

Michigan Mental Health Courts: Cross-site Evaluation

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Common Characteristics of Drug & Mental Health Courts

- Judicially supervised team of people including court staff, the prosecutor, defense attorney, and treatment providers.
- Frequent status hearings to assess adherence and progress.
- Overall goal to enhance public safety and improve quality of life for participant by placing individuals into treatment services addressing unique needs.
- Criteria defining the terms of completion.

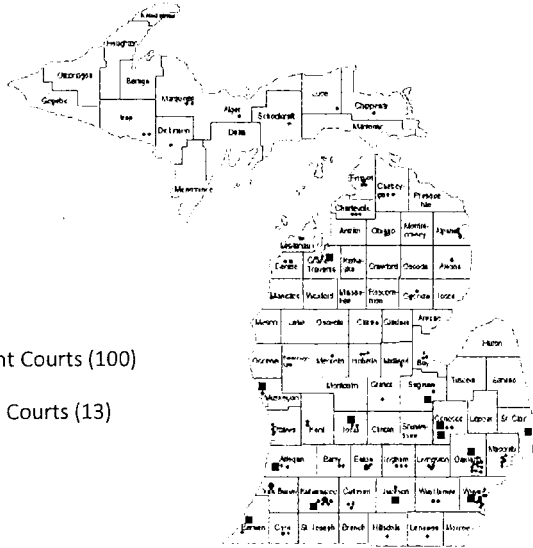
Problem-Solving Courts – A National Trend

- Problem-solving courts emerged in the early 1990s to target offenders with specific issues that could not or were not being adequately address in traditional courts.
- An innovative response to dealing with the individuals' problems, including drug abuse, mental illness, and domestic violence.
- Drug Courts most widely implemented problem-solving courts.

MHC in Michigan: Funding by SCAO/MDCH

- Three counties received some MDCH funds for support of a MHC in 07/08 FY.
- In 2008 proposal issued by MDCH and SCAO.
- Nine Courts Funded: Berrien, Genesee, Jackson, Livingston, Oakland, Grand Traverse, Otsego, St. Clair, and Wayne.

2012 Problem Solving Courts by County

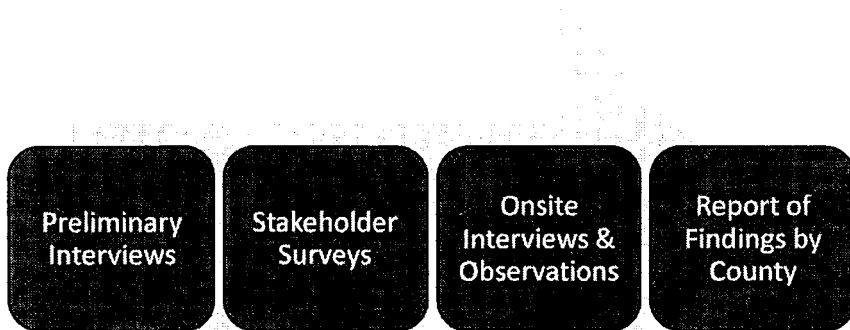


- Drug Treatment Courts (100)
- Mental Health Courts (13)

Evaluation Efforts

- SCAO evaluation
 - Process and Outcome
 - Uses primarily SCCM/CJ data
- MDCH evaluation augments
 - Process and Outcomes associated with 8 courts
 - Uses data from multiple sources including SCCM
 - MSP
 - Jails in each county
 - CMH Encounter
 - Substance Abuse Treatment
 - OTIS - MDOC

