

Are Mental Health Courts a Good Idea?

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What is a Mental Health Court (MHC)?

- Therapeutic Jurisprudence
- Single Docket
- Voluntary
- Team
- Treatment Plan / Contract
- Supervision
- Graduation

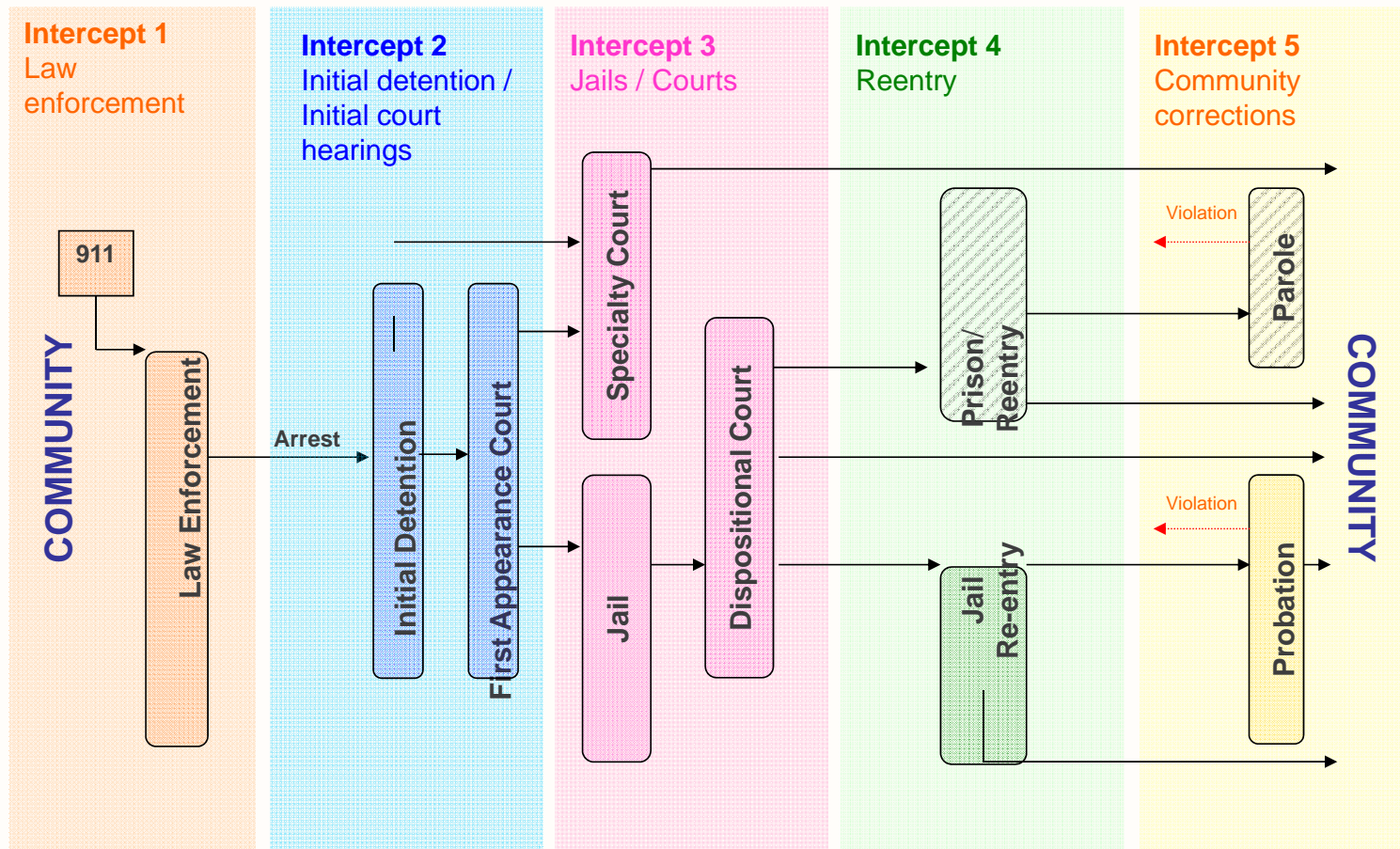
What is a Mental Health Court (MHC)?

