Mental Health Court Research Roundup: Applying Research to Practice

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March 26, 2013
Questions?

Please type your questions into the Q&A box on the lower right hand side of the screen.
Emerging Mental Health Court Research

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Poll Question

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Emerging Mental Health Court Research

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Welcome and Introduction

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Applying Mental Health Court Research to Practice

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Applying Mental Health Court Research to Practice

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Can the available MHC research address these key questions?

- Do mental health courts reduce recidivism?
- What kinds of defendants produce the most favorable mental health court outcomes—that is for whom do mental health courts work?
- What kind of data should mental health courts collect?
- Under what circumstances should mental health courts use jail as a sanction?
- What can mental health court teams do to facilitate the success of participants?
- Based on your research and work in this area, what advice do you have for courts to help sustain themselves beyond a federal grant.
Do mental health courts reduce recidivism?
Do mental health courts reduce recidivism?

Early Studies:
• Limited methodology
• Do mental health courts “work”?

Middle range studies:
• One site, comparison groups and/or pre-post designs
• MHCs were successful in improving CJ outcomes

Today’s Focus!

In a word, YES

Key Recent Studies:
• “MacArthur Study”, Steadman, Redlich, Callahan, Robbins, & Vesselinov (2013)
• Urban Institute – NIJ-funded – Rossman, Willison, Mallik-Kane, Kim, Debus-Sherrill, & Downey (2012)
Do mental health courts reduce recidivism?

“MacArthur Study” Steadman, Redlich, Callahan, Robbins, & Vesselinov (2013)

- 4 sites, pre/post design, comparison group (jail/treatment as usual) – felonies and misdemeanors
Do mental health courts reduce recidivism?

“MacArthur Study” Steadman, Redlich, Callahan, Robbins, & Vesselinov (2013)

- 4 sites, pre/post design, comparison group (jail/treatment as usual) – felonies and misdemeanors

Conclusions:

- Post-entry annualized (time at risk to reoffend) re-arrest rate significantly lower for MHC sample
- Post-entry incarceration days significantly lower for MHC sample
Do mental health court participants receive more treatment services than similar defendants?

- **12M prior to MHC enrollment**
  - More crisis episodes
  - More therapeutic treatment episodes than similar defendants

- **12M after MHC enrollment**
  - More intensive treatment episodes and therapeutic treatment episodes than similar defendants.
  - In other words, among MHC participants, there is a shift from crisis treatment to intensive treatment.
  - MHC participants access community treatment more quickly following discharge from jail than similar defendants.
Do mental health courts reduce recidivism?

- Urban Institute – NIJ-funded – Rossman, Willison, Mallik-Kane, Kim, Debus-Sherrill, & Downey,(2012)
  - 2 sites in NYC, “pre/post” design, comparison group (jail/treatment as usual) – felonies and misdemeanors
Do mental health courts reduce recidivism?

  - 2 sites in NYC, “pre/post” design, comparison group (jail/treatment as usual) – felonies and misdemeanors

Conclusions:
- Post-entry re-arrest rate was significantly lower for Brooklyn MHC sample, lower (ns) in the Bronx
- Post-entry re-conviction rate was significantly lower for Brooklyn MHC sample, lower (ns) in the Bronx
Do mental health courts reduce recidivism?

- Most outcome studies measure recidivism post-entry – most of the arrests measured occur while participant is still under MHC supervision.
- Five studies measuring arrests post-exit (longest follow-ups: 2 years post-exit) all find statistically significant reductions.

Yes, at least in the short-term.
Do mental health courts reduce recidivism?

- D.C. MHC study – Hiday, Wales, & Ray (2013).
  - pre-post (2 years), comparison group with same case management and services, pre-plea, misdemeanors, pretrial services agency
Do mental health courts reduce recidivism?

- D.C. MHC study – Hiday, Wales, & Ray (2013).
  - pre-post (2 years), comparison group with same case management and services, pre-plea, misdemeanors, pretrial services agency

- Conclusions:
  - Both MHC and comparison group had significantly fewer arrests one year post-exit
  - MHC graduates had significantly lower percentage arrested than comparison group and MHC non-completers. Of those arrested, MHC completers had:
    - Fewer arrests
    - Longer time before arrests
  - 2 year data currently being run
Do mental health courts reduce recidivism?