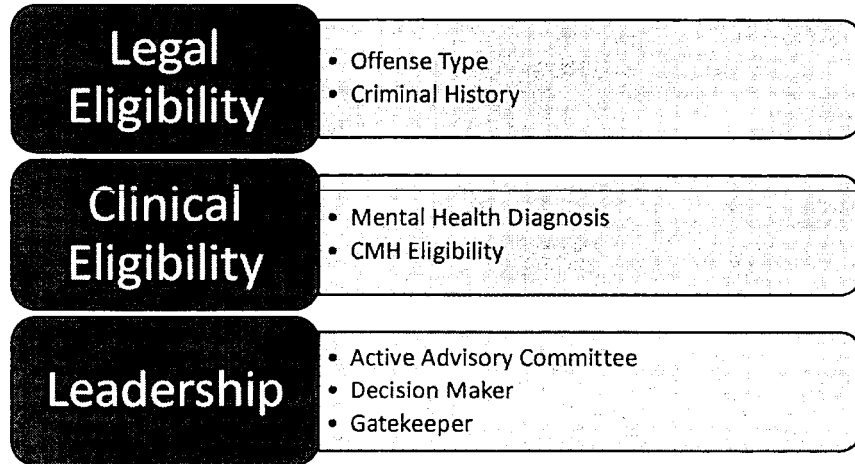
Process Methods



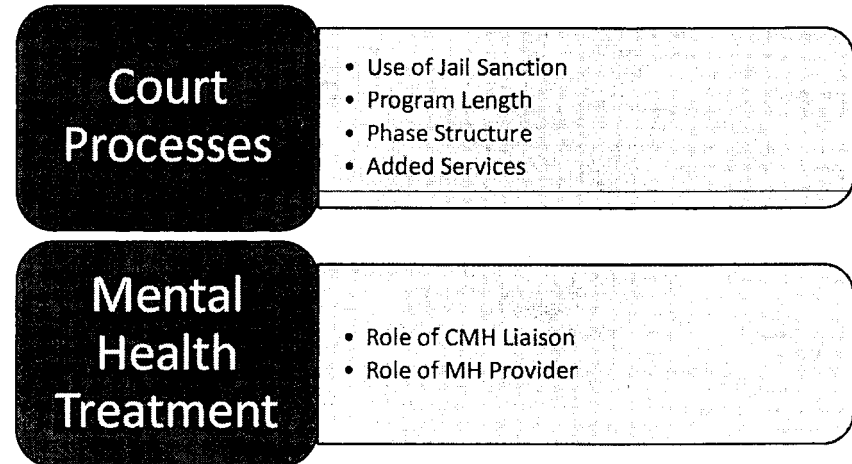
Essential Elements of MHCs

1	Goals	<i>Goals of MHC</i>
2	Target Population	<i>Clinical and legal eligibility</i>
3	Confidentiality	<i>Consent process, handling of clinical information</i>
4	Terms of Participation	<i>Program length and requirements</i>
5	Informed, Voluntary Choice	<i>Full disclosure of program</i>
6	Participant Identification	<i>Referral process</i>
7	Integration of Treatment & Community Supports	<i>Meeting treatment needs, transitioning participants from MHC</i>
8	The Court Team	<i>Composition of court team</i>
9	Monitoring Adherence to Court Conditions	<i>Handling sanctions/incentives and violations</i>
10	Sustainability	<i>Long-term funding and resources</i>

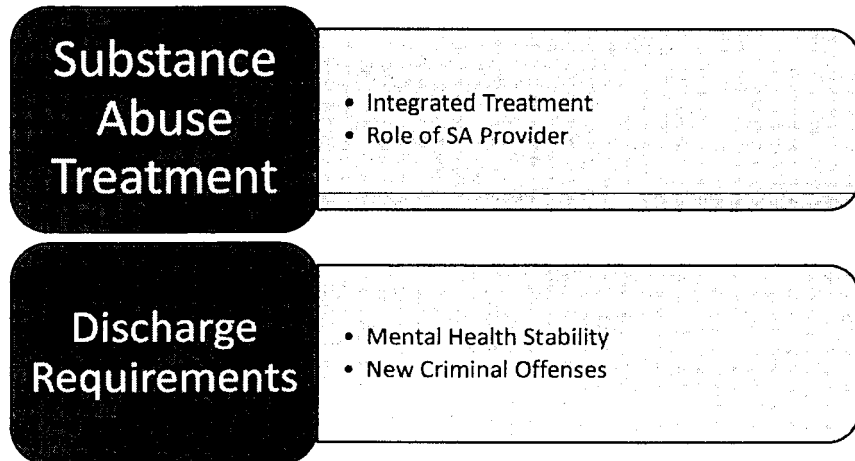
Similarities and Differences Across MHCs



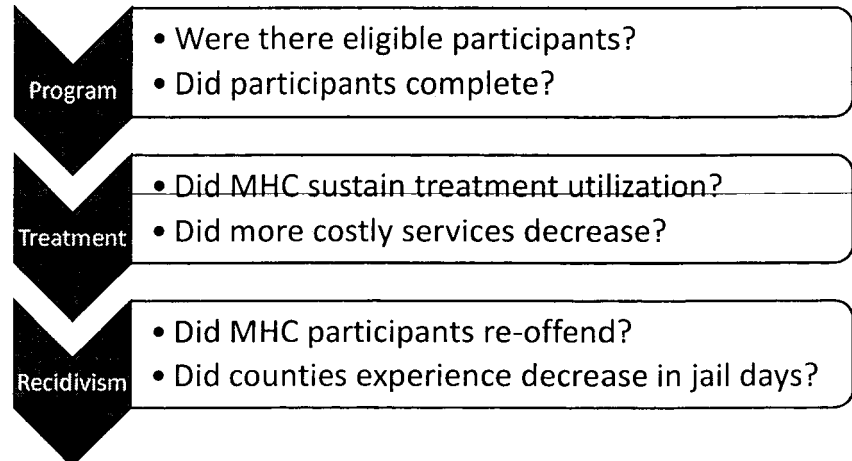
Similarities and Differences Across MHCs (cont.)



