

# Mercyhurst College Civic Institute



ERIE COUNTY TREATMENT COURT  
YEAR 1: Mental Health Court Status Report

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## I. THE MENTAL HEALTH COURT APPROACH

### Statement of Need

Congress first authorized the federal Mental Health Courts program as part of legislation passed in the year 2000. These courts were created in response to the large number of severely mentally ill people in our nation's jails for non-violent offenses. People with severe mental illness are frequently arrested for minor, non-violent offenses, some as a result of being homeless. They are often incarcerated for these offenses without the option of mental health treatment. Recent studies find that more than three quarters of inmates with mental illness had at least one prior prison or probation term. Upon release from prison, the inmate frequently does not receive aftercare and thus is recycled back into the criminal justice system. The needs of mentally ill offenders are diverse. This population often needs treatment not only for a mental illness, but also for drug or alcohol problems, medical illness, family and financial problems. A collaborative of enhanced services is necessary to successfully treat each individual.

### Issues Raised by Mental Health Courts

The issues that create the biggest challenge for the operation of Mental Health courts arise because of the conflict between criminal justice and mental health treatment goals. For example, the most effective courts identify mentally ill candidates at the earliest stage of processing. This is to ensure that the candidate receives needed medical attention and to begin the stabilizing process. The need to quickly identify and assess the conditions of candidates may conflict with the need to conduct a thorough clinical assessment that is required for a reliable diagnosis. Another challenge is defining program success. Goal measurement, tracking movement through various phases and setting achievable milestones in mental health court is more complex. Success may differ from individual to individual, and most likely will not follow the court's model. Also, the court's range of responses, such as sanctions and rewards, coupled to participant's behavior must be wide-ranging. The court must sanction poor behavior in a manner that remains clinically appropriate. Finally, there is the disparity between the large number of mentally ill candidates and the lack of available treatment resources and facilities for the court to place offenders.

### Common Features

- 1. Voluntary:** The defendant must consent to participation before entering the program.
- 2. Eligibility Requirement:** Only persons with demonstrable mental illness that was likely to have contributed to their involvement in the criminal justice system are eligible.
- 3. Focus on Low-Level, Non-Violent Offenders:** The model places high priority on the public's concerns about safety in arranging for the care of mentally ill offenders in the community.
- 4. Early Intervention:** Timely identification of candidates through screening and referral process.
- 5. Team Approach:** Reliance on multidisciplinary team of professionals.
- 6. Continuing Judicial Supervision:** Periodic review, required hearings, etc.

## II. ERIE COUNTY MENTAL HEALTH COURT

### Introduction

The Erie County Treatment Court was developed to handle cases involving non-violent seriously mentally ill or drug-abusing offenders. The Treatment Program consists of a drug court as well as a mental health court component. The two adult specialty courts, drug and mental health, exist and operate under the umbrella Treatment Court in Erie County.

The Erie County Treatment Court is a collaboration involving the Erie County Court of Common Pleas, Sixth Judicial District, the Erie County Public Defender's Office, the Erie County District Attorney's Office, Erie County Office of Human Services, Office of Drug and Alcohol Abuse, Office of Mental Health/Mental Retardation, Case Management Support Services, Erie County Adult Probation/Parole Department, the Erie County Prison, Mercyhurst College Civic Institute, and the Erie Area Drug and Alcohol and Mental Health Treatment Providers.

Funding is provided by the Pennsylvania Commission on Crime and Delinquency, the U.S. Department of Justice, Drug Court Program Office, the Erie County Office of Drug/Alcohol Abuse, and the Erie County Office of Mental Health/Mental Retardation.

The Erie County Treatment Court supports and has adopted the **10 Key Treatment Court Components** as created by the National Association of Drug Court Professionals.

1. Treatment Court integrates alcohol, mental health, and other services with Justice System case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participant's due process rights.
3. Eligible participants are identified early and promptly placed in the Treatment Court Program.
4. Treatment Court provides access to a continuum of alcohol/drug, mental health, and other related treatment and rehabilitative services.
5. Absences monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs Treatment Court responses to participant's compliance.
7. Ongoing judicial interaction with each Treatment Court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective Treatment Court planning, implementation and operation.
10. Developing partnerships among Treatment Courts, public agencies, and community-based organizations generates local support and enhances Treatment Court effectiveness.

### Treatment Model

The Erie County Mental Health Court program consists of intensive and comprehensive supervision, case management, and treatment. This holistic approach treats the severe mental illness as the causative factor in the candidate's criminal history. The court model is based on the philosophy of prevention against the cycle of re-offending by untreated mentally ill people. The model offers services and treatment as an alternative for mentally ill offenders, through coordination between courts and community services.

