

STAR Program: **An Analysis of the Marin County Mental Health Court Program**

RENEE PAQUIER

EXECUTIVE SUMMARY

Over the next twenty years, the demographics of our jails and prisons are expected to greatly change. Since the deinstitutionalization movement in mental health during the 1960's and 1970's, individuals with mental health issues who have been arrested for minor violations have been thrown into the criminal justice system without proper guidance and support. The creation of drug and mental health courts in the 1990's began addressing the needs of these offenders. Today more than 150 mental health courts exist and more are being planned.

Program and Project Description

The STAR (Support & Treatment After Release) Program of Marin County is an exemplary model of a multi-disciplinary community policing therapeutic team, which works enthusiastically to guarantee the success of their clients. Together with the innovative STAR Court program team—which includes a deputy district attorney, public defender/private defense

and judicial officer—STAR Program staff members bring forward their professional strengths to unite as one team dedicated to the mission of preserving community safety, reducing recidivism and encouraging mentally ill offenders to build more successful lives for themselves through the application of well-informed judicial supervision.

This paper analyzes the STAR Program and STAR Court and gives recommendations as to how they can be implemented into a large county setting like Santa Clara County while recognizing funding and resource limitations.

Recommendations for Santa Clara County

This analysis of the STAR Program and STAR Court supports the following recommendations:

- An SSA liaison to the Santa Clara County Mental Health Court.
- An Elder Mental Health Court

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Introduction

According to the United States Department of Justice (USDOJ), Bureau of Justice Statistics, in 2005, more than half of all prison and jail inmates had a mental health problem, including 705,600 inmates in State Prisons, 78,800 in Federal Prisons, and 479,900 in local jails.¹

Incarceration costs of inmates/prisoners with mental health issues are enormous. According to the U.S. Department of Justice, it costs American taxpayers a staggering \$15 billion per year to house individuals with psychiatric disorders in jails and prisons.

History of Mental Health Treatment

The deinstitutionalization movement in mental health during the 1960's and 1970's led to a great number of mentally ill persons being diverted from an institution into the community and subsequently into the criminal justice system. At the time, community-based mental health treatment systems were not effectively realized and therefore the criminal justice system increasingly absorbed individuals who were not able to function acceptably and independently in the community.² A dramatic increase in homeless populations in American cities and towns during the 1970's, 80's and 90's, contributed to this phenomenon as well.

Drug Use and the Emergence of Drug Court

Many mentally ill suffer from co-occurring disorders, often including substance abuse. The "War On

Drugs" in the mid 1980's and early 1990's, and the efforts of law enforcement to "crack down" on drug users/abusers and sellers, gave way to an increase in arrests and prosecution of "drug-involved" offenders with mental illness.

Mental health and drug courts emerged as an answer to help relieve the national crisis of overcrowding in local jails and to help mentally ill offenders receive proper treatment and help. Intended as a community-based solution to prison overcrowding and to the strains brought on by the crack/cocaine epidemic, in 1989 the Dade County Court System in Miami, Florida "invented" the first Drug Court. The judicial philosophy behind the Miami Drug Court was "hands-on" so that the criminal court judge and criminal courtroom could play a bigger role in getting offenders off drugs and assisting them on the right path to a more law-abiding direction and lifestyle. This "proactive, hands-on, problem-solving model," pioneered by Miami set the stage for mental health courts, providing a model for active judicial problem-solving when dealing with special populations in the criminal caseload.³

Marin County STAR Program: A New Beginning for an Old Problem

The County of Marin implemented the Support and Treatment After Release Program (STAR) through a Mentally Ill Offender Crime Reduction Grant (MIOCRG) awarded by the California Department of Corrections in 2000-2001.⁴ The STAR Program has a unique multi-disciplinary, problem-solving approach

¹Symptoms of a mental disorder were based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM-IV)

²*Sourcebook of Criminal Justice Statistics*, U.S. Department of Justice, Bureau of Justice Statistics, Washington, DC: USGPO, (1998), pp. 388, 431, 435.

³*Sourcebook of Criminal Justice Statistics*, U.S. Department of Justice, Bureau of Justice Statistics, Washington, DC: USGPO, (1998), pp. 388, 431, 435.

