



# Supporting Clients' Rights, Dignity, Wellness and Recovery in Mental Health Courts

## *A Roundtable Discussion*

---

*National Association for Rights Protection and Advocacy Conference, September 10, 2009*

# Roundtable Speakers

---

- ✦ **Delphine Brody** trains self-help organizations and mental health service providers on reducing stigma and discrimination, developing trauma-informed practices, harm reduction, crisis prevention and intervention. A trauma survivor, Delphine has been active in the growing national movement to prioritize trauma-informed, prevention-based approaches in peer support and crisis alternatives as critical elements of client-driven, wellness-based human services.
- ✦ **Pat Risser** was honored as the 2005 recipient of the prestigious [Clifford Beers Award](#), the National Mental Health Association's highest award, for pioneering the inclusion of consumers as service providers, and other achievements. Pat has extensive experience as a trainer, facilitator, consultant and mental health advocate. His special expertise is the topic of "recovery" from mental illness. He has developed an exemplary educational curriculum designed to assist persons with psychiatric disabilities to obtain employment in the mental health field and is the author of the "Crisis Recovery Individual Support Plan" (CRISP), a model to help mental health clients manage their symptoms while pursuing their goals.
- ✦ **Bob Bowen** has worked with and for people affected by developmental disabilities since 1974. After working as a houseparent in a group home and a caseworker supporting people in supported living and supported employment services, Mr. Bowen worked as a senior executive in human service organizations in four different states. He has work experience ranging from neo-natal intensive care to geriatric services for people impacted by developmental disabilities, and has led the closure of a public ICF/MR, provided technical assistance in rate setting methodologies in two states, and served on the Board of Directors of several non-profit organizations. In addition, he has worked in psychiatric hospitals, group homes, and a juvenile detention center. He was first certified as a [Mandt System](#) trainer in 1980, and joined the National Training Faculty of David Mandt and Associates in 2000. He became the CEO of the company in 2002.
- ✦ **Aaryce Hayes** has worked professionally with individuals diagnosed or labeled as having a mental illness since 1974. Direct casework include 13 years as a caseworker at a state hospital, and two years as a client abuse investigator and rights protection officer of the Central Office of Texas Department of Mental Health and Mental Retardation (TDMHMR). These experiences include residents at state hospitals, clients of community mental health and mental retardation centers, and clients of private hospitals. Aaryce has worked as a program specialist for [Advocacy, Inc.](#), the Protective and Advocacy System in Texas since 1990 focusing on systemic advocacy in the area of mental health. She has also benefitted from personal experience in advocating for treatment and rights of a sibling and parent with mental illness. She is licensed in Texas as a Licensed Masters in Social Work with Advanced Clinical Practitioner Status.

# Timeline

---

1994 Local ad hoc criminal justice task force formed in Broward County, Florida to identify points in the criminal justice system which could be streamlined to improve the administration of justice for defendants with mental health and related disabilities, after a high-profile criminal case involving a young m.h. client, a grand jury report relating severe shortfalls in community m.h. system and tragic deaths in the county jail

- Participants included the Broward Public Defender's Office, State Attorney's Office, Sheriff's Office, County staff, local members of the National Alliance for the Mentally Ill (NAMI), and community mental health and substance abuse providers
- ❖ 1997 Broward Co. establishes nation's first mental health court with a mission to "better address the unique and complex needs of the mentally disabled misdemeanor defendant arrested for nonviolent offenses"
  - "Uniquely designed to rapidly intercept and divert those defendants arrested with nonviolent petty misdemeanor charges from the jail and into appropriate treatment facilities/hospitals wherever possible, without compromising public safety"

# Timeline

---

- ❖ **2000** Congress passes America's Law Enforcement and Mental Health Project Act, which makes federal funds available to local jurisdictions seeking to establish or expand mental health specialty courts and diversion programs
- ❖ \_\_\_\_ Santa Clara County, California establishes first mental health court in CA
- ❖ **2002** 25 to 30 mental health courts in operation in US
- ❖ **2007** 39 mental health courts in operation in CA
- ❖ **2007** CA State Senator Darrell Steinberg (Mental Health Health Services Act sponsor) introduces Senate Bill 651 to fund expansion of mental health courts
  - CA Network of M.H. Clients (CNMHC) opposes bill, calling for further study and citing need for client involvement in design, implementation and oversight
- ❖ **2009** CNMHC releases recommendations for supporting clients' rights, dignity, wellness and recovery in mental health courts

# CNMHC Recommendations

---

- ❖ **Audience:** California county mental health departments, criminal justice system staff, mental health court judges, attorneys, advocates and the state legislature
- ❖ **Goals:**
  - Inclusion of client voice in decision-making on current/ future mental health courts
  - Optimization of benefits and minimization of costs/ risks for clients in m.h. courts
  - Adoption of CNMHC recommended standards by m.h. courts
- ❖ **Position:** Support mental health courts' inclusion in county jail diversion continuum *only* when recommended standards are met
- ❖ **Principles:**
  1. Voluntary participation of clients
  2. Pre-booking diversion
  3. Uphold clients' rights
  4. Serve diverse populations of clients
  5. Sentences, probation consistent with criminal charges
  6. Advocacy provided for clients
  7. Training for mental health court staff
  8. Cultural competency of mental health court staff
  9. Incorporation of m.h. courts in county m.h. plans
  10. Client and community stakeholder oversight

# Questions & Discussion

---

❖ Contact us:

Delphine Brody  
[delphine.brody@gmail.com](mailto:delphine.brody@gmail.com)

Pat Risser  
[parisser@att.net](mailto:parisser@att.net)