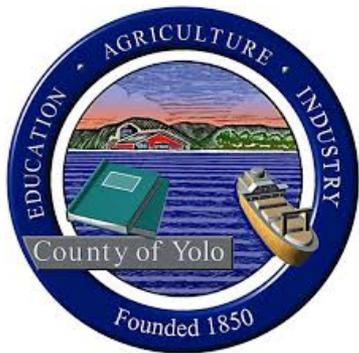


Incorporating Restorative Justice into Mental Health Court and Diversion Programs

A Case Study of Yolo County

Kristi Abbott, MSW, LCSW

Chris Bulkeley, Supervising Deputy DA



Kristi Abbott, LCSW

- Kristi Abbott, MSW, LCSW is the Clinical Supervisor of Yolo County's Forensic Mental Health team. She provides clinical support and program supervision of the agency's Mental Health Court, Addiction Intervention Court, and the Incompetent to Stand Trial (IST) Misdemeanor program. In this role she also collaborates with the Public Guardian and County Counsel regarding LPS and Murphy Conservatorships. Prior to her current position Kristi worked for Contra Costa County's Forensic Mental Health Department and helped launch their Mental Health Evaluation Team (MHET). She also served as the clinician on Contra Costa County SWAT's Crisis Negotiation Team (CNT). Kristi helped design and facilitate the Crisis Intervention Team (CIT) training to all 23 law enforcement agencies in the County. Kristi also served as a board member for the County's MHSA Consolidated Planning and Advisory Board (CPAW). Kristi graduated from University of California, Davis in 2004 with a Bachelor of Arts Degree in Psychology and received her Master of Social Work from San Diego State University in 2009.

Chris Bulkeley

- Christopher Bulkeley has been a member of the Yolo County District Attorney's Office since graduating from McGeorge School of law in 1992. During the more than two decades since joining that office he has held a wide variety of assignments. He has successfully prosecuted cases resulting in convictions for murder, child molestation, arson and numerous other felony charges. As the original member of the Mental Health Court team he assisted in the design of that program and has been the District Attorney representative on the team since the program's inception. In 2013 he coordinated the establishment of the innovative Yolo County Neighborhood Court which is the first adult restorative justice program using the facilitated conference model in the State of California. This model has been adopted by other offices to include the Los Angeles City Attorney's Office. In 2015 he is spearheading a new initiative creating a Homeless Diversion Program that will use restorative justice to resolve criminal cases involving homeless offenders emphasizing non-punitive services focused case resolutions. The Homeless Diversion Program is collaboration between the District Attorney and Health and Human Services Agency due to the high level of mental health and substance abuse in the homeless offender population. He currently supervises the Neighborhood Court Division while also participating in the Mental Health Court, Mentally Disordered Offender and Not Guilty by Reason of Insanity treatment extensions and appeals and writs for his office.

Yolo County

- ❑ Population just under 220,000
- ❑ 25% are Medi-Cal recipients
- ❑ Median Income-\$57,663
- ❑ Persons below poverty level 17.5%
- ❑ Culturally Diverse
- ❑ Geographically Diverse



Restorative Justice

- An alternative theory of justice that emphasizes repairing the harm caused by criminal behavior.
- Requires offenders to take accountability for their actions and the harm they have caused.
- Seeks to include the victim and other community members in a variety of ways.

Yolo County & Restorative Justice

- Yolo County has incorporated Restorative Justice into both its Mental Health Court (MHC) and Steps to Success (S2S) program and has seen promising results.

