An Analysis Of Allegheny County Mental Health Court

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The Allegheny County Department of Human Services (DHS) is dedicated to meeting the human services needs of county residents, particularly the county's most vulnerable populations, through an extensive range of prevention, early intervention, crisis management and after-care services.

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Glossary of Abbreviations, Acronyms & Terms

BJA	Bureau of Justice Assistance
CIT	Crisis Intervention Team
CROMISA	Community Re-Integration of Offenders with Mental Illness and Substance Abuse
CTT	Community Treatment Team
CYF	Office of Children, Youth and Families
DHS	Department of Human Services
FGDM	Family Group Decision Making
JRS	Justice Related Services
Max Out	Allegheny County Justice-Related State Support Program
MHC	Allegheny County Mental Health Court
OBH	Office of Behavioral Health
OIM	Office of Information Management
SIM	Sequential Intercept Model
SSU	Special Service Unit
UJS	Unified Judicial System

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Executive Summary

THE ALLEGHENY COUNTY MENTAL HEALTH COURT

The Allegheny County Mental Health Court (MHC), established in 2001 through a collaboration between the Offices of the Court of Common Pleas, District Attorney, Public Defender and Adult Probation and the Department of Human Services (DHS) Office of Behavioral Health (OBH), works with adults with mental illness who are charged with non-violent criminal offenses. The MHC was created out of a commitment to consider the needs of people with mental illnesses in judicial proceedings. It serves to ensure the maintenance of or an increase in mental health and substance use treatment in order to reduce the likelihood of criminal recidivism and to improve both MHC participant and community safety.

Blended resources, including state mental health block grant funds, local foundation funds and a Bureau of Justice Assistance (BJA) MHC Program grant, provide funding for the MHC. These financial resources and collaborations have enabled MHC to become a component of the Court of Common Pleas in Allegheny County so that it can monitor the progress of people who have been charged with offenses and develop expertise related to mental illness and treatment. MHC is a specialty court with a designated judge, assistant district attorney, public defender and probation officers.

Program Outcomes

The number of people served in MHC increased by 34 percent between 2006 and 2008. During this period, 170 individuals graduated from MHC, with an average annual graduation rate of 72 percent.

This report uses summary violations and criminal convictions to examine observed illegal activity of MHC participants after graduation. The overall three year recidivism rate for criminal convictions among MHC 2006–2008 graduates is 10 percent. These data compare favorably to the Bureau of Justice three-year reconviction rate of 47 percent (Langan and Levin, 1994). This rate refers to the general population as a whole and is not restricted to those in the general population with mental health issues. Participants' increased mental health treatment services after graduation and low recidivism are indicative of the success of the MHC process in Allegheny County.

Background

OFFICE OF BEHAVIORAL HEALTH

The Allegheny County DHS is structured into offices along systems defined by the needs of consumers. OBH is the office responsible for providing residents with a coordinated, community focused system of high-quality and cost-effective mental health and substance use services, including prevention, crisis intervention, treatment, service coordination (case management) and community services. In 2008, OBH served over 60,800 residents with a budget of $397 million. Of those served in 2008, 51,300 received mental health services, 12,070 received drug and alcohol services and 4,200 received early intervention services. OBH served over 18,980 children in 2008.

Since 1988, OBH, in partnership with the Allegheny County Court of Common Pleas, the Office of the Public Defender, the Office of the District Attorney, the Office of Probation and Parole and various state agencies, has worked to expand county services designed to keep people with mental illnesses and substance use disorders healthy. OBH's ultimate goal is to reduce their contact with the justice system and increase the options for recovery in their own communities. This work is accomplished through the OBH Justice-Related Services (JRS) unit and Allegheny County behavioral health providers.

Justice-Related Services

The OBH JRS unit provides support for men and women with mental illness, substance use and co-occurring disorders (individuals suffering from both mental illness and substance use) who are involved with the criminal justice system. OBH Justice Related Services include:

- The Crisis Intervention Team (CIT), a collaborative effort of the Pittsburgh Bureau of Police and other county police jurisdictions, which teaches law enforcement officers and emergency services personnel about some of the more common mental health diagnoses and psychotropic medications. CIT also provides training on de-escalation skills and how to conduct a suicide lethality assessment.
- Justice-Related Diversion Service, which provides an array of supports to assist individuals with mental illness and/or co-occurring mental illness and substance use disorder who encounter the criminal justice system.

- Justice-Related Support Services, which provide service coordination for all individuals with mental illness referred, from the point of formal arraignment to the time of sentencing. Support services are continued for up to 60 days after release from the Allegheny County Jail or for 60 days after sentencing.
- MHC, which provides community-based mental health treatment in lieu of incarceration for persons with mental illness who have been charged with a misdemeanor and/or non-violent felony in Allegheny County.
- Allegheny County Drug Court, which engages users of illegal drugs who are involved in the criminal justice system in an intensive drug treatment program as an alternative to incarceration, to help them become alcohol and drug-free and return to a productive lifestyle.
- Community Re-Integration of Offenders with Mental Illness and Substance Abuse (CROMISA), which is a therapeutic community that supports men with co-occurring mental illness and substance use disorder who are on probation or parole.
- The Allegheny County Justice-Related State Support (Max Out) Program provides service coordination for persons with mental illness referred from the Department of Corrections upon completion of a maximum prison sentence. The OBH Max Out service specialist assists the individual for up to 90 days after release from the state correctional institution.

In 2006, by building on and supplementing existing justice-related programs, Allegheny County adopted the Sequential Intercept Model (SIM) (Munetz and Griffin, 2006) as its guide to developing a comprehensive continuum of justice-related services and supports.