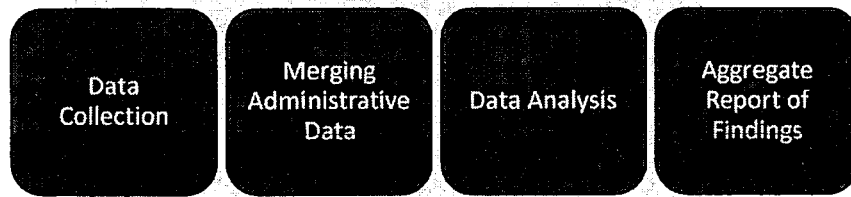
Similarities and Differences Across MHCs (cont.)



Outcomes of MHC

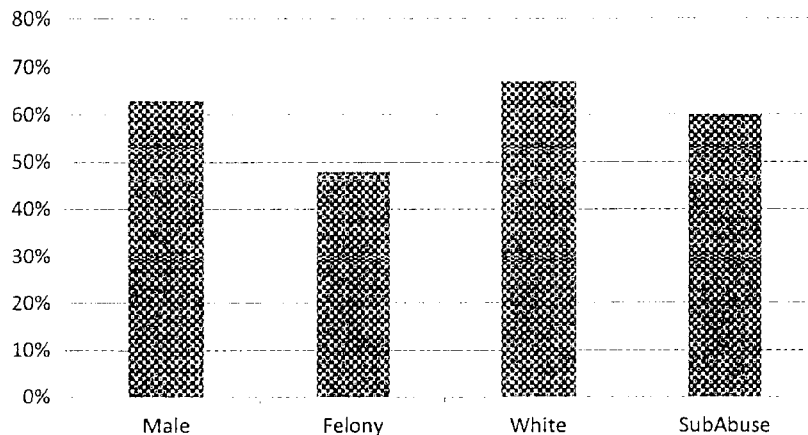


Outcome Methods



Data Sources:
CMH Encounter Data
SCAO SCCM Database
BSAAS Database
MSP Data/MDOC Data
Jail Data from 8 counties

Typical Characteristics of MHC Participants



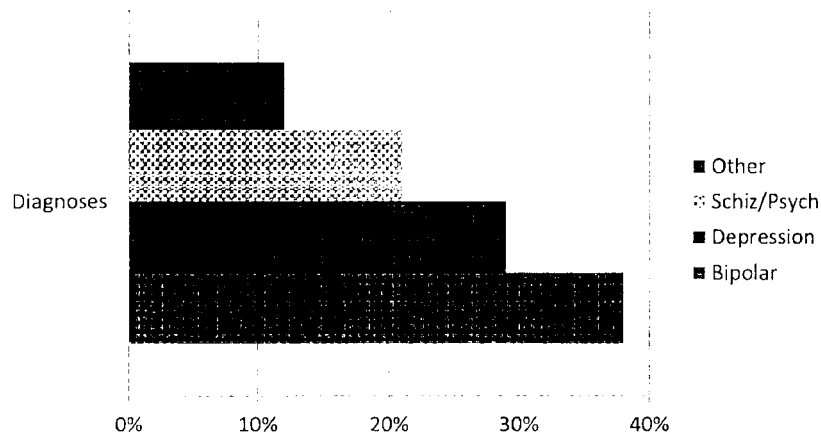
Participants

- 678 unique individuals entered MHCs between 1/1/09 and 12/31/11;
 - No juveniles included in this analyses
- Eight courts varied in the numbers served, ranging from 22 to 166 participants.
- Average age of 35; range 18-64