⁴Marin County Mental Health Court Annual Report 2004-2005

that effectively serves individuals who have been “previously thought to be beyond help.” The primary goal of the STAR program is to reduce recidivism by providing an individualized treatment plan for mentally ill offenders upon release from custody.

Why Was the STAR Program Created?

The STAR Program was created to address the needs of the county’s mentally ill offenders with a community-based problem-solving approach. Its target population is offenders who have been booked into the Marin County jail and held in disposition, who have either shown evidence/signs, or have a known history of mental illness.⁵ All persons booked into the jail receive a health and mental health screening by a registered nurse who has access to the offenders’ medical/mental health and arrest records. After this screening, arrestees who have a history of mental illness or who have exhibited signs of mental illness to the referring nurse are interviewed by jail mental health staff for a full assessment in order to confirm that they have a serious and disabling mental disorder which includes:

- Schizophrenia
- Schizoaffective disorder
- Bi-polar disorder
- Major depressive disorder

Once the assessment is complete, a stabilizing treatment plan is created, and the mental health team will determine whether or not the offender is eligible for entry into the STAR Program and STAR Court.

Innovative Approach

The STAR Program is passionately run by Larry Jacobs, MFT with a unique and innovative approach in dealing with dual diagnosis (mental illness and drug/alcohol addiction) offenders. The program has received much praise from community members and community organizations. The Mental Health Services (MHS) Oversight and Accountability Commission—Marin County Review stated that the STAR Program is a model collaborative effort, with each

partner bringing resources to staff it. Furthermore, the STAR Program has been published as an exemplary program that works in conjunction with the STAR Court, a multi-disciplinary, multi-agency team that provides comprehensive assessment, individualized client-centered service planning, and linkages to services and support. The program utilizes a nurse practitioner who may administer client medication, which increases capacity to provide needed services. The STAR Program case managers send out a powerful message to the community by working side-by-side with a uniformed officer who is also a mental health professional. The program also has the beneficial impact of having bilingual peer case managers.⁶

The STAR team holds weekly clinical and court meetings. The clinical meetings are held on Mondays at the STAR Program headquarters which is located at the new and modern community center in downtown San Rafael. In order not to negatively bias the court against the client, clinical meetings are not attended by the public defender/private defense or judicial officer. Cases and client status are intensely and fervently discussed to determine what proposed course of action should be taken for each STAR Program participant. It is obvious to any observer that this team truly cares about the success and growth of each participant. No matter how much time it takes, each case heard is given the special attention that it deserves. This approach is also taken during the pre-court meetings that are held on Thursdays before court. All STAR Program and STAR Court team members attend this meeting and discuss what action, if any, should be taken during court that day. STAR Court participants who have been successful or have reached a milestone, such as completed a phase in the program or have finished reading a book that they agreed upon in court, are given “awards” by the judge. Participants who have failed their drug tests or have violated a rule that was set forth by the court are given appropriate sanctions. Awards are celebrated by everyone in court and sanctions become good lessons to all STAR Court participants and also

⁵Mentally Ill Offender Crime Reduction Grant (MIOCRG) Program—Program Evaluation Survey, 2005

⁶MHSOAC—Evaluation of Marin County MHS Three Year Expenditure Plan, <http://www.dmh.ca.gov/MHSOAC>.

for the STAR team to discuss how the clients' failure or inability to follow a rule may be turned into a successful outcome.

STAR Court

The Marin County STAR Court held its first session on April 8, 2004 with one participant. In FY 2004–2005, the STAR Court served a total of 13 clients. Its main mission is to “Preserve community safety, reduce recidivism and encourage mentally ill offenders to build more successful lives for themselves through the application of well-informed judicial supervision.”⁷ According to the STAR Program annual report, the STAR Court provides an opportunity for STAR team members to coordinate and facilitate court outcomes that are in the best interest of the community and the STAR Program participants. Referrals to STAR Court are made for individuals who are currently active in the STAR Program and have been arrested and convicted in Marin County. Participants must also “choose” to participate in STAR Court rather than have their cases proceed through the traditional court process. The STAR Court program may have up to a maximum of twenty participants. Clients in the STAR Program, who have signed up for STAR Court, have a two-week “opt-out” period. If the client tells the case manager and/or the judicial officer that they would like to opt out, they may still be part of the STAR Program, but their case will leave STAR Court and return back to proceed through the traditional court process.

