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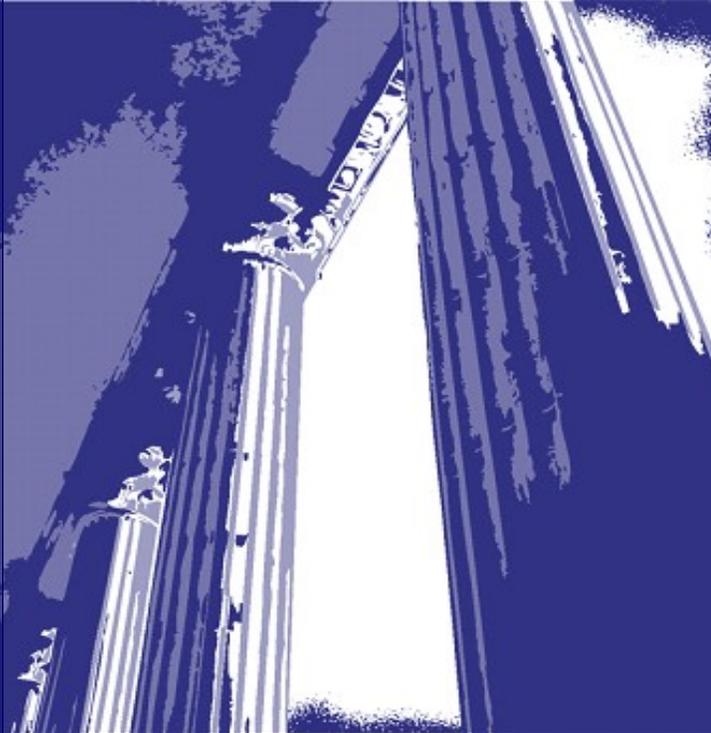
# **Mental Health Court**

## **Annual Report**

### **Second Judicial District of Minnesota**

*January 1, 2009 - December 31, 2009*

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# RAMSEY COUNTY MENTAL HEALTH COURT

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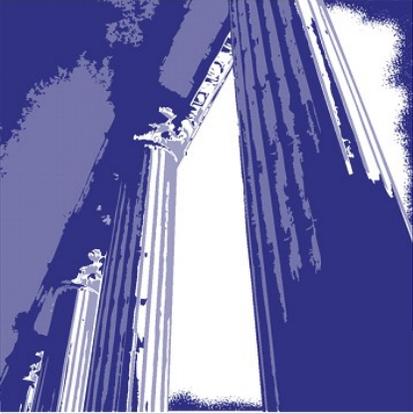
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<http://www.mncourts.gov/district/2/?page=1576>



## EXECUTIVE SUMMARY

Through the judicial application of *Therapeutic Jurisprudence*, the 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.

The purpose of this 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 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 2009, the RCMHC has provided services to 181 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 June 30, 2011. To maintain adequate resources, the Court relies heavily on pro bono services.
- In 2009, 41 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.
- A comparison group of forty individuals was selected to evaluate the effectiveness of the program. The comparison group was selected using the same eligibility criteria and charge history of those participating in the RCMHC.
- Outcome data reveals that RCMHC graduates spent less time in jail and were less likely to be charged or convicted with a new offense than those in the comparison group.



## BACKGROUND

The prevalence of serious mental illnesses among people entering jails is estimated to be at roughly 20 percent.

*Steadman, H.J., F. Osher, P.C. Robbins, B. Case, and S. Samuels. 2009. Prevalence of Serious Mental Illness Among Jail Inmates. Psychiatric Services 60:761-765.*

Half of all jail, state prison, and federal inmates with mental illness reported three or more prior convictions.

*Ditton, P.M. 1999. Special Report: Mental Health and Treatment of Inmates and Probationers. Washington, DC: U.S. Department of Justice.*

**The RCMHC has been in operation** since May 2005. It was developed based on the national problem-solving court model. RCMHC was created when it became increasingly clear that persons with mental illness and co-occurring substance abuse disorders were in need of more specialized and individualized jurisprudential approaches.

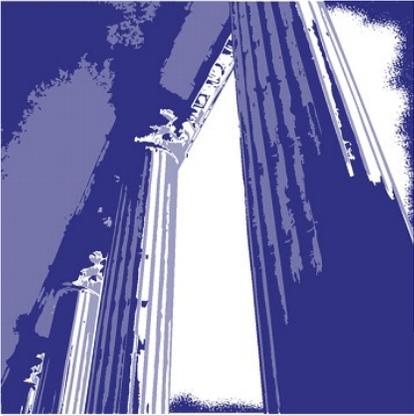
**The mission** of the RCMHC is to increase public safety by reducing recidivism among those whose criminal behaviors are attributable to mental illness. Through court supervision and the coordination of mental health and other social services, the Court supports a psychiatrically stable and crime-free 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.
- ◆ 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. The RCMHC provides people whose criminal acts are driven by mental illness an opportunity to go into court-supervised treatment. Rather than the traditional pattern of solely focusing on the criminal activity of the defendant, the RCMHC focuses on addressing and treating the defendant's underlying mental health and chemical health needs.

**At present**, the state of Minnesota has two operational mental health courts and 35 operational drug courts. As of 2009, there were more than 250 mental health courts across the country with many additional courts in the planning phase.



## 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 the 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 the RCMHC using a pre-adjudication model (*after arrest, does not require a guilty plea or conviction before an individual joins the RCMHC*) and a post-adjudication model (*requires a guilty plea or conviction before an individual joins the RCMHC*).

The RCMHC program is **limited to twenty-five participants**.

**To be eligible** for the RCMHC program an individual must be:

- ◆ 18 years of age or older.
- ◆ Ramsey County resident (*out-of-county residents considered on a case by case basis*).
- ◆ Charged with misdemeanor/gross misdemeanor offenses (*suburban cases and low-level felonies considered on case by case basis with all parties' approval*).
- ◆ Diagnosed with a significant mental illness.
- ◆ Legally competent.
- ◆ A person with no history of violent offenses.
- ◆ Willing to voluntarily participate and commit to the rigors of the treatment plan.

**In addition, there must be a significant relationship between the individual's mental illness and their criminal behavior.**

**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 the 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 approximately twelve to twenty-four months depending on the participant's individual progress with the program requirements and legal obligations.



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.*

## FUNCTION

**All participants** must be willing to participate in the RCMHC program and be committed to the rigors of the treatment plan. Participants are expected to engage in regular judicial hearings with a RCMHC judge and meet frequently with the RCMHC case manager during their time in the program.

**Participants are required to:**

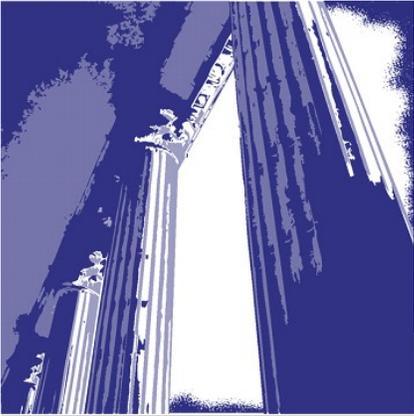
- ◆ Remain law abiding.
- ◆ Abstain from illegal or non-prescribed drugs.
- ◆ Submit to random drug and alcohol testing.
- ◆ Complete community work service hours.
- ◆ Identify and maintain appropriate housing.
- ◆ Remain compliant with all medication and psychiatric appointments.
- ◆ Comply fully with 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.

