

Status of Research on Mental Health Courts

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Characteristics of Most MHCs

- Post-booking
- Voluntary participation in program, guilty plea required
- Judicial supervision with regular appearances before court
- Community-based treatment, compliance required
- Completion is usually in exchange for “something” tangible such as reduced or dismissed charges

Early Research on MHCs

- Single site
- Completers/Graduates only
- No comparison group
- Short follow-up period
- Wide variation in point in time measures are taken
- Internal evaluations

2 Multi-site Studies with Comparison Groups

- MacArthur 4-site Mental Health Court Study
- NIJ 2-site Mental Health Court Study (same city)

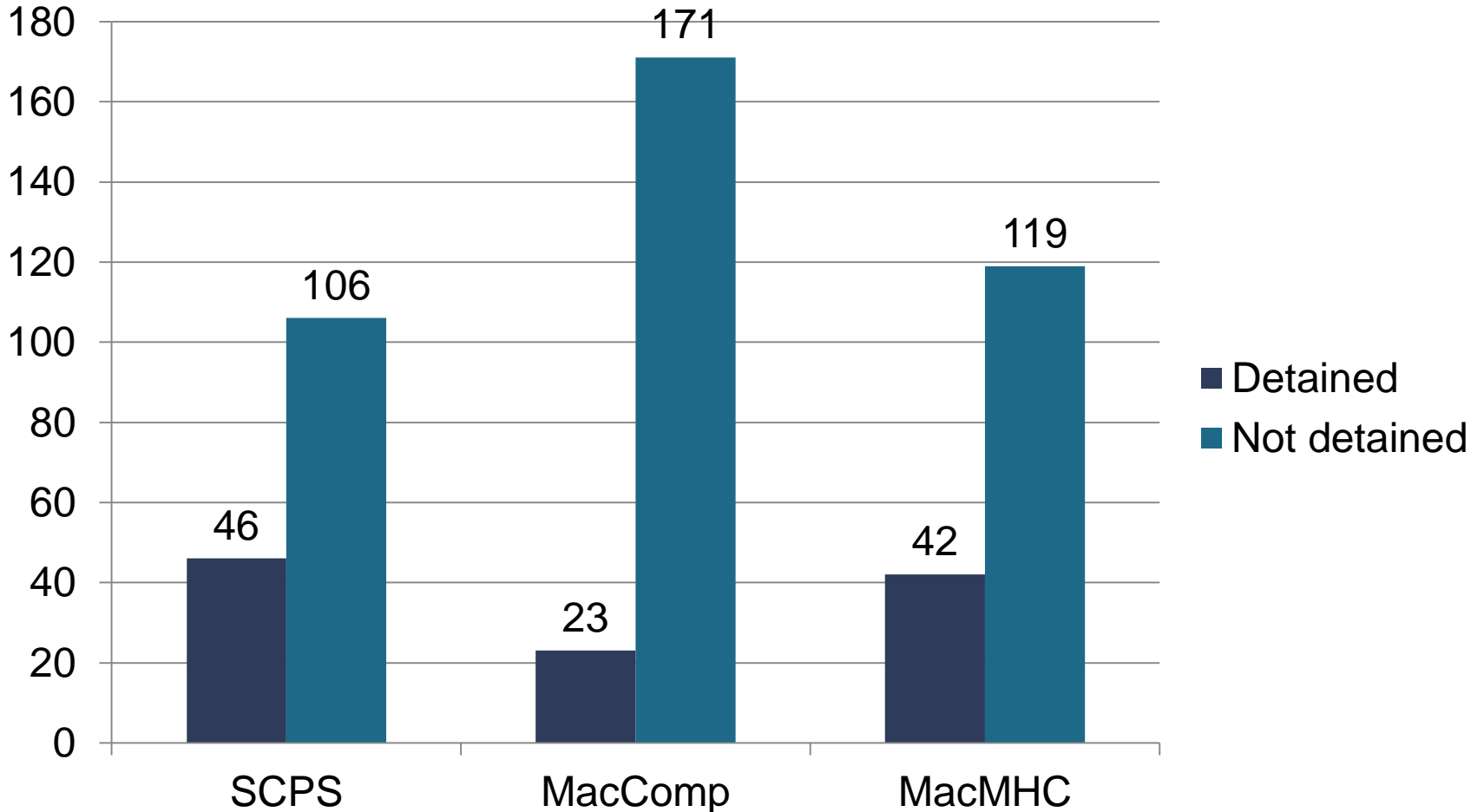
MacArthur MHC Study

- 4 Sites: San Francisco, Santa Clara, Indianapolis, & Minneapolis
- Comparison group in each site
- 3 year pre-MHC and 3 year post-MHC study period for each subject

