Municipal Courts:

An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System

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U.S. Department of Health and Human Services
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Introduction

The Sequential Intercept Model (SIM) is a tool that enables communities to create coherent strategies to divert people with mental and substance use disorders from the criminal justice system. The mapping process associated with SIM (see Figure 1) focuses on five discrete points of potential intervention, or "intercepts" (Munetz & Griffin, 2006):

- Intercept 1: Law enforcement;
- Intercept 2: Initial detention/first court appearance;
- Intercept 3: Jails/courts;
- Intercept 4: Reentry from detention into the community; and
- Intercept 5: Community corrections, probation, and parole.

Much has been written about four of these intercepts. For example, the Crisis Intervention Team model has been disseminated broadly as a strategy to improve law enforcement interventions at Intercept 1. Mental health courts, drug courts, and other treatment courts have become an increasingly common part of the judicial landscape and define much of the conversation at Intercept 3. Reentry from jail or prison, Intercept 4, has become a core topic in general discussions regarding correctional policies at the federal, state, and local levels. SAMHSA's SSI/SSDI Outreach, Access and Recovery) (Dennis & Abreu, 2010) ease reentry on release from jail or prison. And while many communities lack much in the way of resources at Intercept 5, a literature has emerged that discusses specialized probation as a strategy to ensure longer community tenure (Skeem & Manchak, 2008).

While each intercept presents opportunities for diversion, Intercept 2 may hold the most unexplored potential. This is because it is at Intercept 2 (initial detention and first court appearance) that the vast majority of individuals who come into contact with the criminal justice system appear. Many of these individuals have a mental illness and co-occurring substance use disorders; these are the individuals whom communities often try to divert. However, for a variety of reasons discussed below, this intercept is often overlooked. The purpose of this document is to turn community attention to the possibilities that Intercept 2, especially when the first appearance is at a municipal court, presents for diversion. The optimal diversion strategies that are most often overlooked and involve municipal courts are at first appearance (Intercept 2).

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Municipal Courts: Definition and Caseloads

Most people who are arrested appear before a "municipal court" or its equivalent. Municipal courts are courts of limited jurisdiction. The National Center for State Courts defines a "court of limited jurisdiction" as a court with "legal authority over very specific subject matter, cases, or persons for the imposition of limited jail times or limited financial sanctions" in contrast to courts of "general jurisdiction," which may hear any type of case

SSI/SSDI Outreach, Access and Recovery (SOAR) is supported by SAMHSA to expedite access to Social Security disability benefits – Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) – for eligible adults who are homeless and who have serious mental illnesses and/or co-occurring disorders.

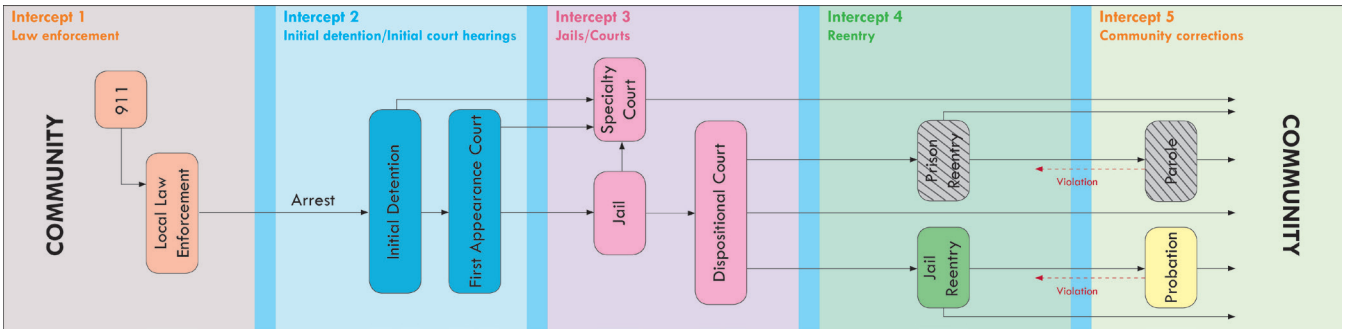

Figure 1. The Sequential Intercept Model

(Cornell, 2012). There are many types of limited jurisdiction courts, including courts addressing minor criminal charges, courts that impose limited fines for different violations of municipal codes, and courts such as mental health and drug courts that focus their docket on a particular type of case or defendant.