**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. The approval of the entire RCMHC team is required before graduation.

**Termination** from the RCMHC program may result because of incurring 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 individual praise and compliments from the Judge, decreased appearances in Court, applause and special recognition in Court, and incentives such as bus tokens, gift cards, 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's role 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.*

The RCMHC uses a team model in making intake, eligibility, evaluation, treatment alternative and case management decisions. The team includes three judges who rotate, a prosecuting attorney, a pro bono defense attorney, case manager, and coordinator. 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.

The Honorable William H. Leary, John H. Guthmann, and Gail Chang Bohr lead the 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.



In 2009, The Honorable Gregg Johnson stepped down from serving as a RCMHC Judge in Ramsey County. Judge Johnson was presiding judge of the RCMHC from 2005 - 2009 and the team relied on his expertise and wisdom. Since inception, Judge Johnson has been a tireless advocate for the RCMHC and its participants and his absence will create a large void, both on a professional and personal level.





# REFERRALS

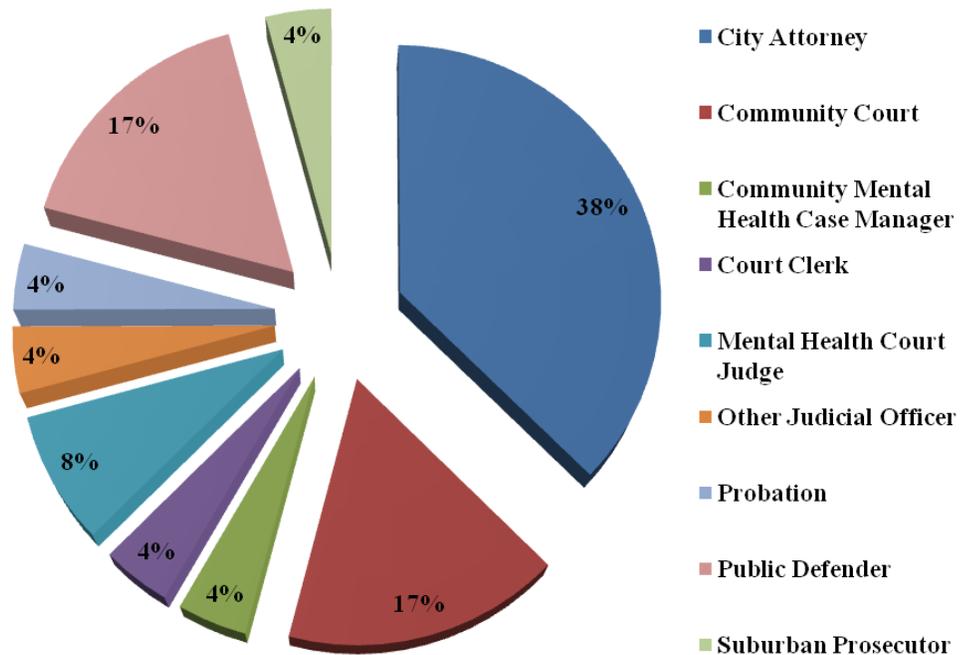
The single most significant common denominator shared among communities that have successfully improved the criminal justice and mental health systems' response to people with mental illness is that each started with some degree of cooperation between at least two stakeholders - one from the criminal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

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

**In 2009, there were 56 referrals to the RCMHC.** Of these referrals, 21 were accepted (*enrolled and actively participating*), 18 were reviewed and denied (*denied program entry by the team*), 11 opted out (*not interested in participating and referred back to the criminal calendar*), 2 had their cases dismissed (*the Court dismissed cases before program entry*), and 4 were still pending (*review in process to determine if eligible for program entry to the RCMHC*) by the year end.

**Referrals that were reviewed and denied program entry by the RCMHC team were most likely denied for** several reasons: no diagnosis of a mental illness; no significant relationship between the defendant's mental illness and criminal behavior; significant history of being non-compliant and/or unresponsive to authority, treatment and/or services; prior history of a violent felony offense, sex offense, and/or weapon offense; bench warrant status or other reasons.

**The RCMHC received the largest majority of its referrals from** the City Attorney's Office with 38%. A considerable amount of referrals also came from Community Court and Office of the Public Defender, each referring roughly 17% of participants. Eight percent were referred by RCMHC Judges, 4% of referrals came from Community Mental Health Case Managers, 4% from Court Clerks, 4% from Other Judicial Officers, 4% from Adult Probation, and 4% from Suburban Prosecutors.





# CASELOAD

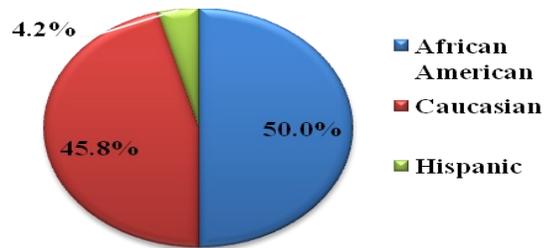
## *Demographics and Criminal Data*

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

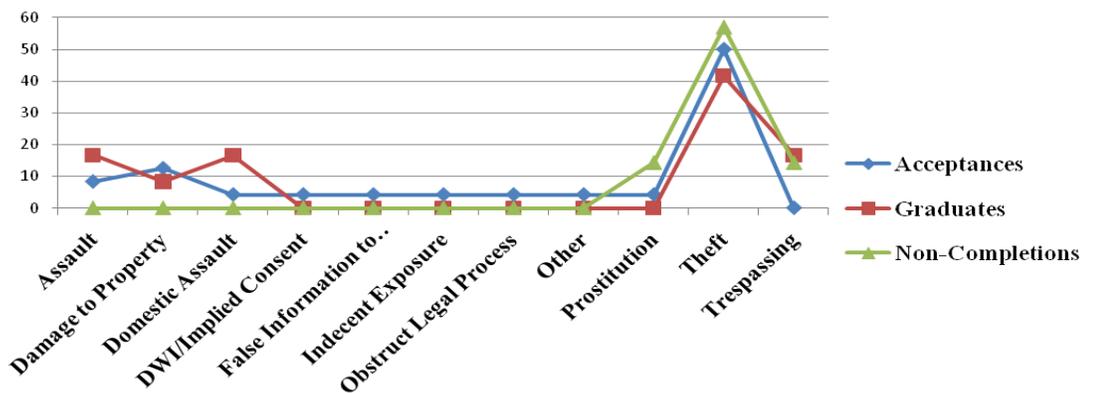
*Council of State Governments Justice Center. 2009. Mental Health Courts: A Guide to Research-Informed Policy and Practice. New York: Council of State Governments.*

There were 41 individuals who were active in the program for some, if not all of 2009.