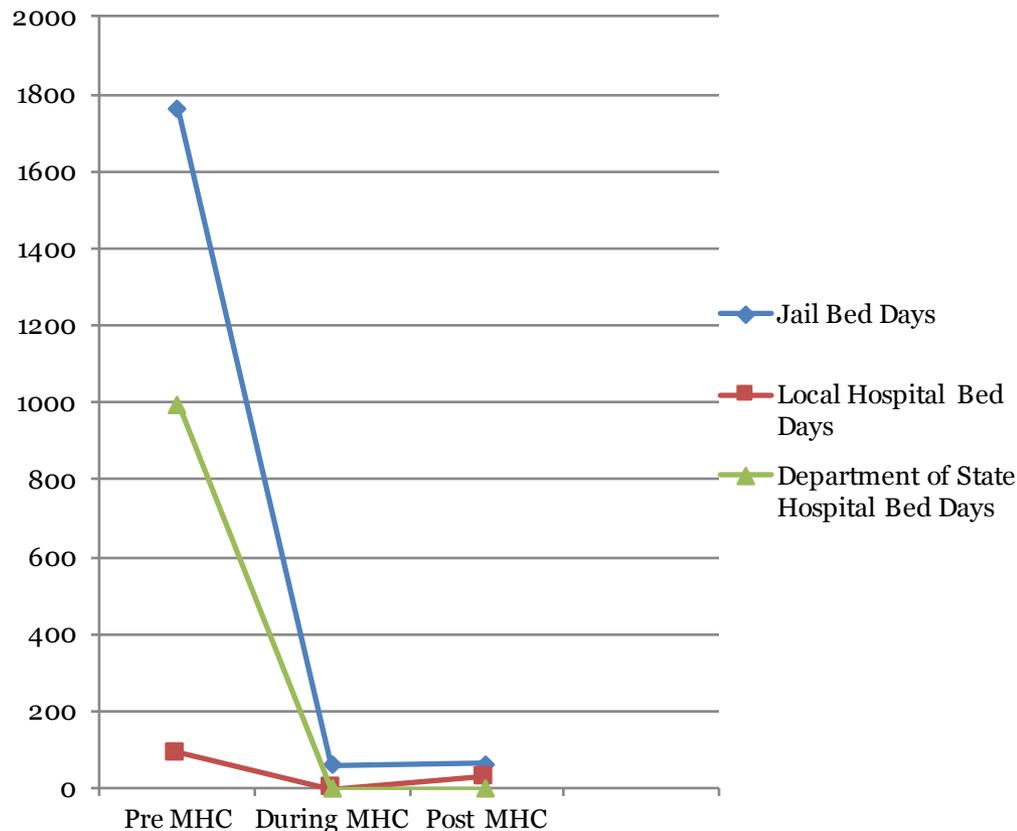
Mental Health Court

- Participating Departments:
 - Superior Court
 - Public Defender's Office
 - District Attorney's Office
 - Health and Human Services Agency
 - Probation Department.
- The goal of MHC is to enhance public safety, reduce recidivism of mentally ill criminal defendants, and increase treatment engagement/mental health stability of participants.

Mental Health Court

- MHC provides:
 - Intensive mental health/substance use treatment
 - Intensive supervision, and court monitoring for high-risk offenders with a Serious Mental Illness (SMI).
 - Minimum 18 month program with four Phases of treatment each participant will progress through.
 - Individual treatment that address the following:
 - Mental health symptoms
 - Substance use disorder
 - School/volunteer/work experience
 - Housing
 - Medication adherence
 - Support system
 - Decrease of criminogenic risk factors.

MHC Statistics FY 17/18



- Jail bed days decreased by 96.54% while enrolled in MHC; 96.37% post MHC
- Local Hospital Bed Days decreased by 100% while enrolled in MHC; 67.03% post MHC
- State Hospital Bed Days decreased by 100%; 100% post MHC

Restorative Justice in MHC

- Can Restorative Justice be applied to a SMI population?
- Can a participant take accountability for their actions if at the time of the offense they were experiencing psychotic symptoms that have affected their ability to remember and perceive the incident accurately?
- Is there a benefit to the offender, the victim, and the community in these cases?

Restorative Justice in MHC

- Our MHC Restorative Justice component is facilitated by a licensed clinician.
 - Allows for consideration of the offender's current and past psychiatric symptoms and for clinical interventions to be applied in order to facilitate the Restorative Justice process
 - Provides the added benefit of the process being clinically therapeutic
- In MHC many of the offender's victims are their own family members. When this is the case the VOC also serves as a healing process for the family unit, which is aided by having a licensed clinician as the facilitator.