It is estimated that there are 14,000–16,000 courts of limited jurisdiction in the United States, and that in 2009 such courts handled approximately 70 million (or 66 percent) of the 106 million cases that were handled by state trial courts (Cornell, 2012). At the same time, according to the Bureau of Justice Statistics at the United States Department of Justice, the number of limited jurisdiction courts declined from 1980 to 2011, in part because of the consolidation of different types of courts. In 2011, California, Illinois, Iowa, Minnesota, and the District of Columbia had no limited jurisdiction courts (Malega & Cohen, 2013). Sixty-one percent of all judges continue to sit in courts of limited jurisdiction.

The National Center for State Courts defines a municipal court as a "stand-alone trial court of limited jurisdiction that may or may not provide jury trials and that is funded largely by a local unit of government … the principal and most common 'case' types of these courts include traffic and ordinance violations, small claims cases, domestic cases, misdemeanor offenses, and other preliminary proceedings in felony cases" (National Center for State Courts, n.d.). For the purposes of this paper, "municipal courts" refer to courts of limited jurisdiction that hear low-level cases regardless of how these courts are named in different states (e.g., county court, district court, municipal court, magistrates court, justice of the peace court).

Available data suggest that many states have very large numbers of municipal courts and that those courts in the aggregate handle an enormous volume of cases. For example, data from the Bureau of Justice Statistics show 315 municipal judges in Alabama (versus 144 Circuit judges who are general jurisdiction judges); 266 municipal judges in Mississippi (versus 53 general jurisdiction Circuit judges); and 1,531 municipal judges in Texas (versus 456 general jurisdiction district judges) (Malega & Cohen, 2013, Appendix 2).

As to caseload, the Court Statistics Project of the National Center for State Courts provides data by type of court (Court Statistics Project, n.d.). In 2010, the Project showed that municipal courts in Arizona had 1,463,389 incoming cases, while city and parish courts in Louisiana had 1,050,562 incoming cases. New Jersey's municipal courts had more than 6 million cases (versus 1.4 million in its general jurisdiction superior courts). However, not all municipal courts have large caseloads. This stands to reason, given the vastly different populations of U.S. municipalities. For example, the City of Boston's municipal court handled more than 35,000 criminal cases in 2010 (Massachusetts Judicial Branch, n.d.). In contrast, in the State of Missouri, there were 847,000 case filings in that state's municipal courts in 2003, but nearly one-half of those responding to a survey on judicial independence among municipal judges worked in courts that had fewer than 1,000 filings in the same year (Myers, 2004).

This varied case distribution is similar to the distribution of jail populations. The American Jail Association (AJA) divides jails in the United States into four categories: "mega jails" (1,000-plus beds), large jails (250–999 beds), medium jails (50–249 beds), and small jails (1–49 beds). According to the AJA, small jails make up the largest percentage of local correctional facilities (American Jail Association, n.d.). This is important because in thinking about municipal courts (or jails) in the context of diversion, it is essential to take into account caseload (or number of beds) as a potentially important variable.

A handful of states, such as Florida, do not have municipal courts but have "county courts" that handle case types similar to those handled by municipal courts (for example, traffic offenses, misdemeanor criminal offenses, and small monetary disputes). Delaware is one of several states that have "justice of the peace courts" with jurisdiction over landlord-tenant matters as well as minor criminal offenses. Pennsylvania refers to the lowest level of its court system as "minor courts," which include municipal courts in cities such as Pittsburgh and Philadelphia. Such courts are relevant to this discussion because of their large caseloads and because they handle cases like those within the jurisdiction of a municipal court.

Municipal Courts as a Venue for Diversion of People with Mental and Substance Use Disorders

Municipal courts make a good potential vehicle for diverting people with mental and substance use disorders for several reasons, including volume of cases; high prevalence of mental and substance use disorders among those appearing before municipal courts; the risk of increased jail time for arrestees with mental illness, most with co-occurring substance use disorders; and perceptions of community risk based on offense type.