- The primary goals of MHCs are to reduce recidivism (the revolving door) and enhance access to and engagement in community treatment

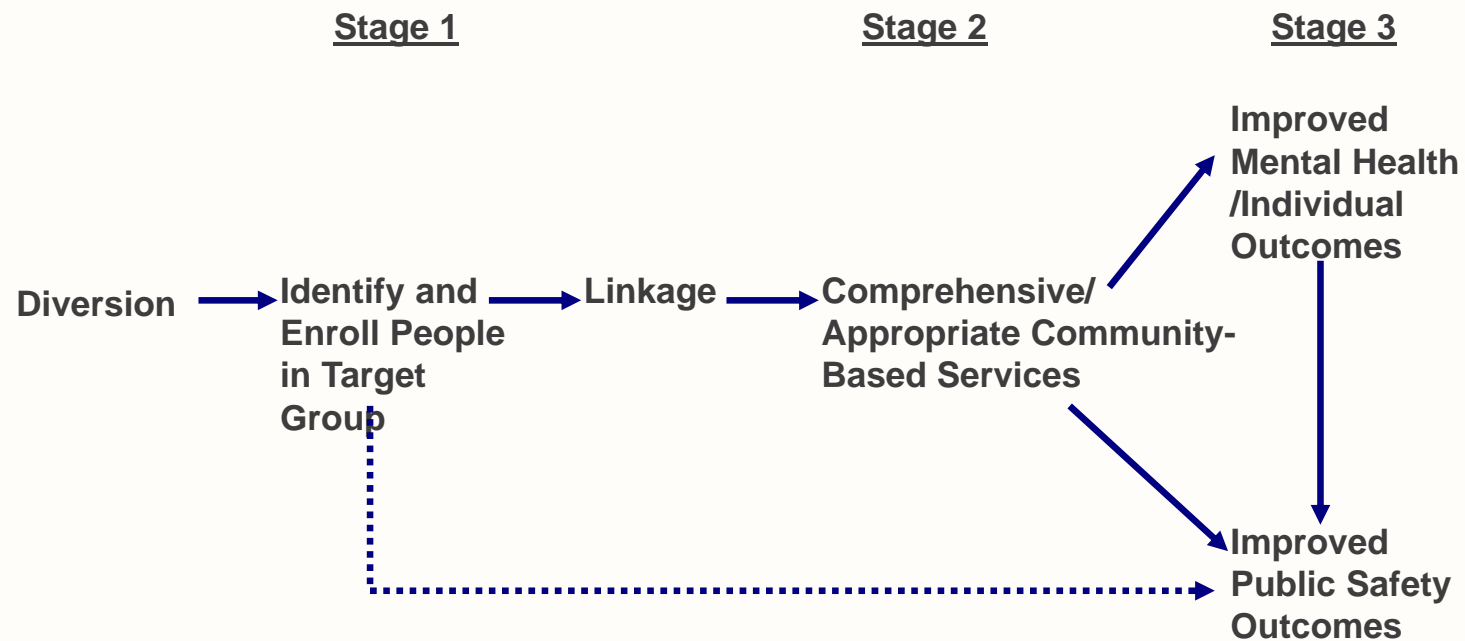
MHC Growth

- U.S.: 2 in 1997 - 350 in 2016
- Canada: 1 in 1998 (Toronto) - 22 in 2013

Sequential Intercept Model



Original Diversion (MHC) Logic Model



Toward a New Understanding of Mental Health Courts

Carol Fidler

Judges Journal 54 (2) 8-13, (Spring, 2015)

“...to date, only about a dozen mental health courts have been subject to rigorous evaluations comparing participants with control groups in traditional courts”

Fisler, 2015

Compared to defendants in traditional courts, mental health court defendants have lower rates of re-offending, longer time in the community before committing new offenses, and fewer days of incarceration

Fisler, 2015



Currently there are no peer-reviewed evaluations of Canadian mental health courts

Process Evaluation of the Saskatoon Mental Health Strategy
(MHS) K.Barron, C. Moon, G. Luther

