EVALUATION OF THE SANTA BARBARA COUNTY MENTAL HEALTH TREATMENT COURT WITH INTENSIVE CASE MANAGEMENT

MERITH COSDEN, JEFFREY ELLENS, JEFFREY SCHNELL,

AND YASMEEN YAMINI-DIOUF

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Counseling/Clinical/School Psychology Program

Gevirtz Graduate School of Education

University of California, Santa Barbara

EXECUTIVE SUMMARY

The Mentally Ill Offender Criminal Reduction Act (MIOCR) was passed in 1998 to fund innovative programs that might reduce recidivism among nonviolent, seriously mentally ill criminal offenders. The purpose of this study was to evaluate one such program, a Mental Health Treatment Court (MHTC), which provided non-adversarial criminal processing in conjunction with diversion to mental health services that used an assertive community treatment (ACT) approach to case management. Both treatment models have shown promise for helping this population; combining these practices was seen as an important step in providing community-based treatment for mentally ill offenders.

This study followed a true experimental design. All offenders during a three-year period who were identified as eligible for the program were given the opportunity to participate. Those who agreed were assessed and randomly assigned to one of two treatment conditions: the MHTC with intensive case management, or treatment as usual (TAU). For the MHTC, procedures were adapted from the drug court model of non-adversarial criminal processing and intensive court supervision. Decisions regarding participants were made by a treatment team that met before each court session, with the Judge subsequently providing feedback to the offender. Participants were assigned a case manager within an intensive care team. Following an ACT model of intervention, case managers had frequent contact with their clients and helped them with their practical needs as well as their psychological concerns. In addition, participants in the MHTC had access to housing, a horticulture vocational training program, and group interventions for substance abuse treatment and

community integration. Participants received the intensive treatment for 18 months, after which, if necessary, they were referred to long-term county services.

TAU consisted of traditional, adversarial court proceedings and a referral to the county long-term care team. There was considerable variability in services received by the participants in TAU, as any community resource not funded by the MIOCR grant was available for their use, including county sponsored vocational education and private treatments. Participants remained with the long-term care team for at least 18 months, after which they could be terminated or continue to receive care as long as needed. Participants in both MHTC and TAU were assessed at six-month intervals over a two-year period and were paid for their time to do the assessments regardless of their level of program engagement.

The participants in the program were 235 non-violent adults charged with either a felony or misdemeanor. All participants were diagnosed with a serious and pervasive mental illness, and were residents of Santa Barbara County. Offenders could enter the program either pre-plea or post-adjudication. Of those enrolled, 137 received treatment in the MHTC, and 98 received TAU.

The hypotheses predicted differences for participants in the MHTC or TAU over the 24-month program. Relative to participants receiving TAU, participants in the MHTC were expected to demonstrate: a) a reduction in criminal activity; b) an improvement in global functioning; c) an improvement in life satisfaction; d) a reduction in psychological distress; and e) a reduction in alcohol and drug problems.

The hypothesis on criminal activity was partially supported. There were two groups of offenders who did not see a reduction in criminal activity: a) approximately

10% of participants in the MHTC and TAU who went to prison despite assignment to the program; and b) the top 10% of offenders in each group, who accounted for 50% of the subsequent jail days, and who spent more days in jail the 24 months after entering the program than they had the 24 months before entering the program. However, when these outliers were removed from the sample, the hypothesis about reduced jail time was true for the remaining participants who averaged fewer jail days after treatment than before, with a greater reduction in jail days noted for participants in the MHTC than for participants in TAU. These findings indicate that the program was not able to hold or help all participants. The major distinguishing characteristic between participants who were successful and those who were unsuccessful in reducing their criminal activity was the seriousness of their substance abuse problems at intake.

The hypotheses regarding psychosocial improvements were also partially supported. Overall, MHTC participants demonstrated significant improvements in global functioning and quality of life, and reductions in their psychological distress and drug and alcohol problems, but so did participants receiving TAU. Participants in MHTC demonstrated a greater reduction in psychological distress and drug problems than did participants in TAU. Although gains for MHTC participants slipped after the program ended, in most instances it remained higher than functioning for participants in TAU, while both groups functioned higher at the end of 24 months than they had at baseline.

It was also noted that although more participants in the MHTC than in TAU were actively engaged in treatment during the program, overall both MHTC and TAU participants increased their use of county services relative to their use before entering the program. The MHTC was designed to enhance that engagement, with offenders assigned

an active case manager in the courtroom. An unexpected finding was that offenders receiving TAU also increased their use of treatment. Their increased access and utilization of service was attributed to the impact of the project itself on community practices. Trainings for staff in the criminal justice and mental health systems increased the visibility of these offenders and the shared knowledge on how to help them. Recognition of the likelihood of co-morbid mental health and drug and alcohol problems, and the enhanced treatment groups implemented to meet these needs, encouraged further integration of these services in the community.

The intensity of service (i.e., treatment hours) was not associated with participant outcomes, however. Rather, because treatment intensity was allowed to vary on the basis of the clients' needs, number of hours of treatment utilization was associated with diagnosis and global assessment of functioning. That is, participants with the greatest need used more services. These participants, however, did not evidence the greatest improvement. This study supports others in finding that while engagement in treatment is important, the intensity of services needed to effect changes will vary across clients.

It must also be noted that some mentally ill offenders were not helped through this process. Approximately 10% of participants in each group ended up in prison, despite ongoing treatment efforts. Further, an additional 10% of participants with the highest number of post-treatment jail days accounted for over 50% of all jail days accrued after entering the program. Thus, while there were statistically significant reductions in jail time for the remaining offenders, those who were not helped appeared worse over time, suggesting that other types of more intensive programming may be necessary to meet their needs. Participants at greatest risk for prison, for drop out, and

for not being reachable for follow-up assessments, were those with the most severe concomitant drug and alcohol problems.

Recommendations include the following:

1) Foster the collaboration of criminal justice and mental health systems in order to provide greater continuity in care and stability for offenders with mental illnesses;
2) Engage criminal offenders with mental illnesses in treatment by taking active steps to help them access treatment;
3) Develop integrated treatment programs to meet the needs of individuals with a dual diagnosis of mental illness and substance abuse who are at greatest risk for treatment failure and early attrition;
4) Provide quality diversion programs that are able to provide long-term care that addresses not only the mental health issues of the offenders, but also their commonly co-occurring problems, including substance abuse, learning difficulties, social isolation and economic concerns.