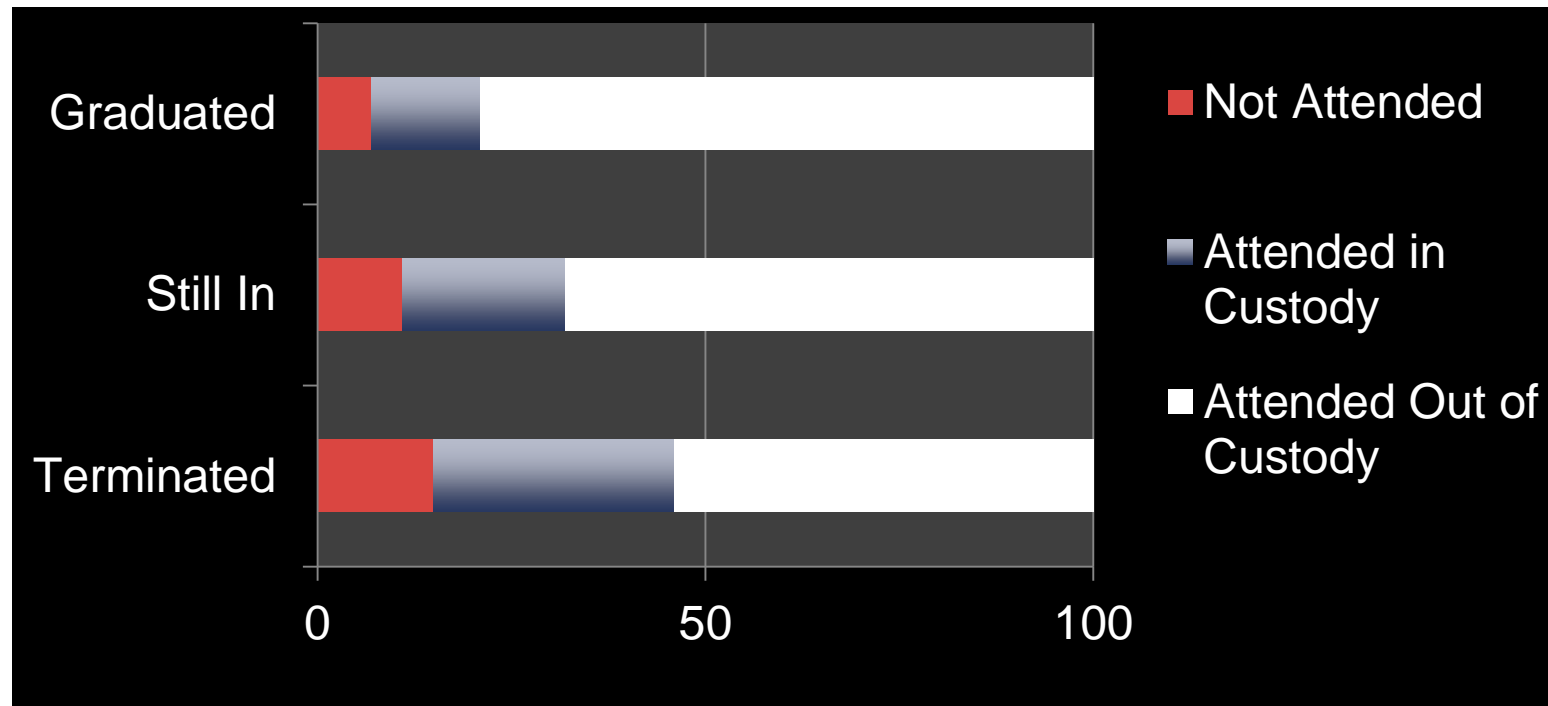
QUESTIONS:

