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Mental Health Court  
2<sup>nd</sup> Judicial District,  
Reno

JUDGE PETER I.  
BREEN

# Mental Health Court

- Developed in 2001, through legislation (SB366/SB6) and in-kind community support, to provide a measure that authorizes District Court to establish an appropriate program for the treatment of mental illness, accept original jurisdiction from Justice and Municipal Courts for eligible defendants, and allow presiding judge to dismiss charges upon successful completion of program.

# Goals of Mental Health Court

- Provide comprehensive mental health services to eligible defendants
- Protect public safety
- Reduce recidivism and re-incarceration
- Develop aftercare linkages

# MHC Court Stats (Jan. 05)

- 119 enrolled
  - 11 Graduates
  - 4 Discharged
  - 9 AWOL
  - 95 Active
- 81% white
- 10% black
- 3% native amer.
- 3% latino
- 3% asian
- Age range 19 to 57
- Average age: 35.1
- 50% Male/Female
- Bipolar 33%
- Schizophrenic 17%
- Schizo-affected 15%
- Depression 18%
- Other disorders 10%

# Referral Sources

- Muni/Justice Courts: 23%
- District Courts: 24%
- Other Specialty Courts: 14%
- Public Defender: 17%
- Parole & Probation: 6%
- Court Services/Jail: 13%
- State Mental Health: 2%
- Social Services: 1%

# Client Profile

- Misdemeanors and felonies
  - Crimes Against Property  
39%
  - Crimes Against a Person  
22%
  - Drug-Related  
15%
  - Nuisance (DTP, Trespassing,  
19%  
Prostitution, Open Container)
  - Child Neglect  
5%
  
- High incidence (83%) of  
substance abuse

# Trends

- Numbers of referrals are exploding
- Referrals are getting more appropriate
- Types of mental illness remain constant
- Co-occurring disorders remain constant
- Racial diversity of MHC is expanding
- 18 defendants have graduated in last 3 years – 2 have reoffended

# Future Funding Plan

- Federal grant for full-time court services officer awarded by Bureau of Justice Assistance for 2 years
- MHDS budget enhancement of \$683,685 over biennium for housing and services
- AOC funding through AB 29

# Case #1

- E.W., 51 year old male, veteran
- Schizoaffective Disorder, history of alcohol use
- History of violent verbal outbursts, had been “banned” from many social service agencies (including the VA hospital)
- In the beginning, E.W. was displaying the same behaviors. He was difficult to engage and had many run ins with the law due to his behavior and was banned from another local agency.
- MHC team gathered and developed plan for intervention
- Connected E.W. with services through the state, changed his payee/legal guardian, coordinated plan with VA to receive medical care through other provider at VA’s expense, continued court supervision, enlisted the theory of therapeutic jurisprudence, and found him stable housing.
- For the past eight months, E.W. has made significant progress. He is engaged in services, appears in court on regular basis, has ability to control behavior, and has built a significant rapport with the Judge.
- He is due to graduate in the coming months where an aftercare plan will be in place.

# Case #2

- G.L., 44 year old female
- Schizoaffective Disorder
- History of chronic homelessness, misdemeanor involvement with the law, lack of engagement in services, verbal aggression, and substance abuse
- Came to MHC on misdemeanor charges and was living in her car
- Connected G.L with services through the state- MD, PhD., service coordination, groups, and supported housing
- Since moving into supported housing, G.L. has been doing quite well
- She is engaged in treatment and services, makes all of her court appearances, is improving on her daily living skills, and has improved on her quality of life.
- She is thankful for the opportunity she was given to have a stable residence every day

# Case #3

- P.G., 49 year old male
- Chronic Schizophrenia
- Has a long history of lengthy inpatient admissions, homelessness, verbal aggression
- P.G. has been placed at a number of residential placements only to cycle back to inpatient
- Came to MHC on a defrauding an innkeeper charge (misdemeanor)
- Connected with state services, housing and community supports
- Received vocational rehab services and was working part-time at NNAMHS through work program
- Was evicted due to behaviors related to mental health condition
- Sporadic engagement but more stable when appropriate housing and supports in place
- Currently inpatient and awaiting available funding for housing and appropriate community support services

# Case #4

- W.T., 51 y.o. male
- Schizophrenia
- Has history of being in and out of engagement, chronic homelessness
- Came to MHC on felony charges, currently on P&P supervision
- From the beginning, W.T. was engaged in treatment and services through the state
- W.T. made all of his court appearances and checked in with court services
- Currently awaiting determination on Social Security benefits
- Was recently arrested for not informing P&P of current address- W.T. is unable to provide an address due to being homeless without resources
- He is currently in custody awaiting available funds for stable housing and appropriate community supports via a Supported Living Arrangement

“Justice should let slip the bandage from her eyes long enough to see the difference between the vicious and the unfortunate.”

-- Thomas Fitzgerald  
19<sup>th</sup> Century American  
Lawyer