J.S. Warmouth University of Saskatchewan

February, 2015

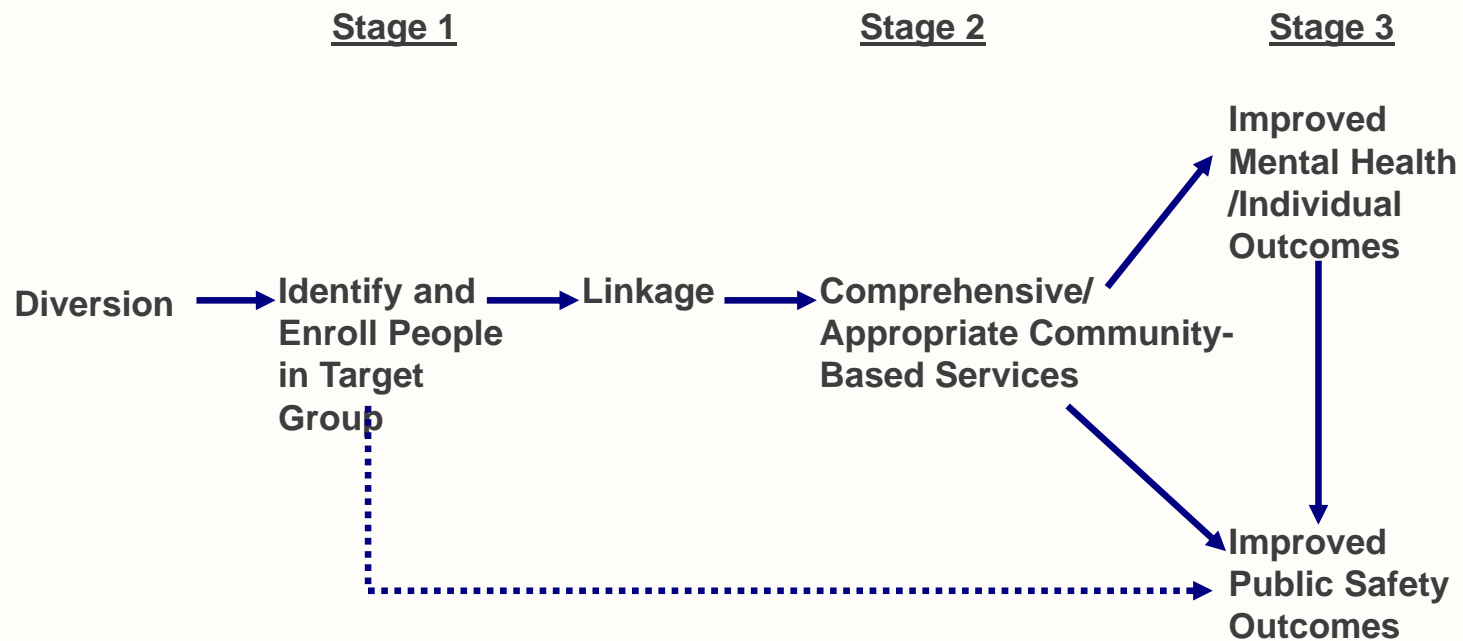


Client outcomes data on court support and diversion programs is limited, but what information that does exist is positive

Mental Health & Criminal Justice Policy Framework
Center for Addiction and Mental Health
October, 2013



Original Diversion (MHC) Logic Model



Study Design

- Study Sites:
 - San Francisco, Minneapolis, Indianapolis
- 2 Samples: MHC (n=296) & TAU (n=386)

Study Design

- Pre v Post Cost Effectiveness Analysis (CEA):
 - Pre = 3 years prior to target arrest
 - Post = 3 years after “resolution” of target arrest
 - Omitted – target arrest costs

Unit Cost Measures Adjusted for In/deflation

- Criminal Justice Costs:
 - Jail/Prison – per diem (McCollister et al., 2003)
 - Arrests – includes arrest/transportation/booking for all crimes (Clark et al., 1999)
 - Court – per hearing costs from SF BHC Cost Study
- Community Treatment Costs:
 - Medicaid reimbursed services
 - Excludes state psychiatric hospitalization

Per Event CJ Cost (2010)

