



Research Briefing 6

Effects of Mental Health Court on Reducing Incarcerations

Objectives: Over the last decade, there has been a significant increase in the number and proportion of the mentally ill in our nation's jails and prisons with 2005 Bureau of Justice estimates reporting that 64 percent of those imprisoned locally and 56 percent of those imprisoned by the state had indications of symptoms of mental illness. Policy makers have promoted mental health courts (MHC) as a solution to stop the criminalization of the mentally ill. The first Ohio mental health court began in 2001 in Akron and recently was designated one of five Bureau of Justice Assistance Mental Health Court Learning Sites.

The offenses bringing the person to the attention of the MHC are misdemeanors or lower level felonies. The person must voluntarily agree to the two-year program. Monitoring of participants and their adherence to court conditions by the judge and treatment team is reinforced by graduated rewards and sanctions, with treatment modified as necessary to promote recovery as well as public safety.

One outcome measure to determine the effectiveness of the MHC program in altering behaviors is to determine the proportion of days spent in jail prior to entry into the program and after separation from the program. In this briefing, we examine the proportion of days jailed to time at risk of incarceration for MHC successful participants and other consumers not participating in the MHC program.

Methods: Respondents from one county in northeastern Ohio were recruited from crisis and non-crisis facilities and/or identified as having interactions with the Municipal courts. Those identified through the Municipal court had an interaction with the criminal justice system. We collected local county jail data for the period January 1, 2000 through December 31, 2005.

We compare three groups. One group is those who successfully completed the Municipal Court mental health court (MHC) program (*graduates*). This group is compared to two non-program groups. One is made up of those who met the eligibility criteria for the MHC program but declined to participate (*eligibles*). The second group is comprised of consumers of mental health services who were identified at either a crisis or a non-crisis facility or who were found ineligible to participate in the MHC program (*others*).

Each person was assigned an index date and a separation date. For the non-program groups, the index and separation dates are the same, as they were not a part of the diversion program. For these groups, the index and separation dates are the date they were interviewed by us or came to the attention of the court. For the program group, the index date was the date the person came to the attention of the court and the separation date was the date the person graduated from the program.

To date, we have collected information on 107 *graduates*, 61 *eligibles*, and 438 *others*. Our sample is composed of 373 people who met the criteria of having at least six months of data before the index date and at least six months after the separation date. There are 77 *graduates*, 46 *eligibles*, and 250 *others* in the sample. The proportion of jail is calculated by adjusting by the amount of time the person was in the community.

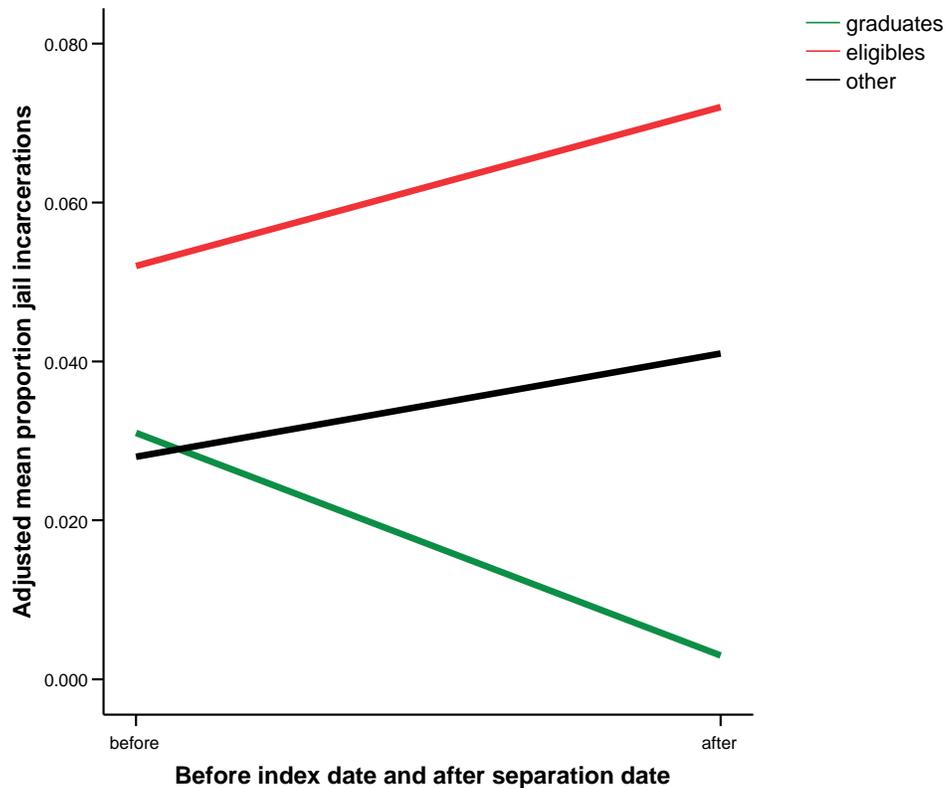
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Results:

- *Graduates* experienced a significant decline in the proportion of time spent incarcerated after separation from the diversion program, while both the control groups experienced an increase though only the *others*' was statistically significant (see Figure 1).
- *Graduates* do not differ from the control groups in prior incarcerations, however, they do differ significantly from the control groups in incarcerations after.
- *Graduates* are significantly younger and are diagnosed with a bipolar disorder more frequently than the *other* group. There are no other significant demographic, psychiatric diagnosis, or substance disorder differences between the *graduates* and the two control groups.

Conclusions: Those who successfully complete MHC experienced fewer incarcerations after program participation when compared to their previous behaviors and in comparison to other consumers of mental health services. We conclude that this indicates that the program has the desired effects in slowing the revolving door of criminalization.

Figure 1: Incarcerations by Group and Time



Funding provided by the Ohio Department of Mental Health and the Ohio Office of Criminal Justice Services. The data presented here are part of a larger study designed to investigate the relationships between diversion programs and the perception of stigma, receipt of psychiatric services, quality of life, and well-being for consumers of mental health services who were living in the community. The research team members are Principal Investigator, Christian Ritter, Ph.D., Co-Principal Investigator Mark Munetz, M.D., Project Director Jennifer L.S. Teller, Ph.D., and Research Associate Natalie Bonfine, M.A. If you desire further information or have questions about data interpretation, please contact either Dr. Ritter or Dr. Teller. (April 2007)