

# The Growth of Mental Health Courts: Building on the Past and Promising the Future

Presented by:

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# Agenda

- Introduction to Brooklyn Mental Health Court (BMHC) and Mental Health Courts (MHCs) throughout the state
- Eligibility criteria and how it's expanded
- Multidisciplinary teams
- Clinical advocacy and collaboration
- Initiating partnerships
- Case studies
- Data

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# The start of Brooklyn Mental Health Court:

- BMHC was the first Mental Health Court implemented in NYC in 2002.
- It was one of the first mental health courts to handle felony cases. When it was first established, the target population was non-violent felons, but it quickly became clear to all the stakeholders that if we wanted to do the work we wanted, we would have to expand the eligibility criteria.
- The court was set up to serve those diagnosed with severe and persistent mental illness, such as schizophrenia, schizoaffective disorder, bipolar disorder, and major depressive disorder.
- Participants would agree to plead guilty to their charges under the promise that they would adhere to treatment guidelines outlined by the court. If they failed to do so within 12-18 months, they would face a conditional discharge or fine trial, as agreed upon by the prosecutor and their defense counsel. Some participants have varied mandator lengths or plea agreements based on their treatment status or change severity.
- Participants were initially expected to appear in court once a week for the first 3 months of their treatment mandate, with subsequent monthly appearances. Treatment engagement is rewarded with certificates for completing quarterly plans. Translational data results in outcomes such as admissions, increased court appearances, and criminal responses.
- Judge Matthew D'Emic, involved in the original planning and implementation of the court, has presided over it since the beginning.
- The current Chief of the Mental Health Unit at the Brooklyn DA's Office, David Kelly, was part of the implementation process. Colleen Kelly, initially with Legal Aid, now with Brooklyn Defender Services, has also been with the Court since its inception.
- Over 1000 participants have graduated from the program since its inception.

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### Expanding Criteria

- Inclusion of certain charges and diagnostic criteria
- Want all parties to feel comfortable referring cases
- Utilizing risk assessments not as a tool to exclude participants but as a tool to inform appropriate treatment and appropriate level of monitoring. This opens your capacity to take on more cases, which is ultimately the goal.
- Through consistent and ongoing judicial interaction with participants (at least once a month court appearances), we can ensure intense monitoring and evaluation of program goals and effectiveness.



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### Clinical advocacy

- Provides opportunity to let all parties know when participants are struggling and offer solutions. The clinical teams' or coordinators' role is to inform on what is best for the participant and explain adjustments in treatment plans to improve success, but ultimately the Judge has the final decision.
- It is much more common to adjust the services a participant receives than to impose a punitive sanction. Recovery is not linear and the clinical team is re-evaluating a participant's needs throughout their mandate to adjust expectations and adapt to their successes and/or limitations.
- Trust in the clinical staff is grounded in the training and experience of the mental health and substance use professionals on the court's team.



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### BMHC Expansion: 2018 → Present

- In 2018, BMHC Received a Bureau of Justice Assistance (BJA) grant after observing a steady and consistent number of referrals with I/DD and co-occurring disorders
- Grant allowed for a specialized social worker to work with this population, trainings, to better identify people with I/DD and learn best practices for screening/assessment
- Formed linkages with other state and national treatment courts to discuss common challenges and peer learning on best practices
- BMHC continues to have a specialized social worker for the I/DD population in addition to a young adult social worker to serve participants 16-24 years of age

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## Program Partnership and Networking

Building partnerships through networking establishes trust. Coordinating between the courts and diverse programs helps identify appropriate treatment options for participants while fostering meaningful connections.

- Utilizing Internal and External Networking
- Collaboration with other NYS courts and capacity to work with participants living out of state
- Understanding which programs work best for our participants with higher or specific needs
  - Utilizing ACT teams and outpatient programs with wrap around services
  - Suitable programs for women and children
- Holistic Care: Addressing food insecurity, homelessness, peer support, family services, mind and body stress reduction through meditation
- A member of our court clinical team will usually accompany a new participant to a housing program or residential treatment program, providing opportunities for engagement. Site visits to providers are essential for effective partnerships.
- Remaining mindful of the individual barriers that a participant may face throughout their treatment
  - In practice: employment, relocation, childcare, fluctuating community ties and family involvement
- Finding programs in participants' native language
- In practice: Collaborating with a provider that had a Russian speaking counselor within their program for a participant, agreeing to monitor with only individual sessions, as it would not be effective for him to participate in groups.
- LGBTQ+ affirming programs - ensure you have resources in your community and advocate for inclusive placement that align with gender identity.

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### Brooklyn Mental Health Court 2025 Participant Overview

#### Race/Ethnicity

#### Gender Identity

#### Age (at intake)

In 2025, BMHC had 385 open/active participants, of those 21 are warranted, and 161 were new pleas. This is an overview of their demographics and other key attributes.

#### Top 4 Charges

#### Top 5 primary diagnoses

In 2025, 101 participants (79% of all participants closed that year) graduated the program

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## Looking to the Future

#### Trends

- Mandated treatment plans with appropriate wraparound services
- Implementation of MHC specific trainings
- Developing a best practice standard and effective clinical teams
- Equity and person-centered justice in the courts
- Trauma-informed spaces
- Increased funding of ACT/IMT teams
- Collaboration with other courts
- Implementation of peer navigators in court spaces

#### Gaps & Challenges

- Housing
- Health insurance (Programs losing funding, Medicaid cuts)
- Lack of residential programming for clients with primary mental health diagnosis and no substance use
- Limited housing providers and residential programs for participants with certain felony charges such as Arson, serious Assaults, or Sex offenses
- Extensive waitlists for housing and residential programs
- Finding clinically appropriate treatments (CBT/DBT/Trauma) - can a program incorporate a specialization (outreaching/advocating)

#### Extending our reach

- NYS Judicial Taskforce on Mental Illness
- OMH housing pilot
- Future research studies: Measuring success, recidivism

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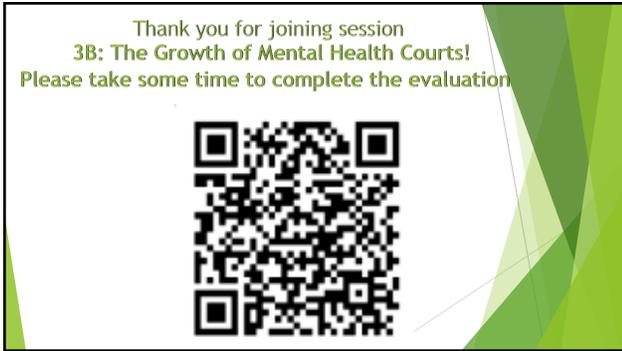
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