Members of the STAR Court team include:

- Judicial Officer/Spokesperson/Arbitrator
- Deputy District Attorney
- Public Defender/Private Defense Counsel
- STAR Team Staff
 - Mental Health Unit Supervisor
 - Two Community Mental Health Case Managers
 - Two Mental Health Peer Case Managers
 - One Registered Nurse or Nurse Practitioner
 - Psychiatrist

- Family Partner
- Substance Abuse Specialist
- Employment Specialist
- Jail Mental Health Social Workers
- Two San Rafael Police Officers
- Marin County Deputy Sheriff
- Probation Officer

STAR Court Goals

According to the Marin County STAR Court Program Policies and Procedures, the STAR Court goals are as follows:

- Improve the court system's ability to identify, assess, evaluate and treat mentally ill offenders;
- Provide judicial officers, prosecutors and defense attorneys with better information so they can make more informed decisions about how to balance the individual treatment needs of offenders with the need to preserve public safety;
- Use the authority of the court to link mentally ill offenders to appropriate mental health treatment and motivate them to engage in treatment;
- Furnish intensive case management and regular supervision to participants, with a focus on accountability and monitoring of the participants' performance;
- Reduce recidivism among mentally ill offenders and thereby improve the quality of life of the mentally ill offenders;
- Protect community safety, health and property;
- Enhance effectiveness and efficiency by facilitating coordination between the criminal justice system and the mental health system, thus improving the accountability of mental health and social service providers.

STAR Court Program Phases

The Star Court Program is broken down into four different phases. Each phase represents a set of goals, such as attending and being on time for required appointments or submitting clean drug tests, which the program participant must accomplish in order to advance to the next level/phase. At the end of each phase, participants receive a certificate acknowledg-

⁷STAR Program and Marin County Mental Health Court Annual Services, FY 2004–2005

ing their accomplishment of meeting all of their goals and graduating to the next phase. The program can be completed in 12–16 months. It can, however, take longer if participants do not meet their goals or receives a sanction of repeating a phase due to failure to comply with the rules set forth by the court.

Successful graduates of the STAR Court have their misdemeanor charges dismissed and in the case of felony charges, where allowed by the law, the court normally considers reducing the charges to misdemeanors and shortening or terminating probation. As of March 2009, the STAR Court has had 30 graduates, none of whom have had to return to the program.

STAR Court and STAR Program participants appear to be grateful to be part of the program and comfortable enough to discuss their likes and dislikes of the program with their case manager and with the court. The STAR team communicates very well with each other so that there are not any surprises or action taken without each team member being aware of the current status of their client.

Implications/Recommendations for Santa Clara County

Recommendations for Santa Clara include:

- An Social Services Agency (SSA) liaison to the Santa Clara County Mental Health Court
- An Elder Mental Health Court

Santa Clara County (SCC) has a mental health court that was created and is presided by Judge Stephen Manley. This court sees approximately 1,600 defendants a year and works with a team of psychiatrists, case workers and probation officers, a public defender and two deputy district attorneys to rehabilitate and reintegrate offenders back into the community. Judge Manley's ultimate goal is to change lives permanently and to prevent prison overcrowding. This court has been in practice for six years. **The 278 graduates in 2006 saved the state and county about \$20 million in reduced jail and prison sentences.** Most of the defendants range from minor to violent offenders who have previously served jail sentences. The defendants are also mostly homeless and unem-

ployed, and many suffer from schizophrenia or other severe mental illnesses.

Although Santa Clara County already has a mental health court in place, unlike Marin County they do not have any representation from social services that can assist in recommendations and act as a liaison between the two agencies. As opposed to Marin County which has the Mental Health department as part of its Human and Health Services Agency, the mental health Department in Santa Clara County is separate and is part of the Health Department. Therefore, the Santa Clara County Social Service Agency does not have representation or a liaison to speak on its behalf in the mental health court.

The current SSA Department of Aging and Adult (DAAS) and Department of Child and Family Services (DFCS) policy and planning manager would be the perfect liaison between the two agencies. The liaison would attend all weekly court meetings and report to SSA any concern/issues that may arise for possible problem-solving. Since this position already exists, there would be **no negative fiscal impact** and would in fact save the county time and money by providing services and communication about clients that both agencies may share.