1. How do MHCs work?
2. Do they link people to treatment?
3. Do they reduce recidivism?
4. Are they cost-effective?

Days from Arrest to Diversion or Disposition Based on Detainment Status



Proportion of MHC Hearings In & Out of Custody by Outcome



Processing in Mental Health Courts: 12 Month Outcomes in 4 Sites

	SF	SJ	MN	IN
Outcome	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
% Completed	31	39	40	81
% Terminated	38	21	48	17
% Still in MHC	32	40	12	2

Incentives in MHC

Would help participant:

- Case mgr/PO write good report to court (2.9/3.0)
- Judge say good things to you (2.7/3.0)
- Gift certificate: 2.6/3.0
- See judge less often: 2.4/3.0
- Clapping/praise in court: 2.2/3.0

Has happened in past 6M:

- 78% - judge said good things to you
- 69% - good report by case mgr/PO
- 51% - clapping/praise in court
- 42% - see judge less often
- 12% - received gift certificate

Sanctions in MHC

Would bother participant

- Go back to jail (3.0/3.0)
- Privileges taken away (2.6/3.0)
- Go to court more often &/or do community service (2.2/3.0)
- See MD, PhD, or PO more often &/or get lecture from judge (2.0/3.0)

Has happened in past 6M:

- 28% - lecture from judge
- 24% - see MD, PhD, PO more often
- 24% - go back to jail
- 23% - go to MHC more often
- 13% - privileges taken away
- 3% - community service

Who receives jail sanctions?

- Diagnosis – persons with COD; primary Dx not related
- Higher illegal drug use in past 30 days but only for those with substance use Dx; alcohol use is not related
- More pre-MHC arrests, jail stays, & jail days
- Did not think at BL that if they violated conditions they could go to jail
- No relationship between sex, race, marital status

Do MHCs Work?

Does participation in a MHC produce higher rates of treatment participation than processing through the regular criminal court among similar defendants?

- MHC participants are *more likely to receive tx* in the community (both pre & post)
- MHC participants receive tx in the community *more quickly* than comparison group upon release from jail
- MHC participants access & utilization of therapeutic & intensive services increases while under MHC supervision; crisis services decrease
- MHC participants “still in” after 1 year are high service utilizers with complicated clinical issues

Do MHCs Work?

Does participation in MHC produce better public safety outcomes than processing through the regular criminal justice system?

Any Post-18M Arrests?		
	NO	Yes
MHC (n=447)	44%	56%
Comp (n=600)	30%	70%
Total (n=1047)	36%	64%

Do MHCs Work?

Does participation in MHC produce better public safety outcomes than processing through the regular criminal justice system?

Annualized Arrests per 1 Year in Community			
	Pre-18M	Post-18M	% Reduction
MHC ¹	2.1	1.3	38%
Jail/Comp ²	2.6	2.0	23%

1 p<.001
1 p=.06

Annualized arrests takes into account days not “at risk” (e.g. in jail).

Who is more likely to be arrested in the post-18 month period?

Taking into account age, race, sex, BL CAI, sexual abuse hx, child abuse hx, illegal drug use past 30 days, Dx, pre-18M incarceration (yes/no, # days), & pre-18M arrests (yes/no, # days):

- Having used illegal drugs in past 30 days
- Greater number of pre-18M arrests
- Greater number of pre-18M days of incarceration.

Total Average Incarceration Days Pre & Post-18M

	Pre-18M	Post-18M	% Increase
MHC ¹	75	84	12%
Jail/Comp ²	75	152	101%

1 p=.08
2 p<.001

Public Safety Outcomes - Summary

Does participation in MHC produce better public safety outcomes than processing through the regular criminal justice system?

- Annualized arrests decline in post-entry period for both samples but decline is largest for MHCs.
- Jail days increases in the post-entry period for both samples but the increase is larger for the comparison group.
- MHCs meet the goal of improving public safety outcomes, especially when compared with the comparison group.