The **demographic characteristics** of the 2009 RCMHC participants show that women comprised the majority of the Court caseload (62.5%) as compared to men (37.5%). Those accepted to the Court were between the ages of 18 and 63 with the average age being 38.50 years. Participants were more likely to identify as African American (50%), followed closely by Caucasian (45.8%) and Hispanic (4.2%).



The RCMHC accepts individuals with a **wide variety of offenses**. The vast majority of those accepted to the Court in 2009 came in with charges of Theft (50%), Damage to Property (12.5%), and Assault (8.3%). Other charges that were accepted included Domestic Assault (4.2%), DWI/Implied Consent (4.2%), False Information to Police (4.2%), Indecent Exposure (4.2%), Obstructing Legal Process (4.2%), Prostitution (4.2%) and Other Crimes (4.2%).



**Participants** accepted into the program were more likely to be charged with Misdemeanor (83%) crimes than with Gross Misdemeanor (17%) crimes.

The majority of individuals accepted **came into the RCMHC** post-adjudication - *requiring a guilty plea or conviction* - (66.7%) with the remaining being offered a diversion and dismissal (33.3%) if the program was successfully completed.

# CASELOAD

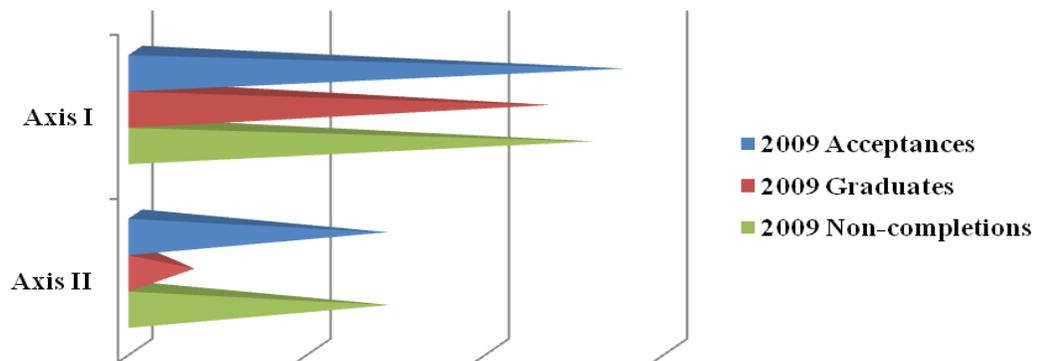
## *Mental Health Data*

Most mental health courts require participants to have an Axis I diagnosis, but many mental health courts also accept individuals who have a co-occurring Axis II disorder.

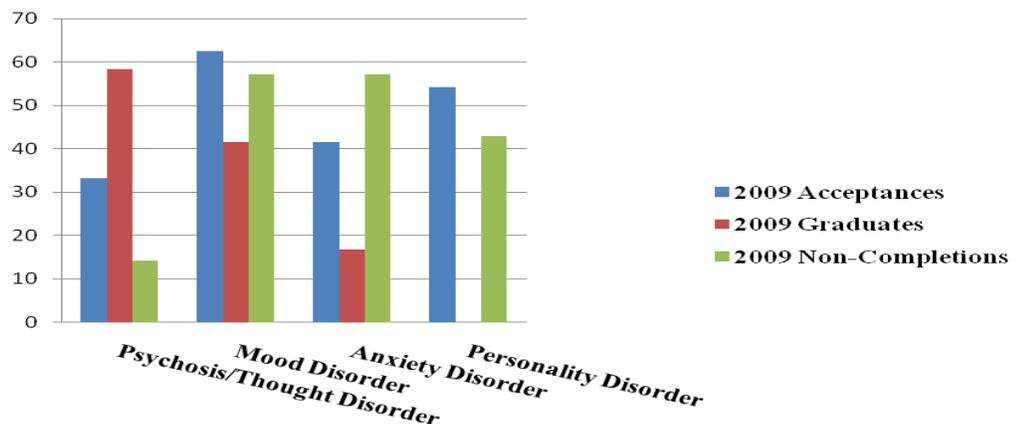
*Council of State Governments Justice Center. 2009. Mental Health Courts: A Guide to Research-Informed Policy and Practice. New York: Council of State Governments.*

**Mental illness** is a term that refers to all diagnosable mental disorders. Mental disorders are health conditions characterized by alterations in thinking, mood, and/or behavior associated with distress and/or impaired functioning in social, occupations, or other areas.

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. Axis I disorders make-up the majority of those accepted into the RCMHC.



The RCMHC accepts individuals diagnosed (or show signs of having) a significant mental illness. Many participants have multiple diagnoses at program entry. The **most common diagnoses** of those accepted to the program are Mood Disorders (62.5%), Personality Disorders (54.1%), Anxiety Disorders (41.6%), and Psychosis/Thought Disorders (33.3%).



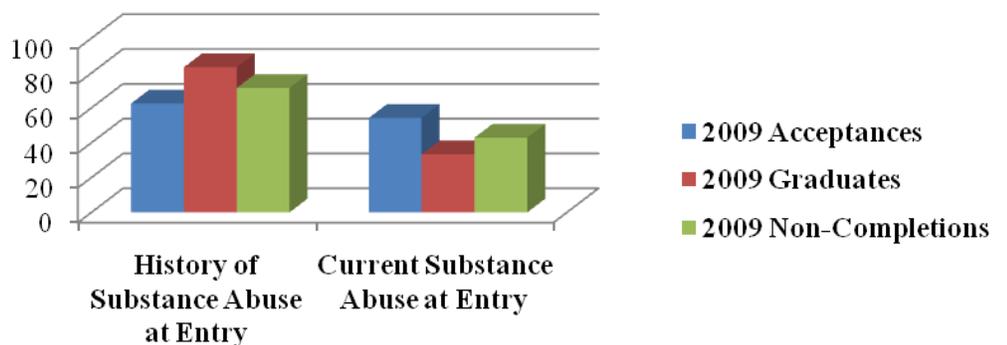


Many mental health court participants have co-occurring mental health and substance abuse disorders. Ramsey County Mental Health Court found that 54.2% of those accepted in 2009 were abusing substances at program entry.

## CASELOAD

### *Chemical Health Data*

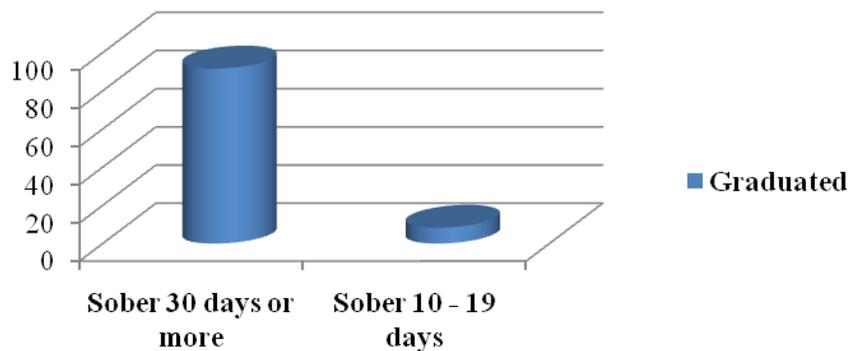
**Co-occurring disorders** are mental health and substance-related disorders that are diagnosed as being present in an individual with mental illness at the same time. The vast majority of RCMHC participants, regardless of outcome, had a *history* of substance abuse at program entry (62.5%). Over half of all those accepted were *currently* abusing substances at the time of RCMHC program entry (54.2%).



