| PROGRAM INFORMATION:  |  |                     |   |   |   |
|---|--|---------------------|---|---|---|
| Program Title:<br>Program Description:                        | Collaborative Treatment Courts<br>The Adult and Family (Juvenile)<br>Behavioral Health Courts (ABHC and<br>FBHC), the Adult Criminal Drug Court<br>(ADC), and the Family Dependency<br>Treatment Court (FDTC) utilize a<br>collaborative, coordinated approach to<br>organize treatment, supportive services,<br>case management, and supervision for<br>participants. The collaborative teams<br>include the judge, the coordinators, and<br>representatives from prosecution,<br>defense, probation, and treatment<br>providers. The teams work together to<br>remove barriers to recovery and wellness. |                     | Provider:<br>MHP Work Plan:                                       | Superior Court of California, County of Fresno<br>1–Behavioral Health Integrated Access<br>Choose an item.<br>Choose an item. |   |
| Age Group Served 1:   | ADULT  |                     | Dates Of Operation:   | September 11, 2012 – p<br>ADC – contracted servic<br>October 31, 2018; and  | resent;                                       |
| Age Group Served 2:<br>Funding Source 1:<br>Funding Source 2: | CHILDREN<br>Com Services & Supports (MHSA)<br>Choose an item.  |                     | Reporting Period:<br>Funding Source 3:<br>Other Funding:          | July 1, 2017 - June 30, 2018<br>Choose an item.<br>Click here to enter text.  |   |
| FISCAL INFORMATION:   |  |                     |   |   |   |
| Program Budget Amount:  | \$70,000.00  |                     | Program Actual Amou   |   | - \$9,022.05; FBHC -<br>27,081.00; and FDTC - |
| Number of Unique Clients S<br>Number of Services Rendere      | -  | Note that this numb | er is significantly different fro<br>ve team of Court Coordinator | fings, and direct services as prov<br>FY 16-17, which had reported se<br>Probation, Treatment Service Pro                     | ervices received by individuals               |
| Actual Cost Per Client:                                       | \$44.45  |                     |   |   |   |

| <b>CONTRACT INFORMATI</b>                | ON:               |                              |               |   |
|--|-------------------|------------------------------|---------------|---|
| Program Type:                            | Contract-Operate  | Contract-Operated            |               | Other, please specify below                                 |
| Contract Term:                           | July 1, 2015 – Ju | July 1, 2015 – June 30, 2018 |               | Coordination Services for Collaborative<br>Treatment Courts |
|  |                   |                              | Renewal Date: | July 1, 2018  |
| Level of Care Information Age 18 & Over: |                   | Choose an item.              |               |   |
| Level of Care Information                | on Age 0- 17:     | Choose an item.              |               |   |

The Level of Care information above does not apply to this contacted program.

| TARGET POPULATION IN | NFORMATION:   |
|----------------------|---|
| Target Population:   | The target populations are severely mentally ill adult offenders for the Adult Behavioral Health Court (ABHC), seriously emotionally disturbed youth offenders for the Family Behavioral Health Court (FBHC), substance-using adult offenders for the Adult Drug Court (ADC), and substance-using adults for the Family Dependency Treatment Court (FDTC). For each collaborative treatment court, further eligibility and suitability requirements are determined by the respective court teams. |

#### **CORE CONCEPTS:**

· Community collaboration: individuals, families, agencies, and businesses work together to accomplish a shared vision.

• Cultural competence: adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.

• Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services: adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.

• Access to underserved communities: Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.

•Integrated service experiences: services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

# Please describe how the selected concept (s) embedded :

Collaborative Treatment Courts complement the traditional justice system in order to connect defendants to treatment and reduce future recidivism. The courts are evidence-based practices that are focused

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### Community collaboration

Integrated service experiences

Access to underserved communities

on recovery and resiliency, based on the individual needs. Individuals come before the judge regularly and share their progress, needs and preferences. Treatment providers share client progress alongside probation officers and the attorneys. The court coordinator shares notes and facilitates collaboration between partners. The collaborative process informs the judicial decisions.

Individuals involved in the justice system are underserved by the traditional behavioral health system. By incorporating treatment providers as a part of the court team, we are able to better serve the individuals and support them on their treatment journey.

#### **PROGRAM OUTCOME & GOALS**

- Must include each of these areas/domains: (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder - Include the following components for documenting each goal: (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

1) Effectiveness Each court tracks the # of entries, # of exits (successful and not), and current caseload on an annual basis. We measure effectiveness by the number of people who opt into a collaborative court, and by the number of those who have opted in who successfully graduate. 1,569 individuals have been served by the four collaborative courts in FY 17-18. Of those, 864 continue to participate and 270 successfully completed the program requirements and graduated. In FY 17-18, each court was also able to meet their target goal of exits with successful graduation in a fiscal year: 33% of ABHC exits; 50% of FBHC exits; 25% of ADC exits; and 33% of FDTC exits.

2) Efficiency We measure the efficiency of the collaboration funding by tracking the number of staffings held on a monthly basis. Staffing meetings are opportunities to efficiently share data across agencies and collaboratively inform the court proceedings. In the traditional court setting, obtaining assessment findings and other reports about defendants can take up to several weeks, thus delaying the onset of recovery. More than 75 total staffings were held in FY 17-18. For courts where the coordinator also provides direct service (currently only ADC and FDTC), we measure both the number of services provided on a biweekly basis and number of individuals provided direct service. 348 direct services were provided for ADC participants and 41 direct services for FDTC participants.

**3)** Access Each court tracks the # of entries, # of exits (successful and not), and current caseload on a semiannual basis. We measure access by the number of people who are found suitable and eligible as 'entries' to the court. For all collaborative treatment courts other than Adult Drug Court, we track the number of clients found unsuitable in the staffing prior to entry. In FY 17-18, each court was able to meet their target goal of referrals being suitable: 66% of ABHC referrals; 66% of FBHC referrals; and 66% of FDTC referrals will be suitable. (Note: By California Law, all drug charges are eligible for diversion. In Fresno, this means that all drug charges are cited directly into Adult Drug Court.)

4) Satisfaction The courts developed a stakeholder satisfaction survey in FY 17-18 which will be used in future reporting periods for each court to track stakeholder satisfaction through an annual survey measuring of collaborative team dynamics, court schedule/operations,

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additional urgent needs for participants, strengths and possible improvements. The survey will be sent out to all members of each collaborative court team, including those not funded by DBH. The target satisfaction rate within the measurements will be set at 70%.

## **DEPARTMENT RECOMMENDATION(S):**

Click here to enter text.