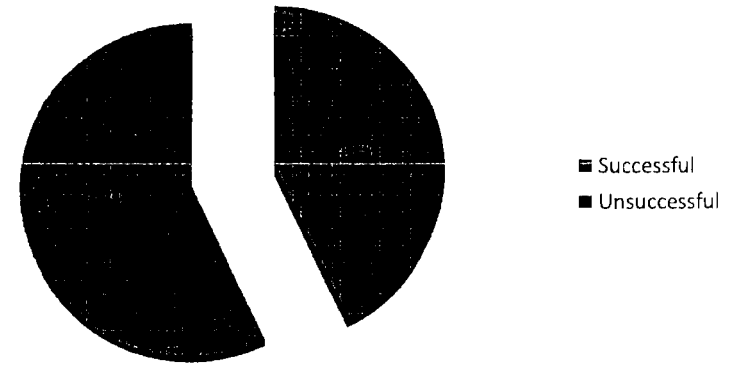
Support Issues at Admission



Mental Health Dx at Admission

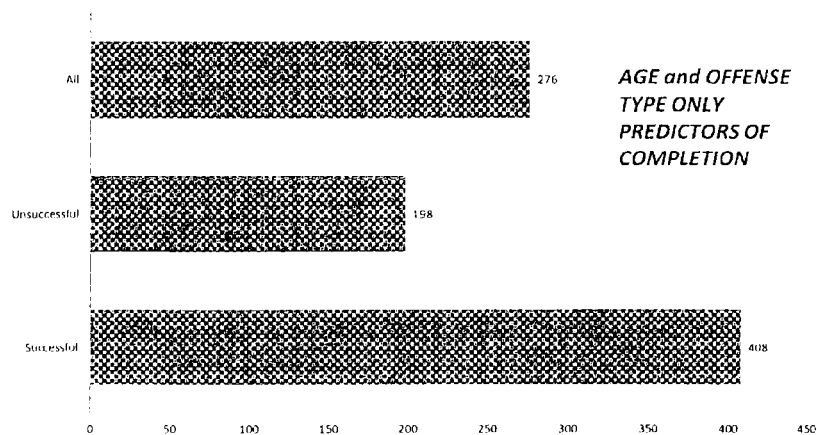


Completion Status



450 Participants Discharged as of 12/31

Length of Stay by Completion Status



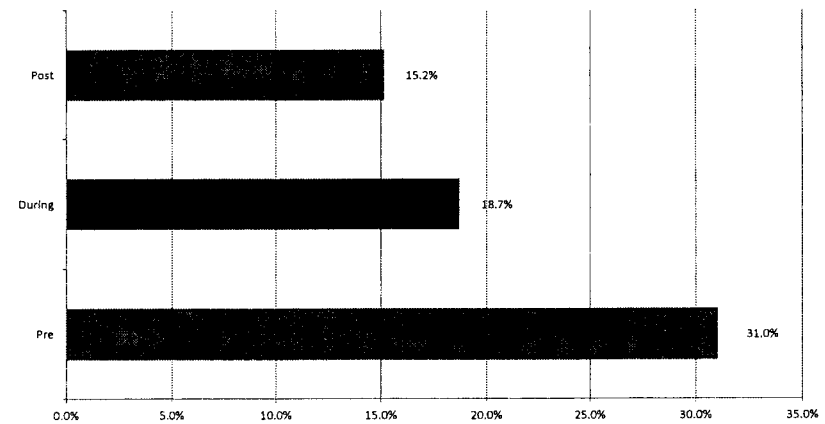
Importance of Completion

- Successful program completion was a very strong predictor of positive outcomes.
- *If a participant successfully completed, they were less likely to:*
 - *Go to jail after MHC discharge, or to*
 - *Have a new conviction (felony or any) post-MHC.*

