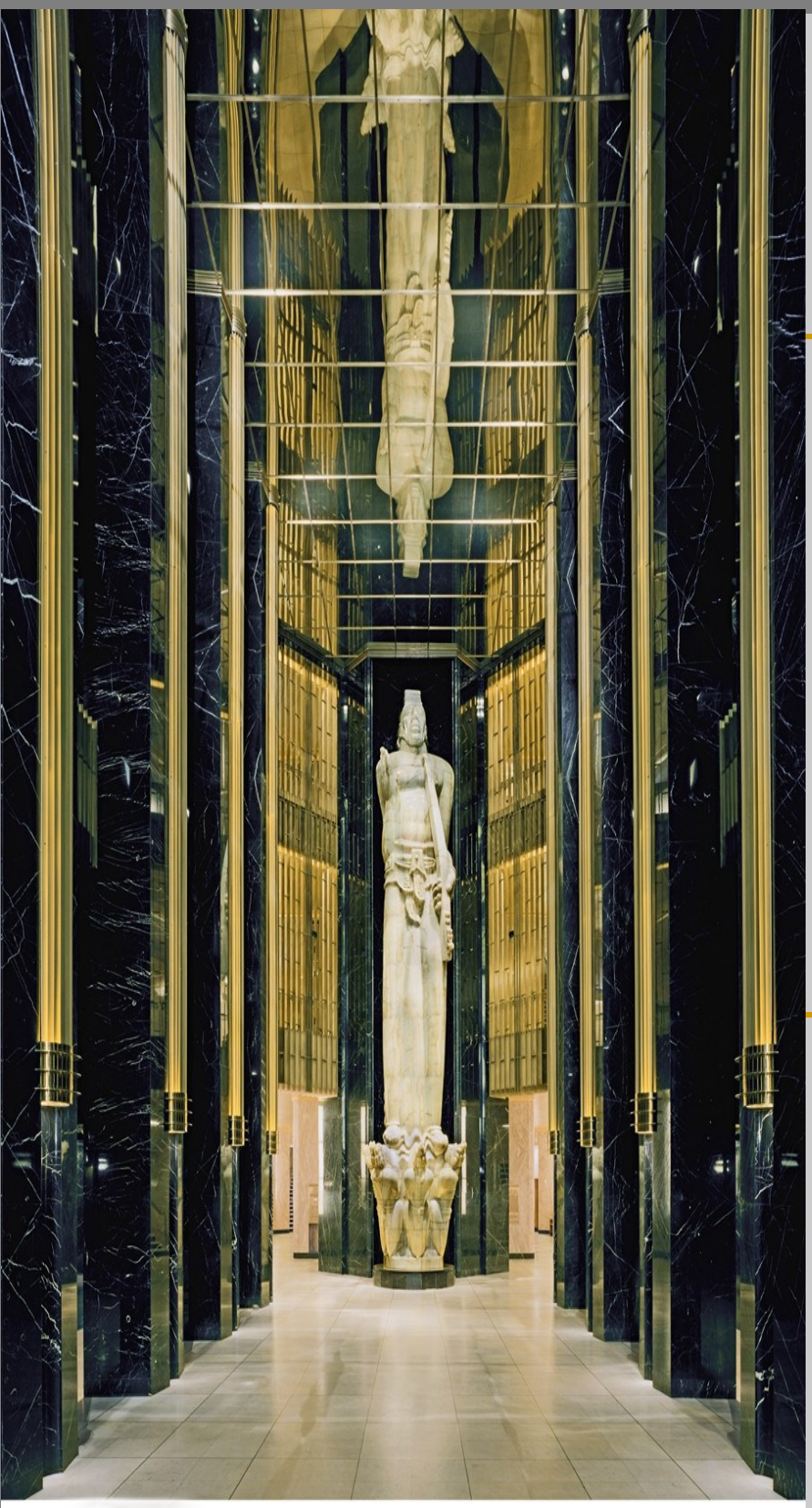

Mental Health Court

2010 to 2012 Report

Second Judicial District of Minnesota

January 1, 2010 - December 31, 2012

RAMSEY COUNTY
MENTAL HEALTH COURT

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EXECUTIVE SUMMARY

The purpose of this 2010 to 2012 report is to provide information on the design and function of the Ramsey County Mental Health Court (RCMHC), with a focus on the characteristics of participants. In addition, this report describes the current research outcomes of the Court, including a recidivism analysis and changes in mental health functioning. Highlights of this report include the following:

- Between its inception in May of 2005 and December of 2012, the RCMHC has provided services to 341 individuals with serious mental illness who have been charged with criminal offenses in Ramsey County.
- The mission of the RCMHC is to increase public safety by reducing recidivism among those whose criminal behaviors may be attributable to mental illness. Through Court supervision and the coordination of mental health and other social services, the Court supports a psychiatrically stable and crime-free lifestyle through more responsible behavior, greater self-sufficiency, and an improved quality of life.
- The goals of the RCMHC are to (1) reduce recidivism, (2) improve public safety, (3) reduce the costs of prosecution, incarceration, and hospitalization to taxpayers, (4) improve defendants' access to public mental health and substance abuse treatment services and other community resources, (5) enhance collaboration between criminal justice agencies and the mental health system to better serve those with mental illness, and (6) improve the quality of life of mentally ill defendants.
- RCMHC is funded by the Minnesota Department of Human Services, Adult Mental Health Division through December 31, 2013. RCMHC was awarded the Bureau of Justice Assistance (BJA) Adult Drug Court Discretionary Grant in 2010 that allowed the program to expand to felony level offenders. To maintain adequate resources, the Court relies heavily on pro bono services.
- During 2010 to 2012, 160 cases were referred and 61 individuals were active RCMHC participants. The Court has diverted numerous individuals into appropriate treatment programs and enhanced support and service programs in the community. These measures are designed to reduce or eliminate the endless revolving through the criminal justice and/or civil commitment systems.
- Mental health and chemical health outcome data reveals that RCMHC participants have significantly more services and supports in place at program completion when compared to program entry.
- Recidivism outcome data reveals that RCMHC graduates spent significantly less time in jail and were less likely to be charged or convicted with a new offense than those in the comparison group in a one year and a three year follow up.
- In 2011, Briggs & Morgan, P.A. partnered with RCMHC to provide pro bono legal services to criminal defendants accepted into the program. These pro bono services demonstrate the great collaboration of the courts and the bar for the public good. The value of this pro bono contribution has been $82,696!
- The RCMHC continues to grow its graduate and undergraduate internship program, providing an opportunity for clinical MSW interns, generalist program interns, and student certified attorneys to work with the RCMHC team, partners, and participants. Interns have volunteered a total of 3,365 hours through 2012.

BACKGROUND

People with mental illnesses are overrepresented in the criminal justice system.

Statewide, about 75% of women and 25% of men in prison are receiving psychological care and more are likely undiagnosed and untreated.

Minnesota Department of Corrections, 2009.

Nationwide, about 64% of jail inmates and 56% of state prison inmates report that they live with a mental illness.

Bureau of Justice Statistics, 2006.

By contrast, approximately 26% of people in the general population have a mental illness.

National Institute of Mental Health, 2012.

RCMHC has been in operation since May 2005. It was developed based on the national problem-solving court model which emphasizes therapeutic jurisprudence and the use of sanctions and incentives over punishment. RCMHC was created when it became increasingly clear that persons with mental illness and co-occurring mental illness and substance abuse disorders were in need of more specialized and individualized treatment. By partnering with Ramsey County Human Services, RCMHC includes a human services case manager who links participants to available community mental and chemical health services. This approach has demonstrated results by changing lives, lowering incarceration rates and reducing recidivism.

The mission of RCMHC is to increase public safety by reducing recidivism among those whose criminal behaviors are attributable to mental illness. Through court supervision and the coordination of mental health and other social services, the Court supports a psychiatrically stable and crime-free lifestyle among its participants.

The goals of RCMHC are to:

- Reduce recidivism.
- Improve public safety.
- Reduce the costs of prosecution, incarceration, and hospitalization to taxpayers.
- Improve defendants' access to public mental health, substance abuse treatment services, and other community resources.
- Enhance collaboration between criminal justice agencies and the mental health system to better serve those with mental illness.
- Improve the quality of life of mentally ill defendants.

RCMHC meets its goals by directing eligible defendants with mental health disorders from the criminal justice system to community-based mental health, substance abuse and support services. RCMHC provides people whose criminal acts are driven by mental illness the opportunity to go into court-supervised treatment. Rather than the traditional pattern of solely focusing on the criminal activity of the defendant, RCMHC focuses on addressing and treating the defendant's underlying mental health and chemical health needs.

Currently, the state of Minnesota has three operational mental health courts and 39 operational drug courts. As of 2012, there were more than 349 mental health courts across the country with many additional courts in the planning phase.

RCMHC is funded by the Minnesota Department of Human Services, Adult Mental Health Division through December 31, 2013. To maintain adequate resources, the Court relies heavily on pro bono services.

DESIGN

Mental health courts are designed to bridge the criminal justice system and mental health systems.
Historically, the main purpose of the criminal justice system is to ensure public safety, promote justice, and punish and prevent criminal behavior. In contrast, the mental health system focuses on the treatment of illnesses, public health, and harm reduction.
The two systems work together because of the overlapping commitments to the same people.

Council of State Governments Justice Center. 2009. Mental Health Courts: A Guide to Research-Informed Policy and Practice. New York: Council of State Governments.

The target population of RCMHC is adult Ramsey County residents who have been charged with a crime that may be related to a significant mental illness. Participants are screened and accepted to RCMHC using a pre-adjudication model (*after arrest, does not require a guilty plea or conviction before an individual is accepted by RCMHC*) and a post-adjudication model *(requires a guilty plea or conviction before an individual is accepted by RCMHC)*.

To be eligible for RCMHC program an individual must be:

- 18 years of age or older.
- Residing in Ramsey County *(out-of-county residents considered on a case by case basis)*.
- Charged with a crime.
- Diagnosed or show signs of having a significant mental illness.
- Competent legally.
- Without a history of violent offenses.
- Willing to voluntarily participate and commit to the rigors of the court conditions and treatment plan

Factors that determine acceptance to RCMHC include:

- Is the defendant likely to be influenced and/or affected by the interaction with the Court?
- Will the defendant benefit from regular interaction with the Court and the services RCMHC can provide and/or recommend?
- Can RCMHC provide and/or connect the defendant to the appropriate community resources for recovery?
- Does the defendant have the ability to follow through with the conditions and treatment recommendations?