Per arrest=Police+ct+atty+sheriff trans	\$2893.94
Per Hearing MHC Processing Cost	\$202.52
Per Day Jail Stay Cost	
• San Francisco	\$111.38
• Santa Clara	\$103.30
• Hennepin	\$108.76
• Marion	\$39.96
Per Day Prison Cost	
• San Francisco	\$125.41
• Santa Clara	\$125.41
• Hennepin	\$90.69
• Marion	\$54.83
Jail Tx Costs	
Per Day Medication & Per Day Special Housing	\$10.13

Per Event Treatment Cost (2010)

Emergency, Crisis	\$331.28
Emergency, APS, Suicide Risk	\$239.76
Psychiatric Inpatient, case management	\$57.55
Residential, 24h care/crisis	\$108.81
Detoxification	\$152.75
Outpatient treatment, non-medical assessment/evaluation	\$151.57
Case Management	\$57.55
Medication Management	\$56.90
Residential Care	\$77.80
Residential, supported housing	\$134.07
Other, including medical, voc/rehab, psychosocial rehab	\$128.58

Annualized Number of Arrests Per One Year in Community

	Pre-18 Months	Post-18 Months	% Reduction
MHC ¹	2.1	1.3	38%
Jail/TAU ²	2.6	2.0	23%

¹ p<.001

² n.s.

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

Among MHC subjects, who is more likely to be arrested in the post-18 month period?

Taking into account age, race, sex, baseline CSI, sexual abuse hx, illegal drug use past 30 days, child abuse hx, diagnosis, pre-18M incarceration (Y/N & # days), and pre-18M arrests (Y/N & #)

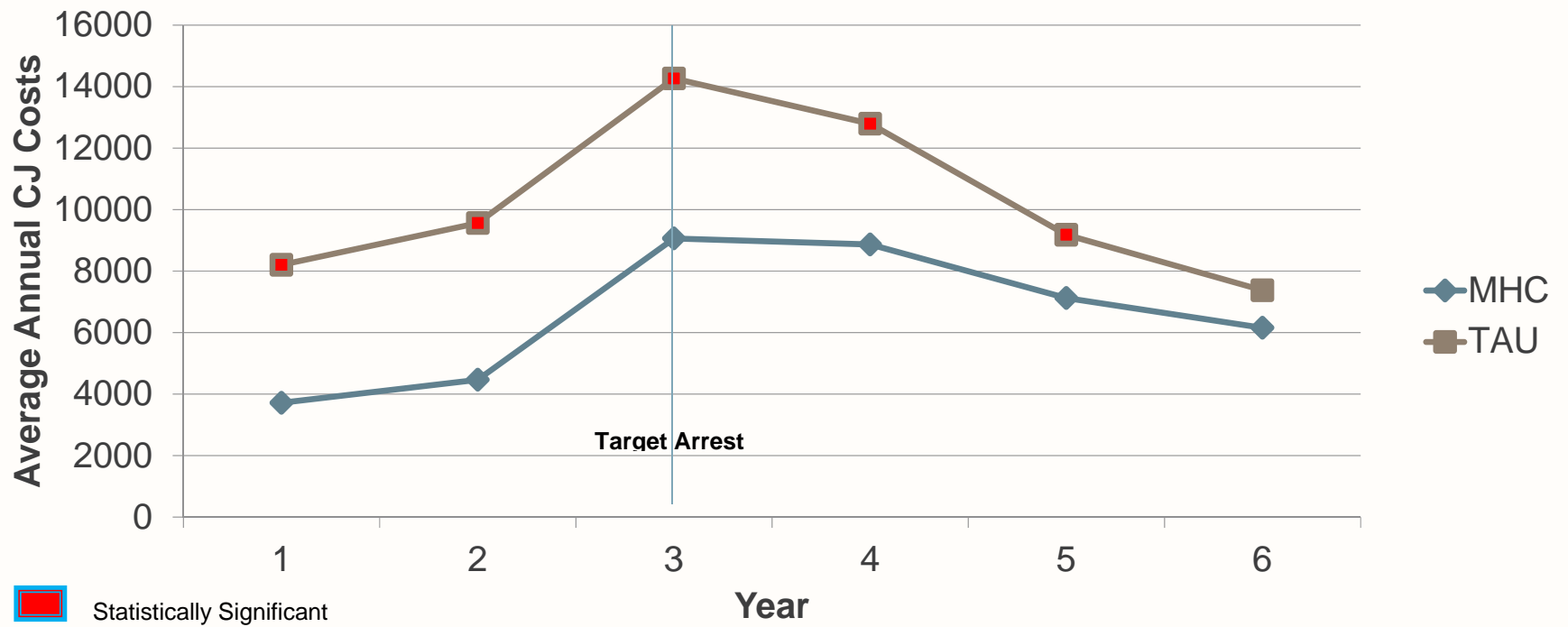
- Greater number of pre-18M arrests
- Greater number of pre-18M days of incarceration
- Having used illegal drugs in past 30 days