The **most common substances that were abused at RCMHC program entry** included Alcohol (45.8%), Cocaine (33.3%), Marijuana (33.3%), and Methamphetamine (8.3%).

RCMHC participants were introduced and linked to **multiple chemical health community supports or programs** and often Court mandated to attend if beneficial to their treatment plan [*e.g., AA/NA/DRA Support Group, Structured Outpatient Program, Inpatient Treatment Program, Other*].

The majority of RCMHC **graduates were alcohol and drug free for a minimum of 30 or more days (91.7%)** with the remaining 8.3% alcohol and drug free for 10 - 19 days at program completion.





# IMPACT

## *Recidivism and Jail Outcomes*

### *Summary*

There is some 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.*

The 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.**
- ◆ **Graduates of RCMHC were less likely to spend time in jail than those in a comparison group.**
- ◆ **Graduates of RCMHC were less likely to be charged or convicted with a new offense after successfully completing RCMHC.**
- ◆ **Graduates of RCMHC were less likely to spend time in jail after successfully completing RCMHC.**

#### Comparison Group:

**A comparison group** of forty individuals was selected to evaluate the effectiveness of the RCMHC. The comparison group was selected using the same eligibility criteria and charge history of those participating in the RCMHC.  
*See pages 15-17 for full summary and results.*

**Graduates were less likely to be charged with a new offense** within one year of leaving the RCMHC (30%) than those in the comparison group, who had nearly twice the amount of new charges (58%). RCMHC graduates were also less likely to have any new convictions (30%) than those in the comparison group (45%).

**Graduates were less likely to spend time in jail** within one year of leaving the RCMHC (17%) than those in the comparison group, who were over twice as likely to spend time in jail (43%).

#### RCMHC Participant Group

**A RCMHC participant group** was examined to determine whether fewer RCMHC participants reoffend while in the program and one year post program compared to those who had an offense before program entry. While it is to be expected that the nature and progression of some mental illnesses, together with external influences, will cause some graduates to re-offend, the cumulative experience shows a relatively high and stable percentage who do not re-offend after graduating from the RCMHC. *See pages 18-19 for full summary and results.*

**The recidivism rate for graduates decreased dramatically** from 100% of graduates having charges in the year prior to program entry to only 30% having charges in the year after they graduated from RCMHC.

**The likelihood of spending time in jail significantly decreased** for graduates of RCMHC. In the year prior to program entry, 80% of graduates spent time in jail. Only 17% spent time in jail in the year after they graduated from RCMHC.

The RCMHC continues to work on its goal of **reducing the criminalization of and the use of incarceration for the mentally ill and intellectually disabled**. Only 13% of graduates served time in jail while a participant of RCMHC.



# IMPACT

## *Community Function Outcomes*

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.*

**Accomplishments of the RCMHC include** connecting defendants to mental health services, reducing the incidences of criminal behavior, reducing the costs to the criminal justice system, corrections, public safety, and hospitals, enhancing 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, participants' mental illness and quality of life outcomes dramatically improve.

Empirical evidence shows that **RCMHC produces positive outcomes for participants and the public.**

At the beginning and completion of RCMHC all participants are given a functional assessment and 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 - Including Use of Leisure Time, Interpersonal Functioning - Including Relationships with the Adult's Family, Self-Care and Independent Living Capacity, Medical Health, Dental Health, Obtaining and Maintaining Financial Assistance, Obtaining and Maintaining Housing, Using Transportation, Other*].

For those who graduated in 2009, the functional assessment scores (*e.g., 1 - No Problem, 2 - Slight Problem, 3 - Moderate Problem, 4 - Severe Problem, 5 - Extreme Problem*) **showed an improvement in all areas of life at the completion of the RCMHC program.**

Of the 41 individuals who were active in the program in 2009, there were **only 4 psychiatric inpatient hospitalizations during RCMHC program participation and only 1 psychiatric crisis outpatient, emergency room, or acute psychiatric crisis visit during program participation.**

**A total of 416 hours of community work service were completed by RCMHC participants in 2009.**

The 2009 RCMHC graduates **spent an average of 382.62 days in the program, with the range being 357-553 days.** Those individuals who were accepted into the program, but did not complete the program because they were terminated, opted out, or had their case dismissed spent an average of 332.29 days in the program, with the range being 168-728 days.



Empirical evidence shows that Ramsey County Mental Health Court produces unexpected positive outcomes for participants and the public.

## IMPACT

### *Unexpected Positive Outcomes*

**The unexpected positive community function outcomes of participating in the RCMHC** were in the areas of employment and housing.

#### Employment Status

Of the ten graduates who were unemployed at RCMHC program entry two **graduates improved their employment status** as follows:

- ◆ One graduate went from being unemployed at program entry to working full-time upon RCMHC program completion.
- ◆ One graduate went from being unemployed at program entry to working part-time upon RCMHC program completion.

#### Housing Status

At program entry, graduates of the RCMHC had a variety of housing scenarios ranging from homelessness to independent living. Upon program completion, graduates of the RCMHC either **improved or maintained their housing status upon program completion:**

- ◆ One graduate went from being homeless at program entry to obtaining and maintaining independent housing upon RCMHC program completion.
- ◆ Two graduates went from living with parents or relatives at program entry to obtaining and maintaining independent housing upon RCMHC program completion.
- ◆ Seven graduates were living independently at program entry and all maintained independent housing upon RCMHC program completion.
- ◆ Two graduates were in foster care at program entry and all maintained foster care housing upon RCMHC program completion.



# COMPARISON GROUP

## *Recidivism: New Charges*

### **RECIDIVISM: ONE YEAR FOLLOW-UP**

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 comparison analysis only includes those who had at least one year pass since leaving the program. Therefore, the comparison analysis does not include all graduates and non-completers.

The one year cohort consists of the following:

- 30 graduates** who had at least one year pass since leaving the program.
- 28 non-completers** who had at least one year pass since leaving the program.
- 58 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.

### **New Charges**

A “new charge” is defined as a new case with an offense date that occurs within the first year after leaving the RCMHC (participants) or the first year after case disposition (comparison group). For example, if a participant left the program on 2/2/07 and was charged with a new offense that occurred on 5/14/07, s/he would be counted in the table below as having a new charge.

<b>Comparison Group</b>	<b>Graduates</b>	<b>Non-Completers</b>	<b>All RCMHC Participants</b>
<i>Percentage of those with a new charge</i>			
58%	30%	57%	43%

**Key Findings:** Those in the comparison group were more likely to be charged with a new offense compared to those who participated in the RCMHC. However, there are minimal differences between those in the comparison group and the RCMHC non-completers.