Restorative Justice in MHC

- The offender and clinician meet for one hour a week over the course of 5 weeks and each week one of the following 5 questions is explored:
 - What happened?
 - What were your thoughts/feelings at the time?
 - What are your thoughts/feelings now?
 - Who was hurt and how?
 - What needs to be done to make it right?

Restorative Justice in MHC

- Week 1: What happened?
 - The offender is asked to discuss the details of their crime and the events leading up to it.
 - The goal is not to get the client to remember or even believe the official account of what happened, but rather to acknowledge that due to their mental health symptoms at the time that there might be an alternative view of events than their own.

Restorative Justice in MHC

- Week 2: What were your thoughts/feelings at the time?
 - Using Cognitive Behavioral Therapy (CBT) the clinician explores how the client's thoughts and feelings affected their actions the day of the crime

Restorative Justice in MHC

- Week 3: What are your thoughts/feelings now?
 - The clinician will use CBT to help client replace the unhelpful/untruthful thoughts from the day of the crime with more neutral or positive thoughts.
 - Using the principles of CBT the clinician and offender will examine how those changes in thoughts would have changed their emotional reaction and their actions.

Restorative Justice in MHC

- Week 4: Who was hurt and how?
 - The offender is asked to identify the people hurt by their actions.
 - The offender is then asked to identify how each person was hurt physically, emotionally, mentally, spiritually, and financially (if applicable).

Restorative Justice in MHC

- Week 5: What needs to be done to make it right?
 - The offender is asked to identify how best they can make amends to those hurt by their crime.
 - The offender will acknowledge how their untreated mental illness played a role in the crime.
 - The offender will also be asked to offer an apology either in the form of a letter or in person at either a Victim-Offender Conference (VOC) or a Victim Impact Panel (VIP).

Restorative Justice in MHC

- If the client chooses to participate in a VOC the clinician will facilitate that process.
 - The clinician reaches out to the victim(s) and asks them if they are interested in participating. If they are the clinician provides them with the following questions in preparation for the conference:
 - What did you think when you realized what had happened?
 - What impact has this incident had on you and others?
 - What has been the hardest thing for you?
 - What do you think needs to happen to make things right?

Restorative Justice in MHC

- At the VOC both the offender and the victim will get to tell their stories, using the provided questions as a guide.
 - Allows for and encourages the expression emotion
 - Allows for the crime to be discussed both rationally and emotionally
 - Allows space for the emotional toll of the crime to be addressed
 - A mutually agreed upon resolution

Jessie - An Offender's Account

- Video of client discussing their experience of restorative justice

Courtenay - A Victim's Account

- Video of victim discussing their experience

Restorative Justice in MHC

- After making amends, the offender writes an essay to the court team.
- The work the offender did during the Restorative Justice process is incorporated into an aftercare plan.
- This essay and subsequent aftercare plan is presented to the court team prior to the offender's commencement celebration from MHC.

Steps to Success

- S2S is a **voluntary** diversion program with collaborative supervision between probation and CommuniCare case managers with a restorative justice conference.
- S2S seeks to provide trauma-informed care using wraparound services to individuals **seeking help** with mental health and/or substance use disorder linked to their criminal behavior.
- S2S provides case management, treatment, civil-legal services, employment and housing assistance.

Steps to Success Program Development

- Mental Health Court (MHC) established in 2013.
 - Collaborative supervision/case management.
 - Developed agency trust and common purpose.
 - First Deferred Entry of Judgment in 2016.
- Neighborhood Court (NHC) established in 2013.
 - New pre-charging diversion program.
 - Utilizes restorative justice with community involvement.
- Developed facilitated conference model.
 - Victim Offender Conference (VOC)
 - 1637 conferences through 2018.