Volume

Municipal courts handle thousands of cases each year. In Boston alone, the municipal court handled approximately 35,000 criminal cases in 2010 (Massachusetts Judicial Branch, n.d.). While the sheer number of cases may present a significant challenge to using a municipal court for diversion, the quantity suggests that to ignore such courts in discussing diversion is to ignore the majority of the justice-involved population.

Municipal courts make a good potential vehicle for diverting people with mental and substance use disorders

Prevalence of Mental and Substance Use Disorders

In a recent report by the Center for Behavioral Health Statistics and Quality at SAMHSA, data from the 2008 and 2009 National Survey on Drug Use and Health were analyzed to examine the prevalence of mental illness and substance use among respondents who reported being arrested in the prior 12 months (Glasheen, Hedden, Kroutil, Pemberton, & Goldstrom, 2012). For people without a substance use disorder or mental illness, the past-year rate of arrest was 1.2 percent. For people with only mental illness, the arrest rate was 4.1 percent. At the high end were people with a mental illness and a substance use disorder, at 16.1 percent arrested in the past year.

In addition, the rates of mental and substance use disorders are higher among jail inmates. A study of four jails determined that 14.5 percent of men and 31.0 percent of women incarcerated in jail had a serious mental illness (Steadman, Osher, Robbins, Case, & Samuels, 2009). Sixty-eight percent of jail inmates have a substance use disorder (Karberg & James, 2005).

Given the number of cases handled by municipal courts, it is reasonable to conclude that many of these individuals present to municipal court, creating a large pool of individuals who are frequently the targets of diversion efforts.

Risk of Increased Jail Time for People with Mental and Substance Use Disorders Who Are Arrested

Individuals with mental illnesses and co-occurring substance use disorders often stay in jail longer than individuals who were arrested for similar offenses but who do not have a mental illness or substance use disorder. People with mental or substance use disorders are less likely to make bail and are more likely to experience significant delays in case processing (Council of State Governments Justice Center, 2012). In addition, homelessness, unemployment, and a lack of family stability are common among individuals with mental illnesses and co-occurring substance use disorders. These factors have been implicated as risk factors for re-arrest, and in some cases a court may decide to incarcerate the individual briefly rather than return him or her immediately to the street. Diversion may be a more tenable strategy for such individuals.

Offense Type and Community Perception of Risk

Many people with mental illness and co-occurring substance use disorders who come into contact with the criminal justice system have been arrested for minor offenses such as trespassing, public intoxication, and other "nuisance" offenses (Fisher, et al., 2006). Often these individuals are arrested multiple times, with the risk for arrest exacerbated by factors such as substance use, homelessness, and unemployment. Early mental health courts often limited their caseloads to individuals charged with misdemeanors or felonies not involving physical harm to others, in part as a concession to concerns regarding community safety (Almquist & Dodd, 2009).

The fact that municipal courts handle less serious charges can make them an attractive venue for staging diversion efforts. While the comparative seriousness of a criminal charge is not a strong proxy for individual

dangerousness, perceived risk by the community may be low, and many communities welcome efforts to address the needs of individuals whose behaviors, while not necessarily dangerous, may be thought to detract from the quality of community life.

Challenges to the Use of Municipal Courts for Diversion

Several issues may pose challenges to the use of municipal courts as points of diversion. They include the volume of cases, the lack of leverage over the individual, the brief amount of time available to address what may be complex individual needs, and issues arising from the very nature of municipal courts.

Case Volume

As noted above, the fact that municipal courts are the primary venue for handling legal matters in the United States makes them an attractive site for diversion. Case volume can be a detriment; if a court's caseload is heavy, it may be difficult to consider an intervention that requires spending more time on individual cases. However, not all courts have unmanageable caseloads. As the example of Missouri, noted above, illustrates, municipal courts fall into various tiers when it comes to size of caseloads, and there are courts where the caseload permits consideration of a special docket.

Time Constraints and Lack of Leverage

More pressing and common issues may be the lack of leverage over the individual created in part by the less serious nature of charges handled by municipal courts and the limited amount of time the individual is under the court's jurisdiction.