- Principal vulnerability in comparison group studies is selection bias – difficulty in controlling for differences between MHC and comparison groups arising from:
  - Selection criteria for acceptance into MHC – cherry picking
  - Volunteerism – are those agreeing to MHC more willing to change?

- We don’t know why MHCs work, although we do have theories, including:
  - Attention to criminogenic variables
  - Procedural justice
What kinds of defendants produce the most favorable mental health court outcomes—that is for whom do mental health courts work?
For whom do mental health courts work?

- **MacArthur Study:**
  - Re-arrest rates lower for MHC participants who:
    - Graduate from the program
    - Had lower pre-arrest and incarceration rates
    - Had treatment at baseline interview/admission to MHC
  - Re-incarceration rates lower for MHC participants who:
    - All of the above plus
    - Did not use illegal substances in past 30 days
    - Had a diagnosis of bi-polar disorder, rather than depression or schizophrenia
  - Demographic characteristics do not have an independent effect on “success”
For whom do mental health courts work?

- **Urban Institute/NIJ Study:**
  - In the Bronx, re-arrest rates lower for MHC participants who:
    - Are older (race and sex do not matter)
    - Are arrested for violent offenses compared with property or drug offenses
    - Do not have a diagnosis of substance use disorder, especially cocaine or heroin
For whom do mental health courts work?

- **MacArthur Study:**
  - **People with COD:**
    - Have lower education levels
    - Are younger at first arrest
    - Have had more arrests since age 15
    - No difference by demographics
  - Target arrests are most likely to be for drug offenses
  - No difference in the primary diagnosis – 77% Depressive Disorder; 75% Other Axis 1; 73% schizophrenia
For whom do mental health courts work?

- **MacArthur Study:**
  - **People with COD:**
    - Less likely to comply with MHC conditions including judicial orders, appointments, & medications
    - More likely to have their MHC hearings while in custody
    - More likely to be sanctioned, including a jail sanction
For whom do mental health courts work?

MacArthur Study:

People with COD:

- Less likely to comply with MHC conditions including judicial orders, appointments, & medications
- More likely to have their MHC hearings while in custody
- More likely to be sanctioned, including a jail sanction
- More likely to be re-arrested
- Spend 2x as much time in jail post-enrollment
- More likely to be terminated from MHC, more likely to still be under MHC supervision at 12M, and less likely to graduate by 12M
For whom do mental health courts work?

MacArthur Study (cont’d):

- Cost Implications of COD:
  - “high users” of treatment and CJ system: 55% of participants who did not have COD vs 33% of participants with COD

Urban Institute Study:

- Bronx: 66% had substance use disorder and Axis I/II diagnosis
- Brooklyn: 70% had substance use disorder and Axis I/II diagnosis
For whom do mental health courts work?

- **D.C. MHC study – Hiday, Wales, & Ray (2013).**
  - pre-post (2 years), comparison group with same case management and services, pre-plea, misdemeanors, pretrial services agency

- **Post-exit arrests fewer for MHC participants who:**
  - Graduate
  - Are older
  - Have fewer arrests in year prior
  - Have fewer arrests while in MHC
For whom do mental health courts work?

- Depending on the resources available to the MHC for coordinated treatment of COD,
- MHC may or may not be effective for severely mentally ill with substance abuse.
- Thus screeners for MHC admission should not rush to exclude younger persons with more arrests and COD. Many may be capable of success in MHC, and many have graduated.
  - MHCs often adjust the elements of treatment and services offered to fit participant needs, leading to better information as to what works and for whom

But we don’t really know, and won’t until we sort out the elements in MHC programs that have a positive effect
What kind of data should mental health courts collect?
What kind of data should mental health courts collect?

1. What is the purpose of your data?
   - Internal evaluation
   - Requirement of funding
   - External dissemination
   - Comparison with other programs

2. What are your resources?
   - Access to a researcher
   - Computer/IT resources – web-based programs
   - Program staff to reliably enter the data
What kind of data should mental health courts collect?

3. What outcomes must you measure?

4. Basic information:

Participants – Who is being referred?

Demographics
Screening/Assessments
  Psychiatric/diagnostic
  Substance use
  Trauma
  Level of functioning
  Risk for homelessness
Criminal justice
Social history
What kind of data should mental health courts collect?

4. Basic information (cont’d)
   a. *Process:*
      - Who is referring?
      - How long does each step take
      - What is the structure of the MHC team
      - What is the structure of the MHC hearings
      - Steps/ phases
   
   c. *Outcomes:*
      - Defining goals for each participant and path to reach goals
      - Post-enrollment/completion follow-up
What kind of data should mental health courts collect?

