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Addressing Mental Illness in the Central Indiana Criminal Justice System

Introduction

Persons with mental illness are disproportionately represented in jail and prison, both nationally and in Central Indiana. To address the needs of this population, representatives from the Marion Superior Court partnered with the Indiana Judicial Center, the Indiana Department of Corrections, the United Way of Central Indiana, and Mental Health America of Greater Indianapolis to establish the Mental Health Alternative Court (MHAC). The United Way of Central Indiana, in cooperation with the MHAC team, requested the assistance the Indiana University Public Policy Institute in evaluating the MHAC development and implementation processes, and to conduct a preliminary assessment of MHAC referrals and the population currently being served by the program. This issue brief discusses the development and initial implementation of the MHAC program and provides a summary of sociodemographic characteristics of program participants during the first year of implementation.

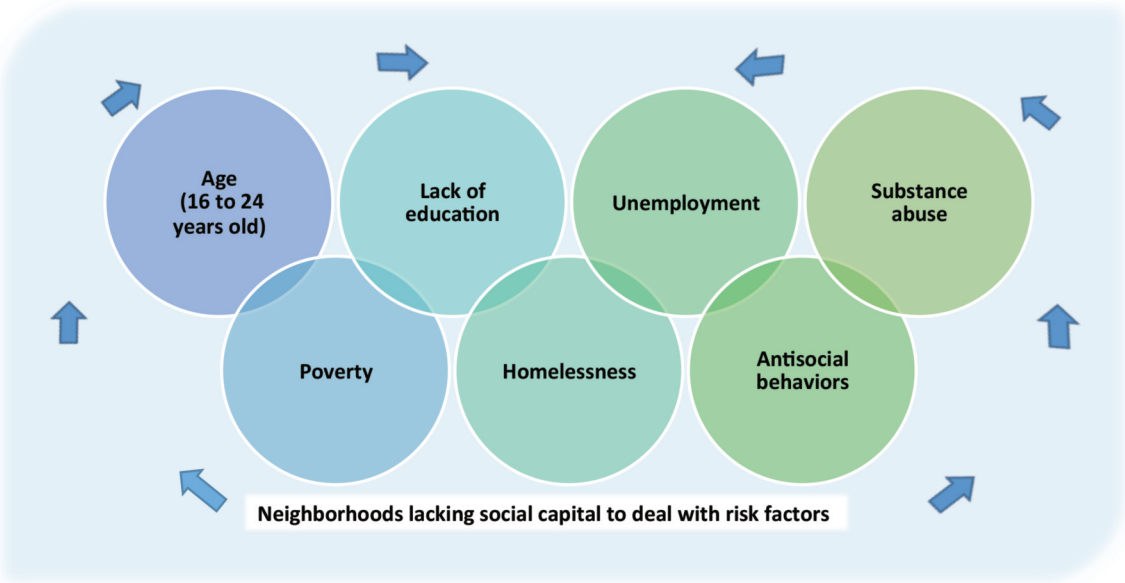
Overview of Mental Illness in the Criminal Justice System

In the United States, more persons with mental illness are being treated in jails and prisons than in public psychiatric hospitals, leading researchers to refer to jails and prisons as the "last mental hospital" (1-4). Studies have found the rate of serious mental illness (i.e., schizophrenia, bipolar disorder, or major depression) in jail and prison ranges from 14 to 16 percent (5-9), a rate three to five times greater than the proportion of serious mental illness in the general population (6, 10-13).

It would be overly simplistic to suggest that this population is arrested, incarcerated, or recidivate solely due untreated mental health symptoms. A growing body of research suggests that the symptoms of mental illness may be less important in offending than other, more prevalent criminogenic and contextual risk factors (14-19). In fact, police are no more likely to arrest persons with mental illness than non-mentally disordered suspects (20), and less than 10 percent of incarcerated mentally ill offenders are actually arrested for behaviors directly attributable to mental illness (21-23). Figure 1 illustrates some of the strongest risk factors for arrest and rearrest shared by offenders both with and without mental illness (18, 21, 24, 25).

Unfortunately, persons with mental illness are more likely to be affected by common criminogenic risk factors than the general population (26-28). Given the large numbers of persons with serious mental illness in the criminal justice system, local jurisdictions have

Figure 1. Criminogenic and Contextual Risk Factors for Arrest and Rearrest



Note: These risk factors are common among offenders both with and without mental illness.