Importance of COD as Issue in Treatment Courts

- Persons with COD have greater impairment in psychosocial skills
- Less likely to enter/remain in treatment, more likely to relapse
- More likely to reoffend/recidivate
- Education – on the lower end of education levels
- Younger at 1st arrest
- More arrests since age 15

MHC Participation of Persons with COD

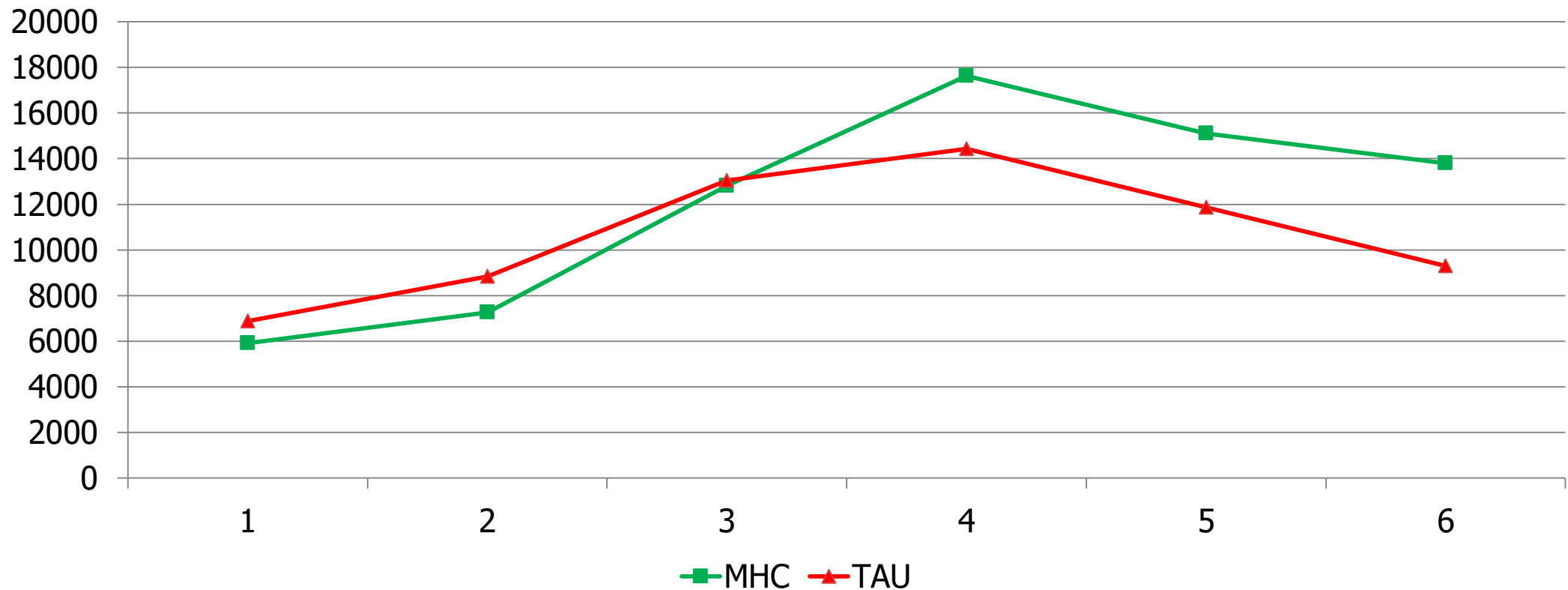
- Less likely to comply with judicial orders, appointments, & medications according to MHC officials.
- More likely to have their MHC hearings while in custody.
- More likely to be sanctioned by MHC, including returning to jail.