- We don’t know what causes persons with severe mental illness to commit crimes (although we have plenty of theories).
- Thus we’re trying to determine causes by finding what cures it, much as we’ve done with severe mental illness itself.
- Of key importance is recording the elements of treatment and services received by participants (along with participants’ demographics, clinical status, and history) so that we can link inputs to outcomes.
- Feedback from MHC participants – easier to collect when their answers can’t affect their release from supervision – on court processes and treatment programs can also be helpful.
Under what circumstances should mental health courts use jail as a sanction?
Under what circumstances should mental health courts use jail as a sanction?

- Philosophy of the judge and MHC team
- MHCs are not drug courts for persons with mental illness – they are different
  - Having illegal substances is a crime.
  - Have mental illness is not a crime.
- Why did the person not comply with a court order?
Under what circumstances should mental health courts use jail as a sanction?

- Clear understanding/agreement of objectives for graduated sanctions
  - Will a jail stay obtain this objective?

- Practical considerations:
  - Is there room at the jail?
  - Are there resources to process/transport the person?
  - Are there other options?
  - Will a jail sanction meet team’s objectives?
  - If you use jail as a sanction, what’s left?

- “Remand” is a sanction of last resort. Warrants are issued and/or executed in about 20-30% of MHC cases during program duration.
Under what circumstances should mental health courts use jail as a sanction?

MacArthur Study:

- Who reports having received a jail stay as a sanction? Those who:
  - had more MH symptoms at 6M interview
  - are likely to have been arrested for drug offense, least likely for violent offenses
  - were less likely to have received treatment in months prior to MHC enrollment
  - were homeless at enrollment & have had more days homeless
  - have had more arrests since age 15 & more pre-MHC incarcerations
  - report using illegal drugs in past 30 days & used more often
  - are reported to have lower compliance rates
  - are the least likely to think they’d go to jail if they violated conditions
Under what circumstances should mental health courts use jail as a sanction?

- Unaware of any empirical evidence showing jail sanctions to be effective in reducing recidivism in this population.
- Indeed, the entire rationale for MHCs is that penal incarceration did not seem to be effective.
- MHCs have experimented with a variety of sanctions in lieu of jail, or as a way to work off a suspended jail sanction, usually involving work for the benefit of others, to reinforce a sense of having something to contribute and of being useful to society.
- When used, jail should not interrupt daytime attendance at therapy and other service appointments for the MHC.
What can the mental health court team do to facilitate the success of participants?
What can the mental health court team do to facilitate the success of participants?

- Set individual goals with realistic steps for achieving those goals
- Maintain consistency within the team – philosophy, commitment, procedures, implementation
- Integrate peers into the team and service delivery (e.g. peer mentors, recovery coaches)
- Revisit MHC policies and procedures on a regular basis.
What can the mental health court team do to facilitate the success of participants?

- Use data to inform internal review to answer basic questions:
  - What are we doing well? Who are we doing well with?
  - What could we do better? Who could we do better with?
  - Where are our gaps?
  - Are we providing redundant services? Too many services?
  - Do we have the resources that match our participants? If no, how can we obtain those resources? Do we need new partners?

- Identify resources and partners in the community.

- Take advantage of training events that benefit participants (e.g. SOAR)

- Build allies across the entire system.
What can the mental health court team do to facilitate the success of participants?

- **Procedural Justice**
  - Treat the participant with respect – listen and take him/her seriously as a partner in the recovery process and insist that s/he do the same for you.
  - Indicate all directives and obligations clearly and explain them.
  - Reinforce the notion that participant’s presence is their choice, that they can always withdraw, and that participant is responsible for the consequences of their choices.
What can the mental health court team do to facilitate the success of participants?

- **Procedural Justice**
  - Constantly attempt to discern those aspects of participant’s behavior for which s/he can reasonably be held responsible and arrange assistance for those aspects beyond his/her capacities.
  - A prominent issue for many in this population is not being taken seriously by others, not being in control, and having no other function than to somehow stay alive. Demonstrating what participants can control and what they can do to be deserving of respect from others is often very helpful.
What can the mental health court team do to facilitate the success of participants?