A research partnership between the Indiana University Public Policy Institute and the United Way of Central Indiana

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MHAC is a collaborative effort amongst unique partners that affords participants the opportunity to regain stability in their lives by obtaining sobriety, strengthening their family relationships, connecting to housing and employment opportunities, and being productive in the community.

implemented various diversionary programs for mentally ill offenders. One such program is the mental health court, a type of problem-solving court that serves as an alternative to traditional criminal court processing and attempts to divert offenders from the criminal justice system. Mental health courts typically link offenders with treatment, services, or other community alternatives designed to alter the causes of their criminal behavior, while also providing judicial supervision to monitor compliance to court mandates (29). Since the establishment of the first mental health court in the late 1990s, empirical research has overwhelmingly demonstrated that participants, especially those who complete the process, have fewer arrests and jail days both while under supervision and in the years following completion of the mental health court program (30). Often, mental health court programs not only divert mentally ill offenders into treatment, but also attempt to intervene in ways that will reduce the impacts of other criminogenic and contextual risk factors among program participants. Thus, mental health courts link participants with both mental health treatment *and* assistance in developing life skills and access to other services that increase their self-sufficiency and the likelihood of success in the community upon completing the program. Mental health court programs provide an alternative approach to addressing the complexities of mental illness in combination with other criminogenic and social risk factors. It is an approach that is not typically found in traditional criminal justice programs and interventions such as probation or parole (16, 31).

Marion County Mental Health Alternative Court

Consistent with national trends, the disproportionate representation of persons with mental illness in jail and prison is a growing problem in Central Indiana. According to the Marion County Sheriff Department, over 900 inmates in the Marion County, Indiana jail have mental illness, and the additional health care and services required to address the needs of mentally ill prisoners, (including medication, doctors, security, etc.) costs an estimated $8 million per year. Until recently Marion County did not have a certified mental health court equipped to deal with the wide array of issues faced by high risk felony offenders with a mental illness.

The Mental Health Alternative Court (MHAC) is a post-conviction program located in Marion County designed, specifically, to address the mental health needs of moderate to high risk individuals in the criminal justice system whom have been convicted of certain offenses and have a mental health illness (see text box MHAC Program Description). Once identified, individuals referred to the program will be provided with the opportunity to receive treatment and community services designed to address the individual criminogenic needs of each participant.

In late 2014, Judge Barbara Cook-Crawford assumed led the development of the MHAC proposal, and the Indiana Judicial Center (IJC) and Indiana Department of Corrections (IDOC) provided the initial funding for a pilot program. The United Way of Central Indiana and Mental Health America of Greater Indianapolis provided additional support and assistance in forming an advisory council consisting of community stakeholders, local treatment providers, and probation representatives. The first part of this evaluation outlines the efforts that went into the planning of MHAC and into the implementation of this program.

Table 1. Sociodemographic characteristics of Marion County Mental Health Alternative Court referrals and participants

	All Referrals (n = 65)			MHAC Participants (n = 25)		
	Mean	N	%	Mean	N	%
Age	**36.4**			**33.1**		
Gender						
Female		24	37%		12	48%
Male		41	63%		13	52%
Race						
White		19	29%		5	20%
Non-white		46	71%		20	80%
Employment						
Employed		2	3%		2	8%
Unemployed/disabled		63	97%		23	92%
Education						
Less than HS		37	57%		11	44%
HS degree/GED		26	40%		12	48%
More than HS		2	3%		2	8%

Source: Mental Health Alternative Court

Notes:
1) **Includes program participants from December 2014 to February 2016**
2) **Complete data were not available on all referrals so some values are based on available cases (n=55).**
3) **Some percent totals may not equal 100 percent due to rounding or the fact that some referrals and participants received multiple mental health diagnoses.**

MARION COUNTY MENTAL HEALTH ALTERNATIVE COURT – PROGRAM DESCRIPTION

According to the Marion County Superior Court Mental Health Alternative Court Program and Policy Procedure Manual,

> …"the goal of the MHAC program is to identify moderate to high risk individuals in the criminal justice system whom have been convicted of certain offenses and have a mental health illness. Once identified, those individuals will be provided with the opportunity to receive treatment and community services that would address the individual criminogenic needs of each participant.
>
> The MHAC provides a coordinated community response through collaboration with mental health providers, Marion County Probation, Marion County Community Corrections and the Marion County Criminal Courts. The Court seeks to encourage persons with mental illness to seek and continue to receive treatment for those conditions, including co-occurring substance abuse, and to encourage them to obtain effective treatment to improve their quality of life and that of their families and fellow citizens.
>
> The MHAC court team identifies eligible participants, assesses their needs, offers them assistance, manages their care, and helps them address their obstacles. This collaborative effort amongst unique partners affords the opportunity for MHAC participants to regain stability in their lives, obtain sobriety, have their families and relationships strengthened, address housing issues, connect to employment opportunities, and productively remain in the community."

HOW MHAC WORKS

MHAC team members dedicated to working with program participants include the *court judge, court coordinator, recovery coaches, probation officers/community corrections case managers, public defender,* and *prosecutor*. Each week MHAC team members meet to share information about participants and review new referrals.