The ideal outcomes of the Treatment Court model are reaching the desired population; placing the offenders in the appropriate medical, behavior health, and related services treatment facility; establishing stability and normalcy in the life of the offender; and continuing comprehensive care support and supervision throughout and after Treatment Court.

### Program Eligibility

Eligible candidates for the Erie County Mental Health Court program are adult defendants who are pre-trial detainees or awaiting a preliminary hearing or criminal trial. There must be a strong indication of mental illness in the current offense or history of offenses. Certain offenses disqualify a defendant from admission into Treatment Court; for example, prior firearms convictions, current or pending charges for DUI, more than two prior felony convictions or a significant history of misdemeanor convictions, or prior convictions, including previous juvenile adjudications, for any violent felonies.

The defendant must not only meet the legal criteria but also the clinical criteria in order to be accepted for admission. All defendants who are to be considered for the Mental Health court must have a recent diagnosis of an Axis 1 Severe Mental Illness (SMI). These include: schizophrenia, bipolar, major depression, paranoid schizophrenia, and schizo/affective disorder.

### Referral and Admission

An essential part in reaching and admitting the most suitable participants for the Mental Health court program is establishing referral sources. The Erie County Treatment Court has developed an ongoing partnership with the Erie County Prison, mental health treatment specialists, and other mental health and criminal justice professions. These agencies are not only excellent referral sources, but swift and effective identifiers of seriously mentally ill detainees or prisoners. The Court makes the final decision as to whether the defendant will be admitted into the program.

### **III. YEAR 1: STATUS REPORT**

#### **Population Sample**

The official start of the first year of funding for Erie County Mental Health Court was January 2002. However, the first offender was not admitted into the program until March 2002. Therefore, the funding period is based on a calendar year adjustment, March 1, 2002-March 1, 2003. This report covers offenders who were sentenced into the program from March 2002 until the end of February 2003.

#### **Criteria for Evaluation**

This report is an analysis of the demographic, socio-demographic, mental health and drug use patterns of the offenders. History of drug use, mental illness and criminal behavior is explored, as well as the offender's psychosocial situation. Program involvement and progress is studied based on sanction and reward data. Outcomes of the program will not be analyzed until there is a sample of participants who have graduated or been revoked from the program.

#### **Method**

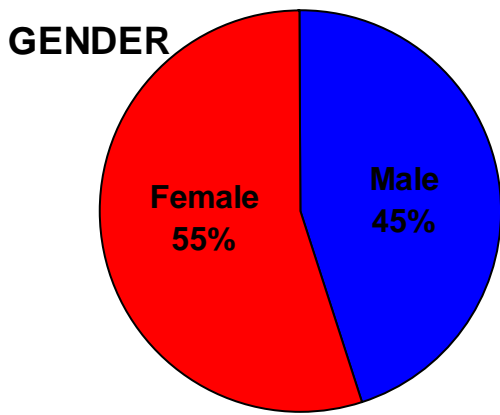
The data is collected by the Adult Mental Health Probation Officer through intake interviews and information from the participant's treatment providers. The data is then sent to the Mercyhurst Civic Institute consultant for analysis. The data is analyzed using SPSS (Statistical Package for the Social Sciences).

## IV. YEAR 1: POPULATION PROFILE

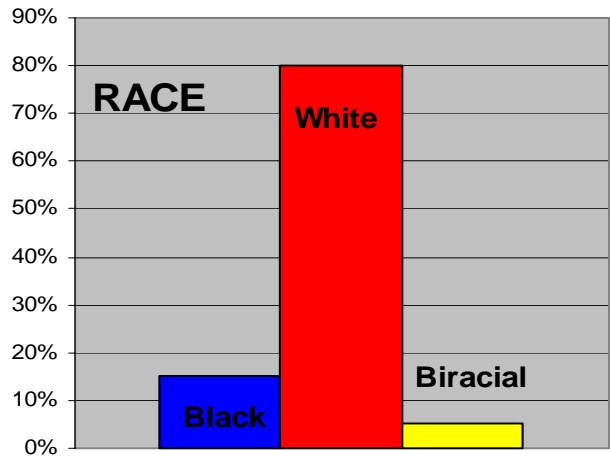
### A. Demographics

In the first year of operation, 20 offenders were admitted into Mental Health Court.