SEQUENTIAL INTERCEPT MODEL

Developed by Munetz and Griffin (2006), the SIM has several objectives, including:

- Preventing initial involvement in the criminal justice system
- Decreasing admissions to jail
- Engaging individuals in treatment as soon as possible
- Minimizing the time spent moving through the criminal justice system
- Linking individuals to community treatment upon release from incarceration
- Decreasing the rate of return to the criminal justice system

To clearly define these goals, the SIM is divided into five intercepts, all of which rely upon the active participation of all interested parties.

Figure 1: Sequential Intercept Model

Background

Intercept Three

This report focuses on Intercept 3, which encompasses Diversion, MHC and Drug Court, with a specific examination of MHC in Allegheny County. MHC and Drug Court both offer offenders with behavioral health disorders a special docket of criminal court that diverts them to treatment rather than incarceration. The goals of the specialty courts for this population include reducing recidivism, maintaining treatment, housing, benefits and community support services and supporting public safety while maintaining effective communication between the behavioral health and criminal justice systems. More information on the SIM can be found on the DHS website: http://www.alleghenycounty.us/dhs/justicerelatedservices.aspx.

THE ALLEGHENY COUNTY MENTAL HEALTH COURT

Allegheny County MHC serves adults charged with non-violent criminal offenses who have a documented diagnosis of a mental illness. Participants agree to community based treatment and other support services instead of the traditional court process and potential incarceration. Clients are assigned to service coordinators from the JRS unit of OBH. The program staff assists clients by ensuring communication with participants and the court, and by coordinating and monitoring participants' court and treatment processes. Staff also assist participants with housing, health and financial benefits, provide supervision and connect participants to appropriate community support services. Participants work with MHC service coordinators on preferences for services and resolution to barriers if they occur.

MHC monitoring focuses on coordinating participants' services in conjunction with providers of mental health and substance use treatment, the court and others. MHC service coordinators and liaisons work with the court, the participant and other partners to ensure that the expectations of the court, treatment providers and others are defined in the service plan. This court-approved service plan, intended to promote recovery and public safety, is created for each participant. In addition, MHC coordinators, liaisons and the court, along with other participants and partners, work together to ensure that the participant adheres to the expectations contained in this service plan.

To further underscore its importance, participant adherence to behavioral health treatment is a mandatory element of the participant's probation. MHC participants serving probation in the community are monitored by a Special Service Unit (SSU) Probation Officer and the MHC Probation Liaison. The MHC Probation Liaison updates the court on the progress of MHC participants and helps them reintegrate into the community.

Background

The progress of each MHC participant is reviewed at weekly meetings between the judge, district attorney, public defender, JRS service coordinators and probation liaisons. Reinforcement hearings are held before the MHC Judge at least quarterly, and more frequently if necessary. The outcomes of reinforcement hearings are categorized as positive, negative or neutral and are discussed later in this report.

Program Referrals

Referrals to MHC come from many sources including the Office of the District Attorney, the Office of the Public Defender, other court-related service units, providers, family members or clients themselves. Specific details on the referral process can be found on the DHS MHC web page at www.alleghenycounty.us/dhs/mhcourt.aspx.

During the process of determining eligibility for MHC, potential clients are assessed by JRS Mental Health Court staff, and eligible cases are presented to the Assistant District Attorney and Public Defender for MHC. The Assistant District Attorney makes the final determination of the appropriateness of an individual's case for MHC.

Eligibility

Candidates for the MHC program in Allegheny County must meet all of the eligibility requirements. These requirements dictate that participants must:

- Be a resident of Allegheny County while awaiting trial and/or sentencing
- Be voluntarily willing to participate in the program
- Be charged with committing a misdemeanor and/or non-violent felony in Allegheny County
- Be awaiting trial and/or sentencing
- Have at least one documented diagnosis of an eligible mental illness

Service Plans for Participants

Following acceptance, a JRS MHC specialist develops an individualized service plan in consultation with each client for presentation to the court. The client must agree by written consent that if found guilty of the offense(s), he or she will enter and adhere to the MHC requirements in the service plan. The service plan is then presented to the court and accepted or amended. Service plans specify required treatment, with additional criteria as warranted by a specific case.

During the period from acceptance to MHC and adjudication of the case, the Support Unit of JRS engages the client and establishes necessary support services in the community. These services include establishing or affirming mental health and substance use treatment, housing and other support.

Graduation

Graduation from MHC occurs after the MHC participant has completed at least one half of his or her probation period and has been compliant with treatment, probation and contact requirements as outlined in the service plan. The client must also have a consistent history of positive reinforcement hearings. The MHC Assistant District Attorney, Probation Officer and JRS staff make recommendations to the MHC Judge regarding the participants' graduation. The MHC Judge ultimately determines who graduates from the program.

Public Awareness and Research

Allegheny County MHC has become well-known locally through articles in the Pittsburgh Post-Gazette and Tribune-Review as well as nationally, through presentations at national conferences and articles in U.S. News & World Report (Schwartz, 2/7/08) and The American Prospect (Abramsky, 6/23/08). Furthermore, two documentaries on PBS Frontline included Allegheny County MHC as part of their presentations: The New Asylums and The Released. Additional PBS videos, Inside a Mental Health Court, The Matt Graham Case and an on-line interview with Allegheny County MHC Judge John Zottola have further enhanced knowledge of Allegheny County's program.

In 2004, Jeffery Fraser completed a report on the Allegheny County MHC based on a review of publications and including interviews with MHC key stakeholders and a participant. Outcomes regarding hospital and conviction recidivism were based on interviews conducted with JRS Director, Amy Kroll, and are discussed below.

