Mental Health Courts: Solving Criminal Justice Problems or Perpetuating Criminal Justice Involvement?

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3 PM EDT

Mental Health America
Regional Policy Council
Mental Health Courts:
The Mental Illness/Criminal Justice Connection

Shel Gross, Director of Public Policy
MHA-Wisconsin
The Scope

• On any given day about 2 million people can be found in America’s jails and prisons.

• Over half of these—over 1 million people—have a mental health problem.
  – 56% of state prisoners.
  – 45% of federal prisoners.
  – 64% of local jail inmates.
The Scope

• Many have a serious mental illness.
  – 16% of those in state prisons and local jails.
  – 7% of those in federal prisons.
Prisons/Jails: No Place for Those with Mental Illnesses

- MH services are inadequate.
- People with mental illness are victimized.
- The environment worsens mental illness; especially when segregation is used.
Mental Health Courts

- Mental health courts are one tool for reducing the exposure of individuals with mental illness to incarceration.
- But such courts cannot be the only tool in the toolbox.
- By the end of this webinar we hope you will learn:
Webinar Objectives

• The benefits and limitations of mental health courts.
• Characteristics of “good” mental health courts.
• Additional options for diverting individuals with mental illnesses from the criminal justice system.
MHA’s Vision

MHA supports the long-term goal of integrating persons living with mental and substance use conditions into a culturally competent community-based mental health care system focused on consumer empowerment and quality of life, and aimed at their recovery.
MHA Position Statements

http://www.mentalhealthamerica.net/position-statements

51-58 all relate to aspects of the criminal justice system.
Honorable Daniel B. Eisenstein
Thomas Reed
An Overview of Problem-Solving Courts

Mark Heyrman
MHA-IL
What Are They?

• Courts to which criminal defendants who have been identified as having a behavioral health problem are assigned.

• Originally just drug courts–now mental health courts, veterans courts, prostitution courts.

• Special procedures and special outcomes.
What Are They?

• Huge variety among problem solving courts in terms of eligibility, procedures and goals.

If you have seen one problem solving court, you have seen one problem solving court.
Goals

• Facilitate processing of persons with mental illnesses in the court system.

• Divert people with mental illnesses from prisons and jails in order to:
  – reduce the expense to taxpayers.
  – treat them more humanely.

• Connect people to services.
Goals

• Use the coercive power of the courts to compel people with mental illnesses to accept treatment they have been refusing.

• Reduce recidivism.

• Respond to social problems created by untreated mental illnesses.
How Mental Health Courts Work

• Technically “voluntary”; requires the agreement of the prosecutor.

• Creates a community treatment plan for the defendant.

• Plan is implemented through
  – Deferred/suspended prosecution
  – Supervision
  – Probation
How Mental Health Courts Work

• Judicial involvement in creating or approving the plan is highly variable.

• Consequences of failing in a mental health court are highly variable
  -- Deferred prosecution commences
  -- Probation revoked, defendant imprisoned
Do Mental Health Courts Work?

• Evidence shows substantial reductions in criminal justice and mental health recidivism.

• Evidence shows cost reductions—less time spent in prison, jails and mental hospitals.

• Research difficulties
  – Cannot do random assignment
  – Pre- and post- studies inherently flawed
Why Do Mental Health Courts Work (If They Do)?

- Involvement of judge has modest, positive effect.
- More services/more money.
- Better coordination of services.
- Selection bias
  - Participants have more at stake
  - Focused on recidivists
Arguments Against MH Courts

• May criminalize people with mental illnesses.
  – Arresting people who would not ordinarily be arrested.
  – Criminal record has negative consequences for employment, housing, child custody.

• Use inappropriate coercion.

• Similar or better results could be obtained without CJ involvement.
Arguments Against MH Courts

• Diversion of scarce treatment resources away from voluntary patients.
  – may result in more people with mental illnesses ending up in the criminal justice system

• The cause of criminal behavior among persons with mental illnesses is not primarily mental illness.
Final Thoughts

• Courts will be created/maintained if they save governments money, but they often don’t.

• It is almost always better for someone with a serious mental illness not to be in jail.
  – Poor mental health services.
  – Victimized.
Final Thoughts

• Mental health courts attract money which would ordinarily not be spent on treatment.  
  – Including money for employment, housing, etc.

• To the extent that they engage persons with mental illnesses in effective treatment, MH courts improve their lives.
Final Thoughts

• Best used as part of a sequential intercept model.
  – SAMHSA/GAINS Center.
Presenter

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Our History

- July 2000 received four-year Edward Byrne Memorial Grant
- Court Operational in January 2001
- Becoming the fifth Mental Health Court in the Nation
- September 2004 incorporated into General Sessions Court yearly budget
Our Mission

• Identify individuals entering the criminal justice system who have been diagnosed with serious and persistent mental illness

• Develop effective intervention strategies by offering diversion, expedited case review and implement appropriate treatment strategies for diversion or probation
Program Description

• Provide a single point of contact within the Criminal Justice System for defendants suffering from mental illness
• Address problems of criminal defendants with mental health conditions, developmental disabilities, and dual diagnoses
• Decrease the length of incarceration for people with mental health conditions
• Review over 400 cases per year
Courtroom Staff

- Judge
- Public Defender
- District Attorney
- Mental Health Specialist/Case workers
- Courtroom Security
- Community Service Agency Representatives
- Health Services Representatives
Procedure