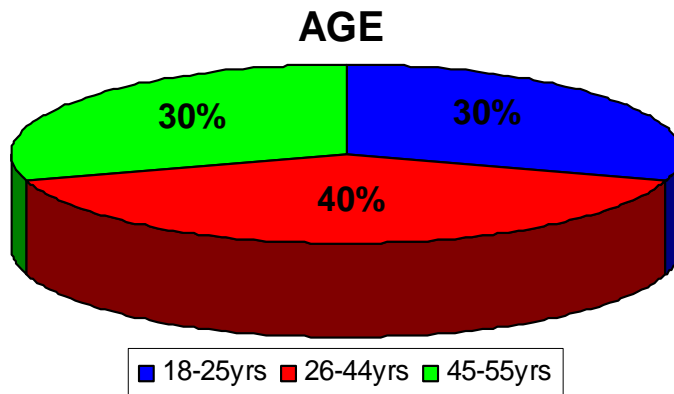
The basic demographic of the offenders are depicted in **Figures 1, 2 & 3**. There is a slightly higher population of female offenders than male. Eighty percent of the mental health court population identifies themselves as white, while the ages of the offenders are distributed evenly over 37 years, ranging from 18 years to 55 years of age.



**Figure 1**



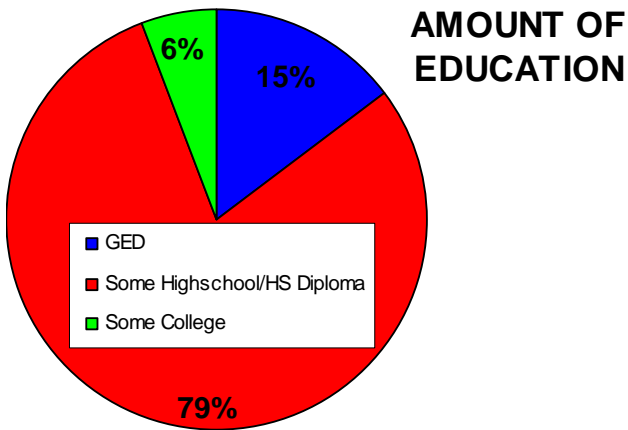
**Figure 2**



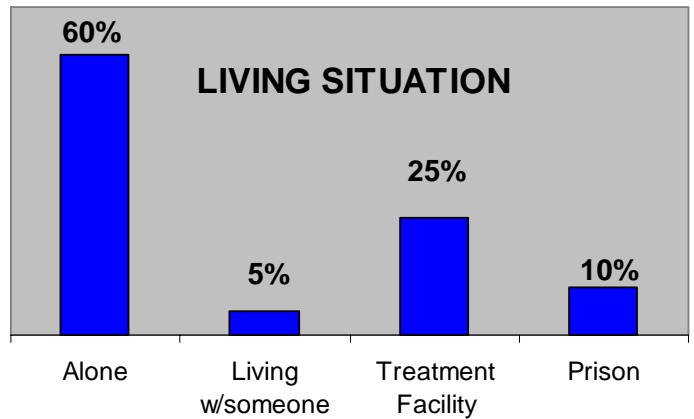
**Figure 3**

**B. Psychosocial**

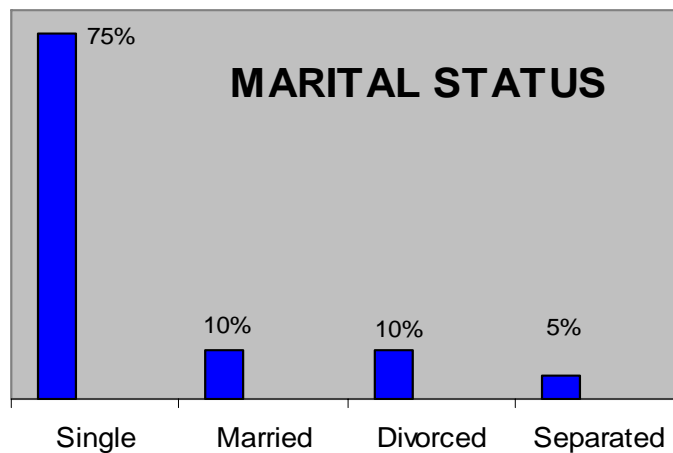
The majority (95%) of the mental health court offenders receive disability compensation. Concerning the educational level of the offenders, 79% have at least some high school or a high school diploma (**Figure 4**). Also, the majority (60%) indicate that they live alone, while 25% of the offenders are in a treatment facility (**Figure 5**). Therefore the offenders participating in mental health court are generally alone. There are only a small percentage of offenders that live with a friend or family member. As shown in **Figure 6**, 75% are single. Most of these offenders support themselves and only 40% have children. This data suggests that the participants during this grant period are without a family support system. Also, the data indicates that the offender's mental illness is a major factor in gaining employment, even though the required skills and education seem to be present.



