

Community Resource Court: A Model for Accountability and Recovery. Same People. Different Outcomes.

Judge Joseph Buckner

Combining recovery for individuals with mental illness who have come into the criminal justice system with holding them accountable for their actions is the goal of Community Resource Court. This court is a template for obtaining better outcomes for certain individuals, their families, and communities in a cost-effective, destigmatizing manner. It mandates therapeutic engagement and individual accountability.

Millions of North Carolinians are affected by mental illness, both directly and indirectly. Many experience the trauma of mental illness at a personal or familial level; in the court system, we see that it affects us all, through the inordinate use of public and private resources without securing good permanent outcomes.

In our judicial district, which includes Chatham and Orange counties, we realized that mental illness was costing our community. In addition to inefficient use of resources, we were witnessing the relentless cost of human suffering on individuals and their families. Our criminal courts are often the collision point between persons with mental illness or addiction and the law. That's why 18 years ago we launched Community Resource Court (CRC), a recovery court specializing in working with offenders with mental illness. Born from hope and hunch, the court brought together prosecutors, public defenders and private defense attorneys, law enforcement, jailers, probation officers, and judges. Reaching out to the local mental health system, the court searched for a new way to address this population's needs in the criminal justice system. Now, with the right community services, the offender with a diagnosed mental illness has an opportunity to access treatment and appropriate medication management and get help with employment and housing needs. Success means he or she doesn't re-offend, and we don't see them in court again.

A recovery court differs from traditional criminal court in many ways, but one principal difference stands out. The emphasis is on the defendant to work with an entire court team, including their care providers, to ensure the defendant's behavioral and medication compliance. It is crucial to point out that court officials do not dictate to the treatment professionals what the patient's course of treatment,

therapy, and medication should be. The court requires compliance with the recommendations of medical professionals. This compliance is monitored monthly and successes are celebrated at return court sessions. Most traditional criminal court reappearances are a result of non-compliance or probation violations. A recovery court offers a balance of support and accountability. This approach often also helps the defendant's family, friends, and neighbors participate to find more stable, satisfactory, long-term outcomes for all.

Before I was a judge, I knew little about mental health and substance abuse care. Now I know more. It is very common for our repeat offenders have a mental health and/or substance abuse issue. Repeat offenders victimize their families, other citizens, and businesses again and again. The costs accrue from repeated 911 calls, averaging 18 for every arrest, officer injury during arrests, emergency room visits, jail time, emergency medical help, calls to social services, and more. The human misery index is high. The individual with mental illness will usually suffer disproportionately from homelessness, hunger, addiction, abuse, and suicide. Those with no place to go find somewhere, sleeping in libraries, businesses, and on railroad tracks, with periodic stops in jail and mental hospitals. Although the people in court represent a small percentage of the mentally ill, we need the same approach to caring for them. Our hope is that this type of recovery court has become a part of the solution in our community.

Under our recovery court model, the lawyer or other court official recommends a referral for case managers to screen an individual before court. A history is collected from family members and treatment professionals. The family might report that a loved one has skipped taking their medicine or has begun drinking with his or her meds, which can result in significant impairment or damage with most psychotropic medicines.

On the assigned court date, the potential participant

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is addressed by the judge, who explains in open court the broad parameters of a recovery court and why he or she is there. The individual is given time to meet with the case manager and lawyer and to ask questions about court compliance requirements.

Treatment is based upon the individual's case management plan. It might be a requirement to attend therapy, to abstain from alcohol and non-prescribed drugs, to attend group meetings, stay away from certain establishments or people, or attend vocational rehabilitation, such as Alcoholics Anonymous or Narcotics Anonymous. The treatment plan comes at the recommendation of medical professionals, not the court.

Our recovery court is entirely voluntary for the defendant, although there is no automatic acceptance into the court. Participants are screened for suitability and are admitted under a signed agreement. The district attorney, Community Corrections officer, or case manager may opt the defendant out for public safety concerns. The participants can choose

to leave the recovery court at any time and return to regular court.

The prosecutor and defense attorney work out a legal outcome based upon the participant's expected compliance. This could range from dismissal of all charges to avoiding a prison term.