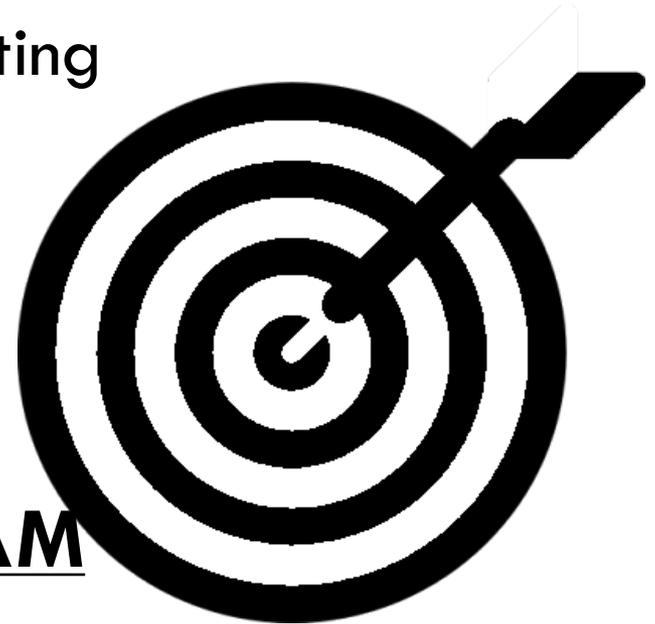
Steps to Success Program Development

- Homeless Neighborhood Court established in 2015.
 - HNSA Social Worker Practitioner dedicated to serving clients of the diversion program.
 - Case Plan: Physical Health, Behavioral Health, Self-Sufficiency, and Housing.
 - Integrated SWP and case plan into facilitated conference.
- Combine the strengths of MHC, NHC, and H-NHC.
 - Collaborative supervision, treatment, and case management.
 - Utilize Restorative Justice for participant accountability.
- Launched program in June 2018.
- Expanded to include low level felonies in August 2018.

Target Population

- Mental Health Issues AND/OR Substance Use Disorder contributing to Criminal Behavior
- Individuals Seeking Help
- Yolo resident
- Transition Aged Youth