Treatment courts rely on various forms of leverage, such as status hearings, the threat or use of jail, and other sanctions, as tools to induce adherence to treatment and other conditions. In addition, avoiding lengthy jail time in exchange for participating in a treatment court may be an incentive for the individual to choose to participate. However, many of these forms of leverage and incentives may not exist in a municipal court setting where the individual is charged with a minor offense, faces brief jail time at most, and may not be under the court's jurisdiction for an appreciable time period unless he or she chooses to enter a treatment court. As a result, many individuals, if adequately informed about their options, may simply choose the less intrusive resolution of a plea. However, interventions that rely upon a proportional response (i.e., the treatment requirement is no longer than the maximum possible incarcerative sentence) have been implemented with success in many jurisdictions. The three programs described in detail below offer examples of how limited interventions can be effective in reducing recidivism and engaging people in behavioral health services. Some programs operate without any leverage, as the person's placement into the program results in a dismissal of the criminal charges, while pre-trial supervised release and misdemeanor treatment courts may not adjudicate the charges until the person has completed the program.

The Nature of Municipal Courts

Municipal courts were created in part to permit "local" resolution of various types of legal disputes. In many jurisdictions, those presiding over the courts did not have to be lawyers, and the process was often informal. Over time, there have been efforts to increase the professionalism of municipal courts. However, there is evidence that municipal courts may not easily fit within a jurisdiction's overall judicial system.

For example, in Missouri, a study noted above concluded that there were "significant structural and attitudinal barriers to judicial independence" of the state's municipal courts (Myers, 2004, p. 26). In Nevada, a dispute has arisen between a municipal judge and higher level judges regarding the transfer of inmates with mental illnesses to the county jail (DeHaven, 2014). In Atlanta, a report recommended reducing the number of judges in Atlanta's municipal court on the ground that the court was "wasting time" (Atlanta City Auditor's Office, 2011).

Another consideration is the difference in the backgrounds of municipal court judges. There are vast differences in states concerning judicial qualifications, such as an academic degree or a license to practice law. For example, in West Virginia, a college degree is not required. Further, there are major differences in continuing education requirements and degree of oversight by state administrative offices of the courts.

These examples are not indicative of the overall condition of municipal courts in the United States but are cited only to suggest that there may be political and

other constraints on the ability of a municipal court to adopt diversion as a strategy.

What Are the Essential Elements for Effective Diversion?

To understand what pieces must be in place for a municipal court to achieve effective diversion, it is useful to review explicitly what we mean by diversion.

SAMHSA's GAINS Center (2007) defines diversion as the avoidance or radical reduction in jail time achieved by linkage to community-based services. Christie, Clark, Frei, & Ryerson (2012) point out that in many cases, where charges are minor and sanctions are quite limited, people may be linked to community-based services without a "radical reduction" in jail time or even any reduction in jail time. On the other hand, some defenders are not open to presenting any information regarding mental health and substance use needs to the court prior to arraignment. Defenders may fear that such information could result in delayed release due to bias about defendants with mental illness and co-occurring substance use disorders or could even inadvertently prejudice the outcome of the case.

In spite of ... barriers, strategies and programs have emerged that enable diversion at arraignment and enhance post-arraignment diversion in municipal courts.

Early screening and prompt engagement at arraignment is key to minimizing penetration into the justice system, even to avoid a relatively short jail stay. Even short jail stays can be very disruptive to people with mental illness. Incarceration can interrupt contact with providers and access to medication and other services and result in loss of housing or employment.

As noted above, the following procedural and structural barriers can impede diversion in municipal courts:

- Case volume;
- Time constraints;
- Leverage; and
- Nature of municipal courts.

In spite of these barriers, strategies and programs have emerged that enable diversion at arraignment and enhance post-arraignment diversion in municipal courts. Essential elements of municipal court diversion can be extrapolated from these programs. The essential elements, below, have been extracted from reviews of municipal court program evaluations or program descriptions and from observations of the SAMHSA's GAINS Center when consulting on diversion programs across the country. The focus of these elements is to promptly identify, screen, and assess people with co-occurring disorders and link them to appropriate treatment and recovery services.

Identification and Screening

As justice and mental health collaborators improve data matching and sharing technology, opportunities for identification and screening are being enhanced. Pima County, Arizona, and the states of Illinois and Maryland have implemented criminal justice–behavioral health information-sharing systems to provide routine identification and assist with placement into treatment (Petrila & Fader-Towe, 2010).