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



# COMPARISON GROUP

## *Recidivism: New Convictions*

### RECIDIVISM: ONE YEAR FOLLOW-UP

#### **New Convictions**

A “new conviction” is defined as a new case with an offense date that occurs within the first year after leaving the RCMHC (participants) or the first year after case disposition (comparison group) and results in a conviction. Individuals may not be convicted of a charge because their case was dismissed (this would include diversion cases), they may be on warrant status, or their cases may still be active. Individuals who are charged *and* convicted will be included in both tables.

<b>Comparison Group</b>	<b>Graduates</b>	<b>Non-Completers</b>	<b>All RCMHC Participants</b>
<i>Percentage of those with a new conviction</i>			
45%	30%	32%	31%

**Key Findings:** Those in the comparison group were more likely to be convicted of a new offense compared to those who participated in the RCMHC. In addition, those in the comparison group were also more likely to be convicted of a new offense when compared to the RCMHC non-completers.

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



# COMPARISON GROUP

## *Jail Data*

### **JAIL DATA: ONE YEAR FOLLOW-UP**

#### **Jail Data**

Using the same cohort as the recidivism analysis, these individuals were also reviewed in the Ramsey County jail system to determine whether they spent time in jail within one year of leaving the RCMHC (participants) or within one year of case disposition (comparison group). The jail data only include time spent at the Ramsey County jail and does not include time spent at the Ramsey County Correctional Facility (RCCF-Workhouse) or other jails in Minnesota.

<b>Comparison Group</b>	<b>Graduates</b>	<b>Non-Completers</b>	<b>All RCMHC Participants</b>
<i>Percentage of those who spent time in jail</i>			
43%	17%	50%	33%

**Key Findings:** Again, those in the comparison group were more likely to spend time in jail compared to those who participated in the RCMHC. Additionally, those who did not complete the RCMHC program were more likely to spend time in jail among the four groups.

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



# MENTAL HEALTH COURT GROUP

## *Recidivism*

### RECIDIVISM DATA FOR RCMHC PARTICIPANTS

A second analysis was conducted to determine whether fewer RCMHC participants re-offend while in the program and one year post program compared to the percentage of those who had an offense before program entry. In this analysis, the participants are compared to themselves (i.e., no comparison group).

The cohort consists of the following:

**30 graduates** who had at least one year pass since leaving the program.

**28 non-completers** who had at least one year pass since leaving the program.

**58 RCMHC participants (graduates and non-completers combined)** who had at least one year pass since leaving the program.

#### One Year Prior to RCMHC Program Entry (includes the offense that brought them to RCMHC)

Graduates	Non-Completers	All RCMHC Participants
<i>Percentage of those with a charge</i>		
100%	100%	100%
<i>Percentage of those with a conviction</i>		
33%	75%	53%

#### Time as a RCMHC Participant

Graduates	Non-Completers	All Mental Health Court Participants
<i>Percentage of those with a new charge</i>		
20%	39%	29%
<i>Percentage of those with a new charge conviction</i>		
17%	33%	26%

#### One Year after leaving the RCMHC

Graduates	Non-Completers	All Mental Health Court Participants
<i>Percentage of those with a new charge</i>		
30%	57%	43%
<i>Percentage of those with a new charge conviction</i>		
30%	32%	31%

**Key Findings:** There were fewer participants offending while participating in the RCMHC compared to those pre and post program. Additionally, fewer participants were charged with an offense within one year after leaving the program, although the conviction rate for graduates is similar to the year prior to program entry. Graduates were less likely to be convicted of an offense in the year prior to RCMHC program entry. One explanation is that successful completion of the RCMHC may result in the case being dismissed and those who did not complete the program would not have this opportunity.



# MENTAL HEALTH COURT GROUP

## *Jail Data*

### JAIL DATA FOR RCMHC PARTICIPANTS

Using the same cohort as the recidivism analysis, these individuals were also reviewed in the Ramsey County jail system to determine whether they spent time in jail before, during, and after program participation.

#### One Year Prior to RCMHC Program Entry

Graduates	Non-Completers	All RCMHC Participants
<i>Percentage of those who spent time in jail</i>		
80%	79%	79%

#### Time as a RCMHC Participant

Graduates	Non-Completers	All RCMHC Participants
<i>Percentage of those who spent time in jail</i>		
13%	54%	33%

#### One Year after leaving the RCMHC

Graduates	Non-Completers	All RCMHC Participants
<i>Percentage of those who spent time in jail</i>		
17%	50%	33%

**Key Findings:** All participants, regardless of whether they graduated from RCMHC, were less likely to spend time in jail both during the program and within one year of leaving the program. This difference is greater for those who graduated from the program.



# PROGRAM EVALUATION

When asked “What do you think led to your successful completion of the Ramsey County Mental Health Court?” graduates reported the most important factors to success as:

- 1.) Having support from the program;
- 2.) Changing my life;
- 3.) Following the rules.

*Ramsey County Mental Health Court Pre-Participation Surveys and Post-Participation Surveys. 2009.*

## **Team Survey**

In August, the RCMHC team completed an anonymous survey 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 participant and programming, team members and their responsibilities were also evaluated for effectiveness.

The results of the team survey were compiled by the evaluator and were reviewed with the team during a monthly meeting. The results were used to identify whether improvements could be made to the team and the program’s operations. Overall, **the results were very positive and showed that the members of the RCMHC team work well together and each team member brings a unique and important perspective to the program.** See Appendix B for the full survey and results.

## **Participant Surveys**

The Second Judicial District research analyst worked with undergraduate and graduate interns to administer pre-participation surveys and post-participation surveys to the RCMHC 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 what things have changed during this time.

The results of the participant surveys were compiled by the research analyst and were reviewed with the team during a monthly meeting. The results were used to determine whether participants experience positive psychological changes after graduating from the RCMHC. The data gathered upon entry and exit were also used to provide the team with feedback regarding the areas of participants’ lives that are most in need of improvement or assistance. Overall, **graduates reported greater life satisfaction and emotional well-being than those interviewed at the beginning of their participation in RCMHC. Upon graduation, participants also reported higher ratings in the areas of personal growth, social support, and support for sobriety.** In addition, there was a significant increase in the quality of life ratings among those at the beginning of RCMHC as compared to those at program completion. See Appendix C for the full survey and results.



The Ramsey County Bar Association recognized Warren Maas, pro bono defense attorney for Ramsey County Mental Health Court for his talent, dedication, and teamwork in creating a lasting impact on the program's clients.

## AWARDS

**Warren Maas**, RCMHC pro bono defense attorney, was the 2009 Recipient of the Second Judicial District Pro Bono Award which recognized his outstanding commitment to pro bono work and extraordinary contributions to the criminal justice system.

Mr. Maas was presented the award at the Ramsey County Bench & Bar Benefit on Saturday, November 14, 2009 at Midland Hills Country Club.



Nearly two years ago, the RCMHC was informed that the Ramsey County Assistant Public Defender assigned to the RCMHC would no longer be working with RCMHC participants due to significant budget cuts. Faced with the possibility of not having adequate representation for its participants, and no funds to contract for additional defense services, the RCMHC was in danger of closing its doors. Upon hearing of the dire circumstances of the RCMHC via media, Warren J. Maas, M.A., L.P., J.D., contacted the RCMHC team and inquired about the possibility of doing pro bono work for its participants. On July 28, 2008, Mr. Maas officially began representing all of the RCMHC participants in addition to his full-time position and heavy workload as the Clinical Director at Project Pathfinder.

