

# Outcome and Cost Evaluation of the Saskatoon Mental Health Strategy (MHS) Court

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## Background

- The central goal of mental health courts (MHCs) is to divert justice-involved persons living with mental illness away from the traditional court system by integrating treatment provisions with principles of the law (Schneider, Bloom & Heerema, 2007).
- The Saskatoon Mental Health Strategy (MHS) Court**
  - Established to meet the needs of individuals with mental health conditions or cognitive impairments progressing through the criminal justice system (Barron, Moore, Luther & Wormith, 2015).
  - Comprised of a designated Provincial Court Judge, a crown prosecutor, defence counsel, and representatives from a variety of services (e.g., Mental Health and Addiction Services, Saskatoon Community Corrections, FASD Network, Elizabeth Fry Society, Social Services, Saskatoon Crisis, Saskatoon Community Mediation Services).

## Study Objectives

- Research Questions:**
  - Did involvement with the Court increase clients' future mental health service utilization?
  - Did involvement with the Court improve clients' mental health?
  - Did the Court succeed in reducing further justice involvement for clients?
  - Did involvement with the Court reduce criminal justice (CJ) costs of clients?

## Methodology

- Data Sources:**
  - Saskatchewan Ministry of Justice – arrest, conviction, court case, court appearances and sentencing administrative data
  - Saskatoon Police Service – calls for service and police contact data
  - Saskatoon Health Region Authority
    - Addictions and Mental Health Information System (AMIS) - Mental health episodes, presenting problems, service utilization and mental health and addictions treatment data
    - National Ambulatory Care Reporting System (NACRs) - In-patient and emergency room visits at the Royal University Hospital, Saskatoon City Hospital, and St Paul's Hospital data
- Measures:**
  - Arrest and conviction charges
  - Case charge, appearances, and sentence
  - Police contacts
  - Mental health diagnosis, treatment and services
  - Hospital emergency room and in-patient visits
- Analytic Approach:**
  - Pre-post analysis of criminal justice and health outcomes
    - Pre-program entry variables compared to post-program entry variables for a 1-year and, where available, a 2-year period
    - Pre- and post-program entry means were compared using paired-samples t-tests for the same participants (Field, 2009)
    - Pre- and post-program entry dichotomous (yes/no) variables were compared using the McNemar Test
  - Pre-post cost analysis
    - Pre- and post-program entry court cases compared for the 1- and 2-year intervals using Garbor's (2015) mean cost (outliers removed) estimates

## Results

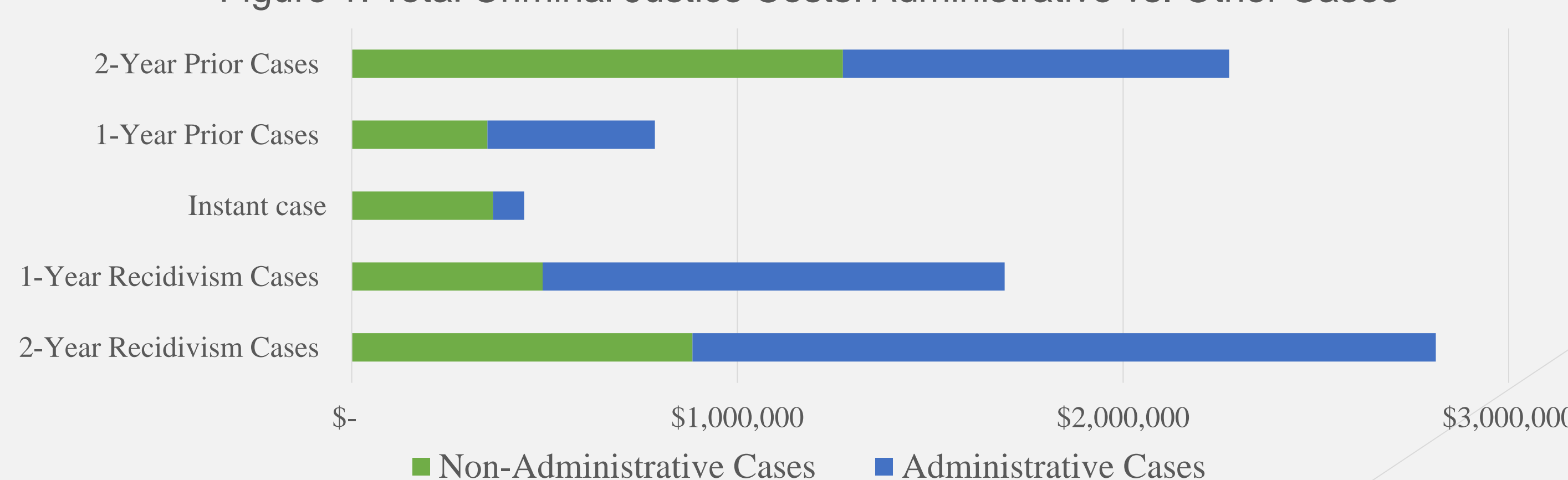
Table 1. Health Conditions, Service Utilization (1 Year Pre-Post Program Analysis)