In addition, the VA is piloting the Veterans Referral Support Service, which links justice databases to the Department of Defense Database, to identify people who have served in the military.

Identification and screening for co-occurring disorders in early diversion programs is challenging due to the high number of cases processed in municipal courts and the short time between arrest and arraignment. Even in communities with police Crisis Intervention Teams, behavioral health information obtained at arrest is not reliably passed along to the courts. High volumes of cases, inadequate staffing, and space limitations inhibit staff at initial detention from screening for mental illness and co-occurring substance use disorders and eligibility for diversion. Many communities merely identify potential candidates for referral to specialty courts or appropriate community-based treatment at arraignment and lack capacity to divert individuals with co-occurring disorders at arraignment.

To initiate prompt and timely diversion, resources must be devoted to identification and screening as early as possible following arrest. The following

A Municipal Court Achieving Effective Diversion: Seattle Municipal Mental Health Court[1]

The Seattle Mental Health Court (MHC) was established in 1999 and was among the first MHCs in the United States. The court's recent evaluation notes that its goals have remained consistent throughout its years of operation: improve public safety; reduce jail use and justice involvement for people with mental disorders; connect participants to services and increase treatment success; improve access to housing and other community supports; and enhance participants' quality of life.

Because this is a municipal court, all participants have been charged with misdemeanors. Defendants with a serious mental illness that is related to their criminal behavior are eligible for the Seattle MHC. Some defendants with post-traumatic stress disorder (PTSD), autism spectrum disorders, or developmental disabilities may also be eligible. There is a "no wrong door" referral process, with MHC referrals coming from all parts of the justice system and from families.

There were 899 participants in the Seattle MHC program from 1999 to 2011 (year of the evaluation). Among the group who started the MHC, 439 (49 percent) graduated, 407 were terminated for various reasons, and 53 were administratively removed because of legal or personal issues. Early in the program, participants who eventually graduated spent close to 2 years in the program. That time gradually has declined, due in part to growing confidence by the MHC team that participants can graduate earlier when they demonstrate consistent program success.

The MHC team includes dedicated staff from the judiciary, court, probation, defense, and prosecution. The team also includes two court liaisons and a defense social worker who conduct assessments, conduct case planning, and connect defendants to services.

One interesting feature of the Seattle MHC is the range of its sentencing options. Depending on the severity of the case, the prosecutor can recommend that the defendant's case be set aside until completion of the program, resulting in no record; that the defendant plead guilty with the charges dismissed upon completion of the program; or that the defendant plead guilty with charges remaining.

The evaluation has demonstrated that all MHC participants, regardless of whether they completed the program, increased their utilization of mental health services, especially during their time in the program. While program participants who were high utilizers of crisis services were less likely to graduate, there was still a reduction in crisis contacts after MHC involvement, indicating the success of the MHC in providing stability in the community. The program was also successful in meeting its criminal justice goals, in particular for those who completed the program. Jail bookings and days declined for the graduates both during and in the 2 years after program completion. All MHC participants had a decline in police contacts both during and after program involvement, regardless of whether or not they completed the program, with the sharpest decline being for graduates.

1. From DuBois, L., & Martin, T. (2013). *Seattle municipal mental health court evaluation.* Portland, OR: Law and Policy Associates, FLT Consulting. Retrieved November 21, 2014, from http://www.seattle.gov/courts/pdf/mhreport2013.pdf

stakeholders can serve as strategic and effective screening entities:

- **Pre-Trial Services**

  In many communities Pre-Trial Services is either under the auspices of the local probation department or a contracted agency. The main objective of Pre-Trial Services is to assess bail risk, the likelihood that someone will return to court. As noted above, justice-involved people with mental illness are more likely to have more bail risk factors: lack of employment, lack of personal relationships, and most importantly,

lack of an address. Consequently, likelihood of incarceration for people with mental illness is high at arraignment.

