



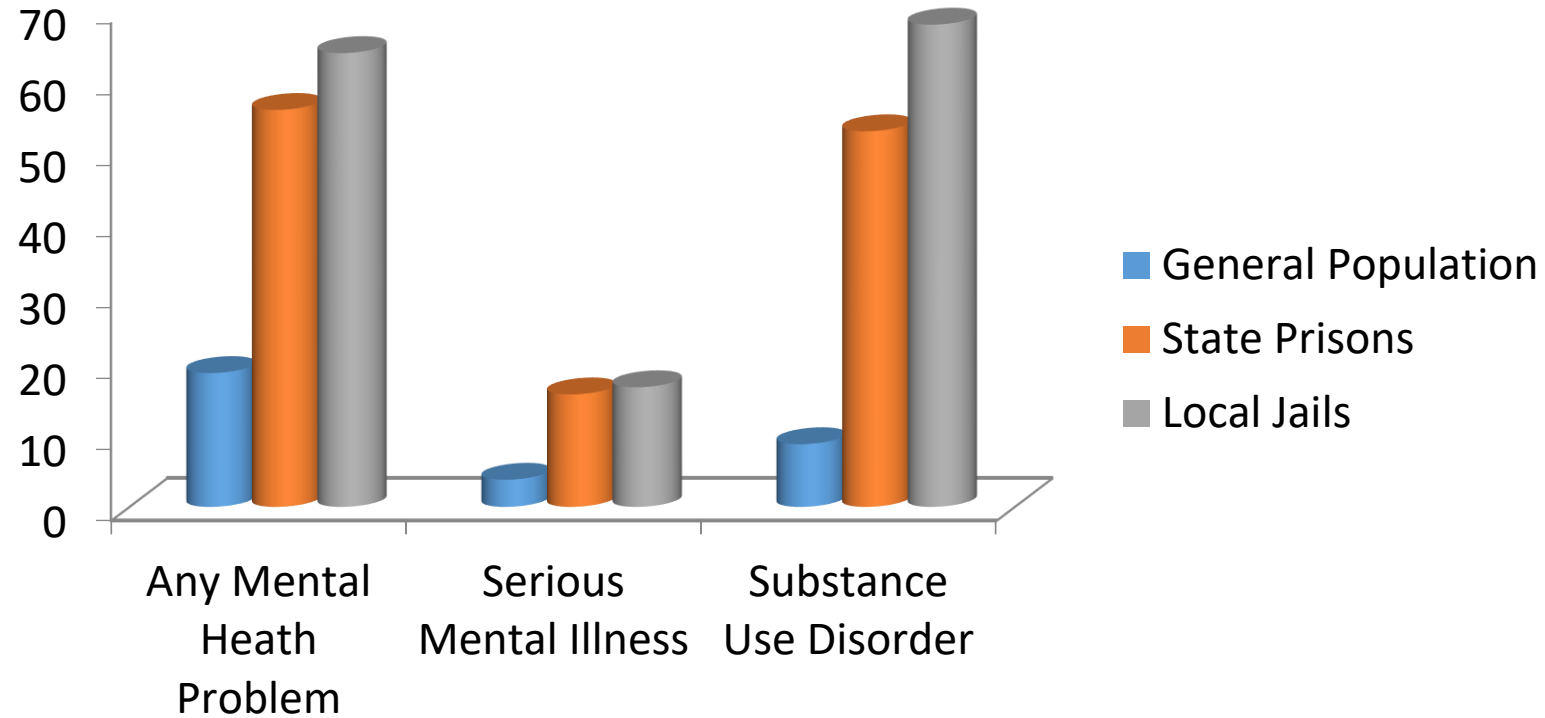
Drug and Mental Health Courts: Where Justice and Treatment Meet