MH Treatment Utilization

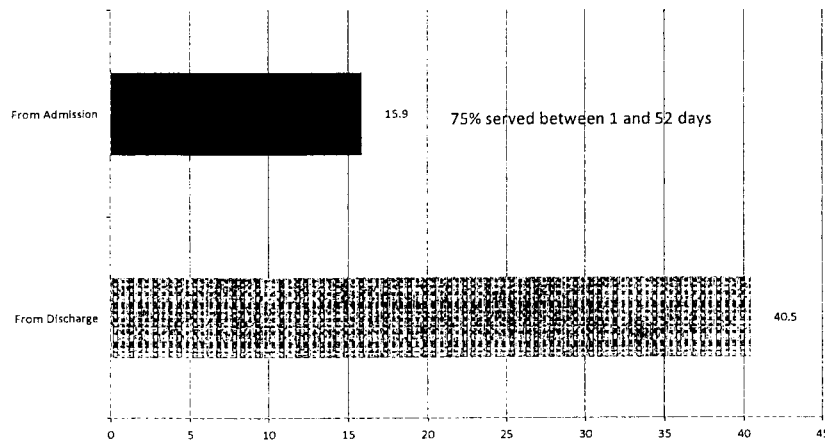
Pre-MHC	During MHC	Post-MHC
89%	96%	72%

High Intensity Treatment Over Time



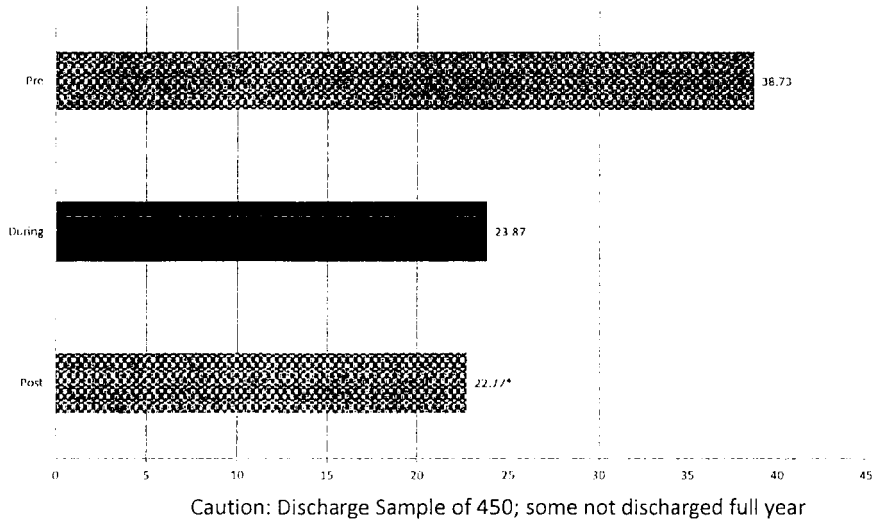
Note: Includes full discharge sample

Time to first MH Treatment After MHC Admission and Discharge

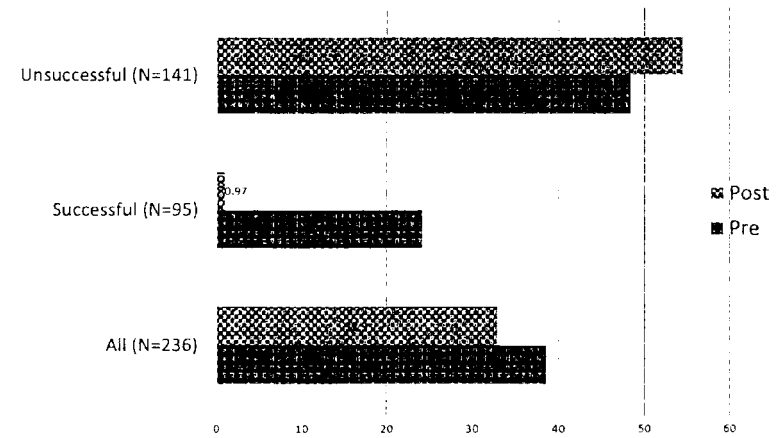


Recidivism Measure	During MHC (N=678)		Post MHC (N=450)		Total Number of Participants Across Both Time Periods (N=678)	
	N	%	N	%	N	%
Charged	55	8%	44	7%	92	14%
Conviction (Any)	46	7%	52	8%	93	14%
➤ Felony	10	2%	20	3%	30	4%

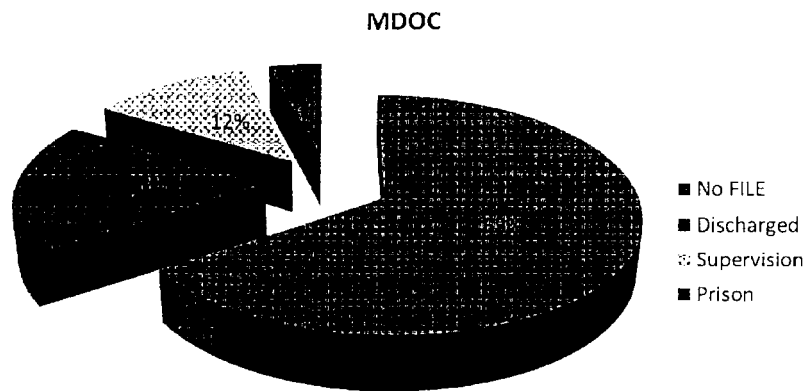
Jail Days



Jail Days: 1 year after discharge (n=236)



