Distinctions Between Drug/Alcohol Courts and Mental Health Courts

Drug/Alcohol Courts	Mental Health Courts
Criminal charges are primary basis for identifying potential participants	Cannot identify defendants with mental illness on the basis of criminal charges; must rely on referral sources
Emphasis is on drug- or alcohol-related/driven crimes	Includes a wider array of charges - – any crime can be driven by the symptoms of a mental illness
Evidence of substance dependence; no disqualifying conditions Many of these folks are likely to have co-occurring substance and mental health disorders, but *not serious* mental disorders	Evidence of serious and persistent mental illness, which includes many disparate disorders (schizophrenia, bipolar disorder, major depression, etc.). May also include other disorders and impairments (developmental disabilities, traumatic brain injury, personality disorders, etc.) Many of these folks have co-occurring *serious* mental health disorders along with substance abuse or dependence. Must have addictions AND mental health treatment linkage
Treatment partner is funded by state, contract requires assessment and treatment on demand and court team involvement 'One size fits all' treatment program	No funding for treatment partner - community assessment needed to determine eligibility and develop treatment plan - may take weeks or months. Linkages are to scarce services (supportive housing, medication management, groups, intensive case management, assertive community treatment teams) can take months to put in place after the assessment Individualized treatment program
Primary goal is sobriety. Other goals may include independent housing, education, employment, self-sufficiency, and stabilization of co-occurring disorders ▪ Understand that relapse is a part of recovery, but drug use indicates some degree of involvement in illegal activity ▪ Recovery is lifelong, but treatment has a beginning, a middle and an end	Primary goal is psychiatric stability. Recognize that, even in recovery, symptoms of mental illness cannot always be controlled, employment or taking classes may not be feasible, and participants may require ongoing case management and multiple supports ▪ It is not a crime to have mental illness, nor is it a crime to fail or refuse to take medications ▪ Lifelong engagement in treatment is necessary and desirable
Rely on urinanalysis or other types of drug testing to monitor participation and adherence	No objective test to determine participation and adherence to mental health treatment

to court requirements. PO and judicial monitoring through regular court appearances	conditions. Also rely on PO and judicial monitoring
Apply behavior management grid that includes incentives and sanctions for compliance and noncompliance. Graduated sanctions may include brief jail sentences. Relationship with judge and court team are important for motivation	Adjust treatment plans and apply sanctions in response to non-adherence; rely more heavily on incentives; use jail less frequently. Relationship with judge and court team are also important for motivation
Primary goal of sobriety and use of rewards and sanctions are roughly aligned between the criminal justice and substance abuse treatment systems. Paid treatment provider has contract to cooperate with the court	Tension between mental health system's emphasis on individual autonomy, consumer voice and empowerment and criminal justice system's emphasis on mandates and accountability – requires far more work to foster relationships between court and a myriad of treatment providers with no obligation to the court

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