Chief Justice Tina Nadeau

New Hampshire Superior Court



Driving Factors in Criminal Justice



History of Drug Courts

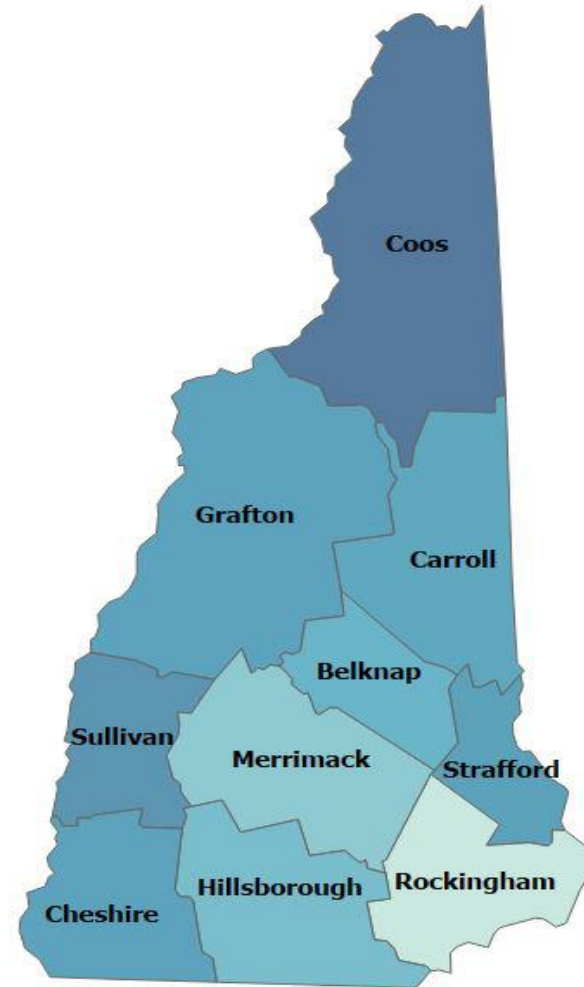
Problems

- Drug crisis in the 1980's led to the national "War on Drugs"
- Courts were flooded with drug cases
- National policy of not accepting plea agreements in drug cases meant drug offenders received jail/prison sentences
 - ❖ Overcrowding
 - ❖ Expense
- Revolving door

Drug Court Evolution

- First drug court was established in Miami in 1989.
- Miami justice system leaders recognized that:
 - Drug possession is a crime **and** a public health problem.
 - Drug use is fueled by addiction, which requires treatment to overcome.
 - Justice and public health systems must work together to address drug use.
 - Law can be used to promote healing ("Therapeutic Jurisprudence")

Currently, drug court programs operate in ten of eleven county locations in New Hampshire counties.



History of Mental Health Courts

Problems

- De-institutionalization in the 1980's of individuals with mental illness who were in State Hospitals
- Courts were flooded cases involving individuals with untreated mental health needs
- Revolving door

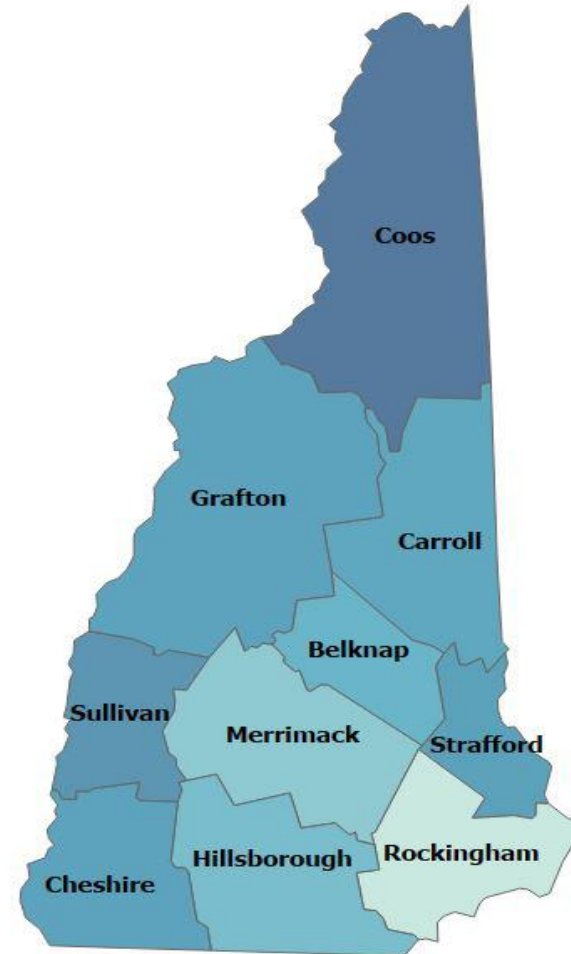
Mental Health Court Evolution

- First mental health court established in 1997 in Broward County , Florida
- Mental health courts developed from the same “therapeutic jurisprudence” movement that led to the creation of drug courts and from the success of drug courts throughout the country

In 2002, the legislature authorized the creation of a mental health court pilot program in Keene.

Currently, mental health court programs operate in 6 of New Hampshire's 10 counties:

- Cheshire
- Grafton
- Hillsborough
- Merrimack
- Rockingham
- Strafford



How Do Drug Courts and Mental Health Courts Work

- Team approach
- Defendant identified early
- Evidence-based assessment
- High risk/high need
- Enters a plea



Participant Obligations



- Appear in court weekly
- Treatment 3 hours/day, 3 days/week (or if indicated through assessment, residential followed by out patient)
- Regular recovery support activities
- Case management services
- Random drug testing 2x/week
- Regular reporting to probation
- Random home visits
- In later phases, job, GED, pay restitution
- Graduation rates