Total Average Incarceration Days Pre & Post 18 Months

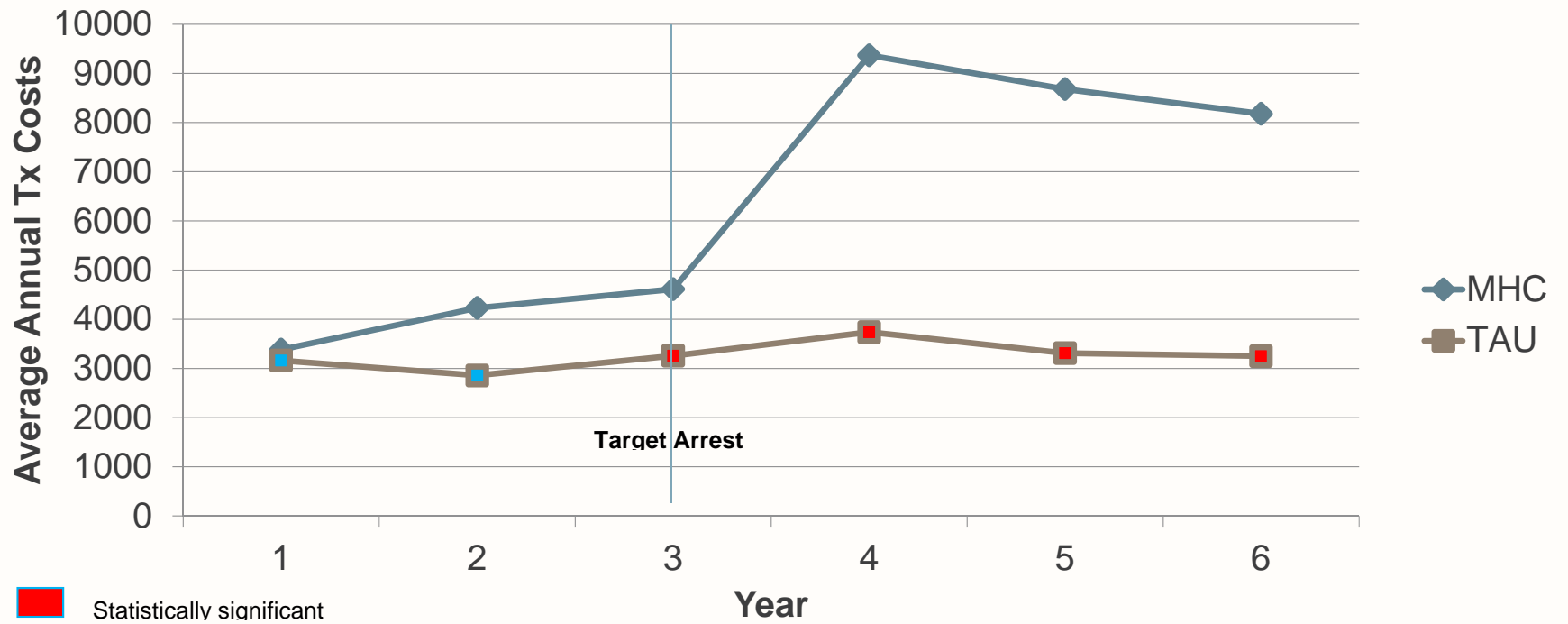
	Pre-18 Months	Post-18 Months	% Increase
MHC ¹	75	84	12%
Jail/TAU ²	75	152	101%