The length of RCMHC participation is a minimum of one year and a maximum of three years, depending on the participant's individual progress with the program requirements and legal obligations.

RCMHC program is a four-phase treatment process. Each phase consists of specific requirements for advancement into the next phase and outlines the recovery support services delivery plan. Phase movement occurs upon accomplishing treatment goals as agreed in the treatment plan, court conditions as agreed at acceptance into RCMHC program, and specific phase requirements.

FUNCTION

Mental health courts motivate individuals to connect to community based treatment services while the court monitors their progress and ensures public safety.

Council of State Governments Justice Center. 2009. Mental Health Courts: A Guide to Research-Informed Policy and Practice. New York: Council of State Governments.

All participants must be willing to participate in the RCMHC program and be committed to the rigors of the treatment plan. The program consists of intensive treatment by mental health professionals, frequent appearances before a RCMHC Judge, mandatory mental health programing, regular visits with the case manager, chemical health treatment for those with co-occurring mental health and substance abuse disorders, and random drug testing.

Participants are required to:

- Remain law abiding.
- Abstain from illegal or non-prescribed drugs.
- Submit to random drug and alcohol testing.
- Complete community work service hours.
- Identify and maintain appropriate housing.
- Remain compliant with all medication and psychiatric appointments.
- Comply fully with mental health and chemical health treatment recommendations.
- Develop and sustain a long-term treatment plan.
- Become involved with mental health and community support groups and services.
- Complete a wellness plan before graduation to identify triggers and prevent recidivism.

Participants who graduate have successfully completed all program requirements, have submitted a post-graduation stability and wellness plan that identifies triggers, and have developed action steps to prevent recidivism.

Termination from the RCMHC program may occur because of a new charge or conviction, failing to comply with program requirements, absconding from the program, and displaying conduct deemed inappropriate for RCMHC participation.

Program compliance and positive behavior changes are rewarded with decreased appearances in Court, special recognition in Court, and case management incentives such as bus tokens, pro-social event tickets, and program completion certificates.

Non-compliant and undesirable behaviors are sanctioned immediately by the Court. The RCMHC team applies the principle of graduated and least restrictive sanctions based on earlier behavior and sanctioning. Sanctions used by the team include Court-ordered community work service, self-evaluating presentations identifying triggers, increased appearances, increased community supervision and treatment, and jail time.

TEAM

Regardless of the composition of the team, **the judge is central to the success of the mental health court team and the mental health court.** He or she oversees the work of the mental health court team and encourages collaboration among its members, who work together to inform the judge about whether participants are adhering to their terms of participation.

Council of State Governments Justice Center. 2008. Improving Responses to People with Mental Illness: The Essential Elements of a Mental Health Court. New York: Council of State Governments.

RCMHC uses a team model in making intake, eligibility, evaluation, treatment alternative and case management decisions. The team includes three judges who rotate, program coordinator, case manager, two prosecuting attorneys, and three pro bono defense attorneys who rotate on a quarterly basis. All are specifically assigned to the Court and have considerable background, experience, and interest in the problems of mentally ill individuals in the criminal justice system. The team collaborates closely with Ramsey County Mental Health Center, Second Judicial District Research Department, and Project Remand, a private, non-profit organization that offers alternatives to traditional detention by providing adult pretrial services.

RCMHC TEAM

- Honorable Gail Chang Bohr, *Mental Health Court Judge*
- Honorable John H. Guthmann, *Mental Health Court Judge*
- Honorable William H. Leary III, *Mental Health Court Judge*
- Brandi Stavlo, *Program Coordinator*
- Deb Strasser, *Case Management*
- Andrea Miller, *Assistant Saint Paul City Attorney*
- Karen Kugler, *Assistant Ramsey County Attorney*
- Ankoor Bagchi, *Pro Bono Defense Attorney*
- Knapp Fitzsimmons, *Pro Bono Defense Attorney*
- Michael Wilhelm, *Pro Bono Defense Attorney*

The Honorable William H. Leary, John H. Guthmann, and Gail Chang Bohr lead RCMHC. **The judges volunteer their time while handling their normal caseloads.** The judges supervise participant progress through the RCMHC continuum based on regular hearings, team input, and participant behavior. They also lead the RCMHC team in decision-making and hold participants accountable for their progress by use of sanctions and incentives.

During this report period, RCMHC said farewell to various dedicated staff and volunteers. ***Warren Maas***, former pro-bono defense attorney, volunteered with RCMHC for four years and is now Executive Director at Project Pathfinder. ***Holly Ingersoll***, former felony case manager, worked with RCMHC for over two years during its felony expansion and is now working as a case manager in Ramsey County. A special thank you to the prosecutors who worked with participants during this period, including ***Yamy Vang***, ***Joan Tusa***, and ***Derek Fitch***. All are tireless advocates for the program and the team and participants were touched by their knowledge, expertise, and compassion.

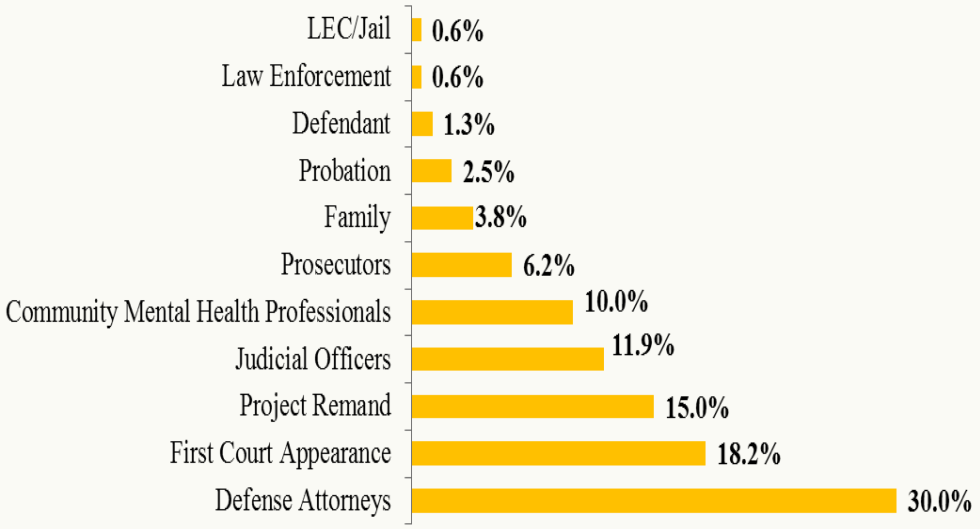
REFERRALS

The single most significant common denominator shared among communities that have successfully improved the criminal justice and mental health systems' response to people with mental illness is that each started with some degree of cooperation between at least two stakeholders - one from the criminal justice system and the other from the mental health system.

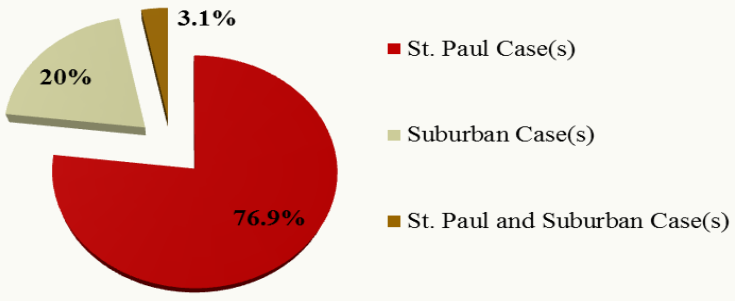
Council of State Governments Criminal Justice/Mental Health Consensus Project.

From 2010 to 2012, there were 160 referrals to RCMHC. Of these referrals, 61 were enrolled and actively participating during this report and the remaining were either reviewed and denied program entry by the team, were not interested in participating and referred back to the criminal calendar, or had their cases dismissed by the Court before program entry.

RCMHC **received the largest number of its referrals from Defense Attorneys** (30%). Referrals also came at their first court appearances (18.2%), Project Remand (15%), Judicial Officers (11.9%), Community Mental Health Professionals (10%), Prosecutors (6.2%), Family (3.8%), Probation (2.5%), Defendants (1.3%), Law Enforcement (0.6%), and Jail (0.6%).



The **majority of referrals had open St. Paul cases**, with the remaining having a combination of both St. Paul and Suburban cases or solely Suburban cases.



All referrals, regardless of acceptance, were given assistance and referred to appropriate community mental and chemical health supports.

Through judicial application of *Therapeutic Jurisprudence*, Ramsey County Mental Health Court has been able to establish an effective and innovative method of utilizing the Court system as a positive and empowering mechanism for individuals with severe mental illness.

DEMOGRAPHICS

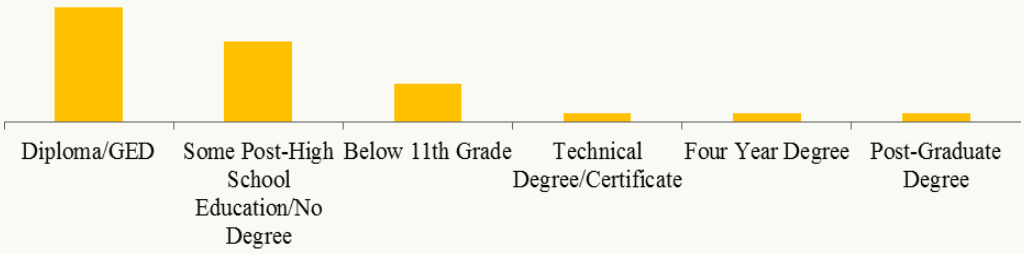
There were 61 individuals who were active in the program for some, if not all, of the 2010 to 2012 period. The following are the **demographic characteristics** of RCMHC participants during this reporting period.

Gender: **Women comprised the majority** (60.7%) as compared to men (39.3%).

Age: Participants were between the ages of 18 and 63 with the **average age of 35.98 years**.

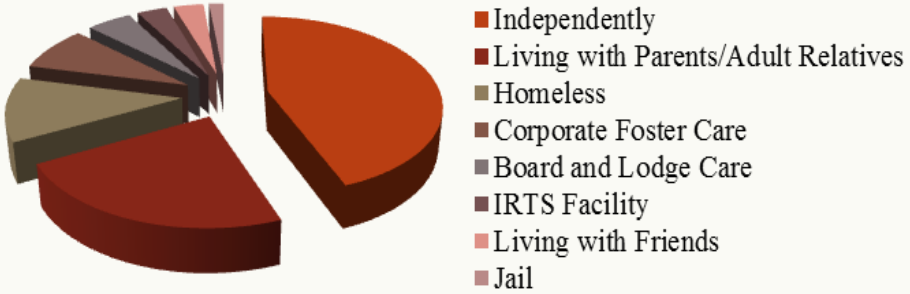
Race: **Participants were more likely to identify as Caucasian (54.1%), followed by African American (27.9%),** Native American or Hawaiian (6.6%), Hispanic (4.9%), Asian (3.3%), and Multi-Racial (3.3%).