- **Procedural Justice**
  - Strive for consistency and cohesiveness among team members in their treatment of participants.
  - Communicate with team members, preferably in advance of taking action.
Based on your work and research in this area, what advice do you have for courts to help sustain themselves beyond a federal grant?
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- Join the discussions of what your state’s program will look like
- Become the expert on ACA in your community, especially for justice-involved populations
- Justice-involved persons are not excluded in eligibility for Medicaid expansion
- ACA mandates parity for substance abuse and for mental health treatment
- Questions remain about whether residential treatment will be reimbursable
- ACA major implications for provision of services to populations usually in MHCs
Based on your work and research in this area, what advice do you have for courts to help sustain themselves beyond a federal grant?

Avoid claims that MHCs will save the community money – they might, but it is nearly impossible to show that they do. Instead,

- Identify key allies at each level of government (judges are good at this) – and advocate for your program
  - Publicity – get ahead of the news
  - Highlight your program and/or success stories
  - Create an informative, short, printed FYI guide about your program – distribute it
Based on your work and research in this area, what advice do you have for courts to help sustain themselves beyond a federal grant?

- Go to community events, places of gatherings, schools, organizations – promote it
- Invite the media to your status hearings
- Take the media on a tour of the treatment facilities
- Explain why this court is an integral part of the community
Based on your work and research in this area, what advice do you have for courts to help sustain themselves beyond a federal grant?

Identify key stakeholders and partners in your community

- Consult the “Sequential Intercept Model” (SIM)
- Identify at least one partner at each intercept who are directly affected by your court program – be creative
Based on your work and research in this area, what advice do you have for courts to help sustain themselves beyond a federal grant?

- **Convene and work your stakeholder group**
  - Meet regularly with objectives and agenda, take minutes
  - Form subcommittees on key topics such as housing, transportation, screening/assessment – have them report out to full committee
  - Invite the local college or university to be the evaluator of your court or the work group
Based on your research and work in this area, what advice do you have for courts to help sustain themselves beyond a federal grant?

Do everything Dr. Callahan advises!!
What does the research say about juvenile mental health courts?
Additional Information: Juvenile Mental Health Courts

Eligibility Criteria

- **Mental Health:**
  - Generally include all serious mental disorders and co-occurring disorder
  - Exclude conduct disorder, developmental disabilities, or substance use as primary diagnosis

- **Offense:**
  - Most have some statutory exclusion such as sex offenses, gang-related offenses, and drug trafficking
  - Most accept some violent offenses, even if they officially state they do not
  - Few accept status offenses as the target offense

Age range: Most common age range 13-17

Source: Callahan, Cocozza, Steadman, & Tillman (2012)
Additional Information: Juvenile Mental Health Courts

Structure of JMHCs

- Partnership between juvenile court and juvenile probation
- Wider stakeholder coordination is required than with adult MHCs
- No federal funding (except planning grants) – little state funding, more likely local
Additional Information: Juvenile Mental Health Courts

Structure of JMHCs

- Interdisciplinary team – judge, probation, program coordinator, district attorney, defense attorney, providers
- Separate docket within juvenile court, status hearings, team meetings
- Intake – multiple points of access to program
- Length of program – 6 to 12M (in practice, longer)
- Dismissal/expunging of charges – fewer than 50%
Additional Information: Juvenile Mental Health Courts

- **Incentives:**
  - Praise from team and others in program
  - Reduced supervision
  - Reduced curfew
  - Rewards such as gift cards
  - Placement in jobs, internships, etc.
  - Earning back privileges (e.g. cell phone)
Additional Information: Juvenile Mental Health Courts

- **Sanctions:**
  - Admonishment from team and others in program
  - Increased supervision – hearings, drug testing, check in with probation
  - Increased curfew
  - Loss of privileges
  - Community service
  - “Homework”
  - Out of home placement
  - Local detention
  - Regional or state detention
Research Overviewed in Today’s Presentation

- Callahan, Cocozza, Steadman, & Tillman, “A national survey of juvenile mental health courts.” *Psychiatric Services, 63*, (2012): 130-137


Research Overviewed in Today’s Presentation


Questions?

Please type your questions into the Q&A box on the lower right hand side of the screen.
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• Sign up for the monthly CP newsletter to receive news about upcoming distance learning and funding opportunities.

• The Consensus Project is continually updating its website with materials relevant to the CJ and MH fields.

• consensusproject.org
Thank you!
For additional information, please contact:

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The webinar recording and PowerPoint presentation will be available on www.consensusproject.org within a few days.

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