Steadman, Redlich, Griffin, Petrila & Monahan (2005) published an evaluation of referrals to seven mental health courts, including Allegheny County MHC, in 2005. The article (p.217) describes the Allegheny County MHC as a "therapeutic jurisprudence model" aimed at increasing clients' participation in mental health treatment and introducing a process "less formal than most traditional court proceedings." Data in this evaluation were collected for a three-month period in 2003-2004 and focused primarily on demographics and the referral process.

An assessment of the fiscal savings of MHC was conducted by the RAND Corporation (Ridgely et al., 2007). The key findings indicate that, in the short-term, due to the decrease in the time participants spent in jail, MHC did not increase costs when compared to traditional court proceedings for those with serious mental illnesses.

Furthermore, the report suggests that MHC may result in a net savings over the long-term. This net savings is attributed to the reduction of MHC graduates' recidivism and time in incarceration, as well as to the reduced use of the most expensive types of mental health treatment, such as long-term hospitalization.

FRAMING THE DATA

Calculation of Recidivism

Examining criminal recidivism has been problematic due to the lack of a standard definition across agencies. In a recent study on recidivism in Allegheny County, Yamatani (personal communication, August 3, 2009) defined recidivism as a return to the county jail lasting at least 30 days; his findings determined an Allegheny County Jail recidivism rate of 52%. Other frequently used recidivism methods focus on subsequent arrests or days in jail.

When reviewing the court records of MHC graduates, a limited number of offenses met the 30-day time requirement in the aforementioned study's definition of recidivism. While a few of the individuals that met the 30-day definition were later convicted, more often these individuals were released and/or had charges reduced or dropped entirely by the court.

The Substance Abuse and Mental Health Services Administration (SAMHSA) National GAINS Center's report highlights some issues regarding the use of arrests as the criteria for MHC outcomes. Its 2007 report points out that:

- People who have mental illnesses are more likely to be arrested since atypical behaviors associated with their illnesses can result in community calls to police and charges such as drunkenness or disorderly conduct.
- Poverty, lack of employment and homelessness associated with the consequences of severe mental illness and lack of connection to adequate community services can result in increased arrests (United States Department of Health and Human Services, 2003).
- People with mental illnesses may be held in jail for longer periods than people without since this population often lacks personal financial resources and has poorer social connections to make bail.
- People with mental illnesses have a higher likelihood of returning to jail for technical violations and warrants (CMHS National GAINS Center, 2007).

Methodology

Based on the considerations highlighted in SAMHSA National GAINS Center's report, defining recidivism based on days in jail or arrests can be problematic for people with serious mental illnesses when compared to the general population of jail inmates. Consequently, conviction after graduation from Allegheny County MHC was used as the determinant for recidivism for this report. While better suiting the data and evaluation process, use of convictions to calculate recidivism created a challenge for comparisons to other mental health courts and national recidivism rates. The most recent data located that used similar recidivism calculation methods were the US Department of Justice Statistics on prisoners released in 1994 (Langan & Levin, 2002).

Another key consideration in this evaluation was the inclusion of summary violations in the recidivism calculations. Summary violation convictions are not considered criminal convictions, which illustrates a more conservative approach to graduates' outcomes. This approach serves to address broader public concerns about the behavior of people with mental illnesses who live in the community.

Additionally, due to time constraints and the intensive process in determining recidivism by this method, data on MHC graduates represent the main focus of this report.

RESEARCH METHODS

The methodology for determining the recidivism of Allegheny County MHC participants involved: 1) identification of graduates; 2) confirmation of convictions that occurred from the date of graduation to three years post-graduation; and 3) determination of mental health and substance use treatment.

Identification of Graduates

The identification of MHC graduates was confirmed by:

- Obtaining the list of MHC participants during calendar years 2006, 2007 and 2008 from the Allegheny County Public Defender's Office
- Confirming the list of graduates with data from the JRS MHC unit and the DHS Office of Information Management (OIM) Data Warehouse

Confirmation of Convictions

Convictions for all graduates were researched using the Commonwealth of Pennsylvania Unified Judicial System (UJS) database. Use of this database permitted access to convictions that occurred throughout the Commonwealth of Pennsylvania.

Methodology

MHC graduates were counted in the recidivism calculation if there was a final outcome of a guilty verdict on any or all of the charges on a court docket. Of 170 graduates, 166 people were included in the recidivism calculations. Four people were excluded because they could not be identified in the UJS database.

Research was conducted to search for convictions in the Magisterial District Court Docket Sheets as well as the Court of Common Pleas Docket Sheets. Both of these resources were accessed in the UJS database which provided data on summary violations and criminal convictions, respectively.

This evaluation focused on convictions from the date of graduation from MHC up to three years post-graduation. Notations were made where arrests with subsequent convictions occurred within the following post graduation periods:

- Six months from graduation.
- 12 months from graduation.
- 24 months from graduation.
- 36 months from graduation.

These data were then accumulated and an overall rate of recidivism calculated. Additionally, recidivism was also calculated by the 6-, 12-, 24-, and 36-month after graduation intervals.

Treatment Data

MHC participants, per requirement, must have a diagnosed mental illness and reenter or continue treatment for their mental illness(es) as a condition of participation in the program. Preliminary data on the treatment histories for MHC graduates were obtained from the DHS OIM Data Warehouse with additional detail obtained from JRS client case files.

A data search on the treatment histories of the graduates was run in late May 2009. Where possible, the period for the search started one year before the MHC graduation date and ended one year after graduation. The data search end date was December 31, 2008. Detailed assessment of treatment data for these participants is beyond the scope of this project, but planned for future analyses.