To date, Mr. Maas continues to actively work with the RCMHC team and participants on a pro bono basis and has been a wonderful resource and fit for participants. He has given freely of his time and expertise, and thereby greatly enhanced the quality of the RCMHC and the lives of its participants. Mr. Maas is approachable and kind and the team often receives positive feedback from the participants about his work with them. In the past year, Mr. Maas has provided hundreds of hours of free legal service, both in and out of the courtroom, on a weekly basis. Mr. Maas is eager to assist participants and is readily available to discuss difficult and complicated cases with both the RCMHC team and other concerned parties.

Mr. Maas has been instrumental in the great improvement in the lives of the clients he represents, which in turn has improved community and public safety in Ramsey County.



## TRAINING AND OUTREACH

Members of the Ramsey County Mental Health Court team are very involved in the community. They serve on mental health boards, councils, and committees. The Mental Health Court team collaborates and trains extensively with law enforcement, mental health advocates, consumers, providers, and community and government organizations and associations.

Members of the RCMHC team were invited to make presentations to several interested parties throughout the year:

January 12, 2009: Presentations on the Ramsey County and Hennepin County Mental Health Courts and their operations were made to the Minnesota Department of Human Services, Adult Mental Health Division. The presenters included Brandi Coady, RCMHC Program Coordinator, Kendrick Lewis and Liz Miller, Hennepin County Mental Health Court Probation Officers. The presentation targeted case managers and mental health service providers and was connected statewide with interactive television sites.

February 11, 2009 and November 11, 2009: Presentations about the operation of the RCMHC and its collaboration with law enforcement were made at a series of the Crisis Intervention Team (CIT) trainings. The presenters were two members of the RCMHC team, Deborah Strasser, Case Manager and Brandi Coady, Program Coordinator. The trainings were sponsored by the Barbara Schneider Foundation, hosted by the Ramsey County Sheriff's Office and were open to police officers and patrol deputies in Ramsey County. Training was fully funded through a grant from the Minnesota Department of Human Services to Ramsey County.

March 6, 2009: By invitation, a presentation on the RCMHC and its operation was made at the Minnesota Mental Health and The Law Conference by Judge Gregg Johnson, Deborah Strasser, Case Manager, and Brandi Coady, Program Coordinator. The audience consisted of psychologists, social workers, nurses, counselors, case managers, risk managers, therapists, addiction professionals, and others working with behavioral health clients.

May 7, 2009: A presentation about the operation of the RCMHC was made to Ramsey County Jail and Ramsey County Correctional Facility personnel by Brandi Coady, Program Coordinator. The Crisis Intervention Team (CIT) training was funded by the Ramsey County Sheriff's Department and Ramsey County Correctional Facility.

October 14, 2009: The Minnesota House of Representatives held a special hearing on Mental Illness and the Criminal Justice System. Judge Hopper and Judge Leary spoke to legislators about the need for, and effectiveness of, the Mental Health Courts they preside over in Hennepin and Ramsey counties respectively.



## APPENDIX A: Developing the Comparison Group

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 12/31/08).

### 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 searched 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.

	Comparison Group	Mental Health Court Participants
<b>Race</b>		
Caucasians	37.5%	36.2%
African Americans	52.5%	53.4%
Hispanic	0.0%	1.7%
Native American	7.5%	3.4%
Asian	2.5%	3.4%
Multi	0.0%	1.7%
<b>Age</b>	Range: 20-56 years	Range: 19-52 years
<b>Gender</b>		
Men	52.5%	44.8%
Women	47.5%	55.2%
<b>Prior Charges (past five years)</b>	Range: 0-27 charges	Range: 0-54 charges
<b>Prior Convictions (past five years)</b>	Range: 0-19 Convictions	Range: 0-22 convictions
<b>Diagnosis</b>		
Psychosis/Thought Disorder	12.5%	32.8%
Mood Disorder	87.5%	63.8%
Anxiety Disorder	22.5%	20.7%

**APPENDIX B: Mental Health Court Team Survey  
August, 2009**

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)
Participants' due process rights are protected in the Mental Health Court process.	4.83	5.00
Eligible participants are promptly advised about program requirements and the relative merits of participating.	4.80	4.71
Consequences for program compliance/ non-compliance are clearly explained to participants.	4.40	4.86

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
Mental Health Court policies and procedures are developed collaboratively.	4.33	4.43
Mental Health Court and treatment services are sensitive to issues of race, culture, religion, gender, age, ethnicity, and sexual orientation.	4.50	4.43
A wide range of supportive services are available to meet participants' needs.	4.67	4.43
Mental Health services are provided to participants in a timely manner.	4.67	4.43
Case management services are used to assess participant progress and needs and to coordinate referrals.	4.83	4.86
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
Participants are periodically assessed to ensure proper participant/treatment matching.	4.83	4.71
The court is immediately notified when a participant has tested positive, failed to submit a test, or falsified test results.	4.67	4.33
The court applies appropriate sanctions and incentives to match participant progress.	4.67	4.33
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
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
Mental Health Court has a good screening process.	4.67	4.57
Appropriate participants are being admitted to Mental Health Court.	4.50	4.57
The procedures of the actual Mental Health Court sessions work well.	4.83	4.57
Mental Health Court is having a positive impact on its participants.	4.83	4.57
Procedures are used to protect confidentiality and prevent unauthorized disclosure of personal information.	4.67	4.71

**APPENDIX B: Mental Health Court Team Survey  
August, 2009**

*These statements relate to treatment.*

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

*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
Conflicts among Mental Health Court team members are addressed and resolved.	4.80	4.50
Appropriate information about every client is presented at the staffings.	4.83	4.83
Everyone participates at the staffings.	4.50	4.50
Time is used wisely at the staffings.	5.00	4.67
Conflicts during the staffings are handled well.	4.80	4.50
Appropriate case management plans are agreed upon at staffings.	4.83	4.67
I see myself being a member of the Mental Health Court team one year from now.	4.17	3.57
Everyone on the Mental Health Court team is doing their job.	4.83	4.43
My participation in the Mental Health Court is essential.	4.17	4.00
My supervisor supports the continuance of Mental Health Court.	5.00	3.20

*These statements pertain to training.*

I have received training relevant to Mental Health Court within the past year.	4.50	4.29
The training I received was beneficial.	4.33	4.00
The training information I received has been incorporated into Mental Health Court policy manual or operating procedures.	3.67	3.86
All Mental Health Court team members receive needed education and training.	4.33	4.17

*These statements pertain to the judge(s).*

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

*These statements pertain to the coordinator.*

The coordinator works well with the team (e.g., sharing information, coordinating services).	5.00	4.57
The coordinator is an effective manager of the program.	5.00	4.71
The coordinator has a good rapport with the program participants.	5.00	4.71

**APPENDIX B: Mental Health Court Team Survey  
August, 2009**

*These statements pertain to the evaluator.*

The evaluator effectively handles our data reporting needs.	4.00	4.57
The evaluator works well with the team (e.g., sharing information, coordinating services).	3.80	4.71
The evaluator responds to my questions and concerns in a timely manner.	4.50	4.57
The evaluator treats participants with respect.	4.67	4.86

*These statements pertain to the case manager.*

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

*These statements pertain to the prosecutor.*

The prosecuting attorney is a full partner in the Mental Health Court process.	4.83	4.86
The prosecutor has a good rapport with the program participants.	5.00	4.67
The prosecutor works well with the team (e.g., sharing information, coordinating services).	5.00	5.00

*These statements pertain to the defense attorney.*

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

**Comments:**

The members of the Mental Health Court team work well together and each member brings a unique and important perspective to the process.

