Mental Health Courts in the United States

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Background

- Mental Health Courts (MHC), modeled after drug treatment courts, were first established in 1997. There were 4 original MHCs.
- By 2006, the number had grown to 87 MHC. Currently, there are over 300 MHC in the United States.
- Seven states do not have adult MHC (Connecticut, Nebraska, New Jersey, North Dakota, South Dakota, Rhode Island, and Wyoming).
- There has been no universal agreement in the meaning of the term “Mental Health Court.”

MHC Benefits

- Individuals involved in criminal justice are diagnosed with a mental illness at rates 3-6 times higher than the general population.
- It is estimated that 16.9% of the jail population has a severe mental illness.
  - 14.5% of male incarcerated population
  - 31% of female incarcerated population
- Courts have diverted individuals with mental illnesses due to the understanding that treatment of mental health symptoms will reduce likelihood of future criminal behavior.

Goals of MHC

Goals of MHC include:

- increasing public safety by reducing recidivism,
- increasing quality of life for people with mental illness,
- increasing treatment participation, and
- reducing court/correctional costs.

- MHC may dismiss charges after successful completion of the program as an incentive to participate in community treatment and decrease recidivism.

Structure of MHC

Each jurisdiction has its own version of MHC, but typically a MHC has the following basic features:

- Individual has a mental illness,
- Judge, prosecutor, defense attorney, and all other court staff receive special training,
- Treatment is provided through community mental health services,
- Court staff and community mental health collaborates to provide therapeutic services,
- Jail sentences or charges can be deferred if defendants participate in services, and
- Goal is to prevent criminalization and recidivism.

MHC Team

- The MHC team typically includes:
  - Judge,
  - Representative for the Defense,
  - Representative of the District Attorney's office,
  - Probation or parole officers, and
  - Mental health representative(s) (treatment administrators, case managers, or treatment provider).
- Referrals most often come from the defense attorney, judge, jail staff or family.

MHC Models

Community supervision generally followed three models:

- **Model 1:** Community providers submit regular reports to the court, or the provider is required to report to the court when there are difficulties.
- **Model 2:** MHC officers, or probation/parole officers monitor community treatment.
- **Model 3:** Both mental health providers and probation agents are required to monitor a participant's compliance.

MHC Sanctions

MHC sanctions varied by jurisdictions:

- Common sanctions included court hearings, reprimands, stricter treatment conditions, and housing changes.
- Most courts limited duration of treatment/program participation to the maximum sentence. (In many jurisdictions, this is one year for misdemeanor cases.)
- One court, which allowed for felony offenders to participate, uses jail time as a sanction.

MHC Utilization

- Utilization of MHC varies based on the jurisdiction.
- Initially, most MHC only accepted individuals with misdemeanors or nonviolent crimes. Likely, this was due to the uncertainty about the success of the program. However, overtime, more MHC have begun to accept all levels of charges.
- An analysis of the types of charges in 87 MHC showed that:
  - 40% were misdemeanor only,
  - 10% were felony only, and
  - 50% were both misdemeanor and felony.

MHC Utilization (cont'd)

- Most common diagnoses were schizophrenia/schizoaffective, bipolar, and depressive/mood.
- Most defendants who were accepted into a MHC agreed to participate.
- Rejections from MHCs generally were related to instability/incompetence or lack of mental health diagnosis.
- Lack of motivation accounted for only 3% of rejections.
- In addition, utilization of MHCs can also be limited by funding.

Minnesota MHC

Minnesota Mental Health Courts:

- Hennepin County
- Ramsey County
- South St. Louis County
- North St. Louis County

Hennepin County MHC

- Established in 2003
- Participants included individuals charged with misdemeanors and non-violent felonies
- Eligibility is on a case by case basis, but the individual must be diagnosed with mental illness
- Length of program ranged 12-18 months
- Key Attributes:
  - Combines judicial reviews with intensive supervision
  - Connects to mental health services
  - Provides medication monitoring
  - Provides drug screening
  - Offers housing assistance
  - Provides counseling services

Ramsey County MHC

- Established in 2005
- Target Population: non-violent charges
- Length of program: 4 phase process, lasting between 1-4 years
- Participants must be diagnosed with a mental illness
- Key Attributes:
  - Must accomplish treatment goals to move through phases
  - Case managers link individuals to services
  - Judges volunteer in addition to their general caseload
  - Funded by MDHS, Adult Mental Health Division, and two federal grants

St. Louis County MHC

South St. Louis

- Established in 2010
- Target Population: Individuals Charged with Felonies

North St. Louis

- Established 2019
- Target Population: no information found

MHC Outcomes

- Some studies found either no effect related to recidivism, or a decrease of recidivism by 15% at 18 months.
- The two largest scale studies have shown no significant difference in subsequent arrests between MHC enrollees and comparison groups. (Steadman, Redlich, Callahan, Robbins, & Vesselinov, 2011.)
- Additional smaller studies have found that MHC participants were 1/3 less likely to be rearrested.
- Further studies found that participants were “much less likely” to be arrested one year after follow up.

MHC Outcomes (cont'd)

- A review of 170 individuals who completed a MHC program showed: a 26% reduction in recidivism, and a 55% lower for committing any new violent crimes.
- A Florida study showed: no significant difference in the recidivism rates of individuals who completed MHC as compared to a general defendant and that MHC participants had less violent acts at 8 month follow-up.
- Another study showed MHC participants were more likely to continue treatment: 73% of MHC participants as compared to 60% of court participants after 8 months.
- Research suggests ongoing use of MHC will result in a reduction in cost to the judicial system. However, it is unclear as to whether there is truly an overall decrease in cost, or if the costs have shifted.

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Thank You!