Pre-Trial Services is uniquely positioned to be a partner in early diversion programs. Adding a screening instrument (e.g., the Brief Jail Mental Health Screen) to the bail assessment will help to identify potential candidates for early diversion. In addition, Pre-Trial Services often provides a pre-trial supervision component. This added supervision component can allay concerns of the court and prosecutors by providing reliable monitoring and feedback to the court. To be effective in this role, Pre-Trial Services needs established linkages to community-based services.

Pre-Trial Services is uniquely positioned to be a partner in early diversion programs.

- **Counsel**

  Defense counsel is the next strategic entity to interview the defendant. By incorporating a behavioral health screening into the initial interview, diversion candidates can be identified by attorneys, and the merits of diversion versus usual case processing can be discussed. Many public defender offices employ social work staff to provide clinical assessment and diversion coordination for defendants; for example, the New York City Legal Aid Society (MAP Program), Shelby County (TN) Public Defender, and Travis County (TX) Mental Health Public Defender. Focusing the efforts of clinical staff at arraignment allows for identification and referral to diversion services and enhances prompt referral to post-arraignment diversion programs.

- **Court-Based Clinicians**

  When clinicians are present in court, there is added capacity for screening for diversion opportunities. Court-based clinicians may be employed by the court, local behavioral health departments, or contracted providers. Court-based clinicians face challenges regarding interview space, case volume, and time. Larger municipal courts often operate seven days per week from morning to evening, and providing clinical coverage for all hours of court operation may not be feasible.

- **Veterans Justice Outreach Specialists**

  The U.S. Department of Veterans Affairs (VA) initiated a Veterans Justice Outreach (VJO) initiative in 2009. VJO specialists are tasked with providing diversion alternatives for justice-involved veterans eligible for VA services. VJO specialists may not have the capacity to service all municipal courts in their region, but where available, VJO specialists are effective in screening and identifying veterans for diversion programs, offer consultation regarding the most effective strategies for screening veterans, and provide access to VA services (Christie et al., 2012).

- **Judge and Court Staff**

  Even without clinical training, municipal court judges and their court staff are in a great position to identify defendants who seem to be struggling in the courtroom. Particularly in smaller jurisdictions, judges are familiar with repeat defendants and their families and have a sense about an individual's behavioral health needs. Recognizing this, there is interest among municipal court judges in gaining skills to recognize behavioral health needs from the bench and respond appropriately.

Court-based Clinician—The Boundary Spanner-Linkage Component

The role of the court-based clinician is to provide both screening and assessment, as described above, and initial engagement and linkage. Once identification through a screening process is accomplished, assessment is required to determine clinical eligibility and treatment needs. Often there are few clinical records available, so assessment relies heavily on screening/assessment tools, psychosocial history, and mental status examination to determine clinical eligibility. An individual may be familiar to justice staff or the clinician from past contact, but justice-involved people with mental illness and co-occurring substance use disorders often are not actively engaged in treatment, and skilled clinical assessment is

A Municipal Court Achieving Effective Diversion: Midtown Community Court—New York, NY[2]

The Midtown Community Court, established in 1993, hears cases where defendants are charged with misdemeanor offenses, such as prostitution, illegal vending, graffiti, and possession of marijuana. Midtown sentences offenders to community service to pay back the neighborhood in which they committed their crime and provides them with social services to address their underlying needs. Most of Midtown's cases do not involve people with mental illness and co-occurring substance use disorders, but many do.

Midtown is located in one of the busiest commercial districts in the United States. The catchment area, which includes four police precincts, is home to approximately 750,000 people. More than 3 million commuters work in the area.

In 2013, Midtown heard 21,683 cases (10,045 misdemeanor cases and 11,638 summonses). The most frequent misdemeanor charges were stolen property, trespassing, panhandling, and marijuana drug possession.

Research indicates that, as compared with the downtown criminal court, for cases disposed at arraignment, Midtown decreases the extremes of jail on one hand (14 percent vs. 19 percent) and time-served sentences on the other hand (3 percent vs. 21 percent).

In 2013, 80 percent of defendants at Midtown completed their community service mandates, compared to an estimated 50 percent of defendants who were processed at the downtown criminal court. Furthermore, research indicates that although Midtown is less likely to use jail as an initial sentence, Midtown is more likely than the downtown criminal court to impose jail as a secondary sanction on those offenders who fail to comply with initial court orders.