Outcomes of Persons with COD

- Arrests – 81% of persons with COD are re-arrested 18M post-enrollment v. 68% of persons without COD
- Jail – on average, persons with COD spend 2x as much time in jail post-MHC entry than persons without COD
- MHC Outcome – persons with COD are more likely to be terminated from MHC, more likely to be still under MHC supervisions at 12M, and less likely to graduate at 12M than other MHC participants without COD

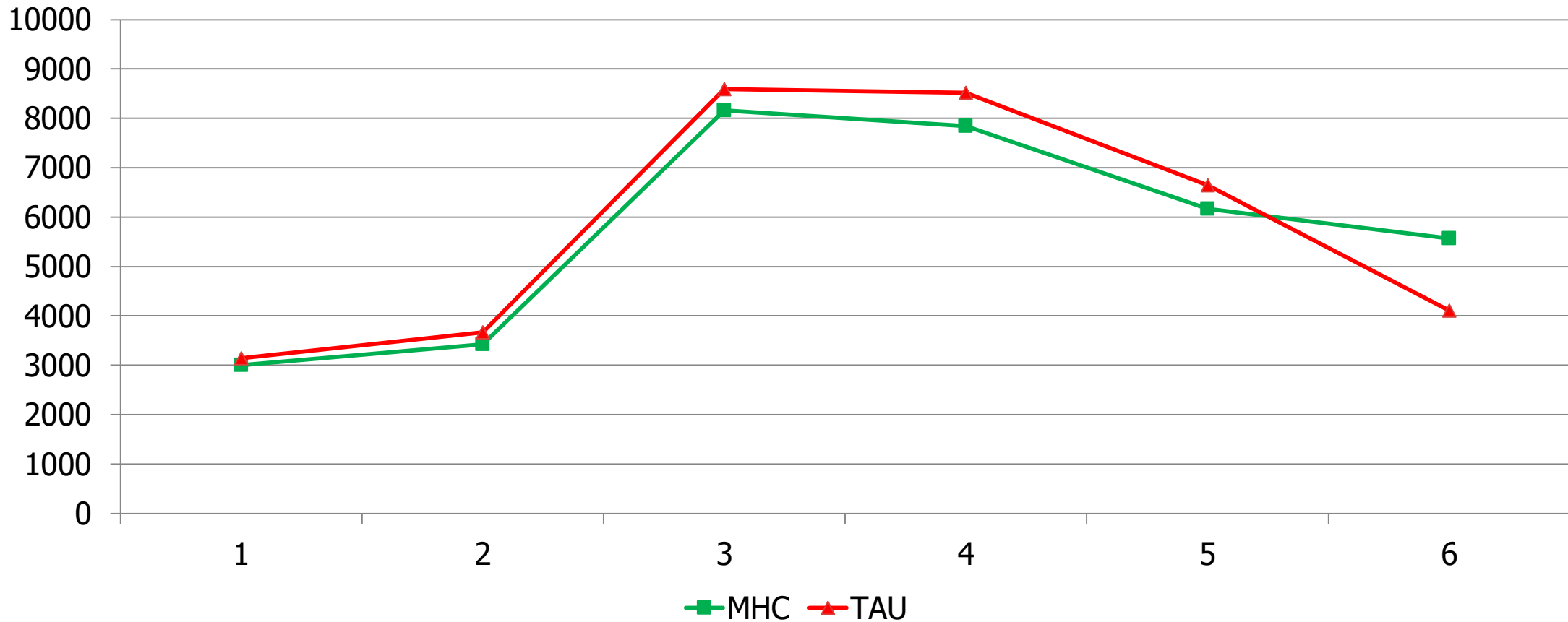
Are MHC Cost-Effective?