DATA LIMITATIONS

Restrictions on Graduation Inclusion for Recidivism

All participants were researched in the Social Security Death Index (Interactive Search, N.D.) to ensure that their inclusion in the post-graduation periods was appropriate. In the rare instances where graduates were deceased, individuals were retained in six month interval calculations for the time while they were living and then removed from calculations of recidivism after death. When graduates were found to be incarcerated in a state or county jail for an entire six month post-graduation period, they were removed from calculations for that recidivism period until released. These reductions to participants in the denominator for recidivism calculations decreased the meaningfulness of the three years post-graduation calculations, as data for only 15 people were included in that time frame.

Finally, if a conviction occurred during any period, regardless of whether it was possible for an individual to offend for the remainder of that period due to death or incarceration, that conviction was included in the recidivism calculations.

Other Constraints

Nineteen MHC graduates, not otherwise convicted of crimes, had summary violation or criminal cases in progress at the end date of the study. Their data have been noted and future analyses for MHC graduates will include those outcomes.

The treatment information described here includes services through publicly funded providers only. Data is not available on services provided by self-help groups, faith-based providers, or privately-funded providers.

REFERRALS TO MENTAL HEALTH COURT, 2005-2008

In his report published in 2004, Fraser notes that 750 criminal offenders were referred to MHC between the start of the program in June 2001 to the end of December 2003 (Fraser, 2004). In another key external report previously mentioned, Steadman, et al. (2005) determined that 91 people were referred to this MHC between November 2003 and January 2004 (approximately 51 people per month).

Using JRS monthly report data for 2005 to 2008, the number of referrals to the Allegheny County MHC program has increased by 105 percent from those early years. MHC referrals increased by 25 percent from 2005 to 2008, from 493 (approximately 41 individuals per month) to 616 people (approximately 51 individuals per month) in 2008 (see Figure 2). The increase may be credited to improved awareness of the program by the public and legal community as a viable alternative for those with severe mental illnesses and criminal charges.

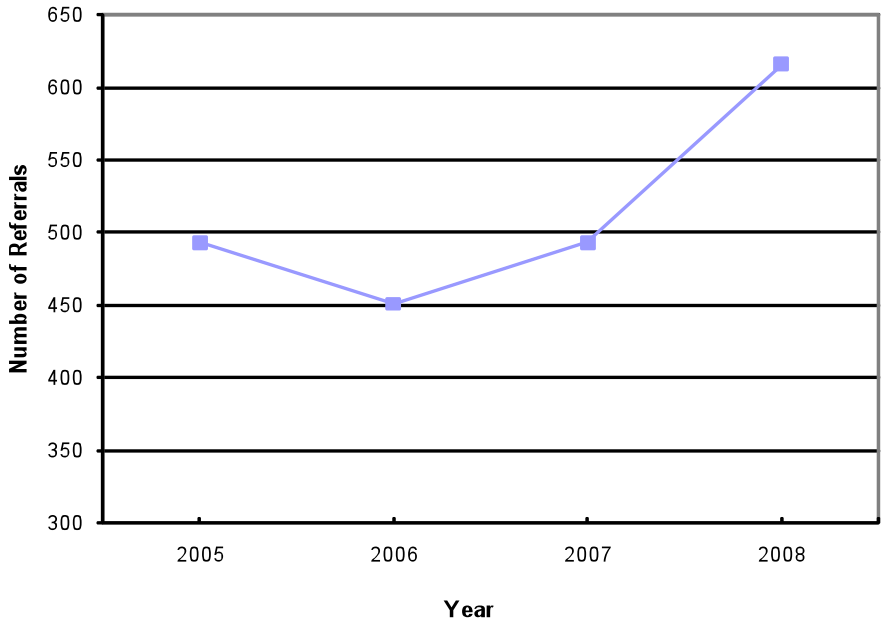

Figure 2: MHC Program Referrals, 2005-2008

Data Analysis

Since the beginning of the MHC program, the number of people who were accepted and consented to services compared to the total referrals illustrates the community need for assistance for individuals with mental illness and criminal justice issues. From 2001 to mid-2003, 32 percent of referrals were accepted as participants in the Allegheny County MHC, while 44 percent of referrals were accepted from late 2003 to early 2004. The characteristics of individuals referred to the MHC from late 2003 to early 2004 included the following:

- Mean age of 36.2 years
- 67 percent were men, 33 percent were women
- 52 percent were white, 46 percent were African-American, 3.5 percent were unknown, and 0.6 percent were American Indian/Alaska Native
- Most common diagnoses: depression (29 percent), bipolar disorder (28 percent), and schizo-spectrum disorders (28 percent)
- Most commonly referred charges: violent crimes (28 percent), property crimes (23 percent) and minor offenses (22 percent)

From 2006 to 2008, the data used to calculate the JRS referrals do not support a clear calculation of an acceptance percentage. Assuming a MHC participant was referred to the MHC program the prior year and that JRS monthly referral counts indicate the number of unduplicated referrals, approximately 16 percent of all referrals to MHC resulted in accepted participants from 2005 to 2008. A referral database will be operational in 2010, which will aid in capturing the data on referrals to all JRS programs. This will provide data and reporting to aid in calculations of the acceptance of clients into the various programs, including MHC.

CASE DISPOSITIONS OF MENTAL HEALTH COURT PARTICIPANTS

Based on JRS's monthly client reports, the average number of active clients in Allegheny County's MHC increased by 34 percent from 2006 through 2008, from an average of 190 clients per month to an average of 255 per month. Clients are supported by JRS MHC staff until they graduate or their case is closed, which may extend over several months. These numbers are cumulative, including some clients who continue to receive support from month to month as long as they remain active on a caseload.

