

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

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Ramsey County Mental Health Court

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 two human services case managers who link 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.**

National Learning Site

The U.S. Department of Justice's Bureau of Justice Assistance and the Council of State Governments Justice Center selected Ramsey County Mental Health Court (RCMHC) as a National Learning Site (more commonly known as "mentor courts"). According to the national reviewing team, RCMHC was chosen not just for programmatic successes, but also for the ability to provide insight and guidance to other jurisdictions interested in starting or expanding a mental health court.

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.

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.

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

*Recidivism/Jail Outcomes –

ONE Year Post RCMHC:

In a one year follow-up, **only 4% of graduates had new charges, new convictions, or spent time in jail compared to 25% of the comparison group.**

*Recidivism/Jail Outcomes –

THREE Year Post RCMHC:

Results remained consistent in the three year follow-up, with **only 13% of graduates having new charges compared to 38% of the comparison group.** In addition, **only 8% of graduates had new convictions compared to 38% of the comparison group.** Finally, **only 11% of graduates spent time in jail compared to 38% of the comparison group.**

*Recidivism/Jail Outcomes –

FIVE Year Post RCMHC:

Results remained consistent in the five year follow-up, with **only 21% of graduates having new charges compared to 45% of the comparison group.** In addition, **only 15% of graduates had new convictions compared to 45% of the comparison group.** Finally, **only 18% of graduates spent time in jail compared to 43% of the comparison group.**

*Medication Compliance:

Upon graduation, 100% had sustained compliance with psychotropic medication compared to 41.2% at program acceptance.

*Hospitalizations:

Since 2009, participants have had **only 39 inpatient psychiatric hospitalizations and 28 emergency room interventions during RCMHC program participation.**

*Mental Health Supports:

99.3% had mental health community supports and programs in place at program completion compared to 30.4% at program acceptance. 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.

*Chemical Health Supports:

At program completion, 82.6% had chemical health community supports and programs in place compared to 5.1% at program acceptance.

*Community Service:

Since 2005, participants have **performed 2,935 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

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<http://www.mncourts.gov/>