Education Level: **Participants reported having a Diploma/GED (44.3%)**, followed by some post-high school education but no additional degree (31.2%). Other participants reported an education of 11th grade or below (14.8%), a technical degree or certificate (3.3%), a four-year degree (3.3%), or a post-graduate degree (3.3%).



Employment: **Most participants reported being unemployed (86.9%) at program entry**, followed by part-time employment (6.6%), full-time employment (3.3%), or stay at home parent (3.3%).

Housing: **A large number of participants reported living independently (44.3%), followed by living with parents or adult relatives (23%), or homeless (11.5%).** The remaining number were in Corporate Foster Care (8.2%), Board and Lodge Care (4.9%), IRTS Facility (3.3%), Living with Friends (3.3%), or Jail (1.6%).



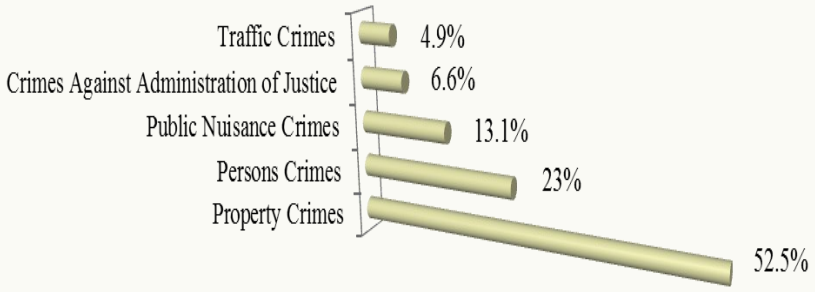
CRIMINAL DATA

Mental health courts accept individuals charged with a wide variety of offenses and may focus on individuals charged with misdemeanor crimes, felonies, or both.

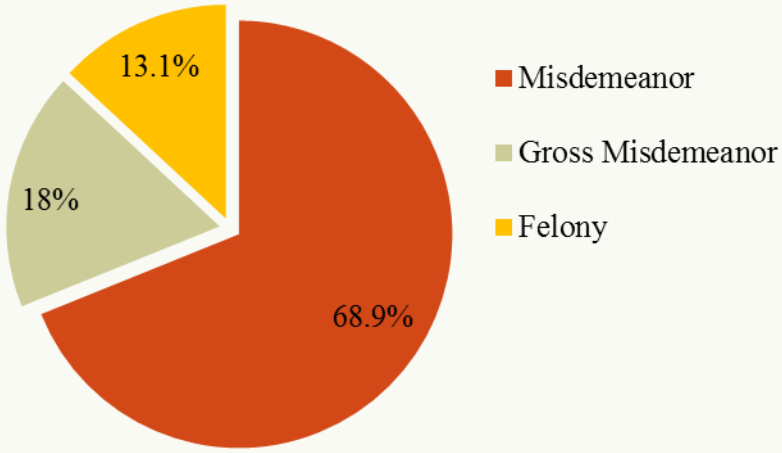
Council of State Governments Justice Center. 2009. Mental Health Courts: A Guide to Research-Informed Policy and Practice. New York: Council of State Governments.

Charges: RCMHC accepts individuals with a wide variety of charges. **Most of those accepted to the Court during this reporting period had charges of Theft** (32.8%), Assault (19.6%), and Damage to Property (13.1%).

Offense Category of Charge at Entry: **Over half of the participants accepted to RCMHC were charged with Property Crimes** (e.g., theft, damage to property, trespassing), followed by **Persons Crimes** (e.g., assault, harassment, interference with 911 call), **Public Nuisance Crimes** (e.g., indecent exposure, disorderly conduct, aggressive solicitation), **Crimes Against Administration of Justice Crimes** (e.g., obstructing legal process, false information to police), and **Traffic Crimes** (e.g., DWI, Implied Consent).



Level of Charge: **Participants accepted into the program were more likely to be charged with a Misdemeanor** (68.9%), followed by Gross Misdemeanor (18%), and Felony (13.1%).



Disposition: The **majority of individuals accepted in RCMHC were post-adjudication** - *requiring a guilty plea or conviction* - (75.4%); the remaining (24.6%) were offered a diversion and dismissal if they successfully completed the program.

MENTAL HEALTH DATA

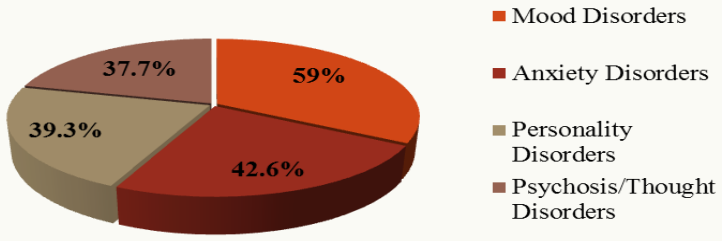
The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health shows that **11.4 million adults (five percent of the adult population) lived with serious mental illness in the past year.**

Substance Abuse and Mental Health Services Administration, Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

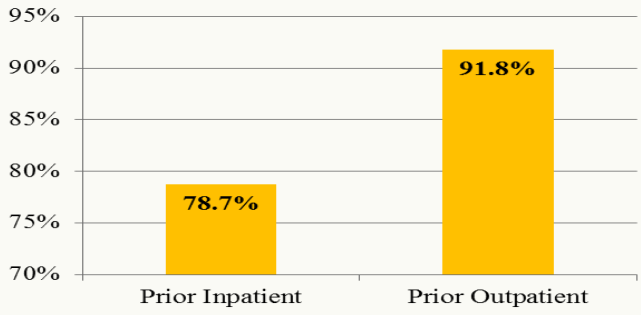
According to the World Health Organization, **mental illness accounts for more disability in developed countries than any other group of illnesses**, including cancer and heart disease. As defined, serious mental illness is a functional impairment that substantially interferes with or limits one or more major life activities. For example, it disrupts a person's ability to work or to interact socially with others.

The *Diagnostic and Statistical Manual of Mental Disorders* Fourth Edition (DSM IV), defines Axis I disorders as clinical syndromes such as mood disorders, anxiety disorders, and psychosis/thought disorders, including diagnoses such as major depression, post-traumatic stress, and schizophrenia. Axis II disorders are defined as developmental and personality disorders, including paranoid, antisocial, and borderline personality disorders. **All participants accepted to RCMHC have an Axis I mental health disorder with a large percentage (41%) also having an Axis II disorder.**

Diagnoses: RCMHC accepts individuals diagnosed with (or showing signs of having) a significant mental illness. Many participants have multiple diagnoses at program entry. **The most common diagnoses are Mood Disorders (59%), Anxiety Disorders (42.6%), Personality Disorders (39.3%), and Psychosis/Thought Disorders (37.7%)**.



Prior Hospitalization and Treatment: Participants accepted into RCMHC had a significant history of hospitalization. Notably, **over three quarters of participants had previous inpatient hospitalizations (78.7%) and the majority of participants had been in outpatient treatment (91.8%) for their mental illness.** More than a quarter of accepted participants had a history of civil commitments (36.1%).



CHEMICAL HEALTH DATA

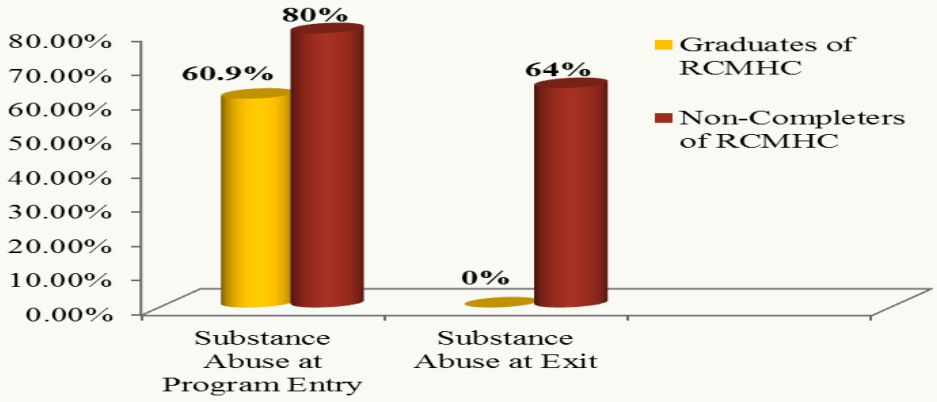
About 50% of all people with serious mental illness experience a drug or alcohol use disorder at some point in their lives compared with only 15% of the general population.

Substance Abuse and Mental Health Services Administration GAINS Center, 2013.

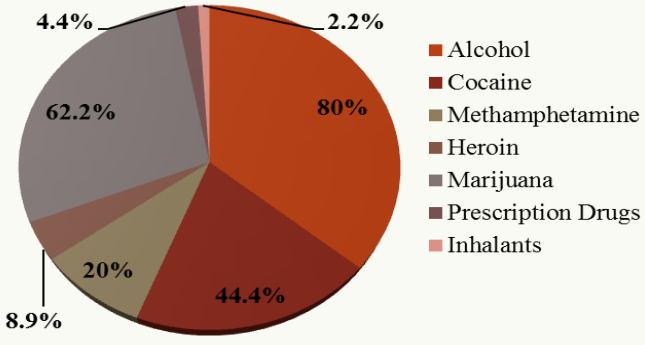
According to a 2012 SAMHSA study, **adults experiencing any mental illness in the past year were also more than three times as likely to have met the criteria for substance dependence or abuse** in that period than those who had not experienced mental illness in the past year (20 percent versus 6.1 percent).

Co-occurring disorders are mental health and substance-related disorders that are diagnosed as being present in an individual with mental illness at the same time. **Over half of all participants accepted to RCMHC had an Axis I chemical health diagnosis (50.8%).** The vast majority of RCMHC participants had a *history* of substance abuse at program entry (77%). Over half of all those accepted were *currently* abusing substances at program entry (54.2%).

Data reveals that **RCMHC participants, regardless of program outcome, had a decrease in their substance use at program completion.** Most notably, over half of RCMHC graduates came into the program abusing substances (60.9%) with all being chemically free at program completion (0%).