Data Analysis

Between January 2006 and December 2008, 236 MHC cases closed prior to graduation. There are several reasons individuals do not graduate, including:

- Charges are dropped
- Participant rejects MHC after being accepted
- Participant is not compliant with the service plan
- Court closes interest in the case, which can include:
    - Incapacity to participate
    - Time in MHC is ending but the client is neither doing well enough to graduate nor badly enough to punish
    - Participant's probation ends before he or she has graduated from MHC, but the judge does not want to extend probation
    - Participant has other active cases and is detained or imprisoned elsewhere
- Participant dies

In order to graduate from MHC, participants must meet the requirements of the court and their service plans and obtain the judge's designation of the case as complete. Cases where the court closes interest are not considered complete. Rather, in those cases, the judge or district attorney determines another process that is more appropriate for the resolution of that individual's criminal matter.

Table A outlines the details of the cases ended by calendar year:

Disposition	Case Ended 2006	Case Ended 2007	Case Ended 2008	Total
Cases closed before graduation	2	0	0	2
Court closed interest in case before graduation	9	16	22	47
Client deceased before graduation	1	0	1	2
Graduated	55	61	53	169
Total Cases	67	77	76	220
Percent of closed cases who graduated	82.1	79.2	69.7	77

Table A: Mental Health Court Dispositions of Cases Closed Per Calendar Year, 2006- 2008

DEMOGRAPHICS OF MENTAL HEALTH COURT PARTICIPANTS

Demographics of Individuals Accepted for MHC

Between 2006 and 2008, the average age of individuals accepted into Allegheny County's MHC was 41 years. Thirty-five percent of those accepted were female and 64 percent were male. Racial designations were American Indian/Alaska Native (<1 percent), African-American (44 percent) and white (51 percent).

Demographics of MHC Participants

Between 2006 and 2008, the mean age for closed interest cases was 35; 33 percent were female and 67 percent were male; 47 percent were African-American and 47 percent were white.

During the same period, the gender ratio of MHC participants who graduated from the program was 36 percent female and 64 percent male (see Table B). The gender ratios for all MHC participants were less than a percentage point different.

	MHC Graduates		All MHC Participants	
Females	61	35.9%	82	35.2%
Males	108	63.5%	150	64.4%
Unknown	1	0.6%	1	0.4%

Table B: Gender of Graduates from Mental Health Court, 2006-2008

Fifty-three percent of graduates were categorized as white, 43 percent as African-American, and one person as American Indian/Alaska Native (See Table C). Four percent did not indicate race and the data could not be located in available resources.

	MHC Graduates		All MHC Participants	
African-American	73	42.9%	104	45%
American Indian/ Alaska Native	1	0.6%	1	0.4%
White	90	52.9%	118	51%
Unknown	6	3.5%	10	4%

Table C: Race of Graduates from Mental Health Court, 2006-2008

The average age at graduation of MHC participants was 42 years with a median age of 44 years (See Table D). The youngest person to graduate was 20 years old and the oldest was 74 years old.

Age Range	20-29 years	30-39 years	40-49 years	50-59 years	60+ years	Unknown
Number of graduates	30	35	58	38	4	5
Percent of graduates	17.6%	20.6%	34.1%	22.4%	2.4%	2.9%

Table D: Age of Graduates from Mental Health Court at Graduation, 2006-2008

PARTICIPANTS' MENTAL HEALTH AND OTHER DIAGNOSES

From 2006 to 2008, 72 percent of MHC participants graduated from the program. Approximately five MHC participants graduated per month; specifically, 55 graduated in 2006, 61 in 2007 and 53 in 2008. Approximately 77 percent of the active MHC clients graduated over the three-year period.

Mental Health and Other Diagnoses of the 2006-2008 Graduates

The MH diagnoses of the MHC graduates for 2006 to 2008 are included in Figure 3. The most common MH diagnosis during this period was depression, followed by bipolar disorder and schizophrenia. Over half of the graduates (72 percent) had a co-occurring mental illness and substance abuse disorder (co-occurring MISA). Many clients had multiple MH diagnoses which are reflected in the numbers included in the chart below. Some MH diagnoses represented would not meet MHC criteria if an individual had one of these as a single diagnosis. The presence of an intellectual disability or substance use disorder without history of an allowable MH diagnosis does not meet the eligibility criteria established for MHC. The mental illness listed for the graduates in Figure 3 do not include all mental illnesses acceptable to MHC; therefore this should not be considered as a complete list of diagnostic criteria.