Prison Interface for Those Discharged One Year



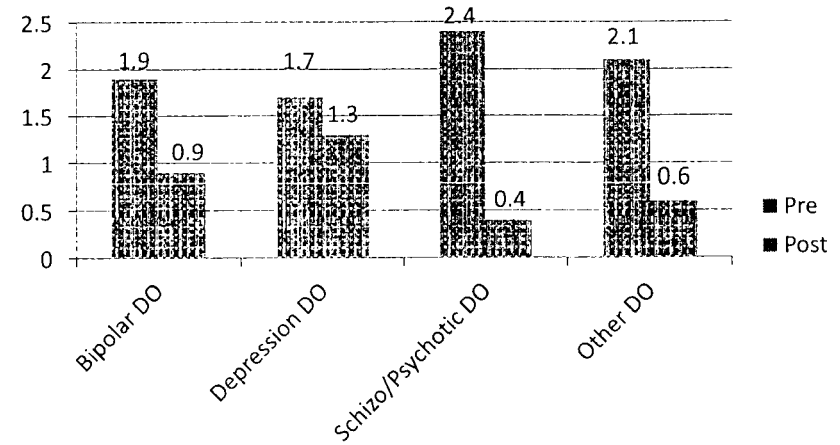
OTIS: Sept 2012; n=236

Effect of Diagnosis; Presence of COD, and Offense Type
**EXAMINING OUTCOMES BY
 INDIVIDUAL PARTICIPANT FACTORS**

Differences by Diagnosis

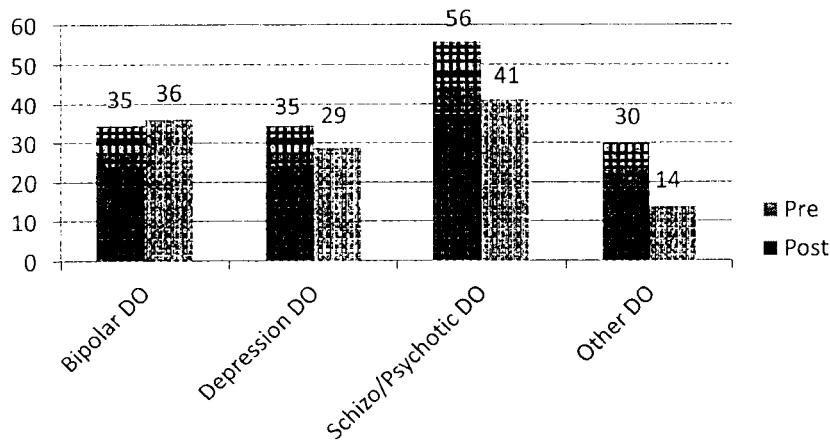
- No real significant differences by diagnosis type – but interesting comparisons!

Comparing High-Intensity Services by Diagnosis from Pre-Post



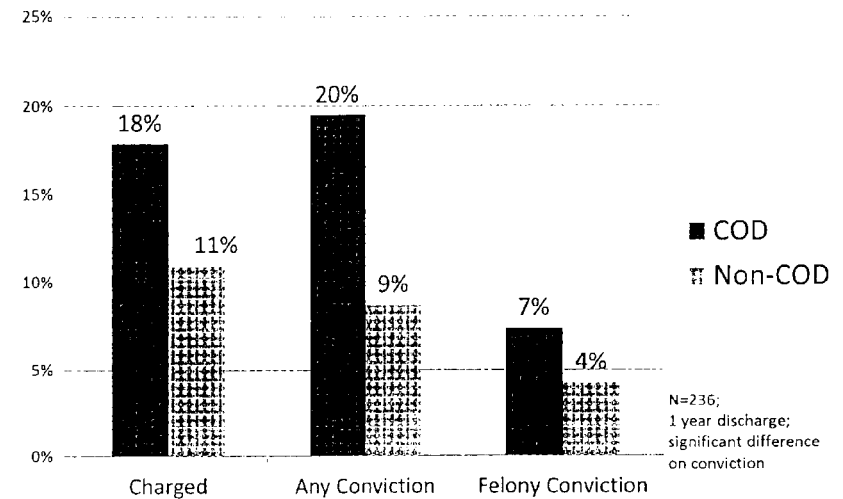
n=236; 1 yr post-discharge; no significant differences

Comparing Jail Days Pre-Post by Diagnosis



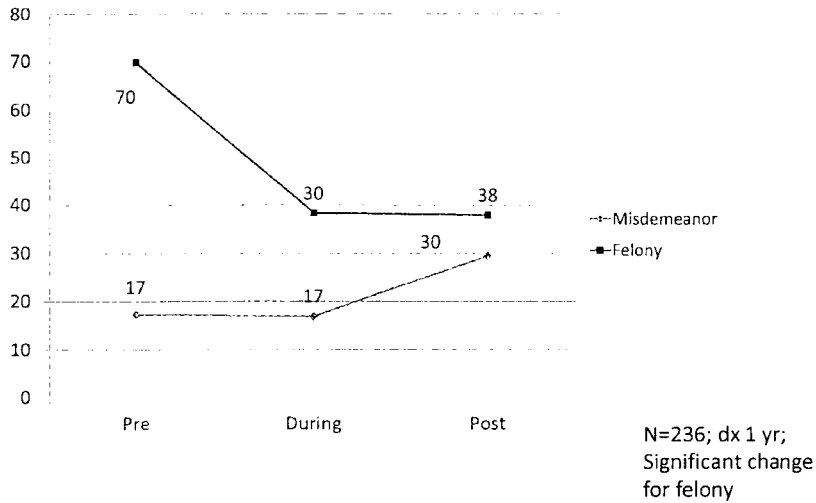
N=236; 1 year discharge; no sig differences