NOT A HOMELESS PROGRAM



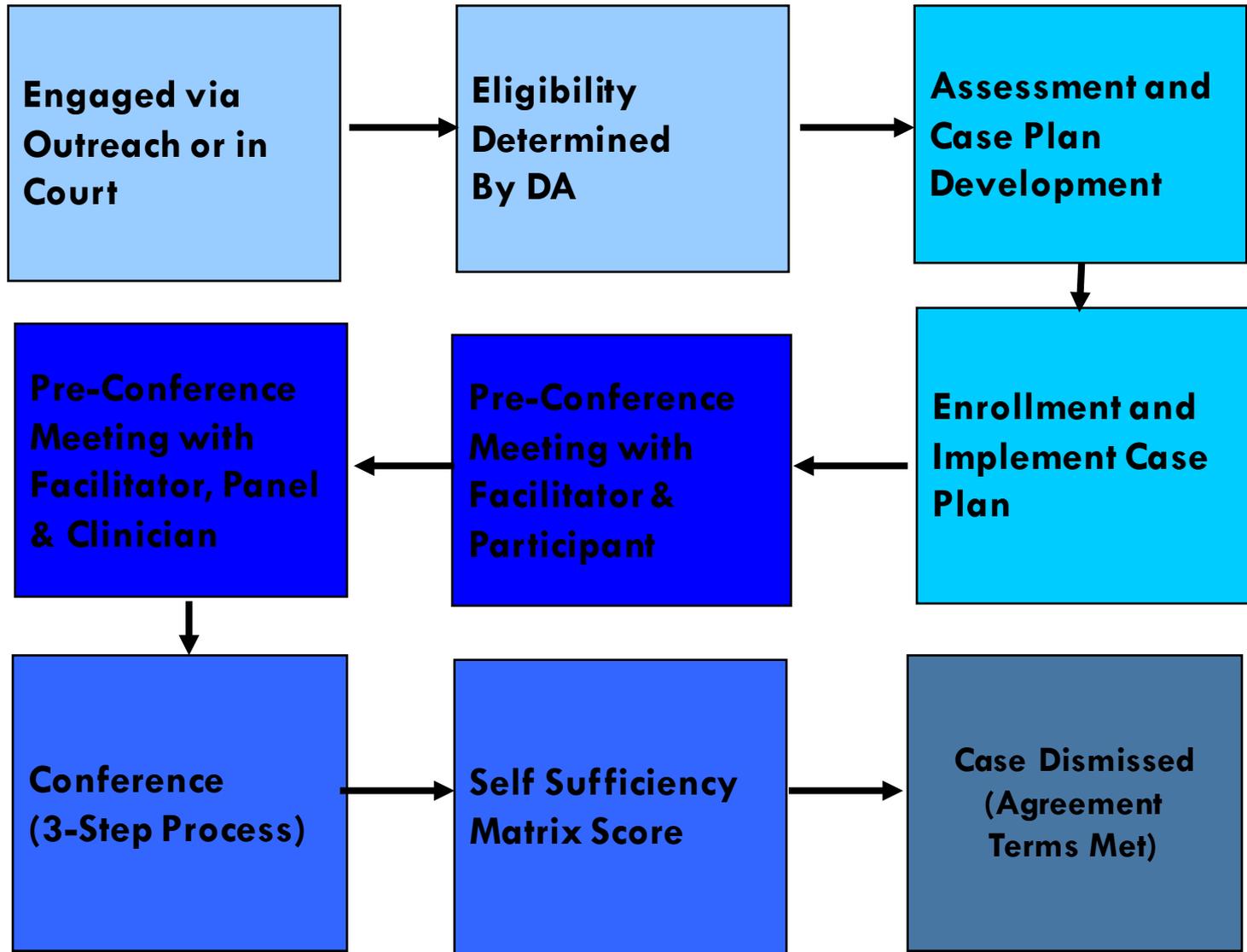
Steps to Success Eligibility Criteria

- Offenders are eligible for S2S if:
Current offense is a **misdemeanor**, EXCEPT
 - No **CRIMINAL STREET GANG** members
 - No current offense of **CHILD ABUSE, SEXUAL ASSAULT, DOMESTIC VIOLENCE, VIOLATION OF A PROTECTIVE ORDER, or DUI**
 - No **STRIKE** convictions
 - Not a 290 registrant
- Grant modified adding low-level **felonies**.
- Exceptions case-by-case basis in collaboration with the arresting law enforcement agency.