¹ MHC $p=.08$ ² Jail/TAU
 $p<.001$

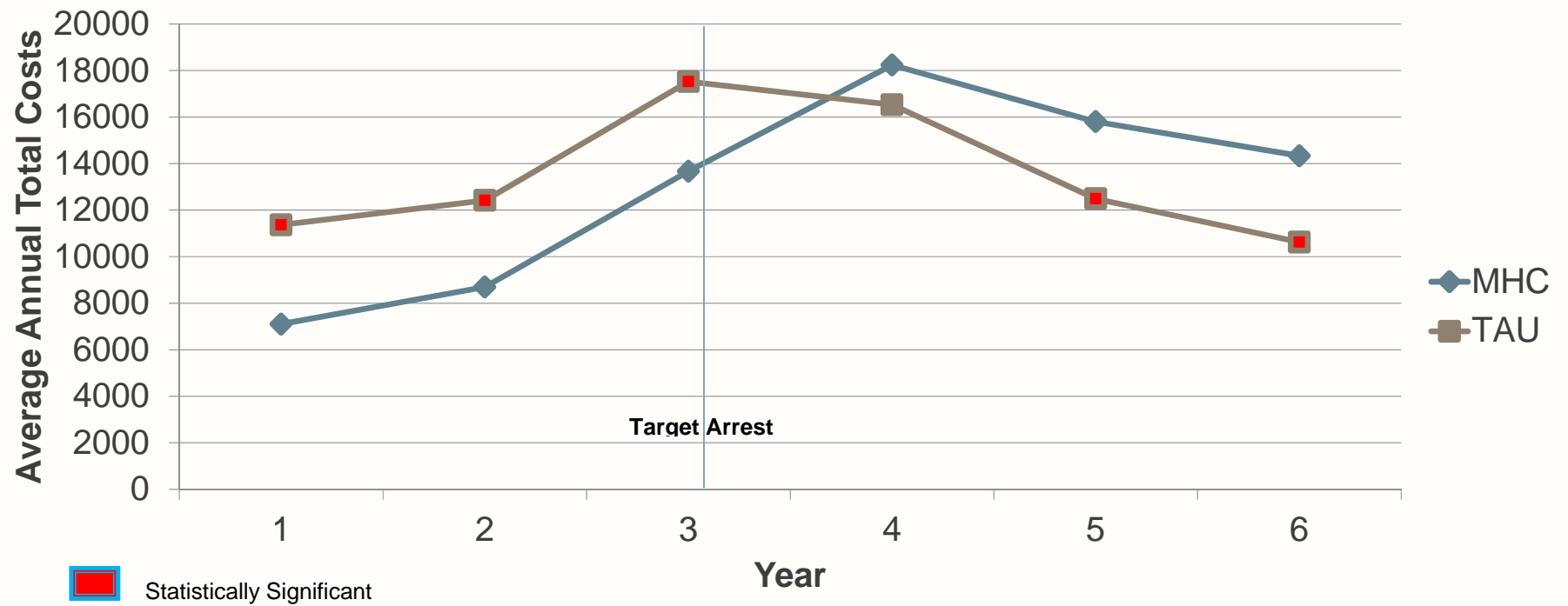
Criminal Justice Average Costs



Community Treatment Average Costs



Total Average Costs - (CJ+TX)



Pre to Post MHC Costs by Site

	Minneapolis	Indianapolis	San Francisco
% MHC Subjects Decreased Costs 3YPre to 3Y Post	61%	40%	20%

High Cost MHC Subjects

- The only variables related to costs are pre-enrollment incarceration days (more) and having diagnosis of mental health/substance use co-occurring disorder (COD)
- Persons with a COD are “high users” of Tx & CJ system, particularly jail days
- The post-entry costs (CJ+MH) went down for 55% of the participants who do not have COD
- Costs went down for 33% of participants with COD.

Primary Diagnosis & COD

What proportion of MHC participants (by primary diagnosis) also have a COD?

- Schizophrenia – 73%
- Other Axis I – 75%
- Bi-Polar Disorder – 72%
- Depressive Disorder – 77%
- Other Diagnosis – 79%

N.S

Are MHCs a Good Idea?