The **most common substances that were abused at RCMHC program entry included Alcohol** (80%), Marijuana (62.2%), Cocaine (44.4%), and Methamphetamine (20%). Other drugs of abuse were Heroin (8.9%), Prescription Drugs (4.4%), and Inhalants (2.2%).



ACCESS TO COMMUNITY SERVICES

Lack of access to appropriate mental health treatment, services, and supports in the community and in corrections contributes to recidivism.

National Alliance on Mental Illness—Minnesota, 2012.

People returning to the community are more likely to succeed if they have the necessary tools, such as treatment, housing, employment or income supports, identification, medication, and health care benefits.

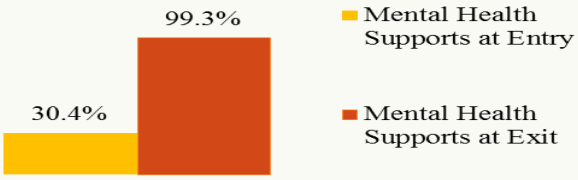
National Alliance on Mental Illness—Minnesota, 2012.

RCMHC maintains a program that serves people who struggle with severe mental illness and are cognizant of economic realities. Our goal is to be as effective and efficient with our resources as possible. One way to be efficient is to provide as much treatment in the community as possible, rather than in a court or hospital setting. Community services are the lynchpin of Minnesota's mental health and chemical health system. These services are intended to promote recovery, keep people healthy and avoid more expensive inpatient psychiatric hospital care whenever possible.

During this reporting period, RCMHC participants were introduced and linked to multiple mental health and chemical health community supports and programs, and were court-ordered to attend if beneficial to their treatment plan. **The proven outcome is that RCMHC participants learn to engage in services, and when they have their next mental health crisis, instead of defaulting to the police on the street they connect with the treatment system**.

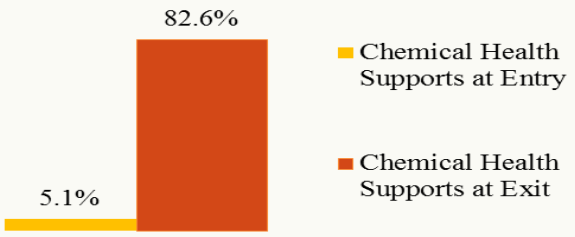
MENTAL HEALTH SUPPORTS:

Only 30.4% of those accepted into RCMHC had mental health services compared to 99.3% who had mental health supports and programs in place at program completion. These mental health services include, but are not limited to, ARMHS programming, Personal Care Attendants, Representative Payees, DBT, Day Treatment, Drop-in Centers, Support Groups, Inpatient and/or Outpatient Treatments, and Case Management.



CHEMICAL HEALTH SUPPORTS:

Only 5.1% of individuals accepted into RCMHC had chemical health supports compared to 82.6% who had chemical health supports and programs in place at program completion. These chemical health services include, but are not limited to, AA/NA/DRA Support Groups, Structured Outpatient Programs, Inpatient Treatment Programs, Drug Testing, and Chemical Health Assessments.



QUALITY OF LIFE

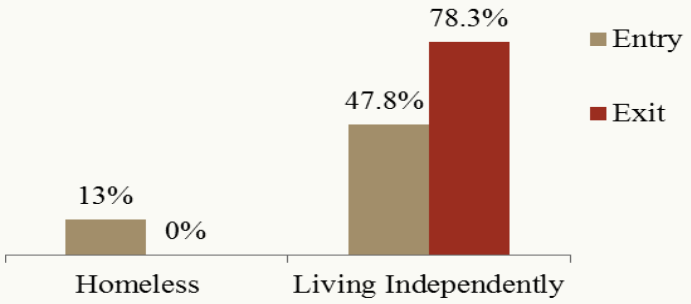
People who struggle with severe mental illness deserve opportunities for recovery and fulfilling lives. This is not only possible, but the expectation of our program. Empirical evidence shows that RCMHC produces positive outcomes for participants and the public.

QUALITY OF LIFE

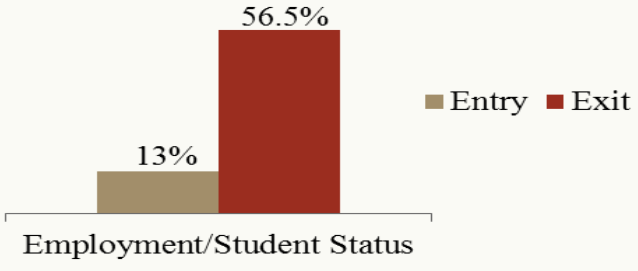
Functional Assessment: For those who graduated in 2010 to 2012, **functional assessment scores showed an improvement in nearly all areas of life** at the completion of the RCMHC program.

Functional assessments are given to all participants at both program entry and completion by either RCMHC case management or the primary case manager of the participant. The assessments scored in the following areas of life *(e.g., Mental Health Symptoms, Mental Health Service Needs, Use of Drugs or Alcohol, Vocational Functioning, Educational Functioning, Social Functioning/Use of Leisure Time, Interpersonal Functioning/ Relationships, Self-Care and Independent Living Capacity, Medical Health, Dental Health, Obtaining and Maintaining Financial Assistance, Obtaining and Maintaining Housing, Using Transportation, Other).*

Housing: The status of **housing for participants was greatly improved** by graduation from RCMHC. At program entry, 13% were homeless and only 47.8% were living independently. By program completion, 0% were homeless and 78.3% were living independently.



Employment: The **employment and education status of participants were both significantly improved** by graduation. Only 13% of graduates who entered RCMHC were employed or attending school. Upon graduation, 56.5% were employed or attending school to further their education.



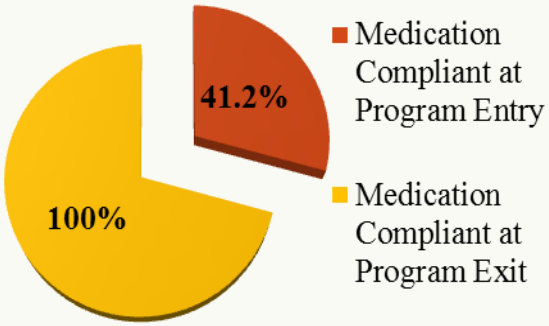
COST SAVINGS

COST SAVINGS

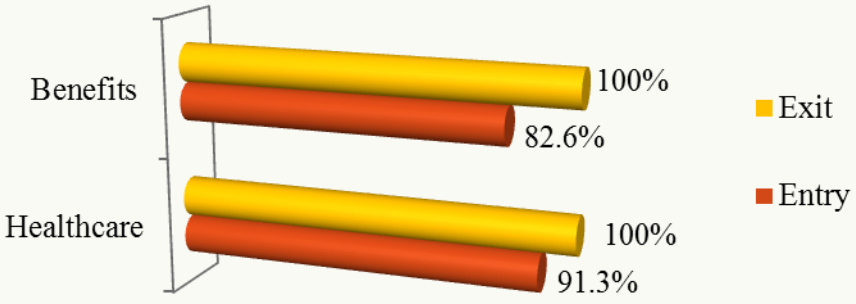
The economic impact of not treating mental illness is far greater than the cost of treatment. Mental illness rivals heart disease and cancer in its pervasiveness. It is the leading cause of suicide and the leading health-related cause of disability, a driver of chronic homelessness and school failure, a significant challenge in the adult and juvenile correctional systems, and a major consequence of child abuse and trauma. Below are several areas of potential cost-savings to the criminal justice, mental health, and healthcare systems.

Hospitalization Costs: Of the 61 individuals who were active this reporting period, there were **only 14 psychiatric emergency room or acute psychiatric crisis visits.**

Medication Compliance: Only 41.2% of RCMHC graduates entering the program were compliant with psychotropic medications. **Upon graduation, 100% had sustained compliance** with psychotropic medication.



Healthcare and Benefits: Several participants came into RCMHC without any healthcare or benefits[1] in place. At program completion, **100% of graduates had healthcare and benefits**.



Community Work Service: As part of the RCMHC conditions of sentence, participants gave back to the community instead of spending time in jail resulting in a total of **899 hours of community work service completed**.

[1]The term "benefits" refers to items such as Retirement Survivors Disability Insurance (RSDI), Supplemental Security Income (SSI), General Assistance (GA), MN Family Investment Program (MFIP), Minnesota Supplemental Aid (MSA), and Employment.

RECIDIVISM AND JAIL OUTCOMES SUMMARY

There is research to suggest that over time **mental health courts have the potential to lead to cost savings through lower recidivism and the associated jail and court costs** and through a reduction in use of the most expensive types of mental health treatment.

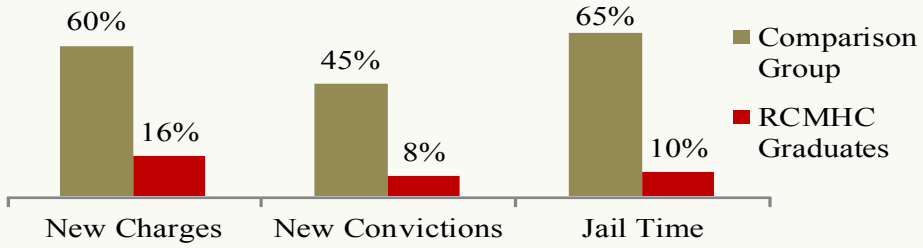
Council of State Governments Justice Center. 2009. Mental Health Courts: A Guide to Research-Informed Policy and Practice. New York: Council of State Governments.

RCMHC has a proven record of success in reducing recidivism and jail time. In addition, there are significant cost savings to the criminal justice system and taxpayers with the decreased number of police contacts, charges, court appearances, convictions, and time spent in jail among participants. Highlights of this report include the following:

- **Graduates of RCMHC were less likely to be charged with a new offense than those in a comparison group in both a one year and three year follow-up study.**
- **Graduates of RCMHC were less likely to be convicted of a new offense than those in a comparison group in both a one year and three year follow-up study.**
- **Graduates of RCMHC were less likely to spend time in jail than those in a comparison group in both a one year and three year follow-up study.**

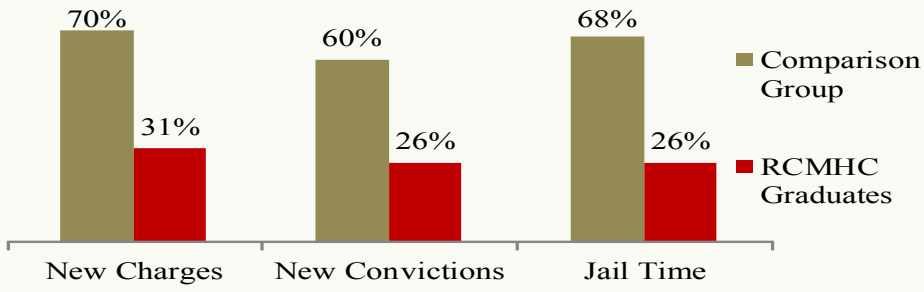
ONE YEAR FOLLOW-UP:

In a one year follow-up, those in the comparison group were significantly more likely to be charged with a new offense and more likely to be convicted of a new offense compared to those who participated in RCMHC. Additionally, those in the comparison group were more likely to spend time in jail compared to those who participated in the RCMHC.