MHAC participants progress through a four phase program developed by the court over the course of no less than one year and not longer than three years.

Phase I of the program lasts a minimum of one month. Participants are required to complete a risk assessment and have a referral submitted to the court. Those screened into the program are considered moderate to high risk and have either violated probation or community corrections. Referred participants are given one week to consider voluntary participation in the program. The primary focus of Phase I is orientating participants to the program. During this portion of the program, participants appear in court once a week, submit drug tests when ordered, and regularly meet with probation or community corrections officers. Participants must also remain medication compliant and have no new arrests.

At the conclusion of a 6-week probationary period, both participant and MHAC program staff decide whether to proceed with the agreement and treatment plan. Each participant is assigned a recovery coach when they begin the program. Recovery coaches provided a much needed support system, have "daily interaction" with participants and are available for participants to call on the weekends or evenings. Participants see recovery coaches once a week and speak by phone several times a week. These individuals assist participants with numerous life skills (e.g., financial and time management) and simply "giving them hope." During Phase I, probation officers and community corrections case workers also have contact with participants at least once a week. Probationary supervision includes random home visits, drug testing, and monitoring drug test results. Probation officers are also in daily contact with recovery coaches to help ensure participants remain compliant with treatment. After successfully completing Phase I, the MHAC team will promote participants to Phase II of the program.

Phase II lasts a minimum of three months. During this period, participants must remain compliant with treatment, take all medications as prescribed, and attend court every two weeks. Participants must also submit drug tests when ordered and remain drug-free for a consecutive thirty days and have no new arrests. If the participants continue to remain compliant, the MHAC team will recommend they proceed to Phase III.

Phase III lasts a minimum of three months with required appearances in court once every three weeks. Participants must continue to com- ply with all treatment programs and therapies, submit drug tests as ordered and remain drug-free for ninety consecutive days (not including the thirty days from Phase II). During this time, participants "make changes in their lives" and the MHAC team assists participants with further developing "life skills" and demonstrating progress in areas such as employment, education, child support payments, and in pro-social activities required for graduation. After successfully completing Phase III, the MHAC team will promote participants to Phase IV of the program.

Phase IV lasts up to two months with two required court appearances to mark graduation. Participants must have no new arrests, continue to comply with submitting drug tests as ordered and report to probation/community corrections on a monthly basis. Participants must also be involved in a pro-social activity and engaged in the community through activities such as volunteering prior to graduation. At graduation, participants complete an exit interview.

Throughout all program phases, participants are expected to attend all treatment and doctor appointments as scheduled by their respective practitioners and may be sanctioned for noncompliance.

Sources: Marion County Superior Court Mental Health Alternative Court Program and Policy Procedure Manual; PPI key informant interviews with MHAC team members

Mental Health Alternative Court Participant Characteristics

MHAC received its first referrals for clients in December 2014, and as of February 1, 2016, MHAC received 65 referrals. MHAC admitted 25 participants from these referrals into the program: 1 individual opted-out, 5 individuals were terminated from the program, and 19 individuals are still active participants. The court is currently processing 11 pending applications, denied 29 applications for admission to the program. Table 1 displays select sociodemographic characteristics of the 65 referrals and the 25 participants accepted into the MHAC program during year one. Nearly 60 percent of all MHAC referrals and 44percent of year one MHAC participants did not complete high school, and only 3 percent and 8 were employed at intake, respectively.

Table 2 summarizes the mental health diagnoses of MHAC program referrals and participants. In addition to being diagnosed with one or more severe and persistent mental illnesses, over half of MHAC participants have a documented history of substance abuse treatment. The most common diagnosis among MHAC participants is schizophrenia (44 percent; n=11) followed by substance abuse or dependence (40 percent; n=10), and almost half (48 percent; n=12) have multiple mental health diagnoses.

Jail and prison histories of MHAC referrals and participants, and risk assessment results are provided in Tables 3 and 4, respectively. MHAC participants have an average of 8 prior bookings and an average of 189 days served in the Marion County jail. Eight of the MHAC participants had been previously incarcerated by the Indiana Department of Correction (IDOC). The number of prior prison days served among MHAC participants ranged from 0 to 7,231 days, with an average 480 prison days served, compared to an average of 874 prison days among all MHAC referrals. This retrospective analysis suggests that the population being referred and accepted into the MHAC represents offenders who continually cycle through the criminal justice system, but may also who have the potential to end this cycle by receiving needed mental health and substance abuse treatment, social services, as well as support and supervision from the MHAC team. Risk assessment results show that 43 percent of all MHAC referrals and 48 percent MHAC participants fall into the *high or very high* risk category for arrest or rearrest.