**APPENDIX C: Pre-Participation Survey and Post-Participation Survey**  
**Mental Health Court**  
**September, 2009**

**Purpose of the Study**

The goal of the pre-participation surveys and post-participation surveys were to determine whether they are positive psychological changes after graduating from the Mental Health Court. Data gathered upon entry/exit can also be used to provide the team with feedback regarding the areas of participants' lives that are most in need of improvement or assistance. There were 37 participants interviewed upon court entry and 16 graduates interviewed upon program exit.

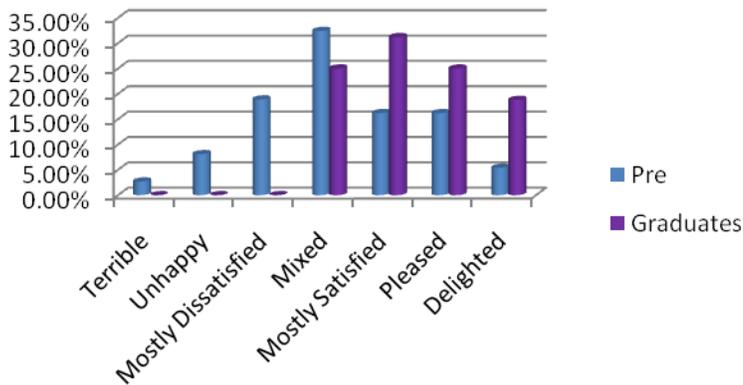
**Methodology**

Participants were interviewed upon court entry by trained interviewers. The survey took approximately 10-15 minutes to complete and participation was voluntary. Graduates were interviewed the day of graduation or by phone after graduation.

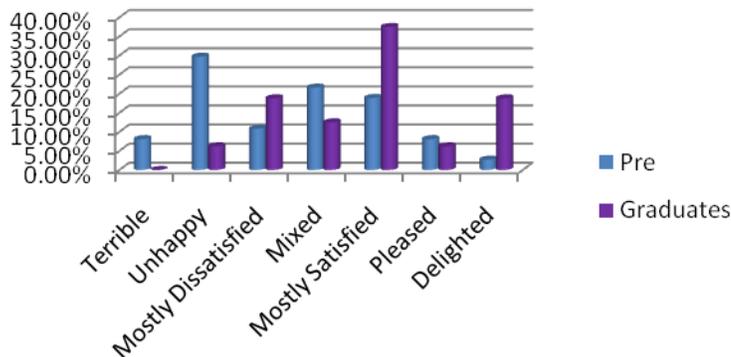
**Life Satisfaction Scales**

Overall, graduates reported greater life satisfaction and emotional well-being than those interviewed at the start of Mental Health Court. There were less differences between these two groups on ratings of health.

**How do you feel about your life in general?**

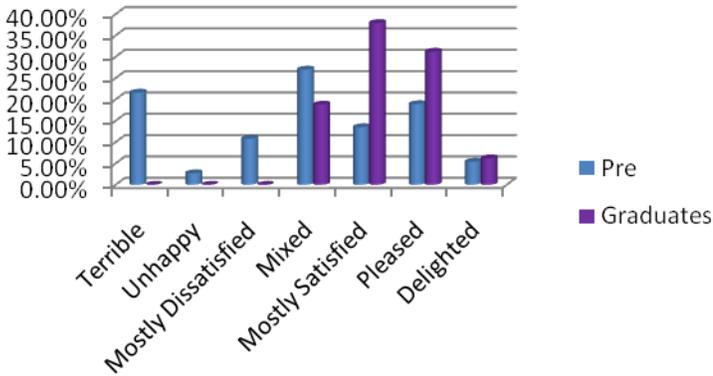


**How do you feel about your physical condition?**

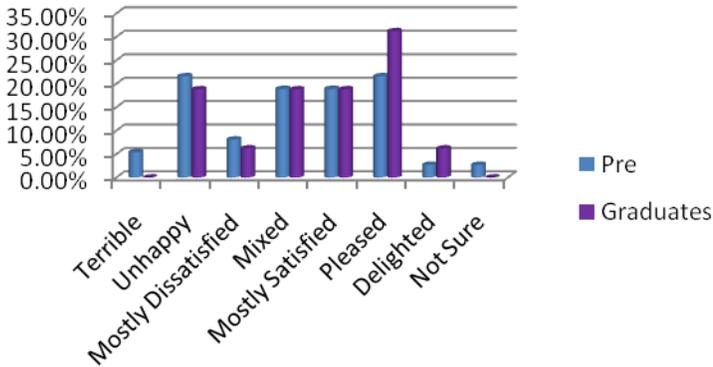


**APPENDIX C: Pre-Participation Survey and Post-Participation Survey  
Mental Health Court  
September, 2009**

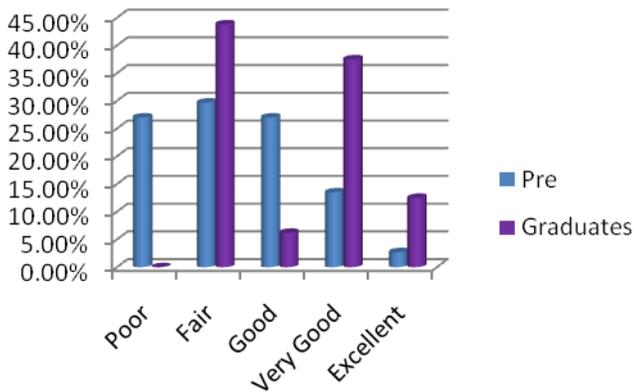
**How do you feel about your emotional well-being?**