THREE YEAR FOLLOW-UP:

In a three year follow-up, those in the comparison group were significantly more likely to be charged with a new offense and more likely to be convicted of a new offense compared to those who participated in RCMHC. Additionally, those in the comparison group were more likely to spend time in jail compared to those who participated in the RCMHC.



COMPARISON GROUP:
Evaluation Summary

Mental health courts take a hard-core, challenging population that has failed repeatedly in all three systems: criminal justice, substance abuse, and mental health and have developed an intervention that is an improvement in the outcomes for offenders.

Minnesota Public Radio (2009, July 17). Study: Mental health courts show positive results.

A comparison group was identified to determine what the re-offense rate is for a group of similarly situated offenders who did not participate in the RCMHC compared to the group who participated in the RCMHC. For a description of the comparison group process, ***see Appendix A*****.**

In order to use the same timeframe for all groups, the **one year comparison analysis** only includes those who had at least one year pass since leaving the program. The **three year comparison** analysis used the same procedure for the one year follow up and reports the recidivism and jail rates for those who had at least three years pass since leaving the program. Therefore, the comparison analysis does not include all graduates and non-completers.[1]

These analyses also account for time in jail or prison. For example, if a person spent 3 days in jail during the one year window, three days was added so that recidivism rates included one full year of time available to re-offend.

The one year cohort consists of the following:

- **61 graduates** who had at least one year pass since leaving the program.
- **53 non-completers** who had at least one year pass since leaving the program.
- **114 RCMHC participants (graduates and non-completers combined)** who had at least one year pass since leaving the program.
- **40 individuals** who were selected for the comparison group.

The three year cohort consists of the following:

- **42 graduates** who had at least three years pass since leaving the program.
- **35 non-completers** who had at least three years pass since leaving the program.
- **77 RCMHC participants (graduates and non-completers combined)** who had at least three years pass since leaving the program.
- **37 individuals** who were selected into the comparison group and had three years pass since their cases were disposed.

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[1]*Non-completers includes individuals who were accepted into the program, but did not complete the program because they were terminated, opted out, or had their case dismissed.*

ONE YEAR FOLLOW-UP
New Charges, New Convictions, and Jail Time

NEW CHARGES—After One Year

A "new charge" is defined as a new offense with an offense date that occurs within the first year after leaving the Mental Health Court (participants) or the first year after the case was disposed (comparison group). For example, if a participant left the program on 2/2/11 and was charged with a new offense that occurred on 5/14/11, s/he would be counted in the table below as having a new charge.[2]

Comparison Group	Graduates	Non-Completers
Percentage of those with a new charge		
60%	16%	43%

NEW CONVICTIONS—After One Year

A "new conviction" is defined as a new offense with an offense date that occurs within the first year after leaving the Mental Health Court (participants) or the first year after the case was resolved (comparison group) and results in a conviction.

Comparison Group	Graduates	Non-Completers
Percentage of those with a new conviction		
45%	8%	36%

JAIL TIME—After One Year

Using the same cohort as the recidivism analysis, these individuals were also reviewed in the Statewide Supervision System to determine whether they spent time in jail or prison within one year of leaving the Mental Health Court (participants) or within one year of when the case was disposed (comparison group).

Comparison Group	Graduates	Non-Completers
Percentage of those who spent time in jail		
65%	10%	66%

[2]New charges and convictions do not include petty misdemeanors or traffic offenses (with the exception of driving after revocation/ suspension/cancellation).

THREE YEAR FOLLOW-UP
New Charges, New Convictions, and Jail Time

NEW CHARGES—After Three Years

A "new charge" is defined as a new offense with an offense date that occurs within three years after leaving the Mental Health Court (participants) or three years after the case was disposed (comparison group). For example, if a participant left the program on 2/2/10 and was charged with a new offense that occurred on 5/14/12, s/he would be counted in the table below as having a new charge.[2]

Comparison Group	Graduates	Non-Completers
Percentage of those with a new charge		
70%	31%	69%

NEW CONVICTIONS—After Three Years

A "new conviction" is defined as a new case with an offense date that occurs within three years after leaving the Mental Health Court (participants) or three years after the case was disposed (comparison group) and results in a conviction.

Comparison Group	Graduates	Non-Completers
Percentage of those with a new conviction		
60%	26%	66%

JAIL TIME—After Three Years

Using the same cohort as the recidivism analysis, these individuals were also reviewed in the Statewide Supervision System to determine whether they spent time in jail or prison within three years of leaving the Mental Health Court (participants) or within one year of when the case was disposed (comparison group).

Comparison Group	Graduates	Non-Completers
Percentage of those who spent time in jail		
68%	26%	86%

[2]New charges and convictions do not include petty misdemeanors or traffic offenses (with the exception of driving after revocation/ suspension/cancellation).

PROGRAM EVALUATION

RCMHC distributes anonymous program evaluation surveys to participants and the team that include rating their perception of procedural fairness, the program operation, and individual team members.

TEAM SURVEY

During this reporting period, the RCMHC team completed two anonymous surveys (2010 and 2012) that included ratings in the following areas: participants' accurate knowledge of the program and protection of their rights, program operation, treatment, group functioning, and team training. In addition to evaluating participants and programming, team members and their responsibilities were also evaluated for effectiveness.

The results of the team surveys were compiled by the Second Judicial District research analyst and were reviewed with the team and partners. The results were used to identify whether improvements could be made by the team and the program's operations. Overall, **the results were very supportive of the areas assessed.** ***See Appendix B*** for the full survey and results.

PARTICIPANT PROGRAM ENTRY AND EXIT SURVEYS

The RCMHC program coordinator worked with program interns to administer pre-participation surveys and post-participation surveys (2010 and 2012) to participants. These surveys captured information specific to the problems participants had with medications, making scheduled appointments, their level of social support, and how they currently feel about their lives. By asking participants the same questions before and after their participation in RCMHC, the Court can measure any changes that occurred.

The results of the participant surveys were compiled by the Second Judicial District research analyst and were reviewed with the team and partners. The results were used to determine whether participants benefited from their RCMHC experience. The data were also used to provide the team with feedback regarding the areas of participants' lives that are most in need of improvement or assistance. **Graduates reported higher functioning in all areas, including reduced mental health symptoms, access to services, employment, housing, pro-social activities, relationships, and support for sobriety.** ***See Appendix C*** for the full survey and results.

PARTICIPANT IN-COURT SURVEYS

The RCMHC program coordinator worked with program interns to administer in-court surveys to participants after they had been in RCMHC for several months. The results of the participant surveys were compiled by the Second Judicial District research analyst and were reviewed with the team and partners. The in-court surveys provided participants an opportunity to identify improvements that could be made to the team and the program's operation. **Overall, the results were very positive and showed that participants interacted well with the RCMHC team and received appropriate supports.** When asked what they felt were effective program components, RCMHC participants identified the Judge and Case Manager as most helpful. The surveys identified more case workers and shorter court sessions as potential improvements to RCMHC. ***See Appendix D*** for the full survey and results.

Never doubt that a small group of committed people can change the world. Indeed, it is the only thing that ever has.

Margaret Mead

Pro Bono Collaboration

In 2011, **Briggs & Morgan, P.A., partnered with RCMHC to provide *pro bono* legal services to criminal defendants accepted into the program**. With the help of Alan Maclin, Esq., President of Briggs & Morgan, and James Long, Esq., in charge of the firm's pro bono programs, attorneys **Ankoor Bagchi, Knapp Fitzsimmons, and Michael Wilhelm** volunteered to provide this much-needed representation.

The underlying criminal charges and possible jail sanctions mandate that RCMHC participants have legal representation. The pro bono initiative arose when the Ramsey County Public Defender's Office, facing budget cuts, could no longer represent RCMHC participants.

Into the breach stepped **Warren Maas**, a psychologist and lawyer, whose diligent representation of RCMHC participants was recognized by the Ramsey County Bar Association with its Outstanding Pro Bono Attorney award in 2009. After Warren's appointment as Executive Director of Project Pathfinder in June 2012, he could no longer volunteer and Briggs & Morgan stepped up with its pro bono assistance.

Pro bono lawyers make a difference in the lives of RCMHC participants. They assist participants throughout the RCMHC process, and serve as advocate and counselor.

Ankoor, Knapp, Michael, and Warren have been instrumental in the impressive improvement in the lives of their clients, which in turn has improved community and public safety in Ramsey County. These pro bono services demonstrate the great collaboration of the courts and the bar for the public good.

Since 2011, the value of Briggs & Morgan, P.A., pro bono contribution has been $82,696!

We ourselves feel that what we are doing is just a drop in the ocean, but the ocean would be less because of that missing drop. We can do no great things, only small things with great love.

Mother Teresa

Internship Program

RCMHC continues to be impressed by the many ways that interns and volunteers have exhibited professionalism and compassion toward participants. They have made a very real and meaningful difference in the lives of RCMHC participants with serious mental illness. Whether through clinical care, program administration, or client advocacy, they have assisted individuals and families to embark on a path to recovery and stability.

RCMHC continues to grow its graduate and undergraduate internship program, providing an opportunity for clinical MSW interns, generalist program interns, and student certified attorneys to work with the RCMHC team, partners, and participants.

RCMHC would like to thank the following interns that have given freely of their time and expertise. They have greatly enhanced the quality of the RCMHC program and the lives of its participants.