	Participants=89	Pre-Program Entry	Post-Program Entry	Test Statistic
<b>Mental Health Episode</b>		<b>40%</b>	<b>36%</b>	<b>5.18</b>
Any Substance-Related and Addictive Disorders		24%	19%	25.74
Any Non-Substance-Related and Addictive Disorders		10%	15%	2.82
Any Neurocognitive or Neurodevelopmental Disorder		1%	0%	
Any Unknown Disorders		11%	7%	0.81
Mean # of Mental Health Episodes		.63 (.96)	.48 (.80)	1.56
Duration Mental Health Episodes (Days)		119.33 (147.11)	148.63 (153.30)	-2.49*
<b>Mental Health Service</b>		<b>55%</b>	<b>58%</b>	<b>13.10</b>
Detox		18%	20%	54.72
Drug/Addiction Tx (not detox)		16%	9%	0.57
Psychiatric In-Patient		28%	25%	4.36
Individual Psychiatric or Mental Health Counselling		19%	24%	1.60
Group Counselling/treatment (not drug)		8%	12%	0.03
Intake & Case Management (Screening/Risk Assessment)		3%	1%	0.04
Residential/Transitional Program		7%	8%	0.69
Other Program		11%	6%	12.63
Mean # of Mental Health Services		2.90 (4.22)	3.17 (5.92)	-0.55
Duration Mental Service (Days)		219.11 (374.70)	253.26 (365.34)	-2.49*
<b>In-Patient Admits</b>		<b>25%</b>	<b>15%</b>	<b>10.86†</b>
Mean # of In-Patients Admits		.47 (.98)	.27 (.78)	1.73†
Mean # of In-Patient Days		6.25 (16.93)	5.31 (18.73)	0.40
<b>ER Visit</b>		<b>43%</b>	<b>29%</b>	<b>26.38*</b>
Mean # of ER Visits		2.10 (4.72)	2.03 (5.87)	0.19
Mean # of hours in ER		13.13 (28.55)	12.44 (39.61)	0.24

Table 2. Criminal Behaviour: Pre-Post Program Analysis

	Participants=89	Pre-Program Entry	Post-Program Entry	Test Statistic
<b>Police Contact (1 Year)</b>		<b>82%</b>	<b>75%</b>	<b>6.52</b>
Any Crime Involvement		81%	69%	4.91†
Any Crime Victimization		27%	18%	8.28
<b>Arrests (1 Year)</b>		<b>70%</b>	<b>61%</b>	<b>121.4%</b>
Any Violent Arrest		25%	12%	0.04*
Any Non-Violent Arrest		64%	60%	13.15
<b>Court Cases (1 Year)</b>		<b>53%</b>	<b>73%</b>	<b>10.20**</b>
Mean # Court Appearances		6.88 (6.90)	9.51 (8.35)	-3.05**
<b>Convictions (1 Year)</b>		<b>28%</b>	<b>51%</b>	<b>1.24**</b>
Any Violent Conviction		11%	17%	4.31
Any Non-Violent Conviction		25%	48%	2.75**
<b>Police Contact (2 Years)</b>		<b>90%</b>	<b>84%</b>	<b>2.21</b>
Any Crime Involvement		89%	82%	7.52
Any Crime Victimization		47%	29%	6.13**
<b>Arrests (2 Years)</b>		<b>78%</b>	<b>67%</b>	<b>16.44†</b>
Any Violent Arrest		36%	24%	0.06†
Any Non-Violent Arrest		72%	64%	15.503
<b>Court cases (2 Years)</b>		<b>66%</b>	<b>79%</b>	<b>17.27*</b>
Mean # Court Appearances		11.93 (10.78)	15.64 (15.43)	-2.49*
<b>Convictions (2 Years)</b>		<b>48%</b>	<b>64%</b>	<b>13.99*</b>
Any Violent Conviction		25%	28%	4.36
Any Non-Violent Conviction		42%	61%	14.17**

Figure 1: Total Criminal Justice Costs: Administrative vs. Other Cases



## Discussion

- One-third of participants received a neurocognitive or neurodevelopmental (including FASD) diagnosis between 2010 and 2015 (results not shown).
- Consistent with the Court's goals of meeting participants' mental health needs and reducing their health service utilization:
  - Mental health service utilization generally **increased** in the 1-year pre-post program entry interval;
  - Hospital in-patient and emergency room visits **declined** in the 1-year pre-post program entry interval.
- Inconsistent results in the Court's goal to reduce future CJ involvement were found:
  - Success: Police contacts and arrests **declined** post program entry
  - Court cases and convictions **increased** at the 1-year and 2-year pre-post program entry intervals.
- Criminal justice costs increased at the 1-year and 2-year pre-post program entry intervals, primarily due to administrative (i.e., failure to appear/comply, breach of probation) charges.

## Recommendations

- Re-evaluate how administrative charges are applied.** The majority of post-program arrests, court cases and convictions were administrative charges. Instead of charging for non-compliance, case plan modification could:
  - Meet clients' needs, thereby improving the lives of clients;
  - Reduce criminal justice costs.
- Appoint a dedicated Case Manager.** Case Managers coordinates service provision for clients' CJ, mental health and other needs. A dedicated CM can:
  - Provide necessary support to service representatives;
  - Improve participants quality of life;
  - Reduce recidivism and costs.

## Limitations

- No comparison group
  - Conclusions about outcomes for similarly situated individuals processed via the traditional Criminal Justice System are beyond the scope of this study.
- Duration of follow-up data
  - We compare pre-program entry to post-program entry, with the date the instant case was transferred to the MHS Court being used as the cut-off date.
- Data availability
  - Demographic data was unavailable, which stymied subgroup analysis by gender and ethnicity.
- Available mental health data
  - Since mental health data was not tracked by the Court, we were unable to link data received from AMIS to the instant case.

## References

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