Comparing Recidivism: COD/Non-COD



N=236; 1 year discharge; significant difference on conviction

Comparing Jail Days by Offense Type



Integration Level and Court Type

OUTCOMES BY SYSTEM LEVEL FACTORS

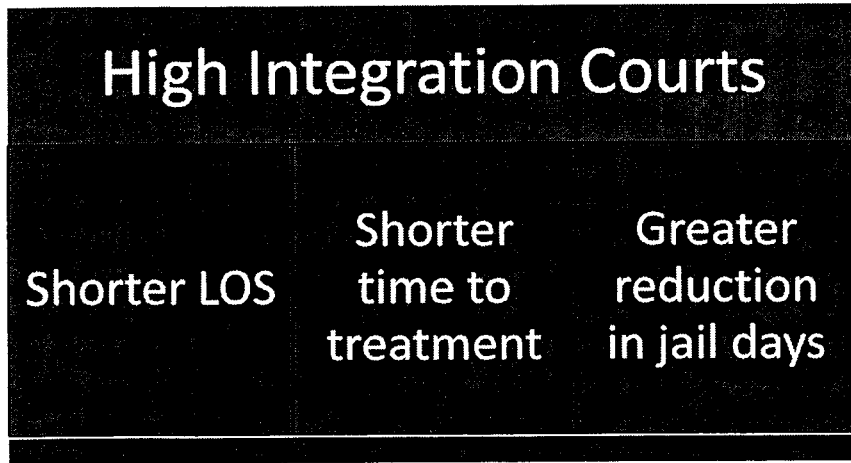
Level of Integration



Court Integration Elements

1	An active advisory committee	(1) Yes / (0) No
2	Additional services (e.g., transportation, employment services etc.)	(1) Yes / (0) No
3	MHC case manager part of the MH system	(1) Yes / (0) No
4	MH provider/case manager participation on treatment team	(1) Yes / (0) No
5	MH provider/case manager participation in status hearings	(1) Yes / (0) No
6	SA provider/case manager participates on treatment team or in status hearings	(1) Yes / (0) No
High Integration		4 – 6 points
Low Integration		0 – 3 points