- **Devin Thomas**, *Program Intern 2010, 200 hours*
- **Diana Tastad**, *Program Intern 2010, 156 hours*
- **Melissa Jobe**, *Clinical MSW Intern 2010, 600 hours*
- **Carmeann Medas-Forbes**, *Clinical MSW Intern 2010-11, 600 hours*
- **Christopher Bradford**, *Program Intern 2011, 188 hours*
- **Brenda Blaisdell**, *Clinical MSW Intern 2011, 400 hours*
- **Evan Lowder**, *Program Intern 2011, 400 hours*
- **Alissa Kassa**, *Clinical MSW Intern 2011-12, 407.5 hours*
- **Ryan Toriello**, *MJF Student Certified Attorney 2011-2012, 160 hours*
- **Molly Daczyk**, *Program Intern 2012, 151 hours*
- **David Holt**, *MJF Student Certified Attorney 2012, 102 hours*

According to the Independent Sector, a nonprofit, nonpartisan coalition of approximately 550 charities, foundations, and corporate philanthropy programs, the estimated value of a volunteer hour in 2011 was $21.79. The hourly value of volunteer time is based on the average hourly wage of all non-management, non-agricultural workers as determined by the Bureau of Labor Statistics, with a 12 % increase to estimate for fringe benefits.

During the months of January 2010 through December 2012, RCMHC interns provided 3,365 hours of service. Using the rate of $21.79 per hour, **these volunteer hours had a value of $73,323. Thank you!!!**

NOTES OF THANKS

Thank you for everything you have done for {graduate}, you may not know how much you changed his life but you have. Something good came out of something bad and I know our son would appreciate you all for having faith in his father when no one else did. *Family Member*

I'm out in the community again. I'm no longer isolating myself in the house. [RCMHC] gave me a lot of resources, wonderful case managers—so patient and willing just to hear me. It was worth the effort. *Graduate of RCMHC*

I feel as though my future, the way I have dreamt upon it, can be possible. I am now more individually driven and have a more hopeful relationship with myself and those around me. *Graduate of RCMHC*

I appreciate the chance to get my life together. I would tell anyone interested in mental health court not to be afraid, that everyone in the courtroom wants to help. *Graduate of RCMHC*

Thanks so much for once again welcoming my students and me to RCMHC. The work going on at RCMHC is so impressive and inspiring, and we all feel privileged to have had a chance to see the inner workings. I'm especially grateful for the extra time you take to help us learn from the experience. *College Professor*

Thank you for the excellent opportunity to intern with RCMHC. The care and passion the team has for the program is phenomenal. It was a blessing to be part of a team that impacts the community in a powerful way. I'm not leaving empty handed as I have more knowledge, passion, devotion, and heart than I could ever imagined to have after an internship. *Christopher, Program Intern*

Thank you all for your time, mentorship, and patience this summer during my internship experience. Thank you all for contributing your time and energy to the RCMHC program—the work the court does is truly life altering for its participants. *Evan, Program Intern*

I want to take a moment to thank each and every one of you for your time, patience and feedback. You made me feel like a real part of this team and I will always appreciate the value you placed on the clinical internship role. I have learned so much about both the criminal and human services systems and how they can effectively collaborate together. *Brenda, Clinical Graduate Intern*

Appendix A
Developing the Comparison Group

Process for developing the comparison group:

- Collected all court required cases filed in Ramsey County for the last six months of 2008. Payable offenses in ViBES were not included.
- Selected all Misdemeanor and Gross Misdemeanor cases.
- Selected offenses that were the same as those in the program (e.g., theft, assault, disorderly conduct, etc.)
- Selected cases that resulted in a conviction or continue for dismissal.
- Randomly selected 400 cases and these individuals were examined in the jail database. The intern reviewed each person in the jail system to determine whether they had self-reported a mental illness at the time of booking.
- Any individuals who were accepted into a Ramsey County problem-solving court or had been referred to Mental Health Court were removed from the group.
- A final group consisted of 56 individuals. From this group, 40 people were randomly selected to see how well they matched the Mental Health Court cohort. Individuals were then removed and added based on criminal history, race, age, gender, and diagnosis to create a better match.

Below are the demographics for the comparison group and Mental Health Court Participants. The Mental Health Court participants is the cohort of individuals who have had at least one year pass since leaving the program (those who left the program on or before 12/31/11).

	Comparison Group (n = 40)	Mental Health Court Participants (n = 114)
Race		
Caucasians	37.5%	41.2%
African Americans	52.5%	47.4%
Hispanic	0.0%	2.6%
Native American	7.5%	3.5%
Asian	2.5%	2.6%
Multi	0.0%	1.8%
Other	0.0%	1.0%
Age	Range: 20-56 years Average: 36.05 years	Range: 18-63 years Average: 35.46 years
Gender		
Men	52.5%	44.7%
Women	47.5%	55.3%

Appendix B
Team Survey Evaluation

Mental Health Court Team Survey
November, 2012

Team members were asked to provide ratings for all of these statements on a scale of 1-5;
1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree.

The first set of statements pertain to participants' accurate knowledge of the program and protection of their rights.

	2008 (*n*=6)	2009 (*n*=7)	2010 (*n*=9)	2012 (*n*=12)
Participants' due process rights are protected in the Mental Health Court process.	4.83	5.00	4.63	4.83
Eligible participants are promptly advised about program requirements and the relative merits of participating.	4.80	4.71	4.50	4.36
Consequences for program compliance/ non-compliance are clearly explained to participants.	4.40	4.86	4.50	4.08

The next set of statements relate to how the program operates.

Representatives from the court, community, treatment, health, and criminal justice agencies meet regularly to provide guidance and direction to the Mental Health Court program.	4.83	4.43	4.25	4.75
Mental Health Court policies and procedures are developed collaboratively.	4.33	4.43	4.56	4.58
Mental Health Court and treatment services are sensitive to issues of race, culture, religion, gender, age, ethnicity, and sexual orientation.	4.50	4.43	4.44	4.58
A wide range of supportive services are available to meet participants' needs.	4.67	4.43	4.38	4.50
Mental Health services are provided to participants in a timely manner.	4.67	4.43	4.50	4.45
Case management services are used to assess participant progress and needs and to coordinate referrals.	4.83	4.86	4.67	4.50
Service accommodations are made for persons with physical disabilities, for those not fluent in English, for those needing child care, and/or for persons with limited literacy.	4.50	4.33	4.00	4.00
Participants are periodically assessed to ensure proper participant/ treatment matching.	4.83	4.71	4.13	4.27
The court is immediately notified when a participant has tested positive, failed to submit a test, or falsified test results.	4.67	4.33	4.33	4.00
The court applies appropriate sanctions and incentives to match participant progress.	4.67	4.33	4.00	4.20

	2008 (n=6)	2009 (n=7)	2010 (n=9)	2012 (n=12)
The coordinator and the evaluator review monitoring and outcome data periodically to analyze program effectiveness and modify operations and shares this information with the team.	4.67	4.57	4.13	4.50
Needs of public safety are being met through the Mental Health Court processes of screening, case management, and Mental Health Court Procedures.	4.67	4.71	4.33	4.64
Mental Health Court has a good screening process.	4.67	4.57	4.11	4.36
Appropriate participants are being admitted to Mental Health Court.	4.50	4.57	4.13	4.33
The procedures of the actual Mental Health Court sessions work well.	4.83	4.57	4.13	4.55
Mental Health Court is having a positive impact on its participants.	4.83	4.57	4.00	4.50
Procedures are used to protect confidentiality and prevent unauthorized disclosure of personal information.	4.67	4.71	4.78	4.50

These statements relate to treatment.

Treatment agencies give the court accurate and timely information about a participants' progress.	4.17	4.50	4.14	4.20
Treatment providers deliver quality services to participants.	4.33	4.67	4.17	4.18
Funding for treatment is adequate and stable.	2.50	2.50	2.50	3.00
A wide range of treatment services are available to meet participants' needs.	4.33	4.17	4.00	4.00
Appropriate treatment services are available for all participants.	4.17	3.33	3.86	3.82

These statements pertain to how the team functions as a group.

There is frequent communication across Mental Health Court team members.	4.83	4.71	4.56	4.58
Conflicts among Mental Health Court team members are addressed and resolved.	4.80	4.50	3.83	4.33
Appropriate information about every client is presented at the staffings.	4.83	4.83	4.71	4.80
Everyone participates at the staffings.	4.50	4.50	4.29	4.50
Time is used wisely at the staffings.	5.00	4.67	4.17	4.10
Conflicts during the staffings are handled well.	4.80	4.50	4.40	4.40
Appropriate case management plans are agreed upon at staffings.	4.83	4.67	4.43	4.50
I see myself being a member of the Mental Health Court team one year from now.	4.17	3.57	3.89	4.45
Everyone on the Mental Health Court team is doing their job.	4.83	4.43	4.11	4.73
My participation in the Mental Health Court is essential.	4.17	4.00	3.67	4.25
My supervisor supports the continuance of Mental Health Court.	5.00	3.20	4.13	4.80

These statements pertain to training.

	2008 (n=6)	2009 (n=7)	2010 (n=9)	2012 (n=12)
I have received training relevant to Mental Health Court within the past year.	4.50	4.29	4.14	4.40
The training I received was beneficial.	4.33	4.00	4.50	4.44
The training information I received has been incorporated into Mental Health Court policy manual or operating procedures.	3.67	3.86	3.83	4.29
All Mental Health Court team members receive needed education and training.	4.33	4.17	4.17	4.38

These statements pertain to the judge(s).

The judge is knowledgeable about participants' progress in the program.	4.80	4.71	4.67	4.55
Participants' relationships with the judge promote motivation and accountability.	5.00	4.71	4.75	4.36
The judge seems genuinely interested in the participants.	5.00	4.71	4.75	4.55

These statements pertain to the coordinator.

The coordinator works well with the team (e.g., sharing information, coordinating services).	5.00	4.57	4.33	4.92
The coordinator is an effective manager of the program.	5.00	4.71	4.56	5.00
The coordinator has a good rapport with the program participants. The coordinator treats participants with respect (*only asked in 2012*).	5.00	4.71	4.00	5.00

These statements pertain to the evaluator.

The evaluator effectively handles our data reporting needs.	4.00	4.57	4.50	4.55
The evaluator works well with the team (e.g., sharing information, coordinating services).	3.80	4.71	4.38	4.60
The evaluator responds to my questions and concerns in a timely manner.	4.50	4.57	4.71	4.71

These statements pertain to the case manager (Misdemeanor/Gross Misdemeanor)

Participants receive appropriate services to meet their needs from the case manager.	5.00	4.86	4.43	4.82
The case manager understands the participants' needs.	5.00	5.00	4.57	4.83
The case manager gives participants appropriate referrals for services.	5.00	4.86	4.71	4.73
The case manager effectively monitors participants' progress in the program.	4.83	4.86	4.75	4.73
The case manager works well with the team (e.g., sharing information, coordinating services).	4.83	5.00	4.63	5.00

These statements pertain to the case manager (Felony)

	2008 (n=6)	2009 (n=7)	2010 (n=9)	2012 (n=12)
Participants receive appropriate services to meet their needs from the case manager.	N/A			4.55
The case manager understands the participants' needs.				4.50
The case manager gives participants appropriate referrals for services.				4.45
The case manager effectively monitors participants' progress in the program				4.36
The case manager works well with the team (e.g., sharing information, coordinating services).				4.36

These statements pertain to the prosecutor (City Attorney).