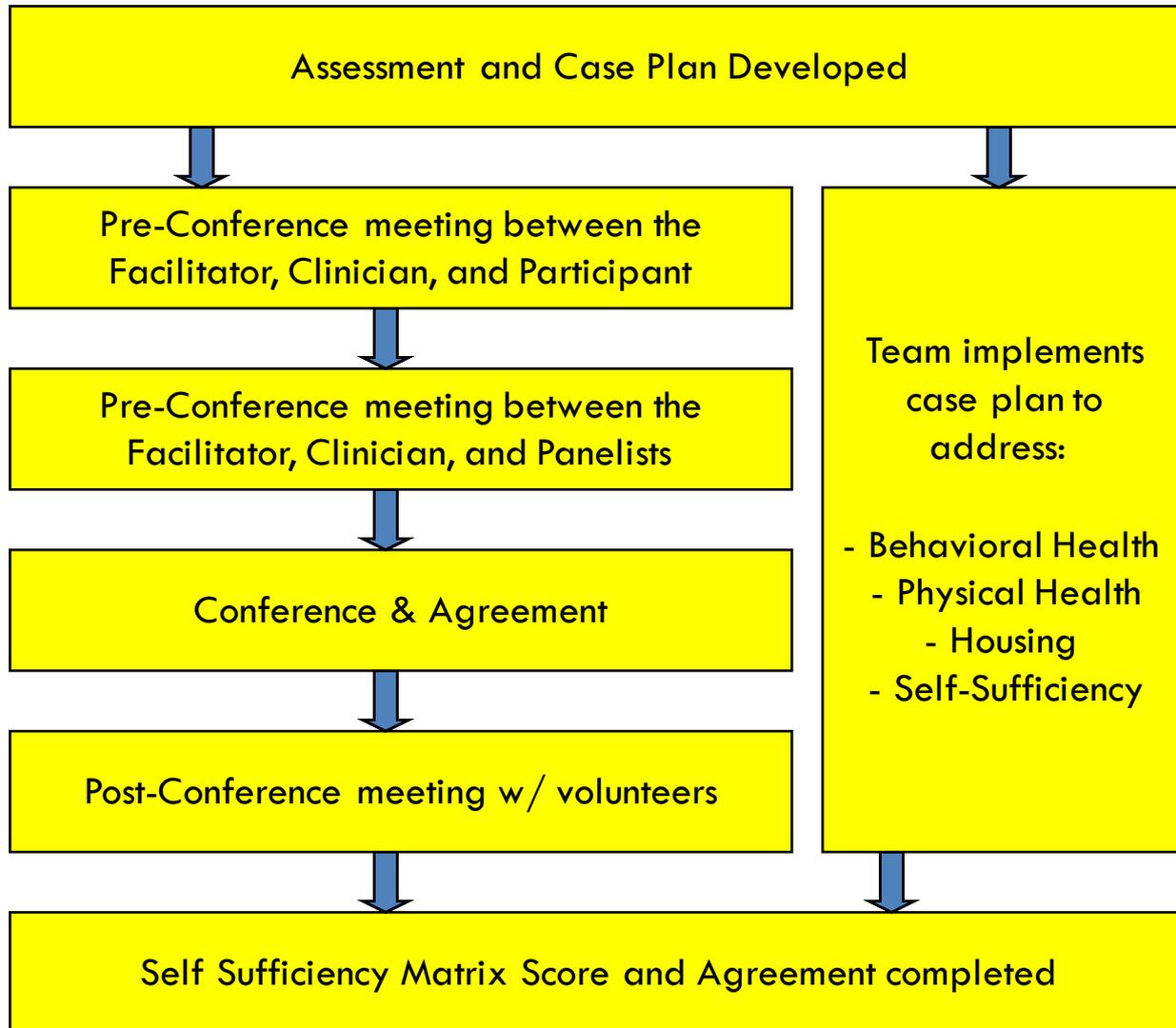
Officer Assisted Outreach

- Officers make direct referrals to Steps to Success staff, identifying individuals in the field.
- Officers will make these referrals when the individual states that they want help with an addiction or mental health issue.
- Steps to Success referrals are identified in the police report, and a quick questionnaire makes it simple for officers to refer individuals to S2S.

Steps to Success Process



Steps to Success Process



Restorative Justice: Our Founding Principle

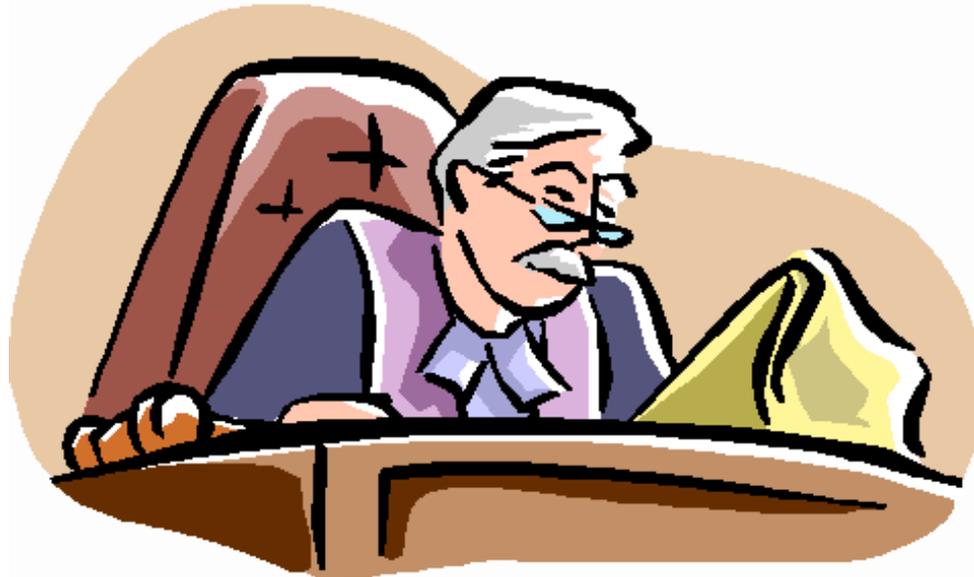


“Restorative justice is a process to involve, to the extent possible, those who have a stake in a specific offense and to collectively identify and address harms, needs, and obligations, in order to heal and put things as right as possible.”