- Offense – Arrest
- Referrals made by Judge, Attorney, Family Member, Public Defender, District Attorney, or Other
- Jail Interview by Case Manager
- Defendant volunteers to participate in Program
- Defendant placed on MH Court docket

- Case reviewed by Judge in court
- Treatment plan developed including physical examination
- One year intensive MH court supervision
- Graduation ceremony held after defendant successfully completes MH Court supervision
Mental Health Court
Davidson County Drug Court Collaboration

• Implemented January 2009 with a $635,000 Congressional Grant
• Serves dually diagnosed criminal defendants
• 90 day inpatient program at the Davidson County Drug Court facility followed by intensive outpatient supervision through the Mental Health Court
Recidivism

- Prior to Mental Health Court, recidivism rate was 77%
- After graduation from MH Court Program, recidivism rate is less than 10%
Our Participants
June 2006 – June 2009

- Dual Diagnosis: 83%
- Schizophrenia: 35%
- Personality Disorder: 36%
- Bipolar Disorder: 31%
- Depression: 23%
- Intellectual Disability: 11%
TENNESSEE MENTAL HEALTH DELIVERY SYSTEM
HISTORICAL EVENTS TIMELINE

1900s—1950s
Persons with mental illness served in large, long-term institutional settings

1965
Creation of Medicaid and Medicare Programs

1963
Passage of the Community Mental Health Center Construction Act by U.S. Congress, which provides funding to develop community-based mental health centers

1980
Community Mental Health Block Grant provides additional funding and sets priority focus on persons with SPMI and children with SED

1990-1991
Mental Health Master Plan redirects savings from RMHI downsizing (or elimination) to develop an array of community-based treatment and support services

1996
TennCare Partners established for “carve out” of mental health and substance abuse benefits

1994
TennCare program placed all Medicaid-eligible enrollees in managed care plans

2006
TennCare Reform: Approximately 21,000 SPMI disenrolled
Mental Health Safety Net created to serve those SPMI disenrolled
Growing Demand for MH Services During Incarceration

• 2006: Average number of requests per month for Mental Health Services was 699
• 2011: Average number of requests per month for Mental Health Services was 952

• 2006: Average number of inmates per month transferred to inpatient psychiatric facility was 3
• 2011: Average number of inmates per month transferred to inpatient psychiatric facility was 8
Reasons for increase in incarceration of persons suffering from mental illness

1. Loss of services through cuts in insurance coverage
2. Change in laws that limit access to Mental Health Institutions
3. “Out of sight, out of mind”
4. Loss of the “Safety Net” Mental Health Agencies
Solutions
MHA Presentation

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Office: 60 attorneys
15-16,000 criminal appointments/year
Some Reflections on Mental Illness & Criminal Justice From a Practitioner Perspective

- Individuals we see in the criminal justice system with mental illness typically have confusing and complex psychiatric and personal histories.
- We always must respect this complexity and work to understand the client and his goals.
- Essential to avoid a paternalistic way of thinking.
- Important to bring significant knowledge to this work for example medications have side effects; not all programs are appropriate or helpful; most criminal defendants in this population have been frequently treated poorly by those they have a right to expect were there to help.
Civil Commitment vs. Criminal Justice Responses

- Symptomatic behavior often can lead to contact with law enforcement.
- Both tracks of the legal system are often used but they are very different and often do not work well together.
Treatment Courts

- Very effective with addictions because once substance abuse is controlled other progress is possible.
- Less effective with mental health because the severity of symptoms of illness vary but rarely go into complete remission.
Risk and Needs Levels Are Important

- Important to match a criminal justice system intervention to the risk and needs of the individual.
- Treatment courts are very intense and require significant time to complete—sometimes as long as 2 years.
- Evidence shows that over-conditioning low risk offenders leads to increased failure—why: lower risk individuals can manage their lives and repeated court obligations make employment, education, etc. very difficult leading to compliance failure.
Milwaukee County, Wisconsin
Continuum of Risk Based Interventions

As risk level increases, intervention increases

Key:
- Green = Pre-adjudication options
- Blue = Post adjudication options

Diversion
Low Risk
LSI-SV = 0-2
LSI-R = 0-13

DPA
Low/Moderate
LSI-SV = 3-5
LSI-R = 14-33

DRC
Moderate Risk
LSI-R = 24-40
UNCOPE = ?

Drug TX Court
High Risk
LSI-R = 24-40

Dosage Prob
Medium/High
LSI-R = 34-47

“Regular” Court
Individuals not eligible for other intervention

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Challenges Facing Individuals in the Criminal Justice System

- Stigma
- Trauma
- Poverty
- Uneven or bad experience with mental health services
- Toxic familial, interpersonal or neighborhood environments
- Co-occurring disorders
Public Concern is Violence by Individuals with Mental Health Symptoms

- Data shows this is less common than with the population without Mental Illness.
- Real issue: Individuals with Mental Illness are at great risk of victimization.
Goals for Reform

- Better recognition of mental health symptoms by police prosecutors, defense attorneys and courts.
- Focus more resources on each individual with chronic problems leading to criminal justice involvement: housing, peer support, correct level of case management, coordinate health care, coordinate mental health care, etc.
- Match criminal justice system intervention with the risks and needs of the individual—avoid overconditioning low risks individuals.
- Create effective partnerships between law enforcement, criminal justice system agencies and mental health providers.
Thank you!

• If you have any questions, please feel free to contact Debbie Plotnick at dplotnick@mentalhealthamerica.net

• Recording will be uploaded to mentalhealthamerica.net/mha-webinars within 2 weeks