Table 2. Mental health diagnoses of Marion County Mental Health Alternative Court referrals and participants

	All Referrals (n = 65)		MHAC Participants (n = 25)	
	N	%	N	%
Diagnoses				
Schizophrenia	23	35%	11	44%
Bipolar	20	31%	7	28%
Major Depressive	24	37%	9	36%
Substance Dependant	20	31%	10	40%
Prior Substance Abuse Tx				
Yes	32	49%	14	56%
No	33	51%	11	44%

Source: Mental Health Alternative Court

Notes:
1) **Includes program participants from December 2014 to February 2016**
2) **Complete data were not available on all referrals so some values are based on available cases (n=55).**
3) **Some percent totals may not equal 100 percent due to rounding or the fact that some referrals and participants received multiple mental health diagnoses.**

Table 3. Incarceration history of Marion County Mental Health Alternative Court referrals and participants

	All Referrals (n = 65)	MHAC Participants (n = 25)
	Mean	Mean
Jail Bookings Prior to Entry	7.4	7.6
Average Jail Days Prior to Entry	195.6	188.6
Prison Sentences Prior to Entry	1.62	0.96
Prison Days Prior to Entry	873.75	479.16

Source: Mental Health Alternative Court

Note: Includes program participants from December 2014 to February 2016

Table 4. Risk assessment of Marion County Mental Health Alternative Court referrals and participants

	All Referrals (n = 65)			MHAC Participants (n = 25)		
	Mean	N	%	Mean	N	%
IRAS Score at Intake	21.3			22.4		
Low		11	17%		3	12%
Moderate		19	29%		10	40%
High or Very High		28	43%		12	48%

Source: Mental Health Alternative Court

Notes:
1) **Includes program participants from December 2014 to February 2016**
2) **Complete data were not available on all referrals so some values are based on available cases (n=55).**
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Estimated Prior Incarceration Costs of MHAC Participants

Researchers collected data on prior bookings, jail days served in Marion County jail, and prison days served in IDOC facilities among current MHAC participants (n =25). Table 5 shows that MHAC participants served a total of 4,717 jail days and 11,979 prison prior to entering the program. In the five years prior to entering the MHAC program, participants served 2,764 jail days and 1,237 prison days.

Researchers extracted per diem costs of prison from the most recent IDOC per diem report that identifies an average of $58.15 across all facilities.[1] The Marion County Sheriff Department reported an average per diem cost among Marion County Jail inmates reported to be mentally ill of $92 compared to $82 for a general population inmate.[2] Using these numbers, researchers estimate that prior lifetime incarceration costs for the 25 current MHAC participants are $410,379 in jail days and $696,579 in prison days for a total incarceration cost of $1,106,958 (Table 5). In the five years prior to entering the MHAC, prior incarceration costs of MHAC participants is estimated to be $240,468 for jail days and $71,932 for prison days resulting in a total five-year incarceration cost of $312,400.

Table 5: Incarceration Days and Prior Incarceration Costs for MHAC Participants

	N=25	Dollars
Jail Days Prior to MHAC - Lifetime	4,717	$410,379
Jail Days Prior to MHAC - 5 Years Prior	2,764	$240,468
Prison Days Prior to MHAC - Lifetime	11,979	$696,579
Prison Days Prior to MHAC - 5 Years Prior	1,237	$71,932
Total Incarceration Days - Lifetime	16,696	$1,106,958
Total Incarceration Days - 5 Years Prior	4,001	$312,400
Average cost per MHAC Participant - Lifetime		$44,278
Average cost per MHAC Participant - 5 Years Prior		$12,496

Sources: Marion County Sheriff Department, Indiana Department of Correction

MHAC Future Plans

The MHAC plans to accept more participants in the coming years. By the end of 2016, the MHAC team plans to admit a minimum of 50 new participants per year. Plans to streamline court procedures will likely result in an increase in referrals as current participants move into later phases of the program that require less supervision. Scholarly research on mental health courts suggests that many participants (particularly those who complete the program) totally desist from criminal activity in the years following participation in a mental health court program. Studies report recidivism rates as low as 22 percent (one-year follow-up) (32) to 54 percent (ten year follow-up) (33). Future research should focus on measuring MHAC program outcomes and impacts such as continued access to treatment and services for MHAC participants, as well as evaluating recidivism rates, and the continued prevalence of risk factors such as unemployment, lack of education, poverty, substance abuse, etc. As more participants complete the MHAC program, studies of this nature will allow the MHAC team to make any needed adjustments to improve program outcomes.

> Working with a team of individuals experienced in mental health and addiction services allows the court to more effectively and efficiently address issues related to mental illness.
>
> *– Judge Barbara Cook-Crawford*

[1]See http://www.in.gov/idoc/files/PerDiem12_13_Institutions.pdf

[2]Information of MCJ costs came via email from Col. Louis Dezelan, Executive Director of Administration at Marion County Sheriff's Department.

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