Participants' Mental Health and Other Diagnoses

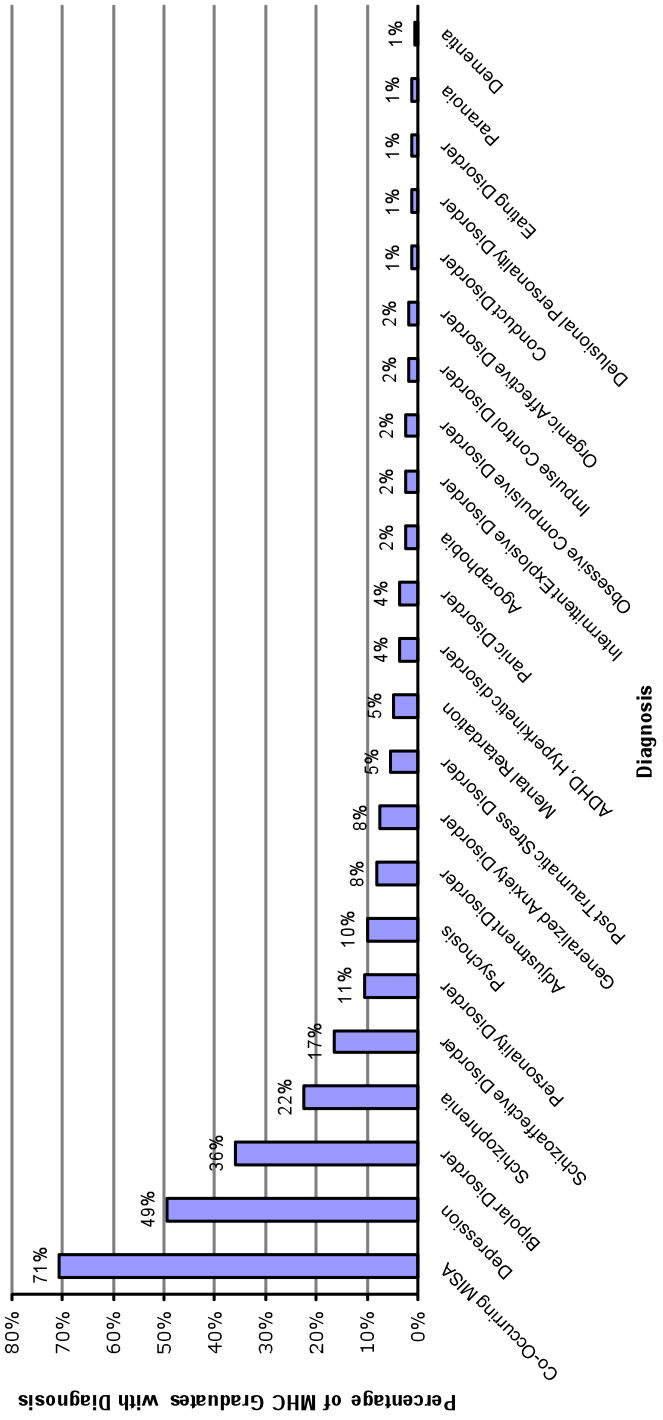

Figure 3: Mental Health Diagnosis Among Program Graduates, 2006-2008

Data Analysis

PARTICIPANTS' MENTAL HEALTH AND SUBSTANCE USE TREATMENT

The MH and drug and alcohol services utilized by 166 of the MHC graduates of 2006 to 2008 are listed below. From one year before participation in the program to the graduation date, participants accessed 8,577 publicly-funded MH and substance use services. MHC graduates accessed 10,513 publicly-funded services from graduation to one year after. The types of services accessed before and after graduation are listed in Table E.

Services Accessed by MHC Graduates	
Administrative management	Inpatient treatment rehabilitation
Service coordinator	Inpatient halfway house
Employment	In patient non-hospital treatment rehabilitation
Community residential non-family	Intensive service coordination
CTT/Transition Age	Mental health crisis
Partial hospitalization	Mental health outpatient
Drug & Alcohol Outpatient	Mental health intensive outpatient
Drug & Alcohol Methadone	Psychiatric inpatient
Drug & Alcohol Partial	Psychiatric rehabilitation
Emergency- "The Deck"	Resource coordination
Family support	Social rehabilitation
Group psychotherapy	Recovery Homes
Housing	

Table E: Types of Services Accessed Before and After Graduation for 2006-2008 MHC Graduates

The use of certain services by MHC graduates indicates the presence of severe persistent mental illnesses. These services include Community Treatment Team (regular and transitional age), emergency and/or crisis intervention, intensive support coordination, MH crisis intervention, intensive outpatient, and psychiatric inpatient hospitalization.

Data Analysis

Taking a cumulative view of all 166 participants' MH services usage, the following types of services increased after graduation:

- Community residential non-family
- CTT
- CTT/Transition Age
- Partial hospitalization
- Emergency services
- Family support
- Family based mental health
- Group psychotherapy
- Intensive service coordination
- Mental health crisis
- Mental health outpatient
- Psychiatric inpatient
- Social rehabilitation

Cumulative participants' use of drug and alcohol services declined post-graduation:

- Drug & Alcohol Outpatient
- Drug & Alcohol Partial Hospitalization
- Inpatient Non-hospital detoxification
- Inpatient halfway house
- Inpatient non-hospital treatment rehabilitation

In general, the use of critical MH resources and community residential resources increased after graduation and substance use services decreased. This trend is expected as MH services such as therapy continue over time as an ongoing and consistent form of treatment, while episodic services such as substance use services occur only when particular need arises.

REINFORCEMENT HEARINGS

Participation in MHC requires participants to take part in periodic reinforcement hearings with the MHC judge. In these hearings, the court reviews and assesses a participant's behavior and progress throughout the program. Reinforcement hearings are characterized by the court as positive, negative or neutral. The percent of positive reinforcement hearings in Allegheny County MHC was consistently in the low- to mid-70s for clients served from 2006 to 2008, as seen in Figure 4. The "neutral" reinforcement hearing classification started in July 2007 and is given to individuals if they are waiting in jail for placement into treatment or when there is an impasse in decision between probation and the JRS.