**Figure 4**



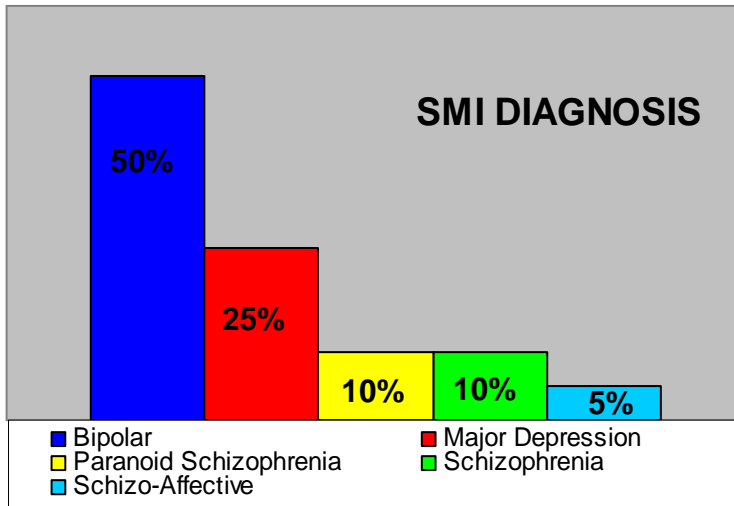
**Figure 5**



**Figure 6**

C. Treatment History

All of the mental health court participants had either received prior mental health or drug use treatment. About half of the offenders have a SMI diagnosis of bipolar disorder (**Figure 7**). Another frequently diagnosed disorder is major depression. The participants receive either outpatient or inpatient treatment at a number of facilities. Treatment can be on a group, family, or individual basis, and may involve therapy, medication, health care, and treatment for drug and alcohol abuse.



Participating Treatment Facilities

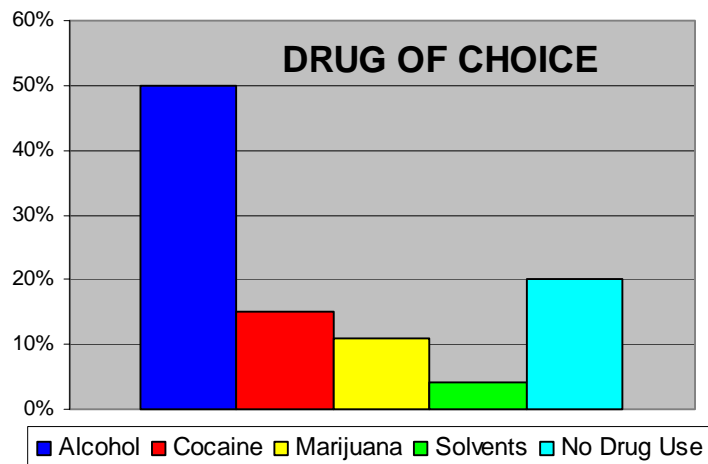
- Hamot Hospital
- Gaudenzia/Crossroads
- St. Vincent’s Hospital
- Stairways
- Meadville Hospital
- Deerfield

**Figure 7**

D. Drug/Alcohol Use & Criminal History

All but one offender entered the mental health court on a non-drug related charge. The type of offenses committed included DUI, burglary, disorderly conduct, child endangerment, harassment, terroristic threats, and arson. Severe mental illness is the major causative factor in committing the offenses for this population. Although drug abuse is not the presenting issue, it is a variable in the offender’s history. Most of the participants identify alcohol as their drug of choice (**Figure 8**); however, 20% of the offenders claim no drug use. The offenders that do identify with a drug abuse problem began using drugs or alcohol at a young age; 30% began at 13 years old with 16 years being the average age of beginning drug use.

**Figure 8**



## **V. YEAR 1: PROGRAM OPERATION**

### **A. Requirements**

All participants are required to abide by the conditions stated in their individual case management plan, which include the requirements for compliance. In addition, defendants will be required to:

1. Participate in a treatment program as often as required by the provider.
2. Report to the Mental Health Court Probation Officer and Case Manger as often as required.
3. Submit to urine samples and/or breathe testing as often as required.
4. Attend the required support groups.
5. Appear in Court for progress hearings as required.

### **B. Sanctions & Incentives**

Offenders who fail to comply with program and treatment requirements will be held accountable through sanctions granted by the court. The use of sanctions emphasizes to the offender the consequences of non-compliance, and requires the offender to be accountable for their actions. The most common type of non-compliant behavior is relapsing into drugs or alcohol. Twenty-five percent of the offenders have relapses during their time in the program. Sanctions may include a warning by the Judge, increased supervision and treatment, demotion to an earlier phase, community service, or fines and jail.