**How do you feel about your health in general?**



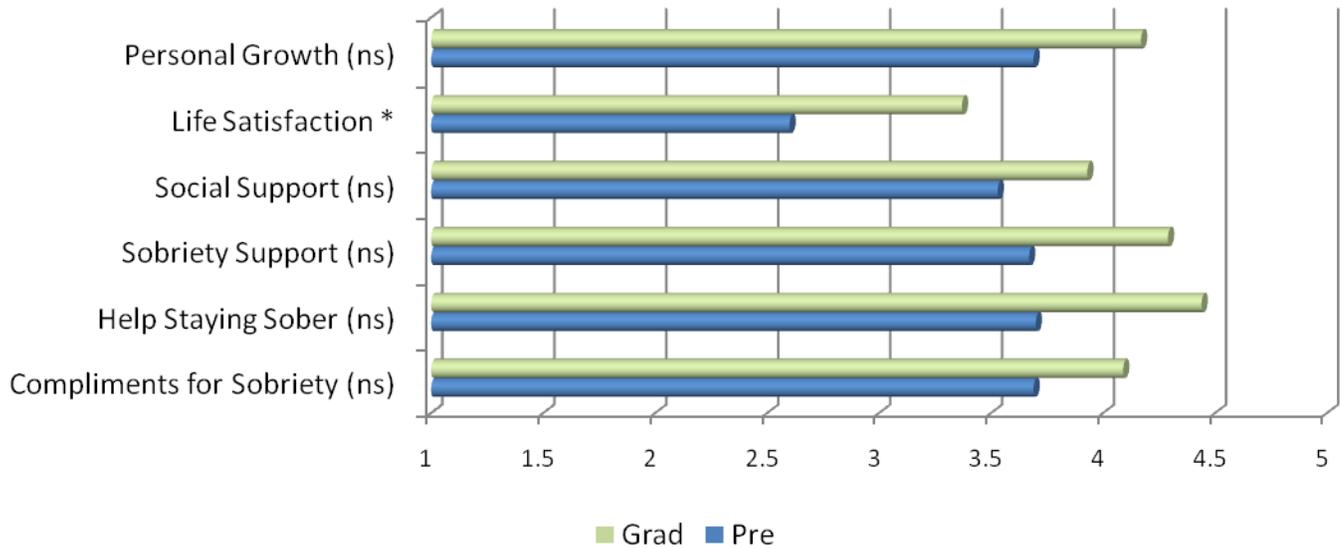
**In general, would you say your health is...**



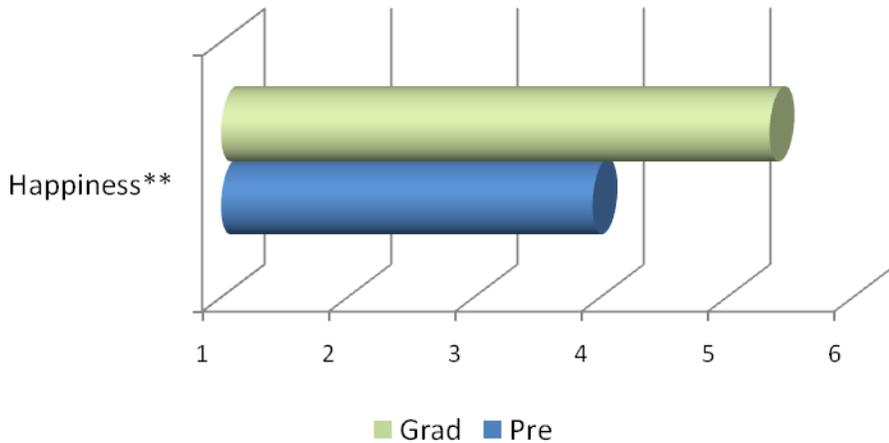
**APPENDIX C: Pre-Participation Survey and Post-Participation Survey**  
**Mental Health Court**  
**September, 2009**

**Psychological Scales**

Upon graduation, participants reported higher ratings on personal growth, social support, and support for sobriety. There were no significant differences on all of the scales, except the life satisfaction scale and happiness scale.



\*\*  $p < .01$ , \*  $p < .05$ , ns = not significant



**APPENDIX C: Pre-Participation Survey and Post-Participation Survey**  
**Mental Health Court**  
**September, 2009**

**Additional quality of life indicators.** The Mental Health Court tracks whether participants obtain employment, stable housing, and a GED/diploma by graduation. However, we do not know whether participants are satisfied with these outcomes. What we define as “success” for a participant may not be a positive experience for the participant. There was a significant increase in the ratings between those who began the Mental Health Court to those who graduated. Below are the means at both points in time.

Statement	Pre	Graduates
I am able to change my life. (ns)	3.81	4.14
I can effectively deal with daily problems. **	3.07	4.25
I feel good about myself. **	3.44	4.33
I am able to control my life. (ns)	3.60	3.94
I experience harmful medication side effects. (ns)	2.19	2.19
I am able to deal with crisis. *	3.08	4.12
I get along with my family. (ns)	3.20	3.67
I do well in social situations. (ns)	3.22	4.00
I do well with my schoolwork. (ns)		
I do well with my leisure time. (ns)	3.46	4.07
I am satisfied with my housing situation. (ns)	3.25	4.06
My mental health symptoms do not bother me very much. **	2.61	3.69
I am pretty independent. (ns)	3.75	4.06
The medications I am taking help me control symptoms that used to bother me. (ns)	3.88	4.19
I am effective in getting what I need. *	3.67	4.31
I can effectively deal with people and situations that are problems for me. (ns)	3.06	3.75
I am satisfied with my employment situation. (ns)	2.23	3.00
I am satisfied with my financial situation. (ns)	2.53	3.40
I am using drugs less than I was a year ago. (ns)	4.64	4.40
I am connected to help in the community. (ns)	3.11	3.86

\*\*  $p < .01$ , \*  $p < .05$ , ns = not significant

**APPENDIX C: Pre-Participation Survey and Post-Participation Survey**  
**Mental Health Court**  
**September, 2009**

**Medication Compliance**

**During the last four months, how often did you miss taking your daily prescribed medications?**

	Pre	Grads
<b>Rarely</b> (I have missed them occasionally, but I am pretty good about taking them)	82%	94%
<b>Often</b> (I miss them several times a	15%	0%
<b>Always</b> (I never take my meds)	3%	6%

	Pre	Grads
<b>Do you consider yourself to be med compliant?</b>	85% said "yes"	100% said "yes"
<b>Would your doctor consider you to be med compliant?</b>	85% said "yes"	100% said "yes"

**During the last four months, have you attended all of your appointments, or did you miss some of them?**

	Pre	Grads
<b>Attended all of them</b>	71%	63%
<b>Missed some</b>	29%	38%

**Open-Ended Questions**

***What expectations do you have for the Mental Health Court?***

- 35%** To do better (e.g., "more confidence" "learn how to be productive with free time")
- 32%** To receive help (e.g., "To help me with my case")
- 27%** To have their case resolved and complete the program ("to get case completed")

Other comments included: To complete community service, housing, medication, understanding, to become law abiding, therapy, counseling, and to meet probation requirements.

**Overall, what are the biggest problems in your life?**

**Upon program entry, the top three responses were:**

1. Money
2. Health
3. Housing and Stress

Other comments included: being alone, medicine, citizenship, legal problems, personal problems, drug use, employment, and community service.

**APPENDIX C: Pre-Participation Survey and Post-Participation Survey**  
**Mental Health Court**  
**September, 2009**

**Upon graduation, the top three responses were:**

1. Money
2. Health
3. Personal Problems (e.g., death of a family member, problems with their children)

Other comments were: job, housing, responsibility, aggression, finding a permanent psychiatrist, “don’t have any,” and becoming self-supportive.

**Graduate Feedback**

***What do you think led to your successful completion of the Mental Health Court?***

1. Having support from the program
2. Changing my life
3. Following the rules