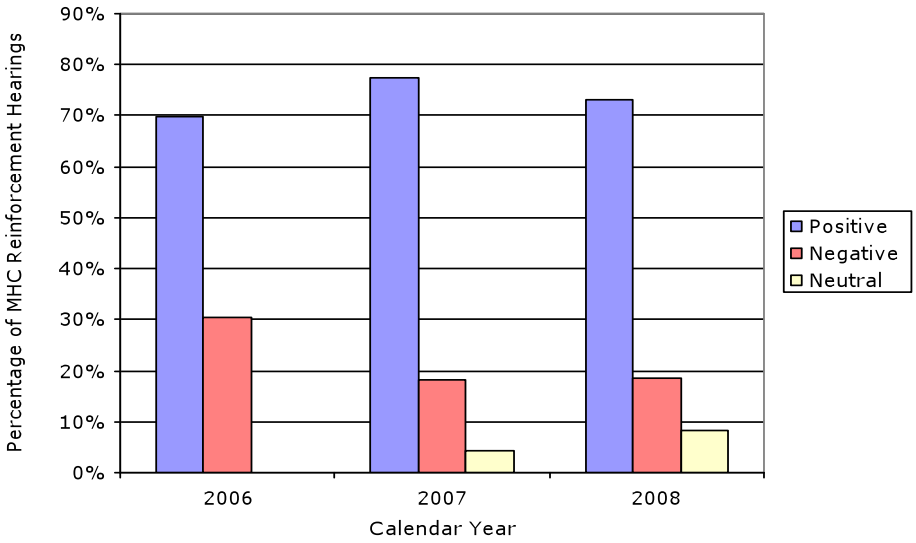

Figure 4: Distribution of MHC Reinforcement Hearings, 2006-2008

RECIDIVISM AMONG MENTAL HEALTH COURT GRADUATES

Mental Health Court Graduates Less Likely To Recidivate

Thirty-six-month recidivism rates for graduates of MHC, whether calculated using post-graduation convictions of criminal offenses or criminal offenses and summary violations, are significantly lower than recidivism rates of the general United States jail population.[1]

Allegheny County MHC Graduate Recidivism, Three Years Post-Graduation:

- 17 percent (including summary violations and criminal convictions)
- 10 percent (criminal convictions only)

Department of Justice, Three Years Re-Conviction:

- 47 percent (criminal convictions only)

Twenty-eight of 166 graduates of MHC were convicted at some point over the three years of summary violations or criminal charges for an overall recidivism rate of 17 percent. Of the 28 persons convicted of offenses during their 36-month, postgraduation period, some were convicted of summary violations. These summary convictions are considered violations of the law rather than standing as criminal convictions when found guilty. Therefore, the typical calculation of recidivism does not include these summary offense convictions.

If summary violations are removed from consideration, as is more common in recidivism assessments, the percentage of Allegheny County MHC graduates with guilty verdicts for criminal offenses over a 36-month period drops to 16 of 166 graduates (9.6 percent). Compared to the Department of Justice 36-month conviction recidivism rate of 47 percent, the overall MHC graduate conviction rates at 25 percentage points lower (including summary violations) and 32 percentage points lower (criminal convictions only) illustrate positive outcomes for most graduates of Allegheny County MHC (Langan & Levin, 2002).

1 Summary violations include charges for minor offenses that generally result in fines or minimal jail time and rarely proceed to trial. Examples include public intoxication, disorderly conduct, and minor driving charges such as improper turn signal.

Data Analysis

Those graduates with records listed in the Court of Common Pleas dockets were recorded as recidivists if found guilty of summary, misdemeanor or felony charges for a total of 94 convictions. (See Table F)

- 47 percent of all convictions were summary violations
- 41 percent were misdemeanors
- 11 percent were felonies

Level of All Convictions					
	≤ 6 months	**≤ 12 months**	**≤ 24 months**	**≤ 36 months**	**Total**
Summary violations	18	14	11	1	44
Misdemeanor	11	16	11	1	39
Felony	7	1	3	0	11
Total	36	31	25	2	**94**
Analyzed	159	123	74	15	

Table F: Level of Conviction of 2006–2008 Graduates Who Recidivated[2]

Of the 50 charges classified as misdemeanors or felonies, 44 convictions (88 percent) are considered non-violent charges and six convictions (12 percent) are considered violent (Tomson-West, 2004). Convictions for crimes considered violent (simple assault, robbery and stalking) constituted six percent of all convictions and were perpetrated by four re-offending graduates. Ninety-four percent of all convictions were for non-violent offenses. Stated in terms of graduate convictions, two percent of MHC graduates were convicted of crimes designated as violent. Ninety-eight percent of the graduates were not convicted of violent acts after graduation. Eighty-three percent of MHC graduates lived in the community without subsequent convictions.

2 This table and data indicate that seven of the 166 individuals were excluded in the denominator used for analysis. Of these seven individuals, six did not reach the specified time frame and one individual was in jail during the interval used for analysis.

Data Analysis

Multiple counts or multiple convictions sometimes occurred among the MHC graduates. Of the 28 people who recidivated, 13 had more than one conviction when summary violations are included. Among the graduates with misdemeanor and felony convictions, three had multiple convictions. Figure 6 reflects the types and frequencies of convictions for the 28 graduates who recidivated. Alcohol related, drug-related and driving-related offenses were among the most common convictions.