In order to reward good behavior, certain incentives may be granted by the Judge. These include verbal appraisal and acknowledgement in court, advancement to the next phase of the program, YMCA passes, gift certificates and decreased supervision or treatment requirements.

### **C. Graduation & Termination**

The participants who have complied with their treatment plan and achieve the stated program goals are eligible to graduate. There is a graduation ceremony, at which each graduate may speak about their time in the program and the changes in their lives. In contrast, offenders who fail to comply with the treatment plan may be revoked from the program. Termination is determined by the Treatment Court Judge, with input from the treatment team. Of the 20 offenders who were admitted during the first year, 1 was revoked and none have graduated. The offender who was revoked was terminated after 5 months in the program.

### **D. Admittance Data**

During the first six months of operation, 50% of the total mental health offenders were admitted into the program. Most offenders were sentenced in July and since the beginning of 2003, four offenders began the program.

### E. Phase Movement

The expected length of the mental health court program is a minimum of twelve months. Length of participation depends on the individual's criminal offense, participation, and progress in each treatment phase. The Erie County Treatment Court Program consists of three phases. In the cases of mental health participants, there is extra emphasis on following the individual's treatment/medication plan. In order to move to the next phase of treatment, certain requirements must be met. It is then up to the Judge, with recommendations from the case manager, whether or not the individual progresses to the next phase.

#### **PHASE 1: AVERAGE DURATION - 2 TO 3 MONTHS**

- Goals: Discontinue use of drugs, stabilize physical health, begin job interview and secure employment
- Methods: Urinalysis two times per week, psychosocial and physical assessment, individual and group therapy, support group, job and educational assessment, payment of current court fees.
- Court: Progress hearings weekly with possible sanctions for non compliance.

#### **PHASE 2: AVERAGE DURATION - 3 TO 6 MONTHS**

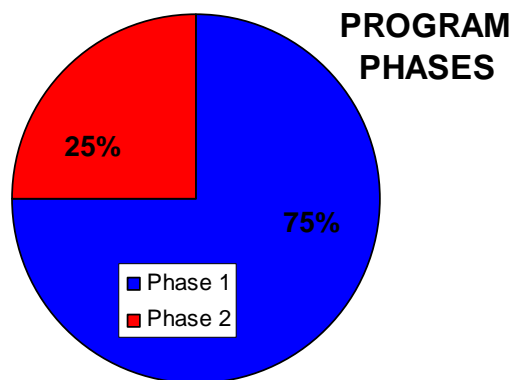
- Goals: Remain drug free, maintain employment, and begin GED education if needed.
- Methods: Urinalysis two times per week, continued group and individual counseling, update treatment plan, needs assessment, support groups and payment of current court fees and fines.
- Court: Progress hearing bi-weekly with possible sanctions for non compliance.

#### **PHASE 3: AVERAGE DURATION - 3 TO 5 MONTHS**

- Goals: Remain drug free, secure GED or higher, accept drug free lifestyle.
- Methods: Urinalysis two times per week, continued group and individual counseling, update treatment plan, needs assessment, support groups and payment of current court fees and fines.
- Court: Progress hearing monthly with possible sanctions for non compliance.

At the end of the first year of the mental health court operation, 75% of the offenders remain in phase 1, while 25% progressed into phase 2 of the program (**Figure 9**). The offenders who advanced into phase 2 spent an average of 5 months in phase 1. The shortest time a participant spent in phase 1 before advancement is 3 months and the longest is 6 ½ months.

**Figure 9**



## **VI. YEAR 1: CONCLUSIONS**

In order to ensure that the continuing operation of the Erie County Mental Health Court is a success, further analysis of program outcomes is necessary. A larger sample size and analysis of participant's who graduated or were terminated from the program, will provide a profile of success or failure. Also, post-program follow up is essential to measure the lasting effects of the program, especially for recidivism and relapse rates. Reaching the desired client population is also essential to the vitality of the Mental Health Court. This may require increased education and outreach to attorneys and treatment providers. The court, as well as the treatment facilities, should be able to accurately identify possible clients.

The model and methods of treatment for the participants requires ongoing review and adjustment to ensure optimal and effective mental health care, as well as a reduction in recidivism and relapse. Continuity of care needs to be established in order to emphasize the participant's ongoing recovery needs. Additional opportunities for placement need to be explored. An increase in the program's population will require more available facilities. Finally, to ensure each client is receiving the most appropriate treatment uniform diagnosis is essential. The addition of a court appointed psychiatrist eliminates conflicting medical opinions, while speeding up the sentencing process.

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