attendance and participation, and provide insight to the team on how best to provide program participants and families support for treatment compliance.

- LifePath Systems

Defense Attorneys: The defense attorney will advocate for the participant and assist with legal matters for the participant that relate to the AMHC program. They will advocate for the participant in court and during AMHC team staffing. The attorney will help to make sure that the participants stay on track to reach their treatment and ITP goals.

Counselor/District Attorneys: The Assistant District Attorneys serve as members of the AMHC team and assist in assessing cases that appear appropriate for the AMHC. They will have as non – adversarial approach when serving as an AMHC Member.

Duties of the Counselor will be to assists in reviewing of the AMHC applications and determining which applicants are eligible to participate in the specialty court. Upon acceptance the ADA will be responsible for management of AMHC docket, preparation of necessary paperwork. Prepare for and appear at AMHC dockets. Maintain records and prepare for discharge of the participant. Performs all ancillary tasks.

Collaborative Partnerships: The program has identified and developed relationships with local resources and organizations that provide ongoing support for the participants and their families.

The AMHC Program has a strong partnership with the following but not limited to:

- LifePath Services
- Substance Abuse Treatment Providers
- Texas Department of Family and Protective Services
- Local Crisis Intervention Teams

Wraparound Services has been recognized as a model for collaboration, integrating mental health, and education systems to provide services to participants (Resource Center Partnership, Models for Change). A model that works and serves within the county. The integrated, multi-service approach to meeting the needs of the participants will include a focus on the individual's strength and culture, as well as those of the community. The treatment plans will be tailored to address the unique needs of each participant.

The AMHC combines mental health treatment with frequent court appearances, case management, counseling, and community based support. The team will consist of judges, prosecutors, defense attorneys, clinical team members, program coordinator, case supervisor, case manager, and treatment providers. Each member on the team plays a vital role in helping the participant successfully complete the specialty court program as well as providing protection for the community. Community resources will be used to provide supportive services, while decreasing the need for hospitalization and incarceration.

Successful completion of the program results in case dismissal and agreed expunction.

Performance Management- Describe how the applicant organization will measure success for this project. Describe the overall goals, objectives, and strategies for this project and how the organization will collect, track, and maintain the relevant data needed to determine if the project is achieving these standards throughout the grant period.

Goal: Deliver services to participants with cases in the criminal justice system

Objectives:

1. Ensure minimum of 90% of participants seeking assistance will be served.
2. Demonstrate 10% increase yearly in participant enrollment.
3. Graduate 30 from program.

Measures:

1. Provide assistance/services to 40 participants (over the course of the grant).
2. Provide case management and advocacy for 40 participants (over the course of the grant).
3. Provide advocacy and assistance for adults with a mental illness.
4. Provide treatment referrals for 40 individuals (whether ultimately accepted into the AMHC Program or not) (over the course of the grant and aftercare).
5. Assist 40 participants with developing plans (over the course of the grant).

Client outcome measurements will be used to establish and evaluate the program's progress in achieving service goals. The Case Manager along with the Case Supervisor will analyze the outcomes and an action plan will be developed and implemented as needed to ensure that objectives are being met. Performance measurement/data will be collected, reported and submitted in a timely matter.

Data Management - Detail the project's plan and methods to collect, track, maintain and report data needed to determine if identified measures of success are met.

The significance and impact of data management and key aspects of the court to evidence-based practices is imperative to making a successful specialty court. To monitor individualized goals, measures, and outcomes to adhere to grant compliance, the case manager along with the case supervisor will utilize the Software Application to enter all screenings and accounts of each participant in the program. The software can collect a wide range of data that is necessary which will monitor the program on an ongoing basis. The software applications will provide a platform to enter all screenings and account for recidivism rates to track program success, number of participant screened, identified, and served in the program. The Collin County Community Supervision and Corrections Department currently utilizes Tyler Software to collect, report, and manage program data.

Tyler Software will be another tool that provides enhanced productivity and data sharing capabilities; strong security and data integrity. In addition to data maintained in Tyler Software, they will maintain an Excel spreadsheet with the PID of participant obtaining services, offense level committed, dates of services provided, school attendance, employment, and 1-year post-project recidivism results.

Target Group- Describe or list the agencies, individuals, or other groups to whom you expect to provide services, including any relevant data.

The AMHC Program accepts referrals for participants, 17 and over with a mental health diagnosis of schizophrenia, schizoaffective, major depression, bipolar, or PTSD, and who reside in Collin County. The AMHC Program will serve 40 participants with mental health issues over the next twelve months. As mental health participants, all are considered high risk and high need. Requested funding will be able to provide services for these participants who would otherwise be unable to participate in the program or receive the assistance they much need.

The program will use a multidisciplinary approach to service delivery, working with all community-based stakeholders serving the participant throughout the community. Some of the agencies that Collin County will be utilize will include but not limited to:

- LifePath Systems to provide mental health services.
- Substance Abuse Treatment Providers.
- Parents/family: The family will play a key role in the success of the program.

Evidence-Based Practices- Describe the research or evidence that led the applicant to select the methods, approach, and activities described above. Where possible, cite specific research, evidence, or published best/promising practices model used as the basis for the project's design. If the project approach and activities described above are not based on existing evidence, the applicant must describe why they believe the method to be promising.

The AMHC Program recognizes the importance in incorporating current theory, best practice, and evidence-based service delivery. As such, the program staff maintains an updated knowledge base through research and training, informally reviews the program on a continual basis, and formally reviews the program annually, changes are made as needed.

The following are a few of the therapeutic evidence-based service models which may be used:

- Group therapy
- Substance abuse
- Support System
- Family Treatment

- Treatment Planning (ongoing treatment)
- Alternative therapies (art therapy, music therapy, community service projects, etc.)
- Family Treatment Court Best Practice Standards (NADCP)

Attachment A

SUMMARY OF PROGRAM PHASES

	PHASE ONE	PHASE TWO	PHASE THREE
Court Review Hearing Frequency	Twice a Month	Twice a Month	Monthly
Frequency of Therapeutic Services	1 hour per week minimum	1 hour per week minimum	1 hour per week minimum
Frequency of Case Management Services	2 contacts per week minimum	2 contacts per week minimum	2 contacts per week minimum
Frequency of Intensive Supervision	2 contacts per week	2 contacts per week	2 contacts per week
Mandatory Meetings	Interview Court 2 x month Assessments Integrated Treatment Plan Weekly case meetings Development Monthly review	Integrated Treatment Plan Bi-weekly case meetings Court 2 x month Transition Planning Monthly reviews	Integrated Treatment Plan Updates Bi- Weekly case meetings Court Monthly Transition Planning Discharge Planning Monthly reviews

The Collin County 219th Judicial District Court and County Court of Law 3 will offer the Adult Mental Health Court Program.

Attachment B

Community Partnerships

The AMHC Program has a strong partnership with the following:

LifePath Systems
Substance Abuse Treatment Providers
Local CIT Units

Outpatient Counseling

Lifepath Systems
Hope's Door (Domestic Violence Counseling & Shelter)

Psychiatric Services

Lifepath Systems
Child and Family Guidance Center

Inpatient Treatment

The Pavilion
Green Oaks
LifePath Crisis Residential Unit

Homeless Shelters

Samaritan Inn