Elder Mental Health Court

Large population counties, such as Santa Clara County, do not have the flexibility, funds or the staff to be able to run a “hands-on” mental health program, such as the Marin County STAR Program, that would meet the needs of the thousands of offenders that it serves. What can be done however is to create specialized mental health courts to meet the needs of the county's special needs population. Santa Clara County currently has a specialized court that serves offenders who are U.S. War Veterans who have been diagnosed with a mental health disorder. This “Veterans Court” is held once a month, and clients' cases are reviewed by a multi-disciplinary team that includes representatives from the Veterans Administration, the District Attorney's Office and the Public Defender. What neither the Santa Clara County Superior Court nor any other court in the

state have is a court specialized for offenders who are elders (men and women over the age of 65).

A Demographic Change

A substantial and growing percentage of older adults misuse alcohol, prescription drugs, or other substances. The number of older adults in need of substance abuse treatment is estimated to have more than doubled from 1.7 million in 2000 and 2001 to 4.4 million in 2020.⁸

In addition, one in four older adults has a significant mental disorder. Over the next 25 years, the number of older adults with major psychiatric illnesses will more than double from an estimated 7 to 15 million individuals. Mental health and substance abuse problems are also associated with significant health care expenditures. Combined, they accounted for 7.6 percent of all U.S. health care expenditures in 2001, including \$85 billion for mental health care and \$18 billion for substance abuse. Public resources fund the majority of these care costs. Medicare expenditures for substance abuse and mental health problems amounted to over \$7 billion, while Medicaid expenditures amounted to nearly \$27 billion in 2001.⁹

Early intervention and use of specialized courts/programs such as the Marin County STAR Program, have proven to reduce the total costs spent on offenders with dual diagnosis (mental health and drug abuse) status and to be a useful tool in the prevention and reduction of these offenders returning to our local hospitals and jails.

Elder Mental Health Court would specialize in dual diagnosis offenders who are over 65 and have been selected and identified by the Santa Clara County Superior Court Mental Health Court team. This court/program would be modeled after the STAR Program/Court and, depending on the initial amount of offenders that meet the criteria, should meet once a month. Just as the STAR Program has **saved Marin County close to \$1.5 million** in reduced jail and prison sentences and has greatly lowered recidivism rates among offenders with mental health issues, it is anticipated that the new Elder Mental Health Court will also save Santa Clara County a significant amount of funds.

Next Steps to Implement Elder Mental Health Court

- Coordinating a meeting between SSA Director and new DAAS Director with Judge Manley
- Data collection and analysis of current mental health court demographics and number of clients shared with SSA
- Creating/determining goals and outcomes
- Designating members of multi-disciplinary, multi-agency team
- Determining eligibility criteria
- Creating implementation plan
- Applying for further grants, from Archstone and Department of Justice.

⁸Substance Abuse and Mental Health Among Older Americans: The State of Knowledge and Future Directions, 2005

⁹Mark TL, Coffey RM, MHS A Spending Estimates Team at U.S. Spending for Mental Health and Substance Abuse Treatment, 1991–2001. *Health Aff* (Millwood). March 29, 2005.

Acknowledgements

I would like to thank Social Services Director, Heather Ravani, for her overview of the Marin County Health and Human Services agency and for her great tour of the new Marin County Community Center and the lovely and historic Civic Center. My sincerest appreciate and gratitude goes to Larry Jacobs and the entire STAR team staff! I am truly grateful for the time they spent discussing the program with me and for allowing me to impose upon their clinical and pre-court meetings every week. I would also like to thank Judge Paul Haakenson of Marin County and Judge Stephen Manley of Santa Clara County for their time. Their enthusiasm and dedication to mental health and their respective court programs are exemplary.

Special thanks to both the participants and the staff of the Marin County Mental Health Court/STAR Court and the Santa Clara County Mental Health Court for allowing me the opportunity to observe and learn and for answering all my questions.

Additionally, I would like to acknowledge several individuals from the Santa Clara County Social Services Agency and the Marin County Health and Human Services Agency for all their support and encouragement throughout my BASSC experience in Santa Clara County, Will Lightbourne, Betty F. Mals, Jamie Buckmaster, James Ramoni, Terri Posley, Frank Motta and Pricilla Aleman; and in Marin County Kari Beuerman and Racy Ming, as well as all of my fellow BASSC participants.