

Ramsey County Mental Health Court

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.

TEAM

Honorable Gail Chang Bohr
Mental Health Court Judge

Honorable John H. Guthmann
Mental Health Court Judge

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Current Operation

The Ramsey County Mental Health Court ("RCMHC") became **operational** in May 2005 and was developed based on the national problem-solving court model which emphasizes therapeutic jurisprudence and the use of sanctions and incentives over punishment. It 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 the Minnesota Department of Human Services, the RCMHC team 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.

Mission and Goals

The **mission** of the 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 the 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 and 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; and to 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. **Rather than the traditional pattern of focusing on the criminal activity of the defendant, the RCMHC focuses on addressing and treating the defendant's mental health and chemical health needs.**

Target Population

The **target population** of the RCMHC is adult Ramsey County residents who have been charged with a crime that is related to a serious mental illness. Many participants have multiple diagnoses at program entry. The most common diagnoses of those accepted to the program are Mood Disorders (59%), Anxiety Disorders (42.6%), Personality Disorders (39.3%), and Psychosis/Thought Disorders (37.7%).

Program Requirements

The RCMHC program is a **four-phase treatment process**, lasting a minimum of one year and a maximum of three years. Each phase consists of specific requirements for advancement into the next phase and outlines the recovery support services delivery plan. Phase movement results upon accomplishing treatment goals as agreed in the treatment plan; court conditions as agreed at acceptance into the RCMHC program and specific phase requirements.

Participants who agree to be accepted into the RCMHC program are **required** to:

- remain law abiding;
- abstain from illegal or non-prescribed drugs;
- submit to random drug and alcohol testing;
- complete community service hours;
- identify and maintain appropriate housing;
- remain compliant with all medication and psychiatric appointments;
- fully comply with mental health and chemical health treatment recommendations;
- develop and sustain a long-term treatment plan;
- participate in pro-social activities;
- become involved with mental health and community support groups;
- complete a wellness plan before graduation to identify triggers and prevent recidivism.

Effective Treatment Services and Practices

The **impact** of RCMHC has been significant. RCMHC has a proven record of success in changing lives, lowering incarceration rates, reducing recidivism, and improving medication compliance thereby increasing public safety and decreasing criminal justice and court expenses across the board. Evaluation and outcome data reveals that **RCMHC graduates are less likely to be charged with a new offense, less likely to be convicted of a new offense, and less likely to spend time in jail than those in a comparison group** of similarly situated offenders who did not participate in RCMHC.

The **accomplishments** of the RCMHC include connecting defendants to mental and chemical health services; reducing the incidences of criminal behavior; reducing the costs to the criminal justice system, corrections, public safety, and hospitals; enhancing the collaboration between the courts and the mental health community; improving the quality of life of defendants upon discharge (i.e., housing and treatment services in place); and assisting defendants with establishing more productive lives including self-sufficiency and self-confidence. Through the coercive authority and monitoring of the RCMHC as well as collaboration with the community, defendant's mental illness and environmental factors drastically improve. The proven outcome is that people learn to engage in services, and when they have their next mental health crisis, instead of defaulting to the police on the street they default to the treatment system.

Program Statistics

*Numbers Served:

Since inception, the RCMHC has provided services to 341 referrals with serious mental illness who have been charged with criminal offenses in Ramsey County.

*Recidivism/Jail Outcomes – One Year Post RCMHC:

In a one year follow-up, **only 16% of graduates had new charges compared to 60% of the comparison group.** In addition, **only 8% of graduates had new convictions compared to 45% of the comparison group.** Lastly, **only 10% of graduates spent time in jail compared to 65% of the comparison group.**

*Recidivism/Jail Outcomes – Three Year Post RCMHC:

Results remained consistent in the three year follow-up, with **only 31% of graduates having new charges compared to 70% of the comparison group.** In addition, **only 26% of graduates had new convictions compared to 60% of the comparison group.** Finally, **only 26% of graduates spent time in jail compared to 68% of the comparison group.**

*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.**

*Hospitalizations:

Since 2009, participants have had only 28 inpatient psychiatric hospitalizations and 15 emergency room interventions during RCMHC program participation.

*Mental Health Supports:

Only 30.4% of those accepted into RCMHC had mental health community support in place at time of acceptance. **99.3% had mental health community supports and programs in place at program completion.** RCMHC participants were introduced and linked to multiple mental health community supports and programs, and were court-ordered to attend if beneficial to their treatment plan. These mental health services include, but are not limited to, ARMHS programming, Personal Care Attendants, Representative Payees, Dialectic Behavioral Therapy, Mental Health Day Treatment, Mental Health Drop-in Centers, Mental Health Support Groups, Mental Health Inpatient and/or Outpatient Treatment, and Case Management.

*Chemical Health Supports:

Only 5.1% of individuals accepted into RCMHC had chemical health community supports in place at acceptance. **At program completion, 82.6% had chemical health community supports and programs in place.** 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.

*Community Service:

Since 2005, participants have performed 1,996 hours of community work service.

COLLABORATION

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.*

CONTACT

For more information please visit us on the Web at:

<http://www.mncourts.gov/dis-trict/2/?page=1576>