The prosecuting attorney is a full partner in the Mental Health Court process.	4.83	4.86	4.44	4.73
The prosecutor has a good rapport with the program participants./The prosecutor treats participants with respect (*only asked in 2012*).	5.00	4.67	4.33	4.82
The prosecutor works well with the team (e.g., sharing information, coordinating services).	5.00	5.00	4.00	5.00

These statements pertain to the prosecutor (County Attorney).

The prosecuting attorney is a full partner in the Mental Health Court process.	N/A			4.82
The prosecutor treats participants with respect.				4.82
The prosecutor works well with the team (e.g., sharing information, coordinating services).				5.00

These statements pertain to the pro bono defense attorney.

The defense attorney is a full partner in the Mental Health Court process.	4.83	4.71	4.22	4.73
The defense attorney has a good rapport with the program participants.	5.00	4.83	4.57	4.82
The defense attorney works well with the team (e.g., sharing information, coordinating services).	5.00	5.00	4.13	4.82

These statements pertain to the graduate intern.

The graduate intern is a full partner in the Mental Health Court process.	N/A			4.80
The graduate intern treats participants with respect.				4.80
The graduate intern works well with the team (e.g., sharing information, coordinating services).				4.90

These statements pertain to Project Remand.

Project Remand is a full partner in the Mental Health Court process.	N/A			4.64
Project Remand treats participants with respect.				4.73
Project Remand works well with the team (e.g., sharing information, coordinating services).				4.64

Comments: Mental Health Court is one of the most well run courts in Ramsey County.

Appendix C
Participant Program Entry and Exit Evaluation

Participant Program Entry and Exit Survey
2010 to 2012

Participants are given the opportunity to complete a survey upon program entry and upon leaving the program. Participants were asked to self-report how they function in different areas of their lives. They were also asked several open-ended questions. Completion of the surveys is voluntary.

Response Rates for Program Entry Surveys
In 2010 to 2012, there were 86% of participants who completed a program entry survey. Reasons for non-completion include: no staff available to administer survey and refusal.

Response Rates for Exit Surveys
In 2010 to 2012, there were 23 people who did not complete an exit survey. Reasons for not completing survey include: participant could not be reached, participant refused to complete the survey, participant was distraught or agitated upon termination.

- Response rate for graduates: 86% (19 of 22 surveys completed)
- Response rates for non-completers: 20% (five of 25 surveys completed)
- Response rates for all 2010 exits: 51% (24 of 47 surveys completed)

Below is a summary of those who completed a survey upon program entry and those who completed an exit survey. The responses were coded into numerical values from the table below. The **higher the number, the greater functioning the person reported.**

Extreme Problem	Severe Problem	Moderate Problem	Slight Problem	No Problem
1	2	3	4	5

Statement	Program Entry Survey (*n* = 33)	Graduate Survey (*n* = 19)	Non-Completers (*n* = 5)
How would you rate your mental health symptoms and their relationship to your everyday living?	3.42	4.16	3.60
How would you rate your ability to access needed therapy, psychiatric care, or medication education and management?	4.15	4.74	4.20
How would you rate the relationship between drugs and alcohol and your everyday functioning?	4.39	4.84	4.00
How would you rate your vocational activity? (Your ability to find employment and perform well on the job.)	3.42	3.72	2.80
How would you rate your ability to do well in school?	3.41	3.93	3.25
How would you rate your use of free time?	4.18	4.42	4.00
How would you rate your ability to get along with others, including your family?	3.85	4.37	3.80

How would you rate yourself in the area of self-care and independent living?	3.85	4.53	4.40
How would you rate yourself in the area of medical health? (Accessing medical services as need.)	4.33	4.47	4.20
How would you rate yourself in the area of dental health? (Taking care of your dental needs and seeing a dentist as appropriate.)	3.78	4.32	4.00
How would you rate yourself in the area of obtaining and maintaining financial assistance?	3.72	4.47	3.40
How would you rate yourself in the area of obtaining and maintaining housing assistance?	3.88	4.84	3.80
How would you rate your ability to use transportation?	4.24	4.26	4.40

Open-Ended Questions

Can you tell me in your own words, what expectations you have for the Mental Health Court? In other words, what do you hope to get from your participation in the program?
[*responses are reported exactly how they were written on the survey]*

Achieving my goals, staying competent, getting out as much as possible
Help to control mental issues. Get the right assistance to change my life for better living.
I don't know. I have no expectations yet.
Justice
Learning how I can work through my anger e.g. through DBT, help with my mental health
Reduction of fines, some necessary adherence to a program which will help with self care and living
Resolve my legal offenses in a way that does not jeopardize my mental health and well being - stay out of jail, work, improve overall functioning in the society
Resources from various groups about everyday life w/ bi-polar disorder, medicals, and prescriptions that will allow me to live the best quality of life. Follow ups w/ my well being, collaborate w/ probation officer to become successful in the criminal justice system. Keep my job.
The opportunity to dismiss and vacate charges.
I hope to get charges dismissed.
Help with understanding my disability, help with chemical dependency, help with housing.
Give me structure and balance and improve my mental health issues. Being more independent.
To continue to receive as many resources as possible and to be able to have someone that if there's (sic) ever something going on and something I need to talk about.
To follow my treatment plan. Learn more about mental health court.
I hope to get linked into the rest of a successful fulfilling life.
Having more support and structure in my life. Mental health is okay right now because I am utilizing support and coping skills.

Learn how to approach situations.
Understanding of my situation (abusive relationship with ex) and from that depression and anxiety. Help with the fear of my ex, the court (previously not protecting me and my son) and help from ex's abuse. And maintaining a balanced life.
I would hope that everybody, including the judges understands my symptoms (PTSD, depression, anxiety) and how that played a role in my case. I would also hope that people know that what is stated in the police report is not factual at all.
Trying to get my own place and hope things go well.
Help. I think it would help me open up easier.
To complete it.
Non criminal record.
To get my life back on track.
To want more to think on my own.
Help with finding a job and getting my license.

In your own words, can you tell me about what led to your successful completion in the program? [Graduates only]

Being honest with myself. Having a good doctor, counselor, AHRMS (sic) worker. Accepting my mental health and the support/help.
Deb Strasser works a lot w/ me, supports me in many ways
Deb Strasser, therapy, psychiatry, family
Flexibility, less stress, they work with you instead of only punishment
Help from Deb Strasser, gift cards for food, thinking about what led me to be in MHC
I did what they told me. I made all appointments and the help I got.
Starting clean and sober, honest with case manager, completing treatment, getting a sponsor.
Trying to stay out of jail.
Being focused on bettering myself. I felt ashamed of my theft, so I made sure to give back to the community by taking responsibility and giving my services back to the community as restitution. Time = $
My daughter, first time being a mother.
Learning to cooperate with the court and fulfill requirements of the court and pay for the mistake that happened.
Working hard and wanting to succeed.
I had a plan and goals set for me to follow.
Perseverance and patience.
Staying focused, hard work.
Every #1 in group helped #1 another. I also take what I've learned and use it always.

In your own words, can you tell me about what led to your termination in the program? [Non-Completers only]

Too much stress.
Didn't have enough time to complete all tasks asked of me.

Is there any way the Mental Health Court could have served you better? Please explain.

No.
No.
Not helpful at all.
Nothing.
Slight confusion once in awhile, different issues, coordinate communication.
They did a good job.
I believed it served it's purpose and now I am ready to expunge record b/c I am a 1st time offender as of 2009.
No. Everything was helpful.
No, very effectively acted towards me and helped me a great deal. Happy and glad you went through the court. Worthy people.
Program could have given a little more flexibility in some cases.
No, you'll doing good.
No, I am fine.
No.
I feel as though Deb Strasser as case manager, the best possible outcome has occurred.
No.
No.
No they have help me better myself and others.
No!

Appendix D
Participant In-Court Survey Evaluation

In-Court Participant Survey Statements and the Average Responses 2007 to 2012

Participants were asked to provide ratings for all of these statements on a scale of 1-5;
1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree.

Statements about the Mental Health Court Judge	2007 (*n* = 17)	2008 (*n* =9)	2010 (*n* =12)	2012 (*n* =13)
The judge listened to my side of the story before he or she made a decision.	4.00	4.22	4.92	4.08
The judge had the information necessary to make good decisions about my case.	4.06	3.89	4.83	3.92
I was treated the same as everyone else.	4.24	4.44	4.83	3.77
As I leave the court, I know what I need to do next about my case.	4.06	4.89	4.92	4.31
The judge motivated me to do well in the program.	4.35	3.78	4.67	4.08
Praise from the judge for my progress was very helpful to me.	4.65	3.89	4.67	4.08
A warning from the judge about my progress was very helpful to me.	4.31	3.50	4.67	3.15
The judge was too hard on me.	2.35	3.22	1.00	2.00
The judge was a very important influence on how well I did in the program.	4.12	3.89	4.50	4.23
I am satisfied with how the judge dealt with my case.	4.18	4.33	4.75	4.25
The judge seemed genuinely interested in me as a person.	4.06	3.89	4.83	4.23
Statements about the Mental Health Court Case Manager	**2007**	**2008**	**2010**	**2012**
I received appropriate services to meet my needs from the Mental Health Court case manager.	4.35	5.00	4.75	4.54
My Mental Health Court case manager understood my needs.	4.35	5.00	4.75	4.46
My Mental Health Court case manager gave me appropriate referrals for services.	4.24	4.89	4.75	4.54
My Mental Health Court case manager worked well with my treatment team (e.g., sharing information, coordinating services).	4.41	4.78	4.75	4.38

Statements about the Mental Health Court Program	2007	2008	2010	2012
I am satisfied with the outcome of my case.	4.12	4.44	4.83	4.00
I felt safe in the courthouse.	4.29	4.44	4.83	4.00
The court makes reasonable efforts to remove physical and language barriers to service.	4.35	4.22	4.75	3.42
I was treated with courtesy and respect.	4.71	5.00	4.83	4.15
The way my case was handled was fair.	4.24	4.44	4.82	4.15
Court staff paid attention to my needs.	4.24	4.25	4.92	4.23
The Mental Health Court team members were supportive of me.	4.35	4.67	4.83	4.38
The Mental Health Court team members were able to help me do well in the program.	4.47	4.89	4.92	4.23
I understood the consequences of compliance/ non-compliance.	4.24	4.11	4.92	4.15
I received appropriate sanctions when I wasn't doing well in the program.	4.00	3.62	4.60	3.75
I received appropriate incentives to match my progress.	4.25	4.22	4.82	4.42
The Mental Health Court program was explained to me before I started the program.	4.29	4.88	4.83	3.92
Mental Health Court services were appropriate for my cultural background.	4.50	4.44	4.58	4.23
Overall, I am satisfied with my experience with the Mental Health Court.	4.47	4.25	4.92	4.08
Treatment for my mental or emotional problems is important to me.	*Not Asked*	5.00	4.92	4.23
I feel connected to other participants in Mental Health Court.	*Not Asked*	4.22	3.50	3.00

(2012 Results Only)

Do you feel the length of time required for Mental Health Court participation is…

Too Long: 76.9%
Appropriate: 23.1%

While you have been in Mental Health Court, did you miss taking your prescribed medications?

