

**SERIOUS MENTAL ILLNESS &  
CO-OCCURRING SUBSTANCE  
ABUSE DISORDERS**

Stephen S. Goss, Judge  
Superior Courts of Georgia  
Dougherty Judicial Circuit  
Albany, Georgia

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**LARGEST MENTAL HEALTH  
TREATMENT CENTER IN USA?**

- **LOS ANGELES COUNTY JAIL**
- *Criminal Justice / Mental Health Consensus Project, Testimony Before U.S. Senate Judiciary Committee*

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**SERIOUS MENTAL DISORDERS**

- *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, (DSM-IV), American Psychiatric Association*
- Bipolar Disorder (Manic Depression)
- Schizophrenia
- Mood Disorders
- Developmental Disabilities
- Organic/Traumatic Brain Injuries

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## ***Olmstead* Litigation**

*L.C., by Zimring v. Olmstead*, 1997 WL 148674 (N.D. Ga. 1997)

- MR patients sue DHR Title II ADA
- District Court finds ADA violation based on DHR failure to treat in community vs. state hospital



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## ***L.C., by Zimring v. Olmstead* 138 F.3d 893 (11<sup>th</sup> Cir. 1998)**

- Affirmed but remanded for further findings on issue of whether additional costs would fundamentally alter MH services provided by State of Georgia
- Noted no across the board release of patients
- Driven by MH professionals assessment if community treatment viable

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## ***Olmstead* 527 U.S. 581 (1999)**

Under ADA Title II, states are required to provide community based MH treatment when recommended and if placement can be reasonably accommodated



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### **“Least Restrictive Treatment”**

- **Positives: Human interests to avoid unnecessary institutionalization**
- **Negatives: See Justice Kennedy concurrence**

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### **Concurrence at page 608**

- **“ For a substantial minority . . . deinstitutionalization has been a psychiatric Titanic.... ‘Self-determination’ often means merely that the person has a choice of soup kitchens. ‘The least restrictive setting’ frequently turns out to be a cardboard box, jail cell, or a terror-filled existence plagued by both real and imaginary enemies.” (Emphasis added.)**

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### **STIGMA**

- **Fear – cannot see it; no objective tests**
- **Fear– what is hard to understand**
- **TMI( too much info) – not MH issues**
- **Hushed tones/whispers**
- **“He’s not right”**

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## Case Scenario

- Returned to Community
- Outpatient Treatment and Medicines
- Life Stressor (i.e., family or job)
- Decompensates – No Rx or Drugs & Alcohol
- Public Safety Call
- Combative or “mercy booking”
- Importance to Judge – Revolving Door Cases  
– Andy Griffith analogy

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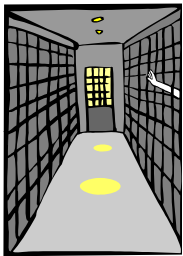
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## Mentally Ill Inmates



- Lack of community treatment-ER time police
- Jails de facto treatment centers (i.e., LA & Rikers)
- 10-15% Inmates on Mental Health Rx (APA; DO.Co. Jail)
- SSI and funding issues
- Human vs. tax cost: jail, legal, child, ER
- Homeless shelters

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## “FREQUENT FLIERS”

- Revolving jail doors
- Did not arrive on a space ship
- Street; social welfare agencies
- Community courts



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### Local Government Costs

- Indigent Healthcare costs
- Indigent Legal Costs
- Daily Jail Costs
- Prescription Rx- Shifts to Local Government : SSI Cuts off
- Homelessness
- Aid To Dependent Children



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### JAILED WITH MENTAL HEALTH ISSUES

- Homeless
- Practically homeless – worn out welcome
- Housing, economic and lifestyle instability – lack of Rx regimen
- History of trauma: sexual, domestic violence

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### JAILED WITH MH ISSUES

- Possible security issues: decompensated, combative with jailers
- Increased suicide risks
- Other poorly managed chronic medical issues (HIV, diabetes, hypertension)

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## **Jail: Treatment Disruption**

- **Decompensated on entry**
- **Formulary only: side effects**
- **Loss SSI**
- **Rx Gap: Leave jail until Dr. appt.**



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## **IDENTIFY**

- **Smaller jurisdictions: we know them**
- **Larger: rely on jail nurses; screen for Rx or symptoms coming into jail; family or friends in court**

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## **FAMILY**

- **Exhausted – end of rope**
- **Role reversal with adult mentally ill “child” and elderly parents**
- **Can help with case management**
- **Can try to manipulate when get the case “out of the ditch”**

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## Frustration

- **Mentally ill defendants – sick and tired of being sick and tired**
- **Tired of the cyclical pattern of criminal justice system**
- **Families – Role reversal for elderly/adult child**
- **All tired of gaps in system**

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## The Headache Analgesic



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## MH/SA Court



- **Court Coordinator – Single Point Contact**
- **Daily Screening at Jail for MH Treatment**
- **Referrals For Treatment – No new programs – use what you have**
- **Probation Planning (specific plan)**
- **Wrap Around Case Management (i.e., ACT)**
- **Judicial Review – Public Safety Issues**

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## HOUSING



- Common problem
- Public housing vs. prior record
- Try to prop up what is in place – be a crutch to family
- Personal care home – faith-based

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## TRANSPORTATION



- If metro, bus/train – tokens
- Non-metro – look for service providers to link – van service
- Again, bolster friends/family as resource

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## DEVELOP RESOURCES

- Forensic Services, State Hospital: ACT
- Community Services Board
- Local Medical Community
- Local Disability Groups, particularly on transportation and housing issues
- If more limited program, look into nurse with MH/SA treatment background for jail assessments and referrals

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## Case Management



- Judicial Review
- MH Treatment
- Substance Abuse Treatment
- ACT– Prescription Management (don't leave jail w/o Rx)
- Transportation
- Housing

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## DEFINING A “WIN”

- Do not expect perfection – crisis frequency reduction is a win
- Episodic crisis events
- It is an illness – manage not cure
- Do not cherry pick – lawyer settling too many cases

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## WIIFM?

“What is in it for me?”

- Better docket management
- Cut down on the frantic calls from the jail
- “Pay me now or pay me later”

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## Tangible Results

- **Lawnmower Analogy**
- **See start and finish**
- **Not just moving a file on docket**
- **Overall well-being**



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## QUESTIONS?

**Definition of “Insanity”–  
Doing the same thing the  
same way over and over  
again expecting a better  
outcome.**

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