- **Howard Zehr**

Facilitated Conference

- ❑ **NO Attorneys**
- ❑ **NO Judges**
- ❑ **NO Courtrooms**



Confidential Process

- Not Open To The Public
- Participant Must Accept The Charge



NEIGHBORHOOD
COURT IN
SESSION

- Nothing Used Against Participant In Court
- Open/Honest Dialogue

Three-Step Conference Process



Step 1

Recognizing the Injustice

- Sharing Experiences
- Naming Harms

Step 2

Restoring Equity/Making Things Right

- Sharing Needs
- Sharing Ideas

Step 3

Clarifying Future Intentions

- Sharing Needs
- Requesting commitments
- Making Agreements

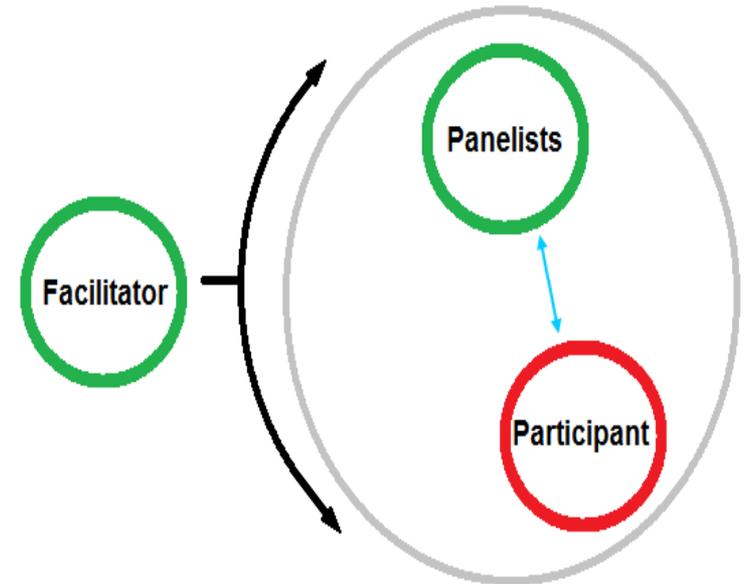
Key Elements of an Effective Agreement

- Specific
- Measurable
- Attainable
- Reasonable
- Respectful
- Timely
- Restorative

Face-to-Face Facilitated Conference

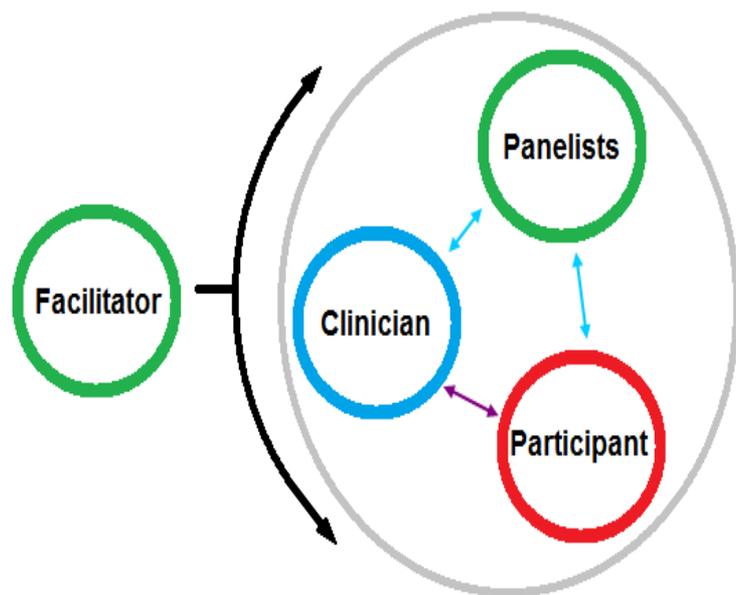


Panelist/Community Rep: Represents the community's needs, interests, and perspectives with respect to the crime committed.