Level of Integration Findings

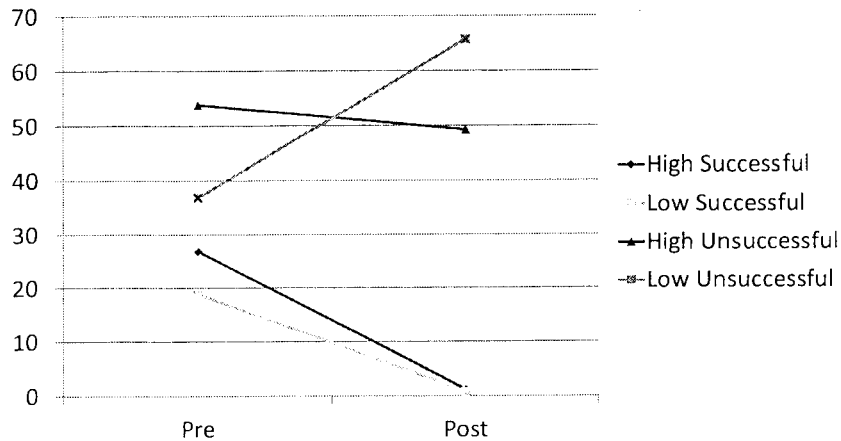


Role of Mental Health Provider

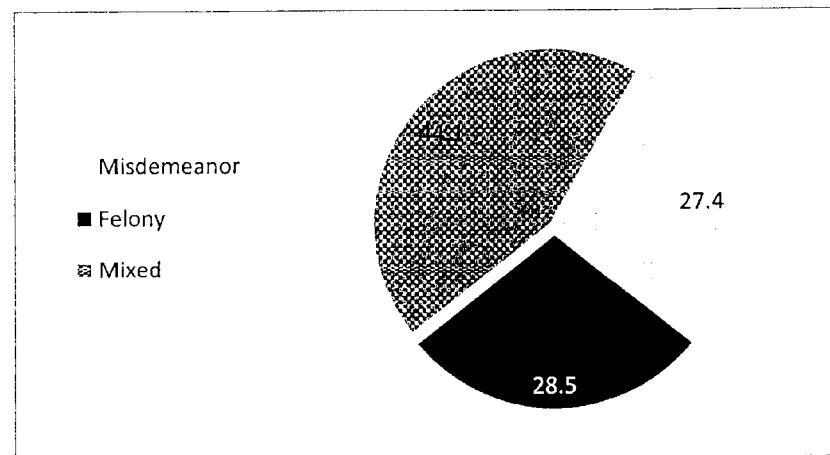
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More successful discharges and greater reductions in jail days post-MHC.

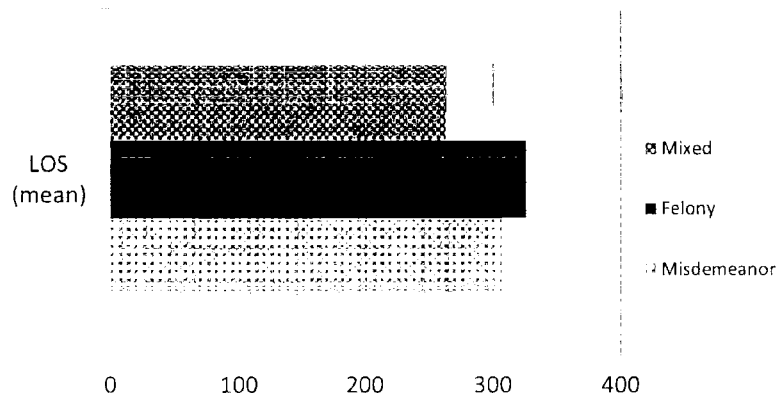
JAIL DAYS: Integration Level by Completion Status



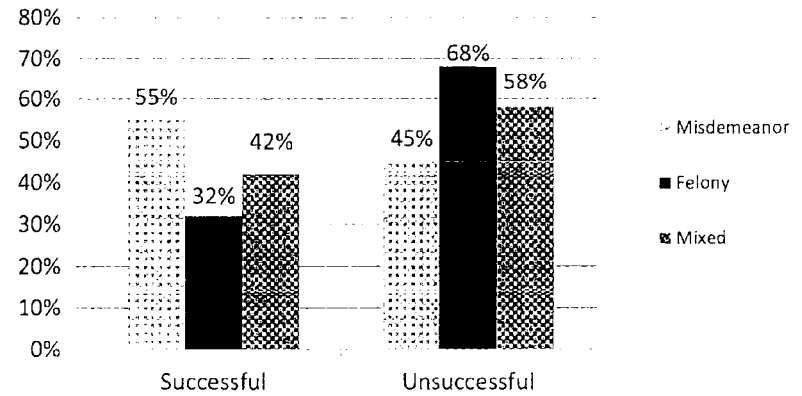
Proportion of Participants by Court Type



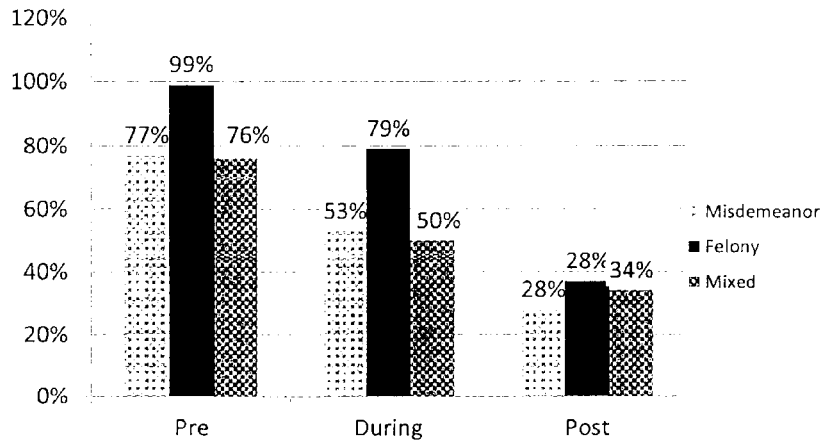
Average LOS by Court Type



Completion by Court Type



Jail Interface by Court Type



Recommendations

Maximize Integration & Collaboration

Match Supervision to Offense

Increase Rate of Successful Discharges

Recommendations

**Enhance Compliance with
Rewards and Sanctions**

**Improve Dual Diagnosis Capability
of Treatment Team**

**Enhance Treatment Retention
Post-MHC**