The court awards certificates of accomplishment signed by the judge. The district attorney, defense attorney, case managers, probation officers, and others praise the progress of the participant. Often the participant gets applause from everyone in court for goals achieved

For most of the court officials and law enforcement, the work is the same as in regular court, but managed a different way. What we have found is that it is often easier for the assistant district attorneys because they are not handling the case during one of our typical busy criminal court sessions. The defense attorneys are typically satisfied with the outcome because their clients are not in jail, are not being rearrested on new charges, and are achieving some stability

and peace in their lives. The victims are usually more satisfied because the person has ceased, or at least slowed, the occurrence of his or her negative behavior.

The sheriff's office is happier because the defendant is not disrupting the general population in the jail or repeatedly taxing the limited jail capacity. By slowing or ceasing recidivism and reducing emergency hospitalization, our model is saving local jail bed space and the medical expenses typically charged to our county.

The judges are more satisfied because they are less likely to repeatedly see the same individuals with the same offenses and can more easily get to all the other matters for which they are responsible. The police are receiving fewer calls, making fewer arrests, and risking less injury to officers attempting to subdue a combative, delusional offender.

In addition to courtroom attorneys and law enforcement, other necessary partners are mental health providers and case managers. There are two critical components

for success in a recovery court model: case management and access to appropriate treatment. Without active case management—essentially a person or team who ensures that the offender follows a treatment plan—the participant would not be effectively engaged in treatment and other necessary services. The other element, access to appropriate treatment, means that medical and mental health treatment is accessible and attainable. In addition, shelter, food, and other necessities of life must be available. A significant impediment to medication compliance is homelessness. People living in outside camps or in city parks are typically not able to access medications and treatment. Again, case managers, aware and knowledgeable of the available government, charitable, and nonprofit resources, are a must for the success of the participant. With these 2 elements, our treatment providers are finding that the patient is making therapy appointments, taking medications as directed, and attending peer support groups when prescribed.

Finally, the offender is happier because he or she is not in jail and is medically stable. This allows a focus on other necessities such as housing, food, hygiene, and often other basic opportunities such as vocational rehabilitation and even employment.

What we did not foresee at the outset of this effort was the sense of achievement many participants have when they meet thresholds or graduate from the program. They have a great sense of pride in the work they did and the success of beating the illness or holding it at bay.

When asked what she wanted when she was living on the street with an untreated mental illness, one formerly homeless woman responded, "I didn't want your sympathy, but I did want your empathy. I wanted to be just like you."

Of course, those with severe mental illness are like us, they are just sick. They are like us just as cancer, heart, and kidney patients are like us. Because they have a mental illness and a behavior aspect to that disease, severe and persistent mental illness (SPMI) offenders deserve a second chance to manage their illnesses while being accountable for their behavior.

A recovery court is not for everyone. Some people are beyond the safety and therapeutic abilities of such a model, as they may be too symptomatic and too dangerous to risk management in this setting.

And some crimes are episodic in nature. For example, an offender may commit a crime because of a failed marriage or other despair. That offender is often managed with the help of his personal mental health provider and monitored

for a shorter period than an SPMI offender.

Accredited case management services are essential. Other agencies such as our jails, our pre-trial release programs, our mental health clubhouse, nonprofit community center Club Nova in Carrboro, our local National Alliance on Mental Illness chapter, our sheriffs' offices, our police departments and their social workers, vocational rehab, public housing, our businesses, both local and national organizations who donate incentives, local municipalities and departments, faith-based and nongovernment organizations, and our managed care organizations are all invaluable partners in the success of the participants in our recovery courts.

This model proved so successful for persons with mental illness that we began to adapt it for other types of settings as well. Recovery court models can be useful in substance abuse, child abuse, neglect and dependency, and intoxicated driving cases. This type of collaboration in our court district and other court districts has been effective for veterans, juveniles, and homeless populations. It offers the possibility to reduce recidivism and associated costs and encourages communities to develop and utilize local strengths. Most importantly, recovery courts offer individuals a chance to access their birthright: to be safe and happy. NCMJ

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