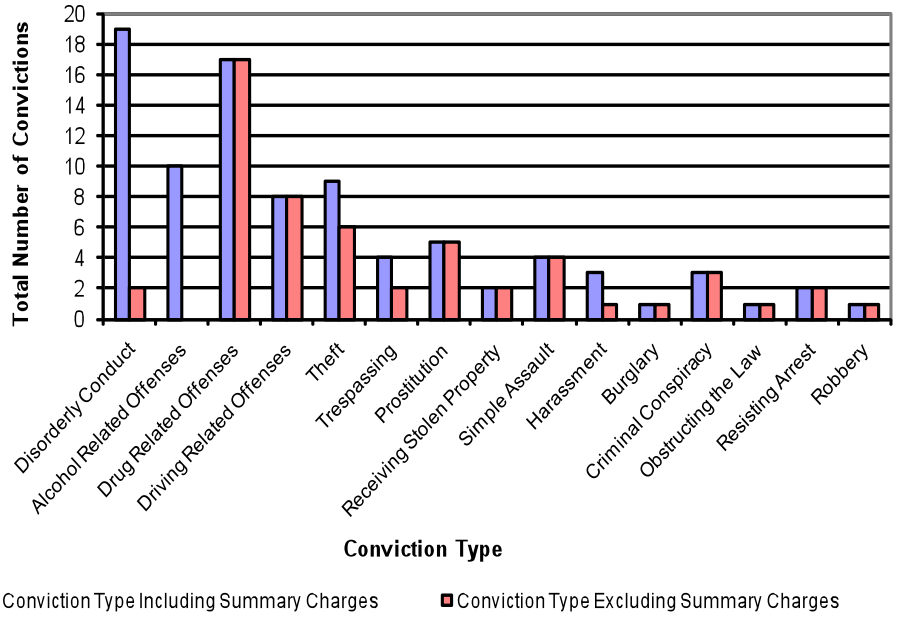

Figure 5: Guilty Convictions among 2006-2008 Graduates

From 2006 to 2008, 94 convictions were documented for 28 MHC graduates. Five people were convicted of 11 felonies during this period. Fourteen people were convicted of 41 misdemeanors. Twenty-two people committed 42 summary convictions.

The co-existence of mental illness and substance use disorders may be a factor in recidivism for those who committed misdemeanors and felonies. The pool of all MHC graduates is small, but all of the people who were convicted of crimes after graduation had histories of mental illness and substance use disorders. Twenty-two of the 28 who recidivated also had histories of serious mental illness requiring more intensive services, including inpatient hospitalization; intensive service coordination; partial hospitalization; intensive outpatient, emergency mental health crisis; and community treatment team services.

Data Analysis

The 28 convicted graduates had 1,748 documented services before graduation, and 1,956 documented services following graduation, potentially underscoring their more serious MISA issues and need for support.

The small number of people reviewed for this report made identification of outcome trends difficult. Some graduates in this group who did not recidivate had similar types and levels of MH and substance use treatment compared to those who did recidivate. Therefore, additional analysis of treatment and recidivism with a larger sample of MHC graduates as well as comparing outcomes to other mental health courts and those with more traditional court processes could identify what services and aspects of MHC are most effective for keeping people on the path toward recovery and out of the justice system.

Conclusions & Recommendations

The conviction rate for Allegheny County MHC graduates illustrates the court's successful results. Ten percent of graduates were convicted of a criminal charge within three years of graduation. Fourteen percent had a criminal or summary violation conviction in the same period. The outcomes contrast positively to the federal three year post-graduation criminal reconviction rate of 47 percent.

The Allegheny County MHC data underscore the effectiveness of the program for individuals with mental illnesses. As evidenced by comparison of program use before and after graduation, MHC in Allegheny County has linked people with mental illness to necessary treatment and support. Post-graduation participation by graduates in treatment to control or alleviate their MH symptoms and substance use can be viewed as positive steps toward recovery. More research is needed on what factors of this process in particular are associated with participants' recovery.

In the future, the data collection and maintenance practices for Allegheny County JRS MHC will include details from referral to graduation or closure. This information will allow future analyses to determine the following:

- Percentage of people referred who are screened for MHC
- Most common referral sources
- Percentage of people referred who are accepted into MHC
- Percentage of people who refuse MHC
- Length of time that people wait to begin MHC
- Characteristics of all people referred and accepted to MHC, including demographics, diagnoses, treatment histories and charges
- Average length of time people remain in MHC from acceptance to graduation

In addition to treatment and conviction data as MHC outcomes, other measures can be pursued to better understanding Allegheny County's MHC outcomes. Future data analysis should include attention to criminal activity and MH and substance use treatment before participation in MHC. These data could be compared to subsequent behavior. Future evaluation should also attend to the experiences and outcomes of those who repeat MHC after closure or graduation. Analyses of these data can help to improve effectiveness and efficiency of the MHC in addition to participant outcomes.

Conclusions & Recommendations

Increased use of MH treatment and reduction of substance use treatment services may illustrate positive outcomes of MH and drug and alcohol treatment as learning processes. Recovery in the community for those with serious, persistent mental illnesses may require on-going MH and housing resources. Therefore, post-graduation use of those services can be viewed as participants' constructive actions to seek and maintain treatment. Further examination of MH and substance use treatment among participants may help determine what services work best to encourage recovery among people who have been convicted.

Due to time constraints in this analysis, MHC graduates were the main focus of this study. Comparing recidivism rates of those who successfully graduated from MHC to those who did not finish or who were referred, but did not enroll in the program, may be useful in exploring the protective nature of MHC, and should be considered in future analysis. Efforts should also be made to review those individuals whose case status was not final at the time of this analysis in an effort to maintain the accuracy of recidivism rates.

Other analyses could include consumer employment, homelessness and quality of life measures as these have been related to MH consumer improvement and recovery (Foster, LeFauve & Kresky-Wolff, 2009). Consumer surveys could be conducted to assess their evaluations of the MHC process, and what aspects proved efficacious in reducing symptoms and changing their behavior.

The lack of a standard definition for recidivism makes comparative evaluation between mental health courts and traditional courts difficult. Even among those mental health courts that use the percentage of arrests as outcomes, methods of calculation are often obscure. Few recidivism evaluations are available using conviction data. Inclusion of methodologies in reports would help to build a stronger body of comparative knowledge. Furthermore, as only those with non-violent felonies and/or misdemeanors qualify for MHC, comparing the recidivism of graduates to those of the general population could be problematic.

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