Rarely: 91.7%
Always: 8.0%

Do you consider yourself to be "med compliant?"

Yes: 100%
No: 0%

Would your doctor consider you to be "med compliant?"

Yes: 100%
No: 0%

Why did you choose to participate in Mental Health Court rather than going through the normal criminal justice system process (i.e., pleading guilty or proceeding to trial)?

*Procedure of trial
*To get extra help, understanding the court process with my mental illness
*Want a better future, I feel also that my case was related to mental health issues and I not had a TBI the incident would not have occurred
*Because I know my mental health has had a direct influence on my behavior and my decisions or choices
*Normal court would not of helped me as much to understand what is going on like mental health court
*I felt this way was better for me because I felt it appropriate
*I knew it was something wrong with me and knew that I had to get help before I destroy my life
*To expunge charge
*Seemed to be easier to get my life on track
*I didn't want a felony on my record
*I might have got a lesser charge. I am probably treated with a lot more care than I would've in normal court.
*To try to receive help with emotional issues which played a part in my case

Do you have someone besides the Mental Health Court case manager that you receive services from?

Yes: 85%
No: 15%

If yes, do you believe that this person worked well with the Mental Health Court team with regard to your specific needs?

Yes: 100%
No: 0%

What part of Mental Health Court do you find most helpful?

*Doing what is right!
*My psychological help
*Talking with Judge Leary and Deb Strasser
*Case Management meds resources
*Meeting with my case manager and the sincere concern for m and fairness from the Judge
*The Judge is really nice
*Communicating w/ judge and others
*My case manager worker and the support that they give me
*No answer
*Getting things over with/on track
*Not sure
*Supportive
*Support from people who care

What part of Mental Health Court do you find least helpful?

*None N/A
*Going to court
*Probably just waiting to get up to talk with judge
*Takes all day, I am always early and always called last. It is interfering with my life as far as transportation, bus money, care for my daughter, getting her off the bus, paying a babysitter, work and quality time with family
*Not enough understanding of my physical well being (of chronic pain syndrome) and how it has affected my mental health
*Nothing this is helpful to me
*Nothing
*Talking in front of people that I don't know
*Waiting for court to start was way too long
*The crutial (sic) judgment when all you do is work for the best. Don't look forward to seeing judges and wasting money on parking for a 2 hr. wait and parking tickets given if court runs over.
*The lack of freedom
*Time everything takes from life
*Just the longevity

What suggestions would you make for improving the Mental Health Court?

*Being seen 1st so I can go to work
*Talk more about life at home
*None everyone is really nice and helpful way better than regular court
*Shorter time please Stop calling me last Phase me up I am doing well
*Having some information from either a primary Dr or pain specialist.
*Nothing but keep up the good work
*More on time
*More case workers
*Nothing
*Parking accommodations. Judges not crossing over into different cases—THEY DO cause issues/misjudgments and issues that are not needed on top of everything else.
*Don't know
*I honestly don't think I would make any changes
*I don't really know….

GLOSSARY

Adult Rehabilitative Mental Health Services (ARMHS) are mental health services which are rehabilitative and enable the recipient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills, when these abilities are impaired by the symptoms of mental illness.

Alcoholics Anonymous (AA) is a voluntary self-help organization for people recovering from alcoholism. It employs a twelve-step model for recovery.

Case Management is a means of coordinating the services available in a community to ensure continuity of mental health care across a non-integrated service system. Services include a functional assessment, individual community support plan, referral and assistance in getting needed mental health and other services, coordination of services and monitoring of the delivery of services.

Cognitive Behavioral Therapy (CBT) involves recognizing current, destructive patterns of thinking and behaving, then replacing them with more realistic or helpful ones.

Day treatment is a short-term structured program consisting of group psychotherapy and other intensive therapeutic services provided by a multidisciplinary team. Day treatment services are provided to stabilize a recipient's mental health status while developing and improving his/her independent living and socialization skills. The goal of day treatment is to reduce or relieve the effects of mental illness and provide training to enable the recipient to live in the community.

Dialectical Behavioral Therapy (DBT) employs cognitive behavioral techniques to address self-harm behaviors and skill deficits. DBT helps the individual to better identify and manage destructive behavior and emotions by applying new skills to tolerate difficult life events and improve interactions with others. This therapy was first developed for treating borderline personality disorder.

Dual Recovery Anonymous (DRA) is a self-help organization for people with co-occurring disorders.

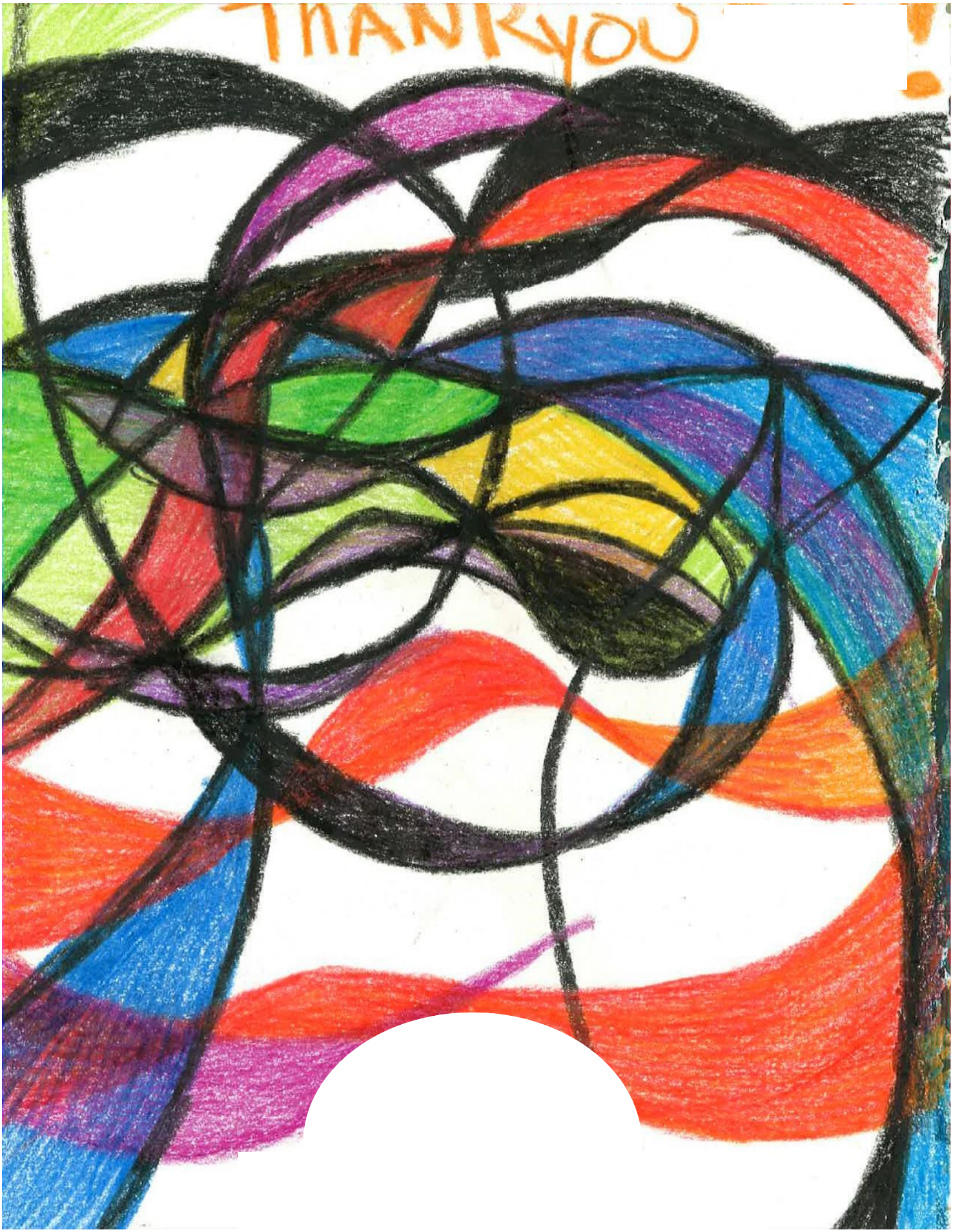
Evidence-Based Practices (EBP) refers to interventions that, through research, are found to be beneficial, effective and replicable for people with serious mental illness.

Narcotics Anonymous (NA) is a self-help organization for people recovering from substance use disorders.

Outpatient services include individual, group and family therapy; individual treatment planning; diagnostic assessments; medication management; and psychological testing.

Partial hospitalization programs (PHP) are time limited, structured programs of psychotherapy and other therapeutic services. The goal of PHP is to resolve or stabilize an acute episode of mental illness and consists of multiple and intensive therapeutic services provided by a multidisciplinary staff to treat the recipient's mental illness. Examples of PHP services include; individual, group, and family psychotherapy services; individualized activity therapies; and patient training and education.

Residential treatment are 24-hour-a-day programs under the clinical supervision of a mental health professional, in a community residential setting other than an acute care hospital or regional treatment center inpatient unit. This can include **Intensive Residential Treatment Services (IRTS)** or **Crisis Residential Services (CRS).**



Artwork submitted by RCMHC graduate