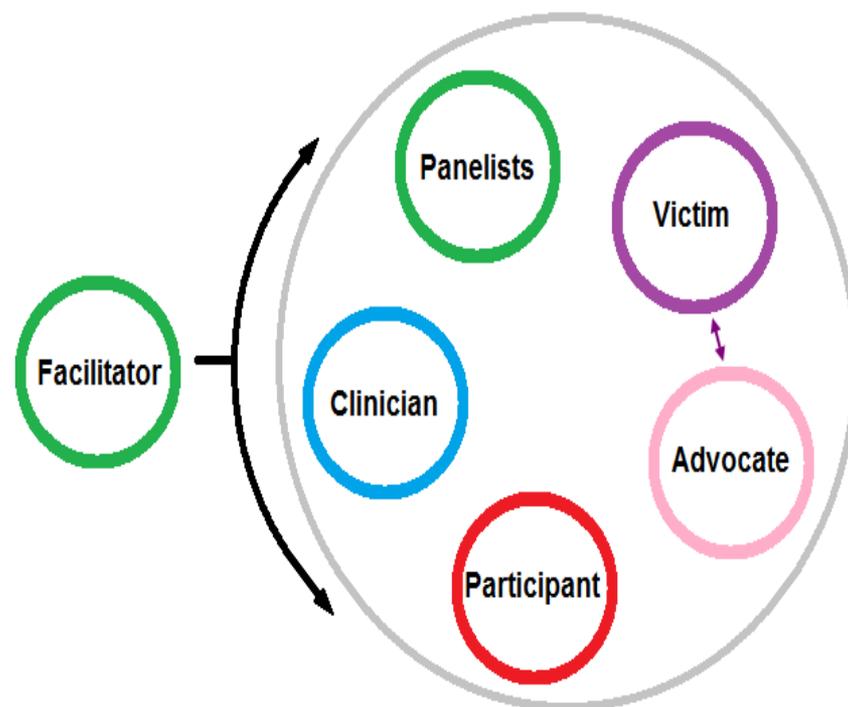


Facilitator: Leads/guides all parties through the process.

Steps to Success Facilitated Conference



Clinician: Provides participant support and input to panelists.



Victim Advocate: Provides support to the victim. Not an active participant.

Facilitator's Role in Conference

- Keeps process safe and respectful.
- In pre-conferences, prepares and empowers participants and panelists for restorative dialogue.
- In conference, guides and assists face-to-face dialogue.
- Ensures agreement adheres to the SMARRT-R principles.

Clinician's Role in Conference

- Ensures Panelists understand the case plan, including treatment options and any potential challenges.
- Ensures that the agreement supports the case plan.
- Ensures that the agreement items are attainable, using knowledge of the individual's unique challenges.
- Acts as a support person for the Participant.
- Pre-conference preparation with Participant and Facilitator.

Panelist's Role in Conference

- Communicating how they have been affected by the crime in question as an individual and as part of the Community.
- Describing the harms to themselves individually, the Community, and to the Participant. Identifying what needs to be done to address the harms.
- Listening to and understanding the Participant's perspective of what happened.
- Engaging in dialogue with the Participant to identify and decide on future actions to repair the harms, address reasons for the offense, prevent future occurrences of the crime, and reintegrate the Participant into the Community.

Conference Objectives

- Community engagement with the Participant.
 - Treating Participant as an equal member of the community.
- Reaching an Agreement that holds the Participant accountable.
- Reinforce the importance of following the case plan.
 - Emphasis on treatment engagement.
- Reintegration of the Participant into the Community.
- Account for the needs of any direct Victims.

Options for Mental Health and Addiction

Felony	Addiction disorder	AIC	15 person cap	Case-by-case basis Probation eligible
	Seriously mentally ill	MHC	15 person cap	
Misdemeanor/ Felony High/Moderate recidivism risk	Mental health and/or addiction disorder	S2S	75 person cap	Eligibility: - No sex offenses, DV, DUIs, child endangerment - No strike offense convictions or 290 registrants
	Existing Case Management (FSP)	NHC	NO program cap	
Misdemeanor Moderate/Low recidivism risk	With treatment plan in place	NHC	NO program cap	
	Misdemeanor/Infraction	NHC	NO program cap	

Questions?