It depends on your goals

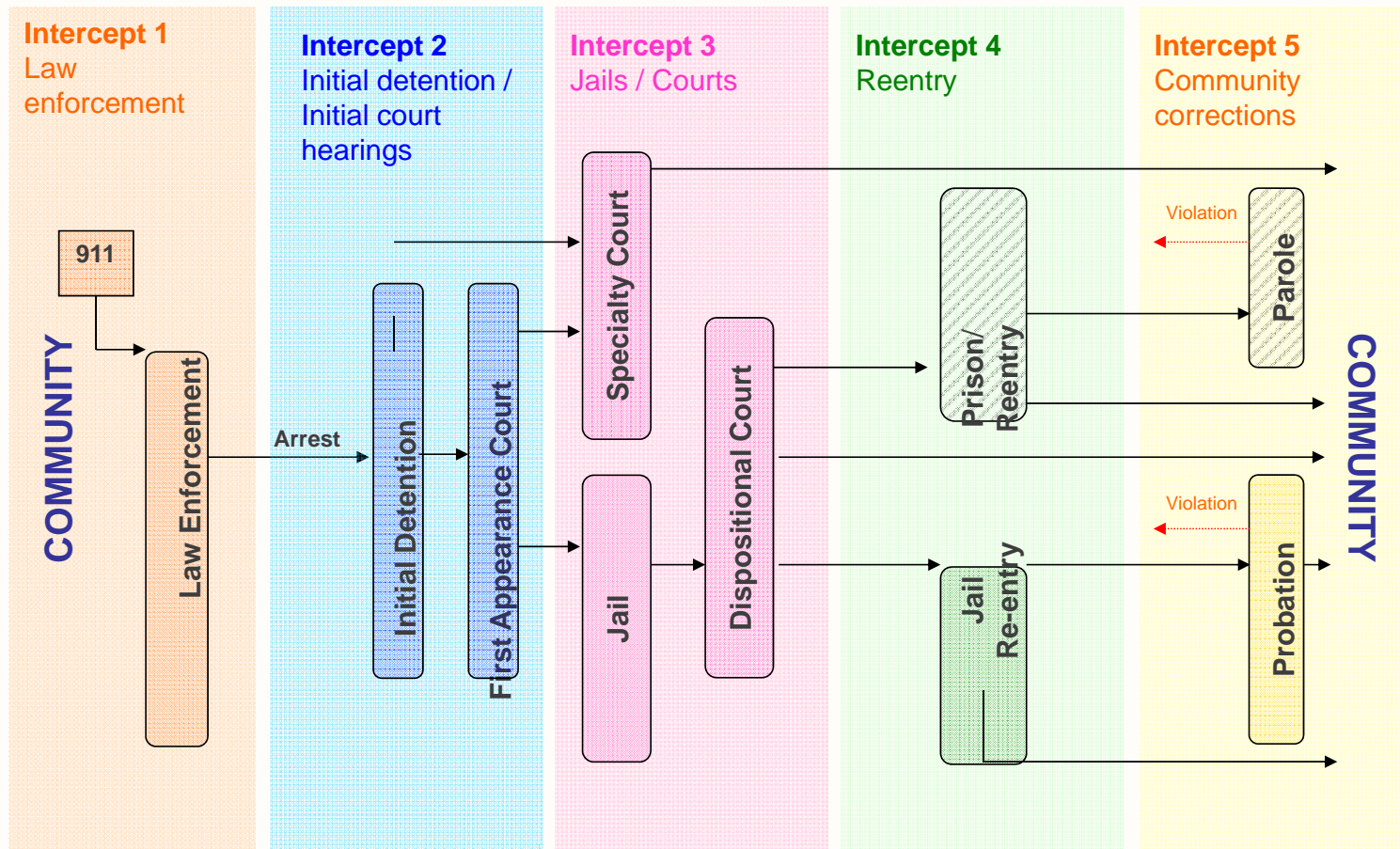
Yes

- To engage a hard to serve target population if you have appropriate services

No

- If you see this as the solution to service needs for justice-involved persons with behavioral health disorders, if only you could bring it to scale

Sequential Intercept Model



Final Thoughts

- MHCs are one part of a solution
- MHCs work for public safety goals
 - MHCs can work better

Diversion To What?