Year-by-Year Total Cost



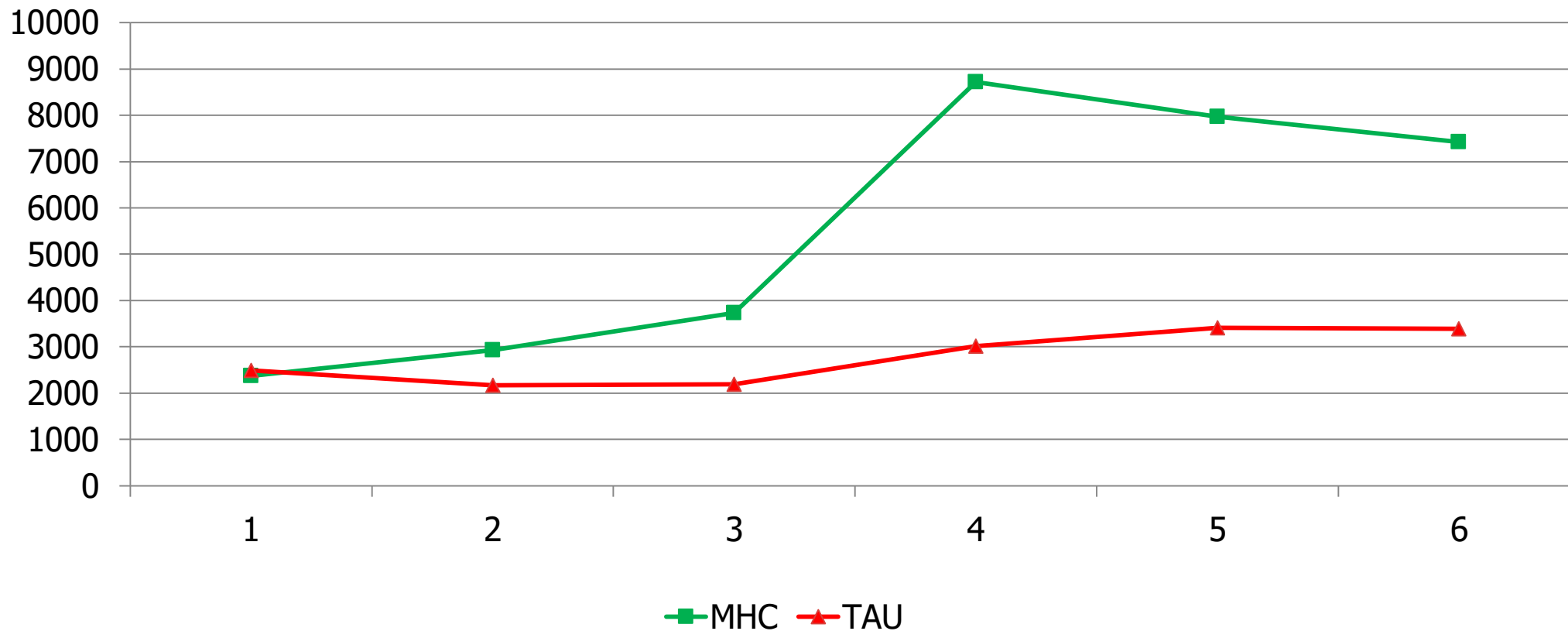
Are MHCs Cost-Effective?

Year-by-Year Criminal Justice Costs



Are MHCs Cost-Effective?

Year-by-Year Treatment Costs



Basic data to collect on participants to know if your MHC “works”:

- **Referrals & enrollments:**
 - Demographics
 - CJ History – self-report, official statistics
 - Local data bases
- **Treatment History:** self-report, MOUs with providers
- **Dates:** When referred, when assessed, when enrolled

Basic data to collect on participants to know if your MHC “works”:

- **Progress in Program:**
 - Phase/program progress – dates, reasons for change
 - Compliance with court orders, status hearings, tx, supervision
 - Sanctions & incentives – dates/types/reasons
 - Outcome – date/reason
- **Mid-program & exit Interview with all participants**

Basic Program Data

- **What are your program goals – are you collecting data you need?**
 - Recidivism? Improved Quality of life? Treatment adherence?
 - Linkages to EBPs in community?
 - Improvement in symptoms – mental illness, substance use, trauma?
 - Save money?
 - Sustainability – meet funding entities' requirements

Basic Program Data

- Referral – who, why/not, time, standardized screening
- Enrollment – first point of contact, who is agreeing/ refusing to enroll, how much time
- Implementation – phase/program advancement, need tracks, partner cooperation, gaps in service delivery
- Sanction/Incentives – rational? Who? Resources?
- Meeting program goals
- Meeting needs of participants

Steps to Know if Your MHC is Working:

1. Identify program goals – stakeholders, team
2. Identify data you need to measure each goal
3. Identify the person/people responsible for data collection, analysis, reporting
4. Set a reasonable time frame for implementation
5. Identify purpose of the data collection

Thank You



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