As part of its mission to address low-level offending, Midtown Community Court offers a number of social services to defendants who come through the court, frequently as part of a court mandate. Defendants may also receive voluntary services, and members of the community who do not have cases at the Midtown Community Court are invited to access services. Midtown staff also provide referrals to community-based organizations, government agencies, and case management services.

Midtown's clinical staff recognize that underlying social service needs often lead to a person's involvement in the criminal justice system. Staff utilize evidence-based techniques and curricula such as Seeking Safety, Motivational Interviewing, cognitive behavioral therapy and other trauma-informed practices to engage individuals and motivate them to make changes in their lives. The court has developed specialized group counseling programs and individual services that address a number of problems and populations.

Midtown offers two approaches to substance use. For defendants with more extensive criminal histories, staff assess, place, and monitor the individual in community-based long-term drug treatment.

The Treatment Readiness Program (three sessions) and Treatment Readiness Program II (six sessions) are offered to individuals who have had less contact with the criminal justice system. Both programs use cognitive, behavioral, interpersonal, and case management principles to assist clients in exploring the relationship between trauma and stress to substance use. Each program aims to encourage voluntary enrollment in long-term treatment.

2. From Midtown Community Court: Documented results: http://www.courtinnovation.org/sites/default/files/documents/MCC_fact_sheet.pdf and http://www.courtinnovation.org/social-services

essential. Standardized screening/assessment tools are often used to ensure systematic assessment. Increasingly, court-based clinicians are able to access electronic health records, which provide real-time access to treatment history.

If an individual is offered a diversion program, there must be prompt identification of treatment resources, referral, and linkage/engagement. A clinician must be available to escort the individual from the courtroom for more in-depth assessment; psychiatric assessment if required; and development of the initial treatment plan, which will include compliance with any court/supervision mandates. Peer specialists can be especially effective in providing this linkage function because they share the experience of having overcome many of the obstacles faced by diversion candidates. If participants are being supervised by Pre-Trial Services, monitoring and reporting to the court must be coordinated to ensure program efficiency and eliminate duplication and role confusion.

Depending on volume and available resources, the court-based clinician, another clinician, or peer may provide the linkage component.

Recovery-based Engagement Strategies

Recovery-based engagement strategies that focus on low-demand treatment engagement strategies have been successful for a variety of programs, such as the Transitional Case Management program in New York (Policy Research Associates, 2012), that are not able to rely upon judicial leverage. These engagement strategies include the following:

- **Recovery-Oriented Services**

  The central tenets of recovery are health, home, purpose, and community (Substance Abuse and Mental Health Services Administration, 2012). These dimensions suggest there is more to recovery than treatment compliance and medication. While treatment strategies are significant to successful recovery, focusing holistically on the multiple needs and circumstances of justice-involved people is an important aspect of engagement.

- **Direct-Linkage (Warm Handoff)**

  The term "warm handoff" has evolved from improving practices in integrated care systems where primary care physicians directly introduce patients to behavioral health specialists. The person-to-person handoff is seen as improving engagement and follow-up outcomes. Outcomes include improvement in keeping follow-up appointments, lower rates of readmission to hospital, and lower jail readmission rates.

  Direct linkage from the court to community providers and services is critical. It may be necessary over the first days following release to provide direct linkage for multiple services, such as psychiatric assessment, benefit applications, and housing providers.

- **Low Demand and Accessible Services**

  Functional levels of people with mental illness vary, as does capacity to take responsibility for following through with court/supervision mandates and treatment plan goals. An individual experiencing homelessness may still be using alcohol and drugs or may be at risk for relapse, and psychiatric conditions may deteriorate. Basic subsistence and survival needs must be addressed. Optimally, institutional barriers to care are minimal. On-demand access, where clients are welcomed even if they are late or miss appointments, is an example. Frequency of contact by linkage staff should be based on individual need and urgency.

- **Utilization of Peers**

  Peers are utilized increasingly at key transition points in health care and criminal justice programs to promote engagement in services. Peers offer hope and comfort, having themselves faced similar challenges. The effectiveness of peer services in promoting treatment engagement, health, and public safety has been demonstrated in several studies, notably Randall and Ligon (2014).

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